



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

Feb 23 2011

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY
(MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY
(MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE
(MANPOWER AND RESERVE AFFAIRS)

SUBJECT: TRICARE Policy for Access to Care

This memorandum rescinds and replaces several previously-issued Assistant Secretary of Defense (Health Affairs) (ASD(HA)) policy memoranda regarding TRICARE policy for access to care. The policy, including applicable references, is attached.

The point of contact for this policy is Ms. Carol McCourt, TRICARE Policy and Operations. Ms. McCourt may be reached at (303) 676-3948, or via e-mail at Carol.McCourt@tma.osd.mil.

Jonathan Woodson, M.D.

Attachment:
TRICARE Policy for Access to Care

cc: Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

HA POLICY: 11-005

TRICARE POLICY FOR ACCESS TO CARE

- References:
- (a) Title 10, United States Code, Chapter 55
 - (b) Title 32, Code of Federal Regulations, Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)
 - (c) Department of Defense Instruction 6000.14, Patient Bill of Rights and Responsibilities in the Military Health System (MHS), September 5, 2007
 - (d) Assistant Secretary of Defense (Health Affairs) (ASD(HA)) Policy Memorandum 09-015, Policy Memorandum Implementation of the ‘Patient-Centered Medical Home’ Model of Priority Care in MTFs
 - (e) MHS Guide to Access Success, dated December 15, 2008
 - (f) ASD(HA) Policy Memorandum 96-053, Policy for Priority Use of Medical Treatment Facilities (MTFs) for Persons Enrolled in TRICARE Prime (hereby cancelled)
 - (g) ASD(HA) Policy Memorandum 97-041, Policy Memorandum to Refine Policy for Priority Use of MTFs by TRICARE Prime Enrollees (hereby cancelled)
 - (h) ASD(HA) Policy Memorandum 98-032, Improving Consumer Choice of Primary Care Managers (PCM) in the MHS (hereby cancelled)
 - (i) ASD(HA) Policy Memorandum 98-036, Policy for TRICARE Specialty Care Standards and Authorizations (hereby cancelled)
 - (j) ASD(HA) Policy Memorandum 06-007, TRICARE Policy for Access to Care and Prime Service Area Standards (hereby cancelled)
 - (k) ASD(HA) Policy Memorandum 07-009, Access to PCMs at MTFs (hereby cancelled)
 - (l) ASD(HA) Policy Memorandum 07-022, TRICARE Prime Access Standards for Behavioral Health Care (hereby cancelled)
 - (m) ASD(HA) Policy Memorandum 97-067, Policy for TRICARE Prime Travel Access Standard for Specialty Care (hereby cancelled)

This policy rescinds and replaces previous Assistant Secretary of Defense (Health Affairs) (ASD(HA)) Policy Memoranda (references (f) through (m)), and provides clarification of guidance for access to care standards (and related activities) for health care benefits under the TRICARE program, and is consistent with references (a) through (c). All procedures and business processes used to ensure access to care for enrolled beneficiaries should comply with this policy. Related policy for patient-provider relations in assuring continuity of care is addressed in the “Patient-Centered Medical Home” policy (reference (d)).

To the extent practicable, this policy applies to overseas locations and to the TRICARE Overseas Program contractor with consideration that overseas/foreign locations often present unique circumstances.

The Military Services are encouraged to use the Military Health System (MHS) Guide to Access Success (reference (e)), which provides guidance for implementing, managing, and measuring access to care in the Military Treatment Facility (MTF).

I. TRICARE PRIME ACCESS STANDARDS

A. TRICARE Prime access standards below apply to all health care needs of Prime beneficiaries, including behavioral health needs. Initial treatment to evaluate new or reemerged behavioral health needs is considered primary care and will result in an evaluation by a provider who is professionally capable or specifically privileged to perform behavioral health assessments. Beneficiaries may choose to receive an initial behavioral health assessment from their primary care manager (PCM); an integrated mental health provider within their primary care clinic, if available; or directly from a behavioral health care provider. Active Duty Service members (ADSMs) will normally receive behavioral health care in the MTF when at all possible (and when it is not possible, must have the appropriate referral applicable to ADSM care).

