



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6015.02

April 12, 2021

TRICARE Health Plan

SUBJECT: Beneficiary Counseling and Assistance Coordinator (BCAC) and Debt Collection Assistance Officer (DCAO)

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of Reference (c); Sections 1095e, 101, and 1072 of Reference (d); and References (e) through (n), establishes the Defense Health Agency's (DHA) procedures to:

a. Implement the BCAC program in accordance with Section 1095e of Reference (d), which involves designating staff to serve as BCACs and specifying operational instructions.

b. Implement the DCAO program in accordance with Reference (e), which involves designating staff to serve as DCAOs and specifying operational instructions.

2. APPLICABILITY. This DHA-PI applies to the DHA; DHA military medical treatment facilities (MTFs); Military Departments (including the United States Coast Guard at all times, including when it is in the Department of Homeland Security by agreement with the Department); and all personnel to include assigned or attached active duty or reserve members, federal civilians, members of the Commissioned Corps of the Public Health Service, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (e) through (n), that

a. Designated BCACs educate and assist beneficiaries and others with TRICARE-related inquiries.

b. The DCAO may also be a BCAC, as long as there are enough resources to ensure debt collection cases have priority. Designation of additional BCACs and DCAOs is at the discretion of the MTF Director. Designated DCAOs investigate and determine the validity of and assist with resolving debt collection actions.

c. The Reserve Component (RC) BCAC provides support for RC members and their eligible family members in accordance with Section 1095e of Reference (d). Designation of additional BCACs and DCAOs within TRICARE Health Plan (THP) is at the discretion of the THP Director.

d. Direct interaction with White House and Congressional offices and staff is limited to the appropriate MTF, DHA, or Military Department legislative affairs staff.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. INFORMATION COLLECTION. Implementation is dependent upon collection of both personally identifiable information (PII) and protected health information (PHI) sufficient to render the required determination. Information collected is subject to References (f) through (j). DHA will maintain a secure, web-based, centralized system for BCACs, DCAOs, and other identified users to capture and manage TRICARE-related inquiries and workload. The system will have an ad hoc reporting capability for internal users to review data input based on the user's assigned role (Office of Management and Budget Control Number: 0720-0060).

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director, Health Care Operations. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Deputy Assistant Director, Health Care Operations to determine if the waiver may be granted by the Director, DHA or their designee.

8. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

9. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

April 12, 2021

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

10. FORMS. The following DD forms are available from:

<https://www.esd.whs.mil/Directives/forms/>.

a. DD Form 2870, Authorization for Disclosure of Medical or Dental Information

b. DD Form 2642, TRICARE DoD/CHAMPUS Medical Claim: Patient's Request for Medical Payment

c. DD Form 2527, Statement of Personal Injury - Possible Third Party Liability Defense Health Agency

