

TRICARE Prime Enrollment Processing

Revision:

Managed Care Support Contractors, Uniformed Services Family Health Plan (USFHP) Designated Provider (DP), and TRICARE Overseas Program (TOP) contractors shall record all enrollments on Defense Enrollment Eligibility Reporting System (DEERS), as specified in the TRICARE Systems Manual (TSM), [Chapter 3](#). The word 'contractor' refers to all three types of contractors (listed above) for this section.

1.0 ENROLLMENT PROCESSING

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

1.1.1 Contractors shall collect TRICARE Prime enrollment forms at a site(s) mutually agreed to by the contractor, TROs, and MTF Commanders/eMSM Managers, by mail, fax, or by other methods proposed by the contractor and accepted by the Government. Contractors shall encourage the beneficiaries to use the Government furnished web-based self-service enrollment system/application to enroll.

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

1.2 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](#).

1.4 The contractor shall follow the specifications of the Memorandum of Understanding (MOU) with the appropriate TRO, MTF Commander/eMSM Manager, and any other instructions from the Director, TRICARE Regional Offices (TROs) in performing and coordinating enrollment processing with

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the MTF/eMSM, the TROs, and the Defense Enrollment Eligibility Reporting System (DEERS) point of contact.

1.5 Contractors shall record all Prime enrollments using the Government furnished web-based enrollment system/application, within 10 working days of receipt. The equipment needed to run the DEERS desktop enrollment application shall be furnished by the contractor and shall meet technical specifications in the TSM, [Chapter 3](#).

1.5.1 Contractors shall resend PCM Information Transfers (PITs) to MTF/eMSMs when requested.

1.5.2 Contractors 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, mailing, and e-mail addresses and any other fields that they can update on DEERS.

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

1.6.2 Enrollees may provide a temporary address (i.e., Post Office Box, Unit address, etc.), until a permanent address is established. Temporary addresses shall be updated with the permanent address when provided to the contractor by the enrollee in accordance with the TSM, [Chapter 3, Section 4.2](#). The contractor shall not input temporary addresses not provided by the enrollee.

1.6.3 If the DEERS record does not contain an address, or if the enrollment request contains information different from that contained on DEERS in fields for which the contractor does not have update capability, the contractor shall contact the beneficiary by telephone within five calendar days, outline the discrepant information and request the beneficiary contact their military personnel office.

1.7 Defense Manpower Data Center (DMDC)/DEERS shall notify the beneficiary of the availability of the Universal TRICARE Beneficiary Cards at MilConnect or mail a postcard to the residential mailing address specified on the enrollment request directing beneficiaries to MilConnect. 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 4.2](#).) The return address on the postcard mailed by DMDC will be that of the appropriate contractor. In the case of receiving returned mail, the contractors shall develop a process to fulfill the delivery if the card is returned to the contractor by the United States Post Office (USPS).

2.0 DUAL ELIGIBLES (ENTITLEMENT UNDER BOTH MEDICARE AND TRICARE)

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

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

3.0 ASSIGNMENT OF PCM

The contractor shall assign all enrollees a PCM by name (PCMBN) on the Government furnished web-based enrollment system/application at the time of enrollment. This applies to beneficiaries assigned to the Direct Care (DC) system as well as civilian network PCMs.

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

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

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

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

3.2 The contractor shall provide guidance to the enrollee in selecting a primary care location or PCM, as appropriate given MTF/eMSM guidance in the MOU. Upon receipt of an inquiry from a DC enrollee in regards to the person's assigned PCM, the contractor shall refer the beneficiary to the MTF/eMSM where the beneficiary is enrolled.

3.3 At the time of enrollment, the contractor shall determine the appropriate enrollment Defense Medical Information System Identification (DMIS-ID) based on the regional and MTF/eMSM 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 the Government furnished web-based enrollment system/application.

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

3.3.2 If the enrollment request (see [paragraph 1.1.2](#)) identifies a gender or specialty preference, the contractor shall 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.

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

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

3.3.5 If there is no PCM capacity in the MTF/eMSM for a Service member, then the contractor shall contact the MTF/eMSM for instructions.

3.4 The Government furnished web-based enrollment system/application reflects only those DC PCMs that the MTF/eMSM has loaded onto the DEERS PCM Repository. Further, the Government furnished web-based enrollment system/application will only display PCMs with available capacity for the specific beneficiary's category and age. The contractor shall not add, delete, or modify DC PCMs on the repository.

