Chapter 11 Section 11

Behavioral Health Care Provider Locator And Appointment Assistance

1.0 GENERAL/PURPOSE

The Managed Care Support Contractors (MCSCs) shall offer a beneficiary assistance service to Active Duty Service Members (ADSMs) and enrolled Active Duty Family Members (ADFMs) in locating behavioral health care providers and making behavioral health care appointments.

2.0 REQUIREMENTS

2.1 The contractor shall offer to all ADSMs, to those ADFMs enrolled in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFMs), and to ADFMs enrolled in the TRICARE Overseas Program (TOP) who have temporarily returned to the Continental United States (CONUS) a telephone-based behavioral health care provider locator and appointment assistance service for making timely routine and urgent appointments with mental health providers. Beneficiaries are not required to use the provider locator and appointment assistance service. Calls to this service from non-enrolled ADFMs, retirees, and retirees' family members shall be referred to the contractor's normal Beneficiary Assistance telephone line.

2.2 The standards in 32 CFR 199.17(p)(5) concerning waiting times for routine and urgent care appointments apply to behavioral health care delivery. The wait time for an initial urgent behavioral health care appointment with a mental health provider shall generally not exceed 24 hours, and the wait time for an initial routine behavioral health care appointment with a mental health provider shall not exceed one week. After the initial appointment, the provider's medical judgment will be the determining factor regarding the waiting time for follow-up appointments.

2.3 To the extent that it can be obtained in accordance with the waiting time access to care standards, ADSM behavioral health care will be provided by Military Treatment Facilities (MTFs). For private sector behavioral health care, ADSMs enrolled to a CONUS MTF must have a referral from an MTF health care provider, or ADSMs enrolled in TPR or non-enrolled ADSMs must obtain concurrence with the behavioral health treatment request from the Military Medical Support Office (MMSO) Service Point of Contact (SPOC). An ADSM enrolled in TOP shall be authorized routine and urgent behavioral health care outside an MTF only if it has been pre-arranged by the ADSM's Primary Care Manager (PCM) or respective enrollment authority (Outside the Continental United States (OCONUS) MTF, TRICARE Global Remote Overseas (TGRO) contractor, or the TRICARE Puerto Rico contractor (TPRC)).

2.4 The contractor shall ensure behavioral health care appointments meet the access standards in paragraph 2.2 for 90% of appointment requests received during a quarter. This process shall include consideration of the availability of MTF, network, and non-network providers.

2.4.1 The contractor shall make the behavioral health provider locator and appointment assistance service available to all ADSMs and enrolled ADFMs via a toll-free dedicated telephone number during all normal business hours for all time zones within the region. The contractor shall provide staff sufficient in number to ensure 95% of phone calls to the number are answered by a contractor staff member within 30 seconds. The contractor shall provide a means for a caller whose call is not answered within 30 seconds to leave a call-back number. Within 30 minutes, the contractor shall make one attempt to contact the caller at the call-back number.

2.4.2 The contractor shall provide staff at the toll-free number who are knowledgeable of all TRICARE requirements pertaining to the provider locator and appointment assistance service.

2.4.3 The contractor may ask a set of screening questions designed to assess the level of criticality of a caller's behavioral health issue. The contractor shall refer callers assessed as having an emergent condition to an appropriate mental health services number, such as a suicide prevention hotline, and then terminate the call.

2.5 The contractor shall offer two alternative forms of assistance to beneficiaries who call the dedicated toll-free number. The selection of the desired alternative shall be at the discretion of the ADSM or enrolled ADFM.

2.5.1 Under each alternative, providing contract information for non-network behavioral health care providers shall constitute prima facie prior authorization by the contractor for CONUS enrolled ADFMs to obtain care from those providers during the first eight self-referred behavioral health appointments of the fiscal year. The contractor shall maintain a record of all beneficiaries granted such prior authorizations and shall ensure they are not subject to Point of Service (POS) cost-sharing for services obtained under the scope of the authorizations. ADFMs enrolled in TOP who have temporarily returned to CONUS are not subject to POS cost-sharing for any self-referred behavioral health care.

2.5.2 Under each alternative, the contractor shall advise ADFM TRICARE Prime and TPRADFM enrollees that they may self-refer to a TRICARE network provider for the first eight behavioral health care outpatient visits each fiscal year, but they will be subject to POS cost-sharing for visits beyond the first eight unless the provider has obtained authorization from the contractor for additional visits. The contractor shall inform these ADFMs that appointments made by them using the contractor's provider locator and appointment assistance service are considered self-referrals unless they have a referral from their primary care manager or from a referring mental health provider. The contractor shall inform these ADFMs that it is their responsibility to keep track of the number of self-referred behavioral health sessions they have in a fiscal year. These ADFMs shall be informed that to avoid POS cost-sharing the care must be obtained from a network provider, unless they obtain prior authorization from the contractor for non-network care.