/S/

RONALD J. PLACE

LTG, MC, USA

Director

Enclosures

1. References

2. Responsibilities

3. Procedures

Glossary

TABLE OF CONTENTS

ENCLOSURE 1: REFERENCES.....5

ENCLOSURE 2: RESPONSIBILITIES.....6

 DIRECTOR, DEFENSE HEALTH AGENCY.....6

 SECRETARIES MILIATRY DEPARTMENTS6

 TRICARE HEALTH PLAN DIRECTOR.....6

 DIRECTOR, MILITARY MEDICAL TREATMENT FACILITY7

 BENEFICIARY COUNSELING AND ASSISTANCE COORDINATOR AND DEBT
 COLLECTION ASSISTANCE OFFICER.....7

ENCLOSURE 3: PROCEDURES.....9

 CASE DOCUMENTATION.....9

 BENEFICIARY COUNSELING AND ASSISTANCE COORDINATOR AND DEBT
 COLLECTION ASSISTANCE OFFICER CASE PROCESSING.....9

 CLAIMS ASSISTANCE.....10

 DEBT COLLECTION ASSISTANCE OFFICER.....11

 APPEALS AND GRIEVANCES ASSISTANCE.....12

 BENEFICIARY COUNSELING AND ASSISTANCE COORDINATOR AND DEBT
 COLLECTION ASSISTANCE OFFICER RESOURCES.....12

 COMMUNICATION AND COLLABORATION.....12

 CASE ESCALATION.....13

 MEASURES OF EFFECTIVENESS.....144

GLOSSARY15

 PART I. ABBREVIATIONS AND ACRONYMS15

 PART II. DEFINITIONS.....15

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) United States Code, Title 10
- (e) Under Secretary of Defense (Personnel and Readiness) Memorandum, “Debt Collection Assistance Officer Program to Assist Service Members with TRICARE Claims Collection Problems,” June 27, 2000¹
- (f) United States Code, Title 5, Section 552a
- (g) Public Law 104–191, “Health Insurance Portability and Accountability Act of 1996” (110 Stat. 1936), August 21, 1996
- (h) Public Law 111–5, “American Recovery and Reinvestment Act of 2009 (123 Stat. 116),” February 17, 2009
- (i) DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (j) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Program,” January 29, 2019, as amended
- (k) DHA-Procedural Instruction 6025.17, “Healthcare Resolutions, Disclosure, Clinical Conflict Management and Healthcare Provider (HCP) Resiliency and Support in the Military Health System (MHS),” June 18, 2019
- (l) DoD Instruction 6015.23, “Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFs),” February 23, 2015
- (m) United States Code, Title 15, Section 1692-1692p, “The Fair Debt Collection Practices Act, 2011,” as amended
- (n) Code of Federal Regulations, Title 32, Part 199

¹ This reference can be found at: <https://www.milsuite.mil/book/docs/DOC-748264>.

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will maintain this DHA-PI in accordance with Reference (c), which implements common business practices and clinical processes within shared services, functions, and activities of the DHA components and Service MTFs in the administration of Section 1095e of Reference (d) and Reference (e).

2. SECRETARIES, MILITARY DEPARTMENTS. Secretaries, Military Department will oversee MTF performance of responsibilities specified in paragraph 4 of this enclosure for each MTF under their authority, direction, and control.

3. TRICARE HEALTH PLAN (THP) CHIEF. The THP Chief will:
 - a. Designate at least one full-time BCAC, one full-time RC BCAC, and one full-time DCAO within THP (Reference (e)).

 - b. Provide supervision of THP BCAC and DCAO staff performance.

 - c. Ensure BCAC and DCAO program staff avoid interacting directly with Congressional offices and staff without express authorization from proper authority.

 - d. Ensure funds are allocated for toll-free telephone access for beneficiaries to reach THP BCACs and DCAOs.

 - e. Request TRICARE contractors identify and share priority contact information specifically for all BCACs and DCAOs.

 - f. Share up-to-date TRICARE information and host training for those serving in a customer service role, to include BCACs and DCAOs.

 - g. Develop and maintain a centralized, secure system to capture, manage, and monitor case work for designated BCACs, DCAOs, family assistance staff, Military Health System (MHS) staff, and others serving in a customer service role. The web-based system currently in use is named the Assistance Reporting Tool.

 - h. Maintain the Customer Service Community Account Center. This allows BCACs and DCAOs to add or update contact information displayed on TRICARE's website at: www.tricare.mil/bcacdcao or other government designed system.

4. DIRECTOR, MTF. Each Director, MTF must:

a. Designate at least one full-time BCAC and one full-time DCAO. The DCAO may also be a BCAC, as long as there are enough resources to ensure that debt collection cases have priority. Designation of additional BCACs and DCAOs is at the discretion of the MTF Director.

b. Provide for supervision of MTF BCAC and DCAO staff performance.

c. Ensure MTF program staff avoid interacting directly with Congressional offices and staff without express authorization from proper authority.

