



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.13

June 12, 2024

DAD-MA

SUBJECT: Use of the Supplemental Health Care Program for Non-Covered TRICARE Health Care Services for Active and Reserve Component Service Members

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and according to the guidance of References (c) through (ff), establishes the Defense Health Agency's (DHA) procedures to assign responsibilities and establish procedures to implement the Supplemental Health Care Program (SHCP) waiver process (excluding Gender Affirming Surgery (GAS) waivers) for Active and Reserve Component Service members on active duty for a period of more than 30 days, who, hereafter, are referred to collectively as Active Duty Service Members (ADSMs).
2. **APPLICABILITY.** This DHA-PI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include assigned, attached, allotted, or detailed personnel, and the Military Departments (MILDEPs), including the Coast Guard at all times, including when it is under the Department of Homeland Security by agreement with the Department.
3. **POLICY IMPLEMENTATION.** It is the DHA's instruction, pursuant to References (d) through (ff), that, based on the authority of Section 1074 of Reference (d), and implemented by Part 199 of Reference (e), members of the Uniformed Services (as defined by section 101 and 1072 of Reference (d), and section 199.2 of Section (e), also see Glossary of this DHA-PI) are entitled to medical and dental care in military Medical Treatment Facilities (MTFs) and also have access to Private Sector Care (PSC) when such care is unavailable in an MTF or, in certain circumstances, through the SHCP, when care deemed medically necessary by an MTF provider is not a TRICARE covered benefit (as described in section 199.5(g)(15) of Reference (e)). Medical care for ADSMs through PSC is directed by Parts 199.16, 199.17(p)(5), and 199.4 of Reference (e), and 1079 of Reference (d)). Additionally, References (g) through (i) provide authoritative guidance on identifying non-covered services.

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4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director, Medical Affairs (DAD-MA). When components and activities are unable to comply with this publication, the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA, or their designee. The term “waiver” in this paragraph refers only to the requirement of components and activities to formally request an exception or exemption if unable to comply with the guidance set forth in this DHA-PI, not the SHCP Waiver Process described throughout this Instruction.

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

9. FORMS. DHA Form 300, SHCP Waiver Request, is located at: [DHA Forms Library](#)

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022, as amended
- (d) United States Code (U.S.C.), Title 10
- (e) Code of Federal Regulations, Title 32
- (f) Fiscal Year (FY) 2023 President’s Budget: Defense Health Program¹
- (g) TRICARE Policy Manual 6010.63-M, April 1, 2021, as amended²
- (h) TRICARE Operations Manual 6010.62-M, April 1, 2021, as amended²
- (i) TRICARE Reimbursement Manual 6010.64-M, April 1, 2021, as amended²
- (j) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (k) DHA-Procedural Instruction 6025.21, “Guidance for Gender Affirming Health Care of Transgender and Gender Diverse Active and Reserve Component Service Members,” May 12, 2023
- (l) DoD Instruction 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” May 6, 2018, as amended
- (m) DoD Instruction 6025.19, Individual Medical Readiness Program, July 13, 2022
- (n) DoD Instruction 1332.18, Disability Evaluation System, November 10, 2022
- (o) Per Diem, Travel, and Transportation Allowance Committee, DoD, Joint Travel Regulations (JTR), Uniformed Service Members and DoD Civilian Employees, January 1, 2019
- (p) DoD 7000.14-R, Department of Defense Financial Management Regulation, Volume 9: “Travel Policy,” June 2015, as amended
- (q) Office of the Under Secretary of Defense, Personnel and Readiness Memorandum, “Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with Section 702 of the National Defense Authorization Act for Fiscal Year 2017, and Sections 711 and 712 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019,” March 27, 2019
- (r) DHA-Procedural Instruction 7000.01, “Patient Travel,” July 6, 2021
- (s) DHA-Administrative Instruction 5136.03, “Delegation of Authority and Assignment of Responsibility for Administration and Management of Direct Care,” November 3, 2022
- (t) DHA Memorandum for Deputy Assistant Director, Medical Affairs, “Delegation of Approval Authority for Supplemental Health Care Program Waivers to Deputy Assistant Director, Medical Affairs,” May 9, 2018³

¹ This reference is listed among the documents located at: <https://comptroller.defense.gov/Budget-Materials/FY2023BudgetJustification/>