1. Emergency Care: Beneficiaries seeking emergency care should proceed to the nearest emergency room or call 911 (or other local emergency assistance number) for immediate medical attention.

a) Emergency services are covered in circumstances where acute symptoms are of sufficient severity that a “prudent layperson” could reasonably expect the absence of medical attention would result in serious health risks or death.

2. Urgent (Acute) Care: Beneficiaries should have an appointment to visit an appropriately trained provider within 24 hours and within 30 minutes travel time of the beneficiary’s residence.

a) Urgent care is defined as a nonemergency illness or injury for which medically necessary treatment is needed. An urgent care condition will not result in further disability or death if not treated immediately; however, treatment should take place within 24 hours of illness.

b) Prime beneficiaries should first seek urgent care services from their PCM. If the appointment cannot be provided within access standards in either an MTF, or the TRICARE network, the beneficiary must be offered the opportunity to seek urgent care outside the TRICARE network. Urgent care not provided by an enrollee’s PCM requires a referral.

3. Routine Care: Beneficiaries must be offered an appointment to visit an appropriately trained provider within 7 calendar days and within 30 minutes travel time of the beneficiary’s residence.

a) This also applies to a request for a new behavioral health condition or exacerbation of a previously diagnosed condition for which intervention is required, but is not urgent. Following the initial behavioral health assessment, referrals for additional care will be provided within the access standard for specialty care, which is 4 weeks (28 days), unless the referring provider determines more urgent care is needed. (Note: PCM referral is not required for non-Active Duty Prime enrollees for the first

eight outpatient mental health visits). Additionally, beneficiaries seeking a routine initial behavioral health appointment may voluntarily waive the 7-day/30-minute travel time access standard, if desired, in order to obtain an appointment with a preferred TRICARE provider.

b) Prime beneficiaries should first seek routine care from their PCM. If the appointment cannot be provided within access standards in either an MTF or the TRICARE network, the beneficiary must be offered the opportunity to seek routine care outside the TRICARE network. Routine care not provided by an enrollee's PCM requires a referral.

4. Well-Patient Visits: Beneficiaries must be offered an appointment with an appropriately trained provider within 4 weeks (28 calendar days). Well-patient visits are visits for health promotion and disease prevention and include such things as immunizations, well-baby check-ups, pap smears, and cancer screenings.

5. Referrals for Specialty Care Services: Beneficiaries must be offered an appointment with an appropriately trained provider within 4 weeks (28 calendar days) or sooner, if required, and within 1-hour travel time from the beneficiary's residence.

a) A basic principle of the TRICARE program and the MHS business design is that MTFs have first priority for providing referred specialty care or inpatient care for all enrollees. If the MTF does not have the capability to provide the needed care or cannot provide the care within the required access standards, then the care will be referred to the TRICARE provider network. The determination as to whether the MTF can provide the needed care should be made by the MTF within 1 business day of the request.

b) MTFs will request referral of their TRICARE Prime enrollees to a non-network civilian provider only when it is clearly in the best interest of the Government and the beneficiary, either clinically or financially. Such cases are expected to be rare. Federal health care systems (for example, the Department of Veterans Affairs and the Indian Health Service) are considered network providers for MTF referral purposes.

6. Office Wait Times: Office waiting times for any appointments in non-emergency circumstances shall not exceed 30 minutes, except when emergency care is being provided to patients, causing disruption to the normal office schedule.

7. Ancillary Services: Ancillary services that are rendered as part of an authorized specialty referral for evaluation or treatment do not require a separate referral. If laboratory or radiology tests are required as a part of the specialty evaluation or treatment, those services are considered an extension of the care,

which has been referred, and a separate referral is not required. The only exceptions are procedures that contractually require a specific preauthorization.