3.5 The contractor shall complete all panel PCM reassignments (batch) using a Government-provided systems application, PCM Reassignment System (PCMRS). Panel reassignments may be specified by the appropriate MTF Commander/eMSM Manager for a variety of reasons, including the rotation or deployment of DC PCMs. The contractor 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) and DoD Benefits Number (DBN)
- Name of beneficiary

3.6 MTFs/eMSMs may request PCM reassignment, including panel reassignments, in several ways, including telephone, e-mail or other electronic submissions. The preferred method for panel reassignments is the batch staging application within PCMRS. Regardless of the submission method, the MTF/eMSM 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/eMSM.

3.7 PCM change requests submitted via any means other than the Government furnished web-based self-service enrollment system/application by beneficiaries enrolled to the civilian network shall be processed by the contractor within three working days of receipt, with an effective date no later than the third working day.

3.8 PCM change requests submitted to the contractor via the Government furnished web-based self-service enrollment system/application shall be processed within six calendar days of receiving the request. The contractor shall modify the effective date to be no later than the third working day, or the date requested by the beneficiary up to 90 days in the future.

4.0 ENROLLMENT PERIOD

4.1 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 will be aligned with the fiscal year. Therefore, the initial enrollment period may be shorter than a 12 month period.

4.1.1 The effective date of enrollment for Service members shall be the date the contractor receives the 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 Government furnished web-based self-service enrollment system/application. For enrollment requests received via the Government furnished web-based self-service enrollment system/application, the contractor shall modify the effective date to be the date the enrollment was submitted.

4.1.2 For all other beneficiary categories, 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.)

4.1.3 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. For enrollment transfers received via the Government furnished web-based self-service enrollment system/application, the contractor shall modify the effective date to be the date the enrollment was submitted. See TPM, [Chapter 10, Sections 2.1 and 5.1](#) for information on Transitional Assistance Management Program (TAMP) and other changes in status.

4.2 Enrollment Expiration

4.2.1 No later than 30 calendar days before the expiration date of an enrollment, the contractor shall send the appropriate individual (sponsor, custodial parent, retiree, retiree family member, survivor or eligible former spouse, etc.) a written notification of the pending expiration and renewal of the TRICARE Prime enrollment and a bill for the enrollment fee, if applicable (since Service members must be enrolled but their family members need not be, there is no action required if a Service member 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.

4.2.2 The contractor shall automatically renew enrollments, including those for Service members, 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.

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

4.2.4 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 shall assume that the enrollee has declined re-enrollment. The contractor shall disenroll the beneficiary retroactive to the enrollment expiration date.

4.2.5 Service members may not decline reenrollment nor request disenrollment.

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

4.3 Disenrollment

4.3.1 Disenrollment requests must be initiated by the sponsor, spouse, other legal guardian of the beneficiary, or an eligible beneficiary 18 or older. An official disenrollment request includes those with:

- An original signature;
- An electronic signature offered by and collected by the contractor;
- A verbal consent provided via telephone and documented in the contractor's call notes; and
- A self-attestation by the beneficiary when using the Government furnished web-based self-service enrollment system/application. (A service member cannot request disenrollment per [paragraph 4.2.5](#).)

4.3.2 The contractor shall automatically disenroll beneficiaries when the appropriate enrollment fee payment is not received by the 30th calendar day following the paid through date. The contractor shall set the disenrollment effective date retroactive to the paid through date. An enrollment fee payment includes the correct amount for the period the fee is intended to cover (i.e., monthly, quarterly, or annually).

4.3.3 Prior to processing a disenrollment for "non-payment of fees," the contractor shall 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 the Government furnished web-based enrollment system/application.

4.3.4 The disenrolled beneficiary is 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 is 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.

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

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

4.4 Enrollment Lockout

4.4.1 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 twice in a given year) for any reason during the enrollment year (October 1 to September 30) (refer to this chapter and TPM, [Chapter 10, Sections 2.1 and 3.1](#)); and
- Any beneficiary disenrolled for failure to pay required enrollment fees during a period of enrollment.

Note: The 12 month lockout provision is not applicable to ADFMs whose sponsor’s pay grade is E-1 through E-4.

