

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 enroll beneficiaries on DEERS [via the Composite Health Care System (CHCS) when required by contract], 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 [Policy Manual Chapter 12, Section 7.1](#). Enrollment applications must be in writing and signed by the sponsor, spouse or other legal guardian of the beneficiary. The contractor shall provide TRICARE Prime identification cards meeting Lead Agent requirements to beneficiaries at the time of enrollment. 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 the quarterly installment, shall be received no later than the thirtieth (30th) calendar day following the due date, annual or quarterly, for beneficiaries to continue TRICARE Prime enrollment. Refer to [Policy Manual Chapter 12, Section 7.1](#), 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. The plan shall identify any additional sites, other than the TSC, that will require access to CHCS (if CHCS access is required by contract).

A. Compliance with Enrollment Protocols

The contractor shall record all Prime enrollments on the Defense Enrollment Eligibility Reporting System (DEERS) [via the Composite Health Care System (CHCS), Managed Care Module (MCP) when required by contract]. The contractor shall enroll or re-enroll only those beneficiaries who are shown as eligible on DEERS. Refer to [Policy Manual Chapter 12, Section 7.1](#), [Section 7.2](#), and [Section 7.3](#), 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 [Policy Manual Chapter 12, Section 7.1](#), for the nondiscrimination policy.

3. Registration of Medicare Eligible Beneficiaries

Refer to [Policy Manual Chapter 12, Section 7.1](#).

B. Assignment of Primary Care Manager (PCM)

All TRICARE Prime enrollees shall designate or have assigned to them a PCM at the time of enrollment. 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 PCMs in the MTF (e.g., an MTF Commander may designate that all beneficiaries with sponsors in the grade of E-4 and below shall be assigned an MTF PCM). The contractor shall assign enrollees to PCMs at the MTF until the maximum capacity is reached in accordance with the MTF Commander's determinations, and assign all other enrollees PCMs in the contractor's network. DMIS-IDs must be based on PCM location. See the [ADP Manual, Chapter 9, Section II.H](#).

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 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. The TRICARE Service Center shall be the center of administrative enrollment activities in areas served by these centers.

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

- 3.** The contractor shall access DEERS (through CHCS if required by contract) to verify eligibility of enrollees and shall update the home address on DEERS. The following requirement applies only to Regions 2 and 5. If the application contains information different from that contained on DEERS, the contractor shall contact the beneficiary by telephone or mail within five (5) calendar days outlining the discrepant information and requesting that the beneficiary verify the information provided to the contractor or contact their military personnel office to update DEERS.

- a.** The following requirements apply only to Regions 2 and 5. The contractor shall suspend all applications for a period of fifteen (15) calendar days from the date the beneficiary was contacted by telephone or the date the letter was mailed. On the sixteenth (16th) calendar day [or next work day after the sixteenth (16th) day if it falls on a weekend or holiday] the contractor shall again verify the accuracy of the information on the

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application against the information on DEERS. If the information is consistent, the contractor shall process the enrollment in accordance with the provisions of paragraphs D.4. and D.5. below. The contractor shall return to the applicant all enrollment applications and associated enrollment fees within two (2) work days of the second DEERS check if the information contained on DEERS remains inconsistent with the information on the enrollment application.

b. The contractor shall report enrollment applications under development separately from all other enrollment activity in the format contained in "Management Reports--"Weekly Reports" in Section C-8 of the contract.

4. The contractor shall maintain a current record of eligible enrollees in its ADP file which interfaces with the claims processing system. The contractor's enrollment system shall remain consistent with DEERS and, if applicable, CHCS.

5. The contractor shall electronically submit to DEERS via CHCS-MCP (if CHCS access is required by contract), updated records of enrollees and disenrollees.

6. The contractor shall collect annual enrollment fees from TRICARE Prime enrollees. The enrollment fees are prescribed in [Policy Manual, Chapter 12, Section 2.1](#). 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 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.

7. 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.G.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. The contractor shall automatically renew enrollments upon expiration unless the enrollee declines renewal (A [thirty \(30\)](#) calendar day grace period beginning the first day following the last day of the last enrollment period shall be allowed for beneficiaries to request disenrollment.), is no longer eligible for Prime enrollment, or fails to pay the enrollment fee on a timely basis, including any grace period allowed. 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 a quarterly installment, is not received by the thirtieth (30th) calendar day following the annual expiration date or the due date for the quarterly 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 period that may have been covered under TRICARE Prime but are not a benefit under TRICARE Extra or Standard, e.g. preventive care. Except for enrollees who fail to make the enrollment fee payment at the time of annual renewal, beneficiaries whose Prime enrollment is terminated due to failure to pay enrollment fees when required 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.

d. Reserved.

e. Reserved.

8. The contractor shall provide and maintain through electronic interface, all provider network data required to complete the enrollment process on CHCS-MCP, or in the contractor's own system, as required by contract.

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. TRICARE Eligibility Changes

1. Refer to [Policy Manual Chapter 12, Section 7.3](#), for information on a loss of TRICARE eligibility as it relates to Prime enrollment.

