



TRICARE Area Office-Europe Preferred Provider Network Memorandum of Agreement



Provider Application Instructions

1. Please review the Memorandum of Agreement and place your signature, business stamp and date on Page 6.
2. Complete either Page 7 for individual or group practices or Page 8 for facilities or hospitals.
3. Send all of the above, together with your resume, your license, and other specific credentials identified on Page 4 (Section C, Part 1 or 2), to your local Network Coordinator.

If you have questions related to the Preferred Provider Network or to this Memorandum of Agreement, please direct them to your Network Coordinator or The TRICARE Europe Office, Sembach, Germany.

E-mail: zentralverwaltung@europe.tricare.osd.mil

Thank You for Your Interest and Support



Memorandum of Agreement (MOA)

This MOA establishes the agreement between a Host Nation Health Care Provider and a local U.S. Military Treatment Facility (MTF) Commander. The purpose of the agreement is to facilitate access to, and enable payment for, medically necessary health care rendered by a host nation facility or individual to an eligible TRICARE beneficiary. Further, this agreement outlines the restrictions and conditions for those payments.

A. GENERAL:

1. This MOA is entered into by and between

The Military Treatment Facility Commander

and

(The Host Nation provider (referred to as the Preferred Provider))

2. The MOA establishes the basis for participation in the TRICARE Europe Preferred Provider Network (TEPPN) and the conditions for providing services to eligible TRICARE beneficiaries. All terms of this MOA are in addition to, and not instead of, the terms, conditions, or requirements established by the regulations and policies regarding the administration of TRICARE/CHAMPUS and the health care benefits that its beneficiaries are entitled to. The Preferred Provider may review these regulations and policies online at www.tricare.osd.mil or by contacting their local Network Coordinator (NC).
3. The MOA does not provide a guarantee or commitment by the U.S. Military Commander for any specific or approximate number or level of TRICARE beneficiary referrals to the Preferred Provider.
4. The Preferred Provider is also informed that the preferred provider is not an employee of the MTF or the US government within the definition of the federal statutes (10 U.S.C. 1089 and 10 U.S.C. 2733 and 28 U.S.C.2679) and as such is solely responsible for any and all liability incurred as a result of his/her action or omissions, and shall indemnify the United States Government from any and all liability.

B. TERMS OF THE MOA:

1. THE U.S. MILITARY COMMANDER OR DESIGNEE SHALL:
 - a. Designate a local "Network Coordinator" (NC) to assist with the creation and ongoing maintenance of the TEPPN
 - b. The local NC will be the main interface for the Preferred Provider to obtain guidance and training regarding:
 - 1) TRICARE issues.
 - 2) Active Duty Service Member health-care and claims processing.
 - 3) Supplemental Care claims processing.
 - 4) DOD eligibility.
 - 5) Use of other U.S. Military medical resources (i.e., Medical Evacuation, Military Medical Treatment Facility referrals).

- c. Inform and update the Preferred Provider and the TRICARE Area Office, Europe (TAO-E) of the Network Coordinators name and telephone numbers and any changes to them.
- d. When it is determined that host nation health is required, refer (whenever possible), TRICARE beneficiaries only to the TEPPN.
- e. Ensure that all required credentials are obtained and reviewed to determine their compliance with host nation criteria/standards as stated in the TRICARE Europe Clinical Quality Management Plan and outlined in the Quality Aspects Section of this MOA.

2. THE PREFERRED PROVIDER SHALL:

- a. Practice no discrimination based upon sex, race, color creed or religion but will not be requested to perform services that violate the Provider's medical ethics or host nation law.
- b. Have the direct or indirect capability to communicate with TRICARE beneficiaries in the English language.
- c. Adequately identify the patient by means of the patient's identification card (ID card) and when applicable assist the TRICARE beneficiary with completion of the TRICARE/CHAMPUS claim form (DD form 2642).
- d. Accept and assist all TRICARE beneficiaries who seek emergency care.
- e. Accept and assist all TRICARE beneficiaries who seek routine care only if:
 - i) The TRICARE beneficiary presents a current and specific MTF-referral authorizing health care at the U.S. Government's expense together with a completed (and patient signed) TRICARE claim form (DD Form 2642); or
 - ii) The TRICARE beneficiary presents documented confirmation that the local MTF will process for payment the anticipated medical bills for that particular patient.

