

REGIONAL DIRECTOR REQUIREMENTS

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I. BACKGROUND

A major goal of TRICARE Overseas Program (TOP) is to establish a uniform benefit program for all TOP beneficiaries to the greatest extent possible. Because local conditions vary, TOP Regional Directors or their designees have the authority and responsibility to tailor some aspects of the TOP as defined below, to the requirements of the specific TOP region as discussed below.

II. POLICY

In support of the TOP, 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. Additionally, the Regional Directors or their designees are responsible for:

A. Educating the TOP eligible beneficiaries on the specific requirements/benefits of the TOP.

B. Enrollment/Disenrollment/Portability of TOP Prime eligible beneficiaries.

C. Development of a TRICARE Overseas host nation Provider Network and ongoing certification/recertification of host nation provider.

D. Assisting in educating/assisting host nation providers to understand the specific coverage/billing requirements of TOP.

E. Execution/Maintenance of Partnership Agreements and Business Case Analysis to ensure consistency with Regional Health Plans.

F. Timely notification to the Managed Care Support Contractor (MCS) in writing of a host nation provider designation/termination to the TRICARE Overseas host nation Preferred Provider Network.

G. Maintenance of TRICARE Overseas host nation Preferred Provider Network Agreements.

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H. Timely submission every 30 days of a host nation Network Provider Status Activity Report for the previous 60 days to the MCS contractor responsible for TRICARE Overseas claims.

I. Serving as the primary point of contact to the MCS contractor for TOP enrollment, network, and utilization management issues.

J. Serving as a facilitator to the MCS contractor/beneficiary/host nation provider Point of Contact (POC) when necessary on specific MCS contractor/beneficiary/host nation provider POC issues.

K. Development, dissemination and updating of TOP marketing materials.

L. Authorizing authority for claims payment under the TOP Point of Service Option.

M. Ensuring the establishment of, oversight of, and support for if/when necessary of TRICARE Overseas Service Centers and Health Care Finders Activities.

N. TOP Utilization and Quality Management. To the extent possible, the TOP Regional Directors should use the UM/QM criteria and review requirements in the TRICARE Operations Manual, [Chapter 7](#) to enhance utilization management and quality of health services provided to all MHS eligible beneficiaries, including Medicare beneficiaries, within foreign countries.

O. Referral of possible fraudulent or abuse practices by a TOP beneficiary/host nation provider to the TMA, Chief, Program Integrity Branch.

P. Education and oversight of TMA designated POC's, HBA's, and MTF personnel on TRICARE and TOP. The Regional Director may serve in the POC designation process by screening Military Command POC nominations prior to requesting designation from TMA. Such screening processes should be developed between the TOP Regional Director and the Military Commands in the Regional Director areas of responsibilities. Regional Directors choosing to develop a POC screening process must identify the Regional Director POC to TMA, Chief, Claims Operations Office to ensure proper POC designation in their region (see [Chapter 12, Section 12.1](#) for additional information on POCs).

Q. Appointing a Debt Collection Action Officer for debt collection actions against beneficiaries under TOP as outlined in the TRICARE Operations Manual, [Chapter 12, Section 10](#), to include publicizing and education of TOP Military Personnel Offices, beneficiaries, host nation providers and TOP MTFs, on the DCAO Program.

R. Appointing a Beneficiary Counseling and Assistance Coordinator working with the overseas MTF commanders to develop coordination procedures, via MOUs, to ensure balance workloads, establish priorities for needed network development, determine PCM assignment location for enrollees, liaison activities, contingencies for mobilization, etc., outlined in the TRICARE Operations Manual, [Chapter 16](#), as applicable to overseas requirements.

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S. Providing for the Beneficiary, Congressional and Health Benefit advisor relations requirements as outlined in TRICARE Operations Manual, [Chapter 12, Section 4](#).

T. Utilizing TMA Beneficiary and Provider Services department to assist in resolving Priority benefits/claims issues.

U. Working with the overseas MTF commanders to develop coordination procedures, via MOUs, to ensure balance workloads, establish priorities for needed network development, determine PCM assignment location for enrollees, liaison activities, contingencies for mobilization, etc., outlined in the TRICARE Operations Manual, [Chapter 16](#), as applicable to overseas requirements.

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