CHAPTER 12
SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

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I. GENERAL

A. The purpose of the following TOP claims processing procedures are to help ensure that all claims for care received by TOP eligible beneficiaries are processed in a timely and consistent manner and that government furnished funds are expended only for those services and supplies authorized under TRICARE while still allowing for the cultural differences unique to foreign countries and their health care systems. (See Chapter 12, Section 1.1 for TOP Benefit Plans.)

B. With the exception of Puerto Rico, the overseas Managed Care Support Contractor (MCSC) shall to the extent possible maximize the use of the TRICARE Operations Manual (TOM), TRICARE Systems Manual (TSM), and the TRICARE Policy Manual (TPM), unless otherwise stated in this chapter, when processing TOP eligible beneficiary claims, including active duty service member and reserve/national guard member claims which fall under the jurisdictional responsibility of the overseas MCSC responsible for the processing of TOP claims. However, the TRICARE provisions for claims processing are not intended to be strictly applied to claims for services received in foreign countries. The overseas MCSC shall exercise reasonable judgment to accommodate cultural differences relevant to the practices and delivery of health care services overseas.

C. Retail pharmacy claims for Puerto Rico and the U.S. Virgin Islands will be processed through the overseas MCSC 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 the overseas MCSC for Retail Pharmacy contractor. Copays will apply. If a beneficiary in Puerto Rico, U.S. 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 U.S. Virgin Islands for emergent/inpatient services may be submitted to the overseas MCSC by the TRICARE Global Remote Overseas (TGRO) contractor. 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 be no copays for Prime enrollees and these claims will be processed through the overseas MCSC. 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 MCSC.

D. The TRICARE Prime Remote for Active Duty Family Members (TPRADFM) stateside program (see the TOM, Chapter 17, Section 6) does not apply to ADFM enrollees in areas outside the 50 United States.

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

F. Unless otherwise stated, the requirements provided in this chapter shall apply to Stateside MCSC regions when processing overseas claims for beneficiaries enrolled or residing in these MCS contract regions.

II. TOP PROCESSING STANDARDS

A. Regardless of who submits the claim, TOP claims shall be processed using the standards outlined in the TOM, Chapter 1, except for:

1. Claims, the overseas MCSC shall process 85 percent of all TOP claims to completion within 21 days. Claims pended per government direction are excluded from this standard. However, the number of excluded claims must be reported on the Overseas Weekly/Monthly Workload/Cycletime Aging report.

2. TRICARE Encounter Data (TED) data and required documents, the overseas MCSC shall generate an initial submission claims processing cycle and transmit related TED data and required documents to TMA daily for all TOP claims.

3. Overseas Drafts/checks and Explanation of Benefits (EOBs). Overseas drafts/checks and EOBs shall be first in each payment run. Drafts/checks that need to be converted to a foreign currency shall be calculated based on the exchange rate in effect on the last date of service listed on the EOB. Upon completion of the processing, drafts/checks shall be developed by the overseas MCSC within 48 hours, matched with the appropriate EOBs, and mailed to the beneficiary/sponsor/host nation provider/Point of Contact (POC) and TGRO contractor.

4. Provider requests for Electronic Funds Transfer (EFT) payment. Upon host nation provider request the overseas MCSC shall provide Electronic Funds Transfer payment to a U.S. or overseas bank. Bank charges incurred by the provider for EFT payment shall be the responsibility of the provider.

5. Correspondence pended due to stop payment orders, check tracers on foreign banks and conversion of currency. This correspondence is excluded from the routine 45 calendar day correspondence standard and the priority ten calendar day correspondence standard. However, the number of excluded routine and priority correspondence must be reported on the Overseas Monthly Workload/Cycletime Aging Report.

6. Authorization requests. Authorization requests timeliness standards/requirements do not apply to TOP.

7. Zip code file requirements do not apply to TOP except for Puerto Rico.

8. Controls related to the operation of TOP Service Centers, HCFs, authorizations, referrals, and beneficiary/providers services are the responsibility of the overseas Regional Directors.

9. Correspondence standards apply to all TRICARE overseas correspondence including correspondence related to ADSM overseas claims and TGRO contractor claims.

10. Appeal standards which require 95 percent of appeals to be processed within 60 days and 100 percent of appeals to be processed within 90 days apply to all overseas claims, including TGRO contractor claims.

III. RECORDS MANAGEMENT

The Records Management requirements outlined in the TOM, Chapter 2 apply to the TOP.

IV. FINANCIAL ADMINISTRATION

1. The overseas MCSC shall follow the Financial Administration Non-Financially Underwritten Funds requirements in the TOM, Chapter 3, with the following exceptions:

a. Draft/checks shall also reflect "TRICARE Overseas Program."

b. Drafts shall also reflect information that indicates the draft is valid for 190 days and if reissue is required/necessary, the draft must be returned to the overseas MCSC with a request for reissuance. The overseas MCSC shall issue draft/checks for Germany claims which look like local German drafts/checks.

c. Overseas claims are excluded from the interest payment requirements as outlined in the TOM, Chapter 8. The overseas MCSC is required to provide, upon overseas Regional Director request, documentation, for auditing purposes, of the TGRO contractor claims.

d. The overseas MCSC is responsible for following the requirements outlined in the TOM, Chapter 3, Section 3 related to voucher/batch preparation and integrity.

e. TED data for the overseas claims shall be reported on vouchers/batches according to the TSM, Chapter 2 and as follows:

(1) <u>For remote site</u>:

(a) ADFM and ADSM remote site claims, excluding health care claims for emergent/urgent care for Navy and Marine Corps ADSM who are either deployed and or deployed on liberty status in a remote site shall be submitted on vouchers instead of batches and shall be paid from the current not-at-risk bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(b) Navy deployed and/or deployed on liberty emergent or urgent care claims shall be submitted on a separate voucher. A separate bank account will be

established for these beneficiaries. The ASAP account on the voucher header will identify the voucher as Navy.

(c) Marine Corps deployed and/or deployed on liberty emergent or urgent care claims shall be submitted on a separate voucher. A separate bank account will be established for these beneficiaries. The ASAP account on the voucher header will identify the voucher as Marine Corps.

NOTE: The overseas MCSC claims processor shall work with the TGRO contractor to develop a process for the identification of Navy/Marine Corps ADSM claims identified in paragraph IV.A.1.e.(1)(b) and (c) above, upon submission to the overseas MCSC claims processor.

(d) Retirees and their dependents living in a remote site health care claims shall be submitted on vouchers instead of batches and shall be paid from the current not-at-risk bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(e) ADSM, ADFM, retirees and their dependents living in a remote site stateside claims for health care shall be submitted on vouchers and shall be paid from the current not-at-risk bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(2) For other than remote site claims:

(a) TRICARE Europe ADSM claims shall be submitted on batches and the 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 weekly 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 moth of January $600,000 worth of claims were paid, of the $600,000, $300,000 were paid in Euros, $200,000 were paid in Krones, etc. A copy of this report identifying PHS and NOAA ADSM claims shall also be sent to the Public Health Service POC, at Medical Affairs Branch, 5600 Fishers Lane, Room 4C-04, Rockville, MD 20874.

(b) TOP eligible ADFM claims shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(c) Retirees and their dependents living overseas claims shall be submitted on voucher and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(d) TOP Prime (ADSM and ADFM) and TOP Standard beneficiary stateside claims for health care shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(e) ADSM enrolled in TRICARE Pacific and TRICARE Latin America and Canada, including the Caribbean Basin health care claims shall be paid by the military.

