CHAPTER 12
SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

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I. GENERAL

A. The purpose of the following TRICARE Overseas Program (TOP) claims processing procedures are to help ensure that all claims for care received by TOP eligible beneficiaries are processed in a timely and consistent manner and that government furnished funds are expended only for those services and supplies authorized under TRICARE while still allowing for the cultural differences unique to foreign countries and their health care systems. (See Chapter 12, Section 1.1 for TOP Benefit Plans.)

B. With the exception of Puerto Rico, the overseas Managed Care Support Contractor (MCSC), South Region (hereinafter known as the "overseas claims processing contractor") shall to the extent possible maximize the use of the TRICARE Operations Manual (TOM), TRICARE Systems Manual (TSM), and the TRICARE Policy Manual (TPM), unless otherwise stated in this chapter, when processing TOP eligible beneficiary claims, including active duty service member (ADSM) and reserve/national guard member claims which fall under the jurisdictional responsibility of the overseas claims processing contractor responsible for the processing of TOP claims. However, the TRICARE provisions for claims processing are not intended to be strictly applied to claims for services received in foreign countries. The Commonwealth of Puerto Rico has been designated as a TOP Prime remote overseas location. In Puerto Rico, claims for TOP Prime enrollees shall be submitted starting May 1, 2004 but processed according to TOM, Chapter 8. The overseas claims processing contractor shall exercise reasonable judgment to accommodate cultural differences relevant to the practices and delivery of health care services overseas.

C. Prior to June 1, 2004, retail pharmacy claims for Puerto Rico, the U.S. Virgin Islands, and Guam were processed through the overseas claims processing contractor. As of June 1, 2004, all pharmacy claims in Puerto Rico, the U.S. Virgin Islands, and Guam are processed by the TRICARE Retail Pharmacy (TRRx) contractor. The TRICARE Puerto Rico Contractor (TPRC) cannot submit pharmacy claims, except for pharmacy that is part of an emergency room visit or inpatient treatment. Any prescriptions from this care that are not provided at time of treatment for inpatient/emergency care, shall be required to be submitted through the retail pharmacy contractor. Copays will apply. If an enrolled active duty family member (ADFM) beneficiary in Puerto Rico, U.S. Virgin Islands, or Guam utilizes a non-network pharmacy, Point of Service (POS) charges including deductibles and cost-shares will apply. Pharmacy claims in the U.S. Virgin Islands for emergent/inpatient services may be submitted to the overseas claims processing contractor by the TRICARE Global Remote

Overseas (TGRO) healthcare contractor. For America Samoa (AS) and all other overseas areas, there will be no copays for Prime enrollees and these claims will be processed through the overseas claims processing contractor. Non-enrolled ADFMs (Standard), retirees or their family members residing overseas obtaining prescription from an overseas host nation pharmacy shall submit their claims to the overseas claims processing contractor. TRICARE Standard cost-share provisions will apply. All pharmacy claims must process through the TRRx contractor except as noted in this paragraph.

D. The TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program which is available in the continental United States (CONUS) (see the TOM, Chapter 17, Section 6) does not apply to ADFM enrollees in areas outside the 50 United States.

E. Demonstration projects may also be applicable to overseas areas and the U.S. Territories, as outlined in the specific guidance for these programs.

F. Unless otherwise stated, the requirements provided in this chapter shall apply to CONUS MCSC regions when processing overseas claims for beneficiaries enrolled or residing in these MCS contract regions.

II. TOP PROCESSING STANDARDS

A. Regardless of who submits the claim, TOP claims shall be processed using the standards outlined in the TOM, Chapter 1, except for the following:

1. Claims; the overseas claims processing contractor shall process 85 percent of all TOP claims to completion within 21 days. Claims pended per government direction are excluded from this standard. However, the number of excluded claims must be reported on the Overseas Weekly/Monthly Workload/Cycletime Aging report.

2. TRICARE Encounter Data (TED) data shall be submitted per TSM requirements.

3. Overseas drafts/checks and Explanation of Benefits (EOBs). Drafts/checks that need to be converted to a foreign currency shall be calculated based on the exchange rate in effect on the last date of service listed on the EOB. Upon completion of the processing, drafts/checks shall be created by the overseas claims processing contractor within 48 hours, matched with the appropriate EOBs, and mailed to the beneficiary/sponsor/host nation provider/Point of Contact (POC)/TGRO contractor and/or TPRC as applicable, after Contract Resource Management (CRM) approval (see TOM, Chapter 3).

4. Provider requests for Electronic Funds Transfer (EFT) payment. Upon host nation provider request the overseas claims processing contractor shall provide EFT payment to a U.S. or overseas bank on a weekly basis. Bank charges incurred by the provider for EFT payment shall be the responsibility of the provider. No EFT payment may be made to providers in the Philippines.

5. Correspondence pended due to stop payment orders, check tracers on foreign banks and conversion of currency. This correspondence is excluded from the routine 45 calendar day correspondence standard and the priority ten calendar day correspondence

standard. However, the number of excluded routine and priority correspondence must be reported on the Overseas Monthly Workload/Cycletime Aging Report.

6. Authorization requests. Authorization requests timeliness standards/ requirements do not apply to TOP.

7. Zip code file requirements do not apply to TOP except for Puerto Rico.

8. Controls related to authorizations, referrals, and beneficiary/providers services are the responsibility of the overseas TRICARE Area Office (TAO) Directors or designee(s).

9. Correspondence standards apply to all TRICARE overseas correspondence including correspondence related to ADSM overseas claims and TGRO contractor/TPRC claims.

10. Appeal standards which require 95 percent of appeals to be processed within 60 days and 100 percent of appeals to be processed within 90 days apply to all overseas claims, including TGRO contractor/TPRC claims.

III. RECORDS MANAGEMENT

The Records Management requirements outlined in the TOM, Chapter 2 apply to the TOP.

IV. FINANCIAL ADMINISTRATION

A. The overseas claims processing contractor shall follow the Financial Administration Non-Financially Underwritten Funds requirements in the TOM, Chapter 3, with the following exceptions:

1. Foreign overseas drafts (local currency) and checks (U.S. currency) shall also reflect "TRICARE Overseas Program."

2. Foreign overseas drafts shall also reflect information that indicates the draft is valid for 190 days and if reissue is required/necessary, the draft must be returned to the overseas claims processing contractor with a request for reissuance. The overseas claims processing contractor shall issue drafts/checks for Germany claims which look like local German drafts/checks.

3. Overseas claims are excluded from the interest payment requirements as outlined in the TOM, Chapter 8. The overseas claims processing contractor is required to provide, upon overseas TAO Director request, documentation, for auditing purposes, of the TGRO contractor/TPRC claims.

4. The overseas claims processing contractor is responsible for following the requirements outlined in the TOM, Chapter 3, Section 3 related to voucher/batch preparation and integrity.

5. The TED for the overseas claims shall be reported on vouchers/batches according to the TSM, Chapter 2 and as follows:

a. For remote site:

(1) ADFM and ADSM remote site claims, excluding health care claims for emergent/urgent care for Navy and Marine Corps ADSM who are either deployed and or deployed on liberty status in a remote site shall be submitted on vouchers instead of batches and shall be paid from the current non-financially underwritten foreign bank account. They shall be submitted like all other claims currently processed from that account.

(2) Navy deployed and/or deployed on liberty emergent or urgent care claims shall be submitted on a separate voucher. A separate bank account will be established for these beneficiaries. The ASAP account on the voucher header will identify the voucher as Navy.

(3) Marine Corps deployed and/or deployed on liberty emergent or urgent care claims shall be submitted on a separate voucher. A separate bank account will be established for these beneficiaries. The ASAP account on the voucher header will identify the voucher as Marine Corps.

NOTE: The overseas claims processing contractor shall work with the TGRO contractor/TPRC to develop a process for the identification of Navy/Marine Corps ADSM claims identified in paragraph IV.A.5.a.(2) and (3) above, upon submission to the overseas claims processing contractor.

(4) Retirees and their dependents living in a remote site health care claims shall be submitted on vouchers instead of batches and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(5) ADSM, ADFM, retirees and their dependents living in a remote site - CONUS claims for health care shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

b. For other than remote site claims:

(1) TRICARE Europe ADSM claims shall be submitted on batches and the contractor shall on a monthly basis, submit a request for payment of TRICARE Europe ADSM overseas claims in the format of a single bill delineated by military branch of service to Defense Finance and Accounting Service (DFAS), Europe. Each bill shall include total weekly charges separated by benefit dollars with administrative charges per claim. Additionally each bill shall be accompanied by a monthly summary report of total expenditures by currency (e.g., for the month of January $600,000 worth of claims were paid, of the $600,000, $300,000 were paid in Euros, $200,000 were paid in Krones, etc.). A copy of this report identifying PHS and NOAA ADSM claims shall also be sent to the Public Health Service POC, at Medical Affairs Branch, 5600 Fishers Lane, Room 4C-04, Rockville, MD 20874.

(2) The TGRO contractor may submit claims for ADSM/ADFMs enrolled in Guantanamo Bay (GTMO) in TOP Prime for urgent/emergent aeromedical evacuation. Also, ADSMs who are in an authorized leave status, on temporary duty, or deployed, who are not enrolled in TOP Prime may also have claims submitted by the TGRO contractor.

(3) TOP eligible ADFM claims shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(4) Retirees and their dependents living overseas claims shall be submitted on voucher and shall be paid from the current non-financially underwritten or TRICARE for Life (TFL)/accrual fund bank accounts. They shall be submitted on the same voucher as all other claims currently processed from that account.

(5) TOP Prime (ADSM and ADFM) and TOP Standard beneficiary CONUS claims for health care shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(6) Health care claims for ADSMs enrolled in TRICARE Pacific shall be paid through the Military Treatment Facility (MTF).

(7) Overseas health care claims determined to be the responsibility of the CONUS claims processing contractor (i.e., beneficiaries enrolled or residing in a CONUS claims processing contractor region, who receive care while traveling or visiting abroad) shall be paid from the applicable bank account.

(8) TRICARE Latin America/Canada (TLAC) ADSM claims shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account. Administrative fees will be paid in accordance with TOM, Chapter 3, Section 9.

