CHAPTER 12
SECTION 7.1

TRICARE AREA OFFICE (TAO) DIRECTOR REQUIREMENTS

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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 TAO 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 TAO Directors may have contracts which reflect these unique situations.

II. POLICY

In support of the TOP, the TAO Directors have the authority to seek contract support for services necessary to satisfy TOP related requirements within their jurisdiction except for claims adjudication. The TAO Directors may contract directly for support services or include their requirements in their regional contracts. Additionally, the overseas TAO Directors or their designees are responsible for:

A. Educating the TOP eligible beneficiaries on the specific requirements/benefits/Point of Service (POS) option of the TOP. Encouraging overseas beneficiaries when traveling to CONUS to utilize CONUS Military Treatment Facility (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. Registering and assuring that those who are eligible are registered in the Extended Care Health Option (ECHO) and authorizing ECHO benefits to the extent those are available overseas.

D. Development of a TRICARE overseas host nation Preferred Provider Network (PPN) and ongoing certification/recertification of host nation providers. See Enclosure 1 for a sample of overseas TAO Director TOP PPN Agreement.

E. Assisting in educating/assisting host nation providers to understand the specific coverage, billing, and claim filing requirements of TOP.

F. Execution/maintenance of partnership agreements and business case analysis to ensure consistency with regional health plans (where applicable).

G. Timely notification to the overseas claims processing contractor in writing of a host nation provider designation/termination to the TRICARE overseas host nation PPN (where applicable).

H. Oversight of TRICARE overseas host nation PPN Agreements (where applicable).

I. Monitoring TRICARE Global Remote Overseas (TGRO) healthcare contractor/ TRICARE Puerto Rico Contractor (TPRC) activities and being the designated TMA Point of Contact (POC) for issues related to the interface activities required between the overseas claims processing contractor and the TGRO contractor/TPRC.

J. Where applicable, timely submission every 30 days of a host nation Network Provider Status Activity Report for the previous 60 days to the overseas claims processing contractor responsible for processing TRICARE overseas claims.

K. Serving as a primary contact to the TMA overseas claims processing contractor, the TGRO contractor/TPRC, TMA and other stateside (CONUS) claims processing contractors for TOP enrollment, portability, network, and utilization management issues.

L. Serving as facilitator to the overseas claims processing contractor when necessary on specific beneficiary/host nation provider issues.

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

N. Ensuring the oversight of TOP and TGRO contractor/TPRC as appropriate.

O. TOP Utilization and Quality Management. To the extent possible, the TOP TAO Directors should use the UM/QM criteria and review requirements in the TRICARE Operations Manual (TOM), 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 overseas toll-free lines, including the TGRO contractor/TPRC, shall follow the requirements outlined in the TOM, Chapter 1, Section 3.

Q. Deficiencies related to TOP overseas claims processing contractor performance shall be issued through the appropriate TMA Contracting Officer Representative (COR) via Contracting Officer letter. Deficiencies related to the TGRO contractor/TPRC performance shall be monitored by the appropriate overseas TAO Director via the Contracting Activity responsible for the TGRO/TPRC healthcare contract.

R. The overseas TAO Director is responsible for monitoring and tracking local support contracts.

S. 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/TPRC healthcare contract, the overseas TAO Director is responsible for:

1. Providing monthly enrollment numbers to the TGRO contractor/TPRC.

2. Establishing a mechanism to provide read-only access to eligibility data to the TGRO contractor/TPRC.

3. Develop a Quality Assurance Surveillance Plan for monitoring the requirements of the TGRO contractor/TPRC activities.

T. Coordination of possible fraudulent or abuse practices by a TOP beneficiary/host nation provider to the overseas claims processing contractor and the appropriate TMA COR and to the TMA, Chief, Program Integrity Branch, including requests for the overseas claims processing contractor to flag or watch providers suspected of fraud and abuse.

U. Educate and assist TMA designated POC's, Beneficiary Counseling and Assistance Coordinators (BCACs), Debt Collection Assistance Officers (DCAOs), and MTF personnel on TRICARE and TOP. The TAO Director may assist 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 TAO Director and the Military Commands in the TAO Director areas of responsibilities. TAO Directors choosing to develop a POC screening process must identify the TAO Director POC to the appropriate TMA COR to ensure proper POC designation in their region (see Chapter 12, Section 12.1 for additional information on POCs).

V. Appointing a Debt Collection Action Officer for debt collection actions against beneficiaries under TOP as outlined in the TOM, 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.

W. Upon overseas TAO Director request through the appropriate TMA COR, the overseas claims processing contractor and the TGRO contractor/TPRC may be required to participate in TRICARE Overseas Workshops.

X. Notifying the appropriate TMA COR of suspected contractor claims processing system problems.

Y. Assist TMA in responding to beneficiary/provider inquiries related to TAO Director areas of responsibilities.

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

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 claims processing contractor's customer service center representatives and the overseas claims processing contractor's supervisor. Such issues should be reported to the TMA overseas POC

when not resolved between the overseas claims processing contractor and the TAO Director in 60 days.

AB. Coordinating education and marketing issues with TMA.

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

ENCLOSURE 1 SAMPLE OF OVERSEAS TRICARE AREA OFFICE (TAO) 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 (DoD) 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 U.S. DoD Health Care Delivery System.

Host Nation TRICARE Overseas Program Preferred Provider

Military Treatment Facility (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 USMTF 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 TOP Preferred Provider Network (PPN) and the conditions for providing services to TRICARE 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 and the treatment of active duty service members (ADSMs). The TOP Preferred Provider may review these regulations and policies by contacting the MTF Commander's designated TOP Network Coordinator or the TOP Overseas TAO 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 TAO Director in the creation and ongoing maintenance of the local TOP PPN. The overseas TAO Director/NC will be the main interface for the TOP Preferred Provider to obtain guidance and training regarding, 1) TRICARE 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, MTF referrals).

