



DEFENSE  
HEALTH AGENCY

**MB&RS**

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

**CHANGE 151  
6010.57-M  
DECEMBER 21, 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: CONSOLIDATED CHANGE 15-004**

**CONREQ: 17514**

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

**SUMMARY OF CHANGE(S): See page 3.**

**EFFECTIVE DATE: January 21, 2016.**

**IMPLEMENTATION DATE: January 21, 2016.**

**This change is made in conjunction with Feb 2008 TOM, Change No. 162, and Feb 2008 TRM, Change No. 121.**

FAZZINI.ANN.N  
OREEN.119980  
2271

Digitally signed by FAZZINI.ANN.NOREEN.1199802271  
DN: cn=US, ou=U.S. Government, ou=DoD, ou=PKI, ou=DHA,  
c=FAZZINI.ANN.NOREEN.1199802271  
Date: 2016.12.17 08:05:18 -0700

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

**ATTACHMENT(S): 10 PAGE(S)  
DISTRIBUTION: 6010.57-M**

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

**CHANGE 151**  
**6010.57-M**  
**DECEMBER 21, 2015**

**REMOVE PAGE(S)**

**CHAPTER 10**

Section 2.1, pages 1 - 4

Section 5.1, pages 1 - 4

Section 8.1, pages 1 and 2

**INSERT PAGE(S)**

Section 2.1, pages 1 - 4

Section 5.1, pages 1 - 4

Section 8.1, pages 1 and 2

## **SUMMARY OF CHANGES**

### **CHAPTER 10**

1. Section 2.1. This change establishes policy allowing cross-region enrollment in the TRICARE Prime and TPR for ADFM plans.
2. Section 5.1. This change adds authority references and two new categories of Service members' eligibility for Transitional Assistance Management Program.
3. Section 8.1. This change includes several wording corrections: "Reservists and National Guard" was changed to "Reserve Component sponsors" and a correction of TRICARE Maximum Allowable Charges (TMAC) to CHAMPUS Maximum Allowable Charges (CMAC).



## Chapter 10

## Section 2.1

### Prime Enrollment

Issue Date: May 15, 1996  
Authority: [32 CFR 199.17](#)

---

#### 1.0 POLICY

**1.1** In order to receive the expanded benefits and special cost-sharing of Prime, all beneficiaries must take specific action to enroll. For active duty members located in areas where the TRICARE program is implemented, enrollment in Prime is mandatory. An enrollment **action** must be completed **and officially documented (enrollment form, Beneficiary Web Enrollment (BWE) transaction or telephonic request documented in the contractor's call notes)** to ensure Defense Enrollment Eligibility Reporting System (DEERS) enrollment data is current and claims are processed expeditiously.

##### 1.1.1 Enrollment Procedures

**1.1.1.1** No non-active duty beneficiary shall be enrolled unless he/she is shown as eligible on the DEERS. All enrollments and re-enrollments shall be recorded on the DEERS.

**1.1.1.2** Enrollment may occur at any time; however, the enrollment period shall coincide with the fiscal year (i.e., the beneficiary's initial enrollment expires on October 1; all future enrollment periods will be October 1 to September 30). Enrollment may be on an individual or family basis.

**1.1.1.3** The contractor is responsible for collecting enrollment fees from Prime enrollees, as appropriate, and retains all such fees.

**1.1.1.4** Payment of enrollment fees may be made on an annual or quarterly basis by credit card and for monthly enrollment fee payments, by Electronic Fund Transfers (EFTs) or an allotment from retirement pay. No administrative fees are charged to enrollees who choose to pay monthly or quarterly.

**Note:** Effective March 26, 1998, the Prime enrollment fee is waived for those enrollees who have Medicare Part B, regardless of age. Dual eligibles age 65 and older, who have an Active Duty (AD) sponsor or who are not entitled to premium-free Medicare Part A on their own record, or the record of their current, former, or deceased spouse may enroll in TRICARE Prime. See the TRICARE Operations Manual (TOM), [Chapter 6, Section 1, paragraph 7.5.4](#).

