

GENERAL

1.0. INTRODUCTION

1.1. The Supplemental Health Care Program (SHCP) replaces the Active Duty Claims Program (ADCP). This chapter provides instructions to contractors regarding their responsibilities under the SHCP as well as providing general information to the contractor regarding the roles and responsibilities of the Uniformed Services.

1.2. The Department of Defense and the Armed Forces have agreed to a mechanism that enables processing and reimbursement of SHCP claims by Managed Care Support (MCS) contractors and payment to the contractors through the TRICARE Management Activity (TMA), Office of Contract Resource Management.

1.3. This chapter addresses payment of claims for civilian services (including internal resource sharing services) rendered pursuant to a referral by a provider in a Military Treatment Facility, with the exception of services rendered to enrollees in the TRICARE Prime Remote program (see [Chapter 17](#)) or as otherwise excepted in [Chapter 18, Section 3, 3.0](#). The fact that civilian services have been rendered to an individual who is enrolled to an MTF PCM does not mean that those services were MTF referred care. If a claim is received for an ADSM MTF enrollee and no authorization is on file, the MTF must be contacted to determine if the care was MTF referred.

1.4. This chapter is not applicable to active duty service members enrolled overseas. Claims authorization and payment procedures for active duty service members enrolled overseas are outlined in the TRICARE Policy Manual, [Chapter 12](#), TRICARE Overseas Program.

2.0. MILITARY SERVICE PARTICIPATION IN THE SHCP

Medical Treatment Facility (MTF) patients may require medical care that is not available at the MTF (e.g., MRI). The provisions of this chapter apply when the MTF refers a patient for civilian medical care (usually a specific test, procedure or consultation), including services rendered by an internal resource sharing provider. Claims for this type of care will usually be submitted by the provider; however, the patient or the Services (e.g., the MTF) may submit the claim depending on the particular situation. The contractor shall ensure cost shares, copayments or deductibles are applied only when appropriate.

3.0. CONTRACTOR RESPONSIBILITIES

As part of the Department of Defense's ongoing efforts to improve coordination between military treatment facilities and civilian treatment sources, the current practice of using TRICARE payment rules for care provided under the SHCP has been expanded. The

contractor shall provide payment for inpatient and outpatient services, for MTF-referred civilian care within the 50 United States and the District of Columbia ordered by an MTF provider for an MTF patient for whom the MTF provider maintains responsibility. *This includes claims for members on the Temporary Disability Retirement List (TDRL) obtaining required periodic physical exams.* After payment of the claim, the contractor shall furnish the Services with information regarding payment of the claim. (See [Section 3, paragraph 9.0.](#))

4.0. SUPPLEMENTAL HEALTH CARE PROGRAM DIFFERENCES

4.1. Active Duty Service Members (ADSMs) have no cost-shares, copayments or deductibles. If they have been required by the provider to make “up front” payment they may upon approval be reimbursed in full for amounts in excess of what would ordinarily be reimbursable under TRICARE.

4.2. Non-Availability Statement (NAS) requirements do not apply.

4.3. SHCP claims are included in the measurement of the claims processing standards in [Chapter 1, Section 3, paragraph 1.0.](#) and [3.0.](#)

4.4. If Third Party Liability (TPL) is involved in a claim, claim payment will not be delayed; the development of TPL information is not required.

4.5. The contractor shall provide MTF-referred patients the full range of services offered to TRICARE Prime enrollees.

4.6. If an ADSM intends, while in a terminal leave status, to reside outside of the Prime Service Area (PSA) of the MTF where the ADSM is enrolled, the MTF shall issue to the TRICARE MCSC a single preauthorization for the ADSM to obtain from the Department of Veterans Affairs (DVA) any routine or urgent outpatient primary medical care that should be required anytime during the terminal leave period, except the preauthorization shall not apply to services provided under the terms of the Department of Defense (DoD)/DVA Memorandum Of Agreement (MOA) for “Medical Treatment Provided to Active Duty Service Members with Polytrauma Injury, Spinal Cord Injury, Traumatic Brain Injury or Blindness.” Claims from the DVA for services provided under terms of the MOA shall be processed as specified in [Section 2, paragraph 3.0.](#) The MCSC shall process a claim received from the DVA for services provided within the scope of the preauthorization using the standards in [Chapter 1](#) unless otherwise stated in this chapter. The claims tracking and retrieval requirements of [Chapter 1, Section 3, paragraph 2.1.](#) apply equally to such SHCP claims. The contractor for the region in which the patient is enrolled shall process the claim to completion.