



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

25E-MCCD-0001

October 1, 2024

Ms. Karen Moran
President
Humana Government Business, Inc.
500 West Main Street
Louisville, KY 40202

Subject: Waiver of Primary Care Manager (PCM) Referral Requirement for TRICARE Beneficiaries Due to Hurricane Helene

Reference: Contract No. HT9402-16-C-0001, (T-2017 East Region)

Dear Ms. Moran,

The Defense Health Agency in coordination with Humana Military (HGB), evaluated the need for the waiver in the identified area in the State of Georgia. The approved waiver is for PCM referrals for beneficiaries residing in areas around Moody AFB and Ft Eisenhower in Georgia as the Governor has declared a State of Emergency. The PCM referral waiver will be retroactively approved beginning at midnight on September 30, 2024, and ending at 11:59 PM on October 15, 2024. Affected TRICARE beneficiaries impacted by the hurricane may require urgent medical care on the same day as their requests. Although the Managed Care Support Contractor (MCSC) is required to have a Health Care Finder service for referrals, beneficiaries may have trouble contacting the MCSC due to the magnitude of the disaster and resultant evacuation requirements. Additionally, it is necessary to grant a waiver for PCM referrals to prevent affected TRICARE Prime enrollees from incurring point of service (POS) charges. The waiver timeline for the areas identified in the State of Georgia shall cease at 11:59 PM on October 15, 2024. Monitoring will continue to ascertain any need to adjust the waiver scope or timeline. This determination has been signed by the TRICARE Health Plan (THP) Director and HGB is directed to comply.

Please direct any questions to Ms. Kristine Dormer at 303-676-3431 or kristine.r.dormer.civ@health.mil.

Sincerely,

Patrick O. Foster
Contracting Officer

cc:
T-2017 East Distribution List
Ms. Kristine R Dormer, MCSP-COR

**DECISION PAPER
ON
WAIVER OF PRIMARY CARE MANAGER REFERRAL REQUIREMENT
FOR TRICARE BENEFICIARIES DUE TO HURRICANE HELENE**

PURPOSE: To obtain approval for a waiver of Primary Care Manager (PCM) referrals for beneficiaries residing in areas around Moody AFB and Ft Eisenhower in the State of Georgia. The Governor of this State has declared a State of Emergency.

BACKGROUND: The impact of Hurricane Helene is projected to continue to adversely impact health care throughout the affected areas. The Governor of Georgia has declared a State of Emergency due to the damage from high winds, flooding from rainfall and storm surge, and power outages. Significant prolonged river flooding is likely across the state of Georgia and is projected to continue. The impacts in both urban and rural areas will most likely prevent many TRICARE Prime beneficiaries from accessing their PCM.


DISCUSSION:

TRICARE regulations require PCM referrals for TRICARE Prime and Prime Remote enrollees under Title 32, Code of Federal Regulations (CFR), Part 199.17 and CFR, Part 199.16.

The Purchase Sector Care Delivery Division (PSCDD), in coordination with Humana Military, evaluated the need for the waiver in the identified area in the State of Georgia. PSCDD requests the PCM referral waiver be retroactively approved beginning at midnight on September 30, 2024, and ending at 11:59 PM on October 15, 2024. Affected TRICARE beneficiaries impacted by the hurricane may require urgent medical care on the same day as their requests. Although the Managed Care Support Contractor (MCSC) is required to have a Health Care Finder service for referrals, beneficiaries may have trouble contacting the MCSC due to the magnitude of the disaster and resultant evacuation requirements. Additionally, it is necessary to grant a waiver for PCM referrals to prevent affected TRICARE Prime enrollees from incurring point of service (POS) charges. The waiver timeline for the areas identified in the State of Georgia shall cease at 11:59 PM on October 15, 2024. Monitoring will continue to ascertain any need to adjust the waiver scope or timeline.

RECOMMENDATION: That the Director, TRICARE Health Plan, approve the waiver request.

DIRECTOR, THP, APPROVAL:

	Approve	Date	<u>1 October, 2024</u>
_____	Disapprove	Date	_____
_____	Other	Date	_____