

TRICARE Overseas Program (TOP) Partnership Program

Revision:

1.0 GENERAL

Under the authority of Title 10, United States Code (USC), Section 1096, the Department of Defense (DoD) may implement a Partnership Program if it is determined that it will result in the delivery of health care to TRICARE beneficiaries in a more effective, efficient, or economical manner. By policy (DoD Instruction (DoDI) 6010.12, "Military-Civilian Health Services Partnership Program," October 22, 1987) and regulation (paragraph 199.1(p) of reference (c)), DoD implemented the Partnership Program in all overseas locations and Alaska to integrate specific health care resources between facilities of the Uniformed Services and providers in the civilian health care community. It allowed, in part, TRICARE beneficiaries to receive inpatient care and outpatient services through the TRICARE civilian purchased health care program from civilian providers of health care in Military Treatment Facilities (MTFs). MTF Commanders rely on these Agreements to augment their staffing during deployments and staffing shortfalls. By utilizing Internal Partnership Agreements, MTFs are able to:

- Supplement MTF services/capabilities.
- Improve availability of services impacted during contingency operations.
- Provide convenient access at MTFs to health care services by civilian providers of care.
- Provide cost-effective delivery of health care services when compared to purchased care sector rates or with CMAC rates in high-cost locations in the state of Alaska.

2.0 CLAIMS SUBMISSION

The TOP contractor shall process Partnership Provider claims in accordance with the following guidelines:

2.1 Each claim shall be identified by a large, bold "Partnership" stamp that does not obscure the claim information. If claims are not identified in this manner, they will be processed as TRICARE claims since it is impossible for the Defense Health Agency (DHA) claims processor to otherwise distinguish them.

2.2 All Partnership claims shall be submitted on either a Centers for Medicare and Medicaid Services (CMS) 1500 Claim Form or DD 2642 claim form. No beneficiary-submitted claims will be processed.

TRICARE Operations Manual 6010.59-M, April 1, 2015

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- 2.3** The claim form must clearly indicate that it is from a participating provider by checking the "Yes" block next to "participating" on the appropriate TRICARE-approved claim form.
- 2.4** Only TRICARE-approved procedure codes shall be used to bill for all services provided.
- 2.5** Only procedures/services that are within the scope of the approved Agreement are to be billed.
- 2.6** The procedures/services billed to TRICARE are only those provided to TRICARE-eligible beneficiaries.
- 2.7** All partnership procedures/services shall be performed within the MTF, and the appropriate block on the TRICARE claim form must indicate that the procedures/services were provided in the MTF.
- 2.8** If a beneficiary has Other Health Insurance (OHI), the claims for Partnership procedures/services shall first be filed with the other coverage before being submitted to TRICARE. Documentation of the action taken by the OHI plan shall accompany the partnership claim submitted to TRICARE.
- 2.9** The beneficiary shall not be billed for any deductibles or cost-shares.
- 2.10** Only the fees specified in the Partnership Agreement shall be billed to TRICARE.

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