



Department of Defense **INSTRUCTION**

NUMBER 6015.23

February 23, 2015

USD(P&R)

SUBJECT: Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFs)

References: See Enclosure 1

1. **PURPOSE.** This instruction reissues and renames DoD Instruction (DoDI) 6015.23 (Reference (a)), in accordance with the authority in DoD Directive 5124.02 (Reference (b)), to establish policy, assign responsibilities, and prescribe procedures on provisions in the delivery of health care at MTFs in the Military Health System (MHS) regarding foreign military personnel care, Uniform Business Offices (UBOs), beneficiary counseling and assistance coordinators (BCAC), and debt collection assistance officers (DCAO).

2. **APPLICABILITY.** This instruction:

a. Applies to the OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this instruction as the "DoD Components").

b. Does not apply to medical and dental facilities in expeditionary environments that are funded by sources other than the Defense Health Program (DHP).

3. **POLICY.** It is DoD policy that:

a. Under certain conditions (described in Enclosure 3 of this instruction), the DoD may provide inpatient and outpatient medical and dental care, pharmaceuticals, or durable medical equipment to foreign military personnel (FMP) and their dependents.

(1) FMP care may be reimbursable or at no-cost, depending on the conditions described in this instruction.

(2) FMP and their dependents are not eligible to enroll in TRICARE Prime, TRICARE Prime Remote, or TRICARE Young Adult, or to purchase dental coverage under the TRICARE Dental Plan.

b. UBOs will be established and maintained to perform health care cost recovery under the Third Party Collections (TPC) Program (TPCP), Medical Affirmative Claims (MAC) Program, and Medical Services Account (MSA) Program .

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release**. This instruction is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This instruction is effective February 23, 2015.


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Under Secretary of Defense for Personnel and
Readiness

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Instruction 6015.23, "Delivery of Health Care at Military Treatment Facilities: Foreign Service Care; Third-Party Collection; Beneficiary Counseling and Assistance Coordinators (BRACs)," October 30, 2002 (hereby cancelled)
- (b) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R)),," June 23, 2008
- (c) Section 2559 of Title 10, United States Code
- (d) Part 181 of Title 22, Code of Federal Regulations
- (e) Defense Security Cooperation Agency Security Assistance Management Manual 5105.38-M, current edition
- (f) DoD Instruction 1000.13, "Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals," January 23, 2014
- (g) Title 32, Code of Federal Regulations
- (h) AR 12-15/SECNAVINST 4950.4B/AFI 16-105, "Joint Security Cooperation Education and Training," January 3, 2011
- (i) DoD Instruction 6025.18 "Privacy of Individually Identifiable Health Information in DoD Health Care Programs," December 2, 2009
- (j) Section 1692 of Title 15, United States Code (also known as "The Fair Debt Collection Practices Act")
- (k) DoD 6010.15-M, "Military Treatment Facility Uniform Business Office (UBO) Manual," November 9, 2006
- (l) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition

ENCLOSURE 2
RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R):

- a. Monitors DoD Component compliance with this instruction and issues supporting guidance as necessary.
- b. Determines, to the extent authorized by the Secretary of Defense and in coordination with the Under Secretary of Defense for Policy (USD(P)), whether a proposed Reciprocal Health Care Agreement (RHCA) meets the requirements of section 2559 of Title 10, United States Code (U.S.C.) (Reference (c)), and negotiates and concludes RHCAs.

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction and control of the USD(P&R):

- a. Monitors DoD Component compliance with this instruction, advises the USD(P&R) on potential revisions, and issues supporting procedural guidance as necessary.
- b. Coordinates for presentation to the USD(P&R) proposed international RHCAs with the USD(P), Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense, General Counsel of the Department of Defense, and other appropriate DoD Component heads to obtain concurrence on, or recommended changes to, the RHCAs or supporting documentation.
- c. Provides copies of concluded agreements to appropriate DoD Components.
- d. Furnishes guidance concerning application of the agreements.
- e. Acts on recommendations for international RHCAs that foreign governments submit and negotiates and concludes any necessary international agreements consistent with part 181 of Title 22, Code of Federal Regulations (CFR) (Reference (d)).
- f. Develops and recommends DoD policy concerning non-availability statements and prime service areas.

3. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the ASD(HA), and in addition to the responsibilities in section 5 of this enclosure, the Director, DHA:

- a. Requires that each TRICARE regional or area office director designates a full-time BCAC, a Reserve Component (RC) BCAC, and DCAO.

b. Coordinates with the Military Services and the DHA National Capital Region (NCR) Directorate regarding any modifications to that portion of this instruction dealing with BCAC or DCAO support.

c. Provides toll-free telephone communication between beneficiaries and the TRICARE regional and area office BCAC and DCAO. Requests that contractors provide priority contact information to assist BCACs and DCAOs.

d. Maintains contact information on <http://www.tricare.mil> to facilitate communications between beneficiaries, providers, BCACs, DCAOs, and other customer service staff.

e. Provides up-to-date TRICARE plan and policy information to MHS staff, including BCACs and DCAOs, and others who assists beneficiaries in understanding their health care benefits.

f. Provides customer service training to staff in TRICARE regional and area offices, MTFs, and others that serve in a customer service role.

g. Develops and maintains a centralized, secure application to capture, manage, and monitor case work for designated BCACs, DAOCs, family assistance staff, MHS staff, and others serving in a customer service role.

4. USD(P). In accordance with Chapter 10 of the Defense Security Cooperation Agency Security Assistance Management Manual (Reference (e)), the USD(P) develops and coordinates DoD guidance regarding healthcare coverage of international military students (IMSs) and their dependents while in the United States.

5. SECRETARIES OF THE MILITARY DEPARTMENTS AND THE DIRECTOR, DHA.
The Secretaries of the Military Departments and the Director, DHA:

a. Establish procedures to guarantee compliance with this instruction.

b. Comply with international RHCAs and status of forces agreements (SOFA).

c. Budget for anticipated medical and dental care for eligible foreign personnel under departmental sponsorship in non-military and U.S. Government (USG) facilities other than military, using payment procedures and rates currently in use for U.S. personnel.

d. Confirm that MTF or unit commanders under Service and DHA authority, direction, and control will establish and maintain processes and procedures in accordance with Enclosure 3 of this instruction.

e. Act on requests for changes in clinical services at MTFs as recommended by respective military command authorities and inform the directors of TRICARE regional offices regarding these decisions.

ENCLOSURE 3

PROCEDURES

1. FMP AND THEIR DEPENDENTS

a. MTF Care in the United States. FMP who are in the United States under the sponsorship or invitation of the DoD, and their dependents approved by the DoD to accompany them, are eligible for space-available care as provided in DoDI 1000.13 (Reference (f)). Consistent with section 2559 of Reference (c), in cases in which reimbursement is required by Reference (f), an RHCA may provide a waiver of reimbursement for MTF inpatient and outpatient care of FMPs and their dependents.

b. Non-MTF Care in the United States. FMP who are in the United States under the sponsorship or invitation of the DoD, and their dependents approved by the DoD to accompany them, are not eligible for DoD payment for outpatient or inpatient care received from non-DoD providers, except for such personnel covered by the North Atlantic Treaty Organization (NATO) SOFA, or the Partnership for Peace (PfP) SOFA (see Table in this enclosure). Such personnel are authorized care under the TRICARE Standard program in accordance with part 199 of Title 32, CFR (Reference (g)); outpatient care may be provided as specified therein.

c. RHCAs. RHCAs apply to FMP and their dependents who are in the United States by official USG invitation. RHCAs do not apply for care in U.S. territories or possessions unless the FMP are stationed in the 50 States and are traveling from there to a U.S. territory or possession in accordance with official temporary duty orders or by USG invitation.

d. NATO and PFP SOFAs. Under Article IX, paragraph 5 of the NATO SOFA and under the PfP SOFA, FMP or their dependents in the United States by USG invitation may receive medical and dental care in accordance with the provisions of the SOFA as indicated in this instruction.

(1) Care Provided in Uniformed Services Facilities

(a) For FMP and dependents, no-cost outpatient medical and dental care is provided on the same priority level, equivalent to U.S. beneficiaries.