B. The overseas claims processing contractor shall provide TRICARE Overseas Currency reports identifying the gain or loss for the month reported to arrive by the 10th calendar day following the month reported, excluding TGRO contractor/TPRC claims. The reports for net gains/losses shall be sent in a electronic format to TMA, Attn: Finance and Accounting Branch, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

1. The overseas claims processing contractor shall calculate TOP program currency gains and losses resulting from payments made to host nation providers and/or beneficiaries in foreign countries. The gains and losses shall be computed based on the exchange rate in effect on the "Ending Date of Care" per paragraph V.Q.1.d. The difference between the cost of the foreign currency on the "Ending Date of Care" and the overseas claims processing

contractor payment date shall be the gain or loss on the transaction. Payment shall be as follows for:

a. Net Gain. For months that result in a net gain, the overseas claims processing contractor shall forward the report along with their check payable to DoD, TMA, for the gain from currency conversion.

b. Net Loss. TMA will reimburse the overseas claims processing contractor for any losses incurred from currency conversion except for current conversion losses from TRICARE Europe ADSM claims. The TRICARE Overseas Currency report shall be accompanied by a letter (invoice) requesting reimbursement for the loss incurred. This payment will not be subject to the Prompt Payment Act (FAR 32.9) as amended, therefore, payment by TMA will usually be made within five working days of receipt of the invoice and the TRICARE Overseas Currency report.

2. For TRICARE Europe ADSM overseas claims, the overseas claims processing contractor shall follow the above procedures for calculating foreign currency gains and losses and reporting requirements. However, the report and net gains/losses shall be sent to DFAS, Europe or the office designated by DFAS. DFAS will reimburse the contractor for any losses incurred from the currency conversion.

3. Audits. The TRICARE Overseas Currency reports, and the claims supporting them, are subject to audit by the TMA or other authorized Government auditors as part of any financial audit.

V. CLAIMS PROCESSING PROCEDURES

A. Who May File A TOP Claim.

Claims may be filed by TOP eligible TRICARE beneficiaries, TOP host nation providers, TGRO host country (TGROHC), TPRC, and TRICARE authorized providers as allowed under TRICARE (see the TOM, Chapter 8).

B. TOP Claim Form.

1. Confidentiality requirements for TOP are identical to TRICARE requirements outlined in the TOM, Chapter 8.

2. The overseas claims processing contractor may accept any valid TRICARE approved claim form, current or obsolete, except for Puerto Rico. Puerto Rico claims must be submitted on a TRICARE acceptable claim form, e.g., facility charges (inpatient and outpatient) must be submitted on the CMS 1450 UB-04 claim form.

3. TGRO contractor shall submit claims on the TGRO contractor claim form identified in Chapter 12, Section 12.2, Figure 12-12.2-16.

C. TOP Claims Receipt And Control And Signature Requirements.

1. The overseas claims processing contractor shall follow the claims receipt and control, and signature requirements outlined in the TOM, Chapter 8, except when directed by the appropriate TMA Contracting Officer Representative (COR). When directed by TMA, the overseas claims processing contractor may not use signature on file and may not accept facsimile signatures.

2. The overseas claims processing contractor shall waive beneficiary signature requirements for claims submitted for TGRO contractor designated providers.

3. As a guideline, all overseas claims shall be sent to the microfilm area, filmed and returned to overseas claims processing contractor's overseas claims processing unit no later than the close of business the following working day of submission.

D. TOP Jurisdiction.

In the early stages of TOP claims review, the overseas claims processing contractor shall determine that claims received are within its contractual jurisdiction. TOP claims processing jurisdictions are identified within the overseas claims processing contractor's contract with TMA and includes all overseas locations except the 50 United States states. When the overseas claims processing contractor receives out of jurisdiction claims, with the exception of claims submitted by the TGRO contractor/TPRC, the overseas claims processing contractor shall forward such claims to the appropriate TRICARE contractor responsible for processing the claims within 72 hours of identification of the claims as being out of jurisdiction. The overseas claims processing contractor shall inform the beneficiary/provider of the action taken and provide the address of the contractor to which the claim(s) was/were forwarded. TOP jurisdiction requirements outlined are as follows:

1. See Chapter 12, Section 1.1 for overseas claims processing contractor claims processing responsibilities with the exception of claims submitted by the TGRO contractor/TPRC.

2. Effective September 1, 2003, the overseas claims processing contractor shall process the TGRO contractor claims for services rendered on or after October 1, 2002 following the guidelines outlined under the TGRO contract and the requirements outlined in this chapter. All TGRO contractor claims must be submitted electronically. When TGRO claims cannot be submitted electronically, the TGRO contractor shall request a waiver from the government POC.

3. Effective September 1, 2003, the overseas claims processing contractor shall process the TGRO contractor TRICARE Pacific ADFM adjustments for services rendered prior to October 1, 2002 following previous overseas processing guidelines. TRICARE Pacific ADFM claims for dates of services prior to October 1, 2002 which may have not been submitted timely and which have been granted a waiver, shall also be processed following previous overseas claims processing guidelines.

4. The overseas claims processing contractor shall process Puerto Rico health care claims submitted by the TPRC. The overseas claims processing contractor shall not process

eligible ADSM or ADFM claims submitted by the TPRC with date of service before May 1, 2004. For date of service prior to May 1, 2004 in TPRC, the overseas claims processing contractor shall follow previous overseas processing guidelines.

5. All ADSM TOP Prime care for TPRC Defense Medical Information System Identification (DMIS-IDs) shall be sought through TPRC. For ADSM TOP Prime TPRC DMIS-ID enrollees who seek care outside the TPRC without an authorization from the TPRC, the claim will be pended by the overseas claims processing contractor and the TPRC will be notified via a weekly report. Upon receipt of this report, the TPRC will have five working days to make a determination regarding authorization. If the TPRC retroactively authorizes the care, then the contractor shall enter the authorization and notify the overseas claims processing contractor to process the claim for payment. If the TPRC determines that the care was not authorized, the contractor shall notify the overseas claims processing contractor and an EOB denying the claim shall be initiated. If the overseas claims processing contractor does not receive the TPRC's response within five working days, the overseas claims processing contractor shall pay the claim as if it was authorized.

6. All ADSM TOP Prime care for TGRO DMIS-IDs shall be sought through TGRO. For ADSM TOP Prime TGRO DMIS-ID enrollees who seek care outside the TGRO contract without an authorization from the TGRO contractor, the claim will be pended by the overseas claims processing contractor and the TGRO contractor will be notified via a weekly report. Upon receipt of this report, the TGRO contractor will have five working days to make a determination regarding authorization. If the TGRO contractor retroactively authorizes the care, then the contractor shall enter the authorization and notify the overseas claims processing contractor to process the claim for payment. If the TGRO contractor determines that the care was not authorized, the contractor shall notify the overseas claims processing contractor and an EOB denying the claim shall be initiated. If the overseas claims processing contractor does not receive the TGRO contractor's response within five working days, the overseas claims processing contractor shall pay the claim as if it was authorized.

7. All ADFM TOP Prime care for TGRO DMIS-IDs shall be sought through the TGRO. ADFM care not sought through TGRO shall process with deductibles and POS charges. Effective May 1, 2004, all ADFM TOP Prime for the TPRC DMIS-IDs shall be sought through the TPRC. ADFM care not sought through TPRC shall process with deductibles and POS charges. Refer to paragraph V.G.12. for policy regarding POS waivers and EOB messages.

8. The overseas claims processing contractor shall process the TGRO contractor Navy/Marine Corps claims for ADSMs temporarily assigned, deployed, deployed on liberty, or in an authorized leave status with a date of service of October 1, 2003 or later. Effective May 1, 2004, the overseas claims processing contractor shall process the TPRC contractor Navy/Marine Corps claims for ADSMs temporarily assigned, deployed, deployed on liberty, or in an authorized leave status with a date of service of May 1, 2004 or later.

9. Claims, including TGRO contractor/TPRC claims, for durable medical equipment purchased/ordered by TOP eligible beneficiaries in an overseas area from a CONUS provider (i.e., internet, etc.) shall be processed by the overseas claims processing contractor.

10. For inpatient claims paid under the DRG-based payment system, the overseas claims processing contractor with jurisdiction for the beneficiary's claim address, on the date of admission, shall process and pay the entire DRG claim, including cost outliers. For inpatient claims paid on a per diem basis, to include DRG transfers and short stay outlier cases, and for professional claims that are date-driven, the overseas claims processing contractor with jurisdiction for the beneficiary's claim address, on the date of service shall process and pay the claim.

11. Overseas enrolled ADSM on a ship or with an overseas home port overseas care shall not be processed by the member's military unit. They shall be processed based on enrollment location.

12. ADSM TDY/on leave in an overseas region, from the U.S., claims for overseas urgent or emergent care shall be processed by the claims processing contractor responsible for where the ADSM is enrolled or if not enrolled where the ADSM resides. If urgent or emergent care is provided in a remote area and is facilitated by the TGRO contractor/TPRC, the TGRO contractor/TPRC shall process the claim to payment and then shall submit the claim to the overseas claims processing contractor for payment. ADSMs seeking routine care while TDY/on leave in a remote area should receive authorization from the region to which they are enrolled.

13. ADSM deployed to overseas remote areas, claims for the care shall be processed by the overseas claims processing contractor responsible for processing foreign claims.

14. Reservists on orders for 30 consecutive days or less, who are injured while traveling to or from annual training or while performing their annual training who receive civilian medical care OCONUS, claims should be processed by the overseas claims processing contractor. For countries covered under the TGRO/TPRC contract, reservists, who are injured while traveling to or from annual training, who receive urgent/emergent care facilitated by the TGRO contractor/TPRC, claims shall be submitted by the TGRO contractor/TPRC to the overseas claims processing contractor responsible for processing foreign claims.

15. TRICARE beneficiaries, enrolled or residing in a CONUS claims processing contractor region who, while traveling or visiting abroad and receive overseas health care, claims for the overseas care shall be processed by the CONUS claims processing contractor responsible for where the beneficiary resides or is enrolled. See paragraph V.Q. for claims processing and payment guidelines for these claims.

16. Effective January 1, 2005, the overseas claims processing contractor shall process TLAC ADSM claims following the claims processing guidelines for TRICARE Europe ADSM claims, except that TLAC ADSM claims shall be submitted on vouchers instead of batches and TLAC ADSM claims shall be processed without an authorization. Actual date(s) of service may be prior to January 1, 2005, and are not subject to normal claims submission deadlines.

E. Host Nation Provider Requirements.

1. The overseas claims processing contractor shall use 32 CFR 199.6 and the TOM, Chapter 4 as a guideline for the types of host nation providers which may provide service to TOP/TRICARE beneficiaries. The overseas claims processing contractor is not required to follow the requirements outlined in the TOM, Chapter 5.

2. The overseas claims processing contractor is not required to certify host nation providers unless directed by the appropriate TMA COR. However, if requested by the overseas TAO Directors, the overseas claims processing contractor shall provide their file copies of provider licenses to the overseas TAO Directors. Should the overseas claims processing contractor be directed by TMA to require certification of host nation providers from overseas countries, the overseas claims processing contractor shall follow the requirements outlined in 32 CFR 199.6 and the TOM, Chapter 4 and/or by contract to identify types of providers which are eligible to be authorized under TRICARE and shall be required to follow a similar process identified below for provider certification.

