

GENERAL

1.0. GENERAL

The TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) encompasses the processing of all TRICARE claims for services rendered within the 50 United States and the District of Columbia, as well as Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands, to individuals who have dual eligibility under both TRICARE and Medicare. The TDEFIC contractor shall process all such “dual eligible” claims, received on or after the starting date for TDEFIC claims processing established for each respective TRICARE region, regardless of the date of the services being claimed. As an exception to this general rule, the outgoing contractor shall process all claims for services rendered by network providers, where the outgoing contractor’s network provider agreement specifically mandated that they would process the timely claims of the network provider for certain service dates.

2.0. DUAL ELIGIBLE BENEFICIARIES

There are six general categories of beneficiaries who have dual eligibility under both TRICARE and Medicare and whose claims will be processed under TDEFIC:

- 2.1. TRICARE beneficiaries who are 65 or older and who are entitled to premium-free Medicare Part A and who have Medicare Part B;
- 2.2. TRICARE beneficiaries who are 65 or older and who are not entitled to premium-free Medicare Part A on their own record or the record of their current, former, or deceased spouse; but have Medicare Part B;
- 2.3. Active Duty Family Members (ADFM)s who are 65 or older and who are entitled to premium-free Medicare Part A only;
- 2.4. TRICARE beneficiaries who are entitled to premium-free Medicare Part A because of a disability or End Stage Renal Disease (ESRD) and who have Medicare Part B;
- 2.5. ADFMS who have a disability or ESRD are entitled to premium-free Medicare Part A only (While those with Medicare based on disability get a special enrollment period and therefore are not subject to the Part B premium surcharge, the special enrollment period does not apply to those with ESRD. ESRD patients who do not keep Medicare Part B when first eligible may have to pay a surcharge of 10% for each 12 month period that they could have enrolled in Part B but did not.); and
- 2.6. TRICARE eligible individuals who are entitled to premium-free Medicare Part A because of a disability, where Social Security Disability Insurance (SSDI) is awarded on appeal. These beneficiaries remain TRICARE eligible for the period where only Part A was effective. If a beneficiary declines Part

B coverage he/she will be ineligible for TRICARE from the original effective date of Part B until Part B coverage is reinstated.

3.0. APPLICABILITY OF TRICARE REQUIREMENTS

Unless specifically waived or superseded by the provisions of this chapter, all normal TRICARE requirements set forth in the TRICARE Operations Manual (*TOM*), *TRICARE* Policy Manual (*TPM*), *TRICARE* Reimbursement Manual (*TRM*), and *TRICARE* Systems Manual (*TSM*) apply to claims processed under TDEFIC.