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

4.4.3 Only the TROs/TRICARE Area Offices may grant waivers to the 12 month lockout provisions for the following conditions:

- Contractor or Government errors;
- Failure to pay; extraordinary circumstances; waiver request within 90 days of disenrollment with no break in coverage; and
- No previous lockout within past 12 months; requires new enrollment.

5.0 ENROLLMENT FEES

5.1 General

The contractor shall collect enrollment fee payments from TRICARE Prime enrollees as appropriate and 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, Contractors may assess the account holder a fee of up to 20 U.S. dollars (\$20.00), which is retained by the contractor. Contractors shall provide commercial payment methods for Prime enrollment fees that best meet the needs of beneficiaries while conforming to [paragraphs 5.1.2 through 5.7](#).

5.1.1 Fiduciary Responsibilities

5.1.1.1 The contractor shall act as a fiduciary for all funds acquired from Prime enrollment fees, which are Government property. The contractor shall develop strict funds control processes for its collection, retention and transfer of enrollment fees to the Government. All enrollment fees received by the contractor shall be maintained in accordance with these procedures.

5.1.1.2 A separate non-interest bearing account shall be established for the collection and disbursement of enrollment fees. The contractor shall deposit enrollment fees into the established account within one business day of receipt.

5.1.1.3 The contractor shall wire-transfer the enrollment fees minus any refund payments twice monthly, on the first (business day) and the 15th to a specified Government account as directed by the Defense Health Agency (DHA) Contract Resource Management (CRM) Office, refer to Section J of the contract. The Government will provide the contractor with information for this Government account. The contractor shall notify the DHA CRM, by e-mail, within one business day of the deposit stating the date and amount of the deposit.

5.1.1.4 The contractor shall maintain a clear, auditable record of all enrollment fees received, the date received and the date transferred to the Government. The contractor's record shall also document all refunds issued, to whom the refund was issued, the amount of the refund, and the date reported to the Government.

5.1.2 Annual Payment Fee Option

An annual installment is collected in one lump sum. For initial enrollments, Contractors shall prorate the fee from the enrollment date to September 30. Contractors shall accept payment of the annual enrollment fee only by credit card (e.g., Visa/MasterCard). See [paragraph 4.3](#) for disenrollment information if the appropriate enrollment fee payment is not received.

5.1.3 Quarterly Payment Fee Option

Quarterly installments are equal to one-fourth (1/4) of the total annual fee amount. For initial enrollments, contractors 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.) Contractors shall collect quarterly fees thereafter. Contractors shall accept payment of the quarterly enrollment fee only by credit card (e.g., Visa/MasterCard) or Electronic Funds Transfer (EFTs) from the enrollee's designated financial institution. Payments may be made on a recurring basis. See [paragraph 4.3](#) for disenrollment information if the appropriate enrollment fee payment is not received.

5.1.4 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 EFTs from the enrollee's designated financial institution (which may include a recurring credit or debit card charge). These are the only acceptable payment methods for the monthly payment option.

5.1.4.1 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. Contractors shall accept payment of the first quarterly installment by personal check, cashier's check, traveler's check, money order, or credit card (e.g., Visa/MasterCard).

5.1.4.2 Contractors shall initiate monthly allotments and EFTs and obtain and verify the information necessary to do so.

5.1.4.3 Contractors shall direct bill the beneficiary only when a problem occurs in initially setting up the allotment or EFT.

5.1.4.4 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 from the paid through date to provide information for a new automated monthly payment method or the option to pay quarterly or annually. Contractors may accept payment by check during this 30 day period in order to preserve the beneficiary's Prime enrollment status.

5.1.4.5 Allotments from retired pay will be coordinated through the contractor with the Defense Finance and Accounting Service (DFAS), U.S. Coast Guard (USCG), or Public Health Service (PHS), as appropriate (see the TSM, [Chapter 1, Section 1.1, paragraph 7.10](#) for Payroll Allotment Interface Requirements).

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

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

5.2 Member Category

The sponsor's member category on the effective date of the initial enrollment, as displayed in the Government furnished web-based enrollment system/application, shall determine the requirement for an enrollment fee.

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

5.3.1 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.

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

Example: A contractor shall collect the individual enrollment fee for an URFS's enrollment under the URFS's own SSN. The contractor shall 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.

