



TRICARE
MANAGEMENT
ACTIVITY

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3206

FEB - 4 2011

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DEPUTY DIRECTOR, TRICARE MANAGEMENT
ACTIVITY

SUBJECT: Policy for the Clear and Legible Report

References: (a) Title 32, Code of Federal Regulations, Part 199, Civilian Health and Medical Programs of the Uniformed Services
(b) U.S. Air Force Referral Management Performance Management Tracking Tool 1.1 User Guide, June 27, 2008
(c) TRICARE Operations Manual 6010.56-M, February 2008, Chapter 8
(d) TRICARE Operations Manual 6010.51-M, August 1, 2002, Chapter 17

The purpose of this Policy Memorandum is to document uniform business rules for managing the Clear and Legible Report (CLR) process and incorporate these business rules as standard operating procedures at all Referral Management Centers (RMC). Uniform business rules are necessary to ensure a standardized, enterprise-wide method of accounting for completed consultation reports from both TRICARE network providers and Military Treatment Facility (MTF) providers who render care to network enrollees under the Right of First Refusal (ROFR).

In the 2004 version of the TRICARE contract, the Managed Care Support Contractors were required to ensure that the network specialty providers submit clear legible consultation reports for specialty referrals the MTF deferred to the network. This requirement was removed in the current version of the contract, known as "T3."

In its Comprehensive Accreditation Manual for Hospitals, the Joint Commission requires that all referrals be tracked and accounted for. Similarly, the Accreditation Handbook for Ambulatory Health Care requires that reports, histories and physicals, progress notes, and other patient information (such as laboratory reports, x-ray readings, operative reports, and consultations) are reviewed and incorporated into the record in a timely manner. It further requires that when necessary for ensuring continuity of care, summaries or records of a patient who was treated elsewhere (such as by another physician, hospital ambulatory surgical service, nursing home, or consultant) are obtained.

Under T3, the direct care system will take on the responsibility for selected CLRs at MTFs or market-based RMCs. Responsibility will include reports on all patients referred to civilian network providers and those referred from network providers to MTFs. All reports will be archived in a patient's Department of Defense medical record. The standard business rules governing the CLR process were developed by a team consisting of the Services, TRICARE Regional Office, Joint Task Force Capital Region Medical, and TRICARE Management Activity (TMA) representatives, and they are attached.

Unless otherwise specified, the RMC/Referral Management Office will be the accountable work site to track and account for all outgoing referrals, incoming CLRs, incoming ROFR reports, and outgoing ROFR results. MTF referrals for Supplemental Care and enrolled beneficiaries will be processed through the contractor as specified in the T3 contract, the manuals, and the Memorandum of Understanding (MOU) between the MTF and the TRICARE regional contractor as required in Chapter 16, Addendum A, of the TRICARE Operations Manual 6010.56-M, January 1, 2008. Referrals for non-Prime enrollees will be processed in accordance with Service/locally-defined procedures, which comply with the Joint Commission and other accreditation standards/regulations.

My point of contact is CAPT Yvonne Anthony, TRICARE Policy and Operations. CAPT Anthony may be reached at (703) 681-0039, or via e-mail at Yvonne.Anthony@tma.osd.mil.



Digitally signed by
WOODSON.JONATHAN.1026364252
DN: c=US, o=U.S. Government, ou=DoD,
ou=PKI, ou=OSD,
cn=WOODSON.JONATHAN.1026364252
Date: 2011.02.04 17:00:50 -05'00'

Jonathan Woodson, M.D.
Director

Attachments:
As stated

BUSINESS RULES GOVERNING THE CLEAR AND LEGIBLE REPORT PROCESS JANUARY 2011

In order to achieve a standardized, enterprise-wide approach to track and account for referrals deferred to the network and right of first refusals (ROFRs) accepted by the Military Treatment Facility (MTF), TRICARE Management Activity (TMA), and the Service Surgeons General agree to implement the following uniform business rules for managing the clear and legible report (CLR) process:

Business Rules for deferred to network referrals.

