



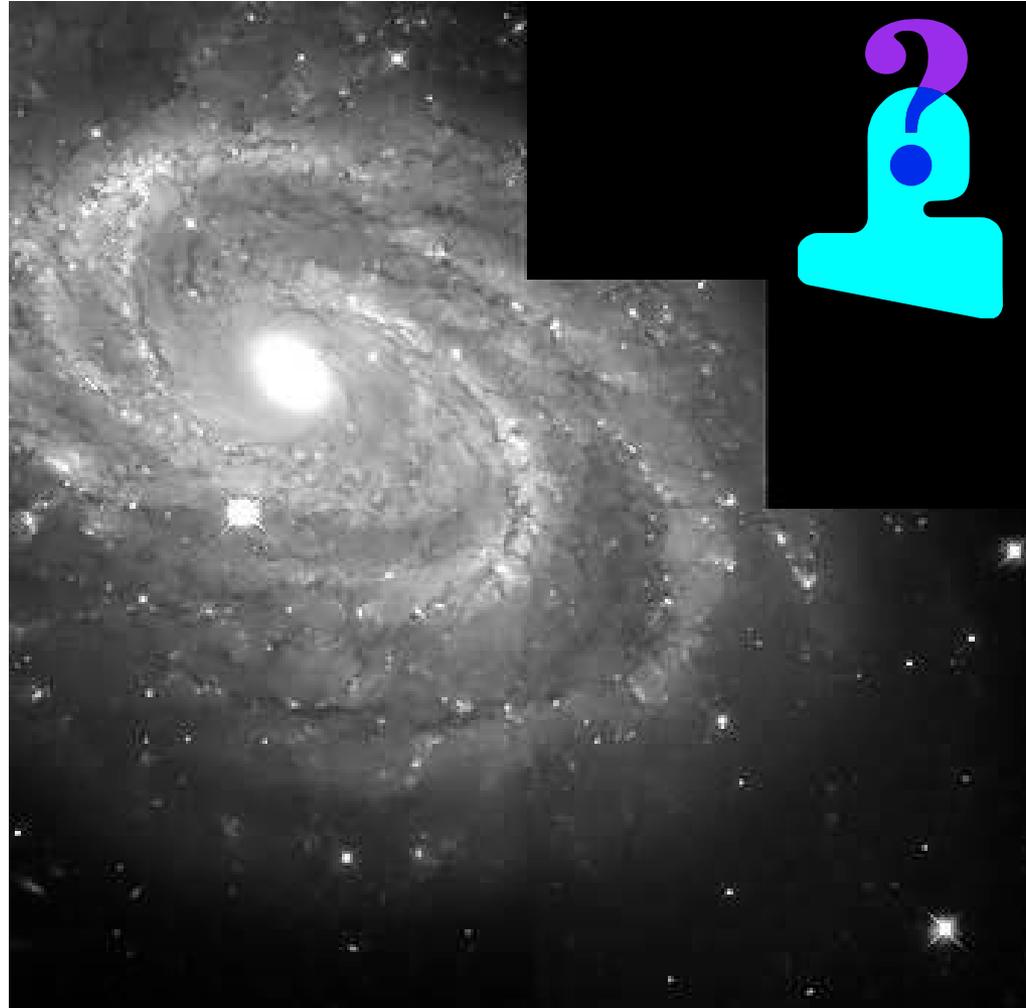
TRICARE Regional Office-South (TRO-S)

Quality/Risk Issues: The Interface Between Direct and Purchased Care

TRO-S Chief, Quality Management
September 15, 2010



Huh?





Quality/Risk Concerns



- How does the MTF assure the quality of the network providers?
- Specific MTF Accreditation Concerns with MCSCs:
 - “Since we are referring to **our** Providers, how can we be SURE of the quality of care delivered by **our** Providers?”
 - “The Joint Commission (TJC) says we are responsible for the quality of care from providers **we contract with**...we need the peer review results from Humana for our network providers...”
 - “We’re going to get a deficiency when TJC does the Tracer methodology”
 - “[The MCSC] is going to cause us to get a deficiency by not getting our consult reports back to us.”
 - “We need to know how [the MCSC] selects their specialty providers that we refer our beneficiaries to or else we are going to get a deficiency”



Quality/Risk Concerns



- What does the MTF do about potential quality of care issues (PQIs) regarding civilian providers?
- Can MTFs investigate civilian providers for bad outcomes of the MTF enrollees?
- HIPAA Privacy Issues



