1998—Subsec. (a)(1). Pub. L. 105–261 inserted at end ‘‘In the case of a physician, the physician may not provide health care as a physician under this chapter unless the current license is an unrestricted license that is not subject to limitation on the scope of practice ordinarily granted to other physicians for a similar specialty by the jurisdiction that granted the license.’’

1997—Subsecs. (d), (e). Pub. L. 105–96 added subsec. (d) and redesignated former subsec. (d) as (e).

1989—Subsec. (c)(2). Pub. L. 101–189, § 653(e)(1), substituted ‘‘subsections (c) and (e) through (h)’’ for ‘‘subsections (b) and (d) through (g)’’.


1983—Subsec. (d)(2). Pub. L. 92–502 inserted subsec. (d) and redesignated former subsec. (d) as (e).


Effective Date of 1998 Amendment

Effective Date
Section 653(b) of Pub. L. 99–145 provided that: ‘‘Section 1094 of title 10, United States Code, as added by subsection (a), does not apply during the three-year period beginning on the date of the enactment of this Act [Nov. 8, 1983] with respect to the provision of health care by any person who on the date of the enactment of this Act is a member of the Armed Forces.’’

Regulations
Pub. L. 112–81, div. A, title VII, § 734(b), Dec. 28, 2011, 125 Stat. 1476, provided that: ‘‘The amendment made by section 1094a of title 10, United States Code (as added by subsection (b)), shall take effect on the date that payer has no participation agreement.’’

§ 1094a. Continuing medical education requirements: system for monitoring physician compliance
The Secretary of Defense shall establish a mechanism for ensuring that each person under the jurisdiction of the Secretary of a military department who provides health care under this chapter as a physician satisfies the continuing medical education requirements applicable to the physician.


Implementation
Pub. L. 105–261, div. A, title VII, § 734(c)(2), Oct. 17, 1998, 112 Stat. 2073, provided that: ‘‘The system required by section 1094a of title 10, United States Code (as added by subsection (b)), shall take effect on the date that is three years after the date of the enactment of this Act [Oct. 17, 1998].’’

Joint Pilot Program for Providing Graduate Medical Education and Training for Physicians

§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers
(a)(1) In the case of a person who is a covered beneficiary, the United States shall have the right to collect from a third-party payer reasonable charges for health care services incurred by the United States on behalf of such person through a facility of the uniformed services to the extent that the person would be eligible to receive reimbursement or indemnification from the third-party payer if the person were to incur such charges on the person’s own behalf. If the insurance, medical service, or health plan of that payer includes a requirement for a deductible or copayment by the beneficiary of the plan, then the amount that the United States may collect from the third-party payer is a reasonable charge for the care provided less the appropriate deductible or copayment amount.

(2) A covered beneficiary may not be required to pay an additional amount to the United States for health care services by reason of this section.

(b) No provision of any insurance, medical service, or health plan contract or agreement having the effect of excluding from coverage or limiting payment of charges for certain care shall operate to prevent collection by the United States under subsection (a) if that care is provided—

(1) through a facility of the uniformed services;

(2) directly or indirectly by a governmental entity or care (3) to an individual who has no obligation to pay for that care or for whom no other person has a legal obligation to pay; or

(4) by a provider with which the third party payer has no participation agreement.
(c) Under regulations prescribed under subsection (f), records of the facility of the uniformed services that provided health care services to a beneficiary of an insurance, medical service, or health plan of a third-party payer shall be made available for inspection and review by representatives of the payer from which collection by the United States is sought.

(d) Notwithstanding subsections (a) and (b), and except as provided in subsection (j), collection may not be made under this section in the case of a plan administered under title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq.).

(e)(1) The United States may institute and prosecute legal proceedings against a third-party payer to enforce a right of the United States under this section.

(2) The administering Secretary may compromise, settle, or waive a claim of the United States under this section.

(f) The Secretary of Defense, in consultation with the other administering Secretaries, shall prescribe regulations for the administration of this section. Such regulations shall provide for computation of the reasonable cost of health care services. Computation of such reasonable cost may be based on—

1. per diem rates;
2. all-inclusive per visit rates;
3. diagnosis-related groups; or
4. such other method as may be appropriate.

(g) Amounts collected under this section from a third-party payer or under any other provision of law from any other payer for health care services provided at or through a facility of the uniformed services shall be credited to the appropriation supporting the maintenance and operation of the facility and shall not be taken into consideration in establishing the operating budget of the facility.

