

FOREIGN CLAIMS FOR DATES OF SERVICE ON OR AFTER OCTOBER 1, 1997

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I. GENERAL

A. The TRICARE Overseas Program (TOP) is designed to assist TOP eligible beneficiaries in obtaining quality health care. This program is modeled after the TRICARE stateside program while still allowing for the cultural differences unique to foreign countries and their health care systems. The TOP offers a dual option benefit plan, TRICARE Overseas Prime and TRICARE Overseas Standard. Enrollment of TOP eligible beneficiaries and development of a TRICARE Overseas Preferred Provider Network will be the responsibility of the designated Lead Agent for the region, (i.e., TRICARE Europe, TRICARE Pacific, TRICARE Latin America and Canada, including Puerto Rico and the Virgin Islands). TRICARE Overseas Lead Agents will, to the extent possible, develop marketing, educational, enrollment procedures, including enrollment portability procedures, similar to those outlined in OPM, [Chapter 6](#). All TOP eligible Prime beneficiaries will be issued a TOP Prime enrollment card (see [Chapter 12, Section 7.1, Enclosure 1](#), for sample enrollment card).

B. TOP claims, including TRICARE Europe active duty member TRICARE Overseas claims shall be processed to the maximum extent possible in accordance with the Operations Manual, Automated Data Processing (ADP) Reporting Manual and the Policy Manual, [Chapter 12](#). TRICARE Europe active duty member dental claims shall be processed by the TRICARE Management Activity (TMA) contractor responsible for TOP claims processing.

C. The contractor must maximize the use of the Operations Manual as a guide when processing TRICARE claims originating in foreign countries. However, with the exception of Puerto Rico, the provisions for claims processing are not intended to be strictly applied to claims for services received in foreign countries. Claims for Puerto Rico shall be processed according to OPM, [Chapter 8](#) and shall follow the guidelines outlined in this chapter. The contractor shall exercise reasonable judgment to accommodate unusual circumstances relevant to the practices and delivery of health services in overseas jurisdictions.

D. Unless otherwise stated, the requirements provided in this chapter shall not apply to CONUS Managed Care Support (MCS) Contractor Regions.

II. CONTRACTOR RESPONSIBILITIES

A. Claims Processing Responsibilities

Responsibility for processing of and responding to correspondence received related to all TRICARE Overseas claims, including TRICARE Europe active duty member overseas claims, inclusive of TRICARE Europe, TRICARE Latin America and Canada, including Puerto Rico and the Virgin Islands and TRICARE Pacific, shall be the jurisdiction of the contractor responsible for processing TOP claims, except when the beneficiary is a resident of a MCS Contractor Region. In these jurisdictions, it is the responsibility of the area or regional contractor to process TRICARE Overseas claims for those beneficiaries who are residents of these areas/regions and who may generate a TRICARE Overseas claim for services while traveling or visiting abroad utilizing the guidelines below. (For beneficiaries residing in a MCS region, payment for medical care received in foreign countries will be according to the at-risk requirements of the specific MCS contract.) TOP eligible beneficiaries not enrolled in TRICARE Overseas Prime who travel to CONUS and receive health care services shall have their claims processed by the TRICARE contractor responsible for where the services were rendered. TRICARE eligible beneficiaries enrolled in TRICARE Overseas Prime who travel to CONUS and receive health care services shall have their claims processed by the TRICARE contractor responsible for processing TRICARE Overseas claims. CONUS TRICARE contractors receiving claims for beneficiaries enrolled in the TOP at the time CONUS services were rendered shall forward claims to the TRICARE contractor responsible for processing foreign claims within seventy-two (72) hours of identification of the claim as being out-of-jurisdiction. The transferring 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 using similar language as suggested in OPM, [Chapter 8, Addendum A, Figure 8-A-4](#). Effective October 1, 1999, overseas enrolled active duty members who travel to CONUS and receive health care services shall have their claims processed by the contractor responsible for processing foreign claims.

B. General Policies and Procedures for all TRICARE Overseas Claims

The contractor shall be responsible for establishing and operating a dedicated TRICARE Overseas claims/correspondence processing department with a dedicated staff. Claims for services in foreign countries are to be mailed or faxed (POC Program participants only) directly to the contractor's dedicated TRICARE Overseas claims processing department. This department and staff shall be under the direction of a supervisor, who shall function as the contractor's point of contact for TRICARE Overseas claims and related operational and support services.

