

## ENROLLMENT PORTABILITY

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**NOTE:** In some Managed Care Regions, the Lead Agent is responsible for administering enrollment portability provisions. Wherever the term “contractor” is used in this section, the term “lead agent” may be substituted where appropriate. The term “contractor” applies to Uniformed Services Family Health Plan (USFHP) designated providers as well as to Managed Care Support (MCS) contractors. The following enrollment portability provisions also apply to transfers involving the USFHP.

**1.0.** TRICARE Prime enrollees retain Prime coverage when they move or travel within an area served by the same contractor or when they move or travel to an area served by a different contractor. Enrollment portability provisions apply to TRICARE Prime enrollees’ travel and location changes to and from all areas, including CONUS, Europe, South America, Pacific, Alaska, etc. The contractor for the region in which the beneficiary is enrolled on DEERS is responsible for providing continuing coverage and maintaining catastrophic cap accumulations (for those enrollment periods for which the information is not on DEERS or CDCF) for the enrollee while the enrollee is traveling or relocating. TRICARE Prime USFHP enrollees who are not TRICARE-eligible may only transfer enrollment from one USFHP designated provider to another USFHP designated provider; they may not transfer to a MCS contractor.

**1.1.** A Prime enrollee may transfer enrollment ([Appendix A](#), Definitions) after moving (temporarily or permanently) to a new location. A TRICARE-eligible Prime enrollee who is not relocating may either transfer enrollment from a MCS contractor to a USFHP designated provider or from a USFHP designated provider to a MCS contractor only once during an enrollment period, but may not transfer back to the other plan during that enrollment period.

**1.2.** A contractor shall continue to provide health care coverage until the enrollee transfers enrollment to the contractor for the new location, the beneficiary is no longer eligible for enrollment in Prime, the beneficiary disenrolls, or the beneficiary is disenrolled due to failure to pay required enrollment fees-whichever occurs first. Referral and authorization rules will continue to apply. PCM referrals are required only for non-emergency specialty or inpatient care (see [32 CFR 199.17](#)). Claims for non-emergency care without an authorization shall be processed under the Point Of Service option. In no circumstance will retroactive disenrollment be allowed in order to avoid Point of Service cost-sharing provisions. Even though a Prime enrollee who is relocating must request an authorization for nonemergency care from the losing contractor’s HCF, the enrollee shall not be required to use a network provider, and the contractor shall ensure that the relocating TRICARE Prime enrollee’s copayment is applied correctly to claims for authorized care.

**1.3.** The TRICARE Prime enrollee who is relocating to another contractor’s region or service area (for USFHP designated providers) can transfer enrollment from the losing contractor to the gaining contractor by contacting the gaining contractor during a base’s

“newcomer orientation,” by using the contractor's 800 number, or by visiting the TRICARE Service Center or USFHP. During the initial contact, the gaining contractor shall provide region/site specific educational materials, key telephone numbers, the opportunity to select a new primary care manager, and the opportunity to disenroll completely from TRICARE Prime with no penalty for early disenrollment. If the enrollee chooses disenrollment, the gaining contractor shall send a disenrollment transaction to DEERS using the government-furnished systems application, and DEERS shall notify the losing contractor of the disenrollment.

**1.4.** On the day the gaining contractor receives a TRICARE Prime beneficiary's signed enrollment application agreeing to a transfer of enrollment to the new region, the beneficiary shall be considered enrolled at the new location and should contact the new PCM, the new region's Health Care Finder, or the designated provider for health care and health related assistance.

**NOTE:** The effective date for transfer of enrollment differs from the effective date for initial enrollment. See [Chapter 6, Section 1, paragraph 5.9.](#) for information on initial enrollment in TRICARE Prime. For transfers, the original anniversary of the original enrollment on DEERS will remain in effect.

