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

CHANGE TITLE: ENROLLMENT EFFICIENCIES AND PAPERWORK REDUCTION COST SAVINGS INITIATIVES

CONREQ: 16778

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds language that allows enrollment related actions to occur over the phone.

EFFECTIVE DATE: Upon direction of the Contracting Officer.

IMPLEMENTATION DATE: April 1, 2014.

This change is made in conjunction with Feb 2008 TPM, Change No. 107 and Feb 2008 TSM, Change No. 57.

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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

**CHANGE 118
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Enrollment Processing

The contractor shall record all enrollments on Defense Enrollment Eligibility Reporting System (DEERS), as specified in the TRICARE Systems Manual (TSM), [Chapter 3](#).

The contractor shall develop and implement an enrollment plan to support contractor enrollment of beneficiaries. The contractor shall consult with the Regional Director (RD) and all Military Treatment Facility (MTF) Commanders where Prime is offered in developing the enrollment plan.

1.0 ENROLLMENT PROCESSING

1.1 For paper enrollment requests, the contractor shall use the TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form (one combined form), Department of Defense (DD) Form 2876. The contractor shall ensure the aforementioned form is readily available to potential enrollees. The contractor shall implement enrollment processes (which do not duplicate Government systems) that ensure success and assistance to all beneficiaries.

1.1.1 The contractor shall collect TRICARE Prime enrollment forms at a site(s) mutually agreed to by the contractor, RD, and the MTF Commander, by mail, or by other methods proposed by the contractor and accepted by the Government. The contractors shall encourage the beneficiaries to use the Beneficiary Web Enrollment (BWE) system to enroll. The overseas contractor shall also collect applications at their TRICARE Service Centers (TSCs).

1.1.2 Enrollment requests must be initiated by the sponsor, spouse, other legal guardian of the beneficiary, or an eligible beneficiary 18 or older. An official enrollment request includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, (3) a verbal consent provided via telephone and documented in the contractor's call notes, or (4) a self attestation by the beneficiary when using the BWE system. A signature from an ADSM is never required to complete Prime enrollment as enrollment in Prime is mandatory per the TRICARE Policy Manual (TPM), [Chapter 10, Section 2.1, paragraph 1.1](#).

1.1.3 The contractor shall also accept and process TRICARE Prime enrollment requests via the BWE process.

1.2 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.

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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 6, Section 1

Enrollment Processing

1.4 The contractor shall follow the specifications of the Memorandum of Understanding (MOU) with the appropriate MTF Commander and RD and any other instructions from the RD in performing and coordinating enrollment processing with the MTF, the appropriate RD, and DEERS.

1.5 The contractor shall record all Prime enrollments from a centralized contractor data entry point on the DEERS using a Government-furnished systems application, the DEERS Online Enrollment System (DOES). The equipment needed to run the DEERS desktop enrollment application shall be furnished by the Managed Care Support Contractor (MCSC) and shall meet technical specifications in the TSM, [Chapter 3](#).

1.5.1 MCSCs shall resend PCM Information Transfers (PITs) to MTFs when requested.

1.5.2 The MCSC shall submit required changes to the DEERS Support Office (DSO) as required.

1.6 At the time of enrollment processing, the contractor shall access DEERS to verify beneficiary eligibility and shall update the residential and mailing addresses and any other fields that they can update on DEERS.

1.6.1 If the enrollment **request** (see [paragraph 1.1.2](#)) contains neither a **residential** address nor a mailing address, the contractor shall attempt to develop for a **residential** address. If it is determined the beneficiary does not have an established **residential** address or that the beneficiary's mailing address differs from the **residential** address, the contractor shall also develop the enrollment **request** for a mailing address.

1.6.2 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 1.4](#). Contractors shall not input temporary addresses not provided by the enrollee.

1.6.3 If the DEERS record does not contain an address, or if the **enrollment request** 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 the military personnel information office.

1.7 Defense Manpower Data Center (DMDC)/DEERS shall print and mail the Universal TRICARE Beneficiary Cards directly to the enrollee at the residential mailing address specified in the enrollment **request** (see [paragraph 1.1.2](#)). DMDC will also provide notification of PCM assignments for new enrollments, enrollment transfers, PCM changes, and the replacement of TRICARE Universal Beneficiary Cards. (See TSM, [Chapter 3, Section 1.4](#).) The return address on the envelope mailed by DMDC will be that of the appropriate MCSC. In the case of receiving returned mail, the MCSC shall develop a process to fulfill the delivery to the enrollee.

1.8 An enrollee must present both a TRICARE Prime identification card and a **Uniformed Services** card to a provider to demonstrate eligibility for TRICARE Prime program benefits.

2.0 DUAL ELIGIBLES (ENTITLEMENT UNDER BOTH MEDICARE AND TRICARE)

2.1 Dual eligibles, retired, and under age 65 are eligible to enroll in TRICARE Prime provided they maintain Medicare Part A and Part B. Dual eligible ADFMs, regardless of age, are eligible to enroll in Prime. Dual eligible retirees and family members age 65 and over are not eligible to enroll in Prime (unless they are not eligible for premium-free Medicare Part A on their own record or the record of their current, former, or deceased spouse). Medicare is primary payor for all dual eligibles regardless of their sponsor's status. (See the TPM, Chapter 10, Section 6.1 for additional dual eligible information.)

2.2 Prime-enrolled dual eligibles, to the extent practicable, should follow all TRICARE Prime requirements for PCM assignment, referrals and authorizations. However, they are not subject to POS cost-sharing. Enrollment fees are waived for dual eligibles as described below.

3.0 ASSIGNMENT OF PCM

The contractor shall assign all enrollees a PCM by name (PCMBN) on DOES at the time of enrollment. This applies to beneficiaries assigned to Direct Care (DC) and civilian network PCMs.

3.1 All DC TRICARE Prime enrollees shall be enrolled to a Department of Defense (DoD) MTF Primary Care Location by the MCSCs. The contractor shall comply with the MTF Commander's specifications in the MTF MOU for which enrollees or categories of enrollees shall be assigned a DC PCM or offered a choice of civilian network PCMs.

3.1.1 The contractor shall enroll TRICARE Prime beneficiaries to the MTF until the capacity is optimized in accordance with the MTF Commander's determinations; TRICARE Prime beneficiaries who cannot be enrolled to the MTF will be enrolled to the contractor's network.

3.1.2 All active duty personnel not meeting the requirements for TRICARE Prime Remote (TPR) shall be enrolled to an MTF, not the contractor's network, regardless of capacities.

3.1.3 When a family member of a sponsor E-1 through E-4 requests a PCM in an MTF that offers TRICARE Prime for any beneficiary category other than active duty, that beneficiary must be assigned an MTF PCM unless capacity has been reached. If overall MTF capacity has not been reached, the MCSC shall request the MTF to shift capacity in DOES to the ADFM beneficiary category from another category if necessary to accommodate an E-1 - E-4 ADFM beneficiary's PCM assignment request.

3.2 MTFs will provide the MCSC a current listing of all Primary Care Locations with associated groups or a current listings of DC PCMs. The list(s) will be made available for the beneficiary's use for the initial selection or change of a PCM. The MCSC will provide guidance to the enrollee in selecting a Primary Care Location or PCM, as appropriate given MTF guidance in the MOU. Upon receipt of an inquiry from a DC enrollee in regards to the person's assigned PCM, the MCSC shall refer the beneficiary to the MTF to which the beneficiary is enrolled.

3.3 At the time of enrollment, the contractor is responsible for determining the appropriate enrollment Defense Medical Information System Identification (DMIS-ID) based on the regional and MTF MOUs, access standards and/or other specific Government guidance. The contractor shall

assign each enrollee a PCMBN at the time of enrollment based on those PCMs available within DOES.

3.3.1 The contractor will attempt to assign the beneficiary to the PCM requested by the beneficiary (see paragraph 1.1.2) if capacity is available. If the preferred PCM is not available, the contractor will use the default PCM for that DMIS.

3.3.2 If the enrollment request (see paragraph 1.1.2) identifies 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 that DMIS.

3.3.3 If there is no PCM preference stated on the enrollment request (see paragraph 1.1.2), the contractor will use the default PCM for that DMIS.

3.3.4 If there is no DC PCM available in the appropriate DMIS/MTF, nonactive duty beneficiaries may be enrolled to a civilian PCM, by following the procedures specified for such situations in the local MTF MOU.

3.3.5 If there is no PCM capacity in the MTF for an ADSM, then the MCSC will contact the MTF for instructions.

3.4 DOES reflects only those DC PCMs that the MTF has loaded onto the DEERS PCM Repository. Further, DOES will only display PCMs with available capacity for the specific beneficiary's category and age. The contractors cannot add, delete, or modify DC PCMs on the repository.

3.5 The contractor shall complete all panel PCM reassignments (batch) using a Government-provided systems application, PCM Reassignment System (PCMRS). Panel reassignments may be specified by the appropriate MTF Commander for a variety of reasons, including the rotation or deployment of DC PCMs. MCSCs should expect at least one-half of DC PCM assignments to change each year. These moves may be based on various factors of either the enrollment or the individual beneficiary, including:

- 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

3.6 MTFs may request PCM reassignment, including panel reassignments, in several ways, including telephone, e-mail or other electronic submissions. The most common method to request individual PCM reassignments is the telephone. The preferred method for panel reassignments is the batch staging application within PCMRS. Regardless of the submission method, the MTF must provide sufficient information identifying both the PCMs and beneficiaries involved in a move to allow the contractor to reasonably accomplish the move. Thereafter, the contractor shall complete each DC PCM reassignment, both individual and panel reassignment, within three working days of receiving all necessary information from the MTF.

- ADFMs (E-5 and above) who change their enrollment status (i.e., from enrolled to disenrolled twice in a given year) for any reason during the enrollment year (October 1 to September 30) (refer to this chapter and TPM, [Chapter 10, Sections 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.

4.4.2 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 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.)

4.4.3 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.

5.0 ENROLLMENT FEES

5.1 General

The contractor shall collect enrollment fee payments from TRICARE Prime enrollees as appropriate and shall report those fees, including any overpayments that are not refunded to the enrollee, to DEERS. (See the TSM, [Chapter 3](#).) The Prime enrollee may select one of the following three payment fee options (i.e., annual, quarterly, or monthly). In the event that there are insufficient funds to process a premium payment, the contractor may assess the account holder a fee of up to 20 U.S. dollars (\$20.00). The contractor shall provide commercial payment methods for Prime enrollment fees that best meet the needs of beneficiaries while conforming to the following ([paragraphs 5.1.1 through 5.1.3.7](#)):

5.1.1 Annual Payment Fee Option

An annual installment is collected in one lump sum. For initial enrollments, the contractor shall prorate the fee from the enrollment date to September 30. The contractor shall accept payment of the annual enrollment fee only by credit card (e.g., Visa/MasterCard). See [paragraph 4.3.1](#) for disenrollment information if the appropriate enrollment fee payment is not received.

5.1.2 Quarterly Payment Fee Option

Quarterly installments are equal to one-fourth (1/4) of the total annual fee amount. For initial enrollments, the contractor shall prorate the quarterly fee to cover the period until the next fiscal year quarter. (Fiscal quarters begin on January 1, April 1, July 1, and October 1.) The contractor shall collect quarterly fees thereafter. The contractor shall accept payment of the quarterly enrollment fee only by credit card (e.g., Visa/MasterCard). See [paragraph 4.3.1](#) for disenrollment

information if the appropriate enrollment fee payment is not received.