TRO-S Responsibilities



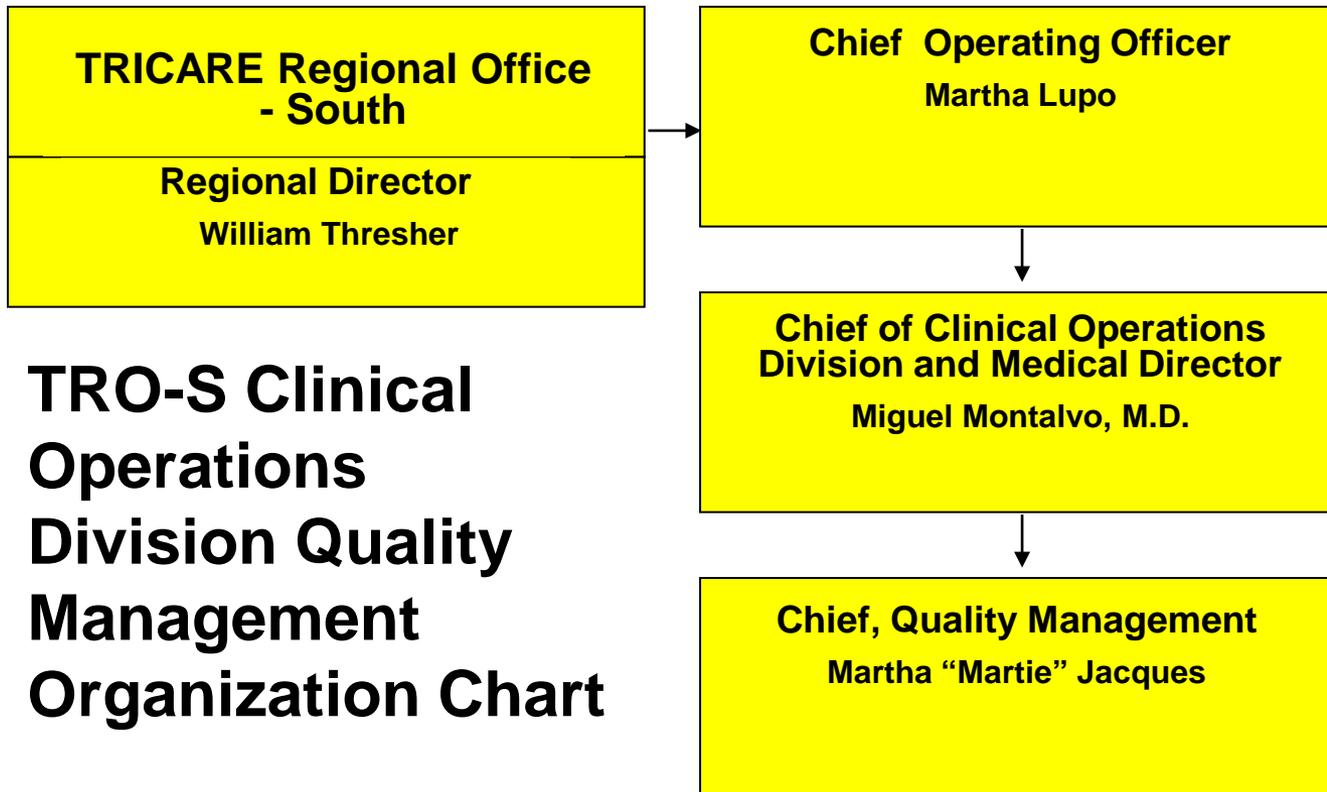
- Each TRICARE Regional Office (TRO) is the management organization responsible for administering their regional managed care support contracts and overseeing an integrated health care delivery system in the three United States-based TRICARE regions.
- Provide support to the Medical Treatment Facility (MTF) Commanders in their delivery of healthcare services for MTF-enrolled beneficiaries
- The Department of Defense, through the TRICARE Management Activity (TMA), has formally delegated the function of monitoring and managing the clinical quality of care rendered to TRICARE beneficiaries in the purchased care system to the Managed Care Support Contractor (MCSC)



TRO-S Responsibilities



- Oversight of the MCSC's clinical quality program and credentialing of network providers falls to the TRICARE Regional Office – South (TRO-S)





TRO-S Quality Oversight



- MCSC Internal Quality Program
 - Contract requirements to include:
 - Enrollment
 - Correspondence
 - Telephone calls
 - HIPAA compliance
 - Claims
 - Clinical Quality Management Program
 - Clinical Quality Management Plan
 - Utilization Management Plan
 - Disease Management Plan
 - Network Adequacy
 - National Accreditations
 - Health Network (credentialing)
 - Health Utilization Management
 - Program Integrity (fraud and abuse)
 - Congressional Inquiries
 - Satisfaction Surveys
- Close scrutiny:
 - Peer Review Committees/actions
 - Quality Committees/actions
 - Potential Quality Issues (civilian)
 - Grievances
 - Complaints
 - Credentialing
 - Provider trending and profiling
 - Quality Improvement Projects (QIPs)
 - Studies
 - Referrals and Authorizations
 - Right of First Refusal
 - Utilization Review
 - Initial and concurrent review
 - Length of stay
 - Emergency room usage
 - Cost of care
 - Discharge planning
 - Appeals
 - Case Management
 - Disease Management



