

## REGIONAL DIRECTOR REQUIREMENTS

ISSUE DATE: September 20, 1996

AUTHORITY: [32 CFR 199.17](#)

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### I. BACKGROUND

A major goal of TRICARE Overseas Program (TOP) is to establish a uniform benefit program for all TOP beneficiaries to the greatest extent possible. Because local conditions vary, TOP Regional Directors or their designees have the authority and responsibility to tailor some aspects of the TOP to the requirements of the specific **overseas** region. **TOP Regional Directors may have contracts which reflect these unique situations.**

### II. POLICY

In support of the TOP, the Regional Directors have the authority to seek contract support for services necessary to satisfy TOP related requirements within their jurisdiction except for claims **adjudication**. The Regional Directors **may contract directly for support services or include their requirements in the regional Managed Care Support Contractor (MCSC) contracts**. Additionally, the **overseas Regional Directors** or their designees are responsible for:

A. Educating the TOP eligible beneficiaries on the specific requirements/benefits of the TOP. **Encouraging overseas beneficiaries when traveling to CONUS to utilize CONUS MTFs and current CONUS TRICARE network providers whenever possible.**

B. **For implementation of all enrollment/disenrollment/portability policies for all TOP eligible beneficiaries into DEERS.**

C. Development of a TRICARE Overseas host nation **Preferred Provider Network** and ongoing certification/recertification of host nation providers. **See Enclosure 1 for Sample of Overseas Regional Director TOP Preferred Provider Network Agreement.**

D. Assisting in educating/assisting host nation providers to understand the specific coverage/billing requirements of TOP.

E. Execution/Maintenance of Partnership Agreements and Business Case Analysis to ensure consistency with Regional Health Plans.

F. Timely notification to the **overseas** Managed Care Support Contractor (MCSC) in writing of a host nation provider designation/termination to the TRICARE Overseas host nation Preferred Provider Network.

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G. Maintenance of TRICARE Overseas host nation Preferred Provider Network Agreements.

H. Monitoring TRICARE Global Remote Overseas (TGRO) contractor activities and being the designated TMA Point of Contact (POC) for issues related to the interface activities required between the overseas MCSC and the TRICARE Global Remote Overseas (TGRO) contractor.

I. Timely submission every 30 days of a host nation Network Provider Status Activity Report for the previous 60 days to the overseas MCSC responsible for processing TRICARE Overseas claims.

J. Serving as the primary point of contact to the overseas MCSC, the TRICARE Global Remote Overseas (TGRO) contractor, TMA and other stateside regional contractors for TOP enrollment, portability, network, and utilization management issues.

K. Serving as a facilitator to the MTF Commander/MCSC/beneficiary/host nation provider POC when necessary on specific MTF Commander/MCSC/beneficiary/host nation provider and POC issues.

L. Development, dissemination and updating of TOP marketing materials.

M. Authorizing authority for claims payment under the TOP Point of Service Option.

N. Ensuring the establishment of, oversight of, TOP and the TGRO contractor, TRICARE Overseas Service Centers and Health Care Finders (HCFs) and PCMs as appropriate.

O. TOP Utilization and Quality Management. To the extent possible, the TOP Regional Directors should use the UM/QM criteria and review requirements in the TRICARE Operations Manual, Chapter 7 to enhance utilization management and quality of health services provided to all MHS eligible beneficiaries, including Medicare beneficiaries, within foreign countries.

P. Monthly Reporting of and performance monitoring of the TOP Service Center, overseas toll-free lines, including those of the TGRO contractor, shall follow the requirements outlined in the TRICARE Operations Manual, Chapter 1, Section 3. Deficiencies related to TOP MCSC claims processing performance shall be issued through TMA-W, Chief, Claims Operation Office via Contracting Officer letter. Deficiencies related to the TGRO contractor performance shall be issued and monitored by the appropriate overseas Regional Director via the Contracting Activity responsible for the TGRO contract. Also, the overseas Regional Director is responsible for monitoring and tracking local support contracts.

