

FOREIGN CLAIMS FOR DATES OF SERVICE ON OR AFTER OCTOBER 1, 1997

ISSUE DATE: October 15, 1999

AUTHORITY: [32 CFR 199.1\(b\)\(1\)](#)

I. GENERAL

A. The TRICARE Overseas Program (TOP) is designed to assist TOP eligible beneficiaries in obtaining quality health care. This program is modeled after the TRICARE stateside program while still allowing for the cultural differences unique to foreign countries and their health care systems. The TOP offers **the following** benefit plans: TRICARE Overseas Prime, TRICARE Overseas Standard, and TRICARE for Life (TFL) as outlined in [Chapter 12, Section 1.1](#). **Additionally, TRICARE Plus is offered at Military Treatment Facilities as determined by the Services.** Enrollment of TOP eligible beneficiaries in TOP Prime and development of a TRICARE Overseas Preferred Provider Network will be the responsibility of the designated **Overseas Area Director** for the **overseas** region, (i.e., TRICARE Europe, TRICARE Pacific, TRICARE Latin America and Canada). TRICARE Overseas **Area Directors** will, to the extent possible, develop marketing, educational, enrollment procedures, including enrollment portability procedures, similar to those outlined in OPM, [Chapter 6](#).

B. The contractor must maximize the use of the Operations Manual as a guide when processing TRICARE claims originating in foreign countries. However, with the exception of Puerto Rico, the provisions for claims processing are not intended to be strictly applied to claims for services received in foreign countries. Claims for Puerto Rico shall be processed according to OPM, [Chapter 8](#). The contractor shall exercise reasonable judgment to accommodate unusual circumstances relevant to the practices and delivery of health services in overseas jurisdictions.

C. **Retail pharmacy claims for Puerto Rico and the Virgin Islands will be processed through the overseas claims processing contractor until the TRICARE Retail Pharmacy contract start work date. Upon award of the TRICARE Retail Pharmacy contract, all Pharmacy claims in Puerto Rico, Virgin Islands and Guam will be processed through MCS Retail Pharmacy contractor. Copays will apply. If a beneficiary in Puerto Rico, Virgin Islands, or Guam utilize a non-network pharmacy, Point of Service (POS) charges in addition to deductibles and cost-shares will apply. Pharmacy claims in the Virgin Islands for emergent/ inpatient services may be submitted to the overseas claims processing contractor by the TRICARE Global Remote Overseas Healthcare Contract (TGROHC). All Pharmacy claims must process through the TRICARE Retail Pharmacy contractor except as noted in this paragraph. For America Samoa (AS) and all other overseas areas, there will no copays for Prime enrollees and these claims will be processed through the overseas claims processing contractor. ADFM not enrolled in overseas areas and AS will have a cost-share of 20 percent**

and retirees and their family members have a cost-share of 25 percent outlined in Chapter 12, Section 2.1, paragraph II.D. These claims will be processed by the overseas claims processing contractor.

D. The TGROHC claims shall be processed following the requirements outlined in this chapter.

E. Unless otherwise stated, the requirements provided in this chapter shall not apply to CONUS Managed Care Support (MCS) Contractor Regions.

F. The TRICARE Prime Remote for Active Duty Family Members (TPRADFM) stateside program (see the OPM, Chapter 20, Section 6) does not apply to ADFM enrollees in areas outside the 50 United States.

G. Reserve demonstration projects may also be applicable to overseas areas and the U.S. Territories, as outlined in the specific guidance for these programs.

II. CONTRACTOR RESPONSIBILITIES

A. Claims Processing Responsibilities

1. See Chapter 12, Section 1.1 for claims processing responsibilities with the exception of claims submitted by the TGROHC.

2. **Out of Jurisdiction Claims.** When the overseas claims processing contractor receives claims not identified as within their claims processing responsibility, with the exception of claims submitted by the TGROHC, the overseas claims processing contractor shall forward such claims to the appropriate TRICARE contractor responsible for processing the claim within 72 hours of identification of the claim as being out-of-jurisdiction. The contractor shall inform the beneficiary/provider of the action taken and provide the address of the contractor to which the claim(s) was/were forwarded using similar language as suggested in OPM, Chapter 8, Addendum A, Figure 8-A-4.

B. General Policies and Procedures for all TRICARE Overseas Claims

The overseas claims processing contractor shall be responsible for establishing and operating a dedicated TRICARE Overseas claims/correspondence processing department with a dedicated staff. Claims for services in foreign countries are to be mailed or faxed (POC Program participants only) directly to the contractor's dedicated TRICARE Overseas claims processing department. This department and staff shall be under the direction of a supervisor, who shall function as the contractor's point of contact for TRICARE Overseas claims and related operational and support services.

1. The overseas claims processing contractor's special department for TRICARE Overseas claims shall include the following functions/requirements:

a. The overseas claims processing contractor shall secure at a minimum one (1) dedicated post office box for the receipt of all claims and correspondence from foreign locations.

b. The **overseas claims processing** contractor shall provide toll-free telephone service to Germany, Italy and England, Monday through Friday from 9:00 a.m. to 5:00 p.m., Central European Time or 2:00 a.m. to 10:00 a.m., Central Standard Time and staff with personnel capable of speaking German. The **overseas claims processing** contractor shall also provide toll-free telephone service to Puerto Rico, Monday through Friday from 9:00 a.m. to 5:00 p.m., Eastern Standard Time, or 8:00 a.m. to 4:00 p.m. Central Standard Time and staff with personnel capable of speaking Spanish.

c. The **overseas claims processing** contractor's TRICARE **overseas claims processing** staff shall have the ability to translate claims submitted in a foreign language or shall have the ability to obtain such translation in writing. **The overseas claims processing contractor shall have the ability to write in German and Spanish.**

d. The **overseas claims processing** contractor shall have a designated TRICARE Overseas Coordinator as primary contact for the **Overseas Area Directors and for the TGROHC. The overseas claims processing contractor shall work with the TGROHC when necessary to resolve issues relative to the submission of TGROHC submitted claims. When the overseas claims processing contractor and the TGROHC are not able to resolve issues, the unresolved issues shall be referred to TMA, Chief, Claims Operations Office.**

2. **The overseas claims processor is responsible for notifying TOP Prime and Standard beneficiaries of denial or preauthorization requirements unless, the beneficiary is a TOP Prime enrollee in remote overseas locations. The overseas claims processing contractor is required to follow the requirements outlined in 32 CFR 199.10 and OPM, Chapter 13 related to the appeals and hearing process except for TGROHC submitted claims. For TGROHC claims, the appeals and hearing process is as follows:**

a. **Pre-Authorization. For beneficiaries enrolled in TOP Prime in remote overseas locations, the TGROHC shall be responsible for providing initial determinations and notifying the beneficiary (ADSM/ADFM) of any denial of services which are non-covered, including appeal rights, in writing.**

b. **Denial of Treatment for ADFM. For beneficiaries enrolled in TOP Prime in remote overseas locations, when treatment is denied by the TGROHC and after their initial denial determination by the TGROHC, the appeals procedures of 32 CFR 199.10 apply for the appealing party.**

c. **Denial of Treatment for ADSM. For beneficiaries enrolled in TOP Prime in remote overseas locations, when treatment is denied by the TGROHC, after their initial determination, the ADSM or their appointed representative may appeal the denial of benefit/treatment to the appropriate Overseas Area Director. The decision of the appropriate Overseas Area Director is the final determination.**

d. **Reconsiderations. The TGROHC initial denial determinations shall be appealed/directed to the overseas claims processing contractor. The overseas claims processing contractor shall perform the reconsideration review.**

e. **Improperly Authorized Treatment. Should the overseas claims processing contractor determine that earlier treatment authorized by the TGROHC was improperly authorized, and the TGROHC wishes to dispute that determination, the matter shall be**

submitted to the appropriate Overseas Area Director for final review. The overseas claims processing contractor shall maintain a log of Overseas Area Director of all overturned disputes.

