

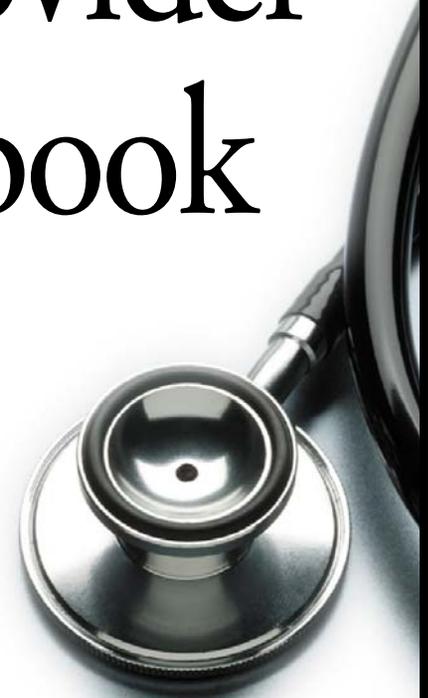


TRICARE Europe Host Nation



# Provider Handbook

*Important  
information  
for those  
who provide  
health care to  
members of the  
U.S. military  
community*



TRICARE Area Office-Europe



# Important Contacts

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## Military Treatment Facility

To find contact information for your local Network Coordinator, type your name into the TRICARE Europe Network Search Tool on the web at [www.europe.tricare.osd.mil/ppn/ppnsearch.asp](http://www.europe.tricare.osd.mil/ppn/ppnsearch.asp) and click “Begin Search”. Click your name from the list to view your detailed record. The name, address and telephone number of your local Network Coordinator is provided in the record.

For additional assistance, please call TRICARE Area Office-Europe.

## TRICARE Area Office-Europe

- **Phone:** (+49) (0)6302-67-6312
- **Email:** [teoweb@europe.tricare.osd.mil](mailto:teoweb@europe.tricare.osd.mil)
- **Web Site:** [www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil)
- **Address:** TRICARE Europe  
Unit 210  
Bldg 214 4th Floor  
67681 Heuberg, Germany

## Wisconsin Physician Services (claims processor)

- **Phone:** General: 001-608-301-2310  
*These lines are open during standard, Central European Time business hours*  
Germany: 0800-1-8-23215 (German spoken)  
Italy: 800-8-75982 (Italian spoken)  
United Kingdom: 0800-9660574
- **Web Site:** [www.tricare4u.com](http://www.tricare4u.com)
- **Address:** WPS/TRICARE  
P.O. Box 8976  
Madison, WI 53708-8976  
USA

## TRICARE Global Remote Overseas (International SOS)

- **Phone:** (+44) (0)20-8762-8133
- **Email:** [tricarel@internationalsos.com](mailto:tricarel@internationalsos.com)
- **Web Site:** [www.internationalsos.com/private/tricare/europe/](http://www.internationalsos.com/private/tricare/europe/)

## Civilians, contractors and foreign nationals

Civilians, contractors and foreign (non-U.S.) nationals are not covered by TRICARE unless they otherwise eligible. If they are, they should have identification indicating this, such as an active duty family member, retiree or retiree family member card. If they do not have an identification card that indicates that they are eligible for civilian medical care, then TRICARE will not pay claims submitted on their behalf.

Preferred providers are asked to provide care to these patients. However, providers should seek a personal guarantee of payment or request payment in advance for any non-emergency care provided.

## Other Health Insurance

By U.S. Federal Law, TRICARE may only pay after all other active insurance policies have paid their share. This include National Health Insurance. Therefore, it is important to review Section 11 on the TRICARE Claim Form (DD Form 2642) prior to providing care. The patient is required to list any other health insurance policies in this space.

If the patient does have other health insurance, you may:

- Assist the patient in first filing the claim with their other health insurance provider.
- Request a personal guarantee of payment or payment in advance, and allow the patient to file the claim with their other health insurance.
- Seek assistance from the TRICARE Service Center.

