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Department of Defense
INSTRUCTION

Canceled by: _____

NUMBER 6015.23

October 30, 2002

ASD(HA)

SUBJECT: Delivery of Healthcare at Military Treatment Facilities: Foreign Service Care; Third-Party Collection; Beneficiary Counseling and Assistance Coordinators (BCACs)

- References:**
- (a) DoD Instruction 6015.23, "Delivery of Healthcare at Military Treatment Facilities (MTFs)," December 9, 1996 (hereby canceled)
 - (b) DoD Directive 5136.1, "Assistant Secretary of Defense (Health Affairs)," May 27, 1994
 - (c) Chapter 55 and Sections 1079(a), 1073, 1095, and 2559 of title 10, United States Code
 - (d) DoD 5025.1-M, "DoD Directives System Procedures," current edition
 - (e) through (i), see enclosure 1

1. REISSUANCE AND PURPOSE

This Instruction:

1.1. Reissues reference (a) to implement policy, assign responsibilities and prescribe procedures on provisions of care in the delivery of healthcare at military treatment facilities (MTFs) in the Military Health System.

1.2. Implements policy, assigns responsibilities and prescribes procedures:

1.2.1. On international military reciprocal healthcare agreements.

1.2.2. Under DoD Directive 5136.1 (reference (b)).

1.2.3. On Beneficiary Counseling and Assistance Coordinator responsibilities in accordance with 10 U.S.C. 1095e (reference (c)).

1.3. Authorizes DoD 6015.1-M, "Classification Nomenclature and Definitions Relating to Fixed and Non-fixed MTFs" and DoD 6010.15-M, "Military Treatment Facility Uniform Business Office (UBO)," in accordance with DoD 5025.1-M (reference (d)).

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of 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 in the Department of Defense (hereafter referred to collectively as "the DoD Components").

3. POLICY

It is DoD policy that:

3.1. The Secretary of Defense, under Title 10 U.S.C. 1073 (reference (c)), generally administers programs and activities of Chapter 55 of reference (c) for the Armed Forces; under his jurisdiction, the Secretary of Transportation administers such programs and activities for the Coast Guard when the Coast Guard is not operating as a Service in the Navy; and the Secretary of Health and Human Services administers such programs and activities for the Commissioned Corps of the National Oceanic and Atmospheric Administration and for the Commissioned Corps of the U.S. Public Health Service. Reference (b) delegates the Secretary of Defense's authority to the Assistant Secretary of Defense for Health Affairs.

3.2. Under 10 U.S.C. 2559 (reference (c)), the Department of Defense shall make MTF inpatient medical care available without cost (except for a subsistence charge, if it applies) to the foreign force members and their dependents in the United States from countries that have international reciprocal healthcare agreements with the Department of Defense (as determined by the Assistant Secretary of Defense for Health Affairs) and where comparable care is made available to a comparable number of U.S. Military personnel and their dependents in the foreign country. Foreign force members eligible for inpatient care under these criteria are also eligible for supplemental care similar to that which is available for non-active duty patients receiving care in military treatment facilities.

3.3. Foreign force members and their dependents in the United States who do not meet the criteria in paragraph 3.2., and who are otherwise eligible for and receive MTF inpatient and outpatient medical care, must reimburse that facility for such care at the appropriate DoD reimbursement rate.

3.4. Foreign military members and their dependents in the United States who are not covered by an international reciprocal healthcare agreement shall be offered DoD healthcare to the extent authorized by the regulations of the Military Departments.

3.5. Foreign governments may submit requests for international reciprocal healthcare agreements to the Assistant Secretary of Defense for Health Affairs. The request must include:

3.5.1. A description of the foreign country's military healthcare; and

3.5.2. The numbers of foreign military members and dependents expected to be covered by the agreement.

3.6. Foreign personnel subject to North Atlantic Treaty Organization Status of Forces Agreement (SOFA) or countries under the Partnership For Peace SOFA, their dependents and diplomatic personnel accompanying the forces, may receive medical and dental care in Uniformed Service facilities. Outpatient care in facilities of the Uniformed Services is provided at no cost to the covered personnel or sponsoring agency; inpatient care is provided at the appropriate DoD-established reimbursement rate. CHAMPUS/TRICARE Standard coverage is only available for outpatient care.

