

TRICARE - HEALTH CARE FINDERS

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I. DESCRIPTION

The Health Care Finder (HCF) is an administrative activity established by the Managed Care Support (MCS) contractor in all TRICARE Prime service areas in a contract region to facilitate referrals of patients to military and civilian health care services.

II. POLICY

In each TRICARE Service Center, an HCF activity shall be established that is responsible for facilitating referrals for specialty health care and for authorizing certain health care services. Additionally, HCFs shall inform beneficiaries of access mechanisms, referral procedures, and rules regarding use of providers. They shall also improve patient continuity of care by establishing mechanisms to facilitate necessary consultations, follow-up appointments and the sharing of medical records. HCFs serve all Military Health System (MHS) beneficiaries in the region, including Medicare eligibles, regardless of their enrollment status.

III. POLICY CONSIDERATIONS

A. The HCF is responsible for the following functions:

1. Referral-Assistance-- The MCS contractor is required to ensure optimal use of Military Treatment Facilities (MTFs) and to foster coordination of all care delivered in the civilian sector and care referred to and from the MTF. HCF is the primary mechanism for achieving these objectives. The referral-related services of the HCF are primarily to ensure access to care for enrolled beneficiaries, but the HCF is available to assist non-enrollees in finding network providers under Extra and to assist Medicare-eligible beneficiaries in locating a provider who accepts Medicare assignment. For TRICARE Prime enrollees, the referral is generally initiated by the patient's Primary Care Manager (PCM). The PCM or patient contacts the HCF for assistance in locating an appropriate provider and to obtain authorization for the care. Refer to [Chapter 12, Section 9.1](#) for information on Primary Care Managers (PCMs).

NOTE: In some cases, the MCS contractor may assign responsibility for authorizations to contractor staff other than the HCF. This is permissible.

2. Authorizations--One of the main functions of the HCF is to authorize care for TRICARE Prime enrollees. Most health care received from other than the patient's primary care manager must be authorized by the HCF if benefits are to be paid under Prime. Refer to "Exceptions" below for care that does not require HCF authorization.

a. Care subject to a Nonavailability Statement (NAS) will receive a clinical review and authorization by the HCF or other designee.

b. If an enrollee self-refers for care and the care was not authorized, the care may be paid under the Point of Service option, with Point of Service deductibles and cost shares. The care must also be otherwise covered under TRICARE Standard. See [Section 10.1](#).

c. If an enrollee self-refers to a network provider for the first eight (8) mental health sessions in an enrollment period, the contractor shall ensure that the network mental health provider obtains an authorization from the HCF for the services. This authorization is only to ensure that claims are processed appropriately and is not a prospective review as defined in [OPM Part Three, Chapter 3, Section I](#).

3. Nonavailability Statements--In some regions, the Lead Agent has delegated to the HCF the responsibility for issuing NAS's. Prime enrollees have no NAS requirements, even under the Point of Service Option. NAS requirements apply only to non-enrolled beneficiaries. See [Chapter 11, Section 2.1](#), for NAS requirements.

B. Qualifications. HCF staff who perform authorization functions must meet the criteria in the [OPM Part Three, Chapter 1, Section II.A.2](#). HCF staff who perform only administrative activities, such as appointment scheduling, must have training or experience that qualifies them for the duties of the position.

C. Standards--Contractors shall establish HCF functions in each TRICARE Service Center. Each Center must be sufficiently staffed to assure that a beneficiary seeking HCF services has a wait of no longer than 15 minutes. Additionally, contractors shall furnish HCF services through a nationally accessible toll-free 800 number staffed 24 hours per day by qualified HCFs. Telephone blockage may not exceed (5%) and beneficiaries may not be placed on "hold" for more than 5 minutes. MCS contractors are permitted to centralize toll-free telephone HCF services in one or more locations.

IV. EXCEPTIONS

The following services do not require Health Care Finder authorization:

A. Emergency care; and

B. Clinical preventive services described in [Section 8.1](#).

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