3. The overseas claims processing contractor shall use the following as guidelines for processing overseas claims:

a. All TRICARE overseas claims relating to drugs, durable medical equipment (DME), may be accepted, reviewed and processed, and paid without the usual requirements for itemization. Payment may be made if the overseas claim or attached information, such as bills, receipts, etc., meets the policy requirements under TRICARE and outlined in this section, and the claims contain the following minimal information:

(1) A valid payable diagnosis. For claims missing a diagnosis, the contractor shall research their history and apply the diagnosis from a related claim prior to returning the claim.

(2) Beneficiary/host nation provider signatures.

(3) Provider name and address.

(4) Service/supply/drug/DME ordered, performed or prescribed, including date service was rendered. The overseas claims processing contractor may use the date the claim form was signed as the specific date of service, if the purchase date/order date is not on the bill. (Also, see paragraph I.B., for further guidance on retail network pharmacy claims.)

(5) Care authorizations for TOP Prime enrollees will not be required for any location listed as a remote overseas location (see Chapter 12, Section 12.3, Figure 12-12.3-7). All overseas MTF areas Defense Medical Information System-Identifications (DMIS-ID) (see Figure 12-12.3-8 for a listing of MTF areas/countries) will require care authorizations for care referred by an MTF before claims will be paid overseas. For all claims delivered stateside for TOP Prime enrollees, no care authorizations will be required. (Also, see Chapter 12, Section 2.1 for additional requirements on care authorizations overseas.)

(6) Itemization of total charges. (Itemization of hospital room rates are not required on institutional claims).

b. The TGROHC shall submit claims on the claim form identified as Figure 12-12.3-11 electronically, except for institutional claims which may be submitted on paper.

4. This can vary by country, but drugs identified as non-prescription (over-the-counter) are to be denied. The overseas claims processing contractor may use the Blue Book as a reference source for processing drug related TRICARE Overseas claims. Other claims for medications prescribed by a host-nation physician, and commonly used in the host-nation country, may be cost-shared. Pharmaceuticals provided under the TGROHC must meet U.S. equivalent or international standards. Medications that are considered over-the-counter by U.S. standards are not authorized for payment. Also, see paragraph I.C. for further guidance on retail network pharmacy claims.

5. Host Nation Provider Requirements.

a. The overseas claims processing contractor shall use the [32 CFR 199.6](#) and the OPM, [Chapter 4](#) as a guideline for the types of host nation providers which may provide service to TOP/TRICARE beneficiaries. The overseas claims processing contractor is not required to follow the requirements outlined in the OPM, [Chapter 5](#).

b. The overseas claims processing contractor is not required to certify host nation providers unless directed by TMA, Chief, Claims Operations Office. However, if requested by the Overseas Area Director the overseas claims processing contractor shall provide their file copies of provider licenses to the Overseas Area Director. Should the overseas claims processing contractor be directed by TMA to require certification of host nation providers from overseas countries, the overseas claims processing contractor shall follow the requirements outlined in [32 CFR 199.6](#) and the OPM, [Chapter 4](#) and/or by contract to identify types of providers which are eligible to be authorized under TRICARE and shall be required to follow a similar process identified below for provider certification.

c. The TGROHC is responsible for performing on-site verification and provider certification in the Philippines. The overseas claims processing contractor is required to only consider providers certified/confirmed by the TGROHC in the Philippines as TRICARE TOP authorized providers, no other providers shall be considered an authorized provider. The overseas claims processing contractor shall forward the Philippines host nation provider information for the providers who are not TGROHC certified/confirmed to the TGROHC for action. If the TGROHC certification action is not completed within 35 days, the overseas claims processing contractor shall deny claims based on lack of provider certification. The TGROHC is required to send a spreadsheet with the results of certification requests (approved/non-approved) to the overseas claims processing contractor, including copies of current licenses/credentials, the host nation providers name and business/billing address and date of certification or denial (see [Figure 12-12.3-9](#) for the form that shall be used by the overseas claims processing contractor and the TGROHC for obtaining necessary certification).

d. For the Philippine certification process, the TGROHC shall provide electronically to the overseas claims processing contractor and the appropriate Overseas Area Director, a current file of the certified Philippines providers. Upon receipt of the files, the overseas claims processing contractor is required to ensure these providers are designated on their provider file as certified/authorized overseas host nation providers and shall assign each provider a unique number following current contract requirements and shall provide that number to the TGROHC and the appropriate Overseas Area Director. For those certified non-network Philippine providers, the overseas claims processing contractor shall also assign these providers a separate unique provider ID number following current contract requirements. Upon receipt of the TGROHC newly certified/authorized Philippine host nation provider file update, the overseas claims processing contractor shall provide the assigned provider number(s) to the TGROHC and the appropriate Overseas Area Director by the next business day of receipt.

e. Updates and reconciliations of Philippine providers to be certified or disapproved shall be provided by the TGROHC to the overseas claims processing contractor, with copies to the Chief, Claims Operations Office and the appropriate Overseas Area Director. The TGROHC shall submit separate reports for network and non-network

providers. For new non-network providers, the TGROHC shall submit a cumulative report in an Excel format which includes those providers which are approved or denied, including copies of current licenses/credentials and the providers name, business address, including telephone and fax numbers, if available, date of certification/denial, and provider specialty if available. This report shall be submitted weekly. For network providers, the TGROHC shall follow the process for reporting outlined in [paragraph II.B.1.](#) below, for remote area providers.

f. The overseas claims processing contractor and the TGROHC shall use the following guidelines for prioritizing certification of Philippine providers as follows:

(1) Reviewing new providers.

(2) Reviewing the overseas claims processing contractor current provider files.

(3) Reviewing non-certified providers on claims which have been denied by the overseas claims processing contractor and the beneficiary/provider has followed-up on why the claim was denied.

(4) Reviewing non-certified providers on claims which have been denied by the overseas claims processing contractor and the beneficiary/provider has NOT followed-up on why the claim was denied.

