Defense Health Agency
PROCEDURAL INSTRUCTION

NUMBER 6025.10
October 9, 2018

Healthcare Operations

SUBJECT: Standard Processes, Guidelines, and Responsibilities of the DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS) Military Medical Treatment Facilities (MTFs)

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (d), and in accordance with the guidance of References (e) through (t), establishes the Defense Health Agency's (DHA) procedures to begin standard processes and guidelines for the Patient's Bill of Rights and Responsibilities, (Reference (e)), 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 "DoD Components").

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

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (d) through (t), that:

a. MHS patients have explicit rights about information disclosure; choice of providers; health plans; access to emergency services; participation in treatment decisions; respect and nondiscrimination; privacy and security of personally identifiable information and protected health information, complaints, and appeals; as well as specific responsibilities to participate in their own health decisions.

b. This DHA-PI does not expand the scope of benefits or create any entitlement inconsistent with References (a) and (k), or other applicable law or regulation. Additionally, deviation from the guidelines in this DHA-PI does not result in a legal cause of action. Failure of a patient to adhere to the responsibilities listed in Enclosure 2, will not by itself result in a loss of benefits or other adverse action.

c. MTFs will implement standard procedures and guidelines to ensure patients and personnel are aware of the DoD Patient Bill of Rights and Responsibilities (Reference (e)), identified in this DHA-PI.

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 Health.mil site at 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 (d)).

R. C. BONO
VADM, MC, USN
Director

Enclosures
1. References
2. Responsibilities
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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, as amended
(e) DoD Instruction 6000.14, "DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)," September 26, 2011, as amended
(f) Health Affairs Policy 11-005, "TRICARE Policy for Access to Care," February 23, 2011
(g) Health Affairs Policy 09-015, "Policy Memorandum Implementation of the 'Patient-Centered Medical Home' Model of Primary Care in MTFs," September 18, 2009
(h) National Defense Authorization Act for Fiscal Year 2017, Section 731
(i) DHA-Interim Procedures Memorandum 18-001 "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
(j) DHA-Procedural Instruction 6025.03, "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)," January 30, 2018
(k) DHA-Procedural Instruction 6025.06, "Standardized Templates for Primary Care Clinical Encounter Documentation," May 16, 2018
(l) Code of Federal Regulations, Title 32, Part 199
(m) DoD Directive 5400.11, "DoD Privacy Program," October 29, 2014
(n) Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," August 21, 1996
(o) Executive Order 13410, "Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs," August 22, 2006
(p) DHA-Interim Procedures Memorandum 17-009, "Nurse Advice Line (NAL) Program Operations Guidance," December 11, 2017
(q) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
(r) Code of Federal Regulations, Title 45, Parts 160 and 164
(s) DoD Instruction 8500.2, "Information Assurance (IA) Implementation," February 6, 2003
(t) TRICARE Operations Manual 6010.56-M, February 1, 2008, as amended

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 (ASD(HA)) or the ASD(HA)-designated representative, and in accordance with Reference (c), the Director, DHA, will:

a. Assign responsibility for tracking compliance with the standard processes and guidelines outlined in this DHA-PI to the Deputy Assistant Director (DAD), Healthcare Operations (HCO).

b. Support the markets and MTFs 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 and other MTFs identified as under the administrative control of the Director, DHA.

2. DAD, HCO. The DAD, HCO, will:

a. Monitor compliance with the guidance outlined in this DHA-PI through the Chief, DHA Clinical Business Operations (CBO).

b. Coordinate with the DAD, Medical Affairs, on the implementation of the standard MTF processes and guidelines identified in this DHA-PI and on processes to improve compliance.

c. Ensure electronic enrollment capabilities are available on the TRICARE Beneficiary Web Enrollment (BWE) portal: https://www.dmdc.osd.mil/appj/bwe/indexAction.do;jsessionid=6eizvV5rHM4ALldiw5sj2Bnmfo07Ua2aQVLtprQSE7LUhvSeDCfR!-1438455144.

d. Ensure the TRICARE Regional Contractors establish processes to allow beneficiaries to request a change to a different Primary Care Manager (PCM).

e. Ensure procedures for TRICARE appeals processes are established.

