



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCCS

OTSG/MEDCOM Policy Memo 08-028

Expires 3 July 2010

03 JUL 2008

MEMORANDUM FOR COMMANDERS, MEDCOM Regional Medical Commands

SUBJECT: MEDCOM Military Treatment Facility (MTF) Access Standards for Active Duty Service Members

1. References.

- a. Title 32 Code of Federal Regulations 199.17.
- b. Health Affairs Policy 06-007, TRICARE Policy for Access to Care and Prime Service Area Standards, February 2006.
- c. Health Affairs Policy 03-026, Personnel on Medical Hold, October 2003.
- d. Medical Management Guide, TRICARE Management Activity, January 2006.
- e. Department of the Army Medical Holdover (MHO) Consolidated Guidance, G-1, October 2006.
- f. AR 40-400, Patient Administration, October 2006.
- g. Annex Q, Medical Holdover Operations, HQDA OPORD 04-01, January 2004.

2. Purpose. To improve access to direct care system healthcare appointments for select categories of Active Duty Service Members (ADSM) by establishing standardized MEDCOM MTF access standards.

3. Proponent. The proponent for this policy is the Health Policy and Services Directorate.

4. Policy.

a. Current Military Health System (MHS) access standards for all TRICARE Prime beneficiaries, outlined in 32 CFR 199.17(p)(5)(ii), are 24 hours for Urgent Care, 7 days for Routine Care, and 28 days for Specialty Care in the MTF or the TRICARE network after referral by a Primary Care Manager (PCM).

*This policy supersedes OTSG/MEDCOM Policy Memo 07-017, 30 May 07, Subject: MEDCOM Military Treatment Facility (MTF) Access Standards for Active Duty Service Members.

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b. The MEDCOM MTF access standards are enhanced for select categories of ADSMs. These categories include:

(1) Warriors in Transition (WT, see enclosure 1 definition) assigned or attached to a Warrior Transition Unit (WTU). MTFs should also attempt to meet these same standards for the ADSMs assigned to a Community Based Health Care Organization (CBHCO) who have specialty appointments or Medical Evaluation Board (MEB) consults at the MTF. However, due to the logistics of CBHCO ADSMs traveling on TDY orders to the MTF, it may not be possible to meet the standards in all instances. Therefore, CBHCO ADSMs will not be reported in access to care compliance statistics.

(2) Deploying Service Members. This includes ADSMs within 90 days prior to the date on their deployment orders.

(3) Post-deployment Service Members. This includes ADSMs with specialty referrals identified through the Post-Deployment Health Assessment (PDHA) or Post-Deployment Health Reassessment (PDHRA) processes, not to exceed 180 days from date of redeployment.

c. Enhanced access to care standards for ADSMs identified in paragraph 4.b. are:

(1) Twenty-four hours for Urgent Care.

(2) Three working days for Routine Primary Care. Primary Care follow-up will be scheduled at the direction of the PCM.

(3) Seven working days for initial specialty care. This applies to all initial specialty care for the WT. The deploying ADSMs will receive the seven working day standard for specialty care referred from the SRP. The post-deployment ADSMs will receive the seven working day standard for initial specialty care referred from the PDHA or PDHRA when indicated by the referring provider. The ADSM should complete all appropriate tests prior to this initial specialty appointment.

(a) Specialty consults will be returned to the referring providers within five working days of the specialty appointment.

(b) Follow-up specialty appointments do not have an access standard. The MTF will schedule these appointments at the direction of the specialty provider.

(4) Seven calendar days for diagnostic tests.

(5) Fourteen calendar days for non-emergent surgeries required to reach optimum medical benefit or establish fitness for duty status.