(f) Overseas health care claims determined to be the responsibility of the stateside MCSC (i.e., beneficiaries enrolled or residing in a stateside MCSC region, who receive care while traveling or visiting abroad) shall be paid from the current financially underwritten bank account.

(g) TED data for the overseas claims shall be reported on vouchers/ batches according to the TSM, Chapter 2.

2. The TGRO contractor 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.

3. The overseas MCSC shall provide TRICARE Overseas Currency reports identifying the gain or loss for the month reported to arrive by the 10th calendar day following the month reported, excluding TGRO contractor claims. The overseas MCSC shall produce a separate report for TRICARE Europe ADSM excluding TGRO contractor Europe ADSM. The reports for net gains/losses shall be sent in a electronic format to TMA, Attn: Finance and Accounting Branch, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

4. The overseas MCSC shall calculate, TOP program currency gains and losses resulting from payments made to host nation providers and/or beneficiaries in foreign countries. The gains and losses shall be computed based on the exchange rate in effect on the "Ending Date of Care" and that 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 overseas MCSC payment date shall be the gain or loss on the transaction. Payment shall be as follows for:

a. NET GAIN. For months that result in a net gain the overseas MCSC shall forward the report along with their check payable to DoD, TMA, for the gain from currency conversion.

b. NET LOSS. TMA will reimburse the overseas MCSC for any losses incurred from currency conversion except for current conversion losses from TRICARE Europe ADSM claims. 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.

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

6. For TRICARE Europe ADSM overseas claims, the overseas MCSC 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 the currency conversion.

V. CLAIMS PROCESSING PROCEDURES

A. Who May File A TOP Claim.

Claims may be filed by TOP eligible TRICARE beneficiaries, TOP host nation providers, TGROHC and TRICARE authorized providers as allowed under TRICARE (see the TOM, Chapter 8).

B. TOP Claim Form.

1. Confidentiality requirements for TOP are identical to TRICARE requirements outlined in the TOM, Chapter 8.

2. The overseas MCSC may accept any valid TRICARE approved claim form, current or obsolete.

3. TGRO contractor shall submit claims on the TGRO contractor claim form identified in Chapter 12, Section 12.2, Figure 12-12.2-15.

C. TOP Claims Receipt And Control And Signature Requirements.

1. The overseas MCSC shall follow the claims receipt and control, and signature requirements outlined in the TOM, Chapter 8, except when directed by TMA, Chief, Claims Operation Office. When directed by TMA, the overseas MCSC may not use signature on file and may not accept facsimile signatures.

2. The overseas MCSC shall waive beneficiary signature requirements for claims submitted for TGRO contractor designated providers.

3. As a guideline, all overseas claims shall be sent to the microfilm area, filmed and returned to overseas MCSC's overseas claims processing unit no later than the close of business the following working day of submission.

D. TOP Jurisdiction.

In the early stages of TOP claims review, the overseas MCSC shall determine that claims received are within its contractual jurisdiction. TOP claims processing jurisdictions are identified within the overseas MCSC's contract with TMA and includes all overseas locations except the 50 United States states. When the overseas MCSC receives out of jurisdiction claims, with the exception of claims submitted by the TGRO contractor, the overseas MCSC shall forward such claims to the appropriate TRICARE contractor responsible for processing the claims within 72 hours of identification of the claims as being out of jurisdiction. The overseas MCSC shall inform the beneficiary/provider of the action taken and provide the address of the contractor to which the claim(s) was/were forwarded. TOP jurisdiction

requirements outlined are as follows:

1. See Chapter 12, Section 1.1 for overseas MCSC claims processing responsibilities with the exception of claims submitted by the TGRO contractor.

2. Effective September 1, 2003, the overseas MCSC shall process the TGRO contractor claims for services rendered on or after October 1, 2002 following the guidelines outlined under the TGRO contract and the requirements outlined in this chapter. All TGRO contractor claims must be submitted electronically. When TGRO claims cannot be submitted electronically, the TGRO contractor shall request a waiver from the government POC.

3. Effective September 1, 2003, the overseas MCSC shall process the TGRO contractor 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 claims processing guidelines.

4. Effective September 1, 2001, for all care outlined in paragraph V.D.1., 2., and 3. above and added TGRO contractor claims submitted for payment for ADFM remote care from the TRICARE Pacific region.

5. Effective October 1, 2003, the overseas MCSC shall process the TGRO contractor Navy/Marine Corps claims with a date of service of October 1, 2003 or later.

6. Claims, including TGRO contractor claims, for durable medical equipment purchased/ordered by TOP eligible beneficiaries in an overseas area from a stateside provider (i.e., internet, etc.) shall be processed by the TOP MCSC.

7. For inpatient claims paid under the DRG-based payment system, the overseas MCSC with jurisdiction for the beneficiary's claim address, on the date of admission, shall process and pay the entire DRG claim, including cost outliers. For inpatient claims paid on a per diem basis, to include DRG transfers and short stay outlier cases, and for professional claims that are date-driven, the overseas MCSC with jurisdiction for the beneficiary's claim address, on the date of service shall process and pay the claim.

8. Enrolled ADSM on a ship or at home port overseas care shall not be processed by the member's military unit.

9. ADSM TDY/on leave in an overseas region, from the U.S., claims for overseas care shall be processed by the overseas MCSC responsible for where the ADSM is enrolled or if not enrolled where the ADSM resides. If care is provided in a remote area and is facilitated by the TGRO contractor, the TGRO contractor shall process the claim to payment and then shall submit the claim to the overseas MCSC for payment.

10. ADSM deployed to overseas remote areas, claims for the care shall be processed by the overseas MCSC responsible for processing foreign claims. Remote-enrolled ADSMs who do not use the TGRO contractor for care overseas, care claims shall be processed by the ADSM military service.

11. Reservists on orders for less than 30 days, who are injured while traveling to or from annual training who receive civilian medical care OCONUS, claims should be processed by the reserve member's unit. For countries covered under the TGRO contract, reservists, who are injured while traveling to or from annual training, who receive urgent/emergent care facilitated by the TGRO contractor, claims shall be submitted by the TGRO contractor to the overseas MCSC responsible for processing foreign claims.

12. TRICARE beneficiaries, enrolled or residing in a stateside MCSC region who, while traveling or visiting abroad and receive overseas health care, claims for the overseas care shall be processed by the stateside MCSC responsible for where the beneficiary resides or is enrolled. See paragraph V.Q. for MCSC processing and payment guidelines for these claims.

E. Host Nation Provider Requirements.

1. The overseas MCSC shall use 32 CFR 199.6 and the TOM, Chapter 4 as a guideline for the types of host nation providers which may provide service to TOP/TRICARE beneficiaries. The overseas MCSC is not required to follow the requirements outlined in the TOM, Chapter 5.

2. The overseas MCSC is not required to certify host nation providers unless directed by TMA, Chief, Claims Operations Office. However, if requested by the overseas Regional Directors, the overseas MCSC shall provide their file copies of provider licenses to the overseas Regional Directors. Should the overseas MCSC be directed by TMA to require certification of host nation providers from overseas countries, the overseas MCSC shall follow the requirements outlined in 32 CFR 199.6 and the TOM, 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.