Please note: If paragraph (e)i or (e) ii (above) are not met, the TRICARE beneficiary should provide the health care provider with their personal payment-guarantees, or payment in advance.
- f. Maintain medical-health records for all TRICARE beneficiaries that are treated and whenever possible make English language summaries of those records available for inclusion into the patient's U.S. Military medical record. Such medical records and their data will be restricted and protected in accordance with the same form and manner as required by European Union (EU) regulatory controls governing patient privacy or, in the case of non-EU providers, be protected by stipulations set out in an applicable addendum to this agreement. These records should, at minimum, include the following:
 - 1) Subjective: Patient's chief complaint or reason for visit.
 - 2) Objective: Description and results of the physical exam.
 - 3) Assessment: the provisional diagnosis.
 - 4) Plan: A detailed description of the treatment plan.
- g. Compile billings, priced in accordance with the standards and generally accepted practice of the country where the care is rendered (unless modified by an addendum to this agreement) and mail such billings for TRICARE Europe Prime family members (together with a completed TRICARE claim form -DD Form 2642), not later than 90 days following the date of treatment, directly to:

Foreign Claims
 WPS/CHAMPUS
 PO Box 8976
 Madison, WI, 53708-8976, USA

- h. File their private billings, if the patient has Other Health Insurance (OHI), with the OHI first.
- i. Bills for other than TRICARE Europe Prime family members are to be submitted according to the Network Coordinator's instructions. All billings, however, must include the following minimum information:
 - 1) Preferred Provider's complete physical and billing address, in letterhead format.
 - 2) Itemization of costs and services rendered.
 - 3) Preferred Provider's TRICARE Identification Number.
 - 4) The patient's name and date of birth.
 - 5) The sponsor's Social Security Number.
 - 6) The patient's diagnosis.
- j. Review the TRICARE/CHAMPUS Explanation of Benefits (CEOB) (or other notifications) and, in the event of discrepancy, immediately contact the claims processor's toll free lines: from Germany 0800-1-8-23215; from Italy 800-8-75982; from UK 0800-9660574. If toll-free lines are not available, contact the local Network Coordinator.
- k. Demand no payment from MTF referred TRICARE PRIME beneficiaries until the medical claim has been processed and patients' costs (if any) are identified.
- l. Notify the local Network Coordinator when any U.S. Department of Defense beneficiary is hospitalized and assist with the coordination of an eventual patient-transfer
- m. Participate, (when available) and as deemed appropriate by the Preferred Provider, in the program which encourages the Preferred Provider to have U.S. non-controlled substance prescriptions filled by their local U.S. Military Medical Facility.
- n. Conspicuously display the Preferred Provider certificate where TRICARE beneficiaries can review it.
- o. Complete Page 7 if you represent an individual or group practice, or Page 8 if you represent a hospital or facility, and submit it to your Network Coordinator together with the signed MOA and other required documents (Section C, Part 1, below).
- p. Inform the Network Coordinator, 30 days prior to temporary or permanent cessation of services.
- q. Recognize that from time to time periodic charts may be reviewed by a professional peer and surveys requesting feedback from beneficiaries may be conducted in accordance with the TRICARE Europe Clinical Quality Management Plan.

C. QUALITY MANAGEMENT ASPECTS:

- 1. An individual or group practice provider will include the following documents for each participating member:
 - a. A copy of educational degree(s) and attained medical credentials, i.e. licenses, registration, certification, or other authorization(s)
 - b. Chronological work history covering at least the last ten (10) years. Any history of adverse clinical privilege and/or disciplinary action by a hospital or civilian government agency, including any subsequent restrictions or limitations on practice, with brief description of the facts of the case.
 - c. A copy of the provider's group or individual malpractice insurance policy.

