

## Specified Authorization Staff (SAS) Review For Authorization: Protocols And Procedures

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### 1.0 INTERCONNECTIVITY BETWEEN THE CONTRACTOR AND DEFENSE HEALTH AGENCY- GREAT LAKES (DHA-GL) (THE SAS FOR ARMY, AIR FORCE, NAVY, MARINE CORPS AND COAST GUARD)

#### 1.1 ADP Protocols

**1.1.1** The contractor shall provide access for entry and edit of referrals into existing systems supporting this contract. The contractor shall propose one of the following access options:

- Government staff remotely, physically located in Great Lakes, IL, accessing the contractor's system, or
- Contractor staff remotely, physically located in Great Lakes, IL, accessing the contractor's system, and Government personnel performing a backup role in the event contractor personnel are unavailable.

**1.1.2** For all referrals meeting the criteria for SAS review, the contractor shall provide a status code indicating SAS review is required.

**1.1.3** The contractor shall create a standard management report for all pending referrals requiring SAS review. The contractor shall propose a report design to DHA-GL for approval 30 days prior to health care delivery.

**1.1.4** The contractor shall provide the capability to edit the status and entry of a 16 digit disposition code indicating if the referral was approved for civilian network treatment (see [paragraph 1.2](#)). This disposition code may be used during the claims adjudication process.

**1.1.5** The contractor shall provide the logic to automatically approve the referral if the SAS determination is not received within two work days of referral entry.

**1.1.6** The contractor shall provide the telecommunications, hardware, and software necessary for data entry and report printing from the DHA-GL location. The contractor shall provide application training and support.

**1.1.7** The contractor shall provide a data dictionary of available data elements to be sent to the DHA-GL automated information system. The contractor shall send all care referral records to the DHA-GL in a tab delimited data flat file. The method of transfer can be File Transfer Protocol (FTP) or an e-mail attachment.

**1.1.8** The contractors shall provide the DHA-GL read only access to their subcontractor's claims history database. The contractors shall provide the necessary training to the DHA-GL staff in order to access the claims history database.

## **1.2 SAS Referral Data**

**1.2.1** The format of the referral number shall be "DMISYYJJNNS" where:

**1.2.1.1** "DMIS" = the DMIS ID Code of the issuing facility (5203 = DHA-GL);

**1.2.1.2** "YY" = the last two digits of the year in which the referral number was issued;

**1.2.1.3** "JJJ" = the Julian date on which the referral number was issued;

**1.2.1.4** "NNN" = the Facility Sequence Number;

**1.2.1.5** "S" = Status (the type of provider)

- "C" = Civilian Care (refer to [Chapter 16, Section 2, paragraph 5.3.1.2](#) for referral requirements)
- "M" = Military Care (medical Military Treatment Facility (MTF) or clinic)
- "V" = Veterans **Health Administration** (VHA) Care (VHA hospital or medical facility)
- "P" = Care rendered under the Department of Defense/Department of Veterans Affairs (DoD/DVA) Memorandum of Agreement (MOA) for "Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to Veterans Affairs Medical Facilities for Health Care and Rehabilitative Services" (refer to [Section 2, paragraph 3.1](#) for referral requirements).

**1.2.2** The format of the effective date is "YYYYMMDD" where:

- "YYYY" = the year in which the SAS referral is effective;
- "MM" = the month in which the SAS referral is effective; and
- "DD" = the day on which the SAS referral is effective. A retroactive authorization is indicated by an effective date prior to the issue date.

**1.2.3** The format of the expiration date is "YYYYMMDD" where:

- "YYYY" = the year in which the SAS referral expires;
- "MM" = the month in which the SAS referral expires; and
- "DD" = the day on which the SAS referral expires.

**TRICARE Operations Manual 6010.56-M, February 1, 2008**

Chapter 17, Addendum B

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**1.3 Data Elements**

The following data elements are the minimum elements required by **DHA-GL** for determining whether to authorize civilian care. The **DHA-GL** will return the data elements furnished by the contractor when responding to a request for authorization determination.

| <b>DATA ELEMENT</b>   | <b>CONTRACTOR TO DHA-GL</b> | <b>DHA-GL TO CONTRACTOR</b> |
|---|-----------------------------|-----------------------------|
| Patient Name  | X                           | X                           |
| Patient's DOB   | X                           | X                           |
| Patient's Sex   | X                           | X                           |
| Contact Date (for retroactive authorizations)                               | X                           | X                           |
| <b>Service Member</b> SSN   | X                           | X                           |
| <b>Service Member</b> Branch of Service                                     | X                           | X                           |
| Duty Status   | X                           | X                           |
| PCM Location Code   | X                           | X                           |
| DMIS-ID   | X                           | X                           |
| Contractor's Authorization Number   | X                           | X                           |
| Effective Date of Authorization   | X                           | X                           |
| <b>*Not a Benefit</b>   | <b>*If applicable</b>       |                             |
| <b>**Not Medically Necessary</b>  | <b>**If applicable</b>      |                             |
| <b>***Provider Not Authorized</b>   | <b>***If applicable</b>     |                             |
| <b>SAS Fitness-for-Duty Referral Number or Benefit Determination Number</b> |                             | X                           |
| Effective Date of <b>SAS</b> Referral                                       |                             | X                           |
| Expiration Date of <b>SAS</b> Referral                                      |                             |                             |
| Status of Authorization (may be embedded number)                            |                             | X                           |
| Number/Frequency of Services Requested for <b>SAS</b> Referral              | X                           | X                           |
| Diagnosis   | X                           | X                           |
| Procedure Code Range  | X                           | X                           |
| Type of Service   | X                           | X                           |
| Place of Service  | X                           | X                           |
| <b>Free Text (for available clinical information)</b>                       | <b>X</b>                    |                             |

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