

Other Contract Requirements

1.0 CUSTOMER SERVICE

1.1 Telephone Inquiries

The contractor must provide nationwide around-the-clock toll-free telephone access to a customer service staff in order to enable providers and TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) beneficiaries to determine claims status as well as general TDEFIC information. Access outside of normal business hours for a Continental United States (CONUS) caller's time zone may be by automated means, such as provision for leaving messages and/or for obtaining information via an automated response mechanism. During normal CONUS business hours, callers must be offered the option of speaking live with a customer service representative. Responses must be furnished within the time frames mandated under TDEFIC.

1.2 Written Inquiries

The contractor must respond promptly and meaningfully to all written inquiries, including inquiries received via e-mail. Responses must be furnished within the time frames mandated under TDEFIC.

2.0 REFERRALS

All Military Health Systems (MHS) beneficiaries are allowed under the Managed Care Support (MCS) contract requirements to contact the TRICARE Service Center (TSC) for referrals to network providers. This shall continue with TRICARE/Medicare dual eligible individuals under TDEFIC. The Managed Care Support Contractor (MCSC) shall provide the TDEFIC beneficiary with the name, telephone number, and address of network providers of the appropriate clinical speciality located within the beneficiary's geographic area. The MCSC is not required to make appointments with network providers.

3.0 CONTRACTOR'S RESPONSIBILITY IN PROGRAM INTEGRITY

In relation to TDEFIC, at any time the contractor receives an allegation of fraudulent behavior, or any type of improper activity relating to either a beneficiary or provider submitted claim, the contractor shall review the claim to ensure it was processed properly **by the TDEFIC contractor**. Following completion of the review, if an error in payment is not detected, the contractor shall follow the requirements in [Chapter 13](#).

4.0 MEDICARE CROSSOVER FEES

Medicare crossover fees are paid to Medicare contractors by the TRICARE Management Activity (TMA) contractors. These fees cover the transmission of data on paid claims from the

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Chapter 20, Section 4

Other Contract Requirements

Medicare contractor to TMA contractors in order to facilitate TMA processing as second payer on the TRICARE For Life (TFL) claims. The contractor shall submit non-TRICARE Encounter Data (TED) vouchers covering these expenses to TMA on an as needed basis, generally once or twice a month.

5.0 THIRD PARTY RECOVERY CLAIMS

Any inpatient or outpatient claim with a diagnosis code of 800-999 which exceeds a TRICARE liability of \$500 shall be considered a potential third party claim and shall be developed with the questionnaire, "Statement of Personal Injury - Possible Third Party Liability DD Form 2527." The remainder of [Chapter 10, Section 5, paragraph 5.1.1](#) continues to apply.

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