CHAPTER 6
SECTION 1

ENROLLMENT PLAN

The contractor shall perform all enrollment through the National Enrollment Database (NED). Refer to the TRICARE Systems Manual (TSM), Chapter 3, for NED guidelines. The contractor, in consultation with all Military Treatment Facility (MTF) Commanders and Regional Directors (RDs) where TRICARE Prime is established, shall develop and implement an enrollment plan. The enrollment plan must address conditions and resources available to each MTF Commander. The plan shall be designed to support contractor enrollment of beneficiaries, to include Active Duty Service Members (ADSMs), on Defense Enrollment Eligibility Reporting System (DEERS) using an automated government-furnished systems application, to inform beneficiaries of the availability of TRICARE Prime, and to facilitate enrollment in the program. The finalized plan shall be submitted through the RD to the Contracting Officer for approval. The contractor shall forward the plan to the appropriate RD not less than 90 calendar days prior to the start of each health care delivery period. The plan shall describe the methods to be used to accomplish the purposes of the enrollment plan and shall establish enrollment goals. The plan shall provide for continuous open enrollment and for disenrollment as described in the TRICARE Policy Manual (TPM), Chapter 10, Sections 2.1 and 3.1. 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 ADSM or Active Duty Family Member (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 the TPM, Chapter 10, Section 2.1, paragraph A.* Defense Manpower Data Center (DMDC)/DEERS shall mail the Universal TRICARE Beneficiary Cards after DMDC receipt of the enrollment record (see TSM, Chapter 3, Section 1.5). 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. Contractors shall automatically re-enroll Prime enrollees who remain eligible for TRICARE Prime enrollment. Payments of the prescribed enrollment fees, either the annual fee or installment payment, must be received no later than the 30th calendar day following the due date for beneficiaries to continue TRICARE Prime enrollment. Refer to the TPM, Chapter 10, Sections 2.1 and 3.1, for enrollment policy. The contractor shall propose a means of enrolling beneficiaries, which may include enrollment by mail. The contractor must demonstrate that mail enrollment provides an opportunity to enroll, especially for beneficiaries living in non-Prime Service Areas (PSAs).

1.0. COMPLIANCE WITH ENROLLMENT PROTOCOLS

The contractor shall record all Prime enrollments on the DEERS using the government-furnished systems application from a centralized contractor data entry point. The contractor shall enroll or re-enroll only those beneficiaries, to include ADSMs, who are

shown as eligible on DEERS. The contractor shall comply with the following enrollment protocols.

2.0. FREEDOM OF CHOICE

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.

3.0. ASSIGNMENT OF PRIMARY CARE MANAGER (PCM)

All Direct Care TRICARE Prime enrollees shall be enrolled to a Department of Defense (DoD) MTF Primary Care Location by the Managed Care Support Contractors (MCSCs). The contractor shall assign the enrollee a PCM by name on the Defense Online Enrollment System (DOES). The MTFs will maintain current listings of Direct Care PCMs that will be made available for the beneficiary's use for the selection or change of a PCM. Direct Care PCM listings will be made available to the MCSCs as determined locally by the MTF or their designee. Upon receipt of an inquiry from a Direct Care enrollee in regards to the person's assigned PCM, the MCSC shall refer the beneficiary to the appropriate local MTF to which the beneficiary is enrolled. In the case of civilian Network enrollees, the MCSCs will enter PCM assignment information as part of the enrollment submission. The contractor shall comply with the MTF Commander's specifications for which enrollees or categories of enrollees residing within the MTF's PSA shall be assigned a Direct Care Primary Care Location or choice of civilian Network PCM (e.g., an MTF Commander may designate that all beneficiaries with sponsors in the grade of E-1 through E-4 shall be assigned to an MTF Primary Care Location). The contractor shall enroll TRICARE Prime beneficiaries to the MTF until the capacity is optimized in accordance with the MTF Commander's determinations, and all other TRICARE Prime beneficiaries to the contractor's network. An exception to this general principle is that when a family member of a sponsor E-1 through E-4 requests a PCM in the MTF, and the MTF offers TRICARE Prime, they must be assigned an MTF PCM unless capacity has been reached. DMDC will provide beneficiary notification of PCM assignments for new enrollments, enrollment transfers, replacement of TRICARE Universal Beneficiary Cards, and for PCM changes (see TSM, Chapter 3, Section 1.5).

