CHAPTER 7
SECTION 2

REFERRALS/AUTHORIZATIONS

1.0. HEALTH CARE FINDERS

The Health Care Finders shall inform beneficiaries of access mechanisms, referral procedures, and rules regarding use of 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.

1.1. Qualifications

Health Care Finders who perform the first level review functions as part of the authorization process for medical and surgical referrals shall be qualified physicians, registered nurses or physician assistants. In cases of mental health services, the contractor shall use licensed psychiatric nurses or other mental health professionals. Qualification requirements are further stated in Chapter 7, Section 1, paragraph 1.4. Health Care Finders who perform duties such as appointing and scheduling, that do not require clinical judgment, may have administrative or clerical qualifications.

1.2. Functions

The contractor, using Health Care Finders and PCMs, is responsible for coordinating referral functions for all Military Health System (MHS) beneficiaries. TRICARE Prime requires that specialty and inpatient services be accessed by enrollees only upon referral by a PCM and with authorization by the Health Care Finder or other contractor designee except in the case of medical emergencies, outpatient mental health services referenced in paragraph 2.1., clinical preventive services (Policy Manual, Chapter 1, Section 10.1A), and the use of the Point of Service option. The contractor shall establish and maintain, in all areas with TRICARE Service Centers, Health Care Finder functions to facilitate referrals of beneficiaries to military and civilian health care services.

1.3. Standards

The contractor shall provide a staff of Health Care Finders to ensure that referral services are available at all times through a TRICARE Service Center with no more than a 15 minute wait for beneficiaries visiting the TRICARE Service Center. The telephone blockage rate at each TRICARE Service Center shall not exceed five percent, and beneficiaries telephoning the TRICARE Service Center shall never be placed on “hold” for more than five minutes. Additionally, the contractor shall provide Health Care Finder services through a nationally accessible toll-free number. The contractor shall continuously staff all incoming toll-free Health Care Finder lines 24 hours per day, seven days a week with qualified Health Care Finders. (See Chapter 12, Section 8, paragraph 3.0. for toll-free line standards and requirements.) The toll-free line operation may be centralized in one or more locations.

2.0. REFERRALS

The contractor shall establish referral mechanisms to ensure optimal utilization of MTF facilities and resources and to foster coordination of all care delivered in the civilian sector and care referred to and from the MTFs. The contractor shall contact the MTFs to determine capacity before recommending or authorizing care with civilian providers. The referral-facilitation services of the Health Care Finders are primarily for ensuring access to care for enrolled beneficiaries; however, nonenrolled beneficiaries are encouraged to use the Health Care Finder functions to find care in the network under TRICARE Extra. [(Nonenrollees are required to seek authorizations from the Health Care Finder prior to an NAS being issued (paragraph 3.0.)]. When space is not available in the MTFs, Medicare-eligible beneficiaries can use the Health Care Finder to access providers who accept Medicare assignment. Referrals shall be processed on CHCS (when required by contract). The Health Care Finders shall perform the following principal functions:

2.1. Referral To Primary Care

Enrolled beneficiaries must initially obtain most health care services from their PCMs or have their claims adjudicated in accordance with the Point of Service provisions (*TRICARE Reimbursement* Manual, *Chapter 2, Section 4*).

2.2. Referral For Mental Health Services

Enrollees may seek outpatient mental health services through their PCMs, or they may self-refer to a network mental health provider for the first eight visits. In those cases where an enrollee self-refers, the contractor shall ensure that the network mental health provider obtains an authorization from the Health Care Finder for services rendered. This authorization is only to ensure that claims are processed appropriately and is not a prospective review as defined by Chapter 7, Section 1. For all beneficiaries, outpatient mental health care beyond the eighth visit shall be prospectively reviewed for medical necessity. For nonenrolled beneficiaries who initially contact the Health Care Finder at the TRICARE Service Center or by telephone, the contractor shall maintain mechanisms to facilitate referrals to care. These mechanisms shall be made available to the Lead Agents. In catchment areas containing more than one MTF, the contractor shall, after consultation with the Lead Agents and the MTF Commanders and in accordance with DoD policy, establish mechanisms to ensure that: all MTF resources in the area are considered before recommending or authorizing care with civilian providers (determinations on MTF referrals shall be subject to travel distances to the MTF where services are available for patients with consideration given to the nature of the medical problem); and coordination is maintained among the respective TRICARE Service Centers. All network mental health providers shall agree to provide TRICARE Prime beneficiaries' PCMs with a report of the treatment rendered if the beneficiary authorizes the release of the information.

