

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, all beneficiaries must take specific action to enroll. For active duty members located in areas where the TRICARE program is implemented, enrollment in Prime is mandatory. An enrollment form must be completed to ensure DEERS enrollment data is current and claims are processed expeditiously.

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 be 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 and for monthly enrollment fee payments, electronic fund transfers (EFTs) or an allotment from retirement pay. 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. See [TRICARE Operations Manual, Chapter 6, Section 1, paragraph 11.0](#).

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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.

f. Dependents of Activated Members of Reserve Components. Dependents of members of reserve components who have been ordered to active duty for a period of 31 days or more may enroll in TRICARE Prime. Reserve components include both reservists and members of the National Guard. Members of the National Guard are included only if ordered to federal duty. All requirements of this and other services apply to these beneficiaries. Activated members of reserve components are treated the same as any other active duty member.

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 customer services. This registration is NOT enrollment in TRICARE Prime and no TRICARE Prime program benefits or services (other than access to customer services 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 Prime service area residents) and the Regional Directors (for non-Prime service 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.

a. 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

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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.

b. Reenrollments for those who were enrolled in Prime immediately prior to a change in their status:

(1) When an active duty member's retirement is effective other than the first of the month. A Prime application to reenroll must be completed within 30 days of the member's retirement. Otherwise, the application shall be considered an initial enrollment in Prime. The effective date of reenrollment shall be the date of retirement which will then result in seamless TRICARE Prime benefits with no break in coverage.

(2) 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 and any eligible family members shall be allowed to reenroll in TRICARE Prime with no break in coverage. TAMP eligibles must complete an application for Prime prior to the expiration of their period of TAMP eligibility (i.e., 60 or 120 days) to reenroll in Prime. Non-TAMP eligibles separating but who remain eligible for TRICARE must complete the application for Prime within 30 days of their change in status. Otherwise, the application shall be considered an initial enrollment in Prime. The effective date of reenrollment shall be the start date of TAMP eligibility or the date of the separation which will then result in seamless TRICARE Prime benefits with no break in coverage.

(3) TAMP eligibles who were enrolled in Prime immediately prior to their change in status to active duty may continue their enrollment in TRICARE Prime with no break in coverage if they reenroll in TRICARE Prime within 30 days of their return to active duty status. If reenrollment is accomplished within 30 days of return to active duty status, the reenrollment will be retroactive to the date of the change in status from TAMP to active duty. If reenrollment is not accomplished within 30 days of return to active duty status, the twentieth of the month rule will apply (see Chapter 10, Section 5.1 for further information on TAMP eligibles recalled to active duty).

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.

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

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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, the enrollee shall not be required to use a network provider.

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