5.4 TRICARE Prime Fee Waiver

Each Prime enrolled beneficiary, regardless of age, 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 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 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.

5.5 Survivors of Active Duty Deceased Sponsors and Medically Retired Uniformed Services Members and their Dependents

Effective Fiscal Year (FY) 2012, beneficiaries who are (1) survivors of active duty deceased sponsors, or (2) medically retired Uniformed Services members and their dependents, shall have their Prime enrollment fees frozen at the rate in effect when classified and enrolled in a fee paying Prime plan. (This does not include TRICARE Young Adult (TYA) plans). Beneficiaries in these two categories who were enrolled in FY 2011 will continue paying the FY 2011 rate. The beneficiaries who become eligible in either category and enrolled during FY 2012, or in any future fiscal year, shall have their fee frozen at the rate in effect at the time of enrollment in Prime. The fees for these beneficiaries shall remain frozen as long as at least one family member remains enrolled in Prime. The fee for the dependent(s) of a medically retired Uniformed Services member will not change if the dependent(s) is later re-classified a survivor.

5.6 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.

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

5.6.2 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. DEERS will calculate the paid-through dates based on DEERS data and the enrollment fee amount collected and entered into DEERS by the contractor. Reference the TPM, [Chapter 10, Section 3.1](#).

5.7 Overpayment Of Enrollment Fees

5.7.1 Contractors shall update DEERS with the enrollment fee amount collected and DEERS will calculate the paid-through date and notify the contractor. DEERS will only extend the paid-through date to cover the current enrollment year, plus two future fiscal years. DEERS will store amounts that cannot cover one month's fees or amounts that extend the paid-through date beyond two fiscal years in the future as a credit. Funds applied that would move the paid-through date beyond the policy end date are stored as a credit. (The exception is when Prime policies end mid-month; DEERS will set a paid-through date to the end of that month.) Also, if there is a 100% fee waiver with an end date that exceeds more than two fiscal years beyond the current enrollment year, the paid period can extend beyond the two fiscal years and any fee amounts sent to DEERS will be applied as a credit. The contractor shall refund any credit of \$1 or more on a current enrollment that extends beyond two fiscal years. The contractor shall update DEERS with any fee amount refunded within 30 calendar days. The contractor shall include an explanation for the premium refund.

5.7.2 The following reports will be provided to the contractor by DEERS on a monthly basis to assist with identifying and correcting enrollment fee discrepancies. The contractor responsible for a beneficiary's current enrollment shall resolve any over/under payments. For split enrollments, the reports will use the billing hierarchy to determine the responsible contractor.

- Current policies that are two months past due (paid period end date more than two months in the past).
- Any policies where the paid period end date exceeds the policy end date.
- Policies where the paid period end date meets the policy end date but a credit exists.
- Terminated policies where the paid period end date does not meet the policy end date.

5.7.3 Contractors shall analyze and correct all report accounts within 30 days of the report's availability. Contractors shall correct any data inaccuracies in the enrollment fee reporting system to include the refunding of enrollment fees in excess of what is due, if necessary. Contractors shall update DEERS with any enrollment fee amounts refunded within 30 calendar days and notify DHA as specified above.

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

6.1 When family members of E-1 through E-4 reside within a 30 minute drive time of an MTF/eMSM offering TRICARE Prime, the family members will be encouraged to enroll in TRICARE Prime by enrolling entity (Government or contractor). Upon enrollment, they will choose or be assigned a PCM located in the MTF/eMSM. The choice of whether to enroll or to decline enrollment in TRICARE Prime 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.

6.2 Enrollment processing and allowance of civilian PCM assignments shall be in accordance with the Memorandum of Understanding between the contractor and the MTF/eMSM.

6.3 The primary means of identification and subsequent referral for enrollment shall occur during in-processing to the installation. Non-enrolled E-4 and below families may also be referred to the

contractor's call center, by Commanders, First Sergeants/Sergeants Major, Supervisors, Family Support Centers, and others.

6.4 Contractor call center representatives and those giving beneficiary education briefings shall 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/eMSM PCM, to select a civilian PCM if permitted by applicable MOU, or to decline enrollment in TRICARE Prime.