(b) Inpatient medical and dental care may only be provided to FMP and their dependents on a reimbursable basis using the Office of Management and Budget (OMB)-approved DoD full reimbursement rate unless the NATO or PfP partner country has an RHCA.

(2) Care Provided in Civilian Facilities

(a) FMP

1. May be referred to civilian care facilities for no-cost outpatient medical and dental care.

2. Will be subject to the same rules regarding referral and payment as are applicable to a U.S. active duty Service member (ADSM) obtaining care from a civilian in accordance with part 199.16 of Reference (g). If FMP elect to seek outpatient civilian care without a referral, the cost will not be covered, except in cases of emergency care.

3. Will not be eligible to enroll in TRICARE Prime Remote. Part 199.16(e) of Reference (g) will not apply to the FMP.

(b) FMP Dependents

1. FMP dependents may receive emergency or non-emergency civilian medical care coverage under TRICARE Standard/ Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) for outpatient services only; this includes ambulatory surgical care that is treated as outpatient care.

2. Dental care is not covered.

(c) Inpatient Care. Cost of inpatient care in civilian facilities is not covered by the DoD for FMP or their dependents, even in emergency care situations.

e. Payments

(1) If not covered by an RHCA, NATO SOFA, or PpP SOFA, FMP and their dependents in the United States by USG invitation must pay the OMB-approved DoD full reimbursement rate for any medical or dental care received in an MTF.

(2) FMP and their dependents who are in the United States without a USG invitation (e.g., on vacation) are not eligible for care in an MTF, or for any care paid for by the DoD in a civilian facility.

f. Eligibility of IMSs. All IMS and their authorized dependents are required to have healthcare coverage while in the United States. Guidance on this requirement is in Chapter C10.9 of Reference (e). An IMS's specific coverage provisions are in his or her invitational travel orders.

Table. Care for FMP and Their Dependents†

Foreign Force		NATO Countries and Countries Subject to the PFP SOFA	RHCA	USG Invitation	Uniformed Services Facility			Civilian Health Care Facility	
Military Member	Dependent				Inpatient Care	Outpatient Care	Dental Care	Inpatient	Outpatient
X		X	X	X	No Cost*	No Cost	No Cost	1	3
	X	X	X	X	No Cost*	No Cost	No Cost***	1, 2	2
X			X	X	No Cost*	No Cost	No Cost	1	3
	X		X	X	No Cost*	No Cost	No Cost***	1	Not Eligible for Care at DoD Expense
X		X		X	Full Reimbursement Rate**	No Cost	No Cost	Not Eligible for Care at DoD Expense	3
	X	X		X	Full Reimbursement Rate	No Cost	No Cost***	Not Eligible for Care at DoD Expense	2
X	X			X	Full Reimbursement Rate**	Full Reimbursement Rate**	Full Reimbursement Rate**	Not Eligible for Care at DoD Expense	Not Eligible for Care at DoD Expense
X	X				Not Eligible for Care	Not Eligible for Care	Not Eligible for Care	Not Eligible for Care at DoD Expense	Not Eligible for Care at DoD Expense

† Additional information on Foreign Military Personnel and their families is available at: <http://www.tricare.mil/Welcome/Eligibility/FFMandFamilies.aspx/>.

1 Only if MTF maintains clinical responsibilities; see Reference (g).

2 TRICARE Standard/CHAMPUS coverage for FMP dependents.

3 FMP outpatient care at a civilian facility may only be paid if there was an appropriate referral for care; see paragraph 1.d.2. in Enclosure 3.

* Applicable subsistence charges may apply.

** Eligibility and coverage for all IMSs and their dependents are found in the student's invitational travel orders as well as AR 12-15/SECNAVINST 4950.4B/Air Force Instruction 16-105 (Reference (h)).

*** Dependent access is to the same extent that dental care is available to dependents of U.S. Service members.

2. BCAC AND DCAO POSITION AND PROCEDURAL INFORMATION

a. Designation of Positions

(1) BCAC Position

(a) Each MTF commander will designate a person to serve, either full-time or in a collateral duty position, as the MTF BCAC.

