

II. ENROLLMENT PLAN

The contractor, in consultation with all MTF Commanders and Lead Agents where TRICARE Prime is established, shall develop and implement an enrollment plan. The enrollment plan must address conditions and resources available to each MTF Commander. The plan shall be designed to support contractor enrollment of beneficiaries, *to include active duty service members*, on DEERS using an automated government-furnished systems application, to inform beneficiaries of the availability of TRICARE Prime, and to facilitate enrollment in the program. The finalized plan shall be submitted through the Lead Agent to the Contracting Officer for approval. The contractor shall forward the plan to the appropriate Lead Agent not less than ninety (90) calendar days prior to the start of each health care delivery period. The plan shall describe the methods to be used to accomplish the purposes of the enrollment plan and shall establish enrollment goals. The plan shall provide for continuous open enrollment and for disenrollment as described in the Policy Manual, [Chapter 9, Section 2.1](#). Enrollment applications must be in writing and signed by the sponsor, spouse or other legal guardian of the beneficiary. *DMDC/DEERS shall mail the Universal TRICARE Beneficiary Cards after DMDC receipt of the enrollment record*. An enrollee must present both a TRICARE Prime identification card and a military identification card to demonstrate eligibility for TRICARE Prime program benefits. Contractors shall automatically re-enroll Prime enrollees who remain eligible for TRICARE Prime enrollment. Payments of the prescribed enrollment fees, either the annual fee or installment payment, must be received no later than the thirtieth (30th) calendar day following the due date for beneficiaries to continue TRICARE Prime enrollment. Refer to the Policy Manual, [Chapter 9, Section 2.1](#), for enrollment policy. The contractor shall propose a means of enrolling beneficiaries, which may include enrollment by mail. The contractor must demonstrate that mail enrollment provides an opportunity to enroll, especially for beneficiaries living in noncatchment areas.

A. Compliance with Enrollment Protocols

The contractor shall record all Prime enrollments on the Defense Enrollment Eligibility Reporting System (DEERS) using the government-furnished systems application. The contractor shall enroll or re-enroll only those beneficiaries, *to include active duty service members*, who are shown as eligible on DEERS. Refer to the Policy Manual, [Chapter 9, Section 2.1](#) and [Section 3.1](#), and [Chapter 12, Section 7.1](#) for enrollment policy. The contractor shall comply with enrollment protocols including the following:

1. Freedom of Choice

The contractor shall provide beneficiaries who enroll full and fair disclosure of any restrictions on freedom of choice that apply to enrollees including the Point of Service (POS) option and the consequences of failing to make enrollment fee payments on time.

2. Nondiscrimination

Refer to the Policy Manual, [Chapter 9, Section 2.1](#).

3. Registration of Medicare Eligible Beneficiaries

Refer to the Policy Manual, [Chapter 9, Section 2.1](#).

B. Assignment of Primary Care Manager (PCM)

All *Direct Care* TRICARE Prime enrollees shall *be enrolled to a DoD Medical Treatment Facility (MTF) Primary Care Location by the MCSCs. The MTF will assign the enrollee a PCM by name on the CHCS. The MTFs will maintain current listings of Direct Care PCMs that will be made available for the beneficiary's use for the selection or change of a PCM. Direct Care PCM listings will be made available to the MCSCs as determined locally by the MTF or their designee. Upon receipt of an inquiry from a Direct Care enrollee in regards to the person's assigned PCM, the MCSC shall refer the beneficiary to the appropriate local MTF to which the beneficiary is enrolled. In the case of civilian Network enrollees, the MCSCs will enter PCM assignment information as part of the enrollment submission.* The contractor shall comply with the MTF Commander's specifications for which enrollees or categories of enrollees residing within the MTF's catchment area shall be assigned *a Direct Care primary care location or a choice of civilian Network PCM* (e.g., an MTF Commander may designate that all beneficiaries with sponsors in the grade of E-4 and below shall be assigned *to an MTF primary care location*). The contractor shall *enroll TRICARE Prime beneficiaries* to the MTF until the capacity is optimized in accordance with the MTF Commander's determinations, and all other *TRICARE Prime beneficiaries* to the contractor's network. *Enrollee notification of PCM assignment or modification will be accomplished by the assigning entity.*

C. Enrollment By Individual or Family Unit

Enrollment shall be on an individual or family basis. Unless otherwise notified in writing by the sponsor, the contractor shall ensure that newborns and recently adopted children of Prime families, once they are DEERS registered, are automatically enrolled effective on the day of birth or day of adoption.

