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TRICARE  
MANAGEMENT ACTIVITY

OD

CHANGE 129  
6010.51-M  
NOVEMBER 21, 2011

**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 PROCESSING

**CONREQ:** 15392

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change updates language to clarify that electronically signed enrollment forms are acceptable, signatures of the Active Duty Service Members (ADSMs)/Active Duty Family Members (ADFM)s are not required if they are using the Enrollment Portability process, and signatures of ADSMs are desired, but not required, to complete enrollment processing as enrollment in Prime is mandatory.

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

**Reta M. Michak**  
Director, Operations Division

**ATTACHMENT(S):** 27 PAGES  
**DISTRIBUTION:** 6010.51-M

**CHANGE 129**  
**6010.51-M**  
**NOVEMBER 21, 2011**

**REMOVE PAGE(S)**

**CHAPTER 6**

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## ENROLLMENT PLAN

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The contractor shall perform all enrollment through the National Enrollment Database (NED). Refer to the TRICARE Systems Manual (TSM), [Chapter 3](#), for NED guidelines. The contractor, in consultation with all Military Treatment Facility (MTF) Commanders and Regional Directors (RDs) 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 (ADSMs), on Defense Enrollment Eligibility Reporting System (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 RD to the Contracting Officer for approval. The contractor shall forward the plan to the appropriate RD not less than 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 TRICARE Policy Manual (TPM), [Chapter 10, Sections 2.1 and 3.1](#). Enrollment applications must be signed by the sponsor, spouse or other legal guardian of the beneficiary. *A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the Beneficiary Web Enrollment (BWE) system. An ADSM or Active Duty Family Member (ADFM) signature is not required to make enrollment changes when using the Enrollment Portability process outlined in [Chapter 6, Section 2, paragraph 1.4](#). A signature from an ADSM, although desired, is not required to complete Prime enrollment as enrollment in Prime is mandatory per the TPM, [Chapter 10, Section 2.1, paragraph A](#).* Defense Manpower Data Center (DMDC)/DEERS shall mail the Universal TRICARE Beneficiary Cards after DMDC receipt of the enrollment record (see TSM, [Chapter 3, Section 1.5](#)). An enrollee must present both a TRICARE Prime identification card and a military identification card to a provider 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 30th calendar day following the due date for beneficiaries to continue TRICARE Prime enrollment. Refer to the TPM, [Chapter 10, Sections 2.1 and 3.1](#), 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 non-Prime Service Areas (PSAs).

### 1.0. COMPLIANCE WITH ENROLLMENT PROTOCOLS

The contractor shall record all Prime enrollments on the DEERS using the government-furnished systems application from a centralized contractor data entry point. The contractor shall enroll or re-enroll only those beneficiaries, to include ADSMs, who are

shown as eligible on DEERS. The contractor shall comply with the following enrollment protocols.

## **2.0. 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.

## **3.0. ASSIGNMENT OF PRIMARY CARE MANAGER (PCM)**

All Direct Care TRICARE Prime enrollees shall be enrolled to a Department of Defense (DoD) MTF Primary Care Location by the Managed Care Support Contractors (MCSCs). The contractor shall assign the enrollee a PCM by name on the Defense Online Enrollment System (DOES). 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 PSA shall be assigned a Direct Care Primary Care Location or choice of civilian Network PCM (e.g., an MTF Commander may designate that all beneficiaries with sponsors in the grade of E-1 through E-4 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. An exception to this general principle is that when a family member of a sponsor E-1 through E-4 requests a PCM in the MTF, and the MTF offers TRICARE Prime, they must be assigned an MTF PCM unless capacity has been reached. DMDC will provide beneficiary notification of PCM assignments for new enrollments, enrollment transfers, replacement of TRICARE Universal Beneficiary Cards, and for PCM changes (see TSM, [Chapter 3, Section 1.5](#)).

**3.1.** The MCSC shall perform PCM assignment at the time of enrollment for the Direct Care system. The contractor is responsible for determining the appropriate enrollment Defense Medical Information System Identification (DMIS ID) based on Memorandum Of Understanding (MOU), access standards and/or other specific government guidance. DOES will only display PCMs with available capacity. The contractor will attempt to enroll the beneficiary to the PCM by name preference taken from the enrollment form if capacity is available. If the preferred PCM is not available, the contractor will use the default PCM for that DMIS. If the enrollment form contains a gender or specialty preference, the MCSC will try to assign an appropriate PCM. If the gender or specialty is not available, the beneficiary will be enrolled to the default PCM for the enrolled DMIS. If there is no Direct Care PCM available in an assigned DMIS/MTF, non-active duty beneficiaries will be enrolled to a civilian PCM. If there is no PCM capacity in the MTF for an ADSM, then the MCSC will contact the MTF for instructions.

**3.1.1.** Approximately one half of the *Direct Care* PCMs rotate or move each year. This will require the contractor to move the enrollee panels associated with those PCMs. Through a government-provided application, batch PCM reassignment moves will be accomplished based on parameters determined by the MTF. Those parameters include:

- DMIS ID to DMIS ID
- PCM ID to PCM ID
- *Health Care Delivery Program (HCDP)*
- Sex of beneficiary
- Unit Identification Code (UIC) (active duty only)
- Age of beneficiary
- Sponsor *Social Security Number (SSN)* (for family moves)
- Name of beneficiary

The contractor will perform *Direct Care* PCM reassignment moves within three working days of the effective date of the PCM's reassignment.

#### **4.0. ENROLLMENT BY INDIVIDUAL OR FAMILY UNIT**

Enrollment shall be on an individual or family basis. For newborns and adoptees see the *TPM*, [Chapter 10, Section 3.1](#).

#### **5.0. ENROLLMENT PROCESSING**

In accordance with the agreement with the MTF Commander and the appropriate *RD* and the provisions in the *RD* Requirements, the contractor shall be responsible for enrollment processing and for coordinating enrollment processing with the MTF, the appropriate *RD*, 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:

**5.1.** The contractor shall collect *PSA* enrollment applications at the TRICARE Service Centers (*TSCs*) or other sites mutually agreed to by the contractor, *RD*, and the MTF Commander, or by mail. The contractor shall collect non-*PSA* enrollment applications by mail or other means determined by the contractor.

**5.2.** Family members of active duty E-1 through E-4 who reside within the *PSA* of a military medical treatment facility and who are not already enrolled in TRICARE Prime shall be encouraged to enroll upon in-processing or when otherwise identified as a candidate for enrollment in accordance with the provisions of [paragraph 10.0](#).

**5.3.** At the time of enrollment processing, the contractor shall access DEERS to verify eligibility of enrollees and shall update the residential mailing address and any other fields for which they have update capability on DEERS. If the enrollment form does not contain a mailing address, the enrollment form should be developed for a mailing address. Enrollees may submit a temporary address (i.e., Post Office Box, Unit address, etc.), until a permanent address is established. Temporary addresses must be updated with the permanent address when provided to the contractor by the enrollee in accordance with the *TSM*, [Chapter 3, Section 1.5](#). Contractor shall not input temporary addresses **not** provided by the enrollee. If

the DEERS record does not contain an address, or 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 calendar days outlining the discrepant information and requesting that the beneficiary contact their military personnel information office.