## A Word About Fraud

Health care fraud is a growing problem throughout the world. TRICARE vigorously investigates and pursues those who commit fraud. Programs to identify and eliminate fraud are most effective when health care institutions, providers and patients work together.

Preferred providers receive a detailed Explanation of Benefits for all claims filed in their behalf, and are encouraged to contact TRICARE in the event of any discrepancy. If you note a problem on an Explanation of Benefits, or for any reason suspect the commission of fraud, please contact your Network Coordinator or the claims processor (Wisconsin Physician Services) at one of the numbers on the back page of this book.

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## Important Contacts

# An Introduction to TRICARE

## What is TRICARE?

TRICARE is a comprehensive health program provided to active and retired members of the United States uniformed services, their spouses and children, survivors and certain other beneficiaries.

TRICARE beneficiaries are encouraged to get health care directly from U.S. military hospitals, clinics and providers whenever possible. When it is not possible, they may receive care from civilian providers wherever they live. TRICARE provides payment for covered services received from civilian providers as long as the beneficiary is eligible and the care is properly authorized.

## The TRICARE Structure

Outside the United States, TRICARE operates as a partnership between the medical departments of the U.S. Army, Navy and Air Force and TRICARE Area Office-Europe.

## U.S. Military Treatment Facilities (MTF)

For most TRICARE beneficiaries in Europe, health care is focused on a local Military Treatment Facility. Beneficiaries receive much of their health care at their local hospital or clinic, and most beneficiaries require authorization from this facility before receiving care from host nation providers. What's more, the Military Treatment Facility commander is responsible for establishing and maintaining a network of host nation providers to address health care needs the facility cannot meet. A local TRICARE Service Center (TSC) serves as the link between the Military Treatment Facility, beneficiaries and host nation providers.

## TRICARE Area Office-Europe

TRICARE Area Office-Europe manages large-scale processes, such as claims processing, and provides tools and support to assist local Military Treatment Facilities in administering the TRICARE program. Some examples include medical translation services, quality assurance programs, beneficiary education, staff training and policy guidance. TRICARE Area Office-Europe also centrally manages the TRICARE Global Remote Overseas program, which delivers the TRICARE benefit to U.S. service members and their families who live in overseas areas not served by a Military Treatment Facility.

## Active Duty Family Members enrolled in Prime (cont.)

The Preferred Provider Memorandum of Agreement only obligates you to file claims for Active Duty Family Members who are enrolled in TRICARE Overseas Prime and have a Military Treatment Facility care authorization or referral for host nation care. If a TRICARE Prime patient does not have a referral or care authorization, but requests non-emergency care, you may request payment in advance or bill the patient directly and request that they file the claim for reimbursement.

## TRICARE Standard Beneficiaries

TRICARE Standard Beneficiaries include U.S. military retirees and their family members and military family members who are not eligible for or choose not to enroll in Prime.

According to the Preferred Provider Memorandum of Agreement, you are not obligated to file claims for TRICARE Standard beneficiaries. Instead, you may seek a personal guarantee of payment from the patient or request payment in advance.

If you choose to file these claims, be aware that TRICARE Standard patients are responsible for a portion of their bill, as indicated by the chart below. The amount for which the patient is responsible will be deducted from the reimbursement amount and you will need to bill the patient for the balance.

	Rank E-4 & Below	Rank E-5 & Above	Retiree
Annual Deductible	\$50 per individual/ \$100 per family	\$150 per individual/ \$300 per family	\$150 per individual/ \$300 per family
Outpatient Co-Pay	20% of the cost of covered services	20% of the cost of covered services	25%
Inpatient Medical Co-Pay	\$13.90 per day or \$25 (whichever is greater)	\$13.90 per day or \$25 (whichever is greater)	25%
Inpatient Behavioral Health Co-Pay	\$20 per day	\$20 per day	25%
Catastrophic Cap <sup>1</sup>	\$1,000	\$1,000	\$3,000

<sup>1</sup> The catastrophic cap is the maximum amount beneficiaries must pay out of pocket per fiscal year. Once the catastrophic cap has been reached, TRICARE pays all costs for authorized, covered care. Point-of-Service fees and costs for non-covered services do not count towards the cap.

