TRANSITIONS

1.0. GENERAL

The requirements of Chapter 1, Section 8 apply equally under the TDEFIC contract.

2.0. TDEFIC CONTRACT PHASE-IN

2.1. Interface Meetings

Within 30 calendar days from contract award, the incoming contractor shall arrange meetings with Government and external agencies to establish all systems interfaces necessary to meet the requirements of this contract, including, but not limited to the MHS Referrals and Authorization System, Defense Eligibility Enrollment System, Medicare Carriers, HMS Information Assurance Certification and Accreditation Team, Outgoing Managed Care Support Contractor and its subcontractor(s) for claims processing, PBMs, MMSO, CHCS, TMA, and the Marketing & Education Contractor. TMA representatives shall be included in these meetings and all plans developed shall be submitted to the TMA CO and the COR within 10 calendar days after the meeting.

2.2. Medicare Crossover Claims

No later than 60 calendar days prior to the start of claims processing, the incoming contractor shall have established contracts with all appropriate Medicare Carriers and Fiscal Intermediaries for receipt of TRICARE crossover claims for all dual eligible beneficiaries for implementation when the outgoing contractor terminates claims processing. No later than 30 days prior to the start of claims processing, the incoming contractor shall demonstrate to TMA successful receipt and testing of electronic claims batches from each Medicare carrier and Fiscal Intermediary and accurate processing of dual eligible claims.

3.0. BENCHMARK TESTING

3.1. General

3.1.1. As with the Managed Care Support contracts, prior to the start of claims processing, the incoming contractor must demonstrate the ability of its staff and its automated claims processing systems to accurately process TDEFIC claims in accordance with current requirements, including receipt and processing of both beneficiary submitted claims and electronically submitted Medicare cross-over claims. This will be accomplished through a comprehensive Benchmark Test. The Benchmark Test is administered by TMA.

3.1.2. A benchmark may consist of up to 1,000 beneficiary submitted and Medicare crossover claims, testing a multitude of claim conditions. This benchmark may require up to 17 consecutive calendar days at the contractor's site, as described in Chapter 1, Section 8.