

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 does not imply that we will accept a different standard of care other than U.S. standards; however, those services may be covered and payable under TRICARE. The TOP consists of three overseas areas identified as TRICARE Europe, TRICARE Pacific and TRICARE Latin America and Canada, including the Caribbean Basin (see Chapter 12, Section 12.2, Figure 12-12.2-4 for a list of countries by region).

Each overseas Regional Director has designated specific overseas locations as remote and has contracted with a TRICARE Global Remote Overseas (TGRO) contractor to provide a managed healthcare system to deliver TRICARE Prime Benefits to eligible beneficiaries in remote overseas areas under the TOP. Under the TGRO contract, remote overseas location healthcare is defined as cities/countries listed in Chapter 12, Section 12.2, Figure 12-12.2-5. A remote beneficiary is a beneficiary who resides in an overseas remote area and is enrolled to a remote DMIS-ID (see Chapter 12, Section 12.2, Figure 12-12.2-14). Information for accessing care through the TGRO contractor may be obtained by contacting the appropriate overseas Regional Director. Care offered under the TGRO contract for Active Duty Service Members (ADSMs) permanently assigned and accompanied ADFMs in remote overseas area is for routine, urgent and emergent medical and dental care. ADFMs who are on temporary duty (TAD/TDY) in an authorized leave status, or deployed in a remote overseas area identified in Chapter 12, Section 12.2, Figure 12-12.2-5 are authorized urgent and emergent dental care, except as noted under the TGRO contract. Information on accessing care in overseas designated remote locations may be obtained by contacting the appropriate overseas Regional Director.

Support for the TOP is the responsibility of the TOP overseas Regional Directors. The TOP overseas 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 **overseas** Regional Directors may contract directly for support services or include this requirement in existing TMA Managed Care Contracts. **All provisions of the TRICARE Policy Manual (POL), TRICARE Reimbursement Manual (TRM), TRICARE Operations Manual (TOM), and the TRICARE Systems Manual (TSM) apply to the TOP, unless otherwise specifically stated in the Chapter.**

II. TRICARE OVERSEAS PROGRAM (TOP) MANAGEMENT RESPONSIBILITIES

TOP Overseas Regional Directors or their designees are responsible for planning and delivering services to meet the health needs of their area of responsibility **to include oversight and administration of contracted tasks, such as monitoring oversight and performance monitoring for the TGRO contract, and excluding claims adjudication** whether through the available MTFs or **the TGRO contractor**. The **overseas** Regional Directors or their **designees** are 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 **overseas** 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 **overseas** Regional Directors or their designees will serve as a primary contact/facilitator to the **overseas Managed Care Support Contractor (MCSC)** and the TRICARE Management Activity (TMA) for issues relating to their areas of responsibility. Each overseas Regional Director Office will offer the typical services offered by a stateside MCSC TRICARE Service Center (**TSC**). The **overseas** Regional Directors or their designees are expected to provide ongoing oversight and administration of those tasks for which they are responsible. The **overseas** Regional Directors or their designees for the TOP will be **designated** by the Assistant Secretary of Defense, Health Affairs (ASD(HA)). TOP **overseas** Regional **Director** offices will not always be physically located within the same region **as the overseas MCSC** responsible for processing TOP claims and may be co-located within a stateside Regional Director Office. **TOP will have three (3) overseas Regional Directors.**

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 Director's designee **for network development, and local initiatives, such as TRICARE Global Remote Overseas Prime (TGROP).**

The **Overseas MCSC** is responsible **only** for the processing of overseas claims for **overseas Prime and Standard** beneficiaries **considered to be within the overseas MCSC jurisdictional responsibility, to include claims submitted by the TGRO contractor. The overseas MCSC shall provide a designated Point of Contact (POC) to assist the overseas Regional Directors or designee(s) and the TGRO contractor designee(s).** Additionally, every stateside regional MCSC 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).

The TGRO contractor is responsible for providing comprehensive health care management and related support services for DoD TRICARE Prime enrolled beneficiaries in remote overseas areas. With the exception of ADFM dental care, all health care services provided under this contract in remote areas shall be cashless and claimless for TOP Prime enrolled ADSM and ADFM. Following the delivery of health care and payment to overseas providers, the TGRO contractor shall submit all remote health care claims to the TMA overseas MCSC responsible for processing foreign claims.