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

## **6.0. ENROLLMENT APPLICATIONS**

The TRICARE Prime Enrollment Application and PCM Change Form (one combined form) and the TRICARE Prime Disenrollment Form will be provided by the government to the contractor via the DoD web site. The government will review and consider recommended changes and modifications to these forms from the contractors annually during a designated review cycle. The government will provide notification to the contractors at least 30 days prior to the beginning of the review period.

## **7.0. ENROLLMENT PERIOD**

### **7.1. Effective Date Of Enrollment**

Enrollment may occur any time during the contract period; however, all new enrollment periods shall coincide with the fiscal year. The incoming contractor shall inherit enrollments at transition that were established based on an enrollment year period. The incoming contractor shall align these enrollments to the fiscal year upon renewal of the enrollment period. The effective date of enrollment for ADSMs shall be the date the contractor receives the signed enrollment application. *A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the BWE system.* All other enrollment periods shall begin on the first day of the month following the month in which the enrollment application and enrollment fee payment are received by the contractor. If an application and fee are received after the 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. The enrollment transfer, however, is effective the date the gaining contractor receives a signed enrollment application or transfer application. See TPM, [Chapter 10, Sections 2.1 and 5.1](#) for information on Transitional Assistance Management Program (TAMP) and other changes in status. *An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in Chapter 6, Section 2, paragraph 1.4.*

### **7.2. Enrollment Expiration**

No later than 30 calendar days before the expiration date of an enrollment, the contractor shall send the appropriate individual (sponsor, custodial parent, retiree, retiree family member, survivor or eligible 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 (since ADSMs must be enrolled but their family members need not be, there is no action required if an ADSM does not have enrolled family members). The bill shall offer the various payment options: annual, quarterly or monthly. The contractor shall issue a delinquency notice to the appropriate individual 15 calendar days after the expiration date. 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 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 an 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 retroactive to the enrollment expiration date. DMDC sends written notification to the beneficiary of the disenrollment and the reason for the disenrollment within five business days of the disenrollment transaction.

### **7.3. Disenrollment**

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 30th calendar day following the annual expiration date or the due date for the installment payment. After the 30th calendar day, the contractor shall disenroll the beneficiaries with a disenrollment effective date retroactive to the annual renewal date or the payment due date, whichever applies. Prior to processing a disenrollment with a reason of "non-payment of fees," the MCSC or Uniformed Services Family Health Plan (USFHP) provider must reconcile their fee payment system against the fee totals in DEERS. Once the MCSC confirms that the payment amounts match, the disenrollment may be entered in DOES. 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 30 day grace period. In addition, the beneficiary shall be responsible for the cost of any services received during the 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.

### **7.4. Enrollment Lockout**

**7.4.1.** The contractor shall "lockout" or deny re-enrollment for a period of 12 months from the effective date of disenrollment for the following beneficiaries:

- Retirees and/or their family members who voluntarily disenroll prior to their annual enrollment renewal date;
- ADFMs (E-5 and above) who change their enrollment status (i.e., from enrolled to disenrolled or vice versa) more than twice in an enrollment year (October 1 to September 30) for any reason (refer to this chapter and the TPM, [Chapter 10, Section 2.1](#) and [3.1](#)); and

- Any beneficiary disenrolled for failure to pay required enrollment fees during a period of enrollment.

**NOTE:** The 12 month lockout provision does not apply to ADFMs whose sponsor's pay grade is E-1 through E-4.

**7.4.2.** Beneficiaries who decline re-enrollment during their annual renewal period are not subject to the 12 month enrollment lockout. At the end of an annual enrollment period, if the beneficiary declines to continue their enrollment and subsequently requests re-enrollment, a new enrollment form is required and the contractor shall process the request as a "new" enrollment. (If an enrollee did not respond to a re-enrollment notification and failed to make an enrollment fee payment by the end of the grace period, the contractor is to assume that the enrollee declined re-enrollment.)

**7.4.3.** The contractor shall not grant waivers to the 12 month lockout provision. TRICARE Regional Office (TRO) Directors may grant waivers to the lockout provisions in extraordinary circumstances.

## **8.0. ENROLLMENT FEES**

### **8.1. General**

The contractor shall collect the enrollment fee payment from the TRICARE Prime enrollee, and report enrollment fees to DEERS (see the TSM, [Chapter 3](#)). The Prime enrollee shall select one of the three payment fee options on the Prime Enrollment Application Form:

- Annual Payment Fee Option. Annual installment will be collected in one lump sum. For initial enrollments and re-enrollments that are not yet aligned to the fiscal year, the contractor shall prorate the fee from the enrollment date to September 30. The contractor shall accept payment of the annual enrollment fee by personal check, cashier's check, traveler's check, money order or credit card (e.g., Visa/MasterCard).
- Quarterly Payment Fee Option. Quarterly installments are equal to one-fourth ( $\frac{1}{4}$ ) of the total annual fee amount. For initial enrollments and re-enrollments that are not yet aligned to the fiscal year, the contractor shall prorate the quarterly fee to covering the period until the next fiscal year quarter (e.g., January 1, April 1, July 1, October 1) and collect quarterly fees thereafter through September 30. The contractor shall accept payment of the quarterly enrollment fee by personal check, cashier's check, traveler's check, money order or credit card (e.g., Visa/MasterCard).
- Monthly Payment Fee Option. Monthly installments are equal to one-twelfth ( $\frac{1}{12}$ ) of the total annual fee amount. Monthly enrollment fees must be paid through an allotment from retirement pay or through Electronic Funds Transfer (EFT) from the enrollee's designated financial institution. Enrollees who elect the monthly fee payment option must pay the first quarter installment (first three months) at the time the enrollment application is submitted to allow time for the allotment or EFT to be established. The contractor shall accept payment of the first

quarterly installment by personal check, cashier's check, traveler's check, money order or credit card (e.g., Visa/MasterCard). The contractor shall be responsible for verifying the information necessary to initiate monthly allotments and EFTs. The contractor shall direct bill the beneficiary only when a problem occurs in initially setting up the allotment or EFT. In the event that there are insufficient funds to process a monthly EFT, the contractor may assess the account holder a fee of up to 20 U.S. dollars.

**NOTE:** During the enrollment year to fiscal year alignment process, (which occurs upon an initial enrollment or upon the first re-enrollment performed by the MCSC) enrollment fees will be prorated to the end of the current fiscal year (September 30th). The next enrollment period will begin on October 1st. At that point, the enrollment year is considered aligned with the fiscal year.

## **8.2. Member Category**

The sponsor's member category on the effective date of the initial enrollment, as displayed in DOES, shall determine the requirement for an enrollment fee.