8. Primary Care Manager Assignment:

- a) Beneficiaries residing within the travel time access standard for primary care from the MTF and required to enroll in TRICARE Prime or choosing to do so shall be enrolled to the MTF, according to the MTF commander's enrollment priorities and guidelines as stated in the Memorandum of Understanding (MOU) with the TRICARE regional contractor, on first-come, first-served basis, until the enrollment capacity established by the MTF commander is reached. If no PCM is available at the MTF, beneficiaries residing within a Prime Service Area (PSA) can select a TRICARE network PCM.
- b) All TRICARE Prime beneficiaries will have access to their PCM, or a designated PCM representative by telephone, 24 hours a day, 7 days a week.

II. PRIORITY OF ACCESS TO MTF CARE BY BENEFICIARY STATUS

A. Access to the care that is available in MTFs is prioritized as follows:

1. PRIORITY 1:

- a) ADSM
- b) Military members not on Active Duty, but entitled to MTF care, to include:
 - (1) Reserve Component members entitled to care relating to line-of-duty incurred conditions, or as otherwise provided under applicable DoD policy.
 - (2) Temporary Disability Retired List for required periodic medical examinations and access to MTFs for mandatory re-evaluation requirements.
 - (3) Certain former members with a serious illness or injury as provided by Section 1631 of the National Defense Authorization Act for Fiscal Year 2008, or similar authority.
- c) Foreign military members entitled to MTF care pursuant to a reciprocal health care or other applicable international agreement (e.g., North Atlantic Treaty Organization [NATO], Partnership for Peace Status of Forces Agreement [PFP SOFA]). Foreign members are eligible for the scope of services specified in the applicable agreement.

2. PRIORITY 2:

- a) When they are enrolled in Prime, Active Duty family members (ADFMs) and Transitional Survivors of Service members who died on Active Duty, and who are enrolled in Prime.
- b) NATO/PFP SOFA and other foreign military members' family members who are entitled to care pursuant to an applicable international agreement for the scope of services specified in the agreement.

3. PRIORITY 3:

- a) Retirees, their family members, and survivors enrolled in TRICARE Prime.
- b) TRICARE Plus beneficiaries when being appointed for primary care at the MTF where they are enrolled.

4. PRIORITY 4:

- a) ADFMs not enrolled in TRICARE Prime.
- b) Transitional Survivors of deceased ADSMs and who are not enrolled in TRICARE Prime.
- c) TRICARE Reserve Select beneficiaries.

5. PRIORITY 5:

- a) Retirees, their family members, and survivors who are not enrolled in TRICARE Prime.
- b) TRICARE Plus beneficiaries being appointed for specialty care at the MTF where they are enrolled.

6. PRIORITY EXCEPTIONS below are granted at MTF commanders' discretion:

- a) Bona fide medical emergencies or cases in which the provision of certain medical care is required by law or applicable Department of Defense Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.
- b) Secretarial designee, to the extent appropriate to the context in which Secretarial designee status is given.

- c) Patients needed to maintain an adequate clinical case mix for an approved Graduate Medical Education program functioning in the MTF or for readiness-related medical skills sustainment activities.
- d) Unexpected or extraordinary cases, not otherwise addressed in this policy, in which the MTF commander determines, in coordination with his or her Service guidance and/or the TRICARE Regional Office (TRO), as appropriate, that a special exception is in the best interest of MHS and TRICARE.
- e) In overseas locations, other exceptions may be established to the extent necessary to support mission objectives.

III. TRICARE PRIME SERVICE AREAS

A. TRICARE PSAs are geographical areas that have been defined and mapped within the proximity to MTFs, Base Realignment and Closure (BRAC) installations, and in other areas that have been developed by the TRICARE regional contractors. Minimum Government standards for MTF PSAs and BRAC PSAs are geographically defined by zip codes that fall completely within or are intersected by a 40-mile radius circle from the MTF or BRAC installation.