3.7. The MTF or Unit Commander shall establish and maintain a business office that encompasses Third-Party Collection, Medical Affirmative Claims, and Medical Services Account Programs. The business office shall:

3.7.1. Collect those funds from third-party payers to the fullest extent allowed by law and 32 CFR 220 (reference (e)).

3.7.1. Deposit all Third-Party Collection (TPC) Program funds into the appropriations supporting the MTF where the billed service was provided in the fiscal year in which collections were made. These collections shall be available to the local facility of the Uniformed Services responsible for the collections and shall be over and above the facility's direct budget amount in accordance with Title 10, section 1095, Subchapter A, Part II, Chapter 55 (reference (c)).

3.7.1.1. Funds collected under the TPC Program shall be used, except for amounts needed to finance collection activities, to enhance healthcare services.

3.7.1.2. Collect funds through Medical Services Accounts and Medical Affirmative Claims programs. These funds shall be deposited into the appropriations supporting the facility of the Uniformed Service in accordance with DoD and Service-specific guidance.

3.8. MTFs shall issue a non-availability statement (NAS) to non-enrolled (i.e., Standard or Extra) TRICARE beneficiaries for authorized non-emergency inpatient care. In some areas, the Managed Care Support Contractors may issue NASs after reaching a formal agreement with the local MTF Commander (or Commanders) and the appropriate Lead Agent Office. NAS may be issued only when the care required is not available from an MTF and the catchment area includes the beneficiary's current address. Occasionally, the MTF Commander (or designee) may decide it is medically inappropriate for the beneficiary to use the MTF (e.g., a transportation support problem) and issue the NAS on that basis. NAS issuance procedures shall be consistent with NAS requirements in 32 CFR 199.7 (reference (f)).

3.9. In accordance with 10 U.S.C 1095e (reference (c)) and prescribed herein, Lead Agents and MTF Commanders shall establish full-time Beneficiary Counseling and Assistance Coordinator (BCAC) positions at Lead Agent Offices, and either full-time or collateral duty positions at MTFs, as the MTF Commander determines.

4. RESPONSIBILITIES

4.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) shall:

4.1.1. Modify, supplement, and monitor compliance with this Instruction.

4.1.2. Determine parity, negotiate, and conclude the requests for reciprocal healthcare agreements.

4.1.3. Be responsible for:

4.1.3.1. Coordinating proposed international reciprocal healthcare agreements with the Under Secretary of Defense for Policy, Under Secretary of Defense (Comptroller), General Counsel of the Department of Defense, and appropriate other DoD Components;

4.1.3.2. Providing copies of concluded agreements to appropriate DoD Components;

4.1.3.3. Furnishing guidance concerning application of the agreements.

4.1.4. Determine that comparable care is available to a comparable number of United States force members and their dependents in the foreign country concerned and that an appropriate international agreement exists with the foreign country.

4.1.5. Act on recommendations for international reciprocal healthcare agreements foreign governments submit, and negotiate and conclude any necessary international agreements, consistent with DoD Directive 5530.3 (reference (g)).

4.1.6. Set policies concerning NASs and catchment areas.

4.2. The Secretaries of the Military Departments shall:

4.2.1. Be responsible for reviewing procedures that the Military Departments establish to ensure compliance with this Instruction.

4.2.2. Comply with international reciprocal healthcare agreements.

4.2.3. Budget for the medical and dental care it anticipates furnishing to eligible foreign personnel under its sponsorship in non-military and U.S. Government facilities, other than military. They shall also use payment procedures and rates they use for U.S. personnel.

4.2.4. Ensure that each Commander of an MTF submit, to their respective biometrics agencies, workload information, including live births, admissions and dispositions, days of care, visits, and ancillary services, by the fifth of the next month. The biometrics agencies review it and, if necessary, work with the site to correct it. The MTF shall release the report by the fifteenth of the following month.

4.2.5. Act on requests for changes in clinical services at MTFs as recommended by respective military command authorities and inform the regional Lead Agent regarding these decisions.

4.2.6. Ensure that each Commander of an MTF designates a BCAC, and Alternate BCAC, either full time or as a collateral duty.

4.3. The Director, TRICARE Management Activity (TMA) shall:

4.3.1. Ensure each Lead Agent designates a full-time BCAC and an Alternate BCAC.

4.3.2. Assume responsibility to coordinate with the Services regarding any modifications to that portion of this Instruction dealing with BCAC support.

4.3.3. Ensure toll-free telephone communication between beneficiaries and Lead Agent BCACs.

4.3.4. Ensure Lead Agent BCACs receive the most current TRICARE policy information to help address beneficiary issues and concerns.