# Billing & Claims Filing

## Medical Billing

Compile and price medical billing according to the generally accepted standards of the country in which you practice. Bills should normally be issued within 90 days of the date of care and submitted to the claims processor within 12 months of that date. At a minimum, bills must include the following information:

- Your complete physical and billing address, in letterhead format.
- Itemization of the costs and services provided.
- Preferred provider's identification number.
- The patient's name and date of birth.
- The sponsor's social security number
- The patient's diagnosis.
- The date the care was provided.

The following sections explain how to file claims or bill for services for the different kinds of U.S. military community patients you may encounter. As always, contact your TRICARE Service Center with any questions.

## Active Duty U.S. Service Members

In most cases, you will submit claims for care provided to Active Duty Service Members to the local TRICARE Service Center for handling. Your Network Coordinator will provide you with specific instructions on where to send these claims.

## TRICARE Prime Active Duty Family Members

To file a claim for an Active Duty Family Member enrolled in TRICARE Prime, submit your bill along with a completed TRICARE Claim Form (DD Form 2642) no later than 90 days from the date of care to:

WPS—Overseas Claims  
P.O. Box 8976  
Madison, WI 53708-8976  
USA

# TRICARE Programs & Benefits

## TRICARE Programs

- **TRICARE Overseas Program Prime:** U.S. military members on active duty and their eligible family members who are command-sponsored by the U.S. military are eligible for this program if they live near a Military Treatment Facility. TRICARE Overseas Prime pays 100 percent of the cost of covered services received from host nation providers; however, beneficiaries must get prior authorization for such care from their Primary Care Manager at the Military Treatment Facility to which they are enrolled.
- **TRICARE Standard:** U.S. military retirees and their family members, military family members who are not command sponsored or who do not wish to enroll in Prime are covered by TRICARE Standard. Beneficiaries must meet a deductible before TRICARE begins paying, and must also pay cost shares (see Page 16 for more details). TRICARE Standard beneficiaries do not need authorization prior to seeking care from host nation providers for most services (see Page 5 for information on inpatient mental health care, morbid obesity surgery, and cosmetic and plastic surgery).
- **TRICARE Global Remote Overseas (TGRO):** For Active Duty Service Members and their eligible, command-sponsored family members who do not live near a military treatment facility. The coverages are the same as for Prime; however, authorization for care is provided by the TRICARE contract partner instead of a Military Treatment Facility.

## Eligibility: Who is Covered

Eligibility for TRICARE is generally limited to the following:

- Members of the U.S. uniformed services, their spouses and their dependent children.
- U.S. military retirees, their spouses and their dependent children.
- Survivors and certain former spouses of the above.

Individual eligibility is ultimately determined by the U.S. Defense Enrollment Eligibility Reporting System (DEERS). Beneficiaries are responsible for ensuring their information is current in DEERS. TRICARE claims for patients who are not listed as eligible in DEERS cannot be paid by the claims processor.

## Basic Program Benefits

TRICARE covers most inpatient and outpatient care that is medically necessary, appropriate and considered proven. A detailed listing of covered benefits is beyond the scope of this handbook, but coverage includes:

- Urgent and emergent care, including necessary ambulance services.
- Outpatient services, including primary and specialty care.
- Mental and behavioral health.
- Maternity care.
- Pharmaceuticals.
- Some preventive health and well-child care.
- Inpatient and outpatient surgery.
- Durable medical equipment and supplies.

For more specific information, please contact your TRICARE Service Center or refer to the TRICARE Policy Manual, TRICARE Reimbursement Manual or TRICARE Operations Manual online at <http://manuals.tricare.osd.mil/>.

