



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2748 WORTH ROAD  
FORT SAM HOUSTON, TX 78234-6000

REPLY TO  
ATTENTION OF

OTSG/MEDCOM Policy Memo 15-019

MCHO-CL-C

02 APR 2015

Expires 2 April 2017

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: First Call Resolution and Do Not Call Back Policy

1. Reference: Memorandum, Secretary of Defense, Military Health System Action Plan for Access, Quality of Care, and Patient Safety, 1 October 2014.
2. Purpose: This policy requires first call resolution for all patients requesting appointments at all Army Medical Treatment Facilities (MTFs). Under this policy beneficiaries will not be asked to call back for an appointment.
3. Proponent: The proponent for this policy is Health Plan Management, Healthcare Delivery, MEDCOM G-3/5/7.
4. Policy: This policy identifies responsibilities of MTF commanders, primary care, specialty care and other stakeholders identified in the appointing process to ensure patient satisfaction for our beneficiaries; outlines use of alternative portals such as Army Medicine Secure Messaging, Nurse Advice Line and TRICARE On Line; specific procedures are also identified to correctly transfer calls in accordance with existing access to care standards, referral management protocols, and proper use of managing clinic schedules to ensure appointing success the first time one of our patients seeks access.
5. Responsibilities:
  - a. Appointing agents will:
    - (1) Book appointments in accordance with access to care standards and referral management protocols.
    - (2) If unable to find an acceptable appointment for the patient, explain local guidelines and transfer the patient to the appropriate clinical team, via positive call transfer (warm hand-off) if possible, for triage and appropriate disposition (i.e., walk-in, add/book appointment, engage via AMSMS, defer to network, etc.).

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(3) Complete first call resolution and will not ask patients to call back for an appointment as outlined in this memo.

**b. Clinic Teams will:**

(1) Accept positive transfer calls from appointing agents when possible, or reply to patients within 2 hours if positive call transfer is not possible.

(2) Manage patient requests using established team protocols to determine most appropriate disposition.

(3) Use daily team huddles to review schedules to see if patients can be taken care of via enhanced access methods.

(4) Complete first call resolution and will not ask patients to call back for an appointment as outlined in this memo.

**c. Practice Managers/Template Managers/Call Center Supervisors will:**

(1) Maximize the use of auto-reconfiguration and TRICARE Online.

(2) Manage schedules to maximize the availability of open appointments for booking agents (45-day release appointments and 5% or less use of the appointment code "\$" on an appointment slot or the Provider Book Only detail code as they restrict agents ability to appoint).

(3) Ensure all call center agents are properly trained and knowledge on the TRICARE access standards and booking protocols.

(4) Ensure appointing agents comply with first call resolution and do not call back policy.

**d. MTF Commanders will:**

(1) Manage provider capacity and availability to meet patient demand.

(2) When adequate capacity is not achievable within the MTF, ensure efficient transfer of patients to other MTFs, or ensure a referral to the network is offered to meet the patient's health care needs within the established access standards.

(3) Ensure compliance with first call resolution and do not call back policy.

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6. Procedures:

a. Primary Care teams are responsible for the care Active Duty (TRICARE Prime, reliant, or otherwise entitled, i.e., ADSMs on terminal leave), non-active duty TRICARE Prime, and TRICARE Plus beneficiaries. These beneficiaries are entitled to access within the standards spelled out in 32 Code of Federal Regulations part 199.17. The wait for an urgent care visit shall generally not exceed 24 hours, for a routine visit, shall not exceed one week; and for a well-patient visit or a specialty care visit shall not exceed four weeks. When unable to accommodate within these standards, the MTF will offer the patient a referral to the network.

b. As stated above, TRICARE Prime patients' access to specialty care shall not exceed four weeks. Specialty Care teams will accept or defer to the network all incoming referrals within one business day of receipt. Other beneficiary categories such as TRICARE Plus are entitled to access on a space-available basis. Clinic teams will provide alternatives for space-available patients (visiting the MTF referral management office, contacting the TRICARE contractor, contacting Medicare).

c. MTFs will maximize alternative access portals such as Army Medicine Secure Messaging System, Nurse Advice Line, and TRICARE Online. MTFs will not divert patients to the NAL during business hours as a means to complete first call resolution.

d. Continuity between a patient and his/her PCM, PCM team, and/or the MTF is critical to the success of world-class care. Although the goal is to maintain the highest level of PCM continuity possible, cross-booking of patients may be necessary to reduce the volume of care being leaked to the network. When appointments are not available with a team, and a patient is transferred to the clinic for disposition, the disposition decision rests with the PCM and their staff, and may include the use of enhanced access methods described above, the decision to cross-book to another provider or team, or to defer the patient to the network. When making these determinations, it is essential that they balance the benefit of continuity with good stewardship of our resources.

FOR THE COMMANDER:

  
ULDRIC L. FIORE, JR.  
Chief of Staff