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TRICARE
MANAGEMENT ACTIVITY

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CHANGE 62
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**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

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

CHANGE TITLE: ENROLLMENT PROCESSING

CONREQ: 15393

PAGE CHANGE(S): See page 2.

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

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

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Director, Operations Division

ATTACHMENT(S): 39 PAGES
DISTRIBUTION: 6010.56-M

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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 The contractor shall use the TRICARE Prime Enrollment Application and Primary Care Manager (PCM) Change Form (one combined form) Department of Defense (DD) Form 2876, and the TRICARE Prime Disenrollment Form DD Form 2877. The contractor shall ensure aforementioned forms are 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 applications at the TRICARE Service Centers (TSCs) or other sites 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.

1.1.2 Enrollment applications must be signed by the sponsor, spouse or other legal guardian of the beneficiary. **A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the Beneficiary Web Enrollment (BWE) system. An Active Duty Service Member (ADSM) or Active Duty Family Member (ADFM) signature is not required to make enrollment changes using the Enrollment Portability process outlined in [Chapter 6, Section 2, paragraph 1.4](#). A signature from an ADSM, although desired, is not required to complete Prime enrollment as enrollment in Prime is mandatory per the TRICARE Policy Manual (TPM), [Chapter 10, Section 2.1, paragraph 1.1](#).**

1.1.3 The contractor shall also accept and process TRICARE Prime enrollment applications 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](#).

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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 TRICARE Systems Manual (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 form contains neither a residence address nor a mailing address, the contractor shall attempt to develop the enrollment form for a residence address. If it is determined the beneficiary does not have an established residence address or that the beneficiary's mailing address differs from the residence address, the contractor shall also develop the enrollment form 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 application contains information different from that contained on DEERS in fields for which the contractor does not have update capability, the contractor shall contact the beneficiary by telephone within five calendar days, outlining the discrepant information and requesting that the beneficiary contact 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 on the enrollment application after receipt of the enrollment record. 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 military identification card to a provider to demonstrate eligibility for TRICARE Prime program benefits.

2.0 ASSIGNMENT OF PCM

The contractor shall assign all enrollees a PCM by name (PCMBN) on DOES at the time of

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enrollment. This applies to beneficiaries assigned to Direct Care (DC) and civilian network PCMs.

2.1 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.

2.1.1 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.

2.1.2 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.

2.1.3 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.

2.2 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.

2.3 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.

2.3.1 The contractor will attempt to assign the beneficiary to the PCM requested on the enrollment form if capacity is available. If the preferred PCM is not available, the contractor will use the default PCM for that DMIS.

2.3.2 If the enrollment form contains a gender or specialty preference, the MCSC will try to assign an appropriate PCM. If the gender or specialty is not available, the beneficiary will be enrolled to the default PCM for that DMIS.

2.3.3 If there is no PCM preference stated on the enrollment form, the contractor will use the default PCM for that DMIS.

2.3.4 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.

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

2.4 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.

2.5 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

2.6 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.

2.7 PCM change requests submitted via any means other than BWE application by beneficiaries enrolled to the civilian network must be processed by the MCSC within three working days of receipt, with an effective date no later than (NLT) the third working day.

2.8 PCM change requests submitted to the MCSC via the BWE application by beneficiaries will be processed within six calendar days of receiving the requests, and the effective date will be the sixth calendar day after the request was submitted or the date requested by the beneficiary if over six days but less than 91 days.

3.0 ENROLLMENT PERIOD

3.1 Effective Date of Enrollment

The contractor shall support continuous open enrollment for all beneficiaries. Enrollment may occur any time during the contract period; however, all new enrollment periods shall coincide with the fiscal year. The contractor shall align any enrollment established based on an enrollment year period to the fiscal year upon the first renewal of the enrollment period.

3.1.1 The effective date of enrollment for ADSMs shall be the date the contractor receives the signed enrollment application. **A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the BWE system.**

3.1.2 All other enrollment periods shall begin on the first day of the month following the month in which the enrollment application and any required enrollment fee payment are received by the contractor. If an application and fee are received after the 20th day of the month, enrollment will be on the first day of the second month after the month in which the contractor received the application. (This recurring principle is referred to as the 20th of the month rule.)