## Benefits requiring special attention

The following services require specific authorization to ensure TRICARE coverage (see Page 6 for sample of approval form):

- **Inpatient Behavioral Health Care** requires pre-authorization for all beneficiaries, and must be coordinated through TRICARE Area Office-Europe. Note that there are coverage limitations on the length of stay.
- **Cosmetic, Plastic and Reconstructive Surgery** are covered only when used to restore function, correct a serious birth defect, restore body form after a serious injury, improve the appearance of a severe disfigurement, or after a medically necessary mastectomy. All cases must be pre-approved by TRICARE Area Office-Europe, with the exception of reduction mammoplasty, which may be referred directly by the Military Treatment Facility.
- **Morbid Obesity Surgery:** Prior authorization is required, and services are limited to Roux en Y gastric bypass or vertical banded gastroplasty. Only specific procedures are covered by TRICARE. All cases must be pre-approved by TRICARE Area Office-Europe.

## Coverage Limitations

Coverage for the following services or procedures is subject to significant

## Patient Records & Privacy

Preferred providers must maintain medical-health records for all TRICARE beneficiaries they treat. These records should be protected as required by European Union regulatory controls, or for non-EU providers, as stipulated by an addendum to the Preferred Provider Memorandum of Agreement.

When possible, preferred providers should provide English-language summaries of their records for inclusion in the patient's U.S. military medical records. In most cases, your TRICARE Service Center can assist you with this, as TRICARE Area Office-Europe provides an electronically-based system for the translation of medical records from several European languages.

## Cultural Differences & Host Nation Liaisons

While the practice of health care in the U.S. and much of Europe is very similar, there are some cultural differences that can make U.S. patients uncomfortable.

Language, of course, is the most obvious and challenging difference, which is why preferred providers should have some way of communicating with patients in English. Even so, the language barrier makes it imperative for providers to ensure that any care instructions are clear and well understood by the patient. Be aware that language differences may discourage some patients from asking questions when they don't understand.

U.S. patients also tend to find differences in personal privacy to be quite uncomfortable, especially in a hospital setting. Curtains or privacy screens are expected in hospital rooms and exam rooms in the U.S., and American patients may find it very difficult to undress to any degree without them.

To help bridge the cultural gap, most U.S. Military Treatment Facilities employ one or more Host Nation Liaisons. These liaisons are fluent in English and the local language and are familiar with how the host nation health care system typically operates. Their primary role is to assist U.S. patients in a hospital setting, but may also be available to assist with particularly difficult outpatient situations.

Contact information for your host nation liaison is on the back page of this handbook.

## Uniformed Services Identification Card

This card may be carried by military members, retirees and their family members.

### Sponsor Card (military member or retiree)

- This card will be green for Active Duty Service Members, red for Reserve Component members, or blue for retired service members. (NOTE: This card is being phased out for current members of the U.S. military)

- Check the Expiration date to ensure validity.



### Family Member Card

- This card will be tan for family members of Active Duty Service Members and retirees, and red for Reserve Component family members.

- Check the Expiration date to ensure validity.

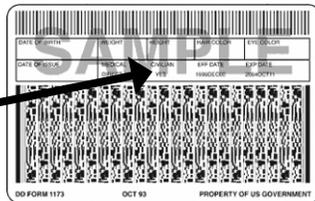
- Retiree family members can be identified by a "RET" in this space.

- The sponsor's Social Security Number (SSN) is the key identifier for all TRICARE patients.



### Back (same for both cards)

- TRICARE eligibility is indicated by a "yes" under "Civilian".



## What it means to you

**Active Duty Service Members** are covered by TRICARE Prime. They must have authorization prior to seeking care from host nation providers, otherwise claims may be denied.

**Active Duty Family Members** covered by TRICARE Prime must have a referral or care authorization from the Military Treatment Facility. If they are not covered by Prime, eligible family members are covered by TRICARE Standard.

**Reserve Component members and their family members** are TRICARE eligible in two cases: a) they are on active duty orders for more than 30 consecutive days, in which case they will have military orders stating this, which you can request and copy for your records; or b) they are enrolled in TRICARE Reserve Select, in which case they will have a TRICARE Reserve Select enrollment card. Contact your servicing TRICARE Service Center if you need assistance in verifying eligibility.

**Retired military members and their family members** outside the U.S. are covered by TRICARE Standard. Deductibles and co-payments apply.