(5) To assist in identifying the above Philippine provider certification priorities. The overseas claims processing contractor is required to send to the TGROHC provider certification requests as outlined above. New provider requests will be sent by the overseas claims processing contractor to the TGROHC and the Overseas Area Director two (2) times per week on each Monday and Wednesday. If these days fall on a national holiday the reports will be provided the next day.

(6) Recertification of Philippine providers shall be performed by the TGROHC every three (3) years and shall follow the above process. TMA shall, as necessary, require the TGROHC and the overseas claims processing contractor to add additional overseas countries for host-nation provider certification. Upon direction by the Government, the overseas claims processing contractor and the TGROHC shall follow the process above outlined for the Philippines to include prioritization of certification of new country providers.

(7) The overseas claims processing contractor shall deny claims submitted from non-certified or non-confirmed host nation providers from the Philippines, advising the beneficiary/provider to contact the TGROHC for procedures on becoming certified. Upon TOP Overseas Area Director request, the overseas claims processing contractor shall provide copies of licensure/certification information for host nation providers, when available, from the overseas claims processing contractor provider files.

6. For use in processing TGROHC submitted claims, the overseas MCS contractor shall be provided electronic provider files of designated remote overseas providers, including network provider and participating provider information by the TGROHC. Upon receipt of the files, the overseas claims processing contractor is required to ensure these

providers are designated authorized overseas host nation providers and/or as remote site designated authorized providers and shall assign each provider a number following current contract requirements and provide that number to the TMA designated POC. A separate provider number will be assigned for those certified providers not in the remote site provider network. The overseas claims processing contractor shall be provided by the TMA designated POC updates of remote site electronic provider file as needed with a replacement provider file on a quarterly basis. These file updates shall arrive no later than the 15th of every month. Upon receipt of a new provider file update the overseas claims processing contractor shall provide the assigned provider number to the TMA designated contractor by the next business day of receipt.

7. The overseas claims processing contractor shall no longer assume that all overseas foreign providers are in the TRICARE Overseas Preferred Provider Network. The Overseas Area Director must provide the contractor with written notification which designates provider/countries as a TOP Preferred Network provider. A sample Designation Notification Letter is at Figure 12-12.3-2. This letter will be used by the Overseas Area Director to designate/non-designate providers to the TRICARE Overseas Preferred Provider Network. The overseas claims processing contractor may accept signed Overseas Area Director designation letters when designation/nondesignation is made either by country, inclusive of all providers or by individual provider. Upon receipt of a Overseas Area Director signed designation letter, the overseas claims processing contractor shall update their provider file accordingly and retain a copy of the letter in their provider file. The overseas claims processing contractor is not required to maintain copies of the TRICARE Overseas Preferred Provider Network agreements. The overseas claims processing contractor will be provided a monthly Network Progress Report by Overseas Area Director for reconciliation of provider network status (activity for the previous 60 days). The overseas claims processing contractor shall use the date on the Overseas Area Director Designation Letter as the effective begin/end date of network designation unless otherwise designated. If left blank by the Overseas Area Director, the contractor shall develop for the date. Development for a date or other missing information may be telephonic with subsequent file documentation.

8. The overseas claims processing contractor is required to assign provider numbers to host nation providers, identify providers as network or non-network, create and submit Health Care Provider Records (HCPRs) for all overseas claims, including the TGROHC providers.

9. Requests for additional information required to process overseas claims to completion shall be forwarded to the beneficiary/provider by the most expeditious method available. If the requests for additional information are not received at the contractor's request within 35 days, the claims shall be denied. TGROHC shall be submitted electronically.

10. Effective September 1, 2003, the overseas claims processing contractor shall process the TGROHC claims for services rendered on or after October 1, 2002 following the guidelines outlined under the global remote contract.

11. Effective September 1, 2003, the overseas claims processing contractor shall process the TGROHC TRICARE Pacific ADFM adjustments for services rendered prior to October 1, 2002 following previous overseas processing guidelines. TRICARE Pacific ADFM

claims for dates of services prior to October 1, 2002 which may have not been submitted timely and which have been granted a waiver, shall also be processed following previous overseas processing guidelines.

12. Effective **October 1, 2003**, the overseas claims processing contractor shall process the TGROHC Navy/Marine Corps claims **with a date of service of October 1, 2003 or later**.

13. Effective October 16, 2003, the overseas claims processing contractor is required to receive TGROHC electronic claims submitted in an X12 HIPAA compliant format. The overseas claims processing contractor is responsible for entering into a trading partner agreement with the TGROHC. The agreement shall include the companion document for submission of claims in the X12 format. Copies of the companion document and any updates shall be provided to the TMA-W Chief, Claims Operations Office.

14. Electronic claims not accepted by the overseas claims processor's Electronic Data Information system/program (EDI) shall be rejected. Upon rejection by the overseas claims processing contractor EDI system/program, the overseas claims processing contractor shall advise the TGROHC of the missing information needed for acceptance of the TGROHC electronic claim by the overseas claims processor's EDI system.

15. Upon completion of claims review and processing, a TRICARE Explanation of Benefits (EOB) shall be issued by the overseas claims processing contractor's finance office for each overseas claims processed, including TGROHC claims.

16. Any drafts/checks that need to be converted to a foreign currency are to be calculated based on the exchange rate in effect on the last date of service listed on the EOB. TRICARE overseas currency drafts shall be issued in foreign currency instead of U.S. dollars, with the exception of TRICARE Europe. Upon completion of the processing and upon TMA approval, drafts/checks shall be developed by the contractor within 48 hours, matched with the appropriate EOBs, and mailed to the beneficiary/sponsor/provider/TGROHC.

17. The overseas claims processing contractor may issue TRICARE EOBs on regular stock which provides a message indicating the exchange rate used to determine payment. EOBs for countries with toll-free service shall include the toll-free number for that country. Additionally, all EOBs for ADSM claims shall be annotated "active duty."

18. On all overseas claims, the overseas claims processing contractor, in order to reference invoice numbers on EOBs, is allowed to split claims to accommodate multiple invoice numbers.

19. The TGROHC shall ensure that when submitting electronic claims for outpatient services with dates of service not in the same month, claims crossing months must be submitted on separate lines in the Electronic Media Claims (EMC) submission (i.e., data entry at claims input must separate months by claim line item). TGORHC electronic claims for institutional services (i.e., room and board charges), and professional charges may not be submitted on the same electronic claims submission. Institutional room and board charges which cross months may be submitted on the same claim but must be submitted using the UB-92 form. Institutional professional charges, etc., must be submitted using a non-institutional format. Institutional professional charges, etc. which cross months may be submitted on the same claim using separate line items. When in doubt about how to submit

claims with multiple services, varying dates of services, etc., the TGROHC shall contact the overseas claims processing contractor EMC department for assistance in claims submission prior to the submission of the electronic claim.

