

ENROLLMENT PLAN

The contractor, in consultation with all MTF Commanders and Lead Agents where TRICARE Prime is established, shall develop and implement an enrollment plan. The enrollment plan must address conditions and resources available to each MTF Commander. The plan shall be designed to support contractor enrollment of beneficiaries, to include active duty service members, on DEERs using an automated government-furnished systems application, to inform beneficiaries of the availability of TRICARE Prime, and to facilitate enrollment in the program. The finalized plan shall be submitted through the Lead Agent to the Contracting Officer for approval. The contractor shall forward the plan to the appropriate Lead Agent not less than 90 calendar days prior to the start of each health care delivery period. The plan shall describe the methods to be used to accomplish the purposes of the enrollment plan and shall establish enrollment goals. The plan shall provide for continuous open enrollment and for disenrollment as described in the [Policy Manual, Chapter 9, Section 2.1](#). Enrollment applications must be in writing and signed by the sponsor, spouse or other legal guardian of the beneficiary. DMDC/DEERS shall mail the Universal TRICARE Beneficiary Cards after DMDC receipt of the enrollment record. An enrollee must present both a TRICARE Prime identification card and a military identification card to demonstrate eligibility for TRICARE Prime program benefits. Contractors shall automatically re-enroll Prime enrollees who remain eligible for TRICARE Prime enrollment. Payments of the prescribed enrollment fees, either the annual fee or installment payment, must be received no later than the 30th calendar day following the due date for beneficiaries to continue TRICARE Prime enrollment. Refer to the [Policy Manual, Chapter 9, Section 2.1](#), for enrollment policy. The contractor shall propose a means of enrolling beneficiaries, which may include enrollment by mail. The contractor must demonstrate that mail enrollment provides an opportunity to enroll, especially for beneficiaries living in noncatchment areas.

1.0. COMPLIANCE WITH ENROLLMENT PROTOCOLS

The contractor shall record all Prime enrollments on the Defense Enrollment Eligibility Reporting System (DEERS) using the government-furnished systems application. The contractor shall enroll or re-enroll only those beneficiaries, to include active duty service members, who are shown as eligible on DEERS. Refer to the [Policy Manual, Chapter 9, Sections 2.1 and 3.1](#), and [Chapter 12, Section 7.1](#) for enrollment policy. The contractor shall comply with enrollment protocols including the following:

2.0. FREEDOM OF CHOICE

The contractor shall provide beneficiaries who enroll full and fair disclosure of any restrictions on freedom of choice that apply to enrollees including the Point of Service (POS) option and the consequences of failing to make enrollment fee payments on time.

3.0. ASSIGNMENT OF PRIMARY CARE MANAGER (PCM)

All Direct Care TRICARE Prime enrollees shall be enrolled to a DoD Medical Treatment Facility (MTF) Primary Care Location by the MCSCs. The MTF will assign the enrollee a PCM by name on the CHCS. The MTFs will maintain current listings of Direct Care PCMs that will be made available for the beneficiary's use for the selection or change of a PCM. Direct Care PCM listings will be made available to the MCSCs as determined locally by the MTF or their designee. Upon receipt of an inquiry from a Direct Care enrollee in regards to the person's assigned PCM, the MCSC shall refer the beneficiary to the appropriate local MTF to which the beneficiary is enrolled. In the case of civilian Network enrollees, the MCSCs will enter PCM assignment information as part of the enrollment submission. The contractor shall comply with the MTF Commander's specifications for which enrollees or categories of enrollees residing within the MTF's catchment area shall be assigned a Direct Care primary care location or choice of civilian Network PCM (e.g., an MTF Commander may designate that all beneficiaries with sponsors in the grade of E-1 through E-4 shall be assigned to an MTF primary care location). The contractor shall enroll TRICARE Prime beneficiaries to the MTF until the capacity is optimized in accordance with the MTF Commander's determinations, and all other TRICARE Prime beneficiaries to the contractor's network. An exception to this general principle is that when a family member of a sponsor E-1 through E-4 requests a PCM in the MTF, and the MTF offers TRICARE Prime, they must be assigned an MTF PCM unless capacity has been reached.

