



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.03

January 30, 2018

J-3, Healthcare Operations

SUBJECT: Standard Processes and Criteria for Establishing Urgent Care (UC) Services and Expanded Hours and Appointment Availability in Primary Care in Medical Treatment Facilities (MTFs) to Support an Integrated Health Care System (IHCS)

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) through (l), describes standard processes and criteria for the establishment of UC services and expanded hours and appointment availability in primary care in MTFs.

2. **APPLICABILITY.** This DHA-PI applies to:

a. OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Office of the Inspector General of the DoD, the Defense Agencies, and all other organizational entities within the DoD (referred to collectively in this DHA-PI as the “DoD Components”).

b. Defense Health Program-funded DoD MTFs involved in the delivery of healthcare services to eligible beneficiaries.

3. **POLICY IMPLEMENTATION.** It is the Defense Health Agency’s (DHA) instruction, pursuant to References (c) through (i), that:

a. An IHCS be established to ensure patient-friendly, convenient access to urgent and primary care by optimizing direct care operating hours and appointment availability, where appropriate, and complementing MTF capabilities with seamless access to network Urgent Care Clinics (UCCs).

b. Standard processes and criteria for UC services, and expanded hours and appointment availability in primary care and incorporation of the Nurse Advice Line (NAL) into UC

processes include ongoing evaluation of operating hours based on demand, beneficiary utilization, and other factors to inform changes in urgent and primary care operating hours.

c. Non-Active Duty Prime enrollees are authorized unlimited self-referred network UCC visits. Active Duty Service member (ADSM) will continue to be coordinated through their MTF Primary Care Manager (PCM) or unit medical department, with the exception of emergency care when Military Health System (MHS) direct care services are not reasonably available, and which still must be reported to their MTF/unit.

d. Uniform processes and criteria in this DHA-PI establish a standard basis for an IHCS to ensure patient-friendly, convenient access to urgent and primary care and for MTF operating hours to maximize the direct care system's ability to provide urgent and primary care to covered beneficiaries, in accordance with Reference (f), and in support of high reliability organization principles. Standard processes and criteria to support UC service availability and operating hours in primary care reduce unwarranted variation, improve the patient experience, increase access to care, minimize private sector care costs, and support the principles of a highly reliable organization.

4. RESPONSIBILITIES. See Enclosure 2.


5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the DHA SharePoint site at: <http://www.health.mil/dhapublications>.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-PI 5025.01 (Reference (c)).



R.C. BONO
VADM, MC, USN
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) United States Code, Title 10
- (b) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (c) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (d) DHA-Procedural Instruction 5025.01, "Publication System," August 21, 2015
- (e) Health Affairs Policy 11-005, "TRICARE Policy for Access to Care," February 23, 2011
- (f) Health Affairs Policy 09-015, "Policy Memorandum Implementation of the 'Patient-Centered Medical Home' Model of Primary Care in MTFs," September 18, 2009
- (g) National Defense Authorization Act for Fiscal Year 2017, Section 704
- (h) National Defense Authorization Act for Fiscal Year 2017, Section 709
- (i) Assistant Secretary of Defense for Health Affairs Memorandum, "Guidance for the Implementation of Simplified Appointing", July 29, 2015¹
- (j) Interim Procedures Memorandum 17-003, "Accounting for Defense Health Program (DHP) Primary Care Managers (PCMs)," June 27, 2017
- (k) Interim Procedures Memorandum 17-009, "Nurse Advice Line (NAL) Program Operations Guidance" December 11, 2017
- (l) Interim Procedures Memorandum 17-00x, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," January 26, 2018

¹This reference may be found at:

<https://info.health.mil/hco/clinicsup/hsd/pcpcmh/Documents/Forms/AllItems.aspx?RootFolder=%2Fhco%2Fclinicsup%2Fhsd%2Fpcpcmh%2FDocuments%2FPolicies%2FHA%20Policies%2FPolicy%20for%20Implementation%20of%20Simplified%20Appointing&FolderCTID=0x012000D3E68956761537418E935D5AC018689D&View=%7B87C81850%2DB4EC%2D489C%2D8C7D%2DE4CFB4B60A0D%7D>.