(h) In this section:

1. The term "third-party payer" means an entity that provides an insurance, medical service, or health plan by contract or agreement, including an automobile liability insurance or no fault insurance carrier, and any other plan or program that is designed to provide compensation or coverage for expenses incurred by a beneficiary for health care services or products. Such term also includes entities described in subsection (j) under the terms and to the extent provided in such subsection.

2. The term "insurance, medical service, or health plan" includes a preferred provider organization, an insurance plan described as Medicare supplemental insurance, and a personal injury protection plan or medical payers benefit plan for personal injuries resulting from the operation of a motor vehicle.

3. The term "health care services" includes products provided or purchased through a facility of the uniformed services.

(i)(1) In the case of a third-party payer that is an automobile liability insurance or no fault insurance carrier, the right of the United States to collect under this section shall extend to health care services provided to a person entitled to health care under section 1074(a) of this title.

(ii) In cases in which a tort liability is created upon some third person, collection from a third-party payer that is an automobile liability insurance carrier shall be governed by the provisions of Public Law 87–683 (42 U.S.C. 2651 et seq.).

(j) The Secretary of Defense may enter into an agreement with any health maintenance organization, competitive medical plan, health care prepayment plan, or other similar plan (pursuant to regulations issued by the Secretary) providing for collection under this section from such organization or plan for services provided to a covered beneficiary who is an enrollee in such organization or plan.

(k)(1) To improve the administration of this section and sections 1079(j)(1) and 1086(d) of this title, the Secretary of Defense, in consultation with the other administering Secretaries, may prescribe regulations providing for the collection of information regarding insurance, medical service, or health plans of third-party payers held by covered beneficiaries.

(2) The collection of information under regulations prescribed under paragraph (1) shall be conducted in the same manner as is provided in section 1862(b)(5) of the Social Security Act (42 U.S.C. 1395y(b)(5)). The Secretary may provide for obtaining from the Commissioner of Social Security employment information comparable to the information provided to the Administrator of the Centers for Medicare & Medicaid Services pursuant to such section. Such regulations may require the mandatory disclosure of Social Security account numbers for all covered beneficiaries.

(3) The Secretary may disclose relevant employment information collected under this subsection to fiscal intermediaries or other designated contractors.

(4) The Secretary may provide for contacting employers of covered beneficiaries to obtain group health plan information comparable to the information authorized to be obtained under section 1862(b)(5)(C) of the Social Security Act (42 U.S.C. 1395y(b)(5)(C)). Notwithstanding clause (ii) of such section, clause (ii) of such section regarding the imposition of civil money penalties shall apply to the collection of information under this paragraph.

(5) Information obtained under this subsection may not be disclosed for any purpose other than to carry out the purpose of this section and sections 1079(j)(1) and 1086(d) of this title.

REFERENCES IN TEXT
The Social Security Act, referred to in subsec. (d), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Titles XVIII and XIX of the Social Security Act are classified generally to subchapter XVIII (§1385 et seq.) and XIX (§1901 et seq.) of chapter 7 of Title 42. The Public Health and Welfare. For complete classification of this Act to the Code, see section 1905 of Title 42 and Tables.

Public Law 87–609, referred to in subsec. (i)(2), is Pub. L. 87–609, Sept. 25, 1962, 76 Stat. 592, which is classified generally to chapter 32 (§2651 et seq.) of Title 42. For complete classification of this Act to the Code, see Tables.

CODIFICATION
Another section 1065 was renumbered section 1065a of this title.

AMENDMENTS

2002—Subsec. (g). Pub. L. 107–314 struck out par. (1) designation and par. (2) which read as follows: “Not later than February 15 of each year, the Secretary of Defense shall submit to Congress a report specifying for each facility of the uniformed services the amount credited to the facility under this subsection during the preceding fiscal year.”

1999—Subsec. (a)(1). Pub. L. 106–65, §716(c)(1)(A), substituted “reasonable charges for” for “the reasonable costs of”, “such charges” for “such costs”, and “a reasonable charge for” for “the reasonable cost of”. Subsec. (g)(1). Pub. L. 106–65, §716(c)(1)(B), struck out “the costs of” after “any other payer for”. Subsec. (h)(1). Pub. L. 106–65, §716(c)(1)(C), substituted “The term ‘third-party payer’ means an entity that provides an insurance, medical service, or health plan by contract or agreement, including an automobile liability insurance or no fault insurance carrier, and any other plan or program that is designed to provide compensation or coverage for expenses incurred by a beneficiary for health care services or products.” for “The term ‘third-party payer’ means an entity that provides an insurance, medical service, or health plan by contract or agreement, including an automobile liability insurance or no fault insurance carrier and a workers’ compensation program or plan.”