2. An Institutional Provider will include:
 - a. A copy of their host nation license/authorization to operate a healthcare treatment facility; and
 - b. Documentation on the facility's staff by-laws that explains the processes of credentialing and privileging healthcare professionals
3. The U.S. Military Commander will, in accordance with the United States Privacy Act, compile and maintain all credentials associated with the local Preferred Provider Network. These files will be made a part of any inspection or review that looks at the quality standards within the U.S. Military Medical Facility or other Military Service specific Command Inspections.
4. The TAO-E will facilitate customer comment cards to provide feedback about the Preferred Provider and staff. These surveys will be based upon non-clinical aspects of care rendered by the Preferred Provider and their staff. The MTF will share the results of these surveys with the specific Preferred Provider to communicate those areas of proficiency and areas deemed unsatisfactory. If, after discussions between the U.S. Military Commander and the Preferred Provider, any situation deemed unsatisfactory cannot be resolved, the U.S. Military Commander may immediately exclude (temporarily or permanently) the Preferred Provider from the TRICARE Area Office, Europe (TAO-E) Preferred Provider Network.
5. The U.S. Military Commanders' medical authority will confer with the Preferred Provider concerning issues related to any clinical aspects of medical care provided to U.S. Department of Defense beneficiaries. Communication will be made with the intent of understanding and correcting the issue. If, in the opinion of the U.S. Military Commander, the issue is of such a nature as to potentially place undue risk on the U.S. Department of Defense beneficiaries the U.S. Military Commander may immediately exclude (temporarily or permanently) the Preferred Provider from the Preferred Provider Network.

D. OTHER CONSIDERATIONS:

1. No parties to this MOA shall assign, transfer, or otherwise dispose of this MOA or any of its interest to any other person or entity without the other two parties' previous written consent.
2. No parties to this MOA shall make any representations to U.S. Department of Defense beneficiaries regarding neither the TRICARE Preferred Provider Network nor the Preferred Provider's status, except accurate statements consistent with the terms of the MOA.
3. The Preferred Provider, the U.S. Military Commander, and TAO-E acknowledge that non-compliance with the terms of this MOA (or its addendum (s)) may result in immediate cancellation initiated by any of the three parties.
4. All parties understand that this MOA is not a contract under the United States Federal Acquisition Regulations (FAR) and other United States Federal procurement laws, regulations and procedures.
5. This MOA may be canceled without cause by any of the participating parties upon 30 day written notification to the other parties.
6. The term of this MOA shall (unless canceled prior) be for the duration of the Preferred Provider's license to practice but not to exceed 24 months. The MTF commander may renew the MOA for an additional 24 months by revalidating the provider's credential items listed in C.1. and by electronically notifying TAO-E. Please note: An expired Provider MOA is removed from the TEPPN listing and the CHCS provider MTF referral module.

- 7. The preferred provider, by signing this Memorandum of Agreement, consents to TRICARE Europe or the MTF, at their discretion, seeking primary source verification of provider documents/credentials and consent is also given to TRICARE Europe or the MTF to review medical records/reports of TRICARE beneficiaries for the purpose of military or other peer review processes.
- 8. The preferred providers by merit of signing this MOA, also attest to the accuracy and completeness of all information that the provider has offered.

(a)

TRICARE Area Office, Europe (TAO-E) Preferred Provider Signature

Date

Provider Business Stamp

(b)

U.S. Military Commander Signature

Date

Commander's name, rank and signature block to include the Unit Address
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MOA addendum applicable and attached?

