Military Health System (MHS) Enterprise Wide Referral and Authorization System (EWRAS)

1.0. NONAVAILABILITY STATEMENT (NAS) DATA

When NAS appears in the text, it refers to both Inpatient NASs (INASs) and Outpatient NASs (ONASs) for services furnished prior to September 23, 1996.

1.1. General

1.1.1. The Government will operate and maintain an electronic MHS Enterprise-Wide Referral and Authorization System (EWRAS) capable of accepting and sending referrals and authorizations, including Nonavailability Statements (NASs). NASs are issued to TRICARE non-enrolled beneficiaries and permit care outside of a Military Treatment Facility (MTF) as stipulated by policy and the MTF Commanders. Effective October 16, 2003, Managed Care Support Contractors (MCSCs) will no longer receive NAS segments in the DEERS Eligibility Type 3 Response record. Instead, MCSCs will receive NAS information via ANSI ASC X12N 278 Health Care Services Review transactions from the EWRAS.

NOTE: While ANSI ASC X12N 278 Health Care Services Review transactions will be used by the EWRAS to transmit NAS data to the MCSCs, NASs are not considered a HIPAA-covered transaction. NASs are not referrals or authorizations as defined under HIPAA. As their name indicates, NASs are statements of nonavailability. They communicate to patients and to TRICARE claims processors that required care is not available within an MTF. NASs make no referrals to specific providers nor do they request authorization for specific procedures. They advise that an MTF cannot provide the needed care and that the patient is permitted to seek treatment outside of the MTF. The HIPAA Transaction and Code Set Final Rule defines a Referral Certification and Authorization Transaction as follows:

"The referral certification and authorization transaction is any of the following transmissions:

(a) A request for the review of health care to obtain authorization for the health care.
(b) A request to obtain authorization for referring an individual to another health care provider.
(c) A response to a request described in paragraph (a) or paragraph (b) of this section."

NASs do not meet the above definition and are, therefore, not considered a HIPAA-required transaction. The Enterprise Wide Referral and Authorization system is being used to generate unsolicited 278 transactions since NAS data will no longer be available on DEERS.

1.1.2.   NASs will be created by MTFs, translated into ANSI ASC X12N 278 Health Care Services Review transactions by the EWRAS, and routed to the MCSCs as unsolicited 278s.

NOTE: Where a MCSC has been delegated authority to initiate NASs on behalf of the Direct Care System (MTFs), the MCSC shall use the EWRAS instead of the Composite Health Care System (CHCS) to enter the NAS information.

1.1.3.   Upon receipt of ANSI ASC X12 N 278 Health Care Services Review transactions, contractors must translate and load them to their internal referral and authorization systems where they will be accessible for claims processing purposes.

1.1.4.   For claims processing or other purposes, contractors will query and retrieve NAS data from their internal referral and authorization systems.

1.1.5.   NAS data, currently residing on DEERS, will be transferred to the MCSCs in a flat file format (see Chapter 9, Addendum H) in advance of the October 16, 2003, implementation date. The MCSCs shall load these existing NASs to their internal referral and authorization systems. Schedules for testing and implementing NASs via the EWRAS will be negotiated with the MCSCs with full implementation occurring no later than October 16, 2003.

1.1.6.   The persons listed in Chapter 9, Addendum C have NAS override authority for unusual cases.

1.2.   EWRAS And NAS Data Requirements

1.2.1.   For CONUS claims, NASs with Reason for Issuance Codes 1-6 apply only to TRICARE non-enrolled beneficiaries, whereas, Reason For Issuance Codes 7, 8 and 9 apply to both CONUS and OCONUS enrollees. Reasons For Issuance Codes 7, 8, and 9 will be eliminated at the start work date of the new Managed Care Support contracts (MCSC) and when EWRAS is fully deployed worldwide.