20. For TGROHC submitted claims, payment invoice numbers shall be inserted in the patient account field in the EOB.

21. As a guideline, overseas claims shall be sent to the microfilm area, filmed and returned to the overseas claims processing contractor's overseas claims unit the same day. This process shall be completed no later than the close of business the following working day of submission.

22. The overseas claims processing contractor shall accept APO/FPO for the beneficiary address.

23. The overseas claims processing contractor shall continue verification of eligibility through DEERS or the government required equivalent system and when necessary shall apply DEERS or the government required equivalent system rules as appropriate. The overseas claims processing contractor shall also use DEERS or government required equivalent system to verify enrollment in TRICARE Overseas Prime. The overseas claims processing contractor shall use the TOP enrollment status for determination of claims processing jurisdiction for TRICARE eligible overseas travelling beneficiaries (i.e., beneficiary traveling to CONUS and receiving health care services). Until October 16, 2003, for TRICARE Europe and TRICARE Latin America and Canada, the overseas claims processing contractor shall use DEERS care authorization reason codes 7, 8, or 9 as verification of Overseas Area Director or designee, authorization when authorization for care is required by a TOP Prime enrollee. If the claim is for care rendered within 90 days of the DEERS' care authorization reason code 7, 8, 9, date and the provider on the authorization matches the provider on the claim, the overseas claims processing contractor may process the claim as outlined in this chapter. If the claim is for care not received within 90 days, the overseas claims processing contractor shall follow procedures for "No Auth On File." For TRICARE Pacific, the overseas claims processing contractor shall accept a locally produced paper authorization when authorization for care is required. Additionally, the contractor shall use DEERS for verification of "active duty status" at the time the services were rendered prior to payment of any active duty member claim. Also, [paragraph II.B.3.a.\(5\)](#) guidelines shall be followed.

24. On October 16, 2003, or upon instruction from the Contracting Officer, NAS reason for issuance codes 7, 8, and 9 will be conveyed via ANSI ASC X12N 278 transactions from the TRICARE Enterprise Wide Referral and Authorization System (EWRAS). The overseas claims processing contractor is required to accept and store and access the NAS information for claims processing and other contractual purposes. The overseas claims processing contractor shall no longer accept paper authorizations from MTFs. The overseas claims processing contractor must be able to receive NASs in ANSI X12N 278 transactions and later referral and authorization data from the EWRAS in the form of HIPAA-compliant ANSI ASC X12N 278 transactions. The overseas claims processing contractor must be prepared to send ASC X12N 997 Functional Acknowledgements to the EWRAS should such acknowledgements be required and specified in the trading partner agreement between the overseas claims processing contractor and the EWRAS.

25. All CONUS non-emergency inpatient mental health care (i.e., RTC, SUDRF, etc.) requires authorization by the MCSC stateside mental health subcontractor.

26. Care authorizations are not required for overseas remote area countries identified at Figure 12-12.3-7.

27. For claims from any country which does not have a full provider name and address the overseas claims processing contractor shall develop for accuracy except for claims not requiring authorization or when payment is made to the beneficiary.

28. The overseas claims processing contractor shall use "dummy codes" for all Belgium claims. The contractor shall not develop for definitions of Belgium codes.

29. The overseas claims processing contractor shall use the date the claim form was signed as the specific date of service, if the claim does not indicate the specific date of service.

30. The overseas claims processing contractor shall ensure invoice numbers are in "patient account fields."

31. The overseas claims processing contractor shall code lump sum payments instead of line items to minimize conversion problems.

32. The overseas claims processing contractor shall pay non-remote claims suspected of Third Party Liability (TPL) and then develop for TPL information. Upon receipt of the information, the contractor shall refer claims/documentation to the appropriate JAG office, as outlined in OPM, Chapter 11, Addendum B.

33. For TGROHC claims involving Third Party Liability, the overseas claims processing contractor shall pay the claim and then follow procedures for obtaining the required TPL information. Upon receipt of the information the overseas claims processor shall refer the Third Party Liability claims to the appropriate Overseas Area Director for action/review. If the Overseas Area Director determines that the claims involves TPL the Overseas Area Director is responsible for forwarding the claims to the appropriate JAG office as indicated in the OPM, Chapter 11, Addendum B.

34. The overseas claims processing contractor shall have a TRICARE bank account capable of receiving/accepting wire transfers from TRICARE Europe for recoupment/overpayment returns. The contractor shall accept the amount wired, together with the provider's wiring fee, as total recoupment payment.

35. Recoupment procedures.

a. Recoupment procedures for beneficiaries shall follow the recoupment procedures outlined in OPM, Chapter 11 for not-at-risk funds.

b. Recoupment procedures for providers shall include:

(1) An initial demand letter.

(2) A second request letter at 60 days.

(3) A final demand letter at 120 days.

(4) Referral to TMA at 180 days, if the case is over \$600.00, and if under \$600.00 the case shall remain open for an additional six (6) months and then shall be written off at 360 days.

c. Recoupment letters (i.e., the initial letter, the 60 day second request and the 120 day final demand letter) shall be modified to delete references to U.S. law. For Germany, the recoupment letters shall be printed in German, however, the contractor may handwrite the dollar amount and the provider's name and address. Invoice numbers shall be provided on all recoupment letters.

36. TGROHC claims determined by the overseas claims processing contractor to require refund or recoupment shall be referred to the appropriate Overseas Area Director for review. The overseas claims processing contractor shall not initiate recoupment until notified by the respective Overseas Area Director. The Overseas Area Director, shall notify the overseas claims processing contractor of their decision, including if any the amount of the refund or recoupment. Upon notification by the Overseas Area Director, the overseas claims processing contractor shall initiate recoupment action within 10 workdays of receipt of the Overseas Area Director notice to initiate recoupment. The overseas claims processing contractor shall maintain a log of Overseas Area Director directed payment refunds or payments involving the TGROHC claims. The overseas claims processing contractor shall return overpayments to the TMA not at-risk account and credit HCSRs.

37. The overseas claims processing contractor shall pay claims as billed, including charges from ambulance companies in Germany, for driving physicians to accidents or private residences, for treatment of TRICARE beneficiaries, in addition to the normal ambulance charges, prescription ordered mud baths, "rule out" diagnoses, and vitamins, including prenatal vitamins. Claims for abortions and dental care shall be denied.

38. Development for missing information shall be kept to a minimum, however, the overseas claims processing contractor shall always develop for beneficiary and provider signatures and durable medical equipment involving lease/purchase.

39. When development is necessary, the overseas claims processing contractor shall include a special insert in German which indicates the overseas claims processing contractor address for returning requested information.

40. The overseas claims processing contractor shall issue draft/checks for German claims which look like local German drafts/checks.

41. The overseas claims processing contractor is not required to routinely accept/process loose bills. However, if the overseas claims processing contractor receives a loose bill, the overseas claims processing contractor shall search their records to determine if there are other claims on history or any claims that are currently in process. If another claim is not found, the loose bill shall be returned to the beneficiary/sponsor/provider with a claim form and instructions for resubmission.

