

AMBULANCE/AEROMEDICAL EVACUATION SERVICES IN OVERSEAS LOCATIONS FOR TRICARE PRIME-ENROLLED ACTIVE DUTY FAMILY MEMBERS (ADFMs) AND RELATED SERVICES TO OTHER BENEFICIARIES

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AUTHORITY:

I. GENERAL

The purpose of the following is to provide emergency service support under the TRICARE Global Remote Overseas (TGRO) contract to cover timely access and coordination of emergent services in overseas locations for all ADFMs enrolled in TRICARE Prime, regardless of enrollment site or residence. This includes ADFMs enrolled in TRICARE Overseas Program (TOP) Prime (with enrollment to an overseas Military Treatment Facility (MTF)) or TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFMs) (in the 50 United States and the District of Columbia (DC)).

II. CONTRACTOR RESPONSIBILITIES

A. The TGRO contractor shall arrange for ambulance/aeromedical evacuation services for all Prime enrolled ADFMs (regardless of enrollment location) in overseas locations. Except for normal TRICARE cost-shares, these beneficiaries shall not be responsible for any up-front payments for ambulance service (to include aeromedical evacuation, when medically necessary as defined in [32 CFR 199.2](#)). The TGRO contractor shall establish business processes (e.g., Guarantee of Payment to host nation ambulance provider) accordingly.

B. The TGRO contractor shall facilitate medically necessary ambulance/aeromedical evacuation services for all TRICARE-eligible beneficiaries not identified in [paragraph II.A.](#) (regardless of enrollment location or residence). The contractor is not required to establish business processes (e.g., Guarantee of Payment) to limit up-front payments for these beneficiaries.

C. The TGRO contractor shall coordinate all patient movements with the MTF (for TOP Prime enrollees), the TRICARE Area Office (TAO), and the military transport agency (Global Patient Movement Requirements Center (GPMRC) or Theater Patient Movement Requirements Center (TPMRC)). Since medical evacuations may involve transfers between TRICARE regions, the TGRO contractor shall establish processes for coordinating medical evacuations with the stateside Managed Care Support Contractors (MCSCs). The TGRO contractor shall also work cooperatively with the TRICARE Dual Eligible Fiscal Intermediary

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CHAPTER 12, SECTION 10.4

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Contract (TDEFIC) contractor to provide customer service support, and to facilitate the medically necessary evacuation of TRICARE dual-eligible beneficiaries.

D. The TGRO contractor shall ensure that ambulance/aeromedical evacuation services can be accomplished in an expeditious manner that is appropriate and responsive to the beneficiary's medical condition. The contractor may establish a dedicated unit for responding to such requests, or may augment existing service units. Contractor staff must be available for ambulance/aeromedical evacuation assistance 24 hours per day, seven days per week, 365 days per year.

E. The TGRO contractor shall maximize the use of military medical transport services before considering other options. If military medical transport services are not available (or if services cannot be provided in a timely manner that is appropriate for the patient's medical condition), the contractor shall attempt to arrange services through the most economical commercial resource that is capable of providing appropriate services within the required time frame. Private, chartered evacuation services will only be used as a last resort when all other options have been exhausted. The contractor shall document their rationale and selection process for any commercial and/or private, chartered evacuation services. If multiple resources are identified that are capable of providing the needed services, the contractor shall select the resource that represents the best value to the government. Upon request, the contractor shall provide TRICARE Management Activity (TMA) with documentation supporting their rationale and selection process.

F. Upon transfer to a facility for stabilization and care, the TGRO contractor shall coordinate with the appropriate MTF, stateside MCSCs or TAO to advise of the patient's transfer and to provide further assistance as appropriate.

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