3. CHIEF, DHA CBO. The Chief, DHA CBO, will:

a. Monitor compliance with the standards and standard processes in this DHA-PI.

b. Coordinate recommendations to improve standards processes with the Patient Centered Care Operations Board (PCCOB).

c. Report to the DAD, HCO, and the Enterprise Solutions Board on compliance with this DHA-PI and on recommendations to improve standard processes.

4. PCCOB. The PCCOB will:

a. Evaluate and assess compliance with the processes in this DHA-PI through the Patient Experience Working Group (PEWG).

b. Develop process improvement recommendations to improve standard processes in implementing and communicating patient rights and responsibilities to MTFs and beneficiaries.

c. Recommend additional standard processes and guidelines to the Chief, DHA CBO, for approval and inclusion in updates to this DHA-PI in support of continuous improvement and high reliability principles.

5. PEWG. The PEWG will:

a. Review measures of compliance with this DHA-PI and provide an assessment to the PCCOB at least annually.

b. Identify and recommend additional measures or survey questions to assess compliance with this DHA-PI to the PCCOB.

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

a. Establish standard processes to ensure beneficiaries and MTF personnel are aware of the Patient Rights and Responsibilities in the MHS.

b. Comply with the standard processes and guidelines in this DHA-PI.

c. Ensure beneficiary PCM preferences are taken into account when empaneling beneficiaries, as clinically appropriate.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. This DHA-PI establishes standard processes and guides implementation of the DoD Patient Bill of Rights and Responsibilities (Reference (e)), in MHS MTFs. The DoD Patient Bill of Rights and Responsibilities (Reference (e)), strengthens patient confidence by assuring the healthcare system is fair and responsive to patients' needs, provides patients with credible and effective mechanisms to address their concerns, and encourage patients to take an active role in improving and maintaining their health. The DoD Patient Bill of Rights and Responsibilities (Reference (e)) reaffirms the importance of a strong relationship between patients and their healthcare professionals and also reaffirms the critical role patients play in safeguarding their own health.

2. TIMELINE. Full compliance with this DHA-PI is required 6 months from signature for all MTFs.

3. DoD PATIENT BILL OF RIGHTS AND RESPONSIBILITIES (REFERENCE (E)), IN MHS MTFs

a. Patient Rights

(1) Medical Care. Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including timely access to specialty care and to pain assessment and management.

(2) Respectful Treatment. Patients have the right to considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems.

(3) Privacy and Security

(a) Patients have rights, defined by Federal law, in accordance with References (m) through (n), to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other personally identifiable information, in electronic, written, and spoken form. These rights include the right to be informed when breaches of privacy occur, to the extent required by Federal law.

(b) Limits of confidentiality. Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.

(4) Provider Information. Patients have the right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. The MTF will inform the patient of the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.

(5) Explanation of Care. Patients have the right to an explanation concerning their diagnosis, treatment options, procedures, and prognosis in terms that are easily understood by the patient or responsible caregiver. The specific needs of vulnerable populations in the development of the patient's treatment plan shall be considered when applicable. Such vulnerable populations shall include anyone whose capacity for autonomous decision-making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.

(6) Informed Consent. Patients have the right to any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available. Patients will be informed that information on TRICARE covered services, including clinical trials, is available on the TRICARE.mil website at: www.tricare.mil.

(7) Filing Grievances. Patients have the right to make recommendations, ask questions, or file grievances to the MTF Patient Relations Representative or to the Patient Relations Office. If concerns are not adequately resolved, patients have the right to contact The Joint Commission (TJC) at 1-800-994-6610, or by submitting a concern or complaint online at https://www.jointcommission.org/report_a_complaint.aspx.

(8) Research Projects. Patients have the right to know if the MTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects and withdraw consent for participation at any time.

(9) Safe Environment. Patients have the right to care and treatment in a safe environment.