3. The TGRO contractor is responsible for performing on-site verification and provider certification in the Philippines. The overseas MCSC is required to only consider providers certified/confirmed by the TGRO contractor in the Philippines as TRICARE TOP authorized providers no other providers shall be considered an authorized provider. The overseas MCSC shall forward the Philippines host nation provider information who are not TGRO contractor certified/confirmed to TGRO contractor for action. If the TGRO contractor certification action is not completed within 35 days, the overseas MCSC shall deny claims based on lack of provider certification. The TGRO contractor is required to send a spreadsheet with the results of the certification requests (approved/non-approved) to the overseas MCSC, including copies of current licenses/credentials, the host nation providers name and business/billing address and date of certification or denial (see Figure 12-12.2-12 and Figure 12-12.2-13 for the forms that shall be used by the overseas MCSC and the TGRO contractor for obtaining necessary certification.)

a. For the Philippine certification process, the TGRO contractor shall provide electronically to the overseas MCSC and the appropriate overseas Regional Director, a current file of the certified Philippines providers. Upon receipt of the files, the overseas MCSC 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 TGRO

contractor and the appropriate overseas Regional Director. For those certified non-network Philippine providers, the overseas MCSC shall assign these providers a separate unique provider ID number. Upon receipt of the TGRO contractor newly certified/authorized Philippine host nation provider file update, the overseas MCSC shall provide the assigned provider number(s) to the TGRO contractor and the appropriate overseas Regional Director by the next business day of receipt.

4. Updates/reconciliations of Philippine providers to be certified or disapproved shall be provided by the TGRO contractor to the overseas MCSC with copies to the Chief, Claims Processing Office and the Regional Director. The TGRO contractor, shall submit separate reports for network and non-network providers. For new non-network providers the TGRO contractor 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 and billing address, including telephone and fax numbers, if available, date of certification/denial, and provider specialty if available. This report shall be submitted weekly. As this process is expanded to other countries, the report shall be submitted weekly. For network providers the TGRO contractor shall follow the process for reporting outlined in paragraph V.E.9. below, for remote area providers.

5. The overseas MCSC and the TGRO contractor shall use the following guidelines for prioritizing certification of Philippine providers as follows:

a. Reviewing new providers.

b. Reviewing the overseas MCSC current certified provider files.

c. Reviewing non-certified providers on claims which have been denied by the overseas MCSC and the beneficiary/provider has followed-up on why the claim was denied.

d. Reviewing non-certified providers on claims which have been denied by the overseas MCSC and the beneficiary/provider has NOT followed-up on why the claim was denied.

6. To assist in identifying the above Philippine provider priorities, the overseas MCSC is required to send to the TMA designee provider certification requests as outlined above. New provider requests will be sent by the overseas MCSC to the TGRO contractor and the Regional Director two (2) times per week on Mondays and Wednesdays. If these days fall on a national holiday the reports will be provided the next day.

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

8. The overseas MCSC shall deny claims submitted from non-certified or non-confirmed host nation providers from the Philippines, advising the beneficiary/provider to contact the TGRO contractor for procedures on becoming certified.

9. For use in processing TGRO contractor claims, the overseas MCSC shall be provided electronic provider files of designated remote overseas providers, including network provider and participating provider information and excluding dental provider files by the TGRO contractor. Upon receipt of the files, the overseas MCSC is required to ensure these providers are designated authorized overseas host nation providers and/or remote overseas 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 the certified providers not in the remote overseas provider network. Also, the overseas MCSC shall be provided by the TMA designated POC, designated remote overseas electronic provider file updates as needed with a replacement provider file on a quarterly basis. These files shall arrive no later than the 15th of every month. Upon receipt of a new provider file update the overseas MCSC shall provide the assigned provider number to the TGRO contractor by the next business day of receipt.

10. The TGRO contractor shall also request separate provider numbers for the billing of commercial air transports.

11. Upon TOP Regional Director request, the overseas MCSC shall provide copies of licensure/certification information for host nation providers, when available, from MCSC provider files.

12. The overseas MCSC is required to assign provider numbers to host nation providers, identify providers as network or non-network, create and submit TEPRVs, to include the TGRO contractor providers.

13. The overseas MCSC shall accept Regional Director Network Provider designation notification letters that designate/undesignate overseas host nation providers/countries as TOP Network preferred providers. Upon receipt of the designation letters, the overseas MCSC is required to update their provider file accordingly and retain a copy of the letter in their provider file. The overseas MCSC shall use the date on the notification letter as the effective begin/end date of TOP network designation. If the designation letter is undated, the overseas MCSC shall contact the appropriate Regional Director for a begin/end date.

14. The overseas MCSC shall receive an electronic Monthly Network Progress Report from the Regional Directors with updates for the previous 60 days. The overseas MCSC shall use this report to reconcile their provider files. The Monthly Network Progress Report shall arrive no later then the 15th of every month.

15. The overseas MCSC shall also receive from the Regional Director, or their designee, provider file updates for TGRO contractor designated providers. The electronic files will be sent to the overseas MCSC for updates as needed. Upon receipt of a new TGRO contractor provider update the overseas MCSC shall provide the newly assigned provider number to the Regional Director, or their designee, by the next U.S. business day of receipt.

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

17. Effective September 1, 2002 for the Philippines, Panama and Costa Rica, providers exceeding the $3000 per year billing cap for pharmacy service are required to submit claims using National Drug Coding.

18. For the Philippines, Panama and Costa Rica, the overseas MCSC shall, annually, review billings to determine if providers in these area have exceeded the $3,000 per year billing cap for pharmacy services. High volume providers (determined by total pharmacy services billings exceeding $3,000 in the previous 12 months) identified shall be sent the provider notification letter (see Figure 12-12.2-8) advising them of the TOP National Drug Coding submission requirements and payment for drugs as required in TRM, Chapter 1, Section 15 and this section. The electronic report shall arrive no later than the 15th of month in which it is due. As other countries are added, the report shall include these countries.

19. The overseas MCSC shall provide an electronic report, annually, identifying all high volume overseas pharmacy providers that have exceeded the $3000, per year billing cap for pharmacy services to TMA, Chief, Claims Operation Office, 16401 East Centretech Parkway, Aurora, CO 80011-9066. The reports shall identify the provider, the provider total billed amount, the total amount paid to the provider, and the total amount paid by the government. Upon receipt, the government shall review the report and may notify the overseas MCSC to issue a provider notification letter (see Figure 12-12.2-8) to TMA identified overseas pharmacy providers in other countries than the Philippines, Panama and Costa Rica that have exceeded the $3000 per year billing cap on pharmacy services. The report shall arrive on the 15th of the month in which it is due. As other countries are added, the report shall include these countries.

20. For those provider identified annually as high volume providers (determined by total pharmacy services billings exceeding $3,000 in the previous 12 months), the overseas MCSC shall be required to submit a report annually, by country and provider, which tracks the number of claims, dollars amounts billed vs. paid before the above process was implemented and compares it to the number of claims, dollars amounts billed vs. paid after the above process was implemented. The report shall arrive no later than the 15th of the month in which it is due. As other countries are added, the report shall include these countries.

21. The stateside MCSC is not required to certify host nation providers for care received by stateside beneficiaries (Prime/Standard) who travel overseas and required/received care.

F. Enrollment.

1. The overseas MCSC is not responsible for enrollment requirements outlined in the TOM, Chapter 6, Section 1, for of TOP eligible beneficiaries.

2. When processing claims the overseas MCSC shall consider the requirements for Enrollment Portability, Split Enrollment, Disenrollment and TRICARE Plus outlined in the TOM, Chapter 6 and related requirements outlined in this chapter.

G. Utilization Management/Authorizations.

1. The overseas MCSC is not required to develop a Utilization Management Plan/Program, a Clinical Quality Management Program or develop a plan for interacting with the National Quality Monitoring contractor as outlined in the TOM, Chapter 7.

