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

CHANGE TITLE: PRIVACY COMPLIANCE REVISIONS

CONREQ: 16842

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change is being made for compliance with the Health Information Technology for Economic and Clinical Health Act changes to the Health Insurance Portability and Accountability Act Privacy, Security and Breach Rules issued by Health and Human Services in 2013. The change also provides numerous other updates, clarifications and corrections to reflect current Defense Health Agency procedures and reporting requirements, and to better organize the material.

EFFECTIVE DATE: September 22, 2014.

IMPLEMENTATION DATE: November 14, 2014.

This change is made in conjunction with Feb 2008 TSM, Change No. 68.

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Compliance With Federal Statutes

1.0 GENERAL

1.1 Contractors shall comply with all federal laws which apply to the administration of TRICARE health plans. In many situations where federal law is in conflict with the law in the state(s) in which the contractor is based or operating, federal law as applicable to the Department of Defense (DoD) generally has precedence over state law, except as to the health privacy rights of minors. This Manual incorporates by reference the federal regulations and DoD issuances referred to in this Section. If one of these authorities is amended or replaced, the new authority does not become a part of this Manual until it is incorporated under applicable contract change procedures. DoD issuances are available at <http://www.dtic.mil/whs/directives>.

1.2 A key federal statute relating to information privacy applicable to TRICARE Management Activity (TMA) contractors is the Privacy Act of 1974 ("Privacy Act"), 5 United States Code (USC) 552a. The DoD has implemented the Privacy Act with DoD Directive 5400.11 (2007) and DoD 5400.11-R, referenced in this Manual collectively as "DoD Privacy Act Issuances." The requirements of the DoD Privacy Act Issuances are addressed below under the heading "Privacy Act" (paragraph 2.0).

1.3 The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is another key federal statute governing information privacy. The Department of Health and Human Services (HHS) has issued the HIPAA Privacy, Security, Breach, and Enforcement Rules (collectively, HIPAA Rules). The DoD has implemented the HIPAA Privacy and Security Rules with the following three issuances:

- DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003.
- DoD Instruction (DoDI) 6025.18, "Privacy of Individually Identifiable Health Information in DoD Programs," December 2, 2009.
- DoD 8580.02-R, "DoD Health Information Security Regulation," July 12, 2007.

Note: DoD 6025.18-R, DoDI 6025.18, and DoD 8580.02-R are referenced in this Manual collectively as "DoD HIPAA Issuances." The requirements of the HIPAA Rules and the DoD HIPAA Issuances are addressed primarily in [Chapter 19, Section 3](#).

1.4 The following definitions are applicable to this Section:

1.4.1 Protected Health Information (PHI)

Under the HIPAA Rules, PHI is information in any format (electronic, paper, oral) that is created or received by or on behalf of a covered entity (health care provider that conducts standard electronic transactions, health plan, or health care clearinghouse). It relates to the past, present, or

future physical or mental health or condition of a beneficiary; the provision of health care to a beneficiary; or the past, present, or future payment for the provision of health care to a beneficiary; and it identifies the beneficiary, or could be used to identify the beneficiary. The protected status of PHI continues for 50 years after death of the beneficiary. PHI excludes such health information held in employment or educational records.

1.4.2 Electronic Protected Health Information (ePHI)

ePHI is PHI in electronic form.

1.4.3 Personally Identifiable Information (PII)

PII is any information about a beneficiary that identifies, links, relates, or is unique to, or describes him or her, e.g., a Social Security Number (SSN); age; military rank; civilian grade; marital status; race; salary; home/ office phone number; other demographic; biometric; personnel; medical; and financial information; and any other information that is linked or linkable to a specific beneficiary.

1.4.4 Record

A record is any item, collection, or grouping of information about a beneficiary which is maintained (collected, used or disseminated) by TRICARE or a TRICARE contractor, including, but not limited to, his or her education, financial transactions, medical history, and criminal or employment history, and which contains the beneficiary's name or the identifying number, symbol, or other personal identifiers.

1.4.5 Privacy Act System of Records (SOR)

A Privacy Act SOR is a group of records containing PII/PHI maintained by or on behalf of DoD where the PII/PHI in the records is specifically retrieved by personal identifiers.

1.4.6 Medical/Dental Claim History Files

This term includes, but is not limited to, any record of claims or billings for medical, dental, hospital or related services, application or approval forms which reflect diagnoses, treatment or medical conditions, family history files, or any other correspondence, memorandum or report reflecting these data with respect to any beneficiary which are acquired or used by the contractor in the development and processing of claims or in carrying out the other functions under the TRICARE contract.

Note: The term "TRICARE Contractor Claims Records" is used by the National Archives and Records Administration (NARA). The terms "Medical/Dental Claim History Files (formerly "Beneficiary History and Deductible Files") includes but is not limited to "TRICARE Contractor Claims Records".

1.4.7 Routine Use

With respect to the disclosure of a record from a Privacy Act SOR, a routine use is defined in the DoD Privacy Act Issuances; see also the Defense Privacy and Civil Liberties Office's (DPCLO's)

published list of blanket routine uses for sharing PII outside the agency.

2.0 PRIVACY ACT

Under the Privacy Act, contractors must assure that PII about beneficiaries collected in TRICARE records is limited to that which is legally authorized and necessary, and is maintained in a manner which assures its confidentiality. TRICARE records are property of the United States Government.

2.1 Contractor Procedures for Handling Inappropriate Disclosures of Data (Breaches)

2.1.1 A breach, as defined in DoD 5400.11-R, is the actual or possible loss of control, unauthorized disclosure, or unauthorized access of PII where persons other than authorized users gain access or potential access to such information for other than authorized purposes where one or more individuals will be adversely affected. A “possible breach” means a known occurrence that is suspected to constitute a breach; an “actual breach” is a known occurrence that has been confirmed as constituting a breach. A HIPAA Breach is a breach that satisfies the HIPAA Breach Rule definition of a breach in 45 CFR 164.402.

2.1.2 The contractor must comply with the breach response requirements under the DoD Privacy Act Issuances. Such compliance shall begin with the initial breach response activity set forth in [paragraph 2.2](#), including the one hour and 24 hour reporting deadlines. The contractor should consult with the Privacy Office where guidance is needed, such as when the contractor is uncertain whether a discovered breach is the contractor’s responsibility to report (e.g., if the contractor discovers a breach not caused by the contractor), or when the contractor is uncertain as to whether an occurrence must be treated as a possible breach.

2.1.3 Cybersecurity incidents may or may not involve a breach of PII/PHI. In the event of a cybersecurity incident not involving a PII/PHI breach, the contractor shall follow applicable DoD cybersecurity requirements under its contract. If at any point a contractor finds that a cybersecurity incident involves a PII/PHI breach (suspected or confirmed), the contractor shall immediately initiate the breach response procedures set forth below. The contractor shall also continue to follow any required cybersecurity incident response procedures and applicable DoD cybersecurity requirements under its contract and the TRICARE Systems Manual (TSM).

2.1.4 Contractors, when acting as HIPAA-covered entities (rather than as business associates), are not subject to the breach response requirements of this Manual.

2.2 Breach Response

2.2.1 As required by the Department of Homeland Security (DHS), within one hour of breach discovery, the contractor shall report the breach, suspected or confirmed, to the United States-Computer Emergency Readiness Team (US-CERT) Incident Reporting System at <https://forms.us-cert.gov/report/>. Before submission to US-CERT, the contractor shall save a copy of the on-line report. After submitting the report, the contractor shall record the US-CERT incident reporting number, which shall be included in the initial report to TMA as described in [paragraph 2.2.6](#). Information may not be known or complete, but available information shall be reported within the one hour deadline for submission.

2.2.2 The contractor shall provide any updates to the information by e-mail to soc@us-cert.gov, with the Reporting Number in the subject line. The contractor shall provide a copy of the initial or updated US-CERT report to the TMA Privacy Office if requested. Contractor questions about US-CERT reporting shall be directed to the TMA Privacy Office, not the US-CERT office.