1996—Subsec. (g)(1). Pub. L. 104–201, §735(a), inserted “or through” after “provided at”. Subsec. (h)(1). Pub. L. 104–201, §735(b)(1), inserted “and a workers’ compensation program or plan” after “insurance carrier”.

Subsec. (h)(2). Pub. L. 104–201, §735(b)(2), substituted “organization,” for “organization and” and inserted before period at end “, and a personal injury protection plan or medical payments benefit plan for personal injuries resulting from the operation of a motor vehicle’’.


1994—Subsec. (b). Pub. L. 103–337, §714(b)(1), substituted “shall operate to prevent collection by the United States under subsection (a) if that care is provided—” and pars. (1) to (4) for “if that care is provided through a facility of the uniformed services shall operate to prevent collection by the United States under subsection (a).”

Subsec. (d). Pub. L. 103–337, §714(b)(2), inserted “and except as provided in subsection (j),” after “(b),”.

Subsec. (g). Pub. L. 103–337, §1070(b)(6), made technical correction to directory language of Pub. L. 103–160, §713(a)(3), Designated existing provisions as par. (1) and added par. (2).

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Pub. L. 103–160, §713(a)(2), inserted before period “and shall not be taken into consideration in establishing the operating budget of the facility”.

Pub. L. 103–160, §713(a)(1), as amended by Pub. L. 103–337, §1070(b)(6), inserted “or under any other provision of law from any other payer” after “third-party payer”.

Subsec. (b). Pub. L. 103–160, §713(b), inserted “a preferred provider organization and” after “includes” in par. (2) and added par. (3).


Subsec. (i)(2). Pub. L. 102–190 struck out “or no fault insurance” before “carrier”.

1990—Pub. L. 101–510, §713(d)(2), substituted “Health care services incurred on behalf of covered beneficiaries: collection from third-party payers” for “Collection from third-party payers of reasonable inpatient hospital care costs incurred on behalf of retirees and dependents” in section catchline.

Subsec. (a)(1). Pub. L. 101–510, §713(d)(1)(A), substituted “covered beneficiary” for “covered by section 1074(b), 1076(a), or 1076(b) of this title”.

Pub. L. 101–510, §713(a)(1), substituted “health care services” for “inpatient hospital care”.

Subsec. (a)(2). Pub. L. 101–510, §713(d)(1)(B), substituted “covered beneficiary” for “person covered by section 1074(b), 1076(a), or 1076(b) of this title”.

Pub. L. 101–510, §713(a)(1), substituted “health care services” for “inpatient hospital care”.


Subsec. (f)(2) to (4). Pub. L. 101–510, §713(b), added pars. (2) and (3) and redesignated former par. (2) as (4).

Subsec. (g). Pub. L. 101–510, §713(a)(1), substituted “health care services” for “inpatient hospital care”.

Subsec. (h). Pub. L. 101–510, §713(c), added subsec. (h) and (i) and struck out former subsec. (h) which read as follows: “In this section, the term ‘third-party payer’ means an entity that provides an insurance, medical service, or health plan by contract or agreement.”


Subsec. (h). Pub. L. 101–189, §1622(e)(5), which directed amendment of subsec. (g) by insertion of “the term” after “In this section,” was executed by making the insertion in subsec. (h) to reflect the probable intent of Congress and the intervening redesignation of subsec. (g) as (h) by Pub. L. 101–189, §727(a)(1), see below.

Pub. L. 101–189, §727(a)(1), redesignated subsec. (g) as (h).

EFFECTIVE DATE OF 1994 AMENDMENT
Section 1070(b) of Pub. L. 103–337 provided that the amendment made by that section is effective as of Nov. 30, 1993, and as if included in the National Defense Authorization Act for Fiscal Year 1994, Pub. L. 103–160, as enacted.

EFFECTIVE DATE OF 1990 AMENDMENT
Section 713(e) of Pub. L. 101–510 provided that: “The amendments made by subsection (a) [amending this section] shall apply with respect to health care services provided in a medical facility of the uniformed services after the date of the enactment of this Act [Nov. 5, 1990], but not with respect to collection under any insurance, medical service, or health plan agreement entered into before the date of the enactment of this Act that the Secretary of Defense determines clearly excludes payment for such services. Such an exception shall apply until the amendment or renewal of such agreement after that date.”