(b) Each TRICARE regional and overseas area offices will designate a staff member to serve full-time as a BCAC and will designate at least one person, other than a person designated consistent with section 1095e(a)(1)(A) of Reference (c), to serve full-time as a BCAC solely for RC members and their dependents, referred to in this instruction as the RC BCAC.

(c) Designation of an alternate or additional BCAC is at the discretion of the commander or TRICARE Office.

(2) DCAO Position

(a) MTF commanders and TRICARE regional and area offices will designate a staff member to serve full-time as a DCAO. The DCAO may be integrated into the BCAC role provided there are enough resources to confirm that debt collection assistance cases have priority.

(b) Designation of an alternate or additional DCAO is at the discretion of the commander or TRICARE Office.

b. Generalized BCAC and DCAO Roles. BCACs and DCAOs will:

(1) Serve as beneficiary advocates and advisors, providing dedicated service and assistance to MHS beneficiaries in understanding and obtaining TRICARE benefits and services.

(2) Coordinate with MHS points of contact, including TRICARE contractors, to provide accurate information and timely assistance and respond to inquiries whether from beneficiaries, family members, providers, congressional offices, DoD Components, other agencies, or interested parties.

(3) Educate beneficiaries on navigating and accessing services in the purchased and direct care systems.

(4) Counsel beneficiaries about their TRICARE program option benefits and processes, and consult with others, as necessary, for program or contract specific information.

(5) Research health care concerns and work with functional experts to address eligibility, enrollment, benefit, referral and authorization, and claims processing information based on the category of beneficiary seeking assistance.

(6) Resolve concerns when beneficiaries are dissatisfied or unclear about services provided by other MHS and contractor staff.

(7) Bring identified systemic problems to the appropriate DHA, TRICARE regional or area offices, MTF commander, higher headquarters.

c. The DCAO's Role in Debt Collection Cases. The DCAO will also:

(1) Make every effort to distinguish between letters from providers or medical facilities stating intent to forward an unpaid claim for collection action and those that are actual letters from collection or credit reporting services. Beneficiaries with letters of intent should be referred immediately to the appropriate BCAC point of contact for assistance, or may be assisted by the DCAO if the DCAO also fills an appropriate role.

(2) Verify beneficiaries understand the DCAO's scope of services.

(3) Assist beneficiaries in determining whether the basis for the underlying debt or collection notice is valid, in whole or in part, based on documentation from the provider or collection agency.

d. Additional Roles For TRICARE Regional and Area Office BCACs, DCAOs, and the RC BCAC. The TRICARE regional and area office BCACs and DCAOs, including the RC BCAC, will:

(1) Work with or assist MTF BCACs and DCAOs in cases that cross regional boundaries.

(2) Disseminate current and correct information on TRICARE and other regional policies and procedures to staff at MTFs, RCs, recruiting commands, and others serving in the customer service role.

(3) Assists others on regional cases which are exceedingly complicated, unduly delayed, or inappropriately handled.

(4) Facilitate ongoing, appropriate, and effective communication between TRICARE offices, MTFs, TRICARE contractors, and others for effective case resolution.

(5) Consult with subject matter experts, as needed.

(6) Keep the military chain of command, the uniformed services, and DHA informed of ongoing issues and special cases.

(7) Maintain a continuing cooperative relationship with various agencies, including:

(a) TRICARE regional and area offices.

(b) Military Department Surgeons' General offices.

- (c) NCR Directorate offices.
- (d) MTFs and other uniformed services healthcare facilities.
- (e) TRICARE contractor regional and corporate offices.
- (f) DHA offices.
- (g) Social Security Administration.
- (h) Centers for Medicare and Medicaid services.
- (i) Department of Veterans Affairs.
- (j) Fiscal intermediaries and claims processing staff.
- (k) Congressional field office staff.
- (l) U.S. Family Health Plan representatives.

e. Claims Assistance. BCACs and DCAOs will carry out claims-related assistance to:

