



TRICARE
MANAGEMENT
ACTIVITY

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3206

AUG 16 2007

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DIRECTOR, HEALTH AND SAFETY, U.S. COAST GUARD

SUBJECT: Implementation Guidance for TRICARE Policy for Access to Care and Prime Service Area Standards

References: (a) ASD (HA) Policy Memorandum 06-007, "TRICARE Policy for Access to Care and Prime Service Area Standards," dated February 21, 2006

I have attached draft implementation guidance, subject as above, for your consideration. This guidance implements HA Policy 06-007 attached. The guidance is necessary to ensure consistent application of the Health Affairs policy while managing TRICARE Prime enrollments to the military treatment facilities (MTFs).

The guidance defines steps for processing requests for enrollment to an MTF by beneficiaries who reside more than 30 minutes from it. The guidance also specifies a mandatory administrative process for ensuring that a beneficiary can enroll to a MTF only if it is located in the same TRICARE region as the beneficiary's residence, unless the residence is in a MTF Prime Service Area that encompasses portions of more than one region.

This proposed guidance is the result of collaboration among members of the TRICARE Enrollment Liaison Workgroup which includes representatives from TRICARE Operations, the TRICARE Regional Offices, and the Services. Please provide your comments on the policy no later than 30 days from the date of this request.

My point of contact on this issue is Ms. Leisa Shade-Ford, who may be reached at (703) 681-0039, extension 10056, or by e-mail at leisa_shade-ford@tma.osd.mil. Thank you for your attention to this matter.

Elder Granger
Major General, MC, USA
Deputy Director

Attachment:
As stated

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DIRECTORS, TRICARE REGIONAL OFFICES
DIRECTOR, HEALTH AND SAFETY, U.S. COAST GUARD

SUBJECT: Implementation Guidance for Health Affairs (HA) Policy 06-007,
TRICARE Policy for Access to Care and Prime Service Areas

References: (a) 32 CFR 199.17

(b) TRICARE Prime Enrollment Application and PCM Change Form (DD
Form 2876, March 2004)

(c) TRICARE Policy Manual, Chapter 12

This memorandum provides process steps for implementing the subject policy, which is attached. The policy requires that non-active duty beneficiaries in the continental United States, Alaska, and Hawaii, who reside more than 30 minutes from a military treatment facility (MTF) to which they desire to enroll must request waivers of the access-to-care drive-time standards through the MTF Commander to effect enrollment to the MTF. The Commander (or local designee) may approve waivers only for those who they determine will drive less than 100 miles to the MTF to visit their primary care manager. The TRICARE Regional Office (TRO) Director of jurisdiction may approve waiver requests from beneficiaries who desire to enroll to the MTF and who reside 100 miles or more from the MTF only if the MTF Commander (or local designee) wants to accept the enrollment request.

Beneficiaries who choose to waive drive-time standards for access to care (no more than 30 minutes for access to primary care services and no more than one hour for access to specialty care services) must document their decision. Reference (a), Section (n)(2)(v), specifies that health care services obtained by a TRICARE Prime enrollee, but not obtained in accordance with the utilization management rules and procedures of Prime, will not be paid for under Prime rules, but may be covered by the point-of-service option. However, Prime rules may cover such services if the enrollee did not know, and could not reasonably have been expected to know, that the services were not obtained in accordance with the utilization management rules and procedures of Prime. When requesting enrollment in TRICARE Prime, beneficiaries who desire to waive their right to the drive-time standards for access to care must document their waiver request by signing Section V of reference (b). If the beneficiary applies for enrollment using the Beneficiary Web Enrollment (BWE) process, the equivalent waiver acknowledgment is automatically required in order to complete the BWE application. Beneficiaries also must assert they understand their responsibility to comply with all

TRICARE Prime procedures, including Prime point-of-service provisions, by signing Section VI of reference (b) or by applying for enrollment through the BWE process.

The drive-time access standards do not apply to the TRICARE Overseas Prime (TOP) Program. TRICARE Area Offices (TAOs) and overseas MTFs should continue with current processes and procedures, as specified in references (a) and (c), used to implement the Prime benefit in their respective areas.

