

Chapter 15

Section 2

Resource Sharing

Revision: C-7, October 25, 2017

1.0 RESOURCE SHARING AUTHORITY

See [32 CFR 199.17\(a\)\(2\)](#), [\(h\)\(3\)](#), and [\(m\)\(4\)](#).

2.0 RESOURCE SHARING PROGRAM AGREEMENTS

Resource sharing consists only of external resource sharing (where the purpose of the external resource sharing agreement enables military health care personnel, active duty and civilian, to provide covered medical services to active duty and TRICARE beneficiaries in a network facility.) Although both Internal and External Resource Sharing is authorized by Regulation, current policy is that only External Resource Sharing will be implemented.

3.0 RESOURCE SHARING PROGRAM REQUIREMENTS

The contractor shall meet the following resource sharing program requirements:

3.1 Develop a plan for identifying advantageous resource sharing opportunities in conjunction with the TRICARE Regional Office (TRO) **Chief Operating Officer (COO)** and the Military Treatment Facility (MTF) Commanders/Enhanced Multi-Service Market (eMSM) Managers.

3.2 Develop and implement procedures and measures for monitoring resource sharing agreement performances.

4.0 RESOURCE SHARING AGREEMENT GUIDELINES

External resource sharing shall be based upon written agreements between the contractor, the MTF Commander/eMSM Manager, and the network facility, with the TRO **Regional COO** concurrence. Before a military provider is permitted to practice in a network facility, the MTF Commander/eMSM Manager will ensure the military provider has active clinical privileges with the network facility. The MTF Commander/eMSM Manager will also ensure external resource sharing providers are licensed to practice medicine in the United States (U.S.) jurisdiction during the term of the resource sharing agreement. The resource sharing agreement shall set forth all the terms, conditions and limitations of the resource sharing arrangements. MTF Commanders/eMSM Managers may only authorized Medicare dual eligible beneficiaries to be seen under External Resource Sharing Agreements for care that is a non-covered benefit under Medicare. The MTF Commander/eMSM Manager shall forward copies of all completed external resource sharing agreements to the TRO **Regional COO** for approval prior to the implementation of any resource sharing agreement. The TRO **Regional COO** will provide the contractor

written approval/disapproval within 30 calendar days of receipt. The MTF Commander/eMSM Manager will forward copies of all approved resource sharing agreements to the Procuring Contracting Officer (PCO) no later than 10 calendar days following written notification by the TRO Regional COO of the approval of the agreement.

5.0 PROFESSIONAL LIABILITY

This clause is mandatory and will be inserted in all External Resource Sharing Agreements, unless a waiver is obtained from the Defense Health Agency (DHA) Office of General Counsel (OGC) and the service legal advisor:

“While performing health care functions authorized by the MTF/eMSM, designated health care personnel will be acting within the scope of their duties as determined by the Department of Justice (DOJ). The United States Government will be responsible for their actions within the scope of their duties. As such, any remedy for damages for personal injury, including death, caused by their negligence or wrongful acts or omissions shall be exclusively against the United States under provisions of the Federal Torts Claims Act (Title 28 USC, Sections 1346(b), 2671-2680) and not against the individual military health care provider. In the event any Department of Defense (DoD) health care provider is asked to respond to an emergency involving a non-DoD beneficiary, the state’s borrowed servant defense and any other applicable defenses and immunities available to the United States will apply to allegations of negligence or wrongful acts or omissions arising from care rendered by the provider.”

6.0 CREDENTIALS, PRIVILEGING, AND OTHER PROVIDER REQUIREMENTS

MTF Commanders/eMSM Managers will ensure that the military health care personnel are appropriately licensed and have active clinical privileges within the network facility. The external resource sharing health care personnel’s military command is responsible for the supervision of the external resource sharing health care personnel.

7.0 RECORD KEEPING

The contractor shall maintain accurate records to document actions related to resource sharing agreements. These records shall include accurate recording of the personnel performing services in network facilities, identifying each individual’s name, Social Security Number (SSN), type of provider or staff, and the hours worked in the facility.

8.0 AUDITS

Contractor resource sharing expenditures are subject to audit by the Government.

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