

TRICARE ALASKA

1.0. GENERAL

1.1. All provisions contained in the TRICARE Managed Care Support (MCS) Contract, TRICARE Operations Manual (TOM), TRICARE Policy Manual (TPM), TRICARE Systems Manual (TSM), or TRICARE Reimbursement Manual (TRM) shall apply in the state of Alaska except as specifically modified by this chapter. *Chapter references in this section refer to the TOM unless otherwise specified.*

1.2. *The TRICARE program is not automatically implemented in all areas where it is potentially applicable. Implementation of the program requires an official action by an authorized individual in accordance with 32 CFR 199.17(a)(5). Network implementation will be published in the Federal Register.*

2.0. OPTIMIZATION

While overall responsibility and accountability remains with the Regional Director (RD), TRICARE Regional Office-West (TRO-W), the MCS Contractor (MCSC) is responsible for managing preferred network development and operations in the state of Alaska.

2.1. *Consistent with existing Memorandums of Understanding (MOUs), the MCSC shall optimize the Military Treatment Facility (MTF) for all appropriate specialty requests for care received from outside of the MTF within established TRICARE guidelines and access standards. Specialty care that cannot be provided by the MTF or scheduled within TRICARE access standards in the MTF shall be referred to the network as determined by MCSC in coordination with the MTF.*

2.2. *The MCSC shall use every appropriate opportunity for beneficiary and provider education to influence beneficiary and provider behavior in a manner that encourages MTF optimization.*

3.0. BENEFICIARY SATISFACTION

The contractor shall achieve the highest level of beneficiary satisfaction possible in the state of Alaska. The contractor's administrative processes shall be designed and operate to ensure ease in accessing TRICARE information and benefits. These processes shall be designed recognizing the unique nature of health care delivery within the state of Alaska and continuously operated in a manner that achieves the highest level of beneficiary satisfaction. Additionally, beneficiary satisfaction activities shall be coordinated with MTFs and the TRO-W Alaska Branch to achieve a coordinated, uniform approach to Department of Defense (DoD) customer services in Alaska.

4.0. BEST VALUE HEALTH CARE

The contractor shall support the best value in the delivery of health care services in the state of Alaska through the efficient operation of all administrative processes. This includes supporting MTF Right Of First Refusal (ROFR), educating beneficiaries and providers on the benefit of using the MTF based on the collaborative agreement with the MTF Commander, and efficiently and effectively operating all administrative processes.

5.0. TRANSITIONS

The contractor shall be fully responsible for all transition activities in the state of Alaska. The contractor shall ensure all required contractor services are fully operational in accordance with Chapter 1.

6.0. ACCESS TO DATA

The contractor shall provide ready access to Government personnel for the state of Alaska in the same manner as provided in all other West Region locations.

7.0. ADMINISTRATION

The contractor shall comply with all provisions of Chapter 1, with the following exceptions:

7.1. Contractor accomplished preauthorization shall be limited to inpatient mental health care for non-Prime enrollees *and those enrolled to civilian Primary Care Managers (PCMs)*. The MTF will preauthorize/authorize all services for TRICARE Prime enrollees, as required. *The MCSC shall comply with the preauthorization requirements specified in Chapter 7, Section 2 for Standard beneficiaries and those enrolled to civilian PCMs.*

7.2. The contractor shall process *any* grievance related to contractor personnel or contractor actions. Grievances related to MTF providers shall be forwarded to the responsible MTF within five calendar days of receipt (see paragraph 19.0. for Appeals) *for resolution. The contractor shall process all grievances related to civilian providers consistent with Chapter 12, Section 9.*

7.3. The contractor shall accomplish all Start-up Requirements as specified in the TOM except the provisions of Chapter 1, Section 8, paragraph 2.2., "Execution of Agreements With Contract Providers" shall not apply. However, the MCSC shall load all *preferred* providers to the MCSC's *provider directory* within 30 days.

8.0. RECORDS MANAGEMENT

The contractor shall comply with the provisions of Chapter 2.

9.0. FINANCIAL ADMINISTRATION

The contractor shall comply with all of the provisions of the TOM. The contractor shall apply the appropriate financial provisions to the claims for *TRICARE enrollees in the state*

of Alaska based on the Government's ultimate decision regarding the underwriting of health care performed in Alaska.

