

15 October 2003

## INFORMATION PAPER

**SUBJECT:** Memorandum of Understanding (MOU) with the TRICARE Next Generation of Contracts Managed Care Support Contractor (MCSC).

1. Purpose: To provide an overview of the purpose, development process, and review requirements of the MTF commander/MCSC MOU.
2. The MOU between the MTF commander and the MCSC (Humana) is a TRICARE Next Generation contract requirement. The MCSC is required to meet with each facility after contract award to begin MOU development. A schedule for these meetings is being coordinated by the MCSC with MTF commanders is being coordinated and will be forwarded soon. To prepare for the visit, the MCSC will request that an electronic survey be completed. After the initial visit, meetings to complete the MOU will occur as necessary. A final draft for MTF commander signature is due no later than 75 days prior to the start of health care delivery.
3. Before an MOU is executed, it must be approved by the TRICARE South Contracting Officer and the Regional Director. Intermediate commands may also provide direction regarding their requirements for review of the MOU before the document is signed. MOUs are reviewed and re-executed annually. A process for interim updates and changes to the MOU will be provided at a later date.
4. The MOU is a tool to establish cooperative operating relationships between the MCSC and the commander to facilitate effective integration of health care delivery and service to beneficiaries in the MTF catchment area. To accomplish this, the MOU identifies and describes roles and responsibilities of the parties regarding specific administrative processes where coordination is required in the contract or operations manual.
5. Most MTFs in Regions 3, 4 and 6 have MOUs with the current Managed Care Support contractor. The MOUs required under the new contract are highly similar in content and format. To prepare for the contractor's on site visit, a review of the current MOU is highly recommended.
6. The new MOUs should include a cover sheet to document revisions, the general MOU statement in Chapter 16, Addendum A, TRICARE Operations Manual (attached), and a series of attachments. The first attachment is usually the balanced workload agreement. Other attachments should address procedures for meeting contract requirements for contractor participation in contingency operations, managing enrollment capacities, performing PCM assignment procedures, detailing IM/IT interface and telecommunications requirements, managing referrals/authorizations/completed consults, establishing

required meetings, accessing and using MTF facilities, accomplishing network development, locating the TRICARE Service Center, establishing case management interfaces, etc.

7. Representatives of the Lead Agent and TRICARE South staff will accompany the MCSC on the MTF site visits. Their task is to introduce the MCSC representatives, be a resource to commanders and their staffs, answer questions, clarify contract requirements, and identify regional issues, if any.

8. The TRICARE South staff is ready to assist with any questions. The point of contact is COL Martha C. Lupo, 210-292-3200 or [martha.lupo@tricaresw.af.mil](mailto:martha.lupo@tricaresw.af.mil), cc: [jerry.brown@tricaresw.af.mil](mailto:jerry.brown@tricaresw.af.mil).

## MODEL MEMORANDUM OF UNDERSTANDING

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**NOTE:** Model provided for example only. This is not intended to be all inclusive.

This Agreement is entered into this \_\_\_\_ day of 200\_\_ by and between \_\_\_\_\_ ("Contractor") and \_\_\_\_\_ ("MTF" or "Regional Director").

This Memorandum of Understanding (MOU) describes the respective responsibilities of both parties under the Managed Care Support program. This MOU reflects the actions expected to be taken by the Contractor and the MTF Commander (or Regional Director) and the degree to which each party will consult with the other before taking certain actions. All actions executed within the scope of this MOU will be reflected as a change to the Regional Health Services Plan and coordinated with the Regional Director prior to implementation.

The MTF Commander (or Regional Director) will take certain actions without a requirement to consult with the Contractor. The Contractor shall be informed as expeditiously as possible of the Commander's decisions on all these actions. These actions include:

- determining which enrollees will be assigned PCMs at the MTF;
- determining the types of specialty care cases to be referred to the MTF;
- establishing the utilization management and quality assurance procedures employed for case management cases of care delivered in both the direct and civilian care settings;
- changing MTF capabilities/staffing.

The MTF Commander (or Regional Director) will take certain actions only after receiving input from the Contractor. These activities include:

- changing the location of the TRICARE Service Centers; and
- acting on early TRICARE PRIME disenrollment requests.

The Contractor will take certain actions only after receiving input from the MTF Commander (or Regional Director). These include:

- developing beneficiary referral and reallocation patterns to the MTF (see Attachment A);

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 16, ADDENDUM A

MODEL MEMORANDUM OF UNDERSTANDING

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- developing resource sharing agreements;
- developing the enrollment plan and procedures;
- developing TRICARE PRIME disenrollment procedures;
- changing TRICARE Service Center staffing levels; and
- conducting provider education programs.

The Contractor will take certain actions without a requirement to consult with MTF Commanders (or Regional Director). These are:

- meeting other contractual obligations specified in the Contractor's contract with the Department of Defense.

In witness whereof, the parties have executed this Memorandum of Understanding.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name and Title of  
Contractor Representative

\_\_\_\_\_  
Printed Name and Title of MTF  
Commander or Representative  
(Not Required if this is a Regional  
Director MOU)

Approved

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Contracting Officer

\_\_\_\_\_  
Printed Name and Title of Lead  
Agent or Representative