D. Enrollment Processing

In accordance with the agreement with the MTF Commander and the appropriate Lead Agent and the provisions in the Lead Agent Requirements, the contractor shall be responsible for enrollment processing and for coordinating enrollment processing with the MTF, the appropriate Lead Agent, and DEERS. The contractor shall enter enrollments into DEERS using the government-furnished systems application. The contractor shall perform the following specific functions related to enrollment processing:

- 1.** The contractor shall collect catchment area enrollment applications at the TRICARE Service Centers or other sites mutually agreed to by the contractor, Lead Agent, and the MTF Commander, or by mail.

- 2.** Family members of active duty E-4 and below who reside within the catchment area of a military medical treatment facility and who are not already enrolled in TRICARE Prime shall be enrolled upon in-processing in accordance with the provisions of [Section II.G.](#), below.

- 3.** The contractor shall collect noncatchment area enrollment applications by mail or other means determined by the contractor.

- 4.** *At the time of enrollment processing*, the contractor shall access DEERS to verify eligibility of enrollees and shall update the *residential mailing* address and

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any other fields for which they have update capability on DEERS. If the application contains information different from that contained on DEERS in fields for which the contractor does not have update capability, the contractor shall contact the beneficiary by telephone within five (5) calendar days outlining the discrepant information and requesting that the beneficiary contact their military personnel information *office*.

5. *Reserved.*

a. *Reserved.*

b. *Reserved.*

c. *Reserved.*

6. The contractor shall maintain a current record of eligible enrollees in its ADP file that interfaces with the claims processing system. The contractor's enrollment system shall remain consistent with DEERS.

7. The contractor shall electronically submit to DEERS updated records of enrollees and disenrollees using the government-furnished systems application.

8. *MCSCs shall utilize DOES to correct system level Primary Care Information Transfer (PIT) enrollment data discrepancies (i.e., missing data), when PIT data discrepancies are communicated to the MCSC by the MTFs. In addition, the MCSCs for MCS Regions 1, and 2/5 shall utilize DOES to correct civilian network PCM system level discrepancies, as identified by the MTFs' PIT error reporting.*

9. The contractor shall collect annual enrollment fees from TRICARE Prime enrollees. The enrollment fees shall be reported to DEERS (see ADP Manual, [Chapter 9](#)). The enrollment fees are prescribed in the Policy Manual. Prime enrollees may pay annual enrollment fees in quarterly installments, each equal to one-fourth (1/4) of the total amount, if they prefer. The contractors shall accept payment of enrollment fees by personal checks, travelers' checks, credit cards, money orders, or cashier's checks. The enrollee shall select the method for paying the enrollment fee with the initial enrollment application. The exception being when an active duty member's retirement is effective other than the first of the month, they shall be allowed to enroll in TRICARE Prime in a retired status with no break in coverage. Also, when an active duty member separates other than the first of the month, but continues to be eligible (e.g., is the spouse of an active duty member; or is eligible for TAMP) they shall be allowed to enroll in TRICARE Prime with no break in coverage. (Reference Policy Manual Chapter 9, Section 3.1.) Any applicable enrollment fee shall be collected at the time of enrollment; however, there will be no additional enrollment fee collected for the days between the effective enrollment date and the determined enrollment anniversary date. The enrollment anniversary date shall be determined using the existing twentieth (20th) day of the month rule. (e.g., A member submits a request to remain in Prime prior to his retirement date, which is May 15. The effective enrollment date will be May 15 and the determined enrollment anniversary date will be June 1. If the retirement date is May 27, the effective enrollment date will be May 27 and the determined enrollment anniversary date will be July 1.) The sponsor's status on the effective date of the initial enrollment, or, if it is an annual renewal, the sponsor's status on the effective date of renewal shall determine the appropriate enrollment fee. When TRICARE Prime enrollment changes from an individual to a family prior to annual renewal the unused portion of the

enrollment fee, prorated on a monthly basis, shall be applied toward a new twelve (12) month enrollment period.

