

TRICARE Overseas Program (TOP) Supplemental Health Care Program (SHCP)

1.0 GENERAL

1.1 All TRICARE requirements regarding the Supplemental Health Care Program (SHCP) shall apply to the TRICARE Overseas Program (TOP) unless specifically changed, waived, or superseded by this section, TRICARE Policy Manual (TPM), [Chapter 12](#), or the TRICARE contract for health care support services outside the 50 United States and the District of Columbia (hereinafter referred to as the “TOP Contract”). See [Chapter 17](#) for additional instructions.

1.2 Uniformed service members in an active duty status of greater than 30 days (also known as Active Duty Service Members (ADSMs)) who are on permanent or official duty assignment in a location outside the 50 United States and the District of Columbia must enroll in TRICARE Overseas Program (TOP) Prime or TOP Prime Remote. ADSMs in a temporary duty status and enrolled elsewhere should not transfer their enrollment to TOP Prime or TOP Prime Remote unless it is medically appropriate and will not cause enrollment eligibility disruption to family members’ enrollment status. ADSMs are not CHAMPUS-eligible and do not have the option to use **TOP Standard (through December 31, 2017), TOP Select (starting January 1, 2018)** or the Point of Service (POS) option under TOP Prime or TOP Prime Remote. Uniformed service members who would normally receive care from a purchased care sector provider may be directed to transfer their care to a Military Treatment Facility (MTF). This applies to ADSMs and uniformed service members not in active duty status (Reserve Component (RC) members under Line of Duty (LOD) care). These controls ensure the maintenance of required fitness-for-duty oversight for TOP uniformed service members. Refer to [Section 9](#) for claims processing instructions.

2.0 CONTRACTOR RESPONSIBILITIES

2.1 ADSMs who are enrolled in TOP Prime shall follow the procedures outlined in [Chapter 17](#) for MTF-enrolled ADSMs, except that any references to the Military Medical Support Office (MMSO) should be replaced by a reference to the appropriate regional TRICARE Area Office (TAO) in all overseas locations except the U.S. Virgin Islands concerning Line of Duty Determinations and except for care delivered under the National Department of Defense (DoD)/Department of Veteran Affairs (DVA) Memorandum of Agreement (MOA) authorization requirements. See [paragraph 2.3.3](#) for National DoD/DVA MOA authorization requirements. ADSMs who are enrolled in TOP Prime Remote must seek authorization from the TOP contractor for all non-emergent specialty and inpatient care. ADSMs not enrolled in TOP who are on Temporary Additional Duty/Temporary Duty (TAD/TDY), deployed, deployed on liberty, or in an authorized leave status outside the 50 United States and the District of Columbia shall follow referral/authorization guidelines for TOP Prime Remote enrollees.

2.2 The TOP contractor shall ensure a benefit review is done on each SHCP referral and authorization. The TOP contractor shall return deferred-to-network referrals for non-covered services with an explanation of why it was denied. The TOP contractor shall not issue an authorization unless they obtain a copy of an approved waiver. The contractor shall deny all claims for TRICARE non-covered health care services. (Reference Health Affairs (HA) Policy 12-002 "Use of Supplemental Health Care Program Funds for Non-Covered TRICARE Health Care Services and the Waiver Process for Active Duty Service Members").

2.2.1 If the contractor determines that the requested service, supply, or equipment is not covered by TRICARE policy and no Defense Health Agency (DHA) approved waiver is provided, the contractor shall decline to file an authorization and shall deny any received claims accordingly. If the request was received as an MTF referral, the contractor shall notify the MTF (and enrolled MTF if different from the submitting MTF) of the declined authorization with explanation of the reason. If the request was received as a referral from a civilian provider (for a remote Service member/non-enrolled Service member), the contractor shall notify the civilian provider and the remote Service member/non-enrolled Service member of the declined authorization with explanation of the reason. The notification to a civilian provider and the remote Service member/non-enrolled Service member shall explain the waiver process and provide contact information for the applicable Uniformed Services Headquarters Point of Contact (POC)/Service Project Officers as listed in [Chapter 17, Addendum A, paragraph 2.0](#). No notification to the SPOC is required.

2.2.2 TRICARE benefits may not be extended for complications resulting from non-covered surgeries and treatments performed outside the MTF for a Service member without an approved waiver. If the treatment is a non-covered TRICARE benefit, any follow-on care, including care for complications, will not be covered by TRICARE once the Service member separates from active duty or retires ([32 CFR 199.4\(e\)\(9\)](#); TPM, [Chapter 4, Sections 1.1 and 1.2](#)). The Services will provide appropriate counseling that such follow-on care is the member's personal financial responsibility upon separation or retirement.