(10) MTF Rules and Regulations. Patients have the right to be informed of the MTF rules and regulations that relate to patient or visitor conduct.

(11) Transfer and Continuity of Care. When medically permissible, a patient may be transferred to another MTF or private sector facility/provider only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer.

(12) Charges for Care. Patients have the right to understand the charges for their care and their obligation for payment.

(13) Advance Directive. Patients have the right to make sure their wishes regarding their healthcare are known even if they are no longer able to communicate or make decisions for themselves.

(14) Limits of Confidentiality. Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency, or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others."

b. Patient Responsibilities

(1) Providing Information. Patients are responsible for providing accurate, complete, and up-to-date information about complaints, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their knowledge. Patients are responsible for advising their healthcare provider of whether they understand the diagnosis, treatment plan, and prognosis.

(2) Respect and Consideration. Patients are responsible for being considerate of the rights of other patients and MTF healthcare personnel. Patients are responsible for being respectful of the property of other persons and of the MTF.

(3) Adherence with Medical Care. Patients are responsible for adhering to the medical and nursing treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying MTF when appointments cannot be kept.

(4) Medical Records. Patients are responsible for returning medical records promptly to the MTF for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any MTF are the property of the U.S. Federal Government.

(5) MTF Rules and Regulations. Patients are responsible for following MTF rules and regulations affecting patient care and conduct.

(6) Refusal of Treatment. Patients are responsible for their actions if they refuse treatment, or do not follow the practitioner's instructions.

(7) Healthcare Charges. Patients are responsible for meeting financial obligations incurred for their healthcare as promptly as possible.

4. MTF PROCESSES AND GUIDELINES

a. Disseminating the DoD Bill of Patient Rights and Responsibilities. MTFs will ensure the DoD Bill of Patient Rights and Responsibilities is disseminated to beneficiaries in English and any other languages common in the local beneficiary population using existing MTF translation services as follows:

(1) The MTF will post and make available the DoD Bill of Patient Rights and Responsibilities in at least one high traffic location in the MTF which may include but is not limited to the MTF entrance, pharmacy, laboratory, primary care waiting areas.

(2) The MTF will post the DoD Bill of Patient Rights and Responsibilities on the MTF website.

(3) The MTF will provide patients admitted for inpatient or ambulatory procedures a copy of the DoD Patient Bill of Rights and Responsibilities (Reference (e)), if applicable to the MTF scope of services.

b. Information Sharing. Each MTF shall provide patients with accurate, easily understood information and assistance in making informed healthcare decisions about the MHS and MTF standard processes, operating hours, providers, and other applicable information, as appropriate. MTFs will promote quality and efficient healthcare through the use of health information technology; transparency regarding healthcare quality and price; and better incentives for patients and providers in accordance with Reference (o), and in accordance with specifications established by the ASD(HA) or the ASD(HA)-designated representative.

(1) Each MTF shall provide patients accurate, understandable, and timely information about the TRICARE program in accordance with Reference (f), including details of the covered health benefit, access standards, the various health plan options, and applicable cost-sharing arrangements. All information about the TRICARE program related to private sector care will either be taken from the TRICARE.mil website, be presented by a representative of the TRICARE Health Plan, one of the TRICARE Managed Care Support Contractors (MCSCs).

(2) Each MTF shall make every reasonable effort to maintain scheduled appointments. This includes providers keeping appointments on time and notifying the patient when appointments cannot be kept in accordance with standard processes in Reference (i).

(3) To promote quality and efficient delivery of healthcare, each MTF shall provide beneficiaries with information on how to access publicly available facility performance data which can be found at https://health.mil.

(4) Upon empanelment to the MTF, patients shall be informed how to access facility compliance data on TJC Quality Check® Website at https://www.jointcommission.org; to include quality goals, patient safety goals, and TJC accreditation status according to Reference (k)). MTFs shall publish TJC Quality Check® Website address in MTF communication or marketing materials for beneficiaries.

(5) DHA will publish approved performance and other information about MTFs on the MHS transparency website at https://health.mil.