10. Enrollment may occur any time during the contract period; however, all enrollment periods shall begin on the first day of the month following the month in which the enrollment application and enrollment fee payment (annual or first quarterly installment), if applicable, are received by the contractor. If an application and fee are received after the twentieth (20th) day of the month, enrollment will be on the first day of the second month after the month in which the contractor received the application. Enrollees who transfer enrollment continue with the same enrollment period and anniversary date. The enrollment transfer, however, is effective the date the gaining contractor receives a signed enrollment application or transfer application (see [Section II.I.4.](#) below).

a. No later than thirty (30) calendar days before the expiration date of an enrollment, the contractor shall send the appropriate individual (sponsor, custodial parent, former spouse, etc.) a written notification of the pending expiration and renewal of the TRICARE Prime enrollment, and a bill for the enrollment fee, if applicable. The bill shall offer the two (2) payment options - full payment of the annual fee or payment in quarterly installments. **[Editor's Note:** This section will under go revision to permit monthly payments.] The contractor shall automatically renew enrollments upon expiration unless the enrollee declines renewal, is no longer eligible for Prime enrollment, or fails to pay the enrollment fee on a timely basis, including any grace period allowed. The contractor shall allow a thirty (30) calendar day grace period beginning the first day following the last day of the enrollment period. If the enrollee requests disenrollment during this grace period, the contractor shall disenroll the beneficiary effective retroactive to the enrollment period expiration date. The contractor may pend claims during the grace period to avoid the need to recoup overpayments. If an enrollee does not respond to the re-enrollment notification and fails to make the enrollment fee payment by the end of the grace period, the contractor is to assume that the enrollee has declined re-enrollment. The contractor shall disenroll the beneficiary effective retroactive to the enrollment expiration date. Beneficiaries who decline enrollment renewal at the end of their enrollment periods may re-enroll at any time and are not subject to the lockout provision.

b. The contractor shall automatically disenroll beneficiaries when an enrollment fee payment, either the entire annual amount or an installment payment, is not received by the thirtieth (30th) calendar day following the annual expiration date or the due date for the installment payment. After the thirtieth (30th) calendar day, the contractor shall disenroll the beneficiary(ies) with a disenrollment effective date retroactive to the annual renewal date or the payment due date, whichever applies. The disenrolled beneficiary will be responsible for the deductible and cost-shares applicable under TRICARE Extra or Standard (depending on the provider's status) for any health care received during the thirty (30) day grace period. In addition, the beneficiary shall be responsible for the cost of any services received during the thirty (30) day grace period that may have been covered under TRICARE Prime but are not a benefit under TRICARE Extra or Standard, e.g. preventive care. Beneficiaries who disenroll prior to their annual enrollment renewal date or who are disenrolled for failure to pay required enrollment fee installments (2nd, 3rd or 4th quarterly installment) in a timely manner are disqualified from future enrollment in Prime for a period of one (1) year from the disenrollment effective date.

c. Contractors shall send billing notices for quarterly installment payments no later than thirty (30) calendar days prior to the payment due date.

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d. Reserved.

e. Reserved.

11. Reserved.

E. Enrollment Applications

All TRICARE Prime enrollment applications shall include the following statements:

Agency Disclosure Statement

Public reporting burden for this collection of information is estimated to average fifteen (15) minutes per application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, to Washington Headquarters Services, Directorate of Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 92202-4302; and the Office of Management and Budget, Paperwork Reduction Project 0720-0008, Washington DC 20508. PLEASE DO NOT RETURN YOUR APPLICATION TO EITHER OF THESE ADDRESSES. SEND YOUR APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.

Privacy Act Statement

(1) Authority: 5 USC 552a, 10 USC 1079 and 1086, 58 FR 45318. (2) Purpose: To evaluate eligibility for medical care provided by civilian sources to Military Health Services System beneficiaries applying for coverage under the TRICARE Program (32 CFR 199.17). (3) Uses: Information from application forms and related documents may be given to the Department of Health and Human Services, and/or the Department of Transportation consistent with their statutory administrative responsibilities under TRICARE; to the Department of Justice for representation of the Secretary of Defense in civil actions; and to Congressional Offices in response to inquiries made on the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, and foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the TRICARE Program. (4) Disclosure: Voluntary; however, failure to provide information will result in the denial of enrollment.