5.1.3 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 automated, recurring electronic payment either in the form of an allotment from retirement pay or through Electronic Funds Transfer (EFTs) from the enrollee's designated financial institution (which may include a recurring credit or debit card charge). These are the only acceptable payment methods for the monthly payment option.

5.1.3.1 Enrollees who elect the monthly fee payment option must pay the first quarterly installment (i.e., the 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).

5.1.3.2 The contractor shall initiate monthly allotments and EFTs and is responsible for obtaining and verifying the information necessary to do so.

5.1.3.3 The contractor shall direct bill the beneficiary only when a problem occurs in initially setting up the allotment or EFT.

5.1.3.4 When an administrative issue arises that stops or prevents an automated monthly payment from being received by the contractor (e.g., incorrect or transposed number provided by the beneficiary, credit card expired, bank account closed, etc.), the contractor shall grant the enrollee 30 days to provide information for a new automated monthly payment method or the option to pay quarterly or annually. The contractor may accept payment by check during this 30 day period in order to preserve the beneficiary's Prime enrollment status.

5.1.3.5 Allotments from retired pay will be coordinated through the contractor with the Defense Finance and Accounting Service (DFAS), U.S. Coast Guard (USCG), or Public Health Service (PHS), as appropriate (see the TSM, [Chapter 1, Section 1.1, paragraph 11.10](#) for Payroll Allotment Interface Requirements). The contractor shall process all allotment requests submitted by beneficiaries.

5.1.3.6 The contractor shall also research all requests that have been rejected or not processed by DFAS, USCG, or PHS. If the contractor's research results in the positive application of the allotment action, the contractor shall resubmit the allotment request.

5.1.3.7 Within five business days, the contractor will notify the beneficiary of rejected allotment requests and issue an invoice to the beneficiary for any outstanding enrollment fees due. The contractor will respond to all beneficiary inquiries regarding allotments.

5.2 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.

8.2.3 WII 416 enrollments can be in conjunction with an MTF, TPR, TOP Prime, or TOP Prime Remote 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.

8.2.4 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

8.2.5 Service-specific WII entities will provide contractors with 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 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.

9.0 TRICARE POLICY FOR ACCESS TO CARE (ATC) AND PRIME SERVICE AREA (PSA) STANDARDS

9.1 Non-active duty beneficiaries in the Continental United States (CONUS) and Hawaii who reside more than 30 minutes travel time from their desired PCM must waive primary and specialty drive-time ATC standards. (Due to the unique health care delivery challenges in Alaska, the requirement to request a waiver for the drive-time access standard does not apply to beneficiaries in Alaska.) Before effecting an enrollment or portability transfer request, contractors shall ensure that a beneficiary has waived travel time ATC standards either by signing Section V of the DD Form 2876 enrollment application (this includes an electronic signature offered by and collected by the contractor), by providing verbal consent via telephone communication (which is documented in the contractor call notes), or by requesting enrollment through the BWE service (for both civilian and MTF PCMs). An approved waiver for a beneficiary residing less than 100 miles from their PCM will remain in effect until the beneficiary changes residence.

9.2 Contractors must estimate the travel time or distance between a beneficiary's residence to a PCM (either a civilian PCM or an MTF) using at least one web-based mapping program. The choice of the mapping program(s) is at the discretion of the contractor, but the contractor must use a consistent process to determine the driving distance for each enrollee applicant who may reside more than 30 minutes travel time from their PCM. The time or distance shall be computed between the enrollee's residence and the physical location of the PCM (including MTFs). It is not acceptable to use a geographic substitute, such as a geographic centroid.

9.3 Contractors (in conjunction with MTFs for MTF enrollees) are responsible for beneficiary drive-time waiver education and must ensure that beneficiaries who choose to waive these standards have a complete understanding of the rules associated with their enrollment and the

travel time standards they are forfeiting. This includes educating beneficiaries who waive their ATC travel standards of the following:

- They should expect to travel more than 30 minutes for access to primary care (including urgent care) and possibly more than one hour for access to specialty care services.
- They will be held responsible for POS charges for care they seek that has not been referred by their PCM (or for MTF enrollees, by another MTF provider).
- They should consider whether any delay in accessing their enrollment site might aggravate their health status or delay receiving timely medical treatment.

9.4 Enrollment shall only be effected for beneficiaries who reside in the Region. If at any point during the enrollment period the contractor determines or is advised that a beneficiary's residential address is outside the Region, the contractor shall inform the beneficiary of the discrepant address situation. This notification shall occur when the discrepant information is known to the contractor (i.e., not wait until the end of the enrollment period). When there is a discrepant address situation, the contractor shall confirm with the beneficiary the correct address. If the beneficiary confirms that a DEERS-recorded address is incorrect, the contractor shall request the beneficiary update DEERS with correct information (and assist as appropriate). If the contractor determines that the beneficiary resides outside the Region in which they are enrolled, the contractor shall inform the beneficiary no later than two months prior to expiration of the current enrollment period that enrollment will not be renewed to a Region in which they do not reside. The contractor shall provide information necessary for the beneficiary to contact the contractor for the region in which they do reside to request enrollment in that region.

9.5 MTF Enrollees

9.5.1 Non-active duty beneficiaries must reside within 30 minutes travel time from an MTF to which they desire to enroll. If a beneficiary desiring enrollment resides more than 30 minutes (but less than 100 miles) from the MTF, they may be enrolled so long as they waive primary and specialty ATC standards and the MTF Commander (or designee) approves the enrollment. (If the MOU includes zip codes or drive-time distances for which the MTF is willing to accept enrollments that are beyond a 30 minute drive, this constitutes approval. If not addressed in the MOU, the contractor shall submit each request to the MTF Commander (or designee) in a method that is outlined in the MOU.) The TRICARE Regional Office (TRO) Director may approve waiver requests from beneficiaries who desire to enroll to an MTF and who reside 100 miles or more from the MTF. In these cases, the MTF Commander must also be agreeable to the enrollment and have sufficient capacity and capability.

9.5.2 The contractor shall process all requests for enrollment to an MTF in accordance with the MOU between the MTF and the contractor. Enrollment guidelines in MOUs may include:

9.5.2.1 Zip codes and/or distances for which the MTF Commander is mandating enrollment to the MTF. These mandatory MTF enrollment areas must be within access standards (i.e., a 30 minute drive-time of the MTF) and can apply to all eligible beneficiaries or can be based on beneficiary category priorities for MTF access.

Note: Non-active duty TRICARE Prime applicants who reside more than 30 minutes travel time from an MTF must be afforded the opportunity to enroll with a civilian PCM if they live in a PSA.

9.5.2.2 Zip codes and/or distances for which the MTF Commander is willing to accept enrollment. This can include both areas within a 30 minute or less drive-time and over a 30 minute drive but within 100 miles. Any enrollment for a beneficiary with a drive of more than 30 minutes requires a signed waiver of access standards. If an enrollee applicant resides within a zip code previously determined to lie entirely within 30 minutes travel time from the MTF, the contractor need not compute the travel time for that applicant.

9.5.2.3 Whether or not the MTF Commander will consider a request for enrollment for 100 miles or greater. In determining whether or not the MTF Commander will consider a request for enrollment beyond 100 miles, the MTF Commander may use zip codes to designate those areas the MTF Commander will consider requests or will not consider requests.

9.5.3 The contractor shall notify the MTF Commander (or 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 contractor shall make this notification by any mutually agreeable method specified in the MOU. The contractor shall not make the MTF enrollment effective unless notified by the MTF to do so.

9.5.3.1 The MTF Commander will notify the TRO Director of their desire to enroll a beneficiary who resides 100 miles or greater 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 request and notify the MTF Commander of their decision by a mutually agreeable method. The MTF Commander is responsible for notifying the contractor of all approved enrollment requests for beneficiaries who reside 100 miles or greater from the MTF. The contractor shall notify the beneficiary of the final decision.

9.5.3.2 Approved waivers for beneficiaries residing 100 miles or more from the MTF shall remain in effect until the beneficiary changes residence or unless the MTF Commander determines that they will no longer allow these enrollments. Even if a beneficiary has previously waived travel time standards, any MTF Commander may revise the MOU (following the MOU revision process) to state that enrollment of some or all current enrollees who reside 100 or more miles from the MTF are not to be renewed at the end of the enrollment period. The contractor shall inform such beneficiaries no later than two months prior to expiration of the current enrollment period that they are no longer qualified for renewal of enrollment to the MTF. Prior to notification, the contractor shall obtain the rationale for the change from the MTF to include in the notice to the beneficiary. The proposed notice shall be reviewed and concurred on by the TRO prior to being sent to the impacted beneficiaries. (The TRO will coordinate notices with the TRICARE Management Activity (TMA) Beneficiary Education and Support Division (BE&SD) prior to approval.)

9.5.4 At any time during the enrollment period, if the contractor 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 contractor shall, at the next annual TRICARE Prime renewal point, require the beneficiary to waive the primary and specialty care ATC standards before the enrollment will be renewed. (This includes monitoring address changes received by the contractor from all sources.) The contractor

shall notify the beneficiary of this waiver requirement no later than two months before expiration of the annual enrollment period. The language for all beneficiary notices shall be reviewed and concurred on by the TRO prior to being sent to beneficiaries. (The TRO will coordinate notices with TMA BE&SD prior to approval.)

- Any notice to a beneficiary that is requesting they sign a waiver of access standards, denying their enrollment, or advising them they are not eligible for re-enrollment to an MTF, shall include information on any alternative options for enrollment. The notice must also advise the beneficiary of the option to participate in TRICARE Standard, Extra, or the USFHP where available.

9.5.5 For each approved enrollment to an MTF where the beneficiary has waived access standards, the contractor shall retain the enrollment request in a searchable electronic file until 24 months after the beneficiary is no longer enrolled to the MTF. The contractor shall provide the retained file to a successor contractor at the end of the final option period.

9.5.6 When an enrollment request requires MTF Commander or TRO Director approval, any contractual requirements relating to processing timeliness for enrollment requests will begin when the contractor has obtained direction from the MTF Commander or TRO Director regarding waiver approval or disapproval.

9.5.7 The contractor shall apprise the MTF Commander (or designee) of all enrollees to the MTF who have waived their ATC travel standards. The contractor 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. This notification shall be by any mutually agreement means specified in the MOU between the contractor and the MTF Commander.

9.6 Civilian Enrollees

9.6.1 Within a PSA, the civilian network must have the capability and capacity to allow beneficiaries who reside in the PSA to enroll to a PCM within access standards. If a beneficiary who resides in the PSA requests enrollment to a specific PCM who is located more than a 30 minute drive from the beneficiary's residence, the contractor may allow the enrollment so long as the beneficiary waives travel time access standards. (Also, see [Chapter 5, Section 1](#).)

9.6.2 For new enrollments (including portability transfers), the contractor is not required to establish a network with the capability and capacity to grant enrollment to beneficiaries who reside outside a PSA. Requests for new enrollments to the civilian network from beneficiaries residing outside a PSA will be granted provided there is sufficient unused network capacity and capability to accommodate the enrollment and that the PSA civilian network PCM to be assigned is located less than 100 miles from the beneficiary's residence. Beneficiaries who reside outside the PSA and enroll in TRICARE Prime must waive their primary and specialty care travel time access standards. (The network shall have the capability and capacity to allow beneficiaries enrolled in TRICARE Prime, residing outside of PSAs, with a civilian network PCM prior to the beginning of Option Period One of the applicable regional Managed Care Support (MCS) contract to enroll to a PSA PCM provided the beneficiary resides less than 100 miles from an available network PCM in the PSA and waives both primary and specialty care travel time standards.)