² This reference is located at: <https://manuals.health.mil/>

³ This reference may be obtained by sending a request to: dha-shcp@health.mil

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- (u) TRICARE Policy Manual 6010.60-M, April 1, 2015, as amended²
- (v) TRICARE Operations Manual 6010.59-M, April 1, 2015, as amended²
- (w) Memorandum of Understanding between TRICARE HEALTH PLAN and Humana Military, August 22, 2023⁴
- (x) Memorandum of Understanding between DHA and the Managed Care Contractors, Humana Government Business (HGB), August 23, 2023⁴
- (y) Memorandum of Understanding between DHA and the Managed Care Contractors, HealthNet Federal Services (HNFS), August 25, 2023⁴
- (z) U.S.C. Title 21
- (aa) Director, United States Office of Personnel Management Memorandum, “Federal Laws and Policies Prohibiting Marijuana Use,” May 26, 2015
- (bb) Assistant Secretary of Defense, Readiness and Force Management Memorandum, “Prohibition on the Use of Marijuana by Military Service Members and Department of Defense Civilian Employees,” February 4, 2013
- (cc) ASD(HA) Memorandum 07-028, “Revision of Chiropractic Care for Active Duty Service Members of the Uniformed Services Health Affairs Policy: 03-021, Health Affairs Policy: 03-005 and HA Policy: 03-001,” November 9, 2007
- (dd) ASD(HA) Memorandum 13-001, “Expansion of the Chiropractic Program,” March 18, 2013
- (ee) ASD(HA) Memorandum 07-006, Policy on Bariatric Surgical Procedures for Active Duty Service Members,” May 11, 2007
- (ff) ASD(HA) Memorandum 12-002, “Use of Supplemental Health Care Program Funds for Non-Covered Services and the Waiver Process for Active Duty Service Members,” February 12, 2012⁴

⁴ This reference may be obtained by sending a request to: dha-shcp@health.mil

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Render, or delegate authority to render, determinations on SHCP waiver requests submitted and endorsed by an authorized official of the ADSM's parent Uniformed Service.

b. Provide the necessary resources for MTFs through the Planning, Programming, Budgeting, and Execution process to enable MTFs to provide and coordinate the medically necessary care to ADSMs outlined in Enclosure 3.

c. Assign responsibility for oversight, metrics, and tracking the standard processes and criteria outlined in this DHA-PI to DAD-MA.

d. Issue and authorize "blanket" SHCP waivers to waive any non-statutory TRICARE coverage or payment requirements pursuant to statutory authority (Chapter 55, Section 1073c of Reference (d) and Section 199.16 of Reference (e)), as appropriate, for specific health care services, including defined adjunctive dental care, in the care of specific conditions.

2. ASSISTANT DIRECTOR, HEALTHCARE ADMINISTRATION (AD-HCA). The AD-HCA will:

a. Oversee compliance with this issuance by Defense Health Networks (DHNs) and MTFs.

b. Ensure coordination between the DAD-MA, DAD-Healthcare Operations (HCO), other DADs, and J-Directors, as applicable, to secure resources for, and to fulfill the terms of, this DHA-PI in all MTFs and DHNs.

c. Establish procedures and health care operations processes for TRICARE Managed Care Support Contractor (MCSCs) and MTFs to implement this DHA-PI.

3. DAD-HCO. The DAD-HCO will:

a. Provide oversight and guidance to the DHA to ensure execution and implementation of the processes and procedures outlined in this DHA-PI.

b. Coordinate clinical business operations to support implementation of this DHA-PI.

4. DAD-MA. The DAD-MA will:

- a. Facilitate implementation of this DHA-PI to enable consistent application across the DHA.
 - (1) Provide ongoing guidance and support to the MILDEPs and MTFs to enable successful implementation of, and compliance with, the SHCP waiver process, as outlined in this DHA-PI.
 - (2) Coordinate with MTF Directors and the MILDEPs to establish procedures necessary to inform health care personnel of the SHCP, its processes, and requirements as outlined in this DHA-PI.
- b. Ensure the DHNs and MTFs have systems and standard processes in place to comply with this DHA-PI.
- c. Carry out authority and responsibilities delegated by the Director, DHA, and AD-HCA, as required and requested, including SHCP waiver request determinations (Reference (t)) and the authority to re-direct care requested in SHCP waivers to align with the requirements set forth in this DHA-PI.
- d. Designate a SHCP Manager to serve as the DHA SHCP coordinator at the DHA Headquarters.

5. SHCP MANAGER, DHA HEADQUARTERS. The SHCP Manager, DHA Headquarters, will:

- a. Ensure the SHCP waiver process, as directed in this DHA-PI, is executed in an equitable manner so that ADSMs have access to adequate health care services necessary to maintain fitness, deployability, and medical readiness (as outlined and defined in Reference (m)), and that all elements of the SHCP waiver request process comply with Reference (j).
- b. Provide metrics reports, including quarterly and yearly reports, as required.

6. SECRETARIES OF THE MILDEPS. As part of their statutory, regulatory, and DoD policy requirements, the Secretaries of the MILDEPs will:

- a. Establish procedures in their respective MILDEP for implementation of, and compliance with, the guidance and processes outlined in this DHA-PI.
- b. Ensure an endorsement authority is delegated (e.g., MTF or Naval Medical Readiness Training Center/Unit (NMRTC/U) Commander), in accordance with responsibilities outlined in Section 1073c(a)(4) of Reference (d), to serve in the capacity of authorized official of the Uniformed Service concerned, for providing endorsement (or disapproval) of SHCP waiver requests prior to submission to DHA. If the SHCP waiver request is disapproved, the process

ends, and the waiver will not be forwarded to the DHA. Disapproved waiver requests cannot be appealed.

c. Provide and fund travel for medically necessary care associated with their respective ADSMs' SHCP waiver requests, as applicable, in accordance with References (o) through (r).

