



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6300.15A
BUMED-M3
27 Sep 2016

BUMED INSTRUCTION 6300.15A

From: Chief, Bureau of Medicine and Surgery

Subj: BENEFICIARY COUNSELING AND ASSISTANCE COORDINATORS AND DEBT
COLLECTION ASSISTANCE OFFICERS PROGRAM

Ref: (a) DoD Instruction 6015.23 of 23 February 2015
(b) 10 U.S.C. §1095e
(c) BUMEDINST 6300.10B
(d) TRICARE Operations Manual, 6010.56-M, February 2008
(e) USD P&R Memo of 27 June 2000 (NOTAL)
(f) DoD 6025.18-R, DoD Health Information Privacy Regulation, January 2003

1. Purpose. To define the roles and responsibilities for beneficiary counseling and assistance coordinators (BCAC) and debt collection assistance officers (DCAO) as identified in references (a) through (f). BCACs will act as a liaison and advocate for beneficiaries navigating TRICARE and Military Health System (MHS) issues and concerns. DCAOs will assist beneficiaries in determining the validity of collection agency claims and negative credit reports received for debts resulting from medical and dental care delivered under TRICARE. This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 6300.15.
3. Scope. This instruction applies to all Navy Medicine activities.
4. Background. The BCAC Program is a Congressionally mandated initiative to improve customer service and satisfaction, enhance beneficiary education, and help reduce the volume of Congressional inquiries from beneficiaries. The National Defense Authorization Act of fiscal year 2000 mandated the establishment of a minimum of two full-time BCAC positions at the formerly known lead agent offices, now TRICARE Regional Offices (TRO) and TRICARE Area Offices (TAO) overseas with one position dedicated to the Reserve Components and their family members. In addition, each medical treatment facility (MTF) is required to establish a full-time or collateral duty BCAC position to serve TRICARE beneficiaries. The DCAO Program was implemented by the Under Secretary of Defense (Personnel and Readiness) to assist all TRICARE beneficiaries with resolving TRICARE-specific debt collection concerns. A list of BCAC and DCAO tools and resources is located on the Defense Health Agency (DHA) Web site: <https://mhs.health.mil/customerservicecommunity>.

5. Responsibilities

a. Bureau of Medicine and Surgery (BUMED) Director, Healthcare Business and Administration (BUMED-M31) must:

(1) Provide enterprise-wide guidance and support for the BCAC and DCAO Programs based on Department of Defense (DoD) policies.

(2) Provide information to Navy BCAC(s) and DCAO(s) on new or updated Navy policies and instructions.

(3) Establish a liaison with the DHA for field-level activities, concerns, and issues.

(4) Provide subject matter expertise and policy clarification to Deputy Chief of Readiness and Health (BUMED-M3) and Navy Medicine regions.

(5) Field health care benefit concerns and issues from Navy beneficiaries assigned to continental United States (CONUS) or outside the continental United States (OCONUS) remote duty stations and delegate those issues to the appropriate Navy Medicine region for resolution.

b. Navy Medicine Regions must:

(1) Monitor implementation and coordination of the BCAC and DCAO Programs. Ensure MTFs within each region comply with establishing full-time or collateral duty BCAC position(s) using the criteria established in reference (c).

(2) Maintain oversight and assist with compliance and resolution of complex beneficiary and debt collection cases.

(3) Serve as the liaison between the TRO and the MTF.

(4) Validate regional BCAC and DCAO listings quarterly.

(5) Maintain regular communication with MTF BCACs and DCAOs within their region.

c. Navy MTFs must:

(1) Establish either full-time or collateral duty BCAC and DCAO position(s) using the criteria established in references (b), (d), and (e).

(2) Ensure BCAC(s) and DCAO(s) utilize current Navy policies and instructions, TRICARE manuals, and DHA guidance in executing duties as assigned in this instruction.

(3) Ensure all BCAC(s) and DCAO(s) receive DHA-sponsored customer service training as resources allow as denoted in reference (c).

