stances 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 referral 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.

(4) Inpatient care at a residential treatment center.

(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.

(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; Pub. L. 115–91, div. A, title VII, §739(e)(1), Dec. 12, 2017, 131 Stat. 1447.)

AMENDMENTS

2017—Subsec. (b)(4). Pub. L. 115–91 added par. (4).

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].''

STREAMLINING OF TRICARE PRIME BENEFICIARY REFERRAL PROCESS

Pub. L. 115–232, div. A, title VII, §714, Aug. 13, 2018, 132 Stat. 1812, provided that:

''(a) IN GENERAL.—The Secretary of Defense shall streamline the process under section 1095f of title 10, United States Code, by which beneficiaries enrolled in TRICARE Prime are referred to the civilian provider network for inpatient or outpatient care under the TRICARE program.

''(b) OBJECTIVES.—In carrying out the requirement in subsection (a), the Secretary shall meet the following objectives:

''(1) The referral process shall model best industry practices for referrals from primary care managers to specialty care providers.

''(2) The process shall limit administrative requirements for enrolled beneficiaries.

''(3) Beneficiary preferences for communications relating to appointment referrals using state-of-the-art information technology shall be used to expedite the process.

''(4) There shall be effective and efficient processes to determine the availability of appointments at military medical treatment facilities and, when unavailable, to make prompt referrals to network providers under the TRICARE program.

''(c) DEADLINE FOR IMPLEMENTATION.—The requirement in subsection (a) shall be implemented for referrals under TRICARE Prime in calendar year 2019.

''(d) EVALUATION AND IMPROVEMENT.—After 2019, the Secretary shall—

''(1) evaluate the referral process described in subsection (a) not less often than annually; and

''(2) make appropriate improvements to the process in light of such evaluations.

''(e) DEFINITIONS.—In this section, the terms 'TRICARE program' and 'TRICARE Prime' have the meaning given such terms in section 1072 of title 10, United States Code.''

§ 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."

1994—Subsec. (d). Pub. L. 103–337 added subsec. (d).

PILOT PROGRAM ON CIVILIAN AND MILITARY PARTNERSHIPS TO ENHANCE INTEROPERABILITY AND MEDICAL SURGE CAPABILITY AND CAPACITY OF NATIONAL DISASTER MEDICAL SYSTEM

Pub. L. 116–92, div. A, title VII, § 740, Dec. 20, 2019, 133 Stat. 1465, provided that:

"(a) IN GENERAL.—The Secretary of Defense may carry out a pilot program to establish partnerships with public, private, and nonprofit health care organizations, institutions, and entities in collaboration with the Secretary of Veterans Affairs, the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Secretary of Transportation to enhance the interoperability and medical surge capability and capacity of the National Disaster Medical System under section 2812 of the Public Health Service Act (42 U.S.C. 300hh–11) in the vicinity of major aeromedical and other transport hubs and logistics centers of the Department of Defense.

"(b) DURATION.—The Secretary of Defense may carry out the pilot program under subsection (a) for a period of not more than five years.

"(c) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not fewer than five aeromedical or other transport hub regions or logistics centers in the United States.

"(d) REQUIREMENTS.—In establishing partnerships under the pilot program under subsection (a), the Secretary, in collaboration with the Secretary of Veterans Affairs, the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Secretary of Transportation, shall establish requirements under such partnerships for staffing, specialized training, medical logistics, telemedicine, patient regulating, movement, situational status reporting, tracking, and surveillance.

"(e) EVALUATION METRICS.—The Secretary of Defense shall establish metrics to evaluate the effectiveness of the pilot program under subsection (a).

"(f) REPORTS.—

"(1) INITIAL REPORT.—

"(A) IN GENERAL.—Not later than 180 days after the commencement of the pilot program under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program.

"(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

"(i) A description of the pilot program.

"(ii) The requirements established under subsection (d).

"(iii) The evaluation metrics established under subsection (e).

"(iv) Such other matters relating to the pilot program as the Secretary considers appropriate.

"(2) FINAL REPORT.—

"(A) IN GENERAL.—Not later than 180 days after completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program.

"(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

"(i) A description of the pilot program, including the partnerships established under the pilot program as described in subsection (a).

"(ii) An assessment of the effectiveness of the pilot program.

"(iii) An assessment of the cost of the pilot program and an estimate of the cost of making the pilot program a permanent part of the budget of the Department of Defense.

"(iv) Such recommendations for legislative or administrative action as the Secretary considers appropriate in light of the pilot program, including recommendations for extending or making permanent the authority for the pilot program."

ESTABLISHMENT OF HIGH PERFORMANCE MILITARY-CIVILIAN INTEGRATED HEALTH DELIVERY SYSTEMS

Pub. L. 114–328, div. A, title VII, § 706, Dec. 23, 2016, 130 Stat. 2206, provided that:

"(a) IN GENERAL.—Not later than January 1, 2018, the Secretary of Defense shall establish military-civilian integrated health delivery systems through partnerships with other health systems, including local or regional health systems in the private sector—

"(1) to improve access to health care for covered beneficiaries;

"(2) to enhance the experience of covered beneficiaries in receiving health care;

"(3) to improve health outcomes for covered beneficiaries;

"(4) to share resources between the Department of Defense and the private sector, including such staff,