2.5.3 Alternative 1

2.5.3.1 The contractor shall provide the caller the telephone numbers of behavioral health care providers who are willing to give appointments to TRICARE patients within the access to care

standards. Provider information given to ADSMs will be limited to MTF contact points unless (1) the ADSM has a referral from the MTF for behavioral health care or (2) in the case of ADSMs enrolled in TPR or non-enrolled ADSMs, the MMSO SPOC has concurred with a request for behavioral health care. For enrolled ADFMs, the contractor shall provide contact information for both MTF (if available) and TRICARE network providers. If neither of these sources is available within access standards, contact information for out-of-network providers shall be provided.

2.5.3.2 The contractor shall inform beneficiaries they may call back for additional assistance in the event they are unable to make an appointment that will occur within a time frame that is satisfactory to them. The contractor shall offer to make one attempt to call the beneficiary within three business days, at a time during normal working hours chosen by the beneficiary, to determine if the beneficiary has made an appointment within a time frame satisfactory to the beneficiary. If the contractor learns during this return call that the ADSM or ADFM has made an appointment, the contractor shall request information about the number of days from the appointment request until the date of the appointment.

2.5.4 Alternative 2

2.5.4.1 ADSMs having MTF or MMSO authorization for private sector behavioral health care and ADFMs who either do not desire an MTF appointment or for whom no MTF appointment is available, may request the contractor to establish a conference call between the contractor, the beneficiary, and a provider's office. The contractor shall participate in the three-way conversation only long enough to confirm that the provider is willing to provide an appointment to a TRICARE patient. The ADSM or ADFM will make the actual appointment with the provider. Before disengaging from the call, the contractor shall ask the beneficiary to call back for additional assistance in the event the beneficiary is unable to obtain an appointment that will occur within a time frame satisfactory to the beneficiary. The contractor shall establish conference calls with non-network providers only if there is an insufficient number of network providers available.

2.5.4.2 If while attempting to establish a conference call with a provider's office, the contractor reaches only the provider's answering service or answering machine, the contractor shall offer the beneficiary the opportunity to leave their contact information with the answering service or on the answering machine so that the provider can contact them to arrange an appointment. Unless the beneficiary requests termination of the process sooner, attempts at establishing a conference call with a live person in the office of a provider willing to provide an appointment to a TRICARE patient shall continue until successful or until the beneficiary has had the opportunity to leave their contact information for three providers, whichever comes first.

2.5.4.3 The contractor shall offer to make one attempt to call the beneficiary within three business days, at a time during normal working hours chosen by the beneficiary, to determine if the beneficiary has made an appointment within a time frame satisfactory to the beneficiary. If the contractor learns during this return call that the ADSM or ADFM has made an appointment, the contractor shall request information about the number of days from the appointment request until the date of the appointment.

2.6 Data Requirements List for Collection and Reporting

The contractor shall collect/measure data about the use of this provider locator and appointment service and provide the following quarterly reports to the Government, respective

TRICARE Regional Office (TRO), and respective Contracting Officer (CO) by the 25th day of the month following the quarter:

- Total number of calls answered that were from beneficiaries eligible to use the assistance service.
- Total number of ADSMs who contacted the assistance telephone number.
- Total number of enrolled ADFMs who contacted the assistance telephone number.
- Total number of ADSMs and ADFMs who, after contacting the assistance telephone number, stated they had an emergent behavioral health issue or were assessed through their answers given to a set of screening questions to have an emergent behavioral health issue.
- Number and percent of beneficiaries calling the assistance number who selected Alternative 1.
- Percent of beneficiaries selecting Alternative 1 who chose to be contacted in a follow-up call by the contractor.
- Number and percent of beneficiaries selecting Alternative 1 and choosing to be contacted in a follow-up call by the contractor who, during the follow-up call, stated they were unable to make an appointment that would occur within a time frame satisfactory to them.
- Average number of days from the date an appointment was made until the date the appointment was scheduled to occur as stated by beneficiaries during follow-up calls from the contractor to beneficiaries who had chosen Alternative 1 and who, subsequently, had secured an appointment.
- Number and percent of beneficiaries calling the assistance number who selected Alternative 2.
- Percent of beneficiaries selecting Alternative 2 who chose to be contacted in a follow-up call by the contractor.
- Number and percent of beneficiaries selecting Alternative 2 and choosing to be contacted in a follow-up call by the contractor who, during the follow-up call, stated they were unable to make an appointment that would occur within a time frame satisfactory to them.
- Average number of days from the date an appointment was made until the date the appointment was scheduled to occur as stated by beneficiaries during follow-up calls from the contractor to beneficiaries who had chosen Alternative 2 and who, subsequently, had secured an appointment.

- Number of times the contractor directed ADSMs or ADFMs to non-network providers due to lack of available appointments with MTF or network providers.

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