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**CHANGE 132  
6010.57-M  
MARCH 19, 2015**

**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: RESERVE COMPONENT TRICARE BENEFITS**

**CONREQ: 17186**

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

**SUMMARY OF CHANGE(S): This change clarifies requirements for claims processing for Reserve Component members and their family members who are activated for more than 30 days in support of a contingency operation.**

**EFFECTIVE DATE: April 20, 2015.**

**IMPLEMENTATION DATE: April 20, 2015.**

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**ATTACHMENT(S): 6 PAGE(S)  
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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

**CHANGE 132**  
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**REMOVE PAGE(S)**

**CHAPTER 10**

Section 5.1, pages 1 - 4

Section 8.1, pages 1 and 2

**INSERT PAGE(S)**

Section 5.1, pages 1 - 4

Section 8.1, pages 1 and 2

## Transitional Assistance Management Program (TAMP)

Issue Date: June 1, 1999

Authority: [32 CFR 199.3](#); Public Law 101-510, 102-125, 103-337, and 108-375

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### 1.0 DESCRIPTION

The Transitional Assistance Management Program (TAMP) establishes TRICARE eligibility for specific categories of beneficiaries. The sponsors and their family members are eligible for continued TRICARE medical benefits including enrollment/re-enrollment in TRICARE Prime, services and supplies provided under the Extended Care Health Option (ECHO), and Military Treatment Facility (MTF) care, for a defined period of time as indicated on Defense Enrollment Eligibility Reporting System (DEERS). While the status of these individuals is neither active duty nor retiree/deceased, for the purpose of cost-sharing, the claims for these individuals (including the former active duty member) shall be processed as active duty dependents.

### 2.0 POLICY

**2.1 Covered Groups.** Those members and their authorized dependents who meet the criteria below are entitled to medical benefits under TRICARE to the same extent as those available to active duty dependents.

**2.1.1** A member who is involuntarily separated from active duty.

**2.1.2** A member of a Reserve Component (RC) who is separated from active duty to which called or ordered in support of a contingency operation if the active duty is for a period of more than 30 days.

**2.1.3** A member who is separated from active duty for which the member is involuntarily retained under Section 12305 (also referred to as "stop loss") of Title 10, United States Code (USC), in support of a contingency operation.

**2.1.4** A member who is separated from active duty served pursuant to a voluntary agreement of the member to remain on active duty for a period of less than one year in support of a contingency operation.

**2.1.5** A member who receives a sole survivorship discharge as defined in Section 1174 of Title 10, USC. This provision was added by Public Law 110-317, effective August 29, 2008.

**2.1.6** A member who is separated from active duty who agrees to become a member of the Selected Reserve of the Ready Reserve of a reserve component. This provision was added by Public

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

Chapter 10, Section 5.1

Transitional Assistance Management Program (TAMP)

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Law 110-417, National Defense Authorization Act (NDAA) 2009, Section 734, effective October 14, 2008.

**2.2** Time frames of eligibility for TAMP eligibles in which the member's separation occurred on or after November 6, 2003 - Transitional health care for TAMP eligibles shall be available for 180 days beginning on the date on which the member is separated from active duty.

**2.3** Determining Eligibility

**2.3.1** Eligibility determinations for coverage must be based on DEERS determinations.

**2.3.2** Managed Care Support Contractors (MCSCs) are responsible for confirming DEERS eligibility status. Once jurisdictional responsibility is established, the contractor shall have the capability by using DEERS to identify these claims as TAMP and process them as active duty dependent claims. While the status of these individuals is neither active duty nor retiree/deceased, for the purpose of cost-sharing, the claims for these individuals shall be processed as active duty dependents. Eligibility verification of an active duty member who was separated involuntarily shall be based solely on the DEERS response. For those claims that are submitted for medical services rendered to the sponsor and if the contractor can identify the claim as meeting the transitional eligibility requirements, the contractor shall process the claim. Otherwise the sponsor claims indicating status as "active duty" and relationship as "self" shall continue to be transferred to the military services. Claims are to be processed by the contractor using the same rules and cost-shares that apply to active duty dependents, **unless otherwise specified in Chapter 10, Section 8.1.**

**2.4** Change in eligibility status of a beneficiary during an inpatient hospital stay (see the TRICARE Reimbursement Manual (TRM), [Chapter 6, Section 2](#)).

**2.5** In cases involving the existence of Other Health Insurance (OHI) for dependents and/or sponsors, treat as double coverage as required by the TRM.