Q. Planning and delivering services to meet the health care needs of their areas of responsibility to include oversight and administration of contracted tasks. For the TGRO Contract, the overseas Regional Director is responsible for:

1. Providing monthly enrollment numbers to the TGRO contractor.

2. Establishing a mechanism to provide read-only access to eligibility data to the TGRO contractor.
  3. Track and report monthly reconciliation data to the Services by beneficiary category, by the Uniformed Service of the member.
  4. Develop a Quality Assurance Surveillance Plan for monitoring the requirements of the TGRO contractor activities.
  5. TMA-W-Resource Management (TMA-W RM) Office, will audit bills submitted by the TGRO contractor to ensure compliance with the TGRO contract. TMA-W RM shall use the performance monitoring standards and record keeping outlined in the TRICARE Operations Manual (TOM), where appropriate when performing audits. In addition, TMA-W RM shall use the data provided by the TGRO contractor, to analyze types of care being referred, number of aerovacs, etc. for auditing purposes.
- R. Coordination of possible fraudulent or abuse practices by a TOP beneficiary/host nation provider to the overseas MCSC and the TMA, Chief, Claims Operations Office and to the TMA, Chief, Program Integrity Branch, including requests for the overseas MCSC to flag or watch providers suspected of fraud and abuse.
- S. Education and oversight of TMA designated POC's, HBA's, and MTF personnel on TRICARE and TOP. The Regional Director may serve in the POC designation process by screening Military Command POC nominations prior to requesting designation from TMA. Such screening processes should be developed between the TOP Regional Director and the Military Commands in the Regional Director areas of responsibilities. Regional Directors choosing to develop a POC screening process must identify the Regional Director POC to TMA, Chief, Claims Operations Office to ensure proper POC designation in their region (see Chapter 12, Section 12.1 for additional information on POCs).
- T. Appointing a Debt Collection Action Officer for debt collection actions against beneficiaries under TOP as outlined in the TRICARE Operations Manual, Chapter 12, Section 10, to include publicizing and education of TOP Military Personnel Offices, beneficiaries, host nation providers and TOP MTFs, on the DCAO Program.
- U. Appointing a POC for working with the overseas MTF commanders to develop coordination procedures, via MOUs, to ensure balance workloads, establish priorities for needed network development, determine PCM assignment location for enrollees, liaison activities, contingencies for mobilization, etc., outlined in the TRICARE Operations Manual, Chapter 16, as applicable to overseas requirements.
- V. Providing for the Beneficiary, Congressional and Health Benefit advisor relations requirements as outlined in TRICARE Operations Manual, Chapter 12, Section 4. Upon overseas Regional Director request through the TMA, Chief, Claims Operations Office, the overseas MCSC and the TGRO contractor may be required to participate in Overseas Regional Director Benefit Workshops.
- W. Notifying TMA, Chief, Claims Operations Office of suspected contractor claims processing system problems.

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X. Assist TMA in responding to beneficiary/provider inquiries related to Regional Director areas of responsibilities.

Y. Utilizing TMA Beneficiary and Provider Services department to assist in resolving Priority benefits/claims issues.

Z. Working with the overseas MTF commanders to develop coordination procedures, via MOUs, to ensure balance workloads, establish priorities for needed network development, determine PCM assignment location for enrollees, liaison activities, contingencies for mobilization, appointments, and appointment standards, etc., outlined in the TRICARE Operations Manual, [Chapter 16](#), as applicable to overseas requirements.

AA. Assisting designated overseas POCs when the POC has been unable to resolve customer service claims issues after attempting to resolve issues through the overseas MCSC's customer service center representatives, the designated overseas MCSC's Regional Director POC and the overseas MCSC's supervisor of the overseas claims processing office. Such issues should be reported to the TMA overseas POC when not resolved between the overseas MCSC and the Regional Director in 60 days.

AB. Coordinating education and marketing issues with TMA.

AC. Working with the TGRO contractor on claim issues related to Good Faith Payments to gather documentation, such as a completed claim form, etc. required in TRICARE Operations Manual, [Chapter 11, Section 3 and 4](#), for the TGRO contractor to submit to TMA, Beneficiary and Provider Relations Office for consideration of payment under Good Faith Payment guidelines.

**ENCLOSURE 1      SAMPLE OF OVERSEAS REGIONAL DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS**

**TRICARE OVERSEAS PROGRAM (TOP) PREFERRED PROVIDER NETWORK AGREEMENT**

**MEMORANDUM OF UNDERSTANDING (MOU)**

This MOU establishes an agreement between a Host Nation Health Care Provider and the local U.S. Military Commander. The purpose of the agreement is to facilitate, when care is not available in a United States Military hospital or clinic, 1) access for U.S. Department of Defense beneficiaries to quality Host Nation Health Care Providers, 2) efficient systems for prompt payment to those health care providers of their services and 3) coordination of health care resources of the Host Nation Health Care Delivery System and the United States Department of Defense Health Care Delivery System.

