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This policy supplements and refines HA Policy [96-053](#)



THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAR 18, 1997

MEMORANDUM FOR: ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Policy Memorandum to Refine Policy for Priority Use of Medical Treatment Facilities by TRICARE Prime Enrollees

My memorandum of August 5, 1996, subject "Policy for Priority Use of Medical Treatment Facilities for Persons Enrolled in TRICARE Prime," modified previous policy ([96-053](#)) on the issue of priority access to military medical treatment facilities (MTFs) for enrollees in TRICARE Prime to comply with a recent statutory amendment. This memorandum supplements and refines that policy regarding a number of miscellaneous beneficiary groups and special circumstances not specifically addressed in that memorandum. Specific issues pertaining to access to pharmacy services will be addressed in a separate, forthcoming policy memorandum.

A. General Rule. Among the following beneficiary groups, access priority for care in military treatment facilities where TRICARE is implemented as follows:

1. active duty service members;
2. active duty service members' family members who are enrolled in TRICARE Prime;
3. retirees, their family members and survivors who are enrolled in TRICARE Prime;
4. active duty service members' family members who are not enrolled in TRICARE Prime; and,
5. retirees, their family members and survivors who are not enrolled in TRICARE Prime.

I anticipate that MTFs will provide for TRICARE Prime enrollment of eligible beneficiaries, consistent with TRICARE policy. Enrollees will be assigned to a primary care manager, which, as stated in the policy memorandum of December 19, 1995, must be an individual provider or a primary care team. The term

"empanelment" will be used for the process by which primary care managers are identified and individual TRICARE Prime enrollees are assigned to them. Only TRICARE Prime Enrollees will be empanelled.

B. Special provisions. In applying the general rules, the following special provisions are applicable:

1. Military members not on active duty but entitled to MTF care are associated with priority group 1. This includes members of reserve components entitled to medical care relating to conditions incurred in the line of duty, and members on the Temporary Disability Retired List for required periodic medical examinations.
2. NATO and other foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1, for the scope of services specified in the agreement.
3. NATO and other foreign military members' family members who are entitled to care pursuant to an applicable international agreement are associated with priority group 2, for the scope of services specified in the agreement.
4. Survivors of sponsors who die on active duty, as provided in 10 U.S.C. 1076(a), are, for purposes of MTF access, considered together with dependents of active duty members. They would, therefore, be in priority group 2 or 4, depending on Prime enrollment status.
5. Individuals other than those in any of the beneficiary groups identified in priority groups 1 through 5 do not have priority access.
6. Priority access rules are not applicable to bona fide medical emergencies or cases in which the provision of certain medical care is required by law or applicable DoD Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.

C. Exceptions to General Rule. In the following instances, MTF commanders have discretion to grant exceptions to priority access rules:

1. A higher priority may be given to a Secretarial designee, to the extent appropriate to the context in which Secretarial designee status is given.
2. A higher priority may be given to an active duty members' family member who is in priority group 4 owing to the unavailability of TRICARE Prime at the place of the sponsor's assignment (for example a remote CONUS or OCONUS location), when the beneficiary is temporarily in a location where TRICARE has been implemented and needs medical care.
3. To the extent authorized by the ASD(HA) for the particular graduate medical education (GME) program or MTF involved, after coordination with the TRICARE Lead Agent, a patient may be given a higher priority if necessary to maintain an adequate clinical case mix for GME programs functioning in the MTF or for readiness-related medical skills sustainment activities. Mechanisms to implement this policy could

include identification of space available to carry out specific procedures or treat specific clinical diagnoses, or, in unique circumstances, provision for assignment to primary care managers of a limited number of individuals not eligible for TRICARE Prime enrollment.

4. A higher priority may be given in other unexpected or extraordinary cases, not otherwise addressed in this policy, in which the MTF Commander determines, in coordination with the TRICARE Lead Agent, that a special exception is in the best interest of the Military Health Services System and TRICARE.
5. In overseas locations, other exceptions may be established to the extent necessary to support mission objectives.
6. Other priority groupings are not authorized.

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HA POLICY 97-041

cc:

Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
TRICARE Lead Agents

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