

## TRICARE Overseas Program (TOP) Point Of Contact (POC) Program

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### 1.0 GENERAL

The TRICARE Overseas Program (TOP) Point of Contact (POC) Program is a liaison service that assists remote site beneficiaries by facilitating timely TRICARE claims filing and payment. As needed, the TOP POC Program shall assist with coordinating the return travel for Active Duty Service Members (ADSMs) and TRICARE Prime enrolled Active Duty Family Members (ADFMs) after a medical evacuation. The TOP POC program was established in 1991 and continues to be successful because of the ongoing oversight and support by the Uniformed Services Branches.

### 2.0 POC DESIGNATION

**2.1** Designated TOP POCs are established by the Uniformed Services, the Defense Intelligence Agency (DIA), the Defense Security Assistance Agency (DSAA), or other organizations as established by the government, with final approval by the TRICARE Area Office (TAO) Directors.

**2.2** Requests for POC designation shall be submitted in writing by the Commanding Officer of a military organizational unit or location, Defense Attache Offices (DAOs), and Security Assistant Organizations (SAOs) to the appropriate TAO Director. Requests for POC designation should include the POC's name, anticipated date of transfer/reassignment from the unit or location 24-hour commercial fax number, 24-hour commercial phone number, e-mail address, and a valid and secure mailing address for pouch mail. The request should indicate whether the individual is being designated as the primary POC or alternate POC (if any), along with the names of other POCs in the organization. The request should also indicate whether the POC will be replacing a previously designated POC who is scheduled for reassignment or transfer. POC designation is generally limited to one primary POC and one or two alternate POCs per organization. If more than two alternate POCs are desired, the organization must submit additional justification with the request.

**2.3** Upon receipt of a written request for POC designation, the TAO Director will review the nomination for approval. After approval has been granted, the TAO Director will notify the TOP contractor of the POC designation. This notification must be in writing and may be sent electronically or faxed to the contractor, with a copy to the POC's organization, the **Defense Health Agency (DHA)** Contracting Officer Representative (COR), and the **DHA** technical expert for overseas claims.

**2.4** POC designations are not Uniformed Service-specific, nor is designation limited to a specific beneficiary category (e.g., ADSM) or a specific TRICARE benefit category (e.g., medical, pharmacy, maternity, etc.).

**2.5** POC organizations are responsible for providing updated POC information to TAO Directors and the TOP contractor as needed. Information updates for designated primary/alternate POCs must be provided in a timely manner to avoid possible delays in claims processing. Updates to POC's commercial fax/phone numbers, e-mail address, and mailing address shall be e-mailed directly to the appropriate TAO Director as soon as the change occurs.

**2.6** Primary and alternate POCs are responsible for notifying the appropriate TAO Director in writing of any pending reassignments or transfers. This written notification should indicate the POC's projected date of departure, the names of any remaining POCs in the organization, and whether a new POC will be designated as a replacement. If a new POC will be designated, the POC's organization should request designation as outlined in [paragraph 2.2](#).

### **3.0 GOVERNMENT RESPONSIBILITIES**

**3.1** POCs shall assist TRICARE beneficiaries (including ADSMs) with the timely completion and filing of TOP claim forms. POCs shall secure and safeguard Protected Health Information (PHI), Personally Identifiable Information, and Sensitive Information for TRICARE beneficiaries in accordance with Department of Defense (DoD) 5400.11-R, "Department of Defense Privacy Program", May 14, 2007 and DoD Instruction 8500.2, "Information Assurance Implementation", February 6, 2003.

**3.2** Under no circumstance will a POC sign as a claimant for any beneficiary's claim other than the POC's personal claim.

**3.3** As needed, the POCs shall assist ADSMs and Prime enrolled ADFMs with coordinating their return travel after a medical evacuation and hospital discharge with the ADSM or ADFM service representative. This shall include making the necessary phone calls and sending e-mails to assist with the return travel. The POCs will assist to the extent possible using the existing personnel. The Services' commands are still responsible for arranging and funding the return travel.

**3.4** Each TAO office shall develop and distribute a region-specific POC Program booklet outlining specific POC duties and responsibilities. Each TAO office shall also develop and implement region-specific POC training. POC booklets and training materials shall include instructions regarding the security requirements identified in [paragraph 3.1](#) and other relevant security instructions. POCs shall use the current version of their region's POC booklet (and any additional training materials and sessions) as a guide in the performance of their POC duties.

