



DEFENSE  
HEALTH AGENCY

**MB&RO**

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS  
16401 EAST CENTRETECH PARKWAY  
AURORA, CO 80011-9066**

**CHANGE 100  
6010.57-M  
NOVEMBER 20, 2013**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

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

**CHANGE TITLE: ELIMINATION OF WALK-IN CUSTOMER SERVICE AT TRICARE SERVICE CENTERS**

**CONREQ: 16705**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S):** This change eliminates the walk-in customer service provided at the TRICARE Service Centers (TSCs) located within the 50 United States. Due to the unique needs at our overseas installations, walk-in customer service will continue to be offered at all of the TSCs located overseas. No other customer service functions are affected, i.e., education, briefings, and Military Treatment Facility (MTF) Commander hours.

**EFFECTIVE DATE: November 15, 2013.**

**IMPLEMENTATION DATE: Upon direction of the Contracting Officer.**

**This change is made in conjunction with Feb 2008 TOM, Change No. 110.**

**FAZZINI.ANN.NO  
REEN.119980227  
1**

Digitally signed by  
FAZZINI.ANN.NOREEN.1199802271  
DN: c=US, o=U. S. Government,  
ou=DoD, ou=PKI, ou=TMA,  
cn=FAZZINI.ANN.NOREEN.1199802271  
Date: 2013.11.15 08:47:18 -07'00'

**Ann N. Fazzini  
Team Chief, Medical Benefits &  
Reimbursement Office (MB&RO)  
Defense Health Agency (DHA)**

**ATTACHMENT(S): 9 PAGE(S)  
DISTRIBUTION: 6010.57-M**

**WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.**

**CHANGE 100**  
**6010.57-M**  
**NOVEMBER 20, 2013**

**REMOVE PAGE(S)**

**CHAPTER 7**

Section 24.1, pages 3 and 4

**CHAPTER 10**

Section 4.1, pages 5 and 6

Section 9.1, pages 1 and 2

**APPENDIX A**

pages 31 through 33

**INSERT PAGE(S)**

Section 24.1, pages 3 and 4

Section 4.1, pages 5 and 6

Section 9.1, pages 1 and 2

pages 31 through 33

for approval of treatment in Cancer Center Studies which are not otherwise sponsored through the CTEP program, NCI cooperative groups, or NCI grants.

**3.2.3** Certain protocols listed in the PDQ may not be clearly identified in terms of NCI sponsorship. Clinical trials conducted as part of an NCI grant, or those identified with a "V" number, must be verified for NCI sponsorship with the NCI project officer. Physicians who are holders of the grant at the institution must provide written clarification that the proposed treatment is a protocol under their NCI grant. The grant title and number must be specified.

**3.2.4** Requests for treatment in clinical trials overseas must be verified as to NCI sponsorship with the NCI project officer.

**3.2.5** Protocols that are co-sponsored by the NCI and other Federal Agencies must be verified by the NCI project officer.

**3.2.6** Some NCI-sponsored clinical trials are designated as multiple-phased trials (e.g., Phase I/II). Multi-phase NCI-sponsored clinical trials are eligible for TRICARE coverage as long as the beneficiary is a participant in a trial phase that would normally be covered in a single-phase trial.

**3.3** The DoD has no authority regarding the NCI protocol eligibility for the sponsored study. Therefore, if a patient does not meet the protocol eligibility criteria for enrollment, appeal rights do not apply.

**3.4** Retroactive authorizations can be authorized in accordance with the provisions outlined in [32 CFR 199.4\(g\)\(19\)](#).

**3.5** Claims will be paid from the applicable underwritten Contract Line Item Number (CLIN) and submitted through normal TRICARE Encounter Data (TED) system processing as required in the TRICARE Systems Manual (TSM) with the applicable coding for cancer clinical trials with enrollment **in Phase II and Phase III cancer clinical trials effective on or after April 1, 2008, and enrollment in Phase I cancer clinical trials effective on or after February 14, 2011.**

**3.6** Normal TRICARE eligibility, reimbursement, co-payments, cost-shares, deductibles, TRICARE for Life (TFL), and double coverage rules apply.