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness and the Assistant Secretary of Defense for Health Affairs, and in accordance with Reference (c), the Director, DHA, will:

- a. Assign responsibility for tracking compliance with the standard processes and criteria outlined in this DHA-PI to the Director, Healthcare Operations Directorate.
- b. Support the Military Medical Departments by ensuring systems are in place to collect data and measure compliance with this DHA-PI.
- c. Exercise authority, as outlined in Reference (c), over the National Capital Region Medical Directorate (J-11).

2. DIRECTOR, HEALTHCARE OPERATIONS DIRECTORATE. The Director, Healthcare Operations Directorate, will:

- a. Oversee the status of UC services, expanded primary care hours' implementation and appointment availability, development of data collection analysis, and accountability monitoring of standard processes and operating hours by DHA/Healthcare Operations Directorate.
- b. Monitor compliance with the guidance outlined in this DHA-PI through the Tri-Service Patient Centered Care Operations Board (PCCOB), which falls under the Medical Operations Group (MOG).
- c. Recommend and monitor measures to assess supply, demand, and utilization of UC and primary care services for covered beneficiaries to inform future decisions on availability of MTF UC services and expanded hours in primary care.
- d. Ensure TRICARE contracts in the 50 United States and District of Columbia, as appropriate, are modified to support designated network UCC participation in the IHCS model.
- e. Modify TRICARE contracts in the 50 United States and District of Columbia, as appropriate, to reflect direct care system requirements for network UCCs to support the IHCS model.
- f. Revise the TRICARE Operations Manual to reflect direct care system requirements for network UCCs to support the IHCS model by requiring the contractor to establish network agreements with UCCs located in MTF/enhanced Multi-Service Markets' (eMSMs) Prime Service Areas in the 50 United States and the District of Columbia.

g. Coordinate with TRICARE Regional Offices (TROs) to ensure network UCC development activities support the IHCS model and to ensure compliance with requirements in the TRICARE Operations Manual, including standard of care requirements based on the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS) for specified conditions.

h. Ensure TRO network coordinators liaison between MTFs and network UCCs.

i. Ensure TROs monitor network UCC compliance with the requirement to submit Clear and Legible Reports (CLRs) to MTFs within 2 business days.

3. PCCOB. The PCCOB will:

a. Monitor the supply of MTF UC services' availability and expanded primary care operating hours against beneficiary demand, utilization, and other criteria.

b. Monitor compliance with the processes and plans for establishing MTF UC services and expanded primary care operating hours based on this DHA-PI, as well as in the establishment of MTF IHCSs.

c. Monitor the incorporation of the NAL into MTF UC processes.

d. Recommend additional standard processes and criteria related to the availability of MTF UC services and expanded operating hours and appointment availability in primary care to governance for approval and inclusion in updates to this DHA-PI in support of continuous improvement and high reliability principles.

e. Report to the MOG on compliance with this DHA-PI.

4. INTERMEDIATE COMMANDS. The Service-led Component Commander will:

a. Ensure MTFs and eMSMs establish an IHCS to ensure beneficiaries have convenient access to patient-friendly urgent and primary care centers with extended MTF operating hours as further outlined in this PI.

b. Ensure MTFs and eMSMs implement UC services, expanded hours, and increased appointment availability in primary care, and incorporate the NAL in UC processes in MTFs based on the standard processes and criteria outlined in this DHA-PI.

- c. Ensure MTF Commanders, Directors, and/or Senior Market Managers in Service-specific markets or eMSMs comply with the guidance in this DHA-PI.
- d. Ensure Commanders and Directors of MTFs located in eMSMs coordinate in the development of a market approach to expanded hours in primary care and MTF UC services.
- e. Ensure MTF Commanders and Directors coordinate with Senior Market Managers on a market-wide approach for the establishment of UC services and primary care expanded hours and appointment availability in MTFs based on the guidance in this DHA-PI.
- f. Monitor operating hours and appointment availability at MTFs, and ensure compliance with the business rules and processes outlined in this DHA-PI.
- g. Provide recommendations through Service representatives to the MOG and PCCOB on additional processes and criteria for UC services, primary care expanded hours, and appointment availability in MTFs in support of continuous improvement.
- h. Ensure MTF Commanders and Directors provide the same access to care to any direct care system Prime enrollee or active duty personnel requesting an appointment while traveling on leave or on temporary duty status as is provided to Prime enrollees empaneled to the MTF, in accordance with the MHS access to care policy.