4.3.5. Ensure that Lead Agent BCACs receive customer service training.

4.3.6. Ensure that appropriate directorates within TMA provide Lead Agent BCACs with current TRICARE policy information and customer service training.

5. PROCEDURES

5.1. NAS

5.1.1. ANAS is not required when there is a medical emergency, when a beneficiary has another health insurance plan that provides primary coverage for the cost of their medical services, or when the beneficiary is enrolled in TRICARE Prime. For TRICARE Prime enrollees, the primary care manager or healthcare finder shall write a referral. The MTFs, OCONUS Lead Agents, the Military Medical Support Office, or regional managed care support contractors issue a "valid care authorization."

5.1.1.1. Electronically issued NASs shall be valid for thirty (30) days. All issued NASs shall be reported on the Defense Eligibility Enrollment Reporting System or Composite Health Care System.

5.1.1.2. The MTF Commander (or senior designated physician) may issue a NAS retroactively for medical care provided by civilian sources.

5.1.2. The MTF Commander (or senior designated physician) shall determine the availability of equitable services provided within the MTF. A decision regarding the medical necessity of each beneficiary's request for inpatient care is not to be a consideration in the issuance of a NAS. The timeframe to issue a NAS, once requested,

is the same as the pre-authorization review timeline standards specified in the managed care support contracts.

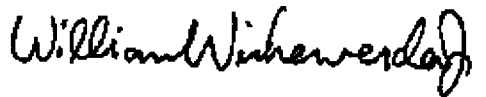
5.1.3. The first-level appeal for decisions surrounding NAS issuance is the MTF Commander, the second-level appeal is the TRICARE Lead Agent, and the third and final level of appeal is the Service Surgeon General of the sponsor's Service.

6. INFORMATION REQUIREMENTS

The patient care data collected for compliance with this requirement shall be reported using the Report Control Symbol of RCS DD-HA(AR)1453, in accordance with DoD 8910.1-M (reference (h)). Definitions of the data elements and codes must be the same for all three Military Services. New facilities must be given identification codes by the OASD(HA) and properly identified when initially reporting their data. The reporting requirement identified at subparagraph 4.2.4. is exempt from licensing in accordance with section 6 of DoD Directive 8910.1 (reference (i)).

7. EFFECTIVE DATE

This Instruction is effective immediately.



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Assistant Secretary of Defense (Health Affairs)

Enclosures - 2

- E1. References, continued
- E2. Roles and Responsibilities for Beneficiary Counseling and Assistance Coordinators

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Title 32, Code of Federal Regulations, Part 220, "Collection from Third-Party Payers of Reasonable Costs of Healthcare Services," current edition
- (f) Title 32, Code of Federal Regulations, Part 199, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," current edition
- (g) DoD Directive 5530.3, "International Agreements," June 11, 1987
- (h) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," November 28, 1986
- (i) DoD Directive 8910.1, "Management and Control of Information Requirements," June 11, 1993,

E2. ENCLOSURE 2
ROLES AND RESPONSIBILITIES FOR
BENEFICIARY COUNSELING AND ASSISTANCE COORDINATORS (BCACs)

E2.1. GENERAL ROLES

As developed between the Services and TMA, BCACs shall carry out their responsibilities and fulfill their generalized roles to:

E2.1.1. Serve as beneficiary advocates and problem solvers, providing dedicated service to all MHS beneficiaries.

E2.1.2. Receive inquiries directly from beneficiaries, the DoD Components, other Agencies, and various interested parties.

E2.1.3. Coordinate with appropriate points of contact throughout the MHS, including Managed Care Support Contractor (MCSC) points of contact, to best meet beneficiary needs for information or assistance.

E2.1.4. Help resolve issues by openly communicating with all involved parties.

E2.1.5. Ensure TRICARE information and assistance with accessing healthcare services is available across the TRICARE system for eligible beneficiaries.

E2.1.6. Help beneficiaries resolve concerns when they are not satisfied with services from other parties.

E2.1.7. Counsel beneficiaries and clarify information on their TRICARE benefit (including such options as TRICARE Prime Remote, TRICARE For Life, Dental Programs, and other Demonstrations/ Projects, etc.) and consult with others as necessary.

E2.1.8. Work with functional experts to provide enrollment, beneficiary counseling, and claims processing information. BCACs shall describe or seek clarification on eligibility requirements and benefits based on the category of beneficiary seeking assistance.

E2.1.9. Respond, as directed, to beneficiary, provider, and congressional inquiries on TRICARE matters.