**NOTE:** Unremarried former spouses became sponsors in their own right as of October 1, 2003. However, although sponsors in their own right, they cannot "sponsor" any family members, including children. Enrolled unremarried former spouses must pay an annual individual enrollment fee. Children of unremarried former spouses residing with the unremarried former spouse, and whose eligibility for benefits is based on the ex-spouse (former sponsor) are identified under the ex-spouse's (former sponsor's) on DEERS and the enrollment record for the ex-spouse. A family enrollment fee must be collected and applied under the ex-spouse (former sponsor's) enrollment, in addition to the individual enrollment fee collected for the unremarried former spouse's enrollment fee. For example, a contractor will collect the annual enrollment fee for an unremarried former spouse, now a sponsor in their own right. The contractor will also collect an annual family enrollment fee for the eligible (as determined by the status of the ex-spouse [former and original sponsor] and not the unremarried former spouse) children living with the unremarried former spouse.

## **8.3. Overpayment Of Enrollment Fees**

If enrollment fees are overpaid during the payment of installments during an enrollment year, MCS contractors can maintain a credit of those fees and apply the credit to any outstanding payments due. If credits of the overpayment of enrollment fees are not maintained, MCS contractors are required to refund any overpayments of \$1 or more. When TRICARE Prime enrollment changes from an individual to a family prior to annual renewal, the unused portion of the enrollment fee will be prorated on a monthly basis and shall be applied toward a new enrollment period.

## **8.4. Medicare Part B - Fee Waiver**

Each Prime enrolled beneficiary under age 65, who maintains enrollment in Medicare Part B, is entitled to a \$230 waiver of their TRICARE Prime enrollment fee.

**8.4.1.** Each Prime enrolled beneficiary under age 65, who maintains enrollment in Medicare Part B, with a single enrollment will have no enrollment fee.

**8.4.2.** For a family enrollment in TRICARE Prime, where one family member is under age 65 and maintains enrollment in Medicare Part B, \$230 of the \$460 family enrollment fee is waived and the remaining \$230 must be paid. The \$230 enrollment fee shall be collected in accordance with the payment method selected on the enrollment form.

For a family enrollment in TRICARE Prime, where two or more family members are under age 65 and maintain enrollment in Medicare Part B, the \$460 family enrollment fee is waived regardless of the number of family members that are not entitled to Medicare Part B.

### **8.5. Mid-Month Enrollees**

The contractor shall collect any applicable enrollment fee from the mid-month enrollee 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 date. The determined enrollment date shall be determined using the existing 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 15th. The effective enrollment date will be May 15th and the determined enrollment date will be June 1st. If the retirement date is May 27th, the effective enrollment date will be May 27th and the determined enrollment date will be July 1st). Reference the TPM, [Chapter 10, Section 3.1](#).

### **9.0. ENROLLMENT/NETWORK PROVIDER TYPE ASSIGNMENT DURING IN-PROCESSING**

**9.1.** The MCSCs shall provide a process to enroll eligible beneficiaries into TRICARE programs using the TRICARE enrollment form. All TRICARE enrollments shall be performed through the government furnished DEERS application. Enrollment will include designation of a Primary Care Location in accordance with MTF MOUs. The Network Provider Type assignment shall be accomplished based on utilizing a MOU, to be developed between each MTF within their region, appropriate RD and the MCSC, to prescribe the Primary Care Location assignment business rules. Family members of active duty E-1 through E-4 who reside within the PSA of a MTF and who are not already enrolled in TRICARE Prime should be encouraged to enroll upon in-processing or when otherwise identified as a candidate for enrollment in accordance with the provisions of [paragraph 10.0](#).

**9.2.** The MCSCs shall administer the TRICARE enrollment form, verify accuracy of information and initiate the enrollment process through the DEERS enrollment application.

**9.2.1.** The equipment needed to run the DEERS desktop enrollment application shall be furnished by the MCSC and shall meet technical specifications in the TSM, [Chapter 3](#).

**9.3.** 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.

**9.4.** The Defense Manpower Data Center (DMDC) will centrally print 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 at the residential mailing address specified on the enrollment application. The return address on the envelope mailed by DMDC will be that of the respective MCS contractor. In the case of receiving returned mail, the MCSC shall develop a process to fulfill the delivery of the Universal TRICARE Beneficiary Card to the enrollee.

#### **10.0. ENROLLMENT OF FAMILY MEMBERS OF E-1 THROUGH E-4**

**10.1.** Section 712 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 1999 modified Chapter 55 of Title 10, United States Code (USC) by adding a new section 1079a which provides for TRICARE Prime enrollment for active duty families of E-1 through E-4 in certain circumstances.

**10.2.** When family members of E-1 through E-4 reside in a PSA of a military medical treatment facility offering TRICARE Prime, the family members will be encouraged to enroll in TRICARE Prime. Upon enrollment, they will choose or be assigned a PCM located in the military medical treatment facility. Such family members may, however, specifically decline such enrollment without adverse consequences. The choice of whether to enroll in TRICARE Prime, or to decline enrollment is completely voluntary. Family members of E-1 through E-4 who decline enrollment or who enroll in Prime and subsequently disenroll may re-enroll at any time.

**10.3.** Enrollment processing and allowance of civilian PCM assignments will be in accordance with the MOU between the contractor and the MTF. The completion of an enrollment application is a prerequisite for enrollment of such family members.

**10.4.** The primary means of identification and subsequent referral for enrollment will occur during in-processing. These non-enrolled families may also be referred to the local TSC by the MTF, Commanders, First Sergeants/Sergeants Major, supervisors, Family Support Centers et. al.

**10.5.** The local TSC will provide enrollment information and support the family member in making an enrollment decision (i.e., to enroll in TRICARE Prime or to decline enrollment). The contractor shall inform the family members of the benefits and opportunities that accompany Prime enrollment and will give them the opportunity to select or be assigned an MTF PCM, select a civilian PCM if permitted by applicable MOU, or to decline enrollment in TRICARE Prime. The effective date of enrollment shall be determined by the actual date of the enrollment application and consistent with current TRICARE rules (i.e., the "20th of the month" rule, as applied under the current contract arrangements).

**10.6.** The education of such potential enrollees shall specifically address the advantages of TRICARE Prime enrollment (e.g., guaranteed access, the support of a PCM, etc.), shall reinforce that enrollment is at no cost for family members of E-1 through E-4, and shall

discuss the potential effective date of the enrollment, explaining that the actual effective date will depend upon the date the enrollment application is received, consistent with current TRICARE rules (i.e., the “20th of the month” rule, as applied under the current contract arrangements).

**10.7.** Eligibility effective dates will be assigned consistently with all other TRICARE Prime enrollment policies, i.e., enrollments received on or before the 20th day of the month will become effective on the first day of the following month, etc. These enrollments and enrollment refusals should not be tracked, or the enrollees identified differently than enrollments initiated through any other process, such as the MCSC’s own marketing efforts.

**10.8.** Enrollment may be terminated at any time upon request of the enrollee, sponsor or other party as appropriate under existing enrollment/disenrollment procedures.