**Important Note:** The Defense Enrollment Eligibility Reporting System (DEERS) ultimately determines TRICARE eligibility. If you are uncertain about a patient's eligibility, call your TRICARE Service Center.

## TRICARE Area Office - Europe ----- CARE AUTHORIZATION

**1** → Patient Name: \_\_\_\_\_ Sponsors SSN: \_\_\_\_\_

TRICARE Europe Office Germany

Tel 49-6302-67-6336/62 fax: 49-6302-67-6377

Patient Name

**2** → Pre-Surgical Evaluation Date

**3** → Authorization Date  SSN  Admit +/- 7 days of this date

Auth ICN  Authorization Type

Military Referral Source: \_\_\_\_\_ TSC/MTF personnel: \_\_\_\_\_

Previous authorizations obsolete. The "days" column, totals the maximum days currently authorized for care if needed.

Facility Name	Max Days allowed (if any)	Authorized By

TRICARE Area Office - Europe

A copy of this authorization AND appropriately completed TRICAREX/HAMPUS Claim Form 2642 MUST be submitted to the TRICARE Europe Claims processor.

**4** → Submit claims to: Foreign Claims, PO Box 8976, WPS-CHAMPUS, Madison, WS 53708-8976

- 1 The patient's name and the sponsor's social security number are the key pieces of information used to track TRICARE patients, care authorizations and payments.
- 2 The date when the pre-surgical evaluation was completed.
- 3 The approved admission date for the procedure will be given here.
- 4 Detailed information about the procedure or procedures authorized will be given in this box.

limitations. Contact your Servicing TRICARE Service Center for details:

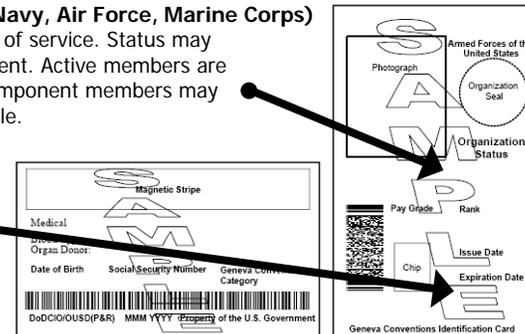
- **Abortions** are only covered when the mother's life is in danger. The attending physician must certify in writing that the abortion was performed because a life-threatening condition existed. Medical documentation must be provided.
- **Cardiac and Pulmonary Rehabilitation** are only covered for non-hospital based cardiac rehabilitation programs and phase III cardiac rehabilitation for lifetime maintenance performed at home or in medically supervised settings.
- **Cranial Orthotic Devices** are excluded for treatment of nonsynstic positional plagiocephaly.
- **Dental Care and Dental X-Rays** are covered only for adjunctive dental care.
- **Dental Anesthesia and Facility Charges** are covered only to safeguard a patient's life.
- **Eyeglasses or Contact Lenses** are covered only under limited circumstances such as corneal lens removal.
- **Food, Food Substitutes or Supplements, or Vitamins** are not covered outside of a hospital setting.
- **Genetic Testing** is only covered under certain conditions.
- **Home Health and Hospice Care** is not available overseas.
- **Intelligence Testing** is only covered when medically necessary for the diagnosis or treatment planning of covered psychiatric disorders.
- **Infertility testing and treatment** of the underlying physical condition of which infertility is a symptom. Non-coital reproductive technologies such as artificial insemination, in-vitro fertilization and gamete intra-fallopian transfer are not covered.
- **Marital Therapy and/or Couples Counseling** must be specifically authorized and have a covered DSM-IV primary diagnosis, and the marital or couples therapy must be medically necessary.
- **Private Hospital Rooms** are not covered unless ordered for medical reasons, or a semi-private room is not available. The hospital may bill the patient for the extra charges if the patient requests a private room.
- **Skilled Nursing Facility Care** is not available overseas.
- **Weight Reduction** is only covered when psychiatric or psychological evaluations are conducted to assess appropriateness for covered surgical gastric procedures.

## The Common Access Card

This card may be carried by military members, Department of Defense civilians, certain contractors and certain non-U.S. military members.

