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The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: IMPLEMENT PREFERRED PROVIDER NETWORK IN PHILIPPINES

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PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements a Preferred Provider Network (PPN) for TRICARE Select beneficiaries in the Philippines as a permanent feature of the TRICARE Overseas Program.

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REMOVE PAGE(S)

CHAPTER 24

Table of Contents, pages 1 and 2

★ ★ ★ ★ ★ ★

INDEX

pages 3 through 5

INSERT PAGE(S)

Table of Contents, pages 1 and 2

Section 31, pages 1 through 4

pages 3 through 5

Chapter 24

TRICARE Overseas Program (TOP)

Section/Addendum	Subject/Addendum Title
------------------	------------------------

1	Administration
2	Records Management
3	Financial Administration
4	Purchased Care Sector Providers
5	TRICARE Overseas Program (TOP) Eligibility And Enrollment
6	Medical Management
7	Ambulance/Aeromedical Evacuation Services
8	Clinical Preventive Services
9	Claims Processing Procedures
10	Active Duty Dental Care In Remote Overseas Locations
11	Beneficiary Education And Support (BE&S)
12	TRICARE Overseas Program (TOP) Point Of Contact (POC) Program
13	Appeals And Hearings
14	Program Integrity
15	Audits, Inspections, Reports, And Plans
16	TRICARE Area Office (TAO) Director/Military Treatment Facility (MTF) And Contractor Interfaces
17	TRICARE Overseas Program (TOP) Prime Program
18	TRICARE Overseas Program (TOP) Prime Remote Program
19	TRICARE Overseas Program (TOP) Standard/ Select
20	TRICARE Overseas Program (TOP) TRICARE For Life (TFL)
21	TRICARE Reserve Select (TRS) And TRICARE Retired Reserve (TRR)
22	TRICARE Plus
23	Extended Care Health Option (ECHO)
24	Transitional Assistance Management Program (TAMP)
25	Continued Health Care Benefit Program (CHCBP)
26	TRICARE Overseas Program (TOP) Supplemental Health Care Program (SHCP)
27	Demonstrations

TRICARE Operations Manual 6010.56-M, February 1, 2008
Chapter 24, TRICARE Overseas Program (TOP)

Section/Addendum	Subject/Addendum Title
28	Health Insurance Portability and Accountability Act (HIPAA) of 1996
29	TRICARE Overseas Program (TOP) Partnership Program
30	Figures Figure 24.30-1 Overseas Pharmacy Provider Notice Letter (Sample) Figure 24.30-2 TOP Contractor Provider Certification Request Letter
31	Department Of Defense (DoD) TRICARE Preferred Provider Network (PPN) for the Philippines

Department Of Defense (DoD) TRICARE Preferred Provider Network (PPN) for the Philippines

1.0 GENERAL

In order to control costs, reduce aberrant billing activity, and eliminate balance billing issues for TRICARE Select beneficiaries, the Defense Health Agency (DHA) implemented an approved provider network in the Philippines. With establishment of the TRICARE Select option by the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, it has been determined economically in the best interest of the DoD to transition the approved provider network in the Philippines to a TRICARE Select PPN effective January 1, 2018. A PPN provider will be available to, and be a participating provider on claims for, all TRICARE eligible beneficiaries, whether they are TRICARE Prime, TRICARE Select, or TRICARE for Life (TFL). In addition to PPN providers, TRICARE authorized providers in the Philippines include certified providers as defined in [paragraph 2.2](#). TRICARE beneficiaries who travel to the Philippines and seek urgent/emergent care will be able to get care from any PPN provider or certified provider, but may be subject to higher cost-shares and copays for care rendered by non-PPN providers. Locations for PPN providers will be developed and maintained by the TRICARE Overseas Program (TOP) contractor; the government will work with the TOP contractor to identify other locations in the Philippines where the PPN may be expanded. Locations may be added or deleted on an annual basis, as warranted. PPN providers will abide by a set foreign fee schedule, accept payment from the TOP contractor, and not balance bill the TRICARE beneficiaries. This will be accomplished by the establishment of a dedicated list of providers who agree to comply with these requirements and business processes as outlined below.

2.0 DEFINITIONS

2.1 PPN Philippines Provider

A provider who agrees to accept TRICARE reimbursement at the lesser of billed charges, a negotiated reimbursement rate, or the government-directed foreign fee schedule as payment in full; agrees to submit claims to the TOP contractor on behalf of TRICARE beneficiaries, and agrees to collect only applicable cost-shares and copays from beneficiaries for all TRICARE-covered services. In addition, all PPN providers must comply with the on-site verification and provider certification process described in [Section 14](#) and the certification and credentialing requirements outlined in [Section 4](#); [32 CFR 199.6](#); and the TRICARE Policy Manual (TPM), [Chapter 11](#). PPN providers will include individual professional providers of care, institutional providers, and providers of ancillary services.