Yes

No

The completed MOA must be filed and maintained, together with any addenda, LAW the MTF LAW privacy requirements. The data transcribed electronically to the TAO-E website <http://www.europe.tricare.osd.mil/ppn> for approval consideration. In the case of "New Providers" Page 5 or 6 must be faxed Attn: Martin Hollingworth to DSN 496-6378 (and when applicable, a copy of the addendum). TAO-E will issue a provider MOA number, prepare the Preferred Provider Certificate for local MTF printing and coordinate provider registration with the claims processor.

Individual & Group Practice Information Sheet

Information About the Location Where Care Is Rendered

NAME OF GROUP PRACTICE IF APPLICABLE			
TITLE & LAST NAME OF INDIVIDUAL PROVIDER IF APPLICABLE	FIRST NAME	MI	BIRTH DATE (DD/MM/YYYY)
PRIMARY SPECIALTY OR SPECIALTIES			PROVIDER GENDER M F
STREET ADDRESS		EMAIL ADDRESS	
POSTAL CODE	CITY	COUNTRY	
TELEPHONE NUMBER FOR APPOINTMENTS		TELEPHONE NUMBER TO REACH MEDICAL STAFF	

Hours During Which Care Is Normally Provided

MONDAY	TUESDAY	WEDNESDAY
THURSDAY	FRIDAY	SATURDAY
NOTE ANY SPECIAL EVENING OR WEEKEND HOURS, OR EMERGENCY CARE INSTRUCTIONS		

Billing Information

MAKE CHECKS FOR THIS PROVIDER PAYABLE TO	E-MAIL ADDRESS	
STREET ADDRESS		
POSTAL CODE	CITY	COUNTRY
TELEPHONE NUMBER FOR ACCOUNTS OR ADMINISTRATION	FAX NUMBER FOR ACCOUNTS OR ADMINISTRATION	

Credentials Summary

LICENSE NUMBER	LICENSED AS	DATE LICENSE ISSUED (DD/MM/YYYY)	DATE LICENSE EXPIRES (DD/MM/YYYY)
LICENSE ISSUED BY		K.V. NUMMER (GERMAN PROVIDERS ONLY)	
CURRENTLY REGISTERED WITH		BEZIRKSÄRZTEKAMMER COMPLETE ADDRESS	
SPECIALTY	CREDENTIAL ISSUED BY	DATE ISSUED (DD/MM/YYYY)	DATE EXPIRES (DD/MM/YYYY)

Facility or Hospital Information Sheet

Information About the Location Where Care Is Rendered

FACILITY OR HOSPITAL NAME			
STREET ADDRESS		EMAIL ADDRESS	
POSTAL CODE	CITY	COUNTRY	
TELEPHONE NUMBER FOR APPOINTMENTS		TELEPHONE NUMBER TO REACH MEDICAL STAFF	
OTHER IMPORTANT TELEPHONE NUMBERS (PLEASE DESCRIBE)			

Normal Business Hours When Administrative Staff Are Available

MONDAY	TUESDAY	WEDNESDAY
THURSDAY	FRIDAY	SATURDAY
NOTE ANY SPECIAL HOURS OR INSTRUCTIONS		

Billing Information

MAKE CHECKS FOR THIS PROVIDER PAYABLE TO		E-MAIL ADDRESS	
STREET ADDRESS			
POSTAL CODE	CITY	COUNTRY	
TELEPHONE NUMBER FOR ACCOUNTS OR ADMINISTRATION		FAX NUMBER FOR ACCOUNTS OR ADMINISTRATION	

Credentials Summary

LICENSE NUMBER	LICENSED AS	DATE LICENSE ISSUED (DD/MM/YYYY)	DATE LICENSE EXPIRES (DD/MM/YYYY)
LICENSE ISSUED BY		I.K. NUMMER (GERMANY ONLY)	
SPECIALTY	CREDENTIAL ISSUED BY	DATE ISSUED (DD/MM/YYYY)	DATE EXPIRES (DD/MM/YYYY)
SPECIALTY	CREDENTIAL ISSUED BY	DATE ISSUED (DD/MM/YYYY)	DATE EXPIRES (DD/MM/YYYY)
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