3.1. The MCSC shall perform PCM assignment at the time of enrollment for the Direct Care system. The contractor is responsible for determining the appropriate enrollment Defense Medical Information System Identification (DMIS ID) based on Memorandum Of Understanding (MOU), access standards and/or other specific government guidance. DOES will only display PCMs with available capacity. The contractor will attempt to enroll the beneficiary to the PCM by name preference taken from the enrollment form if capacity is available. If the preferred PCM is not available, the contractor will use the default PCM for that DMIS. 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 the enrolled DMIS. If there is no Direct Care PCM available in an assigned DMIS/MTF, non-active duty beneficiaries will be enrolled to a civilian PCM. If there is no PCM capacity in the MTF for an ADSM, then the MCSC will contact the MTF for instructions.

3.1.1. Approximately one half of the Direct Care PCMs rotate or move each year. This will require the contractor to move the enrollee panels associated with those PCMs. Through a government-provided application, batch PCM reassignment moves will be accomplished based on parameters determined by the MTF. Those parameters include:

- 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

The contractor will perform Direct Care PCM reassignment moves within three working days of the effective date of the PCM's reassignment.

4.0. ENROLLMENT BY INDIVIDUAL OR FAMILY UNIT

Enrollment shall be on an individual or family basis. For newborns and adoptees see the TPM, Chapter 10, Section 3.1.

5.0. ENROLLMENT PROCESSING

In accordance with the agreement with the MTF Commander and the appropriate RD and the provisions in the RD Requirements, the contractor shall be responsible for enrollment processing and for coordinating enrollment processing with the MTF, the appropriate RD, and DEERS. The contractor shall enter enrollments into DEERS using the government-furnished systems application. The contractor shall perform the following specific functions related to enrollment processing:

5.1. The contractor shall collect PSA enrollment applications at the TRICARE Service Centers (TSCs) or other sites mutually agreed to by the contractor, RD, and the MTF Commander, or by mail. The contractor shall collect non-PSA enrollment applications by mail or other means determined by the contractor.

5.2. Family members of active duty E-1 through E-4 who reside within the PSA of a military medical treatment facility and who are not already enrolled in TRICARE Prime shall be encouraged to enroll upon in-processing or when otherwise identified as a candidate for enrollment in accordance with the provisions of paragraph 10.0.

5.3. At the time of enrollment processing, the contractor shall access DEERS to verify eligibility of enrollees 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. *If the contractor uses DEERS to determine an address and it is determined that the mailing address is invalid, it shall not be used. Invalid addresses are noted by an updated Mail Delivery Quality Code (MDQC), which indicates that mail is undeliverable to that address. See the TSM, Chapter 3, Section 1.5, paragraph 1.3.1., Addresses.* 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 1.5. 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 by telephone within five calendar days outlining the discrepant information and requesting that the beneficiary contact their military personnel information office.

5.4. The contractor shall electronically submit to DEERS updated records of enrollees and disenrollees using the government-furnished systems application DOES. MCSCs shall utilize DOES to correct system level Primary Care Information Transfer (PIT) enrollment data discrepancies (i.e., missing data), when PIT data discrepancies are communicated to the MCSC.

6.0. ENROLLMENT APPLICATIONS

The TRICARE Prime Enrollment Application and PCM Change Form (one combined form) and the TRICARE Prime Disenrollment Form will be provided by the government to the contractor via the DoD web site. The government will review and consider recommended changes and modifications to these forms from the contractors annually during a designated review cycle. The government will provide notification to the contractors at least 30 days prior to the beginning of the review period.

7.0. ENROLLMENT PERIOD

7.1. Effective Date Of Enrollment

Enrollment may occur any time during the contract period; however, all new enrollment periods shall coincide with the fiscal year. The incoming contractor shall inherit enrollments at transition that were established based on an enrollment year period. The incoming contractor shall align these enrollments to the fiscal year upon renewal of the enrollment period. 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. All other enrollment periods shall begin on the first day of the month following the month in which the enrollment application and 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. 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.