1. The contractor's special department for TRICARE Overseas claims shall include the following functions/requirements:

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

b. The 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 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 4:00 p.m. Central Standard Time and staff with personnel capable of speaking Spanish.

c. The contractor's TRICARE Overseas claims staff shall have the ability to translate claims submitted in a foreign language and write in German, Italian and Spanish, or shall have the ability to obtain such translation or writing.

d. The contractor shall have a designated TRICARE Overseas Coordinator as primary contact for the Lead Agents.

e. The contractor shall be responsible for the review of all foreign claim appeal cases within their jurisdiction.

f. The contractor shall use the following as guidelines for processing claims:

(1) All TRICARE Overseas claims, including claims relating to drugs, durable medical equipment (DME), may be accepted, reviewed and processed, and paid without the usual requirements for itemization. Payment may be made if the TRICARE Overseas claim or attached information, such as bills, receipts, etc., meets the policy requirements outlined in the Policy Manual, Chapter 12, and the claims contain the following minimal information:

(a) A valid payable diagnosis;

(b) Provider name and address;

(c) Service/supply/drug/DME ordered, performed or prescribed, including date service was rendered;

(d) NAS when applicable; and

(e) Total charges. (Itemization of hospital room rates are not required on institutional claims).

(2) Drugs identified as non-prescription (over-the counter) are to be denied. Contractors may use the Red Book or 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.

(3) The contractors are not required to certify TRICARE Overseas providers as TRICARE-authorized providers. However, licensure/certification is required if the TRICARE Overseas providers' services/practices are questionable.

(4) Requests for additional information required to process all TRICARE Overseas claims to completion shall be forwarded to the beneficiary/provider by the most expeditious method available. If the requests for additional information are not received at the contractor's request within thirty-five (35) days, the claims shall be denied.

(5) Upon completion of review and processing, the TRICARE Explanation of Benefits (EOB) and the draft/check are to be generated in the contractor's finance office. All TRICARE Overseas drafts/checks and EOBs shall be first in each payment run. Any drafts/checks that need to be converted to a foreign currency are to be calculated based on the exchange rate in effect on the last date of service listed on the EOB. TRICARE Overseas

currency drafts/checks shall be issued in foreign currency instead of U.S. dollars, with the exception of TRICARE Europe (see [paragraphs C., D., and F.](#) of this section for issuance of foreign drafts/checks to TRICARE Europe). Upon completion of the processing, drafts shall be developed by the contractor within forty-eight (48) hours, matched with the appropriate EOBs, and mailed to the beneficiary/sponsor/provider.

(6) The contractor may issue TRICARE EOBs on regular stock which provides a message indicating the exchange rate used to determine payment. EOBs for countries with toll-free service shall include the toll-free number for that country. Additionally, all EOBs for TRICARE Europe active duty member military claims shall be annotated "active duty."

(7) On all TRICARE Overseas claims the contractor, in order to reference invoice numbers on EOBs, is allowed to split claims to accommodate multiple invoice numbers, when necessary.

(8) As a guideline, TRICARE Overseas claims shall be sent to the microfilm area, filmed and returned to the contractor's TRICARE Overseas claims unit the same day. This process shall be completed no later than the close of business the following working day of submission.

(9) The contractor shall accept APO/FPO for the beneficiary address.

(10) The contractor shall continue verification of eligibility through DEERS and when necessary shall apply DEERS rules as appropriate. The contractor shall also use DEERS to verify enrollment in TRICARE Overseas Prime. The contractor shall use the TOP enrollment status for determination of claims processing jurisdiction for TRICARE eligible overseas travelling beneficiaries (i.e., beneficiary traveling to CONUS and receiving health care services). The contractor shall also use DEERS NAS reason codes 7, 8, or 9 as verification of Lead Agent or designee, authorization when authorization for care is required by a TOP Prime enrollee. If the claim is for care rendered within ninety (90) days of the DEERS' NAS reason code 7, 8, 9, date, the contractor may process the claim as outlined in this chapter. If the claim is for care not received within ninety (90) days, follow procedures for "No Auth On File." Additionally, the contractor shall use DEERS for verification of "active duty status" at the time the services were rendered prior to payment of any TRICARE Europe active duty member claim.