MCSC Relationships to MTF Accreditation Surveys



- The purchased care system processes (managed by the MCSC) are not a part of the MTF accreditation processes or survey.
 - Consult reports – **TNEX** Contract (not T3) for TRICARE Network Specialty care & excludes:
 - Self-referrals
 - Retrospective referrals
 - ER
 - Optometry
 - Behavioral Health
 - Urgent Care Centers
 - Other Health Insurance
 - DME
 - External Resource Sharing referrals
 - Preventive services
- The MTF accreditation process relates to the care and care delivery within the confines of the MTF.
 - Tracer Methodology only extends to providers (individual or facility) within the organization (does not extend to external providers)



MCSC Relationships to MTF Accreditation Surveys



- The only accreditation concerns associated with other health care providers not directly contracted with the MTF or with insurance companies (TRICARE, Blue Cross, Aetna, etc.) are the MTF processes as they interface with an insurance company or the outside provider.
 - The providers in the TRICARE Health Plan network **are not** contracted with the MTFs and neither is the MCSC.
 - For accreditation purposes, the MCSC is no different than any other insurance company.
 - Therefore, the MTF **is not responsible** for the quality of care of insurance company network providers (individual providers and facilities) or for their processes in the selection of specialty referrals or for their credentialing processes.
 - The MTFs are only responsible for those individual providers they directly contract and credential that deliver care within the MTF or through tele-medicine direct contractual arrangements.



MCSC Relationships to MTF Accreditation Surveys



However... an answer for the TRICARE payer...

- TRICARE authorized providers www.tricare.mil/
 - CFR 199.6 TRICARE-authorized providers
 - TRICARE Operations Manual (TOM – version 2002) Chapters 4 and 5 Credentialing
 - TRICARE authorized providers are either credentialed through the MCSC or a modified process through the MCSC claims payer (with the exception of specialty psychiatric facilities)
- The MCSCs' (all regions) network must be accredited by a nationally recognized accrediting organization (credentialing) per contract requirements and comply with TRICARE requirements
- The MCSCs' networks are comprised of TRICARE authorized providers
- Network Agreements with providers are financial with conditions to comply with TRICARE standards and to cooperate with quality processes



MCSC Relationships to MTF Accreditation Surveys



- National Quality Monitoring Contractor (NQMC)
 - To provide the Government with an independent, impartial evaluation of the care provided to MHS beneficiaries.
 - The NQMC is part of TRICARE's Quality and Utilization Review Peer Review Organization Program, in accordance with 32 CFR 199.15
 - "Business Associate"
- NQMC is contracted to perform TRICARE certifications for specialty psychiatric facilities which is above and beyond accreditations (accreditation is only one condition to be met for TRICARE certification)
 - Freestanding Substance Use Disorder and Rehabilitation Facilities (SUDRFs) – Inpatient or partial programs
 - Freestanding Psychiatric Partial Hospitalization Programs
 - Residential Treatment Centers (RTCs)
 - All above facilities must be TRICARE certified to be a TRICARE authorized provider



MCSC Relationships to MTF Accreditation Surveys



Words of Advice when communicating to the accreditation body (TJC) about the TRICARE network

- Do not use terms such as “OUR” providers, “OUR” Network when talking to the accreditation organization about the network civilian providers or facilities (this implies MTF credentialing and privileging responsibilities with the related quality oversight)
- Do use terms such as “The TRICARE Network” and “The TRICARE Network – the largest payer” for our facility



MCSC Relationships to MTF Accreditation Surveys



But what about...

- Other PAYERS?
- MTF directed Active Duty referrals to civilian care for TRICARE Non-authorized Providers or non-TRICARE benefits under SHCP?
 - TOM (version 2002) Chapter 18, Section 3, 2.0 (see note below)

NOTE: TRICARE Manuals version 2008 does not apply until the T3 contract and at start of health care delivery



South MTF/MCSC Core MOU: *Reporting PQIs*



South Region CORE MOU, Section III, G 15:

"Humana Military is responsible for peer review of clinical quality issues for network providers. The MTF provides the same oversight for MTF providers. To ensure appropriate review and documentation when the MTF identifies potential quality of care issues [PQIs] that concern non-MTF providers, MTF quality personnel will notify the TRO Chief of Quality Management who will, in turn, notify the Humana Military Regional Quality Manager of the issue. This notification will be logged into both the MTF and the Humana Military peer review minutes. The same process will apply in reverse when Humana Military identifies potential quality issues involving MTF providers, unless otherwise agreed by the TRO Chief of Quality Management."