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d. The PCM will conduct initial evaluation screening on WTs within one working day of entering the WTU.

e. MTFs will provide access for all other ADSMs IAW the 32 CFR access standards.

f. This policy does not alter any access standards associated with the TRICARE civilian network or care in other DoD/VA facilities. However, appointments made with civilian network providers for ADSMs identified in paragraph 4.b. should be coordinated by the Nurse Case Manager (NCM) and scheduled as close as possible to these MEDCOM access standards.

g. The following provisions apply only to support of WTs:

(1) WTs assigned to a WTU will be assigned a PCM. WTU PCMs will be dedicated to the WT population. If PCMs have fewer than 200 WTs, they may perform other duties but WTs will have priority.

(2) MTFs will dedicate healthcare providers to the MEB process. There will be at least one physician dedicated to the MEB process, and additional healthcare providers as needed, to ensure the MEB process meets standards.

(3) Every WT will be assigned a NCM to assist them and their Families navigate the healthcare system.

(4) Physical Evaluation Board Liaison Officer (PEBLO) training will be standardized across the MEDCOM. All PEBLOs will complete a training certification course within 30 days of duty assignment or publication of this policy.

(5) A licensed Social Worker will be assigned or available depending on the size of the WTU.

5. Responsibilities.

a. PCMs will be responsible for overall coordination and management of the Soldier's plan of care. They will conduct a complete systems review and establish the Master Problem List upon the Soldier's entry into the WTU, be available for acute episodes of care (sick call), provide multidisciplinary team leadership, and be the clinical lead in determining optimal medical benefit.

b. Dedicated MEB physicians will attend standardized medical board training. They are responsible for ensuring completion of the Narrative Summary, and for quality control and education of providers regarding profiles and the MEB process.

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c. NCMs will assess, plan, implement, coordinate, monitor, and evaluate options and services to meet Soldier's health needs through communication and available resources to promote quality outcomes.

d. PEBLOs are responsible for counseling Soldiers (or next of kin, or legal guardian in appropriate cases) concerning their rights and privileges at each step in the disability evaluation process.

e. Social Workers will be responsible for providing periodic behavioral health assessments and, in conjunction with the PCM and NCM, care coordination/discharge planning for the ADSMs and Families.

6. Procedures.

a. Enclosure 2 contains business rules for appropriately managing and executing these standards within the applicable Military Health System information management system.

b. MTFs will ensure at least 90% of the ADSMs identified in paragraph 4.b. and treated in an Army MTF will receive appointments IAW this MEDCOM MTF access policy.

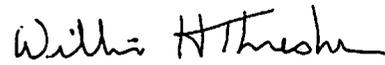
7. This policy will provide select Warriors the optimal medical benefit while eliminating unnecessary medical delays. Commanders may have to implement aggressive patient management procedures such as redirecting care for other beneficiary categories to the purchased care system.

8. MTFs will implement these access standards within 60 days of the date of this policy memorandum.

FOR THE COMMANDER:

2 Encls

1. Definitions
2. Business Rules for Enhanced Access Standards


WILLIAM H. THRESHER
Chief of Staff

Definitions

1. Warriors in Transition (WT): Includes: (1) Active Component Soldiers who have complex medical needs requiring six months or more of treatment or rehabilitation or who require a MEB. (2) Active Duty Initial Entry Training (IET) Soldiers may be eligible if they require a MEB or when deemed appropriate by the local MTF Commander and the IET Soldier's Commander. (3) Reserve Component Soldiers on MRP, MRP2, or ADME orders.

A Soldier's mission while assigned to a WTU is to heal. Soldiers assigned to a WTU may have work assignments in the unit, but such work may not take precedence over the Soldier's therapy and treatment. Unit Commanders must clear UCMJ actions, other legal actions, investigations, property/hand receipt issues and Line of Duty determinations prior to the transfer to the Warrior Transition Units.

2. Warrior Transition Unit (WTU): The Command and Control element for Warriors in Transition.

3. Medical Evaluation Board (MEB): Designed to evaluate the Active Component or the Reserve Component member's medical condition(s) to determine if they do or do not meet the medical retention standards IAW AR 40-501, Chapter 3. The board also refers Soldiers to the Physical Evaluation Board (PEB) if necessary.