E2.1.10. Address access to healthcare complaints, ensuring that beneficiaries get the appropriate benefits and services to which they are entitled.

E2.2. OPERATIONAL ACTIVITIES

E2.2.1. Lead Agent BCACs shall:

E2.2.1.1. Be responsible for working beneficiary issues that cross regional boundaries.

E2.2.1.2. Disseminate current and correct information on TRICARE regulations and policies to MTF BCACs as needed to facilitate MTF BCACs' ability to perform their jobs.

E2.2.1.3. Act as liaisons to resolve issues with MTF BCACs, MCSCs, Fiscal Intermediaries, the Services, and other concerned parties, when such issues are not resolved at the local level.

E2.2.2. BCACs shall:

E2.2.2.1. Follow-up on and troubleshoot problems beneficiaries have processing claims, enrolling in programs, and receiving authorization for services or other system problems that are exceedingly complicated, unduly delayed, or inappropriately handled.

E2.2.2.2. Bring identified systemic problems to the appropriate Lead Agent or MTF point of contact to address.

E2.2.2.3. Analyze, research, and resolve TRICARE inquires, regardless of how they were received; i.e., written, telephonic, and/or electronic (e-mail).

E2.2.2.4. Provide information and assistance based on personal, written, or telephone inquiries and address inpatient and outpatient care based on TRICARE program elements.

E2.2.2.5. Maintain statistical data and generate reports to Lead Agent Directors and/or MTF Commanders on workload volume and categories of issues they encountered.

E2.2.2.6. Use information gleaned from reports to make suggestions for developing and marketing beneficiary education efforts to improve understanding of issues.

E2.2.2.7. Maintain formal documentation process for tracking problem resolution.

E2.2.2.8. Ensure external communications are consistent with the strategies and objectives established by Lead Agents.

E2.3. CONTACTS REQUIRED FOR BCAC DUTIES

BCACs shall:

E2.3.1. Facilitate ongoing, appropriate, and effective communication with Lead Agent Offices, MTF BCACs, TRICARE Service Centers (TSCs), MCSCs, and others when coordinating on and resolving issues.

E2.3.2. Coordinate with staff subject matter experts on issues, as necessary.

E2.3.3 Keep the military chain of command, the Services, and TMA informed of ongoing issues and special cases.

E2.3.4. Maintain a continuing cooperative relationship with various agencies, including Offices of the Lead Agent; the Service Surgeon General offices; MTFs, TSCs, MCSC regional and corporate offices; TRICARE Management Activity; Social Security Administration; Centers for Medicare and Medicaid Services; Department of Veterans Affairs; Dental Agencies; Fiscal Intermediaries and/or Claims Processing Offices; and Congressional field offices.

E2.4. CLAIMS ASSISTANCE

BCACs shall:

E2.4.1. Provide or directly communicate information on healthcare services that TRICARE covers and excludes and convey how these benefits and policies integrate with other healthcare sources.

E2.4.2. Explain a beneficiary's costs and responsibilities when enrolling in TRICARE Prime or accessing services under the TRICARE Extra or Standard options.

E2.4.3. Help beneficiaries understand the TRICARE claims process, including information on resolving unpaid healthcare claims, pre-authorization requirements, and third-party liability.

E2.4.4. Help resolve DEERS eligibility and enrollment problems.

E2.5. APPEALS AND GRIEVANCES

E2.5.1. Lead Agent BCACs shall:

E2.5.1.1. Handle issues received from beneficiaries, MTFs, or TSCs that staff there has not been able to resolve.

E2.5.1.2. Work directly with beneficiaries who feel they have exhausted the MHS/MCSC system and/or have become dissatisfied with services they received.

E2.5.2. BCACs shall:

E2.5.2.1. Explain appeals and grievance procedures and advise beneficiaries on the appropriate use of these procedures.

E2.5.2.2. Refer cases to points of contact that can provide detailed and specific information on how to access TRICARE services and what steps beneficiaries can take if not satisfied with services received.

E2.6. KNOWLEDGE AND SKILLS

The Lead Agent BCAC requires the following:

E2.6.1. Expert knowledge of the TRICARE program policies and reference manuals.

E2.6.2. In-depth knowledge, experience, and training to handle and solve complex issues that arise when addressing healthcare benefits.

E2.6.3. Tact, diplomacy, and restraint in counseling and explaining entitlements, benefits, and responsibilities to all beneficiaries.

E2.6.4. Understanding of the MHS and TRICARE program elements.