(This CORE MOU applies only to the current TNEX contract with Humana Military Healthcare Services)

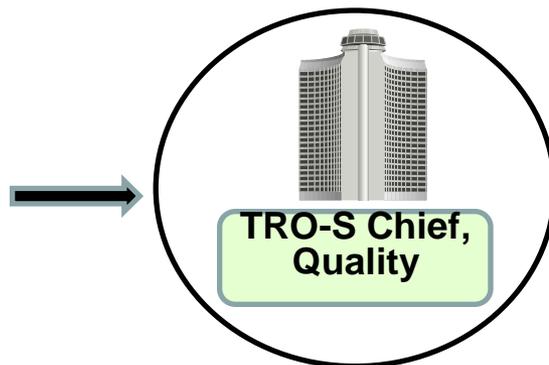
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South MTF/MCSC Core MOU: Reporting PQIs



Direct Care/ MTF Quality Department forwards issue to the TRO-S Chief of Quality Management (QM)



TRO-S Chief, QM reviews, obtains clarifying information, forwards to MCSC: TRO-S Chief, QM and TRO-S Medical Director sits on MCSC Peer Review Committees



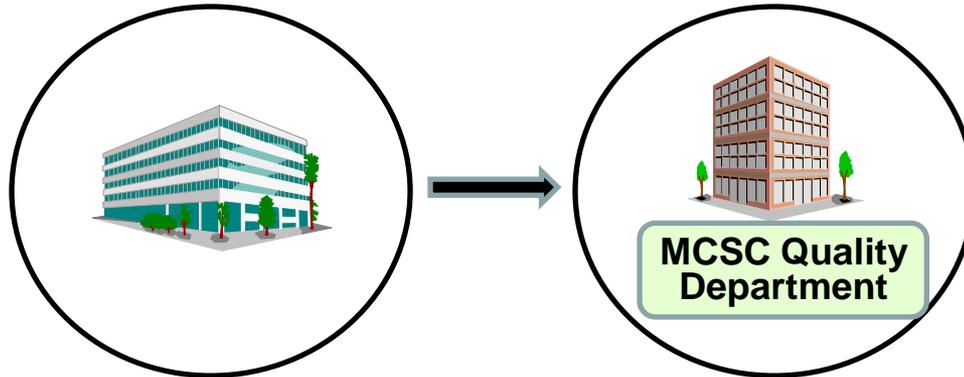
MCSC reviews, investigates through peer review process (NOT disclosable); communicates with provider; takes appropriate actions; tracks/trends; coordinates with MCSC credentialing



This slide for government use only – CORE MOU process is proprietary to Humana Military Healthcare Services



West/North MTF/MCSC: Reporting PQIs



**Direct Care/ MTF
forwards issue directly to
the MCSC Quality
Management (QM)
[caution in sending with
PHI]**

**MCSC reviews, investigates
through peer review process
(NOT disclosable);
communicates with provider;
takes appropriate actions:
tracks/trends; coordinates with
MCSC credentialing**

**TRO Chief, QM and TRO Medical
Director sits on MCSC Peer Review
Committees**

PEER REVIEW PROTECTED



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Risk Issues



- Obtaining copies of civilian provider medical records
 - External Resource Sharing Agreements (ERSA) – No patient consent required
 - Potential Quality Issues received from the MCSC regarding MTF providers
 - Otherwise, patient consent required
- Obtaining information and/or investigations of Civilian Providers [individual and facility] for issues and/or bad outcomes
 - Implications to MCSC review/investigation
 - Individual providers
 - Facilities, i.e., The Joint Commission Survey
- HIPAA Privacy Issues
 - Business agreement
 - Need to know
 - Transmission of information



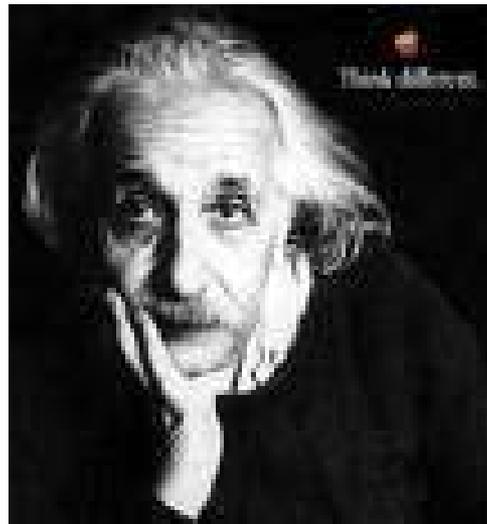
Thoughts



“The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”

Albert Einstein

(published in the Texas Board of Nursing Bulletin, July 2006)





Questions?