To comply with the subject policy, TRO Directors, MTF Commanders, and the managed care support contractors (MCSCs) shall implement the following process:

1. For a beneficiary who requests a new enrollment or a portability transfer to an MTF, but who resides more than 30 minutes drive-time and less than 100 miles from the MTF, the MCSC will ensure an applicant submitting reference (b) has signed Sections V and VI of the form. An applicant who chooses to use the BWE process makes an equivalent waiver acknowledgement as part of the process itself. The MCSC will enroll the beneficiary according to the memorandum of understanding (MOU) between the MCSC and the MTF. The MOU could, if the MTF Commander so desires, provide for "blanket" acceptance of drive-time waiver requests, or it could specify any less all-encompassing acceptance of such requests, including rejection of all waiver requests. The provisions for enrollment in the MOU must comply with the priority, by beneficiary category, for enrollment specified in 32 CFR 199.17(c).
2. The MCSC shall notify the MTF Commander (or local designee) when a beneficiary residing 100 miles or more from the MTF, but in the same region, requests a new enrollment or portability transfer to the MTF. Such notification is not necessary if the MOU has already established that the MTF Commander will not accept enrollment of beneficiaries who reside 100 miles or more from the MTF. The MCSC may make this notification by any mutually agreeable method specified in the MOU. If the Commander (or local designee) wants to accept the enrollment request, he/she will consult with the TRO Director for a decision. The TRO Director's decision must comply with the priority, by beneficiary category, for enrollment specified in 32 CFR 199.17(c). If the TRO Director approves the waiver, the MTF Commander (or local designee) shall notify the MCSC to enroll the beneficiary to the MTF. The TRO Director's decision shall be documented and retained in a manner that is mutually agreeable to the Director and the MTF Commander. Before effecting the enrollment, the MCSC will ensure the beneficiary has signed Sections V and VI of the enrollment application form or has requested enrollment through the BWE process.
3. If for a current MTF enrollee who has not enrolled via the BWE process and who resides more than 30 minutes from but within 100 miles of the MTF and there is not on file a signed drive-time access standard waiver and a signed acknowledgement that the beneficiary understands the rules associated with the waiver, the MCSC shall, at the next annual TRICARE Prime enrollment renewal point, require the beneficiary to submit a TRICARE Prime Enrollment Application and PCM Change Form, with the beneficiary's signature in both Sections V and VI. The MCSC will notify the beneficiary of this waiver documentation

requirement no later than two months before expiration of the beneficiary's enrollment.

4. Although the subject policy specifies the process for determining the driving time in the case of a beneficiary whom the MTF Commander wants to enroll but who desires enrollment to the civilian network, it specifies no process for determining the driving distance when the beneficiary wants to enroll to the MTF. This implementation guidance establishes that in this latter case the MCSC is responsible for estimating the driving time from the residence of an enrollee applicant to the MTF. To make that estimate the MCSC must use at least one Web-based mapping program of the MCSC's choosing. The choice of program(s) is at the discretion of the MCSC, but the MCSC must use a consistent process to determine the driving distance for each enrollee applicant who may reside more than 30-minutes drive-time from the MTF. In making this determination the MCSC shall compute the distance between the enrollee's residence and the MTF. It is not acceptable to use a geographic substitute, such as a zip code centroid. If an enrollee applicant resides within a zip code previously determined to lie entirely within 30-minutes driving distance from the MTF, the MCSC need not compute the drive-time for that applicant. The MCSC need not compute the driving time if the enrollee applicant resides in a location not included among those identified in the MOU as containing beneficiaries whom the MTF Commander is willing to consider for enrollment.
5. A beneficiary's signed, approved waiver must be kept on file. If the beneficiary applied for enrollment using the BWE process, the equivalent waiver acknowledgement is confirmed in the Defense Enrollment Eligibility Reporting System (DEERS). The MCSC shall retain the completed TRICARE Prime Enrollment Application, PCM Change Forms, and waiver approvals or disapprovals on behalf of the MTF Commander for beneficiaries who have applied for enrollment using either the BWE process or the paper enrollment application form (DD Form 2876). At the conclusion of the contract, the MCSC shall convey all this documentation to the successor contractor.
6. The MCSC shall apprise the MTF Commander (or local designee) of all enrollees to the MTF who have waived their right to the drive-time access standard. The MCSC shall separate the information into two categories, those whose enrollment the MTF Commander (or local designee) has approved and those whose enrollment the TRO Director has approved. The notification shall be by any mutually agreeable means specified in the MOU between the MTF Commander and the MCSC. For example, the MCSC could notify the MTF Commander (or local designee) via email each month of new enrollments to the MTF by beneficiaries whose drive-time waivers have been accepted.
7. An approved waiver for those beneficiaries residing less than 100 miles from the MTF remains in effect until the beneficiary changes residency location. Enrollment of beneficiaries who reside 100 miles or more from the MTF will be guided by steps 10 and 11 below.

