



# Referral Management Office (RMO) Process

Managed Care Specialist  
Tricare Division, HP & S, HQ MEDCOM  
210-221-8771/ DSN 471



# 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



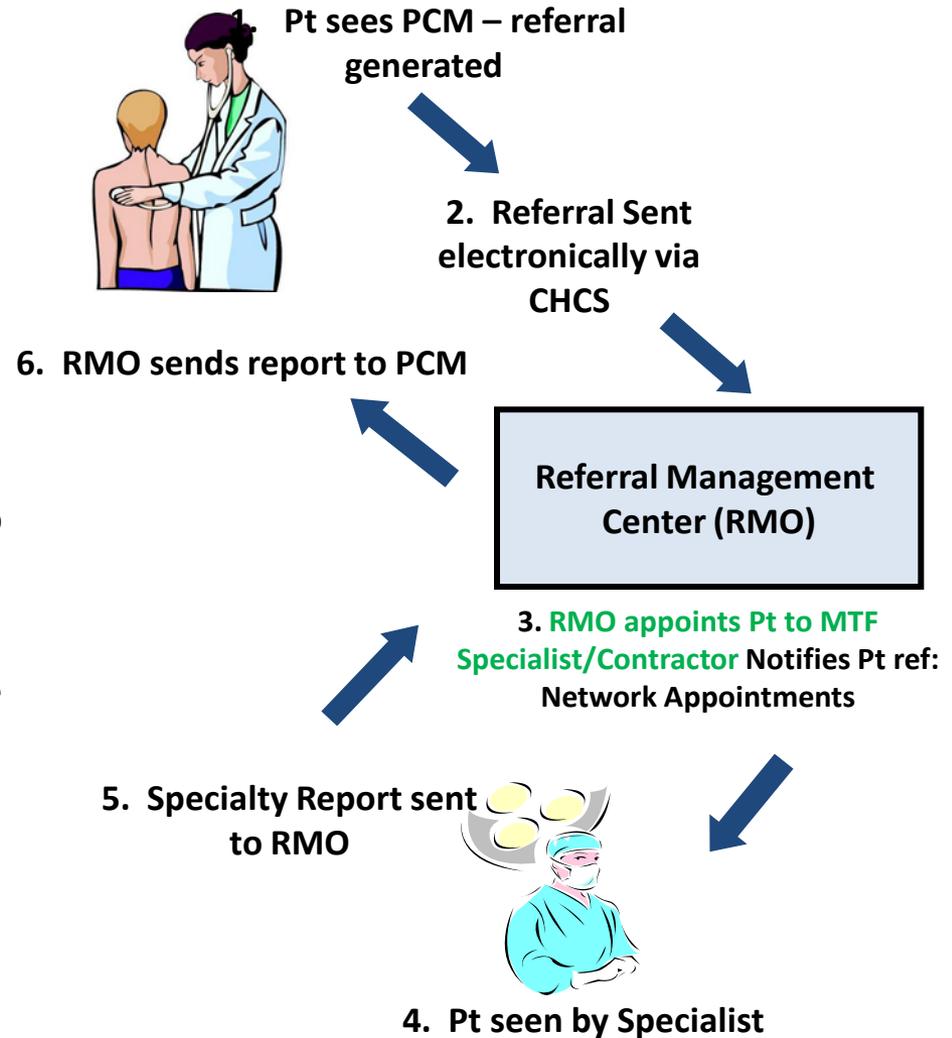
# Objectives

- 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



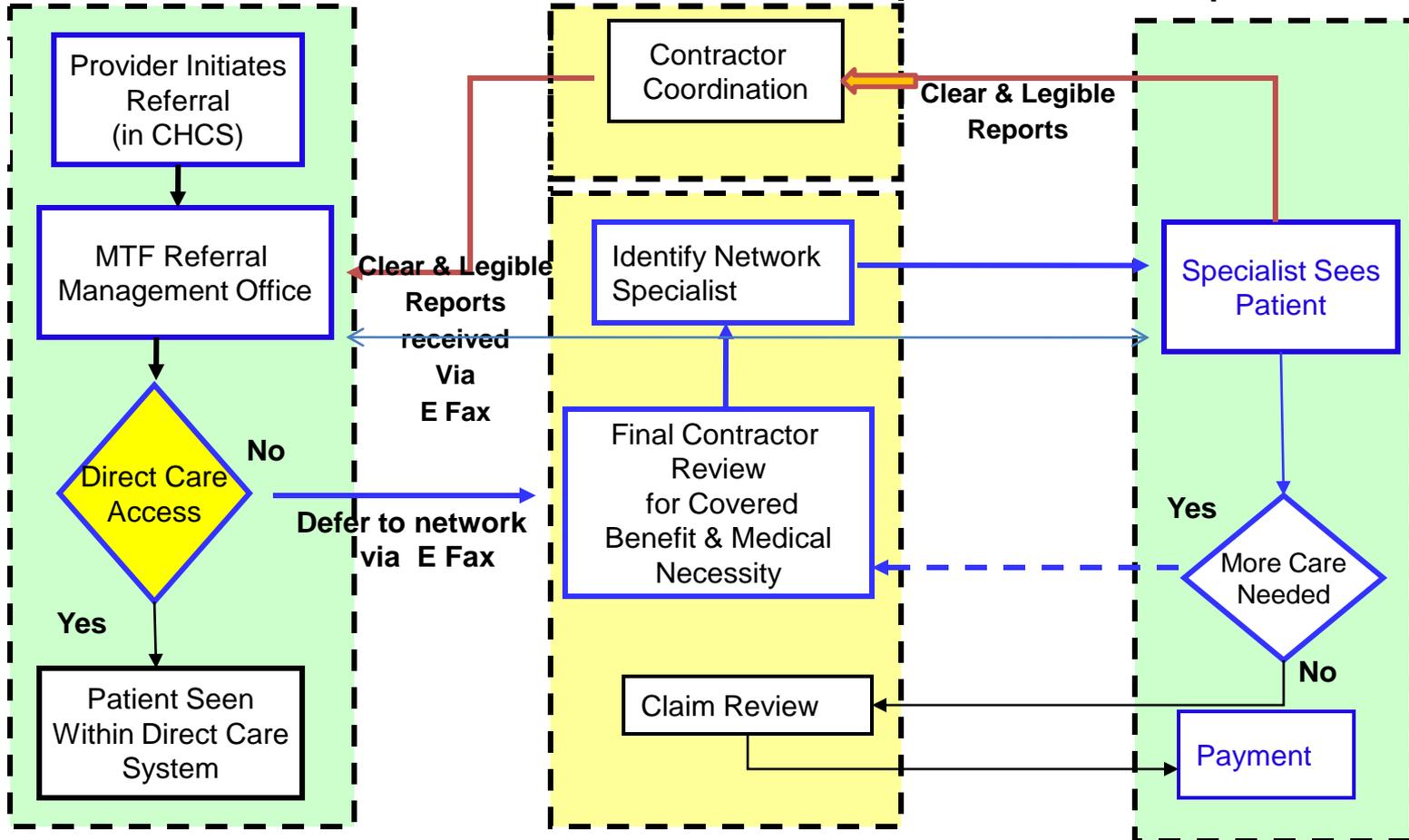


# RMO Process Map

## MTF

## Managed Care Support Contractor

## Civilian Network Specialist





# 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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