### Uniformed Services (Army, Navy, Air Force, Marine Corps)

- Organization indicates branch of service. Status may be Active or Reserve Component. Active members are TRICARE eligible. Reserve Component members may or may not be TRICARE eligible.
- Check the Expiration date to ensure the identification card is still valid.



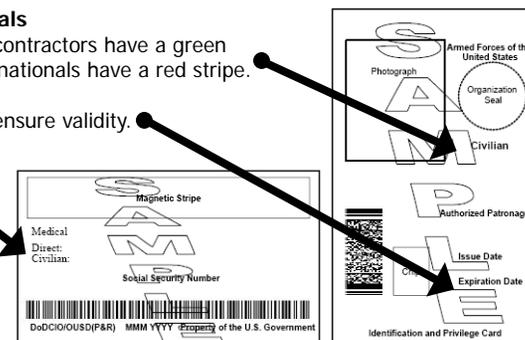
### What it means to you

**Active Duty Service Members** are covered by TRICARE Prime. They must have authorization prior to seeking care from host nation providers, otherwise claims may be denied.

**Reserve Component members** are TRICARE eligible only if they are on active duty orders for more than 30 days or if they are enrolled in TRICARE Reserve Select. If they are on active duty orders for more than 30 days, they will have military orders stating this, which you can request and copy for your records. If they are enrolled in TRICARE Reserve Select, they will have a TRICARE Reserve Select enrollment card. Contact your servicing TRICARE Service Center if you need assistance in verifying eligibility.

### Civilians and Foreign Nationals

- U.S. civilians are white while contractors have a green stripe and foreign (non-U.S.) nationals have a red stripe.
- Check the Expiration date to ensure validity.
- TRICARE eligibility is indicated by a "yes" after "Civilian". If there is a "no", see if the patient has another card that may indicate eligibility (see below).



### What it means to you

**U.S. Civilian employees, contractors and foreign (non-U.S.) nationals** are not covered by TRICARE unless they are otherwise eligible, i.e. as a retiree or family member. If they claim eligibility and it is not indicated on their common access card with a "Yes" after the word "Civilian", ask them to produce their Uniformed Services Identification Card (see next page), which will indicate their eligibility.

# Seeing TRICARE Patients

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## How Patients Are Referred to You

Most TRICARE beneficiaries in Europe are enrolled in TRICARE Prime, so a visit to a host nation provider typically begins with a referral from their Primary Care Manager at the local Military Treatment Facility.

If the needed care is not available at the Military Treatment Facility, a Health Care Finder at the local TRICARE Service Center will help the patient find a suitable host nation provider, using the Preferred Provider Network whenever possible. Usually, the Health Care Finder will make the appointment and give the patient contact information, driving directions, a completed claim form and any necessary medical documentation or care authorizations.

Not all TRICARE beneficiaries require a referral or care authorization from a Military Treatment Facility. TRICARE Standard patients do not require prior authorization for most kinds of host nation care. TRICARE Prime members may also seek host nation care without prior authorization—however, they may have to bear a substantial portion of the cost in the form of Point of Service fees.

Finally, other members of the U.S. military community who are not TRICARE beneficiaries may also seek care from you, either on their own or at the recommendation of the local Military Treatment Facility. These patients are responsible for paying for the cost of any care you provide.

## Identifying TRICARE Patients and Their Coverage

Given the various types of U.S. military patients who may seek care from you, it becomes crucial to properly identify both the patient and their TRICARE status.

**It is important to remember that not all U.S. patients are TRICARE patients.**

TRICARE patients who seek care from you will have some way to prove that they are TRICARE eligible—either a U.S. military identification card or a written confirmation from the Military Treatment Facility.

- Generally, children under 10 will not have their own military identification card. The parent's valid identification card is considered sufficient.
- TRICARE Prime Enrollment Cards are valid only when presented with a valid military identification card.
- If you have a concern about an individual patient, you may contact your servicing TRICARE Service Center for assistance.
- Providers are authorized and encouraged to photocopy both sides of a patient's military identification card.