NOTE: Currently, Navy and Marine Corps personnel claims for remote emergent and urgent care who are deployed and/or deployed on liberty status are to be paid by the TGRO contractor starting October 1, 2003. The overseas MCSC shall begin to process the TGRO contractor claims starting October 1, 2003 for Navy and Marine Corps deployed and/or deployed on liberty forces.

III. OVERSEAS BENEFIT PACKAGES

A. TOP Prime Plan offers overseas enrollees TRICARE Prime Benefits to include access to Primary Care Manager, clinical preventative services and speciality services. Also under this program there are no copayment and deductibles.

B. TOP Standard is identical to the TRICARE fee-for-service program. The benefits and cost-shares are unchanged from CONUS TRICARE Standard.

C. TOP TRICARE For Life (TFL) is available for beneficiaries age 65 and over and beneficiaries who are Medicare eligible and enrolled in Medicare Part B. Overseas TFL for Life is first payor and will cost-share 75% of billed charges for TRICARE covered benefits. The beneficiary is responsible for the remainder (25%) of the billed charges. TRICARE for Life cost-shares applies to civilian care provided.

D. TRICARE Plus offers beneficiaries empanelment option in a MTF with capacity for primary care. MTFs offering this program are determined by each service.

IV. GEOGRAPHIC AVAILABILITY

The TOP is effective in all geographic areas and territorial waters outside the United States.

Claims from TOP for services provided on a commercial ship that is outside the territorial waters of the United States are to be processed as foreign claims regardless of the provider's home address. If the provider is certified within the United States, reimbursement for the claim is to be based on the provider's home address. If the provider is not certified within the United States, reimbursement will follow the procedures for foreign claims. This does not include healthcare for enrolled ADSM on a ship at sea or on a ship at home port.

V. TOP CLAIMS PROCESSING RESPONSIBILITY

The overseas MCSC is responsible for processing all claims outlined below effective September 1, 2001.

A. All TRICARE Standard care for ADFM and retirees and their family members living overseas for care provided overseas, including adjunctive dental.

B. All TOP Prime claims (ADSM in Europe and ADFM) for overseas enrolled beneficiaries.

C. Except for TRICARE for Life and dual-eligible beneficiary claims as identified in the TRICARE Operations Manual, [Chapter 22, Section 1](#), in Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the North Mariana Islands which are processed by the TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC), all TOP TFL and dual-eligible beneficiaries claims for beneficiaries who live overseas.

D. All TGRO contractor claims submitted by the TGRO contractor for ADSMs and ADFMs enrolled to a remote overseas area Defense Medical Information System-Identification (DMIS-ID) and all other ADSM claims for ADSMs provided urgent/emergent care in a remote overseas area. TGRO contractor claims submission for remote area countries identified by one asterisk in [Chapter 12, Section 12.2, Figure 12-12.2-5](#) will be effective September 1, 2003, and October 1, 2003, for remote area countries identified by no asterisk in [Chapter 12, Section 12.2, Figure 12-12.2-5](#).

E. The overseas MCSC shall begin to process TGRO contractor claims starting October 1, 2003 for remote Navy and Marine Corps deployed and/or deployed on liberty forces claims with a date of service of October 1, 2003 or later.

F. Non-enrolled Reserve or National Guard under a Presidential recall or activated overseas who obtain overseas care, claims shall be processed by the overseas MCSC. Effective September 1, 2003 or October 1, 2003, if the non-enrolled Reserve or National Guard under a Presidential recall or activated overseas obtain remote overseas care in TRICARE Europe and the care is facilitated by the TGRO contractor, the TGRO contractor shall submit their claims to the overseas MCSC for processing as outlined in [paragraph V.D.](#) above.

G. Stateside enrolled Reserve or National Guard under a Presidential recall or activated overseas who obtain overseas care claims shall be processed by the overseas MCSC. Effective September 1, 2003, or October 1, 2003, as outlined in [paragraph V.D.](#) above, if the enrolled Reserve or National Guard under a Presidential recall or activated overseas obtain remote overseas care and the care is facilitated by the TGRO contractor, the TGRO contractor shall submit their claims to the overseas MCSC for processing.

