



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MAR 2 2020

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Representative Brady:

The enclosed final report is in response to section 734 of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Public Law 115-232), "Report on Requirement for Certain Former Members of the Armed Forces to Enroll in Medicare Part B to be Eligible for TRICARE for Life;" House Report 115-676, page 132, accompanying H.R. 5515, the NDAA for FY 2019, "Improving Health Care Choices for Severely Injured Service Members;" and Senate Report 115-262, page 223, accompanying S. 2987, the John S. McCain NDAA for FY 2019, "TRICARE Access Study."

This report includes the numbers requested as well as historical background and details on the TRICARE for Life program, return-to-work analysis from the Department of Health and Human Services, and analysis as required by section 734. The report also provides clarifying contextual analysis to address impacts on return-to-work rates. Finally, the report addresses TRICARE for Life eligibility, which is automatic coverage extended to TRICARE-eligible beneficiaries and does not contain enrollment fees or premiums.

Thank you for your strong support for the health and well-being of our Service members, veterans, and their families. An identical letter is being sent to the House Committee on Armed Services, the Senate Committee on Armed Services, and the Senate Committee on Finance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Matthew P. Donovan".

Matthew P. Donovan
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated



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OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable Richard E. Neal
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

MAR 2 2020

Dear Mr. Chairman:

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PERSONNEL AND
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The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

MAR 2 2020

Dear Senator Wyden:

The enclosed final report is in response to section 734 of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Public Law 115-232), "Report on Requirement for Certain Former Members of the Armed Forces to Enroll in Medicare Part B to be Eligible for TRICARE for Life;" House Report 11-676, page 132, accompanying H.R. 5515, the NDAA for FY 2019, "Improving Health Care Choices for Severely Injured Service Members;" and Senate Report 115-262, page 223, accompanying S. 2987, the John S. McCain NDAA for FY 2019, "TRICARE Access Study."

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WASHINGTON, D.C. 20301-4000

The Honorable Charles E. Grassley
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

MAR 2 2020

Dear Mr. Chairman:

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WASHINGTON, D.C. 20301-4000

The Honorable William M. "Mac" Thornberry
Ranking Member
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

MAR 2 2020

Dear Representative Thornberry:

The enclosed final report is in response to section 734 of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Public Law 115-232), "Report on Requirement for Certain Former Members of the Armed Forces to Enroll in Medicare Part B to be Eligible for TRICARE for Life;" House Report 115-676, page 132, accompanying H.R. 5515, the NDAA for FY 2019, "Improving Health Care Choices for Severely Injured Service Members;" and Senate Report 115-262, page 223, accompanying S. 2987, the John S. McCain NDAA for FY 2019, "TRICARE Access Study."

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The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

MAR 2 2020

Dear Mr. Chairman:

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The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

MAR 2 2020

Dear Mr. Chairman:

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
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The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate
Washington, DC 20510

MAR 2 2020

Dear Senator Reed:

The enclosed final report is in response to section 734 of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Public Law 115-232), "Report on Requirement for Certain Former Members of the Armed Forces to Enroll in Medicare Part B to be Eligible for TRICARE for Life;" House Report 115-676, page 132, accompanying H.R. 5515, the NDAA for FY 2019, "Improving Health Care Choices for Severely Injured Service Members;" and Senate Report 115-262, page 223, accompanying S. 2987, the John S. McCain NDAA for FY 2019, "TRICARE Access Study."

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**Report to Congressional Committees
of Armed Services, Finance, and Ways and Means**



Section 734 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232), “Report on Requirement for Certain Former Members of the Armed Forces to Enroll in Medicare Part B to be Eligible for TRICARE for Life;” House Report 115–676, Page 132, Accompanying H.R. 5515, the National Defense Authorization Act for Fiscal Year 2019, “Improving Health Care Choices for Severely Injured Service Members;” and Senate Report 115–262, Page 223, Accompanying S. 2987, the John S McCain National Defense Authorization Act for Fiscal Year 2019, “TRICARE Access Study”

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$35,000.00 in Fiscal Years 2018 - 2019. This includes \$0.00 in expenses and \$35,000.00 in DoD labor.