Enrollment Portability

1.0 The term “contractor” applies to Uniformed Services Family Health Plan (USFHP) Designated Providers (DPs) as well as to Managed Care Support Contractors (MCSCs) for purposes of enrollment portability.

1.1 TRICARE Prime enrollees retain Prime coverage whenever they move or travel. Enrollment portability provisions apply to TRICARE Prime enrollees’ travel or relocation to or from all areas, including the Continental United States (CONUS), Europe, Latin and South America, the Pacific, Alaska, and any others. 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, except in the case of care provided overseas (i.e., care outside of the 50 United States and the District of Columbia). Civilian health care while traveling or visiting overseas shall be processed by the TOP contractor, regardless of where the beneficiary resides or is enrolled.

1.2 A Prime enrollee may transfer enrollment after moving either temporarily or permanently to a new location. The enrolling 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 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. Under no circumstances 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.

1.2.1 Retirees and their family members who are TRICARE Prime enrollees and who are relocating to another contractor’s region or service area, 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, call center number. 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.

1.2.2 On the day the gaining contractor receives either a TRICARE Prime beneficiary’s signed enrollment form, telephone portability request, 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 [Section 1, paragraph 4.1](#) for information on initial enrollment in TRICARE Prime. For transfers, the original enrollment period on DEERS will remain in effect.

1.3 Within four calendar days of receipt of a beneficiary's **request for enrollment form** transfer, the gaining contractor shall submit the transfer of enrollment to DEERS using the Government-furnished systems application DEERS Online Enrollment System (DOES). The effective date of the transfer shall be the day the gaining contractor received the enrollment **request**. Upon acceptance of the transfer of enrollment, DEERS will automatically notify the losing contractor of the change. An **official enrollment request** includes those with (1) **an enrollment form with** an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) **a verbal consent provided via telephone and documented in the contractor's call notes, or (4) a self attestation** by the beneficiary when using the BWE system.

1.4 Active Duty Service Members (ADSMs) and Active Duty Family Members (ADFM) 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. A signature is not required to make enrollment changes 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.

1.4.3 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).

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1.4.4 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.

1.4.5 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 request the transfer of enrollment using one of the other enrollment transfer options. Specifically, they can enroll online via the BWE web site or submit a TRICARE Prime Enrollment and PCM Change Form to the regional contractor through the mail, fax, e-mail (if provided by the contractor), or at the MTF form drop-off site. They may also follow local inprocessing procedures at their new location.

1.5 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.

1.5.1 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 B](#), 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 ADFMs. (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.)

1.5.2 "Within-contract" enrollment transfers are not limited.

1.6 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 MCSC.

1.7 A TRICARE-eligible Prime enrollee who is not relocating may either transfer enrollment from a MCSC to a USFHP DP or from a USFHP DP to an MCSC under the rules of this section. However, such transfers are allowed only once during an enrollment period and no transfer back to the other plan during that enrollment period is permitted.

- END -

Marketing, Enrollment, And Support Services

1.0 MARKETING

Enrollment in the TRICARE Prime Remote (TPR) Program is mandatory for Active Duty Service Members (ADSMs) who qualify for the program (see [Section 1, paragraph 2.0](#)); therefore, the Managed Care Support Contractor (MCSC) 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 MCSC shall forward materials to the TPR Program Units. The contractor shall include **enrollment request options (enrollment forms, Beneficiary Web Enrollment (BWE) transactions, and telephonic requests documented in the contractor's call center notes)**, 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 [Section 1, paragraph 3.0](#).

2.2 An enrollment **request, as described above**, must be **submitted** by either the ADSM or the ADSM's unit commander for each ADSM enrolling in the TPR Program. The effective date for TPR Program enrollment is the date the ADSM or the ADSM's unit commander **submitted** the enrollment **request**.

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 Military Treatment Facility (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](#).

- An **official enrollment request** includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, (3) **a verbal consent provided via telephone and documented in the contractor's call notes**, or (4) a self attestation by the beneficiary when using the 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 is not required to complete **the enrollment** as enrollment in TPR is mandatory per [paragraph 1.0](#).

2.4 The contractor shall **record** the ADSM's **TPR enrollment** in the Defense Enrollment Eligibility Reporting System (DEERS) via DEERS Online Enrollment System (DOES). The TPR enrollment card is provided by Defense Manpower Data Center (DMDC). When processing TPR enrollment **requests** from ADSM Astronauts, the contractor shall not assign the astronauts to a network or other TRICARE authorized Primary Care Manager (PCM). The National Aeronautics and Space

Administration (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 [Section 2, paragraph 5.2](#) and its subordinate paragraphs.

3.0 PRIMARY CARE MANAGER (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.

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. The contractor may propose alternative methods for supplying educational information to ADSMs eligible to enroll in the TPR Program.

6.0 SUPPORT SERVICES

6.1 General

The requirements and standards in [Chapters 1 and 11](#), 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, TRICARE Management Activity (TMA), and Uniformed 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). The contractor shall respond to all inquiries--written, telephone, walk-in (**overseas only**), 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 active duty dental claims processor or 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 toll-free telephone access for TPR Program beneficiary inquiries. This toll-free access may also serve the SHCP beneficiaries. See [Chapter 1, Section 3](#) for telephone standards. The contractor shall handle provider inquiries through the contractor's provider inquiry system.

- END -

TRICARE Prime Remote For Active Duty Family Member (TPRADFM) Program

1.0 INTRODUCTION

TRICARE Prime Remote for Active Duty Family Member (TPRADFM) provides TRICARE Prime like benefits to certain Active Duty Family Members (ADFM) who reside with the TRICARE Prime Remote (TPR) Active Duty Service Member (ADSM) sponsor in remote locations in the United States and the District of Columbia. It also provides continued TPRADFM eligibility for family members residing at remote locations after the departure of the sponsor for an unaccompanied assignment, and eligibility for family members of Reserve Component (RC) members ordered to active duty. It covers family members of ADSMs of all seven Uniformed Services in the United States and the District of Columbia. TPRADFM benefits are comparable to TRICARE Prime, including access standards, benefit coverage, and cost-shares. TPRADFM does not apply to ADFM enrollees in areas outside the 50 United States. Such care and claims shall be processed in accordance with the TRICARE Overseas Program (TOP), [Chapter 24](#) and TRICARE Policy Manual (TPM), [Chapter 12](#). The Military Medical Support Office (MMSO) and the Service Point of Contact (SPOC) are not involved in any part of TPRADFM.

2.0 ELIGIBILITY

To be eligible for enrollment under TPRADFM, family members of ADSMs must meet the following eligibility requirements:

2.1 The ADSM sponsor is eligible for, and enrolled in TPR and the ADFM resides with the ADSM in a TPR area, or

2.2 The ADSM is enrolled to a small government clinic, troop medical clinic, or other facility not capable of primary care management functions. These clinics have been designated by the Services and are located in certain TPR zip codes. These clinics allow active duty enrollment only, and are identified by Defense Medical Information System Identification Codes (DMIS-IDs). A list of applicable DMIS-IDs for the region will be provided to the Managed Care Support Contractor (MCSC) by the Regional Director (RD). The ADFM must reside with the ADSM member who is enrolled in a DMIS-ID Clinic in a TPR area.

2.3 National Guard/Reserve members who are ordered to active duty for a period of more than 30 days are not required to be eligible for, or enrolled, in TPR for their family members to be eligible for TPRADFM. Their family members are eligible for TPRADFM if they meet the criteria of [paragraph 2.6](#).

2.4 If an ADSM receives a subsequent unaccompanied assignment after the TPR assignment and the family members are not authorized to accompany the member to the next duty assignment,

and they continue to reside in the same TPR location, the family members may remain in TPRADFM for the duration of the subsequent assignment.

2.4.1 ADFMs currently enrolled in TPRADFM, who transition to Transitional Survivor status, may remain enrolled in TPRADFM. See TPM, [Chapter 10, Section 7.1](#) for further information.

2.4.2 All Transitional Survivors may enroll in TPRADFM. At the request of the Transitional Survivor the contractor shall accept and process a new and continued enrollment request (enrollment form, Beneficiary Web Enrollment (BWE) transaction, or telephonic request documented in the contractor's call center notes) submitted by any Transitional Survivor living in, or moving to a TPR area. Enrollment in TPRADFM may continue for Transitional Survivors for the entire Transitional Survivor period. TPRADFM is not available to Survivors as they then become eligible for retiree family member benefits and cost-sharing. For example, after three years the surviving spouse is considered a survivor and, while still eligible for TRICARE, eligibility is at retiree payment rates and rules. Consequently, they are ineligible for TPRADFM which is an active duty program.

2.4.3 Transitional Survivor/Survivor status does not impact eligibility rules. Loss of eligibility as a result of any condition which routinely results in loss of TRICARE eligibility such as reaching age limits, marriage, remarriage, etc. also results in loss of Transitional Survivor/Survivor status.

2.5 "Resides with" is defined as the TPR residence address at which the family resides/resided with the sponsor while the sponsor was enrolled in TPR. Transitional Survivors only have to have a residence address in a TPR area to be eligible to enroll in TPRADFM.

2.6 To be eligible for enrollment under TPRADFM, family members of federalized National Guard/ Reserve members ordered to active duty for a period of more than 30 days must meet the following eligibility requirements:

- The family members reside with the member at the time of activation, and
- The residence address is located in a TPR zip code,
- "Resides with" is defined as the TPR residence address at which the family resides with the activated reservist upon activation.
- The federalized National Guard/Reserve member does not have to be TPR eligible or enrolled. However, for their family members to be eligible for TPRADFM the member must be ordered to active duty for a period of more than 30 days.
- Once enrolled in TPRADFM the family members of the federalized National Guard/ Reserve member, continuing to reside at the TPR residence address, may remain in TPRADFM for the period of active duty of the member, regardless of the subsequent assignment, enrollment location, or residence of the member.
- Family members of the federalized National Guard/Reserve member, continuing to reside at the TPR residence address, may enroll even after the sponsor has deployed/left for a subsequent assignment.

3.0 BENEFITS

ADFMs enrolled in TPRADFM are eligible for the Uniform Health Maintenance Organization (HMO) Benefit, even in areas without contractor networks.

4.0 NETWORK DEVELOPMENT

TPRADFM has no network development requirements, except where contractually required. ADFMs enrolled in TPRADFM shall be assigned, or be allowed to select, a Primary Care Manager (PCM) when available through the TRICARE civilian provider network. If a network provider is not available to serve as a primary care provider, the TPRADFM enrollee may utilize any local TRICARE participating or authorized provider for primary care services. Enrolled ADFMs are required to use network providers where available within contractual access standards. If a network provider cannot be identified within the access standards, the enrolled family member shall use a TRICARE authorized provider. Contractors shall assist ADFMs in finding a TRICARE network or authorized provider for specialty care. The beneficiary may be eligible for the Prime travel benefit when referred more than 100 miles for specialty care. 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 will 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. If a TPRADFM questions whether a service is covered as primary care, they may contact the contractor for assistance.

5.0 UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP)

If a USFHP is available to ADFMs in a TPR area, the ADFMs have the choice of enrolling in the USFHP, enrolling in TPRADFM, or to remaining in TRICARE Standard. ADFMs choosing to enroll in USFHP will be unable to access care through Military Treatment Facilities (MTFs) or the TRICARE system.

