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DHA-Policy Memorandum 24-011

MEMORANDUM FOR SEE DISTRIBUTION LIST

SUBJECT: TRICARE Program Access to Care (Private Sector Network) Standards

- References:
- (a) DoD Directives 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended.
 - (b) DoD Directive 5136.13, "Defense Health Agency," September 30, 2013, as amended.
 - (c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
 - (d) DoD Instruction 6000.14, "DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)," September 26, 2011, as amended.
 - (e) DHA-Procedural Instruction 6000.12, "TRICARE Medical Plan Enrollment Instructions and Management Responsibilities," November 23, 2021
 - (f) TRICARE Operations Manual 6010.59-M, April 1, 2015, as amended.
 - (g) Code of Federal Regulations, Title 32, Section 199.17, "TRICARE program"
 - (h) United States Code, Title 10, Section 1075
 - (i) United States Code, Title 10, Section 1075a
 - (j) National Defense Authorization Act for Fiscal Year 2017 (NDAA FY17)
 - (k) United States Code, Title 10, Section 1071

This Defense Health Agency (DHA) Policy Memorandum, based on the authorities of References (a) and (b), and in accordance with the guidance of References (c) through (j), fully documents the DHA guidance regarding access-to-care (ATC) standards for private sector network sources of care. Enrolled TRICARE beneficiaries are entitled to TRICARE cost-sharing of private sector medical care, not otherwise prohibited by law, regulation, or policy. The two primary health plan enrollment options for TRICARE-eligible beneficiaries are TRICARE Prime and TRICARE Select. National Defense Authorization Act for Fiscal Year 2017 (Reference (j)) implemented the law to affect a single network concept and comply with the "uniform program" mandate at Reference (k). This policy is published to clarify TRICARE program ATC standards as applicable to the entire, single network of providers pursuant to References (g) and (j).

The civilian preferred provider standards captured under Reference (g) are applicable to the TRICARE network, not uniquely to the Prime or Select options. The process by which DHA monitors access differs for Prime and Select, though the standards do not vary by health plan enrollment option. For Prime, the time and distance ATC standards are measured from the date the referral is approved to the date of service. For Select, plan structure allows enrollees to choose any TRICARE-authorized health care providers without primary care manager referral and to schedule appointments according to the enrollee's preference. Beneficiary choices in these circumstances do not reflect a lack of availability of care for the enrollee within the network; therefore, we measure ATC for Select beneficiaries through satisfaction reports and surveys.

Standards

The TRICARE preferred provider ATC standards are as follows:

1. Emergency Care: Beneficiaries seeking emergency care should proceed to the nearest emergency room or call 911 (or other local emergency assistance number) for immediate medical attention.
2. Urgent (Acute) Care: Beneficiaries will have access to care with an appropriately trained provider within 24 hours, 7 days a week.
3. Routine Care: Beneficiaries will have access to care with an appropriately trained provider within 7 calendar days.
4. Well-Patient Visits: Beneficiaries will have access to care with an appropriately trained provider within 4 weeks (28 calendar days).
5. Referrals for Specialty Care Services: Beneficiaries will have access to care with an appropriately trained provider within 4 weeks (28 calendar days) or sooner, if required.
6. Office Wait Times: Office waiting times for any appointments in non-emergency circumstances shall not exceed 30 minutes, except when emergency care is being provided to patients, causing disruption to the normal office schedule.

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Please address questions regarding this DHA-Policy Memorandum to the TRICARE Health Plan Division at dha.ncr.j-10.list.thp-task@health.mil.

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