TRICARE PRIME REMOTE FOR ACTIVE DUTY FAMILY MEMBERS PROGRAM

1.0. INTRODUCTION

The Fiscal Year 2001 National Defense Authorization Act required TRICARE Prime like benefits be extended to certain Active Duty Family Members (ADFMs) who resided with the TRICARE Prime Remote (TPR) Active Duty Service Member (ADSM) sponsor in remote locations in the United States and the District of Columbia. The TRICARE Prime Remote for Active Duty Family Members (TPRADFM) Program was implemented in the fifty United States. It provides health care to family members of active duty service members (ADSMs) of all seven Uniformed Services (Army, Air Force, Navy, Marine Corps, Coast Guard, Public Health Service and National Oceanic and Atmospheric Administration) in the United States and the District of Columbia who meet the eligibility criteria listed in Chapter 17, Section 1. ADFMs who enroll in the TPRADFM Program enjoy benefits comparable to TRICARE Prime enrollees, including access standards, benefit coverage, and cost shares. The TPRADFM Program does not apply to ADFM enrollees in areas outside the 50 United States. Such care and claims shall be processed in accordance with the TRICARE Overseas Program, Policy Manual, Chapter 12. The Military Medical Support Office (MMSO) and the Service Point of Contact (SPOC) are not involved in the referral and authorization process, nor in any other part of the TPRADFM Program.

2.0. ELIGIBILITY

To be eligible for enrollment under the TPRADFM Program, family members of active duty service members of the Uniformed Services, (including eligible members of the federalized National Guard/Reserves on orders for 179 consecutive days or more), must meet the following eligibility requirements:

2.1. The ADSM sponsor is eligible for, or enrolled in TPR and the ADFM resides with the ADSM in a TRICARE Prime Remote area or,

2.2. The ADSM is enrolled to a small government clinic, troop medical clinic, or other facility not capable of primary care management functions. These clinics have been designated by the Services and are located in certain TPR zip codes. These clinics allow active duty enrollment only, and are identified by Defense Medical Information System Identification Codes (DMIS-IDs). A list of applicable DMIS-IDs for the region will be provided to the MCS contractor by the Regional Director. The ADFM must reside with the ADSM member enrolled in a DMIS-ID Clinic in a TPR area.

3.0. BENEFITS

ADFMs enrolled in the TPRADFM Program are eligible for the Uniform HMO Benefit, even in areas without contractor networks.

4.0. NETWORK DEVELOPMENT

The TPRADFM program has no additional network development requirements, except where contractually required or deemed economically feasible. ADFMs enrolled in TPRADFM shall be assigned, or be allowed to select, a primary care manager when available through the TRICARE civilian provider network. The PCM shall be an individual physician, a group practice, a clinic, a treatment site or other designation. If a network provider is not available to serve as a primary care provider, the TPRADFM enrollee may utilize any local TRICARE participating or authorized provider for primary care services. Enrolled ADFMs are required to use network providers where available within TRICARE access standards (30 minutes for primary care, 60 minutes for specialty care). If a network provider cannot be identified within the access standards established under TRICARE, the enrolled family member shall use a TRICARE authorized provider. Contractors shall assist ADFMs in finding a TRICARE network or authorized provider within the TRICARE Prime drive time access standards of one hour for specialty care. The beneficiary may be eligible for the Prime travel benefit when referred more than 100 miles for specialty care. If the contractor has not established a network of Primary Care Managers (PCMs) in a remote area, a TPR designated ADFM will be enrolled without a PCM assigned. A generic PCM code will be used for TPRADFM enrollees without assigned PCMs. The ADFM without an assigned PCM will be able to use a local TRICARE participating or authorized provider for primary health care services without preauthorization. If a TPRADFM questions whether a service is covered as primary care, they may contact the HCF for assistance.

5.0. UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP) (FORMERLY UNIFORMED SERVICES TREATMENT FACILITIES [USTFs])

If a USFHP is available to ADFMs in a TPR area, the ADFMs have the choice of enrolling in the USFHP, enrolling in TPRADFM, or to remaining in TRICARE Standard. ADFMs choosing to enroll in USFHP will be unable to access care through MTFs or the TRICARE system.

6.0. REFERRALS/AUTHORIZATIONS

6.1. TPRADFM enrolled family members shall have access to their primary care provider without pre-authorization. Referrals to specialists require a pre-authorization by the MCSC HCF for medical appropriateness and necessity. If the ADFM has a PCM, the PCM shall follow the contractor's referral procedures and contact the health care finder for an authorization. In cases where the ADFM is not enrolled to a PCM, the ADFM, or the ADFM's parent or guardian is responsible for directly contacting the contractor to obtain authorization. The ADFM should obtain a referral request from their primary care provider which the ADFM would forward to the HCF.