(6) MTFs accredited by organizations other than TJC shall provide beneficiaries with information similar to that described in subparagraph 3.a. of this enclosure in printed literature and facility Internet Websites as appropriate.

(7) DHA will have full-time dedicated Beneficiary Counseling and Assistance Coordinators (BCACs), and MTFs will have either full-time or collateral duty BCAC positions. The BCACs are subject matter experts available to explain the TRICARE health plan and options available to assist beneficiaries in their healthcare decisions.

(8) The MTF shall establish processes to ensure sustained, effective, two-way communication exists between the medical facility and its beneficiary population through meetings, publications, and various other media, as appropriate. The parent-level MTF also will implement Patient and Family Partnership Councils in accordance with Reference (h).

(9) The MTF will keep beneficiaries informed about access to care issues, operating hours, service interruptions or changes to operating hours, new programs, and other aspects of medical operations.

(10) The MTF will establish standard processes to provide information upon request (e.g., provider credentials, patient satisfaction, accreditation survey results, and procedures to register complaints).

c. Choice of Providers and Plans. Each MTF shall provide beneficiaries with the right to a choice of healthcare providers that is sufficient to ensure access to appropriate, high-quality healthcare.

(1) TRICARE Prime provider networks, coupled with the MTF capabilities, shall provide access to sufficient numbers and types of providers to ensure that all covered services are accessible within the TRICARE Prime access standards.

(2) TRICARE Prime access standards include emergency care 24 hours per day and 7 days per week, urgent care generally within 24 hours, routine primary care within 7 days, and specialty care within 28 days, in accordance with Reference (f).

(3) All Active Duty Service members (ADSMs) and Prime enrollees will be assigned to a PCM by name. Beneficiaries may enroll in Prime, dis-enroll from Prime, select a different PCM, and update a home address by one of the following methods:

(a) Electronically through the TRICARE BWE portal; or

(b) By submitting a DD Form 2876, TRICARE Prime Enrollment, Disenrollment and PCM Change Form to the TRICARE Regional Contractor.

(4) Beneficiary PCM change requests will be honored if the MTF commander or director determines capacity exists, if the requested PCM is able to meet the beneficiary's medical needs, and if a PCM change does not unnecessarily erode continuity of care. The MTF commander or director will ensure patients are informed of their recourse if they disagree with the PCM assignment.

(5) The MHS has implemented the Patient Centered Medical Home (PCMH) model of primary care in MTFs. In order to eliminate fragmented, episodic care and focus on prevention and care coordination, MTFs will ensure standard processes are in place to direct ADSMs and other PRIME enrollees' primary healthcare to the PCM, the PCMH team to which the beneficiary is empaneled or to other providers to which the enrollee is referred.

(a) The PCM and PCMH team will coordinate and integrate empaneled enrollees' care by making an appropriate referral for any necessary specialty and non-emergency inpatient care.

(b) The MTF will implement expanded hours in PCMH based on patient demand analysis or establish a MTF Urgent Care Clinic (UCC) capability if sufficient demand exists to warrant a positive business case of other criteria exist and inform non-ADSM beneficiaries that they are entitled to unlimited self-referred visits to network UCCs in accordance with Reference (j).

(c) The MTF will encourage beneficiaries empaneled to the MTF to contact the MHS Nurse Advice Line (NAL) to obtain evidence-based advice on the most clinically appropriate care needed or to obtain self-care advice. MHS NAL will provide additional services based on beneficiaries' enrollment status. The MHS NAL will assist beneficiaries empaneled to a MTF PCM in obtaining needed care to include MTF care available within the required timeframe. The MHS NAL also will provide documentation to the empaneled beneficiary's PCMH team to assist in care coordination in accordance with Reference (p).

1. Prime Enrollees Empaneled to the MTF. The MHS NAL will provide advice on the most clinically appropriate level of care, coordinate needed care including making an appointment in the beneficiary's PCMH within the required timeframe or assist the beneficiary in locating a network or non-network UCC. The MHS NAL also will provide documentation to the beneficiary's PCMH team to assist in care coordination in accordance with Reference (p). The MHS NAL will enter a referral for network UCC, if required, for ADSMs.