(11) The contractor shall no longer assume that all overseas foreign providers are in the TRICARE Overseas Preferred Provider Network. The Lead Agent must provide the contractor with written notification which designates provider/countries as a TOP Preferred Network provider. A sample Designation Notification Letter is at [Figure 12-12.3-2](#). This letter will be used by the Lead Agents to designate/non-designate providers to the TRICARE Overseas Preferred Provider Network. The contractor may accept signed Lead Agent designation letters when designation/nondesignation is made either by country, inclusive of all providers or by individual provider. Upon receipt of a Lead Agent signed designation letter, the contractor shall update their provider file accordingly and retain a copy of the letter in their provider file. The contractor is not required to maintain copies of the TRICARE Overseas Preferred Provider Network agreements. The contractor will be provided a monthly Network Progress Report by Lead Agents for reconciliation of provider network status (activity for the previous sixty (60) days). The contractor shall use the date on the Lead

Agent Designation Letter as the effective begin/end date of network designation unless otherwise designated. If left blank by the Lead Agent, the contractor shall develop for the date. Development for a date or other missing information may be telephonic with subsequent file documentation.

(12) All OCONUS non-emergency inpatient mental health care (i.e., RTC, SUDRF, etc.) care requires authorization by the Region 3/4 mental health contractor.

C. Policies And Procedures for TRICARE Europe Claims Exclusively

1. For claims from any country which do not have a full provider name and address the contractor shall develop for accuracy except for claims not requiring authorization or when payment is made to the beneficiary.

2. The contractor shall use “dummy codes” for all Belgium claims. The contractor shall not develop for definitions of Belgium codes.

3. For claims missing a diagnosis, the contractor shall research their history and apply the diagnosis from a related claim. If the history is not available, develop the claim.

4. The contractor shall use the date the claim form was signed as the specific date of service, if the claim does not indicate the specific date of service.

5. The contractor shall ensure invoice numbers are in “patient account fields”.

6. The contractor shall code lump sum payments instead of line items to minimize conversion problems.

7. The contractor shall pay claims suspected of Third Party Liability (TPL) and then develop for TPL information. Upon receipt of the information, the contractor shall refer claims/documentation to the appropriate JAG office, as outlined in OPM, [Chapter 11, Addendum B](#).

8. The contractor shall have a TRICARE bank account capable of receiving/accepting wire transfers from TRICARE Europe for recoupment/overpayment returns. The contractor shall accept the amount wired, together with the provider’s wiring fee, as total recoupment payment.

9. The contractor shall accept APOs/FPOs for the beneficiary address.

10. The contractor shall use the following recoupment procedures for claims from Germany:

a. Recoupment procedures for beneficiaries shall follow the recoupment procedures outlined in OPM, [Chapter 11](#).

b. Recoupment procedures for providers shall include:

(1) An initial demand letter.

- (2) A second request letter at thirty (30) days.
- (3) A final demand letter at ninety (90) days.
- (4) Referral to TMA at one-hundred and eighty (180) days, if the case is over \$600.00, and if under \$600.00 the case shall remain open for an additional six (6) months and then shall be written off at three-hundred and sixty (360) days.

c. Recoupment letters (i.e., the initial letter, the thirty (30) day second request and the ninety (90) day final demand letter) shall be modified to delete references to U.S. law. The letters shall be printed in German, however, the contractor may handwrite the dollar amount and the provider's name and address. Invoice numbers shall be provided on all recoupment letters.

D. Policies and Procedures for German Foreign Claims Exclusively

1. The contractor shall pay claims as billed, including charges from ambulance companies in Germany, for driving physicians to accidents or private residences, for treatment of TRICARE beneficiaries, in addition to the normal ambulance charges, prescription ordered mud baths, "rule out" diagnoses, and vitamins, including prenatal vitamins. Claims for abortions and dental care shall be denied.
2. Development for missing information shall be kept to a minimum, however, the contractor shall always develop for beneficiary and provider signatures and durable medical equipment involving lease/purchase.
3. When development is necessary, the contractor shall include a special insert in German which indicates the contractor address for returning requested information.
4. The contractor shall issue draft/checks for German claims which look like local German drafts/checks.
5. The contractor is not required to routinely accept/process loose bills. However, if the contractor receives a loose bill, the contractor shall search their records to determine if there are other claims on history or any claims that are currently in process. If another claim is not found, the loose bill shall be returned to the beneficiary/sponsor/provider uncontrolled with a claim form and instructions for resubmission.

