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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 125
6010.54-M
JULY 28, 2010**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

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

CHANGE TITLE: UPDATE OF CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)
PREMIUM RATES

CONREQ: 15039

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change provides an update of CHCBP premium rates.

EFFECTIVE DATE: October 1, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.


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Chief, Medical Benefits and
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ATTACHMENT(S): 4 PAGE(S)
DISTRIBUTION: 6010.54-M

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CHAPTER 10

Section 4.1, pages 11 - 14

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FIGURE 10-4.1-1 CHCBP IMPLEMENTING INSTRUCTIONS (CONTINUED)

For any other situations in which an individual loses military coverage and may potentially be eligible for CHCBP, the contractor shall request such other information as it needs to verify eligibility.

If during the eligibility verification process the contractor determines the applicant is not eligible to enroll due to an ineligible response from DEERS (i.e., no history segments or record of previous DoD entitlement) or failure of the applicant to provide the documentation that the contractor has requested to verify eligibility for CHCBP, the contractor shall deny the enrollment and promptly notify the applicant in writing of the reason for the denial.

2. Enrollment and Premiums.

2.a. CHCBP Enrollment Period.

There is a 60-day enrollment period for CHCBP. The contractor shall deny any enrollment requests it receives after the 60-day period.

The start-date of the enrollment period begins the later of (1) the day following the end date of the beneficiary's eligibility for military health care benefits (to include TAMP), or (2) the date that the beneficiary was notified of the CHCBP. The contractor shall apply the following business rules when determining the start of the 60-day enrollment period.

2.a.1. Service Members & Their Families and Children Losing Military Coverage:

The contractor shall use the day following the end date of military coverage for separating service members and their families and for children who lose military coverage. The reason for this is because the government routinely notifies these categories of beneficiaries of the CHCBP prior to their loss of military coverage (active duty members are notified of the CHCBP during outprocessing; children who lose military coverage are notified by the Defense Manpower Data Center (DMDC) in writing of the availability of the CHCBP). However, if the active duty sponsor or the adult child advises the contractor that he/she was not notified of this program and submits documentation to support their position, the contractor shall establish the start-date of the 60-day enrollment period as the date that the applicant received notification of the program.

2.a.2. Unremarried Former Spouses:

As there is no formal mechanism established to promptly identify unremarried former spouses that may qualify for this program, the contractor shall presume that an application for enrollment by an unremarried former spouse was received within the 60-day enrollment period of an unremarried former spouse's first being notified of CHCBP.

2.b. Enrollment Categories.

CHCBP provides two enrollment categories and premiums. Individual coverage is available to the service sponsor, an unremarried former spouse and an adult child. Family coverage is only available to the service member and his/her dependents. For family coverage, the dependents cannot be enrolled unless the sponsor also enrolls.

FIGURE 10-4.1-1 CHCBP IMPLEMENTING INSTRUCTIONS (CONTINUED)

2.c. CHCBP Enrollment Application.

The contractor shall use DD Form 2837 as the application form for CHCBP enrollments. The form is located at web site: <http://www.dior.whs.mil/icdhome/forms.htm>. No later than six months prior to the start work date of the contract, the contractor shall provide the Contracting Officer's Representative (COR) with the mailing address and toll-free telephone number that the contractor wants printed on the CHCBP enrollment application form. The government will then reissue the DD Form with the applicable information from the contractor. Should DD Form 2837 be revised or renumbered in the future, the contractor is required to use any subsequent government issued form for CHCBP enrollment applications.

2.d. Dates of Coverage & Premiums Payments Required to Process Enrollment Requests.

A CHCBP enrollee may not select his/her effective dates of coverage. Coverage will begin the day following the later of (1) the beneficiary's loss of military coverage or (2) the date that individual was notified of CHCBP. Enrollment will end the last date for which premium was received.

Due to the nature of this program and the documentation requirements for enrollment, most enrollments will be retroactive; however, there will be some enrollments that will be prospective. Prospective enrollments must be accompanied by premium payment for one quarter. Retroactive enrollments must be accompanied by full premium payment retroactive to the effective date of coverage through the quarter in which the individual is applying.

The following are examples of the premium required for retroactive and prospective enrollments:

	<u>Military Benefits End</u>	<u>Application Received</u>	<u>Quarters of Premium Due</u>	<u>CHCBP Coverage Begins</u>
Example 1:	10/01/10	11/15/10	1 quarter	10/02/10
Example 2:	09/15/10	02/10/11	2 quarters	09/16/10
Example 3:	01/01/10	05/01/11	6 quarters	01/02/10
Example 4:	11/05/10	10/01/10	1 quarter	11/06/10
Example 5:	03/01/11	11/01/10	1 quarter	03/02/11

2.e. CHCBP Premium Rates.