7. DIRECTORS, DHNs. The Directors, DHNs, will support the MTFs implementation of this DHA-PI, as follows:

a. Establish processes ensuring timely SHCP waiver request submissions from ADSMs, and subsequent implementation of approved waivers.

b. Ensure dissemination of this DHA-PI to MTF Directors, and ensure MTF Directors are adequately informed of, and know how to access, this DHA-PI, and information and resources related to the SHCP waiver process.

8. DIRECTORS, MTF. The Directors, MTF, will:

a. Ensure dissemination of this DHA-PI to MTF health care personnel and ensure MTF health care personnel are adequately informed of, and know how to access, this DHA-PI, and information and resources related to the SHCP waiver process.

b. Ensure MTF health care personnel compliance with this DHA-PI.

c. In collaboration with the MILDEPS, provide and fund travel for medically necessary care associated with ADSMs' SHCP waiver requests, as applicable, in accordance with References (o) through (r).

ENCLOSURE 3PROCEDURES1. GENERAL PROVISIONS.

a. At the request of an authorized official of the Uniformed Services, the Director, DHA (or representative designated by the Director), is authorized to exercise discretionary authority to waive any TRICARE regulations requirement, however, statutory requirements may not be waived. The authority to do so is “based on a determination that such waiver is necessary to assure adequate availability of health care to Active Duty members” (section 199.16(f) of Reference (e)), and to maintain an ADSM’s health, fitness for duty, deployability, ability to perform their assigned mission, and meet Individual Medical Readiness requirements (Reference (m)). The Director, DHA, or designee will not consider exercising this authority without a recommendation for approval by the authorized official of the Uniformed Service concerned. Therefore, if a SHCP waiver request is not endorsed by the member’s Service, the request may not be submitted to, nor considered by, DHA.

b. The SHCP waiver process provides an avenue to lawfully cover, in certain circumstances, otherwise non-covered PSC services and providers for ADSMs to enable them to return to full duty/worldwide deployable status, maintain medical readiness, and/or reach their maximum rehabilitative potential. While DoD is committed to ensuring ADSMs have access to the latest, most promising medical technologies and procedures, there must be assurance such care is safe and effective and ADSMs are not subjected to undue risk nor rendered unfit for continued service as a result of complications suffered from unproven medical care. Furthermore, charges for services provided outside the Direct Care System (DCS) and TRICARE Network are at risk of being exceptionally high. To ensure clinically relevant, cost-effective, and high-quality care delivery for ADSMs, the following will be adhered to when planning and requesting care through a SHCP waiver:

(1) All care should be optimized within the DCS. Certain MTFs can perform select non-covered healthcare services, in which case a SHCP waiver is unnecessary. Therefore, prior to starting the SHCP waiver process, the DoD Referring Provider (RP), utilizing a referral, and with the assistance of RM, must first determine if the requested care is available at another MTF within a 100-mile radius, in alignment with access to care standards specified in Chapter 8, Section 5 of Reference (v), and References (w) through (y). However, the ADSM may choose to go beyond 100 miles to keep care within the DCS, with travel arrangements and funding provided in accordance with References (o) through (r).

In summary, the RP may submit a referral for the requested service to RM, and RM will be able to identify an MTF within proximity that can provide the requested service (if one exists).

(2) While the ADSM may choose to go beyond 100 miles to keep care within the DCS, if such care is unavailable at another MTF within the 100-mile radius, the DoD RP and ADSM may locate care through a SHCP waiver as follows:

(a) Consult the TRICARE MCSCs to determine whether qualified network providers are available to provide the requested services. If so, preference will be given to the identified network providers; or

(b) Identify a TRICARE Network provider in the PSC. This information can be found at: <https://www.tricare.mil/FindDoctor/AllProviderDirectories>

(c) Propose other qualified providers if a TRICARE network provider cannot be identified for the requested care. When a TRICARE non-network provider is proposed, documentation confirming the lack of available network providers for the requested service will be provided as part of the SHCP waiver request in the applicable section on DHA Form 300, SHCP Waiver Request. The DAD-MA will consider a SHCP waiver request for a non-network provider on a case-by-case basis as determined by medical necessity. **DAD-MA has the authority to re-direct care to align with the requirements set forth in this DHA-PI.**

1. While network providers are to be utilized to the greatest extent feasible, consideration will be given in re-direction of care to avoid impact on mission and readiness or result in unnecessary or critical delays in medically necessary care for the member whereby the delay would negatively affect the health or clinical status of the member.

2. When care is sought from non-network providers, a cost estimate from the provider, and verification by the MCSC that the charge is not abusive, as per Section 199.9 of Reference (e), must be included in the SHCP waiver package.

3. Preference of the ADSM beneficiary, MTF, Primary Care Manager (PCM), or other provider, alone, is insufficient justification to propose a non-network provider over an available network provider, including when an ADSM may have an existing medical relationship with the provider. However, consideration of this factor may be given on a case-by-case basis, at the discretion of DAD-MA, such as in complex medical cases for continuity of care, or to not adversely affect a member's health/clinical status.