ENCLOSURE 1 SAMPLE OF OVERSEAS TRICARE AREA OFFICE (TAO) DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)

b. Inform and update both the TOP Preferred Provider and the TOP Overseas TAO 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 TAO Director for coordination with TRICARE Management Activity - Aurora 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 ADSM 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 TAO Director or their designee.

2. The 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, 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 beneficiary with completion of the TRICARE claim form.

f. Provide claim filing assistance to U.S. DoD civilian employees that have private health insurance and establish with the patient a plan for the coordination of medical bill payment. The local overseas TAO 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 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 TRICARE AREA OFFICE (TAO) 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 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 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 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 overseas claims processor and notify the TOP Overseas TAO Director/NC if a claim disposition is not received, from the TRICARE claims processor, within 35 days of filing the claim.

k. Review the TRICARE Explanation of Benefits (EOB) and immediately contact the overseas claims processor 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 EOB, to be the beneficiary's responsibility.

o. Provide emergency services to ADSMs on the same basis as the TRICARE beneficiary but coordinate payment and preauthorization for any routine and elective procedures, first, with the local U.S. Military Commander or designee, such as TGRO or TPRC call centers.

p. Notify the U.S. Military Commander or designated TOP Overseas TAO Director/NC when any eligible beneficiary is hospitalized and assist with the coordination of possible transfer to the USMTF. Notification will be initiated as soon as possible and transfers will be accomplished as soon as clinically appropriate.

ENCLOSURE 1 SAMPLE OF OVERSEAS TRICARE AREA OFFICE (TAO) DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)

q. When a transfer or referral back to a USMTF is not possible, any additional referrals or transfers to civilian sources shall, when clinically feasible and appropriate, be accomplished within the TOP PPN.

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

s. Display the sign, provided by the TOP Overseas TAO 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 ADSMs and beneficiaries with selection of a provider.

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

3. 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 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	RETIREES & FAMILY MEMBERS
INPATIENT	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
OUTPATIENT	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 beneficiary's sponsor is an ADSM, and the beneficiary does not have OHI, the TRICARE claims processor will pay in full all TRICARE covered health services. If the beneficiary has OHI, the TRICARE 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.

d. If the TRICARE beneficiary's sponsor is not an ADSM and the beneficiary does not have OHI, the TRICARE claims processor will pay 75% of the TRICARE covered charges for inpatient care. For outpatient care, TRICARE 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 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.

ENCLOSURE 1 SAMPLE OF OVERSEAS TRICARE AREA OFFICE (TAO) DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)

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 TAO 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 TAO 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 USMTF 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.

ENCLOSURE 1 SAMPLE OF OVERSEAS TRICARE AREA OFFICE (TAO) DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)

6. The U.S. Military Commander's, or designee's, medical authority will communicate with the TOP Preferred Provider about any issues pertaining to clinical aspects of medical care provided to U.S. DoD beneficiaries covered by this MOU. Communication will be made with the intent of understanding and correcting the issues. If, in the opinion of the U.S. Military Commander, or designee, the issue is of such a nature as to potentially place undue risk on the ADSM or beneficiary, the U.S. Military Commander or designee may immediately exclude (temporarily or permanently) the TOP Preferred Provider from the TOP PPN. Appeals regarding exclusion from the TOP PPN will be performed by the area TOP Overseas TAO Director. (The names of the MTF medical authority and the area TOP Overseas TAO Director will be provided by the TOP Overseas TAO Director/NC upon finalization of this MOU).

D. OTHER CONSIDERATIONS:

1. No parties to this MOU shall assign, transfer, or otherwise dispose of this MOU or any of its interest to any other person or entity without the other party's written consent.

2. No parties to this MOU shall make any representations to U.S. DoD beneficiaries regarding the TOP Provider Network or the TOP Preferred Provider's status, except accurate statements consistent with the terms of the MOU.

3. The TOP Preferred Provider, the U.S. Military Commander or designee, acknowledge that noncompliance with the terms of this MOU may result in immediate cancellation initiated by any party.

4. All parties understand that this MOU is <u>not</u> a contract under the U.S. Federal Acquisition Regulations (FAR) and other U.S. Federal procurement laws, regulations and procedures.

5. This MOU may be canceled without cause by either of the participating parties upon 30 day written notification to the other party.

6. The term of this MOU shall be for <u>two years</u> from the date of signing unless canceled as provided in paragraph D.5 of this part.

7. The MTF Commander or his designee has sole authority to extend the MOU beyond the end of the initial two year period. The local TOP Overseas TAO Director/NC will provide a written notice to the TOP PPN 90 days prior to the expiration of the MOU. Included within this notice should be a request for any updated information necessary for extension of the MOU. It is the TOP PPN's responsibility to respond to the request for an extension of the MOU. This request should be submitted by the TOP Preferred Provider not less than 30 days before the expiration date of the current MOU to ensure continued listing as a TOP PPN.

1. _____
TOP Preferred Provider Date

2. _____
U.S. Military Commander or designee Date

<u>Addendum(s) attached</u> **Yes**_____ **No**_____

ENCLOSURE 1 SAMPLE OF OVERSEAS TRICARE AREA OFFICE (TAO) DIRECTOR TOP PREFERRED PROVIDER NETWORK AGREEMENTS (CONTINUED)

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

Upon receipt, the TOP Overseas TAO 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 TOP Overseas TAO Director or their designee will also coordinate provider registration with the claims processor.

For TOP Overseas TAO Director or their Designee Use Only

Provider Last Name_____ Date_____

Effective Date _____ Expiration Date _____ TRICARE PPN _____

- END -