2. The overseas MCSC is required to advise their customers of those overseas benefits/countries requiring preauthorization/authorization before payment can be made and of the procedures for requesting preauthorization/authorization. Although beneficiaries are required to obtain authorization for care prior to receiving payment for the care requiring TOP preauthorization/authorization, TOP preauthorization/authorization may be requested following the care from the appropriate authority for issuing authorizations (see Chapter 12, Section 8.1). The overseas MCSC shall document preauthorization/authorizations according to current contract requirements.

3. If medical review is required to determine medical necessity of a service rendered the overseas MCSC shall follow the requirements outlined in the TOM, Chapter 7, Section 1 related to medical review staff qualifications and review processes.

4. The TOP preauthorization/authorization must be submitted with the claim or be available on DEERS or when fully implemented the TRICARE Enterprise Wide Referral and Authorization System (EWRAS).

5. Effective October 31, 2003 or when fully implemented the TRICARE EWRAS NAS reason for issuance codes 7, 8, and 9 will be conveyed via ANSI ASC X12N 278 transactions from the TRICARE EWRAS. When fully implemented, the overseas MCSC is required to accept and store and access the NAS (care authorization) information for claims processing and other contractual purposes. When fully implemented the overseas MCSC shall no longer accept paper authorizations from Medical Treatment Facilities (MTFs). The overseas MCSC must be able to receive NASs (care authorizations) in ANSI X12N 278 transactions and later referral and authorization data from the EWRAS in the form of HIPAA-compliant ANSI X12N 997 Functional Acknowledgements to the EWRAS should such acknowledgements be required and specified in the trading partner agreement between the overseas MCSC and EWRAS.

6. Care authorizations are not required for overseas remote area identified at Figure 12-12.2-5.

7. The overseas MCSC must maintain a preauthorization/authorization file.

8. The overseas MCSC shall verify that the beneficiary, sponsor, provider and service or supply information submitted on the claim are consistent with that authorized and the care was accomplished within the authorized period.

9. When necessary, clarification of discrepancies between authorization data and data on the claims shall be made by the overseas MCSC with the appropriate authorizing authority (see Chapter 12, Section 8.1).

10. The overseas MCSC shall consider authorizations valid for 90 days (i.e., date of service must be within 90 days of issue date). The overseas MCSC shall consider retrospective and chronic authorizations valid for the specific date/care authorized.

11. Procedures for preauthorizations/authorizations for stateside inpatient mental health care have been developed between the overseas MCSC's mental health contractor responsible for processing foreign claims and the overseas Regional Directors in coordination with TMA, Chief, Claims Operations Office. The MCSC's mental health contractor is responsible for authorizing/review of all stateside non-emergency inpatient mental health care (i.e., RTC, SUDRF, etc.) and outpatient mental health care sessions nine and above per fiscal year for Prime and Standard overseas beneficiaries. To perform this requirement, the overseas MCSC shall at a minimum provide three twenty-four (24) hour telephone lines: one stateside toll free, one commercial and one fax for overseas inpatient mental health review requirement, sample forms for use by the referring physician when requesting pre-authorization/authorization for care and the system for notification of the overseas MCSC when care has been authorized. Additionally, the overseas MCSC responsible for foreign claim shall:

a. Inform the beneficiary/provider if a desired facility is not a TRICARE authorized facility and offer the beneficiary/provider a choice of alternative facilities and assist with identifying stateside facilities for referring providers.

b. Upon request, either telephonically or by fax, from a referring provider, the mental health review contractor will initiate preauthorization prior to admission for non-emergency inpatient care, including RTC, SUDRF, PHP, etc. (Essentially, all admissions defined by Chapter 1, Section 7.1, as requiring preauthorization). The overseas MCSC responsible for processing overseas claims will arrange ongoing utilization review, as indicated, for overseas beneficiaries admitted to any level of inpatient mental health care.

c. The review determination must conclude in either authorization or denial of care. Review results must be faxed to the beneficiary/provider within 24 hours of the request. The review and denial process will follow, as applicable the processes outlined in TOM, Chapter 7.

(1) The mental health contractor will provide an opportunity to discuss the proposed initial denial determination with the patient's attending physician AND referring physician (if different providers). The purpose of this discussion is to allow further explanation of the nature of the beneficiary's need for health care services, including all factors which preclude treatment of the patient as an outpatient or in an alternative level of inpatient care. This is important in those beneficiaries designated to return overseas, where supporting alternative level of care is limited, as well as support for intensive outpatient treatment. If the referring provider does not agree with the denial determination, then the contractor will contact the appropriate overseas Regional Director to discuss the case. The Overseas Regional Director will provide the schedule and contact information for all overseas Regional Director mental health advisors. The final decision on whether or not to issue a denial will be made by the mental health contractor.

(2) The mental health contractor will notify the referring provider if the patient is returning to ensure coordination of appropriate after-care arrangements, as well as facilitate discussion with the attending provider to ensure continuity of care is considered with the proposed after-care treatment plan.

d. The mental health contractor will adhere to the appeals process outlined in the TOM, Chapter 13.

e. The mental health contractor will also notify the overseas MCSC of the initial review determination and any pending appeals. The overseas MCSC will use this information to process the claim.

f. The overseas MCSC responsible for processing foreign claims, shall notify the Regional Directors and TMA of any changes to phone and fax numbers.

12. If the overseas MCSC has no record of referral/authorization, prior to denial/payment of the claim, the overseas MCSC will follow the TOP POS rules, assuming the service would otherwise be covered under TOP, as outlined in Chapter 12, Section 10.2.

13. For other than the TGRO contractor, the overseas MCSC shall develop procedures for the identification and tracking of TOP enrollee claims submitted by either a TOP host nation designated or non-designated overseas host nation provider without preauthorization/authorization. The overseas MCSC shall provide an electronic file to be Microsoft Office compatible and sortable by all fields of all claims received without preauthorization/authorization or for services rendered by a host nation non-network provider sorted by Regional Director, DMIS-ID on the date of service, last four digits of sponsor SSN, patient name, date of birth, date of care, Health Care Delivery Plan (HCDP) Coverage code, host nation provider of care, host nation providers address, with an ICD9, CPT-4 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 Regional Director action/authorization. (See Figure 12-12.2-2, Figure 12-12.2-3, and Figure 12-12.2-7.) The Regional Director shall review the file, designate authorization/denial/or payment under POS and return the file to the overseas MCSC within two weeks of its receipt at the Regional Director's office. Upon receipt of the signed Regional Director report directing appropriate action to the overseas MCSC, the overseas MCSC shall reprocess the claim as directed. When adjustments are required upon resubmission of the second family claim for the third time, by beneficiary or host nation provider, without Regional Director authorization or direction, the overseas MCSC shall process the third claim following POS payment procedures. The overseas MCSC shall use specific Explanation of Benefits (EOB) messages advising the beneficiaries/host nation providers that authorizations are required on future claims to avoid POS payment.

H. Claim Development.

1. General.

a. Development of missing information shall be kept to a minimum. The overseas MCSC shall use available in-house methods, overseas MCSC files, telephone, DEERS, etc., to obtain incomplete or discrepant information. If this is unsuccessful, the

overseas MCSC may return the claims to sender with a letter which indicates that the claims are being returned, the reason for return and requesting the required missing documentation. The overseas MCSC's system must identify the claim as returned, not denied. The overseas MCSC shall review all claims to ensure TOP required information is provided prior to payment.

b. The following minimal information is required on each overseas claim prior to payment.