H. TRICARE beneficiaries enrolled or residing in a stateside MCSC region, who while traveling or visiting abroad receive overseas care, claims shall be processed by the stateside MCSC responsible for where the beneficiary resides or is enrolled. For processing guidelines, See [Chapter 12, Section 11.1](#).

I. TOP beneficiaries enrolled or residing overseas who receive care while traveling or visiting CONUS shall be processed by the overseas MCSC responsible for where the overseas beneficiary resides or is enrolled.

Note: Claims submitted by or from TOP beneficiaries who return to CONUS and receive healthcare shall be processed by the overseas MCSC responsible for where the beneficiary resides or is enrolled as follows:

J. Non-enrolled TRICARE Overseas eligible beneficiary claims for care received in CONUS shall be processed following existing CONUS TRICARE Standard cost-sharing and benefit requirements.

K. TOP Prime enrolled beneficiary claims for care received in CONUS, including adjunctive dental, shall be processed following existing requirements for TRICARE Prime benefits, including enhanced benefits and cost-share. For care authorization requirements for Prime beneficiaries while traveling in the states see [Chapter 12, Section 8.1](#). TOP beneficiaries will be encouraged by the overseas Regional Director or designee to utilize CONUS MTFs and current stateside TRICARE network providers whenever possible.

VI. ELIGIBILITY

A. An individual is considered to be eligible for TOP/TRICARE if they are shown as eligible on the Defense Enrollment Eligibility Reporting System (DEERS). The DEERS record will indicate the dates of eligibility. See [Chapter 12, Section 3.1](#) for additional information on TRICARE eligibility or refer to [32 CFR 199.3](#). TRICARE for Life eligibility also requires Medicare Part B enrollment. Family members of ADSM of the Armed Forces of foreign NATO nations are not eligible for the TOP.

B. Members of reserve components who are called to active duty for more than 30 days and family members are eligible for the TOP/TRICARE the same as any other TOP/TRICARE ADFM if the sponsor was living in an overseas or remote overseas location at the time of mobilization. The family must have had the same overseas residential address at the time of mobilization. Reserve component personnel and their family members are eligible for care under the TGRO contract if they meet the above guidelines. When the reserve component member is demobilized, the reserve member and family member are not eligible for care under the TGRO contract.

NOTE: Newborns of members of reserve components who are called to active duty for more than 30 days are eligible for TOP/TRICARE benefits the same as other TRICARE eligible beneficiaries.

C. TAMP eligibles are eligible for the TRICARE Overseas Program, excluding the TGRO contractor, if the beneficiary meets the eligibility requirements for enrollment into TOP Prime. DEERS should be used for determination of eligibility to TAMP Overseas. Overseas Regional Directors or their designee's should follow the guidelines outlined in [Chapter 11, Section 10.1](#) when administering the program overseas. TOP payment of claims for these beneficiaries shall be based on DEERS enrollment status.

VII. TOP PRIME ENROLLMENT

A. TOP Prime Enrollment. Eligibility for enrollment into TOP Prime is available to active duty permanently residing overseas and accompanied ADFMs. Retirees and their family members are not eligible for the TRICARE Overseas Program Prime.

B. TOP Prime in Remote Overseas Locations Enrollment. Eligibility is limited to TOP Prime eligible beneficiaries residing in remote overseas areas. Only permanently assigned ADSMs and accompanied ADFMs are eligible for this program.

VIII. OTHER TOP BENEFITS

The TOP benefit package includes a limited mail service pharmacy program. 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. Drugs purchased by TOP eligible beneficiaries at overseas embassies may not be covered under TRICARE/TOP.

The TRICARE retail network pharmacy benefit is available overseas only in Puerto Rico, the Virgin Islands and Guam.

IX. 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.

X. 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 differences unique to foreign countries.

XI. TOP PROGRAM POLICY (Chapter 12, Sections 2.3 - 12.2)

A. 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 overseas MCSC and overseas Regional Directors, to the extent possible, unless otherwise specifically stated in this chapter or in the appropriate overseas MCSC contract.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 1.1

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

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

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

XII. EFFECTIVE DATE **September 1, 2003.**

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