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I. Summary

As directed by section 734 of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Public Law 115-232), “Report on Requirement for Certain Former Members of the Armed Forces to Enroll in Medicare Part B to be Eligible for TRICARE for Life,” and similar requirements in House Report 115-676, Page 132, accompanying H.R. 5515, the NDAA for FY 2019, “Improving Health Care Choices for Severely Injured Service Members,” and Senate Report 115-262, Page 223, accompanying S. 2987, the John S McCain NDAA for FY 2019 “TRICARE Access Study,” Congress requires the Department of Defense (DoD), in coordination with the Social Security Administration (SSA) and the Centers for Medicare & Medicaid Services (CMS), to provide a report on the requirement to maintain enrollment in Medicare Part B when entitled to Medicare Part A in order to maintain TRICARE eligibility.

This report was limited in scope to a specific subset of TRICARE beneficiaries, those former Service members who are medically retired under Chapter 61 of title 10, United States Code (U.S.C.), and who become entitled to Medicare in the 25th month of receiving Social Security Disability Insurance (SSDI) benefits. The Defense Health Agency (DHA) consulted with subject matter experts from SSA and CMS to obtain policies, applicable studies, and data to fulfill the requirements of this report. An interim report was mailed to the congressional committees on July 18, 2019.

Preparation of this report included a review of the DoD’s responses to relevant legislative proposals previously reviewed by the Department, including the Fair Access to Insurance for Retired (FAIR) Heroes Act of 2017 and Health Equity and Access for Returning Troops and Service Members (HEARTS) Acts of 2018 and 2019. *Where analysis or comments in this report refer to draft proposed legislation, it should be noted that these comments are exclusively the position of DoD, not necessarily the position of either SSA or the Department of Health and Human Services.*

In most cases, Medicare Part B premiums are automatically deducted from monthly SSDI benefit payments. When an SSDI recipient returns to work and has earnings exceeding the Substantial Gainful Activity (SGA) (e.g., the 2019 monthly SGA amount for statutorily blind individuals is \$2,040; the monthly SGA amount for non-blind individuals is \$1,220.00), SSDI payments are suspended upon completion of the Trial Work Period. The individual is then billed directly for Part B premiums. The direct billing/payment of Part B premiums may result in the individual perceiving an additional financial burden. However, they were already paying Part B Premiums while receiving SSDI payments.

Medicare-eligible beneficiaries pay Medicare Part B premiums regardless of whether or not they are in receipt of SSDI payments. When receiving SSDI payments, beneficiaries have premiums deducted automatically from their SSDI paycheck.

Draft legislative proposals provide relief only for those individuals who have SSDI payments terminated due to SGA.

Beneficiaries who have their SSDI payments **suspended** due to SGA or those who still receive SSDI would not receive relief, and would continue to pay Medicare Part B premiums.

Legislation in line with FAIR or HEARTS would disadvantage Medicare-eligible medically retired Service members who are unable to return to work and make SGA, as they would still be required to remain enrolled in Medicare Part B while those who return to work and have their SSDI benefits terminated due to SGA would no longer have to remain enrolled in Medicare Part B (and therefore would no longer have to pay for Medicare Part B) to remain TRICARE eligible. The average SSDI monthly payment is \$1,234.00 in 2019 and the SGA for non-blind individuals is \$1,220.00, virtually identical amounts with one group required under the legislative proposals to pay Part B premiums and Part B premiums waived for the other. The below table illustrates how a beneficiary who receives SSDI would be disadvantaged compared with an individual who is able to gain SGA:

Table 1 –Illustration of FAIR or HEARTS Impact on Net Income

| | SSDI Recipient | SGA |
|------------------------------|-----------------------|------------|
| Baseline Income | \$1,234 | \$1,220 |
| Less Medicare Part B Premium | -\$134 | -\$0 |
| Net Income | \$1,100 | \$1,220 |