7.2. Enrollment Expiration

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 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 the various payment options: annual, quarterly or monthly. The contractor shall issue a delinquency notice to the appropriate individual 15 calendar days after the expiration date. The contractor shall automatically renew enrollments upon expiration unless the enrollee declines renewal, is no longer eligible for Prime enrollment, or fails to pay the enrollment fee on a timely basis, including any grace period allowed. The contractor shall allow a 30 calendar day grace period beginning the first day following the last day of the enrollment period. If the enrollee requests disenrollment during this grace period, the contractor shall disenroll the beneficiary effective retroactive to the enrollment period expiration date. The contractor may pend claims during the grace period to avoid the need to recoup overpayments. 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. DMDC sends written notification to the beneficiary of the disenrollment and the reason for the disenrollment within five business days of the disenrollment transaction.

7.3. Disenrollment

The contractor shall automatically disenroll beneficiaries when an enrollment fee payment, either the entire annual amount or an installment payment, is not received by the 30th calendar day following the annual expiration date or the due date for the installment payment. After the 30th calendar day, the contractor shall disenroll the beneficiaries with a disenrollment effective date retroactive to the annual renewal date or the payment due date, whichever applies. Prior to processing a disenrollment with a reason of "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 MCSC confirms that the payment amounts match, the disenrollment may be entered in DOES. The disenrolled beneficiary will be responsible for the deductible and cost-shares applicable under TRICARE Extra or Standard (depending on the provider's status) 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.

7.4. Enrollment Lockout

7.4.1. 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 the TPM, Chapter 10, Section 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.

7.4.2. 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.)

7.4.3. 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.

8.0. ENROLLMENT FEES

8.1. General

The contractor shall collect the enrollment fee payment from the TRICARE Prime enrollee, and report enrollment fees to DEERS (see the TSM, Chapter 3). The Prime enrollee shall select one of the three payment fee options on the Prime Enrollment Application Form:

8.1.1. Annual Payment Fee Option

Annual installment will be collected in one lump sum. For initial enrollments and re-enrollments that are not yet aligned to the fiscal year, the contractor shall prorate the fee from the enrollment date to September 30. The contractor shall accept payment of the annual enrollment fee by personal check, cashier's check, traveler's check, money order or credit card (e.g., Visa/MasterCard).

8.1.2. Quarterly Payment Fee Option

Quarterly installments are equal to one-fourth (¼) of the total annual fee amount. For initial enrollments and re-enrollments that are not yet aligned to the fiscal year, the contractor shall prorate the quarterly fee to covering the period until the next fiscal year quarter (e.g., January 1, April 1, July 1, October 1) and collect quarterly fees thereafter through September 30. The contractor shall accept payment of the quarterly enrollment fee by personal check, cashier's check, traveler's check, money order or credit card (e.g., Visa/ MasterCard).

8.1.3. 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 allotment from retirement pay or through Electronic Funds Transfer (EFT) from the enrollee's designated financial institution.

8.1.3.1. Enrollees who elect the monthly fee payment option must pay the first quarter installment (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).

8.1.3.2. The contractor shall be responsible for verifying the information necessary to initiate monthly allotments and EFTs.

8.1.3.3. The contractor shall direct bill the beneficiary only when a problem occurs in initially setting up the allotment or EFT. In the event that there are insufficient funds to process a monthly EFT, the contractor may assess the account holder a fee of up to 20 U.S. dollars.

8.1.3.4. 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 8.10. for Payroll Allotment Interface Requirements). The contractor shall process all allotment requests submitted by beneficiaries.

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

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

NOTE: During the enrollment year to fiscal year alignment process, (which occurs upon an initial enrollment or upon the first re-enrollment performed by the MCSC) enrollment fees will be prorated to the end of the current fiscal year (September 30th). The next enrollment period will begin on October 1st. At that point, the enrollment year is considered aligned with the fiscal year.

8.2. 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.

