

GENERAL

1.0. INTRODUCTION

The TRICARE Prime Remote (TPR) program provides health care to active duty service members (ADSMs) in the United States and the District of Columbia who meet the eligibility criteria listed in below.

2.0. ELIGIBILITY

2.1. Eligibility criteria are included for information purposes only. Contractors have no responsibility for determining eligibility or for deciding in which region an active duty service member shall enroll. These responsibilities lie with the Military Services. Regional Directors will furnish contractors with enrollment information (refer to [paragraph 3.0](#) below). If a contractor receives a claim for care provided to an active duty service member who is not enrolled in TPR or who is not enrolled in TRICARE Prime at an MTF, the contractor shall process the claim according to the applicable guidelines of the Supplemental Health Care Program ([Chapters 18](#) or [19](#)).

2.2. To receive health care services under the TRICARE Prime Remote program, an individual must be an active duty member of the Uniformed Services (Army, Air Force, Navy, Marine Corps, Coast Guard, United States Public Health Service [USPHS] and the National Oceanic and Atmospheric Administration [NOAA] including eligible members of the National Guard/Reserves on orders for more than 30 consecutive days) who meets the following eligibility requirements:

2.2.1. Has a permanent duty assignment that is greater than 50 miles (based on ZIP codes) or approximately one hour drive from a military medical treatment facility (MTF) or military clinic designated as adequate to provide the needed primary care services to the active duty service member; and

2.2.2. Pursuant to the assignment of such duty, resides at a location that is greater than 50 miles (based on ZIP codes) or approximately one hour drive from an MTF or military clinic designated as adequate to provide the needed primary care services to the active duty service member.

2.3. The Uniformed Service determines eligibility for the TRICARE Prime Remote (TPR) program; the contractor enrolls designated ADSMs in TPR. At the discretion of the Chief Operating Officer, TRICARE Management Activity (or designee to include the appropriate Regional Director), exceptions to the eligibility criteria may be made as follows:

- 2.3.1.** Where the unit is located in one region (or contract area) and the ADSM lives in an area served by a different contractor, the ADSM may be enrolled with the contractor for the region serving the unit's location rather than the ADSM's residence;
- 2.3.2.** Where the unit is located and the ADSM lives is in one region, but the closest PCM is located across the border in another region, the ADSM may be enrolled in the region where the PCM is located rather than the ADSM's residence;
- 2.3.3.** Where geographical barriers or other unique situations are determined to exist (e.g., the drive time to the closest MTF exceeds one hour), the unit commander may submit a request for a waiver of the eligibility criteria to the regional Regional Director. The Regional Director will review the request and forward a recommendation along with the unit commander's request to the Chief Operating Officer, TRICARE Management Activity (TMA), Skyline Five, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206, for a determination.
- 2.4.** The Military Services may require individual active duty members to enroll to a military Primary Care Manager if there are fitness for duty related concerns, such as for those members in active special duty positions. Each Military Service is responsible for educating and monitoring subordinate commands regarding any special policies.

3.0. TRICARE PRIME REMOTE PROGRAM UNITS

The Military Services will identify the military work units known as TRICARE Prime Remote (TPR) program units to which ADSMs eligible for TPR are assigned and forward the identifying data to the Regional Directors. The Regional Director will supply the contractor with an electronic directory, updated as needed, that lists, by region, the designated TPR ZIP codes for the contractor's region(s). The Regional Director will also provide unit listings to the contractor so that the contractor can mail educational materials to the units. In some instances, individual member listings (as opposed to units) may be provided.

4.0. BENEFITS

4.1. ADSMs enrolled in the TRICARE Prime Remote program are eligible for the Uniform HMO Benefit, even in areas without contractor networks. Some benefits (see [Section 2](#) and [Addendum B](#)) require review by the member's SPOC so that the Services are aware of fitness-for-duty issues. In addition, if the contractor determines that services on a TPR enrollee's claim are not covered under the Uniform Benefit, or that the provider of services is not a TRICARE-authorized provider, or that the provider has not been certified as a TRICARE-authorized provider, the contractor shall supply the claim information ([Addendum D](#)) to the SPOC for a coverage determination. The contractor shall continue with provider certification procedures but shall follow SPOC direction for claim payment with no delay even if the provider certification process is not completed. Upon direction from the member's parent service, the SPOC may authorize health care services not included in the Uniform Benefit and services furnished by providers who are not TRICARE-authorized/certified providers if the health care is specifically required to maintain fitness-for-duty or retention on active duty. The contractor shall not make claims payments to sanctioned or suspended providers (see [Chapter 14, Section 6](#).) The claim shall be denied if a sanctioned or suspended provider bills for services. SPOCs do not have the authority to overturn TMA or

Department of Health & Human Services provider exclusions. See [Section 2](#) for referral and authorization requirements.

4.2. SPOC-authorized services (those determined by the member's Service to be necessary to maintain fitness-for-duty and/or retention on active duty) will be covered even if they are not ordinarily covered under the TRICARE Prime program and/or if they are supplied by a provider who is not TRICARE-authorized or certified. A SPOC authorization shall be deemed to constitute referral, authorization, and direction to bypass edits as appropriate to ensure payment of SPOC-approved claims. Contractors shall implement appropriate measures to recognize SPOC authorization in order to expedite claims processing.