1. The MTF- or market-based referral management center/office (RMC/O), unless otherwise specified, will be the accountable work site for managing and tracking all referrals, CLRs, and ROFR referrals/results. Location and staffing of the RMC/Os will be addressed under separate agreements.
2. All “deferred-to-network” referrals will be documented and tracked in a database system. The Integrated Clinical Database Referral Management System is approved for use as the enterprise-wide database. A CLR is required for all referrals except for those for Durable Medical Equipment (DME) or hospice, unless requested by the referring provider.
3. All “deferred-to-network” referrals will include a unique identifier number (UIN) so that the CLR can be matched to the referral. For those referrals processed by the contractor, the UIN is assigned an authorization number by the contractor.
4. The contractor will provide the authorization number and the name of the network provider to the MTF.
5. All “deferred-to-network” referrals will be sent via a Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant fax transmission unless another HIPAA compliant alternative is available. The TRICARE regional contractor will provide the authorization number and name of network provider to the RMC/O.
6. If a “deferred-to-network” referral is generated, it must be tracked and CLR accounted for in compliance with Joint Commission and other applicable accreditation standards/regulations.
7. The RMC/O will establish a single phone number, e-mail address, fax number, and mailing address. For those referrals going through the TRICARE regional contractor, information will be provided in the MTF/TRICARE regional contractor Memorandum of Understanding (MOU). For all other “deferred-to-network” referrals (e.g., TRICARE Plus), RMC/Os will establish local processes to provide this information.
8. All beneficiaries whose referrals were deferred to the network will receive a follow-up electronic phone message 20 days after the order date of the referral reminding them to make the appointment with the civilian provider indicated in their authorization letter if

they have not done so, or indicate that they do not intend to execute the referral. The TRICARE regional contractor's phone number will be provided if they are having difficulty making an appointment or did not know they had a referral.

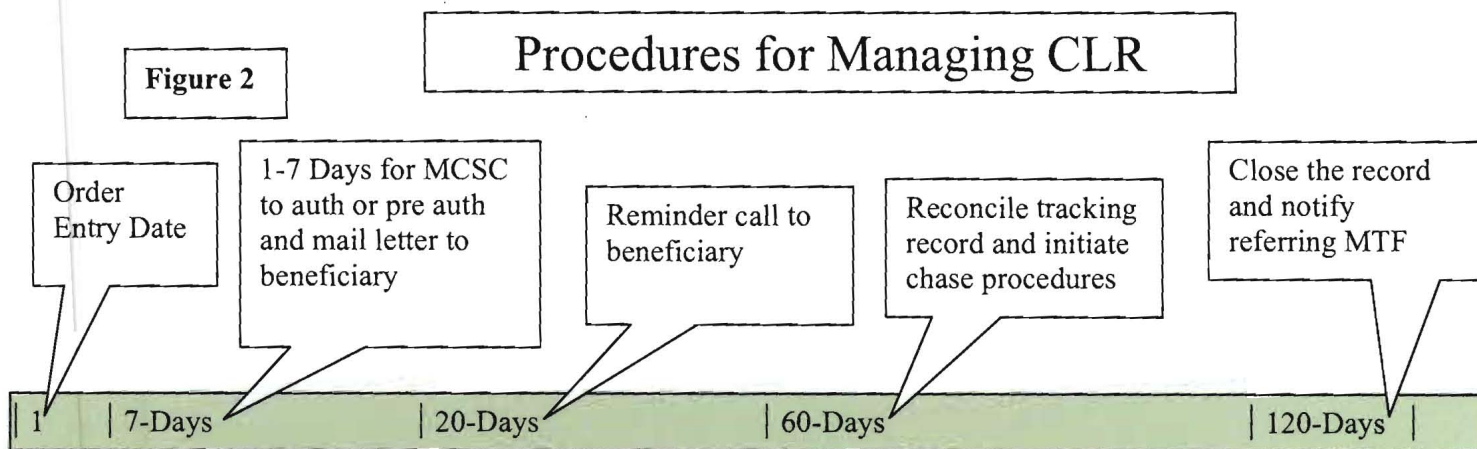
Business Rules for incoming CLR.

