

PROVIDERS OF CARE

1.0. GENERAL

1.1. The SHCP payment structure applies to inpatient and outpatient medical claims submitted from civilian institutions, individual professional providers, and uniformed service members for civilian health care received within the 50 United States and the District of Columbia. Most patients covered by this chapter will have undergone medical care prior to any contact with the SPOC ([Addendum A](#)) or the MCS contractor. However, when the patient initiates contact prior to treatment and the SPOC has authorized the care being sought, the Managed Care Support Contractor's (MCSC) Health Care Finder (HCF) will make referrals to network providers; if a network provider is not available, the referral will be made to a TRICARE authorized provider.

1.2. For service determined eligible patients other than active duty (e.g., ROTC, Reserve Component, foreign military, etc.), Health Care Finders, upon receiving an authorization from the SPOC, will document the authorization and coordinate appointments with a network provider or TRICARE-authorized provider (if available).

2.0. DEPARTMENT OF VETERAN'S AFFAIRS

In addition to receiving claims from civilian providers, the contractors may also receive SHCP claims from the Department of Veteran's Affairs (DVA). The provisions of the SHCP will not apply to services provided under the current national and local Memoranda of Understanding between the Department of Defense (including the Army, Air Force and Navy/Marine Corps facilities) and the Department of Veteran's Affairs. Claims for these services will continue to be processed by the Services or MTF as outlined in the MOU. However, any services not included in the MOU shall be paid by the MCSC in accordance with the requirements in this chapter.