**10.9.** 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 ADFM of E-1 through E-4, living in a PSA. 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.

## **11.0. TRICARE ELIGIBILITY CHANGES**

**11.1.** Refer to the TPM, [Chapter 10, Section 3.1](#) for information on changes in eligibility. The contractor shall allow a TRICARE-eligible beneficiary who has less than 12 months of eligibility remaining (for example, a retiree or a family member who is 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 the entire enrollment fee 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.

**11.2.** 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 prorating as defined in [Appendix A](#). 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 PCM, if possible. Any enrollment/fiscal year catastrophic cap accumulations shall be applied to the new enrollment period.

**11.3.** The contractor shall reimburse enrollment fees when a written request with a copy of the death certificate have been received. Reimbursements shall be prorated on a monthly basis. This applies to an individual enrollment and to family enrollments that become individual plans upon the death of one or more family members. For individual enrollments, the contractor will refund remaining enrollment fees when the executor of the estate request reimbursement. For family enrollments, the contractor will make the necessary adjustments to convert the family enrollment to an individual enrollment when notified of the death of

one of the two family enrollees. Enrollment fees for family enrollments of three or more members are not impacted upon the death of only one member. The contractor shall record reimbursements of fees in DEERS.

**11.4.** The MCSCs shall refund the unused portion of the TRICARE Prime enrollment fee to TRICARE Prime enrollees who become eligible for Medicare Part A based on disability, End Stage Renal Disease (ESRD), or upon attaining age 65 and have Medicare Part B coverage. The contractor shall calculate the refund using monthly prorating as defined in [Appendix A](#).

**11.4.1.** For Prime enrollees who become Medicare eligible upon attaining age 65 and maintain their Medicare Part B coverage, refunds are required for overpayments occurring on and after the start of health care delivery of all MCS contracts whose health care delivery began after March 31, 2004. The contractor shall utilize its files to substantiate any claim of overpayment.

**11.4.2.** For Prime enrollees who are under 65 years of age and become Medicare eligible due to disability or ESRD and have maintained their Medicare Part B coverage, refunds are required for overpayments starting on the date the enrollee has Medicare Part B, but no earlier than March 26, 1998. Beneficiaries must provide sufficient documentation to support the overpayment for a refund. The contractor shall supplement the beneficiaries' documentation using DEERS and any available internal files, both from the current and prior contracts.

**11.4.3.** The contractor is not required to research their files to identify these individuals. If the contractor receives a refund request, then the contractor shall refund the unused portion of the enrollment fee determined to be an overpayment in accordance with policy. Beneficiaries age 65 and over who are not entitled to premium free Medicare Part A remain eligible for TRICARE Prime.

**NOTE 1:** Medicare eligible ADFMs age 65 and over are not required to have Medicare Part B to remain enrolled in TRICARE Prime. To maintain TRICARE coverage upon the sponsor's retirement, they must enroll in Medicare Part B during Medicare's Special Enrollment Period prior to their sponsor's retirement date. (The Special Enrollment Period is available anytime the sponsor is on active duty or within the first eight months of the sponsor's retirement. If they enroll in Part B after their sponsor's retirement date, they will have a break in TRICARE coverage).

**NOTE 2:** Medicare eligibles age 65 and over who are not entitled to premium-free Medicare Part A are not required to have Medicare Part B to remain enrolled in TRICARE Prime. Because they may become eligible for premium-free Medicare Part A at a later date, under their or their spouse's SSN, they should enroll in Medicare Part B when first eligible at age 65 to avoid the Medicare surcharge for late enrollment.

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

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## 12.0. WOUNDED, ILL, AND INJURED (WII) ENROLLMENT CLASSIFICATION

The WII program provides a continuum of integrated care from the point of injury to the return to duty or transition to active citizenship for the Active Component (AC) or the Reserve Component (RC) service members who have been activated for more than 30 days. These AC/RC service members, referred to as ADSMs, have been injured or become ill while on active duty and will remain in an active duty status while receiving medical care or undergoing physical disability processing. WII programs vary in name according to Service. The Service shall determine member eligibility for enrollment into a WII program, as well as whether or not to utilize these enrollments.

To better manage this population, a secondary enrollment classification of HCDP Plan Coverage Codes, WII 415 and WII 416 were developed. The primary rules apply to the WII HCDP codes:

- ADSMs must be enrolled to a TRICARE Prime program prior to, or at the same time, as being enrolled into a WII 415 or WII 416 program.
- A member cannot be enrolled in WII 415 and WII 416 programs at the same time.
- WII 415 and WII 416 enrollments will terminate at the end of the member's active duty eligibility, when members transfer enrollment to another MTF, change of a plan code, or at the direction of the Service-specific WII entity.
- Any claims processed for WII 415/416 enrollees shall follow the rules associated with the primary HCDP Plan Coverage Code, such as TRICARE Prime, TRICARE Prime Remote (TPR), TRICARE Overseas Program (TOP) Prime, or TRICARE Puerto Rico Contract (TPRC). All claims will process and pay under Supplemental Health Care Program (SHCP) rules. DEERS will not produce specific enrollment cards or letters for WII 415/416 enrollment.

WII 415/416 TRICARE Encounter Data (TED) records shall be coded with the WII 415/416 HCDP Plan Coverage Code; however, the Enrollment/Health Plan Code data element on the TED record shall reflect the appropriate value for the primary HCDP Plan Coverage Code. For example, a TED record for a WII 416 enrollee with primary enrollment to TPR would reflect the HCDP Plan Coverage Code of "416" but the Enrollment/Health Plan Code would be coded "W TPR Active Duty Service Member".

### 12.1. WII 415 - Wounded, Ill, And Injured (e.g., Warrior Transition/MEDHOLD Unit (WTU))

**12.1.1.** Service defined eligible ADSMs assigned to a WII 415 Program such as a MEDHOLD or WTU shall be enrolled to TRICARE Prime or TOP Prime prior to, or at the same time, as being enrolled into the WII 415. Members cannot be enrolled to the WII 415 without a concurrent TRICARE Prime or TOP Prime enrollment. Service appointed WII case managers as determined by the Services, will coordinate with the MTF to facilitate TRICARE Prime PCM assignments for WII 415 members. The contractor shall then assign a PCM in accordance with the MTF MOU and in coordination with the WII case manager. WII 415

enrollment will not run in conjunction with TAMP and members enrolled in TPR, TRICARE Global Remote Overseas (TGRO), or TPRC are not eligible to enroll in the WII 415.

**12.1.2.** The Service-specific WII entity will stamp the front page of the DD Form 2876, enrollment application form, with WII 415 for new enrollments that begin after the DEERS implementation date. The enrollment form will then be sent to the appropriate contractor or TRICARE Area Office (TAO) who shall perform the enrollment in the DOES and include the following information:

- WII 415 HCDP Plan Coverage Code
- WII 415 Enrollment Start Date (Contractors may change the DOES defaulted start date, which may or may not coincide with the Prime Enrollment Start Date. The start date can be changed up to 289 days in the past or 90 days into the future.)