Host Nation TRICARE Overseas Program Preferred Provider

MTF, Type, Service, City or

in Geographically Isolated Areas, the Military Community, Service City

**A. GENERAL:**

1. This MOU is entered into by and between the U.S. Medical Treatment Facility Commander or, in geographically isolated areas the U.S. Military Community Commander (referred to in this agreement as the U.S. Military Commander or designee) and a Host Nation Health Care Provider (referred to as the Preferred Provider).

2. This MOU establishes the basis for participation in the TRICARE Overseas Program (TOP) Preferred Provider Network and the conditions for providing services to TRICARE/CHAMPUS eligible beneficiaries. All terms of this MOU are in addition to, and not instead of, the terms, conditions, and requirements established by the regulations, and policies with regard to the administration of TRICARE/CHAMPUS and the treatment of active duty members. The TOP Preferred Provider may review these regulations and policies by contacting the MTF Commander's designated TOP Network Coordinator or the TOP Overseas Regional Director for the area in which services are being provided for assistance in obtaining this information. (The names, addresses and telephone numbers for these individuals will be provided upon finalizing this agreement).

3. This MOU does not provide a guarantee or commitment by the U.S. Military Commander or designee of any specific or general number or level of beneficiary referrals to the TOP Preferred Provider.

**B. TERMS OF THE MOU:**

1. The U.S. Military Commander or designee, shall:

a. Designate a TOP local Network Coordinator (NC), whenever possible, who may act in behalf of area TOP Overseas Regional Director in the creation and ongoing maintenance of the local TRICARE Overseas Program Preferred Provider Network. The Overseas Regional Director/NC will be the main interface for the TOP Preferred Provider to obtain guidance and training regarding, 1) TRICARE/CHAMPUS issues, 2) Active Duty Centrally Managed Allotment (CMA), 3) Supplemental Care claims processing, 4) DoD eligibility and 5) use of other U.S. Military medical resources (i.e. Medical Evacuation, Military Treatment Facility referrals).

**ENCLOSURE 1    SAMPLE OF OVERSEAS REGIONAL DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)**

b. Inform and update both the TOP Preferred Provider and the TOP Overseas Regional Director of their designated TOP local Network Coordinator's name and telephone numbers and any changes to them.

c. Discuss any requested modification to this MOU with the potential TOP Preferred Provider and submit these modifications/proposals to the TOP Overseas Regional Director for coordination with the TRICARE Support Office for consideration/approval.

d. Review all of the potential TOP Preferred Provider's credentials to ascertain their compliance with host nation standards.

e. Encourage eligible beneficiaries (if care cannot be provided in a U.S. Military hospital or clinic), to receive health care services from a TOP Preferred Provider.

f. Use TOP Preferred Providers when it is determined that an active duty member requires referral services to a host nation provider.

g. Establish a mechanism that allows for review of beneficiaries feed back and appraisal of the TOP Preferred Provider's services (Beneficiary Survey).

h. Forward a copy of the completed MOU to the TOP Overseas Regional Director or their designee.

2. The TRICARE Overseas Program (TOP) Preferred Provider shall:

a. Practice no discrimination based upon sex, race, color, creed, or religion. The TOP Preferred Provider will not be requested to perform service(s) that violate the Provider's medical ethics or host nation law.

b. Maintain medical records for all U.S. beneficiaries treated and make those records available for inclusion into the beneficiary's official U.S. Military medical record.

c. Accept and assist all eligible beneficiaries who seek emergency care.

d. After review of MTF referral or other predetermined authorization documents, or individual payment agreements, accept and assist all eligible beneficiaries who seek routine care with the intent to use payment mechanisms of either TRICARE/CHAMPUS, Supplemental Care, CMA or private insurance.

e. Verify eligibility of the beneficiary, by means of the beneficiary's identification card (I.D. Card) and assist TRICARE/CHAMPUS beneficiary with completion of the TRICARE/CHAMPUS claim form.

f. Provide claim filing assistance to U.S. Department of Defense civilian employees that have private health insurance and establish with the patient a plan for the coordination of medical bill payment. The local Overseas Regional Director/NC is available to assist in this matter but, like the military in general, has no authority to influence the processing of claims by individual private insurance companies.

g. Acknowledge that TRICARE/CHAMPUS is always second payer if the beneficiary has Other Health Insurance (OHI), and that all medical bills must be filed with the OHI first.

