

## Chapter 9

## Section 3.1

# Registration

Issue Date: February 14, 2004

Authority: [32 CFR 199.5\(h\)\(2\)](#), 10 USC 1079(d)

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### 1.0 ISSUE

Section 1079(d)(1) of Title 10 United States Code (USC) requires that TRICARE beneficiaries must be “registered” in order to receive the benefits provided under Section 1079(d)-(f) of Title 10, United States Code (USC). This registration policy will enhance the efforts to provide an integrated set of services and supplies to eligible TRICARE beneficiaries and insure effective utilization of program resources.

### 2.0 POLICY

**2.1** The active duty sponsor (or other authorized individual acting on behalf of the beneficiary) will submit the following to the Managed Care Support Contractor (MCSC) or TRICARE **Overseas Program (TOP) contractor** responsible for administering the Extended Care Health Option (ECHO) in the geographic area where the beneficiary resides:

**2.1.1** Evidence that the sponsor is an Active Duty Service Member (ADSM) in one of the Uniformed Services.

**2.1.2** Medical records, as determined necessary by the MCSC or **TOP contractor** which demonstrate that the Active Duty Family Member (ADFM) has a qualifying condition in accordance with [Sections 2.2](#) through [2.4](#), and who otherwise meets all applicable ECHO requirements.

**2.1.3** Evidence, as provided by the sponsor’s branch of service, that the family, or family member seeking ECHO registration, is enrolled in the Exceptional Family Member Program (EFMP) provided by the sponsor’s branch of service.

**2.1.3.1** This requirement is waived when either:

**2.1.3.1.1** The sponsor’s branch of service does not provide the EFMP; or

**2.1.3.1.2** The beneficiary seeks ECHO eligibility based on the “deceased sponsor” provisions listed in [Section 2.1](#), or

**2.1.3.1.3** Other circumstances exist that make enrollment in the EFMP unnecessary or inappropriate, such as when an individual resides with the custodial parent who is not the active duty sponsor.

**2.1.3.2** To avoid delaying receipt of ECHO services while completing the ECHO registration process, in particular awaiting completion of enrollment in the EFMP of the sponsor's service, the MCSC or TAO Director may grant otherwise ECHO-eligible beneficiaries a provisional eligibility status for a period of not more than 90 days during which ECHO benefits will be authorized and payable. This provisional status is portable across managed care support contract regions and, except for the ECHO Home Health Care (EHC) benefit, it applies to the TRICARE Overseas Program (TOP).

**Note:** The provisional status will terminate upon completion of the registration process or at the end of the 90 day period, whichever occurs first. The government liability for ECHO benefits will terminate at the end of the 90 day period. The government will not recoup claims paid for ECHO benefits provided during the provisional period.

**2.1.4** Such other information as may be required by the MCSC or TAO Director in order to determine whether or not the requesting beneficiary is eligible for the ECHO.

**2.1.5** In locations outside the 50 United States and the District of Columbia, the TOP contractor shall advise the appropriate TRICARE Area Office (TAO) Director of all ECHO eligibility determinations.

**2.2** Upon determination that an ADFM is eligible for the ECHO, the MCSC or the TOP contractor will use the Defense Online Enrollment System (DOES) to annotate the beneficiary's Defense Enrollment Eligibility Reporting System (DEERS) record to reflect ECHO eligibility.

**2.2.1** The MCSC or TOP contractor will provide the sponsor/beneficiary with written notification of the eligibility determination and that the beneficiary is registered in ECHO. Except as otherwise provided in [paragraph 2.1.3.2](#), the beneficiary is eligible to receive ECHO benefits as of the date of registration.

**Note:** Upon query through the Composite Health Care System (CHCS), the DEERS Eligibility Response will return the Health Care Delivery Plan (HCDP) code **400**, which indicates the beneficiary is registered and eligible to receive ECHO benefits.

**2.2.2** Determination that a beneficiary is not eligible for the ECHO is factual, therefore, such determination can not be appealed.

**2.3** At the time of registration, the MCSC or TOP contractor will also provide the sponsor/beneficiary with informational materials that, at a minimum, emphasize the ECHO is an optional program for ADFMs only and has unique qualifying and cost-sharing requirements.

**2.4** The eligibility determination will remain in effect until such time as the MCSC or the TOP contractor determines the beneficiary is no longer eligible for the ECHO. This may result from a loss of TRICARE eligibility, remediation of the qualifying condition, or a determination that the beneficiary does not otherwise meet the eligibility requirements of the ECHO.

**2.5** TRICARE does not charge a fee for registering in the ECHO, however, the sponsor/beneficiary may incur costs associated with the determination of eligibility for the ECHO. For example, the sponsor of a beneficiary who uses TRICARE Standard or Extra (**through December 31, 2017**) or **TRICARE Select (starting January 1, 2018)** to receive diagnostic services that result in a diagnosis

that is an ECHO qualifying condition, is liable for all relevant cost-shares associated with receipt of those diagnostic services. Those cost-shares are not reimbursable under the ECHO. Additionally, TRICARE does not provide separate or additional reimbursement to providers for completion of forms, such as the DoD form DD 2792, **Exceptional Family Member Medical Summary**, or for reproducing, copying or transmitting records necessary to register in the ECHO. TRICARE will deny claims for such services.

**3.0 EFFECTIVE DATE**

September 1, 2005.

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