4.0. ENROLLMENT BY INDIVIDUAL OR FAMILY UNIT

Enrollment shall be on an individual or family basis. Unless otherwise notified in writing by the sponsor, the contractor shall ensure that newborns and recently adopted children of Prime families, once they are DEERS registered, are automatically enrolled effective on the day of birth or day of adoption.

5.0. ENROLLMENT PROCESSING

In accordance with the agreement with the MTF Commander and the appropriate Lead Agent and the provisions in the Lead Agent Requirements, the contractor shall be responsible for enrollment processing and for coordinating enrollment processing with the MTF, the appropriate Lead Agent, and DEERS. The contractor shall enter enrollments into DEERS using the government-furnished systems application. The contractor shall perform the following specific functions related to enrollment processing:

5.1. The contractor shall collect catchment area enrollment applications at the TRICARE Service Centers or other sites mutually agreed to by the contractor, Lead Agent, and the MTF Commander, or by mail.

5.2. Family members of active duty E-1 through E-4 who reside within the catchment area of a military medical treatment facility and who are not already enrolled in TRICARE Prime shall be encouraged to enroll upon in-processing or when otherwise identified as a candidate for enrollment in accordance with the provisions of [paragraph 9.0.](#), below.

5.3. The contractor shall collect noncatchment area enrollment applications by mail or other means determined by the contractor.

- 5.4.** At the time of enrollment processing, the contractor shall access DEERS to verify eligibility of enrollees and shall update the residential mailing address and any other fields for which they have update capability on DEERS. If the application contains information different from that contained on DEERS in fields for which the contractor does not have update capability, the contractor shall contact the beneficiary by telephone within five calendar days outlining the discrepant information and requesting that the beneficiary contact their military personnel information office.
- 5.5.** The contractor shall maintain a current record of eligible enrollees in its ADP file that interfaces with the claims processing system. The contractor's enrollment system shall remain consistent with DEERS.
- 5.6.** The contractor shall electronically submit to DEERS updated records of enrollees and disenrollees using the government-furnished systems application.
- 5.7.** MCSCs shall utilize DOES to correct system level Primary Care Information Transfer (PIT) enrollment data discrepancies (i.e., missing data), when PIT data discrepancies are communicated to the MCSC by the MTFs. In addition, the MCSCs for MCS Regions 1, and 2/5 shall utilize DOES to correct civilian network PCM system level discrepancies, as identified by the MTFs' PIT error reporting.
- 5.8.** The contractor shall collect annual enrollment fees from TRICARE Prime enrollees. The enrollment fees shall be reported to DEERS (see [ADP Manual, Chapter 9](#)). The enrollment fees are prescribed in the Policy Manual. Prime enrollees may pay annual enrollment fees in quarterly installments, each equal to one-fourth (1/4) of the total amount, if they prefer. The contractors shall accept payment of enrollment fees by personal checks, travelers' checks, credit cards, money orders, or cashier's checks. The enrollee shall select the method for paying the enrollment fee with the initial enrollment application *unless it is a single enrollment and the beneficiary maintains enrollment in Part B of Medicare or if it is a family enrollment and two or more beneficiaries maintain enrollment in Part B of Medicare (see paragraph below)*. When an active duty member's retirement is effective other than the first of the month, they 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 the first of the month, but continues to be eligible (e.g., is the spouse of an active duty member; or is eligible for TAMP) they shall be allowed to enroll in TRICARE Prime with no break in coverage. (Reference the [Policy Manual, Chapter 9, Section 3.1.](#)) Any applicable enrollment fee shall be collected at the time of enrollment; however, there will be no additional enrollment fee collected for the days between the effective enrollment date and the determined enrollment anniversary date. *Any out-of-pocket payments made by the enrollee between the actual enrollment date and their enrollment year start date (anniversary date) will not be applied to the Enrollment Year Catastrophic Cap. Out-of-pocket expenditures will be applied to the Enrollment Year and Fiscal Year Catastrophic Cap as of the enrollment anniversary date.* The enrollment anniversary date shall be determined using the existing 20th day of the month rule. (e.g., A member submits a request to remain in Prime prior to his retirement date, which is May 15. The effective enrollment date will be May 15 and the determined enrollment anniversary date will be June 1. If the retirement date is May 27, the effective enrollment date will be May 27 and the determined enrollment anniversary date will be July 1.) The sponsor's status on the effective date of the initial enrollment, or, if it is an annual renewal, the sponsor's status on the effective date of renewal shall determine the appropriate enrollment fee. *If enrollment fees are overpaid during the payment of quarterly installments during an enrollment year, MCS contractors can maintain a credit of those fees and apply*