5. BCAC AND DCAO. Each BCAC and DCAO must:

a. Serve as beneficiary advocates and advisors. Help beneficiaries and others understand and access TRICARE benefits and services.

b. Respond in a timely manner to inquiries from beneficiaries, family members, providers, congressional offices (formal tasking), other agencies, and interested parties. The BCAC or DCAO, whomever the beneficiary, provider, or individual first contacts, assumes responsibility for the inquiry from the time of initial contact until completed. Avoid interacting directly with Congressional offices and staff without express authorization from proper authority.

c. Educate beneficiaries on how to access healthcare services within the direct and private sector care systems, separately and/or jointly, to meet their healthcare needs.

d. Counsel beneficiaries on TRICARE plans and administrative processes. Collaborate with other MHS partners (Defense Enrollment Eligibility Reporting System (DEERS), Managed Care Support Contractor (MCSC)) including the TRICARE program staff (MTF patient relations) to address eligibility, enrollment, referral and authorization, claims processing delays and all other inquiries relating to accessing needed healthcare services within the TRICARE program.

e. Research healthcare-related concerns. Consult with other MHS staff as indicated to clarify benefit or contract-specific information.

f. Work with beneficiaries who are dissatisfied with or unclear about services from other MHS entities. Refer them to DHA as indicated.

g. Bring identified trends or major problems to leadership or other offices. This may include MTF director or staff, Uniformed Services Personnel community, THP, DHA, etc.

h. Interface with MTF patient relations staff and healthcare resolutions specialists in the resolution of beneficiary issues as indicated (Reference (k)).

i. Report network or non-network potential quality issues (PQIs) to THP clinical staff (see Memorandum of Understanding Point of Content list) where it will be investigated with the

appropriate TRICARE contractor as indicated. When a BCAC or DCAO discovers a PQI that occurs within an MTF, they should report the issue to the involved MTF Clinical Quality/Patient Safety/Risk Management Department for investigation and further action as the MTF deems appropriate.

j. Serve as a beneficiary advocate and problem solver for TRICARE issues affecting RC members and their families (RC BCAC).

k. Assist TRICARE Prime Remote enrolled Service members deferred to MTFs for specialty referrals upon request.

l. Provide information and assistance to RC members where they may properly obtain readiness related services including services that might be properly obtained at an MTF or under the Supplemental Health Care Program.

m. Develop broad based knowledge of the TRICARE program and remain current with knowledge as the program develops and evolves over time. Upon assignment to a BCAC or DCAO role, successfully complete the TRICARE Fundamental Course (or equivalent) and participate in training offered by DHA/THP. Successfully complete the TRICARE Fundamental Course every 2 years while assigned to BCAC or DCAO duties. BCAC/DCAOs readily access a variety of communication products and services as hosted on a government-designated system or site (currently hosted on milBook in milSuite).

n. Maintain documentation of initial and periodic training on template provided by THP. These files are subject to review at any time.

ENCLOSURE 3

PROCEDURES

1. CASE DOCUMENTATION. BCACs and DCAOs will document inquiries in Assistance Reporting Tool, or its successor system (hereinafter referred to as the “portal”). The portal supports BCACs’ and DCAOs’ ability to track beneficiary concerns and manage workload, by selecting appropriate pre-established fields including case date, type, location, beneficiary category, etc. The portal also allows BCACs or DCAOs to inform supervisors or MTF Directors of concerns expressed by enrollees or beneficiaries in their local area. Portal data can be used for data analysis and trending to develop solutions to beneficiary concerns as well as training programs for MTF staff and the local beneficiary population.

a. The portal is the only government-owned centralized system that captures direct care and TRICARE-related (non-clinical), questions and issues from beneficiaries, providers, MHS support staff, and other stakeholders within the MHS. The system assigns a unique case identifier number for tracking purposes. BCACs and DCAOs track and categorize cases using designated fields, including date contacted, case type, beneficiary category, location, etc. Supervisors will ensure BCAC/DCAO establish access to the portal. The use of the portal is mandatory and considered a measure of effectiveness.

b. DHA maintains the portal, with ad hoc capability for users to review data input based on the user’s assigned role. DHA staff serve as functional consultants providing oversight of the portal’s functionality, including implementing changes to the content of the portal based on feedback from the user community.

c. BCACs and DCAOs are required to utilize the portal optimally in order to enhance their understanding of the needs and concerns of their beneficiary population. Effective use of the portal’s capabilities facilitates collaboration with other MHS partners to provide the most effective service to a mobile beneficiary population.