2. MCSC Enrollees and TRICARE Select Beneficiaries. The MHS NAL will provide advice on the most clinically appropriate level of care and will provide beneficiaries with provider locator services as needed.

(6) Beneficiaries undergoing a course of treatment for a chronic or disabling condition, or those who are in the second or third trimester of a pregnancy at the time there is an involuntary change in coverage of the specialty services being provided shall, to the extent possible and legally permissible, be able to continue seeing their current specialty provider for up

to 90 days (or through completion of postpartum care), to preserve continuity of care and allow for transition of care.

(7) In the case of an involuntary loss of eligibility for the MHS, the continued transitional access to healthcare shall be through the Transition Assistance Management Program or the Continued Health Benefit Program in accordance with Reference (f). The Continued Health Benefit Program requires payment of an enrollment fee. They may also seek continued care under applicable procedures for the Secretarial Designee Program.

(8) In the case of an involuntary loss of other health insurance coverage coincident with the continuation or initiation of MHS eligibility, continued transitional coverage of the specialty care involved shall be through TRICARE, in accordance with section 199.17 of Reference (f).

(9) In the case of a termination of the provider involved or a change in the applicable MCSC affecting a TRICARE Prime enrollee, continued transitional coverage of the specialty care involved shall be in accordance with appropriate TRICARE policies and procedures (if the beneficiary remains enrolled in TRICARE Prime), with applicable TRICARE Prime cost-sharing amounts applied.

d. Access to Emergency Services. Each MTF shall provide MHS beneficiaries with information regarding their right to access emergency healthcare services when and where the need arises. Emergency services are covered in circumstances where acute symptoms are of sufficient severity that a "Prudent Layperson" could reasonably expect the absence of medical attention would result in serious health risks or death.

(1) There is no requirement for preauthorization for emergency services.

(2) Providers and facilities are subject to payment limits because of either network agreements or regulations on balance billing.

(3) Each MTF shall provide MHS beneficiaries information on the location, availability, and appropriate use of emergency services, cost sharing, provisions for civilian emergency services, and availability of care outside of an emergency department.

e. Access to Urgent Care. Each MTF shall provide MHS beneficiaries with information regarding their right to access urgent care services. In accordance with Reference (j), non-ADSM Prime beneficiaries are allowed unlimited self-referred visits to network UCC clinics for urgent and acute care needs which require clinical assessment of symptoms within 24 hours.

(1) There is no requirement for preauthorization for urgent care; however, there is a copay for retirees and their family members enrolled in TRICARE Prime.

(2) Providers and facilities are subject to payment limits because of either network agreements or regulations on balance billing.

(3) Each MTF shall provide MHS beneficiaries information on the location, availability, operating hours and appropriate use of urgent care services including the availability of care in the MTF, the MHS NAL, and network UCC clinics.

f. Participation in Treatment Decisions. Each MTF shall ensure that MHS beneficiaries have the right and opportunity to participate fully in all decisions related to their healthcare, subject to readiness requirements for ADSMs.

(1) To the extent practical, MTFs shall:

(a) Provide patients with easily understood information and the opportunity to decide among treatment options consistent with the informed consent process.

(b) Provide patients with written and/or verbal information based on the patients preferred the way of receiving information.

(c) Discuss all treatment options, including the option of no treatment at all with a patient in a culturally and linguistically sensitive manner.

(d) Assess the patient's health literacy and ability to understand medical information based on the Health Literacy Screener in Tri-Service Workflow core forms in accordance with Reference (k).

(e) Ensure that patients with disabilities have effective communications with members of the health system in making such decision.

(f) Discuss all current treatments a patient may be undergoing, including complementary/alternative care and self-administered care.

(g) Discuss all risks, benefits, and consequences to treatment or non-treatment.

(h) Give competent patients the opportunity to refuse treatment and to express preferences about future treatment. If patients are unable to make decisions for themselves, the MTF staff will give the patient's designated representative the opportunity to refuse treatment and to express preferences about future treatment.

