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FM COMDT COGARD WASHINGTON DC//CG-112//
TO AIG 4905
BT

UNCLAS //N06010//

SUBJ: SUPPLEMENTAL HEALTH CARE PROGRAM (SHCP) WAIVER FOR A TRICARE PURCHASED CARE NON-COVERED HEALTH CARE SERVICE A. USE OF SUPPLEMENTAL HEALTH CARE PROGRAM FUNDS FOR NON-COVERED TRICARE HEALTH SERVICES AND THE WAIVER PROCESS FOR ACTIVE DUTY SERVICE MEMBERS, HEALTH AFFAIRS (HA) POLICY 12-002.

1. ACTIVE DUTY SERVICE MEMBERS (ADSM) ARE ENTITLED TO CARE INCLUDED WITH THE TRICARE PRIME BENEFIT AS PER 10 U.S.C. 1074(C)(2)(A). ANY HEALTH CARE THAT IS NOT INCLUDED WITHIN THE TRICARE PRIME BENEFIT (ALSO KNOWN AS THE TRICARE BASIC PROGRAM) IS CONSIDERED A NON-COVERED TRICARE HEALTH CARE SERVICE. WHEN NON-COVERED HEALTH CARE, NECESSARY TO ENSURE A MEMBERS FITNESS FOR DUTY, IS SOUGHT WITHIN TRICARES PURCHASED CARE SECTOR (I.E. OUTSIDE A UNIFORMED SERVICES MEDICAL TREATMENT FACILITY (USMTF)), THE DIRECTOR OF TRICARE MANAGEMENT ACTIVITY (TMA) IS AUTHORIZED, UNDER TITLE 32, CFR, PART 199 TO EXERCISE DISCRETIONARY AUTHORITY TO WAIVE ANY REQUIREMENTS OF TRICARE REGULATIONS, INCLUDING THE TRICARE BASIC PROGRAM BENEFITS, EXCEPT THOSE SPECIFICALLY SET FORTH IN STATUTE, BASED ON "A DETERMINATION THAT SUCH WAIVER IS NECESSARY TO ASSURE ADEQUATE AVAILABILITY OF HEALTH CARE TO ACTIVE DUTY MEMBERS." AT THE REQUEST OF THE COAST GUARD (CG), THE DIRECTOR OF TMA MAY WAIVE LIMITATIONS ON CARE NOT PROVIDED FOR UNDER THE TRICARE BASIC PROGRAM BENEFITS.

2. ALL REQUESTS FOR NON-COVERED SERVICES PROVIDED WITHIN PURCHASED CARE (I.E. CARE OUTSIDE OF CG FACILITIES OR USMTF) SHALL BE PROCESSED AS FOLLOWS:

A. THE MEMBERS PRIMARY CARE MANAGER (PCM) SHALL ENSURE RECOMMENDED CARE IS APPROPRIATE AND NECESSARY TO ENSURE FITNESS FOR DUTY. COMPLETION OF THE WAIVER FORM IS REQUIRED, AS PER THE INFORMATION BELOW, AND SHALL BE FORWARDED TO HEALTH, SAFETY, AND WORK-LIFE SERVICE CENTER (HSWL SC) UPON COMPLETION. ALL INCOMPLETE FORMS WILL BE RETURNED WITH NO ACTION.

(1) IF THE ADSM PCM IS SERVING WITHIN A CG HEALTH CARE FACILITY, THE PCM IS REQUIRED TO FILL OUT THE HSWL SC PROVIDED WAIVER FORM, WHICH INCLUDES DIRECTIONS FOR COMPLETION. IT IS THE RESPONSIBILITY OF THE PCM TO FILL OUT THE FORM COMPLETELY AND ACCURATELY.

(2) IF THE ADSM PCM IS SERVING WITHIN A NON-CG USMTF, THE ADSM SHALL FOLLOW THE PROCESS FOR THE SERVICE OPERATING THE USMTF. THE FORM SHALL BE FORWARDED TO AND ENDORSED BY CG HSWL SC PRIOR TO FORWARDING TO TMA FOR REVIEW. IF THE USMTF REFUSES TO TAKE ACTION, THE MEMBERS UNIT- ASSIGNED INDEPENDENT DUTY HEALTH SERVICES TECHNICIAN (IDHS) AND DESIGNATED MEDICAL OFFICER ADVISOR (DMOA) MAY ASSIST THE MEMBER IN GATHERING ALL INFORMATION REQUIRED TO COMPLETE THE FORM.

(3) IF THE ADSM PCM IS A CIVILIAN, THE MEMBERS UNIT-ASSIGNED IDHS AND DMOA WILL ASSIST THE MEMBER IN GATHERING ALL INFORMATION REQUIRED TO COMPLETE THE FORM AND ACT AS INITIAL REVIEW PRIOR TO FORWARDING THE WAIVER REQUEST TO HSWL SC.

