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TRICARE
MANAGEMENT ACTIVITY

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**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: TRICARE QUALITY MONITORING CONTRACT (TQMC) UPDATES

CONREQ: 15425

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): References to Healthcare Operations Division (HCO) replaced with the Office of the Chief Medical Officer (OCMO). Removed requirement for an external contractor to review the annual Clinical Quality Management Program (CQMP) plans and reports, and returns those functions to the TRICARE Regional Offices (TROs) and OCMO.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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Director, Operations Division

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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

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2	PREAUTHORIZATIONS 1.0. General 2.0. Inpatient Mental Health 3.0. Effective And Expiration Dates
3	CONTRACTOR RELATIONSHIP WITH THE MILITARY HEALTH SYSTEM (MHS) TRICARE QUALITY MONITORING CONTRACTOR (TQMC) FIGURE 7-3-1 Box Inventory Document (Sample) FIGURE 7-3-2 Routine E-Mail (Sample)
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CHAPTER 7 - UTILIZATION AND QUALITY MANAGEMENT

SECTION SUBJECT

ADDENDUM C HOSPITAL ADJUSTMENTS

CONTRACTOR RELATIONSHIP WITH THE MILITARY HEALTH SYSTEM (MHS) **TRICARE** QUALITY MONITORING CONTRACTOR (**TQMC**)

1.0. The **TRICARE** Quality Monitoring Contractor (**TQMC**) conducts reviews to validate the appropriateness of the contractor's quality of care and utilization review decisions. The Managed Care Support Contractors (MCSCs), Designated Providers (DPs), and the TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC) shall transmit copies of the medical record and all case documentation to the **TQMC** for each case or category of case requested by the **TQMC**. The estimated number of cases (including inpatient and outpatient care) to be selected on a monthly basis will vary depending upon the health care region involved and the case selection criteria. The estimated quantities per region could range from 300 to 630 cases per month for the MCSCs, 10 to 30 cases per month for the DPs and 100 to 200 cases per month for TDEFIC.

2.0. The MCSCs, DPs, and TDEFIC shall transmit 95% of the requested records to the **TQMC** within 45 calendar days and 98% within 60 days from the date the MCSCs, DPs, and TDEFIC receive the request for records from the **TQMC**. Records to be transmitted shall include the complete medical record, the MCSC's, DP's, and TDEFIC's utilization review decision, rationale for that decision, and quality of care determinations. The MCSCs, DPs, and TDEFIC shall forward a monthly Contractors Records Accountability Report via the <https://tma-ecomextranet.ha.osd.mil> by the 10th day of the month following the month being reported (see [Chapter 15, Section 3](#)) for Contractor Records Accountability Reporting requirements. Transfer of records shall adhere to procedures specified in [paragraphs 2.1.](#) and [2.5.](#) Adherence to these procedures is essential for compliance with the Privacy Act of 1974, the Department of Defence (DoD) Privacy Program (DoD 5400.11-R), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the DoD Health Information Privacy Regulation (DoD 6025.18-R), the DoD Health Information Security Regulation (DoD 8580.02-R), and other Federal laws protecting the privacy and security of Personally Identifiable Information (PII), including health information.

2.1. The records shall be packaged in boxes containing a single month of records and a Box Inventory Document (see [Figure 7-3-1](#)) stating the number of patient records contained therein and identifying each record by patient name and TRICARE Management Activity (TMA) Internal Control Number (ICN), which should be clearly shown on each patient's record. Because the Box Inventory Document contains PII, that document (in both its paper and electronic versions) shall be protected from unauthorized use and disclosure in the same manner as the patient records themselves. The MCSC, DP, and TDEFIC shall notify the designated Point Of Contact (POC) at the **TQMC**, via e-mail, each day that a box or boxes have shipped, stating the number of boxes (with tracking numbers) in that day's shipment (see [Figure 7-3-2](#)). The MCSC, DP, or TDEFIC shall track the shipment, including delivery,

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using the shipping vendor's tracking method including delivery and retain documentation of such.