3. The TGRO contractor is responsible for performing on-site verification and provider certification in the Philippines. The overseas claims processing contractor is required to only consider providers certified/confirmed by the TGRO contractor in the Philippines as TRICARE TOP authorized providers no other providers shall be considered an authorized provider.

a. The overseas claims processing contractor shall forward the Philippines host nation provider information who are not TGRO contractor certified/confirmed to TGRO contractor for action. If the TGRO contractor certification action is not completed within 35 days, the overseas claims processing contractor shall deny claims based on lack of provider certification. The TGRO contractor is required to send a spreadsheet with the results of the certification requests (approved/non-approved) to the overseas claims processing contractor, including copies of current licenses/credentials, the host nation providers name and business/billing address and date of certification or denial (see Figure 12-12.2-12 and Figure 12-12.2-13 for the forms that shall be used by the overseas claims processing contractor and the TGRO contractor for obtaining necessary certification.)

b. For the Philippine certification process, the TGRO contractor shall provide electronically to the overseas claims processing contractor and the appropriate overseas TAO Director, a current file of the certified Philippines providers. Upon receipt of the files, the overseas claims processing contractor is required to ensure these providers are designated on their provider file as certified/authorized overseas host nation providers and shall assign each provider a unique number following current contract requirements and shall provide that number to the TGRO contractor and the appropriate overseas TAO Director. For those certified non-network Philippine providers, the overseas claims processing contractor shall assign these providers a separate unique provider ID number. Upon receipt of the TGRO contractor newly certified/authorized Philippine host nation provider file update, the overseas claims processing contractor shall provide the assigned provider number(s) to the TGRO contractor and the appropriate overseas TAO Director by the next business day of receipt.

4. Updates/reconciliations of Philippine providers to be certified or disapproved shall be provided by the TGRO contractor to the overseas claims processing contractor with copies to the Chief, Claims Processing Office and the TAO Director. The TGRO contractor, shall submit separate reports for network and non-network providers. For new non-network providers the TGRO contractor shall submit a cumulative report in an Excel format which includes those providers which are approved or denied, including copies of current licenses/ credentials and the providers name, business address and billing address, including telephone and fax numbers, if available, date of certification/denial, and provider specialty if available. This report shall be submitted weekly. As this process is expanded to other countries, the report shall be submitted weekly. For network providers the TGRO contractor shall follow the process for reporting outlined in paragraph V.E.9., for remote area providers.

5. The overseas claims processing contractor and the TGRO contractor shall use the following guidelines for prioritizing certification of Philippine providers as follows:

a. Reviewing new providers.

b. Reviewing the overseas claims processing contractor current certified provider files.

c. Reviewing non-certified providers on claims which have been denied by the overseas claims processing contractor and the beneficiary/provider has followed-up on why the claim was denied.

d. Reviewing non-certified providers on claims which have been denied by the overseas claims processing contractor and the beneficiary/provider has NOT followed-up on why the claim was denied.

6. To assist in identifying the above Philippine provider priorities, the overseas claims processing contractor is required to send to the TMA designee provider certification requests as outlined above. New provider requests will be sent by the overseas claims processing contractor to the TGRO contractor and the TAO Director two (2) times per week on Mondays and Wednesdays. If these days fall on a national holiday the reports will be provided the next day.

7. Recertification of Philippine providers shall be performed by the TGRO contractor every three (3) years and shall follow the above process. TMA shall, as necessary, require the TGRO contractor and the overseas claims processing contractor to add additional overseas countries for host-nation provider certification. Upon direction by the Government, the overseas claims processing contractor and the TGRO contractor shall follow the process above outlined for the Philippines to include prioritization of certification of new country providers.

8. The overseas claims processing contractor shall deny claims submitted from non-certified or non-confirmed host nation providers from the Philippines, advising the beneficiary/provider to contact the TGRO contractor for procedures on becoming certified.

9. For use in processing TGRO contractor and TPRC area submitted claims, the overseas claims processing contractor shall be provided electronic provider files of

designated remote overseas providers, including network provider and participating provider information and excluding dental provider files by the TGRO contractor and TPRC. Upon receipt of the files, the overseas claims processing contractor is required to ensure these providers are designated authorized overseas host nation providers and/or remote overseas designated authorized providers and shall assign each provider a number following current contract requirements and provide that number to the appropriate remote contractor. A separate provider number will be assigned for the certified providers not in the remote overseas provider network. Also, the overseas claims processing contractor shall be provided by the appropriate remote contractor, designated remote overseas electronic provider file updates as needed with a replacement provider file on a quarterly basis. These files shall arrive no later than the 15th of every month. Upon receipt of a new provider file update, the overseas claims processing contractor shall provide the assigned provider number to the appropriate remote contractor within one business day after receipt.

10. The TGRO contractor shall also request separate provider numbers for the billing of commercial air transports.

11. Upon TOP TAO Director request, the overseas claims processing contractor shall provide copies of licensure/certification information for host nation providers, when available, from claims processing contractor provider files.

12. The overseas claims processing contractor is required to assign provider numbers to host nation providers, identify providers as network or non-network, create and submit TRICARE Encounter Provider records (TEPRVs), to include the TGRO contractor and TPRC providers.

13. The overseas claims processing contractor shall accept TAO Director Network Provider designation notification letters that designate/undesignate overseas host nation providers/countries as TOP Network preferred providers. Upon receipt of the designation letters, the overseas claims processing contractor is required to update their provider file accordingly and retain a copy of the letter in their provider file. The overseas claims processing contractor shall use the date on the notification letter as the effective begin/end date of TOP network designation. If the designation letter is undated, the overseas claims processing contractor shall contact the appropriate TAO Director for a begin/end date.

14. The overseas claims processing contractor shall receive an electronic Monthly Network Progress Report from the TAO Directors with updates for the previous 60 days. The overseas claims processing contractor shall use this report to reconcile their provider files. The Monthly Network Progress Report shall arrive no later then the 15th of every month.

15. The overseas claims processing contractor shall also receive from the TGRO contractor/TPRC, or their designee, provider file updates for TGRO contractor/TPRC designated providers. The electronic files will be sent to the overseas claims processing contractor for updates as needed. Upon receipt of a new TGRO contractor/TPRC provider update, the overseas claims processing contractor shall provide the newly assigned provider number to the TGRO contractor/TPRC, or their designee, by the next U.S. business day of receipt.

16. Requests for additional provider information required to process overseas claims to completion shall be forwarded to the beneficiary/provider by the most expeditious method available. TGRO contractor Philippine certification requests shall be submitted electronically by the overseas claims processing contractor. If the beneficiary/provider/ TGRO contractor/TPRC requests for additional information/certification are not received by the overseas claims processing contractor within 35 days, the claims shall be denied.

17. Claims from the TGRO contractor and TPRC shall be submitted electronically. When hard copy health care claims submission is necessary, the contractor shall submit the claims to the overseas claims processing contractor.

18. Effective September 1, 2002 for the Philippines, Panama and Costa Rica, providers exceeding the $3000 per year billing cap for pharmacy service are required to submit claims using National Drug Coding (NDC).

19. For the Philippines, Panama and Costa Rica, the overseas claims processing contractor shall, annually, review billings to determine if providers in these areas have exceeded the $3,000 per year billing cap for pharmacy services. High volume providers (determined by total pharmacy services billings exceeding $3,000 in the previous 12 months) identified shall be sent the provider notification letter (see Figure 12-12.2-8) advising them of the TOP NDC submission requirements and payment for drugs as required in TRM, Chapter 1, Section 15 and this section. The electronic report shall arrive no later than the 15th of month in which it is due. As other countries are added, the report shall include these countries.

20. For the Philippines and other nations as may later be determined by the Government, the contractor shall quarterly determine the top 10% of institutional and individual professional providers. The contractor shall return a copy of all claims received from these providers to the provider's practice address requesting the providers signature on the attestation at Figure 12-12.2-17. Only the original signature of the provider is acceptable. For institutional providers, the signature shall be that of the institution's chief executive. Claims shall be pended for 35 calendar days following the mailing of the attestation and a copy of the claim. If no response is received within 35 calendar days, the contractor shall deny the claim.

21. The overseas claims processing contractor shall provide an electronic report, annually (by fiscal year), identifying all high volume overseas pharmacy providers that have exceeded the $3000, per year billing cap for pharmacy services to the appropriate TMA COR, 16401 East Centretech Parkway, Aurora, CO 80011-9066. The reports shall identify the provider, the provider total billed amount, the total amount paid to the provider, and the total amount paid by the government. Upon receipt, the government shall review the report and may notify the overseas claims processing contractor to issue a provider notification letter (see Figure 12-12.2-8) to TMA identified overseas pharmacy providers in other countries than the Philippines, Panama and Costa Rica that have exceeded the $3000 per year billing cap on pharmacy services. The report shall arrive by the 15th of October for the preceding fiscal year (October 1 through September 30). As other countries are added, the report shall include these countries.

22. For those providers identified annually as high volume providers (determined by total pharmacy services billings exceeding $3,000 in the previous 12 months), the overseas

claims processing contractor shall be required to submit a report annually, by country and provider, which tracks the number of claims, dollars amounts billed vs. paid before the above process was implemented and compares it to the number of claims, dollars amounts billed vs. paid after the above process was implemented. The report shall arrive no later than the 15th of the month in which it is due. As other countries are added, the report shall include these countries.

23. The CONUS claims processing contractor is not required to certify host nation providers for care received by CONUS beneficiaries (Prime/Standard) who travel overseas and required/received care.

F. Enrollment.

1. The overseas claims processing contractor is not responsible for enrollment requirements outlined in the TOM, Chapter 6, Section 1, for TOP eligible beneficiaries.

2. When processing claims, the overseas claims processing contractor shall consider the requirements for Enrollment Portability, Split Enrollment, Disenrollment and TRICARE Plus outlined in the TOM, Chapter 6 and related requirements outlined in this chapter.

G. Utilization Management/Authorizations.

1. The overseas claims processing contractor is not required to develop a Utilization Management Plan/Program, a Clinical Quality Management Program or develop a plan for interacting with the National Quality Monitoring contractor as outlined in the TOM, Chapter 7.

2. The overseas claims processing contractor is required to advise their customers of those overseas benefits/countries requiring preauthorization/authorization before payment can be made and of the procedures for requesting preauthorization/authorization. Although beneficiaries are required to obtain authorization for care prior to receiving payment for the care requiring TOP preauthorization/authorization, TOP preauthorization/authorization may be requested following the care from the appropriate authority for issuing authorizations (see Chapter 12, Section 8.1). The overseas claims processing contractor shall document preauthorization/authorizations according to current contract requirements.