**12.1.3.** WII 415 enrollments will be in conjunction with an MTF enrollment only, not to civilian network PCMs under TPR enrollment rules. DEERS will end WII 415 enrollments upon loss of member's active duty eligibility. WII 415 program enrollments will not be portable across programs or regions. TAOs will enter WII 415 enrollments through DOES for Outside the Continental United States (OCONUS) regions.

**12.1.4.** The contractors shall accomplish the following functions based on receipt of notification from the Service-specific WII program entities:

- Enrollment
- Disenrollment
- Cancel enrollment
- Cancel disenrollment
- Address update
- MCSC can request Policy Notification Transaction (PNT) resend
- Modify begin date
- Modify end date

**12.1.5.** Service WII entities will provide contractors/TAOs a list by name and SSN of those ADSMs currently assigned to their WII program at the time the program is implemented by DEERS. The contractors/TAOs shall enter these ADSMs into DOES as enrolled in WII 415 with a start date of the date of implementation, unless another date, up to 289 days in the past, is provided by the WII entity.

**12.2. WII 416 - Wounded, Ill, And Injured - Community-Based (e.g., Community-Based Health Care Organization (CBHCO))**

**12.2.1.** Service defined eligible ADSMs may be assigned to a WII 416 Program such as the Army's CBHCO and receive required medical care near the member's home. The service member shall be enrolled to TRICARE Prime, TPR, TGRO, or TPRC prior to or at the same time as being enrolled into WII 416. Members cannot be enrolled to the WII 416 program without a concurrent Prime, TPR, TGRO, or TPRC enrollment. Service appointed case managers will coordinate with the contractor or MTF to facilitate TRICARE Prime or TPR

PCM assignments for eligible beneficiaries. The contractor shall then assign a PCM based on the MTF MOU and in coordination with the WII entity (e.g., CBHCO). WII 416 enrollments will not run in conjunction with TAMP.

**12.2.2.** The Service-specific WII Program will stamp the front page of the DD Form 2876, enrollment application form, with WII 416 for all new enrollments. The begin date will be the date the contractors receive the signed enrollment form. *A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the BWE system.* The enrollment form will then be sent to the appropriate contractor or TAO who shall perform the enrollment in the DOES and include the following information:

- WII 416 HCDP Plan Coverage Code
- WII 416 Enrollment Start Date (Date received by the contractor or the date indicated by the Service-specific WII Program which can be up to 289 days in the past, or 90 days in the future.)

*An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in Chapter 6, Section 2, paragraph 1.4.*

**12.2.3.** WII 416 enrollments can be in conjunction with an MTF, TPR, TGRO, or TPRC enrollment. DEERS will end WII 416 enrollments upon loss of member's active duty eligibility. WII 416 program enrollments will not be portable across programs or regions. TAOs will enter WII 416 enrollments through DOES for OCONUS regions.

**12.2.4.** The contractors shall accomplish the following functions based on receipt of notification from Service-specific WII program entities:

- Enrollment
- Disenrollment
- Cancel enrollment
- Cancel disenrollment
- Address update
- Contractors can request PNT resend
- Modify begin date
- Modify end date

**12.2.5.** Service-specific WII entities will provide contractors/TAOs a list by name and SSN of those ADSMs currently participating in their WII program at the time the program is implemented by DMDC. The contractors/TAOs shall enter these ADSMs into DOES as enrolled to WII 416 with a start date as the date of implementation, unless another date up to 289 days in the past is provided by the Service-specific WII program entities.

### **13.0. TRICARE POLICY FOR ACCESS TO CARE (ATC) AND PRIME SERVICE AREA (PSA) STANDARDS**

**13.1.** This policy requires that non-active duty beneficiaries in the continental United States (CONUS) and Hawaii who reside more than 30 minutes travel time from a MTF to

which they desire to enroll must request waivers of the ATC drive-time standards through an MTF Commander to effect enrollment to that MTF. The Commander (or local designee) may approve waivers only for those who they determine will drive less than 100 miles to the MTF to visit their PCM. The TRO Director may approve waiver request from beneficiaries who desire to enroll to the MTF and who reside 100 miles or more from an MTF only if the MTF Commander (or local designee) wishes to accept the enrollment request based on the MTF's capacity and capabilities.

**13.2.** Due to the unique health care delivery challenges in Alaska, the requirement to request a waiver of ATC standards for beneficiaries residing in Alaska is waived.

**13.3. Enrollment Of Beneficiaries Residing More Than 30 Minutes Travel Time From A MTF**

**13.3.1.** The MCSC shall process all requests for enrollment to an MTF in accordance with the MOU between the MCSC and the MTF.

**13.3.2.** If a beneficiary residing more than 30 minutes travel time from the MTF has requested enrollment or a portability transfer to the MTF, before effecting the enrollment, the MCSC shall ensure that the applicant has waived travel time ATC standards either by signing sections V and VI of the DD Form 2876 enrollment application (*this includes an electronic signature offered by and collected by the contractor*) or by requesting enrollment via the BWE service. For each approved enrollment to an MTF, whether by DD Form 2876 or BWE, the MCSC shall retain the enrollment request in a searchable electronic file until 24 months after the beneficiary is no longer enrolled to the MTF. The MCSC shall provide the retained files to the successor contractor at the end of the final option period.

**13.3.2.1.** The MCSC shall notify the MTF Commander (or local designee) when a beneficiary residing 100 miles or more from the MTF, but in the same region, requests a new enrollment or portability transfer to the MTF. Such notification is not necessary if the MOU has already established that the MTF Commander will not accept enrollment of beneficiaries who reside 100 miles or more from the MTF. The MCSC shall make any required notification by any mutually agreeable method specified in the MOU. The MCSC shall not make the MTF enrollment effective unless notified by the MTF to do so.

**13.3.2.2.** The MTF Commander will notify the TRO Director of their desire to enroll a beneficiary who resides more than 100 miles from the MTF and request approval for the enrollment. The TRO Director will make a determination on whether or not to approve or deny the enrollment and notify the MTF Commander of their decision by a mutually agreeable method.

**13.3.2.3.** To estimate the travel time or distance between a beneficiary's residence and an MTF the MCSC must use at least one web-based mapping program of the MCSC's choosing. The choice of program(s) is at the discretion of the MCSC, but the MCSC must use a consistent process to determine the driving distance for each enrollee applicant who may reside more than 30 minutes travel time from the MTF. In making this determination the MCSC shall compute the time or distance, as applicable, between the enrollee's residence and the MTF. It is not acceptable to use a geographic substitute, such as a zip code centroid. If an enrollee applicant resides within a zip code previously determined to lie entirely within 30

minutes travel time from the MTF, the MCSC need not compute the travel time for that applicant, nor need the distance from the MTF be computed if the residence is in a zip code previously determined to lie entirely beyond 100 miles from the MTF. The MCSC shall compute the travel time or distance if the enrollee applicant resides in a location not included among those identified in the MOU as containing beneficiaries whom the MTF Commander is willing to consider for enrollment.