8. If the MTF Commander (or local designee) or TRO Director has disapproved the waiver request, the MCSC shall notify the beneficiary they are disqualified for enrollment to the MTF, offer the opportunity for enrollment to a different MTF if available within access standards, enrollment to a network primary care manager (PCM) within 30 minutes drive-time of the beneficiary (if available), enrollment to a network PCM more than 30 minutes drive-time from the beneficiary if the beneficiary waives travel time access standards, and inform the beneficiary that in lieu of enrollment they may participate in TRICARE Extra, TRICARE Standard, or the Uniformed Services Family Health Plan (USFHP) (where available).
9. The MCSC's contractual requirement for enrollment processing timeliness will not begin until the MCSC has obtained direction from the MTF Commander about waiver approval or disapproval.
10. The MTF Commander, in the MOU, may specify that enrollment of some or all current enrollees who reside 100 or more miles from the MTF, but in the same region, are not to be renewed at the end of the enrollment period, even if they have previously waived the drive-time standard. The MOU shall document a rationale, based on patient capacity and staff capabilities of the MTF, for denying re-enrollment that is consistent with the priority, by beneficiary category, for enrollment specified in 32 CFR 199.17(c). The MCSC shall inform such beneficiaries no later than two months prior to expiration of the current enrollment period that they are disqualified for renewal of enrollment to the MTF, provide the rationale for this (as documented in the MOU), and explain that disqualification for re-enrollment is based upon priority, by beneficiary category, for enrollment specified in 32 CFR 199.17(c). The MCSC shall inform them that in lieu of enrollment to the MTF they may enroll to a different MTF if available within access standards, a network PCM if the beneficiary lives within a PSA or lives outside a PSA but within 30 minutes drive-time of a network PCM, or participate in TRICARE Extra, TRICARE Standard, or the Uniformed Services Family Health Plan (USFHP) (where available).
11. If the MCSC determines that a beneficiary's residential address, as recorded in the DEERS, is not within the same region as the MTF to which the beneficiary is enrolled and is located outside the MTF PSA, the MCSC shall contact the beneficiary, informing him/her of the discrepant address situation. The MCSC shall not wait for the next annual TRICARE Prime renewal point before contacting the beneficiary. If the beneficiary confirms the DEERS-recorded address is incorrect, the MCSC shall request the beneficiary to update DEERS with correct information. If the MCSC determines the beneficiary truly resides both outside the region to which he/she is enrolled and outside the MTF PSA, the MCSC shall inform the beneficiary no later than two months prior to expiration of the current enrollment period that they are disqualified for renewal of enrollment in a region in which they do not reside, and enrollment will not be renewed in that region. The MCSC shall provide information necessary for the beneficiary to contact the MCSC for the region in which the beneficiary resides to request enrollment in that region. The MCSC shall inform the beneficiary that in lieu of enrollment he/she may participate in TRICARE Extra, TRICARE Standard, or the Uniformed Services Family Health Plan (USFHP) (where available).

inform the beneficiary that in lieu of enrollment he/she may participate in TRICARE Extra, TRICARE Standard, or the Uniformed Services Family Health Plan (USFHP) (where available).

Active duty service members (ADSMs) who are not eligible for TRICARE Prime Remote must enroll to a local MTF. They may not enroll to civilian PCMs, and no waiver of access to care drive-time standards is required by the MTF Commander to enroll these ADSMs.

Educating beneficiaries is important to successfully implement the subject policy. MCSCs shall inform beneficiaries about options available for those found disqualified for enrollment to an MTF, including enrollment to a network Primary Care Manager, TRICARE Extra, or TRICARE Standard, or enrollment to a USFHP (where available).

The MCSCs, Military Services, and TRICARE Regional Office Directors shall begin utilizing the policy implementation process described herein after implementation of any required managed care support contract modifications.

My point of contact for this implementation guidance is Mr. Michael O'Bar, Director of the TRICARE Benefits Division, TRICARE Management Activity. He may be contacted at 703-681-0039 or michael.o'bar@tma.osd.mil.

Elder Granger
Major General, MC, USA
Deputy Director

Attachment:
HA Policy 06-007