3. If medical review is required to determine medical necessity of a service rendered, the overseas claims processing contractor shall follow the requirements outlined in the TOM, Chapter 7, Section 1 related to medical review staff qualifications and review processes.

4. The TOP preauthorization/authorization must be submitted with the claim or be available on Defense Enrollment Eligibility Reporting System (DEERS) or when fully implemented the TRICARE Enterprise Wide Referral and Authorization Program (EWRAP).

5. Upon instruction from the TMA Contracting Officer, Nonavailability Statement (NAS) reason for issuance codes 7, 8, and 9 will be conveyed via ANSI ASC X12N 278 transactions from the TRICARE EWRAP. When fully implemented, the overseas claims processing contractor is required to accept and store and access the NAS (care authorization) information for claims processing and other contractual purposes. When fully implemented,

the overseas claims processing contractor shall no longer accept paper authorizations from MTFs. The overseas claims processing contractor must be able to receive NASs (care authorizations) in ANSI X12N 278 transactions and later referral and authorization data from the EWRAP in the form of HIPAA-compliant ANSI X12N 997 Functional Acknowledgements to the EWRAP should such acknowledgements be required and specified in the trading partner agreement between the overseas claims processing contractor and EWRAP.

6. The overseas claims processing contractor must maintain a preauthorization/ authorization file.

7. When necessary, clarification of discrepancies between authorization data and data on the claims shall be made by the overseas claims processing contractor with the appropriate authorizing authority (see Chapter 12, Section 8.1).

8. The overseas claims processing contractor shall consider authorizations valid for 90 days (i.e., date of service must be within 90 days of issue date). The overseas claims processing contractor shall consider retroactive and chronic authorizations valid for the specific date/care authorized.

9. Procedures for preauthorizations/authorizations for CONUS inpatient mental health care have been developed between the overseas claims processing contractor's mental health contractor responsible for processing foreign claims and the overseas TAO Directors in coordination with the appropriate TMA COR. The mental health contractor is responsible for authorizing/review of all CONUS non-emergency inpatient mental health care for enrolled ADFM (i.e., Residential Treatment Center (RTC), Substance Use Disorder Rehabilitation Facility (SUDRF), etc.) and outpatient mental health care sessions nine and above per fiscal year for Prime overseas beneficiaries. To perform this requirement, the overseas claims processing contractor shall at a minimum provide three 24-hour telephone lines: one CONUS toll free, one commercial and one fax for overseas inpatient mental health review requirement, sample forms for use by the referring physician when requesting pre-authorization/authorization for care and the system for notification of the overseas claims processing contractor when care has been authorized. Additionally, the overseas claims processing contractor responsible for foreign claim shall:

a. Inform the beneficiary/provider if a desired facility is not a TRICARE authorized facility and offer the beneficiary/provider a choice of alternative facilities and assist with identifying CONUS facilities for referring providers.

b. Upon request, either telephonically or by fax, from a referring provider, the mental health review contractor will initiate preauthorization prior to admission for non-emergency inpatient care, including RTC, SUDRF, Partial Hospitalization Program (PHP), etc. (Essentially, all admissions defined by Chapter 1, Section 7.1, as requiring preauthorization). The overseas claims processing contractor responsible for processing overseas claims will arrange ongoing utilization review, as indicated, for overseas beneficiaries admitted to any level of inpatient mental health care.

c. The review determination must conclude in either authorization or denial of care. Review results must be faxed to the beneficiary/provider within 24 hours of the

request. The review and denial process will follow, as applicable the processes outlined in TOM, Chapter 7.

(1) The mental health contractor will provide an opportunity to discuss the proposed initial denial determination with the patient's attending physician AND referring physician (if different providers). The purpose of this discussion is to allow further explanation of the nature of the beneficiary's need for health care services, including all factors which preclude treatment of the patient as an outpatient or in an alternative level of inpatient care. This is important in those beneficiaries designated to return overseas, where supporting alternative level of care is limited, as well as support for intensive outpatient treatment. If the referring provider does not agree with the denial determination, then the contractor will contact the appropriate overseas TAO Director to discuss the case. The Overseas TAO Director will provide the schedule and contact information for all overseas TAO mental health advisors. The final decision on whether or not to issue a denial will be made by the mental health contractor.

(2) The mental health contractor will notify the referring provider if the patient is returning to ensure coordination of appropriate after-care arrangements, as well as facilitate discussion with the attending provider to ensure continuity of care is considered with the proposed after-care treatment plan.

d. The mental health contractor will adhere to the appeals process outlined in the TOM, Chapter 13.

e. The mental health contractor will also notify the overseas claims processing contractor of the initial review determination and any pending appeals. The overseas claims processing contractor will use this information to process the claim.

f. The overseas claims processing contractor responsible for processing foreign claims shall notify the TAO Directors and TMA of any changes to phone and fax numbers.

10. If the overseas claims processing contractor has no record of referral/ authorization, prior to denial/payment of the claim, the overseas claims processing contractor will follow the TOP POS rules, assuming the service would otherwise be covered under TOP, as outlined in Chapter 12, Section 10.2.

11. For other than the TGRO contractor and TPRC, the overseas claims processing contractor shall develop procedures for the identification and tracking of TOP enrollee claims submitted by either a TOP host nation designated or non-designated overseas host nation provider without preauthorization/authorization. The overseas claims processing contractor shall provide an electronic file to be Microsoft Office compatible and sortable by all fields of all claims received without preauthorization/authorization or for services rendered by a host nation non-network provider sorted by TAO, DMIS-ID on the date of service, sponsor SSN, patient name, date of birth, date of care, Health Care Delivery Plan (HCDP) Coverage code, host nation provider of care, host nation providers address, with an ICD9, CPT-4 code, or brief description of the purpose of the visit or reason for referral (i.e., A=No Authorization, P=Non-Network Providers) and Internal Control Number (ICN) order weekly for appropriate TAO Director review. (See Figure 12-12.2-2, Figure 12-12.2-3, and Figure 12-12.2-7.) Upon receipt of the first claim for a TOP-enrolled ADFM submitted by a TOP host nation

designated or non-designated overseas host nation provider without preauthorization/ authorization, the overseas claims processing contractor shall process the claim and waive application of POS charges for that claim. The overseas claims processing contractor shall use specific EOB messages advising the beneficiaries/host nation providers that authorizations are required on future claims to avoid POS payment. Upon receipt of the second and subsequent ADFM claims submitted by a TOP host nation designated or non-designated overseas host nation provider without preauthorization/authorization, the overseas claims processing contractor shall process the claims following POS payment procedures.

12. For the TGRO contractor and TPRC, the overseas claims processing contractor shall develop procedures for the identification and tracking of TOP enrolled claims submitted by either a beneficiary, a TOP host nation designated or non-designated overseas host nation provider without preauthorization/authorization. The overseas claims processing contractor shall provide weekly an electronic file to be Microsoft Office compatible and sortable by all fields of all claims received without preauthorization/ authorization or for services rendered by a host nation non-network provider sorted by TAO, DMIS-ID on the date of service, sponsor SSN, patient name, date of birth, date of care, HCDP Coverage code, host nation provider of care, host nation provider's address, with an ICD9, CPT-4 code, or brief description of the purpose of the visit or reason for referral (i.e., A=No Authorization, P=Non-Network Providers) and ICN order for appropriate TAO Director review (see Figure 12-12.2-2, Figure 12-12.2-3, and Figure 12-12.2-7). Upon receipt of the first claim for a TGRO- or TPRC-enrolled ADFM submitted without preauthorization/ authorization, the overseas claims processing contractor shall process the claim and waive application of POS charges. The overseas claims processing contractor shall use specific EOB messages advising the beneficiary/host nation providers that authorizations are required on future claims to avoid POS payment. Upon receipt of the second and subsequent ADFM claims submitted without preauthorization/authorization, the overseas claims processing contractor shall process the claims following POS payment procedures.

a. The following message shall be used on TGRO EOBs in Europe when a one-time waiver of POS charges has been granted:

> "This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Global Remote Overseas (TGRO) Contractor. As a TGRO enrollee, all future health care must be coordinated with TGRO or these claims will be processed at Point-of-Service rates, including annual deductibles of $300 per individual or $600 per family, and a 50 percent cost share that you would be responsible to pay. If you have questions regarding your TGRO enrollment, please call the TGRO contractor at (44) 20-8762-8133 or contact your local TRICARE POC for the local toll-free access number. You may also call the TRICARE Europe Centralized TRICARE Service Center at DSN: 496-7433 or commercial at (49) 6302-67-7433."

b. The following message shall be used on TGRO EOBs in TLAC when a one-time waiver of POS charges has been granted:

"This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Global Remote Overseas (TGRO) Contractor. As a TGRO enrollee, all future health care must be coordinated with TGRO or these claims will be processed at Point-of-Service rates, including annual deductibles of $300 per individual or $600 per family, and 50 percent cost share that you would be responsible to pay. If you have questions regarding your TGRO enrollment, please call the TGRO contractor toll-free at 800.834.5514 or collect at 215.701.2800 or contact your local TRICARE Point of Contact or the TRICARE Area Office (Latin America & Canada) toll free at 888.777.8343, option #3, or 706.787.2424, or DSN 773.2424."

c. The following message shall be used on TGRO EOBs in TRICARE Pacific when a one-time waiver of POS charges has been granted:

"This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Global Remote Overseas (TGRO) Contractor. As a TGRO enrollee, all future health care must be coordinated with TGRO or these claims will be processed at Point-of-Service rates, including annual deductibles of $300 per individual or $600 per family, and 50 percent cost share that you would be responsible to pay. If you have questions regarding your TGRO enrollment, please call the TGRO contractor collect at 65-6338-9277 (Singapore) or 61-29273-2760 (Sydney) or your local TRICARE Overseas Remote Point-of-Contact or the TRICARE Area Office (Pacific) at COMM: (81)6117-43-2036, DSN: 643-2036, or toll-free 1-888-777-8343, option #4."

d. The following message shall be used on TPRC EOBs when a one-time waiver of POS charges has been granted:

"This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Puerto Rico Contractor (TPRC). As a TPRC enrollee, all future civilian health care must be coordinated with TPRC or these claims will be processed at Point-of-Service rates, including annual deductibles of $300 per individual or $600 per family, and 50 percent cost share that you would be responsible to pay. If you have questions, please contact your local TRICARE Point of Contact or the TRICARE Area Office (Latin America & Canada) toll free at 888.777.8343, option #3, or 706.787.2424, or DSN 773.2424. The TPRC Call Center is available around the clock to assist you with your healthcare needs by calling toll free at 800.700.7104."