42. Policies and procedures for processing TRICARE Europe overseas ADSM claims not submitted by the TGROHC:

a. The overseas claims processing contractor shall accept and pay all non-emergency and emergency civilian medical/surgical and dental TRICARE Europe ADSM overseas claims for processing even when not a TRICARE benefit when the claim is:

(1) Submitted by the Military Treatment Facility (MTF) or other military command personnel, or by a designated Point of Contact (POC); and

(2) Accompanied by a signed TRICARE claim form; and

(3) Accompanied by either, a Standard Form 1034, a Standard Form 1034 continuation sheet, or a NAVMED 6320/10 (These forms shall be considered an authorization for care); and

NOTE: The SF 1034, SF 1034 continuation sheet or NavMed 6320/10 must be signed by the submitting military command. If a patient signature is not present on the claim form, the military command must submit a letter of explanation with the unsigned claim form prior to payment.

(4) The services were provided OCONUS.

(5) DEERS verification indicates the TRICARE Europe ADSM was on active duty at the time the services were rendered.

b. Emergency submitted TRICARE Europe ADSM overseas claims not meeting the TRICARE definition of emergency/urgent care shall be denied explaining the reason of denial and advising resubmission with proper forms by the appropriate MTF, etc.

c. The overseas claims processing contractor shall deny a TRICARE Europe ADSM overseas claim when any one of the administrative items outlined above in paragraph II.B.42.a.(1) and (2) are missing. Upon denial, the overseas claims processing contractor shall instruct the non-remote TRICARE Europe ADSM/provider to contact the local MTF or other military command personnel, for assistance in proper claim submission and in obtaining missing documentation. Copies of EOBs and claims denied as DEERS ineligible or not submitted by an MTF shall be forwarded to the TRICARE Europe Office for further action.

d. The designated point of contact for TRICARE Europe ADSM overseas claims in Austria, Hungary, Slovenia, Slovakia, Czech Republic and Croatia is the TRICARE Europe Office. TRICARE Europe ADSM overseas claims in these countries submitted by the TRICARE Europe Office shall be paid by the overseas contractor without the required authorization forms.

e. For TRICARE Europe ADSM claims, the contractor shall create and submit a HCSR following current guidelines in the ADP Manual for HCSR development/submission. These HCSRs will be submitted as batches and not as a voucher. The Military Services will be able to access any TRICARE Europe ADSM overseas claim information through the TRICARE Care Detail Information System (CDIS).

43. For all other overseas claims, including the TGROHC claims, the overseas claims processing contractor shall create and submit HCSR following current guidelines in the ADP manual for HCSR development and submission. These claims shall be submitted on vouchers. Claim information will be able to be accessed through the TRICARE Care Detail Information System (CDIS).

44. Payment of TRICARE Overseas Claims

a. TRICARE overseas claims shall be processed considering Other Health Insurance (OHI). Overseas insurance plans such as Japanese National Insurance and Australian Medicare, etc. are considered OHI.

b. TRICARE overseas claims shall be processed using the exchange rate in effect on the ending date that services were received; except for TRICARE overseas claims involving Other Health Insurance (OHI). For TRICARE overseas claims involving OHI the exchange rate of the primary insurer, not the rate based on the last date of service, shall be used to determine the TRICARE payment amount. For multiple services, the ending dates of the last service shall be used for determining exchange rates. The same exchange rate shall be used to determine deductible and co-payment amounts, if applicable. Also, the same exchange rate shall be used to determine the amount to be paid in foreign currency.

c. For TGROHC claims determined to have OHI, the overseas claims processor will notify the TGROHC of the required OHI information via the EOB. Upon receipt of the EOB, the TGROHC will contact the appropriate Overseas Area Director for assistance in obtaining the OHI information and resolving such claim. The appropriate Overseas Area Director shall notify the overseas claims processor of the required OHI information, if known, and will upon receipt of the OHI information provide the information to the overseas claims processor. Upon notification, the overseas claims processor shall reprocess the TGROHC claim.

45. For other claims not submitted by the TGROHC and TRICARE Europe, overseas beneficiary/provider claims shall be paid in foreign currency. Beneficiary claims may be paid in U. S. dollars, unless there is a beneficiary request on the claims at the time of submission for payment in U.S. dollars. The payment may not be changed to U.S. dollars after the foreign draft has been issued.

46. The TGROHC claims shall be paid in U.S. dollars. When a beneficiary is indicated as not beneficiary eligible for care, the overseas claims processing contractor shall deny the claim and contact the TGROHC. If authorized by the Overseas Area Director the overseas claims processor will process the claim as eligible.

47. Reimbursement of overseas claims, including TGROHC is based on billed charges. Balance billing provisions do not apply for claims paid using billed charges. TGROHC claims submitted for ADFMs not enrolled in TOP Prime shall be paid following TOP standard cost-sharing provisions. The overseas claims processor's EOB shall advise the TGROHC that the beneficiary was not enrolled in TOP Prime and the claim was processed as a standard overseas beneficiary claim. Upon receipt of the EOB, the TGROHC shall contact the appropriate Overseas Area Director for assistance in correcting the enrollment for the ADFM.

48. Process non-enrolled ADSM claims as TOP Prime if an overseas address is listed on the claim, even if the ADSM does not appear as enrolled on DEERS.

49. For TRICARE Europe, overseas beneficiary claims shall be paid in U.S. dollars/currency, unless the beneficiary or TRICARE Europe ADSM requests payment in local currency.

50. U.S. licensed Partnership Providers claims for treating patients shall be paid based upon signed agreements.

51. Effective January 1, 2002, payment to Germany, Belgium, France, Greece, Ireland, Italy, Luxemburg, Netherlands, Austria, Portugal, and Spain shall be made in Euro dollars. As other countries transition to Euro dollars, the overseas claims processor shall also switch to Euro dollars.

52. Payment of Skilled Nursing Facility (SNF) claims from the Puerto Rico and the Territories (Guam, the Virgin Islands and American Samoa) shall be subject to the Prospective Payment System (PPS), as required under Medicare in accordance with the Social Security Act. These SNFs will be subject to the same rules as applied to SNFs in the U.S. (see the TRICARE Reimbursement Manual (TRM), Chapter 8):

a. Preauthorization for SNF care is not a requirement; it is discretionary. The review for the lower 18 RUGs for SNF care is required as provided in the TRM, Chapter 8, Section 2. The contractor is responsible for the reviews of the lower 18 RUGs and any discretionary preauthorization.

b. Beneficiaries in the lower 18 RUGs do not automatically qualify for SNF coverage. These beneficiaries will be individually reviewed to determine whether they meet the criteria for skilled services and the need for skilled services (see the TRM, Chapter 8, Section 2). If these beneficiaries do not meet these criteria, the SNF PPS claim shall be denied. For a failure to obtain other pre-authorizations/authorizations, the payment reduction policy in TRM, Chapter 1, Section 29 will apply.

c. The overseas claims processing contractor will be responsible for collection of MDS assessment data. However, collection of the MDS assessment data is discretionary as provided in the TRM, Chapter 8, Section 2.

d. The overseas claims processing contractor shall be responsible to enter into participation agreements with SNFs in Puerto Rico, Guam, the Virgin Islands, and American Samoa.

e. The overseas claims processing contractor, at their own discretion, may conduct any data analysis to identify aberrant SNF PPS providers or those providers who might inappropriately place TRICARE beneficiaries in a high RUG. The contractor shall also assist the Lead Agencies in obtaining/providing SNF data, for conducting any SNF PPS data analysis they deem necessary.

f. The overseas claims processing contractor shall be required to submit the quarterly report to the government contractor as designated by TMA as required by the TRM, Chapter 3, Section 2.

