

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.

1. Enrollment Procedures.

a. No non-active duty beneficiary shall be enrolled unless he/she is shown as eligible on the Defense Enrollment Eligibility Reporting System (DEERS). All enrollments and re-enrollments shall be recorded on the Defense Enrollment Eligibility Reporting System (DEERS).

b. 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 October 1 to September 30). Enrollment may be on an individual or family basis.

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

d. Payment of enrollment fees may be made by personal check, credit card (VISA/MasterCard), travelers' check, money order, or cashier's check. Fees may be paid in monthly, quarterly or annual installments. No administrative fees are charged to enrollees who choose to pay monthly or quarterly.

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.

e. 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.

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2. Enrollment Protocols.

a. 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.

b. 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.

c. TRICARE for Life 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 MTF through TRICARE Plus, to the extent capability and capacity exists in the MTF. In addition, beneficiaries in TRICARE Senior Prime can transfer to TRICARE Plus as of January 1, 2002. Other TRICARE For Life beneficiaries will be able to enroll with a MTF as MTFs determine their ability to provide primary care services to TFL beneficiaries. There shall be no TRICARE Plus affiliation with network providers.

d. TRICARE and the MHS beneficiaries who are not eligible to enroll in TRICARE Prime shall register for the purpose of accessing care in the MTF and Health Care Finder (HCF) services. 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.

3. Retroactive Enrollment. For emergency cases that should be placed under immediate case management, MTF Commanders (for catchment area residents) and the Regional Directors (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.

4. Effective Date of Enrollment. All initial enrollment periods shall begin on the first day of the month following the month in which the enrollment application and enrollment fee payment, if applicable, are received by the contractor. If an application 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. As an exception, when an active duty member's retirement is effective other than on the first of the month, he or she shall be allowed to enroll in TRICARE Prime in a retired status with no break in coverage. Also, when an active duty member separates other than on the first of the month, but continues to be eligible (e.g., is the spouse of an active duty member; or is eligible for the Transitional Assistance Management Program (TAMP)), he or she shall be allowed to enroll in TRICARE Prime with no break in coverage.

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

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B. Portability. Enrollees may transfer enrollment when they move (within a contract area or outside a contract area). The losing contractor shall provide continuing coverage until (1) the enrollee applies for 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 contractor will continue to apply until enrollment is transferred or the beneficiary is disenrolled. Primary Care Manager (PCM) referrals are required only for non-emergency specialty, inpatient, or tertiary care (see [32 CFR 199.17\(n\)\(2\)](#)). Claims for self-referred, non-emergency care without an authorization will be processed under the Point of Service option (see [Chapter 1, Section 4.1](#)). The beneficiary may request retroactive disenrollment based on the beneficiary's assertion that they did not receive the automatic re-enrollment notice. Such assertions must be received within 45 calendar days of the first notice provided in each enrollment period to the beneficiary (normally an EOB) that a claim was adjudicated as Prime. The beneficiary shall be disenrolled retroactively to the beginning of the enrollment period and all affected claims shall be reprocessed as if the beneficiary were non-enrolled. 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.

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