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TRICARE
MANAGEMENT ACTIVITY

OD

CHANGE 128
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**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: ENROLLMENT TRANSFERS

CONREQ: 15461

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change clarifies the number of enrollment transfers and adds language to Appendix A, Acronyms and Definitions.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting Officer.


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Director, Operations Division

ATTACHMENT(S): 3 PAGES
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CHAPTER 6

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APPENDIX A

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1.5. The enrollment effective date is the day the gaining contractor makes contact with the beneficiary and the beneficiary agrees to the transfer of enrollment (even if all information needed to process enrollment is not yet available).

1.6. Within four calendar days of when the gaining contractor has received all of the information necessary to effect an enrollment transfer, the contractor shall submit the transfer of enrollment to DEERS (using DOES). Upon acceptance of the transfer of enrollment, DEERS will automatically notify the losing contractor of the change. This enrollment transfer will take place without the beneficiary having to complete a new enrollment form. The gaining contractor shall also update the DEERS beneficiary address based on the information received from the ADSM/ADFM.

1.7. If an ADSM does not notify the losing contractor of an upcoming move, but rather contacts the gaining contractor upon their arrival in the new region/service area, then the gaining contractor will offer to transfer the enrollment via telephone or will provide the beneficiary education on how to transfer the enrollment using one of the other enrollment transfer options. Specifically, they can enroll online via the BWE website, submit a TRICARE Prime Enrollment and PCM Change Form to the regional contractor through the mail or visit a TSC to submit the TRICARE Prime Enrollment and PCM Change Form in person. They may also follow local inprocessing procedures at their new location.

1.8. 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 [Appendix A](#), Definitions) per enrollment year:

- TRICARE Prime enrollees in beneficiary categories required to pay enrollment fees (e.g., retirees, retiree family members) and
- TRICARE/Medicare eligible enrollees who are not active duty family members. (*Note:* The enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or *End Stage Renal Disease (ESRD)* and who maintain enrollment in Part B of Medicare.)

1.9. “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 transfers 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.

EXAMPLE 2: For TRICARE Prime enrollees, under the Point-of-Service option, the deductible is \$300 for individuals, \$600 for a family.

DEDUCTIBLE CERTIFICATE: A statement issued to the beneficiary (or sponsor) by a Managed Care Support Contractor certifying to deductible amounts satisfied by a TRICARE beneficiary for any applicable fiscal year.

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS): The computer-based enrollment/eligibility system for verifying entitlement to health care services. See the 32 CFR 199 definition and the TRICARE Systems Manual, for specific information concerning DEERS.

DEMONSTRATION: A study or test project with respect to alternative methods of payment for health and medical services, cost-sharing by eligible beneficiaries, methods of encouraging efficient and economical delivery of care, innovative approaches to delivery and financing services and prepayment for services provided to a defined population. Following completion and evaluation of the test project, it may or may not become part of the program.

DIAGNOSIS RELATED GROUPS (DRGs): A categorization of hospital patients into clinically coherent groups based on their consumption of resources. Patients are assigned to the groups based on their principal diagnosis (the reason for admission, determined after study), secondary diagnoses, procedures performed, and the patient's age, sex, and discharge status. A reimbursement system using DRGs assigns payment levels to each DRG based on the average cost of treating all patients in a given DRG.

DISCHARGE PLANNING: The development of an individualized discharge plan for the patient prior to leaving an institution for home, with the aim of improving patient outcomes, reducing the chance of unplanned readmission to an institution, and containing costs.

DOMICILIARY CARE: Care provided to a patient in an institution or home-like environment because (1) providing support for the activities for daily living in the home is not available or is unsuitable; or (2) members of the patient's family are unwilling to provide the care.

NOTE: The terms "domiciliary" and "custodial care" represent separate concepts and are not interchangeable. Custodial care and domiciliary care are not covered under the TRICARE Prime, Extra, or Standard programs or the Extended Care Health Option (ECHO).

DONOR: An individual who supplies living tissue or material to be used in another body, such as a person who furnishes a kidney for renal transplant.

DOUBLE COVERAGE: Enrollment by a TRICARE beneficiary in another insurance, medical service, or health plan that duplicates all or part of a beneficiary's TRICARE benefits.

DOUBLE COVERAGE PLAN: The specific insurance, medical service, or health plan under which a TRICARE beneficiary has entitlement to medical benefits that duplicate TRICARE benefits in whole or in part. Double coverage plans do not include:

1. Medicaid.
2. Coverage specifically designed to supplement TRICARE benefits.

3. Entitlement to receive care from the Uniformed Services medical care facilities; or
4. Entitlement to receive care from Veterans Administration medical care facilities; or
5. Entitlement to receive care from Indian Health Services medical care facilities; or
6. Services and items provided under Part C (Infants and Toddlers with Disabilities) of the Individuals With Disabilities Education Act.

DSM III: A technical reference, Diagnostic and Statistical Manual of Mental Disorders, Third Edition.

DSM IV: A technical reference, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

DUAL COMPENSATION: Federal law (5 U.S.C. 5536) prohibits active duty members or civilian employees of the United States Government from receiving additional compensation from the Government above their normal pay and allowances. This prohibition applies to TRICARE cost-sharing of medical care provided by active duty members or civilian government employees to TRICARE beneficiaries.

EDIT ERROR (TEDS ONLY). Errors found on TEDs (initial submissions, resubmissions, and adjustments/cancellation submissions) which result in nonacceptance of the records by TMA. These require correction of the error by the contractor and resubmission of the corrected TED to TMA for acceptance.

ENROLLMENT FEES: The amount required to be paid by some categories of MHS beneficiaries to enroll in and receive the benefits of TRICARE Prime or other special TRICARE programs.

ENROLLMENT PLAN: A plan established by the Contractor to inform beneficiaries of the availability of the TRICARE Prime enrollment program, facilitate enrollment in the program, and maintain enrollment records. The plan must be approved by the government.

ENROLLMENT RECORDS: The official record of a beneficiary's enrollment in TRICARE Prime and maintained on the DEERS System.

ENROLLMENT TRANSFER: A transfer of TRICARE Prime enrollment from one location or contractor to another:

1. **OUT-OF-CONTRACT ENROLLMENT TRANSFER.** An enrollment transfer between contractors, *to include the Continental United States (CONUS) to CONUS, CONUS to Outside of the Continental United States (OCONUS), and OCONUS to CONUS.* The term "contractors" includes *Designated Providers (DPs)* under the Uniformed Services Family Health Plan (USFHP).
2. **WITHIN-CONTRACT ENROLLMENT TRANSFER.** An enrollment transfer within a *TRICARE region*, which involves a change of address and possibly a change of Primary Care Managers (*PCMs*) but *not a change of* contractors.