      Under New DEERS, OCONUS individuals will be able to enroll to remote DMIS-IDs for which PCMs will not be required. As a result, NASs with Reason For Issuance codes 7, 8, or 9 will no longer be needed for these enrollees. For OCONUS individuals enrolled to MTFs with PCM assignments, PCM referrals are required for civilian specialty care. Until the EWRAS is fully deployed, NAS Reason for Issuance codes 7, 8, and 9 will continue to be supported.

1.2.2.   With the NAS migration to the Enterprise Wide Referral and Authorization System, a short freeze will occur during which: (1) MTFs will stop generating NASs in CHCS, and (2) the historical NASs will be sent to the MCSCs. All incoming and outgoing MCSCs will receive a flat file of historical NASs from DEERS. Once this has been accomplished, MTFs will use the EWRAS to generate NASs. The transactions will then be routed to the MCSCs by the EWRAS via ANSI X12N 278 transactions.

1.2.3.   As of September 23, 1996, Outpatient NASs were discontinued. From that time, only NASs for inpatient care and care authorizations were generated. Refer to the Policy and Operations Manuals for applicable NAS rules and rule dates. Two types of NAS issuances, either unconditional or cancelled, can appear in the "NAS Status" field. The majority of NASs issued will appear as unconditional. A cancelled NAS is one that was issued and

subsequently cancelled. A cancelled NAS shall not be used for claims processing. When the status field indicates a cancelled NAS, the contractor shall deny any outstanding claim. The contractor shall also check for prior claims paid on the cancelled NAS and recoup any monies paid in error.

1.2.4.   MCSCs shall process claims using NAS data retrieved from their internal referral and authorization systems in the same manner as it would process claims using hardcopy NAS forms.

1.2.5.   On retroactive NASs, including NASs for inpatient maternity care wherein the first prenatal visit occurred between March 26, 1998 and October 4, 1999, the "Retroactive Date" shall be the hospital admission date. For maternity care episodes wherein the first prenatal visit occurs prior to March 26, 1998, or between October 5, 1999, through December 27, 2003, the "Retroactive Date" shall be the first prenatal visit date. A retroactive NAS will have an NAS number sequence between 900 and 999. It will also have a retroactive effective date that is separate from the NAS issuance date located within the NAS number. The retroactive effective date will show the beginning date of the effective period of the NAS. The contractor is not responsible for performing any consistency edits on the NAS number and the retroactive effective date.

1.2.6.   A retroactive maternity NAS will be identified by the retroactive effective date and by the major diagnostic category 14. This NAS will be valid 42 days beyond the termination of the pregnancy.

1.2.7.   If the newborn remains in the hospital continuously after the mother's discharge, the mother's NAS will cover the infant in the same hospital for up to 15 days following the mother's discharge. Beyond the 15th day, the infant requires an NAS in his/her own right.

1.2.8.   When a newborn requires an NAS in his/her own right, the MTF will issue the newborn's NAS retroactive to the baby's date of birth. The MCSC will only need to query their internal referral and authorization system for the baby's NAS, instead of querying for both the mother and the child.

1.2.9.   For maternity care episodes beginning on or after October 5, 1999, the first prenatal visit must be within 30 days of the issue date. Effective for maternity episodes wherein the first prenatal visit occurs on or after December 28, 2003, NASs for maternity care are no longer required.

1.2.10.   For all chronic care retroactive NAS issuances, the last three digits of the NAS number will be between 700 and 799.

1.2.11.   For all chronic care NAS issuances, the last three digits of the assigned NAS number will be between 800 and 899. All chronic care NAS issuances will be valid for one year from the date of issuance.

1.2.12.   Outpatient NAS requirements were eliminated for services provided on or after September 23, 1996. For historical and reference purposes, see Chapter 9, Addendum F for code values associated with ONASs.

1.2.13.   Chapter 9, Addendum F contains the NAS data elements and code values. The corresponding data elements on the ANSI X12N 278 transaction that contain NAS data are contained in Chapter 9, Addendum H.

1.2.14.   MCSCs shall establish trading partner agreements with TMA. Also, MCSCs shall provide to TMA the electronic addresses where the EWRAS should send the Referral and Authorization transactions.