the credit to any outstanding quarterly payments due. If credits of the overpayment of enrollment fees are not maintained, MCS contractors are required to refund any overpayments of \$1 or more. When TRICARE Prime enrollment changes from an individual to a family prior to annual renewal the unused portion of the enrollment fee, prorated on a monthly basis, shall be applied toward a new 12 month enrollment period.

5.8.1. Medicare Part B

Each Prime enrolled beneficiary under age 65, who maintain enrollment in Part B of Medicare, is entitled to a \$230 waiver of their TRICARE enrollment fee.

5.8.1.1. Each Prime enrolled beneficiary under age 65, who maintains enrollment in Part B of Medicare, with a single enrollment will have no enrollment fee.

5.8.1.2. For a family enrollment in TRICARE Prime, where one family member is under age 65 and who maintains enrollment in Part B of Medicare, \$230 of the \$460 family enrollment fee is waived and the remaining \$230 must be paid. The \$230 enrollment fee shall be collected in accordance with the payment method selected on the enrollment form.

5.8.1.3. For a family enrollment in TRICARE Prime, where two or more family members are under age 65 and who maintain enrollment in Part B of Medicare, the \$460 family enrollment fee is waived regardless of the number of family members that are not entitled to Medicare Part B.

5.9. Enrollment may occur any time during the contract period; however, all enrollment periods shall begin on the first day of the month following the month in which the enrollment application and enrollment fee payment (annual or first quarterly installment), if applicable, are received by the contractor. If an application and fee are received after the 20th day of the month, enrollment will be on the first day of the second month after the month in which the contractor received the application. Enrollees who transfer enrollment continue with the same enrollment period and anniversary date. The enrollment transfer, however, is effective the date the gaining contractor receives a signed enrollment application or transfer application.

5.9.1. The contractor shall automatically renew enrollments upon expiration unless the enrollee declines renewal, is no longer eligible for Prime enrollment, or fails to pay the enrollment fee on a timely basis, including any grace period allowed. The contractor shall allow a 30 calendar day grace period beginning the first day following the last day of the enrollment period. If the enrollee requests disenrollment during this grace period, the contractor shall disenroll the beneficiary effective retroactive to the enrollment period expiration date. The contractor may pend claims during the grace period to avoid the need to recoup overpayments. If an enrollee does not respond to the re-enrollment notification and fails to make the enrollment fee payment by the end of the grace period, the contractor is to assume that the enrollee has declined re-enrollment. The contractor shall disenroll the beneficiary effective retroactive to the enrollment expiration date. Beneficiaries who decline enrollment renewal at the end of their enrollment periods may re-enroll at any time and are not subject to the lockout provision.