2.3. Referral To Specialty And Inpatient Services

2.3.1. In each catchment area, the MTF is the first choice provider for all nonemergency specialty and inpatient care for the TRICARE program unless otherwise indicated by the MTF Commander. The contractor is responsible for coordinating the referral function for both beneficiaries and network providers through administration of a Health Care Finder program. If services are not available at the MTF, the beneficiary shall be referred to the

contractor's network through Health Care Finders. If the required care is not available in the network, the health care finder shall arrange for care through a non-network provider. The contractor shall ensure that all specialty and inpatient care for enrollees, whether provided in the MTF or in the civilian network, has been authorized.

2.3.2. The contractor shall establish referral procedures to ensure access to specialty and inpatient health care services for all MHS-eligible beneficiaries, especially enrollees. Contractors shall apply Prime copayments, not Point of Service cost-sharing provisions, when PCMs, network providers and/or Health Care Finders do not follow established referral/authorization procedures. For example, if the contractor processes a claim without evidence of an authorization and/or a referral under Point of Service provisions, and the contractor later verifies that the PCM or other appropriate provider referred the beneficiary for the care, the contractor shall adjust the claim under Prime provisions. The contractor need not identify past claims, however the contractor shall adjust these claims as they are brought to their attention.

2.3.3. The Health Care Finder shall assist the PCM in facilitating specialty and inpatient referrals for care available in the MTF or, if not available (or not available within a medically appropriate time period), to a provider within the contractor's network except in those cases where, for a Prime enrollee with an MTF PCM, the MTF has determined, after consultation with the contractor, that the care required could be provided more cost-effectively by a non-network provider.

2.3.4. If services are not available, or not available within the medically appropriate time period from a provider in the contractor's network, the contractor shall arrange for care with a provider outside the contractor's provider network. Contractors shall apply Prime provisions to claims for referred and authorized care received by Prime enrollees from non-network providers. Contractors shall ensure that referring network providers and Health Care Finders follow established referral/authorization procedures in order to avoid the inappropriate application of Point of Service cost-sharing to claims for referred/authorized care received by Prime enrollees from non-network providers.

2.3.5. The contractor shall ensure that TRICARE Prime enrollees receive care from network providers and shall authorize the use and services of each non-network provider involved in referred care including institutions that use consultants or other non-network providers. MTFs may refer their Prime enrollees to a non-network provider who is determined to be less costly or in instances where there are no clinically appropriate network providers. The Health Care Finder shall facilitate the referral. Referrals shall be processed on CHCS (when required by contract).

NOTE: Effective with care received on or after March 16, 1998, on claims for Prime enrollees receiving emergency care or authorized care from non-network, non-participating providers, enrollees shall be responsible for only the Prime copayment. On such claims, contractors shall allow the amount the provider may collect under TRICARE rules; i.e., if the charges on a claim are subject to the balance billing limit (refer to *TRICARE Reimbursement* Manual, *Chapter 3, Section 1* for information on balance billing limit), the contractor shall allow the lesser of the billed charges or the balance billing limit (115% of allowable charge). If the charges on a claim are exempt from the balance billing limit, the contractor shall allow the billed charges. Refer to *TRICARE Reimbursement* Manual, *Chapter 2, Section 1* for information on claims for certain ancillary services. Contractors need not review past claims for those

processed under obsolete requirements. If, however, it is brought to a contractor's attention that a claim was processed according to previous requirements and the date of service is on or after March 16, 1998, the contractor shall adjust the claim according to the new requirements.

2.4. Referral To Specialized Treatment Services (STSs)

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) designates Specialized Treatment Service (STS) facilities. These facilities shall be considered the preferred facilities for all MHS beneficiaries for the particular speciality services offered. These facilities take precedence for specialty care referrals for all TRICARE patients to the extent that they are available (see Chapter 19).

3.0. AUTHORIZATIONS

3.1. For Prime enrollees, all specialty and inpatient medical care not provided by the PCM except emergencies, outpatient mental health services referenced in paragraph 2.1. above, clinical preventive services supplied by network providers, and services obtained under the Point of Service option must be referred from the PCM and authorized by the Health Care Finder or other contractor designee. This requirement is applicable for services referred to the MTF when the enrollee has been assigned a PCM in the network or for services referred to a provider outside the MTF when the enrollee has been assigned an MTF PCM.

3.2. Nonenrolled beneficiaries are not required to obtain authorization for care from the Health Care Finder except when an NAS is required. Providers serving nonenrollees shall comply with the prior authorization requirements established under Chapter 7, Section 1, paragraph 3.3.2.

3.3. The Health Care Finder authorization functions shall include first level review of all referrals for medical necessity, for those admissions and procedures that require preauthorization, as outlined in Chapter 7. Also, the review will include the determination that care was referred from the PCM. In addition, MTF commanders may give Health Care Finders written authorization to perform the authorization functions for referrals from MTF PCMs to other MTF providers. MTFs that desire contractor support for this provision are identified in each regional MCS contract.