2.2 Certified Philippines Provider

A provider who meets the on-site verification and provider certification requirements outlined in [Section 14](#), but who has not agreed to the additional conditions required for

participation as a PPN provider. For example, a certified provider in the Philippines may require a TRICARE beneficiary to provide payment at time of service and file their own claim for reimbursement. TRICARE Select beneficiaries will also be subject to the higher cost-share and co-pay related to utilization of a non-network provider. Retired beneficiaries who are enrolled to TRICARE Prime within the United States and who travel to the Philippines may also be subject to higher cost-shares and deductibles for care received from a non-PPN provider in the Philippines.

2.3 Non-Approved Philippines Provider

TRICARE authorized providers in the Philippines include PPN providers and TOP contractor certified providers. Any provider in the Philippines who is not a PPN or certified provider is a non-approved TRICARE provider except for emergency care.

3.0 TOP CONTRACTOR RESPONSIBILITIES

3.1 If TRICARE beneficiaries receive care from a non-PPN provider who is not currently certified and a claim is received for the care rendered, the contractor needs to certify the provider and then process the claim according to the rules for non-network care as outlined in [Section 4, paragraph 4.7](#) and [Section 9](#). Normal TRICARE cost-shares/co-pays and deductibles applicable to the specific category of eligible beneficiary shall apply to care rendered to eligible beneficiaries by PPN providers. Additionally, when a beneficiary receives care from a PPN provider, the provider will file the claim on the beneficiary's behalf, and the provider will collect only applicable cost-shares and co-pays after receipt of the TOP Explanation of Benefits (EOB). The beneficiary will be held harmless for denied charges rendered by a PPN provider unless the beneficiary was informed in writing that the specific services were not a covered TRICARE benefit and the beneficiary agreed in writing, in advance of the services being provided, to pay for the services. If a beneficiary submits a claim for services provided by a PPN provider, the TOP contractor shall deny the claim if the beneficiary does not submit proof of payment showing that the beneficiary has paid for the service(s).

3.2 All TOP requirements regarding utilization management, case management, quality management, and preauthorizations are applicable to TRICARE beneficiaries. The TOP contractor will enroll beneficiaries to TRICARE Select according to procedures outlined in [Section 19](#). The TOP contractor will not provide referral/authorization services to beneficiaries unless the requested service requires preauthorization (per [Chapter 7, Section 2](#) and TPM, [Chapter 1, Section 7.1](#)). The TOP contractor shall conduct a covered benefit review upon beneficiary or provider request; however, an authorization letter will not be generated except for those services which require preauthorization.

3.3 A PPN provider may be removed from the PPN Provider list for administrative reasons or may be removed for cause by the TOP contractor. The Government may also direct the TOP contractor to remove PPN providers from the list for cause. A PPN provider removed from the approved list may submit a written request to the TOP contractor for reconsideration. If the TOP contractor upholds the removal, the PPN provider shall be given the right to appeal to the Director, TRICARE Area Office (TAO)-Pacific. If the appeal decision is upheld by the Director, TAO-Pacific, there is no right to further appeal.

Note: The appeal process does not apply to certified providers who are not selected by the TOP contractor to participate as PPN providers. Recruiting and retaining a sufficient number and mix of PPN providers is the responsibility of the TOP contractor.

3.4 Claims for a PPN provider removed from the list will be processed in accordance with [Chapter 13, Section 5](#). The list will be updated on the contractor's web site on the first of the month following the provider being removed from the list.

4.0 DHA AND TOP CONTRACTOR RESPONSIBILITIES

4.1 The TOP contractor shall:

4.1.1 Recruit and retain a sufficient number and mix of PPN providers to ensure access to the full range of covered TRICARE benefits. PPN providers must agree to comply with the participation requirements in [paragraph 3.1](#).

4.1.2 Establish and maintain a list of all PPN providers, including each provider's specialty, sub-specialty, gender, work address, work fax number, and work telephone number, and whether or not they are accepting new TRICARE patients. The TOP contractor shall provide beneficiaries with easy access to both the PPN provider listing and the certified provider listing via a user-friendly searchable World Wide Web (WWW) site and any other means established at the contractor's discretion. Information on the WWW site and any other electronic lists shall be current within the last 30 calendar days. At a minimum, the data base shall be searchable by provider location, provider name, and provider specialty (if available).

4.1.3 Provide certification oversight and monitor quality of care for providers and institutional facilities as prescribed in [Section 4](#); [32 CFR 199.6](#); and TPM, [Chapter 12](#).

4.1.4 The TOP contractor shall educate PPN providers on aspects of the TRICARE program, including, but not limited to, TRICARE eligibility requirements, TRICARE benefits, claims submission requirements, and the requirements in [32 CFR 199.9](#) and [Chapters 13](#) and [24](#) as they relate to anti-fraud activities.

4.2 DHA and the TOP contractor shall:

Ensure that beneficiaries and PPN providers are informed regarding which area(s) of the Philippines have PPN providers. The DHA and TOP contractor shall also ensure there are process(es) for educating beneficiaries and providers regarding the PPN provider network rules and business processes.