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

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

6.7 Contractors shall not 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.

7.0 TRICARE ELIGIBILITY CHANGES/REFUNDS OF FEES

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

7.2 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 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. DEERS will calculate the paid-through date based on the enrollment fee amount collected and entered into DEERS by the contractor, which in this circumstance, should cover the period of the beneficiary's eligibility. The contractor shall refund any overpayment of \$1 or more that DEERS does not use to extend the paid-through date to the policy end date (or the last day of the month in which a Prime policy ends). The contractor shall include an explanation to the beneficiary for the fee refund. The contractor shall update DEERS with any fee amount refunded within 30 calendar days.

7.3 Contractors shall refund the unused portion of the TRICARE Prime enrollment fee to retired TRICARE Prime enrollees who have been recalled to active duty, and their families who have been recalled to active duty. The contractor shall include an explanation to the beneficiary for the fee refund. Contractors shall calculate the refund using monthly prorating, and shall report such refunds to DEERS

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within 30 calendar days. 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.

7.4 Contractors shall refund enrollment fees for deceased enrollees upon receiving a written request along with a copy of the death certificate, from the remaining enrollee or the executor of the decedent's estate. The contractor shall include an explanation for the fee refund to the beneficiary. Refunds 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. Contractors shall update DEERS with any amount refunded within 30 calendar days.

7.5 Contractors 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.

7.5.1 The contractor shall issue refunds to these beneficiaries upon receiving (1) a written request from the beneficiary (that includes a copy of their Medicare card) and either confirming their Part B enrollment in DEERS or in a previous Government furnished policy notification, or (2) upon receipt of an unsolicited Government furnished policy notification noting a beneficiary's fee waiver update based on the Part B enrollment. DEERS generates a Government furnished policy notification when the Centers for Medicare and Medicaid Services (CMS) sends DEERS data indicating a Part B enrollment or disenrollment. Refunds are required for all payments that extend beyond the date the enrollee has Medicare Part B coverage, as calculated by DEERS. The contractor shall update DEERS with any amount refunded within 30 calendar days. The contractor shall include an explanation to the beneficiary for the fee refund. If the fee waiver is a 100% waiver of the Prime enrollment fee, the contractor shall send a refund to the beneficiary. If the fee waiver is a 50% waiver of the Prime enrollment fee, DEERS will automatically calculate the overpayment and extend the paid through date for the policy. A refund may not be required unless a credit remains when the policy is paid in full.

7.5.2 For Prime enrollees who become Medicare eligible and who maintain Medicare Part B coverage, refunds are required for overpayments occurring on and after the start of health care delivery. The contractor shall utilize the Government furnished policy notifications received indicating a fee waiver based on Medicare to substantiate any claim of overpayment.

7.5.3 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.)

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7.5.4 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.

7.6 Refunds shall be drawn from the contractor's enrollment fee account and reported to the Government in accordance with the requirements specified above.

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

8.0 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 Service members, have been injured or became 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:

- Service members must be enrolled to TRICARE Prime 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/eMSM, 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, TPR, 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 Service Member".

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

8.1.1 Service defined eligible Service members 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 will coordinate with the MTF/eMSM to facilitate TRICARE Prime PCM assignments for WII 415 members. The contractor shall assign a PCM in accordance with the MTF/eMSM 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.

8.1.2 The Service-specific WII entity will stamp the front page of the DD Form 2876, enrollment application form, with WII 415. The enrollment form will then be sent to the appropriate contractor who shall perform the enrollment in the Government furnished web-based enrollment system/application and include the following information:

- WII 415 HCDP Plan Coverage Code
- WII 415 Enrollment Start Date (Contractors may change the Government furnished web-based enrollment system/application defaulted start date, which may or may not coincide with the Prime Enrollment Start Date. The start date may be changed up to 289 days in the past or 90 days into the future.)

8.1.3 WII 415 enrollments shall be in conjunction with an MTF/eMSM enrollment only, not to civilian network PCMs under TPR enrollment rules. DEERS shall end WII 415 enrollments upon loss of member's active duty eligibility. WII 415 program enrollments shall not be portable across programs or regions. The TOP contractor shall enter WII 415 enrollments through the Government furnished web-based enrollment system/application for outside the 50 United States (U.S.) and the District of Columbia.

8.1.4 The contractor 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 unsolicited Government furnished policy notifications resend.
- Modify begin date.
- Modify end date.

