



## EFMP ENROLLMENT

# REIMBURSEMENT

## PROCESS

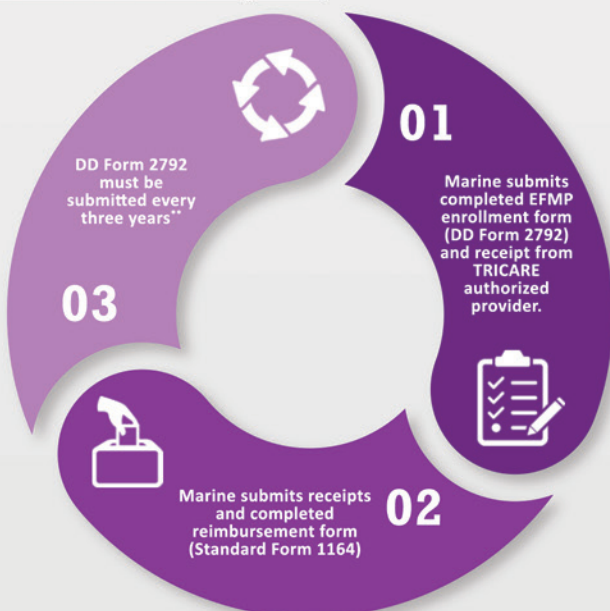
### WHO WE ARE

The Exceptional Family Member Program (EFMP) is a mandatory enrollment program, designed to coordinate permanent change of station assignments for active duty sponsors who have a family member with special needs.



EFMP enrollment requires completion of the DD Form 2792, outlining the medical requirements of family members with special needs. This form must be updated every three years, or sooner, if requirements for care change. Some TRICARE authorized providers have begun charging families for completion of this form. Absent reimbursement or regulation, authorized provider charges to families are inconsistent, and in some cases, cost prohibitive for families. The Marine Corps believes that families should not bear the cost of form completion to comply with a DOD-mandated program, so has instituted a reimbursement process, effective October 1, 2014.

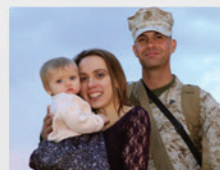
### Enrollment Cycle



### Reimbursement Amount



Pages 4-7:  
\$60 or cost charged to family, whichever is less



Pages 8-11 (When Applicable):  
\$15 per page or cost charged to family, whichever is less



Total maximum reimbursement is actual cost up to a maximum of \$200 per package

\*\*If circumstances change prior to the 3 year update, a new DD Form 2792 may be submitted. When the update is a result of an EFMP assignment review recommendation, only one update within a 12 month period will be authorized for reimbursement.

\*Reimbursement excludes any other costs associated with visit.

## **DD FORM 2792 REIMBURSEMENT FREQUENTLY ASKED QUESTIONS**

**Q: Why did the Marine Corps decide to reimburse families for the cost of the form completion?**

A The Marine Corps believes that families should not bear the cost of form completion to comply with a DOD-mandated program.

**Q: How much will I be reimbursed?**

A: Reimbursement for pages 4-7 will be reimbursed at the actual cost charged to the family or \$60, whichever is less. If page 8 (Asthma Addendum), 9 and 10 (Mental Health Addendum), or 11 (Autism Spectrum Disorders and Significant Developmental Delays) are applicable, reimbursement will be actual cost charged to the family or \$15 per page, whichever is less.

**Q: What if my TRICARE authorized provider charges more than the Marine Corps will reimburse?**

A: Families are encouraged to speak with providers about any costs prior to the scheduled appointment. Families may ask providers to reconsider the cost charged to the family to align with reimbursement amounts. If providers are unwilling to do this, families are responsible for any costs beyond the maximum reimbursement amounts.

**Q: Do I have to complete all 11 pages of the form?**

A: Pages 1 -7 are required for all family members. Pages 1-2 are completed by the sponsor. Page 3 is an administrative form which will be completed by an EFMP representative at no charge. Pages 4-7 are completed by the qualified medical provider. Please see the chart below to determine whether you need to submit one or more addendum in addition to pages 1-7:

<b>Family Member Diagnosis</b>	<b>Required pages</b>
Asthma	Asthma Addendum, Page 8
Mental Health	Mental Health Addendum, Pages 9-10
Autism Spectrum Disorder or Significant Developmental Delay	ASD/Dev Delay Addendum, Page 11

**Q: What do I need to get from my provider to be reimbursed?**

A: Your TRICARE authorized provider must give you a receipt that includes the following information:

1. Physician's name
2. Date
3. Form completion listed as a separate expense
4. Amount charged
5. Marked 'PAID' or showing zero balance

USMC Reimbursement excludes any other costs associated with the visit (mileage, parking, co-pay, cost shares, etc).

**Q: What do I do with the completed forms and receipt?**

A: The DD Form 2792 and receipt should be turned in to your installation EFMP office.

**Q: Once I turn in my forms and receipt, how long will it take to get reimbursed?**

A: If you are completing an initial enrollment or required three year update, reimbursement occurs locally and does not require HQMC approval. Once you submit your Standard Form 1164 and receipt, your local EFMP office will process your paperwork in compliance with the installation's administrative control procedures. Your local EFMP office can give you an estimate on when you can expect your reimbursement. If you are submitting an update prior to the three year update, your reimbursement request will be forwarded to HQMC for review and authorization. Once authorized by HQMC, you should complete the Standard Form 1164 and submit to your local EFMP office for processing according to the installation's administrative control procedures.