4. Nurse Case Manager (NCM): A registered nurse assigned to a Warrior Transition Unit who assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the Soldier's health needs through communication and available resources to promote quality, cost-effective outcomes.

5. Social Worker: The social worker addresses home and community environment issues by conducting a comprehensive psychosocial assessment, which includes review of cultural issues, patient support systems, family and caregiver support systems, financial and vocational status, and the living situation. In partnership with the NCM, patient, and family, the social worker develops treatment and discharge plans.

6. Physical Evaluation Board Liaison Officer (PEBLO): The PEBLO is responsible for performing the primary duties of counseling Soldiers who are undergoing physical disability evaluation. The PEBLO provides Soldiers with authoritative and timely answers to their questions about the physical disability system and aids them in understanding their rights and entitlements.

7. Primary Care Manager (PCM): A physician qualified to practice in the fields of family practice, general internal, urgent care, or occupational medicine. The provider must be qualified to perform the duties specified in paragraph 5.a.

Business Rules for Enhanced Access Standards

1. The following Business Rules are established in order to maintain a consistent approach to recording, coding, tracking, and monitoring this population of ADSMs. All responsible organizations will ensure dissemination, training, and compliance with these business rules. MTFs are encouraged to develop supplemental implementing instructions to meet their unique business practices and ensure appropriate care management.

2. Special enrollment and coding procedures are necessary in order to identify this population of ADSMs in various MHS information systems. The following steps must be followed for each group.

a. Warriors in Transition (WT).

(1) Upon receipt of assignment orders to a WTU and arrival at the new duty location, the ADSM must inprocess through the Personnel Office and update their address and Unit Identification Code (UIC) information in the Defense Eligibility Enrollment Reporting System (DEERS). The address and UIC listed on the TRICARE enrollment form must correspond with the address and UIC information in DEERS. This is necessary for the Managed Care Support Contractor (MCSC), or overseas TRICARE Area Office (TAO), to appropriately process the enrollment and assign a WTU PCM.

(2) The WTs require special Prime enrollment procedures in order to identify the ADSM for tracking, analysis, and reporting purposes. This process will assign WTs with a special Health Care Delivery Program (HCDP) Plan Coverage Code in DEERS. The Wounded, Ill, and Injured (WII) 415 HCDP code will identify the WTs in any MHS system that can verify DEERS eligibility. Once WTUs verify the new address and update the UIC in DEERS, the WTUs will follow these steps to appropriately enroll the ADSMs in TRICARE Prime and assign the WII 415 code. If the ADSM has not inprocessed through the Personnel Office, WTUs will direct them to the Personnel Office to update the information.

(a) WTUs will assist the ADSMs with completing a TRICARE Prime Enrollment Application (DD Form 2876) upon assignment or attachment to the WTU. This must be accomplished within one business day in order for the ADSM to be appropriately enrolled and coded with the WII 415 HCDP code. WTs attached to a WTU that will transfer to another MTF within 30 days or less do not need to complete the enrollment process.

(b) The WTU must assist and ensure that the ADSM accurately completes all applicable sections of the enrollment form and selects the PCM designated as the WTU PCM.

(c) The WTU must stamp or write "WTU WII 415" on the front of the enrollment form. This will identify the ADSM as a member of a WTU and alert the MCSC or TAO to

also enroll the ADSM with the WII 415 HCDP code. The WTU should also clearly note the effective date of entry into the WTU. The date of entry into the WTU should be the same effective date as the Prime enrollment and the assignment of the WII 415 HCDP code. The WTU can enter a date up to 289 days in the past or 90 days in the future to ensure effective dates of enrollment and assignment match.

(d) The WTU will deliver the completed enrollment form to the local TRICARE Service Center (TSC). The WTU will establish protocols with the TSC to ensure proper delivery of the enrollment forms. Overseas locations will follow already established procedures for effective delivery of enrollment forms.