5. MTF COMMANDERS AND DIRECTORS. MTF Commanders and Directors will:

- a. Establish an IHCS to ensure beneficiaries have convenient access to patient-friendly urgent and primary care centers with extended MTF operating hours as further outlined in this DHA-PI.
- b. Conduct a Business Case Analysis (BCA) on the feasibility of establishing MTF UC and expanded hours in primary care based on the criteria in this policy on an annual basis.
- c. Comply with approved MTF plans for expanded primary care operating hours and appointment availability and MTF UC services and processes to incorporate the NAL into UC processes.
- d. Coordinate and communicate, at least quarterly, with TRO network coordinators and designated network UCCs to ensure enrolled beneficiaries have seamless access to network UC services when MTF care is not available.
- e. Identify designated IHCS UCCs to TRO network coordinators for possible addition to the private sector care network.

f. Publicize the MTF's IHCS model, including MTF operating hours, the NAL telephone number, and the contact information for local designated network UCCs.

g. Notify the TRO if designated network UCCs are not complying with the IHCS's requirements for partner network UCCs in the TRICARE-2017 contracts, if the MTF is located in one of the 50 United States or the District of Columbia.

h. Ensure MTF staff provide the same access to care to any direct care system Prime enrollee or active duty personnel requesting an appointment while traveling on leave or on temporary duty status as is provided to Prime enrollees empaneled to the MTF, in accordance with the MHS's access to care policy.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. This DHA-PI establishes uniform processes, criteria, and accountability for establishing UC services and expanded primary care operating hours and appointment availability in MTFs. The overarching objective of this DHA-PI is to establish an IHCS to ensure patient-friendly, convenient access to urgent and primary care by optimizing direct care operating hours and appointment availability, where appropriate, and complementing MTF capabilities with seamless access to network UCCs. This DHA-PI applies to all MTFs providing care to covered beneficiaries.

2. TIMELINE. Full compliance with this DHA-PI is required 6 months from signature for all MTFs, including those in eMSMs.

3. GOVERNANCE. The PCCOB will report to the MOG on all related responsibilities outlined in Enclosure 2.

4. IHCS MODEL. The IHCS model includes direct care system MTF UC, if available, and primary care services, partnerships with designated network UCCs, and the incorporation of the NAL to advise patients on available, clinically appropriate healthcare options. MTFs and eMSMs located in the 50 United States and the District of Columbia will implement the IHCS model by developing partnerships with designated network UCCs through the TRICARE Regional Contractors under TRICARE-2017 contracts to ensure beneficiaries have access to and are aware of the availability of network UCCs. MTFs located overseas will implement the IHCS model through informal, local coordination with civilian facilities providing UC services; however, overseas TRICARE contracts will not be modified.

a. MTFs will implement the IHCS model regardless of whether the MTF has established or maintained a UCC; and

b. Non-Active Duty Prime enrollees are authorized unlimited self-referred network UCC visits. ADSM will continue to be coordinated through their MTF PCM or unit medical department, with the exception of emergency care when direct care services are not reasonably available, and which still must be reported to their MTF/unit.

c. TRICARE Health Plan (J-10) will ensure the TROs assist MTFs in the 50 United States and the District of Columbia in establishing a collaborative relationship with designated network UCCs to support delivery of healthcare based on national HEDIS standards, and to coordinate, as needed, follow-up care at the MTF.

d. TRICARE contractors will establish network agreements with UCCs located in an MTF Prime Service Area in the 50 United States and the District of Columbia, which will specifically obligate the UCC to the following:

(1) Send CLR of the UCC encounter within 2 business days to the MTF where the beneficiary is enrolled. The CLR will include the patient's encounter specifics (i.e. diagnosis; and a note that captures the subjective, objective, assessment, and plan). In addition, the report will include any referrals made during the UCC visit. The contractor will collaborate with each MTF to provide UCCs with MTF fax numbers, and other contact information, etc.

(2) Practice standard of care based on the National Committee for Quality Assurance HEDIS, using the guidelines for the following four conditions:

- (a) Children with Pharyngitis;
- (b) Appropriate Treatment for Children with Upper Respiratory Illness;
- (c) Avoidance of Antibiotic for Adults with Bronchitis; and
- (d) Use of Imaging Studies for Low Back Pain.

(3) Advise all patients that all non-emergency follow-up care should be sought at the enrollees' MTF/e-MSM Patient-Centered Medical Home (PCMH).

