

ferral for care under paragraph (1) (or a waiver pursuant to paragraph (2) for such care) shall be determined under section 1075a(c) of this title.

(b) *Preauthorization.—A beneficiary enrolled in TRICARE Prime shall be required to obtain preauthorization only with respect to a referral for the following:*

- (1) *Inpatient hospitalization.*
- (2) *Inpatient care at a skilled nursing facility.*
- (3) *Inpatient care at a rehabilitation facility.*

(c) *Prohibition Regarding Prior Authorization for Certain Referrals.—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.*

See 2016 Amendment note below.

AMENDMENTS

2016—Pub. L. 114-328 amended section generally. Prior to amendment, text read as follows: “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.”

EFFECTIVE DATE OF 2016 AMENDMENT

Amendment by Pub. L. 114-328 applicable with respect to the provision of health care under the TRICARE program beginning on Jan. 1, 2018, see section 701(k) of Pub. L. 114-328, set out as a note under section 1072 of this title.

EFFECTIVE DATE

Pub. L. 106-398, § 1 [[div. A], title VII, § 728(c)], Oct. 30, 2000, 114 Stat. 1654, 1654A-189, provided that: “Section 1095f of title 10, United States Code, as added by subsection (a), shall apply with respect to a TRICARE managed care support contract entered into by the Department of Defense after the date of the enactment of this Act [Oct. 30, 2000].”

§ 1095g. TRICARE program: waiver of recoupment of erroneous payments caused by administrative error

(a) **WAIVER OF RECOUPMENT.**—The Secretary of Defense may waive recoupment from an individual who has benefitted from an erroneous TRICARE payment in a case in which each of the following applies:

- (1) The payment was made because of an administrative error by an employee of the Department of Defense or a contractor under the TRICARE program.
- (2) The individual (or in the case of a minor, the parent or guardian of the individual) had a good faith, reasonable belief that the individual was entitled to the benefit of such payment under this chapter.
- (3) The individual relied on the expectation of such entitlement.
- (4) The Secretary determines that a waiver of recoupment of such payment is necessary to prevent an injustice.

(b) **RESPONSIBILITY OF CONTRACTOR.**—In any case in which the Secretary waives recoupment under subsection (a) and the administrative error was on the part of a contractor under the TRICARE program, the Secretary shall, consistent with the requirements and procedures of the applicable contract, impose financial responsibility on the contractor for the erroneous payment.

(c) **FINALITY OF DETERMINATIONS.**—Any determination by the Secretary under this section to waive or decline to waive recoupment under subsection (a) is a final determination and shall not be subject to appeal or judicial review.

(Added Pub. L. 114-92, div. A, title VII, § 711(a), Nov. 25, 2015, 129 Stat. 864.)

§ 1096. Military-civilian health services partnership program

(a) **RESOURCES SHARING AGREEMENTS.**—The Secretary of Defense may enter into an agreement providing for the sharing of resources between facilities of the uniformed services and facilities of a civilian health care provider or providers that the Secretary contracts with under section 1079, 1086, or 1097 of this title if the Secretary determines that such an agreement would result in the delivery of health care to which covered beneficiaries are entitled under this chapter in a more effective, efficient, or economical manner.

(b) **ELIGIBLE RESOURCES.**—An agreement entered into under subsection (a) may provide for the sharing of—

- (1) personnel (including support personnel);
- (2) equipment;
- (3) supplies; and
- (4) any other items or facilities necessary for the provision of health care services.

(c) **COMPUTATION OF CHARGES.**—A covered beneficiary who is a dependent, with respect to care provided to such beneficiary in facilities of the uniformed services under a sharing agreement entered into under subsection (a), shall pay the charges prescribed by section 1078 of this title.

(d) **REIMBURSEMENT FOR LICENSE FEES.**—In any case in which it is necessary for a member of the uniformed services to pay a professional license fee imposed by a government in order to provide health care services at a facility of a civilian health care provider pursuant to an agreement entered into under subsection (a), the Secretary of Defense may reimburse the member for up to \$500 of the amount of the license fee paid by the member.

(Added Pub. L. 99-661, div. A, title VII, § 701(a)(1), Nov. 14, 1986, 100 Stat. 3894; amended Pub. L. 103-337, div. A, title VII, § 712, Oct. 5, 1994, 108 Stat. 2801; Pub. L. 108-375, div. A, title VI, § 607(b), Oct. 28, 2004, 118 Stat. 1946.)

AMENDMENTS

2004—Subsec. (c). Pub. L. 108-375 inserted “who is a dependent” after “covered beneficiary” and substituted “shall pay the charges prescribed by section 1078 of this title.” for “shall pay—

“(1) in the case of a dependent, the charges prescribed by section 1078 of this title; and

“(2) in the case of a member or former member entitled to retired or retainer pay, the charges prescribed by section 1075 of this title.”