6.2. TPRADFM enrollees are required to obtain a referral/authorization and use TRICARE network providers for specialty care where available within TRICARE access standards or pay the POS deductible and cost share unless an appropriate out-of-network referral/preauthorization is obtained as required under TRICARE Prime.

7.0. PROVIDER EDUCATION

Contractors shall familiarize network providers and, when appropriate, other providers with the TPRADFM Program. The contractor shall propose an educational plan to the Regional Director outlining how providers will become familiar with the TPRADFM Program. The contractor shall provide separate and distinct information to PCMs about the requirements and the special procedures for handling care for TPRADFMs (e.g., specialty care authorization requirements, balance billing limitations, etc.). On an ongoing basis, contractors shall include information on TPRADFM specialty care procedures, benefits, or requirements in routine information and educational programs.

8.0. BENEFICIARY EDUCATION

8.1. The Marketing and Education Contractor in conjunction with the Regional Director will develop the following educational materials for TPR.

- Enrollee Brochure
- TPR Handbook
- Benefits Outline
- Fact Sheet
- Briefing
- Web Page

8.2. The MCS contractor shall distribute the supplied educational materials, and is responsible for postage, envelopes, and mailing costs for distributing educational materials. The contractor shall give ADFMs the option of participating in health promotion and wellness programs offered in the MTF and Prime program locations established by the contractor. The contractor shall design and conduct, with Regional Director approval, TPRADFM Program briefings. The contractor shall include TPRADFM Program information and updates as part of all TRICARE briefings. Ongoing briefings will be on an "as needed" basis and will be coordinated with the Regional Director.

9.0. MARKETING

Marketing will be a joint effort with the Marketing and Education contractor developing the materials and the MCS contractor conducting briefings and delivery. Enrollment in the TPRADFM Program is optional for ADFMs who qualify for the program; therefore, a contractor shall limit marketing activities for TPRADFM enrollees to distributing the materials provided or approved by the Government.

10.0. ENROLLMENT

10.1. When the contractor receives an enrollment application from an ADFM for the TPRADFM Program, the contractor shall ensure the ADSM sponsor is eligible for, or enrolled in the TPR program or a DMIS-ID clinic located in TPR designated zip codes. If an ADFM enrollment application is received and the ADSM sponsor is either not eligible for TPR, or not enrolled in TPR or a TPR DMIS-ID clinic, the application shall be returned to the sender with a notice that the ADFM is not eligible for TPRADFM and the reason(s) why enrollment was denied.

10.2. Enrollment in the TPRADFM Program is optional for ADFMs. However, ADFMs must enroll in the TPRADFM Program to receive the TPRADFM benefit. ADFMs who elect not to enroll in TPRADFM may use the TRICARE Standard benefit, or enroll in TRICARE Prime where available, with access standards waived. TPRADFM beneficiaries who elect not to enroll in TPRADFM, and instead receive benefits under the TRICARE Standard and Extra programs must pay the associated TRICARE Standard and Extra cost-shares and deductibles.

10.3. An enrollment application (supplied by the contractor) must be completed and signed by either the ADFM or the ADSM sponsor for each family member enrolling in the TPRADFM Program. The completed and signed application will be submitted to the contractor. The effective date for TPRADFM Program enrollment is the first day of the following month, if the application is received by the 20th of the month, or the first day of the second month, if the application is received after the 20th of the month.

10.4. The residence address ZIP Code of the TPR eligible or enrolled ADSMs must match with the ADFMs. If the ZIP codes match, the contractor shall deem the ADFM as eligible for the TPRADFM Program and enroll the ADFM in the program. If the residence address ZIP Codes of the TPR ADSMs and their ADFMs do not match, the ADFMs shall be advised by letter that they are not eligible for enrollment in the TPRADFM Program but they remain eligible for TRICARE Standard, Extra, or Prime as appropriate.

10.5. Enrollments or disenrollments will occur upon change of duty location out of the remote area, transfer into a MTF/clinic catchment area, retirement, or separation from the Service. The ADFM or ADSM is responsible for notifying the contractor when an enrollment transfer is needed. The contractor shall follow enrollment portability and transfer procedures in Chapter 6, Section 2.