2. BCAC AND DCAO CASE PROCESSING. BCACs and DCAOs must:

a. Evaluate inquiries and determine the most effective and quickest way to resolve the case including consulting with appropriate offices (e.g., MTF, Service-level, TRICARE contractor, or DHA-level).

b. Refer cases through the portal to other MHS partners for needed assistance. They may refer cases to staff within THP, uniformed service hospital or clinics, DHA or TRICARE contractor(s), or claims processor(s). They may ask THP staff to reassign a case to another office if it requires action at those levels, e.g., complex case requiring policy, legal, or contractual review. Reference (1), provides guidance concerning foreign military members and their families as well as information about MTF billing practices.

c. Refer balance-billing cases to the appropriate TRICARE contractor or report them to the DHA Program Integrity Office.

d. Refer dual-eligible cases (Medicare and TRICARE) to the appropriate contractor servicing these cases.

e. Notify the beneficiary or provider within 5 business days of reaching the case outcome. The BCAC or DCAO then closes the case in the portal using the case categorization options.

f. BCACs must:

(1) Track the timeframe for case resolution and comply with case completion requirements and timelines.

(2) Resolve priority BCAC cases within 12 calendar days. Priority cases are those forwarded on behalf of a beneficiary by the U.S. President, member(s) of Congress, cabinet secretary, an under secretary, an assistant secretary, or those designated as a priority by DHA, a DHA component, Military Branch, or MTF Director.

(3) Resolve routine BCAC cases within 30 calendar days. Notify the beneficiary when it becomes evident the case will require more than 30 business days to resolve and enter a note in the portal supporting the need for more time.

g. DCAOs must:

(1) Track the timeframe for case resolution and comply with case completion requirements and timelines.

(2) Resolve all DCAO cases within 60 calendar days after receiving the collection action or negative report from the beneficiary.

(3) Follow up with the beneficiary or provider within 15 business days of any favorable decision to confirm they received payment, if payment is due to the beneficiary or provider.

(4) Modify timelines based on DCAO case complexity and compliance standards. Notes in the portal should reflect information or actions that lengthen the resolution timeline.

3. CLAIMS ASSISTANCE. BCACs and DCAOs must:

a. Help beneficiaries and others understand TRICARE coverage policies including limitations, exclusions, and cost structure of the THPs.

b. Explain costs and responsibilities based on the beneficiary's health plan.

c. Help beneficiaries and others understand claims processing including reasons for unpaid/denied healthcare claims, pre-authorization requirements, third-party liability, and how to read an explanation of benefits statement.

d. Identify sources where beneficiaries can get help with eligibility and DEERS problems.

e. Protect beneficiaries' information by complying with Federal law protecting the privacy and security of PII and PHI. Obtain proper release of information (currently DD Form 2870, Authorization for Disclosure of Medical or Dental Information) from beneficiaries to obtain and release PHI and PII when working cases on beneficiaries' behalf in accordance with References (f) through (j).

f. DD Form 2642, TRICARE DoD/CHAMPUS Medical Claim: Patient's Request for Medical Payment or DD Form 2527, Statement of Personal Injury - Possible Third Party Liability Defense Health Agency on behalf of a beneficiary. Further, while BCACs and DCAOs do investigate accuracy of claims processing, they cannot serve, or appear to serve, in the capacity of a beneficiary's agent or representative in a matter before the federal government or a federal contractor.