6.0 REFERRALS

6.1 Specialty care requires a referral through the contractor. If the ADFM has a PCM, the PCM shall follow the contractor's referral and authorization procedures. In cases where the ADFM is not enrolled to a PCM, the ADFM, or the ADFM's parent or guardian is responsible for directly contacting the contractor to obtain referrals and authorizations if required. The ADFM should obtain a referral request from their primary care provider which the ADFM would forward to the contractor.

6.2 TPRADFM enrollees are required to obtain a referral and use TRICARE network providers for specialty care where available within TRICARE access standards or pay the POS deductible and cost-share unless an appropriate out-of-network referral is obtained as required under TRICARE Prime.

7.0 PROVIDER EDUCATION

Contractors shall familiarize network providers and, when appropriate, other providers with TPRADFM. The contractor shall propose an educational plan to the RD outlining how providers will become familiar with TPRADFM. The contractor shall provide separate and distinct information to PCMs about the requirements and the special procedures for handling care for TPRADFM (e.g.,

specialty care referral requirements, balance billing limitations, etc.). On an ongoing basis, contractors shall include information on TPRADFM specialty care procedures, benefits, or requirements in routine information and educational programs.

8.0 BENEFICIARY EDUCATION

8.1 The Government will provide all beneficiary educational materials for the TPR program.

8.2 The MCSC shall distribute the supplied educational materials, and is responsible for postage, envelopes, and mailing costs for distributing educational materials. The contractor shall give ADFMs the option of participating in health promotion and wellness programs offered in the MTF and Prime program locations. The contractor shall design and conduct, with RD approval, TPRADFM briefings. The contractor shall include TPRADFM 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.

9.0 MARKETING

Marketing will be a joint effort with the Government providing the materials and the MCSC conducting briefings and distribution. Enrollment in TPRADFM is optional for ADFMs who qualify for the program; therefore, a contractor shall limit marketing activities for TPRADFM enrollees to distributing the materials provided or approved by the Government.

10.0 ENROLLMENT

10.1 When the contractor receives an enrollment **request (enrollment form, BWE transaction, or telephonic request documented in the contractor's call center notes)** from an ADFM for TPRADFM, the contractor shall ensure the ADSM sponsor is eligible for, and enrolled in the TPR program or a DMIS-ID clinic located in TPR designated zip codes. If an ADFM enrollment **request** is received and the ADSM sponsor is either not eligible for TPR, or not enrolled in TPR or a TPR DMIS-ID clinic, the **request** shall be returned to the sender with a notice that the ADFM is not eligible for TPRADFM and the reason(s) why enrollment was denied.

10.2 Enrollment in TPRADFM is optional for ADFMs. However, ADFMs must enroll in TPRADFM 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 **request (enrollment form, BWE transaction, or telephonic request documented in the contractor's call center notes)** must be **submitted to the contractor** by either the ADFM or the ADSM sponsor for each family member enrolling in TPRADFM. The effective date for TPRADFM enrollment is the first day of the following month, if the **request** is received by the 20th of the month, or the first day of the second month, if the **request** is received after the 20th of the month.

- An **official** enrollment **request** includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, (3) a **verbal consent**

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provided via telephone and documented in the contractor's call notes, or (4) a self attestation by the beneficiary when using the BWE system. A written 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 TPRADFM 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 TPRADFM but they remain eligible for TRICARE Standard, Extra, or Prime as appropriate.

10.5 When the contractor receives an enrollment request (enrollment form, BWE transaction, or telephonic request documented in the contractor's call center notes) for TPRADFM 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 from the enrollment request (enrollment form, BWE transaction, or telephonic request documented in the contractor's call center notes) 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 TPRADFM and enroll the family member in the program.

10.7 If the TPR residence addresses from the enrollment request (enrollment form, BWE transaction, or telephonic requests documented in the contractor's call center notes) 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 TPRADFM 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 (PSA), 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 RD for that region to enroll ADFMs into TPRADFM (see the TRICARE Systems Manual (TSM)). 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 enrollment information in the formats indicated in the contract requirements.

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 (RD, TMA, and Military Service) inquiries related to TPRADFM. The contractor may establish a dedicated unit for responding to inquiries about TPRADFM, or may augment existing TPR service units already serving the ADSMs enrolled in TPR. The correspondence requirements and standards in [Chapter 1, Section 3](#), apply to TPRADFM written inquiries.

12.2 Toll-Free Telephone Service

The contractor shall provide toll-free telephone access for TPRADFM beneficiary inquiries.

13.0 CLAIMS PROCESSING

The regional contractor where the TPRADFM is enrolled shall process all claims for that enrollee, except for care provided overseas (i.e., care outside of the 50 United States and the District of Columbia). Civilian health care while traveling or visiting overseas shall be processed by the TOP contractor, regardless of where the beneficiary is enrolled. POS claims processing provisions do apply. The contractor shall provide TPRADFM claims information in the format for the Monthly Workload Reports and the Monthly Cycle Time Aging reports.

14.0 CLAIM REIMBURSEMENT

14.1 The payment provisions applicable under TPR for ADSM which allow for additional payment in excess of otherwise allowable amounts to providers who are not TRICARE-authorized or certified do not apply to TPRADFM. Such payments shall not be made unless such payments are otherwise allowed under the payment provisions for unauthorized providers contained in the TPM.

14.2 For network providers, the contractor shall pay TPRADFM 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 (TRM), [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.

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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 [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 12](#). 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 TPRADFM claims under the financially underwritten provisions of the MCS contract.

- END -

TRICARE Overseas Program (TOP) Eligibility And Enrollment

1.0 GENERAL

All TRICARE requirements regarding eligibility, enrollments, re-enrollments, disenrollments, and transfers shall apply to the TRICARE Overseas Program (TOP) unless specifically **changed**, **waived**, or **superseded** by the provisions of this section; **the TRICARE Policy Manual (TPM), Chapter 12**; or the TRICARE contract for health care support services outside the 50 United States and the District of Columbia (hereinafter referred to as the "TOP contract"). See **Chapter 6**; the TPM, **Chapter 10**; and the TRICARE Systems Manual (TSM) for additional instructions.

2.0 ELIGIBILITY

2.1 Eligibility for TRICARE is verified via the Defense Enrollment Eligibility Reporting System (DEERS). The DEERS record will indicate the dates of eligibility. Except for newborns, only those beneficiaries who are shown as eligible on DEERS will be enrolled or receive benefits under the TOP. If a beneficiary's date of birth is within 365 days of the contractor's query to DEERS, the contractor shall consider the newborn to be eligible for TRICARE benefits. In addition to DEERS eligibility, TOP Active Duty Family Members (ADFM) are required to demonstrate Command Sponsorship to be eligible for TOP Prime and TOP Prime Remote enrollment unless a specific exception exists. The TOP contractor shall verify DEERS eligibility (and Command Sponsorship, where required) prior to enrolling beneficiaries into TOP.

Note: Family members of the Armed Forces of foreign North Atlantic Treaty Organization (NATO) nations are not eligible for the TOP.

3.0 ENROLLMENT PROCESSING

3.1 TOP Prime and TOP Prime Remote are available to Active Duty Service Members (ADSM) and certain ADFM in overseas locations as described below. These programs are similar, but not identical, to TRICARE Prime and TRICARE Prime Remote (TPR)/TRICARE Prime Remote for ADFM (TPRADM) in the United States (**U.S.**). TOP Prime enrollees shall normally be enrolled to an Military Treatment Facility (MTF) Primary Care Manager (PCM), but enrollment to a host nation PCM may be authorized when MTF capacity is reached. TOP Prime enrollment procedures shall be established in the Memorandum Of Understanding (MOU) between the TOP contractor and the MTF Commander. TOP Prime Remote enrollees shall be enrolled to a remote Defense Medical Information System (DMIS) code with assignment to a host nation PCM or to the TOP contractor, according to the specific regional enrollment procedures established in the MOUs between the contractor and the TRICARE Area Office (TAO) Directors.

3.2 Unless a specific exception exists, enrollment to TOP Prime or TOP Prime Remote is available only to ADSM who are permanently assigned overseas, and to ADFM who are Command Sponsored and accompanying their sponsor on his/her overseas tour, or on orders in an overseas

location (see [paragraph 5.1](#) for additional information regarding Command Sponsorship). This includes activated Reserve Component (RC) ADSMs who are on orders to an overseas location for more than 30 days, and their Command Sponsored ADFMs who accompany the RC member on his/her overseas tour or are on orders in an overseas location.

3.3 Non-Command Sponsored ADFMs, retirees, and retiree family members are not eligible for TOP Prime or TOP Prime Remote enrollment in any overseas location. This long-standing limitation derives from the limited number and capacity of MTFs and staff in overseas locations, coupled with their mission-critical requirement to provide Prime coverage for ADSMs as their first priority, and to Command Sponsored ADFMs as their second priority. ADFMs who are not Command Sponsored or on military orders as described in this section will be covered by TOP Standard (see [Section 19](#)).

3.4 Enrollment may occur at any time after TOP eligibility has been established, and normally remains effective during the overseas tour of the sponsor. Annual re-enrollment is not required for TOP Prime or TOP Prime Remote. Once enrolled, beneficiaries remain enrolled in these programs until they disenroll; transfer enrollment to another TRICARE region/program; lose eligibility for TRICARE, TOP Prime, or TPR; or until the 61st calendar day following the end of the overseas tour (see [paragraph 12.5](#)).

3.5 The TOP contractor shall perform all enrollment-related activities for TOP Prime, TOP Prime Remote, TRICARE Plus, TRICARE Young Adult (TYA), TRICARE Reserve Select (TRS), and TRICARE Retired Reserve (TRR) in overseas locations. These activities include validation of eligibility, enrollment, re-enrollment, disenrollment, transfers, updating information in DEERS, clearing enrollment discrepancies, assign or change PCM, collecting Other Health Insurance (OHI) information, and related enrollment functions. The contractor shall use the approved TRICARE enrollment **request options** for enrollment activities. Enrollment shall be accomplished within five working days of receipt of a complete TRICARE enrollment **request**.

Note: Overseas insurance plans such as German Statutory Health Insurance, Japanese National Insurance (JNI), and Australian Medicare, etc., are considered OHI.

3.6 Enrollments for TOP Prime or TOP Prime Remote are effective on the date the enrollment **request is received** (and appropriate Command Sponsorship orders are received **or attested to**, when applicable), unless a retroactive enrollment has been authorized by the TAO Director or designee. **For telephonic enrollments, the TOP contractor will collect the Military Sponsor's Order Number and date on the orders and document in the contractor's call notes. By providing the Order Number and date on the orders, the Sponsor and/or ADFM attests to command sponsorship.** For TOP emergency cases that should be placed under immediate case management, TOP MTF commanders and/or the TAO Directors may approve exceptions on a case-by-case basis for retroactive TOP enrollment. Except for administrative errors, the effective date for retroactive enrollments shall not be earlier than the first day of the month that the application is submitted (see the TPM, [Chapter 10, Section 2.1](#)).

- An **official** signed enrollment **request** includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) **a verbal consent provided via telephone and documented in the contractor's call notes**. A signature is not required to make enrollment changes **by phone as long as the verbal request is documented**. A signature from an ADSM is **never** required to complete Prime enrollment as enrollment in Prime is mandatory per TPM, [Chapter 10, Section 2.1, paragraph 1.1](#).