5.9.2. The contractor shall automatically disenroll beneficiaries when an enrollment fee payment, either the entire annual amount or an installment payment, is not received by the

30th calendar day following the annual expiration date or the due date for the installment payment. After the 30th calendar day, the contractor shall disenroll the beneficiary(ies) with a disenrollment effective date retroactive to the annual renewal date or the payment due date, whichever applies. The disenrolled beneficiary will be responsible for the deductible and cost-shares applicable under TRICARE Extra or Standard (depending on the provider's status) for any health care received during the 30 day grace period. In addition, the beneficiary shall be responsible for the cost of any services received during the 30 day grace period that may have been covered under TRICARE Prime but are not a benefit under TRICARE Extra or Standard, e.g. preventive care. Beneficiaries who disenroll prior to their annual enrollment renewal date or who are disenrolled for failure to pay required enrollment fee installments (2nd, 3rd or 4th quarterly installment) in a timely manner are disqualified from future enrollment in Prime for a period of one year from the disenrollment effective date.

5.9.3. Contractors shall send billing notices for quarterly installment payments no later than 30 calendar days prior to the payment due date.

6.0. ENROLLEE NOTIFICATIONS

6.1. *Enrollee notification of network PCM assignment for initial or re-enrollments will be accomplished by DMDC. Enrollee notification of changes to PCM assignments will be accomplished by MCSCs through the end of the transition of the contract.*

6.2. *No later than 30 calendar days before the expiration date of an enrollment, the contractor shall send the appropriate individual (sponsor, custodial parent, former spouse, etc.) a written notification of the pending expiration and renewal of the TRICARE Prime enrollment, and a bill for the enrollment fee, if applicable. The bill shall offer the two payment options - full payment of the annual fee or payment in quarterly installments.*

6.3. *Disenrollment letters shall not be issued to enrollees who have died. DEERS will send a unique code, "D", on the EITs associated with enrollees who have lost eligibility due to death to differentiate from other loss of eligibility reasons. Letters shall be sent to surviving family members providing information of the continuation of benefits when available.*

6.4. *Effective February 21, 2004 or upon instruction from the Contracting Officer, MCSCs will cease sending all disenrollment letters. DMDC will begin sending all disenrollment letters on that date.*

7.0. ENROLLMENT APPLICATIONS

All TRICARE Prime enrollment applications shall include the following statements:

Agency Disclosure Statement

Public reporting burden for this collection of information is estimated to average fifteen (15) minutes per application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including

suggestions for reducing the burden, to the Department of Defense, to Washington Headquarters Services, Directorate of Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and the Office of Management and Budget, Paperwork Reduction Project 0720-0008, Washington DC 20508. PLEASE DO NOT RETURN YOUR APPLICATION TO EITHER OF THESE ADDRESSES. SEND YOUR APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.

Privacy Act Statement

(1) Authority: 5 USC 552a, 10 U.S.C. 1079 and 1086, 58 FR 45318. (2) Purpose: To evaluate eligibility for medical care provided by civilian sources to Military Health Services System beneficiaries applying for coverage under the TRICARE Program (32 CFR 199.17). (3) Uses: Information from application forms and related documents may be given to the Department of Health and Human Services, and/or the Department of Transportation consistent with their statutory administrative responsibilities under TRICARE; to the Department of Justice for representation of the Secretary of Defense in civil actions; and to Congressional Offices in response to inquiries made on the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, and foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the TRICARE Program. (4) Disclosure: Voluntary; however, failure to provide information will result in the denial of enrollment.

8.0. ENROLLMENT/PRIMARY CARE LOCATION ASSIGNMENT DURING IN-PROCESSING

8.1. The Managed Care Support Contractors (MCSCs) shall provide a process to enroll eligible beneficiaries into TRICARE programs requiring enrollment. All TRICARE enrollments will be performed through the government furnished DEERS desktop enrollment application. Enrollment will include designation of a Primary Care Location in accordance with MTF MOUs. The implementation of the enrollment process on each local installation should be based on cost effective business practices, e.g. cost effectiveness of providing the individual, distance from TSC to the installation inprocessing center-five miles or less, frequency of installation in-processing, individual or group inprocessing, etc. The Primary Care Location assignment shall be accomplished based on utilizing a Memorandum of understanding (MOU), to be developed between each MTF within their region, appropriate Lead Agent and the MCSC, to prescribe the Primary Care Location assignment business rules. Family members of active duty E-1 through E-4 who reside within the catchment area of a military medical treatment facility and who are not already enrolled in TRICARE Prime shall be encouraged to enroll upon in-processing or when otherwise identified as a candidate for enrollment in accordance with the provisions of [paragraph 9.0.](#), below.