8.2 WII 416 - Wounded, Ill, And Injured - Community Care Units (CCUs)

8.2.1 Service defined eligible Service members may be assigned to a WII 416 Program such as the Army's CCU 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

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with the contractor or MTF/eMSM to facilitate TRICARE Prime or TPR PCM assignments for eligible beneficiaries. The contractor shall assign a PCM based on the MTF/eMSM MOU and in coordination with the WII entity (e.g., CCU). WII 416 enrollments will not run in conjunction with TAMP.

8.2.2 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 contractor receives the signed enrollment form. A signed enrollment application includes those with an original signature, or an electronic signature offered by and collected by the contractor. The enrollment form will then be sent to the appropriate contractor who shall perform the enrollment in the Government furnished web-based enrollment system/application 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 may be up to 289 days in the past, or 90 days in the future.)

8.2.3 WII 416 enrollments must be in conjunction with an MTF/eMSM, 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 are not portable across programs or regions.

8.2.4 The contractor 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 Government furnished policy notification resend.
- Modify begin date.
- Modify end date.

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

9.1 Non-active duty beneficiaries in the Continental United States (CONUS) and Hawaii who reside more than 30 minutes travel time from their desired PCM but less than 100 miles must waive primary and specialty drive-time ATC standards if they wish to enroll in TRICARE Prime. (Due to the unique health care delivery challenges in Alaska, the requirement to request a waiver for the drive-time access standard does not apply to beneficiaries in Alaska.) Before effecting an enrollment or portability transfer request, contractors shall ensure that a beneficiary has waived travel time ATC standards either by checking the Drive Time Waiver box in Section V of the DD Form 2876 enrollment application (this includes an electronic signature offered by and collected by the contractor), by providing verbal consent via telephone communication (which shall be documented in the contractor call notes), or by requesting enrollment through the Government furnished web-based self-service enrollment system/application (for both civilian and MTF/eMSM PCMs). An approved waiver for a beneficiary residing less

than 100 miles but more than 30 minutes from their PCM will remain in effect until the beneficiary changes residence.

9.2 The contractor must estimate the travel time or distance between a beneficiary's residence to a PCM (either a civilian PCM or an MTF/eMSM) 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/eMSMs). It is not acceptable to use a geographic substitute, such as a geographic centroid.

9.3 The contractor (in conjunction with MTFs/eMSMs for MTF/eMSM enrollees) shall provide beneficiary drive-time waiver education and 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/eMSM enrollees, by another MTF/eMSM provider).
- They should consider whether any delay in accessing their enrollment site might aggravate their health status or delay receiving timely medical treatment.

9.4 Beneficiaries, enrolling in TRICARE Prime or TPR, may apply to enroll in a Region other than their home of residence region. Beneficiaries shall apply to the region where the desired PCM is located. All TRICARE Prime and TPR enrollment policies apply, i.e., PCM selection, utilization, referrals and TPR eligibility. An access to care drive-time waiver is required. Examples of applicable policies are: the beneficiary must live within 100 miles of an available PCM located in a PSA and must obtain all care from or as referred by their PCM.

9.5 MTF/eMSM Enrollees

9.5.1 Non-active duty beneficiaries must reside within 30 minutes travel time from an MTF/eMSM to which they desire to enroll. If a beneficiary desiring enrollment resides more than 30 minutes (but less than 100 miles) from the MTF/eMSM, they may be enrolled so long as they waive primary and specialty ATC standards and the MTF Commander/eMSM Manager, or designee, approves the enrollment. (If the MOU includes zip codes or drive-time distances for which the MTF/eMSM is willing to accept enrollments that are beyond a 30 minute drive, this constitutes approval. See [32 CFR 199.17](#) for information on access standards. If not addressed in the MOU, the contractor shall submit each request to the MTF Commander/eMSM Manager, or designee, in a method that is outlined in the MOU.) The Director, TROs may approve waiver requests from beneficiaries who desire to enroll to an MTF/eMSM and who reside 100 miles or more from the MTF/eMSM. In these cases, the MTF Commander/eMSM Manager must also be agreeable to the enrollment and have sufficient capacity and capability.