3.7 The contractor shall follow guidance from the TAO Directors and the MTFs regarding PCM assignment when enrolling beneficiaries into TOP Prime. The MTF enrollment area encompasses a 40-mile radius or a one-hour drive time from the MTF. TOP Prime Remote beneficiaries will be enrolled to the appropriate DMIS code for the beneficiary's remote overseas location. TOP Prime Remote enrollees in Canada will follow guidance applicable to the U.S. and Canada Reciprocal Health Care Agreement, and may be assigned to a Canadian Forces Health Facility for their primary care.

3.8 Newborns/adoptees are deemed to be enrolled for 60 days following birth/adoption when one other family member, to include the sponsor, is enrolled in TOP Prime/TOP Prime Remote. Parents of newborns/adoptees are required to take specific action to enroll the newborn/adoptee within 60 calendar days of birth/adoption. For newborns and newly adopted children who are deemed enrolled, Point of Service (POS) cost-sharing does not apply through the deemed enrollment period, or until an enrollment decision is made by a responsible representative, whichever is earlier. If the newborn or adoptee is formally enrolled in TOP Prime or TOP Prime Remote within the 60-day period, the date of enrollment will be the date the enrollment request is received per paragraph 3.6. If the newborn/adoptee is not formally enrolled during the 60-day period, the newborn/adoptee will revert to TRICARE Standard effective the 61st day, unless the deemed enrollment period has been waived. TAO Directors may extend the deemed enrollment period for newborns/adoptees up to 120 days on a case-by-case or regional basis. TAO Directors shall advise TRICARE Management Activity (TMA) Contracting Officer (CO) in writing when a region-wide enrollment waiver has been authorized. The TMA CO will notify the TOP contractor of any waivers to the 60-day deemed enrollment period in writing at the time the waiver is implemented, and this information shall be incorporated into the Memorandum of Understanding (MOU) between the contractor and the TAO Director(s).

Note: Newborns/adoptees of RC members who are called to active duty for more than 30 consecutive days are eligible for TOP/TRICARE benefits the same as other TRICARE eligible beneficiaries.

3.9 The provisions of Chapter 6, Section 1 and the TPM, Chapter 10, Section 2.1 regarding Prime enrollment fees shall not apply to TOP Prime or TOP Prime Remote. There are no enrollment fees associated with TOP Prime or TOP Prime Remote.

4.0 ENROLLMENT POLICY FOR ADSMs

4.1 Except as described in paragraph 4.2, all ADSMs who are permanently assigned to an overseas duty location must be enrolled into the TOP program that is available in their area. This includes RC ADSMs who are called to active duty for more than 30 consecutive days with a final assignment to an overseas duty station.

4.2 ADSMs assigned to operational forces with assigned organic medical assets may be enrolled to an operational forces' DMIS ID affiliated with its "Parent" DMIS. This includes activated RC members on duty in combatant theaters of operation with existing or imbedded organic medical treatment and support capabilities for health care. Enrollment to a Service or Region-specific operational forces' DMIS for all ADSMs should occur prior to deployment.

5.0 ENROLLMENT POLICY FOR ADFMs

5.1 ADFMs who have Permanent Change of Station (PCS) orders to accompany the sponsor overseas or service-funded orders to relocate overseas without the sponsor are eligible for TOP Prime or TOP Prime Remote enrollment. In order to enroll in these programs, ADFMs must meet the definition of Command Sponsorship in the Joint Federal Travel Regulation (JFTR), Volume I, Appendix A (available at <https://secureapp2/hqda.pentagon.mil/perdiem/>) unless one of the following exceptions exists:

5.1.1 If the ADSM and his/her Command Sponsored ADFM(s) are enrolled in TOP Prime or TOP Prime Remote, and the sponsor is reassigned on unaccompanied PCS orders to a location that does not permit Command Sponsored family members, the family member(s) may retain their TOP enrollment for a period based on the length of the sponsor's unaccompanied orders (but not to exceed two years). In order to retain TOP enrollment in this situation, the family member(s) must continue to be Command Sponsored and may not relocate elsewhere during the sponsor's PCS move.

5.1.2 If the ADFM(s) are authorized to relocate to an overseas location per the sponsor's PCS orders in accordance with JFTR U5222, or per Noncombatant Evacuation Orders without the sponsor, then the ADFM(s) are eligible for enrollment in the appropriate TOP program consistent with their orders.

5.1.3 If the ADFM(s) resided in an overseas location prior to the activation/mobilization of a RC sponsor, then the ADFM(s) are eligible for enrollment in the appropriate TOP program based on the residential mailing address of the sponsor prior to activation/mobilization. The ADFM(s) must have had the same overseas residential address as the sponsor at the time of activation/mobilization.

5.1.4 If the ADFM(s) are currently enrolled in TOP Prime or TOP Prime Remote, and the family has a newborn or adopts a child, then the new family member will be eligible to enroll in the same TOP program.

5.1.5 If the ADFMs are eligible for Transitional Survivor benefits (see Enrollment Policy for Transitional Survivors below).

Note: Command Sponsorship is defined in the JFTR, Volume I, Appendix A at <https://secureapp2.hqda.pentagon.mil/perdiem/>.

5.2 ADFMs who choose to reside overseas but are not Command Sponsored as defined in the JFTR, and who do not meet any of the exceptions listed above, are not eligible for enrollment in TOP Prime or TOP Prime Remote. These ADFMs are eligible for TRICARE Standard, TRICARE Plus (where available) or MTF care on a space-available basis only.

5.3 Eligibility for TOP enrollment normally requires the family to be accompanied by the sponsor; therefore, a family member cannot relocate within the overseas region, relocate to another overseas region, or relocate from a overseas location to an overseas location and transfer enrollment except as specified under the exceptions in this section.

Remote beneficiaries must enroll to a civilian PCM, the contractor's call center(s), or a Canadian Forces Health Facility (in Canada). Appointments will be provided within the TRICARE Prime access standards.

8.4 MTF Commanders may establish specific MTF enrollment/empanelment guidelines for their facilities. The TOP contractor shall enroll TOP Prime beneficiaries and assign PCMs according to these MTF guidelines. Upon receipt of a completed TRICARE enrollment request, the contractor shall attempt to enroll the beneficiary according to the identified preferences (e.g., specific provider, gender or specialty preference). If the beneficiary's PCM preferences are incompatible with MTF enrollment/empanelment guidelines, the beneficiary shall be enrolled according to MTF guidelines. If the preferred PCM is not available (no capacity), the contractor will use the default PCM for that MTF. If there is no PCM capacity in the MTF, the contractor shall contact the MTF for instructions.

8.5 A significant number of MTF PCMs rotate or move each year. This will require the TOP contractor to move the enrollment panels associated with those PCMs. Through a government-provided application, the contractor shall perform batch PCM reassignments based on the parameters established by the MTF. Those parameters include DMIS ID to DMIS ID, PCM ID to PCM ID, Health Care Delivery Plan (HCDP), sex of beneficiary, Unit Identification Code (UIC) (active duty only), age of beneficiary, sponsor Social Security Number (SSN) (for family moves) and name of beneficiary. The contractor will perform MTF PCM reassignment moves within three working days of the effective date of the PCM's reassignment. The contractor will also perform PCM reassignment, as necessary, in response to turnover in host nation PCMs.

8.6 The TOP contractor shall enroll TOP Prime Remote beneficiaries to the appropriate enrollment DMIS ID based on beneficiary location. The contractor shall list the name of the assigned remote location/site or the host nation PCM, as appropriate.

9.0 ENROLLMENT PROCEDURES

9.1 No TRICARE-eligible beneficiary shall be denied enrollment or re-enrollment in, or be required to disenroll from, the TOP Prime/TOP Prime Remote program because of a prior or current medical condition.

9.2 The TOP contractor shall be responsible for enrollment processing and for coordinating enrollment processing with the MTF, the appropriate TAO Director, and DEERS. The contractor shall enter enrollments into DEERS through the National Enrollment Database (NED) according to the provisions of the TSM, Chapter 3. The contractor shall perform the following specific functions related to enrollment processing:

9.2.1 The contractor shall collect TOP Prime enrollment requests at the TSCs or other sites mutually agreed to by the contractor, TAO Director, and the MTF Commander, or by mail or other secure means determined by the contractor. The contractor shall collect TOP Prime Remote service area enrollment requests by mail or other secure means determined by the contractor.

9.2.2 At the time of enrollment processing, the contractor shall access DEERS to verify eligibility of applicants and shall update the residential mailing address and any other fields for which they have update capability on DEERS. If the enrollment request does not contain a mailing address, the enrollment request should be developed for a mailing address. Enrollees may submit a temporary

address (e.g., unit address) 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 1.4](#). The contractor shall not input temporary addresses not provided by the enrollee. If the DEERS record does not contain an address, or if the **enrollment request** 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 within five calendar days outlining the discrepant information and requesting that the beneficiary contact their military personnel information office for assistance in updating the DEERS record.

9.2.3 Enrollment **requests** must be **submitted** by the sponsor, spouse, or other legal guardian of the beneficiary **via one of the official enrollment request options** (see [paragraph 3.6](#)).

9.3 All TOP enrollees shall be issued enrollment cards per TSM, [Chapter 3, Section 1.4](#).

9.4 TOP Prime/TOP Prime Remote enrollment may occur at any time during the period of TOP eligibility and shall remain effective until the enrollee transfers enrollment to another region, disenrolls, or becomes ineligible for TOP Prime/TOP Prime Remote or the TRICARE program.

9.5 TOP Prime/TOP Prime Remote enrollment may be on an individual or family basis. Single enrollment may be changed to family at any time during the TOP enrollment period. A new TOP enrollment period shall be established for the family.

9.6 Enrollment fees are not required for TOP Prime/TOP Prime Remote.

9.7 ADSMs and ADFMs on PCS assignment in Canada (not at the request of the Canadian government) may enroll in TOP, but must pay up front for all health care and file a claim with the TOP contractor for reimbursement.

10.0 ENROLLMENT OF FAMILY MEMBERS OF E-1 THROUGH E-4

10.1 The provisions of [Chapter 6, Section 1](#) regarding enrollment of family members of E-1 through E-4 shall apply to the TOP, except that TOP Prime/TOP Prime Remote enrollment shall be effective the date that the **enrollment is requested** as long as it coincides with dates of eligibility.

10.2 The provisions of [Chapter 6, Section 2](#) regarding enrollment portability shall apply to the TOP, except that stateside-enrolled retirees and retiree family members may not transfer Prime enrollment to an overseas location.

11.0 SPLIT ENROLLMENT

The provisions of [Chapter 6, Section 3](#) regarding split enrollment shall apply to the TOP.

12.0 DISENROLLMENT

12.1 ADFMs shall be disenrolled from TOP Prime/TOP Prime Remote when:

- The enrollee requests disenrollment,
- The enrollee transfers enrollment to a new TRICARE region,
- The enrollee loses eligibility for TOP Prime or TOP Prime Remote,

- The enrollee loses TRICARE eligibility in DEERS, or
- The enrollee has not requested enrollment transfer/disenrollment within 60 calendar days following the end of the overseas tour.

12.2 ADSMs shall be disenrolled from TOP Prime/TOP Prime Remote when:

- The enrollee transfers enrollment to a new TRICARE region,
- The enrollee loses TRICARE eligibility in DEERS, or
- The enrollee has not requested enrollment transfer/disenrollment within 60 calendar days following the end of the overseas tour.