(1) Beneficiary/host nation provider signatures. (The overseas MCSC shall accept APO/FPO for the beneficiary address.)

(2) Complete host nation provider name and address.

(3) A valid payable diagnosis, except when the claim is from Belgium. For claims missing a diagnosis, the overseas MCSC shall research their history and apply the diagnosis from a related claim prior to returning the claim. For Belgium claims, the overseas MCSC shall use dummy diagnosis codes since Belgium does not use diagnosis codes.

(4) Identification of the service/supply/DME ordered, performed or prescribed, including the date ordered performed or prescribed. The overseas MCSC may use the date the claim form was signed as the specific date of service, if the service/purchase date/order date is not on the bill. (See paragraph I.C., for further guidance on retail network pharmacy claims).

(5) Care authorizations for TOP Prime enrollees will not be required for any overseas area listed as a remote overseas area (see Figure 12-12.2-5). All overseas MTF areas Defense Medical Information System-Identifications (DMIS-ID) will require care authorizations for care referred by an MTF before claims will be paid overseas. (See Figure 12-12.2-4 and Figure 12-12.2-6 for a listing of MTF areas/countries requiring authorization). (See Chapter 12, Section 8.1 for additional requirements on care authorizations overseas).

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

(7) For TGRO claims, itemization of total charges for commercial air transports are not required.

c. Usual TRICARE Program itemization requirements are not required if the overseas MCSC determines the service/supply/pharmacy/DME is determined to be a benefit of the TOP except for overseas pharmacy claims submitted by high volume overseas providers of pharmacy services. The overseas MCSC shall return all claims from overseas pharmacy services submitted by high volume overseas providers without NDC coding, unless the provider has been granted a waiver as outlined in paragraph V.H.1.i. below.

d. This can vary by country, but drugs identified as non-prescription (over-the-counter) are to be denied. The overseas MCSC 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 TGRO contractor 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.

e. The overseas MCSC shall use $3,000 as the overseas pharmacy service drug tolerance. A limited waiver to the NDC coding and payment requirements may be granted for overseas pharmacy services claims submitted from low volume/small overseas pharmacy providers or TRICARE eligible beneficiaries from the Philippines, Panama and Costa Rica and any other country designated by TMA, when it would create an undue hardship on a beneficiary. High volume overseas pharmacy providers from the Philippines, Panama and Costa Rica and any other country designated by TMA would not qualify for the limited waiver.

f. Claims for durable medical equipment (DME) involving lease/purchase shall always be developed for missing information. For TGRO claims, the contractor shall consider DME as authorized and not require the usual information necessary to process the claim.

g. The overseas MCSC shall use PFPWD claims processing procedures outlined in Chapter 9 when processing PFPWD overseas claims.

h. The overseas MCSC shall deny claims from non-certified or non-confirmed host nation providers when TMA directed overseas MCSC certification/confirmation of the host nation provider prior to payment.

i. Requests for missing information shall be sent on the overseas MCSC TRICARE/TOP letterhead. When development is necessary in TRICARE Europe Region, the overseas MCSC shall include a special insert in German, Italian and Spanish which indicates what missing information is required to process the claim and includes the overseas MCSC address for returning requested information.

j. If the overseas MCSC elects to develop for additional/missing information, and the requests for additional information are not received/returned within thirty-five (35) days the overseas MCSC shall deny the claim.

l. Other TOP Claim Processing Requirements.

1. The overseas MCSC must have an automated data system for eligibility, deductible and claims history data and must maintain on the automated data system all the necessary TOP data elements to ensure the ability to reproduce both TRICARE Encounter Data (TED) and Explanation of Benefits (EOBs) as outlined in the TOM, Chapter 8, Section 8, except for requiring overseas providers to use Health Care Procedure Coding System (HCPCS) to bill outpatient rehabilitation services, issue provider's the Form 1099 and suppression of checks/drafts for less than $1.00. The overseas MCSC is allowed to split claims to accommodate multiple invoice numbers in order to reference invoice numbers on EOBs when necessary.

2. The overseas MCSC shall not pay for pharmacy services obtained through the internet.

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

a. Not submitted by the TGRO contractor.

b. Submitted by the Military Treatment Facility (MTF) or other military command personnel, or by a designated POC; and

c. Accompanied by a completed and signed TRICARE claim form; and

d. Accompanied by either, a Standard Form 1034, a Standard Form 1035 continuation sheet, or a NAVMED 6320/10 (these forms shall be considered an authorization for payment); and

NOTE: The SF 1034, SF 1035 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.

e. DEERS verification indicates the TRICARE Europe active duty member was on active duty at the time the services were rendered.

4. Upon payment for TOP enrolled active duty member overseas/stateside claim, a copy of the EOB and, when applicable, the SF 1034 or SF 1035 or NAVMED 6320/1034, shall also be electronically submitted to the Military Treatment Facility (MTF), or MTF command personnel, or a designated Point of Contact (POC).

5. Emergency submitted non-remote TRICARE Europe active duty service member claims for health care received overseas/stateside not meeting Chapter 2, Section 6.1 policy on emergency department services shall be denied explaining the reason of denial and advising resubmission with proper forms by the appropriate MTF, etc.

6. The overseas MCSC shall deny non-remote TRICARE Europe active duty service member claims for health care received overseas/stateside when any one of the administrative items outlined above in paragraph V.I.3.b. and c. are missing. Upon denial the overseas MCSC shall instruct the non-remote TRICARE Europe active duty member/host nation 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 electronically forwarded to the appropriate overseas Regional Director for further action.

7. The overseas MCSC shall follow the additional specific processing procedures outlined in this chapter when processing claims for TRICARE Europe active duty members stationed in Germany.

8. The overseas MCSC shall pay all TOP non-assigned ADSM stateside claims as outlined in Chapter 12, Section 10.1.

9. Upon denial of non-remote TRICARE Pacific and TRICARE Latin America ADSM Stateside Care copies of EOBs and claims shall be forwarded to the appropriate overseas Regional Director for further action.

10. Effective September 1, 2003, the TGRO contractor shall submit all remote areas claims electronically to overseas MCSC. The TGRO contractor is required to submit all claims in U.S. dollars. The overseas MCSC is required to receive all TGRO contractor claims electronically.

11. The overseas MCSC is required to receive TGRO contractor electronic claims submitted in an X12 HIPPA-compliant format. The overseas MCSC is responsible for entering into a trading partner agreement with the TGRO contractor. 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.

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

13. The TGRO contractor 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 Medical Claims (EMC) submission (i.e., data entry at claims input must separate months by claim line item). TGRO contractor 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 service, etc., the TGRO contractor shall contact the overseas MCSC Electronic Media Claims department for assistance in claims submission prior to the submission of the electronic claim.

14. For all overseas claims, including the TGRO contractor claims, the overseas MCSC shall create and submit TEDs following current guidelines in the TRICARE Systems Manual for TED development and submission. Except for TRICARE Europe non-remote ADSM claims, these claims shall be submitted on vouchers. Non-remote TRICARE Europe ADSM claims shall be submitted as batches. Claim information will be able to be accessed through the TRICARE Care Detail Information System (CDIS).

15. The overseas MCSC shall process claims for TGRO contractor claims following the guidelines outlined in this chapter.

16. The overseas MCSC shall establish high dollar thresholds of $5,000 for non-institutional claims and $10,000 for institutional TOP claims. Claims exceeding these thresholds should be reviewed for medical necessity.

17. TGRO claims related to ambulance services are not required to be submitted using modifier codes for ambulance services.

