

TRICARE Network Providers Possibly Affected by Personally Identifiable Information (PII) Compromise

In February 2008, the Department of the Air Force sent letters out to approximately 62,000 TRICARE network and 21,000 Air Force Medical Service providers and support staff nationwide to notify them of a potential Personally Identifiable Information (PII) compromise that may have occurred sometime between November 2006 and November 2007. A file, containing such personal information as names, Social Security numbers and/or birth dates, was stored on a potentially vulnerable server in Falls Church, Va.

Since the letters were mailed in February, some of the notifications were returned “undeliverable.” The Department of Defense (DoD), TRICARE and the Department of the Air Force take all potentially compromising information security situations very seriously and want to always act in the best interest of the provider staff we support. In an effort to increase greater awareness about this incident, the following information summarizes the incident,

the perceived risk and the recommended course of action for providers and staff.

What Happened?

The file was discovered during a routine security scan in January 2008. Upon discovery, the file was immediately removed from the potentially vulnerable server. The Defense Information Systems Agency (DISA) then launched an extensive and rigorous data forensic investigation to determine the extent of the possible risk.

Investigation Findings

The investigation concluded that not only was there no evidence to indicate that the file was compromised, but also the actual risk of unauthorized access to this personal information was very low. Subsequently, all systems continue to be assessed, certified and updated to ensure that the systems and the stored files remain secure, adhering to stringent DoD security specifications.

Recommendations

If you did not receive a letter in February but want to verify whether or not your information was contained in this file or if you have any questions, the Department of the Air Force has created a special Response Center to handle any inquires related to this incident. Please call the toll-free hotline number at 1-888-217-0297, Monday through Friday, 9 a.m. to 9 p.m. Eastern Time. You also may send an e-mail to SIRNinfo@FADV.com.

Again, while the unauthorized risk was assessed to be very low, we do recommend that you monitor your financial records and credit reports for unusual or suspicious activity as a precaution against the possibility of fraud or identity theft. We encourage you to review the fraud alert procedures recommended by the Federal Trade Commission (FTC) at www.ftc.gov/bcp/edu/microsites/idtheft/ to determine whether you wish to place a 90-day fraud alert on your credit file. ■

TRICARE Expands Coverage for Autism Services

The Department of Defense (DoD) and TRICARE recently announced a demonstration project that expands coverage for active duty family members (ADFM) diagnosed with autism.

The Enhanced Access to Autism Services Demonstration Project went into effect on March 15, 2008. **Note:** Expanded coverage may not be immediately available in all markets. It provides TRICARE reimbursement for Educational Interventions for Autism Spectrum Disorders (EIA) services, such as Applied Behavior Analysis (ABA), delivered by paraprofessional providers or qualified tutors.

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TRICARE Prime Access Standards: Setting the Standard for Care

TRICARE is committed to ensuring that TRICARE Prime beneficiaries have timely access to quality care from civilian network providers. To that end, the Department of Defense (DoD) has established access standards so that TRICARE beneficiaries may receive medically necessary care in a timely manner and within a reasonable distance from their homes. As a TRICARE provider, you and your office staff are responsible for complying with these standards when providing care to TRICARE beneficiaries.

Appointment Wait Time Standards

TRICARE network providers are obligated to adhere to appointment wait time access standards when treating TRICARE Prime beneficiaries. Wait time standards for appointments are as follows:

- Well visits shall not exceed four weeks (28 days)
- Specialty visits shall not exceed four weeks (28 days)
- Routine visits shall not exceed one week (7 days)
- Acute illness or urgent care shall not exceed 24 hours

Upon arrival at your office, a TRICARE Prime beneficiary should be seen by a provider within 30 minutes or less in nonemergency situations. If anticipated appointment times are behind schedule because of an emergency situation, your staff should inform waiting and arriving beneficiaries of the cause and length of the delay. Additionally, beneficiaries should be offered the choice to wait or reschedule the appointment.

Specialty Care Drive Time Standards

If you need to refer your patient for specialty care services, the beneficiary's drive time should be less than one hour. For TRICARE Prime beneficiaries who live outside of Prime Service Areas, i.e., the geographic areas where TRICARE Prime is offered, beneficiaries have waived their drive time standards and are required to use TRICARE network PCMs and specialists regardless of drive time.

Standards Compliance

As a TRICARE network provider, meeting these standards is essential. If you have any change in demographics, panel status or your ability to meet appointment standards, you must notify Humana Military Healthcare Services, Inc. (Humana Military) within 10 days of the change. Behavioral health care providers should notify ValueOptions, Inc. within the 10-day requirement.

When you adhere to TRICARE's access standards, you're helping to ensure that TRICARE beneficiaries have quick and easy access to quality health care. For more information about provider responsibilities and Prime Access Standards, refer to Section 2, "Important Provider Information" of the *TRICARE Provider Handbook* or visit the Humana Military Web site at www.humana-military.com. ■

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To be eligible for the demonstration project, your TRICARE patient must be at least 18 months old, enrolled in the Exceptional Family Member Program (EFMP), registered for ECHO coverage and live in the 50 United States or the District of Columbia.

"We think this demonstration project will address some of the concerns families have had—especially the inability to locate authorized ABA providers," said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. "However, we will only be successful if providers come forward to support our military families."