F. Enrollment/Primary Care Location Assignment During In-Processing

1. The Managed Care Support Contractors (MCSCs) shall provide a process to enroll eligible beneficiaries into TRICARE programs requiring enrollment. All TRICARE enrollments will be performed through the government furnished DEERS desktop enrollment application. Enrollment will include designation of a Primary Care Location in

accordance with MTF MOUs. The implementation of the enrollment process on each local installation should be based on cost effective business practices, e.g. cost effectiveness of providing the individual, distance from TSC to the installation in-processing center-five miles or less, frequency of installation in-processing, individual or group in-processing, etc. The Primary Care Location assignment shall be accomplished based on utilizing a Memorandum of Understanding (MOU), to be developed between each MTF within their region, appropriate Lead Agent and the MCSC, to prescribe the Primary Care Location assignment business rules. Family members of active duty E-4 and below who reside within the catchment area of a military medical treatment facility and who are not already enrolled in TRICARE Prime shall be enrolled upon in-processing in accordance with the provisions of Section II.G., below.

2. The MCSCs will be responsible for administration of the TRICARE enrollment form, verifying accuracy of information and initiating the enrollment process through the DEERS desktop enrollment application.

a. The government will supply space and connectivity for the equipment needed to run the DEERS desktop enrollment application within the local installation, *if proven to be the most cost effective solution.*

b. The equipment needed to run the DEERS desktop enrollment application shall be furnished by the MCSC and shall meet Technical Specifications specified for the TRICARE National Enrollment Database Solution.

3. The MCSC representative will provide a current Primary Care Location listing to the enrollee during enrollment processing, and will provide guidance to the enrollee related to Primary Care Location selection. The MCSC representative will assign enrollees to Primary Care Locations until maximum capacity is reached. *In accordance with approved MTF MOUs, the MTF will provide a listing of Primary Care Locations with associated groups.*

4. The Defense Manpower Data Center (DMDC) will be responsible for centrally printing the Universal TRICARE Beneficiary Card generated from DMDC/DEERS enrollment data on a regular basis at the intervals and events required under current contract requirements, DMDC will centrally mail all Universal TRICARE Beneficiary Cards directly to the enrollee to the residential mailing address specified on the enrollment application.

5. The return address on the envelope mailed by DMDC shall be that of the respective MCS contractors. *In the case of receiving returned mail, the MCSCs are expected to develop a process to fulfill the delivery of the Universal TRICARE Beneficiary Care to the enrollee.*

6. The contractor is relieved of the requirement to produce the current Enrollment ID Card once the Universal TRICARE Beneficiary Card is produced by DMDC/DEERS. All other requirements for the fulfillment materials, except the current Enrollment ID card, to be provided by the MCSC remain as specified in current contract requirements.

G. Automatic Enrollment of Certain Family Members

When family members of E-4 and below reside in a catchment area of a military medical treatment facility offering TRICARE Prime, the family members will be enrolled in TRICARE Prime and will choose or be assigned a Primary Care Manager located

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in the military medical treatment facility. To process the enrollment, the contractor shall notify the family in writing that they are being enrolled in TRICARE Prime. Such family members may, however, specifically decline such enrollment without adverse consequences. Enrollment processing will be in accordance with the Memorandum of Understanding between the contractor and the MTF. The completion of an enrollment application, **is a** prerequisite for enrollment.

1. Section 712 of the National Defense Authorization Act for Fiscal Year 1999 modified chapter 55 of Title 10, United States Code by adding a new section 1079a which provides for automatic TRICARE Prime enrollment for active duty families of E-4 and below in certain circumstances.

a. While the majority of active duty family members who require enrollment will be identified during inprocessing, occasionally military medical treatment facility commanders and others may also identify those individuals residing in their catchment area who should be automatically enrolled but are not. At that time, the contractor shall inform the family members in writing of their proposed automatic enrollment and will give them the opportunity to select or be assigned an MTF primary care manager, or to decline enrollment in TRICARE Prime. The effective date of proposed automatic enrollment shall be determined by the date of the notification letter.

(1) The notification letter shall specifically address the advantages of TRICARE Prime enrollment (e.g., guaranteed access, lower out of pocket costs, the support of a Primary Care Manager, etc.), shall reinforce that enrollment is at no cost for family members of E-4 and below, and shall specifically identify the proposed effective date of the enrollment.

(2) Eligibility effective dates will be assigned consistently with all other TRICARE Prime enrollment policies, i.e., notifications of proposed enrollments before the 20th day of the month will become effective on the first day of the following month, etc.