18. TGRO claims either denied as "beneficiary not eligible" or "found to be not eligible on DEERS" shall request a "good faith payment" from the Beneficiary and Provider Services, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

J. Claims Auditing Software.

The Claims Auditing Software requirements outlined in the TRM, Chapter 1, Section 3 do not apply to TOP claims.

K. Application Of Deductible.

Application of TOP deductible procedures shall follow the guidelines outlined in the TOM, Chapter 8, Section 7 and Chapter 12, Section 2.3, except for the requirements related to claims with negotiated rates.

L. Explanation Of Benefits (EOB) Summary Vouchers.

1. The overseas MCSC shall follow the EOB summary voucher requirements in TOM, Chapter 8, Section 8, where applicable, with the following exceptions and additional requirements:

a. The issuance of the TOP EOB is not optional for TOP Prime beneficiaries.

b. The letterhead on all TOP EOBs shall also reflect "TRICARE Overseas Program" and shall be annotated Prime or Standard.

c. TOP EOBs may be issued on regular stock, shall provide a message indicating the exchange rate used to determine payment and shall clearly indicate that "This is not a bill."

d. TOP EOBs for overseas countries with toll-free service shall include the toll-free number for that country. Additionally, TOP EOBs for overseas enrolled active duty member military claims shall be annotated "ACTIVE DUTY."

e. For Point of Sale or Vendor pharmacy overseas claims, TOP EOBs must have the name of the provider of service on the claim.

f. EOBs shall be issued on each TGRO contractor claims processed. EOB's shall be issued to the TGRO contractor, the TGRO contractor rendering provider, and remote site beneficiaries when during claims processing the overseas MCSC determines Other Health Insurance (OHI) is available. The EOB should explain that prior to services being paid OHI information is required.

g. For TGRO contractor claims invoice numbers shall be inserted in the patient account field on the EOB.

h. The following EOB message shall be used on overseas claims rendered by providers requiring TMA/Regional Director/their designee's certification and they have not been certified. "Your provider has not submitted documentation required to validate his/her training and/or licensure for designation as an authorized TRICARE provider."

M. Duplicate Payment Prevention.

The overseas MCSC shall follow the duplicate payment prevention requirements outlined in the TOM, Chapter 8, Section 9 to include TGRO contractor claims.

N. Double Coverage.

1. TOP claims require double coverage review as outlined in the TRM, Chapter 4.

2. TOP claims determined by the overseas MCSC during processing to have OHI shall be returned for OHI information. Beneficiary/provider disagreements of the overseas MCSC determination shall be coordinated through the overseas Regional Director for resolution with the overseas MCSC.

3. Overseas insurance plans such as Japanese National Insurance (JNI) and Australian Medicare, etc., are considered OHI. Claims involving JNI should include the Japanese insurance points. If the Japanese insurance points are not clearly indicated on the claim/bill, the overseas MCSC shall contact the submitter or the appropriate TOP POC for assistance in determining the Japanese insurance points prior to processing the claim. When necessary the overseas MCSC may contact the appropriate overseas Regional Director for assistance.

4. For TGRO contractor claims determined to have OHI, the overseas MCSC will notify the TGRO contractor of required OHI information via the EOB. Upon receipt of the EOB, the TGRO contractor will contact the appropriate overseas Regional Director for assistance in obtaining the OHI information and resolving such claims. The appropriate overseas Regional Director shall notify the overseas MCSC of the required OHI information, if known and will upon receipt of the OHI information provide the information to the overseas MCSC. Upon notification, the overseas MCSC shall reprocess the TGRO contractor claim.

O. Third Party Liability.

1. The overseas MCSC shall reimburse TOP claims suspected of Third Party Liability (TPL) and then develop for TPL information. Upon receipt of the information, the overseas MCSC shall refer claims/documentation to the appropriate JAG office, as outlined in the TOM, Chapter 11, Addendum B, except for TGRO contractor claims.

2. For TGRO contractor claims involving TPL, the overseas MCSC shall pay the claim and then follow procedures for obtaining the required TPL information. Upon receipt of the information the overseas MCSC shall refer the TPL claims to the appropriate overseas Regional Director for action/review. If the overseas Regional Director determines that the claims involves TPL the overseas Regional Director is responsible for forwarding the claims to the appropriate JAG office as indicated in the TOM, Chapter 11, Addendum B.

P. Fraud and Abuse.

1. The overseas MCSC, when processing overseas claims including the TGRO contractor claims shall follow the Fraud and Abuse requirements outlined in the TOM, Chapter 14.

2. In cases involving check fraud, the overseas MCSC is not required to reissue checks until the investigation is finalized, fraud has been determined, and the overseas MCSC has received the money back from the investigating bank.

3. The TGRO contractor is required to notify appropriate overseas Regional Directors and the overseas MCSC in writing of any new or ongoing fraud and abuse issues.

Q. Reimbursement/Payment Of Overseas Claims.

1. When processing TOP claims the overseas MCSC shall follow the reimbursement payment guidelines outlined in Chapter 12, Section 10.1 and the cost-sharing and deductible policies outlined in Chapter 12, Sections 2.1 and 2.3 and shall:

a. Reimburse claims for host nation services/charges for care rendered to TOP eligible beneficiaries which is generally considered host nation practice but which would not typically be covered under TRICARE. An example of such services may be, charges from host nation ambulance companies for driving host nation physicians to accidents or private residences, etc. For professional services rendered in the Philippines, reimbursement shall be the lower of the billed amount or the CMACs established for Puerto Rico. The balance billing provision will be applied in the Philippines for nonparticipating providers.

b. Not reimburse for host nation care/services specifically excluded under TRICARE.

c. Not reimburse for administrative charges billed separately on claims.

d. Determine exchange rate as follow:

(1) Use the exchange rate in effect on the ending date that services were received unless evidence of Other Health Insurance (OHI) and then the overseas MCSC shall use the exchange rate of the primary insurer, not the rate based on the last date of service to determine the TOP payment amount, and/or;

(2) Use the ending dates of the last service to determine exchange rates for multiple services.

(3) Use the exchange rate in paragraph V.Q.1.d.(1) to determine deductible and co-payment amounts, if applicable, and to determine the amount to be paid in foreign currency.

e. The overseas MCSC shall code lump sum payments instead of line items to minimize conversion problems.

f. For other than TGRO contractor claims and TRICARE Europe overseas provider claims, pay TOP host nation provider submitted claims to the host nation provider in foreign currency.

g. For other than TGRO contractor claims and TRICARE Europe Claims overseas beneficiary claims, pay TOP claims submitted by a beneficiary in U.S. dollars unless the beneficiary requests a foreign currency. Foreign currency payment in foreign currency on the claim at the time the claim was submitted. The payment may not be changed to U.S. dollars after the foreign draft has been issued.

h. 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.

i. The TGRO contractor claims shall be paid in U.S. dollars. Payment shall be made via Electronic Funds Transfer (EFT) as requested. The payment will be issued daily for all claims finalized on that day. The TGRO contractor shall provide the overseas MCSC necessary banking information for the EFT payment.

j. For TGRO contractor claims, the overseas MCSC shall provide a Wire Transfer Reconciliation Report (WTRR) by overseas region, as required, to the TGRO contractor and the respective overseas Regional 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 WTRR shall also include provider name, amount of payment, and the Internal Control Number (ICN). The overseas Regional Directors shall provide audit functions related to these reports for the identification of duplicate payments necessitating recoupment. When the overseas Regional Director identifies claims for recoupment, they shall notify the overseas MCSC to initiate recoupment.

k. Upon payment to the TGRO contractor, the overseas MCSC 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 TGRO contractor. A lag time may occur between wire transfer and EOB arrival. The TGRO contractor shall notify the overseas MCSC of excessive delays (greater than 14 days) in receipt of the mailed EOB.

l. Effective January 1, 2002, payment to Germany, Belgium, Finland, France, Greece, Ireland, Italy, Luxemburg, Netherlands, Austria, Portugal and Spain shall be made in Euro dollars. As other countries transition to Euro, the MCS contractor shall also switch to Euro dollars. The overseas MCSC shall issue drafts/checks for German claims which look like German drafts/checks.