**13.3.2.4.** When the enrollment requires the MTF Commander or TRO Director to consider a request for waiver of travel time access standards, the MCSC's contractual requirement for processing timeliness of an enrollment request will begin when MCSC has obtained direction from the MTF Commander about waiver approval or disapproval.

**13.3.3.** An approved waiver for a beneficiary residing less than 100 miles from the MTF remains in effect until the beneficiary changes residency location.

**13.3.4.** The MTF Commander, in the MOU, may specify that enrollment of some or all current enrollees who reside 100 or more miles from the MTF, but in the same region, are not to be renewed at the end of the enrollment period, even if they have previously waived the travel time standard. The MOU shall document a rationale, based on the MTFs capacity and capabilities, for disqualification of re-enrollment that is consistent with the priority, by beneficiary category, for enrollment specified in [32 CFR 199.17\(c\)](#). The MCSC shall inform such beneficiaries no later than two months prior to expiration of the current enrollment period that they are disqualified for renewal of enrollment to the MTF, provide the rationale for this (as documented in the MOUs), and explain that disqualification for re-enrollment is based upon priority, by beneficiary category, for enrollment specified in [32 CFR 199.17\(c\)](#).

**13.3.5.** If the MCSC determines there is no signed travel time waiver on file for a current MTF enrollee who resides more than 30 minutes from the MTF, the MCSC shall, at the next annual TRICARE Prime enrollment renewal point, require the beneficiary to submit a new DD Form 2876, with the beneficiary's signature in both Sections V and VI. The MCSC will notify the beneficiary of this waiver documentation requirement no later than two months before expiration of the beneficiary's enrollment.

**13.3.6.** When beneficiary requests are denied for enrollment to an MTF or when a beneficiary is notified that they are disqualified for re-enrollment to an MTF, the MCSC shall inform the beneficiary of alternative options for enrollment. The beneficiary may in lieu of enrollment to the MTF enroll to a different MTF if available within travel time access standards or enroll to a network PCM if they live within a PSA or live outside a PSA with existing excess enrollment capacity and within 100 miles of a network PCM. The beneficiary must also be made aware of the option to participate in TRICARE Extra, TRICARE Standard, or the USFHP where available.

**13.3.7.** The MCSC shall apprise the MTF Commander (or local designee) of all enrollees to the MTF who have waived their rights to the travel time access standard. The MCSC shall separate the information into two categories, those who reside within 100 miles of the MTF and those who reside 100 miles or more from the MTF. The notification shall be by any mutually agreeable means specified in the MOU between the MTF Commander and the MCSC.

**13.3.8.** If the MCSC determines that a beneficiary's residential address, as recorded in the DEERS, is not within the same region as the MTF to which the beneficiary is enrolled and is located outside the MTF PSA, the MCSC shall inform the beneficiary of the discrepant address situation. The MCSC shall not wait for the next annual TRICARE Prime renewal point before contacting the beneficiary. If the beneficiary confirms the DEERS-recorded address is incorrect, the MCSC shall request the beneficiary update DEERS with correct information. If the MCSC determines the beneficiary resides either outside the region in which the beneficiary is enrolled or more than 100 miles outside the MTF PSA, the MCSC shall inform the beneficiary no later than two months prior to expiration of the current enrollment period that the beneficiary's enrollment will not be renewed in a region in which the beneficiary does not reside. The MCSC shall provide information necessary for the beneficiary to contact the MCSC for the region in which the beneficiary resides to request enrollment in that region.



## ENROLLMENT PORTABILITY

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**1.0.** The term “contractor” applies to Uniformed Services Family Health Plan (USFHP) Designated Providers (DPs) 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 Defense Enrollment Eligibility Reporting System (DEERS) is responsible for providing continuing coverage and updating 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 DP to another USFHP DP; they may not transfer to a MCS contractor.

**1.1.** A Prime enrollee may transfer enrollment (Appendix A, 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 DP or from a USFHP DP to a MCS contractor only once during an enrollment period, but may not transfer back to the other plan during that enrollment period.

**1.2.** A contractor shall continue to provide health care coverage until the enrollment is transferred to the gaining contractor, 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. Primary Care Manager (PCM) referrals are required for non-emergency, specialty, or inpatient care (see 32 CFR 199.17(n)(2)). Claims for non-emergency care without a referral shall be processed under the Point Of Service (POS) option. In no circumstance will retroactive disenrollment be allowed in order to avoid POS cost-sharing provisions. Even though a Prime enrollee who is relocating must request a referral for non-emergency care from the losing contractor, 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.

**1.3.** *Retirees and their family members who are* TRICARE Prime enrollees *and who are* relocating to another contractor’s region or service area (for USFHP DPs), *where Prime is available*, can transfer enrollment from the losing contractor to the gaining contractor by contacting the gaining contractor *via* the contractor’s toll-free number or by visiting the TRICARE Service Center (TSC) 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 PCM, and the opportunity to disenroll completely from TRICARE Prime. 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.

**1.3.1.** For retirees and their family members, on the day the gaining contractor receives either a TRICARE Prime beneficiary's signed enrollment application or a request via the Beneficiary Web Enrollment (BWE) service 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 (HCF), or the DP for health care and health related assistance.

**NOTE:** The effective date for transfer of enrollment differs from the effective date for initial enrollment. See [Chapter 6, Section 1, paragraph 7.1.](#) for information on initial enrollment in TRICARE Prime. For transfers, the original enrollment period on DEERS will remain in effect.

**1.3.2.** Within four calendar 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 DEERS Online Enrollment System (DOES). Upon acceptance of the transfer of enrollment, DEERS will automatically notify the losing contractor of the change. *A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the BWE system.*

**1.4.** Active Duty Service Members (ADSMs) and Active Duty Family Members (ADFMs) who are relocating to another contractor's region or service area may transfer enrollment by contacting their current (losing) regional contractor to notify them of an upcoming move. The current regional contractor shall offer to obtain the sponsor's name, all family members transferring, the sponsor's Social Security Number (SSN), the ADSM or spouse's cellular telephone number and/or e-mail address, an estimated date of the relocation, and information on the location the ADSM/ADFM enrollee is moving to. If the enrollee(s) are moving out of the current contractor's area of responsibility, then the current contractor shall notify the gaining contractor of the upcoming move and provide the gaining contractor the aforementioned information obtained from the ADSM/ADFM enrollee. *An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in this paragraph. ADSM or ADFM enrollment transfers may be completed by phone as long as the verbal request is documented.*

**1.4.1.** The current regional contractor shall notify the gaining contractor of the upcoming transfers by sending the required data elements via an encrypted and/or password protected Microsoft® Excel spreadsheet. The current contractor shall send this data transfer once each work day.