2.2. Within one business day of receipt, the TQMC, using the MCSC, DP, or TDEFIC Box Inventory Document(s), shall match the number of boxes received with the corresponding e-mail shipment notification. Then the TQMC shall confirm the number of records in each box, and a match between each patient record and ICN for the patient names listed on the Box Inventory Document no later than the Close of Business (COB) on the fifth business day after receipt of the shipment. By that date, the TQMC shall send an e-mail back to the MCSC/DP/TDEFIC confirming the number of boxes, number of records in each box and match of all ICNs. Upon receipt of the TQMC confirmation e-mail, no further action is required by the MCSC, DP, or TDEFIC.

2.3. Using the Box Inventory Document, if the TQMC identifies:

2.3.1. A count discrepancy in either the number of boxes or number of charts in each box;

2.3.2. Absence of a record; or

2.3.3. A mismatch of the record with the ICN; and

2.3.4. If the TQMC concludes that records are or may be missing, the TQMC shall notify by e-mail the MCSC, DP, or TDEFIC of the discrepancy including details of the discrepancy by COB of the fifth business day from receipt of shipment. Upon notification of the count discrepancy, the MCSC, DP, or TDEFIC shall investigate the discrepancy, take appropriate steps and notifications, and be in telephone, fax and e-mail communication to resolve the potential violations of applicable law as soon as possible.

2.4. The TQMC shall send a "non-receipt" e-mail to the MCSC, DP, or TDEFIC POC by COB of the fifth business day if no shipment was received from the MCSC, DP, or TDEFIC following notification that a shipment was sent. Upon receipt of a "non-receipt of a shipment" e-mail from the TQMC POC, the MCSC, DP, or TDEFIC shall immediately track the shipment and notify the TQMC POC, by e-mail, of the status of the shipment. The MCSC, DP, or TDEFIC shall be in telephone, fax or e-mail communication with the TQMC POC to determine the appropriate steps and notifications, based upon the investigation to resolve the potential HIPAA violation.

2.5. If no e-mails from the TQMC indicating either confirmation of receipt, confirmation of receipt with discrepancy, or a non-receipt of shipment, are received by the MCSC, DP, or TDEFIC by the morning of the sixth business day after the shipment, the MCSC, DP, or TDEFIC shall notify, by COB on the same day, all parties required to receive notice under the breach notification provisions of [Chapter 1, Section 5](#) and applicable law. These parties include the TRICARE Regional Office (TRO) or Designated Provider Program Office (DPPO) and the TMA Privacy Office. The notifications shall provide available details about the shipment and the circumstances. The TQMC shall verify that these notifications are sent, and shall provide the notifications itself if the sender of the records fails to do so. Thereafter, the

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MCSC, DP, or TDEFIC shall comply with breach response requirements of [Chapter 1, Section 5](#) and applicable law.

3.0. The MCSCs, DPs, and TDEFIC shall provide the appropriate TRO)/DPPO and TDEFIC Contracting Officer's Representative (COR) written responses to all TQMC findings within 45 calendar days of receipt of the TQMC Monthly Findings Report. The MCSC's, DP's, and TDEFIC's responses shall state agreement, partial agreement, or nonconcurrency with each discrepancy found by the TQMC, and include supporting rationale, and proposed follow-up actions to address the issues.

4.0. At the direction of the TMA *Office of the Chief Medical Officer (OCMO) Clinical Quality Division*, the MCSCs, DPs, and TDEFIC shall attend two face-to-face meetings annually, of one to two days duration, at a location chosen by OCMO. Additionally, contractors shall participate in two teleconference meetings not to exceed one day per meeting.

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FIGURE 7-3-1 BOX INVENTORY DOCUMENT (SAMPLE)

(Logo or Letterhead of Company)

Inside mailing address identifying Organization and Person Shipping POC

Privacy/HIPAA Warning Notice:

The information in the enclosed documents may be subject to the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) and other Federal Laws protecting the privacy and security of Personally Identifiable Information (PII), including health information. Personal information contained in this inventory and in the enclosed documents may be used and disclosed only by authorized persons in the conduct of official business and only in accordance with the Privacy Act, HIPAA and other applicable Federal law. Any unauthorized use or disclosure of personal information may result in criminal and/or civil penalties. If you are not the intended recipient of this correspondence, you must notify the sender upon receipt and transfer the documents in accordance with the sender's instructions. If you inspect, copy or transfer the enclosed documents other than as instructed, a violation of applicable law may occur.