B. PSAs are defined areas where regional contractors must offer the Prime benefit and are used as tools for MTFs to identify the TRICARE Prime-eligible population in their health care market. MTF commanders can manage their enrollment capacity, by designating in their MOU with the regional contractor, the zip code area(s) around their MTF from which they will accept Prime enrollments. MOU enrollment guidelines should follow the access to care guidelines, which call for a 30-minute or less travel time from a beneficiary's residence for primary care services or no more than 1 hour for access to specialty care services .

C. MTF commanders can require TRICARE Prime beneficiaries to enroll with the MTF if the beneficiary is within a 30-minute drive time. This MTF mandatory enrollment policy can apply to all eligible beneficiaries or can be based on beneficiary category priorities for access. These mandatory MTF enrollment areas also shall be designated in the MOU with the regional contractor. Both the MTF and the regional contractor must ensure that any mandatory MTF enrollment areas included in the MOU are within access standards. MOU revisions require approval from the TRO.

IV. BENEFICIARY WAIVER OF TRAVEL STANDARDS

A. Non-Active Duty beneficiaries who have a travel time of greater than 30 minutes must waive their drive-time access standard if they opt to enroll in an MTF. If the enrollee resides more than 30 minutes away from an MTF, but within a PSA, he or she may select a civilian PCM.

- 1. Commanders may approve and enroll those beneficiaries who they determine will travel fewer than 100 miles to the MTF. MTF commanders may

not approve enrollment of beneficiaries who must travel 100 miles or more to their MTF.

2. TRO Directors may approve waivers for those residing more than 100 miles from an MTF and wishing to enroll in TRICARE Prime. In lieu of enrollment at an MTF that is more than 100 miles away, the beneficiary may enroll at a different MTF that is available within access standards. The beneficiary may also enroll at a network PCM if they live within a PSA, or if they live outside a PSA, to a network PCM (located in a PSA) with existing enrollment capacity provided they waive access standards.

3. MTF commanders should consider and forecast the impact that such waivers may have on their continued ability to enroll ADSMs and ADFMs living within their MTF's PSA. Further, they should closely evaluate their MTF's capacity and capability to sustain effective care coordination and delivery of primary and specialty care services over the extended distances requested by all enrollees who waive their access to care travel standards.

B. Non-Active Duty beneficiaries who reside outside a PSA may enroll in Prime to a civilian network PCM (located in a PSA) provided there is sufficient network capability and capacity and the beneficiary agrees to waive the access to care travel standards.

C. Regional contractors and MTFs are responsible for beneficiary drive-time waiver education and must ensure that beneficiaries who choose to waive these standards have a complete understanding of the rules associated with their enrollment and the travel time standards they are forfeiting. Beneficiaries who waive their access to care travel standards:

1. Should expect to travel more than 30 minutes for access to primary care (including urgent care) and more than 1 hour for access to specialty care services and;
2. Will be held responsible for point-of-service charges for care they seek that has not been referred by their PCM; and
3. Should consider whether any delay in accessing their enrollment site might aggravate their health status or delay receiving timely medical treatment.

D. Regional contractors must require enrollees who choose to waive their access to care travel standards to document this decision in writing. Beneficiaries in Alaska who live outside the access standards, but who choose to enroll in Prime at an MTF, are required to waive these standards; however, the requirement to document this decision in writing is not required due to the unique health care delivery challenges in that state.

E. ADSMs who are not eligible for TRICARE Prime Remote must enroll in a local MTF. There may be circumstances where an ADSM works, or resides greater than 30 minutes travel time from a local MTF, but is required to enroll at that MTF. These

ADSMs may not be enrolled to civilian PCMs, and no waiver of access to care travel standards is required by the MTF commander to enroll these ADSMs.