E. Policies and Procedures for TRICARE Europe Active Duty Claims Exclusively

1. The contractor shall accept and pay all non-emergency and emergency civilian medical/surgical and dental TRICARE Europe active duty member TRICARE Overseas claims for processing even when not a TRICARE benefit when the claim is:
 - a. Submitted by the Military Treatment Facility (MTF) or other military command personnel, or by a designated Point of Contact (POC); and
 - b. accompanied by a signed TRICARE claim form; and

c. accompanied by either, a Standard Form 1034, a Standard Form 1034 continuation sheet, or a NAVMED 6320/10 (These forms shall be considered an authorization for care); and

NOTE: The SF 1034, SF 1034 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. The services were provided OCONUS.

e. DEERS verification indicates the TRICARE Europe active duty member was on active duty at the time the services were rendered.

2. Emergency submitted active duty TRICARE Overseas claims not meeting the TRICARE definition of emergency care shall be denied explaining the reason of denial and advising resubmission with proper forms by the appropriate MTF, etc.

3. The contractor shall deny a TRICARE Europe active duty member TRICARE Overseas claim when any one of the administrative items outlined above in [paragraphs a. and b.](#) of this section are missing. Upon denial the contractor shall instruct the TRICARE Europe active duty member/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 forwarded to the TRICARE Europe Support Office, Heidelberg, for further action.

4. The designated point of contact for TRICARE Europe active duty member overseas claims in Austria, Hungary, Slovenia, Slovakia, Czech Republic and Croatia is the TRICARE Europe Support Office. TRICARE Europe active duty member overseas claims in these countries submitted by the TRICARE Europe Support Office shall be paid by the contractor without the required authorization forms.

5. The contractor shall follow the additional specific processing procedures outlined under [paragraphs C. and D.](#) of this section when processing claims for TRICARE Europe active duty members stationed in TRICARE Europe and Germany.

6. For TRICARE Europe active duty member claims, the contractor shall create and submit a HCSR following current guidelines in the ADP Manual for HCSR development/submission. These HCSRs will be submitted as batches not as a voucher. The Military Services will be able to access any TRICARE Europe active duty member claim information through TRICARE Care Detail Information System (CDIS).

F. Payment of TRICARE Overseas Claims

1. TRICARE Overseas claims shall be processed using the exchange rate in effect on the ending date that services were received; except for TRICARE Overseas claims involving Other Health Insurance (OHI). For TRICARE Overseas claims involving OHI the exchange rate of the primary insurer, not the rate based on the last date of service, shall be used to determine the TRICARE payment amount. For multiple services, the ending dates of the last

service shall be used for determining exchange rates. The same exchange rate shall be used to determine deductible and co-payment amounts, if applicable. Also, the same exchange rate shall be used to determine the amount to be paid in foreign currency.

2. All TRICARE/Overseas claims shall be paid in foreign currency to providers unless the beneficiary specifically requests reimbursement in U.S. dollars. All claims submitted by a beneficiary will be in U.S. dollars. The payment shall not be changed to U.S. dollars after the foreign draft has been issued.

3. For TRICARE Europe, payment of foreign claims shall be paid in U.S. dollars/currency unless the beneficiary or TRICARE Europe active duty member requests payment in local currency.

4. U.S. licensed partnership providers treating patients in Europe are authorized U.S. dollar payments based upon signed agreements.

5. Payment of Skilled Nursing Facility (SNF) claims from the Puerto Rico and the Territories (Guam, the Virgin Islands and American Samoa) shall be subject to the Prospective Payment System (PPS), as required under Medicare in accordance with the Social Security Act. These SNFs will be subject to the same rules as applied to SNFs in the U.S. (see the TRICARE Reimbursement Manual (TRM), Chapter 8):

a. Preauthorization for SNF care is not a requirement; it is discretionary. The review for the lower 18 RUGs for SNF care is required as provided in the TRM, Chapter 8, Section 2. The contractor is responsible for the reviews of the lower 18 RUGs and any discretionary preauthorization.