12.3 ADFMs who are enrolled in TOP Prime/TOP Prime Remote may disenroll at any time. They will not be permitted to make another enrollment until after a 12-month period if they have already changed their enrollment status from enrolled to disenrolled twice during the enrollment year (October 1 to September 30) for any reason. ADFMs with sponsors E-1 through E-4 are exempt from these enrollment lock-out provisions. See [Chapter 6, Section 1](#) for guidance regarding enrollment lock-outs.

12.4 ADSMs cannot voluntarily disenroll from TOP Prime or TOP Prime Remote if they remain on permanent assignment in an overseas location where these programs are offered. ADSM enrollment in TOP Prime or TOP Prime Remote continues until they transfer enrollment to another TRICARE region/program or lose eligibility for TOP/TRICARE.

12.5 TOP Prime/TOP Prime Remote enrollees must either transfer enrollment or disenroll within 60 calendar days of the end of the overseas tour when the ADSM departs to a new area of assignment. The TOP contractor shall provide continuing coverage until (1) the enrollment has been transferred to the new location, (2) the enrollee disenrolls, or (3) when enrollment transfer or disenrollment has not been requested by the TOP Prime/TPR enrollee by the 60th day. The TOP contractor will automatically disenroll the beneficiary on the 61st calendar day following the end date of the overseas tour. The ADFM TOP Prime/TPR beneficiary will revert to TRICARE Standard.

13.0 TRICARE ELIGIBILITY CHANGES

13.1 Refer to the TPM, [Chapter 10, Section 3.1](#) for information on changes in eligibility.

13.2 The TOP contractor shall include full and complete information about the effects of changes in eligibility and sponsor rank in beneficiary materials and briefings.

- END -

- Is not otherwise eligible for care under Chapter 55, 10 USC or Chapter 58, 10 USC Section 1145(a), TAMP; and
- Is not a member of the uniformed services.

3.2 Eligibility Of Uniformed Service Sponsor

3.2.1 Eligibility for TYA is only determined by a proper eligibility response in DEERS. Based on the status of the uniformed service sponsor, the ability to purchase may be limited or not allowed based on the uniformed service sponsor's status and eligibility for medical care under Chapter 55, 10 USC or Chapter 58, 10 USC Section 1145(a). In addition, young adult dependents must meet all other qualifications shown in [paragraph 3.1](#).

3.2.2 Young adult dependents of active duty members (including those called to active duty for more than 30 days) may qualify to purchase TYA coverage until the active duty sponsor's date of separation or reaching the age of 26, whichever comes first. Upon the death of an active duty sponsor, dependents eligible for Transitional Survivor coverage may qualify to purchase TYA coverage up to the age of 26.

3.2.3 Young adult dependents of retired uniformed service sponsors may qualify to purchase TYA coverage until they reach the age of 26.

3.2.4 Young adult dependents of uniformed service sponsors eligible to purchase TRS or TRICARE Retired Reserve (TRR) may qualify to purchase TYA coverage only if the sponsor is enrolled in TRS or TRR. Failure of the uniformed service sponsor to enroll in and maintain enrollment in TRS or TRR or failure to pay TRS or TRR premiums will result in the young adult dependent not being eligible to purchase TYA coverage as of the date of the sponsor's loss of enrollment in TRS or TRR.

3.2.5 If the Selected Reserve sponsor dies while enrolled in TRS, the young adult dependent may qualify to purchase TYA coverage for six months after the date of death of the Selected Reserve sponsor, or until the young adult dependent reaches the age of 26, whichever comes first.

3.2.6 Young adult dependents of a member of the Retired Reserve, who dies while in a period of TRR coverage, may qualify to purchase new or continue existing TYA coverage until the young adult dependent reaches the age of 26. If a member of the Retired Reserve is not covered by TRR on the date of his or her death, his or her surviving dependents do not qualify for TYA coverage until the date on which the deceased member of the Retired Reserve would have attained age 60, at which time they may purchase TYA coverage until reaching the age of 26.

4.0 COVERAGE-RELATED PROCEDURES

The contractor shall process coverage-related transactions through the Web Defense Online Enrollment System (Web DOES) (TSM, [Chapter 3, Section 1.4](#)). Premium-related transactions shall be reported through the enrollment fee payment interface or [Catastrophic Cap and Deductible \(CC&D\) Fee Web](#) (see the TSM, [Chapter 3, Section 1.4](#)). The contractor shall perform all premium functions in accordance with [paragraph 5.0](#) and its subordinate paragraphs. The TRICARE Overseas Program (TOP) contractor shall perform these services for young adult dependents residing outside of the 50 United States or the District of Columbia. See the TSM, [Chapter 2, Addendum L](#), for a full list of TYA Health Care Delivery Program (HCDP) Coverage Code Values.

4.1 Purchasing Coverage

To purchase TYA coverage, young adult dependents **should submit an application request** along with at least an initial payment of **two** months worth of premiums for either TYA Standard/Extra or TYA Prime coverage, within deadlines specified in the following paragraphs. The contractor (except for the TOP contractor) shall accept and process TYA enrollment applications from the BWE application effective January 1, 2014. Young adult dependents have the option of submitting the application and premiums online, or printing and mailing the completed application form with the premiums. **An application request includes those with: (1) an original signature on a hard copy form, (2) an electronic signature offered by and collected by the contractor, (3) a verbal consent provided via telephone and documented in the contractor's call notes which includes waiver of the Prime access to care standards for Prime coverage, or (4) a self-attestation when using the Beneficiary Web Enrollment (BWE) system (<http://www.dmdc.osd.mil/appj/bwe/>).** The contractor shall collect **written** applications by mail and/or by other means determined by the contractor.

If a qualified young adult dependent would like to change coverage from TYA Standard/Extra to TYA Prime, a separate application must be submitted. TYA applications submitted before the CO directed effective start date for TYA Prime coverage will be processed as TYA Standard/Extra coverage. If TYA Prime coverage is still desired, the young adult dependent must submit another TYA application to request Prime coverage when available. If an enrollment lockout is in place (see [paragraph 4.3.2](#)), the contractor may accept and process requests up to 45 days before the end of the 12 month lockout period for new coverage to begin after the 12 month lockout period ends. The contractor shall not process new coverage transactions into Web DOES unless the initial payment received, if eligible, is the correct amount for the type of coverage purchased. The procedures for determining the effective date of coverage are specified in the following paragraphs.

4.1.1 Open Enrollment

A qualified young adult dependent may purchase TYA coverage throughout the year unless locked out from TYA coverage.

4.1.1.1 TYA Standard/Extra Plans

The effective date of TYA Standard/Extra coverage shall be the first day of the next month, or the first day of the month requested up to 90 days in the future, provided the request and premium payment required by [paragraph 4.1](#) are received by the MCSC/TOP contractor or postmarked by the last day of the month.

4.1.1.2 TYA Prime Plans

4.1.1.2.1 TYA Prime effective dates will be determined in accordance with [Chapter 6, Section 1, paragraph 4.1.2](#).

4.1.1.2.2 Young adult dependents may qualify to purchase TOP Prime or TOP Prime Remote plan coverage (see [Chapter 24, Section 5](#)).

4.1.2 Continuation Coverage

A young adult dependent may purchase TYA coverage with an effective date immediately following the termination of coverage under another TRICARE program, including the CHCBP. The TYA application required by [paragraph 4.1](#) along with an initial payment (see [paragraph 4.1](#)) of premiums, must either be received by the MCSC/TOP contractor, entered into the [Beneficiary Web Enrollment \(BWE\)](#) application, or postmarked NLT 30 days following termination of coverage. See [paragraph 10.0](#) and the TRICARE Policy Manual (TPM), [Chapter 10, Section 4.1](#), for information regarding termination of CHCBP coverage and refund of CHCBP premiums. If the young adult dependent does not meet the requirement for continuation or retroactive coverage, the application will be processed as a new application. If the young adult dependent does not meet the requirement for continuation or retroactive coverage, the application will be processed as an open enrollment [request](#).

4.1.3 Changing Coverage Within Same Contractor

4.1.3.1 Upon receipt of an application, qualified dependents already enrolled in a TYA plan and who are current in their premium payments may elect to change to another TYA plan for which the qualified dependent is eligible based on the sponsor's eligibility and the geographic location of the qualified young adult dependent. Changes in coverage are effective following the application processing time frames listed in [paragraph 4.1.1](#).

4.1.3.2 If the premium amount changes, the contractor will adjust future premiums by applying any overages to future TYA premium payments, and adjusting the Electronic Funds Transfer/Recurring Credit/Debit Charge (EFT/RCC) payments so the young adult dependent is not over or undercharged for the coverage requested.

4.1.4 Transfer of Coverage to Another Contractor

Young adult dependents desiring to transfer TYA coverage to another contractor must submit a new application to the desired contractor. Transfer of TYA coverage to another contractor is only permitted if the young adult dependent is current with their premiums. The gaining contractor shall process transfer requests within 10 calendar days.

4.2 Processing

4.2.1 The contractor shall process all TYA transactions through Web DOES for young adult dependents with a residential address as indicated by the TYA purchaser on the TYA application in the contractor's jurisdiction. The contractor shall process TYA requests received along with at least an initial payment (see [paragraph 4.1](#)) (as required) NLT 10 calendar days after receipt.

4.2.2 The contractor shall assign Primary Care Managers (PCMs) to purchasers of TYA Prime coverage per [Chapter 6](#).

4.2.3 If the contractor is unable to enroll the young adult dependent in Web DOES due to (a) a 90-day future enrollment limitation, (b) DEERS not reflecting eligibility, (c) the application being incomplete, (d) a missing initial premiums payment, or (e) an underpayment of the initial premium payment; the contractor shall provide notification to the young adult dependent, initiated within 10 calendar days of receipt of the application, with an explanation of what is needed for the

contractor to accept the application for processing and return any premium amounts if appropriate.

4.3 Termination Of TYA Coverage

The contractor shall initiate return of any excess premium amounts paid prorated to the day as indicated NLT 10 calendar days after the effective date of the termination or after receipt of a Policy Notification Transaction (PNT) notifying the young adult dependent's contractor of a termination, whichever is later. Premium refunds, to include an explanation of the premium refund, will be sent to young adult dependent's residential address unless an alternate mailing address has been provided. The contractor shall also update DEERS with any premium amount refunded within 30 calendar days.

4.3.1 Loss Of TYA Qualification

At any time a young adult dependent ceases to meet all eligibility qualifications, coverage under the TYA program shall terminate. This could be due to the sponsor's losing eligibility for care. The effective date of termination shall be the date upon which the young adult dependent ceased to meet any of the prerequisite qualifications. If a subsequent change in circumstances occurs such as losing eligibility for an eligible employer-sponsored plan, the young adult dependent may qualify again to purchase coverage under the TYA program. Young adult dependents who age out of TYA at age 26 may be eligible to purchase CHCBP coverage (see TPM, [Chapter 10, Section 4.1](#)).

4.3.1.1 Change in Sponsor Status

4.3.1.1.1 A change in sponsor status (active to retired; active duty to the Reserve Component (RC), etc.), may require the young adult dependent's coverage to be transferred to another TYA coverage plan or cause TYA coverage to be terminated.

4.3.1.1.2 TYA Standard/Extra Coverage

4.3.1.1.2.1 When a sponsor's status changes, coverage under a TYA Standard/Extra coverage may be transferred in DEERS by DMDC to an appropriate TYA Standard/Extra plan consistent with the new sponsor status unless the uniformed service sponsor is not eligible for TRICARE coverage or the RC uniformed service sponsor is not enrolled in TRR or TRS. DEERS will send the contractor with whom the young adult dependent is enrolled an unsolicited PNT advising the contractor of the transferred coverage.