- (1) Help beneficiaries understand what services TRICARE covers and excludes, and convey how benefits and policies integrate with other healthcare sources in the direct care system.
- (2) Explain costs and responsibilities under the various TRICARE options.
- (3) Help beneficiaries understand claims processing, including information on resolving unpaid health care claims, pre-authorization requirements, and third-party liability.
- (4) Provide information and identify points of contact to help beneficiaries resolve Defense Enrollment Eligibility Reporting System eligibility problems.
- (5) Obtain authorization from a beneficiary, in accordance with DoDI 6025.18 (Reference (i)), to obtain and release personal health information when working a case on the beneficiary's behalf.

f. Appeals and Grievances Assistance

- (1) BCACs and DCAOs will:
 - (a) Explain appeals and grievance procedures and advise beneficiaries when and how to use these procedures.

(b) Refer cases to points of contact that can provide detailed and specific information on accessing TRICARE services.

(2) TRICARE regional and area office BCACs and DCAOs will also:

(a) Handle issues received from beneficiaries, MTFs, or others seeking assistance with complex case resolution. Consultation may be provided by DHA policy, operational, benefit, or clinical staff.

(b) Work directly with beneficiaries who feel they have exhausted the military or civilian systems resources or have become dissatisfied with services they received.

g. Knowledge and Skills Associated with the BCAC/DCAO Position

(1) MTF BCACs and DCAOs knowledge and skill sets are determined by their respective Service and MTF commander.

(2) The TRICARE regional and area office BCACs and DCAOs, to include the RC BCAC, must possess:

(a) Expert, practical knowledge of the TRICARE program policies and reference manuals and understanding of TRICARE regional contracts, regional health care issues and initiatives, and other federal health benefits programs.

(b) In-depth knowledge, experience, and training to handle TRICARE-related and high-visibility inquiries.

(c) Tact, diplomacy, and restraint in counseling and explaining entitlements, benefits, and responsibilities to beneficiaries and others involved providing TRICARE services.

(d) Understanding of the MHS and TRICARE program elements, to include basic principles and practices relating to the entire military direct and purchased care systems.

(e) Mastery of oral and written communication skills and customer service principles, methods, practices, and techniques and analytic methods, including using research tools, analysis, and interpersonal relations practices.

(f) Knowledge of TRICARE health care claims processing regulations, procedures, and policies to confirm payment of legitimate claims.

(g) Ability to organize, prioritize, complete, and track multiple inquiries and projects.

(h) Ability to exercise initiative, independence, and considerable judgment when handling beneficiary inquiries and, using these skills, develop approaches that reflect, to the highest degree possible, a unified beneficiary services program.

(i) Knowledge of guidelines and regulations covering many different TRICARE programs, while seeking interpretive assistance on final decisions on an as-needed basis.

h. BCAC and DCAO Resources

(1) BCACs and DCAOs most frequently use Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA))/DHA operational manuals, program documents, and DoD, Service-level, and MTF-level instructions.

(2) Additional resources include:

(a) General guidance statements, such as in HA memorandums and DoDIs pertaining to correspondence.

(b) References (d) and (h).

(c) TRICARE contract language.

i. BCAC and DCAO Operational Activities

(1) The BCAC or DCAO that the beneficiary first contacts assumes responsibility for the inquiry from the time of initial contact until the case is completed.

(2) BCAC and DCAO will document cases in the DHA centralized web-based system, and the DHA system assigns a unique case identifier number to each beneficiary case for tracking purposes. BCACs and DCAOs will track their cases using the DHA web-based system, categorizing cases based on case resolution and timelines.

(a) After accepting a case, BCACs and DCAOs will determine whether the beneficiary inquiry will be resolved at the local, regional, or other level (e.g., MTF, uniformed services, DHA, or TRICARE contractor), forwarding case details as needed.

(b) BCACs and DCAOs will refer cases to other offices for assistance (regional, MTF, uniformed services, DHA, or TRICARE contractor, or claims processor) using the DHA secure web-based system (unless otherwise advised).

(c) TRICARE regional office BCACs and DCAOs will work to meet identified resolution timeline requirements. MTF commanders and MTF BCACs and DCAOs will establish internal procedures to achieve the same result.

(d) All BCACs and DCAOs will submit balance billing cases to the appropriate contractor or the DHA program integrity office.