10.0. PROVIDER CERTIFICATION AND CREDENTIALING

The contractor shall comply with the provisions of Chapter 4, for providers rendering care in the state of Alaska.

11.0. SUPPORT OF TRICARE PROVIDERS

11.1. *The contractor is required to provide assistance to the Government in servicing participating and non-participating providers. This assistance shall include certifying and credentialing providers according to paragraph 10.0. The contractor shall provide the appropriate level and number of provider representatives to service the participating and non-participating providers throughout the state of Alaska. The provider representative shall be located in contractor furnished facilities in close proximity to the MTF. The provider representative shall assist in establishing provider networks. The contractor's provider representatives shall also assist providers with TRICARE questions/problems as necessary. In this role, the provider representative shall be supported by all appropriate contractor staff and systems. For example, if a provider wishes to determine the status of a claim, he can call the contractor's claims information toll-free telephone number or check the status via an electronic means. However, if a provider requests the assistance of an individual on-site at the provider's office to resolve problems, the provider representative shall provide the assistance.*

11.2. *Alaskan providers shall not be required to submit claims electronically. As such, Alaskan claims shall be removed from both the numerator and the denominator when computing the percentage of claims submitted electronically.*

12.0. ENROLLMENT

12.1. The contractor is responsible for all enrollment activity in the state of Alaska in accordance with the provisions of Chapter 6. Enrollments within the state of Alaska shall all be to PCMs located within a MTF or in PSAs around a limited number of MTFs, to PCMs in the TRICARE network.

12.2. *Where enrollment to private sector PCMs is permitted, the contractor shall coordinate with the MTF Commander to ensure the combined total of MTF and private sector enrollees does not exceed the number for which compliance with TRICARE Prime access to care standards can be assured, considering MTF and preferred provider network resources together. Enrollment will be to the MTF first and then to the private sector at the discretion of the MTF Commander in coordination with the contractor.*

13.0. UTILIZATION AND QUALITY MANAGEMENT

The contractor shall comply with the provisions of Chapter 7, regarding utilization and quality management. In doing so, the contractor shall establish a separate utilization management plan for care received in the state of Alaska. This plan shall recognize that the MTF PCM is responsible for services rendered to his/her TRICARE Prime enrollees. As such, the MTF is responsible for issuing all authorizations for its Prime enrollees. The contractor is

responsible for ensuring that MTF issued authorizations are entered into all applicable contractor systems to ensure accurate, timely customer service and claims adjudication.

13.1. Cases for care rendered in the state of Alaska *shall* be included in the selection of cases for review by the *National Quality Monitoring Contractor* (NQMC) per [Chapter 7, Section 3](#). If the NQMC identifies an aberrant provider from the state of Alaska, and the provider is a network provider, the MCSC shall advise the *TRO-W Alaska Branch* of the findings.

13.2. The contractor shall comply with and include care rendered in the state of Alaska in its *Clinical Quality Management Program* (CQMP) per [Chapter 7, Section 4](#). The *Clinical Quality Management Program Annual Report* (CQMP AR) shall include a separate section specifically addressing Alaska.

13.3. *All potential quality issues and unusual provider findings by the NQMC during their case reviews shall be processed and investigated by the MCSC per existing Clinical Quality Management (CQM) policies.*

14.0. CLAIMS PROCESSING

The contractor shall process claims in accordance with [Chapter 8](#).

15.0. DUPLICATE CLAIMS

The contractor shall comply with [Chapters 9](#) and/or [10](#), as appropriate, for the identification, correction and resolution of duplicate and potentially duplicate claims.

16.0. CLAIMS ADJUSTMENTS AND RECOUPMENTS

The contractor shall comply with the provisions of [Chapter 11](#), regarding claims adjustments and recoupments.

17.0. BENEFICIARY AND PROVIDER SERVICES (B&PS)

17.1. The contractor shall comply with the provisions of [Chapter 12, Section 1](#) relating to the provision of marketing and education materials in the state of Alaska.

17.2. The contractor shall comply with the provisions of [Chapter 12, Section 2](#) and the TRICARE *MCS* contract, Section C-7.17 regarding briefings within the state of Alaska.