53. All claims from beneficiaries submitted for reimbursement for TRICARE covered benefits shall be reimbursed, to include healthcare the beneficiary incurred at an embassy health clinic. Reimbursement is not authorized to an embassy health clinic.

54. Inpatient and outpatient claims for TRICARE Overseas eligible beneficiaries, including ADSM claims, are to be processed/paid as indicated below:

TOP ELIGIBLE STANDARD BENEFICIARIES

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership Provider	No	No deductible/cost-share.	Directly to provider.
Host Nation Providers	No	TRICARE Standard	Directly to the host nation provider in TRICARE Europe unless claims indicate pay beneficiary. All other areas as noted on the claim.
Retail Pharmacy Network in Puerto Rico, Guam and the Virgin Islands until T-Rex	No	TRICARE Standard Drug Payment	Directly to provider.
Retail Pharmacy Network in American Samoa upon T-Rex Start Work Date	No	<u>ADFM:</u> 20% cost-share <u>All Others:</u> 25% cost-share	Directly to provider unless claims indicates pay beneficiary.
Retail Pharmacy Non-Network	No	TRICARE Standard	Directly to host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Retail Pharmacy Non-Network When Stateside upon T-Rex Start Work Date	No	<u>ADFM:</u> 20% cost-share <u>All Others:</u> 25% cost-share	Pay as indicated on the claims.

REMOTE/NON-REMOTE ACTIVE DUTY FAMILY MEMBERS ENROLLED IN TOP

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership Provider	No	No deductible/cost-share.	Directly to Partnership provider.
Mental Health Care (dx 290-319) Session 1-8/fiscal year without authorization.	No	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Mental Health Care (dx 290-319) Session 9 and above/fiscal year with authorization in countries requiring authorization: Belgium, Germany, Italy, Japan, Korea, Spain, Turkey, the United Kingdom, and Puerto Rico.	Yes	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.

REMOTE/NON-REMOTE ACTIVE DUTY FAMILY MEMBERS ENROLLED IN TOP (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Mental Health Care (dx 290-319) Session 9 and above/ fiscal year without authorization in countries requiring authorization: Belgium, Germany, Italy, Japan, Korea, Spain, Turkey, the United Kingdom, and Puerto Rico.	Yes	Deny claim	Reject 155
Stateside inpatient non-emergent mental health care with authorization.	Yes	No deductible. cost-share. Pay allowable rate for area.	Pay as indicated on the claim.
Stateside inpatient non-emergent mental health care without authorization.	Yes	Deny	Reject 155
Claims for emergency care and ancillary services.	No	No deductible/cost-share	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Stateside claims for emergency and ancillary services.	No	No deductible/ cost-share. Pay allowable rate for area.	Pay as indicated on the claim.
Retail Pharmacy Network in Puerto Rico, Guam and the Virgin Islands until T-Rex.	No	TRICARE Prime	Directly to provider.
Retail Pharmacy Network in American Samoa upon T-Rex Start Work Date (see Chapter 12, Section 2.1).	No	No deductible/ cost-share.	Directly to provider unless claims indicates pay beneficiary.
Retail Pharmacy Non-Network	No	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Retail Pharmacy Non-Network When Stateside upon T-Rex Start Work Date (see Chapter 12, Section 2.1).	No	No deductible/ cost-share.	Pay as indicated on the claim.
Program for Persons with Disabilities (PPPWD)	Yes	Deductible/cost-share as outlined in Chapter 9.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.

REMOTE/NON-REMOTE ACTIVE DUTY FAMILY MEMBERS ENROLLED IN TOP (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
All care from Belgium, Germany, Italy, Japan, Korea, Spain, Turkey the United Kingdom, and Puerto Rico rendered by a host nation provider without an authorization.	Yes	First family claim: No deductible/cost-share. Second family claim: Process to completion. Reject 155. Third family claim: Point of Service cost-sharing and deductible apply.	Directly to the host nation provider in TRICARE Europe with EOB message 154 unless claim indicates pay beneficiary . All other areas as noted on the claim.
TGROHC Remote Claims (see Figure 12-12.3-7).	No	No deductible/cost-share.	Directly to the TOP Remote Program contractor.

REMOTE TOP ADSM ENROLLED IN TOP

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
TGROHC remote claims (see Figure 12-12.3-7).	No	No deductible/cost-share.	Directly to TOP Remote Program contractor.

NON-REMOTE/REMOTE TOP ADSM

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Stateside care	No	No deductible/cost-share.	As indicated on the claim.

NON-REMOTE TOP ADSM EUROPE ENROLLED IN TOP

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Overseas care, including dental, with SF 1034/1035 or NAVMED 6320.	Yes	No deductible/cost-share.	Pay as indicated on the SF 1034/1035 or NAVMED 6320.
Overseas care, including dental, without SF 1034/1035 or NAVMED6320.	Yes	Deny claim.	No payment made.

NON-ENROLLED ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS, DEPLOYED, TDY, OR ON LEAVE

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
All overseas care by any host-nation provider with SF 1034/1035 or NAVMED 6320	Yes	No deductible/cost-share.	As indicated on NAVMED or SF 1034/1035.
All overseas care by any host-nation provider without SF 1034/1035 or NAVMED 6320	Yes	No deductible/cost-share.	No payment made.

NON-ENROLLED REMOTE ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS, DEPLOYED, TDY, OR ON LEAVE

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
TGROHC remote claims (see Figure 12-12.3-7).	No	No deductible/cost-share.	Directly to TOP Remote contractor.