5.0 CLAIMS PROCESSING AND REIMBURSEMENTS

TRICARE beneficiaries who receive care from PPN providers in the Philippines will only be liable for normal cost-shares and copays applicable to the specific category of beneficiary under their TRICARE option. TRICARE beneficiaries who receive care from non-network (certified) providers in the Philippines will be subject to higher cost-shares and copays as outlined in [Section 9](#). They may also have to provide payment at time of services and file a claim for reimbursement and TRICARE will only reimburse charges up to the foreign fee schedule. Beneficiaries who are enrolled to TFL will be subject to the rules and regulations as outlined in [Section 20](#) and TPM, [Chapter 10, Section 6.1](#).

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 24, Section 31

Department Of Defense (DoD) TRICARE Preferred Provider Network (PPN) for the Philippines

6.0 EFFECTIVE DATE

January 1, 2018.

- END -

TRICARE Operations Manual 6010.56-M, February 1, 2008

Index

G	Chap	Sec/Add	N	Chap	Sec/Add
Governing Principles	12	2	Network Development	5	1
Government Staff And Beneficiary Education	11	2			
Grievances And Grievance Processing	11	8			
H	Chap	Sec/Add	O	Chap	Sec/Add
Health Care Providers And Review Requirements	16	2	Organization of the TRICARE Management Activity (TMA)	1	1
Health Insurance Portability and Accountability Act (HIPAA) of 1996			Other Contract Requirements		
General	19	1	TDEFIC	20	4
TRICARE Overseas Program (TOP)	24	28	Out-Of-Jurisdiction Claims - TPharm	23	2
Health Insurance Portability And Accountability Act (HIPAA) Standard Unique Health Identifier For Health Care Providers Final Rule	19	4	Overpayments Recovery		
Hospital Adjustments	7	C	Financially Underwritten Funds	10	3
Hospital Issued Notices Of Noncoverage	7	B	Non-Financially Underwritten Funds	10	4
I	Chap	Sec/Add	P	Chap	Sec/Add
Inquiry Services Department - General	11	4	Paper Record Transfer Procedures	2	A
J	Chap	Sec/Add	Patient Rights	7	A
Jurisdiction	8	2	Payments To Beneficiaries/Providers	3	2
L	Chap	Sec/Add	Pharmacy Claims Processing	23	3
Legal Matters	1	6	Pilot Project To Redirect Uniformed Services Beneficiaries Identified For Inpatient Admission At Civilian Emergency Departments (EDs) For Admission To Designated Military Treatment Facilities (MTFs)	18	23
Listing Of Government Claims Offices	10	B	Preauthorizations	7	2
M	Chap	Sec/Add	Prime Service Area (PSA) Reduction Policies And Effective Dates	27	1
Medical Management (MM)	7	1	Privacy And Security Of Protected Health Information (PHI)	19	3
TRICARE Overseas Program (TOP)	24	6	Program Integrity		
Medication Adherence Pilot Program	18	22	Controls, Education, And Conflict Of Interest	13	2
Memorandum Of Agreement (MOA) Between Department Of Veterans Affairs (DVA) And Department Of Defense (DoD) For Medical Treatment Provided To Active Duty Service Members (ADSMs) With Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blindness, Or Polytraumatic Injuries	17	D	Figures	13	A
Memorandum Of Agreement (MOA) Between Department Of Veterans Affairs (DVA) And Department Of Defense (DoD) For Processing Payment For Disability Compensation And Pension Examinations (DCPE) In The Integrated Disability Evaluation System (IDES)	17	C	General	13	1
Model Memorandum Of Understanding (MOU)	15	A	Reports	13	4
			TRICARE Overseas Program (TOP)	24	14
			Provider Certification And Credentialing		
			Figures	4	A
			General	4	1
			Provider Exclusions, Terminations, And Suspension Of Claims Processing	13	5
			Provider Reinstatements	13	6
			Providers Of Care	17	2
			Purchased Care Sector Providers	24	4

TRICARE Operations Manual 6010.56-M, February 1, 2008

Index

T (CONTINUED)	Chap	Sec/Add
TRICARE Prime Remote (TPR) Program		
General	16	1
Points Of Contacts	16	A
Reports	16	5
TRICARE Prime Remote For Active Duty Family Member (TPRADFM) Program	16	6
TRICARE Processing Standards	1	3
TRICARE Reserve Select (TRS)	22	1
Figures	22	A
TRICARE Retired Reserve (TRR)	22	2
TRICARE Service Center (TSC)	24	11
TRICARE Young Adult (TYA)	25	1
Premiums	25	A

U	Chap	Sec/Add
Underpayments	10	2
Utilization Management (UM)	7	1

V	Chap	Sec/Add
Value-Based Purchasing (VBP) Initiatives	18	20
Bundled Payments For Lower Extremity Joint Replacement And Reattachment (LEJR) Surgery And Post-Operative Care Demonstration Program	18	21
Medication Adherence Pilot Program	18	22

- END -