(3) Efforts to identify care in accordance with the procedures outlined in this DHA-PI must be documented in the SHCP waiver request.

c. Requested non-covered services will be reviewed in conjunction with other available covered services, if any, to determine whether approval of the requested care is necessary to assure the adequate availability of health care to the ADSM, and is medically necessary for the ADSM, including to maintain medical readiness.

(1) In the absence of an approved waiver (blanket or otherwise), the TRICARE contractors will not generate an authorization and will not reimburse for non-covered services. The MCSCs will provide notifications as specified in Reference (h) and deny any received claims accordingly. A SHCP waiver would then be required to proceed with the requested care. Neither MTFs nor ADSMs should schedule medical care requiring a waiver, unless or until, such waiver is approved by the DAD-MA (as designated by Director, DHA (Reference t)), or the ADSM assumes the risk of personal financial responsibility for the care, if received.

(2) Generally, preauthorization is required except in cases of medical emergency (as defined in Section 199.2 of Reference (e)), or in specific circumstances for ADSMs in the TRICARE Prime Remote (TPR) program.

d. The DoD RP holds primary responsibility in preparing SHCP waiver requests.

e. A Readiness Impact Assessment is required for all SHCP waiver requests, in accordance with References (e), (m), and (n):

(1) The DAD-MA will not consider exercising SHCP waiver request approval authority without a recommendation for approval by the authorized official of the Uniformed Service concerned, per Reference (e).

(2) Endorsement by the ADSM's Parent MILDEP is required. Therefore, if the designated Uniformed Service authorized official (i.e., MTF or NMRTC/U Commander, or other designee), is from a different MILDEP than the ADSM requesting the SHCP waiver, then the designated MILDEP official will refer the DoD RP and patient to the closest MTF of the patient's parent MILDEP for review of waiver request and completion of Readiness Impact Assessment Section. This allows the MILDEP the opportunity to review the requested treatment, and its potential impact on readiness and unit mission, for its ADSM.

f. The MTF is the key source of information and support for SHCP waiver requests for all ADSMs. If the ADSM is enrolled in TRICARE Prime Remote (TPR) (Reference (v)), the MTF to which the ADSM is affiliated is responsible for preparing the SHCP waiver request (see paragraph 6 of this Enclosure).

g. The following services are non-waiverable:

(1) Services excluded by statute, including medical marijuana (Chapter 13, Section 801 of Reference (z), and References (aa) and (bb));

(2) Chiropractic services outside of the DHN or MTF (References (cc) and (dd)).

(3) Bariatric surgery (Reference (ee)).

h. For information on SHCP waivers for ADSM GAS, see Reference (k), or the most current DHA published guidance.

i. A complete list of SHCP blanket waivers (non-covered services not requiring an individual SHCP waiver request with the procedures outlined in this PI) can be found in Chapter 17 Section 3 of Reference (v).

2. SHCP WAIVER REQUEST - INITIAL STEPS. The SHCP waiver process starts when the DoD RP submits a referral to RM/Integrated Referral Management and Appointing Center

(IRMAC) for a requested service they determine to be medically necessary for their patient. RM/IRMAC transmits the referral to the MCSC after a review of completeness and confirmation the ADSM has active/up-to-date TRICARE health care benefits coverage.

a. If the requesting service is a TRICARE covered benefit, the referral is approved, and the DoD RP is notified the ADSM may proceed with the requested care.

b. If, however, the referral is a non-covered service, the requested service will be denied and the ADSM will receive a denial letter from TRICARE (note that the denial letter is required to request a SHCP waiver and must be included in the waiver request package, unless the RP obtained an approved SHCP waiver before submitting the referral to RM and TRICARE for the non-covered service. If that occurred, then TRICARE will authorize PSC with the approved SHCP waiver provided by the RP (as per Section 2.2 of Reference (v)). After receiving a denial from TRICARE, the patient and DoD RP are to discuss alternative treatment options as next course of action prior to initiating a SHCP waiver request. A SHCP waiver request shall be a last resort treatment option after all other alternatives have been considered and trialed.

c. Once all other treatment options have been considered and trialed, and the DoD RP determines the requested non-covered service is medically necessary for the ADSM, and is SHCP waiver eligible (not prohibited by statute or as identified in 1.g.(1)-(3) of this Enclosure), the DoD RP will obtain a DHA Form 300, on the DHA Forms Management SharePoint site (DHA Forms Library) and begin preparing the waiver request. **All SHCP waiver requests (other than GAS SHCP waiver requests specified in Reference (k)) must utilize DHA Form 300. Requests submitted without a DHA Form 300 will be returned.**

d. If the DoD RP decides they will be moving forward with requesting a SHCP waiver, the original referral will be closed by RM/IRMAC with a status of 'Rejected/Denied.' If the SHCP waiver request is ultimately approved, the DoD RP must submit a new referral to RM/IRMAC, indicating in the body of the referral there is an approved SHCP waiver, and must provide the approved waiver to the MCSC (via TRICARE portal or fax).