4.3.1.1.2.2 When a sponsor status changes and the coverage cannot be transferred, DEERS will terminate the coverage. If the termination date is different from the anticipated end date, DEERS will notify the contractor via an unsolicited PNT that the coverage is terminated. The contractor shall update their fee system as appropriate. DMDC will send a Certificate of Creditable Coverage (CoCC) to the young adult dependent.

4.3.1.1.2.3 Upon receipt of an unsolicited PNT with an updated enrollment end reason code and an enrollment extension end reason code indicating a TYA individual is again eligible for TYA coverage after termination due to a change in sponsor status, the contractor will contact the TYA

individual within 10 calendar days using their best business practice to offer enrollment assistance if TYA coverage has not already been re-established.

4.3.1.1.3 TYA Prime Coverage

4.3.1.1.3.1 When a sponsor's status changes, coverage under TYA Prime plans is terminated in DEERS by DMDC. If termination is at a date other than the anticipated end date, DEERS will send the contractor with whom the young adult dependent is enrolled (and MTF if MTF enrollee) an unsolicited notification advising of the terminated coverage. The contractor shall update the fee system based on the terminated coverage for the young adult dependent as appropriate. DMDC will send a CoCC to the young adult dependent advising them of the termination of coverage.

4.3.1.1.3.2 If TYA eligibility is re-established subsequent to a termination due to a sponsor status change, DMDC will send an unsolicited PNT with an updated enrollment end reason code and an enrollment extension end reason code. Upon receipt of an unsolicited PNT with an updated enrollment end reason code and an enrollment extension end reason code indicating a young adult dependent is again eligible for TYA coverage after termination due to a change in sponsor status, the contractor will contact the young adult dependent within 10 calendar days using best business practices to offer enrollment assistance if TYA coverage has not already been re-established.

4.3.1.2 Sponsor Loss Of Eligibility

When a sponsor's eligibility is terminated, coverage under TYA is also terminated. If a young adult dependent's enrollment is terminated at a date other than the anticipated end date, DEERS will send the contractor with whom the young adult dependent is enrolled an unsolicited PNT advising the contractor of the terminated coverage. The contractor shall update the fee system based on the terminated coverage for the young adult dependent as appropriate. When eligibility is terminated at the anticipated end date, DEERS will not send the contractor an unsolicited PNT advising the contractor of the terminated coverage. DMDC will send a CoCC to the young adult dependent.

4.3.1.3 Young Adult Dependent Loss Of Eligibility

When a young adult dependent's eligibility is terminated at the anticipated end date, DEERS will not send the contractor an unsolicited PNT advising the contractor of the terminated coverage. If a young adult dependent's coverage is terminated at a date other than the anticipated end date, DEERS will send the contractor with whom the young adult dependent is enrolled an unsolicited PNT advising the contractor of the terminated coverage. The contractor shall update the fee system based on the terminated coverage for the young adult dependent as appropriate. DMDC will send a CoCC to the young adult dependent.

4.3.2 Lockout

Young adult dependents whose TYA coverage is terminated for failure to pay premiums will not be allowed to purchase coverage again under TYA for a period of 12 months following the effective date of termination. If a young adult dependent requests a new enrollment and a lockout exists, the contractor will send the request to the waiver approval authority (TRICARE Regional Director (RD), TRICARE Area Office (TAO) Director, or Uniformed Services Family Health Plan

(USFHP) Program Office; or their designees) for review and action.

4.3.2.1 Reinstatement

If it is determined that an error was made by someone other than the young adult dependent (i.e, the contractor, payment agencies, etc.), upon beneficiary request, the contractor will notify the waiver approval authority. The waiver approval authority may direct the young adult dependent to be reinstated with no lapse in coverage (contingent on payment of required premiums). No new application will be necessary.

If it is determined that the young adult dependent failed to pay premiums due to extraordinary circumstances and continuous coverage is warranted, upon beneficiary request, the contractor will notify the waiver approval authority. The waiver approval authority may direct the young adult dependent to be reinstated (contingent on payment of required premiums). No new application is necessary. A reinstatement request must be received by the contractor NLT 90 days after the end of the month during which the last full premium was paid. Upon direction of the waiver authority, continuous coverage may be reinstated upon payment of the appropriate premiums. Premium payments, including current requirements, must be received by the contractor within 30 days of the beneficiary notification of approval for reinstatement. However, if payment has not been made by the 30th day, then coverage will be deemed to be terminated as of the paid-through date and no claims may be paid for care rendered after the date of termination.

4.3.2.2 Young Adult Dependent Gains Other TRICARE Coverage

No lockout shall be applied for termination due to a gain of other TRICARE coverage.

4.3.2.3 Young Adult Dependent Gains Own Eligible Employer-Sponsored Coverage

No lockout shall be applied for termination due to eligibility for medical coverage offered from an eligible employer-sponsored plan. The young adult dependent shall notify the contractor via written request, BWE, or telephone request (which is to be documented in the contractor's call notes) to terminate TYA coverage within 30 calendar days when he or she is eligible or enrolled in an eligible employer-sponsored health plan offered by his or her employer.

4.3.2.3.1 If a young adult dependent becomes eligible under an eligible employer-sponsored health plan based on the young adult dependent's employment for a period of 30 days or less, TYA coverage will continue unchanged.

4.3.2.3.2 Upon notification from a young adult dependent that he or she is eligible for medical coverage via an eligible employer-sponsored health plan for a period of more than 30 days, the contractor will terminate the TYA coverage using Web DOES without applying a lockout.

4.3.2.4 Young Adult Dependent Loses Eligibility Due To Non-Payment Of TRS Or TRR Premiums By Their Sponsor

No lockout shall be applied for young adult dependents of a TRS or TRR sponsor that was disenrolled and locked out for failure to pay TRS or TRR premiums. However, until the TRS or TRR-eligible sponsor restores TRS or TRR coverage, the young adult dependent does not qualify to purchase TYA coverage.

4.4 Failure To Make Payment

4.4.1 Failure or refusal to pay monthly premiums and/or any outstanding insufficient fees in accordance with the procedures in this chapter shall result in termination of coverage absent approval of a waiver. The effective date of termination is the paid-through date. The contractor shall terminate coverage of the young adult dependent if the monthly premium payment is not received by the last day of the month following the due date for the monthly premium payment. After the last day of the month, the contractor shall terminate coverage with a termination effective date retroactive to the paid-through date. DMDC sends written notification to the beneficiary of the termination and the reason for the termination. Until the termination action is processed, the contractor may pend any claims received for health care furnished to the young adult dependent during the period for which premiums have yet to be paid, to avoid creating recoupment of health care costs for ineligible beneficiaries. The young adult dependent will be responsible for the cost of any health care received after the termination date following retroactive termination of coverage. If claims are not pended, the contractor shall initiate recoupment of health care costs following the procedures in [Chapter 10, Section 4](#).

4.4.2 Failure to provide information to establish or maintain a recurring EFT/RCC for monthly premium payment will result in coverage being terminated for failure to comply with [paragraph 5.2](#) and subordinate paragraphs.

4.4.3 A contractor shall apply a TYA purchase lockout to the young adult dependent for failure to make premium payments absent approval of a waiver. The lockout shall be for a period of 12 months from the effective date of termination. The DMDC CoCC (see [paragraph 4.1.2](#)) includes notice of the 12 month lockout period.

4.5 Requests For Voluntary Termination

The contractor shall accept written requests for termination of coverage from young adult dependents at any time. The effective date of termination is either (a) the last day of the month in which the request was received by the contractor, (b) the last day of a future month as specified in the request given that the request was received by the contractor in the month preceding the requested month of termination, or (c) as directed by the waiver approval authority for waiver cases. The contractor shall apply a TYA purchase lockout to young adult dependents covered by the TYA plan for a period of 12 months from the effective date of terminations initiated by the young adult dependent unless the young adult dependent is eligible for an employer-sponsored health plan. The DMDC notification of termination (see [paragraph 4.1.2](#)) includes notice of the 12 month lockout period.

4.6 Cancelled Eligibility And Enrollment

When the contractor receives a PNT for a cancelled enrollment, the contractor will notify the young adult dependent of the cancellation and refund any unused portion of the premium payment. The contractor shall update DEERS with any premium amount refunded within 30 calendar days. No lockout shall be applied for a cancelled enrollment. The contractor shall recoup claims for the cancelled enrollment period.

4.7 Waiver Requests of a Young Adult Dependent's Actions

The contractor shall advise young adult dependents that all waiver requests for (a) a refusal by the contractor to start coverage as requested by the young adult dependent or (b) lockouts shall be submitted by the young adult dependent to the appropriate contractor who will process and forward to the appropriate waiver approval authority, for determination. The waiver approval authority will issue decisions within 10 calendar days of receipt for all waiver requests. If changes are to be made to a young adult dependent's coverage as a result of a waiver determination, the waiver approval authority will send instructions to the contractor. The contractor shall carry out such instructions NLT 10 calendar days after receipt from the waiver approval authority, and notify the young adult dependent of the final decision. The waiver approval authority may authorize an override of information shown on DEERS, pending a system update, based on appropriate documentation regarding qualification under the law, regulation, and policy.

5.0 PREMIUM COLLECTION

The contractor shall perform all premium functions required for TYA. Young adult dependents are responsible for all premium payments for the individual coverage being purchased. At least an initial payment (see [paragraph 4.1](#)) of premiums are required, then only monthly premium payments are permitted. Premium-related transactions shall be reported through the enrollment fee payment interface or CC&D Fee Web (see the TSM, [Chapter 3, Section 1.4](#)).

5.1 Jurisdiction For Premium Billing And Collection

5.1.1 The particular contractor servicing the residential address for the young adult dependent shall perform premium functions for the young adult dependent.

5.1.2 Any time the servicing contractor notices that a new residential address is in the servicing area of another contractor, the losing contractor will notify the young adult dependent within 10 calendar days that they need to contact a servicing contractor in their new area to transfer their coverage to the new area. A young adult dependent may elect to provide an alternate mailing address, but the servicing contractor is based on the residential, not alternate mailing, address. A young adult dependent may transfer regions at any time. There is no maximum number of transfers from one region to another allowed each year. The gaining contractor shall perform the premium collections for future payments.

5.1.3 All unsolicited PNTs for young adult dependents will be evaluated to determine if residential address changes require a notification to the young adult dependent (see [paragraph 5.1.2](#)).

5.2 Premium Collection Processes

5.2.1 The contractor shall credit the young adult dependent for premium payments received. Premium payments are due for receipt by the contractor NLT the last calendar day of the current month for the following month of coverage. In the case of a start date of coverage at anytime other than the first of a month (see [paragraph 4.1.2](#) or as directed by the waiver approval authority), the first payment collected by the contractor shall include the prorated amount on a daily basis necessary to synchronize the paid-through date to the last day of the month. The daily prorated

amount is equal to 1/30th of the appropriate premium (rounded to the penny) regardless of how many days are actually in the month.

5.2.2 The contractor shall collect monthly premium payments from TYA purchasers as appropriate and shall report the premium amount paid for those payments, including for any overpayments that are not refunded to the purchaser, to DEERS. (See the TSM, [Chapter 3](#).) In the event that there are insufficient funds to process a premium payment, the contractor may assess the account holder a fee of up to 20 U.S. dollars (\$20.00). The contractor shall provide commercial payment methods for TYA premiums that best meet the needs of beneficiaries while conforming to [paragraphs 5.2.3](#) through [5.2.8](#).

