

INTRODUCTION

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I. GENERAL

The TRICARE Overseas Program (TOP) is the Department of Defense's managed health care program Outside the Continental United States (OCONUS) authorized under [32 CFR 199.17](#). TOP blends many of the features of the Department of Defense stateside TRICARE Program while also allowing for the significant cultural differences unique to foreign countries and their health care practices. Cultural differences may apply to things like location of care (provider comes to a patient's home), or the way in which the care is provided, i.e., things commonly done by a provider class stateside may be performed by a physician assistant or physician overseas depending on the country. This doesn't imply that we will accept a different standard of care other than U.S. standards; however, if charges for services are handled under an otherwise covered benefit, those services may be covered and payable under TRICARE.

A key feature of the TRICARE Overseas Program is the creation outside of the United States of three overseas regions identified as TRICARE Europe, TRICARE Pacific and TRICARE Latin America and Canada, including the Caribbean Basin (see [Chapter 12, Section 12.2, Figure 12-12.2-6](#) for a list of countries by region). Also, each overseas Regional Director has designated specific overseas locations as remote and has further established TOP Regional Director region specific policies/procedures for accessing care in designated remote locations (see [Figure 12-12.2-4](#) and [Figure 12-12.2-5](#) for a list of TOP designated remote locations). For TRICARE Europe, TRICARE Pacific and TRICARE Latin America and Canada, including the Caribbean Basin Regions, remote is defined by the enrollment of the beneficiary in the overseas region to a remote DMIS ID with care being rendered in a remote location by a designated remote site provider. Care in remote site shall be managed by the Regional Director, or designee. Information on accessing care in overseas designated remote locations may be obtained by contacting the appropriate TOP Regional Director.

There is no TRICARE Management Activity Managed Support Care Contractor (MCS) for the TOP. The Regional Directors working with Military Treatment Facilities (MTFs) within the overseas region is responsible for organizing and managing health care delivery for all TRICARE and the Military Health System beneficiaries in their region of responsibility. The Regional Directors have the authority to seek contract support for services necessary to satisfy TOP related requirements within their jurisdiction except for claims payment and processing responsibilities. The Regional Directors may contract directly for support services or include this requirement in existing TMA Managed Care Contracts.

II. TRICARE OVERSEAS PROGRAM (TOP) MANAGEMENT RESPONSIBILITIES

Regional Directors or their designees are responsible for planning and delivering services to meet the health needs of their area of responsibility whether through the available MTFs or a contractor. The Regional Director is expected to provide an Administrative Contracting Officer (ACO) and/or an Alternate Contracting Officers Representative (ACOR) to monitor and assist in the administration of the TOP Program contract issues. The Regional Directors or designees are responsible for TOP enrollment, TOP utilization management, TOP beneficiary/host nation provider support/education, TOP marketing and TOP host nation provider certification/recertification, development of a TOP Preferred Provider Network, designation/termination of host nation providers to the TOP Preferred Provider Network, and ongoing oversight and management of the Overseas Partnership Program (see [Chapter 12, Section 4.2](#)). The Regional Directors or their designees will serve as a primary contact/facilitator to the MCS contractor for issues relating to their areas of responsibility. Each overseas Regional Director Office will offer the typical services offered by a stateside MCS contractor TRICARE Service Center. The Regional Directors or their designees are expected to provide ongoing oversight and administration of those tasks for which they are responsible. The Regional Directors or their designees for the TOP will be nominated by overseas Regional Directors and approved by the Assistant Secretary of Defense, Health Affairs (ASD(HA)). TOP Regional Directors Offices will not always be physically located within the same region MCS contractor responsible for processing TOP claims and may be co-located within a stateside Regional Director Office.

The Regional Directors in coordination with MTF Commanders, are responsible for managing the health care delivery plan for all active duty personnel and TRICARE enrollees who are under the TOP, as well as for providing care to other Military Health Services System beneficiaries who are eligible for care in MTFs. The MTF Commanders will work directly with the Regional Directors or Regional Directors designee on network development, Partnership Program, local and other initiatives, such as overseas remote healthcare.

Managed Care Contractor is responsible for the receipt and processing of TOP claims.

The stateside Managed Care Contractor is responsible for the processing of overseas claims for beneficiaries enrolled or residing in their stateside MCS contractor regions but are traveling overseas and receive health care services in a foreign country. Additionally, every stateside regional MCS contractor shall offer traveling TOP beneficiaries use of existing toll free Health Care Finders numbers/services to locate a stateside TRICARE network provider (see [Chapter 12, Section 11.1](#) for additional information).

Administrative Personnel - The Procurement Contracting Officer (PCO) and the Contracting Officer's Representative (COR) are TRICARE Management Activity (TMA) personnel whose job it is to oversee the functions of any overseas support services/health care contract, with emphasis on claims processing, and to coordinate contract oversight and administration among Regional Directors ACOs or ACORs. The Procurement Contracting Office is the sole authority for directing the MCS contractor or modifying the provisions of the contract (some of this authority may be delegated to the ACO at the Regional Director).

ASD(HA) - Overall policy for the TOP is established by the Assistant Secretary of Defense for Health Affairs. ASD(HA) policy for TOP is that implementation of all aspects of TOP will

be in phases. Phased in implementation is necessary to ensure allowance for cultural differences unique to foreign countries and their health care practices.