8.2. The MCSCs will be responsible for administration of the TRICARE enrollment form, verifying accuracy of information and initiating the enrollment process through the DEERS desktop enrollment application.

8.2.1. The government will supply space and connectivity for the equipment needed to run the DEERS desktop enrollment application within the local installation, if proven to be the most cost effective solution.

8.2.2. The equipment needed to run the DEERS desktop enrollment application shall be furnished by the MCSC and shall meet Technical Specifications specified for the TRICARE National Enrollment Database Solution.

8.3. The MCSC representative will provide a current Primary Care Location listing to the enrollee during enrollment processing, and will provide guidance to the enrollee related to Primary Care Location selection. The MCSC representative will assign enrollees to Primary Care Locations until maximum capacity is reached. In accordance with approved MTF MOUs, the MTF will provide a listing of Primary Care Locations with associated groups.

8.4. The Defense Manpower Data Center (DMDC) will be responsible for centrally printing the Universal TRICARE Beneficiary Card generated from DMDC/DEERS enrollment data on a regular basis at the intervals and events required under current contract requirements, DMDC will centrally mail all Universal TRICARE Beneficiary Cards directly to the enrollee to the residential mailing address specified on the enrollment application.

8.5. The return address on the envelope mailed by DMDC shall be that of the respective MCS contractors. In the case of receiving returned mail, the MCSCs are expected to develop a process to fulfill the delivery of the Universal TRICARE Beneficiary Care to the enrollee.

8.6. The contractor is relieved of the requirement to produce the current Enrollment ID Card once the Universal TRICARE Beneficiary Card is produced by DMDC/DEERS. All other requirements for the fulfillment materials, except the current Enrollment ID card, to be provided by the MCSC remain as specified in current contract requirements.

9.0. ENROLLMENT OF FAMILY MEMBERS OF E-1 THROUGH E-4

When family members of E-1 through E-4 reside in a catchment area of a military medical treatment facility offering TRICARE Prime, the family members will be encouraged to enroll in TRICARE Prime. Upon enrollment, they will choose or be assigned a Primary Care Manager located in the military medical treatment facility. Such family members may, however, specifically decline such enrollment without adverse consequences. Enrollment processing and allowance of civilian PCM assignments will be in accordance with the Memorandum of Understanding between the contractor and the MTF. The completion of an enrollment application is a prerequisite for enrollment of such family members.

9.1. Section 712 of the National Defense Authorization Act for Fiscal Year 1999 modified Chapter 55 of Title 10, United States Code by adding a new section 1079a which provides for TRICARE Prime enrollment for active duty families of E-1 through E-4 in certain circumstances.

9.2. As a part of the implementation of this initiative, DoD will do a centralized mailing to maximize enrollment of eligible family members. In early 2001, DoD will send letters to all sponsors E-1 through E-4 who have non-enrolled family members. Those letters will encourage the sponsor and/or family members to contact the local TRICARE Service Center to obtain enrollment information and to make an enrollment decision (i.e., to enroll in TRICARE Prime or to decline enrollment).

9.3. After the initial DoD mail-out, the primary means of identification and subsequent referral for enrollment will occur during in-processing. These non-enrolled families may also be referred to the local TRICARE Service Center by the MTF, Commanders, First Sergeants/Sergeants Major, supervisors, Family Support Centers, et. al.