55. For other than the TGROHC, overseas claims processing contractor shall develop procedures for the identification and tracking of claims submitted by either a designated or non-designated overseas provider without authorization. The overseas claims processing contractor shall provide a file of all claims received without authorization or for services rendered by a non-network provider sorted by Overseas Area Director, DMIS-ID, Sponsor SSN, Patient Name, Date of Birth, Date of Care, Alternative Care Value (ACV), Provider of Care, Provider's Address, with an ICD-9, CPT¹ Procedure Code, or brief description of the purpose of the visit or reason for referral (i.e., A=No Authorization, P=Non-Network Providers) and ICN order weekly for appropriate Overseas Area Director action/authorization. (See [Figure 12-12.3-3](#) and [Figure 12-12.3-4](#).) The Overseas Area Director shall review the file, designate authorization/denial/or payment under Point of Service, in writing, and return the file to the overseas claims processing contractor within two weeks of its receipt at the Overseas Area Director's office. The overseas claims processing contractor shall electronically transfer over the internet this file to the appropriate Overseas Area Director, and the file shall be sortable by all fields within the report. Upon receipt of the signed Overseas Area Director report directing appropriate action to the overseas claims processing contractor, the overseas claims processing contractor shall reprocess the claims as directed. When adjustments are required upon resubmission of the second family claim for the third time, by beneficiary or provider, without Overseas Area Director authorization or direction, the overseas claims processing contractor shall process the third claim following Point of Service payment procedures. The overseas claims processing contractor shall use specific EOB messages advising the beneficiaries/providers that authorizations or that care has not been received from a network provider are required on future claims to avoid Point of Service payment and to contact the appropriate Overseas Area Director for assistance. Care authorizations are not required for overseas countries in remote areas as identified in [Figure 12-12.3-7](#).

56. The overseas claims processing contractor shall consider Overseas Area Director authorizations, verified through DEERS, valid for 90 days (i.e., date of service must be within 90 days of issue date and provider must match the provider listed on the claim). The contractor shall consider Overseas Area Director retrospective authorizations valid for the specific date/care authorized.

57. When processing overseas claims, including the TGROHC claims the overseas contractor shall follow the duplicate payment prevention requirements outlined in the OPM, Chapter 8, [Sections 12](#) and [13](#) and the Fraud and Abuse requirements in the OPM, [Chapter 14](#). Use of a commercial anti-fraud software product is not required. In cases involving check fraud, the overseas claims processing contractor is not required to reissue checks until the investigation is finalized and the overseas claims processing contractor has received the money back from the investigating bank. The TGROHC is required to notify appropriate

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Overseas Area Directors and the overseas claims processing contractor in writing of any new or ongoing fraud and abuse issues.

58. All overseas claims are excluded from the interest payment requirements outlined in OPM, Chapter 8.

59. The overseas claims processing contractor is required to provide, upon Overseas Area Director request, documentation, for auditing purposes, of the TGROHC claims.

60. TRICARE overseas claims for drugs or diagnostic/ancillary services are exempt from the TOP authorization requirements. Claims for these services shall be reimbursed by the overseas claims processing contractor following applicable enrollment status deductible/cost-share policies.

61. The overseas claims processing contractor shall mail the drafts/checks and TRICARE EOBs directly to providers unless the claim indicates payment should be made to the beneficiary or the provider has been excluded by the Overseas Area Director from the TRICARE Overseas Preferred Provider Network. In conformity with banking requirements, the drafts/checks shall contain the contractor's address. Drafts/checks and EOBs shall be mailed with U.S. postage. Additionally, payments/checks may be made to network providers, with an Embassy address.

62. The overseas claims processing contractor shall pay the TGROHC via Electronic Funds Transfer (EFT). The payment will be issued daily for all claims finalized on that day. The TGROHC shall provide the overseas claims processing contractor necessary banking information for the EFT payment.

63. For the TGROHC claims, the overseas claims processing contractor shall provide a Wire Transfer Reconciliation Report (WTRR) by overseas Region, on a monthly basis, to the TGROHC and the respective Overseas Area Directors no later than 15 days in the month following the report period. At a minimum, each WTRR shall contain, DMIS-ID sponsor name, sponsor SSN, patient name, dates of service, and country. The CPL shall also include provider name, amount of payment, and the Internal Control Number (ICN). The Overseas Area Directors shall provide audit functions related to these reports for the identification of duplicate payments necessitating recoupment. When the Overseas Area Director identifies claims for recoupment, they shall notify the overseas claims processing contractor to initiate recoupment.

64. Upon payment for TRICARE Europe ADSM TRICARE overseas claims, a copy of the EOB and, when applicable, the SF 1034 or NAVMED 6320/1034, shall also be sent to the Military Treatment Facility (MTF), or MTF command personnel, or a designated Point of Contact (POC).

65. Upon payment to the TGROHC, the overseas claims processor shall e-mail a wire transfer/check register at the time of transfer. At the same time, the associated EOB will be expressed mailed to the TGROHC. A lag time may occur between wire transfer and EOB arrival. The TGROHC shall notify the overseas claims processing contractor of excessive delays (greater than 14 days) in receipt of the mailed EOB.

66. For TRICARE Europe ADSM claims, the overseas claims processing contractor, shall on a monthly basis, submit a request for payment of TRICARE Europe ADSM overseas claims in the format of a single bill delineated by military branch of service to Defense Finance and Accounting Service, Europe. Each bill shall include total monthly charges separated by benefit dollars with administrative charges per claim. Additionally, each bill shall be accompanied by a monthly summary report of total expenditures by currency (e.g., for the month of January \$600,000 worth of claims were paid, of the \$600,000, \$300,000 were paid in Euros, \$200,000 were paid in Kronen, etc.). A copy shall also be sent to the Public Health Service POC, at Medical Affairs Branch, 5600 Fishers Lane, Room 4C-04, Rockville, MD 20874.

67. The TGROHC will prepare and forward, electronically to the TRICARE Management Activity-West (TMA-W) Attn: CRM, 16401 East Centretech Parkway, Aurora, CO 80011-9066, a DD Form 250, to include documentation to support the invoiced amount. A TMA-W POC shall be provided for this invoicing process.

C. TRICARE Overseas Currency Gains and Losses

1. General. This section outlines procedures for determining and processing TRICARE Overseas currency gains and losses resulting from payments made to providers and/or beneficiaries in foreign countries by the overseas claims processing contractor including TRICARE Europe ADSM overseas claims, but excluding TGROHC claims.

2. Figuring Gains or Losses. The gains and losses shall be computed as follows: The exchange rate in effect on the "Ending Date of Care" shall be the rate used in the claims adjudication process. The difference between the cost of the foreign currency on the "Ending Date of Care" and the contractor payment date shall be the gain or loss on the transaction.

3. TRICARE Overseas Currency Report. The overseas claims processing contractor shall provide a TRICARE Overseas Currency Report identifying the gain or loss for the month reported to arrive at the TRICARE Management Activity (TMA), Attn: Finance and Accounting Branch, by the 10th calendar day following the month reported.

4. Net Gain. For months that result in a net gain, the overseas claims processing contractor shall forward the report along with their check payable to DoD, TMA, for the gain from currency conversion.

5. Net Loss. TMA will reimburse the overseas claims processing contractor for any losses incurred from currency conversion except for currency conversion losses from TRICARE Europe ADSM claims (see paragraph II.C.7. below). The TRICARE Overseas Currency Report shall be accompanied by a letter (invoice) requesting reimbursement for the loss incurred. This payment will not be subject to the Prompt Payment Act (FAR 32.9) as amended, therefore, payment by TMA will usually be made within five (5) working days of receipt of the invoice and the TRICARE Overseas Currency Report.