There are significant financial considerations for beneficiaries and the Department in the case of a waiver to the requirement to maintain Medicare Part B coverage while entitled to Medicare Part A in order to remain eligible for TRICARE secondary coverage, unless specifically exempted (e.g., active duty family members). Medicare applies a late-enrollment premium surcharge of 10 percent for each 12-month period a Medicare beneficiary does not have Medicare Part B. If a medically retired Service member with Medicare Part A did not have to maintain Medicare Part B coverage to remain in TRICARE Prime (Medicare-eligible beneficiaries are not eligible for TRICARE Select under statute) while making SGA, and the member’s health declines and is unable to continue work at or above the SGA, they would be required to re-enroll in Medicare Part B to remain TRICARE eligible. Medicare would then apply the late enrollment premium surcharge. The HEARTS Act proposed the elimination of the late enrollment premium surcharge for the scenario described.

TRICARE for Life (TFL) is wraparound coverage for those individuals who are entitled to premium-free Medicare Part A and who have Medicare Part B coverage. When health care services are a benefit of Medicare and TRICARE, the beneficiary has no out-of-pocket expenses. TFL exceeds “Platinum Plan” levels under the Affordable Care Act by effectively eliminating beneficiary out-of-pocket expenses in most instances (i.e., when services are covered by both Medicare and TRICARE).

TRICARE beneficiaries under age 65, who are entitled to Medicare Part A and have Medicare Part B, are also eligible to enroll in TRICARE Prime, provided they live in a Prime service area (PSA). The Prime individual enrollment fee is waived for those who have Medicare Part B, (or in the case of family coverage, the premium is reduced by 50 percent).

II. Introduction

Section 734 supports analysis of previous legislative proposals to mitigate the financial impact of providing health coverage to America's Wounded Warriors, including the proposed FAIR Heroes Act of 2017 and the proposed HEARTS Act of 2018.¹

Section III of this report provides background of the TFL program and key facts and information regarding it and Medicare. Below, we present the study elements required by section 734.

In general, section 734(a) requires DoD to produce a report:

... on the requirement that a covered individual enroll in the supplementary medical insurance program under Part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.) in order to be eligible for TRICARE for Life.

Section IV A. of this report addresses the following elements as specified by Congress:

(1) An analysis of whether the requirement described in such subsection affects covered individuals from returning to work.

Section IV B. of this report addresses the following elements as specified by Congress:

(2) The number of individuals who—

(A) are retired from the Armed Forces under Chapter 61 of title 10, United States Code;

(B) are entitled to hospital insurance benefits under Part A of title XVIII of the Social Security Act pursuant to receiving benefits for 24 months as described in subparagraph (A) or (C) of section 226(b)(2) of such Act (42 U.S.C. 426(b)(2)); and

(C) because of such entitlement, are no longer enrolled in TRICARE Standard, TRICARE Prime, TRICARE Extra, or TRICARE Select.

Section IV C. of this report addresses the following elements as specified by Congress:

(3) The number of covered individuals who would potentially enroll in TRICARE for Life but not enroll in the supplementary medical insurance program under Part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.) if able.

¹ NDAA for FY 2019 enacted August 13, 2018, as Pub. L. No. 115-232.

III. Background and Key Facts of TRICARE for Life and Medicare

TFL provides wraparound coverage for TRICARE beneficiaries who are entitled to Medicare Part A and who have Medicare Part B:

- Section 712 of the NDAA for FY 2001 (Public Law 106-398) provided continued coverage for TRICARE beneficiaries who are entitled to Medicare, effective October 1, 2001. Prior to this date, individuals lost their entitlement to TRICARE purchased care coverage when they became entitled to Medicare and had to rely solely on Medicare for purchased care coverage.
- Since TFL was implemented in 2001, with the exception of active duty Service members and their dependents, TRICARE beneficiaries who become entitled to Medicare Part A regardless of the reason, (disability, End Stage Renal Disease, Lou Gehrig's, or attaining age 65) or place of residence (uniformly applicable to beneficiaries who live overseas where Medicare does not participate), are required to have Medicare Part B to remain eligible for TRICARE.
- This legislation requests information on the Medicare Part B requirement only for medically retired Service members whose SSDI payments were terminated when they returned to work and are making SGA.
- This legislation does not request information regarding medically retired Service members who are paying Medicare Part B premiums via deduction from monthly SSDI payments or those who have SSDI payments suspended but not yet terminated.
- When SSDI payments are suspended because an individual returns to work and earnings qualify as SGA, Medicare sends a quarterly bill for Part B premiums. Failure to pay premiums results in the termination of both Medicare Part B and TRICARE coverage. SSA does send a letter notifying the beneficiary of the date SSDI is suspended. The letter also explains that Medicare entitlement continues and they will receive quarterly bills for the Medicare Part B premiums.
- Entitlement to Medicare Part A can continue up to 8½ years for individuals who have returned to work. There is a 9-month trial work period in which beneficiaries who obtain SGA continue to receive SSDI payments regardless of income before benefits are suspended. This is a "safety net" for individuals who may need to stop working or their earnings fall below the applicable SGA threshold, and eliminates the need to go through the Social Security disability determination process all over again.
- Medically retired individuals, like all other TRICARE beneficiaries who become entitled to SSDI, become entitled to Medicare in the 25th month of receiving SSDI payments. TRICARE beneficiaries under the age of 65 and entitled to Medicare Part

A and Part B have the option of remaining in TRICARE Prime although Medicare remains the primary insurer.

- Medicare is the primary payer for TRICARE beneficiaries who are entitled to Medicare. TRICARE beneficiaries under the age of 65 who are entitled to Medicare Part A and enrolled in Medicare Part B have the option of using TRICARE Prime or TFL. The TRICARE Prime enrollment fee is waived for those who have Medicare Part B. TFL is the Medicare wraparound coverage for TRICARE beneficiaries who are entitled to Medicare Part A and Medicare Part B. Individuals entitled to Medicare Part A, but do not have Medicare Part B, are not eligible for the program called TFL or for TRICARE Prime, except for family members of active duty Service members. TFL provides comprehensive health care coverage. TFL beneficiaries have the freedom to seek care from any Medicare-participating or nonparticipating provider, or military treatment facility on a space-available basis.
- Medicare and TRICARE coordinate benefits. When health care services are covered by both Medicare and TRICARE, the beneficiary has no out of pocket expenses.

IV. Analysis and Report

A. Analysis of Return-to-Work Impact

This section of the report responds to section 734(b)(1), which requires:

(1) An analysis of whether the requirement described in such subsection affects covered individuals from returning to work.

Payment of Medicare Part B premiums is a constant for TRICARE recipients of SSDI upon the 25th month of SSDI benefits when they become entitled to Medicare, whether it is automatically deducted from their monthly SSDI benefits, or, if the beneficiary returns to work and makes SGA, paid by the beneficiary directly to MEDICARE. In fact, there is no increased liability, or financial disincentive to the Service member making SGA.

Beneficiaries eligible for SSDI receive payments each month based on their average lifetime earnings before their disability began. It is not based on the severity of the disability or income. Most SSDI recipients receive between \$800.00 and \$1,800.00 per month (the average for 2019 is \$1,234.00). The amount received is unique for every individual. This is due to the fact the SSA uses a complex weighted formula to calculate benefits for each person up to the maximum benefit of \$2,861.00 in 2019.

DHA considered multiple factors in determining how to approach this analysis, particularly given the inferred nexus between the out of pocket payment of Medicare Part B premiums and returning to work. Ultimately, given the disparate populations and multi-factorial contributors to an individual's condition, with polytrauma, post-traumatic stress disorder, traumatic brain injury and other combinations, which may be a confounding factor of evaluating a medically retired Service member compared with the general population, a simple comparison of return-to-work rates was rejected as being incomplete. In order to fully understand the factors which do influence return-to-work rates for medically-retired Service members, a multi-year longitudinal study would need to be executed to understand what factors influence returning to work and making SGA, and is considered outside the scope of this report.