9. The RMC/O will account for all CLRs. DME and hospice referrals will be tracked only if requested by the ordering provider.
10. All CLRs will be reconciled with the corresponding referral and posted as received in the tracking database within 3 working days of receipt by the RMC/O. Results will be provided to the MTF referring provider and posted to the record.
11. Experience has shown that a large percentage of appointments are completed and a CLR received by 60 calendar days. The threshold to initiate an effort to retrieve the results will normally be 60 calendar days after the order entry date if no results are received, unless otherwise requested by the MTF referring provider, or the when scheduled appointment is known to be more than 60 days from order entry date.

If a CLR has not been received in 60 calendar days, RMC/O personnel will follow these steps:

- a. Re-check the CLR receipts to be sure the CLR has not been received. If yes, then post the CLR and close in the tracking database.
 - i. If no, proceed to b.
- b. Check the applicable claims database to see if a claim has been paid.
 - i. If there was a claim paid, then care was rendered, and there should be a CLR.
 1. Obtain provider's name and contact information from the claim or the contractor database.
 2. Request the CLR from the provider by phone or fax.
 3. If there is no response from the provider in 10 calendar days, repeat
 4. If the provider still does not provide the CLR, initiate contractor contact procedures as per the TRICARE Operations Manual and MTF/TRICARE regional contractor MOU.
 - ii. If there is no claim paid, proceed as below.
 1. Call the beneficiary to see if the appointment was made.

2. Access the TRICARE regional contractor database, customer service personnel, or referral notification from the TRICARE regional contractor to confirm the provider to which the beneficiary was referred. There may have been a change due to patient preference or provider availability.
 3. Three calls to the beneficiary will be made over a 2-week period. Calls can be automated, live, or a mixture of both. Three attempts are considered a reasonable effort to contact the beneficiary.
 4. A dedicated callback line is recommended for beneficiaries to call and leave a message regarding the time, date, and place of appointment, or if they intend not to use the referral.
 5. If there is no response from the beneficiary within 2 calendar weeks, proceed to Business Rule #12.
12. If there is no CLR received within 120 days from the order entry date, or if the patient indicates that he or she does not intend to activate the referral, or has been non-responsive, close the referral in the database and notify the ordering MTF provider that no apparent action was taken on the referral.
13. If a claim has been filed and the CLR is not provided by a network provider after the RMC/O has requested it, seek assistance from the TRICARE regional contractor as per MTF/TRICARE regional contractor MOU procedures.
14. RMC/Os will follow the incoming CLR procedures as described in Figure 2 below.



Business Rules for Right of First Refusal CLR

The process for managing inbound ROFRs from the contractors is specified in the contract and the TRICARE regional contractor/MTF MOU. This process is unchanged by T3. The process for outbound ROFR reports from the MTF to the network referring physician will be managed by the RMC/O.

15. The RMC/O will record and track all ROFRs accepted by the MTF and ensure that the ROFR results are sent back to the civilian provider. The RMC/O will notify the referring network provider when a beneficiary recaptured under a ROFR fails to keep or book an MTF appointment.
16. The RMC/O will print the encounter information from Armed Forces Health Longitudinal Technology Application (AHLTA), or other MTF sources, and send to the network physician within 10 days of the appointment.
17. The RMC/O will reconcile the tracking record for all accepted ROFRs at 60 days from receipt of the accepted ROFR. If any reports are outstanding, the RMC/O will attempt to locate the report.
 - a. Confirm that the patient's appointment at the MTF was kept.
 - b. Obtain the encounter information from AHLTA of other MTF sources.
 - c. Contact the rendering MTF provider to obtain the report.
18. At 120 days, download the relevant clinical information in AHLTA and send to referring provider, or close the record with note to referring provider if the patient has not made or kept the appointment.
19. The RMC/O will notify the referring network provider when a beneficiary recaptured under a ROFR fails to keep or book an MTF appointment.

This agreement will be reviewed annually by representatives of the Services and TMA to ensure business rules remain current. Additional reviews may take place when changing conditions or circumstances require substantial changes to the business rules. Changes must be coordinated and initialed by a representative of all parties.

The guidance herein is valid as of the start of health care delivery under the applicable regional T3 Health Care Support contract until the end of the period of health care delivery under the T3 Health Care Support contract.