2.2.3 In conjunction with submitting the US-CERT report, the contractor shall immediately take steps to minimize impact of a breach and initiate further investigation of any relevant details.

2.2.4 The contractor shall report a PII/PHI breach (suspected or confirmed) by submitting the form specified below within 24 hours of discovery to the TMA Privacy Office.

2.2.5 The breach reports required within the 24 hour deadline shall be sent by e-mail to: PrivacyOfficerMail@dha.mil. Encryption is not required, because reports and notices shall not contain PII/PHI. If electronic mail is not available, telephone notification is also acceptable, but all notifications and reports delivered telephonically must be confirmed in writing as soon as technically feasible.

2.2.6 Contractors shall prepare the breach reports required within the 24 hour deadline by completing the Breach Reporting Form DD 2959 (Breach of PII Report), available at the Breach Response link on the TMA Privacy Office web site, <http://www.tricare.mil/tma/privacy/breach.aspx>. The contractor shall coordinate with the Privacy Office for subsequent action such as beneficiary notification, and mitigation. The corresponding Contract Data Requirements List (CDRL) provides guidance on completing and updating the Breach Reporting Form DD 2959. The contractor must promptly update the DD Form 2959 as new information becomes available.

2.2.7 If the TMA Privacy Office determines that beneficiary notification is required, the contractor shall provide written notification to beneficiaries affected by the breach as soon as possible, but no later than 10 working days after the breach is discovered and the identities of the beneficiaries are ascertained. The 10 day period begins when the contractor is able to determine the identities (including addresses) of the beneficiaries whose records were impacted.

2.2.8 The contractor's proposed notification to be issued to the affected beneficiaries shall be submitted to the Privacy Office for approval. The notification to the beneficiaries, at a minimum, shall include the following:

- Specific data elements
- Basic facts and circumstances
- Recommended precautions the beneficiary can take
- Federal Trade Commission (FTC) identity theft hotline information
- Any mitigation support services offered such as credit monitoring

2.2.9 Contractors shall ensure that envelopes containing written notifications to affected beneficiaries are clearly labeled to alert the recipient to the importance of its contents, e.g., "Data Breach Information Enclosed," and that the envelope is marked with the identity of the contractor and/or subcontractor organization that suffered the breach.

2.2.10 If notification cannot be accomplished within 10 working days, the contractor shall notify the Privacy Office to determine needed follow-up actions.

2.2.11 If media notice is required, the contractor will submit a proposed notice and suggested media outlets for Privacy Office review (which will include coordination with the TMA Office of Strategic Communications) and approval.

2.2.12 The contractor shall, at no cost to the government, bear any costs associated with a breach of PII/PHI that the contractor has caused or is otherwise responsible for addressing.

2.3 System of Records (SOR) Maintained or Operated by Contractors

2.3.1 Contractor activity is typically associated with the SOR described in System of Records Notice (SORN) EDTMA 04 - Medical/Dental Claim History Files (note that physical location of records in this SOR may be decentralized). However, some contractor records may instead be associated with the following SORs:

- EDTMA 01 - Health Benefits Authorization Files;
- EDTMA 02 - Medical/Dental Care and Claims Inquiry Files;
- EDHA 06 - Designated Provider Managed Care System Records, formerly known as UTF Managed Care System;
- EDHA 07 - Military Health Information System; and
- EDHA 08 - Health Affairs Survey and Study Data Base.

Except for "routine use" disclosures and other authorized disclosures as provided in DoD 5400.11-R, C4.1.1.3 and C4.2, no record contained in a SOR operated and maintained by the contractor for the Government shall be disclosed to any person or to any agency outside DoD without prior written consent or request of the beneficiary to whom the record pertains.

2.3.2 The Privacy Act permits use of PII throughout the Military Health System (MHS) for legitimate mission purposes, including when TRICARE contractors have a need for the records in performance of their duties. TRICARE contractors should be aware that TRICARE Beneficiary Counseling and Assistance Coordinators (BCACs), Debt Collection Assistance Officers (DCAOs), Health Benefit Advisors (HBAs), and Uniformed Services Claims Officers (USCOs) are employees of the DoD authorized to receive information from TRICARE records if they have a need for the information in the performance of their duties. A TRICARE BCAC, DCAO, HBA, USCO, or other authorized TMA/MHS representative who is assisting a beneficiary may receive TRICARE information pertaining to that beneficiary, provided that identity and authority of such representative is verified (e.g., through the Customer Service Community Directory). The restriction on disclosure of only that information directly releasable to the beneficiary also applies to the BCAC, DCAO, HBA, USCO, or other representative.

2.3.3 Following proper SORN publication and Government confirmation of contractor authority to operate the applicable system(s), the contractor shall coordinate through the TMA Privacy Office, regarding any needed updates. The contractor shall promptly advise the TMA Privacy Office of changes in SORs or their use that may require a change in the applicable SORN, whether EDTMA 04 or otherwise.

2.4 Confidentiality Of **Medical/Dental Claim** History Files

Certain categories of PII/PHI (such as SSN or Date of Birth (DOB) data, or PHI relating to mental health, sexually transmitted disease, etc.) are sensitive. Except as otherwise permitted in this paragraph or as permitted by law, the contractor shall not release such sensitive PII/PHI to a third party unless the beneficiary who is the subject of the PII/PHI has specifically consented to disclosure of such sensitive information in accordance with applicable consent/authorization requirements (under Privacy Act, HIPAA, or Substance Abuse and Mental Health Services Administration (SAMHSA) rules). However, if the contractor is uncertain whether disclosure without consent is warranted (for example, on the basis of a HIPAA Privacy Rule exception), the contractor shall consult with TMA Privacy Office or TMA Office of General Counsel (OGC). In determining what PHI is sensitive, the contractor may take into account the Explanation of Benefits (EOB) issuance exceptions in **Chapter 8, Section 8**, the contractor's own internal guidelines, and/or the contractor's case-by-case determinations.

2.5 Collecting Information

2.5.1 The Privacy Act requires personal information to be collected, to the greatest extent practicable, directly from the **subject beneficiary** when the information may result in adverse determinations about **the beneficiary's** rights, benefits, or privileges under federal programs. The collection of information from third parties shall be minimized except where there is a need to obtain **the information** directly from a third party, **such as a need to verify information provided by the subject beneficiary.**

2.5.2 Whenever PII is solicited and collected (by paper, electronic, or verbal means) from a beneficiary for a SOR, a **Privacy Act Statement (PAS)** shall be provided. The PAS informs the beneficiary of the authority for soliciting and collecting PII, the principal purposes for which that PII will be used, where that PII may be disclosed outside of DoD, whether furnishing that information is voluntary or mandatory, and the effects on the beneficiary of choosing not to provide all or part of that requested PII. The PAS must be conspicuously posted before the point of collection. On paper forms this usually means placing the PAS at the beginning of the form, immediately following the title, before the first official heading/selection, or immediately prior to the first collection field. On electronic forms, this means placing the PAS so that the beneficiary sees it before providing information. A PAS may not be displayed via a hyper-link or pop-up that the beneficiary could bypass. When information is collected by telephone, a brief oral explanation of the Privacy Act shall be given to the beneficiary. The following text illustrates acceptable language for an oral PAS, showing the mandatory portion of the PAS with example language in **bold** (this is only illustrative; modify as needed):

This information is being collected to: **Process your request to change your provider.**

Providing this information is: **Voluntary. However, failure to provide all requested information may result in a delay or denial of your request to change your provider.**

This information may be disclosed for routine uses consistent with why it was collected.

This information is being collected under the authority of: **10 U.S.C. Chapter 55; 32 CFR Part 199; and E.O. 9397 (SSN), as amended.**

To hear this again please tell me / press 1 [If answer is "yes," repeat script.]

If you do not want it repeated, please tell me / press 2 [If answer is "yes," continue with script.]