H. Claim Development.

1. General.

a. Development of missing information shall be kept to a minimum. The overseas claims processing contractor shall use available in-house methods, overseas claims processing contractor files, telephone, DEERS, etc., to obtain incomplete or discrepant

information. If this is unsuccessful, the overseas claims processing contractor may return the claims to sender with a letter which indicates that the claims are being returned, the reason for return and requesting the required missing documentation. The overseas claims processing contractor's system must identify the claim as returned, not denied. The overseas claims processing contractor shall review all claims to ensure TOP required information is provided prior to payment.

NOTE: The overseas claims processing contractor shall accept APO/FPO for the beneficiary address.

b. The following minimal information is required on each overseas claim prior to payment.

(1) Beneficiary/host nation provider signatures.

(2) Complete host nation provider name and address.

(3) For TGRO contract and TPRC claims, for which web-based Government Inquiry for DEERS (WebGIQD) does not provide an address, the TGRO contractor and TPRC for remote areas may use the overseas address on the claims. If the overseas address is not available on the claim, the TGRO contractor and TPRC should obtain the address either from previously submitted claims, directly from the beneficiary via phone, fax or e-mail, or notify the TAO Director as appropriate.

(4) A valid payable diagnosis. Prior to returning a claim that is missing a diagnosis, the overseas claims processing contractor shall research their history and determine whether a diagnosis from a related claim can be applied.

(5) Identification of the service/supply/DME ordered, performed or prescribed, including the date ordered performed or prescribed. The overseas claims processing contractor may use the date the claim form was signed as the specific date of service, if the service/purchase date/order date is not on the bill. (See paragraph I.C., for further guidance on retail network pharmacy claims).

(6) Care authorizations for TOP Prime enrollees will not be required for any overseas area listed as a remote overseas area (see Figure 12-12.2-5). All overseas MTF areas DMIS-IDs will require care authorizations for care referred by an MTF before claims will be paid overseas. (See Figure 12-12.2-4 and Figure 12-12.2-6 for a listing of MTF areas/countries requiring authorization). (See Chapter 12, Section 8.1 for additional requirements on care authorizations overseas). TGRO/TPRC enrollees must obtain care authorization for non-urgent/emergent care. (See Chapter 12, Section 10.2 for additional information on POS for ADFM enrollees.)

(7) Itemization of total charges. (Itemization of hospital room rates are not required on institutional claims).

(8) For TGRO claims, itemization of total charges for commercial air transports are not required.

c. Usual TRICARE Program itemization requirements are not required if the overseas claims processing contractor determines the service/supply/pharmacy/DME is determined to be a benefit of the TOP except for overseas pharmacy claims submitted by high volume overseas providers of pharmacy services. The overseas claims processing contractor shall return all claims from overseas pharmacy services submitted by high volume overseas providers without NDC coding (where required), unless the provider has been granted a waiver by TMA as outlined in paragraph V.H.1.e.

d. This can vary by country, but drugs identified as non-prescription (over-the-counter) are to be denied. The overseas claims processing contractor may use the Blue Book as a reference source for processing drug related TRICARE overseas claims. Other claims for medications prescribed by a host-nation physician, and commonly used in the host-nation country, may be cost-shared. Pharmaceuticals provided under the TGRO contractor and TPRC for inpatient/emergent care must meet U.S. equivalent or international standards. Medications that are considered over-the-counter by U.S. standards are not authorized for payment. Also, see paragraph I.C. for further guidance on retail network pharmacy claims.

e. The overseas claims processing contractor shall use $3,000 as the overseas pharmacy service drug tolerance. A limited waiver to the NDC coding and payment requirements (where required) may be granted for overseas pharmacy services claims submitted from low volume/small overseas pharmacy providers or TRICARE eligible beneficiaries from the Philippines, Panama and Costa Rica and any other country designated by TMA, when it would create an undue hardship on a beneficiary. High volume overseas pharmacy providers from the Philippines, Panama and Costa Rica and any other country designated by TMA would not qualify for the limited waiver.

f. Claims for durable medical equipment (DME) involving lease/purchase shall always be developed for missing information. For TGRO claims, the contractor shall consider DME as authorized and not require the usual information necessary to process the claim.

g. The overseas claims processing contractor shall use Extended Care Health Option (ECHO) claims processing procedures outlined in Chapter 9, Section 18.1, when processing ECHO overseas claims.

h. The overseas claims processing contractor shall deny claims from non-certified or non-confirmed host nation providers when TMA has directed overseas claims processing contractor certification/confirmation of the host nation provider prior to payment.

i. Requests for missing information shall be sent on the overseas claims processing contractor TRICARE/TOP letterhead. When development is necessary in TRICARE Europe Region, the overseas claims processing contractor shall include a special insert in German, Italian and Spanish which indicates what missing information is required to process the claim and includes the overseas claims processing contractor address for returning requested information.

j. If the overseas claims processing contractor elects to develop for additional/missing information, and the requests for additional information are not received/returned within 35 days the overseas claims processing contractor shall deny the claim.

I. Other TOP Claim Processing Requirements.

1. The overseas claims processing contractor must have an automated data system for eligibility, deductible and claims history data and must maintain on the automated data system all the necessary TOP data elements to ensure the ability to reproduce both TED and EOBs as outlined in the TOM, Chapter 8, Section 8, except for requiring overseas providers to use Health Care Procedure Coding System (HCPCS) to bill outpatient rehabilitation services, issue provider's the Form 1099 and suppression of checks/drafts for less than $1.00. The overseas claims processing contractor is allowed to split claims to accommodate multiple invoice numbers in order to reference invoice numbers on EOBs when necessary.

2. The overseas claims processing contractor shall not pay for pharmacy services obtained through the internet.

3. The overseas claims processing contractor shall pay all non-emergency and emergency civilian/medical surgical and dental claims for TRICARE Europe and TLAC ADSM health care even when not a TRICARE covered benefit when the claim is:

a. Submitted by the MTF or other military command personnel, or by a designated POC; and

b. Accompanied by a completed and signed TRICARE claim form; and

c. Accompanied by either a Standard Form 1034, a Standard Form 1035 continuation sheet, a NAVMED 6320/10 (these forms shall be considered an authorization for payment); or an authorization letter from the TGRO contractor/TPRC (these forms shall be considered an authorization for payment); and

NOTE: The SF 1034, SF 1035 continuation sheet or NAVMED 6320/10 must be signed by the submitting military command. If a patient signature is not present on the claim form, the military command must submit a letter of explanation with the unsigned claim form prior to payment.

d. DEERS verification indicates the TRICARE Europe and TLAC ADSM was on active duty at the time the services were rendered.

4. Upon payment for a TOP enrolled ADSM overseas claim, a copy of the EOB and, when applicable, the SF 1034 or SF 1035 or NAVMED 6320/10, shall also be manually submitted to the MTF, or MTF command personnel, or a designated POC.

5. Emergency submitted non-remote TRICARE Europe and TLAC ADSM claims for health care received overseas/CONUS not meeting Chapter 2, Section 6.1 policy on emergency department services shall be denied explaining the reason of denial and advising resubmission with proper forms by the appropriate MTF, etc.

6. The overseas claims processing contractor shall deny non-remote TRICARE Europe and TLAC ADSM claims for health care received overseas when any one of the administrative items outlined above in paragraph V.I.3.a. - d. are missing. Upon denial, the overseas claims processing contractor shall instruct the non-remote TRICARE Europe and

TLAC ADSM/host nation provider to contact the local MTF or other military command personnel, for assistance in proper claim submission and in obtaining missing documentation. Copies of EOBs and claims denied as DEERS ineligible or not submitted by an MTF shall be electronically forwarded to the appropriate overseas TAO Director for further action.

7. The overseas claims processing contractor shall follow the additional specific processing procedures outlined in this chapter when processing claims for TRICARE Europe ADSMs stationed in Germany.

8. The overseas claims processing contractor shall pay all TOP non-assigned ADSM CONUS claims as outlined in Chapter 12, Section 10.1.

9. The TGRO contractors/TPRCs shall submit all remote area claims electronically to the overseas claims processing contractor. The TGRO contractor/TPRC is required to submit all claims in U.S. dollars.

10. The overseas claims processing contractor is required to receive TGRO contractor and TPRC electronic claims submitted in an X12 HIPAA-compliant format. The overseas claims processing contractor is responsible for entering into a trading partner agreement with the TGRO contractor/TPRC. The agreement shall include the companion document for submission of claims in the X12 format. Copies of the companion document and any updates shall be provided to the appropriate TMA COR.

11. Electronic claims not accepted by the overseas claims processing contractor's Electronic Data Information (EDI) system/program shall be rejected. Upon rejection by the overseas claims processing contractor EDI system/program, the overseas claims processing contractor shall advise the TGRO contractor and TPRC of the missing information needed for acceptance of the TGRO contractor and TPRC electronic claim by the overseas claims processing contractor's EDI system.

12. The TGRO contractor and TPRC shall ensure that when submitting electronic claims for outpatient services with dates of service not in the same month, claims crossing months must be submitted on separate lines in the Electronic Medical Claims (EMCs) submission (i.e., data entry at claims input must separate months by claim line item). TGRO contractor and TPRC electronic claims for institutional services (i.e., room and board charges), and professional charges may not be submitted on the same electronic claims submission. Institutional room and board charges which cross months may be submitted on the same claim but must be submitted using the CMS 1450 UB-04 form. Institutional professional charges, etc., must be submitted using a non-institutional format. Institutional professional charges, etc. which cross months may be submitted on the same claim using separate line items. When in doubt about how to submit claims with multiple services, varying dates of service, etc., the TGRO contractor and TPRC shall contact the overseas claims processing contractor EMC's department for assistance in claims submission prior to the submission of the electronic claim.

13. For all overseas claims, including the TGRO contractor and TPRC claims, the overseas claims processing contractor shall create and submit TEDs following current guidelines in the TSM for TED development and submission. Except for TRICARE Europe

non-remote ADSM claims, these claims shall be submitted on vouchers. TLAC ADSM claims shall be submitted on vouchers. Non-remote TRICARE Europe ADSM claims shall be submitted as batches. Claim information will be able to be accessed through the TRICARE Patient Encounter Processing and Reporting (PEPR) Purchased Care Detail Information System (PCDIS).

14. The overseas claims processing contractor shall process claims for TGRO contractor/TPRC claims following the guidelines outlined in this chapter.

15. The overseas claims processing contractor shall establish high dollar thresholds of $5,000 for non-institutional claims and $10,000 for institutional TOP claims. Claims exceeding these thresholds should be reviewed for medical necessity.

16. TGRO claims related to ambulance services are not required to be submitted using modifier codes for ambulance services.