5. STANDARD PROCESSES AND CRITERIA FOR ESTABLISHING MTF UC SERVICES

a. Processes for Establishing or Maintaining UC Services in MTFs

(1) If the MTF has an emergency room (ER), it will maintain processes to provide timely UC services for low acuity conditions in the patient population using Emergency Severity Index category, and establish operating hours based on the criteria in this DHA-PI.

(2) If the MTF has a UCC, it will maintain the UCC, and establish operating hours based on the criteria in this DHA-PI.

(3) If the MTF does not have an ER or UCC, it will establish a UCC if sufficient demand or readiness considerations exist to result in a positive business case for implementation based on the criteria in this DHA-PI. The MTF commander or direction will make recommendations on the establishment of an MTF UCC to DHA through the Intermediate Command.

(4) MTFs will consider and synchronize UC operating hours with primary care operating hours to support comprehensive care in primary care settings, ensure patient demand for UC services is met, and the combined plan for UC and primary care services is most cost-effective for the government.

(5) MTFs will notify the NAL of MTF UC service availability and operating hours to allow the NAL to advise patients on the availability of MTF UC services.

b. Criteria for Establishing UC Services where no MTF ER or UC Services Exist

(1) Cost. The annual cost of establishing a new MTF UCC should be less than the full private sector care costs due to covered beneficiaries' utilization of private sector care UCCs and private sector care ERs.

(a) Cost Avoidance. Cost avoidance will be calculated based on full private sector care costs, including care, facility, procedure, and other ancillary costs associated with visits to private sector care UCCs and private sector care ERs for Current Procedure Terminology (CPT) codes 99281 and 99282.

(b) Costs to Establish an MTF UCC. Costs to establish a new UCC in the MTF will vary by location and will be based on the projected operating hours of a new UCC. Costs will include implementation costs, facility costs, supplies, equipment, furniture, and any other overhead or operational costs to maintain a MTF UCC. A minimum of two UC staff teams consisting of provider, nursing, and administrative staff are required.

(2) Demand and Utilization. The MTF will consider demand and utilization of private sector care UCCs and private sector care ERs for CPT codes 99281 and 99282 for the following categories when determining the feasibility of establishing an MTF UCC.

(a) Demand and utilization by Prime beneficiaries enrolled to the MTF.

(b) Demand and utilization by local operational forces not enrolled to the MTF.

(c) Demand and utilization by non-direct care Prime beneficiaries. The MTF will consider the possibility and feasibility of capturing UC to the MTF for other covered beneficiaries, including Prime-enrolled to the private sector care network, other eligible beneficiaries, and the MTF's population who are not TRICARE beneficiaries but who receive care at the MTF.

(d) New demand and utilization. New demand for care may be generated beyond existing levels, if the MTF establishes a UCC. MTFs may include some proportion of estimated new demand in determining the feasibility of a new MTF UCC; however, initial proposals for the establishment will be based primarily on existing utilization data.

(3) Distance, Geography, and Local Competition. The MTF UCC must be located within a 30-minute drive time of beneficiaries for which the UCC is projected to capture utilization. The MTF will consider past utilization, beneficiary feedback, geographical considerations, locations where most beneficiaries reside, local traffic patterns, and the availability of network UCCs closer to areas where covered beneficiaries live in determining whether beneficiaries would be willing to travel 30 minutes for UC services in the MTF.

(4) Space. The MTF must have sufficient space in a location that is convenient to parking areas, allows for a waiting area, a triage area, a UC team administrative area, and a minimum of two exam rooms, per provider on duty.

(5) Single Service or eMSM UC. A parent MTF or eMSM may consider a UCC at one or more child-MTF locations, if based on local traffic patterns the child-MTF is located closer or is more convenient to beneficiaries for which a UCC is projected to capture utilization. MTFs located in eMSM must consider a market approach in identifying or establishing an MTF UC.

(6) Readiness Requirements. Local readiness requirements may require the establishment of an MTF UCC, scaled in size and operating hours to meet demand, even if the establishment of an MTF UCC does not result in a positive financial business case.