(3) BCACs will comply with case completion time requirements and:

(a) Resolve priority cases within 10 business days. Priority cases are those forwarded on behalf of a beneficiary by OASD(HA), DHA, member(s) of Congress, or those otherwise designated as a priority by the TRICARE regional office director or MTF commander.

(b) Resolve routine cases within 30 business days.

(c) Modify timelines based on case complexity and compliance standards.

Documentation of actions that impact the timeline will be noted by the BCAC in the DHA web-based system.

(4) DCAOs will:

(a) Comply with case completion requirements.

(b) Obtain and share copies of collection action documents related to TRICARE-with the appropriate TRICARE contractor or claims processor debt collection unit, Service unit, NCR Directorate unit, TRICARE regional or contracting office, or other action office.

(c) Capture and forward supporting documentation to the to the appropriate TRICARE contractor or claims processor debt collection unit, Service unit, or other action office within 1 working day of receipt, or as soon as it is feasible to do so. For TRICARE-related health care claims, the DCAO will forward the case to the contractor or claims processor in the region where the beneficiary received services.

(d) Notify the beneficiary, provider(s), and collection or credit reporting agency(ies), by telephone or in writing, that the case is being reviewed, and request a temporary suspension on further collection actions until the review is complete. Agencies are not required to comply with this request.

(e) Track the timeframe for case resolution. The goal is to complete all DCAO actions within 60 days, or as soon as possible, after receipt of the collection action or negative report from the beneficiary.

(f) Notify the beneficiary of the result of the case work within 5 working days after receiving the final case disposition from the appropriate action office; this may be accomplished by preparing and forwarding a debt collection case completion letter.

(g) If payment is due to the beneficiary or provider, follow up with the beneficiary or provider within 30 days of case resolution to confirm that they received payment.

(h) Provide written guidance on further action available to the beneficiary when appropriate (i.e., contact numbers for local judge advocate general offices, family support centers, ombudsmen, and financial assistance resources, such as Service-specific relief organizations). Additionally, provide the beneficiary with a fact sheet explaining the beneficiary's rights under section 1692 of Title 15, U.S.C (also known as "The Fair Debt Collection Practices Act") (Reference (j)).

j. Case Closure. The BCAC or DCAO will notify the beneficiary of case closure.

k. Capturing Case Information

(1) BCACs and DCAOs are responsible for capturing case information as directed by their commander or director's guidance or by inputting data into the DHA web-based system. This data supports the BCACs' and DCAOs' ability to manage and track workload based on beneficiary case work.

(2) TRICARE regional and area offices, as well as MTF BCACs and DCAOs as directed, will input data based on established methodology. DHA will maintain the web-based, centralized system, with ad hoc capability for users to review data input based on the user's assigned role.

3. MTF UBO. In accordance with DoD 6010.15-M (Reference (k)), the MTF UBO will:

a. Establish methods to:

(1) Identify and verify other health insurance information.

(2) Identify and proactively request pre-authorizations for care for all patients with other health insurance.

b. Collect funds from third-party payers to the fullest extent allowed by law and part 220 of Reference (g). Amounts collected in accordance with Reference (g) from a third-party payer or under any other provision of law from any other payer for healthcare services provided at or through a MTF will be credited to the appropriation supporting the maintenance and operation of the facility. In accordance with chapter 55 and section 1095 of Reference (c), the amounts collected will not be taken into consideration in establishing the operating budget of the facility.

c. Deposit all TPC funds into appropriations supporting the MTF where the billed service was provided in the fiscal year in which collections were made. Funds collected under the TPCP will be used, except for amounts needed to finance collection activities, to enhance healthcare services.

d. Collect funds through MSA and MAC programs to the fullest extent allowed by part 220 of Reference (g). These funds will be deposited into the appropriations supporting the facility in accordance with DoD and Service-specific guidance.