NOTE: Unremarried *F*ormer *S*pouses *(URFSs)* became sponsors in their own right as of October 1, 2003. However, although sponsors in their own right, they cannot "sponsor" any family members, including children. Enrolled *URFSs* must pay an annual individual enrollment fee. Children of *URFSs* residing with the *URFS*, and whose eligibility for benefits

is based on the ex-spouse (former sponsor) are identified under the ex-spouse's (former sponsor's) on DEERS and the enrollment record for the ex-spouse. A family enrollment fee must be collected and applied under the ex-spouse (former sponsor's) enrollment, in addition to the individual enrollment fee collected for the *URFS*'s enrollment fee. For example, a contractor will collect the annual enrollment fee for an *URFS*, now a sponsor in their own right. The contractor will also collect an annual family enrollment fee for the eligible (as determined by the status of the ex-spouse [former and original sponsor] and not the *URFS*) children living with the *URFS*.

8.3. Overpayment of Enrollment Fees

8.3.1. Prior to October 1, 2012

If enrollment fees are overpaid during the payment of installments during an enrollment year, contractors can maintain a credit of those fees and apply the credit to any outstanding payments due. If credits of the overpayment of enrollment fees are not maintained, contractors are required to refund any overpayments of $1 or more. When TRICARE Prime enrollment changes from a family to an individual prior to annual renewal, the unused portion of the enrollment fee will be prorated on a monthly basis and shall be applied toward a new enrollment period.

8.3.2. On or After October 1, 2012

Effective with enrollment fees that are to be applied on or after October 1, 2012, the contractor shall update DEERS with the 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. Additionally, funds applied that would move the paid through date beyond the policy end date will be 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 in the future, the paid period can extend beyond the two fiscal years and any monies sent to DEERS will be applied as a credit. The contractor shall refund any credits that extend beyond two future fiscal years of $1 or more on a current enrollment. The contractor shall update DEERS with any fee amount refunded within 30 calendar days.

8.4. 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.

8.5. 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 enroll 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 fee 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 shall not change if the dependent(s) is later re-classified a survivor.

8.6. Mid-Month Enrollees

The contractor shall collect any applicable enrollment fee from the mid-month enrollee at the time of enrollment; however there will be no additional enrollment fee collected for the days between the effective enrollment date and the determined enrollment date. The determined enrollment date shall be determined using the existing 20th day of the month rule (e.g., A member submits a request to remain in Prime prior to his retirement date which is May 15th. The effective enrollment date will be May 15th and the determined enrollment date will be June 1st. If the retirement date is May 27th, the effective enrollment date will be May 27th and the determined enrollment date will be July 1st). For enrollments on/after October 1, 2012, DEERS will calculate the paid through dates based on the enrollment fee amount entered in DEERS by the contractor. Reference the TPM, Chapter 10, Section 3.1.

8.7. Monthly Reports (On or After October 1, 2012)

DEERS will report the following on a monthly basis:

- 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

These reports will be provided before the 10th day of each month. The contractor is required to analyze and correct all report 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. For enrollment fee payments effective on or after October 1, 2012, the contractor shall update DEERS with any fee amount refunded within 30 calendar days.

9.0. ENROLLMENT/NETWORK PROVIDER TYPE ASSIGNMENT DURING IN-PROCESSING

9.1. The MCSCs shall provide a process to enroll eligible beneficiaries into TRICARE programs using the TRICARE enrollment form. All TRICARE enrollments shall be performed through the government furnished DEERS application. Enrollment will include designation of a Primary Care Location in accordance with MTF MOUs. The Network Provider Type assignment shall be accomplished based on utilizing a MOU, to be developed between each MTF within their region, appropriate RD and the MCSC, to prescribe the Primary Care Location assignment business rules. Family members of active duty E-1 through E-4 who reside within the PSA of a MTF and who are not already enrolled in TRICARE Prime should be encouraged to enroll upon in-processing or when otherwise identified as a candidate for enrollment in accordance with the provisions of paragraph 10.0.

9.2. The MCSCs shall administer the TRICARE enrollment form, verify accuracy of information and initiate the enrollment process through the DEERS enrollment application.

9.2.1. The equipment needed to run the DEERS desktop enrollment application shall be furnished by the MCSC and shall meet technical specifications in the TSM, Chapter 3.