**1.1.1.5** TRICARE Prime enrollments for eligible enrollees shall be automatically renewed upon the expiration of the enrollment unless the enrollee declines renewal, is no longer eligible for Prime enrollment or fails to pay the enrollment fee on a timely basis.

**1.1.1.6** Dependents of Activated Members of Reserve Components (RCs). Dependents of members of RCs who have been ordered to active duty for a period of 31 days or more may enroll in TRICARE Prime. RCs include both reservists and members of the National Guard. Members of the National Guard are included only if ordered to federal duty. All requirements of this and other services apply to these beneficiaries. Activated members of RCs are treated the same as any other active duty member.

### **1.1.2 Enrollment Protocols**

**1.1.2.1** Beneficiaries enrolling in TRICARE Prime may apply to enroll in a Region other than the Region servicing their home of residence. See the TOM, Chapter 6, Section 1, paragraph 9.4 and Chapter 16, Section 1, paragraph 7.0. (Note: This paragraph does not apply to TOP Prime or TOP Prime Remote beneficiaries.)

**1.1.2.2** No eligible beneficiary who resides in the TRICARE region shall be denied enrollment or re-enrollment in, or be required to disenroll from, the TRICARE Prime program because of a prior or current medical condition.

**1.1.2.3** The contractor shall provide beneficiaries who enroll full and fair disclosure of any restrictions on freedom of choice that may be applicable to enrollees including the Point of Service (POS) option.

**1.1.2.4** TRICARE for Life (TFL) beneficiaries (retirees and their dependents who are age 65 and over and are eligible for both Medicare and TRICARE) cannot enroll in TRICARE Prime. However, any beneficiary who is enrolled in TRICARE Prime at the time they attain their Medicare entitlement based on age will be permitted to enroll with a Military Treatment Facility (MTF) through TRICARE Plus, to the extent capability and capacity exists in the MTF. There shall be no TRICARE Plus affiliation with network providers.

**1.1.2.5** Dual eligibles under age 65 (retirees and their dependents who have Medicare Parts A and B) and dual eligibles who are ADFMs (any age) are eligible to enroll in TRICARE Prime. See the TOM, Chapter 6, Section 1.

**1.1.2.6** TRICARE and the Military Health System (MHS) beneficiaries who are not eligible to enroll in TRICARE Prime may register for the purpose of accessing space-available care in the MTF and customer services. This registration is NOT enrollment in TRICARE Prime and no TRICARE Prime program benefits or services (other than access to customer services and network providers) applies to this beneficiary group.

### **1.1.3 Retroactive Enrollment**

For emergency cases that should be placed under immediate case management, MTF Commanders may approve exceptions on a case-by-case basis for retroactive enrollment with an effective date not earlier than the first day of the month that the application is submitted. Regional Directors (RDs) may approve exceptions on a case-by-case basis for retroactive enrollment to a network provider with an effective date not earlier than the first day of the month that the application is submitted.

#### **1.1.4 Effective Date of Enrollment**

**1.1.4.1** An initial enrollment period shall begin on the first day of the month following the month in which the enrollment request (enrollment form, BWE transaction, or telephonic request received by the contractor) and enrollment fee payment, if applicable, are received by the contractor. If the request and fee are received after the twentieth (20th) day of the month, enrollment will begin on the first day of the second month after the month in which they were received by the contractor.

**1.1.4.2** Reenrollments for those who were enrolled in Prime immediately prior to a change in their status:

**1.1.4.2.1** When an active duty member's retirement date is established, a Prime enrollment request to reenroll (enrollment form, BWE transaction, or telephonic request received by the contractor) must be completed before or within 30 days following the member's retirement. The effective date of reenrollment shall be the date of retirement, which will result in seamless TRICARE Prime benefits with no break in coverage. Otherwise, the request shall be considered an initial enrollment in Prime and effective according to the provisions of [paragraph 1.1.4.1](#).