(7) Network UCC Adequacy. Lack of local network UCCs may require establishment of an MTF UCC, scaled in size and operating hours to meet demand, even if an MTF UCC does not result in a positive financial business case. Before establishing an MTF UCC, in such cases, the MTF Commander or Director must coordinate with the TRO and Managed Care Support Contractors to evaluate the feasibility of local network development of UCCs by the Managed Care Support Contractors.

c. Operating Hours. An MTF UCC may be open through 11:00pm, local time, if sufficient demand exists to result in a positive business or readiness case based on the criteria in this DHA-PI. Because the time of day for private sector care UCC and ER visits is not reflected in the claims data, the MTF will consider the following data sources to estimate patient demand by the time of day in developing operating hours.

(1) Beneficiary Feedback. The MTF may obtain beneficiary feedback in multiple ways including, but not limited to, the Joint Outpatient Experience Survey, local Interactive Customer Evaluation surveys, and other local MTF or installation beneficiary committees.

(2) Network UCCs. MTFs may request MSCs to obtain information from local network UCCs to determine beneficiary demand by the time of day.

(3) NAL. The MTF will consider NAL data for Prime beneficiaries who require an appointment or UC services as a proxy for demand by the time of day when identifying operating hours. Retrospective NAL data are available in the PCMH and on the SharePoint site in the NAL Outcome File and the NAL Comprehensive Reporting Tool on the DHA NAL SharePoint site at: <https://info.health.mil/hco/clinicsup/hsd/pcpcmh/sitepages/home.aspx>.

d. Redirecting Beneficiaries to PCMH Clinic. The MTF will develop a process to redirect beneficiaries to the PCMH clinic in which the beneficiary is enrolled based on the following criteria:

(1) The PCMH clinic is open and can accommodate the patient as a walk-in.

(2) The PCMH clinic is located in or near the same building in which the MTF UCC is located.

(3) The PCMH clinic can offer the beneficiary a scheduled appointment as a same-day appointment at a time convenient to the beneficiary.

(4) The beneficiary has the option to refuse a redirection to or an appointment at a PCMH clinic and may elect to be seen in the MTF UCC.

(5) The MTF UCC will notify the patient's PCMH that the patient was seen in the MTF UCC or is being booked into the PCMH clinic, if scheduled with a provider who is not the patient's own PCM.

(6) MTF UCC will document care into the Electronic Medical Record, Armed Forces Health Longitudinal Technology Application/MHS GENESIS.

e. Ancillary Services' Support for MTF UCCs. If MTFs establish a UCC, MTFs will ensure ancillary support (e.g., pharmacy, laboratory, and radiology) is available by implementing the following processes:

(1) Staggering shifts of existing ancillary staff personnel to support UCC operating hours; and/or

(2) Hiring additional ancillary services' staff to support UCC operating hours. This additional cost will be incorporated into the BCA.

6. STANDARD PROCESSES AND CRITERIA FOR ESTABLISHING EXPANDED HOURS AND APPOINTMENT AVAILABILITY IN MTF PCMH PRIMARY CARE CLINICS

a. Minimum Operating Hours. MTFs will establish minimum operating hours in PCMH clinics to maximize the PCMH's ability to match primary care appointment supply with beneficiary demand for primary care services. PCMHs' minimum operating hours for appointments are 8 hours a day. MTFs will ensure adequate supply of appointments by implementing the following processes:

(1) PCMH providers will be fully available for appointments based on assigned team roles and approved adjustments, per clinical Full-Time Equivalent, in accordance with Reference (j).

(2) PCMH providers' templates will have the required number of scheduled appointments for face-to-face or virtual encounters, per clinical Full-Time Equivalent, as outlined in official guidance to support Reference (l).

(3) PCMH providers will leverage and lead team-based care to maximize the MTF's ability to meet beneficiary needs for healthcare services.

(4) PCMH templates are optimized to ensure appointments are available on days and operating hours based on both prospective and retrospective analysis of beneficiary demand for healthcare services.

b. Expanded PCMH Hours. MTFs will consider and synchronize PCMH operating hours with available MTF UC operating hours based on a positive BCA and to support comprehensive care in a primary care setting, ensure patient demand for meal services not just urgent care is met, and the combined plan for UC and primary care services is most cost-effective for the government. MTFs may expand PCMH operating hours beyond the normal 8-hour day and/or on weekends to maximize capture of additional primary care to the MTF and enhance patient experience by:

- (1) Adding appointments per provider;
- (2) Hiring additional PCMH staff (this additional cost will be incorporated into the BCA); and/or
- (3) Staggering shifts of existing PCMH staff.

c. Ancillary Services' Support for Expanded PCMH Hours. If MTFs expand PCMH operating hours beyond the normal 8-hour day, ancillary services (e.g., pharmacy, laboratory, and radiology) will implement the following processes to support PCMHs:

- (1) Staggering shifts of existing ancillary staff personnel to match the 8 hours with the highest demand for ancillary services; and/or
- (2) Hiring additional ancillary services' staff. This additional cost will be incorporated into the BCA.

d. Criteria for Expanding PCMH Hours and Maximizing Appointment Availability Within and Beyond an 8-Hour Day and/or on Weekends

(1) Cost. The cost of expanding PCMH hours beyond a normal 8-hour day or on weekends should be less than the full private sector care costs due to covered beneficiaries' utilization of private sector care UCCs and private sector care ERs. Cost avoidance will be calculated based on full private sector care costs, including care, facility, procedure, and other ancillary costs associated with visits to private sector care UCCs and private sector care ERs for CPT codes 99281 and 99282.

(2) Demand and Utilization. The MTF will consider demand and utilization of private sector care UCCs and private sector care ERs for CPT codes 99281 and 99282 for the following categories when determining the feasibility of establishing expanded hours and increased appointment availability in the PCMH:

- (a) Demand and utilization by Prime beneficiaries enrolled to the MTF.

(b) Demand and utilization by local operational forces not enrolled to the MTF.

(c) Standard data sources on network ER and UCC costs are available on the PCMH and Access to Care SharePoint Site at:
<https://info.health.mil/hco//clinicsup/hsd/pcpcmh/sitepages/home.aspx>

(3) NAL. The MTF will consider NAL data for Prime beneficiaries who require an appointment or UC services as a proxy for demand by the time of day when identifying operating hours. Retrospective NAL data are available in the PCMH SharePoint site in the NAL Outcome File and the NAL Comprehensive Reporting Tool on the DHA NAL SharePoint site at:
<https://info.health.mil/hco/clinicsup/hsd/pcpcmh/sitepages/home.aspx>.

(4) Distance, Geography, and Local Competition. The MHS's access standard for drive-time under normal conditions for a primary care visit is 30 minutes. The MTF will consider past utilization, beneficiary feedback, geographical considerations, and locations where most beneficiary populations reside, local traffic patterns, and the availability of network UCCs closer to areas where covered beneficiaries live in determining whether seeking care in a network UCC may be more economically viable for enrollees than MTF PCMH appointments after normal duty hours or on weekends.

(5) Single Service or eMSM UC. A parent MTF or eMSM may consider expanded hours or increased appointment availability in PCMHs at one or more MTF clinics or child-MTF locations to accommodate the entire market if, based on local traffic patterns, the parent MTF or child-MTF is located in a location closer or more convenient. If one parent MTF PCMH clinic or child-MTF will provide expanded hours to all parent MTF Prime or market beneficiaries, the PCMH team at the expanded hours PCMH will use secure messaging or other authorized means to notify the beneficiary's own PCMH team that the patient received care and/or requires follow-up care.

(6) Readiness Requirements. Local readiness requirements may necessitate establishment of expanded PCMH hours on weekdays or weekends even if the establishment of expanded PCMH hours does not result in a positive financial business case.

7. PUBLICIZING THE IHCS AND OPERATING HOURS FOR MTF UCCs AND PRIMARY CARE

a. MTF Operating Hours. Each MTF will publicize operating hours for the MTF UCC and/or PCMH expanded hours, if applicable, on MTF social media pages and through other means (e.g., secure messaging blast e-mails and to local beneficiary groups).

b. UC Network Availability. Each MTF will publicize the availability of designated network UCCs based on the IHCS concept and on the availability of the number of self-referred network UC visits allowed per year per beneficiary.

c. MTFs' IHCS Approach. MTFs will use standard stakeholder education templates to publicize details on the MTF IHCS, which will incorporate:

- (1) MTF operating hours, including those for MTF PCMHs and MTF UCCs, if applicable;
- (2) Telephone numbers to MTF or market appointment call centers;
- (3) Availability of secure messaging to meet patient needs through email communication with PCMH teams and providers;
- (4) NAL contact information and capabilities;
- (5) Designated network UCCs and contact information, address, operating hours, and telephone number; and
- (6) MTFs in eMSMs will ensure publicity reflects the approved market approach to UC services.

