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TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 76
6010.54-M
APRIL 15, 2008

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

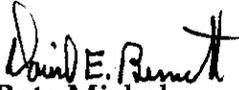
The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: REPORTS

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change modifies reporting requirements for
overseas claims. This change will only impact the overseas claims processor,
Wisconsin Physicians Service (WPS) as a subcontractor under the Humana South
Region Managed Care Support contract. See pages 3 through 5.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.


Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Systems

ATTACHMENT(S): 25 PAGE(S)
DISTRIBUTION: 6010.54-M

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CHAPTER 12

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SUMMARY OF CHANGES

CHAPTER 12

1. Section 11.1:
 - a. Page 13, paragraph V.E.1. Clarified the data submission.
 - b. Page 13, paragraph V.E.21. Clarified that the report is all providers of pharmacy services.
 - c. Page 26, paragraph Q.i. Changed the submission time from monthly to weekly
 - d. Pages 35 - 38, paragraph V.V. Removed duplicate language and referenced Section 11.2. (The Monthly Summary Progress Report and the Quarterly Host Nation Provider Report requirements have been deleted)
2. Section 11.2 (New Section):
 - a. Page 1, paragraph I.B. Specified submission requirements for deliverables.
 - b. Page 2, paragraph I.G. Clarified that the contractor is to submit a data dictionary defining each of the fields within a report.
 - c. Page 2, paragraph II.B. Corrected the reporting requirements to reflect current reporting practices for the telephone report. Renamed the "Toll-Free Telephone Report" to "Foreign Customer Service Telephone Report."
 - d. Page 3, paragraph II.C. Corrected the reporting requirements for the Weekly and Monthly Cycle Time and Aging reports to reflect current reporting practices.
 - e. Page 4, paragraph II.F.2. Added the requirements for the Weekly TGRO/TPRC Denied and Removed Claims Report.
 - f. Page 4, paragraph II.F.3. Listed the Weekly Claims Status/Location Report. It is currently being reported, but was not listed in the manual.
 - g. Page 5, paragraph II.F.5. Corrected the Wire Transfer Reconciliation report to reflect the weekly submission which is the current practice rather than the monthly requirement.

SUMMARY OF CHANGES (Continued)

CHAPTER 12 (Continued)

2. Section 11.2 (New Section) (Continued):

- h. Pages 5-7, paragraphs I.F.8, I.F.9, I.F.10, I.F.11, and I.F.12. Added the following new fields: processed date, CEOB message, number of days to process, lagtime (DOS to receipt), denial indicator when claim is denied in total, identification of PCM, provider specialty (taxonomy code), and enrollment health plan code, to be reported for the Monthly Paid Claims and Current Inventory Active Duty Report, Monthly Paid Claims and Current Inventory Active Duty Family Report, Monthly Paid Claims and Current Inventory TOP Remote Site Active Duty Report, Monthly Paid Claims and Current Inventory TOP Remote Site ADFM Report, Monthly Paid Claims and Current Inventory Retirees and Dependents of Retirees Report. Also, corrected the distribution of the reports to reflect current practices.
- i. Page 7, paragraph I.F.13. Added two reporting fields, TFL and TSRx, to the Monthly Total Claims by Country for ADSMs, ADFMs, Retirees, and Dependents of Retirees report.
- j. Page 7, paragraph I.F.14. Clarified that for Europe the reporting information will be broken out by network, non-network, and partnership providers for the Monthly Host Nation Network Progress Report.
- k. Page 7, paragraph I.F.15. Corrected the distribution of the Monthly Overseas Region ADSM and Other ADSM CONUS/OCONUS claims report to reflect current practices.
- l. Page 8, paragraph I.F.18. Clarified the data submission.
- m. Page 8, paragraph I.F.19. Clarified that the Annual Report of High Volume Pharmacy Providers is all providers of pharmacy services. Renamed the report Annual Report of High Volume Providers of Pharmacy Services.
- n. Page 9, paragraph III.A. Clarified for the Daily Admission/Case Management Reports that the active cases are inpatient and outpatient.
- o. Page 10, paragraphs III.I and III.J. Clarified that the Quarterly Management Report and the Semi-Annual Beneficiary Survey Summary of Findings report will be submitted to the Regional Director and the COR.

SUMMARY OF CHANGES (Continued)

CHAPTER 12 (Continued)

2. Section 11.2 (New Section) (Continued):
 - p. Page 11, paragraph IV.4. Clarified that the Monthly Progress and Status Report will be submitted to the Regional Director and the COR.