3.1.3 Enrollees who transfer enrollment continue with the same enrollment period. The enrollment transfer, however, is effective the date the gaining contractor receives a signed enrollment application or transfer application. See TPM, [Chapter 10, Sections 2.1 and 5.1](#) for information on Transitional Assistance Management Program (TAMP) and other changes in status. **An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in [Chapter 6, Section 2, paragraph 1.4](#).**

3.2 Enrollment Expiration

3.2.1 NLT 30 calendar days before the expiration date of an enrollment, the contractor shall send the appropriate individual (sponsor, custodial parent, retiree, retiree family member, survivor or eligible former spouse, etc.) a written notification of the pending expiration and renewal of the TRICARE Prime enrollment and a bill for the enrollment fee, if applicable (since ADSMs must be enrolled but their family members need not be, there is no action required if an ADSM does not have enrolled family members). The bill shall offer all available payment options and methods. The contractor shall issue a delinquency notice to the appropriate individual 15 calendar days after the expiration date of the enrollment.

3.2.2 The contractor shall automatically renew enrollments, including those for ADSMs, upon expiration unless the enrollee declines renewal, is no longer eligible for Prime enrollment, or fails to pay any required enrollment fee on a timely basis, including a 30 calendar day grace period beginning the first day following the last day of the enrollment period.

3.2.3 If the enrollee requests disenrollment during this grace period, the contractor shall disenroll the beneficiary effective retroactive to the enrollment period expiration date.

3.2.4 If an enrollee does not respond to the re-enrollment notification and fails to make an enrollment fee payment by the end of the grace period, the contractor is to assume that the enrollee has declined re-enrollment. The contractor shall disenroll the beneficiary retroactive to the enrollment expiration date.

3.2.5 ADSMs may not decline reenrollment nor may they request disenrollment.

3.2.6 DMDC sends written notification to the beneficiary of the disenrollment and the reason for the disenrollment within five business days of the disenrollment transaction.

3.3 Disenrollment

3.3.1 The contractor shall automatically disenroll beneficiaries when the appropriate enrollment fee payment is not received by the 30th calendar day following the enrollment period expiration date or the due date for the installment payment. The contractor shall set the disenrollment effective date retroactive to the annual renewal date or the payment due date, whichever applies. An appropriate enrollment fee payment includes the appropriate form of payment for the period the fee is intended to cover (i.e., monthly, quarterly, or annually).

3.3.2 Prior to processing a disenrollment for “non-payment of fees,” the MCSC or Uniformed Services Family Health Plan (USFHP) provider must reconcile their fee payment system against the fee totals in DEERS. Once the contractor confirms that the payment amounts match, the disenrollment may be entered in DOES.

3.3.3 The disenrolled beneficiary will be responsible for the deductible and cost-shares applicable under TRICARE Extra or Standard for any health care received during the 30 day grace period. In addition, the beneficiary shall be responsible for the cost of any services received during the 30 day grace period that may have been covered under TRICARE Prime but are not a benefit under TRICARE Extra or Standard, e.g., preventive care.

3.3.4 The contractor may suspend claims processing during the grace period to avoid the need to recoup overpayments.

3.3.5 See the TPM, [Chapter 10, Sections 2.1](#) and [3.1](#) for additional information on disenrollment.

3.4 Enrollment Lockout

3.4.1 The contractor shall “lockout” or deny re-enrollment for a period of 12 months from the effective date of disenrollment for the following beneficiaries:

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

3.4.2 Beneficiaries who decline re-enrollment during their annual renewal period are not subject to the 12 month enrollment lockout. At the end of an annual enrollment period, if the beneficiary declines to continue their enrollment and subsequently requests re-enrollment, a new enrollment form is required and the contractor shall process the request as a “new” enrollment. (If

an enrollee did not respond to a re-enrollment notification and failed to make an enrollment fee payment by the end of the grace period, the contractor is to assume that the enrollee declined re-enrollment.)

3.4.3 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.

4.0 ENROLLMENT FEES

4.1 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 4.1.1 through 4.1.3.4](#)):

4.1.1 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 3.3.1](#) for disenrollment information if the appropriate enrollment fee payment is not received.

4.1.2 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 3.3.1](#) for disenrollment information if the appropriate enrollment fee payment is not received.

4.1.3 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.

4.1.3.1 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).

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

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

4.1.3.4 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.

4.2 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.

