CHAPTER 6
SECTION 1

ENROLLMENT PLAN

The contractor shall perform all enrollment through the National Enrollment Database (NED). *Refer to the TRICARE Systems Manual, Chapter 3, for NED guidelines.* The contractor, in consultation with all MTF Commanders and Regional Directors where TRICARE Prime is established, shall develop and implement an enrollment plan. The enrollment plan must address conditions and resources available to each MTF Commander. The plan shall be designed to support contractor enrollment of beneficiaries, to include active duty service members, on DEERs using an automated government-furnished systems application, to inform beneficiaries of the availability of TRICARE Prime, and to facilitate enrollment in the program. The finalized plan shall be submitted through the Regional Director to the Contracting Officer for approval. The contractor shall forward the plan to the appropriate Regional Director 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, Chapter 10, Sections 2.1 and 3.1. Enrollment applications must be signed by the sponsor, spouse or other legal guardian of the beneficiary. DMDC/DEERS shall mail the Universal TRICARE Beneficiary Cards after DMDC receipt of the enrollment record *(see TRICARE Systems Manual, 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 TRICARE Policy Manual, 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.

1.0. COMPLIANCE WITH ENROLLMENT PROTOCOLS

The contractor shall record all Prime enrollments on the Defense Enrollment Eligibility Reporting System (DEERS) using the government-furnished systems application from a centralized contractor data entry point. The contractor shall enroll or re-enroll only those beneficiaries, to include active duty service members, 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 DoD Medical Treatment Facility (MTF) Primary Care Location by the MCSCs. The contractor shall assign the enrollee a PCM by name on the 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 Prime service area 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 TRICARE Systems Manual, Chapter 3, Section 1.5).

3.1. The MCSC shall perform Primary Care Manager (PCM) assignment at the time of enrollment for the direct care system. The contractor is responsible for determining the appropriate enrollment 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 active duty service member, 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
- HCDP
- Sex of beneficiary
- Unit Identification Code (UIC) (active duty only)
- Age of beneficiary

- Sponsor 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 TRICARE Policy Manual, Chapter 10, Section 3.1*.

5.0. ENROLLMENT PROCESSING

In accordance with the agreement with the MTF Commander and the appropriate Regional Director and the provisions in the Regional Director Requirements, the contractor shall be responsible for enrollment processing and for coordinating enrollment processing with the MTF, the appropriate Regional Director, 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 Prime service area enrollment applications at the TRICARE Service Centers or other sites mutually agreed to by the contractor, Regional Director, and the MTF Commander, or by mail. The contractor shall collect non-Prime service area 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 Prime service area 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., below.

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 TRICARE Systems Manual, 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 TMA 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. 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 TRICARE Policy Manual Chapter 10, Sections 2.1 and 5.1 for information on TAMP and other changes in status.*

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. 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 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.

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 TRICARE Systems Manual, 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/Master card).

- Quarterly Payment Fee Option. Quarterly installments are equal to one-fourth (¼) 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/Master card).

- Monthly Payment Fee Option. Monthly installments are equal to one-twelfth (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 (EFTs) from the enrollee's designated financial institution. Enrollees who elect the monthly fee payment option must pay the first quarter installment (first 3 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/Master card). 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 TRICARE Policy Manual, Chapter 10, Section 3.1.

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

9.1. The Managed Care Support Contractors (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 Memorandum of Understanding (MOU), to be developed between each MTF within their region, appropriate Regional Director 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 Prime service area of a military medical treatment facility 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., below.

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 TRICARE Systems Manual, 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 for Fiscal Year 1999 modified Chapter 55 of Title 10, United States Code 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 Prime service area 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 Primary Care Manager 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 Memorandum of Understanding 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 TRICARE Service Center by the MTF, Commanders, First Sergeants/Sergeants Major, supervisors, Family Support Centers et. al.

10.5. The local TRICARE Service Center 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 primary care manager, 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 Primary Care Manager, 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 active duty family member of E-1 through E-4, living in a Prime service area. Rather, they are to support the prompt and informed enrollment of such individuals when they have been identified by DoD in the course of such a person's interaction with the military health care system or personnel community, and have been referred to the contractor for enrollment.

11.0. TRICARE ELIGIBILITY CHANGES

11.1. Refer to the TRICARE Policy Manual, 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 pro-rating 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 primary care manager, 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 pro-rating 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: Medicare eligibles age 65 and over are not eligible to either enroll or remain in TRICARE Prime. Each Prime enrolled beneficiary under age 65 who is indicated on DEERS as having Medicare Parts A and B or who provides a copy of his/her Medicare card as proof of entitlement to Medicare Parts A and B, shall receive a $230 waiver of their TRICARE Prime enrollment fee (see paragraph 8.4.).

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.