17. TGRO contractor/TPRC claims either denied as "beneficiary not eligible" or "found to be not eligible on DEERS" shall request a "good faith payment" from the Beneficiary and Provider Services, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

18. Normal TRICARE coverage limitations will not apply to services rendered to TPRC outpatient civilian claims for ADSM enrolled to the TPRC. Services that have been authorized by the TPRC will be covered regardless of whether they would have ordinarily been covered under TRICARE policy. Allowable amounts are to be determined based upon the TRICARE payment reimbursement methodology applicable to the services reflected on the claim. Reimbursement for services not ordinarily covered by TRICARE and/or rendered by a provider who cannot be a TRICARE authorized provider shall be at billed amounts. Cost sharing and deductibles shall not be applied to these claims.

J. Claims Auditing Software.

The Claims Auditing Software requirements outlined in the TRM, Chapter 1, Section 3 do not apply to TOP claims.

K. Application Of Deductible.

Application of TOP deductible procedures shall follow the guidelines outlined in the TOM, Chapter 8, Section 7 and Chapter 12, Section 2.3, except for the requirements related to claims with negotiated rates.

L. EOB Vouchers.

1. The overseas claims processing contractor shall follow the EOB voucher requirements in the TOM, Chapter 8, Section 8, where applicable, with the following exceptions and additional requirements:

a. The issuance of the TOP EOB is not optional for TOP Prime beneficiaries.

b. The letterhead on all TOP EOBs shall also reflect "TRICARE Overseas Program" and shall be annotated Prime or Standard.

c. TOP EOBs may be issued on regular stock, shall provide a message indicating the exchange rate used to determine payment and shall clearly indicate that "This is not a bill."

d. TOP EOBs for overseas countries with toll-free service shall include the toll-free number for that country. Additionally, TOP EOBs for overseas enrolled ADSM claims shall be annotated "ACTIVE DUTY."

e. For Point of Sale or Vendor pharmacy overseas claims, TOP EOBs must have the name of the provider of service on the claim.

f. EOBs shall be issued for each TGRO contractor/TPRC claim processed. EOB's shall be issued to the TGRO contractor/TPRC, the rendering provider, and remote site beneficiaries when the overseas claims processing contractor determines that Other Health Insurance (OHI) is available. The EOB should explain that OHI information is required prior to services being paid.

g. The overseas claims processing contractor shall insert the provider's payment invoice numbers in the patient's account field on all EOBs.

h. The following EOB message shall be used on overseas claims rendered by providers requiring TMA/TAO Director/their designee's certification and they have not been certified. "Your provider has not submitted documentation required to validate his/her training and/or licensure for designation as an authorized TRICARE provider."

M. Duplicate Payment Prevention.

The overseas claims processing contractor shall follow the duplicate payment prevention requirements outlined in the TOM, Chapter 8, Section 9 to include TGRO contractor/TPRC claims.

N. Double Coverage.

1. TOP claims require double coverage review as outlined in the TRM, Chapter 4.

2. TOP claims determined by the overseas claims processing contractor during processing to have OHI shall be denied. Beneficiary/provider disagreements of the overseas claims processing contractor determination shall be coordinated through the overseas TAO Director for resolution with the overseas claims processing contractor.

3. Overseas insurance plans such as German Statutory Health Insurance, Japanese National Insurance (JNI), and Australian Medicare, etc., are considered OHI. Claims involving JNI should include the Japanese insurance points. If the Japanese insurance points are not clearly indicated on the claim/bill, the overseas claims processing contractor shall contact the submitter or the appropriate TOP POC for assistance in determining the Japanese

insurance points prior to processing the claim. When necessary, the overseas claims processing contractor may contact the appropriate overseas TAO Director for assistance.

4. For TGRO contractor and TPRC claims determined to have OHI, the overseas claims processing contractor will notify the TGRO contractor and TPRC of required OHI information via the EOB. Upon receipt of the EOB, the TGRO contractor and TPRC will contact the beneficiary to obtain the OHI information and resolve such claims. The appropriate overseas TAO Director shall notify the overseas claims processing contractor of the required OHI information, if known and will upon receipt of the OHI information provide the information to the overseas claims processing contractor. Upon notification, the overseas claims processing contractor shall reprocess the TGRO contractor and TPRC claim.

O. Third Party Liability (TPL).

1. The overseas claims processing contractor shall reimburse TOP claims suspected of TPL and then develop for TPL information. Upon receipt of the information, the overseas claims processing contractor shall refer claims/documentation to the appropriate Judge Advocate General (JAG) office, as outlined in the TOM, Chapter 11, Addendum B, except for TGRO contractor/TPRC claims.

2. For TGRO contractor and TPRC claims involving TPL, the overseas claims processing contractor shall pay the claim and then follow procedures for obtaining the required TPL information. Upon receipt of the information, the overseas claims processing contractor shall refer the TPL claims to the appropriate overseas TAO Director for action/review. If the overseas TAO Director determines that the claims involves TPL, the overseas TAO Director is responsible for forwarding the claims to the appropriate JAG office as indicated in the TOM, Chapter 11, Addendum B.

P. Fraud and Abuse.

1. The overseas claims processing contractor, when processing overseas claims including the TGRO contractor claims shall follow the Fraud and Abuse requirements outlined in the TOM, Chapter 14.

2. In cases involving check fraud, the overseas claims processing contractor is not required to reissue checks until the investigation is finalized, fraud has been determined, and the overseas claims processing contractor has received the money back from the investigating bank.

3. The TGRO contractor and TPRC is required to notify appropriate overseas TAO Directors and the overseas claims processing contractor in writing of any new or ongoing fraud and abuse issues.

Q. Reimbursement/Payment Of Overseas Claims.

1. When processing TOP claims, the overseas claims processing contractor shall follow the reimbursement payment guidelines outlined in Chapter 12, Section 10.1 and the cost-sharing and deductible policies outlined in Chapter 12, Sections 2.1 and 2.3 and shall:

a. Reimburse claims for host nation services/charges for care rendered to TOP eligible beneficiaries which is generally considered host nation practice but which would not typically be covered under TRICARE. An example of such services may be, charges from host nation ambulance companies for driving host nation physicians to accidents or private residences, etc. For professional services rendered in the Philippines, reimbursement shall be the lower of the billed amount or the CHAMPUS Maximum Allowable Charges (CMACs) established for Puerto Rico. The balance billing provision will be applied in the Philippines for nonparticipating providers.

b. Not reimburse for host nation care/services specifically excluded under TRICARE.

c. Not reimburse for administrative charges billed separately on claims.

d. Determine exchange rate as follow:

(1) Use the exchange rate in effect on the ending date that services were received unless evidence of OHI and then the overseas claims processing contractor shall use the exchange rate of the primary insurer, not the rate based on the last date of service to determine the TOP payment amount, and/or;

(2) Use the ending dates of the last service to determine exchange rates for multiple services.

(3) Use the exchange rate in paragraph V.Q.1.d.(1) to determine deductible and co-payment amounts, if applicable, and to determine the amount to be paid in foreign currency.

e. The overseas claims processing contractor shall code lump sum payments instead of line items to minimize conversion problems.

f. Provider claims for all overseas locations (excluding TGRO contractor/TPRC claims and claims from Korean providers) will be paid in foreign currency. TGRO contractor/TPRC claims and claims from Korean providers will be paid in U.S. dollars.

g. TOP claims submitted by a beneficiary shall be paid in U.S. dollars, unless there is a beneficiary request on the claim at the time of submission for payment in a foreign currency. The payment may not be changed to U.S. dollars after the foreign draft has been issued.

h. The TGRO contractor and TPRC claims shall be paid in U.S. dollars. Payment shall be made via EFT as requested. The payment will be issued weekly for all claims finalized during that week. The TGRO contractor and TPRC shall provide the overseas claims processing contractor necessary banking information for the EFT payment.

i. For TGRO contractor and TPRC claims, the overseas claims processing contractor shall provide a Wire Transfer Reconciliation Report (WTRR) by overseas region, as required, to the TGRO contractor and the respective overseas TAO Directors no later than 15 days in the month following the report period. At a minimum, each WTRR shall contain,

DMIS-ID sponsor name, sponsor SSN, patient name, dates of service, and country. The WTRR shall also include provider name, amount of payment, and the ICN. The overseas TAO Directors shall provide audit functions related to these reports for the identification of duplicate payments necessitating recoupment. When the overseas TAO Director identifies claims for recoupment, they shall notify the overseas claims processing contractor to initiate recoupment.

j. Upon payment to the TGRO contractor and TPRC, the overseas claims processing contractor shall send payment information to them at the time of transfer. At the same time, the associated EOB will be expressed mailed to the TGRO contractor and TPRC. A lag time may occur between wire transfer and EOB arrival. The TGRO contractor and TPRC shall notify the overseas claims processing contractor of excessive delays (greater than 14 days) in receipt of the mailed EOB.

k. Payment to Germany, Belgium, Finland, France, Greece, Ireland, Italy, Luxemburg, Netherlands, Austria, Portugal and Spain shall be made in Euros. As other countries transition to Euro, the overseas claims processing contractor shall also switch to Euros. The overseas claims processing contractor shall issue drafts/checks for German claims which look like German drafts/checks.

l. U.S. licensed Partnership providers claims for treating patients shall be paid based upon signed agreements.

m. Pay all beneficiary-submitted healthcare claims for TRICARE covered services for care received at an overseas embassy health clinic to the beneficiary. The contractor is not to make payments directly to the embassy health clinic.

n. Claims for drugs or diagnostic/ancillary services purchased overseas shall be reimbursed by the overseas claims processing contractor following applicable deductible/ cost-share policies.

o. Not honor any draft request for currency change, except when directed by the appropriate TMA COR, once a foreign currency draft has been issued by the overseas claims processing contractor and the draft has been returned with the request.

p. Shall mail the drafts/checks and EOBs to host nation providers unless the claim indicates payment should be made to the beneficiary or TRICARE Europe or Latin America/Canada ADSM. If the host nation provider has been excluded by the TAO Director from the TRICARE overseas host nation Preferred Provider Network (PPN) no payment should be made. In conformity with banking requirements, the drafts/checks shall contain the contractor's address. Drafts and EOB shall be mailed using U.S. postage. Additionally, payments/checks may be made to network providers, with an Embassy address.

q. Benefit payment checks and EOBs to Philippine providers, and other nations' providers as determined by the Government, shall be mailed to the place of service identified on the claim. No provider payments may be sent to any other address.

