Referral Management Office (RMO) Process

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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
Objectives

• **Purpose:** Focus on the business operations of Referral Management (RMO) and strategies for managing referrals

• **Objectives:**
  – RMO overview
  – Relationship of RMO to MTF business operations
  – Roles/responsibilities of RMO
Referral Management Office

- **Appointing**: Make every attempt to appoint patients prior to leaving MTF (Direct Care)
- **Health Benefits Advisor**: Advise patients on treatment and/or Ref Mgt processes
- **Tracking**: Track all referral requests/results going out of/into MTF via CHCS; Follow-up to obtain results
- **Review**: Review referral for appropriateness, administrative & medical completeness, covered TRICARE benefit via CHCS; conduct RFOR
- **Coordination**: Determine where referral will go using rule sets/MOAs/local market conditions, and MTF availability/capacity
- **Customer Service**: Enhance responsiveness to patients; Relieve providers from administrative tasks

1. Pt sees PCM – referral generated
2. Referral sent electronically via CHCS
3. RMO appoints Pt to MTF
4. Pt seen by Specialist
5. Specialty Report sent to RMO
6. RMO sends report to PCM
RMO Process Map

MTF

Provider Initiates Referral (in CHCS)

MTF Referral Management Office

Yes

Direct Care Access

No

Defer to network via E Fax

Patient Seen Within Direct Care System

Managed Care Support Contractor

Contractor Coordination

Identify Network Specialist

Final Contractor Review for Covered Benefit & Medical Necessity

Claim Review

Civilian Network Specialist

Specialist Sees Patient

Yes

More Care Needed

No

Payment

Clear & Legible Reports received via E Fax

Clear & Legible Reports

Defer to network via E Fax
Roles and Functions of the Referral Management Office (RMO)

What are the roles?
Roles and Functions of the Referral Management Office (RMO)

- MTF referrals are coordinated through a single entity known as the Referral Management Officer (RMO)
- Responsible for processing, tracking and reporting all referrals and their results
- RMO processes, tracks, and coordinates defer to network referrals with the Managed Care Support Contractors (MCSC/ISOS)
- Source for internal and external Referral Management Process
  - MTF provider sending referral to civ network specialist
  - Civ Network specialist sending results to MTF provider
  - Civ Network provider sending referral to MTF (ROFR)
  - MTF sending ROFR results to civ network provider
Roles and Functions of the RMO

• Identify Trends, Recapture Care, Meet Capability Needs by managing ROFRs, and Promote Continuity of Care
• Ensure referral results are captured and placed in the beneficiary medical record
• CHCS / AHLTA is used to generate and result referrals
• Manage the MTF’s Right of First Refusal (ROFR) process
• Dedicated to quality, cost, access, and outcome
• Be prepared for OIP Inspections
• Staffed with both Clinical and Administrative members
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”
Maximizing MTF Capability

• What are your purchased care costs?
• What are your provider referral patterns and trends?
  – What is being referred out? Specialty care? Primary care?
  – Are there any trends?
• Is there care that could be redirected back to the MTF ... either to MTF specialists or back to the PCM? Cross-booking?
• What demand management strategies are in place for primary care?
• Are there opportunities for Case Management or Disease Management to decrease specialty/primary care referrals?
• What happens with sprains/strains, initial diabetes, acne etc. – do they need a specialist or can initial care be provided in-house?
Referral Management
Performance Measures

• **Military Specialists**: Preliminary results returned to requesting provider and patient’s record NLT 72 hours after appointment

• **HNP**: ISOS to educate the HNP on ensuring preliminary results returned to requesting provider and patient’s record within 10 working days ... MTFs to have process in place to Demonstrate Tracking/Accountability

• **Referrals and Right of First Refusal (ROFR) Determinations**: Routine: Faxed to ISOS within 24 hours; Urgent: 30 minute suspense by phone to HNP

• **ROFR Results**: Returned to referring civilian provider within 10-Business days

• **Routine Results**: Direct Care System (DCS) – returned back to PC within 72 of specialty visit. Network back to DCS – returned back to MTF PCM within 10 days of specialty visit.

• **Access to Care**: Patients requiring referrals appointed within ATC standards of 1-7-28

• **Referral/ROFR Tracking**: All referrals tracked & accounted for

• Return on investment (ROI) for ROFR & redirected care
QUESTIONS

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