2.3 The provisions of [Chapter 17](#) are changed for the TOP as follows:

2.3.1 The provisions of [Chapter 17, Section 2, paragraph 2.0](#) (Uniformed Services Family Health Plan (USFHP)) are not applicable to the TOP contract. USFHP services are not available outside the 50 United States and the District of Columbia.

2.3.2 Except for the claims for ADSM care provided under the National DoD/DVA MOA, the provisions of [Chapter 17, Section 3, paragraph 1.2.1](#) are applicable to the TOP. ADSM claims for covered benefits submitted to the TOP contractor for which an authorization is not on file are to be processed and paid as if an authorization is on file. Claims for non-covered services shall be denied. The TOP contractor shall provide the MTF with a report (in accordance with DD form 1423, Contract Data Requirements Lists (CDRL), located in Section J of the applicable contract), for all claims processed and paid with no authorization and all denied claims for non-covered services.

2.3.3 The provisions of [Chapter 17, Section 2, paragraph 3.1](#) regarding claims for care provided under the National DoD/DVA MOA for Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blind Rehabilitation, and Polytrauma are applicable to the TOP and shall be processed in accordance with [Chapter 17, Section 2, paragraph 3.1.3](#). Such care will be authorized by the MMSO for ADSMs under this MOA.

2.3.4 The provisions of [Section 6, paragraph 5.0](#) and [Chapter 8, Section 5](#) apply to TOP SHCP referrals. Additionally, when MTFs submit a referral request for purchased care services for a non-AD sub-population beneficiary eligible for SHCP, the MTF shall utilize the required data elements identified in [Chapter 8, Section 5, paragraph 6.1](#) and shall annotate the referral with “SHCP” in line item 12, “Review Comment”. This will ensure that SHCP claims for eligible non-AD sub-population beneficiaries are properly adjudicated.

Note: Circumstances where supplemental funds may be used to reimburse for care rendered by non-governmental health care providers to non-active duty patients are limited to those where a MTF provider orders the needed health care services from civilian sources for a patient, and the MTF provider maintains full clinical responsibility for the episode of care. This means that the patient is not disengaged from the MTF that is providing the care. See [Chapter 17, Section 1, paragraph 1.1](#).

2.4 When an ADSM leaves a remote TOP assignment as a result of Permanent Change of Station (PCS) or other service-related change of duty status, the following applies in support of medical record accumulation:

2.4.1 For ADSMs leaving remote TOP assignment in Puerto Rico, the PCM shall provide a complete copy of medical records, to include copies of specialty and ancillary care documentation, to ADSMs within 30 calendar days of the ADSM’s request for the records. The ADSM may also request copies of medical care documentation (specialty care visits and discharge summaries) on an ongoing, EOC basis.

2.4.2 For ADSMs leaving remote TOP assignments from all overseas areas other than Puerto Rico, ADSMs in those locations should request medical records from the purchased care sector provider(s) who provided health care services during the ADSM’s tour of duty. These ADSMs may also request copies of medical care documentation (specialty care visits and discharge summaries) on an ongoing, EOC basis.

2.4.3 Records provided by purchased care sector providers in languages other than English may be submitted to the TOP contractor for translation into English according to the terms of the contract.

2.4.4 Network purchased care sector providers shall be reimbursed for medical records photocopying and postage costs incurred at the rates established in their network provider participation agreements. Non-network purchased care sector providers shall be reimbursed for medical records photocopying and postage costs on the basis of billed charges unless the government has directed a lower reimbursement rate. ADSMs who have paid for copied records and applicable postage costs shall be reimbursed for the full amount paid to ensure they have no out-of-pocket expenses. All providers and/or ADSMs must submit a claim form, with the charges clearly identified, to the contractor for reimbursement.

2.4.5 The provisions of [Chapter 17, Section 3, paragraph 1.1.8](#) are not applicable to the TOP. SHCP funds may not be used to pay for overseas purchased sector care for foreign military members or their families. The TOP contractor shall deny any MTF referrals and claims for such care.

Note: The purpose of copying medical records is to assist the ADSM in maintaining accurate and current medical documentation. The contractor shall not make payment to a purchased care sector provider who photocopies medical records to support the adjudication of a claim.

2.5 Provision of Respite Care For The Benefit of Seriously Ill or Injured Active Duty Members

2.5.1 The provisions of [Chapter 17, Section 3](#) and the TRICARE Systems Manual (TSM), [Chapter 2, Sections 2.8](#) and [6.4](#) regarding respite care for seriously ill or injured ADSMs are applicable in locations outside the 50 United States and the District of Columbia where TRICARE-authorized Home Health Agencies (HHAs) have been established.

2.5.2 The respite care benefit is applicable to ADSMs enrolled to TOP Prime, TOP Prime Remote, and to any ADSM referred by an overseas MTF or TAO.

2.5.3 All normal ADSM authorization and case management requirements for the TOP apply to the ADSM respite care benefit.

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