4.3 Unremarried Former Spouses (URFSs) and Children Residing with Them

4.3.1 URFSs became sponsors in their own right as of October 1, 2003. As such, they are enrolled under their own SSNs and pay an individual enrollment fee. URFS may not "sponsor" other family members and their fees may not be factored into any family fees associated with the former spouse/sponsor.

4.3.2 Children residing with the URFS and whose eligibility for benefits is based on the ex-spouse/former sponsor are identified under the ex-spouse/former sponsor's SSN on DEERS. Likewise, they are enrolled under the ex-spouse/former sponsor and fees for these children shall be combined with other fees paid under the ex-spouse/former sponsor.

Example: A contractor would collect the individual enrollment fee for an URFS's enrollment under the URFS's own SSN. The contractor would also collect a family enrollment fee for any two or more eligible family members enrolled under the SSN of the ex-spouse/former sponsor. These enrollees might include the sponsor, any current spouse, and all eligible children, including those living with the URFS.

4.4 Medicare Part B Fee Waiver

Each Prime enrolled beneficiary under age 65, who maintains enrollment in Medicare Part B, is entitled to a waiver of an amount equivalent to the individual TRICARE Prime enrollment fee. Hence, individual enrollments for such beneficiaries will have the enrollment fee waived. A family enrollment in TRICARE Prime, where one family member is under age 65 and maintains enrollment in Medicare Part B, shall have one-half of the family enrollment fee waived; the remaining half must be paid. For a family enrollment where two or more family members are under age 65 and maintain enrollment in Medicare Part B, the family enrollment fee is waived regardless of the number of family members who are enrolled in addition to those entitled to Medicare Part B.

4.5 Mid-Month Enrollees

The contractor shall collect any applicable enrollment fee from mid-month enrollees at the time of enrollment. However, there will be no enrollment fee collected for the days between the effective enrollment date and the determined enrollment date.

4.5.1 The effective enrollment date shall be the actual start date of the enrollment.

4.5.2 The determined enrollment date shall be established using the 20th of the month rule, as it is for initial enrollments.

Example: If the retirement date is May 27, the effective enrollment date will be May 27 and the determined enrollment date will be July 1. Fees will be charged for the period from July 1 forward; no fees will be assessed for the period from May 27 through June 30. Reference the TPM, [Chapter 10, Section 3.1](#).

4.6 Overpayment Of Enrollment Fees

If enrollment fees are overpaid at any point during an enrollment year, the contractor may credit the overpayment to any outstanding payments due. Such credits shall be reported on DEERS. If the overpayment of enrollment fees is not applied to outstanding payments due, the contractor shall refund any overpayments of \$1 or more to the enrollee. When TRICARE Prime enrollment changes from an individual to a family prior to annual renewal, the unused portion of the enrollment fee shall be prorated on a monthly basis and shall be applied toward a new enrollment period.

4.7 The following reports will be provided to the contractor to assist with identifying and correcting enrollment fee discrepancies. The contractor shall correct all accounts identified as discrepant. The contractor who is responsible for a beneficiary's current enrollment is responsible for resolving any over/under payments. For split enrollments, the reports will use the billing hierarchy to determine the responsible contractor.

4.7.1 Monthly Under Report

Enrollment fees are considered delinquent and will show up on the Monthly Under Report when the paid through date associated with a policy is greater than 60 days in the past. The Under Report will be provided on the first of each month. The contractor is required to analyze and correct all reported delinquencies within 30 days of the report's availability. The corrections may include synchronizing the fee data between the contractor's system and DEERS, correcting data discrepancies, and potentially terminating enrollments for failure to pay fees.

4.7.2 Monthly Over Report

The Monthly Over Report will identify those policies where the paid amount is over the amount owed. Amount owed is based on the enrollment begin date, the paid through date, and any existing fee waivers. The Over Report will be provided on the first of each month. The contractor is required to analyze and correct all reported accounts within 30 days of the report's availability. The contractor is responsible for correcting any data inaccuracies within the enrollment fee reporting system to include the refunding of any enrollment fees in excess of what is due if

necessary.

4.7.3 Quarterly Under Report

The Quarterly Under Report will identify all terminated policies since the inception of the contract that have an associated paid through date prior to the termination date. The Quarterly Report will be provided on the first day of the first month of the fiscal quarter (i.e., October 1, January 1, April 1, and July 1). The contractor shall correct all data discrepancies within 60 days of the report's availability.

