

TRICARE Prime And TRICARE Select Enrollment Portability

1.0 The term “contractor” applies to Uniformed Services Family Health Plan (USFHP) Designated Providers (DPs) as well as to Managed Care Support Contractors (MCSCs) for purposes of enrollment portability.

References in this section to TRICARE Select enrollment actions are effective January 1, 2018.

The requirement to process TRICARE Select enrollments does not apply to transitioning out MCSCs nor to USFHP contractors.

1.1 TRICARE Prime and TRICARE Select enrollees retain coverage whenever they move or travel. Enrollment portability provisions apply to TRICARE Prime/Select enrollees’ travel or relocation to or from all areas, where TRICARE Prime/Select is available. The contractor for the region in which the beneficiary is enrolled on Defense Enrollment Eligibility Reporting System (DEERS) is responsible for providing continuing coverage and updating catastrophic cap accumulations for the enrollee while the enrollee is traveling or relocating, except in the case of care provided overseas (i.e., care outside of the 50 United States and the District of Columbia). Civilian health care while traveling or visiting overseas shall be processed by the TOP contractor, regardless of where the beneficiary resides or is enrolled.

1.2 An enrollee may transfer enrollment **before or** after moving either temporarily or permanently to a new location using any of the enrollment options in [Chapter 6, Section 1](#). The losing contractor shall continue to provide health care coverage until:

- The enrollment is transferred to the gaining contractor;
- The beneficiary is no longer eligible for enrollment in TRICARE Prime or TRICARE Select;
- The beneficiary disenrolls; or
- The beneficiary is disenrolled due to failure to pay required enrollment fees, whichever occurs first.

TRICARE Prime referral and authorization rules continue to apply (see [Chapter 8, Section 5](#)). Under no circumstances will retroactive disenrollment be allowed in order to avoid POS cost-sharing provisions.

1.2.1 On the day the gaining contractor receives either a beneficiary’s signed enrollment form, telephone portability request, or a request via the Government furnished web-based self-service enrollment system/application agreeing to a transfer of enrollment to the new region, the beneficiary shall be considered enrolled at the new location and should contact the new Primary

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Care Manager (PCM), the new region's Health Care Finder (HCF), or the DP for health care and health related assistance.

1.2.2 For enrollment requests received via the Government furnished web-based self-service enrollment system/ application, the contractor shall modify the effective date to be the date the enrollment was submitted, except when the "20th of the month rule" applies. The "20th of the month rule" does not apply to the TRICARE Overseas contractor. Effective January 1, 2018, the "20th of the month rule" no longer applies and the contractor shall modify the effective date to be the date the online enrollment was submitted.

1.2.3 The effective date for transfer of enrollment may differ from the effective date for initial enrollment. See [Section 1](#) for information on initial enrollment in TRICARE Prime. For transfers, the original enrollment period on DEERS will remain in effect.

1.3 Within four calendar days of receipt of a beneficiary's request for enrollment form transfer, the gaining contractor shall submit the transfer of enrollment to DEERS using the Government-furnished systems application. See [Section 1](#) for effective date rules.

1.4 When enrollment changes from one contractor to another **prior to the annual renewal** for enrollees in beneficiary categories required to pay enrollment fees, the gaining contractor shall obtain information from the losing contractor on fees that are being automatically paid and transition these payment types in the least disruptive manner for the beneficiary. Enrollment fees must be paid current prior to transfer of enrollment. See [Section 1](#) for refunds of unused enrollment fees.

1.5 USFHP Portability Guidelines

1.5.1 TRICARE Prime USFHP enrollees who are not otherwise TRICARE-eligible (i.e., grandfathered Medicare eligible beneficiaries who only have Part A) may only transfer enrollment from one USFHP to another USFHP; they may not transfer to an Managed Care Support Contractor (MCSC).

1.5.2 Beneficiaries enrolled in TRICARE Prime coverage who reside in a zip code where USFHP and MCSC Prime networks co-exist may elect to change their PCM to the other network at any time by disenrolling from their current contractor and re-enrolling with the other contractor. This is to be viewed as a PCM change.

1.6 Enrollment portability and PCM changes are not limited to the annual open enrollment period or require a Qualifying Life Event (QLE) to occur.

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