



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

AUG 21 1995

**MEMORANDUM FOR:**

ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

**SUBJECT:** Uniform Access Requirements for Primary Care Managers

The TRICARE managed care support contracts specify access requirements for Primary Care Managers (PCM). I am attaching Request for Proposal (RFP) language that identifies these [access requirements for PCM providers](#). This language appears to commit to the bidding community that these rules apply to the contractor and the direct care system. Concurrences were received from the Military Departments that there should be no difference in access standards for civilian or military PCMs.

All facility commanders should be informed that military PCMs must meet the same access standards for TRICARE Prime enrolled populations as the contractor. Access to the PCM should be described fully by each military treatment facility in its regional health services plan and by the contractor in the proposal. To ensure our military treatment facilities are capable of meeting these PCM standards, they should develop transition plans in the same manner as the contractor.

The Lead Agent is responsible for the review of the PCM plans prepared by the contractor and the MTFs and should continue to monitor their ability to meet the health care needs of their enrollees. All Prime enrollees are entitled to the following baseline requirements:

1. Travel time should not exceed 30-minutes from home to delivery site
2. Emergency services shall be available and accessible within the service 24-hours a day, seven days a week
3. The wait time in the office in non-emergency situations shall not exceed 30-minutes
4. They shall have access to PCM services on a same-day basis. (Access is to be available by telephone or appointment, twenty-four hours per day, seven days per week. If the PCM is not available, adequate coverage must be arranged.)

Our current policy states that a PCM may be an MTF, a clinic, a practice site, or an individual provider. At this time, military PCMs are usually clinics, sites, or the entire MTF. In my opinion, establishing an entire MTF as a

PCM takes away from the intent of providing our enrollees with their own health care provider or team of providers. However, I can understand that on occasions, it may be appropriate to designate a small clinic as a PCM.

A handwritten signature in black ink, appearing to read "Stephen C. Joseph", with a long horizontal flourish extending to the right.

Stephen C. Joseph, M.P.H., M.D.

Attachment:

As Stated

cc:

Surgeons General

**HA POLICY 95-012**

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Section C-3 - Continued

**3. Reserved.**

**4 Minimum Access Standards.** The network shall include a complement of civilian providers to ensure access to care for the TRICARE Prime and Extra program's beneficiaries.

Access shall comply with the following guidelines:

**a Number and Mix of Providers.** The network shall include the number and mix of providers, both primary care and specialists, necessary to satisfy demand and to ensure access to all necessary types and levels of care. Overall provider availability should be a ratio of one provider (all physician categories) to every 1,200 TRICARE Prime enrollees. The Primary Care Provider (PCM) requirement is a ratio of at least one PCM to every 2,000 enrollees. Provider requirements are expressed as full-time equivalents;

**b Delivery Sites.** The network shall include sufficient delivery sites to ensure access to care, except for any special services not sufficiently available in the area to make inclusion in the network practical. The contractor may request an exception for special services not sufficiently available in the area to make inclusion in the network practical. Such requests shall be submitted through the Lead Agent to the Contracting Officer for approval;

**c Primary Care Availability.** The network shall include primary care delivery sites to ensure that beneficiary travel time does not exceed 30 minutes from home to delivery site unless longer travel time is justified by the absence of providers in the area [Section C-3a.(2)(b).4.b.];

**d Emergency Services.** Emergency Services shall be available and accessible within the service area 24-hours-a-day, 7-days-a-week;

**e Office Wait Times.** The wait time in the office in non-emergency situations shall not exceed 30 minutes;

**f Appointment Wait Times for Primary Care.** TRICARE Prime enrollees shall have access to PCM services on a same-day basis. Access shall be available by telephone or appointment, twenty-four (24) hours per day, seven (7) days per week, to ensure enrollees receive evaluation of initial illness in a timely manner. If the PCM is not available, adequate coverage must be arranged. The wait time for an appointment for a well visit shall not exceed four weeks, the wait time for routine visits shall not exceed one week, and the wait time for acute illness care shall not exceed one day; and

**1 Primary Care Manager (PCM) Concept.** The network shall be based on the PCM concept. Under this concept, enrolled beneficiaries agree to initially seek all non-emergency non-mental health care services from a specified provider, or PCM, to whom they are assigned for primary care services at the time of enrollment. The PCM may be a network provider or an MTF provider or site. [Note: This requirement precludes enrollees from seeking non-emergency non-mental health services from MTF or network providers other than their assigned PCM without referral by the PCM.] The PCM also provides or makes arrangement for the enhanced preventive services required by Section C-1c.(1). Primary care includes care rendered for acute illness, minor accidents, follow-up care for ongoing medical problems and preventive health care as authorized in the benefits plan. Primary care services are typically, although not exclusively, provided by internists, family practitioners, pediatricians, general practitioners, obstetricians/gynecologists, physician assistants, nurse practitioners, or certified nurse midwives to the extent consistent with governing State rules and regulations. Providers who agree to be PCMs shall sign agreements that identify the rules and procedures for specialty referrals and their responsibilities as PCMs. In the event the PCM assigned cannot provide the full range of primary care functions necessary, the primary PCM will ensure access to these necessary health care services as well as any specialty requirements. The PCM may be a military facility (including PRIMUS/NAVCARE clinics), a civilian clinic, or an individual civilian provider. All civilian providers must be authorized CHAMPUS providers and meet all network provider standards. The PCM is responsible for arranging for beneficiary use of specialist services through an authorization and referral system. The PCM's office is responsible for contacting Health Care Finders to identify sources of specialty care, for coordinating patient care, for maintaining medical records, and for making referrals.

**2 Access.** The contractor shall ensure that neither the network nor the program requirements result in limitations

on access to care in medical emergencies; limitations on access to specialty services not reasonably available from the network; or beneficiaries not having the opportunity to choose any provider in the network to the extent possible within MTF Commander guidelines for PCM assignment.

**3 Quality and Utilization Management.** The contractor shall ensure that all institutional and individual providers have a full understanding of and comply with TRICARE utilization management and quality assurance standards as outlined in Sections C-3d. and C-3e.

**4 Network Monitoring.** The contractor is responsible for monitoring the provider network continuously. Monitoring activities must include verification of the availability of providers in the network, provider adherence to contract requirements, minimum access standards, investigation and resolution of specific complaints or concerns expressed by beneficiaries or providers.

**a Responsiveness to MTF and Lead Agent Concerns.** The contractor shall provide MTF Commanders and Lead Agents with an interim written response within two (2) business days of receiving a written complaint about a network provider from an MTF Commander or Lead Agent. The contractor shall provide a final response to the complainant, MTF Commander and Lead Agent within 14 calendar days.