

Program Integrity

1.0 GENERAL

All TRICARE requirements regarding program integrity shall apply to the TRICARE Overseas Program (TOP) unless specifically waived or superseded by this section or the TRICARE contract for health care support services outside the 50 United States and the District of Columbia (hereinafter referred to as the "TOP contract"). See [Chapter 13](#) for additional instructions. For purposes of TOP implementation, all references to TRICARE Prime in this chapter shall apply to TOP Prime/TOP Prime Remote, all references to TRICARE Standard shall apply to TOP Standard, and all references to Managed Care Support Contractors (MCSCs) shall apply to the TOP contractor.

1.1 In addition to the requirements outlined in [Chapter 13](#), the Government may implement additional requirements as necessary to prevent or detect fraud in overseas locations.

Note: TRICARE guidance regarding anti-fraud programs at Military Treatment Facilities (MTFs) is contained in Department of Defense Instruction (DoDI) 5505.12 (October 19, 2006). This instruction is located at: <http://www.dtic.mil/whs/directives/corres/rtf/550512x.rtf>.

1.2 The TRICARE Area Office (TAO) Directors shall report possible fraudulent or abuse practices by a TOP beneficiary/host nation provider to the TOP contractor, the appropriate TRICARE Management Activity (TMA) Contracting Officer's Representative (COR), and the TMA, Chief, Program Integrity Branch, including requests for the contractor to flag or watch providers suspected of fraud and abuse.

2.0 CONTRACTOR RESPONSIBILITIES

2.1 The TOP contractor is required to notify the TMA Program Integrity Office (PI) in writing of any new or ongoing fraud and abuse issues.

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

2.3 The TOP contractor is responsible for performing on-site verification and provider certification in the Philippines. At a minimum, this on-site verification shall confirm the physical existence of a facility/provider office, verify the credentials/licensure of the facility/provider, verify the adequacy of the facility/provider office, and verify the capability of the facility/provider office for providing the expected level and type of care. This requirement may be expanded to other locations upon Contracting Officer (CO) direction.

2.3.1 The TOP contractor shall provide a current file of all certified Philippines providers via electronic format to the TAO Pacific Director No Later Than (NLT) 60 calendar days prior to the start

of health care delivery. The 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 appropriate TAO Director.

2.3.2 Updates/reconciliations of Philippine providers who have been certified or disapproved shall be provided by the TOP contractor to the Contracting Officer's Representative (COR) and the TAO Pacific Director. Separate reports shall be submitted for network and non-network providers. For new non-network providers, the 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 semiweekly. TMA may expand this process to other countries in the future.

2.3.3 If a claim is received for care rendered by a non-certified provider in the Philippines, the TOP contractor shall pend the claim and initiate on-site verification/provider certification action. Claims pended for this reason are excluded from normal claims processing cycle time standards. If the on-site verification/certification action is not completed within 45 calendar days, the TOP contractor shall deny claims based on lack of provider certification.

2.3.4 The TOP contractor shall use the following guidelines for prioritizing certification of Philippine providers as follows:

2.3.4.1 Reviewing new providers.

2.3.4.2 Reviewing the TOP contractor's current certified provider files.

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

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

2.3.5 The TOP contractor shall forward new provider certification requests to the TAO Pacific Director two times per week, on Mondays and Wednesdays. If these days fall on a United States national holiday, the reports will be provided the next business day.

2.3.6 Recertification of Philippine providers shall be performed by the TOP contractor every three years and shall follow the above process. TMA shall, as necessary, require the contractor to add additional overseas countries for host-nation provider certification. Upon direction by the government, the contractor shall follow the process above outline for Philippines, to include prioritization of certification of new country providers.

2.3.7 The TOP contractor shall deny claims submitted from non-certified or non-confirmed host nation providers from the Philippines, advising the provider to contact the contractor for procedures on becoming certified.

2.3.8 For the Philippines, Panama and Costa Rica, the TOP contractor shall review billings on a monthly basis to determine if providers in these areas have exceeded the \$3000 per year billing cap

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for the previous 12 month period for pharmacy services. High volume providers (determined by total pharmacy services billings exceeding \$3000 in the previous 12 months) identified shall be sent the provider notification letter (see [Section 30, Figure 24.30-1](#) advising them of the TOP NDC submission requirements and payment for drugs as required in this section. The electronic report shall arrive NLT the 15th of the month in which it is due. TMA may expand this requirement to other countries during the life of the contract. As other countries are added, the report shall include these countries.

2.3.9 For those providers identified as high volume providers (determined by total pharmacy services billings exceeding \$3000 in the previous 12 months), the TOP contractor shall be required to submit a report by country and provider, which tracks the number of claims, dollar amounts billed vs. paid before the above process was implemented and compares it to the number of claims, dollar amounts billed vs. paid after the above process was implemented. The report shall arrive NLT the 15th of the month in which it is due. TMA may expand this requirement to other countries during the life of the contract. As other countries are added, the report shall include these countries.

2.3.10 The TOP 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. 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 contractor to issue a provider notification letter (see [Section 30, Figure 24.30-1](#)) 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). TMA may expand this requirement to other countries during the life of the contract. As other countries are added, the report shall include these countries.

2.3.11 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).

2.3.12 For the Philippines and other nations as may later be determined by TMA, the TOP contractor shall quarterly determine the top 10% of institutional and individual professional providers based on claims volume. 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 [Section 30, Figure 24.30-3](#). 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.

2.3.13 Upon direction from TMA, the contractor shall discontinue payments to Third Party Administrators (TPAs) in countries or specific agencies where significant fraud is occurring on a regular basis.

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