

General

1.0 INTRODUCTION

The TRICARE Prime Remote (TPR) program provides health care to Active Duty Service Members (ADSMs) in the United States and the District of Columbia (DC) who meet the eligibility criteria listed below.

2.0 ELIGIBILITY

Contractors have no responsibility for determining eligibility or for deciding in which region an ADSM shall enroll. Regional Directors (RDs) will furnish contractors with enrollment information (refer to [paragraph 3.0](#)). If a contractor receives a claim for care provided to an ADSM who is not enrolled in TPR or who is not enrolled in TRICARE Prime at a Military Treatment Facility (MTF), the contractor shall process the claim according to the applicable guidelines of the Supplemental Health Care Program (SHCP) ([Chapter 17](#)).

Note: ADSM Astronauts assigned to the Johnson Space Center in Houston, Texas must and shall be enrolled in TPR.

3.0 TPR PROGRAM UNITS

The RD will supply the contractor with an electronic directory, updated as needed, that lists, by region, the designated TPR zip codes for the contractor's region(s). The RD will also provide unit listings to the contractor so that the contractor can mail educational materials to the units. In some instances, individual member listings (as opposed to units) may be provided.

4.0 BENEFITS

4.1 ADSMs enrolled in the TPR program are eligible for the Uniform Health Maintenance Organization (HMO) Benefit, even in areas without contractor networks. Some benefits (see [Section 2](#) and [Addendum B](#)) require review by the member's Service Point of Contact (SPOC) so that the services are aware of fitness-for-duty issues. In addition, if the contractor determines that services on a TPR enrollee's claim are not covered under the Uniform Benefit, or that the provider of services is not a TRICARE-authorized provider, or that the provider has not been certified as a TRICARE-authorized provider, the contractor shall supply the claim information ([Addendum C](#)) to the SPOC for a coverage determination. The contractor shall continue with provider certification procedures but shall follow SPOC direction for claim payment with no delay even if the provider certification process is not completed. The SPOC may authorize health care services not included in the Uniform Benefit and services furnished by providers who are not TRICARE-authorized/certified providers. The contractor shall not make claims payments to sanctioned or suspended providers (see [Chapter 13, Section 6](#)). The claim shall be denied if a sanctioned or suspended provider bills for services.

SPOCs do not have the authority to overturn TMA or Department of Health and Human Services (DHHS) provider exclusions. See [Section 2](#) for referral and authorization requirements.

4.2 SPOC-authorized services will be covered even if they are not ordinarily covered under the TRICARE Prime program and/or if they are supplied by a provider who is not TRICARE-authorized or certified. A SPOC authorization shall be deemed to constitute referral, authorization, and direction to bypass edits as appropriate to ensure payment of SPOC-approved claims. Contractors shall implement appropriate measures to recognize SPOC authorization in order to expedite claims processing.

5.0 SPOC

Special Uniformed Service controls and rules apply to ADSMs due to unique military requirements to maintain readiness. The Services will always retain health care oversight of their personnel through their SPOCs. The SPOC serves as liaison among the ADSM, the ADSM's Uniformed Service, and the contractor for managing the ADSM's health care services. The SPOC reviews referrals for proposed care as well as information about care already received in order to determine impact on an individual's fitness for duty (see [Section 2](#) and [Addendum C](#) for referral and review/authorization procedures). The SPOC, the PCM (if assigned) and the contractor shall work together in making arrangements for the ADSM's required examinations. The SPOC will provide the protocol, procedures, and required documentation through the contractor to the provider for these examinations. For required care that may not be obtainable in the civilian community, the SPOC will refer the ADSM to a military MTF or other military source of care. Refer to [Addendum A](#) for the addresses and telephone numbers of the SPOCs.

6.0 APPEAL PROCESS

6.1 If the contractor, at the direction of the SPOC, denies authorization of, or authorization for reimbursement, for a TPR enrollee's health care services, the contractor shall, on the Explanation of Benefits (EOB) or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from or filing an appeal with the SPOC (see [paragraph 6.2](#)). The SPOC will handle only those issues that involve SPOC denials of authorization or authorization for reimbursement. The contractor will handle allowable charge issues, grievances, etc.

6.2 A TPR enrollee must appeal SPOC denials of authorization or authorization for reimbursement through the SPOC rather than through the contractor. If the enrollee disagrees with a denial, the first level of appeal will be through the SPOC. The enrollee may initiate the appeal by contacting his/her SPOC. If the SPOC upholds the denial, the SPOC will notify the enrollee of further appeal rights with the appropriate Surgeon General's office.

6.3 If the denial is overturned at any level, the SPOC will notify the contractor and the ADSM.

6.4 The contractor shall forward all written inquiries and correspondence related to SPOC denials of authorization, or authorization for reimbursement to the appropriate SPOC. The contractor shall refer telephonic inquiries related to SPOC denials to 1-888-MHS-MMSO.

7.0 ACTIVE DUTY FAMILY MEMBERS (ADFM)s AND OTHERS

TRICARE-eligible ADFMs accompanying ADSMs who are either eligible for or enrolled in the TPR program may enroll in TRICARE Prime Remote for Active Duty Family Members (TPRADFM)s Program in accordance with [Section 6](#).

8.0 TPR PROGRAM DIFFERENCES

8.1 ADSMs have no cost-shares, copayments or deductibles.

8.2 If the contractor has not established a network of PCMs in a remote area, a TPR designated ADSM will still be enrolled without a PCM assigned. The ADSM without an assigned PCM will be able to use a local TRICARE-authorized provider for primary health care services without SPOC review.

8.3 Point of Service (POS) cost-sharing and deductible amounts do not apply to ADSMs enrolled in the TPR program. If an ADSM receives primary care without a referral or authorization, the enrolling contractor shall process the claim and make payment if the care meets all other TRICARE requirements (i.e., the care is medically necessary, a benefit of TRICARE Prime, furnished by an authorized/certified provider, etc.). If services do not meet the requirements of TRICARE Prime, the contractor shall supply the claim information to the SPOC for coverage determination. See [Section 2, paragraph 5.3.2](#) for information on self-referred care.

8.4 Annual ADSM re-enrollment is not required.

8.5 If the armed forces determine that an active duty member is eligible for the TPR program, enrollment of the member is mandatory, unless there are service-specific issues that merit assignment to a military PCM, or if the ADSM elects to waive access standards and enrolls to an MTF (subject to unit commander/supervisor approval).

8.6 There will be no application by the contractor of Other Health Insurance (OHI) processing procedures for ADSM TPR claims.

8.7 If Third Party Liability (TPL) is involved in a claim, ADSM claim payment will not be delayed during the development of TPL information from the ADSM.

8.8 Enrollment jurisdiction may be based on the location of the military work unit instead of the ADSM's residence. This is determined by the Services.

8.9 TPR coverage may include health care services not included under the Uniform HMO Benefit ([paragraph 4.0](#)).

8.10 Payment may be made for services furnished by providers who are not TRICARE-authorized or certified ([paragraph 4.0](#)).

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