2. Inpatient and outpatient claims for TRICARE overseas eligible beneficiaries, including ADSM claims, are to be processed/paid as indicated below:

TOP ELIGIBLE STANDARD BENEFICIARIES

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership Provider	No	No deductible or cost-share	Directly to provider
Host Nation Providers	No	TRICARE Standard cost-shares and deductibles apply.	Directly to the host nation provider in TRICARE Europe unless claims indicate pay beneficiary. All other areas as noted on the claim.
TRICARE Europe Host Nation Pharmacy	No	TRICARE Standard cost-shares and deductibles apply.	To beneficiary unless otherwise indicated on the claim form.
Retail Pharmacy Network in Puerto Rico, the U.S. Virgin Islands, and Guam	No	TRICARE Standard cost-shares and deductibles apply.	Directly to provider.
Retail Pharmacy Network in American Samoa	No	TRICARE Standard cost-shares and deductibles apply.	Directly to provider unless claim indicates pay beneficiary.
Retail Pharmacy Non-Network	No	TRICARE Standard cost-shares and deductibles apply.	Directly to host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Retail Pharmacy Non-Network when in CONUS	No	TRICARE Standard cost-shares and deductibles apply.	Pay as indicated on the claims.

REMOTE/NON-REMOTE ADFMS ENROLLED IN TOP

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership Provider	No	No deductible/cost-share.	Directly to Partnership Provider.
Outpatient Mental Health Care Session (dx 290-319).	No authorization required for first eight sessions; 9th and subsequent visits require authorization.	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.

REMOTE/NON-REMOTE ADFMS ENROLLED IN TOP (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Inpatient non-urgent/ emergent Mental Health Care (dx 290-319) without authorization in countries requiring authorization: Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, the United Kingdom, and Puerto Rico or not rendered by a host nation network provider.	Yes	POS.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
CONUS inpatient non-emergent mental health care with authorization.	Yes	No deductible. Cost-share. Pay allowable rate for area.	Pay as indicated on the claim.
CONUS inpatient non-emergent mental health care without authorization.	Yes	POS.	Directly to the provider unless claim indicates pay beneficiary.
Overseas claims for emergency care and ancillary services.	No	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
CONUS claims for emergency care and ancillary services.	No	No deductible/ cost-share. Pay allowable rate for area.	Pay as indicated on the claim.
Retail Pharmacy Network in Puerto Rico, the U.S. Virgin Islands, and Guam.	No	TRICARE Prime	Directly to provider.
Retail Pharmacy Network in American Samoa (see Chapter 12, Section 2.1).	No	No deductible/ cost-share.	Directly to provider unless claims indicates pay beneficiary.
Retail Pharmacy Non-Network when overseas	No	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Retail Pharmacy Non-Network when in CONUS (see Chapter 12, Section 2.1).	No	POS.	Pay as indicated on the claim.
Extended Care Health Option (ECHO) claims.	Yes	Cost-share as outlined in Chapter 9.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.

REMOTE/NON-REMOTE ADFMS ENROLLED IN TOP (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
All other care from Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, and the United Kingdom, rendered by a host nation provider with authorization.	Yes	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
All other care from Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, and the United Kingdom, rendered by a host nation provider without an authorization.	Yes	**First family claim:** No deductible/cost share; one-time waiver of POS. EOB will advise that future claims received without authorization will process as POS. **Second family claim:** POS cost-sharing and deductible apply.	Directly to the host nation provider in TRICARE Europe with EOB message 154 unless claim indicates pay beneficiary. All other areas as noted on the claim.
TGRO and TPRC claims determined to be Standard (see Figure 12-12.2-4 and Figure 12-12.2-5).	No	Defer the claim to the overseas claims processing contractor.	Overseas claims processing contractor will make payment as noted on the claim.
TGRO contractor/TPRC for TOP Prime enrolled in remote overseas location.	No	No deductible/cost-share.	Directly to TGRO contractor/ TPRC.
TGRO/TPRC remote claims (see Figure 12-12.2-4 and Figure 12-12.2-5).	No	No deductible/cost-share.	Directly to TGRO contractor/ TPRC.

NON-REMOTE/REMOTE TOP ADSM (REGARDLESS OF ENROLLMENT LOCATION)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Emergent/urgent CONUS care	No	No deductible/cost-share.	As indicated on the claim.
Non-emergent/non-urgent CONUS care	Yes	Deny the claim.	No payment made.

NON-REMOTE TOP ADSM EUROPE OR TLAC ENROLLED IN TOP

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Overseas care, including dental, with SF 1034/1035 or NAVMED 6320.	Yes	No deductible/cost-share.	Pay as indicated on the SF 1034/1035 or NAVMED 6320.
Overseas care, including dental, without SF 1034/1035 or NAVMED6320.	Yes	Deny the claim.	No payment made.

ENROLLED/NON-ENROLLED ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS FOR GREATER THAN 30 CONSECUTIVE DAYS, DEPLOYED, TDY, OR ON LEAVE

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
All overseas care by any host-nation provider with SF 1034/1035 or NAVMED 6320	Yes	No deductible/cost-share.	As indicated on NAVMED or SF 1034/1035.
All overseas care by any host-nation provider without SF 1034/1035 or NAVMED 6320	Yes	Deny the claim.	No payment made.

ENROLLED/NON-ENROLLED REMOTE ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS FOR GREATER THAN 30 CONSECUTIVE DAYS, DEPLOYED, TDY, OR ON LEAVE

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
TGRO contractor and TPRC remote claims (see Figure 12-12.2-4 and Figure 12-12.2-5).	No	No deductible/cost-share.	Directly to TGRO contractor/ TPRC.

3. The TRRx contractor shall allow TOP ADSM to use the CONUS claims processing contractor's retail pharmacy network under the same contract requirements as other MHS eligible beneficiaries (see Chapter 8, Section 9.1).

4. The TRRx contractor responsible for processing retail pharmacy claims shall allow TOP enrolled ADFM beneficiaries to use their CONUS retail pharmacy network under the same contract requirements as other MHS eligibles (see Chapter 8, Section 9.1).

5. CONUS claims processing contractors shall process claims for overseas health care received by TRICARE beneficiaries enrolled to or residing in a CONUS claims processing contractor region following the guidelines outlined in this chapter, but shall apply the usual financial underwritten requirements specific to their region for referral/ authorization, copays, cost shares and deductibles to determine final payment. Payment shall be made from applicable bank accounts and shall be based on the billed charges.

R. Claims Adjustment And Recoupment.

1. The overseas claims processing contractor shall follow the adjustment requirements in the TOM, Chapter 11 except for the requirements related to financially underwritten funds.

2. The overseas claims processing contractor shall follow the recoupment requirements in the TOM, Chapter 11 for non-financially underwritten funds, except for providers. The overseas claims processing contractor shall use the following procedures for host nation provider recoupments. The overseas claims processing contractor shall:

a. Send an initial demand letter.

b. Send a second demand letter at 60 days.

c. Send a final demand letter at 120 days.

d. Refer the case to TMA at 180 days, if the case is over $600.00, and if under $600.00 the case shall remain open for an additional six months and then shall be written off at 360 days.

3. Recoupment letters (i.e., the initial letter, the 60 day second request and the 120 day final demand letter) shall be modified to delete references to U.S. law. Invoice numbers shall be provided on all recoupment letters. The overseas claims processing contractor shall include language in the recoupment letter requesting that refunds be returned/provided in the exact amount requested.

4. Provider recoupment letters sent to Germany, Italy and Spain, shall be written in the respective language.

5. The overseas claims processing contractor may hand write the dollar amount and the host nation provider's name and address, on all recoupment letters.

6. If the recoupment action is the result of an inappropriately processed claim by the overseas claims processing contractor, recoupment is the responsibility of the overseas claims processing contractor, not the beneficiary/provider.

7. The overseas claims processing contractor shall have a TOP bank account capable of receiving/accepting wire transfers from TRICARE Europe overseas for host nation provider recoupment/overpayment returns. The overseas claims processing contractor shall accept the amount wired, together with the host nation provider's wiring fee, as total recoupment payment.

8. TGRO contractor/TPRC claims determined by the overseas claims processing contractor to require refund or recoupment shall be referred to the appropriate overseas TAO Director for review. The overseas claims processing contractor shall not initiate recoupment until notified by the respective overseas TAO Director. The overseas TAO Director shall notify the overseas claims processing contractor of their decision, including if any the amount of the refund or recoupment. Upon notification by the overseas TAO Director, the overseas claims processing contractor shall initiate recoupment action within 10 workdays of receipt of the overseas TAO Director notice to initiate recoupment. The overseas claims processing contractor shall maintain a log of overseas TAO Director directed payment refunds or payments involving the TGRO contractor and TPRC claims. The overseas claims processing contractor shall return overpayments to the TMA non-financially underwritten account and submit credit TEDs.

S. The Overseas Claims Processing Contractor Customer Service Responsibilities.

TOP customer support is to TOP TAO staffs, TOP host nation providers, TOP beneficiaries, designated POCs, TOP MTF staffs including Health Benefit Advisors (HBAs)/ Beneficiary Counseling and Assistance Coordinators (BCACs)/Debt Collection Assistance Officers (DCAOs), stateside TRICARE Regional Offices, overseas claims processing contractors, stateside claims processing contractors, and TMA and shall include the

following:

1. The overseas claims processing contractor shall secure at a minimum one (1) dedicated post office box for the receipt of all claims and correspondence from foreign locations per overseas region.

2. The overseas claims processing contractor shall identify a specific individual and an alternate as TRICARE overseas coordinator for the TAO Directors, TMA and CONUS claims processing contractors.

3. The overseas claims processing contractor shall identify a specific individual and an alternate as the TOP Debt Collection Officer and shall provide direct telephone and e-mail access to resolve TOP beneficiary debt collection issues.

