

TRICARE Plus

Revision:

1.0 BACKGROUND

TRICARE Plus is a Military Treatment Facility (MTF)/Enhanced Multi-Service Market (eMSM) based program designed to allow Military Health System (MHS) beneficiaries an opportunity to obtain a primary care coordinator within the MTF/eMSM and to be assured access to MTF/eMSM primary care appointments meeting TRICARE Prime primary care access standards. MTF Commanders/eMSM Managers will determine the number of TRICARE Plus enrollees at their MTF/eMSM. A TRICARE Plus enrollment indicator will appear on Composite Health Care System (CHCS) for appointment clerks to appropriately book MTF/eMSM appointments for TRICARE Plus enrollees in accordance with the criteria established by MTF Commanders/eMSM Managers. (See Appendix A for the TRICARE Plus definition.)

2.0 ENROLLMENT

2.1 Completed and approved enrollment/disenrollment forms for TRICARE Plus will be sent to the contractor by the MTFs/eMSMs no less frequently than weekly. The MTF/eMSM is responsible for ensuring that the enrollment form is complete with validated eligibility through Defense Enrollment Eligibility Reporting System (DEERS) before submitting the forms to the contractor. The contractor shall return incomplete forms or any application for which enrollment/disenrollment cannot be effected, for any reason other than internal contractor systems or process problems. The contractor shall make no effort to correct or complete any TRICARE Plus enrollment/disenrollment application.

2.2 It is the MTF's/eMSM's responsibility to manage Primary Care Clinic capacity for TRICARE Plus enrollment and ensure that the capacity is reflected on the DEERS PCM Repository.

2.3 The contractor shall be responsible for ensuring that all TRICARE Plus enrollments received are entered in the Government furnished web-based enrollment system/application.

2.4 All initial enrollments for beneficiaries over the age of 64 shall begin on the date the contractor enters the TRICARE Plus application or the first day the beneficiary loses eligibility for TRICARE Prime, whichever is later. All initial enrollment periods for beneficiaries under age 65 shall begin on the date after disenrollment from TRICARE Prime or the date the contractor enters the TRICARE Plus application, whichever is later. Enrollment in TRICARE Plus requires disenrollment from TRICARE Prime.

3.0 DISENROLLMENT

Beneficiaries may disenroll from TRICARE Plus at any time. Disenrollment forms will be sent to the contractors by the MTFs/eMSMs no less frequently than weekly. Contractors shall process disenrollments in accordance with [paragraph 2.1](#).

4.0 PORTABILITY

TRICARE Plus enrollment is not portable between MTFs/eMSMs. Beneficiaries who wish to change their TRICARE Plus enrollment to a different MTF/eMSM will have the same opportunity to enroll at the new MTF/eMSM as any other beneficiary without an established relationship with a primary care coordinator. There is no priority stemming from previous enrollment in TRICARE Plus.

5.0 REFERRALS

MHS beneficiaries may contact the contractors' Health Care Finder (HCF) representatives for assistance with locating network providers. The contractor shall not be required to make appointments with network providers. The contractor shall provide the MHS beneficiary with the name, telephone number, and address of network providers, including appropriate network provider specialists within the MHS beneficiary's geographic area.

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