If you would like to hear a full list of routine uses which may be made of your information, and the complete legal authorities for collecting this information, please tell me / press 9 now.

Note: The last few lines may change depending on whether the PAS is being provided by a human or automated system and on how that system would operate. The point is to actively ask whether the beneficiary (1) would like the PAS to be repeated and (2) would like to hear the routine uses and authority titles.

2.5.3 Claims received by the contractor which do not indicate that the claimant received a PAS shall, nevertheless, be processed for payment. However, if additional information concerning a claim is required, the request to the beneficiary must include the appropriate PAS language.

2.6 Access To Contractor Records Under The Privacy Act

2.6.1 The contractor must develop and describe procedures by which a beneficiary is permitted access to records pertaining to him or her under the Privacy Act. If the request is under HIPAA, refer to Chapter 19, Section 3. (If the request specifies neither HIPAA nor the Privacy Act, the contractor shall apply its judgment as to whether the Privacy Act or HIPAA is more applicable.) Upon request, a beneficiary must be informed whether or not the Medical/Dental Claim History Files contain a record pertaining to him or her. And, if the beneficiary so desires, he or she shall be permitted to review such record and to be accompanied for the purpose of reviewing the record by a person of his or her choice. Further, a beneficiary is permitted to obtain a copy of such record in a form which is comprehensible to him or her.

2.6.2 The contractor shall not require the beneficiary to provide a reason or justification before granting beneficiary access to a record containing his/her PII. However, the requester shall be required to provide such information as is necessary to determine where and how to look for the records. The beneficiary shall also be required to provide reasonable identity verification, in accordance with 45 CFR 164.514(h), before access is granted. Since most records in the Medical/Dental Claim History Files relate to medical information, a beneficiary may be required to submit a written request for access to the file. This allows the contractor time to review the medical information in accordance with the following procedures to determine if direct access by the beneficiary to the medical information would have an adverse effect on the beneficiary.

2.6.3 Neither the Privacy Act nor the HIPAA Privacy Rule distinguish between custodial and non-custodial parents in cases involving separation or divorce. A minor's PII/PHI may be released to either parent, unless the contractor is informed of divorce or legal separation or a court order or other documentation potentially affecting parental authority with respect to the minor's health care. In that situation, the contractor shall review the documentation to verify which parent has

authority with respect to the minor's health care and whether disclosure of the minor's PHI to either parent is restricted.

2.6.4 Disclosure shall be made only to the minor if the minor consents to care and parental consent is not required under law, or the minor and parent have agreed that the minor may have a confidential relationship with the provider of the care about which disclosure is requested. If the minor obtains care at the direction of a court or guardian or other court appointee, then disclosures shall be made to the court or appointee. In addition, a minor's PII/PHI need not be disclosed to a parent if the contractor reasonably believes, in the exercise of professional judgment, that disclosure would not be in the minor's best interest, for example, due to risk of abuse or neglect by the parent or other risk of endangerment to the minor, or where the minor has signed a claim related to sensitive matters such as abortion, substance abuse or sexually transmitted disease. If the records relate to alcohol or drug abuse treatment, then see the SAMHSA Regulations provisions below. Questions regarding custodial parent issues shall be addressed to the TMA OGC.

2.6.5 Requests for information or records must be **acknowledged (if not responded to)** within 10 working days from the date of receipt. A **beneficiary's** request for access to records pertaining to him or her shall receive concurrent consideration both under the Privacy Act and the **Freedom of Information Act (FOIA)**, if appropriate. **The contractor may consult the TMA FOIA Service Center if needed.** The requested information must be furnished within **20** working days unless good cause exists to delay furnishing the record, in which case the **beneficiary shall, within the 20 working days,** be informed in writing of the reason for delay and when it is anticipated that the information will be furnished. **If the contractor does not agree to access as requested, the contractor shall forward the request to TMA, ATTENTION OGC, within 10 working days of receipt of the request.**

2.7 Corrections To Records

2.7.1 **Beneficiaries' requests for corrections of records** should be in writing and contain, at a minimum, sufficient identifying information to enable location of the record, a description of the items to be amended and the reason amendment is being requested. **Requests for amendments must be acknowledged within 10 working days from the date of receipt, as provided in DoD 5400.11-R, C3.1.10 and C3.3.7.1.** If it is determined that the patient's request is under HIPAA, refer to [Chapter 19, Section 3](#).

2.7.2 TRICARE contractors shall implement procedures for reviewing records at the request of individuals concerned and develop and implement procedures for making corrections, if appropriate. Whenever practicable, contractors shall complete the review and advise the **beneficiary** of the decision to amend the record within 10 working days of receipt of the request. Otherwise, a written acknowledgment of receipt of a request for amendment must be provided within 10 working days after receipt, with notification of a decision to amend the record furnished within 30 working days of receipt of the request. **The final amendment and notification must in any event be accomplished within 30 days after the request.**

2.7.3 If a contractor agrees with allowing any portion of the **beneficiary's** request to amend a record, it shall amend the record accordingly. **The contractor must make reasonable efforts to inform** previous recipients of the uncorrected record identified by **the beneficiary or by** a disclosure accounting as required below. **Informing previous recipients must include providing them the amended text.**

2.7.4 If the TRICARE contractor does not agree to amend the record as requested, the **beneficiary** shall not be advised of the decision. Rather the **beneficiary's** request for amending the record, together with a copy of the record and the contractor's written explanation of the reason(s) for not amending the record, shall be sent to TMA, ATTENTION: OGC, within 10 working days of **receipt of the request**. Written acknowledgment of receipt of the request for amendment **shall** be provided to the **beneficiary**.

2.8 Accounting For Disclosures

2.8.1 The Privacy Act requires an accurate accounting for disclosures of **PII to third parties outside the DoD that are not disclosures under the FOIA or disclosures to DoD personnel for use in official duties**. Such accounting requires tracking:

- The name and address of the person and, if appropriate, the agency to whom the disclosure is made.
- The date, nature, and purpose of each disclosure.
- For disclosures requiring consent, the consent of the beneficiary to whom the record pertains.

2.8.2 The contractor must keep a record of each disclosure or be able to reconstruct from its system the required accounting information when needed. Accounting records must be retained for at least five years after the last disclosure, to assure compliance with HIPAA as well as the Privacy Act. If the PII to which the accounting request applies includes PHI, then the contractor must apply the disclosure accounting requirements of the HIPAA Privacy Rule and DoD 6025.18-R, C13 in such a manner that both the Privacy Act and the HIPAA Privacy Rule are satisfied. See the provisions on HIPAA accounting in [Chapter 19, Section 3](#) and [TSM, Chapter 1, Section 1.1](#).

2.9 Safeguards

Contractors must implement administrative and physical safeguards to protect **Medical/Dental Claim History Files** from unauthorized or unintentional access, disclosure, modification, or destruction. All persons whose official duties require access to or processing and maintenance of personal information **shall** be advised of the proper safeguarding and use of such information. In addition, all employees should be aware of their responsibilities under the Privacy Act.

2.10 General Correspondence

In responding to general correspondence, the reply should be sent to the beneficiary regardless of who made the inquiry. If a spouse or other family member makes an inquiry concerning a beneficiary's claim, etc., the inquiry **shall** not be returned to the spouse or family member unanswered. Rather, a reply should be addressed to the beneficiary with an explanation that under the Privacy Act the reply could not be made to the spouse or family member who made the inquiry. Also, if an inquiry is made by the beneficiary, including an eligible family member regardless of age, the reply **shall** be addressed to the beneficiary, not the beneficiary's spouse (service member) or parent. The only exceptions are when a parent writes on behalf of a minor child (under 18 years of age) or when a guardian writes on behalf of a physically or mentally incompetent beneficiary. However, in responding to a parent of a minor or guardian of an

incompetent, the **procedures outlined under Access to Contractor Records (paragraph 2.6)** shall be followed in responding to a request by parent of a minor or guardian of an incompetent for disclosure of sensitive information (e.g., abortion, alcohol and substance abuse, venereal disease, etc.) or information which, if released, would have an adverse effect on the beneficiary. When a reply is made to the beneficiary, the reply should be fully responsive to the inquiry whether or not the query was originally made by the beneficiary. Copies of the response shall NOT be sent to any family member, spouse or other person who may have made the inquiry.