(3) Automatic enrollment may be terminated at any time upon request of the enrollee.

b. The choice of whether to remain enrolled in TRICARE Prime, or to decline enrollment to participate in TRICARE Extra or Standard is completely voluntary. Family members of E-4 and below who decline enrollment or who subsequently disenroll shall not be subject to any lock-out provisions and may re-enroll at any time.

c. Contractors are not required to screen every TRICARE claim on an automated basis to determine whether it may be for treatment of a non-enrolled active duty family member of E-4 and below, living in a catchment area. Rather, they are to support the prompt and informed enrollment of such individuals when they have been identified by DoD in the course of such a person's interaction with the military health care system or personnel community, and have been referred to the contractor for enrollment.

H. TRICARE Eligibility Changes

1. Refer to the Policy Manual, [Chapter 9, Section 3.1](#) for information on a loss of TRICARE eligibility as it relates to Prime enrollment.

- 2.** Refer to the Policy Manual, [Chapter 9, Section 3.1](#) for information on changes in a sponsor's status as they relate to Prime enrollment.
 - a.** Reserved.
 - b.** Reserved.
- 3.** Refer to the Policy Manual, [Chapter 9, Section 3.1](#) for information on changes in a sponsor's rank as it relates to Prime enrollment.
- 4.** Refer to the Policy Manual, [Chapter 9, Section 3.1](#) for information on a change from individual to family enrollment in TRICARE Prime.
 - a.** Reserved.
 - b.** Refer to the Policy Manual for information on Prime enrollment and a change from individual to family status due to the birth or adoption of a child.
- 5.** Reserved.
- 6.** The contractor shall allow a TRICARE-eligible beneficiary who has less than twelve (12) months of eligibility remaining (for example, a retiree or a family member who is sixty-four (64) years of age, a TAMP beneficiary, etc.) to enroll in TRICARE Prime until such time as the enrollee loses his/her TRICARE eligibility. The enrollment transaction to DEERS shall reflect the end date of enrollment to be the same as the end date of eligibility on DEERS. The beneficiary shall have the choice of paying all of the enrollment fee, which is not refundable with one exception (see Note below), or paying the fees on a more frequent basis (e.g., monthly or quarterly), as allowable under current instructions. If the enrollee chooses to pay by installments, the contractor shall collect only those installments required to cover the period of eligibility.

NOTE:

Contractors shall reimburse the unused portion of the TRICARE Prime enrollment fee to retired TRICARE Prime enrollees (and their families) who have been recalled to active duty and report such credits to DEERS. Contractors shall calculate the reimbursement using monthly pro-rating as defined in [OPM Part Two, Chapter 11](#). If the reactivated member's family chooses continued enrollment in TRICARE Prime, the family shall begin a new enrollment period and shall be offered the opportunity to keep its primary care manager, if possible. Any enrollment year catastrophic cap accumulations shall be applied to the new enrollment period.

- 7.** The contractor shall include full and complete information about the effects of changes in eligibility and rank in all beneficiary education materials and briefings.

I. Enrollment Portability**NOTE:**

In some Managed Care Regions, the Lead Agent is responsible for administering enrollment portability provisions. Wherever the term "contractor" is used in this section, the term "lead agent" may be substituted where appropriate. The term "contractor" applies to Uniformed Services Family

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Health Plan (USFHP) designated providers as well as to Managed Care Support (MCS) contractors. The following enrollment portability provisions also apply to transfers involving the USFHP.

TRICARE Prime enrollees retain Prime coverage when they move or travel within an area served by the same contractor or when they move or travel to an area served by a different contractor. Enrollment portability provisions apply to TRICARE Prime enrollees' travel and location changes to and from all areas, including CONUS, Europe, South America, Pacific, Alaska, etc. The contractor for the region in which the beneficiary is enrolled on DEERS is responsible for providing continuing coverage and maintaining catastrophic cap accumulations (for those enrollment periods for which the information is not on DEERS or CDCF) for the enrollee while the enrollee is traveling or relocating. TRICARE Prime USFHP enrollees who are not TRICARE-eligible may only transfer enrollment from one USFHP designated provider to another USFHP designated provider; they may not transfer to a MCS contractor.