This is Box X of Y mailed on MM/DD/YEAR

Record Request Received by Contractor: Month & Year

Recommended Per Box Inventory Letter Example (to be included in each box)

Name of Contractor:	Date Mailed: M/D/YR	Month of Chart Request: M/YR	Number of records in box =	
ICN	Patient Name	Patient Year of Birth	Admission Date	Discharge Date

FIGURE 7-3-2 ROUTINE E-MAIL (SAMPLE)

Information to include:

Universal

Date Shipment to be "picked up"

Number of boxes in shipment

For Each Box in Shipment

Tracking number for box: 1ZV300Y4019919XXX

Audit Month (05/2009)

Number of records in box (XY)

Signatory

References:

1. OASD/HA Memorandum, Use of Digital Signature on Official TMA Electronic Mail (e-mail), June 13, 2007.
2. OASD/HA Memorandum, Protection of Sensitive Information in Electronic Mail, August 13, 2007.
3. OASD/HA Memorandum, Guidelines on Protection of Sensitive Information in Electronic Email, June 25, 2008.
4. OASD/HA Memorandum, Updated Guidelines on Protection of Sensitive Information in Electronic Mail, September 19, 2008.
5. DoD Memorandum, "DoD Guidance on Protecting Personally Identifiable Information (PII)," August 18, 2006.
6. DoD Regulation 6025.11-R, "DoD Health Information Privacy Regulation," January 24, 2003, and
7. DoD Regulation 8580.02-R, "DoD Health Information Security Regulation," July 12, 2007.

CLINICAL QUALITY MANAGEMENT PROGRAM (CQMP)

1.0. **CLINICAL QUALITY MANAGEMENT PROGRAM (CQMP)**

The *Managed Care Support Contractors (MCSCs) and Designated Providers (DPs) (from this point forward to be referred to as the contractor)* shall operate a CQMP which results in demonstrable improvement *in the quality of* health care provided *to* beneficiaries, and *in* the process and services delivered by the contractor. *The CQMP is defined as the integrated processes, both clinical and administrative, that provide the framework for the contractor to objectively define and measure the quality of care received by beneficiaries. This CQMP shall demonstrate how the contractor's goals and objectives, leadership, structure, and operational components are designed to achieve the efficient and effective provision of timely access to high quality health care. As part of the CQMP, the contractor shall develop a CQMP Plan with goals and objectives followed by a CQMP Annual Report (AR) describing the results of the quality activities performed during each program year.*

2.0. **CQMP PLAN**

2.1. *The contractor shall develop a written CQMP Plan which is defined as a detailed description of the purpose, methods, proposed goals and objectives designed to meet the intent of the program. The contractor shall fully describe in a written CQMP Plan the structural and functional components of the program, to include:*

- Table of Contents
- Executive Summary
- *Organizational structure (describe the relationship of the CQMP to the organization)*
- *Description of committee(s) structure, membership, functional responsibilities, and interface with other committees and meeting frequency*
- *Staff qualifications and responsibilities:*
 - *Describe the minimum staffing qualifications by position*
 - *Describe by position the responsibilities and authorities of personnel involved in the performance of quality management activities*
- *Quality review processes:*
 - *Identification, review, evaluation, intervention, and reporting of Quality Issues (QIs) and grievances*
 - *Criteria for selection of quality improvement projects and/or studies, or other improvements initiative*
 - *Description of patient safety initiatives and quality program activities intended to:*
 - *reduce medical errors*
 - *increase patient safety*
 - *promote health and prevent disease or injury*
 - *promote provider and beneficiary educational activities*