## Exclusions

The following services are not covered under any circumstance. Contact your Servicing TRICARE Service Center with any questions:

- Acupuncture
- Artificial insemination
- Autopsy services or post-mortem examinations
- Birth control (non-prescription)
- Camps (such as those for diabetics or obese persons)
- Care or supplies furnished or prescribed by an immediate family member
- Care that is not medically necessary
- Costs for medical exams required for immigration, passports or other legal documentation.
- Diagnostic admissions
- Experimental or unproven procedures
- Fees paid for copies of host nation provider medical records
- Foot care (routine)
- Laser/LASIK/Refractive corneal surgery
- Learning disabilities
- Megavitamins and orthomolecular psychiatric therapy
- Mind expansion and elective psychotherapy
- Naturopaths
- Psychiatric treatment for sexual dysfunction
- Sex changes or sexual inadequacy treatment
- Telephone counseling consultation
- Accompanying persons during an inpatient stay
- Chiropractic care
- Postage fees

# The Preferred Provider Network

## **What is a Preferred Provider?**

A TRICARE Preferred Provider is one that enters into a formal agreement with the commander of the local U.S. Military Treatment Facility to provide medical care or services to members of the U.S. military community. Preferred Providers may be individuals, group practices, hospitals, pharmacies, durable medical equipment providers or other facilities.

## **Benefits of the Preferred Provider Network**

The Preferred Provider Network is beneficial for host nation providers and the U.S. military community. When U.S. military members need host nation care, they are referred to preferred providers whenever possible. In addition, each Military Treatment Facility has a Network Coordinator, who is available to provide information, support and assistance to preferred providers.

In turn, preferred providers offer a number of benefits to U.S. patients:

- Because providers' credentials have been reviewed, patients can feel confident they will receive high quality care.
- Providers can directly or indirectly communicate with them in English.
- They will get assistance in filing claims.

## **Joining Preferred Provider Network**

To join the Preferred Provider Network, contact the Network Coordinator whose number is listed on the back page of this document. The Network Coordinator will provide you with all the information you need along with a Memorandum of Agreement between you and the Military Treatment Facility commander. Once you have reviewed the agreement, provided the required information including your credentials, and both parties have signed the memorandum, you become part of the network.

## **Preferred Provider Responsibilities**

A detailed list of preferred provider responsibilities can be found in the Preferred Provider Network Memorandum of Agreement. Some of the key roles of preferred providers are that they:

- May not discriminate based on sex, race, color, creed or religion.
- Will be able to communicate directly or indirectly with patients in English.

- Identify and assist TRICARE patients who seek emergency care and properly authorized routine and specialty care.
- Maintain health records for TRICARE beneficiaries and, whenever possible, make English-language summaries of those records available for inclusion in the beneficiaries' U.S. military medical records.
- Compile billings and assist beneficiaries in filing claims appropriately.

## **Keeping Your Provider File Up to Date**

One of the most fundamental responsibilities of a preferred provider is to ensure that the file maintained by the Network Coordinator is current and accurate. An annual review by both parties can prevent confusion or problems for everyone involved. Here are some events that require an update to your file:

- The address at which you provide care changes.
- Your billing address or other billing information changes.
- Your phone, fax, email or other contact information changes.
- Your office hours change.
- Your credentials change or are renewed.

## **Quality Oversight**

The U.S. military health system has an obligation to its beneficiaries to provide the highest quality, safest care possible. The TRICARE Europe Quality Management Plan has been established to meet this obligation, and using preferred providers are a key to the plan's success. Because preferred providers present their credentials as part of the Memorandum of Agreement, U.S. military health officials have the basic assurance of knowing they are sending patients to well-trained, qualified providers.

In addition, a host nation peer review system is in place to allow the periodic review of TRICARE beneficiary medical records. Reviews are conducted by a physician in the same specialty as the host nation provider whenever possible. The U.S. military will confer with preferred providers on any clinical issues raised by these reviews.

Another aspect of the quality program is the customer comment card. Patients referred to host nation providers will be given the chance to complete a brief satisfaction survey about their experience. The results of these surveys may be shared periodically with preferred providers.