**1.5.** Within four working days of receipt of a beneficiary's signed enrollment application indicating a transfer of enrollment location, the gaining contractor shall submit the transfer of enrollment to DEERS using the government-furnished systems application. Upon acceptance of the transfer of enrollment, DEERS will automatically notify the losing contractor of the change. For enrollment fees or enrollment year catastrophic cap totals for periods prior to the data maintained on DEERS, the gaining contractor shall obtain such data from the losing contractor. The gaining contractor shall request such information from the losing contractor within four working days of receipt of the enrollment application. The losing contractor shall provide the requested information within four working days after receipt of the request. The gaining contractor shall enter the enrollment transfer in DEERS using the government-furnished systems application within four working days after receipt of a transfer. DEERS will notify the losing contractor of the change in enrollment.

**NOTE:** *Under the T-NEX contracts, all enrollments are being aligned to the fiscal year. As a result, enrollment year deductible and catastrophic cap amounts are also being aligned to the fiscal year on the DEERS Catastrophic Cap and Deductible Database (CCDD). This means that the deductible and catastrophic cap amounts on the CCDD for the fiscal year will be the same amount for the enrollment year.*

*When an enrollee moves from a T-NEX region to a current MCSC region (where the MCSC is required to maintain internal enrollment year deductible and catastrophic cap amounts), the contractor must query the CCDD to obtain the individual and family catastrophic cap amounts and the point of service deductible totals and load them to their internal deductible and catastrophic cap files as the enrollment year amounts.*

*When an enrollee moves from a T-NEX region to a current MCSC region and the enrollee was paying enrollment fees by monthly allotment or electronic funds transfer (EFT) to the T-NEX MCSC, the transfer Enrollment Information Transaction (EIT) will show a paid through date indicating the last day of the current fiscal year quarter. The current MCSC receiving the transfer shall resume collecting quarterly or annual payments beginning on the first day of the next fiscal quarter. The current MCSC*

*receiving the transfer shall explain to the enrollee that monthly payments by allotment or EFT is not an available option within the current region and that quarterly or annual fee payments are the two available options. The current MCSC shall advise the enrollee to make the appropriate arrangements to stop the monthly allotments or EFT payments. The enrollee should be advised that once the current MCSC region transitions and is incorporated into one of the three T-NEX regions, the option of fee payments by monthly allotment or EFT will become available.*

*The transfer EIT associated with an enrollee transferring from a T-NEX region into a current MCSC region will show an enrollment end date that may or may not be September 30, depending on whether the enrollment was aligned to the fiscal year while in the T-NEX region. The current MCSC receiving the transfer shall re-enroll the beneficiary on the anniversary date as usual. The current MCSC is not required to align the enrollment to the fiscal year. That alignment will occur when the current MCSC region transitions to a T-NEX region.*

**1.6.** Enrollees in the following categories who are relocating to an area served by a different contractor shall be allowed two “out-of-contract” enrollment transfers (refer to [Appendix A](#), Definitions) per enrollment year if the second transfer is back to the first contract area of enrollment for the enrollment year: (1) TRICARE Prime enrollees in beneficiary categories required to pay enrollment fees (e.g., retirees, retiree family members, etc.) and (2) TRICARE/Medicare eligible enrollees who are not active duty family members. “Within-contract” enrollment transfers are not limited. When TRICARE Prime enrollment changes from one contractor to another prior to the annual renewal for enrollees in beneficiary categories required to pay enrollment fees, future unpaid enrollment fees, such as those paid on an installment basis, will be due the gaining contractor. There will be no transfer of funds between contractors, and, if the enrollee relocates to an area where TRICARE Prime is not offered, there shall be no refund of the unused portion of the enrollment fee. *Beneficiaries transferring from a T-NEX region who are paying enrollment fees on a monthly basis will be required to convert to a quarterly payment plan upon their transfer to an existing MCSC region. Quarterly fees for these beneficiaries will be collected October 1, January 1, April 1 or July 1.*

**NOTE:** Effective March 26, 1998, the enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or end stage renal disease and who maintain enrollment in Part B of Medicare.

