

MHS REFERRAL AND AUTHORIZATION SYSTEM

1.0. GENERAL

1.1. The Government will operate and maintain an electronic MHS Referral and Authorization System capable of accepting and sending referrals and authorizations, including Non-Availability Statements (NASs). The system will receive and route electronic referral and authorization transactions between the various MHS direct care and purchased care entities, e.g., MCSCs and MTFs. For auditing and other administrative purposes, the system will capture and store the referral and authorization data. The system will be able to receive, process and send HIPAA-compliant ASC X12N 278 Health Care Services Review – Request for Review and Response transactions. In addition to being Electronic Data Interchange (EDI) capable, the system will contain a web-application component that will be instantly accessible by the MHS community from the DoD enterprise wide web site. The system will route network referral requests from the MCSCs to the appropriate MTFs for first right of refusal, allowing care availability determinations by MTFs prior to referrals to the civilian network by the MCSCs. The system will also transmit NASs to the appropriate MCSCs for claims processing purposes. The MCSCs are required to maintain their own internal referral and authorization files on which the information exchanged with the MHS Referral and Authorization System will reside and be accessible for claims processing and other administrative purposes.

2.0. REFERRALS

2.1. Referrals to the contractor may be requested via letter, facsimile, or electronic means. If requested electronically, the referral will be sent using the HIPAA-compliant ASC X12N 278 standard transaction. The contractor must be able to send and receive the HIPAA-compliant ASC X12N 278 transaction.

2.2. The government requires first right of refusal for referrals for specialty care requested by network providers. All requests for specialty care referrals from network providers must be sent to the appropriate MTFs to determine care availability within the MTF before referrals are made to the civilian network.

2.3. Referrals to the MTFs may be requested via letter, facsimile, or electronic means, however, all electronic referrals must be sent to the MHS Referral and Authorization System using the HIPAA-compliant ASC X12N 278 standard transaction.

3.0. AUTHORIZATIONS

3.1. Authorizations by the contractor may be sent via letter, facsimile, or electronic means. If sent electronically, the authorizations must be sent using the HIPAA-compliant ASC X12N 278 standard transaction.

3.2. Authorizations by the MTFs may be sent via letter, facsimile, or electronic means. If sent electronically, the authorizations must be sent using the HIPAA-compliant ASC X12N 278 standard transaction.

4.0. NON-AVAILABILITY STATEMENTS (NASS)

4.1. The Non-Availability Statement is a type of care authorization issued to TRICARE Standard beneficiaries for care outside of the MTF as authorized by the MTF Commander.

4.2. All NASs will be sent electronically using the HIPAA-compliant ASC X12N 278 standard transaction to the contractor using the MHS Referral and Authorization System. This system will be the government system of record for NASs.