Model Memorandum Of Understanding (MOU)

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

This Agreement is entered into this _____ day of 200__ by and between _____ ("Contractor") and _____ ("MTF" or "Regional Director").

This Memorandum of Understanding (MOU) describes the respective responsibilities of both parties under the Managed Care Support (MCS) program. This MOU reflects the actions expected to be taken by the Contractor and the Military Treatment Facility (MTF) Commander (or Regional Director) 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 Regional Director prior to implementation.

The MTF Commander (or Regional Director) 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;
- determining the types of specialty care cases to be referred to the MTF;
- establishing the utilization management and quality assurance procedures employed for case management cases of care delivered in both the direct and civilian care settings;
- changing MTF capabilities/staffing.

The MTF Commander (or Regional Director) 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 Regional Director). These include:

- developing beneficiary referral and reallocation patterns to the MTF (see Attachment A);
- developing external resource sharing agreements and clinical support agreements;
- developing the enrollment plan and procedures;

- developing TRICARE PRIME disenrollment procedures;
- changing TRICARE Service Center staffing levels; and
- conducting provider education programs.

The Contractor will take certain actions without a requirement to consult with MTF Commanders (or Regional Director). 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 Regional Director MOU)

Approved

(Signature) (Date)	(Signature) (Date)
Procuring Contracting Officer (PCO)	Printed Name and Title of Lead Agent or Representative

ATTACHMENT A

PROTOCOL AGREEMENT TO ENSURE BALANCED WORKLOADS

1. Contractor and Military Treatment Facility (MTF) are entering into this Agreement in order to clarify procedures for ensuring balanced workloads between MTF Prime sites 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") service which will be located at the designated MTF Prime sites to facilitate referrals and other customer services of patients to military and civilian health care services.

3. Referral Patterns and Workloads

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

3.2 The contractor will maintain a MTF capabilities report. This report will contain current information regarding the MTF's:

3.2.1 Capability to provide particular services/procedures.

3.2.2 Current waiting time for such services/procedures.

3.3 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 contractor will inquire of the referring provider as to what the provider considers the longest 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.

3.4 The MTF Commander may designate a particular service (e.g., eye refractions) exempt from paragraph 3.3. 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).

3.5 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:

3.5.1 Adjust referral patterns.

3.5.2 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.

- END -