5.0. SERVICE POINTS OF CONTACT (SPOC)

Special Military Service controls and rules apply to ADSMs due to unique military requirements to maintain readiness. The Services will always retain health care oversight of their personnel through their Service Points of Contact (SPOCs). The SPOC serves as liaison among the ADSM, the ADSM's Military Service, and the contractor for managing the ADSM's health care services. The SPOC reviews referrals for proposed care as well as information about care already received in order to determine impact on an individual's fitness for duty (see [Section 2](#) and [Addendum D](#) for referral and review/authorization procedures). The SPOC, the primary care manager (PCM) (if assigned) and the health care finder (HCF) shall work together in making arrangements for the ADSM's required military examinations. The SPOC will provide the protocol, procedures, and required documentation through the HCF to the provider for these examinations. For required military care that may not be obtainable in the civilian community, the SPOC will refer the ADSM to a military medical treatment facility (MTF) or other military source of care. See [Appendix A](#), for definitions of "Service Point of Contact (SPOC)." Refer to [Addendum A](#) for the addresses and telephone numbers of the SPOCs.

6.0. APPEAL PROCESS

6.1. If the contractor, at the direction of the Service Point of Contact (SPOC), denies authorization of, or authorization for reimbursement, for a TPR enrollee's health care services, the contractor shall, on the Explanation of Benefits or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from or filing an appeal with the SPOC (see [paragraph 6.2.](#) below). The SPOC will handle only those issues that involve SPOC denials of authorization or authorization for reimbursement. The contractor will handle allowable charge issues, grievances, etc.

6.2. A TPR enrollee may appeal SPOC denials of authorization or authorization for reimbursement through the SPOC--not through the contractor. If the enrollee disagrees with a denial, the first level of appeal will be through the Service Point of Contact. The enrollee may initiate the appeal by contacting his/her Service Point of Contact or by calling the Military Medical Support Office (MMSO) at 1-888-647-6676. If the SPOC upholds the denial, the SPOC will notify the enrollee of further appeal rights with the appropriate Surgeon General's office.

6.3. If the denial is overturned at any level, the SPOC will notify the contractor and the ADSM.

6.4. The contractor shall forward all written inquiries and correspondence related to SPOC denials of authorization, or authorization for reimbursement to the appropriate SPOC. The contractor shall refer telephonic inquiries related to SPOC denials to 1-888-MHS-MMSO.

7.0. ACTIVE DUTY FAMILY MEMBERS (ADFMS) AND OTHERS

TRICARE-eligible active duty family members (ADFMs) accompanying ADSMs who are enrolled in the TRICARE Prime Remote program may enroll in TRICARE Prime where the contractor has already established adequate networks. If a Prime network has not been established under other contract requirements, the ADFM will receive civilian health care services under the TRICARE Standard Plan (or under TRICARE Extra, where applicable). ADFMs may use HCF services to locate sources of care and obtain information, and they may use the nurse advice line if available in the region.

8.0. TRICARE PRIME REMOTE PROGRAM DIFFERENCES

8.1. ADSMs have no cost-shares, copayments or deductibles.

8.2. If the contractor has not established a network of PCMs in a remote area, a TRICARE Prime Remote designated ADSM will still be enrolled without a PCM assigned. The ADSM without an assigned PCM will be able to use a local TRICARE-authorized provider for primary health care services without SPOC review.

8.3. Point of Service cost-sharing and deductible amounts do not apply to ADSMs enrolled in the TRICARE Prime Remote program. If an ADSM receives primary care without a referral or authorization, the enrolling contractor shall process the claim and make payment if the care meets all other TRICARE requirements (i.e., the care is medically necessary, a benefit of TRICARE Prime, furnished by an authorized/certified provider, etc.). If services do not meet the requirements of TRICARE Prime, the contractor shall supply the claim information to the SPOC for coverage determination. See [Chapter 17, Section 2, paragraph 5.3.2](#) for information on self-referred care.

8.4. TRICARE Prime Remote program claims are not included in the quarterly claims audit, but are included in the measurement of the claims processing standards in [Chapter 1, Section 3](#).

8.5. Annual ADSM re-enrollment is not required.

8.6. If the armed forces determine that an active duty member is eligible for the TRICARE Prime Remote program, enrollment of the member is mandatory, unless there are service-specific issues that merit assignment to a military PCM (see [paragraph 2.4](#)), or if the ADSM elects to waive access standards and enrolls to an MTF (subject to unit commander/supervisor approval).

8.7. There will be no application by the contractor of OHI processing procedures for ADSM TPR claims.

8.8. If third party liability (TPL) is involved in a claim, ADSM claim payment will not be delayed during the development of TPL information from the ADSM.

8.9. Enrollment jurisdiction may be based on the location of the military work unit instead of the ADSM's residence. This is determined by the Services.

8.10. TPR coverage may include health care services not included under the Uniform HMO Benefit ([paragraph 4.0.](#) above).

8.11. Payment may be made for services furnished by providers who are not TRICARE-authorized or certified ([paragraph 4.0.](#) above).