E2.6.5. 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.

E2.6.6. Practical knowledge and understanding of TRICARE contract language, regional healthcare issues and initiatives, and other Federal health benefits programs.

E2.6.7. Knowledge of basic principles and practices relating to the entire military healthcare delivery system.

E2.6.8. Knowledge of TRICARE healthcare claims processing regulations, procedures, and policies to ensure payment of legitimate claims.

E2.6.9. Knowledge of region-specific TRICARE contracts relating to authorized benefits and requirements needed to obtain healthcare.

E2.7. COMPLEXITIES ASSOCIATED WITH THE BCAC POSITION

The BCAC shall:

E2.7.1. Have a thorough understanding of the TRICARE benefit, related regional contracts, and MTF and/or Service-specific regulations, including practical knowledge of TRICARE special benefit programs and general understanding of the MHS.

E2.7.2. Remain abreast of continual updates/changes to the variety of health benefits programs available to beneficiaries at the appropriate OASD(HA), TMA, regional, and MTF level.

E2.7.3. Be able to organize, prioritize, complete, and track multiple complaints, issues, and projects.

E2.7.4. Exercise a great deal of initiative, independence, and considerable judgment in interpreting issues and adapting existing practices and precedents, using these skills when developing approaches that integrate all aspects of TMA's objectives to establish a unified beneficiary services program.

E2.7.5. Prioritize and reconcile benefit issues, working through different sources/agencies.

E2.7.6. Use Guidelines and Regulations that are often complex and under continuous change, cover many different programs, and may require extensive interpretive judgment.

E2.8. RESOURCES AVAILABLE TO BCACS

E2.8.1. The BCACs most frequently use OASD(HA)/TRICARE policy and program documents, managed care support contracts, DoD documents, Directives, Manuals, and Service-level instructions. They also use:

E2.8.1.1. General policy statements and statutory mandates, such as general guidance in DoD Instructions pertaining to correspondence.

E2.8.1.2. Applicable TMA Operations and Policy Manuals, including the appropriate Code of Federal Regulations.

E2.8.2. MTF Commanders shall define, under the guidance of their respective Military Departments, specific details regarding MTF BCAC roles and responsibilities.

E2.9. OPERATIONAL ACTIVITIES PERFORMED BY BCACS

E2.9.1. The BCAC, whom the beneficiary contacts, assumes responsibility for the issue and/or inquiry from the time of initial contact until the issue is resolved.

E2.9.2. BCACs shall assign a case identifier to each beneficiary case, using a Service and/or TMA-developed database or program. BCACs shall track cases, categorizing caseload by data elements and timeliness of resolution.

E2.9.2.1. After the Lead Agent BCAC assigns a case identifier and the data is entered, BCACs shall determine whether the issue shall be resolved at the Lead Agent or other level, i.e., MTF, Services, TMA, or MCSC, forwarding appropriate cases as necessary. MTF's BCACs shall follow these same procedures.

E2.9.2.2. Lead Agent BCACs shall annotate confirmation of case acceptance and identification of the responsible action point of contact for cases referred out to others. MTF Commanders and MTF BCACs shall develop internal processes to ensure tracking of all cases.

E2.9.2.3. Lead Agent BCACs shall assist and ensure cases referred to other action offices meet identified resolution timeline requirements. MTF Commanders and MTF BCACs shall establish internal procedures to achieve the same result.

E2.9.3. BCACs shall comply with case completion time requirements as follows: Resolve "Priority" cases, i.e., those cases forwarded on behalf of a beneficiary by OASD(HA), TMA, members of Congress or those otherwise designated as Priority by the Lead Agent/MTF Commander, within ten (10)-calendar days. Resolve Routine issues within thirty (30)-calendar days. BCACs may modify the established case resolution timelines to meet compliance standards.

E2.10. CASE CLOSURE

The BCAC accepting a specific case shall notify the beneficiary of case closure and determine beneficiary satisfaction with case outcome via an oral, written, or automated process.

E2.11. COORDINATION

BCACs are responsible for coordinating data and generating reports on beneficiary issue caseloads.

E2.11.1. Lead Agent and MTF BCACs shall provide data input based on established methodology to support MHS-wide reporting. TMA (Communications and Customer Service) will create and distribute regional and Service-specific reports, based on data input received through coordination with the Services.

E2.11.2. Lead Agent BCACs shall generate regional or MTF-specific ad hoc reports as required by Lead Agent Directors and/or MTF Commanders to meet specific needs.