8. STANDARD DATA SOURCES FOR EVALUATING DEMAND AND UTILIZATION

a. Standard Data Sources. MTFs and eMSMs will use the following standard data sources in determining the feasibility of establishing MTF UCCs and expanded hours and increased appointment availability in the PCMH:

- (1) Direct Access Reporting Tool (DART) on the CarePoint platform at: <https://carepoint.health.mil/sites/DART/SitePages/Home.aspx>.
- (2) DHA PCMH and Access SharePoint Site. The DHA PCMH and the Access SharePoint site include historical Tri-Service data files on:
 - (a) Private sector ER and UC Visits by MTF Enrollees; and
 - (b) NAL Outcome File and NAL Comprehensive Reporting Tool.
 - (c) Overseas ER and UC visits and associated costs will be evaluated separately.
- (3) TRICARE Operations Center at: <https://mhs.health.mil/toc/apptmetrics.shtml>.

b. Supplemental Data Sources. MTFs and eMSMs may supplement the above sources to obtain additional local details on private sector care UCC and ER visits using the MHS Mart and the Medical Data Repository.

9. MONITORING, REPORTING, AND ANNUAL EVALUATION

a. Monitoring. The Services and DHA/Healthcare Operations Directorate (J-3) will monitor compliance with Service plans for UCCs and expanded hours and increased appointment availability in PCMH through information in the DART on the CarePoint platform.

b. Measures. The PCCOB will evaluate progress and compliance with approved plans on at least a quarterly basis. The following MOG approved and requested measures will be evaluated:

- (1) Percent of MTFs complying with approved plans for expanded operating hours;
- (2) Utilization of appointments during expanded hours and in the MTF UCCs or ER Fast Tracks; and
- (3) Percent primary care leakage to the network by direct care system enrollees

c. Reporting. The PCCOB will report to the MOG on MTF compliance with approved plans at least quarterly.

d. Semi-Annual Evaluation of Approved Plans. Semi-annually, the Services and DHA will re-evaluate the feasibility of MTF UCCs and operating hours in PCMHs based on the criteria in this DHA-PI and make needed adjustments. The MTFs will not cancel or change approved operating hours at the MTF UCC and/or PCMH without Service approval. The Services will ensure that expanded hours for care in UCCs or PCMHs are implemented and publicized widely with sufficient time for beneficiary awareness and utilization of MTF changes to grow.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

BCA	Business Case Analysis
CLR	Clear and Legible Report
CPT	Current Procedure Terminology
DART	Direct Access Reporting Tool
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
eMSM	enhanced Multi-Service Market
ER	emergency room
HEDIS	Healthcare Effectiveness Data and Information Set
IHCS	Integrated Health Care System
MHS	Military Health System
MOG	Medical Operations Group
MTF	Medical Treatment Facility
NAL	Nurse Advice Line
PCCOB	Patient Centered Care Operations Board
PCMH	Patient-Centered Medical Home
TRO	TRICARE Regional Office
UC	Urgent Care
UCC	Urgent Care Clinic

PART II. DEFINITIONS

CPT code 99281. ER visits for self-limiting or very low acuity reasons.

CPT code 99282. ER visits for very low or low acuity reasons.

IHCS. A system of care involving direct care and network partners.

MOG. A flag-level governance group with voting members from DHA and the Services with oversight for medical operations.

parent MTF. The MHS identifies its main MTFs, which perform billing and activities, as “parent MTFs”. A parent MTF may have one or more subordinate clinics, which are referred to as child-MTFs.

PCCOB. A DHA-led board with Service lead voting representatives for primary and specialty care. The PCCOB is supported by Service representatives from access, medical management/population health, telehealth, referral management, coding/medical records, a DHA representative for the TRICARE Health Plan Enterprise Support Activity Work Group (when private sector care issues are discussed) and other key working groups.

PCMH. The MHS’s model of primary care, which includes family medicine, pediatrics, internal medicine, operational medicine, and multi-disciplinary primary care clinics. PCMHs’ operations are guided by Tri-Service standard processes and procedures with warranted variance in the type of additional care available based on the needs of the patient population.

private sector care. Healthcare delivered in the civilian private sector care system through TRICARE contracts.