**ENCLOSURE 1      SAMPLE OF OVERSEAS REGIONAL DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)**

h. Submit billings priced in accordance with the standards and generally accepted practice of the country where the care is rendered (unless modified by this agreement). Submit billings not later than 90 days following the date of treatment together with a completed TRICARE/CHAMPUS claim form (when applicable). Billings will include the following minimum information:

1. TOP Preferred Provider's complete physical and billing address, in letterhead format.
  2. Itemization of costs and services rendered.
  3. TOP Preferred Provider's Identification Number assigned by the TRICARE/CHAMPUS claims processor upon submission of initial claim.
  4. The patient/beneficiary's name and date of birth.
  5. The sponsor's Social Security Number.
  6. The patient/beneficiary's diagnosis (please note: release of information authorization is provided on the TRICARE/CHAMPUS claim form).
  7. Beneficiary signature.
  8. Other health insurance information including amount paid by OHI.
- i. Demand no payment from the eligible beneficiaries before treatment is rendered.
- j. After filing a claim, await a claim disposition from the TRICARE/CHAMPUS claims processor and notify the TOP Overseas Regional Director/NC if a claim disposition is not received, from the TRICARE/CHAMPUS claims processor, within 35 days of filing the claim.
- k. Review the TRICARE/CHAMPUS Explanation of Benefits (CEOB) and immediately contact the TOP Overseas Regional Director/NC in the event of a discrepancy.
- l. Demand no payment from referred TRICARE Prime Beneficiaries until the medical claim has been processed and patients' cost (if any) is identified.
- m. Demand no prepayment from other Department of Defense beneficiaries for inpatient care.
- n. Collect from the eligible beneficiary only those fees that are determined, by the CEOB, to be the beneficiary's responsibility.
- o. Provide emergency services to Active Duty Members on the same basis as the TRICARE/CHAMPUS beneficiary but coordinate payment and preauthorization for any routine and elective procedures, first, with the local U.S. Military Commander or designee.
- p. Notify the U.S. Military Commander or designated TOP Overseas Regional Director/NC when any eligible beneficiary is hospitalized and assist with the coordination of possible transfer to the U.S. Military Treatment Facility. Notification will be initiated as soon as possible and transfers will be accomplished as soon as clinically appropriate.

**ENCLOSURE 1 SAMPLE OF OVERSEAS REGIONAL DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)**

q. When a transfer or referral back to a U.S. Military Medical facility is not possible, any additional referrals or transfers to civilian sources shall, when clinically feasible and appropriate, be accomplished within the TOP Preferred Provider Network.

r. Participate in the program which encourages the TOP Preferred Provider to have U.S. non-controlled substance prescriptions filled by their local U.S. Military Medical Facility when the program is available. Check with the TOP Overseas Regional Director/NC for more information.

s. Display the sign, provided by the TOP Overseas Regional Director/NC which designates them as a TOP Preferred Provider.

t. Requested provider information which may be as a summary of the provider's qualifying criteria and may be used to assist Active Duty Members and beneficiaries with selection of a provider.

u. Inform the Network Coordinator, 30 days, prior to temporary or permanent cessation of services.

3. TRICARE Overseas Program (TOP) and the claims processor will ensure that:

a. All MOUs will be included in the TOP Central Health Care Finder System and the TOP Preferred Provider's name and provider identification number will be recorded with the TRICARE/CHAMPUS claims processing contractor.

b. All claims are processed (normally within 30 days) and when applicable, payments made directly to the Preferred Provider or billing agent in amounts or percentages (as illustrated in the below matrix) which corresponds to the patient's eligibility status (at the time the care was rendered). Please see below:

	PRIME TOP		STANDARD TOP	
	ADSMs	ADFMs	ADFMs	RETIRES & FAMILY MEMBERS
<b>INPATIENT</b>	100% of all authorized services	100% of all referred covered services	Greater of \$25.00 or \$11.90/day of inpatient hospital care	Lesser of \$414.00/day or 75% of all covered services plus 75% of all covered professional services
<b>OUTPATIENT</b>	100% of all authorized services	100% of all referred covered services	80% of all covered services except deductible	75% of all covered services except deductible

c. If the TRICARE/CHAMPUS beneficiary's sponsor is an Active Duty Service member, and the beneficiary does not have Other Health Insurance (OHI), the TRICARE/CHAMPUS claims processor will pay in full all TRICARE/CHAMPUS covered health services. If the beneficiary has OHI, the TRICARE/CHAMPUS claims processor will process the claim after the OHI has paid its share. The payment combinations will not exceed the total of the original bill.

**ENCLOSURE 1      SAMPLE OF OVERSEAS REGIONAL DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)**

d. If the TRICARE/CHAMPUS beneficiary's sponsor is not an active duty member and the beneficiary does not have OHI, the TRICARE/CHAMPUS claims processor will pay 75% of the TRICARE/CHAMPUS covered charges for inpatient care. For outpatient care, TRICARE/CHAMPUS pays 75% of the covered services after the patient has met a \$150/person or \$300/family per fiscal year (1 October - 30 September) deductible. If the beneficiary has OHI, TRICARE/CHAMPUS will process the claim after the OHI has paid its share. The payment combinations will not exceed the total of the original bill.

e. Payments will be made directly to the TOP Preferred Provider in a timely manner.

f. The TOP Preferred Provider will be notified of any additional documentation that may be needed to process the claim in a timely manner. The claims processor will also provide the TOP Preferred Provider with a TRICARE/CHAMPUS Explanation of Benefits (CEOB) for every claim processed. The CEOB can be used to determine account status and for reconciliation.

g. The TOP Preferred Provider will be provided claim forms, informational materials and staff training.

h. Telephonic claims disposition, benefit coverage guidance and on site visits will be performed to the TOP Preferred Provider when it is determined to be necessary by the TOP local Overseas Regional Director/NC.

**C. QUALITY ASSURANCE TERMS:**

1. The TOP Preferred Provider will provide a resume, education certificates, license(s) to practice medicine and specialty, if designated, and any additional qualifications/updates, upon request, to the U.S. Military Commander or designee.

2. The U.S. Military Commander or designee will ensure that all required credentials are obtained and reviewed by a qualified medical authority to determine their compliance with host nation and U.S. Military criteria, prior to signing the MOU and shall exclude any provider if a written extension is not granted by the Military Commander or TOP Overseas Regional Director.

3. The U.S. Military Commander, or designee, will, in accordance with the Privacy Act, compile and maintain all credentials associated with the local TOP Preferred Provider Network. These files will be made a part of any inspection or review of the quality that looks at the quality standards within the U.S. Military Medical Facility or other Military Service specific Command Inspections.

4. The U.S. Military Commander or designee will periodically conduct beneficiary surveys to provide feedback about the TOP Preferred Provider and staff. These surveys will be based upon non-clinical aspects of care rendered by the TOP Preferred Provider and their staff. The results of these surveys will be shared with the specific TOP Preferred Provider, to communicate those areas of proficiency and areas deemed unsatisfactory.

5. If after discussions between the U.S. Military Commander or designee and the TOP Preferred Provider, a situation is deemed unsatisfactory and cannot be resolved, the U.S. Military Commander or designee may immediately exclude (temporarily or permanently) the TOP Preferred Provider from the TOP Preferred Provider Network.



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**ENCLOSURE 1 SAMPLE OF OVERSEAS REGIONAL DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)**

The completed MOU must be photocopied, together with any attachments and forwarded to the appropriate TRICARE Overseas Program Overseas Regional Director or their designee for inclusion in the TRICARE Overseas Program "Central Health Care Finder System" database.

Upon receipt, the TOP Overseas Regional Director/NC or their designee will issue a provider MOU number and mail a TOP Preferred Provider Certificate, to the TOP local NC, for inclusion in the TOP Preferred Provider's Welcome Packet. The TRICARE Overseas Program Overseas Regional Director or their designee will also coordinate provider registration with the claims processor.

For TRICARE Overseas Program Overseas Regional Director or their Designee Use Only

Provider Last Name \_\_\_\_\_ Date \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ TRICARE Preferred Provider Number \_\_\_\_\_

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