e. Report billing, accounts receivable, claims adjustment and remittance, and collections data to the DHA UBO as requested.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADSM	Active Duty Service Member
BCAC	Beneficiary Counseling and Assistance Coordinator
CFR	Code of Federal Regulations
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
DCAO	debt collection assistance officer
DHA	Defense Health Agency
DoDI	DoD Instruction
FMP	foreign military personnel
IMS	international military student
MAC	medical affirmative claims
MHS	Military Health System
MSA	medical services account
MTF	military treatment facility
NATO	North Atlantic Treaty Organization
NCR	National Capital Region
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OMB	Office of Management and Budget
PfP	Partnership for Peace
RC	Reserve Component
RHCA	reciprocal health care agreement
SECNAVINST	Secretary of the Navy Instruction

SOFA	status of forces agreement
TPC	third party collections
TPCP	Third Party Collections Program
UBO	Uniform Business Office
U.S.C.	United States Code
USD(P)	Under Secretary of Defense for Policy
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USG	U.S. Government

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this instruction.

balance billing. The practice of a provider billing a beneficiary the difference between the TRICARE allowed amount and the billed charges on a claim. Participating providers and network providers may not collect from all sources an amount that exceeds the TRICARE allowed amount. Non-participating providers may not collect an amount that exceeds the balance billing limit, 115 percent of the allowed charge. If the billed charge is less than the balance billing limit, then the billed charge is the maximum amount that can be collected by the non-participating provider.

DHA program integrity office. The central coordinating agency for allegations of fraud and abuse within the TRICARE Program.

fiscal intermediaries. Privately held companies contracted by the USG to handle all TRICARE claims for any given region. The government directs fiscal intermediaries through federal regulations and guidelines. At times a fiscal intermediary may subcontract claims processors to adjudicate claims.

PfP. A program of practical bilateral cooperation between individual Euro-Atlantic partner countries and NATO. It allows partners to build up an individual relationship with NATO, choosing their own priorities for cooperation.

point of service option. The point of service option allows an eligible beneficiary enrolled in TRICARE Prime to receive non-emergency, TRICARE-covered services from any TRICARE-authorized provider without requesting a referral from their primary care manager, resulting in higher out of pocket costs.

prime service area. The geographic area where TRICARE Prime benefits are offered. At a minimum, this includes areas around MTFs and BRAC sites.

prior authorization. A prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care.

RHCA. The mechanism by which the Secretary of Defense exercises authority to provide care in DoD MTFs in the United States for FMP and their dependents on a non-reimbursable basis if comparable care is made available to at least a comparable number of United States military personnel and their dependents in that foreign country. RHCAs do not apply to care in U.S. territories or possessions unless the FMP are stationed in the 50 U.S. States and is traveling from there to a U.S. territory or possession in accordance with official temporary duty orders or by USG invitation.

SOFA. An agreement that defines the legal position of a visiting military force deployed in the territory of a friendly state. The NATO SOFA, as referenced in this instruction, does not apply to care in U.S. territories or possessions unless the FMP are stationed in the 50 U.S. States and is traveling from there to a U.S. territory or possession in accordance with official temporary duty orders or by USG invitation.

TRICARE. The DoD's managed health care program for ADSMs, military families, military retirees and their families, survivors, and other TRICARE-eligible beneficiaries. TRICARE is a blend of the military's system of hospitals and clinics and civilian providers. TRICARE offers three options: TRICARE Standard Plan, TRICARE Extra Plan, and TRICARE Prime Plan (see definitions).

TRICARE Prime. An HMO-like option, provided as part of the TRICARE program in accordance with section 199.17 of Reference (g), where MHS beneficiaries elect to enroll in a voluntary enrollment program, which provides TRICARE Standard benefits and enhanced primary and preventive benefits with nominal beneficiary cost-sharing. TRICARE Prime requires beneficiaries to use a primary care manager located at either the MTF or from the contractor's network except when beneficiaries are exercising their freedom of choice under the point of service option.

TRICARE Prime Remote. Designed to provide health care services to ADSMs assigned to remote locations in the United States, usually more than 50 miles or a 1-hour drive, from a military hospital or clinic.

TRICARE Young Adult. A plan that qualified adult children can purchase after eligibility for "regular" TRICARE coverage ends at age 21 (or 23 if enrolled in college).

uniformed services. Defined in Joint Publication 1-02 (Reference (1)).