1. A Prime enrollee may transfer enrollment ([OPM Part Two, Chapter 11, Definitions](#)) after moving (temporarily or permanently) to a new location. A TRICARE-eligible Prime enrollee who is not relocating may either transfer enrollment from a MCS contractor to a USFHP designated provider or from a USFHP designated provider to a MCS contractor only once during an enrollment period, but may not transfer back to the other plan during that enrollment period.

2. A contractor shall continue to provide health care coverage until the enrollee transfers enrollment to the contractor for the new location, the beneficiary is no longer eligible for enrollment in Prime, the beneficiary disenrolls, or the beneficiary is disenrolled due to failure to pay required enrollment fees—whichever occurs first. Referral and authorization rules will continue to apply. PCM referrals are required only for non-emergency specialty or inpatient care (see [32 CFR 199.17](#)). Claims for non-emergency care without an authorization shall be processed under the Point Of Service option. In no circumstance will retroactive disenrollment be allowed in order to avoid Point of Service cost-sharing provisions. Even though a Prime enrollee who is relocating must request an authorization for nonemergency care from the losing contractor's HCF, the enrollee shall not be required to use a network provider, and the contractor shall ensure that the relocating TRICARE Prime enrollee's copayment is applied correctly to claims for authorized care.

3. The TRICARE Prime enrollee who is relocating to another contractor's region or service area (for USFHP designated providers) can transfer enrollment from the losing contractor to the gaining contractor by contacting the gaining contractor during a base's "newcomer orientation," by using the contractor's 800 number, or by visiting the TRICARE Service Center or USFHP. During the initial contact, the gaining contractor shall provide region/site specific educational materials, key telephone numbers, the opportunity to *indicate* a primary care manager *preference*, and the opportunity to disenroll completely from TRICARE Prime with no penalty for early disenrollment. If the enrollee chooses disenrollment, the gaining contractor shall send a disenrollment transaction to DEERS using the government-furnished systems application, and DEERS shall notify the losing contractor of the disenrollment.

4. On the day the gaining contractor receives a TRICARE Prime beneficiary's signed enrollment application agreeing to a transfer of enrollment to the new region, the beneficiary shall be considered enrolled at the new location and should contact

the new PCM, the new region's Health Care Finder, or the designated provider for health care and health related assistance.

NOTE:

The effective date for transfer of enrollment differs from the effective date for initial enrollment. See this section, paragraph D.10. for information on initial enrollment in TRICARE Prime. For transfers, the original anniversary of the original enrollment on DEERS will remain in effect.

5. Within four (4) working days of receipt of a beneficiary's signed enrollment application indicating a transfer of enrollment location, the gaining contractor shall submit the transfer of enrollment to DEERS using the government-furnished systems application. Upon acceptance of the transfer of enrollment, DEERS will automatically notify the losing contractor of the change. For enrollment fees or enrollment year catastrophic cap totals for periods prior to the data maintained on DEERS, the gaining contractor shall obtain such data from the losing contractor. The gaining contractor shall request such information from the losing contractor within four (4) working days of receipt of the enrollment application. The losing contractor shall provide the requested information within four (4) working days after receipt of the request. The gaining contractor shall enter the enrollment transfer in DEERS using the government-furnished systems application within four (4) working days after receipt of a transfer. DEERS will notify the losing contractor of the change in enrollment.

6. Enrollees in the following categories who are relocating to an area served by a different contractor shall be allowed two "out-of-contract" enrollment transfers (refer to [OPM Part Two, Chapter 11](#), Definitions) per enrollment year if the second transfer is back to the first contract area of enrollment for the enrollment year: (1) TRICARE Prime enrollees in beneficiary categories required to pay enrollment fees (e.g., retirees, retiree family members, etc.) and (2) TRICARE/Medicare eligible enrollees who are not active duty family members. "Within-contract" enrollment transfers are not limited. When TRICARE Prime enrollment changes from one contractor to another prior to the annual renewal for enrollees in beneficiary categories required to pay enrollment fees, future unpaid enrollment fees, such as those paid on an installment basis, will be due the gaining contractor. There will be no transfer of funds between contractors, and, if the enrollee relocates to an area where TRICARE Prime is not offered, there shall be no refund of the unused portion of the enrollment fee.

7. Reserved.

NOTE:

Effective March 26, 1998, the enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or end stage renal disease and who maintain enrollment in Part B of Medicare.

