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MEMORANDUM FOR DEPUTY SURGEON GENERAL OF THE ARMY
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This update clarifies and expands "section e., Utilizing MTF Capability" of the *Policy Guidance for Referral Management*, dated May 5, 2004. It delineates roles and responsibilities of Military Treatment Facilities (MTFs) for use of Right of First Refusal (ROFR) effective upon issuance. This policy guidance establishes 1) common standards for referral management processes across all three new TRICARE Regions (TRICARE Region North, South, and West); and 2) simplifies the current ROFR process. This policy guidance will remain in effect until updated in coordination with phase-in of an Enterprise-Wide Referral and Authorization electronic solution.

The MTFs and Managed Care Support Contractors (MCSCs) both have incentives to optimize the utilization of MTF services. The ROFR is a referral management tool, which supports this goal by facilitating the MTF appointing of specialty care referrals initiated by network providers for TRICARE Prime enrollees. Wide variation in ROFR practices among MTFs can inadvertently generate unproductive and complex workloads that may actually make referral management more difficult and delay access to specialty care for TRICARE beneficiaries. The following TRICARE Management Activity (TMA) guidance promotes standardization of MTF ROFR processes.

"section e., Utilizing MTF Capability". TRICARE Regional Office Directors shall coordinate with their respective MTFs, Services, Multi-Service Market Managers and MCSCs to establish regional standards and formats for MTF capability reports, which are used as the basis for identifying those referrals subject to ROFR review by MTFs. Regional standards should focus on defining parameters of provider specialty taxonomy and beneficiary category, without imposing additional diagnosis-specific complexity. Individual MTFs must ensure that MCSCs have accurate listings of MTF capabilities, and should coordinate with MCSCs to make those listings as precise as necessary to support the MTF's interest in receiving those referrals that best suit its unique capabilities and workload needs. The first priority for referrals for specialty care or inpatient care will be to the local MTF (or to any other MTF in which Prime Service Area the enrollee resides). MTFs shall limit their ROFR requests (i.e., their specification of which network

referrals should initially be forwarded by MCSCs for ROFR review at the MTF) to those specialties for which the MTF has both underlying capability and sufficient capacity to allow appointing of new referrals within TRICARE access standards. When MCSCs receive referrals from civilian providers that match listed MTF capabilities, they will forward those referrals for MTF review by fax to the single MTF referral management point of contact. In normal circumstances, the MCSC will then notify the patient by letter to call the MTF for an appointment. This process does not preclude MTFs from expediting patient contact themselves. After the patient is seen, it is the MTF's responsibility to provide appropriate clinical feedback directly to the referring civilian provider (not via the MCSC) within ten business days. The appropriate format for clinical feedback to civilian providers may vary. In many cases, the faxing of clinical feedback entered into CHCS would be appropriate. Referrals sent to the MTFs under this ROFR process by MCSCs should contain all contract information needed for the MTF to appropriately meet its feedback responsibility. Urgent ROFRs, will include personal telephone contact initiated by MCSCs, and near immediate (not to exceed 30 minutes) acceptance or declination by MTF representatives

When MTFs receive routine referrals from MCSCs for their ROFR review they shall respond within one business day. MTFs shall limit their review to verifying whether appropriate service is available at the MTF within TRICARE access standards. If access is not available, the referral should quickly be declined and returned to the MCSC (within one business day or less), so that the MCSC can still facilitate alternative care elsewhere within access standards. MTFs should focus on maximizing their appointment availability and if no appointments are available decline the ROFR.

When patients are referred to network providers for "Evaluation and Treatment," then MTFs shall not receive ROFR requests for specific components of that same episode of care, which are performed directly by the same network consultant. In such cases, continuity of patient care shall take precedence. MTFs will continue to review ROFR requests for secondary referrals (to different specialty providers) or requests for procedures not performed by the same network consultant, for example, Magnetic Resonance Imaging.



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