- National guidelines/benchmarking used for quality reviews
- Reporting processes and requirements
- Measurable goals and thresholds for internal monitoring and improvement of the clinical quality plan and program
- Response to recommendations from prior year's CQMP AR submission review

2.2. Forty-five calendar days prior to the beginning of each fiscal year, the contractor shall submit their annual CQMP plan to the Government using the E-Commerce Extranet (<https://tma-ecomextranet.ha.osd.mil>). *The appropriate TRICARE Regional Office (TRO) shall review the plan and make recommendations for revision if necessary within 45 calendar days or provide written acceptance through the Contracting Officer (CO). In the absence of clinical quality management staff in the Designated Provider Program Office (DPPO), the Clinical Quality Division of the Office of the Chief Medical Officer (OCMO) will review the plans submitted by the DP programs and provide recommendations for revision or written acceptance within 45 calendar days through the contracting officer. The contractor shall provide a revised plan addressing the recommendations within 20 business days to the TRO/DPPO.*

3.0. CQMP ANNUAL REPORT (CQMP AR)

See [Chapter 15, Section 6, paragraph 1.0](#). *The TROs and DPPO will provide relevant comments to the contractors based on review of the annual clinical quality management program annual report. The report will be reviewed in conjunction with the annual plan for the particular period of performance. Recommendations for revision or acceptance of the annual report shall be provided in a written format to the contractor within 45 calendar days of receipt of the annual program report.*

4.0. COMMON TERMS AND DEFINITIONS

4.1. Quality Improvement Initiative (QII). The purpose of a QII is to improve processes internal to the organization and may include improvements in clinical administrative processes, program related issues or new methods in accomplishing outcomes of the program such as cycle time, effectiveness, efficiency, reporting tools, related processes between departments affecting desired outcomes, etc. Common tools for improvements in processes may include various methods that include core elements such as baseline data, interventions/actions, re-measurement, monitoring and follow-up. Process improvements shall be appropriately documented to demonstrate purpose of improvement, baseline measure(s), actions/interventions, re-measurement(s) and outcomes.

4.2. Quality Improvement Project (QIP). A QIP is a set of related activities designed to achieve measurable improvement in processes and outcomes of care. Improvements are achieved through interventions that target health care providers, practitioners, plans, and/or beneficiaries. QIPs may address administrative processes, beneficiary health, error reduction or safety improvement, beneficiary functional status, beneficiary or provider satisfaction, program related issues or to serve as a valid proxy for high-volume or high-risk issues. They may result after being identified from a CQS as an opportunity for improvement. QIPs should be structured with appropriate elements such as clearly defined sample sizes and inclusions/exclusion criteria. They shall be appropriately operationalized, meaning appropriate scientific methodology and rigor should be applied such as using written

research questions and statistically significant analysis as applicable. Lastly, QIPs shall be appropriately documented by including the common elements of a QIP:

- Common Elements of a QIP:
 - Description and purpose of topic
 - Description of the population
 - Rationale for selection of the QIP
 - Description of methodology used
 - Baseline data
 - Description of data collection
 - Goals and time frames
 - Action Plan/Interventions
 - Periodic Re-measurements and outcomes

4.3. Clinical Quality Study (CQS). An assessment conducted of a patient care problem for the purpose of improving patient care through peer analysis, intervention, resolution of the problem, and follow-up. A CQS should be appropriately operationalized, meaning appropriate scientific methodology and rigor should be applied such as using written research questions and statistical significant analysis as applicable. Typically these do not require evidence-based interventions, multiple measurement cycles, or sophisticated statistical analysis.

- Common elements of CQS:
 - Description of CQS and purpose of topic
 - Rationale for the selection of the CQS
 - Define the study question
 - Description of methodology used
 - Select the indicators/measures
 - Description of data collection
 - Description of the population and sampling techniques (if applicable)
 - Report of findings to include a definition of the study, description of data collection, statement of hypothesis, analytic methods and population employed, data analysis and interpretation
 - Plan for follow-up of the CQS to include interventions and measurements as applicable

4.4. Potential Quality Issue (PQI). A clinical or system variance warranting further review and investigation for determination of the presence of an actual QI.