b. Beneficiaries in the lower 18 RUGs do not automatically qualify for SNF coverage. These beneficiaries will be individually reviewed to determine whether they meet the criteria for skilled services and the need for skilled services (see the TRM, Chapter 8, Section 2). If these beneficiaries do not meet these criteria, the SNF PPS claim shall be denied. For a failure to obtain other pre-authorizations/authorizations, the payment reduction policy in TRM, Chapter 1, Section 29 will apply.

c. The contractor will be responsible for collection of MDS assessment data. However, collection of the MDS assessment data is discretionary as provided in the TRM, Chapter 8, Section 2.

d. The contractor shall be responsible to enter into participation agreements with SNFs in Puerto Rico, Guam, the Virgin Islands, and American Samoa.

e. The contractor, at their own discretion, may conduct any data analysis to identify aberrant SNF PPS providers or those providers who might inappropriately place TRICARE beneficiaries in a high RUG. The contractor shall also assist the Lead Agencies in obtaining/providing SNF data, for conducting any SNF PPS data analysis they deem necessary.

f. The contractor shall be required to submit the quarterly report to Kennell & Associates as required by the TRM, Chapter 3, Section 2.

6. All inpatient and outpatient claims for TRICARE Overseas Prime enrollees, including active duty member TRICARE Overseas claims, are to be processed/paid as indicated below:

BENEFICIARY NOT ENROLLED:

IF THE CLAIM IS SUBMITTED:	THE COST IS AS FOLLOWS:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership Provider	Deductible/cost-share waived	Directly to provider
All other providers	TRICARE Standard	Directly to the provider in TRICARE Europe. All other areas as noted on the claim.

BENEFICIARY ENROLLED IN TRICARE PRIME:

IF THE CLAIM IS SUBMITTED:	THE COST IS AS FOLLOWS:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership	Deductible/cost-share waived	Directly to provider
From any country not listed as an exception in Figure 12-12.3-5 .	Deductible/cost-share waived.	Directly to the provider in TRICARE Europe. All other areas as noted on the claim
Mental Health Care Session 1-8 Fiscal year (dx 290-319)/session 9 and above with authorization	Deductible/cost-share waived	Directly to the provider in TRICARE Europe. All other areas as noted on the claim
Mental Health Care Session 9 and above/fiscal year without authorization	Deny claim	Reject 155
Claims for Drugs Emergency care and ancillary services.	Deductible/cost-share waived	When indicated directly to the provider in TRICARE Europe or otherwise, pay to the beneficiary. All other areas as noted on the claim.
All other care - with authorization.	Deductible/cost-share waived	Directly to the provider in TRICARE Europe. All other areas as noted on the claim

BENEFICIARY ENROLLED IN TRICARE PRIME: (CONTINUED)

IF THE CLAIM IS SUBMITTED:	THE COST IS AS FOLLOWS:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
All care from Belgium, Germany, Italy, Japan, Korea, Spain, Turkey and the United Kingdom rendered by a non-network provider without an authorization.	<u>First family claim</u> Deductible cost-share waived with the EOB message 154. <u>Second family claim</u> Process to completion. Reject 155. <u>Third family claim</u> Point of Service cost-sharing and deductible apply.	Directly to the provider in TRICARE Europe. All other areas as noted on the claim.

7. The contractor shall develop procedures for the identification and tracking of these claims submitted by either a designated or non-designated overseas provider without authorization. The contractor shall provide a file of all claims received without authorization or for services rendered by a non-network provider sorted by Lead Agent, Sponsor SSN, Patient Name, Date of Birth, Date of Care, Alternative Care Value (ACV), Provider of Care, Provider's Address, with an ICD-9, CPT¹ Procedure 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 weekly for appropriate Lead Agent action/authorization. (See [Figure 12-12.3-3](#) and [Figure 12-12.3-4](#).) The Lead Agent shall review the file, designate authorization/denial/or payment under Point of Service, in writing, and return the file to the contractor within two weeks of its receipt at the Lead Agent's office. The contractor shall electronically transfer over the Internet this file to the appropriate Lead Agent, and the file shall be sortable by all fields within the report. Upon receipt of the signed Lead Agent report directing appropriate action to the contractor, the contractor shall reprocess the claim as directed. When adjustments are required upon resubmission of the second family claim for the third time, by beneficiary or provider, without Lead Agent authorization or direction, the contractor shall process the third claim following Point of Service payment procedures. The contractor shall use specific EOB messages advising the beneficiaries/providers that authorizations or that care has not been received from a network provider are required on future claims to avoid Point of Service payment and to contact the appropriate Lead Agent for assistance.