9.3. The MCSC representative will provide a current Primary Care Location listing to the enrollee during enrollment processing, and will provide guidance to the enrollee related to Primary Care Location selection. The MCSC representative will assign enrollees to Primary Care Locations until maximum capacity is reached. In accordance with approved MTF MOUs, the MTF will provide a listing of Primary Care Locations with associated groups.

9.4. The Defense Manpower Data Center (DMDC) will centrally print the Universal TRICARE Beneficiary Card generated from DMDC/DEERS enrollment data on a regular basis at the intervals and events required under current contract requirements. DMDC will centrally mail all Universal TRICARE Beneficiary Cards directly to the enrollee at the residential mailing address specified on the enrollment application. The return address on the envelope mailed by DMDC will be that of the respective MCS contractor. In the case of receiving returned mail, the MCSC shall develop a process to fulfill the delivery of the Universal TRICARE Beneficiary Card to the enrollee.

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

10.1. Section 712 of the National Defense Authorization Act (NDAA) for FY 1999 modified Chapter 55 of Title 10, United States Code (USC) by adding a new section 1079a which provides for TRICARE Prime enrollment for active duty families of E-1 through E-4 in certain circumstances.

10.2. When family members of E-1 through E-4 reside in a PSA of a military medical treatment facility 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 military medical treatment facility. 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.

10.3. Enrollment processing and allowance of civilian PCM assignments will be in accordance with the MOU between the contractor and the MTF. The completion of an enrollment application is a prerequisite for enrollment of such family members.

10.4. 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 et. al.

10.5. 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 contractor shall inform the family members of the benefits and opportunities that accompany Prime enrollment and will give them the opportunity to select or be assigned an MTF PCM, select a civilian PCM if permitted by applicable MOU, or to decline enrollment in TRICARE Prime. The effective date of enrollment shall be determined by the actual date of the enrollment application and consistent with current TRICARE rules (i.e., the "20th of the month" rule, as applied under the current contract arrangements).

10.6. The education of such potential enrollees shall specifically address the advantages of TRICARE Prime enrollment (e.g., guaranteed access, the support of a PCM, etc.), shall reinforce that enrollment is at no cost for family members of E-1 through E-4, and 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, as applied under the current contract arrangements).

10.7. Eligibility effective dates will be assigned consistently with all other TRICARE Prime enrollment policies, i.e., enrollments received on or before the 20th day of the month will become effective on the first day of the following month, etc. These enrollments and enrollment refusals should not be tracked, or the enrollees identified differently than enrollments initiated through any other process, such as the MCSC's own marketing efforts.

10.8. Enrollment may be terminated at any time upon request of the enrollee, sponsor or other party as appropriate under existing enrollment/disenrollment procedures.

10.9. Contractors are not required to screen every TRICARE claim on an automated basis 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.

11.0. TRICARE ELIGIBILITY CHANGES

11.1. Refer to the TPM, Chapter 10, Section 3.1 for information on changes in eligibility. The contractor shall allow a TRICARE-eligible beneficiary who has less than 12 months of eligibility remaining (for example, a retiree or a family member who is 64 years of age, a TAMP beneficiary, etc.) 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), as allowable under current instructions. 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 entered in 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.

11.2. 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 and report such reimbursements to DEERS within 30 calendar days. *The contractor shall include an explanation to the beneficiary for the fee refund.* Contractors shall calculate the reimbursement using monthly prorating as defined in Appendix A. 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.

11.3. The contractor shall reimburse enrollment fees when a written request with a copy of the death certificate have been received. Reimbursements shall be prorated on a monthly basis. This applies to an individual enrollment and to family enrollments that become individual plans upon the death of one or more family members. For individual enrollments, the contractor will refund remaining enrollment fees when the executor of the estate request reimbursement. For family enrollments, the contractor will make the necessary adjustments to convert the family enrollment to an individual enrollment when notified of the death of one of the two family enrollees. Enrollment fees for family enrollments of three or more members are not impacted upon the death of only one member. *The contractor shall include an explanation to the beneficiary for the fee refund.* The contractor shall update DEERS with any amount refunded within 30 calendar days.