**3.5** Questions regarding specific POC duties and responsibilities shall be addressed to the appropriate TAO office for resolution.

### **4.0 TOP CONTRACTOR RESPONSIBILITIES**

The TOP contractor shall:

**4.1** Maintain a current listing of POCs, in coordination with the TAO offices.

**4.2** Assist DHA staff, TAO staff, POCs, Uniformed Services, TRICARE beneficiaries, and **purchased care sector** providers with information on the completion and filing of TRICARE claims.

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**4.3** Provide a dedicated P.O. Box, dedicated fax number, and dedicated e-mail address for the receipt of TOP claims and correspondence from all designated POCs. The fax number must be able to receive data 24 hours a day, seven days a week.

**4.4** Develop procedures for the coordination, control, tracking, and processing of health care claims that are submitted by POCs in accordance with established standards for the protection of health information. This includes, but is not limited to, microcopying/imaging of claims upon receipt, storage/maintenance of the claim and all related correspondence, verification of beneficiary eligibility for TRICARE benefits, development of claims for missing information, processing of claims, and issuance of foreign drafts/U.S. dollar checks/Explanation of Benefits (EOB).

**4.5** Contact the appropriate POC (via phone, fax or e-mail) when additional information is needed to process a claim submitted by that POC. The TOP contractor shall pend the claim for 14 calendar days following POC notification. If the requested information is not received by the contractor by the Close Of Business (COB) on the 14th calendar day following POC notification, the contractor shall deny the claim.

**4.6** Accept only faxed claims/inquiries/information faxed by an officially designated primary or alternate POC. Electronic mail may also be used for TOP inquiries/information, subject to all applicable privacy rules.

**4.7** Report POC inquiries (including fax, e-mail, and letters) as routine correspondence as outlined in [Chapter 1, Section 3](#).

**4.8** Pay all beneficiary-submitted claims for TRICARE covered drugs dispensed by a U.S. embassy health clinic to the beneficiary. The contractor shall not make payments directly to an embassy health clinic.

**4.9** Professional services rendered by a U.S. embassy health clinic are not covered by TRICARE/TOP. Those services are covered under International Cooperative Administrative Support Services (ICASS) agreements. Embassy providers (acting as Primary Care Managers (PCMs)) may refer TOP enrollees to **purchased care sector** providers; these claims shall be processed per TOP policy and procedures.

**4.10** Use priority pouch mail to mail foreign drafts/U.S. dollar checks/EOBs for claims submitted via POCs. Priority pouch mail must be sent to the appropriate POC's location, unless a single point of dispersal for all payments has been established for that country. In those locations where a single point of dispersal has been established for all payments for that country, the TOP contractor shall batch payments/EOBs by country and mail the payments/EOBs in pouches to the designated point of dispersal at least once every five working days. Payments and EOBs that are placed in pouch mail shall be placed in sealed separate envelopes by individual beneficiary/**purchased care sector** provider for POC distribution. Pouch mail shall normally be sent via overnight mail delivery; however, if overnight mail service is not available or is not timely in a foreign location, the contractor shall use the most expeditious means available.

**4.11** Report unresolved claims problems or issues between the POC and the contractor to the TAO Director and the **DHA** COR.

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**Note 1:** Under no circumstance will any payment be made payable to a POC other than the POC's personal claim. POCs are not authorized to sign as a claimant for any beneficiary's claim other than the POC's personal claim.

**Note 2:** POCs also assist TRICARE Dental Program (TDP) beneficiaries with the submission of dental claims. POC responsibilities for TDP claims are described in the POC Program booklet. The TOP contractor is not responsible for processing dental claims, except for adjunctive dental services as identified in the TRICARE Policy Manual (TPM), [Chapter 8, Section 13.1](#) and remote ADSM claims in accordance with [Section 10](#). POC-submitted TDP claims that are misdirected to the TOP contractor shall be returned to the appropriate POC.

**4.12** Follow the inquiry process outlined in this section for POC requests for claims status update and for POC requests for changes to mail, fax numbers, etc.

**4.13** Upon receipt of a POC inquiry and once the inquiry is completed, fax the response back to the person identified as the POC. The TOP contractor shall follow the faxed POC inquiry with a phone call, if necessary.

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