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

5.1 When family members of E-1 through E-4 reside in a Prime Service Area (PSA) of an MTF offering TRICARE Prime, the family members will be encouraged to enroll in TRICARE Prime. Upon enrollment, they will choose or be assigned a PCM located in the MTF. Such family members may, however, specifically decline such enrollment without adverse consequences. The choice of whether to enroll in TRICARE Prime, or to decline enrollment is completely voluntary. Family members of E-1 through E-4 who decline enrollment or who enroll in Prime and subsequently disenroll may re-enroll at any time. The completion of an enrollment application is a prerequisite for enrollment of such family members.

5.2 Enrollment processing and allowance of civilian PCM assignments will be in accordance with the Memorandum of Understanding between the contractor and the MTF.

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

5.4 The local TSC will provide enrollment information and support the family member in making an enrollment decision (i.e., to enroll in TRICARE Prime or to decline enrollment). The education of such potential enrollees shall specifically address the advantages of TRICARE Prime enrollment, including guaranteed access, the support of a PCM, etc. The contractor shall reinforce that enrollment is at no cost for family members of E-1 through E-4 and will give them the opportunity to select or be assigned an MTF PCM, to select a civilian PCM if permitted by applicable MOU, or to decline enrollment in TRICARE Prime.

5.5 The contractor shall also discuss the potential effective date of the enrollment, explaining that the actual effective date will depend upon the date the enrollment application is received, consistent with current TRICARE rules (i.e., the "20th of the month" rule). The effective date of enrollment shall be determined by the date the enrollment application is received by the MCSC. These enrollments and enrollment refusals should not be tracked, nor the enrollees identified differently than enrollments initiated through any other process, such as the MCSC's own marketing efforts.

5.6 Enrollment may be terminated at any time upon request of the enrollee, sponsor or other party as appropriate under existing enrollment/disenrollment procedures. Beneficiaries in this group may re-enroll at any time without restriction or penalty. However, such re-enrollments are subject to the 20th of the month rule.

5.7 Contractors are not required to screen TRICARE claims to determine whether it may be for treatment of a non-enrolled ADFM of E-1 through E-4 living in a PSA. Rather, they are to support the prompt and informed enrollment of such individuals when they have been identified by DoD in the course of such a person's interaction with the military health care system or personnel community and have been referred to the contractor for enrollment.

6.0 TRICARE ELIGIBILITY CHANGES/REFUNDS OF FEES

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

6.2 The contractor shall allow a TRICARE-eligible beneficiary who has less than 12 months of eligibility remaining to enroll in TRICARE Prime until such time as the enrollee loses his/her TRICARE eligibility. The enrollment transaction to DEERS shall reflect the end date of enrollment to be the same as the end date of eligibility on DEERS. The beneficiary shall have the choice of paying the entire enrollment fee or paying the fees on a more frequent basis (e.g., monthly or quarterly). If the enrollee chooses to pay by installments, the contractor shall collect only those installments required to cover the period of eligibility.

6.3 Contractors shall reimburse the unused portion of the TRICARE Prime enrollment fee to retired TRICARE Prime enrollees and their families who have been recalled to active duty. Contractors shall calculate the reimbursement using monthly prorating, and shall report such reimbursements to DEERS. If the reactivated member's family chooses continued enrollment in TRICARE Prime, the family shall begin a new enrollment period and shall be offered the opportunity to keep its PCM, if possible. Any enrollment/fiscal year catastrophic cap accumulations shall be applied to the new enrollment period.

6.4 The contractor shall reimburse enrollment fees for deceased enrollees upon receiving a written request from the remaining enrollee or the executor of the decedent's estate. The request must include a copy of the death certificate. Reimbursements shall be prorated on a monthly basis and apply both to individual plans where the sole enrollee is deceased and to the conversion of a family enrollment to an individual plan upon the death of one or more family members. For individual enrollments, the contractor shall refund remaining enrollment fees to the executor of the estate. For family enrollments that convert to individual plans, the contractor shall either credit the excess fees to the individual plan or refund them either to the remaining enrollee or to the executor of the decedent's estate, as appropriate. Enrollment fees for family enrollments of three or more members are not affected by the death of only one enrollee and no refunds shall be issued. The contractor shall record all reimbursements of fees in DEERS.