4. The overseas claims processing contractor shall be responsible for establishing and operating a dedicated TRICARE overseas claims/correspondence processing department with a dedicated staff. This department and staff shall be under the direction of a supervisor, who shall function as the overseas claims processing contractor's POC for TRICARE overseas claims and related operational and support services. The overseas claims processing contractor's special department for TRICARE overseas claims shall include at a minimum the following functions/requirements:

a. The overseas claims processing contractor shall provide toll-free telephone service to Germany, Italy and England Monday through Friday from 9:00 a.m. to 5:00 p.m., Central European Time or 2:00 a.m. to 10:00 a.m., Central Standard Time and staff with personnel capable of speaking German. The overseas claims processing contractor shall also provide toll-free telephone service to Puerto Rico, Monday through Friday from 9:00 a.m. to 5:00 p.m., Eastern Standard Time, or 8:00 a.m. to 5:00 p.m. Central Standard Time and staff with personnel capable of speaking Spanish. Except for Puerto Rico, toll-free lines may only be used by host nation providers, HBAs and designated POCs.

b. The overseas claims processing contractor's TRICARE overseas staff shall have the ability to translate claims submitted in a foreign language and write in German, Italian, Japanese, Korean, Tagalog (Filipino) and Spanish, or shall have the ability to obtain such translation or writing.

c. The overseas claims processing contractor shall have a designated TRICARE overseas coordinator as primary contact for the overseas TAO Directors and for the TGRO contractor and TPRC claims. The overseas claims processing contractor shall work with the TGRO contractor and the contractor responsible for processing Puerto Rico TOP Prime overseas remote area claims when necessary to resolve issues relative to the submission of TGRO contractor and TPRC submitted claims. When the overseas claims processing contractor and the TGRO contractor and/or the contractor responsible for processing Puerto Rico TOP Prime overseas remote area claims are not able to resolve issues, the unresolved issues shall be referred to the appropriate TMA COR.

d. The overseas claims processing contractor shall provide to each TOP TAO Director on-line read only access to their claims processing system. The overseas claims processing contractor shall refer beneficiary, provider, HBAs, and Congressional inquires not

related to claims status to TMA Chief, Beneficiary and Provider Services Office. The overseas claims processing contractor shall refer unresolved TAO Director issues to the appropriate TMA COR.

e. The overseas claims processing contractor shall provide an internet address for receipt of customer claims status inquiries (http://www.tricare4U.com).

f. The overseas claims processing contractor/TAO Directors shall work together when necessary to resolve beneficiary/provider overseas claims issues.

g. The overseas claims processing contractor is required to assist traveling TOP beneficiaries to ensure beneficiary access/receipt of urgent or emergent care in the U.S.

h. U.S. Regional Directors/MTFs are required to ensure TOP Prime enrollees access to MTF care as any other Prime enrollee.

i. The overseas claims processing contractor is required to provide, upon overseas TAO Director request, documentation, for auditing purposes, of the TGRO contractor and TPRC claims.

T. Appeals And Hearings.

The overseas claims processing contractor is required to follow the requirements outlined in 32 CFR 199.10, 32 CFR 199.15, and the TOM, Chapter 13 related to the appeals and hearing process. The overseas claims processing contractor is responsible for notifying TOP Prime and Standard beneficiaries of denial or preauthorization requirements unless the beneficiary is a TOP Prime enrollee in remote overseas areas. For TGRO contractor and TPRC claims, the appeals and hearing process is amplified as follows:

1. Pre-Authorization. The TGRO contractor and TPRC shall be responsible for providing initial determinations and notifying the beneficiary (ADSM/ADFM) of any denial of services which are non-covered, including appeal rights, in writing.

2. Denial of Treatment for ADFM. When authorization is denied by the TGRO contractor and TPRC after initial denial determination by the TGRO contractor and TPRC, the appeals procedures of the 32 CFR 199.10 apply for the appealing party.

3. Denial of Treatment for ADSM. When authorization is denied by the TGRO contractor and TPRC after initial determination by the TGRO contractor and TPRC, the ADSM or their appointed representative may appeal the denial of benefit/treatment to the appropriate TAO Director. The decision of the appropriate TAO Director is the final determination. The overseas claims processing contractor is required to maintain a log by TAO Director of overturned disputes.

4. Reconsiderations. The TGRO contractor and TPRC initial denial determinations shall be appealed/directed to the overseas claims processing contractor. The overseas claims processing contractor shall perform the reconsideration review.

5. Improperly Authorized Treatment. Should the overseas claims processing contractor determine that earlier treatment authorized by the TGRO contractor and TPRC was improperly authorized, and the TGRO contractor and TPRC wishes to dispute that determination, the matter shall be submitted to the TAO Director for final review. The overseas claims processing contractor shall maintain a log by TAO Director of all overturned disputes.

U. Health Insurance Portability And Accountability Act (HIPAA).

The overseas claims processing contractor shall comply with the HIPAA requirements related to foreign claims processing, in the TOM, Chapter 21 and as required in this chapter.

V. Audits, Inspections And Reports.

1. The overseas claims processing contractor is required to follow the requirements outlined in the TOM, Chapter 15 related to Audits and Inspections except TOP claims shall not be included in the TMA quarterly claim audit.

2. The overseas claims processing contractor is not required to submit the monthly reports outlined in the TOM, Chapter 15, Section 3 except for the toll-free Telephone Report.

3. The overseas claims processing contractor is required to submit the weekly and monthly cycle time and aging reports outlined in the TOM, Chapter 15, Section 4.

4. The overseas claims processing contractor is not required to submit the quarterly reporting outlined in the TOM, Chapter 15, Section 5, except for the Fraud and Abuse reports.

5. The overseas claims processing contractor is not required to submit the annual reports outlined in the TOM, Chapter 15, Section 6 and 7 except for the Fraud Prevention Savings report.

6. All reports shall be submitted electronically using Microsoft Office compatible software and must be sortable by all fields and by TOP TAO Director.

7. All reports required from the overseas claims processing contractor, TGRO contractor, and TPRC submitted annually, monthly, or quarterly, shall arrive no later than the 15th of the month. The reports shall be sent to the appropriate TMA COR.

8. The overseas claims processing contractor shall submit the following TOP reports sorted by TOP Region/TOP TAO Director:

a. MONTHLY PAID CLAIMS AND CURRENT INVENTORY ACTIVE DUTY REPORT. The fields to be reported are: DMIS-ID, branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, ADSM's name, duty station address, full sponsor's SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, name of payee/person paid, payee/person paid

address, amount allowed, if available TED ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

b. MONTHLY PAID CLAIMS AND CURRENT INVENTORY ACTIVE DUTY FAMILY REPORT. The fields to be reported are: DMIS-ID, branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, ADSM's name, duty station address, full sponsor's SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, name of payee/person paid, payee/person paid address, amount allowed, if available TED ICN number. This report shall have a separate breakout for ADFM CONUS claims. This report will also have a summary page showing current claim inventory and processing cycle time.

c. MONTHLY PAID CLAIMS AND CURRENT INVENTORY TOP REMOTE SITE ACTIVE DUTY REPORT. The fields to be reported are: DMIS-ID, Branch of Service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, ADSM's name, duty station address, full sponsor's SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, name of payee/person paid, payee/person paid address, amount allowed, if available TED ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

d. MONTHLY PAID CLAIMS AND CURRENT INVENTORY TOP REMOTE SITE ADFM REPORT. The fields to be reported are: DMIS-ID, branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, ADSM's name, duty station address, full sponsor's SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, name of payee/person paid, payee/person paid address, amount allowed, if available TED ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

e. MONTHLY PAID CLAIMS AND CURRENT INVENTORY RETIREES AND DEPENDENTS OF RETIREES REPORT. The fields to be reported are: branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, ADSM's name, duty station address, full sponsor's SSN, begin and end dates of service, ICD-9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, name of payee/person paid, payee/person paid address, amount allowed, if available TED ICN number. This report shall include separate breakouts for TFL and TRICARE Senior Pharmacy claims and CONUS claims. This report will also have a summary page showing current claim inventory and processing cycle time.

f. MONTHLY TOTAL CLAIMS BY COUNTRY FOR ADSMs, ADFMs, RETIREES, AND DEPENDENTS OF RETIREES REPORT. For each region the report shall include the following fields sorted by county, number of claims, amount billed, amount paid, amount allowed, branch of service, beneficiary status (i.e., enrolled (remote/non-remote)/standard), beneficiary categories (i.e., ADFM, retiree, etc.) fiscal year in which services were provided and institutional and non-institutional. There will be separate lines for ADSMs, ADFMs, retirees, and dependents of retirees, and a total run. This report shall be submitted

as two reports, one for institutional claims and one for non-institutional claims. The report shall be supplied electronically on an Excel spreadsheet.

g. MONTHLY HOST NATION NETWORK PROGRESS REPORT. The report shall include full host nation provider information for those host nation providers whose claims were processed during the previous month. This report shall include the following fields: TOP Region, country, provider information (name, address, specialty code, eligibility code (i.e., provider status), eligibility begin and end date), number of claims billed, amount paid, and amount allowed. This report shall be supplied electronically on an Excel spreadsheet.

h. MONTHLY SUMMARY PROGRESS REPORT. This electronic report shall summarize for the month, the percentage of claims provided by network, non-network and Partnership providers.

i. QUARTERLY HOST NATION PROVIDER REPORT. This electronic report shall list all providers who were network during the quarter. Data to be reported includes country, provider tax ID, provider sub-ID, specialty, effective and expiration dates in the network, provider name and address.

j. MONTHLY OVERSEAS REGION ADSM AND OTHER ADSM CONUS/ OCONUS CLAIMS REPORT. This is a one page summary report sent to overseas TAO Directors showing current claims and adjustment inventory and processing cycle time.

k. ANNUAL REPORT OF TOTAL CLAIMS BY COUNTRY FOR ADFMs. For each region the report shall be sorted by Country, by type of provider (i.e., institutional, professional and drug) and shall include total claims and total dollars paid. The report shall be submitted electronically in an Excel spreadsheet by the 15th of October for the preceding fiscal year (October 1 through September 30).

l. Monthly TRICARE ADSM and other ADSM CONUS/Overseas claims to the following military offices:

(1) Director, TRICARE Area Office - Europe
Unit 10310, Bldg 214
Sembach AB, Germany
APO AE 09136-0005

(2) Fleet Surgeons Office, U.S. Navy Europe
Fleet Medical Officer
CNE-C6F Medical
PSC 817, Box 111
FPO AE 09622

(3) U.S. Air Force In Europe
HQ USAFE/SG
Unit 3050 Box 130
APO AE 09094-0130

(4) Commander, U.S. Army Europe (ERMC)
Attn: ERMC Managed Care POC
CMR 442, Box 380
APO AE 09042

(5) U.S. Central Command
HQ USCENTCOM (CCSG)
715 South Boundary Blvd
MacDill AFB, FL 33621-5101

(6) CMDR EUCOM TRICARE Liaison
Attn: EUCOM TRICARE Liaison POC
Unit 30400, Box 3055
APO AE 09128-4209

(7) TRICARE Area Office - Latin America and Canada
TAO-LAC, Bldg 38716, 38th Alley
Fort Gordon, GA 30905-5650

(8) TRICARE Area Office - Pacific (TAO-P)
Attn: Regional Service Center Manager
PSC 482, Box 2749
FPO AP 96362

NOTE: Each of the military services will establish a designated POC in each of the above listed military offices to work with the overseas claims processing contractor. The overseas claims processing contractor shall submit monthly, on the 15th of the month, a report on TRICARE Europe ADSM claims for care overseas and TRICARE Europe, TRICARE Pacific, and TLAC care in CONUS to the above listed military offices.

m. The TGRO contractor and TPRC are required to provide to the Government identified POCs to receive daily, weekly, monthly, quarterly, semi-annual, and/or annual reports as required in this chapter or in the TGRO/TPRC healthcare contracts to the government identified POCs.

- END -