18.0. TRICARE SERVICE CENTERS (TSCs)

The contractor shall operate TSCs at every MTF in the state of Alaska. These TSCs shall be the primary source of customer service for TRICARE beneficiaries requesting on-site information and/or assistance. The functions of the TSC shall be as specified in [Chapter 12, Section 3](#). In providing assistance with referrals, the MCSC shall first *direct* all beneficiaries to the MTF (beneficiaries referred out of the MTF *for specialty services shall* not be referred back to the MTF) and then to the network. The MCSC shall maintain an up-to-date list of network providers.

18.1. The contractor shall comply with the provisions of [Chapter 12, Section 4](#) in accomplishing Beneficiary, Congressional, and Health Benefits Advisor (*HBA*) relations within the state of Alaska.

18.2. The contractor shall comply with the provisions of [Chapter 12, Section 5](#) in responding to inquiries regarding TRICARE within the state of Alaska.

18.3. The contractor shall comply with the provisions of [Chapter 12, Section 6](#).

18.4. The contractor shall provide toll-free telephone service to Alaskan beneficiaries in accordance with the provisions of [Chapter 12, Section 7](#).

18.5. The contractor shall provide allowable charge reviews in accordance with the provisions of [Chapter 12, Section 8](#).

18.6. The contractor shall operate a grievance process in accordance with [paragraph 7.2](#) and [Chapter 12, Section 9](#).

18.7. The contractor shall administer collection actions against beneficiaries in accordance with [Chapter 12, Section 10](#).

19.0. APPEALS AND HEARINGS

The contractor shall implement and operate an appeals system for services requested or rendered in the state of Alaska in accordance with [Chapter 13](#).

20.0. PROGRAM INTEGRITY

The state of Alaska shall be included in the contractor's regional Program Integrity Program per [Chapter 14](#).

21.0. AUDITS, INSPECTIONS, AND REPORTS

21.1. The contractor shall comply with the provisions of [Chapter 15](#), regarding audits, inspections and reports. *The MCSC shall provide a monthly provider adequacy report to the Contracting Office and the RD, TRO-W. The report should be provided within ten calendar days following the close of the reporting period. The report shall consist of the following information by Prime Service Area (PSA) by zip code:*

- *The number of network providers by specialty;*
- *The number of network provider additions and deletions during reporting period by specialty;*
- *Activities undertaken to obtain additional providers in areas deemed to be federally underserved or lacking sufficient numbers of participating providers to meet prescribed standards of access;*
- *Percentage of enrollees referred for private sector specialty care seen by the network providers;*
- *Percentage of enrollees seen by network providers within access standards.*

21.2. *The TRICARE network should be developed so that 75% of enrollee referrals are to an MTF or civilian network provider.*

22.0. RD/MTF CONTRACTOR INTERFACES

The contractor shall comply with the requirements of [Chapter 16](#) when developing and operating MTF and *RD* interfaces. The contractor shall also enter into an agreement with the *TRO-W* Alaska *Branch*, as required by the *MCSC*, regarding contractor activities in the state of Alaska.

23.0. TRICARE PRIME REMOTE (TPR) PROGRAM

The contractor shall operate the *TPR* program in the state of Alaska in accordance with [Chapter 17](#).

24.0. CIVILIAN CARE REFERRED BY MHS FACILITIES

The contractor shall comply with the provisions of [Chapter 18](#) in the state of Alaska.

25.0. CIVILIAN HEALTH CARE (CHC) OF UNIFORMED SERVICE MEMBERS

The contractor shall comply with the provisions of [Chapter 19](#) for services in the state of Alaska provided through the Supplemental Health Care Program (*SHCP*).

26.0. DEMONSTRATIONS

The contractor shall comply with the provisions of [Chapter 20](#) for eligible beneficiaries in the state of Alaska.

27.0. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

The contractor shall comply with the provisions to [Chapter 21](#) when administering the TRICARE *program* in the state of Alaska.

28.0. TRICARE DUAL ELIGIBLE FISCAL INTERMEDIARY CONTRACT (TDEFIC)

The contractor shall not be responsible for services that are the responsibility of the TDEFIC contractor in the state of Alaska. This does not relieve the *MCSC* from their customer service responsibilities to dual-eligible beneficiaries.