EFFECTIVE DATE OF 1989 AMENDMENT
Section 727(b) of Pub. L. 101–189 provided that: “The amendment made by this section [amending this sec-
§ 1095a. Medical care: members held as captives and their dependents

(a) Under regulations prescribed by the President, the Secretary concerned shall pay (by advancement or reimbursement) any person who is a former captive, and any dependent of that person or of a person who is in a captive status, for health care and other expenses related to such care, to the extent that such care—

1. Is incident to the captive status; and
2. Is not covered—
   (A) by any other Government medical or health program; or
   (B) by insurance.

(b) In the case of any person who is eligible for medical care under section 1074 or 1076 of this title, such regulations shall require that, whenever practicable, such care be provided in a facility of the uniformed services.

(c) In this section:

1. The terms "captive status" and "former captive" have the meanings given those terms in section 559 of title 37.

2. The term "dependent" has the meaning given that term in section 559 of title 37.

(A) 95 percent of all clean claims must be processed not later than 100 days after the date such claims are submitted to the claims processor.

(B) 100 percent of all clean claims must be processed not later than 30 days after the date such claims are submitted to the claims processor.


AMENDMENTS

1989—Subsec. (c). Pub. L. 100–126 substituted "The United States shall have the same right to collect charges related to claims described in subsection (a) as charges for claims under section 1095 of this title." for "A contractor for the provision of health care services under the TRICARE program that pays a claim described in subsection (a) as charges related to claims described in subsection (a) as charges for claims under section 1095 of this title.

(b) RECOVERY FROM THIRD-PARTY PAYERS.—The United States shall have the same right to collect charges related to claims described in subsection (a) as charges for claims under section 1095 of this title.

(c) DEFINITION OF THIRD-PARTY PAYER.—In this section, the term "third-party payer" has the meaning given that term in section 1095(h) of this title, except that such term excludes primary medical insurers.

(A) Under regulations prescribed by the President, the Secretary concerned shall implement a system for processing of claims under which—

1. The contractor shall have the same right to collect charges related to claims described in subsection (a) as charges for claims under section 1095 of this title.

2. The United States shall have the same right to collect charges related to claims described in subsection (a) as charges for claims under section 1095 of this title.

(a) REDUCTION OF PROCESSING TIME.—(1) With respect to claims for payment for medical care provided under the TRICARE program, the Secretary of Defense shall implement a system for processing of claims under which—

(A) 95 percent of all clean claims must be processed not later than 30 days after the date that such claims are submitted to the claims processor; and

(B) 100 percent of all clean claims must be processed not later than 100 days after the date that such claims are submitted to the claims processor.

(2) The Secretary may, under the system required by paragraph (1) and consistent with the provisions in chapter 39 of title 31 (commonly referred to as the "Prompt Payment Act"), require that interest be paid on clean claims that are not processed within 30 days.

(3) For purposes of this subsection, the term "clean claim" means a claim that has no defect, impropriety (including a lack of any required substantiating documentation), or particular circumstance requiring special treatment that prevents timely payment on the claim under this section.

§ 1095c. TRICARE program: facilitation of processing of claims

(a) PAYMENT OF CLAIMS.—(1) The Secretary of Defense may authorize a contractor under the TRICARE program to pay a claim described in paragraph (2) before seeking to recover from a third-party payer the costs incurred by the contractor to provide health care services that are the basis of the claim to a beneficiary under such program.

(2) A claim under this paragraph is a claim—

(A) that is submitted to the contractor by a provider under the TRICARE program for payment for services for health care provided to a covered beneficiary; and

(B) that is identified by the contractor as a claim for which a third-party payer may be liable.

(3) If a claim meets the requirements of paragraph (2), the contractor shall promptly pay the claim.

(b) DELAY IN PAYMENT OF CLAIMS.—(1) The contractor shall pay a claim described in paragraph (2) not later than 100 days after the date that such claim is submitted to the contractor.

(2) The contractor shall pay a claim described in paragraph (2) at a discount equal to the percentage of the claim that is not paid by the third-party payer under this section.

(c) REQUIREMENT TO PROCESS CLAIMS.—The contractor shall process claims described in paragraph (2) in the same manner and on the same schedule as claims that are processed by the contractor for payment of claims under this section.