**1.4.2.** When a gaining contractor is notified by a losing contractor of an upcoming ADSM/ADFM move, the contractor shall contact the enrollee no later than five business days after the estimated relocation date to begin the enrollment transfer. The purpose of this contact is for the gaining contractor to obtain information necessary to effect an enrollment transfer (i.e., verify date of arrival in the new region/service area) and provide the ADSM enrollee/family member with specific information about their enrollment options to include enrolling with a DP. The gaining contractor is authorized to request any information needed

to enroll, including information necessary to assign an MTF PCM, in accordance with the applicable MTF Memorandum of Understanding (MOU) guidance or other local procedures agreed upon between the MTF and the contractor. If all information needed to effect an enrollment transfer is not available during this initial contact, the gaining contractor shall continue to follow-up with the ADSM/ADFM making at least three attempts on different days to collect the needed information.

**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.



## MARKETING, ENROLLMENT, AND SUPPORT SERVICES

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### 1.0. MARKETING

Enrollment in the TRICARE Prime Remote Program (TPR) is mandatory for *Active Duty Service Members* (ADSMs) who qualify for the program (see [Section 1, paragraph 2.0.](#)); therefore, the MCS contractor shall limit marketing activities for TPR-enrollees to distributing the marketing materials provided by the Government. The Regional Director (RD) will determine the initial supply of materials required and the MCS contractor shall forward materials to the TPR Program Units. The contractor shall include enrollment forms for the TPR Program in the ADSM marketing materials.

### 2.0. ENROLLMENT

2.1. The RD will, on an as needed basis, but at least semi-annually, provide the contractor with an update to the TPR directory of units whose members are eligible for enrollment in the program according to [Chapter 17, Section 1, paragraph 3.0.](#)

2.2. An enrollment application (supplied by the contractor) must be completed and signed by either the ADSM or the ADSM's unit commander for each ADSM enrolling in the TPR Program. The completed and signed application will be submitted to the contractor. The effective date for TPR Program enrollment is the date the contractor receives the signed enrollment application.

- *A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the Beneficiary Web Enrollment (BWE) system. An ADSM signature is not required to make enrollment changes using the Enrollment Portability process outlined in [Chapter 6, Section 2, paragraph 1.4.](#) A signature from an ADSM, although desired, is not required to complete Prime enrollment as enrollment in Prime is mandatory per the TRICARE Policy Manual (TPM), [Chapter 10, Section 2.1, paragraph A.](#)*

2.3. ADSM enrollment in the TPR Program will be for the tour of duty. Enrollment transfers or disenrollments will occur upon change of duty location out of the region, transfer into an MTF/clinic Prime Service Area (PSA), retirement, or separation from the service. The ADSM will be responsible for notifying the contractor when an enrollment transfer is needed. The contractor shall follow enrollment portability and transfer procedures in [Chapter 6, Section 2.](#)

2.4. The contractor shall enroll the ADSM into the Defense Enrollment Eligibility Reporting System (DEERS) via DEERS Online Enrollment System (DOES). The TPR enrollment card is provided by DMDC. When processing TPR enrollment applications from

ADSM Astronauts, the contractor shall not assign the astronauts to a network or other TRICARE authorized Primary Care Manager (PCM). The NASA providers shall provide primary care for the ADSM Astronauts and the contractor shall use the PCM (unassigned) procedure when enrolling ADSM Astronauts into the TPR program. The contractor shall coordinate referrals and authorizations from the NASA providers for TPR enrolled ADSM Astronauts in accordance with [Chapter 17, Section 2, paragraph 5.3.](#) and its subordinate paragraphs.

### 3.0. PCM ASSIGNMENT

At the time of enrollment, an ADSM will select (or will be assigned) a PCM in the local community, if available. An ADSM without an assigned PCM may use a local TRICARE-authorized provider for primary care.

### 4.0. EDUCATION

4.1. The Government will provide all education materials unique to the *TPR Program*. Educational issues include the *PCM* concept (and what procedures to follow when a network PCM is not assigned), how to access care in and out of the area using the contractor, how to access specialty care through the contractor and *Service Point of Contact (SPOC)*, and information on filing medical claims.

4.2. The Government will provide all TPR enrollees with information about how to obtain self-care manuals. The contractor shall give ADSMs and their family members the option of participating in health promotion and wellness programs offered in MTF *PSAs* and Prime program locations established by the contractor.

4.3. Educational activities in the *TPR Program* areas shall involve the joint efforts of the service unit of the ADSM, the SPOCs, the Service Medical Departments, the *RD*, and the contractor. The contractor shall distribute TMA-supplied educational materials unique to the *TPR Program*. The contractor is responsible for postage, envelopes, and mailing costs for distributing educational material.

5.0. The contractor shall include *TPR Program* information and updates as part of all TRICARE briefings. Ongoing briefings will be on an "as needed" basis and will be coordinated with the *RD*. The contractor shall maintain records of the briefings to include a summary of the briefings with the dates, times, locations, and lists of attendees. The contractor may propose alternative methods for supplying educational information to ADSMs eligible to enroll in the *TPR Program*. The *RD* and the Military Services will provide TPR briefings on an "as needed" basis.

### 6.0. SUPPORT SERVICES

#### 6.1. General

The requirements and standards in [Chapters 1 and 12](#), apply to the *TPR Program* unless otherwise stated in this chapter.

## **6.2. Inquiries**

**6.2.1.** The contractor shall designate a point of contact for Government (*RD*, TMA, and Military Service) inquiries related to the *TPR* Program. The contractor may establish a dedicated unit for responding to inquiries about the *TPR* Program and the Supplemental Health Care Program (*SHCP*) (see [Chapter 18](#), Civilian Care Referred by MHS Facilities, and [Chapter 19](#), Civilian Health Care of Uniformed Service Members). The contractor shall respond to all inquiries--written, telephone, walk-in, etc.-- that are not related to dental care or to SPOC reviews of medical care. The contractor shall forward all inquiries that specifically address dental care or SPOC review of medical care to the TPR enrollee's SPOC for response. The requirements and standards in [Chapter 1, Section 3](#), apply to TPR inquiries.

## **6.3. Toll-Free Telephone Service**

The contractor shall provide a dedicated toll-free telephone line or extension for TPR Program beneficiary inquiries. This line may also serve the *SHCP* beneficiaries (see [Chapters 18 and 19](#)). See [Chapter 1, Section 3](#) for telephone standards. The contractor shall handle provider inquiries through the contractor's provider inquiry system.



sender with a notice that the ADFM is not eligible for TPRADFM and the reason(s) why enrollment was denied.

**10.2.** Enrollment in the TPRADFM program is optional for ADFMs. However, ADFMs must enroll in the TPRADFM program to receive the TPRADFM benefit. ADFMs who elect not to enroll in TPRADFM may use the TRICARE Standard benefit, or enroll in TRICARE Prime where available, with access standards waived. TPRADFM beneficiaries who elect not to enroll in TPRADFM, and instead receive benefits under the TRICARE Standard and Extra programs must pay the associated TRICARE Standard and Extra cost-shares and deductibles.

