

TRICARE PROGRAM

**(a) Establishment.** ..... 1

(1) Purpose. .... 1

(2) Statutory authority..... 1

(3) Scope of the program..... 1

(4) MTF rules and procedures affected..... 1

(5) Implementation based on local action..... 1

(6) Major features of the TRICARE program..... 2

(i) Comprehensive enrollment system..... 2

(ii) Establishment of a triple option benefit. .... 2

(iii) Coordination between military and civilian health care delivery systems. ... 2

(iv) Consolidated schedule of charges. .... 3

(7) Preemption of State laws..... 3

**(b) Triple option benefit in general.** ..... 3

(1) Choice voluntary. .... 3

(2) Active duty members..... 4

(3) Automatic enrollment of certain dependents: ..... 4

**(c) Eligibility for enrollment.** ..... 4

(1) Active duty members..... 4

(2) Dependents of active duty members..... 4

(3) Survivors of Deceased Members. .... 4

(4) Retired members, dependents of retired members, and survivors. .... 5

(5) Coverage under Standard..... 5

**(d) Health benefits under Prime.** ..... 5

(1) Military treatment facility (MTF) care--..... 5

(i) In general. .... 5

(ii) Special provisions..... 6

(2) Non-MTF care for active duty members..... 6

(3) Benefits covered for CHAMPUS eligible beneficiaries for civilian sector care..... 6

**(e) Health benefits under the TRICARE extra plan.**..... 6

**(f) Health benefits under the TRICARE standard plan.** ..... 6

(1) Military treatment facility (MTF) care..... 6

(2) Freedom of choice of civilian provider..... 6

(3) CHAMPUS benefits apply. .... 6

(4) Preferred provider network option for standard participants. .... 7

**(g) TRICARE Prime Remote for Active Duty Family Members.**..... 7

(1) In general..... 7

(2) Active duty family member. .... 7

(3) Eligibility. .... 7

(4) Enrollment..... 8

TMA Version - April 2005

TMA Version - April 2005

- (5) Health care management requirements under TRICARE Prime Remote for Active Duty Family Members. . . . . 8
- (6) Cost sharing. . . . . 9
- (h) Resource sharing agreements. . . . . 9**
- (i) Health care finder. . . . . 9**
- (j) General quality assurance, utilization review, and preauthorization requirements under TRICARE program. . . . . 10**
- (k) Pharmacy services. . . . . 10**
- (l) PRIMUS and NAVCARE clinics-- . . . . . 10**
  - (1) Description and authority. . . . . 10
  - (2) Eligible beneficiaries. . . . . 10
  - (3) Services and charges. . . . . 10
  - (4) Priority access. . . . . 10
- (m) Consolidated schedule of beneficiary charges. . . . . 10**
  - (1) Cost sharing for services from TRICARE network providers. . . . . 11
  - (2) Cost sharing for non-network providers. . . . . 11
  - (3) Cost sharing under internal resource sharing agreements. . . . . 11
  - (4) Cost sharing under external resource sharing. . . . . 12
  - (5) Prescription drugs. . . . . 12
  - (6) Cost share for outpatient services in military treatment facilities. . . . . 12
  - (7) Cost sharing for additional beneficiaries under the TRICARE Prime Remote Program. . . . . 12
- (n) Additional health care management requirements under TRICARE prime. . . . . 13**
  - (1) Primary care manager. . . . . 13
  - (2) Restrictions on the use of providers. . . . . 13
  - (3) Point-of-service option. . . . . 15
- (o) TRICARE program enrollment procedures. . . . . 15**
  - (1) Open enrollment. . . . . 15
  - (2) Enrollment period. . . . . 15
  - (3) Installment payments of enrollment fee. . . . . 16
  - (4) Voluntary disenrollment. . . . . 16
  - (5) Period revision. . . . . 16
  - (6) Effects of failure to enroll. . . . . 16
  - (7) Special procedures for certain dependents of active duty members in pay grades E-1 to E-4. . . . . 16
- (p) Civilian preferred provider networks. . . . . 16**
  - (1) Status of network providers. . . . . 16
  - (2) Utilization management policies. . . . . 17
  - (3) Quality assurance requirements. . . . . 17
  - (4) Provider qualifications. . . . . 17
  - (5) Access standards. . . . . 18

(6) Special reimbursement methods for network providers. . . . . 18

(7) Methods for establishing preferred provider networks. . . . . 18

**(q) Preferred provider network establishment under any qualified provider method. . . . . 19**

(3) The provider must be a Participating Provider under CHAMPUS for all claims.. 19

**(r) General fraud, abuse, and conflict of interest requirements under TRICARE program. . . . . 19**

**(s) Partial implementation. . . . . 19**

**(t) Inclusion of Department of Veterans Affairs Medical Centers in TRICARE networks. . . . . 20**

**(u) Care provided outside the United States to dependents of active duty members.. . . . 20**

**(v) Administration of the TRICARE program in the state of Alaska. . . . . 20**

**(w) Administrative procedures. . . . . 20**

TMA Version - April 2005