The Department of Health and Human Services completed a report in 2014 studying overall return-to-work ratios of recipients of SSDI. Their findings, including longitudinal studies conducted by others, concluded that, "In any one year, about 15 percent of beneficiaries work, and the percentage is even greater over a ten-year period. Liu and Stapleton (2011) followed a 1996 cohort of new SSDI beneficiaries and found that after ten years, 3.7 percent lost their benefits at some point because they were working. However, about 27 percent of those who lost their benefits (that is, one percent of the cohort) eventually returned to the SSDI rolls. They also reported that younger awardees are much more likely than older awardees to have earnings from work and to give up their benefits as a result, at least temporarily."² The report also noted several work incentives built into the SSDI program to encourage beneficiaries to find jobs.

² <https://aspe.hhs.gov/system/files/pdf/77091/SSDIfeaIB.pdf>

“Today these incentives include . . . the extension of Medicare benefits for almost nine years.” Continued Medicare coverage provides a safety net for those who return to work but may not be able to continue to work, rather than a deterrent to return to work.

B. Affected TRICARE Beneficiary Population Data

This section of the report addresses section 734(b)(2), which requests:

(2) The number of individuals who—

(A) are retired from the Armed Forces under chapter 61 of title 10, United States Code;

(B) are entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act pursuant to receiving benefits for 24 months as described in subparagraph (A) or (C) of section 226(b)(2) of such Act (42 U.S.C. 426(b)(2)); and

(C) because of such entitlement, are no longer enrolled in TRICARE Standard, TRICARE Prime, TRICARE Extra, or TRICARE Select.

Active duty family members who are entitled to Medicare Part A, are exempt from the requirement to enroll in and maintain Medicare Part B. Upon retirement of the Service member, retirees and their dependents entitled to Medicare Part A must have Medicare Part B to remain TRICARE eligible. Medicare has a Part B special enrollment period (SEP) for those who are covered by employer sponsored coverage, based on current employment (including family members of the worker). This SEP is applicable to active duty Service members and their family members, and waives the late enrollment premium surcharge.

It is important to note that paragraph (C) above reflects a misunderstanding. Dual-eligible Medicare/TRICARE beneficiaries (regardless of age) are automatically covered by TFL and may receive care from Medicare participating providers, Medicare non-participating providers, opt-out providers, or care at military treatment facilities on a space-available basis. When the care received is covered by Medicare and TRICARE, the beneficiary has no out of pocket expenses. Alternatively, dual eligible Medicare/TRICARE beneficiaries under 65 may enroll in TRICARE Prime if they live in a PSA. They are not eligible to enroll in TRICARE Select, the preferred provider plan option, which replaced the TRICARE Standard/Extra programs for non-TFL beneficiaries.

Rather, as directed by section 701 of the NDAA for FY 2017, TFL beneficiaries continue to have their cost shares calculated as “if TRICARE Standard [and Extra] were still being carried out by the Secretary.”

As noted in the following table, ~86 percent of Medicare-eligible TRICARE beneficiaries maintain Medicare Part B coverage and therefore their TRICARE eligibility:

Table 2 –Medically-Retired Service Members Entitled to Medicare

| Enrollment Category | Number of Beneficiaries* |
|------------------------------|---------------------------------|
| Active Duty Family Members | 408 |
| TRICARE for Life | 30,291 |
| TRICARE Prime with Part B | 19,573 |
| Direct Care Only (no Part B) | 9,309 |
| <u>Other</u> | <u>143</u> |
| Total | 59,724 |

*Data as of April 2019

The remaining 9,309 Service members who allowed their Medicare Part B coverage to lapse, resulting in the loss of TRICARE coverage, may have Other Health Insurance (OHI) or may only have Medicare Part A coverage. Determining the ratios is unreliable as OHI is self-reported to the Defense Enrollment Eligibility Reporting System (DEERS).