3. SHCP WAIVER REQUEST PREPARATION - DHA FORM 300. DHA Form 300 is an all-Service standardized form in fillable format designed for ease of completion. It is meant to be completed electronically and includes a summary of important requirements to assist the DoD RP in organizing and preparing the request.

a. Sections to be Completed by the DoD RP. The DoD RP completes the Demographics, Request for SHCP Waiver, and DoD RP Certification and Contact Information Sections of DHA Form 300. These Sections contain demographic information about the ADSM, the requested service, including contact information for the requested civilian provider (or facility if applicable), associated Current Procedural Terminology (CPT) codes and estimated costs (when a non-network provider is being requested), as specified in paragraph 1.b.(2)(c)2. of this Enclosure (DHA Form 300 also includes resources to locate CPT codes and their associated costs). This Section also calls for SHCP waiver request points of contact (POCs) contact information, and requires relevant clinical information and considerations, as detailed below:

(1) Referring Provider(s). In preparing a SHCP waiver, care will be identified in accordance with the provisions outlined in this Enclosure at 1.b.

(2) MTF POC. The DHA Form 300 allows for contact information to be provided for the MTF POC, if different or in addition to, the DoD RP, such as a case manager or care coordinator. This individual may serve as the POC for any questions from the endorsement authority or DHA.

(3) Clinical Information and Considerations. The DoD RP Section requires the following clinical information and considerations:

(a) Relevant clinical/medical history and assessment, treatment plan, likely treatment duration, and medical justification for the requested non-covered service;

(b) Details of present illness or condition; previous treatments for the illness or condition; previous and current medications; results of any specialty consultations received; relevant laboratory, radiological, and other ancillary studies;

(c) Any duty limitations or other functional limitations/impairment resulting from condition or illness;

(d) Clinical benefit if waiver is approved or expected adverse effect on ADSM's health if not approved;

(e) Whether the member is enrolled, or likely to be enrolled, in the Disability Evaluation System (Reference (n)), has a pending Medical Evaluation Board (MEB) determination (Reference (n)), and/or has a Line of Duty (LOD) determination (or pending determination).

1. If there is an associated LOD investigation, the status and/or outcome of the investigation must be provided.

2. If a MEB determination is pending, the SHCP waiver request must specify how the non-covered service will contribute to the ADSM's maximum rehabilitative potential. If the MEB determination is "not fit for duty," the waiver cannot be re-submitted. If the MEB determination is "fit for duty" the waiver may be resubmitted by the Service.

(f) If the ADSM has an upcoming scheduled separation or retirement date. This requires unique consideration, and the following will be reviewed on a case-by-case basis:

1. SHCP waiver requests submitted within six months of separation or retirement; and

2. Indication in the SHCP waiver request that care is anticipated to be received within six months of separation or retirement, which will enable the service member to return to their full military duty prior to separation or retirement.

(g) Risks, safety, and effectiveness of the requested non-covered service. It is strongly encouraged the DoD RP provide available relevant clinical evidence and/or literature from a peer-reviewed source demonstrating benefit of the requested service for the ADSM's associated condition or diagnosis, supported by at least Level III evidence (i.e., case-control studies), to support the request as indicated. Consider the 'hierarchy of reliable evidence,' as specified in the Glossary of this DHA-PI.

(4) The DoD RP must provide their contact information and certify:

(a) "The ADSM noted in this waiver request has been counseled, as required by applicable law, regulations, and policies, on the policy that, should the member receive non-covered care or service without an authorized waiver, or receive any care other than what is specified and approved in the waiver request, the individual may be financially responsible for the costs of such care and any follow-on care associated with the unauthorized care, including care due to complications from the unauthorized care."

(b) "The ADSM noted in this request has been informed and counseled on the policy that SHCP waivers are not available, nor valid once member separates or retires. The individual may be financially responsible for the costs [(Reference (ff)).]"

(c) "The ADSM noted in this waiver request has been counseled on the risks and benefits of the healthcare service(s)/procedure(s) and has demonstrated a clear understanding of such, as well as the applicable DoD and MILDEP guidelines and responsibilities required of the ADSM."

(d) "The SHCP waiver request, and care outlined therein, is consistent with currently accepted standards of care, is clinically appropriate, and medically necessary. Further, I certify, in recommending the requested care, consideration has been given as to whether the requested care is safe and effective, whether the member may be subjected to undue risk, or rendered unfit for continued service due to complications suffered as a result of the medical care."

(e) "The SHCP waiver request is necessary for the member to maintain readiness and worldwide deployability, and/or to reach their maximum rehabilitative potential."

b. Readiness Impact Statement, authorized official of the Uniformed Service concerned. DHA Form 300 includes a Section for consideration of the readiness impact as assessed and completed by an authorized official of the Uniformed Service concerned (e.g., MTF Commander, NMRTC/U Commander, or designee). The SHCP waiver request must address the real, or potential likelihood of, impact of the requested non-covered service on the ADSM's fitness for duty, military readiness, continued service, or ability to reach their full rehabilitative potential (Reference (e)). The authorized official of the Uniformed Service concerned, may

request assistance or consultation from the DoD RP in completing this Section. The following information is required:

(1) If there is an impact of the requested care and associated recovery time on the ADSM's readiness, the unit's operational schedule and/or readiness, how this will be addressed to minimize impact on unit mission;

(2) Certification of whether unit leadership approves and fully supports the ADSM receiving the requested care;

(3) The authorized official of the Uniformed Service concerned signs Section 5. The authorized official of the Uniformed Service concerned has the option to indicate support of the waiver request conditional on specified modifications.