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

n. Pay all beneficiary-submitted healthcare claims for TRICARE covered services for care received at an overseas embassy health clinic to the beneficiary. The contractor is not to make payments directly to the embassy health clinic.

o. Claims for drugs or diagnostic/ancillary services shall be reimbursed by the overseas MCSC following applicable enrollment status deductible/cost-share policies.

p. Not honor any draft request for currency change, except when directed by TMA, Chief, Claims Operations Office, once a foreign currency draft has been issued by the overseas MCSC and the draft has been returned with the request.

q. Shall mail the drafts/checks and EOBs to host nation providers unless the claim indicates payment should be made to the beneficiary or TRICARE Europe active duty member. If the host nation provider has been excluded by the Regional Director from the TRICARE overseas host nation Preferred Provider Network no payment should be made. In conformity with banking requirements, the drafts/checks shall contain the contractor's address. Drafts and EOB shall be mailed using U.S. postage. Additionally, payments/checks may be made to network providers, with an Embassy address.

2. Inpatient and outpatient claims for TRICARE overseas eligible beneficiaries, including ADSM claims, and 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
All stateside/host nation providers.	No See below for stateside authorization exception.	TRICARE Standard	Directly to the host nation provider in TRICARE Europe unless claims indicate pay beneficiary. All other areas as noted on the claim.
Stateside Non-Urgent/ Emergent Inpatient Mental Health Care with authorization.	Yes	TRICARE Standard	Directly to stateside provider in TRICARE Europe unless claims indicate pay beneficiary. All other areas as noted on the claim.
Stateside Non-Emergency Inpatient Mental Health Care without authorization.	Yes	Deny claim.	No payment made.
Retail Pharmacy Network In Puerto Rico, Guam and the Virgin Islands until start work of the new TRICARE Retail Pharmacy contract.	No	TRICARE Standard Drug Payment	Directly to provider.
Retail Pharmacy Network In American Samoa until start work of the new TRICARE Retail Pharmacy contract.	No	**ADFM**: 20% cost-share **All Others**: 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.

TOP ELIGIBLE STANDARD BENEFICIARIES (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Retail Pharmacy Non-Network When stateside until start work of the new TRICARE Retail Pharmacy contract.	No	**ADFM**: 20% cost-share **All Others**: 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.
Outpatient Mental Health Care Session (dx 290-319).	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.
Inpatient non-urgent/ emergent Mental Health Care (dx 290-319) without authorization in countries requiring authorization: Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, the United Kingdom, and Puerto Rico or not rendered by a host nation network provider.	Yes	Point of Service.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
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.
All stateside non-emergent inpatient Mental Health Care without authorization.	Yes	Point of Service.	Directly to the provider unless claim indicates pay beneficiary.
Overseas 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 care 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 start work of the new TRICARE Retail Pharmacy contract.	No	TRICARE Prime	Directly to provider.

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:
Retail Pharmacy Network In American Samoa until start work of the new TRICARE Retail Pharmacy contract (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 until start work of the new TRICARE Retail Pharmacy contract (see Chapter 12, Section 2.1).	No	No deductible/ cost-share.	Pay as indicated on the claim.
Program for Persons with Disabilities (PFPWD) claims, including claims from the TGRO contractor.	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.
All other care from Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, the United Kingdom, and Puerto Rico, rendered by a host nation provider with authorization.	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.
All care from Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, the United Kingdom, and Puerto Rico, not rendered by a host nation network provider or without authorization.	Yes	Point of Service.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
TGRO contractor claims (see Figure 12-12.2-4 and Figure 12-12.2-5) including PFPWD claims.	No	Deductible/cost-share waive.	Directly to TGRO 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.

ENROLLED/NON-ENROLLED ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS FOR GREATER THAN 30 DAYS, 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.

ENROLLED/NON-ENROLLED REMOTE ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS FOR GREATER THAN 30 DAYS, DEPLOYED, TDY, OR ON LEAVE

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
TGRO contractor remote claims for urgent/emergent care only.	No	No deductible/cost-share.	Directly to TOP Remote contractor.

3. Stateside MCSC shall allow TOP ADSM to use the stateside MCSC's stateside retail pharmacy network under the same contract requirements as other MHS eligible beneficiaries (see Chapter 8, Section 9.1).

4. MCSCs responsible for processing TOP claims shall allow TOP enrolled ADFM beneficiaries to use their stateside retail pharmacy network under the same contract requirements as other MHS eligibles (see Chapter 8, Section 9.1).

5. Stateside MCSCs shall process claims for overseas health care received by TRICARE beneficiaries enrolled to or residing in a stateside MCSC region following the guidelines outlined in this chapter, but shall apply the usual financial underwritten requirements specific to their region for referral/authorization, copays, cost shares and deductibles to determine final payment. Payment shall be made from the at-risk account and shall be based on the billed charges.

R. Claims Adjustment And Recoupment.

1. The overseas MCSC shall follow the adjustment requirements in the TOM, Chapter 11 except for the requirements related to financially underwritten funds.

2. The overseas MCSC shall follow the recoupment requirements in the TOM, Chapter 11 for non-financially underwritten funds, except for providers. The overseas MCSC shall use the following procedures for host nation provider recoupments. The overseas MCSC shall:

(1) Send an initial demand letter.

(2) Send a second demand letter at 60 days.

(3) Send a final demand letter at 120 days.

(4) Refer the case 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 months and then shall be written off at 360 days.

3. 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. Invoice numbers shall be provided on all recoupment letters. The overseas MCSC shall include language in the recoupment letter requesting that refunds be returned/provided in the exact amount requested.

4. Recoupments letters sent to Germany, Italy and Spain, shall be written in the respective language

5. The overseas MCSC may hand write the dollar amount and the host nation provider's name and address, on all recoupment letters.

6. If the recoupment action is the result of an inappropriately processed claim by the overseas MCSC, recoupment is the responsibility of the overseas MCSC not the beneficiary/provider.

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

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

S. The Overseas MCSC Customer Service Responsibilities.

TOP customer support is to TOP/stateside Regional Directors, TOP host nation provider, TOP beneficiaries, designated Points of Contact, TOP HBAs, overseas MCSCs, and TMA and shall include the following:

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

2. The overseas MCSC shall identify a specific individual and an alternate as TRICARE overseas coordinator for the Regional Directors, TMA and stateside MCSCs.

3. The overseas MCSC shall identify a specific individual and an alternate as the TOP Debt Collection Officer and shall provide direct telephone and e-mail access to resolve TOP beneficiary debt collection issues.

4. The overseas MCSC shall be responsible for establishing and operating a dedicated TRICARE overseas claims/correspondence processing department with a dedicated staff. This department and staff shall be under the direction of a supervisor, who shall function as the overseas MCSC's POC for TRICARE overseas claims and related operational and support services. The overseas MCSC's special department for TRICARE overseas claims shall include at a minimum the following functions/requirements:

5. The overseas MCSC 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 MCSC 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 5:00 p.m. Central Standard Time and staff with personnel capable of speaking Spanish. Except for Puerto Rico, toll-free lines may only be used by host nation providers, HBAs and designated POCs.