**2.6** TRICARE Prime:

**2.6.1** Enrollment in Prime. TAMP eligibles may enroll or re-enroll in TRICARE Prime.

**2.6.2** Effective Date of Enrollment in TRICARE Prime is as follows:

**2.6.2.1** TAMP eligibles (including the former active duty member) who were enrolled in Prime immediately prior to their change in status may continue their enrollment in TRICARE Prime with no break in coverage. A reenrollment application must be completed prior to the TAMP expiration period in order to continue with TRICARE Prime. The effective date shall be the date the sponsor separated from active duty as the intent is to ensure that Prime coverage is seamless. See [Section 2.1](#) for further information on the effective date of enrollment.

**2.6.2.2** TAMP eligibles who were not enrolled in Prime (including TRICARE Prime Remote (TPR) and TRICARE Prime Remote Active Duty Family Member (TPRADFM)) immediately prior to their change in status may choose to enroll in TRICARE Prime while receiving TAMP coverage but such enrollment is subject to the "twentieth of the month rule". That is, if an application for an initial enrollment is received after the twentieth day of the month, Prime enrollment will begin on the first

day of the second month after the month in which the application was received by the contractor. See [Section 2.1](#) for further information on the effective date of enrollment.

**2.6.2.3** TAMP eligibles whose sponsor is called to active duty.

**2.6.2.3.1** TAMP eligible family members who were enrolled in Prime immediately prior to their sponsor's change in status to active duty may continue their reenrollment in TRICARE Prime with no break in coverage if they reenroll in TRICARE Prime within 30 days of the return to active duty status. If reenrollment is accomplished within 30 days of the return to active duty status, the reenrollment will be retroactive to the date of the change in status from TAMP to active duty. If reenrollment is not accomplished within 30 days of the return to active duty status, the twentieth of the month rule will apply.

**2.6.2.3.2** TAMP eligible family members not enrolled in Prime immediately prior to reactivation (i.e., return to active duty) may choose to enroll in Prime but such initial enrollment is subject to the twentieth of the month rule. That is, if an application for an initial enrollment in Prime is received after the twentieth of the month, Prime enrollment will begin on the first day of the second month after the month in which the application was received by the contractor. See [Section 2.1](#) for further information on effective date of initial enrollments and reenrollments.

**2.6.2.3.3** For information on the effective dates of enrollments for Active Duty Service Members (ADSMs) see the TRICARE Operations Manual (TOM), [Chapter 6, Section 1](#).

**2.6.2.4** While the TPR and TPRADFM are not available to TAMP eligibles, these programs are considered a "Prime-like" benefit and enrollment or reenrollment in Prime shall be available to them as stated above.

**2.7** TRICARE Reserve Select (TRS) may be available for purchase by members of the Selected Reserve as specified in the TOM, [Chapter 22, Section 1](#). In order to continue TRICARE coverage with no break, an application for TRS may be produced up to 60 days before the expiration date of TAMP, but must be submitted with the required initial payment no later than 30 days after the expiration date of TAMP.

**2.8** The Continued Health Care Benefit Program (CHCBP) may be available to members (and their dependents) after the expiration of TAMP entitlement. The CHCBP is a program that requires enrollment and the payment of quarterly premiums. Application for CHCBP must occur within 60 days of loss of TAMP eligibility. See [Section 4.1](#) for further information.

## **2.9 Dental Coverage**

**2.9.1** Dental benefits for TAMP-eligibles are limited to space available care in the Dental Treatment Facility (DTF).

**2.9.2** Effective January 27, 2012, dental benefits for RC members discharged from active duty after more than 30 days in support of a contingency operation are available in the same manner as a member of the uniformed services on active duty for more than 30 days. This requires care to be provided in both military DTFs and authorized private sector dental care. This care will run concurrently with the member's TAMP coverage.

**2.9.3** The TRICARE Dental Program (TDP) is a voluntary dental insurance program that is available to ADFMs, Selected Reserve and Individual Ready Reserve members, and their eligible family members. The TDP is not part of the benefits offered under TAMP. Sponsors who were enrolled in the TDP prior to being activated, who then return to Reserve status, may be eligible to re-enroll in the TDP.

**2.10 Demonstrations**

TAMP eligibles with a DEERS indicator "B" for Bosnia shall retain the same special demonstration benefits available to them while on active duty during their TAMP eligibility.