(e) The MCSC or TAO will complete the enrollment of the ADSM into Prime with the WTU PCM and ensure the WII 415 HCDP code is applied to the ADSM. (At the time of this publication, the WII 415 HCDP code is still under development. The WTUs will be notified when the code is operational. The WTU will still follow all the steps listed above to ensure the appropriate procedures are in place and ready for activation of the new code.)

(3) The WTU will have to take action in certain cases to remove the WII 415 HCDP code when a Soldier is released from the WTU. In most situations, the WII 415 HCDP code will be automatically removed when a change in the ADSM's enrollment or eligibility status changes. However, there are cases that require the WTU to take appropriate action. The following three paragraphs describe the situations when action or no action is necessary.

(a) No action is necessary if the ADSM is separating from service (e.g., medically separated or retired). When the ADSM separates from service, there will be a change in DEERs eligibility. This will cause an automatic disenrollment from the WII 415 HCDP code.

(b) No action is necessary if the ADSM is released from the WTU and relocates to another installation. This is true if the ADSM is found fit for duty or if the ADSM is further reassigned to a Community Based Health Care Organization (CBHCO). The WII 415 HCDP code is not portable. When enrollment changes to another enrollment site, the WII 415 code will not transfer with the ADSM. WTUs must instruct the ADSMs to complete an enrollment form when the member arrives at the new installation. The processing of the new enrollment form is the only action necessary to remove the WII 415 HCDP code.

(c) Action is necessary if the ADSM is released from the WTU and remains on the installation. This will normally occur when an ADSM is found fit for duty and returns to the original unit on the installation. The WTU will assist the ADSM with completing a PCM Change Form (DD Form 2876). The WTU will ensure that the ADSM selects a new PCM in accordance with local MTF enrollment rules. The WTU will stamp the PCM Change Form "Disenroll from WII 415" in Section IV and on the front of the form. The WTU will then deliver the form to the TSC for processing.

(4) The CBHCOs will follow the same procedures as described in paragraph 2.a.(1)-(3). However, the CBHCO will stamp the enrollment form "CBHCO WII 416" instead of "WTU WII 415". This will tell the MCSCs to assign the WII 416 HCDP code to the ADSM. The WII HCDP code for CBHCO is 416.

b. Deploying Service Members.

(1) Deploying service members will not change their enrollment, and will not be assigned a HCDP code.

(2) An ADSM becomes a member of this cohort when the member receives a referral during the Soldier Readiness Processing (SRP) screening and is within 90-days of date of deployment. The primary diagnosis in AHLTA for this ADSM's screening encounter must be the International Classification of Disease (ICD) code V70.5_D (Pre-Deployment Assessment on DD 2795). Providers will ensure this ICD code is entered into AHLTA for this encounter. Providers should also enter into AHLTA 2nd, 3rd, or 4th diagnosis codes as appropriate.

c. Post-deployment Service Members.

(1) Post-deployment service members will not change their enrollment, and will not be assigned a HCDP code.

(2) An ADSM becomes a member of this cohort when the member receives a referral during the Post-Deployment Health Assessment (PDHA) or Post-Deployment Health Reassessment (PDHRA) screening processes. The primary diagnosis in AHLTA for this ADSM's PDHA screening encounter is the ICD code V70.5_E (Initial Post-Deployment Assessment on DD 2796). The primary diagnosis in AHLTA for the ADSM's PDHRA screening encounter is the ICD code V70.5_F (Post-Deployment Reassessment on DD2900). Providers will ensure the ICD code is entered in AHLTA for this encounter. Providers should also enter in AHLTA 2nd, 3rd, or 4th diagnosis codes as appropriate.