J. Split Enrollment**NOTE:**

In some Managed Care Regions, the Lead Agent is responsible for administering split enrollment provisions. Wherever the term "contractor" is used in this section, the term "lead agent" may be applied where appropriate.

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The term “contractor” also applies to a Uniformed Services Family Health Plan (USFHP) designated provider. Split enrollment provisions apply only to USFHP enrollees who are TRICARE-eligible for civilian care.

Split enrollment involves different members of the same family enrolled with different TRICARE contractors (MCS contractors/Lead Agents/USFHP designated providers), e.g., the sponsor and spouse live and are enrolled in Prime in TRICARE MCS Region 7 and a college age child lives and is enrolled in Prime in Alaska; or it may involve one or more TRICARE-eligible USFHP enrollees and other members of the same family enrolled with one or more MCS contractors. “Split enrollment” provisions apply to TRICARE Prime enrollments in all areas, including CONUS, Europe, South America, Pacific, Alaska, etc. Each contractor shall maintain and track enrollment fees, copayments, and other TRICARE enrollee information for the family members enrolled in its own area for any enrollment periods for which the enrollment year catastrophic cap and deductible information is not on DEERS. If contractors are notified that the catastrophic cap has been met or exceeded or that two (2) or more family members are enrolled with one (1) contractor, contractors shall follow the procedures in the Policy Manual to change the enrollment status from single to family enrollment with the same enrollment anniversary for all family members. All catastrophic cap accumulations shall be applied to the new enrollment period.

1. Active duty family members have no annual enrollment fee and each may enroll with the contractor providing care in his or her area.

2. For retirees, their family members, and other enrollees in beneficiary categories required to pay enrollment fees, a family will pay enrollment fees totaling no more than the TRICARE Prime family enrollment fee regardless of the enrollment locations of family members. If the family enrollment fee is not paid on time and the family is disenrolled, individual family members who are enrolled in different regions (and who have not paid single enrollment fees) shall be disenrolled as well. Such disenrolled individuals (previously not required to pay enrollment fees) shall be offered the opportunity to enroll in Prime in their own areas with no penalty.

3. For any enrollment periods for which the enrollment year catastrophic cap information is not on DEERS, contractors shall notify enrollees who have family members enrolled with different contractors that the family must monitor combined enrollment year catastrophic cap accumulations and enrollment fee payments since records of the enrollment year catastrophic cap accumulations and enrollment fee payments are maintained separately by each contractor. Someone must notify one of the contractors that the family's combined accumulations have met or exceeded the enrollment year catastrophic cap or that the family enrollment fee has been paid. The first contractor notified shall be the “lead” contractor for the purposes of verifying accumulations and notifying other affected contractors. When combined enrollment year catastrophic cap accumulations meet the enrollment year catastrophic cap, then no enrolled family member, regardless of enrollment region, shall be required to pay TRICARE Prime enrollment fees or copayments for the remainder of the enrollment year.

4. For any enrollment periods for which the enrollment year catastrophic cap information is not on DEERS, the lead contractor shall request verification of family member enrollment year catastrophic cap accumulations or enrollment fee payments from the other affected contractors within four (4) working days of notification that the catastrophic cap or enrollment fee payment has been met (e.g., claims recapitulations). The

other affected contractors shall provide requested information regarding catastrophic cap accumulations and fee payments to the lead contractor within four (4) working days of the request. The lead contractor shall verify accumulations and fee payments, and, if the cap or enrollment fee requirement has been met/exceeded, the lead contractor shall notify the other affected contractors within three (3) working days that the family member(s) enrolled within the other contractors' regions are no longer required to pay Prime copayments or enrollment fees for the remainder of the enrollment year. The lead contractor shall also provide all necessary information (e.g., copies of claims recapitulations from all contractors involved) so that contractor(s) may determine if overpayments have been made. The appropriate contractor(s) shall refund overpayments to the enrollee(s) who made the overpayment(s).

5. Contractors shall continue to maintain and monitor Fiscal Year catastrophic cap accumulations for enrolled and nonenrolled families. As with nonenrolled beneficiaries, once the Fiscal Year cap has been met for an enrolled individual or family, the contractor shall ensure that beneficiaries pay no more Prime copayments or other applicable out-of-pocket expenses for the rest of the Fiscal Year.

K. Reserved

L. Disenrollment

1. Refer to the Policy Manual for information on disenrollment from TRICARE Prime.

2. Reserved.