(i) Discuss the use of advance directives, both living wills and durable medical powers of attorney, with patients and their designated representatives and abide by all decisions made by the patients or their designated representatives. A provider who disagrees with a patient's wishes as a matter of conscience shall arrange for the transfer of care to another qualified provider willing to proceed according to the patient's wishes within the limits of the law and medical ethics. Signed advance directives shall become a part of the patient's medical record.

(2) MTF and MCSC providers and medical facilities shall disclose to their patients' all financial arrangements, contractual restrictions, ownership of or interest in healthcare facilities, matters of conscience, or other factors that could influence medical advice or treatment decisions. MCSC contracts shall not contain any contractual mechanisms that restrict the healthcare provider ability to communicate with and advise patients about medically necessary treatment options.

(3) The MHS shall not penalize or seek retribution against healthcare professionals or other health workers for advocating on behalf of their patients.

(4) For ADSMs, rights under paragraph 3.a. of this enclosure are subject to responsibilities of the ADSM to comply with Service requirements for military readiness and chapter 47 of Reference (e).

g. Respect and Nondiscrimination. Each MTF shall provide considerate, respectful care from all members of the MHS at all times and under all circumstances in an environment of mutual respect and free from discrimination. Subject to eligibility and other requirements of law and DoD regulations, including Chapter 55 of Reference (e), and Reference (f), the MHS does not discriminate in the delivery of healthcare services or in information and enrollment practices based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, genetic information, sexual orientation, or source of payment.

h. Privacy and Security of Health Information.

(1) Each MTF shall provide MHS beneficiaries with the right to communicate with healthcare providers in confidence; to have the privacy and security of their protected health information maintained, review and copy their own medical records, and request amendments to their records, subject to limited exceptions for which there is a clear legal basis.

(2) Patients shall be notified in advance of disclosure of sensitive information during the health care encounter that providers are required to make notifications to other agencies, individuals, or services in certain circumstances. These circumstances would include but not be limited to disclosures during the health care encounter of sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.

i. Complaints and Appeals. Each MTF shall provide MHS beneficiaries with the right to a fair and efficient process for resolving differences with their MTF healthcare providers, including a rigorous system of internal review and an independent system of external review. TRICARE Regional Contractors are responsible for establishing and ensuring a fair and efficient process for resolving differences with network providers in accordance with Reference (t).

(1) When healthcare services are denied by an MTF, which will not authorize TRICARE payment for the service, based on a determination that the services are not medically necessary, the beneficiary has the right to internal and external appeals.

(2) Appeals at the MTF shall follow appeal procedures in accordance with the most recent edition of Reference (m). Internal appeals for purchased care shall follow reconsideration procedures in accordance with paragraphs (f) through (h) of section 199.15 of Reference (l), and the appropriate TRICARE Manuals Appeals procedures at the MTF shall include written notification of the decision, reasons for the decision, and appeal procedures; timely resolution, including expedited consideration for decisions involving concurrent review and pre-admission or pre-procedure cases; use of credentialed providers not involved in the initial decision; and written notification of the reconsideration decision, the reasons for it, and the external appeal procedures.

(3) The TRICARE Regional External appeals for purchased care follow when all levels of internal appeals have been exhausted. External appeals shall follow the procedures established pursuant to paragraphs (f) through (i) of section 199.15 of Reference (f), and the appropriate TRICARE Manuals.

(4) TRICARE beneficiaries with grievances about a specific treatment or coverage decisions shall have an opportunity to seek resolution through established MTF or MCSC procedures.

(5) TRICARE Regional Contractors are responsible for establishing and ensuring a fair and efficient process for resolving differences with network providers in accordance with Reference (t) and in accordance with paragraphs (f) through (h) of section 199.15 of Reference (l), and the appropriate TRICARE Manuals Appeals procedures.