**Q: Why do some updates require HQMC authorization to be reimbursed?**

A: On occasion, sponsors submit an update following an EFMP Assignment review and recommendation. ***HQMC will authorize reimbursement of one update within a 12 month period, when the update is the result of an EFMP assignment review recommendation.*** Installation EFMP offices do not have responsibility or authority for assignment review, therefore HQMC authorization is required.

**Q: Who submits the request to HQMC?**

A: Families will turn in their receipt for reimbursement to their assigned installation EFMP office. The EFMP office will forward to HQMC EFMP for review and authorization.

**Q: How much longer will it take to be reimbursed if I have to get HQMC Authorization?**

A: HQMC will review reimbursement requests daily and return them to the installation within two business days for local processing and reimbursement. Your local EFMP office can provide an estimate on when you can expect your reimbursement after HQMC authorization is received.

**Q: How will I be reimbursed?**

A: You should discuss local reimbursement processes with your installation EFMP office.

**Q: Will I be reimbursed if the form is completed by my provider located in the Military Treatment Facility (MTF)?**

A: No, MTF providers do not charge for the completion of the form, therefore no reimbursement is needed.

**Q: What if my family member sees multiple specialists. Who should complete the form?**

A: Your form can be completed by your family member's primary care provider, or specialty care provider. If the Mental Health Addendum is applicable, a qualified clinical provider should complete this addendum.

**Q: Can a qualified clinical provider complete any part of the package other than the mental health addendum?**

A: No, qualified clinical providers may only complete the Mental Health Addendums. All other pages of the form need to be completed by a qualified medical provider.

**Q: If more than one TRICARE authorized provider completes portions of the form, do I need separate receipts?**

A: Yes, you need a receipt from each qualified TRICARE authorized provider who completes a portion of the form and for which you are seeking reimbursement.

**Q: What if my Primary Care Provider wants multiple specialists to complete specific pages of the DD 2792. Is there a maximum reimbursement amount per completed package?**

A: Yes, the maximum reimbursement amount per package/per EFM is \$200. We encourage you to discuss submission of one package, rather than multiple packages, if possible.

**Q: My family member's needs are extremely complicated and we typically submit more than one DD 2792, completed by different specialists treating my child. Will I receive reimbursement for each submitted package?**

A: We encourage you to speak with your primary care provider to determine whether he/she can complete one form. If your provider feels that one or more specialists should complete a separate DD Form 2792, you will be reimbursed according to the process and amounts established. Maximum reimbursement is \$200 per package/EFM.

**Q: What constitutes a "submitted package?"**

A: Pages 1-3 (completed by the sponsor), pages 4-7 (completed by the medical provider), and any applicable addenda (completed by the appropriate provider) constitutes a package. Families may elect to submit multiple addenda from various providers. This is acceptable and can be included in a single "package."

Example (1): sponsor submits pages 4-8, completed by their primary care provider (PCP). They also submit an additional asthma addendum (page 8) completed by their pulmonologist. Reimbursement amount is calculated in the following way:

Pages 4-7 reimbursed at actual cost or \$60, whichever is less

Page 8 (completed by PCP) is reimbursed at actual cost or \$15, whichever is less

Page 8 (completed by pulmonologist) is reimbursed at actual cost or \$15, whichever is less.

Complete package is reimbursed at actual cost or \$90, whichever is less.

Example (2): Sponsor submits pages 4-8 completed by their Primary Care Provider (PCP). Additionally, Asthma Addenda (page 8) and Autism Addenda (page 11) are completed by their pediatrician. Mental Health Addenda (pages 9-10) is completed by their pediatric psychiatrist. PCP encourages completion of the form by the pediatric neurologist who completes a second set of pages 4-7 and 11.

Pages 4-7 (completed by the PCP) reimbursed at actual cost or \$60, whichever is less.

Pages 8 & 11 (completed by PCP) reimbursed at actual cost or \$30, whichever is less.  
Pages 9-10 (completed by Pediatric Psychiatrist) reimbursed at actual cost or \$30, whichever is less.

Pages 4-7 & 11 (completed by the Pediatric Neurologist) reimbursed at actual cost or \$75, whichever is less.

Completed package and is reimbursed at actual cost or \$195, whichever is less.

***In no circumstance, will a package be reimbursed beyond the maximum of \$200 per package/EFM.***

**Q: Will the Marine Corps always pay for completion of the DD 2792?**

A: We have funds to reimburse families for forms completed during Fiscal Year 2015 (Oct 1, 2014 – Sep 30, 2015). Continued reimbursement is dependent upon availability of funding.

**Q: What is the Marine Corps doing to find a long-term solution to this issue?**

A: We are advocating on behalf of EFMP-enrolled Marines and their families, and have proposed that there be a change to the TRICARE policy manual which would make completion of the mandatory enrollment form a TRICARE reimbursable cost.

**Q: If my forms were updated last year, can I be reimbursed?**

A: Reimbursement is authorized for forms completed on or after 1 October 2014, when accompanied by a receipt with all required information.

## Initial Enrollment & 3 Year Updates

Providers must complete pages 4-7. Pages 8-11 are completed only when applicable.

Reimbursement for pages 4-7 will be actual cost charged to family or \$60, whichever is less

Reimbursement for pages 8-11, when required, will be at actual cost or a maximum of \$15/page, whichever is less.

Total maximum reimbursement is actual cost up to a maximum of \$200/package (including pages 4-7 and any submitted addenda).

Reimbursement excludes any other costs associated with visit (e.g. co-pay, cost share)

Receipt must include the following: physician's name, date, and marked 'PAID' or showing a zero sum balance. Receipt must detail form completion as a separate expense.

**Reimbursement occurs locally and does not require HQMC approval.  
Installations will use Standard Form 1164.**