For more information about the new demonstration project, including access to reports, PowerPoint presentations and checklists, visit the TRICARE Web site at www.tricare.mil or the Humana Military Healthcare Services, Inc. Web site at www.humana-military.com. ■



Transfer of Clinical Information: A Quality Effort

All of us in the medical field—TRICARE, Humana Military Healthcare Services, Inc. (Humana Military) and network providers—understand the need to impart adequate clinical information to other providers during transitions in care. This seems like a self-evident course of action; however, we frequently fail to do so.

How important is it for a floor nurse or resident physician to give a concise,¹ yet comprehensive change of shift report to those colleagues coming on shift? Post-surgical² reports are vital to subsequent inpatient care. The lack of timely communication of discharge information by an inpatient specialist³ or outpatient consultant⁴ to a primary care manager (PCM) has been shown to negatively impact patient care.

Likewise, when a PCM requests a consult or consideration of a procedure by a specialist, adequate, timely and actionable information is essential for specialist decision-making.⁵ It is not necessary to share an entire history, but information about the patient's specific condition, medications, services requested, reason for consultation, allergies and immune status, coagulopathies and similar information is crucial.

Failure to communicate this clinical information can reasonably be considered a quality of care issue. Adverse outcomes like allergic reactions; drug interactions; unnecessary services, such as X-rays; and unanticipated complications can and do result. Communication failures also contribute to wasted time for medical professionals and staff across the continuum of care, financial losses and overall patient dissatisfaction.⁶

Within the TRICARE system, the importance of adequate information transfer is especially important due to the inherent differences between the civilian and military systems and related communications challenges. Military treatment facilities (MTFs) have the "right of first refusal" for certain referrals. This means that if the MTF has the capability to render certain types of care, patients can have

those services rendered at the MTF. However, the MTF specialist needs to understand the patient's circumstance in order to make this decision, and then render the proper care.

As a plea to PCMs in Humana Military's network in the TRICARE South Region, especially those in areas where an MTF is within the larger community, we ask that you please communicate essential patient information when requesting specialty consultations. ■

References:

¹ Van Eaton EG, Horvath KD, Lober WB, Pellegrini CA, "Organizing the transfer of patient care information: the development of a computerized resident sign-out system" *Surgery* (2004 July) 136(1):5-13, ISSN: 0039-6060.

² Williams RG, Silverman R, Schwind C, Fortune JB, Sutyak J, Horvath KD, Van Eaton EG, Azzie G, Potts JR, Boehler M, Dunnington GL, "Surgeon Information transfer and communication: factors affecting quality and efficiency of inpatient care" *Ann Surg* (2007 Feb.) 245(2):159-69, ISSN: 0003-4932.

³ Kripalani S, LeFevre F, Phillips CO, Williams MV, Basaviah P, Baker DW, "Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care" *JAMA* (2007 Feb. 28) 297(8):831-41, ISSN: 1538-3598.

⁴ Cummins RO, Smith RW, Inui TS, "Communication failure in primary care. Failure of consultants to provide follow-up information" *JAMA* (1980 April 25) 243(16):1650-2, ISSN: 0098-7484.

⁵ Kisloff B, Peele PB, Sharam R, Slivka A, "Quality of patient referral information for open-access endoscopic procedures" *Gastrointest Endosc* (2006 Oct.) 64(4):565-9, ISSN: 0016-5107.

⁶ Frisse ME, Holmes RL, "Estimated financial savings associated with health information exchange and ambulatory care referral" *J Biomed Inform* (2007 Dec.) 40(6 Suppl):S27-32, ISSN: 1532-0480.



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National TRICARE Web Site
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Improving Outpatient Care Satisfaction

The government conducts regular TRICARE beneficiary satisfaction surveys to determine how satisfied our beneficiaries are with the inpatient and outpatient medical services rendered by TRICARE network providers. A recent survey revealed statistically significant lower results for receiving medically necessary outpatient care in a timely manner when compared with national customer satisfaction benchmarks.

Health Care Survey of Department of Defense Beneficiaries (HCSDB) results revealed:

- Getting Needed Care: Humana Military 73 percent, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) benchmark 77 percent (Composite of responses related to getting care from specialists, finding a personal doctor, delays awaiting approval, getting care you think is needed)
- Getting Care Quickly: Humana Military 71 percent, HCAHPS benchmark 77 percent (Composite of responses related to wait in doctor's office, wait for urgent care, wait for routine appointment, care over telephone)

All of us at Humana Military Healthcare Services, Inc. (Humana Military) hope that in sharing this information with our TRICARE providers, it will increase your interest and participation in efforts to improve beneficiary satisfaction levels, including compliance with TRICARE access standards within your facilities and outpatient offices.

Established by the Department of Defense (DoD), access standards ensure beneficiaries receive care in a timely manner and within a reasonable distance from their home. See "TRICARE Prime Access Standards: Setting the Standard for Care" article in this issue of *TRICARE Provider News*, or refer to Section 2, "Important Provider Information" in the *TRICARE Provider Handbook* for more information.

We will be contacting our network providers about improving timely access to needed care and increasing TRICARE beneficiary satisfaction. Please contact Humana Military directly at 1-800-444-5445 if you require additional information. We are committed to working with you to improve satisfaction scores. ■