C. Covered Individuals Electing to Terminate Medicare Part B, if Able

This section of the report addresses section 734(b)(3), which requires DoD to determine:

(3) The number of covered individuals who would potentially enroll in TRICARE for Life but not enroll in the supplementary medical insurance program under Part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.) if able.

As previously stated, those who are awarded SSDI are entitled to and enrolled in Medicare Part A and Part B, in the 25th month of SSDI payments. So the issue is not whether or not retired Service members receiving SSDI would enroll in Medicare Part B, but rather whether or not they would maintain their Part B coverage by continuing to pay the Part B premiums.

Active duty family members entitled to Medicare are exempt from the requirement to have Medicare Part B to remain TRICARE eligible. This subset of ~400 (Noted in Table 2 above) does not need to keep Medicare Part B to remain TRICARE-eligible. However, they are not eligible for TFL until they have Medicare Part B. Upon retirement the Service member, and any of his/her dependents who are entitled to Medicare Part A must have Medicare Part B to remain TRICARE eligible. The TRICARE Prime enrollment fee is waived for the ~19,600 dual eligibles who are currently enrolled in TRICARE Prime. TRICARE processes their health care claims secondary to Medicare, just as it does for those using TFL. Thus, when both Medicare and TRICARE cover a benefit, the beneficiary has no out-of-pocket expenses.

There are significant cost factors to DoD, CMS, or the beneficiary to consider before implementing a plan in line with either FAIR or HEARTS. In order to maintain solvency, reduce overall program premiums, and ensure program participation, Medicare assigns a late enrollment premium of 10 percent for each 12-month period where an individual was eligible for premium-

free Medicare Part A but did not also enroll in and maintain Medicare Part B.³ Medicare's exception to the premium surcharge is for those covered by employer sponsored coverage based on current employment, including dependents of the employee. This exception also applies to Active Duty Service members and their eligible dependents covered by TRICARE.

DHA notes that creating an exemption for this specific subset of retirees creates an unlevel playing field among other segments of the TRICARE population and will foster resentment and a desire for others to seek relief from the requirement to have Medicare Part B. Should any of these other categories of members successfully petition for changes to their requirement to maintain Medicare Part B coverage, Congress should be aware of the potential for significant additional increases in DoD and/or other Agency healthcare coverage costs as a follow-on result of implementation of legislation in line with either the FAIR or HEARTS Acts.

³ <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-late-enrollment-penalty>.

V. Glossary

A. Acronyms and Symbols

| | |
|--------|---|
| CMS | Centers for Medicare & Medicaid Services |
| DEERS | Defense Enrollment Eligibility Reporting System |
| DHA | Defense Health Agency |
| DoD | Department of Defense |
| FAIR | Fair Access to Insurance for Retired |
| FY | Fiscal Year |
| HEARTS | Health Equity and Access for Returning Troops and Service Members |
| NDAA | National Defense Authorization Act |
| OHI | Other Health Insurance |
| PSA | Prime service area |
| SEP | special enrollment period |
| SGA | Substantial Gainful Activity |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Insurance |
| TFL | TRICARE for Life |
| U.S.C. | United States Code |

B. Definitions

DEERS. The DoD computerized database that houses information on Uniformed Service members and their family members.

John S. McCain NDAA for FY 2019. Enacted August 13, 2018 as Public Law No. 115-232.

Section 734. (John S. McCain NDAA for FY 2019.) Requires the DoD for a report regarding several aspects of the requirement to maintain enrollment in Medicare Part B when eligible for Medicare Part A in order to maintain TRICARE eligibility. This report was limited in scope to a specific subset of TRICARE beneficiaries, those former Service members who are medically retired under Chapter 61 of title 10, U.S.C., and who become Medicare-eligible due to receiving SSDI for more than 24 months.

TFL. An automatic coverage for Medicare-eligible TRICARE beneficiaries who maintain Medicare Part A and Medicare Part B, unless exempted.