(4) Ensure BCAC(s) and DCAO(s) follow the guidelines as established in the MHS BCAC and DCAO in-out processing checklist available on the customer service community directory Web site: <https://mhs.health.mil/customerservicecommunity/resources.aspx>.

d. MTF BCACs must:

- (1) Serve as the MTF's TRICARE benefit subject matter expert (SME).
- (2) Coordinate with appropriate points of contact (POC) to meet beneficiary needs for information or assistance.
- (3) Keep the MTF chain of command informed of ongoing issues and special cases.
- (4) Assist beneficiaries in addressing and resolving health care benefit concerns.
- (5) Provide assistance with eligibility, enrollment, benefit, and claims processing.
- (6) Research extended claims payment delays to prevent debt collection actions.
- (7) Per reference (f), BCACs may disclose protected health information, and respond to beneficiary, leadership, or Congressional inquiries regarding health care operations.
- (8) Complete the TRICARE Fundamentals Course and any other initial training required by the sponsoring command or region within 90 days of reporting for duty as a BCAC with command approval.
- (9) When appropriate, complete DHA or BUMED-sponsored customer support refresher training.
- (10) Ensure current DHA or BUMED-sponsored educational materials are available for beneficiary and provider education to improve understanding of TRICARE benefits.
- (11) When necessary, coordinate with TRO(s) and TAO(s) to resolve TRICARE issues, and notify respective Navy Medicine region's BCAC POC of exceptional cases.
- (12) Elevate network provider claim concerns to the TRO(s) and TAO(s).

(13) Input beneficiary and case documents into the Assistance Reporting Tool. Cases referred to the DHA must be sent via the Assistance Reporting Tool and the respective Navy Medicine region's BCAC POC must be notified. The Assistance Reporting Tool is available at: <https://art.tma.osd.mil>.

(14) Generate the Assistance Reporting Tool reports for the MTF commanding officers as requested on workload volume and categories of issues encountered.

(15) Create and utilize a temporary beneficiary BCAC record (per protected health information) when the assistance reporting tool is not accessible.

(16) Ensure beneficiary cases are closed per reference (a).

(17) Develop beneficiary and provider education to improve understanding of TRICARE benefits.

(18) Ensure BCAC contact information remains current on the customer service community directory Web site:
<https://mhs.health.mil/customerservicecommunity/onlineresources.aspx>.

e. MTF DCAOs must:

(1) Serve as the MTF functional SME on debt collection concerns and provide "Priority" (within 10 calendar days of receipt) assistance when beneficiaries:

(a) Present letters from providers and medical facilities stating intent to forward an unpaid TRICARE claim for collection action.

(b) Present actual letters from collection or credit reporting services. Beneficiaries presenting letters of intent are immediately referred to the appropriate DCAO for assistance.

(2) Keep the MTF chain of command and the respective Navy Medicine region DCAO POC informed of ongoing issues and special cases.

(3) Complete the TRICARE Fundamentals Course and any other initial training required by the sponsoring command or respective Navy Medicine region within 90 days of reporting for duty as a DCAO with approval from the sponsoring command.

(4) Track and remain accountable of presented debt collection issues until they are fully resolved.

(5) Ensure the beneficiary understands the scope of services to be provided by DCAO and provide a Fair Debt Collection Practices Act fact sheet per reference (a). The fact sheet is located at: (<http://vce.health.mil/MHSHome/Reference-Center/Fact-Sheets>).

(6) Collect copies of all documents related to a case (e.g., provider bills, letters and notices, TRICARE, Medicare, or other health insurance explanation of benefits, and correspondence from credit reporting agencies).

(7) Securely transmit copies of the beneficiary's documentation to the TRICARE Regional Contractor's regional priority collections unit or other POC (dental, pharmacy, TRICARE for Life, etc.) who has jurisdiction where service was rendered, for investigation including the case number assigned via the Assistance Reporting Tool.

(8) Obtain a DD 2870 Authorization for Disclosure of Medical or Dental Information prior to executing disclosure of the beneficiary files per reference (f).

(9) DCAOs act as patient advocates only and are not authorized to provide any legal advice.

(10) Beneficiaries must work directly with credit reporting agencies to correct a negative credit report. DCAOs cannot advocate on beneficiaries behalf or otherwise intervene with credit reporting agencies.

(11) Comply with case completion time requirements set forth in reference (a) and as outlined below:

(a) "Priority" within 10 calendar days (i.e., cases forwarded on behalf of a beneficiary by Office of the Assistant Secretary of Defense (Health Affairs), DHA, members of Congress or those otherwise designated as priority by the TRO or MTF commander).

(b) Any OCONUS case should be forwarded within 3 working days.

(c) "Routine" within 30 calendar days. Note: Time requirements may be modified to meet compliance standards.

(12) Ensure beneficiaries are notified of TRICARE debt collection case closure(s) per paragraphs 5e(11)(a) through 5e(11)(c). If applicable, the DCAO will confirm that the provider or beneficiary has received payment within 30 days of case resolution.

(13) Ensure DCAO contact information remains current on the customer service community directory Web site
<https://mhs.health.mil/customerservicecommunity/onlineresources.aspx>.

(14) When appropriate, complete DHA or BUMED-sponsored customer support refresher training.

(15) Submit "balanced billing" cases to the TRICARE Regional Contractor or DHA, Office of Program Integrity.

