

TRICARE PLUS

1.0. BACKGROUND

TRICARE Plus is a Military Treatment Facility (MTF) based program designed to allow Military Treatment Facility (MTF) beneficiaries an opportunity to obtain a designated primary care coordinator within the MTF and to be assured access to MTF primary care appointments within the TRICARE Prime primary care access standards. MTF Commanders will determine the number of TRICARE Plus enrollees for which capability and capacity exists at their MTF. A TRICARE Plus enrollment indicator will appear on CHCS for appointment clerks to appropriately book MTF appointments for TRICARE Plus enrollees in accordance with the criteria established by MTF commanders. (See [Appendix A](#) for the TRICARE Plus definition.)

2.0. ENROLLMENT

2.1. All beneficiary inquiries regarding TRICARE Plus shall be directed to the designated MTF Point of Contact (*POC*) for TRICARE Plus. This shall include questions about TRICARE Plus, general questions about enrollment/disenrollment, providing enrollment forms, providing information about the availability of TRICARE Plus at a particular MTF, the extent of coverage available and not available through TRICARE Plus, the selection of individual primary care coordinators, or confirmation of enrollment.

2.1.1. Completed and approved enrollment/disenrollment forms for TRICARE Plus will be sent to the MCSC by the MTFs within the standard TRICARE jurisdiction requirements, no less frequently than weekly. It is the MTF's responsibility to manage Primary Care Clinic capacity for TRICARE Plus enrollment. The MCSC is responsible for ensuring that all TRICARE Plus enrollments received are entered in DOES. The MTF is responsible for ensuring that the enrollment form is complete with validated eligibility through DEERS. The MCSC shall return incomplete forms or any application for which enrollment/disenrollment cannot be effected, for any reason other than internal MCSC contractor systems or process problems, to the MTF for completion/correction. The MCSC shall make no effort to correct or complete any TRICARE Plus enrollment/disenrollment application.

2.2. All initial enrollments for beneficiaries over the age of 64 shall begin on the date the contractor enters the TRICARE Plus application or the first day the beneficiary loses eligibility for TRICARE Prime, whichever is later. All initial enrollment periods for beneficiaries under age 65 shall begin on the date after disenrollment from TRICARE Prime or the date the contractor enters the TRICARE Plus application, whichever is later. Enrollment in TRICARE Plus will necessitate disenrollment in TRICARE Prime. If TRICARE Prime disenrollment is required, the effective date of TRICARE Plus shall be the day following the beneficiary's disenrollment from TRICARE Prime. For instance, a beneficiary

attaining age 65 on May 15, loses TRICARE Prime eligibility on May 1. In this case, the contractor shall disenroll the beneficiary from TRICARE Prime on April 30, and enroll the beneficiary in TRICARE Plus on May 1. Another example is a beneficiary electing to terminate their TRICARE Prime enrollment. In this example, the TRICARE Prime enrollment will end March 31, and the TRICARE Plus enrollment will begin April 1.

3.0. DISENROLLMENT

All beneficiary inquiries regarding disenrollment shall be referred to the designated MTF *POC* for TRICARE Plus. Beneficiaries may disenroll from TRICARE Plus at any time. Disenrollment forms will be sent to the MCSCs by the MTFs no less frequently than weekly. MCSCs shall process disenrollments in accordance with [paragraph 2.1.1](#).

4.0. PORTABILITY

TRICARE Plus enrollment is not portable between MTFs. Beneficiaries who choose to disenroll from TRICARE Plus at one MTF are not guaranteed priority to enroll in TRICARE Plus at another MTF. Beneficiaries who wish to change their TRICARE Plus enrollment to a different MTF will have the same opportunity to enroll at the new MTF just as any other beneficiary without an established relationship with a primary care coordinator.

5.0. REFERRALS

MHS beneficiaries are allowed under the base contract requirements to contact the TRICARE Service Center for referrals to network providers. The contractor is not required to make appointments with network providers. The contractor shall provide the beneficiary with the name, telephone number, and address of network providers of the appropriate clinical specialty located within the beneficiary's geographic area.