**1.1.4.2.2** When an active duty member separates other than the first of the month, but continues to be eligible (e.g., is the spouse of an active duty member; or is eligible for Transitional Assistance Management Program (TAMP) they and any eligible family members shall be allowed to reenroll in TRICARE Prime with no break in coverage. TAMP eligibles must request enrollment in Prime (enrollment form, BWE transaction, or telephonic request received by the contractor) prior to the expiration of their period of TAMP eligibility to reenroll in Prime. Non-TAMP eligibles separating but who remain eligible for TRICARE must request enrollment in Prime within 30 days of their change in status. Otherwise, the request shall be considered an initial enrollment in Prime. The effective date of reenrollment shall be the start date of TAMP eligibility or the date of the separation which will then result in seamless TRICARE Prime benefits with no break in coverage.

**1.1.4.2.3** TAMP eligible family members who were enrolled in Prime immediately prior to their sponsor's change in status to active duty may continue their enrollment in TRICARE Prime with no break in coverage if they request reenrollment in TRICARE Prime (enrollment form, BWE transaction, or telephonic request received by the contractor) within 30 days of their sponsor's return to active duty status. If they request reenrollment within 30 days of the sponsor's 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 sponsor's return to active duty status, the twentieth of the month rule will apply. For information on the effective dates of enrollments for Active Duty Service Members (ADSMs), see the TOM, [Chapter 6, Section 1](#).

**1.1.5** Beneficiaries shall be disenrolled when they are no longer eligible for TRICARE or when they do not submit payment for prescribed enrollment fees by the required date.

**1.2** Portability. Enrollees may transfer enrollment when they move (within a contract area or outside a contract area). The transfer request or disenrollment may be submitted using an enrollment form, BWE transaction or telephonic request received and documented by the contractor. The losing contractor shall provide continuing coverage until (1) the enrollee requests enrollment in the new location, (2) the enrollee disenrolls, (3) the enrollee is no longer eligible for enrollment in TRICARE Prime, or (4) the contractor must disenroll the beneficiary for failure to pay required enrollment fees, whichever occurs first. The authorization and referral rules of the losing

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

Chapter 10, Section 2.1

Prime Enrollment

---

contractor will continue to apply until enrollment is transferred or the beneficiary is disenrolled (see the TOM, [Chapter 6, Section 2](#)).

- END -

## Chapter 10

## Section 5.1

# Transitional Assistance Management Program (TAMP)

Issue Date: June 1, 1999

Authority: [32 CFR 199.3](#); Public Law 101-510, 102-125, 103-337, 108-375, [109-163](#), [110-317](#), and [110-417](#)

---

### 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.** Members, as determined by their Service personnel office, and their eligible 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 [as defined in Section 1141 of Title 10, United States Code \(USC\)](#).

**2.1.1.1** [This includes a member who is provided a voluntary separation incentive under Section 1175\(j\) of Title 10, USC.](#)

**2.1.1.2** [This includes a member who is separated from active duty and receives voluntary separation pay, and not entitled to retired or retainer pay upon separation, under Section 1175a\(e\)\(2\)\(A\) of Title 10, USC.](#)

**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, USC, in support of a contingency operation.

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

Chapter 10, Section 5.1

Transitional Assistance Management Program (TAMP)

---

**2.1.4** A member who is separated from active duty 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 **under Section 1145(a)(2)(D) of Title 10, USC.**

**2.1.5** A member who receives a sole survivorship discharge as defined in Section 1174(i) 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 **RC.** This provision was added by Public Law 110-417, 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

---

### 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 **active duty** 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 **RC sponsors** 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 **RC** 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 **Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge (CMAC)**, 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](#)) and

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

### Chapter 10, Section 8.1

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

---

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 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 -