2.11 Release Of Information To Members Of Congress

2.11.1 In accordance with the DoD policy of making maximum information concerning its operations and activities available to both Government officials and to the public in general, TMA and TRICARE contractors will answer constituent's letters to members of Congress as fully as possible.

2.11.2 Information requested by members of the Congress for the constituents shall be handled in the same manner as if the beneficiary had written directly to TMA or the TRICARE contractor. If it develops that the information cannot be released, the Member of the Congress requesting the information shall be advised promptly of that fact and of the reasons for the determination.

2.11.3 An established routine use of the **Medical/Dental Claim History Files** is providing information from a beneficiary's records to a Congressional office in response to the beneficiary's request to the Congressional office. However, special rules apply in certain situations, as summarized below. Consult the Privacy Office if necessary.

2.11.3.1 If the PII to be disclosed includes PHI, the HIPAA Privacy Rule applies, which requires that the beneficiary authorize disclosure by signing a HIPAA-compliant authorization form such as DD Form 2870. Pending receipt of a signed authorization form, any response disclosing PHI shall be issued directly to the beneficiary and not to the Congressional office (which shall be notified that the response has been sent to the beneficiary). Refer to **Chapter 19, Section 3**.

2.11.3.2 In those cases in which **PHI is not requested** and the Congressional inquiry indicates that the request is being made on behalf of a person other than the **beneficiary** whose record is to be disclosed (e.g., a spouse or family member), the contractor shall advise the Congressional office that written consent of the beneficiary is required, **unless the person has legal authority to act for the beneficiary (e.g., authority as a parent of a minor or as a guardian)**. Absent written consent, the response shall generally be sent directly to the beneficiary (the Congressional office must be notified of this action).

2.11.3.3 A record of a **beneficiary** which would not be releasable directly to the **beneficiary** (e.g., a medical record which would have an adverse effect on the **beneficiary**) cannot be released directly to the Congressional office making the inquiry on behalf of the **beneficiary**. Instead, the Congressional office shall be advised of the procedure for release of such record. Of course, in those cases where a contractor can respond to a Congressional request for assistance on behalf of a **beneficiary**, without disclosing **PII/PHI** which would fall under the Privacy Act, the contractor shall comply.

2.11.4 Replies to all Congressional inquiries and requests shall be completely responsive and handled as expeditiously as possible. Should it become evident that a response to a request cannot

be made within 15 working days, an interim reply will be sent. The interim reply will indicate the anticipated date of completion and the steps being taken to obtain the information requested.

2.12 Appeals

Guidance for handling general correspondence also applies to appeal cases, except that a designated “representative” (as defined in 32 CFR 199.10(a)(2)(ii)), may be communicated with on the same basis as the beneficiary. However, unless the representative is **the parent of a minor or the legally appointed representative of an incompetent beneficiary**, a written statement from the beneficiary appointing the representative is required. (See [Chapter 12, Section 2](#), for requirements.)

3.0 FREEDOM OF INFORMATION ACT (FOIA)

3.1 Policy of DoD

The FOIA was enacted to reach a workable balance between the right of the public to know and the need of the Government to keep appropriate information confidential. The policy of the DoD is to make available to the public the maximum amount of information concerning its operations and activities, while withholding information as required by the nine FOIA exemptions.

3.2 Responding to Requests For Release Of Information

All requests for information under FOIA shall be immediately forwarded to the CO for appropriate action. Thereafter, the contractor shall provide records responsive to the request no later than 10 working days after receiving the request, and shall cooperate with the CO (and the FOIA Service Center if it deals with the requestor directly) as the request is processed. Wherever feasible, the contractor shall provide such records electronically. FOIA responses, including interim replies, by contractors to such requestors are not authorized. If requestor specifically seeks information under HIPAA, see [Chapter 19, Section 3](#).

4.0 FEDERAL REGULATIONS ON THE CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The HHS SAMHSA has issued special rules on substance abuse information. For information regarding identity, diagnosis, prognosis or treatment of any beneficiary in connection with a substance abuse or alcoholism program, consent must generally be obtained before information can be released. See SAMHSA Regulations at 42 CFR Part 2, including the model consent form. Disclosure without beneficiary consent, however, may be made in certain circumstances (such as emergencies and approved research or other health care operational activities) described in 42 CFR Part 2 Subpart D. Before releasing health information based on a SAMHSA consent, HIPAA authorization requirements, where needed, must also be satisfied.

- The consent requirement and other SAMHSA rules apply in any civil, criminal, administrative or legislative proceeding. For information from SAMHSA regarding treatment programs, contact:

Telephone: (877) 726-4727

<http://www.healthfinder.gov/FindServices/>

- The contractor shall establish and maintain procedures and controls to assure compliance with SAMHSA requirements, including the following provisions.

4.1 Consent for Minor, Incompetent or Deceased Beneficiaries

4.1.1 The SAMHSA rule applicable to minors, 42 CFR 2.14, relies on State laws to define minors and requirements for informed consent by minors and parents. If no age of majority is specified in the applicable State law, the age of 18 years shall be considered the age of majority. A beneficiary who has been legally declared an emancipated minor shall be considered as an adult. A beneficiary who is under 18 years of age and is or was a spouse of an Active Duty Service Member (ADSM) or retiree shall also be considered an emancipated minor. In cases involving unemancipated minor beneficiaries and separated or divorced parents, it may be necessary to review any applicable court order, applicable state law and 42 CFR 2.14 to determine the privacy rights of a minor receiving alcohol and substance abuse prevention and treatment services.

4.1.2 For beneficiaries, other than minors, judged to be incompetent, the consent to collection of information may be given by the guardian or other person authorized under state law to act on the patient's behalf.

4.1.3 When consent is required for collection or disclosure of records of a deceased beneficiary, consent may be obtained from an executor, administrator, or other personal representative of the deceased beneficiary's estate. If such a representative has not been appointed, the spouse, or if none, other family member involved with the deceased beneficiary's care or payment for care may give consent.

4.2 Disclosure to Beneficiary or Family Members or Others

Disclosure of alcohol and substance abuse information to the beneficiary shall be determined in accordance with the procedures set forth in "Access to Contractor Records Under the Privacy Act" (paragraph 2.6). When consent is given, disclosure may be made to family members or any person with whom the beneficiary has a close personal relationship and who is involved in the beneficiary's care unless, in the judgment of the person responsible for the beneficiary's treatment, the disclosure would be harmful to the beneficiary.

4.3 Prohibition On Redisclosure

Whenever a written disclosure is made, with proper written consent, the disclosure shall be accompanied by a written statement as follows:

Note: "Prohibition on redisclosure: This information has been disclosed to you from records protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense." This statement shall either appear on correspondence transmitting the documents or be stamped on the first page of the documents disclosed.

4.4 Other Disclosures

Requests for disclosures in situations not specified above shall be made only with the written approval of OGC or the TMA Privacy Office.

5.0 E-GOVERNMENT ACT, PRIVACY IMPACT ASSESSMENT (PIA)

Contractors are responsible for the employment of practices that satisfy the requirements and regulations of the E-Government Act of 2002 (Public Law 107-347, 44 USC 3501 note); the E-Government Memorandum 03-22 (September 26, 2003) and DoDI 5400.16, "DoD Privacy Impact Assessment (PIA) Guidance," Memorandum. The requirements for submission of PIAs are outlined in the TSM, Chapter 1, Section 1.1.

6.0 HIPAA

See Chapter 19, Section 3, and the TSM, Chapter 1, Section 1.1.