5.2.3 Monthly premiums must be paid through an automated, recurring electronic payment through an EFTs or a RCC from a designated financial institution. These are the only acceptable payment methods for the recurring monthly premiums. An EFT/RCC payment shall be processed within the first five business days of the month of coverage.

5.2.4 Purchasers must pay at least the first initial payment as specified in [paragraph 4.1](#)) at the time the TYA application is submitted to allow time for the EFT/RCC to be established. The contractor shall accept payment of the first installment by personal check, cashier's check, traveler's check, money order, or credit card (e.g., Visa/MasterCard).

5.2.5 The contractor shall initiate recurring monthly EFTs/RCCs and is responsible for obtaining and verifying the information necessary to do so.

5.2.6 The contractor shall initiate action to modify EFT/RCC payment amounts to support premium changes.

5.2.7 The contractor shall direct bill the young adult dependent only when a problem occurs in setting up or maintaining the EFT or RCC. Bills may be sent to the residential or mailing address designated by the young adult dependent.

5.2.8 When an administrative issue arises that stops or prevents an automated monthly payment from being received by the contractor (e.g., incorrect or transposed number provided by the beneficiary, credit card expired, bank account closed, etc.), the contractor shall grant the TYA purchaser 30 days after the paid-through date to provide information for a new automated monthly payment method. The contractor may accept payment in accordance with [paragraph 5.2.4](#) during this 30 day period in order to preserve the beneficiary's TYA enrollment status.

5.3 Annual Premium Adjustment

Contractors shall notify current purchasers in writing of any annual premium adjustments NLT 30 days after the contractors receive notification of the updated premiums. The notification shall include the new amount for TYA coverage and will include the following statement:

"Young adult dependents eligible for medical coverage from their eligible employer-sponsored health plan as defined in section 5000A(f)(2) of the Internal Revenue Code of 1986 or who are married do not qualify for TYA coverage. A request to terminate TYA coverage must be submitted to preclude recoupment actions and to request a refund of any overpaid premiums, as

applicable.”

6.0 CLAIMS PROCESSING

6.1 The contractor shall process TYA claims using established TRICARE cost-sharing rules and guidance based on the sponsor’s status and the TYA plan purchased. Normal claims jurisdiction rules apply (see [Chapter 8, Section 2](#)). Normal TRICARE Other Health Insurance (OHI) processing rules apply to TYA except for claims from eligible employer-sponsored health plans. See [paragraph 6.6](#).

6.2 Non-Availability Statement (NAS) requirements shall apply to young adult dependents in the same manner as under the corresponding TRICARE plan.

6.3 If a young adult dependent purchases TYA coverage during the same fiscal year that he or she had another TRICARE health plan in effect, the individual cost-shares, contributions to the individual and family deductibles, and contributions to the family catastrophic cap from the other TRICARE health plan still apply in that fiscal year and shall not be recalculated. If retroactive TYA coverage is purchased and replaces previously purchased CHCBP coverage, cost-shares, contributions to deductibles, or contributions to the catastrophic cap amounts previously paid under CHCBP shall be carried over to a TYA plan. Otherwise, any cost-shares, contributions to deductibles, or contributions to the catastrophic cap amounts previously paid under CHCBP shall not be carried over to a TYA plan.

6.4 Medicare is the primary payer for TRICARE beneficiaries who are eligible for Medicare. Claims under the TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) will be adjudicated under the rules set forth in the TRICARE Reimbursement Manual (TRM), [Chapter 4, Section 4](#). The contractors shall follow procedures established in Chapter 8, Section 2 regarding claims jurisdiction for dual eligibles. Payment of Medicare Part B premiums do not provide a basis to waive TYA premiums.

6.5 If the contractor receives a PNT notifying them of a retroactive TYA disenrollment the contractor shall initiate recoupment of claims paid if appropriate as specified in [Chapter 10](#).

6.6 If at any time the contractor discovers that the young adult dependent may be eligible or is enrolled in an eligible employer-sponsored health plan from their employer, the contractor shall report the discovery to the appropriate waiver approval authority NLT one business day after discovery. Claims may be pending or held until a final decision is reached. As applicable, the contractor shall follow [paragraph 4.3](#) and its subordinate paragraphs for loss of TYA eligibility.

7.0 BENEFICIARY EDUCATION AND SUPPORT DIVISION (BE&SD)

In addition to BE&SD functions specified throughout this chapter, the contractor shall perform BE&SD functions to the same extent as they do for other TRICARE plans.

7.1 Customer Education

7.1.1 Materials (i.e., public notices, flyers, informational brochures, web site, etc.) will be developed and distributed centrally by Department of Defense (DoD), TRICARE Management Activity (TMA), Office of BE&SD. The contractor shall distribute all informational materials

associated with the TYA program to the same extent and through the same means as other TRICARE materials are distributed. Copies of TYA informational materials may be obtained through the usual TMA BE&SD process.

7.1.2 Upon start of coverage under TYA, the DMDC-generated enrollment notification will include information on how purchasers can obtain TYA and other TRICARE plan materials over the internet or how to request fulfillment materials from the contractor. The servicing contractor shall send fulfillment materials only upon request.

7.2 Customer Service

The contractor shall provide all customer service support to young adult dependents in a manner equivalent to that provided to other TRICARE beneficiaries.

8.0 ANALYSIS AND REPORTING

TYA workload shall be included, but not separately identified, in all reports.

9.0 PAYMENTS FOR CONTRACTOR SERVICES RENDERED

9.1 Claims Reporting

The contractor shall report TYA program claims according to [Chapter 3](#). The contractor shall process payments on a non-financially underwritten basis for the health care costs incurred for each TYA claim processed to completion according to the provisions of [Chapter 3](#).

9.2 Fiduciary Responsibilities

9.2.1 The contractor shall act as a fiduciary for all funds acquired from TYA premium collections, which are government property. The contractor shall develop strict funds control processes for its collection, retention and transfer of premium funds to the government. All premium collections received by the contractor shall be maintained in accordance with these procedures.

9.2.2 Premiums shall be deposited into a non-interest bearing account to collect and disburse TYA premiums. The contractor shall deposit TYA premium collections to the established account within one business day of receipt. A separate bank account is not required; however, individual line item reporting for the TYA program is required.

9.2.3 The contractor shall wire-transfer the premium collections, net of refund payments, monthly to a specified government account as directed by the TMA Contract Resource Management (CRM) Finance And Accounting Office (F&AO). The government will provide the contractor with information for this government account. The contractor shall notify the TMA CRM F&AO, by e-mail, within one business day of the deposit, specifying the date and amount of the deposit as well as its purpose (i.e., TYA premiums).

9.2.4 The contractor shall maintain a system for tracking and reporting premium billings, collections, and starts of coverage. The system is subject to government review and approval.

9.2.5 The contractor shall electronically submit monthly reports of premium activity supporting the wire transfer of dollars as described in the Contract Data Requirements List (CDRL) DD Form 1423.

10.0 CHCBP TO TYA PROCEDURES

Young adult dependents who qualify for TYA coverage and were previously or are currently enrolled in the CHCBP may elect to purchase TYA.

10.1 Enrollment Procedures

Enrollment actions must be coordinated between the CHCBP contractor and the TYA enrolling contractor. The CHCBP contractor will provide contact information to the enrolling contractors to coordinate CHCBP to TYA enrollments.

10.1.1 CHCBP Coverage Was Terminated More Than 30 Days Before Receipt of TYA Application and Young Adult Dependent Is Not Eligible for Continuation or Retroactive TYA Coverage

The enrolling contractor will validate in DEERS that the CHCBP enrollment was terminated more than 30 days from the date of the TYA application. The TYA enrolling contractor will process the TYA application according to [paragraph 4.1.2](#).

10.1.2 Currently Enrolled in CHCBP or TYA Application Received Within 30 Days of Termination of CHCBP Coverage

Upon receipt of a TYA application for someone currently enrolled in or within 30 days of termination of CHCBP coverage, the enrolling contractor will request the CHCBP contractor to disenroll the young adult dependent from CHCBP with an effective date one day prior to the requested start date. The CHCBP contractor will terminate the CHCBP coverage based on the TYA effective date or the CHCBP paid-through date, whichever is earlier. The CHCBP contractor will recalculate the amount of premiums required for the remaining CHCBP coverage, and refund any overpayment of CHCBP premiums. The refund shall include an explanation that the refund amount represents a refund of CHCBP premiums as a result of the TYA enrollment and how the refund amount was calculated.

10.2 CHCBP Premium Refund Procedures

CHCBP premium refunds do not need to be approved by the TMA CRM F&AO prior to making a payment to the beneficiary. The refunds should be reduced from the CHCBP premiums collected during a given month and the net amount sent to the TMA CRM F&AO as required by TPM, [Chapter 10, Section 4.1](#).

10.3 Refunds for Overpayment of Family Deductible and/or Catastrophic Caps

10.3.1 Upon termination of CHCBP coverage with retroactive TYA coverage for the same period, the CHCBP contractor will review CHCBP claims history for the retroactive period, and post any CHCBP cost-shares and deductibles to the TRICARE family deductible and catastrophic cap as a TYA

claim, ensuring the amounts posted do not exceed the applicable catastrophic cap and deductible limits. Cost-shares over the catastrophic cap and deductible limit will be refunded.

10.3.2 Refunds for overpayments of family deductible and/or catastrophic cap must be approved by the TMA CRM F&AO before being released/mailed. Payments will be processed under manual payment procedures as required by contract requirements. Supporting documentation for these payments will be provided no more often than weekly and no less than monthly to the TMA CRM F&AO by the CHCBP contractor and will include the name, DoD Benefits Number, the calculation of the refund, and the amount being refunded. Upon approval from the TMA CRM F&AO, the CHCBP contractor will release payments for refunds of the overpaid amounts.

10.4 TRICARE Encounter Data (TED) Records For Claims Previously Processed As CHCBP and Affected by a Retroactive TYA Enrollment

Prior TED records processed as CHCBP and affected by a TYA retroactive enrollment should be reprocessed as follows:

10.4.1 Upon notification from the CHCBP contractor, appropriate Pharmacy TED records shall be adjusted by the Pharmacy contractor to indicate the appropriate TYA HCDP Plan Coverage Code and Enrollment/Health Plan Code. These records are to be submitted on a TED Header Type Indicator 6. Administrative claim payments for these adjustments will be manually billed to TMA.

10.4.2 TED records, other than pharmacy, where the claim jurisdiction indicates South Region will be cancelled and replaced by the CHCBP contractor. The new TED record will retain all the original claim data except the appropriate TYA HCDP Plan Coverage Code and Enrollment/Health Plan Code will replace the CHCBP enrollment codes. These records are to be submitted on a TED Header Type Indicator 6.

10.4.3 TED records, other than pharmacy, with a claim jurisdiction other than the South Region will be adjusted by the CHCBP Contractor to indicate the appropriate TYA HCDP Plan Coverage Code and Enrollment/Health Plan Code. These records are to be submitted on a TED Header Type Indicator 6. Administrative claim payments for these adjustments will be manually billed to TMA.

11.0 CODING OF TED RECORDS

When the secondary HCDP Coverage Code is 400 (Extended Care Health Option (ECHO)) and the TYA beneficiary is receiving care considered an ECHO benefit, the contractor shall submit the primary TYA HCDP Plan Coverage Code and Special Processing Codes 'PF' or 'AU' as appropriate on the TED record.

- END -

