



TRICARE
MANAGEMENT ACTIVITY

MB&RB

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

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**CHANGE 96
6010.57-M
SEPTEMBER 6, 2013**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: NON-PRIME SERVICE AREA AND SUPPLEMENTAL HEALTH CARE PROGRAM

CONREQ: 16655

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change updates language to remove encouraging the establishment of TRICARE Prime networks in non-Military Treatment Facility (MTF) and non-Base Realignment and Closure (BRAC) areas.

EFFECTIVE DATE: Upon direction of the Contracting Officer.

IMPLEMENTATION DATE: October 1, 2013.

This change is made in conjunction with Feb 2008 TOM, Change No. 104.

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**ATTACHMENT(S): 2 PAGE(S)
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REMOVE PAGE(S)

CHAPTER 1

Section 1.1, pages 5 and 6

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claims in reconsideration shall be adjudicated using the current applicable policy.

4.0 GENERAL RESPONSIBILITIES

4.1 Regional Director (RD)

The RD, working with all the MTFs within the region, is responsible for organizing and managing health care delivery for all TRICARE and the Military Health System (MHS) beneficiaries in the region. Supporting the RD is a Managed Care Support Contractor (MCSC) with responsibility for establishing a network of health care providers to supplement the care available at the MTFs and for performing a variety of health care administrative services on behalf of the RD. RDs are also responsible for planning and delivering services to meet the health needs of the beneficiaries in the region, whether through the MTFs or the contractor. The RD is primarily responsible for oversight and administration of those tasks in the MCS contract that relate to the delivery and management of care.

4.2 Military Treatment Facility (MTF) Commanders

MTF Commanders are responsible for managing health care delivery for the active duty personnel and TRICARE eligibles who are enrolled in Prime with MTF PCMs, as well as for providing care to other TRICARE and the MHS beneficiaries who are eligible for care in MTFs. The MTF Commander sets priorities for assignment of MTF PCMs and works directly with the contractor in network development, resource sharing arrangements and similar local initiatives (see the TOM, [Chapter 17](#) for SHCP).

4.3 Managed Care Support Contractor (MCSC)

The MCSC is responsible for establishing provider networks in those Prime Service Areas (PSAs) and BRAC sites designated by the TRICARE RD. The provider networks must include both primary care providers and specialists. The contractor shall ensure that first priority for referral of Prime enrollees for specialty care or inpatient care is the MTF. The contractor processes all Prime, Extra, and Standard claims for all beneficiaries, except for TRICARE for Life (TFL), who reside in the Region and performs other tasks specified in the contracts and the manuals. The contractor has a number of responsibilities for support of the RD as well as the MTF.

4.4 TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC)

The TDEFIC is responsible for processing all TRICARE claims for services rendered within the fifty United States and the District of Columbia, as well as Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands, to individuals who have dual eligibility under both TRICARE and Medicare.

4.5 Administrative Personnel

The Procurement Contracting Officer (PCO) and the Contracting Officer's Representative (COR) are TMA personnel who oversee the functions of the MCS contract, with special emphasis in areas such as claims processing, and who coordinate contract oversight and administration among the variety of TRICARE Regional Office staff. The PCO is the sole authority for directing the contractor or modifying provisions of the contract (some of this authority may be delegated to the

ACO at the Office of the RD).

4.6 Assistant Secretary of Defense (Health Affairs) (ASD(HA))

Overall policy for TRICARE is established by the ASD(HA).

5.0 GEOGRAPHIC AVAILABILITY

5.1 TRICARE is effective throughout the United States. TRICARE Overseas Program (TOP) Regions are established but operate under different procedures than TRICARE in the United States.

5.2 Within a region, the contractor is required to create a provider network to support PSAs.

5.3 The contractor is encouraged to establish a provider network **sufficient to support offering TRICARE Extra** in as many non-PSAs as patient population (including enrollees in the TPR Program) and provider availability make cost effective.

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