4. DCAOs. DCAOs can:

a. Assist the beneficiary who has a negative credit report or debt collection action taken against him or her related to a TRICARE claim, upon request.

b. Explain to beneficiaries the scope and limitations of DCAO support. Provide information about consumer protections and rights under Reference (m).

c. Analyze the merit underlying a debt or collection notice. Review documentation from the provider or collection agency and information found in government or contractor systems.

d. Serve as a liaison between the debt collection agency and the beneficiary. However, DCAOs cannot serve, or appear to serve, in the capacity of a beneficiary's representative in a matter before debt collection agency or activity.

e. Draft and provide correspondence as necessary to aid the debt collections case work and address the validity of claims. Make every effort to separate letters from TRICARE providers stating they intend to forward an unpaid claim for collection action, and actual letters from collection or credit reporting services. DCAOs either refer letters of intent to BCACs or TRICARE contractors or manage those letters themselves if they have collateral duty as a BCAC.

f. Obtain and share copies of TRICARE-related collection action documents. The DCAO captures and forwards supporting documentation through the portal to the appropriate office

within 5 working days after receipt. For TRICARE-related healthcare claims, the DCAO typically forwards the case to the contractor or claims processor in the region where the beneficiary received care or is responsible for the respective plan (e.g., TRICARE for Life).

g. Notify beneficiary(ies), provider(s), and collection or credit reporting agency(ies), by telephone or in writing, that DHA is reviewing the case. DCAOs may use a DHA approved template for this purpose. They should ask for temporary suspension of further collection actions until they finish their research. Since collection agencies are not under DoD jurisdiction, they are not required to comply with such a request.

h. Provide written guidance on further action available to the beneficiary when appropriate (e.g., contact numbers for local judge advocate general offices, family support centers, and financial assistance resources, such as Service-specific relief organizations).

5. APPEALS AND GRIEVANCES ASSISTANCE. BCACs and DCAOs must provide information and assistance to beneficiaries who feel they have exhausted military or civilian systems' resources or are very dissatisfied with services they received from contractor staff as follows:

a. Explain applicable appeals and grievance procedures. Advise beneficiaries on when and how to use these procedures.

b. Assist with complex case resolution. Consult with DHA policy, operational, benefit, or clinical staff as needed.

6. BCAC AND DCAO RESOURCES. BCACs and DCAOs may use various resources to handle inquiries. Resources may include, but are not limited to:

a. Office of the Assistant Secretary of Defense for Health Affairs policies and memorandums.

b. DHA/TRICARE manuals, plan and program documents.

c. DoD, DHA, DHA market/region-level, or MTF-level instructions or directives.

d. TRICARE contract requirements.

7. COMMUNICATION AND COLLABORATION. THP BCACs and DCAOs, including the RC BCAC will:

a. Work with other BCACs and DCAOs in cases that cross regional boundaries.

b. Share TRICARE and region-specific information with staff at MTFs, the RCs, recruiting commands, and others serving in the customer service role.

c. Assist on extremely complicated, unduly delayed, or inappropriately handled cases from contractors or other offices.

d. Keep MTFs, the Uniformed Services, and DHA informed of ongoing issues and special cases.

e. Consult with subject matter experts, when needed.

f. Promote communication among DHA offices, the Uniformed Services, MTFs, TRICARE contractors, and other offices. Maintain good working relationships with organization and activities including, but not limited to:

(1) Uniformed Services;

(2) MTF market offices;

(3) MTFs and occupational healthcare services

(4) DHA offices;

(5) TRICARE contractor offices and staff;

(6) U.S. Family Health Plan representatives;

(7) Social Security Administration;

(8) Centers for Medicare and Medicaid Services; and

(9) Department of Veterans Affairs.

8. CASE ESCALATION. Each MTF BCAC/DCAO needing assistance will follow the escalation steps as stated: Contact:

a. The applicable contractor via the portal.

b. The applicable contractor via designated BCAC Priority line.

c. THP BCAC via the portal.

d. THP BCAC via toll-free line at: (844) 204-9351.