9.5.2 If the contractor determines that the beneficiary resides 100 miles or more from the MTF/eMSM to which they are enrolled, and there is no 100 mile waiver on file, the contractor shall inform the

beneficiary that they are no longer eligible for Prime enrollment. Any notice to a beneficiary advising them they are not eligible for re-enrollment to an MTF/eMSM, shall include information on any alternative options for enrollment. The notice shall also advise the beneficiary of the option to participate in TRICARE Standard, Extra, or the USFHP where available.

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

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

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

9.5.3.2 There may be zip codes and/or distances for which the MTF Commander/eMSM Manager 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/eMSM, the contractor need not compute the travel time for that applicant.

9.5.3.3 In determining whether or not the MTF Commander/eMSM Manager will consider a request for enrollment beyond 100 miles, the MTF Commander/eMSM Manager may use zip codes to designate those areas where he/she will consider requests or will not consider requests.

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

9.5.4.1 The MTF Commander/eMSM Manager will notify the Director, TROs of their desire to enroll a beneficiary who resides 100 miles or greater from the MTF/eMSM and request approval for the enrollment. The Director, TROs will make a determination on whether or not to approve or deny the request and notify the MTF Commander/eMSM Manager of his decision by a mutually agreeable method. The MTF Commander/eMSM Manager is responsible for notifying the contractor of all approved enrollment requests for beneficiaries who reside 100 miles or greater from the MTF/eMSM. The contractor shall notify the beneficiary of the final decision.

9.5.4.2 Approved waivers for beneficiaries residing 100 miles or more from the MTF/eMSM shall remain in effect until the beneficiary changes residence or unless the MTF Commander/eMSM Manager determines that they will no longer allow these enrollments. Even if a beneficiary has previously waived travel time standards, any MTF Commander/eMSM Manager 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/eMSM 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/eMSM. Prior to notification, the contractor shall obtain the rationale for the change from the MTF/eMSM to include in the notice to the beneficiary. The proposed notice shall be reviewed and concurred on by the Director, TROs prior to being sent to the impacted beneficiaries. (The TRO will coordinate notices with the DHA Communications prior to approval.)

9.5.5 At any time during the enrollment period, if the contractor determines there is no signed travel time waiver on file for a current MTF/eMSM enrollee who resides more than 30 minutes from the MTF/eMSM, the contractor shall, at the next annual TRICARE Prime renewal point, require the beneficiary to waive the primary and specialty care travel 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 the DHA Communications 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/eMSM, shall include information on any alternative options for enrollment. The notice must also advise the beneficiary of the option to participate in TRICARE Standard, Extra, or the USFHP where available.

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

9.6 Civilian PCMs

9.6.1 Within a PSA, the contractors' civilian network shall 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 if beneficiary waives travel time access standards. (Also, see [Chapter 5, Section 1](#).)

9.6.2 Outside a PSA, 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.

9.6.2.1 ADFMs (Including ADFM TYA Prime Enrollees) Residing Outside A PSA

ADFMs (including ADFM TYA Prime enrollees) enrolled in TRICARE Prime and who reside outside of a T-3 PSA on September 30, 2013, will be grandfathered in TRICARE Prime starting October 1,

2013. They will remain enrolled in TRICARE Prime as long as they reside within 40 miles of the residence where they were originally granted grandfathered status and maintain eligibility as ADFMs. The contractors must continue to have a PCM available for these beneficiaries and ensure all claims and benefits are administered as TRICARE Prime. ADFMs shall remain enrolled in TPRADFM, as appropriate. The contractors will manage the grandfathered ADFMs as stated in this chapter.

9.6.2.2 Terms Of Grandfathered Status

The ADFM must maintain a residence within 40 miles of the residence where they were originally granted grandfathered status in order to retain grandfathered status. Grandfathered ADFMs must be assigned a PCM. Grandfathered ADFMs may add or terminate enrollment of dependents like any other ADFM (marriage, birth, adoption, divorce, etc.). Dependents may live in a separate residence outside a T-3 PSA and still be grandfathered.

9.6.2.3 Grandfathered ADFMs lose their grandfathered status when they are:

- No longer TRICARE eligible;
- No longer residing within 40 miles of the residence where they were originally granted grandfathered status; or
- Change to retired status.

9.6.3 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.

10.0 REPORTS

The contractor shall provide monthly Service member enrollment and beneficiary services reports according to the Contract Data Requirements List (CDRL).

- END -