7.0 FEDERAL NON-DISCRIMINATION LAWS

7.1 Title VI of the Civil Rights Act of 1964 provides that no person shall, on the grounds of race, color or national origin, be excluded from participation under any program or activity receiving federal financial assistance. In addition, Section 1557 of the Patient Protection and Affordable Care Act (ACA) prohibits discrimination on the ground of race, color, national origin, sex, age, or disability under any health program or activity administered by an Executive agency. These federal laws apply to TRICARE and TMA, including the managed care support and ancillary services provided under TRICARE/TMA contracts. Hospitals, Skilled Nursing Facilities (SNFs), Residential Treatment Centers (RTCs), and special treatment facilities determined to be authorized providers under TRICARE are subject to the provisions of Title VI and Section 1557.

7.2 Investigating complaints of noncompliance is a function of the Office for Civil Rights (OCR) of HHS. Any discrimination complaints involving Title VI or ACA Section 1557 that are received by contractors should be forwarded to the OCR, DHHS, North Building, 200 Independence Avenue, S.W., Washington, DC 20201. A copy of the material sent to the OCR must also be sent to TMA OGC, 16401 East Centretch Parkway, Aurora, Colorado 80011-9066.

7.3 Contractors must comply with Section 504 of the Rehabilitation Act of 1973 as amended regarding qualified handicapped individuals. Any discrimination complaints involving Section 504 that are received by contractors shall be forwarded to TMA within two working days of receipt.

8.0 WORKFORCE TRAINING

8.1 Workforce training is required in accordance with federally mandated statutory requirements for the following programs:

- Privacy Act (including DoD breach response)
- HIPAA Privacy, Security, Breach, and Enforcement Rules

8.2 Training and communication(s) related to privacy, security, and breach must be job specific and commensurate with a workforce member's responsibilities. Training is required for system

testing as well as ordinary system access if testing would involve PII/PHI access. Using the training modules developed by the contractor, each new member of the workforce shall be trained before having access to PHI and in any event within 30 work days of starting work.

8.3 At a minimum, workforce training shall include the following:

8.3.1 Orientation Training

Orientation training provides personnel with a basic understanding of Privacy Act and HIPAA requirements, as applicable to the trainee's job performance. The training shall be provided to all personnel responsible for functions involving access to PII/PHI, and shall be a prerequisite to accessing such information.

8.3.2 Role-Based Training

Where a job category requires access to PII/PHI, the contractor shall ensure that role based training is available where needed to enhance general orientation training.

8.3.3 Management Training

Management training provides managers and decision-makers information that shall be taken into account when making management decisions affecting compliance with Privacy Act and HIPAA requirements. Personnel responsible for these management decisions should receive management training on privacy compliance when they first enter management positions.

8.4 Records Managers

Training on PII/PHI breach response requirements will be included in the TMA Annual Records Management (RM) Training for contractor RM personnel under [Chapter 2, Section 1, paragraph 3.1.3](#). Electronic and hard copies of the RM breach training slide deck will be provided to contractors for use in developing their own training modules for non-RM personnel. In addition, records managers must receive Privacy Act SOR training in conjunction with their RM training.

8.5 Refresher Training and Retraining

Contractors shall ensure employees and managers are continually aware of their responsibilities through the completion of annual refresher training. Refresher training demonstrates the importance of privacy requirements, and ensures that the workforce continues to understand current requirements. Retraining must be provided to inform workforce members whose functions are affected by changes in applicable rules, policies and procedures. Refresher training and retraining must be completed within 30 work days of when assigned.

8.6 Documentation

Contractors shall maintain electronic records or other documentation of the completion of all training by each contractor, subcontractor and/or workforce member. Documentation shall include a signature or electronic signature or other satisfactory evidence for each trainee, verifying completion and date of the training and understanding of its pertinence to his or her position. Records of the completion of training shall be provided to the TMA Privacy Office if requested.

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Chapter 1, Section 5

Compliance With Federal Statutes

These records are subject to review by government officials during audits, reviews and inspections.

- END -

Chapter 19

Health Insurance Portability and Accountability Act (HIPAA) of 1996

Section/Addendum	Subject/Addendum Title
------------------	------------------------

- | | |
|---|--|
| 1 | General |
| 2 | Standards For Electronic Transactions |
| 3 | Privacy And Security Of Protected Health Information (PHI) |
| 4 | Health Insurance Portability And Accountability Act (HIPAA) Standard Unique Health Identifier For Health Care Providers Final Rule
Figure 19.4-1 Professional (Individual/Type 1) Provider
Figure 19.4-2 Group Practice/Clinic (Organizational/Type 2) Provider
Figure 19.4-3 Group Practice/Clinic With Multiple Individual Providers
Figure 19.4-4 Institutional Provider With Subparts Enumerated
Figure 19.4-5 Institutional Provider Without Subparts Enumerated |
| A | Additional Supporting Information Pertaining To The Transaction And Code Sets Final Rule |

Privacy And Security Of Protected Health Information (PHI)

1.0 BACKGROUND AND APPLICABILITY

1.1 The contractor shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as implemented by the HIPAA Privacy, Security, Breach, and Enforcement Rules (collectively, the HIPAA Rules). The HIPAA Breach Rule is addressed in Chapter 1, Section 5, paragraphs 2.1 and 2.2, which cover both Department of Health and Human Services (HHS) and Department of Defense (DoD) breach requirements.

1.2 Contractors must comply with DoD HIPAA Issuances as identified in this paragraph. DoD has implemented the HIPAA Privacy Rule with DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003, and DoD Instruction (DoDI) 6025.18, "Privacy of Individually Identifiable Health Information in DoD Programs," December 2, 2009. DoD has implemented the HIPAA Security Rule with DoD 8580.02-R, "DoD Health Information Security Regulation," July 12, 2007. DoD 6025.18-R, DoDI 6025.18, and DoD 8580.02-R are referred to collectively in this Section as DoD HIPAA Issuances.

1.3 Contractors and subcontractors have direct liability under the HIPAA Rules as enforced by the HHS Office for Civil Rights (OCR) under the 2013 modifications to the HIPAA Rules, 78 FR 5566-5702 (January 25, 2013) (with corrections at 78 FR 32464 (June 7, 2013)).

1.4 The term "TMA Officials" is used in this Section to refer collectively to the following TRICARE Management Activity (TMA) Officials: the Contracting Officer (CO), the Contracting Officer's Representative (COR), and, as applicable to the contractor, the TRICARE Regional Director (RD), or the TRICARE Area Director and TRICARE Overseas Program (TOP) Manager, or the director of the contractor's Program Office. The contractors and the TMA Privacy and Civil Liberties (P&CL) Office (Privacy Office) may rely on the COs to be kept informed of any changes in TMA Officials and their contact information.

2.0 CONTRACTOR RESPONSIBILITIES

2.1 Management

2.1.1 Workforce Training

See Chapter 1, Section 5, paragraph 8.0.

2.1.2 Personnel

2.1.2.1 Privacy Official

The contractor shall designate a privacy official for implementation of and compliance with the HIPAA Privacy Rule and DoD 6025.18-R. At a minimum, the specific responsibilities of this position are to:

2.1.2.1.1 Oversee all contract activities related to the development, implementation, maintenance of, and adherence to the contractor's policies and procedures covering the privacy of, and access to PHI.