10.6. The contractor shall enroll the ADFM in the DEERS Online Enrollment System (DOES) and enter the TPRADFMs enrollment status into DOES. The contractor shall use the DMIS-ID code(s) designated by the Regional Director for that region to enroll ADFMs into the TPRADFM Program (see the TRICARE Systems Manual). If the contractor has not established a network of Primary Care Managers (PCMs) in a remote area, a TPR designated ADFM will be enrolled without a PCM assigned. A generic PCM code shall be used for TPRADFM enrollees without assigned PCMs. The ADFM without an assigned PCM will be able to use a local TRICARE participating or authorized provider for primary health care services without preauthorization.

10.7. The contractor shall provide TPRADFM Program enrollment information in the formats indicated in Chapter 15, Section 2, paragraph 3.0. and Chapter 15, Section 5, paragraph 4.0.

11.0. PCM ASSIGNMENT

At the time of enrollment, an ADFM will select (or will be assigned) a PCM within the access standard. The MCSC shall advise the ADFM of the availability of PCMs. If a PCM is not available, the ADFM shall be enrolled to TPRADFM without an identified PCM. An ADFM without an assigned PCM may use any TRICARE-authorized provider for primary care.

12.0. SUPPORT SERVICES

12.1. Inquiries

The contractor shall designate a point of contact for Government (Regional Director, TMA, and Military Service) inquiries related to the TPRADFM Program. The contractor may establish a dedicated unit for responding to inquiries about the TPRADFM Program, or may augment existing TPR service units already serving the ADSMs enrolled in TPR. The correspondence requirements and standards in Chapter 1, Sections 3, apply to TPRADFM written inquiries.

12.2. Toll-Free Telephone Service

The contractor shall provide a dedicated toll-free telephone line for TPRADFM Program beneficiary inquiries.

13.0. CLAIMS PROCESSING

The regional contractor where the TPRADFM is enrolled shall process all claims for that enrollee, including overseas claims for traveling enrollees. POS claims processing provisions do apply. The contractor shall provide TPRADFM Program claims information in the format for the Monthly Workload Reports and the Monthly Cycle Time Aging reports (Chapter 15, Section 4).

14.0. CLAIM REIMBURSEMENT

14.1. The TPR for ADSM provisions for payment to providers who are not TRICARE-authorized or certified does not apply to the TPRADFM Program and such payments shall not be made unless such payments are allowed under the payment provisions for unauthorized providers contained in the TRICARE Policy Manual.

14.2. For network providers, the contractor shall pay TPRADFM medical claims at the negotiated rate. For participating providers the contractor shall pay up to the CHAMPUS Maximum Allowable Charge (CMAC), or billed charges, whichever is less. Contractors shall follow the requirements in Chapter 8, Section 5 and the TRICARE Reimbursement Manual, Chapter 5, Section 1, for claims for TPRADFM enrollees receiving care from non-participating providers.

14.3. If a non-participating provider requires a TPRADFM enrollee to make an "up front" payment for health care services, in order for the enrollee to be reimbursed, the enrollee must submit a claim to the contractor with proof of payment and an explanation of the circumstances.

14.4. If the contractor becomes aware that a civilian provider is "balance billing" a TPRADFM enrollee or has initiated collection action for emergency or authorized care, the contractor shall notify the provider that balance billing is prohibited.

14.5. If CMAC rates have been waived for TPR ADSM enrollees under Chapter 17, Section 4, paragraph 3.5., the TPRADFM enrollee shall not be extended the same waived CMAC

rates. If required services are not available from a network or participating provider within the medically appropriate time frame, the contractor shall arrange for care with a non-participating provider subject to the normal reimbursement rules. The contractor shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate within 100% of the CMAC limitation. If this is not feasible, the contractor shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate between 100% and 115% of CMAC. By law the contractor shall not negotiate a rate higher than 115% of CMAC for TPRADFM care rendered by a non-participating provider. The contractor shall ensure that the approved payment is annotated in the authorization/claims processing system.

15.0. APPEALS PROCESS

TPRADFM enrollees may appeal denials of authorization or reimbursement through the contractor in accordance with Chapter 13. If the contractor denies authorization or reimbursement for a TPRADFM enrollee's health care services, the contractor shall, on the Explanation of Benefits (EOB) or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from, or filing an appeal with, the contractor.

16.0. TRICARE ENCOUNTER DATA SUBMITTAL

The contractor shall report the TPRADFM Program claims under the financially underwritten provisions of the MCS contract.

17.0. AUDITS AND INSPECTION OF THE CONTRACTOR'S RECORDS

The contractor shall maintain a formal accounting system for all expenses and disbursements which meets the requirements of the Cost Accounting Standards Board. A complete record of all financial transactions shall be maintained for audit purposes.