**3.7** The contractor shall:

**3.7.1** Provide a registered nurse to serve as case manager for inquiries and actions pertinent to the cancer clinical trials benefit.

**3.7.2** Ensure the provider has submitted a letter on the facility's letterhead:

**3.7.2.1** Provide the patient's name and the last four digits of the sponsor's Social Security Number (SSN); and

**3.7.2.2** Certify the protocol is an NCI-sponsored study and providing the title and phase of the protocol and the NCI number of the protocol and/or other appropriate evidence of NCI sponsorship; and

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 7, Section 24.1

Phase I, Phase II, And Phase III Cancer Clinical Trials

---

**3.7.2.3** Certify the patient meets all entry criteria for said protocol; and

**3.7.2.4** Certify notification will be provided to the contractor's cancer clinical trials benefit case manager of the patient's registration date when treatment actually begins; and

**3.7.2.5** Certify notification will be provided to the contractor's cancer clinical trials benefit case manager if the patient becomes ineligible for the study prior to the treatment.

**3.7.3** Utilize the NCI's Comprehensive Cancer Database known as the PDQ, to assist in determining whether a particular study meets the requirements of the cancer clinical trials benefit and whether the patient is eligible for a particular protocol. For those studies that are not listed on the PDQ, the contractor will work with NCI staff to verify NCI sponsorship and phase of the study.

**3.8** The contractor may at its discretion establish a dedicated toll-free telephone number to receive inquiries from both patients and providers regarding the cancer clinical trials benefit. If a dedicated toll-free telephone number is established, the phone shall be staffed seven hours a day during normal business hours in the contractor's time zone where the inquiries are received. In the absence of a dedicated toll-free number for cancer clinical trials benefit inquiries, contractors shall use their primary toll-free telephone inquiry system (see the TOM, [Chapter 11, Section 6](#) and [Chapter 20, Section 4](#)).

The contractor may at its discretion establish a dedicated mailing address where cancer clinical trials benefit inquiries and claims shall be sent for expedited response and/or claims adjudication. In the absence of a dedicated mailing address for cancer clinical trials benefit inquiries and claims, contractors shall use their primary address(es) for written correspondence and claims (see the TOM, [Chapter 11, Sections 4 and 5](#), and [Chapter 20, Section 4](#)).

**3.9** The Cancer Clinical Trials Demonstration project rules in the TOM, [Chapter 18, Section 2](#), will continue to apply to those TRICARE beneficiaries who began participation in Cancer Clinical Trials Demonstration before termination of the Demonstration. Such rules will continue to apply until the beneficiary is discharged from the clinical trial.

#### **4.0 EXCLUSIONS**

**4.1** Care rendered in the National Institutes of Health (NIH) Clinical Center.

**4.2** Costs associated with non-treatment research activities related to clinical trials.

#### **5.0 EFFECTIVE DATES**

**5.1** April 1, 2008 for Phase II and Phase III cancer clinical trials.

**5.2** February 14, 2011 for Phase I cancer clinical trials.

- END -

### 3.4 Application To Purchase Care

#### 3.4.1 General

In order to purchase CHCBP coverage, an eligible individual must submit a CHCBP enrollment application to the contractor. The name and address of the contractor will be extensively publicized and is available through **the CHCBP contractor, Managed Care Support Contractors (MCSCs), overseas** TRICARE Service Centers (TSCs), DoD transition offices, Military Treatment Facilities (MTFs), and other DoD and Uniformed Services entities which provide information regarding TRICARE. A member or former member of the Uniformed Services who is eligible to purchase CHCBP may purchase self-only or family coverage. If the member or former member purchases family coverage, family members cannot purchase self-only coverage.