(4) The authorized official of the Uniformed Service concerned, (or as indicated in paragraph 1.e.(2) of this Enclosure) returns the Form 300 to the DoD RP once Section 5 is completed and signed.

c. Service Member Acknowledgment and Acceptance of SHCP Waiver Conditions. Once the authorized official of the Uniformed Service concerned completes the Readiness Impact Assessment and returns DHA Form 300 to the DoD RP, the DoD RP will review the waiver request with the ADSM and address any questions they may have, or concerns raised in the Readiness Impact Assessment, if applicable. The ADSM is then required to read and sign the relevant section, indicating their understanding of, and agreement to, the following:

(1) "Should I receive care without an authorized waiver or receive any care other than what is specified and approved in this waiver request, I assume all risks of payment for the care and potential follow-on care associated with the unauthorized care, including care due to complications from the unauthorized care. I understand I may not be reimbursed retroactively through a waiver in such circumstances."

(2) "Should I choose to self-pay and not receive care through an approved SHCP waiver, I am still responsible for obtaining authorization from the line commander on the timing of the requested healthcare services to minimize the impact on readiness."

(3) "Should I choose to receive care without an authorized waiver, I must still provide all medical records associated with the outside medical care and procedures to the DHA in accordance with MILDEP rules and requirements."

(4) "If a waiver is approved, and the health care service remains a non-covered TRICARE benefit, any follow-on care, including care for complications, will not be covered by TRICARE once the Service member separates or retires. This includes any replacement or repair of medical equipment. SHCP waivers are not available, nor valid once member separates or retires. I may be financially responsible for the costs [(Reference (ff))]."

(5) "It is my responsibility to comply with all applicable TRICARE program

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procedures. I certify all information provided to referring provider is true, accurate, and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and imprisonment under applicable Federal and State laws.”

d. SHCP Waiver Request Submission to DHA and Clinical Specialty Lead (CSL) Review and Endorsement. After all previous sections are completed, the DoD RP will electronically send the DHA Form 300, and any applicable supporting documentation, to the DHA SHCP Office at dha.ncr.man-mgt.mbx.dha-shcp@health.

(1) The DHA SHCP Office will review the DHA Form 300, all supporting documentation, and verify completeness. If incomplete, or additional information is needed, the DHA SHCP Office will return the package to the DoD RP and/or SHCP waiver request POC and specify what is missing or needed.

(2) Waiver request processing will not proceed until all requested information is received by the DHA SHCP Office.

(3) Upon review of the waiver request and any supporting documentation, the DHA SHCP Office will determine if a CSL review and endorsement (Section 7) is needed.

(a) A CSL review and endorsement of the SHCP waiver request is required if the DoD RP does not practice under the specialty the requested care falls under. If so, the DHA SHCP Office will then obtain a clinical opinion, as appropriate, to support the review of the waiver request. The individual clinician opinion may not be someone directly involved in the ADSM’s care, treatment, or management.

(b) The CSL will critically assess all relevant information provided, consider clinical evidence supporting the request, as appropriate, and indicate their recommendation to approve, deny, or approve with modifications, from both clinical and medical readiness perspectives.

(c) A complete CSL review will indicate whether or not the CSL endorses the SHCP waiver request, and whether or not they concur that the request is medically necessary for the ADSM, and receiving the requested care is required to assure adequate availability of health care services to the ADSM in order for the ADSM to maintain medical readiness (medical status necessary to perform their assigned missions and their unit’s missions in support of military operations (Reference (m)) and worldwide deployability.

(d) If the CSL does not endorse the waiver request, the DHA SHCP Office, along with the DAD-MA, will consider the request on a case-by-case basis, and may seek additional clinical specialty consultation.

e. SHCP Waiver Determination

(1) Completed waiver request packages will be routed through DAD-MA formal coordination for a multi-level review, including coordination with the Office of General Counsel, and Chief, Clinical Support Division.

(2) The DAD-MA may obtain an additional clinical opinion on the requested non-covered service from another CSL, or similar, on a case-by-case basis. This additional clinical reviewer will not be directly involved in clinical management of the case under review.

(3) A determination by the DAD-MA, as delegated by the Director, DHA, will include consideration of whether the requested care will enable the ADSM to return to full duty/worldwide deployable status, maintain medical readiness, and/or reach their maximum rehabilitative potential.

(4) DHA SHCP Office will notify the DoD RP, and the applicable POC if one is identified in the SHCP waiver request, of the waiver request determination, and provide the completed DHA Form 300, signed by DAD-MA.