3. Special appointment management procedures are necessary in order to identify the population of ADSMs and track compliance with the policy. The HCDP and ICD codes will identify the ADSMs and assist MTFs with booking appointments under the enhanced access standards. The appointment procedures require close coordination among case managers, providers, schedulers, booking clerks, and other staff members associated with appointment management functions. The following rules must be followed when booking appointments for this population.

a. Twenty-four hours for Urgent Care. MTFs will use the Composite Health Care System (CHCS) Acute (ACUT) or Open Access (OPAC) appointment types for urgent care visits.

b. Three working days for Routine Primary Care. MTFs will use the CHCS Routine (ROUT) appointment type for any Routine Primary Care visits. MTFs using an Open Access model must understand that any appointment made with the OPAC appointment type must meet the 24-hour access standard even if the medical condition is routine. Wellness and follow-up visits are not included in this category.

c. Seven working days for initial specialty care. This applies to all initial specialty care for the WTs. The deploying ADSMs will receive the seven working day standard for specialty care referred from the SRP. The post-deployment ADSMs will receive the seven working day standard for initial specialty care referred from the PDHA or PDHRA when indicated by the referring provider. The ADSM should complete all appropriate tests prior to this initial specialty appointment.

(1) MTFs will use the CHCS Specialty (SPEC) appointment type when booking all initial WT specialty care visits. There is no requirement for additional appointment detail codes as noted below in paragraph 3.d.(1).

(2) MTFs will use the CHCS Specialty (SPEC) appointment type and the Readiness Pre-Deployment appointment detail code (RPRE) when booking initial specialty care visits for referrals generated from the SRP.

(3) MTFs will use the CHCS Specialty (SPEC) appointment type and the Readiness Post Deployment appointment detail code (RPD) when booking referrals generated from the PDHA/PDHRA when indicated as a seven-day referral by the referring provider. Providers may also encounter minor medical conditions when screening ADSMs during the PDHA/PDHRA. The referring provider may medically determine that these minor conditions can wait more than seven days. In this case, the MTF must not use the RPD detail code.

(4) MTFs often book follow-on initial specialty appointments after a surgery but before the patient leaves the hospital. An example of this is a Physical Therapy appointment in three weeks following a surgical procedure. It is medically appropriate, and represents good medical management practice, to book this appointment outside the standard and before discharging the patient. In order to recognize this, MTFs will use the CHCS Specialty (SPEC) appointment type and the appointment detail code Post Operative Follow-up (POP) for initial specialty visits to a new specialty appointment directly related to the surgery.

d. Seven calendar days for diagnostic tests. Special appointing rules only apply to those tests booked using the Managed Care Program (MCP) Module in CHCS. There are no special appointing rules for tests ordered through other CHCS modules.

(1) MTFs will use the CHCS Procedure (PROC) appointment type and the Evaluation Board Physical Exam appointment detail code (MEB) for WT diagnostic tests that meet this category.

(2) MTFs will use the CHCS Procedure (PROC) appointment type and the Readiness Pre-Deployment appointment detail code (RPRE) for diagnostic tests generated from the SRP or follow-on visits.

(3) MTFs will use the CHCS Procedure (PROC) appointment type and the Readiness Post Deployment appointment detail code (RPD) for diagnostic tests generated from the PDHA/PDHRA or follow-on visits when indicated by the ordering provider.

e. Fourteen calendar days for non-emergent surgeries required to reach optimum medical benefit or fitness for duty status. MTFs will use the CHCS Ambulatory Patient Visit (APV) appointment type for all surgeries and give appropriate appointment detail code MEB/RPRE/RPD (as indicated in paragraphs 3.d.(1)-(3)).

f. Initial evaluation screening for WTs will be accomplished within one working day upon entry into the WTU. This initial screening visit should be with the assigned PCM. MTFs will use the CHCS initial PCM visit (PCM) appointment type. This standard is not applicable for the deploying and post-deployment service members.

g. MTFs will use the CHCS Established (EST) appointment type for all follow-up visits. The EST appointment type is used when a patient is scheduled for follow-up care per the direction of a PCM or Specialist. There is no access to care category associated with follow-up visits. The MTF will book follow-up visits IAW the provider's direction.

h. "Working days" are defined as Monday through Friday, minus federal holidays.