**10.3.** An enrollment application (supplied by the contractor) must be completed and signed by either the ADFM or the ADSM sponsor for each family member enrolling in the TPRADFM program. The completed and signed application will be submitted to the contractor. The effective date for TPRADFM program enrollment is the first day of the following month, if the application is received by the 20th of the month, or the first day of the second month, if the application is received after the 20th of the month.

- *A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the Beneficiary Web Enrollment (BWE) system. An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in Chapter 6, Section 2, paragraph 1.4.*

**10.4.** The residence address ZIP Code of the TPR eligible or enrolled ADSMs must match with the ADFMs. If the ZIP codes match, the contractor shall deem the ADFM as eligible for the TPRADFM program and enroll the ADFM in the program. If the residence address ZIP Codes of the TPR ADSMs and their ADFMs do not match, the ADFMs shall be advised by letter that they are not eligible for enrollment in the TPRADFM program but they remain eligible for TRICARE Standard, Extra, or Prime as appropriate.

**10.5.** When the contractor receives an enrollment application for the TPRADFM program from a family member of an activated Federalized National Guard/Reserve member ordered to active duty for a period of more than 30 days, the contractor shall ensure the family members are registered as eligible on DEERS.

**10.6.** The contractor shall match the TPR residence addresses on the application of the activated federalized National Guard/Reservist member and the family members. If the residence addresses match, to include ZIP code only match, the contractor shall deem the family members as eligible for the TPRADFM program and enroll the family member in the program.

**10.7.** If the TPR residence addresses on the application of the activated federalized National Guard/Reserve member and the family members do not match, the family members shall be advised by letter they are not eligible for enrollment in the TPRADFM program and they shall remain eligible for TRICARE Standard, Extra, or Prime as appropriate.

**10.8.** Enrollments or disenrollments will occur upon change of duty location out of the remote area, transfer into a MTF/clinic Prime service area, retirement, or separation from the

Service. The ADFM or ADSM is responsible for notifying the contractor when an enrollment transfer is needed. The contractor shall follow enrollment portability and transfer procedures in [Chapter 6, Section 2](#).

**10.9.** The contractor shall enroll the ADFM in the DEERS Online Enrollment System (DOES) and enter the TPRADFM's enrollment status into DOES. The contractor shall use the DMIS-ID code(s) designated by the Regional Director for that region to enroll ADFMs into the TPRADFM program (see the TRICARE Systems Manual). If the contractor has not established a network of PCMs in a remote area, a TPR designated ADFM will be enrolled without a PCM assigned. A generic PCM code shall be used for TPRADFM enrollees without assigned PCMs. The ADFM without an assigned PCM will be able to use a local TRICARE participating or authorized provider for primary health care services without preauthorization.

**10.10.** The contractor shall provide TPRADFM program enrollment information in the formats indicated in [Chapter 15, Section 2, paragraph 3.0](#) and [Chapter 15, Section 5, paragraph 4.0](#).

## **11.0. PCM ASSIGNMENT**

At the time of enrollment, an ADFM will select (or will be assigned) a PCM within the access standard. The MCSC shall advise the ADFM of the availability of PCMs. If a PCM is not available, the ADFM shall be enrolled to TPRADFM without an identified PCM. An ADFM without an assigned PCM may use any TRICARE-authorized provider for primary care.

## **12.0. SUPPORT SERVICES**

### **12.1. Inquiries**

The contractor shall designate a point of contact for Government (Regional Director, TMA, and Military Service) inquiries related to the TPRADFM program. The contractor may establish a dedicated unit for responding to inquiries about the TPRADFM program, or may augment existing TPR service units already serving the ADSMs enrolled in TPR. The correspondence requirements and standards in [Chapter 1, Sections 3](#), apply to TPRADFM written inquiries.

### **12.2. Toll-Free Telephone Service**

The contractor shall provide a dedicated toll-free telephone line for TPRADFM program beneficiary inquiries.

## **13.0. CLAIMS PROCESSING**

The regional contractor where the TPRADFM is enrolled shall process all claims for that enrollee, including overseas claims for traveling enrollees. POS claims processing provisions do apply. The contractor shall provide TPRADFM program claims information in the format for the Monthly Workload Reports and the Monthly Cycle Time Aging reports ([Chapter 15, Section 4](#)).

## **14.0. CLAIM REIMBURSEMENT**

**14.1.** The TPR for ADSM provisions for payment to providers who are not TRICARE-authorized or certified does not apply to the TPRADFM program and such payments shall not be made unless such payments are allowed under the payment provisions for unauthorized providers contained in the TRICARE Policy Manual.

**14.2.** For network providers, the contractor shall pay TPRADFM medical claims at the negotiated rate. For participating providers the contractor shall pay up to the CHAMPUS Maximum Allowable Charge (CMAC), or billed charges, whichever is less. Contractors shall follow the requirements in [Chapter 8, Section 5](#) and the TRICARE Reimbursement Manual, [Chapter 5, Section 1](#), for claims for TPRADFM enrollees receiving care from non-participating providers.

**14.3.** If a non-participating provider requires a TPRADFM enrollee to make an “up front” payment for health care services, in order for the enrollee to be reimbursed, the enrollee must submit a claim to the contractor with proof of payment and an explanation of the circumstances.

**14.4.** If the contractor becomes aware that a civilian provider is “balance billing” a TPRADFM enrollee or has initiated collection action for emergency or authorized care, the contractor shall notify the provider that balance billing is prohibited.

**14.5.** If CMAC rates have been waived for TPR ADSM enrollees under [Chapter 17, Section 4, paragraph 3.5.](#), the TPRADFM enrollee shall not be extended the same waived CMAC rates. If required services are not available from a network or participating provider within the medically appropriate time frame, the contractor shall arrange for care with a non-participating provider subject to the normal reimbursement rules. The contractor shall make every effort to obtain the provider’s agreement to accept, as payment in full, a rate within 100% of the CMAC limitation. If this is not feasible, the contractor shall make every effort to obtain the provider’s agreement to accept, as payment in full, a rate between 100% and 115% of CMAC. By law the contractor shall not negotiate a rate higher than 115% of CMAC for TPRADFM care rendered by a non-participating provider. The contractor shall ensure that the approved payment is annotated in the authorization/claims processing system.

## **15.0. APPEALS PROCESS**

TPRADFM enrollees may appeal denials of authorization or reimbursement through the contractor in accordance with [Chapter 13](#). If the contractor denies authorization or reimbursement for a TPRADFM enrollee’s health care services, the contractor shall, on the Explanation of Benefits (EOB) or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from, or filing an appeal with, the contractor.

## **16.0. TRICARE ENCOUNTER DATA SUBMITTAL**

The contractor shall report the TPRADFM program claims under the financially underwritten provisions of the MCS contract.

**17.0. AUDITS AND INSPECTION OF THE CONTRACTOR'S RECORDS**

The contractor shall maintain a formal accounting system for all expenses and disbursements which meets the requirements of the Cost Accounting Standards Board. A complete record of all financial transactions shall be maintained for audit purposes.