2.1.2.1.2 Ensure accomplishment of the following responsibilities:

- Establish, implement and amend policies and procedures with respect to PHI that are designed to ensure compliance with federal and state laws, the HIPAA Privacy and Breach Rules, and TMA requirements.
- Maintain current knowledge of applicable federal and state privacy laws.
- Monitor and where desired adopt industry best practices of PHI technologies and management.
- Serve as a liaison to TMA Officials as defined above and the TMA Privacy Office.
- Cooperate with TMA, OCR, other legal authorities, and organizational personnel in any compliance reviews or investigations.
- Perform risk assessments and conduct related ongoing compliance monitoring activities as applicable.
- Establish a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures in coordination and collaboration with other similar functions. (For this HIPAA purpose, contractors may adapt the grievance process and timelines from Chapter 11, Section 9.) Case files of documentation associated with a complaint shall be retained in accordance with Chapter 2.
- Receive complaints and submit to TMA a monthly report on HIPAA complaints received by the contractor. The corresponding Contract Data Requirements List (CDRL) DD Form 1423 provides details on the contents and submission of this report.
- Establish a process to identify, report, respond to and document suspected or confirmed privacy breaches and their outcomes in accordance with Chapter 1, Section 5.
- Ensure that a written or electronic copy is maintained for the retention period (six years) of all policies and procedures required by this section, all communications

that are required to be in writing, and required documentation of actions or documentations under DoD 6025.18-R.

- Oversee, direct, and ensure delivery of privacy training in accordance with Chapter 1, Section 5, paragraph 8.0.
- Initiate, facilitate and promote activities to foster information privacy awareness within the organization and related entities.
- Collaborate with other departments and subcontractors to continue to ensure appropriate administrative, technical, physical and security safeguards are in place to protect the privacy of PHI.
- Work cooperatively with all applicable organizational units and subcontractors in overseeing patient rights to inspect, amend, and restrict access to PHI when appropriate.
- Ensure consistent action is taken for failure to comply with privacy policies for employees in the workforce in order for the contractor to implement the HIPAA Privacy Rule requirement to “have and apply appropriate sanctions” for non-compliance, see 45 CFR 164.530(e).

2.1.2.2 Security Official

2.1.2.2.1 The contractor shall designate a security official responsible for the implementation of and compliance with the HIPAA Security Rule. At a minimum, the responsibilities of this position shall be to oversee all contract activities related to the development, implementation, maintenance of, and adherence to the contractor’s policies and procedures covering the security of, transmission of, and access to electronic Protected Health Information (ePHI) in accordance with the HIPAA Security Rule and the TRICARE Systems Manual (TSM), Chapter 1, Section 1.1. These contract activities include the risk assessments required under “Privacy and Security Risk Assessments” below (paragraph 2.2).

2.1.2.2.2 Additionally, the security official shall ensure accomplishment of the following responsibilities:

- Establish, implement and amend policies and procedures with respect to ePHI that are designed to ensure compliance with federal and state laws, the HIPAA Security Rule and TMA requirements.
- Maintain current knowledge of applicable federal and state security laws.
- Monitor and, where feasible, adopt industry best practices of ePHI technologies and management.
- Serve as a liaison to the RD and TMA Officials as defined above.
- Cooperate with TMA, HHS, OCR, other legal authorities, and organizational personnel in any compliance reviews or investigations.

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Privacy And Security Of Protected Health Information (PHI)

- Perform security risk assessments and conduct related ongoing compliance monitoring activities as applicable.
- Establish a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's security policies and procedures in coordination and collaboration with other similar functions. Case files of documentation associated with a complaint shall be retained in accordance with Chapter 2.
- Coordinate with the contractor's Privacy Official to receive complaints involving security issues and include such complaints in the CDRL for monthly complaints reports submitted by the Privacy Official.
- Establish a process to identify, respond to, document and report suspected or known cybersecurity incidents and their outcomes in accordance with applicable DoD cybersecurity requirements under its contract.
- Ensure that a written or electronic copy is maintained for the retention period (six years from the later of the date the contract is signed or the date the policy or procedure was last in effect) of all policies and procedures, and all documentation of actions, activities or assessments that are required to be documented.
- Oversee, direct, and ensure delivery of security training and orientation in accordance with Chapter 1, Section 5, paragraph 8.0.
- Initiate, facilitate, and promote activities to foster information security awareness within the organization and related entities.
- In coordination with key personnel, develop, implement, test, and revise the following plans and others as required to ensure data integrity, confidentiality, and availability, as required by the HIPAA Security Rule:
 - Contingency plan, disaster recovery plan, emergency mode operation plan, backup plan, physical security plan, and contingency operations plan. These plans shall be developed in conjunction with any continuity of operations plan for Information Technology (IT) systems and data required by applicable DoD cybersecurity guidance.
- Collaborate with other departments and subcontractors to continue to ensure appropriate administrative, technical, and physical safeguards are in place to protect the confidentiality, integrity and availability of ePHI.
- Ensure consistent action is taken for failure to comply with security policies for employees in the workforce in accordance with contractor's policies and procedures.

2.2 Privacy and Security Risk Assessments

The contractor shall conduct annual privacy and security risk assessments of compliance with regulatory requirements and organization policies and procedures, with a corresponding action plan if necessary to remedy any problems identified. The contractor shall develop an action plan from identified and prioritized findings to mitigate risk to an acceptable level. The contractor shall submit to the CO a letter of assurance as described in the corresponding CDRL, DD Form 1423.

2.3 Minimum Necessary Standard

2.3.1 Under the "Minimum Necessary Rule," the contractor shall identify and document those persons or classes of persons, as appropriate, in their workforces who require access to PHI to carry out their duties. For each person or class of persons identified, the contractor shall document the category or categories of PHI needed and any conditions appropriate to such access.

2.3.2 For nonroutine or nonrecurring disclosures, the contractor shall develop criteria designed to limit the PHI disclosed to the information reasonably necessary to accomplish the purpose of the disclosure, and shall review each request for disclosure in accordance with such criteria.

2.4 Individual Rights: Requesting Access, Amendments, Alternate Means of Communication, Restrictions, or Accounting

The contractor shall respond to individual requests for access, amendments, alternative means of communication or restrictions, and accounting in compliance with the following subparagraphs and the corresponding provisions in the HIPAA Privacy Rule and the DoD HIPAA Issuances. The contractor shall document the title(s) of the person(s) or office(s) responsible for receiving and processing requests by individuals to exercise their HIPAA rights.

2.4.1 Access

If the contractor grants an individual's request for access to their PHI, it shall inform the individual of the acceptance of the request and provide the access requested No Later Than (NLT) 30 calendar days after receipt of the request. If the contractor is unable to take the requested action within 30 calendar days, it may extend the time for no more than an additional 30 days provided that it notifies the individual in writing of the delay and the expected date of completion. The contractor shall document receipt of all access requests using a date stamp and maintain an index to record pertinent information and actions.

2.4.1.1 If the contractor denies access to the PHI or the record, the contractor shall forward the request within seven working days from receipt to P&CL for appropriate follow-up. The contractors shall notify the beneficiary within three working days that their request was forwarded to P&CL.

2.4.1.2 If the individual requests records in paper form, the contractor shall charge only reproduction costs for providing copies of an individual's health records/PHI. Copying fees will be waived when those costs are under \$30 or when the copying is for the contractor's convenience. If the individual requests an electronic version of PHI maintained in a designated record set electronically, the contractor must provide a copy in the electronic form and format requested (if readily producible, or if not, in an agreed-upon form and format), as required by 45 CFR 164.524(c)(2)(ii). If the individual requests in writing that the PHI be sent directly to another person,

the contractor shall comply with such request if it clearly identifies the person and where to send the information, as required by 45 CFR 164.524(c)(3)(ii).

2.4.2 Requesting An Amendment

If an individual requests amendment to their PHI under the Privacy Act of 1974, the contractor shall follow the requirements in [Chapter 1, Section 5](#), to ensure compliance with the Privacy Act of 1974. If an individual requests amendment to their PHI under the HIPAA Privacy Rule, the request shall be processed in accordance with that rule. **Only written requests shall be processed.** The contractor shall document receipt of all amendment requests using a date stamp and maintain an index to record pertinent information and actions. If the contractor agrees to amend the PHI or record, it shall do so within 60 calendar days of receipt of the request **or** provide a written reason for any extension beyond 60 calendar days **and inform** the individual who made the request. Only one 30 calendar day extension may be allowed under the HIPAA Privacy Rule. If the contractor decides **it** will not amend the PHI or the record, **it** shall forward the request to **TMA Officials** within 20 calendar days from receipt of the request.