2. Refer to [Policy Manual Chapter 12, Section 7.3](#), for information on changes in a sponsor's status as they relate to Prime enrollment.

a. Reserved.

b. Reserved.

3. Refer to [Policy Manual Chapter 12, Section 7.3](#), for information on changes in a sponsor's rank as it relates to Prime enrollment.

4. Refer to [Policy Manual Chapter 12, Section 7.3](#), for information on a change from individual to family enrollment in TRICARE Prime.

a. Reserved.

b. Refer to [Policy Manual Chapter 12, Section 7.3](#), 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 TRICARE-eligible beneficiaries who have less than twelve (12) months of eligibility remaining (for example, retirees and their family members who are *sixty-four* (64) years of age, TAMP beneficiaries, etc.) to enroll in TRICARE Prime until such time as the enrollee loses his/her TRICARE eligibility. 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 quarterly basis. If paid on a quarterly basis, the beneficiary shall be required to pay 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. 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 (see [Policy Manual, Chapter 12, Section 7.1](#)). 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.

G. 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 Health Plan (USFHP) designated providers as well as to MCS contractors. The following enrollment portability provisions 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 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 (see [Policy](#)

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Manual, Chapter 12, Section 10.1). 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 select a new primary care manager, and the opportunity to disenroll completely from TRICARE Prime with no penalty for early disenrollment. If the enrollee chooses disenrollment, the gaining contractor shall notify the losing contractor, and the losing contractor shall update DEERS to reflect 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.7. for information on initial enrollment in TRICARE Prime.

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, by written/electronic form, provide the losing contractor with the effective date of enrollment in the new region and ask the losing contractor for the following information: the enrollment anniversary date, the names of enrolled family members, the amount of the enrollment year catastrophic cap accumulation, and, if applicable, the enrollment fee payment option, amount paid, the due date of the next quarterly installment, information about any previous enrollment transfers, and any other information necessary to process the transfer to completion. After receiving a request for enrollment information, the losing contractor has four (4) working days to (a) disenroll the beneficiary on DEERS effective the day before the gaining contractor's effective enrollment date and (b) send the gaining contractor a written/electronic record of the required TRICARE Prime transfer information and notice of DEERS disenrollment. The gaining contractor shall enter the enrollment transfer information into DEERS and CHCS MCP (or the contractor's system) within four (4) working days of receipt.

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 a quarterly 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.

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.

H. 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. 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.

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. Until the implementation of a national enrollment year catastrophic cap file similar to the Central Deductible and Catastrophic Cap File (CDCF), each contractor shall maintain and track enrollment fees, copayments, and other TRICARE enrollee information for the family members enrolled in its own area. 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 [Policy Manual, Chapter 12, Section 7.3, paragraph F.](#), 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

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(previously not required to pay enrollment fees) shall be offered the opportunity to enroll in Prime in their own areas with no penalty.

3. Until the Department of Defense establishes the national enrollment year catastrophic cap file, contractors shall notify enrollees who have family members enrolled with different contractors that the family must monitor combined enrollment year catastrophic cap accumulations since the enrollment year catastrophic cap accumulations 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. 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. The lead contractor shall request verification of family member enrollment year catastrophic cap accumulations from the other affected contractors within four (4) working days of notification that the catastrophic cap has been met (e.g., claims recapitulations). The other affected contractors shall provide requested information regarding catastrophic cap accumulations to the lead contractor within four (4) working days of the request. The lead contractor shall verify accumulations, and, if the cap 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 required in [Policy Manual, Chapter 13, Section 14.1](#) 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.

I. Procedures for TRICARE Prime Remote Enrollment in Regions 1, 2, and 5 Only

The contractor shall process enrollments for all TRICARE Prime Remote beneficiaries on the CHCS hosts designated by the Lead Agent through the CHCS-MCP Enrollment sub-module. The contractor shall comply with current TRICARE and DoD policy as well as with the requirements of the Lead Agent and MTF for enrolling active duty service members and other beneficiaries in TRICARE Prime on CHCS-MCP. All TRICARE and DoD policies, including those involving enrollment effective dates, apply unless otherwise specified in this section.

1. PCM Assignment

The contractor shall assign a civilian network Primary Care Manager (PCM) to each beneficiary at the time of enrollment in TRICARE Prime Remote according to Lead Agent and MTF commander direction.

a. For active duty service members (ADSMs), the contractor shall process PCM assignments and updates on CHCS-MCP using the DMIS identification (ID) number of "8XXX", the Alternate Care Value of "A," and PCM Location Code of "01."

b. For active duty family members, retirees, retiree family members, and others allowed to enroll in TRICARE Prime in a remote location, the contractor shall process PCM assignments and updates on CHCS-MCP using the DMIS ID number of "8XXX," and Alternate Care Value of "E."

2. Provider Files

The Regions 1, 2, and 5 contractors shall maintain the civilian provider file according to contractual requirements.

J. Disenrollment

1. Refer to *Policy Manual Chapter 12, Section 7.1* for information on disenrollment from TRICARE Prime.

2. Reserved.