6. Audits. The TRICARE Overseas Currency Reports, and the claims supporting them, are subject to audit by TMA or other authorized Government auditors as a part of any financial audit.

7. For TRICARE Europe **ADSM overseas claims**, the **overseas claims processing contractor** shall follow the above procedures for calculating foreign currency gains and losses and reporting requirements. However, the report and net gains/losses shall be sent to **Defense Finance and Accounting Service, Europe. The Defense Finance and Accounting Service, Europe** will reimburse the contractor for any losses incurred from currency conversion.

D. Processing Standards for TRICARE Overseas Claims

1. The **overseas claims processing contractor** shall process 85 percent of all TRICARE overseas claims including TRICARE Europe **ADSM overseas claims and TGROHC claims** to completion within 21 days.

2. The **overseas claims processing contractor** shall meet current CONUS correspondence standards for all TRICARE overseas **correspondence, including correspondence related to TRICARE Europe ADSM overseas claims and TGROHC claims** (see the OPM, [Chapter 12, Section 7](#)).

3. The overseas claims processing contractor shall process 95 percent of appeals within 60 days and 100 percent of appeals within 90 days.

E. All reports, required from the overseas claims processor and TGROHC annually, monthly or quarterly, shall arrive no later than the 15th of the month. The reports shall be sent to the TRICARE Management Activity, Chief, Claims Operations Office, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

F. The overseas claims processing contractor shall produce the following overseas reports.

1. The overseas claims processing contractor shall on a monthly basis report electronically (via e-mail or fax) TGROHC claims exceeding maximum charge (see [Figure 12-12.3-12](#)).

2. MONTHLY PAID CLAIMS AND CURRENT INVENTORY ACTIVE DUTY REPORT. The fields to be reported are: DMIS-ID, branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, active duty member's name, duty station address, SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount allowed, if available HCSR ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

3. MONTHLY PAID CLAIMS AND CURRENT INVENTORY ACTIVE DUTY FAMILY REPORT. The fields to be reported are: DMIS-ID, branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, active duty member's name, duty station address, SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount allowed, if available HCSR ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

4. MONTHLY PAID CLAIMS AND CURRENT INVENTORY TOP REMOTE SITE ACTIVE DUTY REPORT. The fields to be reported are: DMIS-ID, branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, active duty member's name, duty station address, SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount allowed, if available HCSR ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

5. MONTHLY PAID CLAIMS AND CURRENT INVENTORY TOP REMOTE SITE ACTIVE DUTY FAMILY MEMBER REPORT. The fields to be reported are: DMIS-ID, branch of service (to include a breakout for National Guard), fiscal year in which services were provided, country where services are provided, TOP region, active duty member's name, duty station address, SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount allowed, if available HCSR ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

6. MONTHLY PAID CLAIMS AND CURRENT INVENTORY RETIREES AND DEPENDENTS OF RETIREES REPORT. The fields to be reported are: branch of service, fiscal year in which services were provided, country where services are provided, TOP region, active duty member's name, duty station address, SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount allowed, if available HCSR ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

7. MONTHLY TOTAL CLAIMS BY COUNTRY FOR ACTIVE DUTY AND ACTIVE DUTY FAMILY MEMBERS, RETIREES, AND DEPENDENTS OF RETIREES REPORT. For each region the report shall include the following fields sorted by county, number of claims, amount billed, amount paid, branch of service, beneficiary status (i.e., enrolled (remote/non-remote)/standard), beneficiary categories (i.e., ADFM, retiree, etc.), fiscal year in which services were provided, and institutional and non-institutional. There will be separate lines for Active Duty and Active Duty family members, retirees and dependents of retirees, and a total run. This report shall be submitted as two reports, one for institutional claims and one for non-institutional claims. The report shall be supplied electronically, on an Excel spreadsheet.

8. MONTHLY HOST NATION NETWORK PROGRESS REPORT. The report shall include full host nation provider information for those host nation providers whose claims were processed during the previous month. This report shall include the following fields: TOP region, country, provide information (name, address, speciality code, eligibility code (i.e., provider status) eligibility begin and end date) number of claims not billed and amount allowed. This report shall be supplied electronically on an Excel spreadsheet.

9. MONTHLY SUMMARY PROGRESS REPORT. The electronic report shall summarize for the month, the percentage of claims provided by network, non-network and Partnership Providers.

10. QUARTERLY HOST NATION PROVIDER REPORT. This electronic report shall list all providers who were network during the quarter. Data to be reported includes, country,

provider tax ID, provider sub ID, speciality, effective and expiration dates in the network, provider name and address.

11. MONTHLY OVERSEAS REGION ACTIVE DUTY MEMBER AND OTHER ADSM/CONUS/OCONUS CLAIMS REPORT. This is a one page summary report sent to Overseas Area Director showing current claims and adjustment inventory and processing cycle time.

12. ANNUAL REPORT OF TOTAL CLAIMS BY COUNTRY FOR ADFMs. For each region the report shall be sorted by Country, by type of provider (i.e., institutional, professional and drug) and shall include total claims and total dollars paid. This report shall be submitted in an Excel spreadsheet.

13. Monthly TRICARE Europe Active Duty Member and other ADSM stateside/overseas claims to the following military offices:

- a. Director, TRICARE Europe Office /TEO
Unit 10310
APO AE 09136-0005
- b. Fleet Surgeons Office, U.S. Navy Europe
Fleet Medical Officer
CINCUSNAVEUR
PSC 802 Box 2
APO AE 09499-0151
- c. U.S. Air Force In Europe
HQ USAFE/SG
Unit 3050 Box 130
APO AE 09094-0130
- d. CMDR Europe Regional Medical Center (ERMC)
Attn: ERMC Managed Care POC
CMR 442
APO AE 09142
- e. U.S. Central Command
HQ USCENTCOM (CCSG)
715 South Boundary Blvd
MacDill AFB FL 33621-5101
- f. CMDR EUCOM TRICARE Liaison
Attn: EUCOM TRICARE Liaison POC
Unit 30400, Box 3055
APO AE 09128-4209
- g. TRICARE Pacific Lead Agency (TPLA)
MHCK-LA
1 Jarret and White Road
Tripler AMC HI 96859-5000

NOTE: Each of the military services will establish a designated Point of Contact in each of the above listed military offices to work with the overseas claims processing contractor. The overseas claims processing contractor shall submit monthly, on the fifteenth of the month, a report on TRICARE Europe ADSM claims for care overseas and TRICARE Europe, TRICARE Pacific, and TRICARE Latin America and Canada care stateside to the following military offices.

14. The TGROHC is required to provide to the Government identified POCs daily, weekly, monthly, quarterly, semi-annual and/or annual reports as required in this chapter or in the Global Remote Overseas Healthcare Contract to the government identified POCs.

- END -