6. The overseas MCSC's TRICARE overseas staff shall have the ability to translate claims submitted in a foreign language and write in German, Italian, Japanese, Korean, Tagalog (Filipino) and Spanish, or shall have the ability to obtain such translation or writing.

7. The overseas MCSC shall have a designated TRICARE overseas coordinator as primary contact for the overseas Regional Directors and for the TGRO contractor. The overseas MCSC shall work with the TGRO contractor when necessary to resolve issues relative to the submission of TGRO contractor submitted claims. When the overseas MCSC and the TGRO contractor are not able to resolve issues, the unresolved issues shall be referred to TMA, Chief, Claims Operations Office.

8. The overseas MCSC shall provide to each TOP Regional Director on-line read only access to their claims processing system. The overseas MCSC shall refer beneficiary, provider, Health Benefit Advisors and Congressional inquires not related to claims status to TMA Chief, Beneficiary and Provider Services Office. The overseas MCSC shall refer unresolved Regional Director issues to TMA, Chief Claims Operations Officer.

9. The overseas MCSC shall provide an E-mail address for receipt of customer claims status inquiries.

10. The overseas MCSC/Regional Directors shall work together when necessary to resolve beneficiary/provider overseas claims issues.

11. The overseas MCSC is required to assist traveling TOP beneficiaries to ensure beneficiary access/receipt of urgent or emergent care in the U.S.

12. U.S. Regional Directors/MTFs are required to ensure TOP Prime enrollees access to MTF care as any other Prime enrollee.

13. The overseas MCSC is required to provide, upon overseas Regional Director request, documentation, for auditing purposes, of the TGRO contractor claims.

T. Appeal And Hearings.

The overseas MCSC is required to follow the requirements outlined in 32 CFR 199.10 and the TOM, Chapter 13 related to appeals and hearing process except for TGRO contractor claims. The overseas MCSC 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 areas. For TGRO contractor claims the appeals and hearing process is as follows:

1. Pre-Authorization. The TGRO contractor 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.

2. Denial of Treatment for ADFM. When authorization is denied by the TGRO contractor and after initial denial determination by the remote site contractor, the appeals procedures of the 32 CFR 199.10 apply for the appealing party.

3. Denial of Treatment for ADSM. When authorization is denied by the TGRO contractor after initial determination by TGRO contractor, the ADSM or their appointed representative may appeal the denial of benefit/treatment to the appropriate Regional Director. The decision of the appropriate Regional Director is the final determination. The overseas MCSC is required to maintain a log by Regional Director of overturned disputes.

4. Reconsiderations. The TGRO contractor initial denial determinations shall be appealed/directed to the overseas MCSC. The overseas MCSC shall perform the reconsideration review.

5. Improperly Authorized Treatment. Should the overseas MCSC determine that earlier treatment authorized by the TGRO contractor was improperly authorized, and the TGRO contractor wishes to dispute that determination, the matter shall be submitted to the Regional Director for final review. The overseas MCSC shall maintain a log by Regional Director of all overturned disputes.

U. Health Insurance Portability And Accountability Act (HIPAA).

The overseas MCSC shall comply with the HIPAA requirements related to foreign claims processing, in the TOM, Chapter 21 and as required in this chapter.

V. Audits, Inspections And Reports.

1. The overseas MCSC is required to follow the requirements outlined in the TOM, Chapter 15 related to Audits and Inspections except TOP claims shall not be included in the TMA quarterly claim audit.

2. The overseas MCSC is not required to submit the monthly reports outlined in the TOM, Chapter 15, Section 3 except for the toll-free Telephone Report.

3. The overseas MCSC is required to submit the weekly and monthly cycle time and aging reports outlined in the TOM, Chapter 15, Section 4.

4. The overseas MCSC is not required to submit the quarterly reporting outlined in the TOM, Chapter 15, Section 5, except for the Fraud and Abuse reports.

5. The overseas MCSC is not required to submit the annual reports outlined in the TOM, Chapter 15, Section 6 and 7 except for the Fraud Prevention Savings report.

6. All reports shall be submitted electronically using Microsoft Office compatible software and must be sortable by all fields and by TOP Regional Director.

7. All reports, annual, 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, 16401East Centretech Parkway, Aurora, CO 80011-9066.

8. The overseas MCSC shall submit the following TOP reports sorted by TOP Region/TOP Regional Director:

a. 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, last four digits of SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, amount allowed, if available TED ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

b. 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, last four digits of SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, amount allowed, if available TED ICN number. This report shall have a separate breakout for ADFM Stateside

claims. This report will also have a summary page showing current claim inventory and processing cycle time.

c. 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, last four digits of SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, amount allowed, if available HCSR ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

d. 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, last four digits of SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, amount allowed, if available HCSR ICN number. This report will also have a summary page showing current claim inventory and processing cycle time.

e. MONTHLY PAID CLAIMS AND CURRENT INVENTORY RETIREES AND DEPENDENTS OF RETIREES REPORT. The fields to be reported are: 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, last four digits of SSN, begin and end dates of service, ICD9 code, CPT-4 code, host nation provider name, host nation provider address, amount billed, amount paid, amount allowed, if available HCSR ICN number. This report shall include separate breakouts for TRICARE for Life and TRICARE Senior Pharmacy claims and Stateside claims. This report will also have a summary page showing current claim inventory and processing cycle time.

f. 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, amount allowed, 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.

g. MONTHLY HOST NATION NETWORK PROGRSS 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, provider information (name, address, specialty code, eligibility code (i.e., provider status), eligibility begin and end date), number of claims billed, amount paid, and amount allowed. This report shall be supplied electronically on an Excel spreadsheet.

h. MONTHLY SUMMARY PROGRESS REPORT. This electronic report shall summarize for the month, the percentage of claims provided by network, non-network and Partnership providers.

i. 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, specialty, effective and expiration dates in the network, provider name and address.

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

k. 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. The report shall be submitted electronically in an Excel spreadsheet.

l. Monthly TRICARE Europe Active Duty Member and other ADSM Stateside/ Overseas claims to the following military offices:

(1) Director, TRICARE Europe Office/TEO
Unit 10310
APO AE 09136-0005

(2) Fleet Surgeons Office, U.S. Navy Europe
Fleet Medical Officer
CINCUSNAVEUR
PSC 802 Box 2
APO AE 09499-0151

(3) U.S. Air Force In Europe
HQ USAFE/SG
Unit 3050 Box 130
APO AE 09094-0130

(4) Commander, U.S. Army Europe (ERMC)
Attn: ERMC Managed Care POC
CMR 442
APO AE 09180

(5) U.S. Central Command
HQ USCENTCOM (CCSG)
715 South Boundary Blvd.
MacDill AFB, FL 33621-5101

(6) CMDR EUCOM TRICARE Liaison
Attn: EUCOM TRICARE Liaison POC
Unit 30400, Box 3055
APO AE 09128-4209

(7) 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 POC in each of the above listed military offices to work with the overseas MCSC. The overseas MCSC shall submit monthly, on the 15th 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.

m. The TGRO contractor is required to provide to the Government identified POCs to receive daily, weekly, monthly, quarterly, semi-annual and/or annual reports as required in this chapter or in the TGRO Contract to the government identified POCs.

- END -