8. The TRICARE Pacific remote site countries identified by the TRICARE Pacific Lead Agent are Australia, Bangladesh, Burma, Cambodia, China, Fiji, Hong Kong, India, Indonesia, Malaysia, New Zealand, Philippines, Sri Lanka, Thailand, Vietnam, and Singapore. Effective September 20, 1998, the contractor shall develop procedures in coordination with the TRICARE Pacific Lead Agent for the identification and tracking of claims for services provided on or after October 1, 1998, to TRICARE enrolled family member who accompany an active duty service member on assignment to a TRICARE Pacific remote site country. The contractor shall process claims following current TRICARE Overseas Prime coverage and reimbursement program policies. The contractor shall, on a monthly basis, provide the TRICARE Pacific Lead Agent with a Claims Paid Listing (CPL). The CPL report

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shall be provided to the Lead Agent no later than fifteen (15) days in the month following the report period. At a minimum, each report shall contain, sponsor name, sponsor SSN, patient name, dates of service, and country. The CPL shall also include provider name, amount of payment, and the Internal Control Number (ICN). The TRICARE Pacific Lead Agent shall provide audit functions related to these reports for the identification of duplicate payments necessitating recoupment. When the TRICARE Pacific Lead Agent has identified recoupment cases, they shall notify the contractor to initiate recoupment. The contractor shall initiate recoupment action within ten (10) work days of receipt of Lead Agent notice to initiate recoupment.

9. The contractor shall consider Lead Agent authorizations, verified through DEERS, valid for ninety (90) days (i.e., date of service must be within ninety (90) days of issue date). The contractor shall consider Lead Agent retrospective authorizations valid for the specific date/case authorized.

10. TRICARE Overseas claims for drugs or diagnostic/ancillary services are exempt from the TOP authorization requirements. Claims for these services shall be reimbursed by the contractor following applicable enrollment status deductible/cost-share policies.

11. The contractor shall mail the drafts/checks and TRICARE EOBs directly to providers unless the claim indicates payment should be made to the beneficiary or TRICARE Europe active duty member or the provider has been excluded by the Lead Agent from the TRICARE Overseas Preferred Provider Network. In conformity with banking requirements, the drafts/checks shall contain the contractor's address. Drafts/checks and EOBs shall be mailed with U.S. postage. Additionally, payments/checks may be made to network providers, with an Embassy address.

12. Upon payment for TRICARE Europe active duty member TRICARE Overseas claims, a copy of the EOB and, when applicable, the SF 1034 or NAVMED 6320/1034, shall also be sent to the Military Treatment Facility (MTF), or MTF command personnel, or a designated Point of Contact (POC).

13. The contractor shall, on a monthly basis, submit a request for payment of TRICARE Europe active duty member TRICARE Overseas claims in the format of a single bill delineated by military service to Landstuhl Finance and Accounting Office. Each bill shall include total monthly charges separated by benefit dollars and 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 that \$600,000, \$300,000 were paid in DM, \$200,000 were paid in FF, etc.).

G. TRICARE Overseas Currency Gains and Losses

1. General. This section outlines procedures for determining and processing TRICARE Overseas currency gains and losses resulting from payments made to providers and/or beneficiaries in foreign countries by the contractor including TRICARE Europe active duty member TRICARE Overseas claims.

2. Figuring Gains or Losses. The gains and losses shall be computed as follows: The exchange rate in effect on the "Ending Date of Care" shall be the rate used in the claims

adjudication process. The difference between the cost of the foreign currency on the "Ending Date of Care" and the contractor payment date shall be the gain or loss on the transaction.

3. TRICARE Overseas Currency Report. The contractor shall provide a TRICARE Overseas Currency Report identifying the gain or loss for the month reported to arrive at the TRICARE Management Activity (TMA), Attn: Finance and Accounting Branch, by the 10th calendar day following the month reported.

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

5. Net Loss. TMA will reimburse the contractor for any losses incurred from currency conversion except for currency conversion losses from TRICARE Europe Active Duty Member Claims (see [paragraph II.G.7.](#) below). 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 (5) working days of receipt of the invoice and the TRICARE Overseas Currency Report.