(4) IF THE CG MEMBERS ASSIGNED CG PCM OR DMOA DEEMS THE SPECIFIC NON-COVERED SERVICE UNNECESSARY FOR CONTINUED FITNESS FOR DUTY, THE WAIVER REQUEST SHALL NOT BE FORWARDED TO HSWL SC FOR APPROVAL.

B. HSWL SC WILL REVIEW THE WAIVER FORM FOR ACCURACY AND COMPLETENESS. IF APPROVED BY HSWL SC, THE WAIVER WILL BE FORWARDED TO TMA FOR APPROVAL/DENIAL. IF DENIED BY HSWL SC, THE FORM WILL BE RETURNED TO THE MEMBERS PCM OR DMOA WITH NO ACTION TAKEN.

(1) IF APPROVED, WAIVER WILL BE RETURNED TO HSWL SC AND THE APPROPRIATE MANAGED CARE SUPPORT CONTRACT (MCSC) WILL BE NOTIFIED TO ISSUE AUTHORIZATION.

(2) IF DENIED, THE WAIVER WILL BE RETURNED TO HSWL SC WITH NO ACTION.

C. IF HSWL SC RECEIVES A DENIAL FROM TMA AND STILL BELIEVES THE NON-COVERED SERVICE IS APPROPRIATE TO ENSURE THE ADSM CONTINUED FITNESS FOR DUTY, HSWL SC WILL INITIATE A DETERMINATIONS AND FINDING, AS PER COMDT (CG-11) GUIDANCE, AND WILL FORWARD TO COMDT (CG-11) FOR APPROVAL/DENIAL. COMDT (CG-11) HAS THE AUTHORITY TO EXPEND CG FUNDS AS PER 14 U.S.C 93(A)17 ON APPROPRIATE MEDICAL AND/OR DENTAL SERVICES, EVEN THOSE THAT ARE NOT COVERED WITHIN TRICARE, TO ENSURE ADSM FITNESS FOR DUTY.

3. PRIOR TO FORWARDING THE WAIVER REQUEST TO TMA, HSWL SC WILL ENSURE THAT THE MEMBER HAS BEEN COUNSELED REGARDING THE PROVISION CONTAINED HEREIN AND OTHER APPLICABLE DIRECTIVES. COUNSELING WILL BE PROVIDED AT THE LOCAL CG PRIMARY CARE FACILITY, OR IF THERE IS NO NEARBY CG FACILITY, THE RESPONSIBLE DMOA OR HSWL SC WILL PROVIDE COUNSELING VIA TELEPHONE. A CHRONOLOGICAL RECORD OF MEDICAL CARE, FORM SF-600 WILL BE FAXED OR SCANNED TO HSWL SC FOR APPROPRIATE DOCUMENTATION, THEN FAXED, SCANNED, OR MAILED BACK TO THE UNIT FOR INCORPORATION INTO THE MEMBERS HEALTH RECORD. THE COUNSELING VERBIAGE MUST INCLUDE THE FOLLOWING VERBIAGE: "I HAVE BEEN COUNSELED AS REQUIRED AND UNDERSTAND THAT SHOULD A WAIVER BE GRANTED AND THE TREATMENT REMAINS A NON-COVERED TRICARE BENEFIT, ANY FOLLOW-ON CARE, INCLUDING CARE FOR COMPLICATIONS, MAY NOT BE COVERED BY TRICARE ONCE I, THE ADSM, SEPARATE OR RETIRE, AND THAT I MAY THEN BE FINANCIALLY RESPONSIBLE FOR THE COSTS OF SUCH FOLLOW-ON CARE."

4. AFTER RECEIVING NON-COVERED PRIVATE SECTOR CARE, THE ADSM MUST ENSURE THAT COPIES OF ALL TREATMENT RECORDS FROM THE PROVISION OF NON-COVERED CARE ARE INCLUDED IN THE CG HEALTH RECORD, INCLUDING THE INITIAL EVALUATION, TREATMENT PLAN, PROGRESS NOTES, AND ADDITIONAL FOLLOW-UP CARE.

5. FOR QUESTIONS PERTAINING TO THIS MESSAGE, CONTACT LCDR LEAH PRESTON, COMDT (CG-1123) AT (703) 681-8716 OR LEAH.M.PRESTON(AT)USCG.MIL. FOR OPERATIONAL MEDICINE QUESTIONS, CONTACT CDR JOHN HARIADI (HSWL SC OPMED) AT (757) 628-4331 OR JOHN.HARIADI(AT)USCG.MIL.

6. CAPT DEBORAH NOYES, CHIEF, OFFICE OF HEALTH SERVICES, SENDS.

7. INTERNET RELEASE AUTHORIZED.

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