6.5 The MCSCs shall refund the unused portion of the TRICARE Prime enrollment fee to TRICARE Prime enrollees who become eligible for Medicare Part A based upon disability, End Stage Renal Disease (ESRD) or upon attaining age 65, provided the beneficiary has Medicare Part B coverage. The contractor shall calculate the refund using monthly prorating.

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

6.5.2 For Prime enrollees who are under 65 years of age and become Medicare eligible due to disability or ESRD and who maintain Medicare Part B coverage, refunds are required for overpayments starting on the date the enrollee has Medicare Part B coverage. Beneficiaries must provide sufficient documentation to support the overpayment for a refund. The contractor shall supplement the beneficiary's documentation using DEERS and any available internal files, from the current and any prior contracts.

6.5.3 The contractors are not required to research their files to identify these individuals. If the contractor receives a refund request, then the contractor shall refund the unused portion of the enrollment fee determined to be an overpayment in accordance with policy.

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

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

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

7.0 WOUNDED, ILL, AND INJURED (WII) ENROLLMENT CLASSIFICATION

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

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

- ADSMs must be enrolled to a TRICARE Prime program prior to, or at the same time, as being enrolled into a WII 415 or WII 416 program.
- A member cannot be enrolled in WII 415 and WII 416 programs at the same time.
- WII 415 and WII 416 enrollments will terminate at the end of the member's active duty eligibility, when members transfer enrollment to another MTF, change of a plan code, or at the direction of the Service-specific WII entity.

- Any claims processed for WII 415/416 enrollees shall follow the rules associated with the primary HCDP Plan Coverage Code, such as TRICARE Prime, TRICARE Prime Remote (TPR), TRICARE Overseas Program (TOP) Prime, or TOP Prime Remote. All claims will process and pay under Supplemental Health Care Program (SHCP) rules. DEERS will not produce specific enrollment cards or letters for WII 415/416 enrollment.

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

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

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

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

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

7.1.3 WII 415 enrollments will be in conjunction with an MTF enrollment only, not to civilian network PCMs under TPR enrollment rules. DEERS will end WII 415 enrollments upon loss of member's active duty eligibility. WII 415 program enrollments will not be portable across programs or regions. The TOP contractor will enter WII 415 enrollments through DOES for outside the 50 United States and the District of Columbia.

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

- Enrollment
- Disenrollment
- Cancel enrollment
- Cancel disenrollment
- Address update

- Contractors can request Policy Notification Transaction (PNT) resend
- Modify begin date
- Modify end date

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

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

7.2.1 Service defined eligible ADSMs may be assigned to a WII 416 Program such as the Army's CBHCO and receive required medical care near the member's home. The service member shall be enrolled to TRICARE Prime, TPR, TOP Prime, or TOP Prime Remote prior to or at the same time as being enrolled into WII 416. Members cannot be enrolled to the WII 416 program without a concurrent Prime, TPR, TOP Prime, or TOP Prime Remote enrollment. Service appointed case managers will coordinate with the contractor or MTF to facilitate TRICARE Prime or TPR PCM assignments for eligible beneficiaries. The contractor shall then assign a PCM based on the MTF MOU and in coordination with the WII entity (e.g., CBHCO). WII 416 enrollments will not run in conjunction with TAMP.

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

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

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

7.2.3 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.

7.2.4 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

7.2.5 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.

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

8.1 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 the applicant has waived travel time ATC standards either by signing Sections V and VI of the **DD Form 2876 enrollment application (this includes an electronic signature offered by and collected by the contractor)** or by requesting enrollment 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.

8.2 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.

8.3 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.

8.4 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.

8.5 MTF Enrollees

8.5.1 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.

8.5.2 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:

8.5.2.1 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.

8.5.2.2 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.

8.5.2.3 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.

8.5.3 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.

8.5.3.1 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.

8.5.3.2 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) Communication and Customer Service (C&CS) prior to approval.)

8.5.4 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 C&CS 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.

8.5.5 For each approved enrollment to an MTF where the beneficiary has waived access standards (whether by DD Form 2876 or BWE), 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.

8.5.6 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.

8.5.7 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.

8.6 Civilian Enrollees

8.6.1 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.](#))

8.6.2 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.)

8.6.3 Beneficiaries who reside outside the PSA and are 100 miles or greater from an available civilian network PCM in the PSA shall not be allowed to enroll in TRICARE Prime.