III. DUAL OPTION BENEFIT PACKAGE

TOP offers TRICARE eligible beneficiaries two health care options:

A. TOP Prime Plan is similar to TRICARE Prime but allows for cultural differences unique to foreign countries and their health care practices and allows for latitude in development/management of the delivery of health care. TOP Prime enrollees are not required to pay an enrollment fee.

B. TOP Standard is identical to TRICARE Standard, the TRICARE fee-for-service program. The benefits and cost-shares are unchanged from TRICARE Standard with the exception of allowing for cultural differences in host nation practices.

IV. OTHER BENEFITS

TOP TRICARE For Life is available overseas as long as the beneficiary is Medicare eligible and enrolled in Part B. The difference overseas is TRICARE/TOP is first payor and the beneficiary is responsible for a 25% cost-share.

TOP TRICARE Plus is an enrollment option for persons who are eligible for care in the MTF. If available at participating overseas MTFs, beneficiaries may be enrolled with a primary care provider at an overseas MTF. TOP TRICARE Plus enrollees are to receive primary care appointments within the TRICARE Prime access Standards.

V. GEOGRAPHIC AVAILABILITY

The TOP is effective in all geographic areas and territorial waters outside the United States. Healthcare services provided to TRICARE beneficiaries on a commercial ship are considered overseas services and shall be processed by the MCS contractor. This does not include healthcare for enrolled active duty service member to a ship or at home port.

VI. ELIGIBILITY FOR TOP

Eligibility for the TOP is identical to TRICARE with the exception that family members of ADSM of the armed forces of foreign NATO nations are not eligible for the TOP. (Refer to [32 CFR 199.2](#) for categories of TOP/TRICARE eligibles.)

VII. TOP PRIME ENROLLMENT

A. TOP Prime Enrollment. Eligibility for enrollment into TOP Prime is not available to TRICARE eligible retirees or their family members, or active duty family members living overseas not accompanied by sponsor.

B. TOP Remote Enrollment. Eligibility for enrollment in TOP Remote includes, ADSM of the Army, Navy, Marine Corps, Air Force, Coast Guard, National Guard and National Oceanic and Atmospheric Administration (NOAA), to include, active duty family members

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(ADFM) who accompany their sponsor to the overseas location, identified by the Services as assigned to remote locations in TOP (see [Figure 12-12.2-4](#) and [Figure 12-12.2-5](#) for a list of TOP designated remote locations).

NOTE: The TOP Remote Program is not fully developed in all TOP regions. Overseas locations. Additional locations may be added.

VIII. TOP STANDARD

Eligibility includes retirees and their dependents, active duty family members living overseas not accompanied by sponsors living overseas, or active duty family members eligible for TOP Prime but who choose not to enroll in TOP Prime.

For more information on TOP enrollment (see [Chapter 12, Section 3.2](#)).

IX. OTHER TOP BENEFITS

The TOP benefit package includes a limited mail service pharmacy program, but no retail pharmacy network, except in Puerto Rico and the Virgin Islands. The retail network pharmacy services in Puerto Rico and the Virgin Islands may not be used by ADSM. The National Mail Order Pharmacy may be used if the TOP beneficiary has an APO or FPO address or a state department mailpouch for pharmacy. Additionally, ADSM or ADFM assigned to Overseas U.S. Embassies/State Departments may also use the National Mail Order Pharmacy.

X. ADMINISTRATIVE AND EFFECTIVE DATES

Definitions of administrative and effective dates related to TOP policy or program changes are identical to TRICARE and may be located in this manual in the INTRODUCTION section.

XI. TOP BENEFIT POLICY (Chapter 12, [Sections 2.1](#) and [2.2](#))

TOP benefit policy applies to the scope of services and items which may be considered for coverage by TRICARE within the intent of [32 CFR 199.4](#) and [199.5](#) in addition to allowing for the significant cultural differences unique to foreign countries and their health care practices/services when the procedure is determined to be "appropriate medical care" and is "medically or psychologically necessary" and is not unproven as defined in 32 CFR 199, and the TRICARE Policy Manual does not explicitly exclude or limit coverage of the service or supply. While appropriate medical care references the norm for medical practice in the U.S. the TOP gives consideration to the significant culture difference unique to foreign countries.

XII. TOP PROGRAM POLICY (Chapter 12, [Sections 2.3 - 12.2](#))

TOP Program policy applies to beneficiary eligibility, provider eligibility, claims adjudication, claims payment and quality assurance. TOP Program policy implementation instructions are found in the TRICARE Operations Manual and TRICARE Systems Manual and shall be used by the MCS contractor and overseas Regional Directors, to the extent possible, unless otherwise specifically stated in this chapter or in the appropriate MCS

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contract.

The TOP policy provides the methodology for paying/allowing TOP services and items rendered by host nation authorized providers. These methods allow the MCS contractor to approve and pay for specific examples of overseas services or items which are not explicitly addressed in the TRICARE manuals.

Refer to [Chapter 12, Section 11.1](#) for TOP claims payment and processing procedures.

Refer to the TRICARE Operations Manual, [Appendix A](#) for a list of Acronyms and Definitions used in this chapter.

XIII.EFFECTIVE DATE October 1, 1996.

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