

HEALTH CARE FINDERS (HCF)

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DESCRIPTION

The TRICARE Overseas Program (TOP) Health Care Finder (HCF) is an administrative activity established by the TOP Regional Director. Overseas HCF functions are performed by overseas MTF designated personnel.

A. The HCFs are responsible for facilitating referrals for specialty health care and for authorizing certain health care services. Additionally HCFs shall inform beneficiaries of access mechanisms, referral procedures, and rules regarding use of host nation TOP network/non-network providers. They shall also improve patient continuity of care by establishing mechanisms to facilitate necessary consultations, follow-up appointments and the sharing of medical records. The TOP HCFs will serve all Military Health System (MHS) beneficiaries in the region, including Medicare eligibles, regardless of their enrollment status.

B. The TOP HCF is responsible for the following functions:

1. Referrals Assistance--The TOP Regional Director and/or MTF Commander is required to ensure optimal use of Military Treatment Facilities (MTFs) and to foster coordination of all care delivered in the civilian sector and care referred to and from the MTF. The TOP HCF is the primary mechanism for achieving these objectives. The referral services of the TOP HCF are primarily to ensure access to care for enrolled beneficiaries, but the TOP HCF is also available to assist non-enrollees in finding network/non-network host nation providers. For TOP Prime enrollees, the referral is generally initiated by the beneficiary's Primary Care Manager (PCM). The PCM or beneficiary contacts the TOP HCF for assistance in locating an appropriate host nation provider and to obtain authorization for the care (see [Chapter 12, Section 6.1](#) for additional information on HCF referral assistance).

2. Authorizations--The TOP HCF will authorize care for TOP Prime enrollees. Most health care received from other than the patient's Primary Care Manager (PCM) must be authorized by the TOP HCF if benefits are to be paid as TOP Prime.

a. Care subject to a PCM referral/authorization NAS may receive a clinical review and authorization by the HCF or other designee.

b. If a TOP Prime enrollee receives care that was not authorized by the Regional Director or designee, the care may be covered under the TOP Point of Service option, with

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 5.1

HEALTH CARE FINDERS (HCF)

Point of Service deductibles and cost-shares. The care must also be otherwise covered under TRICARE Standard.

C. Qualifications--To the extent possible, TOP HCF qualifications should follow the guidelines outlined in the TRICARE Operations Manual, [Chapter 7](#).

D. Standards--To the extent possible, each TOP Service Center should be sufficiently staffed and include a HCF.

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