9.3.1. The local TRICARE Service Center will provide enrollment information and support the family member in making an enrollment decision (i.e., to enroll in TRICARE Prime or to decline enrollment). The contractor shall inform the family members of the benefits and opportunities that accompany Prime enrollment and will give them the opportunity to select or be assigned an MTF primary care manager, select a civilian PCM if permitted by applicable MOU, or to decline enrollment in TRICARE Prime. The effective date of enrollment shall be determined by the actual date of the enrollment application and consistent with current TRICARE rules (i.e., the "20th of the month" rule, as applied under the current contract arrangements).

9.3.1.1. The education of such potential enrollees shall specifically address the advantages of TRICARE Prime enrollment (e.g., guaranteed access, the support of a Primary Care Manager, etc.), shall reinforce that enrollment is at no cost for family members of E-1 through E-4, and shall discuss the potential effective date of the enrollment, explaining that the actual effective date will depend upon the date the enrollment application is received, consistent with current TRICARE rules (i.e., the "20th of the month" rule, as applied under the current contract arrangements).

9.3.1.2. Eligibility effective dates will be assigned consistently with all other TRICARE Prime enrollment policies, i.e., enrollments received on or before the 20th day of the month will become effective on the first day of the following month, etc. These enrollments and enrollment refusals should not be tracked, or the enrollees identified differently than enrollments initiated through any other process, such as the MCSC's own marketing efforts.

9.3.1.3. Enrollment may be terminated at any time upon request of the enrollee, sponsor or other party as appropriate under existing enrollment/disenrollment procedures.

9.3.2. The choice of whether to enroll in TRICARE Prime, or to decline enrollment is completely voluntary. Family members of E-1 through E-4 who decline enrollment or who enroll in Prime and subsequently disenroll shall not be subject to any lock-out provisions and may re-enroll at any time. Similarly, the MCSC shall not apply lock-out provisions against any family members of E-1 through E-4, regardless of residence or source of enrollment, so long as the service member is not E-5 or above at the time of receipt of the application for re-enrollment.

9.3.3. Contractors are not required to screen every TRICARE claim on an automated basis to determine whether it may be for treatment of a non-enrolled active duty family member of E-1 through E-4, living in a catchment area. Rather, they are to support the

prompt and informed enrollment of such individuals when they have been identified by DoD in the course of such a person's interaction with the military health care system or personnel community, and have been referred to the contractor for enrollment.

10.0. TRICARE ELIGIBILITY CHANGES

10.1. The contractor shall allow a TRICARE-eligible beneficiary who has less than 12 months of eligibility remaining (for example, a retiree or a family member who is 64 years of age, a TAMP beneficiary, etc.) to enroll in TRICARE Prime until such time as the enrollee loses his/her TRICARE eligibility. The enrollment transaction to DEERS shall reflect the end date of enrollment to be the same as the end date of eligibility on DEERS. The beneficiary shall have the choice of paying all of the enrollment fee, which is not refundable with one exception (see the NOTE below), or paying the fees on a more frequent basis (e.g., monthly or quarterly), as allowable under current instructions. If the enrollee chooses to pay by installments, the contractor shall collect only those installments required to cover the period of eligibility. Refer to the [Policy Manual, Chapter 9, Section 3.1](#) for information on changes in eligibility.

NOTE: Contractors shall reimburse the unused portion of the TRICARE Prime enrollment fee to retired TRICARE Prime enrollees (and their families) who have been recalled to active duty and report such credits to DEERS. Contractors shall calculate the reimbursement using monthly pro-rating as defined in [Appendix A](#). If the reactivated member's family chooses continued enrollment in TRICARE Prime, the family shall begin a new enrollment period and shall be offered the opportunity to keep its primary care manager, if possible. Any enrollment year catastrophic cap accumulations shall be applied to the new enrollment period.

10.2. The contractor shall include full and complete information about the effects of changes in eligibility and rank in all beneficiary education materials and briefings.

