

INCOMING CONTRACTOR SUPPORT OF BOTH HCSR AND TED VERSIONS OF THE TRICARE DUPLICATE CLAIMS SYSTEM

This addendum describes the requirements for incoming contractors to operate both versions of the TRICARE Duplicate Claims System (DCS), that is, the HCSR and TED versions.

1.0. REQUIREMENTS FOR USE OF THE HCSR VERSION OF THE DCS

1.1. For incoming contractors, the TED version of the DCS will be their primary version. This is because the incoming contractors will be creating and submitting TED records and not HCSRs. However, incoming contractors will be inheriting, in accordance with the transition plans, non-financially underwritten Duplicate Claims System sets from the outgoing MCSCs. These inherited sets are comprised of HCSRs, not TEDs. TMA is not converting HCSRs to TEDs. As a result, the incoming contractors must operate the HCSR as well as the TED version until all HCSR-related DCS actions are completed. It should be noted that TMA will be converting TED adjustment records to HCSRs. This permits the incoming contractor to adjust previously submitted HCSRs through a TED record.

1.2. In accordance with the DCS MCSC to MCSC Transition Guide in [Chapter 10, Addendum D](#), on the first day of the fourth month following the start of Health Care Delivery, TMA will initiate a mass change of the outgoing MCSC's DCS sets. This mass change will transfer all of the outgoing MCSC's non-financially underwritten DCS sets (and any other DCS sets identified in the transition plan) to the incoming contractor. The sets transferred to the incoming MCSC may contain sets in "OPEN" status, as well as sets in "PENDING," "VALIDATE," and "CLOSED" status. Any transferred sets in "OPEN" status must be researched by the incoming MCSC and determinations made as to whether actual duplicate payments were made. Recoupments must be initiated on all claims identified as actual duplicates. This means that the incoming MCSC must be able to read the HCSR data files transferred from the outgoing MCSC by the first day of the fourth month following the start of Health Care Delivery in order to perform the required research and recoupments for sets appearing in the HCSR version of the DCS.

1.3. Any set in "PENDING" or "VALIDATE" status are awaiting recoupment. The incoming contractor will likely inherit such sets from the outgoing MCSC. The outgoing MCSC shall have forwarded all payment and recoupment files associated with in-progress non-financially underwritten duplicate claim recoupments by the last day of the third month following the start of Health Care Delivery. Any refunds or offsets received by the incoming contractor that are associated with claims in "PENDING" or "VALIDATE" sets that were inherited, shall be entered into the HCSR version of the DCS. By the first day of the fourth month following the start of Health Care Delivery, the incoming MCSC should have received and have access to all of the HCSR data and recoupment information necessary to work these sets.

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CHAPTER 10, ADDENDUM C

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1.4. For any refund or offset applied to claims in any inherited DCS set, the incoming contractor must submit an adjustment or cancellation TED record for a previously submitted HCSR. When TMA receives an adjustment or cancellation TED for a previously submitted HCSR record, it will convert it to a HCSR and load it to the HCSR version of the DCS. The incoming contractor will then be able to apply the adjustment to the claim in the set and resolve the set, if the rules of resolution are met.

1.5. Until all outgoing contracts are transitioned, incoming MCSCs should expect to see new sets appearing in the HCSR version of the DCS. This is because TMA will continue to identify potential duplicate claim sets from all HCSRs submitted. This will continue until all HCSR submissions cease and all payment records are being submitted in TED format. In addition to the sets transitioned from the outgoing contractor on the first day of the fourth month following the start of Health Care Delivery, the incoming contractor may receive new sets created from HCSRs submitted by the outgoing MCSC for claims processed during the third month following the start of Health Care Delivery. Since the DCS system usually identifies and loads potential duplicate claim sets after the first day of the month, these sets may not have been included in the initial transfer occurring on the first day of the fourth month following the start of Health Care Delivery.

Also, incoming contractors should expect to see new multi-contractor sets in the HCSR version. These multi-contractor sets are created when a HCSR from an existing MCSC “dupes out” with a HCSR whose ownership has been transferred and inherited by the incoming MCSC.

1.6. TMA will not be comparing TED submissions with HCSR submissions to identify new potential duplicate payments. In other words, TED records submitted by the incoming contractor will not be matched with HCSRs currently or previously submitted by existing MCSCs. TED records will only be compared against other TED records. Also, any TED records converted to HCSRs will not be compared with other HCSRs for new potential duplicates. Only TED adjustments to previously submitted HCSRs will be loaded to the HCSR version of the DCS. These adjustments can then be used to resolve existing sets.

1.7. Incoming contractors should expect to see diminishing activity in the HCSR version of the DCS as existing contracts are transitioned to new incoming contractors. Once all contracts have been transitioned and all payment records are submitted in TED format, and all non-financially underwritten sets have been resolved to a “VALIDATE” or “CLOSED” status, the HCSR version will be retired and only the TED version will be used.