#### 3.4.2 Application

**3.4.2.1** Applicants for enrollment in CHCBP are required to use DoD Document (DD) Form 2837, CHCBP Application. DD Form 2837 is available electronically on the TRICARE web site (<http://www.tricare.mil/chcbp>) and through the contractor's web site. It is also available in hardcopy from the contractor or any of the TSCs. Supporting eligibility documentation may be requested by the contractor.

**3.4.2.2** Payment of the premium for the first quarter (three months) coverage must be submitted along with the application. Payment must be by check or money order made out to "The Treasury of the United States" or by credit card. The exact amount of the premium is available at <http://www.tricare.mil/chcbp> and is also available from the contractor or wherever the applicant obtains information regarding the CHCBP.

### 3.5 Period of Coverage

**3.5.1** Limits on Coverage Periods. Coverage under the CHCBP varies depending on the category of beneficiary as listed in [Figure 10.4.1-1](#).

**3.5.2** If coverage under the CHCBP is terminated because the former beneficiary regains eligibility for TRICARE coverage under 10 USC Chapter 55 or 10 USC § 1145(a), once that eligibility for TRICARE coverage ends, CHCBP coverage is again available per [Figure 10.4.1-1](#).

**Note:** If the member elects family coverage, eligibility periods for the family are identical to those for the member.

### 3.6 CHCBP Administration

#### 3.6.1 General

Only TRICARE Standard and Extra benefits and procedures apply to the CHCBP.

## **3.6.2 Exceptions**

### **3.6.2.1 Eligibility**

The CHCBP has unique eligibility requirements as contained in [paragraph 3.1](#).

### **3.6.2.2 Non-Availability Statements (NAS) and Use of MTFs**

**3.6.2.2.1** CHCBP purchasers are not required to obtain a NAS.

**3.6.2.2.2** CHCBP purchasers are not eligible to receive care at MTFs except in a medical emergency. Should emergency MTF care be required, payment may be made to the MTF as an authorized provider.

### **3.6.2.3 Beneficiary Liability**

**3.6.2.3.1** For purposes of CHCBP deductible and cost-sharing requirements, and catastrophic cap limits, amounts applicable to the category of beneficiary (active duty or retired) to which the CHCBP beneficiary's sponsor last belonged shall continue to apply. Because separating active duty members were not eligible for TRICARE Standard, amounts applicable to family members of active duty members shall apply to this category of beneficiary.

**3.6.2.3.2** Active duty cost-shares shall apply to emancipated children and family members placed in legal custody whose sponsor is an active duty member at the time of application. If the sponsor retires during the period of coverage of the emancipated child or family member placed in legal custody, retirees' cost-shares shall apply to the beneficiary as of the date of retirement of the sponsor.

**3.6.2.3.3** Former spouses shall pay retiree cost-shares the same as under TRICARE.

**3.6.2.3.4** Deductible and cost-sharing amounts for the CHCBP must be met independent of TRICARE deductible and cost-sharing amounts. Any deductible and cost-sharing amounts previously paid under TRICARE cannot be carried over to the CHCBP. Similarly, CHCBP cost-shares and deductibles do not carry over to a TRICARE plan should the beneficiary regain TRICARE eligibility except for the purchase of retroactive TYA coverage (see the TRICARE Operations Manual (TOM), [Chapter 25](#)). The CHCBP contractor and the pharmacy contractor shall have a process to monitor CHCBP CC&D totals for accurately calculating deductible and cost-share amounts. See the TOM, [Chapter 23, Section 3](#), for details.

**3.6.2.3.5** A dependent spouse who is Medicare-eligible and is also covered under TRICARE for Life (TFL), and who then divorces their sponsor, is eligible to purchase CHCBP if they otherwise meet CHCBP requirements (including requirements to remain unmarried and not otherwise be eligible for TRICARE as a 20/20/20 or 20/20/15 former spouse). In such circumstances CHCBP is a second payor to Medicare.