4. AUTHORIZATION FOLLOWING SHCP WAIVER APPROVAL

a. The following steps must be completed to receive authorization from the MCSC to proceed with the approved non-covered care:

(1) Once the DoD RP receives the completed DHA Form 300, with an approval determination by the Director, DHA (or designee), the DoD RP will upload the completed DHA Form 300 to the patient's electronic health record (EHR). The following naming convention shall be used when uploading Form 300 into the EHR:

(a) IMAGE TYPE: Administrative Note (do NOT use "Outside Records"); and

(b) SUBJECT/IMAGE TITLE: DHA Form 300 SHCP Waiver Request, Last Name, First Name, Date of Determination.

(2) The DoD RP will re-submit a referral for the requested non-covered care, now including documentation in the body of the referral there is an approved SHCP waiver from the DHA and the approved signed waiver.

(3) The DoD RP uploads the DHA Form 300 in its entirety, with approval determination, into the TRICARE Portal, or faxes it to the MCSC.

b. Once the DoD RP and ADSM receive an authorization from the MCSC, they may proceed to schedule the requested care.

5. RETROACTIVE WAIVERS

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a. Generally, preauthorization of health care services is required for all ADSMs prior to obtaining the service. ADSMs must be advised of, and acknowledge understanding of, the risk of no payment for non-covered services without preauthorization, by signing a consent, which will be placed in their EHR, and/or the provider or POC who provides this information to the ADSM will document the ADSM's agreement and acknowledgement in their EHR. There are, however, specified limited circumstances whereby a retroactive waiver may be granted for non-TRICARE covered claims. Claims denied by the MCSC for non-covered services provided in these circumstances may be waived retroactively through submission of a waiver request. These circumstances are as follows:

(1) If a TPR-enrolled ADSM does not have access to a TRICARE PCM in a remote location, and is not assigned to a MTF PCM, they may use a local non-TRICARE network provider for primary care health services without preauthorization for TRICARE-covered services and may receive retroactive reimbursement through a SHCP waiver. However, preauthorization is required for referral to specialty care for TPR-enrolled ADSMs.

(2) Services provided in cases of medical emergency, as defined in Part 199.2 of Reference (e), do not require prior authorization, and are eligible for retroactive reimbursement.

6. TRICARE OVERSEAS PROGRAM (TOP). ADSMs on permanent or official duty assignment in a location outside the 50 United States and the District of Columbia, will be enrolled in TOP Prime or TOP Prime Remote. These members will follow the guidance described in Chapter 24 of Reference (h), including "all TRICARE requirements regarding the SHCP shall apply to the [TOP] unless specifically changed, waived, or superseded by TPM, Chapter 12, or the TOP Contract."