The amount of the CHCBP premiums to be charged shall be established by the government **and may be adjusted annually.**

CHCBP Quarterly Premiums Rates

<u>Effective Dates</u>	<u>Individual Coverage</u>	<u>Family Coverage</u>
May 1, 1997 to September 30, 2010	\$933	\$1,996
October 1, 2010	\$988	\$2,213

For government directed premium changes, the contractor shall begin charging the new quarterly premiums on or after the new effective date.

FIGURE 10-4.1-1 CHCBP IMPLEMENTING INSTRUCTIONS (CONTINUED)

Upon receipt of new rates from the government, the contractor shall issue a written notice to the enrollee of the changes in premium amounts, to include the effective date of the change.

When qualifying events occur that would change the sponsor from individual to family coverage (see the TRICARE Policy Manual), the CHCBP coverage and premiums shall be changed from individual to family effective with the date of the qualifying event. The rates must also be changed when the sponsor changes from family to individual coverage. The contractor shall issue a written notice to the enrollee of the changes in the enrollment category and premium amount, to include the effective date of the changes.

2.f. Form of Payment.

Checks, money orders, or credit cards are an allowable form of payment for CHCBP beneficiaries to use in paying their premium. The contractor may propose for the government's consideration any additional CHCBP payment mechanisms, to include electronic processes for premium payments and enrollment processes. Such proposed electronic processes must maintain the integrity of the enrollment processes which includes important documentation the applicant is required to submit to validate their eligibility for enrollment in CHCBP.

The contractor must as a minimum accept VISA and MasterCard for credit card payments. The contractor may, but is not required to, accept additional nationally recognized major credit cards as a form of premium payment.

The contractor may not accept any CHCBP premiums that have been submitted by, or on behalf, of a health care provider for any enrollee other than (a) the provider him/herself and (b) a member of the provider's immediate family. Should the contractor receive a provider submitted payment, the contractor shall return the payment to the provider with a written notice. The contractor shall also mail a copy of that notice to the enrollee. The notice shall advise the provider and enrollee that the contract prohibits the acceptance of any premium payments that are made by any health care providers. The contractor shall also submit a package of information to the TMA Program Integrity Office to include the following documentation: copy of contractor's notification to the provider, copy of front and back of premium (money order or check), originals of all documentation submitted by the provider (to include mailing envelope), documentation of all conversations and communications that the contractor had with the provider on the subject of paying premiums, and any other information that the contractor has in its files or records concerning the provider that might be of assistance in government follow-up action on this issue.

FIGURE 10-4.1-1 CHCBP IMPLEMENTING INSTRUCTIONS (CONTINUED)

2.g. Insufficient Funds.

In the case of insufficient funds, the contractor shall promptly issue a written notice to the applicant (for initial enrollments) or enrollee (in the case of renewal enrollments). The notice shall advise the applicant or enrollee of the insufficient funds payment, the amount of the premium due, and the date by which a valid premium must be received by the contractor. For initial enrollment requests, the notice shall also advise the beneficiary that if premium payment is not received in full by the due date (the last day of the 60-day enrollment period), the applicant will not be enrolled in CHCBP. For renewals, the notice shall advise the enrollee that if the contractor does not receive valid payment in full within 30 days of the date of the contractor's letter, that the enrollee will be disenrolled from CHCBP. That notice shall also provide the effective date of disenrollment if payment is not received. If the premium payment has not been received by the contractor within the specified timeframe, the contractor shall promptly disenroll the beneficiary from CHCBP and DEERS, and issue a written notice to the beneficiary confirming the disenrollment.

2.h. Refunds.

Premiums may be refunded if the applicant is no longer eligible for enrollment, i.e., beneficiary goes on active duty; ex-spouse remarries; adult child becomes an active duty service member; death of beneficiary; prospective member who has prepaid premium but fails to provide required eligibility documentation; and sponsor change in enrollment from family to individual coverage. When refunds are appropriate, the contractor shall prorate the refund from the date of loss of eligibility for program benefits through the end coverage date for which the premium was paid.

2.i. Length of CHCBP Coverage.

Once enrolled, the length of an enrollee's CHCBP coverage varies according to the category of individual: a) former service members and their dependents: up to 18 months; b) unremarried former spouses: up to 36 months unless the former spouse meets the criteria for continued coverage beyond the 36 months in which case they can receive an unlimited coverage period (see criteria below); c) a person who ceases to meet the requirements for being considered an unmarried dependent child of a member or former member of the Uniformed Services: up to 36 months; and d) unmarried persons placed in legal custody of a member or former member as a result of a court order or by adoption: up to 36 months.

In the case of an unremarried former spouse of a member or former member, whose divorce occurred prior to the end of transitional coverage, the period of coverage under the CHCBP is unlimited, if the criteria in section III.E.1.(C)(12) are met.