9. MEASURES OF EFFECTIVENESS. Each BCAC and DCAO will:

- a. Document each case/encounter in the portal.
- b. Adhere to the case resolution timelines previously discussed.
- c. Provide portal reports of case load on the seventh of each month, number of cases resolved within prescribed timelines, number of cases, and trends to your supervisor and include in the training file for cumulative review. Portal reports training is required,
- d. Maintain a training file with initial and continuing training documentation.
- e. Successfully complete the TRICARE Fundamental Course (or equivalent) every 2 years.

GLOSSARY
PART I. ABBREVIATIONS AND ACRONYMS

BCAC	Beneficiary Counseling and Assistance Coordinator
DCAO	Debt Collection Assistance Officer
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
MCSC	Managed Care Support Contractor
MHS	Military Health System
MTF	Military Medical Treatment Facility
PHI	protected health information
PII	personally identifiable information
PQI	potential quality issue
RC	Reserve Component
THP	TRICARE Health Plan

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PI.

balance-billing. The practice of a provider billing a beneficiary the difference between the TRICARE allowed amount and the billed charges on a claim. Participating providers and network providers may not collect an amount that exceeds the TRICARE allowed amount from all sources. Non-participating providers may not collect an amount that exceeds the balance-billing limit, 115 percent of the allowed charge. If the billed charge is less than the balance-billing limit, then the billed charge is the maximum amount the non-participating provider may collect. Balance billing rules that are based on Medicare rules are not applicable overseas.

DEERS. The official system of record for DoD health care eligibility, assignment of primary care manager, deductible and catastrophic cap accumulation, and payment of applicable enrollment fees and premiums.

DHA Program Integrity Office. The central coordinating activity at DHA for allegations of fraud and abuse within the TRICARE Program.

dual-eligible. Beneficiaries eligible for both TRICARE and other federal coverage, most often Medicare, but could also be Veterans Health Administration, Medicaid, or the Indian Health Service.

MTF. As specified in section 1073c(g)(3) of Reference (d):

- a. any fixed facility of the Department of Defense that is outside of a deployed environment and used primarily for health care; and
- b. any other location used for purposes of providing health care services as designated by the Secretary of Defense.

prior authorization. A prior authorization is a review of the requested health care service before delivery to determine if it is medically or psychologically necessary at the requested level of care and to determine applicable TRICARE coverage.

PQI. A suspected deviation from provider performance, clinical care, or outcome of care, which requires further investigation to determine if an actual quality of care concern exists.

RC. Defined in Section 101 and 10101 of Reference (d). The seven RCs of the U.S. Armed Forces are:

- a. Army Reserve;
- b. Navy Reserve;
- c. Marine Corps Reserve;
- d. Air Force Reserve;
- e. Coast Guard Reserve;
- f. Army National Guard of the United States; and
- g. Air National Guard of the United States.

Supplemental Health Care Program. Private sector care program authorized by Section 1074(c)(1) of Reference (d) for Service members and implemented by subpart 199.16 of Reference (n).

THP. Organizational entity within DHA.

TRICARE. The various programs carried out by the Secretary of Defense under the authority of Section 1097 of the United States Code, Title 10, and any other provision of law providing for the furnishing of medical and dental care and health benefits to members and former members of the uniformed services and their dependents.

TRICARE Prime Remote. TRICARE health plan authorized by Section 1074(c)(3) of Reference (d) and implemented by subpart 199.16(e) of Reference (n) for enrollment by qualified Service members.

Uniformed Services. The Uniformed Services defined in Section 101 and 1072 of Reference (d) and covered by TRICARE programs are:

- a. Army;
- b. Navy;
- c. Air Force;
- d. Marine Corps;
- e. Space Force
- f. Coast Guard;
- g. Commissioned Corps of the U.S. Public Health Services; and
- h. Commissioned Corps of the National Oceanic and Atmospheric Administration.

The Space Force was established by the National Defense Authorization Act for Fiscal Year 2020 enacted as Public Law 116-92 on December 20, 2019, which added Chapter 908 “The Space Force” to Title 10 of Reference (d). The Space Force is a separate military service and operates under the Department of the Air Force.