

TRICARE SOUTH REGION UNITED STATES COAST GUARD (USCG) ACCESS TO CARE (ATC) DEMONSTRATION FOR TRICARE PRIME/TRICARE PRIME REMOTE (TPR) BENEFICIARIES

1.0. PURPOSE

The purpose of the demonstration project is to determine if the elimination of the requirement to obtain a referral influences beneficiaries to seek care at less intensive health care resources such as a TRICARE authorized Urgent Care Center (UCC), rather than the Emergency Room (ER).

2.0. BACKGROUND

2.1. Access to primary health care for acute episodic primary care continues to be in high demand by TRICARE Prime beneficiaries. The TRICARE manual guidance and process by which Prime beneficiaries currently access primary health care is defined under the [32 CFR 199.17](#) and the TRICARE Policy Manual (TPM), [Chapter 1, Section 9.1](#). The current law and regulations require that Prime beneficiaries obtain a referral for primary or urgent care if they seek that care from someone other than their Primary Care Manager (PCM). As a result, when an enrollee needs urgent care after hours or when the PCM in the Military Treatment Facility (MTF) does not have available appointments they have been seeking care from civilian sources such as the ER or with a UCC, including Convenience Clinics (CCs).

2.2. In an effort to avoid over use of ER care and meet the demand for acute primary care, many facilities have expanded acute care hours within the MTFs or worked with the Managed Care Support Contractors (MCSCs) to utilize provider groups or UCCs in their network. However, these visits require an authorization. Seeking emergency care in an ER does not require authorization. Additionally, the cost of care in a civilian ER for non-emergent reasons is much higher than any other source of care.

3.0. POLICY AND ELIGIBILITY

3.1. Under this demonstration, the USCG Active Duty Service Members (ADSMs) and their family members enrolled in TRICARE Prime or TPR in the TRICARE South Region may access a TRICARE network or TRICARE authorized UCC without prior authorization for up to four urgent care visits per fiscal year, per individual, including services provided when the enrollee is out of the area, without incurring the usual Point of Service (POS) deductibles and cost-shares. Referral requirements for specialty care and inpatient authorizations shall remain as currently required by [Chapter 8, Section 5](#).

3.2. The contractor shall educate the ADSM USCG members and their family members to notify their PCM of any urgent/acute care visits outside the PCM within 24 hours of the visit

or the first business day following the visit and schedule follow-up treatment, if indicated, with their PCM.

3.3. If more than four visits allowed under the demonstration are used or if the active duty USCG member or their enrolled family members seek care from a non-network provider (other than a TRICARE authorized UCC), the usual POS deductible and cost-shares shall apply with the usual POS exceptions, which include:

- ADSMs;
- Newborns and adopted children during the first 60 days (120 days if overseas) after birth or adoption, emergency care, clinical preventive services from a network provider;
- The first eight outpatient Behavioral Health Care (BHC) visits to a network provider per fiscal year (October 1st - September 30th); and
- Beneficiaries with Other Health Insurance (OHI).

4.0. GENERAL DESCRIPTION OF ADMINISTRATIVE PROCESS

4.1. Referral (authorization) requirements for up to four urgent care visits per fiscal year, per individual, shall be waived for all TRICARE South Region USCG Prime enrolled ADSMs and Active Duty Family Members (ADFMs) when services are rendered by a TRICARE network or TRICARE authorized UCC with the following primary specialty designations:

- Family Practice;
- Internal Medicine;
- General Practice;
- Pediatrician; and
- UCC or CC.

NOTE: In accordance with TPM, [Chapter 1, Section 9.1](#), Obstetricians/Gynecologists (OB/GYNs), Physician Assistants (PAs), Nurse Practitioners (NPs), and Certified Nurse Midwives (CNMs) can be considered Primary Care Providers (PCPs) and may be designated PCMs too.

4.2. All claims shall be vouchered and paid as prescribed by policy for underwritten and non-underwritten care.

5.0. ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS) (ASD(HA)) AND TRICARE MANAGEMENT ACTIVITY (TMA) RESPONSIBILITIES

ASD(HA) is the designated Executive Agent for the demonstration project. The Medical Director of the TRICARE Regional Office-South (TRO-S) will be designated as the project officer for the demonstration.

6.0. MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES

6.1. The contractor shall verify the TRICARE eligibility of the patient on the Defense Enrollment Eligibility Reporting System (DEERS).

6.2. The contractor shall maintain sufficient staffing and management support services necessary to achieve and maintain compliance with all quantitative and qualitative standards for claims processing timeliness, claims inventory levels, claims control, and claims accuracy as required within the TRICARE manuals.

6.3. The contractor shall provide the Government (TRO-S) with the following monthly report:

- Data specific report (Branch of Service and Defense Medical Information System (DMIS)) of applicable cost summary by first service date that shows enrollment inpatient cost data, outpatient cost data (Per Member Per Month (PMPM)) and totals for 12 month running similar to Report # ZUHMCOIOR being currently provided to the Government by the TRO-S MCSC.

7.0. APPLICABILITY

This demonstration is limited to USCG ADSMs and their family members enrolled in TRICARE Prime and TPR in the 10 states that comprise TRICARE South Region.

8.0. EXCLUSIONS

This demonstration does not apply to referral requirements for specialty care and inpatient authorizations shall remain as currently required by [Chapter 8, Section 5](#).

9.0. EFFECTIVE DATE

This demonstration is effective for claims for services provided in accordance with this section for a 24 month period from the implementation date.