- END -

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.

1.3 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 number or by visiting the TRICARE Service Center (TSC). During the initial contact, the gaining contractor shall provide region/site specific educational materials, key telephone numbers, the opportunity to select a new PCM, and the opportunity to disenroll completely from TRICARE Prime. If the enrollee chooses disenrollment, the gaining contractor shall send a disenrollment transaction to DEERS using the Government-furnished systems application and DEERS shall notify the losing contractor of the disenrollment.

1.3.1 For retirees and their family members, on the day the gaining contractor receives either a TRICARE Prime beneficiary’s signed enrollment application or a request via the Beneficiary Web Enrollment (BWE) service agreeing to a transfer of enrollment to the new region, the beneficiary

shall be considered enrolled at the new location and should contact the new PCM, the new region's Health Care Finder (HCF), or the DP for health care and health related assistance.

Note: The effective date for transfer of enrollment differs from the effective date for initial enrollment. See [Section 1, paragraph 3.1](#) for information on initial enrollment in TRICARE Prime. For transfers, the original enrollment period on DEERS will remain in effect.

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

1.4 Active Duty Service Members (ADSMs) and Active Duty Family Members (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. **An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in this paragraph. ADSM or ADFM enrollment transfers may be completed by phone as long as the verbal request is documented.**

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

1.4.2 When a gaining contractor is notified by a losing contractor of an upcoming ADSM/ADFM move, the contractor shall contact the enrollee no later than five business days after the estimated relocation date to begin the enrollment transfer. The purpose of this contact is for the gaining contractor to obtain information necessary to effect an enrollment transfer (i.e., verify date of arrival in the new region/service area) and provide the ADSM enrollee/family member with specific information about their enrollment options to include enrolling with a DP. The gaining contractor is authorized to request any information needed to enroll, including information necessary to assign an MTF PCM, in accordance with the applicable MTF Memorandum of Understanding (MOU) guidance or other local procedures agreed upon between the MTF and the contractor. If all information needed to effect an enrollment transfer is not available during this initial contact, the gaining contractor shall continue to follow-up with the ADSM/ADFM making at least three attempts on different days to collect the needed information.

1.4.3 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).

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 transfer the enrollment using one of the other enrollment transfer options. Specifically, they can enroll online via the BWE web site, submit a TRICARE Prime Enrollment and PCM Change Form to the regional contractor through the mail or visit a TSC to submit the TRICARE Prime Enrollment and PCM Change Form in person. They may also follow local inprocessing procedures at their new location.

1.5 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 an MCSC.

1.7 A TRICARE-eligible Prime enrollee who is not relocating may either transfer enrollment from an MCSC to a USFHP DP or from a USFHP DP to an MCSC under the rules of this section. However,

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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 forms for the TPR Program in the ADSM marketing materials.

2.0 ENROLLMENT

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

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

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](#).

- A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the Beneficiary Web Enrollment (BWE) system. An ADSM signature is not required to make enrollment changes using the Enrollment Portability process outlined in [Chapter 6, Section 2, paragraph 1.4](#). A signature from an ADSM, although desired, is not required to complete Prime enrollment as enrollment in TPR is mandatory per [paragraph 1.0](#).

2.4 The contractor shall enroll the ADSM into the Defense Enrollment Eligibility Reporting System (DEERS) via DEERS Online Enrollment System (DOES). The TPR enrollment card is provided by Defense Manpower Data Center (DMDC). When processing TPR enrollment applications from ADSM Astronauts, the contractor shall not assign the astronauts to a network or other TRICARE authorized Primary Care Manager (PCM). The 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, 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 -

3.0 BENEFITS

ADFM 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 application 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 application is received and the ADSM sponsor is either not eligible for TPR, or not enrolled in TPR or a TPR DMIS-ID clinic, the application 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 application must be completed and signed by either the ADFM or the ADSM sponsor for each family member enrolling in TPRADFM. The completed and signed application will be submitted to the contractor. The effective date for TPRADFM enrollment is the first day of the following month, if the application is received by the 20th of the month, or the first day of the second month, if the application is received after the 20th of the month.

