

ficiaries under chapter 55 of title 10, United States Code.

“(2) Elimination of all delays in payment of claims to health care providers that may result from the development of the health care service record or TRICARE encounter data information.

“(3) Requiring all health care providers under the TRICARE program that the Secretary determines are high-volume providers to submit claims electronically.

“(4) Processing 50 percent of all claims by health care providers and institutions under the TRICARE program by electronic means.

“(5) Authorizing managed care support contractors under the TRICARE program to require providers to access information on the status of claims through the use of telephone automated voice response units.”

DEADLINE FOR IMPLEMENTATION

Pub. L. 106-65, div. A, title VII, §713(c), Oct. 5, 1999, 113 Stat. 689, provided that the system for processing claims required under subsec. (a) of this section was to be implemented not later than 6 months after Oct. 5, 1999.

§ 1095d. TRICARE program: waiver of certain deductibles

(a) **WAIVER AUTHORIZED.**—The Secretary of Defense may waive the deductible payable for medical care provided under the TRICARE program to an eligible dependent of—

(1) a member of a reserve component on active duty pursuant to a call or order to active duty for a period of more than 30 days; or

(2) a member of the National Guard on full-time National Guard duty pursuant to a call or order to full-time National Guard duty for a period of more than 30 days.

(b) **ELIGIBLE DEPENDENT.**—As used in this section, the term “eligible dependent” means a dependent described in subparagraph (A), (D), or (I) of section 1072(2) of this title.

(Added Pub. L. 106-65, div. A, title VII, §714(a), Oct. 5, 1999, 113 Stat. 689; amended Pub. L. 106-398, §1 [[div. A], title X, §1087(a)(7)], Oct. 30, 2000, 114 Stat. 1654, 1654A-290; Pub. L. 108-375, div. A, title VII, §704, Oct. 28, 2004, 118 Stat. 1983.)

AMENDMENTS

2004—Subsec. (a). Pub. L. 108-375 substituted “more than 30 days” for “less than one year” in pars. (1) and (2).

2000—Subsec. (b). Pub. L. 106-398 substituted “subparagraph” for “subparagraphs”.

§ 1095e. TRICARE program: beneficiary counseling and assistance coordinators

(a) **ESTABLISHMENT OF POSITIONS.**—The Secretary of Defense shall require in regulations that—

(1) each lead agent under the TRICARE program—

(A) designate a person to serve full-time as a beneficiary counseling and assistance coordinator for beneficiaries under the TRICARE program;

(B) designate for each of the TRICARE program regions at least one person (other than a person designated under subparagraph (A)) to serve full-time as a beneficiary counseling and assistance coordinator solely

for members of the reserve components and their dependents who are beneficiaries under the TRICARE program; and

(C) provide for toll-free telephone communication between such beneficiaries and the beneficiary counseling and assistance coordinator; and

(2) the commander of each military medical treatment facility under this chapter designate a person to serve, as a primary or collateral duty, as beneficiary counseling and assistance coordinator for beneficiaries under the TRICARE program served at that facility.

(b) **DUTIES.**—The Secretary shall prescribe the duties of the position of beneficiary counseling and assistance coordinator in the regulations required by subsection (a).

(Added Pub. L. 106-65, div. A, title VII, §715(a)(1), Oct. 5, 1999, 113 Stat. 690; amended Pub. L. 108-136, div. A, title VII, §707, Nov. 24, 2003, 117 Stat. 1529.)

AMENDMENTS

2003—Subsec. (a)(1). Pub. L. 108-136 added subpar. (B) and redesignated former subpar. (B) as (C).

DEADLINE FOR INITIAL DESIGNATIONS

Pub. L. 106-65, div. A, title VII, §715(b), Oct. 5, 1999, 113 Stat. 690, directed that each beneficiary counseling and assistance coordinator required under the regulations described in subsec. (a) of this section be designated not later than Jan. 15, 2000.

§ 1095f. TRICARE program: referrals for specialty health care

The Secretary of Defense shall ensure that no contract for managed care support under the TRICARE program includes any requirement that a managed care support contractor require a primary care or specialty care provider to obtain prior authorization before referring a patient to a specialty care provider that is part of the network of health care providers or institutions of the contractor.

(Added Pub. L. 106-398, §1 [[div. A], title VII, §728(a)(1)], Oct. 30, 2000, 114 Stat. 1654, 1654A-189; amended Pub. L. 114-328, div. A, title VII, §701(c), Dec. 23, 2016, 130 Stat. 2186.)

AMENDMENT OF SECTION

Pub. L. 114-328, div. A, title VII, §701(c), (k), Dec. 23, 2016, 130 Stat. 2186, 2193, provided that, applicable with respect to the provision of health care under the TRICARE program beginning on Jan. 1, 2018, this section is amended to read as follows:

§ 1095f. TRICARE program: referrals and preauthorizations under TRICARE Prime

(a) Referrals.—(1) Except as provided by paragraph (2), a beneficiary enrolled in TRICARE Prime shall be required to obtain a referral for care through a designated primary care manager (or other care coordinator) prior to obtaining care under the TRICARE program.

(2) The Secretary may waive the referral requirement in paragraph (1) in such circumstances as the Secretary may establish for purposes of this subsection.

(3) The cost-sharing amounts for a beneficiary enrolled in TRICARE Prime who does not obtain a re-