2.4.3 Requesting an Alternative Means of Communication

The contractor shall permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI from the contractor by alternative means or at alternative locations. The contractor shall maintain a log of all requests for alternative communications **with sufficient information to ensure that all approved requests are honored.** Similarly, if TMA advises the contractor of an approved request for confidential communications, the contractor shall abide by such alternative insofar as applicable to the contractor.

2.4.4 Restrictions

The contractor shall process an individual's request to restrict disclosure of PHI, including restrictions involving PHI that pertains solely to a health care item or service for which the individual (or another party on his/her behalf) has paid in full. The contractor shall process the restriction requests and notify the requestor of approval within seven working days of receiving the request. If the request is denied, the contractor shall notify the requestor of the reason for denial within seven working days of the decision and shall provide copies of denial decisions to the TMA Privacy Office. Similarly, if TMA advises the contractor of an approved request for a restriction, the contractor shall abide by such restriction insofar as applicable to the contractor.

2.4.5 Requests for Accounting of Disclosures

A beneficiary has a right to receive an accounting of disclosures of PHI made by a covered entity in the six years prior to the date on which the accounting is requested, except for disclosures for treatment, payment, health care operations and other limited exceptions. The contractor must provide a written accounting of disclosures as allowed under the HIPAA Privacy Rule and the DoD 6025.18-R upon written request from beneficiaries.

2.5 Security Incident Tracking And Reporting

In the event of a cybersecurity incident not involving a PII/PHI breach, the contractor shall follow the applicable DoD cybersecurity requirements under its contract and the TSM.

2.6 Authorizations

2.6.1 The contractor shall obtain HIPAA-compliant authorizations for any use and disclosure of PHI not otherwise permitted by the HIPAA Privacy Rule (such as for treatment, payment or health care operations purposes). The contractor shall allow individuals to revoke their authorization. A personal representative may sign an authorization on behalf of an individual.

2.6.2 Where PHI is sensitive (for example, relating to mental health), the contractor shall not disclose such PHI based on the individual's authorization unless that authorization explicitly includes the specific type of sensitive information in question.

2.6.3 HIPAA authorizations acquired or used by the contractor in the development and processing of claims or required for other contractor functions, such as fraud and abuse, shall be stored and maintained with the appropriate record categories described in Chapter 2.

2.6.4 Upon notification of any changes in, or revocation of, permission by an individual to use or disclose his or her PHI, the contractor shall comply to the extent that such changes or revocation may affect the contractor's use or disclosure of PHI.

2.7 Notice of Privacy Practices (NoPP)

2.7.1 The contractor shall annually notify individuals, who are normally mailed educational literature on TRICARE, about the availability of the Military Health System (MHS) NoPP and how to obtain it. This notification need only occur through beneficiary education as permitted within existing contract limitations and requirements. No additional or special marketing or beneficiary education campaigns are required.

2.7.2 The contractor shall provide a copy of the NoPP to TRICARE beneficiaries upon request.

2.7.3 The contractor shall operate in accordance with the MHS NoPP produced by TMA.

2.8 Business Associate Agreement Requirement

Contractors to which this Manual applies are business associates of TRICARE/TMA. Therefore, they must comply with approved TMA business associate provisions.

2.9 Documentation

2.9.1 The contractor shall document, implement and maintain policies and procedures required to comply with HIPAA Privacy and Breach Rules and the DoD HIPAA issuances insofar as applicable to the contractor. These policies and procedures shall be made available upon government request. In addition to subjects addressed in this Section, the contractor policies and procedures shall include, for example, the following:

- Verifying identity of persons seeking disclosure.
- Sanctions imposed against non-complying workforce members.
- Whistleblower provisions.

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Privacy And Security Of **Protected** Health Information (PHI)

- Release of PHI to personal representatives, release of PHI related to deceased individuals, and release in abuse, neglect and endangerment situations.

2.9.2 The contractor shall document, implement and maintain policies and procedures required to comply with HIPAA Security Rule, **the corresponding DoD issuance and related DoD cybersecurity requirements**. These policies and procedures shall be made available upon government request.

2.9.3 The contractor shall document and maintain all actions, activities or assessments required to be documented by the HIPAA Security Rule.

2.9.4 The contractor shall retain all documentation, files, and records related to PHI in accordance with [Chapter 2, Section 2](#).

- END -

Contracting Officer's Representative (COR) on the state of beneficiary and provider satisfaction during the previous reporting period. The report shall address separately of both beneficiary satisfaction and provider satisfaction and contain the contractor's measurement and calculation of satisfaction. For any negative trends, the contractor shall describe what actions are being taken to mitigate further negative trends.

5.4 Beneficiary Service Report

The contractor shall follow the requirements as stated in the contract.

5.5 Monthly Workload Report

The contractor shall submit to the TMA, Claims Operations Branch and the TRICARE Regional Director, a TRICARE Contractor Monthly Workload Report, TMA Form 742. The report will cover the period beginning on the first day of the report month, and ending on the last day of the report month. (Separate data for each state within the contractor's jurisdiction is not required on a monthly basis, but must be available upon request from TMA.) The Monthly Workload Report is due on the 45th calendar day following the start date of the contract and then on the 15th calendar day of each month (or the first workday following the 15th calendar day if the 15th is not a business day) following the report period throughout the duration of the contract. Any adjustments to previously submitted data require an explanation of the differences, including the cause, either in the "Remarks" section or in a separate report. At the discretion of TMA, or as required by law, contractor performance statistics contained in this report may be released to the public. The contractor shall follow the instructions for preparation as stated in the contract requirements.

5.6 Monthly Cycle Time/Aging Report

The contractor shall submit to the TMA, Claims Operations Branch and the TRICARE Regional Director, a TRICARE Contractor Monthly Cycle Time/Aging Report, TMA Form 743. The report will cover the period beginning on the first day of the report month, and ending on the last day of the report month. (Separate data for each state within the contractor's jurisdiction is not required on a monthly basis, but must be available upon request from TMA.) The Cycle Time/Aging Report is due on the 45th calendar day following the start date of the contract and then on the 15th calendar day of each month (or the first workday following the 15th calendar day if the 15th is not a business day) following the report period throughout the duration of the contract. Any adjustments to previously submitted data require an explanation of the differences, including the cause, either in the "Remarks" section or in a separate report. At the discretion of TMA, or as required by law, contractor performance statistics contained in this report may be released to the public. The contractor shall follow the instructions for preparation as stated in the contract requirements.

6.0 QUARTERLY REPORTS

6.1 Fraud And Abuse Summary Report

The contractor shall follow the requirements as stated in the contract.

6.2 Congressional Visit Summary Report

The contractor shall follow the requirements as stated in the contract.

6.3 Claims Audit Report

The contractor shall follow the requirements as stated in the contract.

7.0 SEMIANNUAL/ANNUAL REPORTS

7.1 Internal Quality Management (IQM)/Quality Improvement (QI) Report

The contractor shall report to the COR any updates or changes to the program, problems identified and corrective actions planned/initiated and the month in which the action occurred. All updates or changes to the program are to be submitted within 20 calendar days of the update or change. If there have been no changes/corrective actions then a negative submission is due 30 calendar days following the end of each contract option period.

7.2 Fraud Prevention Savings Report

The contractor shall submit a Fraud Prevention Savings Report. This report shall be submitted No Later Than (NLT) 30 calendar days after the end of the calendar year as stated in [Chapter 13, Section 5](#).

7.3 Federal Medical Care/Third Party Liability (TPL) Recovery Claims Report

The contractor shall follow the requirements as stated in [Chapter 10, Section 5, paragraph 8.0](#).

7.4 Annual Risk Assessment Letter of Assurance

The contractor shall follow the requirements as stated in [Chapter 19, Section 3, paragraph 2.2](#).