- END -

## TRICARE Reserve And National Guard (NG) Family Member Benefits

Issue Date: June 5, 2009

Authority: [32 CFR 199.4\(f\)\(2\)\(i\)\(H\)](#), Public Law 108-375, Sections 704 and 705

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### 1.0 DESCRIPTION

**1.1** The provisions of this section apply to family members who become eligible for TRICARE as a result of their Reserve Component (RC) sponsor (including those with delayed effective date orders up to 180 days) being called or ordered to active duty for more than 30 days in support of a federal contingency operation and choose to participate in TRICARE Standard or Extra, rather than enroll in TRICARE Prime.

**1.2** These provisions help ensure timely access to health care and maintain clinically appropriate continuity of health care to family members of Reservists and NG members activated in support of a federal contingency operation, limit the out-of-pocket health care expenses for those family members, and remove potential barriers to health care access by NG and Reserve families.

### 2.0 BACKGROUND

**2.1** Section 704 of the National Defense Authorization Act for Fiscal Year 2005 (NDAA FY 2005) (Public Law 108-375) established the authority to waive the annual TRICARE Standard deductible for RC family members who became eligible for TRICARE as a result of their sponsor's activation in support of a contingency operation. By law, the TRICARE Standard deductible for Active Duty Family Members (ADFM) is \$150 per individual, \$300 per family (\$50/\$100 for E-4s and below). Waiving the TRICARE deductible appropriately limits out-of-pocket expenses for these RC family members, many of whom may have already paid annual deductibles under their civilian health plans.

**2.2** Section 705 of the NDAA FY 2005 established the authority to increase TRICARE payments up to 115% of the TRICARE maximum allowable charge, less the applicable patient cost share if not previously waived under the provisions of Section 704, for covered inpatient and outpatient health services received from a provider that does not participate (accept assignment) under TRICARE. This allows this group of RC family members to continue to see civilian providers with whom they have established relations and promotes access and clinically appropriate continuity of care.

**2.3** The provisions outlined above were previously provided to RC family members under the provisions of the Operation Noble Eagle/Operation Enduring Freedom Reservist and National Guard (NG) Benefits Demonstration (TRICARE Operations Manual (TOM), [Chapter 18, Section 9](#)); **are now permanent.** That demonstration was effective for claims for services provided on or after September 14, 2001, and before November 1, 2009.

### **3.0 POLICY**

**3.1** This benefit is authorized for family members of RC members who are called or ordered to active duty for a period of more than 30 days, or NG members who are called or ordered to full-time federal NG duty for a period of more than 30 days in support of a contingency operation (as defined in 10 United States Code (USC) 101(a)(13)).

**Note:** This special benefit does not apply to Prime beneficiaries. Family members of Reservists or members of the NG who are called to active duty in support of operations identified in [paragraph 3.1](#) and who are enrolled in Prime will be protected when they receive services outside the network under the provisions of [the TOM, Chapter 8, Section 5](#).

**3.2** Claims are to be paid from financially underwritten funds. On claims for care from non-participating professional providers, contractors shall allow the lesser of the billed charges or the balance billing limit (115% of the allowable charge). If the charges on a claim from a non-participating professional provider are exempt from the balance billing limit, the contractor shall allow the billed charges. This applies to all claims from non-participating professional providers for services rendered to Standard beneficiaries. In double coverage situations, normal double coverage requirements shall apply.

**3.3** In order to protect beneficiaries from incurring greater out-of-pocket costs under these special procedures, the beneficiary cost-share for these claims will be limited to what it would have been in the absence of the higher allowable amount under this benefit. That is, the cost-share is 20% of the lesser of the CHAMPUS maximum Allowable Charge (CMAC) or the billed charge. Any amounts that are allowed over the CMAC will be paid entirely by TRICARE.

**3.4** The TRICARE Encounter Data (TED) record for each claim received subsequent to policy specified in [paragraph 3.1](#) must reflect the Special Processing Code "EF".

**3.5** TED records submitted for non-participating professional claims that are reimbursed at the lesser of the balance billing limit or the billed charge are to be identified with Pricing Rate Code "W", but only if the allowed amount is greater than the CMAC. If the billed charge equals or is less than the CMAC, Pricing Rate Code "W" is not to be used. On the other hand, when the claim is reimbursed as billed because the billed charge is greater than the CMAC but less than the balance billing limit, or the charges are exempt from the balance billing limit, Pricing Rate Code "W" is to be used.

**3.6** All Non-Availability Statement (NAS) requirements are waived for beneficiaries identified by Health Care Delivery Program (HCDP) Special Entitlement codes "02" or "03".

**3.7** The TRICARE Standard and Extra deductible is waived for all beneficiaries identified by HCDP Special Entitlement codes "02" or "03".

- END -