

TRICARE PRIME - ENROLLMENT

Issue Date: May 15, 1996

Authority: [32 CFR 199.17](#)

I. POLICY

A. In order to receive the expanded benefits and special cost sharing of Prime, beneficiaries must enroll. Active Duty service members are automatically enrolled; others must take specific action to enroll.

B. No non-active duty beneficiary shall be enrolled unless he/she is shown as eligible for TRICARE on the Defense Enrollment Eligibility Reporting System (DEERS). All enrollments shall be recorded on the DEERS through the Composite Health Care System (CHCS) (if required by contract). Further, all Military Health System (MHS) beneficiaries, including Medicare eligibles over the age of 65, must be registered on CHCS in order to obtain services in MTFs and from Health Care Finders. This is separate from enrollment in Prime.

C. No TRICARE-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.

D. TRICARE Prime enrollees who are members of active duty families may transfer enrollment as needed. TRICARE Prime enrollees in beneficiary categories required to pay enrollment fees (retirees, retiree family members, etc.) and Medicare eligible enrollees who are not active duty family members may have two (2) out-of-contract-area enrollment transfers (refer to [OPM Part Two, Chapter 11](#), Definitions) in an enrollment year if the second transfer is back to the first contract area of enrollment for the enrollment year. Within-contract-area enrollment transfers ([OPM Part Two, Chapter 11](#), Definitions) have no limitations.

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. If the enrollment fee has already been paid for March 1998 and beyond and the beneficiary requests a refund, the contractor shall prorate the enrollment fee and refund the portion of the fee for the month of March 1998 and any remaining months in the affected enrollment period.

II. POLICY CONSIDERATIONS

A. Enrollment may occur at any time and is for a 12 month period.

B. Enrollment may be on an individual or family basis.

C. The Managed Care Support (MCS) contractor is responsible for collecting enrollment fees from Prime enrollees, as appropriate. The MCS contractor retains all such fees. See [Chapter 12, Section 2.1](#) for enrollment fee requirements.

D. Payment of enrollment fees may be made by personal check, major credit card, travelers' check, money order, or cashier's check. Fees may be paid in quarterly installments or annually. No administrative fees are charged to enrollees who choose to pay quarterly.

E. Enrollees shall be automatically processed for re-enrollment each year, unless they choose to disenroll in advance of the renewal date.

F. For emergency cases that should be placed under immediate case management, MTF Commanders (for catchment area residents) and the Lead Agents (for non-catchment area residents) 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.

G. MHS beneficiaries who are Medicare eligible or who are not otherwise eligible to enroll in TRICARE Prime shall register for the purpose of accessing care in the MTF and Health Care Finder (HCF) services ([Chapter 12, Section 4.1](#)). This registration is NOT enrollment in TRICARE Prime and no TRICARE Prime program benefits or services (other than access to the services of HCFs and network providers) applies to this beneficiary group.

H. Enrollees may transfer enrollment when they move (within a contract area or outside a contract area) (see [OPM Part Three, Chapter 4, Section II.G.](#)). The losing contractor shall provide continuing coverage until (1) the enrollee applies for enrollment in the new location, (2) the enrollee disenrolls, or (3) the contractor must disenroll the beneficiary for failure to pay required enrollment fees, whichever occurs first. The authorization and referral rules of the losing contractor will continue to apply until enrollment is transferred or the beneficiary is disenrolled. PCM referrals are required only for non-emergency specialty, inpatient, or tertiary care (see [32 CFR 199.17](#)). Claims for self-referred, non-emergency care without an authorization will be processed under the Point Of Service option (see [Chapter 12, Section 10.1](#)). 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 non-emergency care from the losing contractor's HCF, the enrollee shall not be required to use a network provider.

I. Enrollees may disenroll from TRICARE Prime when they move or any time after 12 months of continuous enrollment. All other voluntary disenrollments require the approval of the MTF Commander (for catchment area residents) or Lead Agent (for non-catchment area residents). If approval is not granted, the enrollee may appeal the decision to the Lead Agent who may approve such requests on a case-by-case basis. There are no refunds of paid enrollment fees with one exception: a contractor may reimburse the unused portion of the Prime enrollment fee to a retired TRICARE Prime enrollee who has been recalled to active duty. If the activated member's family chooses continued enrollment in TRICARE Prime, the family shall begin a new enrollment period and, if possible, shall be offered the opportunity to keep its primary care manager (see [OPM Part Three, Chapter 4, Section II.G.](#)).

1. If the beneficiary disagrees with a decision not to allow disenrollment, the beneficiary may appeal to the appropriate Lead Agent who shall make the final decision regarding a beneficiary's request to disenroll.

2. Disenrollment shall be required when beneficiaries are no longer eligible for TRICARE or when they do not submit payment for prescribed enrollment fees by the required date.

3. If an enrollee or enrollee family is disenrolled by the contractor for failure to pay enrollment fees when required, there is a 12-month waiting period before the individual or family may reenroll.

See [OPM, Part Three, Chapter 4](#) for additional information.

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