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

Portability process outlined in [Chapter 6, Section 2, paragraph 1.4.](#)

10.4 The residence address zip code of the TPR eligible or enrolled ADSMs must match with the ADFMs. If the zip codes match, the contractor shall deem the ADFM as eligible for 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 application 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 on the application of the activated federalized National Guard/Reservist member and the family members. If the residence addresses match, to include zip code only match, the contractor shall deem the family members as eligible for TPRADFM and enroll the family member in the program.

10.7 If the TPR residence addresses on the application of the activated federalized National Guard/Reserve member and the family members do not match, the family members shall be advised by letter they are not eligible for enrollment in 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.

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

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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 waived or superseded by the provisions of this section 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 TRICARE Policy Manual (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. 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, ADFMs remain enrolled in these programs until they disenroll, transfer enrollment to another TRICARE region/program, or lose eligibility for TRICARE, TOP Prime, or TOP Prime Remote. ADSMs remain enrolled in these programs until they transfer enrollment to another TRICARE region/program, or lose eligibility for TRICARE.

3.5 The TOP contractor shall perform all enrollment-related activities for TOP Prime, TOP Prime Remote, TRICARE Plus, and TRICARE Reserve Select (TRS) 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 Application for enrollment activities and shall reproduce the form as necessary to ensure ready availability to all potential enrollees.

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 form is signed (and appropriate Command Sponsorship orders are received, when applicable), unless a retroactive enrollment has been authorized by the TAO Director or designee. 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](#)).

- A signed enrollment application includes those with (1) an original signature, (2) an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the Beneficiary Web Enrollment (BWE) system. An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in [Chapter 6, Section 2, paragraph 1.4](#). A signature from an ADSM, although desired, is not 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 US 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/adoptee is not formally enrolled to TOP Prime or TOP Prime Remote 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.

5.4 The TOP contractor shall verify that all of the above requirements are met (including DEERS eligibility check and validation of Command Sponsorship/military orders, if required) prior to enrolling an ADFM into TOP Prime or TOP Prime Remote.

5.5 The process for identifying ADFMs who are Command Sponsored may vary by Service. This is a Service personnel decision and as such, these processes may change over the life of the contract. The TOP contractor may accept any current, valid method of identifying Command Sponsorship to

meet the TOP enrollment requirements (e.g., Navy ADFMs who are not listed on the sponsor's orders, but who are in receipt of a letter from the Navy Personnel Services Division (PSD)).

6.0 ENROLLMENT POLICY FOR TRANSITIONAL SURVIVORS

The general provisions of TPM, [Chapter 10, Section 7.1](#) regarding Transitional Survivors shall apply to the TOP. Specific guidelines for Overseas Transitional Survivor benefits are listed below.

6.1 TOP Prime/TOP Prime Remote enrollment policy provisions which require command sponsorship shall not apply to Transitional Survivors whose sponsors died on or after October 7, 2001.

6.2 Transitional Survivors whose sponsors died on or after October 7, 2001 and who choose to remain in an overseas location are eligible for TOP Prime/TOP Prime Remote enrollment during the Transitional Survivor period, regardless of whether they remain at their original residence or relocate to another overseas location. These Transitional Survivors are also eligible for health care benefits under TRICARE Standard.

6.3 Transitional Survivors whose sponsors died on or after October 7, 2001 and who choose to return to the United States from an overseas location are eligible for TRICARE Prime (in TRICARE Prime service areas) or TPRADFM (in remote locations) during the Transitional Survivor benefit period. These Transitional Survivors are also eligible for health care benefits under TRICARE Standard/Extra.

6.4 Transitional Survivors whose sponsors died on or after October 7, 2001 and who choose to move from a stateside location to an overseas location are eligible for TOP Prime or TOP Prime Remote enrollment during the Transitional Survivor benefit period.

6.5 Transitional Survivors whose sponsors died on or after October 7, 2001 are eligible for enrollment and claims reprocessing per TPM, [Chapter 10, Section 7.1](#). Transitional Survivors are also eligible for enrollment fee refunds (if applicable) per TPM, [Chapter 10, Section 7.1](#).

6.6 If the Transitional Survivors are not enrolled in TOP Prime, the Transitional Survivor's priority for appointments at overseas MTFs will be the same as that of ADFMs who are not enrolled in TOP Prime.

6.7 At the end of the Transitional Survivor period, survivors lose their eligibility for enrollment in TOP Prime/TOP Prime Remote (in overseas locations) and TPRADFM (in remote overseas locations).