11.4. The contractors shall refund the unused portion of the TRICARE Prime enrollment fee to TRICARE Prime enrollees who become eligible for Medicare Part A based on disability, End Stage Renal Disease (ESRD), or upon attaining age 65 and have Medicare Part B coverage. The contractor shall calculate the refund using monthly prorating as defined in Appendix A. The contractor shall update DEERS with any amount refunded within 30 calendar days.

11.4.1. *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 Policy Notification Transaction (PNT), or (2) upon*

receipt of a PNT noting a beneficiary's fee waiver update based on the Part B enrollment. DEERS generates a PNT 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. Effective October 1, 2012, 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, as appropriate; therefore, a refund may not be required unless a credit remains when the policy is paid in full.

11.4.2. For Prime enrollees who become Medicare eligible and maintain their Medicare Part B coverage, refunds are required for overpayments occurring on and after the start of health care delivery of all MCS contracts whose health care delivery began after March 31, 2004. The contractor shall utilize *DEERS or a previous PNT indicating a fee waiver based on Medicare* to substantiate any claim *for a refund*.

NOTE 1: 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).

NOTE 2: 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.

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

12.0. 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 TRICARE Puerto Rico Contract (TPRC). 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".

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

12.1.1. 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, TRICARE Global Remote Overseas (TGRO), or TPRC are not eligible to enroll in the WII 415.

12.1.2. 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 or TRICARE Area Office (TAO) 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.)

12.1.3. 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. TAOs will enter WII 415 enrollments through DOES for Outside the Continental United States (OCONUS) regions.

12.1.4. 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
- MCSC can request PNT resend
- Modify begin date
- Modify end date

12.1.5. Service WII entities will provide contractors/TAOs 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/TAOs 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.

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

12.2.1. 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, TGRO, or TPRC 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, TGRO, or TPRC 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.

12.2.2. 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 or TAO 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.

12.2.3. WII 416 enrollments can be in conjunction with an MTF, TPR, TGRO, or TPRC 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. TAOs will enter WII 416 enrollments through DOES for OCONUS regions.

12.2.4. 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

12.2.5. Service-specific WII entities will provide contractors/TAOs 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/TAOs 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.

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

13.1. This policy requires that non-active duty beneficiaries in the continental United States (CONUS) and Hawaii who reside more than 30 minutes travel time from a MTF to which they desire to enroll must request waivers of the ATC drive-time standards through an MTF Commander to effect enrollment to that MTF. The Commander (or local designee) may approve waivers only for those who they determine will drive less than 100 miles to the MTF to visit their PCM. The TRO Director may approve waiver request from beneficiaries who desire to enroll to the MTF and who reside 100 miles or more from an MTF only if the MTF Commander (or local designee) wishes to accept the enrollment request based on the MTF's capacity and capabilities.

13.2. Due to the unique health care delivery challenges in Alaska, the requirement to request a waiver of ATC standards for beneficiaries residing in Alaska is waived.

13.3. Enrollment Of Beneficiaries Residing More Than 30 Minutes Travel Time From A MTF

13.3.1. The MCSC shall process all requests for enrollment to an MTF in accordance with the MOU between the MCSC and the MTF.

13.3.2. If a beneficiary residing more than 30 minutes travel time from the MTF has requested enrollment or a portability transfer to the MTF, before effecting the enrollment, the MCSC 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 via the BWE service. For each approved enrollment to an MTF, whether by DD Form 2876 or BWE, the MCSC shall retain the enrollment request in a searchable electronic file until 24 months after the beneficiary is no longer enrolled to the MTF. The MCSC shall provide the retained files to the successor contractor at the end of the final option period.

13.3.2.1. The MCSC shall notify the MTF Commander (or local 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 MCSC shall make any required notification by any mutually agreeable method specified in the MOU. The MCSC shall not make the MTF enrollment effective unless notified by the MTF to do so.

13.3.2.2. The MTF Commander will notify the TRO Director of their desire to enroll a beneficiary who resides more than 100 miles 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 enrollment and notify the MTF Commander of their decision by a mutually agreeable method.