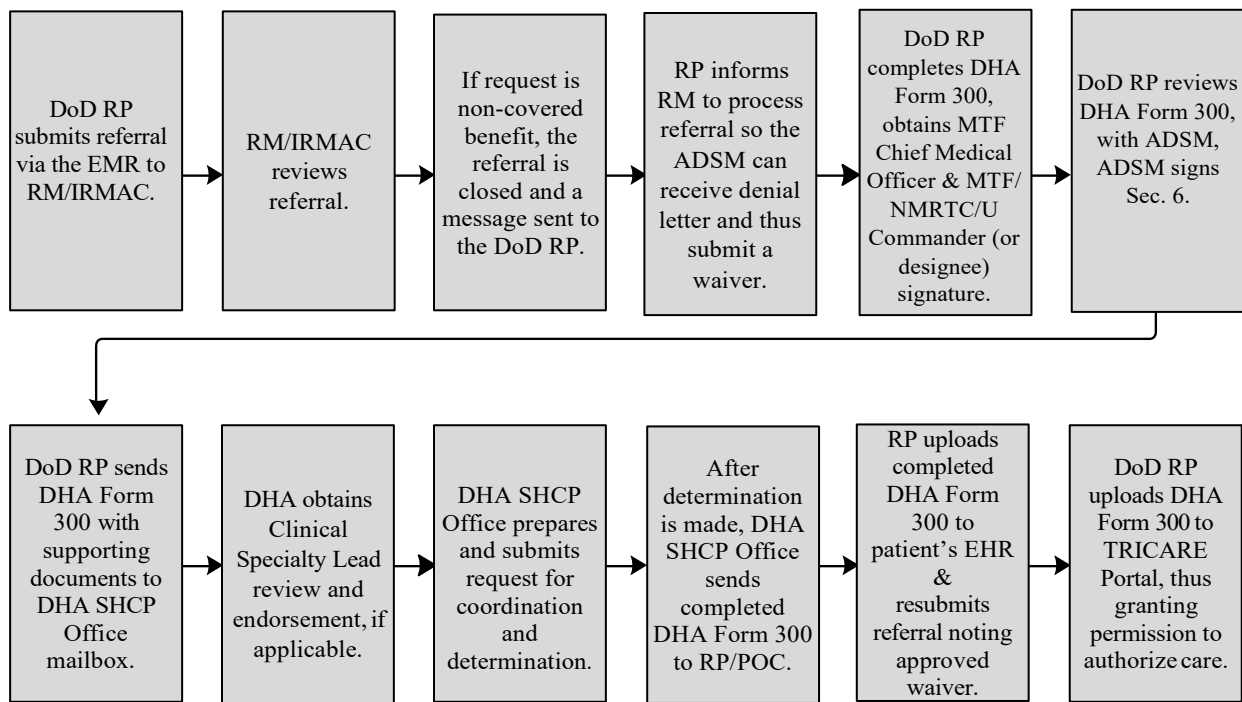
7. HOLD HARMLESS

a. If an ADSM receives non-covered services without preauthorization from a civilian network provider, the civilian network provider may not seek payment from the ADSM or the ADSM's family, as per Chapter 1, Section 4.1 of References (g) and (u). The DoD RP must counsel ADSMs if the civilian provider informs them the services are non-covered, they should not agree in advance to pay for the services, nor should they proceed with the care outside of a SHCP waiver. ADSMs should engage with their MTF Beneficiary Counseling and Assistance Coordinator if the ADSM is informed they are financially responsible for any medical services that may fall under the Hold Harmless policy.

b. If a retroactive waiver is received for non-urgent or non-emergent care provided by a civilian network provider, the SHCP waiver manager will coordinate with TRICARE Health Plan to have the MCSC enforce the hold harmless policy as specified in Reference (h), chapter 8, section 5, paragraph 1.3.

8. APPEALS. If a SHCP waiver request is not approved by the DHA Director, or designee, there are no appeal rights to any other DHA representative nor the Assistant Secretary of Defense for Health Affairs. A previously disapproved waiver may only be resubmitted if new pertinent information becomes available warranting reconsideration.

APPENDIX – SUPPLEMENTAL HEALTH CARE PROGRAM WORKFLOW PROCESS



GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADSM	Active Duty Service member
CSL	Clinical Specialty Lead
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHN	Defense Health Networks
EHR	Electronic Health Record
GAS	Gender Affirming Surgery
HCO	Health Care Operations
IRMAC	Integrated Referral Management and Appointing Center
LOD	Line of Duty
MA	Medical Affairs
MCSC	Managed Care Support Contractor
MEB	Medical Evaluation Board
MHS	Military Health System
MILDEP	Military Department
MTF	Military medical treatment facility (which includes dental)
NMRTC/U	Naval Medical Readiness Training Center/Unit
PCM	Primary Care Manager
PI	Procedural Instruction
POC	Point of Contact
PSC	Private sector care
RM	Referral Management
RP	Requesting/Referring Provider
SHCP	Supplemental Health Care Program
TOP	TRICARE Overseas Program
TPR	TRICARE Prime Remote

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this issuance.

authorization. For the purpose of this publication, the authorization determination addresses whether a particular health care service may be covered by TRICARE, including whether it appears necessary and appropriate in the context of the patient's diagnosis and circumstances.

Disability Evaluation System. As defined in Reference (n).

endorsement. For purposes of this publication, explicit or official support and recommendation to approve a SHCP waiver request. Provided by an authorized official, or other designee tasked to review a SHCP waiver request (e.g., a CSL), after review of all available information and may include consideration from clinical and/or readiness perspectives. For example, an MTF or NMRTC/U Commander considers the real, or potential likelihood of, impact of the requested non-covered service on the ADSM's fitness for duty, military readiness, continued service, or ability to reach their full rehabilitative potential in their consideration of a waiver request and whether or not to endorse its approval.

LOD Determination. As defined in Reference (n).

MCSC. As defined in References (g) through (i).

non-covered service, condition/treatment, unauthorized provider. As defined in Section 199.4(g)(63) of Reference (d).

reliable evidence. As specified in Part 199.2 of Reference (d) and Section 199.4(g)(15) of Reference (d).

referral. As defined in Part 199.2 of Reference (d) and References (g) through (i).

SHCP. The program authorized by paragraph (c)(1) in section 1074 of Reference (d) and implemented by Part 199.16 of Reference (e). A program provided to members of the MILDEPs that allows for claims payment to PSC health care providers (both TRICARE Network and TRICARE Non-Network) for health services, supplies, equipment, and pharmaceuticals that are otherwise uncovered benefits.

SHCP waiver. An avenue to lawfully cover, in certain circumstances, otherwise non-covered services and providers for ADSMs based on a determination that such waiver is necessary to assure adequate availability of health care services, including dental, to active duty members, and that the requested care will enable them to return to full duty/worldwide deployable status, maintain medical readiness, and/or reach their maximum rehabilitative potential. A process that assures such requested uncovered care is safe and effective, and that ADSMs are not subjected to undue risk or rendered unfit for continued service as a result of complications suffered from unproven medical care.

TPR. As defined in References (g) through (i); authorized by Section 1074(c)(3) of Reference (d) and implemented by section 199.16(e) of Reference (e).

uniformed services. As defined in Section 101 and 1072 of Reference (d), and section 199.2 of Section (e).

unproven. See ‘Reliable Evidence.’