

Contractor Responsibilities for Coordination and Interface with Lead Agents and MTFs

Chapter 2

Addendum A Model Memorandum of Understanding

(NOTE:

Model provided for example only. This is not intended to be all inclusive.)

This Agreement is entered into this ____ day of 199__ by and between _____ ("Contractor") and _____ ("MTF" or "Lead Agent").

This Memorandum of Understanding (MOU) describes the respective responsibilities of both parties under the Managed Care Support program. This MOU reflects the actions expected to be taken by the Contractor and the MTF Commander (or Lead Agent) and the degree to which each party will consult with the other before taking certain actions. All actions executed within the scope of this MOU will be reflected as a change to the Regional Health Services Plan and coordinated with the Lead Agent prior to implementation.

The MTF Commander (or Lead Agent) will take certain actions without a requirement to consult with the Contractor. The Contractor shall be informed as expeditiously as possible of the Commander's decisions on all these actions. These actions include:

- determining which enrollees will be assigned PCMs at the MTF (including at PRIMUS/NAVCARE clinics);
- determining the types of specialty care cases to be referred to the MTF;
- establishing the utilization management and quality assurance **procedures** employed for care delivered in the MTF;
- determining the services to be provided at the MTF; and
- changing MTF capabilities/staffing.

The MTF Commander (or Lead Agent) will take certain actions only after receiving input from the Contractor. These activities include:

- changing the location of the TRICARE Service Centers; and
- acting on early TRICARE PRIME disenrollment requests.

The Contractor will take certain actions only after receiving input from the MTF Commander (or Lead Agent). These include:

- establishing the utilization management and quality assurance **procedures** employed for care delivered in the civilian networks;
- developing beneficiary referral and reallocation patterns to the MTF (see Attachment A);
- developing resource sharing agreements;
- developing the enrollment plan and procedures;
- developing TRICARE PRIME disenrollment procedures;
- finalizing contracts with civilian network providers;

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- developing catchment-area-specific marketing materials;
- changing TRICARE Service Center staffing levels;
- conducting provider education programs; and
- developing catchment-area-specific beneficiary education materials.

The Contractor will take certain actions without a requirement to consult with MTF Commanders (or Lead Agent). These are:

- meeting other contractual obligations specified in the Contractor's contract with the Department of Defense.

In witness whereof, the parties have executed this Memorandum of Understanding.

(Signature) (Date)

(Signature) (Date)

Printed Name and Title of
Contractor Representative

Printed Name and Title of MTF
Commander or Representative
(Not Required if this is a Lead
Agent MOU)

Approved

(Signature) (Date)

(Signature) (Date)

█ _____
Contracting Officer

Printed Name and Title of Lead
Agent or Representative

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ATTACHMENT A

PROTOCOL AGREEMENT TO ENSURE BALANCED WORKLOADS

1. Contractor and MTF are entering into this Agreement in order to clarify procedures for ensuring balanced workloads between MTF and Contractor and for ensuring the optimum utilization of MTF resources.

2. Health Care Finder

2.1 Contractor shall provide a Health Care Finder (“HCF”) who will be located at the designated MTF to facilitate referrals of patients to military and civilian health care services. The purpose of the Health Care Finder shall be to accomplish the following principal functions:

2.1.1 Access: to improve TRICARE/CHAMPUS beneficiary access to primary care and other services;

2.1.2 Referral: to promote the establishment of appropriate routing and referral mechanisms to ensure optimal utilization of MTF facilities and resources;

2.1.3 Information: to ensure the establishment of systems to inform the beneficiary of enrollment opportunities, access mechanisms and routing and referral procedures; and

2.1.4 Continuity: to facilitate patient continuity of care.

3. MTF Appointment System

3.1 The Health Care Finder will collect service availability information and will maintain current waiting times for appointments in each of the MTF ambulatory clinics that have the capability to treat TRICARE/CHAMPUS beneficiaries. The HCF will also solicit and maintain current MTF admissions policies, and inpatient bed availability for TRICARE/CHAMPUS beneficiaries. The MTF staff will support these HCF information needs through daily updates at the initiation of the HCF.

4. Referral Patterns and Workloads

4.1 Referral and enrollment patterns shall be such as to optimize the utilization of MTF resources as determined by the MTF Commander.

4.2 The HCF will maintain a Military Treatment Facility capabilities report. This report will contain current information regarding the MTF’s:

4.2.1 Capability to provide particular services/procedures.

4.2.2 Current waiting time for such services/procedures.

4.3 A particular service/procedure is considered to be available in the MTF as long as the waiting time for such service/procedure does not exceed what is considered medically appropriate. The determination of what is a medically appropriate waiting time will be made by the referring provider. To minimize possible circumvention of the MTF, the HCF will inquire of the referring provider as to what the provider considers the longest

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waiting time the patient should/can tolerate. Only if this waiting time is less than the current waiting time at the MTF for such service/procedure will the service/procedure be considered not available at the MTF, and a referral outside the MTF be approved.

4.4 The MTF Commander may designate a particular service (e.g., eye refractions) exempt from paragraph 4.3. Any services so designated shall be considered available regardless of waiting times. The MTF Commander may also designate particular services (e.g., inpatient psychiatric) as never available to TRICARE/CHAMPUS beneficiaries in the MTF. (When determined by MTF, list(s) of designated services will be separately attached to this Agreement as Appendix A).

4.5 If at any time the MTF Commander determines that MTF facilities or personnel are under-utilized or over-utilized, the MTF Commander may notify the Contractor. Upon receiving such notification, Contractor personnel shall meet and confer with the MTF Commander or designated representative(s) regarding the over- or under-utilization. The MTF Commander shall determine which of the measures set forth below shall be taken to reach optimum utilization of MTF resources:

4.5.1 Adjust referral patterns.

4.5.2 Adjust the proportion of new TRICARE Prime enrollees required to choose MTF PCMs. To the extent consistent with appropriate utilization of MTF resources, as determined by the MTF Commander, Prime enrollees shall be offered a choice of selecting a Contractor network primary care physician or selecting the MTF for primary care. If MTF primary care resources are being underutilized, the MTF Commander may require the Contractor to designate the MTF as the primary care site for new Prime enrollees. Likewise, if MTF primary care services are overutilized, the MTF Commander may require new TRICARE Prime enrollees to select network primary care physicians as their PCMs.

5. Nonavailability Statements

5.1 When the MTF Commander may give the Health Care Finder written authorization to issue Nonavailability Statements (“NASs”) on his or her behalf in accordance with DoD requirements pertaining to Nonavailability Statements, written authorization will be separately attached to this agreement as Appendix B.

5.2 When authorized by the MTF Commander to issue NASs, the Health Care Finder shall coordinate all NAS requirements with the Health Benefits Advisor (“authorized issuer”) or any other individual designated by the MTF Commander. (Information on these requirements is contained in Section C-2b.(4), DoD Instruction 6015.19 and in the TRICARE/CHAMPUS Policy Manual and the Operations Manual).