7.0 ENROLLMENT PLAN

The TOP contractor, in consultation with the TAO Directors and MTF Commanders, shall develop and implement a TOP enrollment plan. The TOP enrollment plan shall establish enrollment goals and describe the methods to be used to accomplish these goals. The TOP enrollment plan shall be submitted through the TAO Directors to the TMA CO in accordance with the instructions in [Chapter 6, Section 1](#). The TOP enrollment plan shall be submitted not less than 90 calendar days prior to the start of each health care delivery period. At a minimum, the TOP enrollment plan shall include the following:

7.1 A description of the contractor's process for informing beneficiaries about the availability of TOP enrollment options (TOP Prime and TOP Prime Remote).

7.2 A description of any unique conditions and resources which may impact enrollment activities by MTF area and TOP geographic region, along with a description of the contractor's plan for overcoming any potential barriers to effective and efficient enrollment of eligible beneficiaries.

7.3 A description of the contractor's process for verification of eligibility prior to enrollment (including verification of command sponsorship status, when required for enrollment).

7.4 A description of the contractor's process for enrollment of beneficiaries on the DEERS using an automated government-furnished systems application, including the contractor's process for ensuring that enrollment data remains up-to-date and accurate.

7.5 A description of the contractor's process for providing continuous open enrollment for TOP Prime and TOP Prime Remote, automatic re-enrollment, and disenrollment as described in the TPM, [Chapter 10, Sections 2.1 and 3.1](#). The contractor may propose multiple methods of enrollment; however the plan must include the opportunity for enrollment at TRICARE Service Centers (TSCs), at government-specified locations for arriving/deploying units (per [Section 11, paragraph 5.2](#)), via the TOP Point of Contact (POC) program, and by mail.

7.6 The TOP contractor shall provide TOP-enrolled beneficiaries with full and fair disclosure of any restrictions on freedom of choice that apply to TOP enrollees, including the POS option.

8.0 ASSIGNMENT OF PCM

8.1 TOP Prime enrollees will be assigned to a PCM in a local DoD MTF. TOP Prime enrollees may not select an MTF Partnership Provider or host nation network or non-network provider for a PCM.

8.2 The MTFs will maintain current PCM lists and will make these lists available to the TOP contractor on a regular basis as determined in the MOU. MTF PCM lists should contain sufficient detail to facilitate new enrollments or PCM reassignments until capacity is optimized per MTF guidance.

8.3 The TOP contractor shall assign TOP enrollees to a PCM at the time of enrollment via the Defense Online Eligibility and Enrollment System (DOES) per the MOU, access standards, and/or other specific government guidance. DOES will only display PCMs with available capacity. TOP Prime beneficiaries must enroll to an overseas DMIS with assignment to an MTF PCM. TOP Prime 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 Application, the contractor shall attempt to enroll the beneficiary according to the preferences indicated on the enrollment form (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 applications 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 applications 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 form does not contain a mailing address, the enrollment form 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 application contains information different from that contained on DEERS in fields for which the contractor does not have update capability, the contractor shall contact the beneficiary 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 applications must be signed by the sponsor, spouse, or other legal guardian of the beneficiary. **A signed enrollment application includes those with (1) an original signature, (2)**

an electronic signature offered by and collected by the contractor, or (3) the self attestation by the beneficiary when using the BWE system. An ADSM or ADFM signature is not required to make enrollment changes when using the Enrollment Portability process outlined in Chapter 6, Section 2, paragraph 1.4. A signature from an ADSM, although desired, is not required to complete Prime enrollment as enrollment in Prime is mandatory per TPM, Chapter 10, Section 2.1, paragraph 1.1.

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 on the date that the application is signed 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, or
- The enrollee loses TRICARE eligibility in DEERS.

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

- The enrollee transfers enrollment to a new TRICARE region, or
- The enrollee loses TRICARE eligibility in DEERS.

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12.3 ADFMs who are enrolled in TOP Prime/TOP Prime Remote may disenroll at any time. ADFMs with sponsors E-5 and above who voluntarily disenroll will not be eligible to re-enroll for a 12-month period from the effective date of the disenrollment. The TAO Director has been delegated the authority to waive this 12-month lock-out period in extraordinary circumstances. ADFMs with sponsors E-1 through E-4 are exempt from these enrollment lock-out provisions.

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.

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 -