## Early Eligibility Benefits For Reserve And National Guard (NG)

Issue Date: January 11, 2012

Authority: [32 CFR 199.3\(b\)\(5\)](#), Department of Defense Instruction (DoDI) 7730.54, Public Law 108-136, Section 703, Public Law 108-375, Section 703, and Public Law 111-84, Section 702

---

### 1.0 DESCRIPTION

The provisions of these sections, while not creating any new classes of beneficiaries or changes in coverage, do serve to expand the period of TRICARE eligibility previously applicable to certain existing classes of beneficiaries under current provisions. Members of the Reserve and NG who are called or ordered to active duty for more than 30 days in support of a federal contingency operation and are issued delayed-effective-date active-duty orders become eligible for TRICARE up to 180 days before the active duty commences.

### 2.0 BACKGROUND

**2.1** Section 703 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2004 (Public Law 108-136) established temporary authority to expand the period of time that a reservist is considered to be on active duty for the purpose of TRICARE eligibility.

**2.2** Section 703 of the NDAA for FY 2005 (Public Law 108-375) made the authority permanent.

**2.3** Section 702 of the NDAA for FY 2010 (Public Law 111-84) extended the maximum period of early eligibility from 90 days to 180 days.

### 3.0 POLICY

**3.1** A Reserve Component (RC) member who is issued a delayed-effective-date active-duty order on October 28, 2009 or later will be considered as being on active duty for more than 30 days beginning on the later of the date that is:

**3.1.1** The date of issuance of the order; or

**3.1.2** One hundred and eighty days before the date on which the period of active duty is to commence.

**3.2** The secretaries of the military departments are responsible for ensuring accurate and timely submission of early TRICARE eligibility data to the Defense Enrollment Eligibility Reporting System (DEERS) as specified in DoDI 7730.54, "Reserve Component Common Personnel Data System" (RCCPDS). The TRICARE Early Identification (EID) program for early TRICARE eligibility transactional data defined in RCCPDS, based on the delayed-effective-date-active duty order, is the authoritative

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 10, Section 9.1

Early Eligibility Benefits For Reserve And National Guard (NG)

---

source for establishing, maintaining, and terminating early TRICARE eligibility in the DEERS. Uniformed services personnel offices are responsible for ensuring that DEERS changes have been effectuated to reflect correct eligibility information for all affected individuals. If the delayed-effective-date active-duty orders are rescinded before the active duty commences, the military departments are responsible for terminating the member's and dependents' eligibility for TRICARE in DEERS.

**3.3** Affected individual members of the RC and their family members are eligible for TRICARE under this section. The provisions available under the TRICARE Reserve and NG family member benefits (TRICARE Policy Manual (TPM), [Chapter 10, Section 8.1](#)) shall apply to those eligible for care under this section. This eligibility includes family member eligibility for TRICARE Prime/Overseas Prime and for TRICARE Prime Remote (TPR)/Overseas Prime Remote for Active Duty Family Members (ADFM). This eligibility also includes service member eligibility for TRICARE Prime with a Military Treatment Facility (MTF) Primary Care Manager (PCM) if the member lives near an MTF; TPR for the member is not authorized during this early eligibility period. A non-enrolled service member may seek covered primary care from a TRICARE authorized civilian provider. Prior to obtaining any specialty care, the RC member should contact the appropriate TRICARE regional or overseas Managed Care Support Contractor (MCSC) to request authorization.

**3.3.1** The periods of TRICARE eligibility for the affected individuals will be reflected in DEERS. Contractors will continue to rely upon DEERS for eligibility determination.

**3.3.2** The contractor shall verify the patient's eligibility in DEERS.

**3.4** In the event that the contractor should become aware that payment has been made for services rendered during a period for which the patient was subsequently determined to be ineligible recoupment action shall be initiated. Recoupment procedures are specified in TRICARE Operations Manual (TOM), [Chapter 11, Section 3](#) as appropriate.

- END -

## TRICARE Policy Manual 6010.57-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

---

TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Appendix A

Acronyms And Abbreviations

---

USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	Web DEERS Online Enrollment System (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Appendix A

Acronyms And Abbreviations

---

WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

2D	Two Dimensional
3D	Three Dimensional

- END -