(6) Processes for appeals and complaints do not apply to beneficiary disagreements with eligibility requirements or other matters established by law or regulation or MTF determinations of space available care (including the availability of services, pharmaceuticals, equipment, or other items from a MTF).

j. Patient Responsibilities. Each MTF shall facilitate, promote, and encourage MHS patients to assume reasonable responsibility for their health. This increases the likelihood of achieving the best outcomes and supports quality improvement and a cost-conscious environment. Such responsibilities include:

(1) Maximizing healthy habits, such as exercising, not using tobacco, eating a healthful diet, and not knowingly spreading disease.

(2) Being involved in specific healthcare decisions, working collaboratively with healthcare providers in developing and carrying out agreed-upon treatment plans, disclosing relevant information, and clearly communicating wants and needs.

(3) Recognizing the risks and limits of the science of medical care and the human fallibility of the healthcare profession and being aware of a healthcare provider’s obligation to be reasonably efficient and equitable in providing care to other patients.

(4) Being knowledgeable about MHS and TRICARE coverage, options, and rules and abiding by applicable procedures.

(5) Showing courtesy for other patients and health workers and making a good-faith effort to meet financial obligations.

(6) Reporting wrongdoing, fraud, and waste to appropriate authorities.

5. COMPLIANCE MEASUREMENT, REPORTING, AND EVALUATION

a. Standard Data Sources. The MHS will measure compliance with the standard processes identified in this DHA-PI using standard data sources:

(1) Joint Outpatient Experience Survey website. Question 26 "Provider team considers my values and opinions when we make decsions about my healthcare." at: https://joesreports.com

(2) TRICARE Inpatient Satisfaction Survey (if applicable) at: https://trissreports.com "Communication with doctors," questions 5, 6 and 7.

(3) TJC Quality Check Website at: https://www.jointcomission.com

(4) Other data sources as appropriate.

b. Monitoring and Evaluation

(1) The PEWG will monitor patient awareness of the DoD Bill of Patient Rights and Responsibilities at least annually through DHA survey processes.

(2) The PEWG will provide a compliance summary and recommendations for improvement overall and by MTF to DHA HCO through the PCCOB at least annually.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADSM	Active Duty Service member
ASD(HA)	Assistant Secretary of Defense for Health Affairs
BCAC	Beneficiary Counseling and Assistance Coordinator
BWE	Beneficiary Web Enrollment portal
CBO	Clinical Business Operations
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
HCO	Healthcare Operations
MCSC	Managed Care Support Contractor
MHS	Military Health System
MTF	Military Medical Treatment Facility
NAL	Nurse Advice Line
PCCOB	Patient Centered Care Operations Board
PCM	Primary Care Manager
PCMH	Patient Centered Medical Home
PEWG	Patient Experience Working Group
TJC	The Joint Commission
UCC	Urgent Care Clinic

PART II. DEFINITIONS

ADSMs. ADSMs are members of the active or reserve components on Active Duty.

Direct Care. Direct care refers to healthcare delivered in MTFs.

Empanelment. TRICARE Prime or Plus beneficiaries are empaneled to an MTF PCM.

Empanelment Capacity. Empanelment capacity is the total MTF capacity to empanel TRICARE beneficiaries to MTF PCMs.

Enrollment. Enrollment is the term the MHS uses to describe the TRICARE Plan (Prime or Plus) to which a TRICARE beneficiary is enrolled.

Enterprise Solutions Board. A flag-level governance group with voting members from DHA and the Services with oversight for healthcare clinical and business operations and clinical communities.

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, and other key working groups.

PCM. PCMs is the MHS term for physicians, nurse practitioners and physician assistants trained in primary care specialties and to whom TRICARE Prime beneficiaries are empaneled

PCMH. The MHS' 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 managed care support contracts.

Prudent Layperson. Possessing an average knowledge of medicine and health.

TJC. A U.S.-based nonprofit organization that establishes standards and accredits more than 21,000 U.S. healthcare organizations and programs.

TRICARE Regional Contractors. The MHS contracts with TRICARE Regional Contractors to administer the TRICARE health benefit in the purchased care network.

UCC. A MTF or network clinic delivering urgent care.