13.3.2.3. To estimate the travel time or distance between a beneficiary's residence and an MTF the MCSC must use at least one web-based mapping program of the MCSC's choosing. The choice of program(s) is at the discretion of the MCSC, but the MCSC must use a consistent process to determine the driving distance for each enrollee applicant who may reside more than 30 minutes travel time from the MTF. In making this determination the MCSC shall compute the time or distance, as applicable, between the enrollee's residence and the MTF. It is not acceptable to use a geographic substitute, such as a zip code centroid. If an enrollee applicant resides within a zip code previously determined to lie entirely within 30 minutes travel time from the MTF, the MCSC need not compute the travel time for that applicant, nor need the distance from the MTF be computed if the residence is in a zip code previously determined to lie entirely beyond 100 miles from the MTF. The MCSC shall compute the travel time or distance if the enrollee applicant resides in a location not included among those identified in the MOU as containing beneficiaries whom the MTF Commander is willing to consider for enrollment.

13.3.2.4. When the enrollment requires the MTF Commander or TRO Director to consider a request for waiver of travel time access standards, the MCSC's contractual requirement for processing timeliness of an enrollment request will begin when MCSC has obtained direction from the MTF Commander about waiver approval or disapproval.

13.3.3. An approved waiver for a beneficiary residing less than 100 miles from the MTF remains in effect until the beneficiary changes residency location.

13.3.4. The MTF Commander, in the MOU, may specify that enrollment of some or all current enrollees who reside 100 or more miles from the MTF, but in the same region, are not to be renewed at the end of the enrollment period, even if they have previously waived the travel time standard. The MOU shall document a rationale, based on the MTFs capacity and capabilities, for disqualification of re-enrollment that is consistent with the priority, by beneficiary category, for enrollment specified in 32 CFR 199.17(c). The MCSC shall inform such beneficiaries no later than two months prior to expiration of the current enrollment period that they are disqualified for renewal of enrollment to the MTF, provide the rationale for this (as documented in the MOUs), and explain that disqualification for re-enrollment is based upon priority, by beneficiary category, for enrollment specified in 32 CFR 199.17(c).

13.3.5. If the MCSC 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 MCSC shall, at the next annual TRICARE Prime enrollment renewal point, require the beneficiary to submit a new DD Form 2876, with the beneficiary's signature in both Sections V and VI. The MCSC will notify the beneficiary of this waiver documentation requirement no later than two months before expiration of the beneficiary's enrollment.

13.3.6. When beneficiary requests are denied for enrollment to an MTF or when a beneficiary is notified that they are disqualified for re-enrollment to an MTF, the MCSC shall inform the beneficiary of alternative options for enrollment. The beneficiary may in lieu of enrollment to the MTF enroll to a different MTF if available within travel time access standards or enroll to a network PCM if they live within a PSA or live outside a PSA with existing excess enrollment capacity and within 100 miles of a network PCM. The beneficiary must also be made aware of the option to participate in TRICARE Extra, TRICARE Standard, or the USFHP where available.

13.3.7. The MCSC shall apprise the MTF Commander (or local designee) of all enrollees to the MTF who have waived their rights to the travel time access standard. The MCSC 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. The notification shall be by any mutually agreeable means specified in the MOU between the MTF Commander and the MCSC.

13.3.8. If the MCSC determines that a beneficiary's residential address, as recorded in the DEERS, is not within the same region as the MTF to which the beneficiary is enrolled and is located outside the MTF PSA, the MCSC shall inform the beneficiary of the discrepant address situation. The MCSC shall not wait for the next annual TRICARE Prime renewal point before contacting the beneficiary. If the beneficiary confirms the DEERS-recorded address is incorrect, the MCSC shall request the beneficiary update DEERS with correct information. If the MCSC determines the beneficiary resides either outside the region in

which the beneficiary is enrolled or more than 100 miles outside the MTF PSA, the MCSC shall inform the beneficiary no later than two months prior to expiration of the current enrollment period that the beneficiary's enrollment will not be renewed in a region in which the beneficiary does not reside. The MCSC shall provide information necessary for the beneficiary to contact the MCSC for the region in which the beneficiary resides to request enrollment in that region.