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

7. For TRICARE Europe active duty member TRICARE Overseas claims, the 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 Landstuhl Financing and Accounting. Landstuhl Financing and Accounting will reimburse the contractor for any losses incurred from currency conversion.

H. Processing Standards for TRICARE Overseas Claims

1. The contractor shall process eighty-five percent (85%) of TRICARE Overseas claims including TRICARE Europe active duty member TRICARE Overseas claims to completion within twenty-one (21) days.

2. The contractor shall meet current CONUS correspondence standards for all TRICARE Overseas claims including TRICARE Europe active duty member TRICARE Overseas claims (see OPM, [Chapter 12, Section 7.](#)).

I. Reporting Requirements for TRICARE Overseas Claims

1. The contractor shall report the TRICARE Overseas claims correspondence volume to the TMA, Chief, Managed Care Support Office (MCSO) weekly.

2. The contractor shall submit a monthly report on TRICARE Europe active duty member TRICARE Overseas claims due the fifteenth (15th) of each month to each of the following military offices:

- a. TRICARE Europe Support Office
Director, TESO/TRICARE
Unit 29220
APO AE 09102
- b. Fleet Surgeons Office, U.S. Navy Europe
Fleet Medical Officer
CINCUSNAVEUR
PSC 802 Box 2
APO AE 09499-0151
- c. U.S. Air Force In Europe
HQ USAFE/SG
Unit 3050 Box 130
APO AE 09094-0130
- d. Commander, U.S. Army Europe ERM
CMDR Europe Regional Medical Center
Attn: Managed Care Division
CMR 402
APO AE 09180
- e. Director, TRICARE Europe Support Office
Unit 10310
APO AE, 09094-0310
- f. U.S. Central Command
HQ USCENTCOM (CCSG)
715 South Boundary Blvd
MacDill AFB FL 33621-5101

(1) Each of the military services will establish a designated Point of Contact in each of the above listed military offices to work with the contractor if additional information is needed.

(2) The PAID CLAIMS AND CURRENT INVENTORY report will be electronically transferred and sortable by all fields. The fields to be reported are: Branch of Service, Fiscal Year in which services were provided, APO/FPO of the TRICARE Europe active duty member's unit. This report will have the following fields: CHAMPUSEUR Active Duty Member's Name, Duty Station Address, SSN, Date of Service, ICD9 Code, CPT² Procedure Code, Provider Name, Provider Address, Amount Billed, Amount Allowed, if available HCSR ICN Number. This report will also have a summary page showing current claim inventory and processing cycle time.

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3. The contractor shall submit a MONTHLY NETWORK PROGRESS REPORT due on the fifteenth (15th) of each month which provides the Lead Agent with full provider information for those providers whose claims were processed during the previous month. The file report shall be sorted by Lead Agent, by country, by volume, and by provider status. The report may be sent on diskette editable by field or via Internet e-mail.

4. The contractor shall submit to TMA, the Lead Agent, and ASD (HA) on the fifteenth (15th) of the month, a one-page paper MONTHLY SUMMARY PROGRESS REPORT sorted by Lead Agent. The report shall summarize for the month, the percentage of claims provided by network, non-network and Partnership Providers.

5. The contractor shall submit a QUARTERLY PROVIDER REPORT sorted by Lead Agent listing all network providers. The quarterly report shall be sorted by country, by city, and shall contain the following data fields: Provider's Name, Provider's Address, Type of Facility and Provider Specialty. This report may be submitted by the Contractor to the Lead Agent on diskette or via Internet e-mail. File formats shall be sortable by the Lead Agents.

6. The contractor shall submit a quarterly TRICARE OVERSEAS NONENROLLEE REPORT to each Lead Agent identifying claims from TRICARE Overseas nonenrollees. This report shall include the following fields: Sponsor's Name; SSN; Branch of Service; Beneficiary's Name, address, and country on diskette or via Internet e-mail.

7. The contractor shall submit to each Lead Agent a monthly report "TOTAL CLAIMS BY COUNTRY FOR ACTIVE DUTY AND ACTIVE DUTY FAMILY MEMBERS." The report shall be sorted by County, number of claims, amount billed and amount paid. There will be separate lines for Active Duty and Active Duty family members and a total run.

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