(16) MTF DCAOs will coordinate with the TRO(s) and TAO(s) DCAOs to:

(a) Provide administrative oversight and monitor debt collection activity with their region.

(b) Notify DHA of changes to the customer service community directory.

(c) Assist DHA in resolving complex DCAO case(s).

f. DCAOs must not:

(1) Collect or receive payments from beneficiaries.

(2) Take further action on a beneficiary case after the appropriate contractor's priority and claims unit has adjudicated the case.

g. BCAC and DCAO Claims Assistants must:

(1) Provide TRICARE program benefit education and claims assistance.

(2) Assist beneficiaries with the TRICARE claims process including pre-authorization requirements, timely filing, claims resolution, third-party liability, and the coordination of other health insurance.

(3) Assist beneficiaries with DEERS concerns impacting claims processing.

(4) Explain the TRICARE appeals and grievance procedures including the type(s), limitations(s), and appropriate approval authorities of the process.

6. Assistance Reporting Tool - Tracking and Reporting.

a. The Assistance Reporting Tool is the DHA-mandated beneficiary case tracking tool. Assistance Reporting Tool is a DoD, Web-based tool used to accurately document all TRICARE beneficiary inquiries, to include debt collection and credit agency cases.

b. The Assistance Reporting Tool is a common access card enabled system designed to securely track, refer, reflect, and report all workloads associated with TRICARE beneficiaries and provider inquiries. The Assistance Reporting Tool automatically assigns case numbers and tracks response times.

c. Data captured in the Assistance Reporting Tool assists DHA, TRO(s) and TAO(s), and the Services in developing tailored educational materials and improving beneficiary assistance efforts.

d. MTF BCAC(s) and DCAO(s) must enter all beneficiary inquiries and reported cases into the Assistance Reporting Tool for tracking purposes. Assistance Reporting Tool inquiries requiring follow-up action must include demographic and personally identifiable information (PII). General inquiries may be entered without these requirements.

e. BCAC(s) and DCAO(s) can create standard reports on locally-generated data to support statistical studies, determine trends, and project future needs.

f. Special requests for additional reports may be submitted to the appropriate BCAC and DCAO Action Officer at TRO(s) and TAO(s) or DHA via the Navy Medicine Region.

7. The Navy BCAC and DCAO of the Year Awards Program. BUMED has adopted the BCAC and DCAO of the Year Awards Program to recognize the most outstanding BCAC and DCAO for the Department of the Navy.

a. Eligibility: Eligible candidates include all full and part-time MTF BCAC(s) and DCAO(s) whose duties are 50 percent or more related to BCAC and DCAO responsibilities.

b. Nomination of Candidates:

(1) MTFs may submit only one candidate. Navy commanding officers must submit a letter of endorsement with a one-page narrative (front page only, 12 pitch, Times New Roman, single-spaced) enclosure no later than 15 October of each year. Branch clinics will submit nominations through their parent command.

(2) The one-page narrative should detail how the member's specific accomplishments contributed to the success of the BCAC and DCAO Program at the MTF. The narrative must also include:

(a) The length of time the individual has been assigned to the role.

(b) The quality of the candidate's services to beneficiaries.

(c) Contributions to the command, educational seminars, conferences, retiree activities, and workshops related to TRICARE beneficiary initiatives and programs.

- (d) Special contributions and innovative methods of distributing TRICARE beneficiary information.
- (e) Written contributions to TRICARE articles, professional journals, etc.
- (f) How the candidate exceeded the standards set forth in their job description.
- (g) A list of TRICARE program-related awards, certificates, or "special" recognition received as a BCAC and DCAO.

(3) Electronically route completed packages to the appropriate Navy Medicine region for review and acknowledgement. Endorsement by Navy Medicine regions is permissible, but not required. Navy Medicine regions will forward the package to: Director, Healthcare Business and Administration (BUMED-M31) by 31 October of each year.

c. Selection and Presentation of Candidates. A panel from BUMED and Navy Medicine Regions will review BCAC and DCAO submissions for the award. The Director, Healthcare Business and Administration (BUMED-M31) will notify commands of the panel selection. The selected BCAC and DCAO of the year will receive a certificate of recognition for their outstanding customer service and accomplishments for the year.

8. Records. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

9. Review and Effective Date. Per OPNAVINST 5215.17A, this instruction will be reviewed annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40, Review of Instruction. This instruction will automatically expire 5 years after effective date unless reissued or canceled prior to the 5-year anniversary date, or an extension has been granted.

10. Information Control Management. The reports required in this instruction, are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.

11. Forms. DD Form 2870 Authorization for Disclosure of Medical or Dental Information is available at: <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.