4.5. Quality Issue (QI). A verified deviation from acceptable standards of practice or standards of care as a result of some process, individual, or institutional component of the health care system.

5.0. CQMP STRUCTURAL AND FUNCTIONAL REQUIREMENTS

5.1. The contractor shall allow their respective TRO and DPPO clinical staff active participation in their CQMP and non-voting membership in their region level Quality Management Committees. The contractor shall develop and implement written policies and procedures to identify PQIs, steps to resolve identified problems, suggest interventions to

resolve problems, and provide ongoing monitoring of all components of the contractor's operations and the care and treatment of TRICARE beneficiaries.

5.2. Using the most current National Quality Forum (NQF) Serious Reportable Events (SREs) and Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators, the contractor shall identify, track, trend, and report interventions to resolve the PQIs and QIs. Additionally, the contractor shall report potential SREs to the TRO or DPPO within two business days from when the contractor becomes aware of the event. The report shall include the beneficiary's name, last four digits of sponsor's Social Security Number (SSN), beneficiary date of birth, enrollment status, brief summary of the event, location of event, and any contractor actions taken to date. The contractor shall report by a secure means, closure of the reported SRE within two business days to include closure date and summary of actions taken.

6.0. PATIENT SAFETY OR QUALITY ISSUE (QI) IDENTIFICATION

The contractor shall apply medical judgment, evidence based medicine, best medical practice and follow the TRICARE criteria as set forth in [paragraphs 5.0.](#) and [5.1.](#) for the identification, evaluation and reporting of all PQIs and confirmed QIs. The contractor shall assess every medical record reviewed for any purpose and any care managed/observed/monitored on an ongoing basis for PQIs.

6.1. Quality Intervention

The contractor shall implement appropriate quality interventions using evidence based medicine/guidelines and best medical practices to reduce the number of QIs and improve patient safety. When the contractor confirms a QI, the determination shall include assignment of an appropriate severity level and/or sentinel event, and describe the actions taken to resolve the quality problem. For Quality Intervention Reporting, see [Chapter 15, Section 3, paragraph 17.0.](#)

6.2. Definitions

6.2.1. PQI. A clinical or system variance warranting further review and investigation for determination of the presence of an Actual QI.

6.2.2. No QI. Following investigation there is no QI finding.

6.2.3. QI. A verified deviation from acceptable standard of practice or standard of care as a result of some process, individual, or institutional component of the health care system.

- **Severity Level 1** - QI is present with minimal potential for significant adverse effects on the patient.
- **Severity Level 2** - QI is present with the potential for significant adverse effects on the patient.
- **Severity Level 3** - QI is present with significant adverse effects on the patient.

- **Severity Level 4** - QI with the most severe adverse effect and warrants exhaustive review.
 - **Sentinel Event*** - A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
- * **Joint Commission definition of Sentinel Event**

6.3. PQI Jurisdiction

The contractor with geographic jurisdiction has the ability to have meaningful "quality interventions," and has the best opportunity to demonstrate improved quality by providers within its jurisdiction. Thus, consistent with TOM requirements, cross-region PQI issues are handled as follows: The contractor who receives and/or identifies the potential quality issue shall conduct an initial clinical assessment based upon the case and all supporting information on hand and if a potential quality issue exists, forward the case and all supporting information to the MCSC with geographic jurisdiction for the case review, investigation, and intervention(s).

7.0. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) PATIENT SAFETY INDICATORS

Annually, the contractor shall utilize the current patient safety indicator software, provider level, available from the AHRQ, to evaluate the safety of care delivered in the network. The software is designed for use with administrative data sets and will not require manual chart abstraction. The contractor shall run the appropriate data for all of the patient safety indicators and use the analysis of the results to identify PQIs and patient safety issues for individual providers, groups or facilities. Analysis will also be used to provide focus for specific patient safety interventions and/or study activity that will be implemented at the direction of the contractor.

FIGURE 7-4-1 TIMELINE FOR ANNUAL CQMP PLAN AND CQMP REPORT