8.0 SPECIAL REPORTS

8.1 Quality Control (QC) Program

The contractor shall follow the requirements as stated in [Chapter 1, Section 4](#).

8.2 IQM/Quality Improvement Program (QIP)

The contractor shall submit an IQM/QIP Plan to the COR within 30 calendar days of award.

8.3 IQM/QI Report

The contractor shall submit an Internal Quality Management/Quality Improvement Report to the COR within 10 calendar days following the reported month of problems identified and corrective actions planned/initiated.

- END -

Acronyms And Abbreviations

AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAHC	Accreditation Association for Ambulatory Health Care, Inc.
AAFES	Army/Air Force Exchange Service
AAMFT	American Association for Marriage and Family Therapy
AAP	American Academy of Pediatrics
AAPC	American Association of Pastoral Counselors
AARF	Account Authorization Request Form
AATD	Access and Authentication Technology Division
ABA	American Banking Association Applied Behavior Analysis
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
AC	Active Component
ACA	Affordable Care Act
ACD	Augmentative Communication Devices
ACE	Angiotensin-Converting Enzyme
ACH	Automated Clearing House
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACP	American College of Physicians
ACOR	Administrative Contracting Officer's Representative
ACS	American Cancer Society
ACSC	Ambulatory Care Sensitive Condition
ACSP	Autism Demonstration Corporate Services Provider
ACTUR	Automated Central Tumor Registry
AD	Active Duty
ADA	American Dental Association American Diabetes Association Americans with Disabilities Act
ADAMHA	Alcohol, Drug Abuse, And Mental Health Administration

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Appendix A

Acronyms And Abbreviations

ADAMHRA	Alcohol, Drug Abuse, And Mental Health Reorganization Act
ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADDP	Active Duty Dental Program
ADFM	Active Duty Family Member
ADH	Atypical Ductal Hyperplasia
ADL	Activities of Daily Living
ADP	Automated Data Processing
ADSM	Active Duty Service Member
AF	Atrial Fibrillation
AFAP	Attenuated Familial Adenomatous Polyposis
AFB	Air Force Base
AFOSI	Air Force Office of Special Investigations
AFS	Ambulance Fee Schedule
AGR	Active Guard/Reserve
AHA	American Hospital Association
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
AIF	Ambulance Inflation Factor
AIIM	Association for Information and Image Management
AIS	Ambulatory Infusion Suite Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
ALH	Atypical Lobular Hyperplasia
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMCB	American Midwifery Certification Board
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous [Myeloid] Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association

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Appendix A

Acronyms And Abbreviations

APA	American Psychiatric Association American Podiatry Association
APC	Adenomatous Polyposis Coli Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ARB	Angiotensin Receptor Blocker
ARCIS	Archives and Records Centers Information System
ART	Assisted Reproductive Technology
ARU	Automated Response Unit
ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ASRM	American Society for Reproductive Medicine
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BAA	Business Associate Agreement
BACB	Behavioral Analyst Certification Board
BART	BRAC Analysis Large Rearrangement Test
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center

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BCaBA	Board Certified Assistant Behavior Analyst
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst - Doctoral
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BE&SD	Beneficiary Education and Support Division
BH	Behavioral Health
BI	Background Investigation
BIA	Bureau of Indian Affairs
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BNAF	Budget Neutrality Adjustment Factor
BOS	Bronchiolitis Obliterans Syndrome
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
PPPV	Benign Paroxysmal Positional Vertigo
BRAC	Base Realignment and Closure
BRCA	BReast CAncer (genetic testing)
BRCA1/2	BReast CAncer Gene 1/2
BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&P	Compensation and Pension
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
CACREP	Council for Accreditation of Counseling and Related Educational Programs
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care

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CAP	Competitive Acquisition Program
CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAQH	Council for Affordable Quality Health
CARC	Claim Adjustment Reason Code
CAS	Carotid Artery Stenosis
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBE	Clinical Breast Examination
CBHCO	Community-Based Health Care Organizations
CBL	Commercial Bill of Lading
CBP	Competitive Bidding Program
CBSA	Core Based Statistical Area
CC	Common Criteria Convenience Clinic Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCCT	Clomiphene Citrate Challenge Test
CCD	Corporate Credit or Debit
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System
CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits

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CES	Cranial Electrotherapy Stimulation
CF	Conversion Factor Cystic Fibrosis
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFRD	Cystic Fibrosis-Related Diabetes
CFS	Chronic Fatigue Syndrome
CGMS	Continuous Glucose Monitoring System
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs
CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CID	Central Institute for the Deaf
CIF	Central Issuing Facility Common Intermediate Format
CIO	Chief Information Officer
CIPA	Classified Information Procedures Act
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CL	Confidentiality Level (Classified, Public, Sensitive)
CLIA	Clinical Laboratory Improvement Amendment
CLIN	Contract Line Item Number
CLKT	Combined Liver-Kidney Transplant
CLL	Chronic Lymphocytic Leukemia
CMAC	CHAMPUS Maximum Allowable Charge
CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMR	Cardiovascular Magnetic Resonance
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
CNM	Certified Nurse Midwife
CNS	Central Nervous System Clinical Nurse Specialist

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CO	Contracting Officer
COB	Close of Business Coordination of Benefits
COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
CoCC	Certificate of Creditable Coverage
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease
COR	Contracting Officer's Representative
CORE	Committee on Operating Rules for Information Exchange
CORF	Comprehensive Outpatient Rehabilitation Facility
CORPA	Commission on Recognition of Postsecondary Accreditation
COTS	Commercial-off-the-shelf
CP	Cerebral Palsy
CPA	Certified Public Accountant
CPE	Contract Performance Evaluation
CPI	Consumer Price Index
CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists
CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQM	Clinical Quality Management
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRP	Canalith Repositioning Procedure
CRS	Cytoreductive Surgery
CRSC	Combat-Related Special Compensation
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
CSE	Communications Security Establishment (of the Government of Canada)
CSP	Corporate Service Provider Critical Security Parameter
CST	Central Standard Time

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CSU	Channel Sending Unit
CSV	Comma-Separated Value
CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTA	Composite Tissue Allotransplantation Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
CTLN1	Citrullinemia Type 1
CTX	Corporate Trade Exchange
CUC	Chronic Ulcerative Colitis
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
DBA	Doing Business As
DBN	DoD Benefits Number
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index
DCIS	Defense Criminal Investigative Service Ductal Carcinoma In Situ
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DCWS	DEERS Claims Web Service
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDD	Degenerative Disc Disease
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment
DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System

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DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard Disability Evaluation System
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services
DHP	Defense Health Program
DHS	Department of Homeland Security
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DLI	Donor Lymphocyte Infusion
DM	Disease Management
DMDC	Defense Manpower Data Center
DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
DMR	Direct Member Reimbursement
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
DOB	Date of Birth
DOC	Dynamic Orthotic Cranioplasty (Band)
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction

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DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoDM	Department of Defense Manual
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPCLO	Defense Privacy and Civil Liberties Office
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSA	Data Sharing Agreement
DSAA	Data Sharing Agreement Application
	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office

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DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Versatile Disc (formerly Digital Video Disc)
DVD-R	Digital Versatile Disc-Recordable
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EACH	Essential Access Community Hospital
EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
eFRC	Electronic Federal Records Center
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program

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EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
EID	Early Identification Enrollment Information for Dental
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
EOP	Explanation of Payment
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERA	Electronic Remittance Advice
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations

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FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FOUO	For Official Use Only
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSH	Follicle Stimulating Hormone
FSO	Facility Security Officer
FTC	Federal Trade Commission
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GAF	Geographic Adjustment Factor
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment

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GHP	Group Health Plan
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
GTMCPA	General Temporary Military Contingency Payment Adjustment
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly Healthcare Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDE	Humanitarian Device Exemption
HDGC	Hereditary Diffuse Gastric Cancer
HDL	Hardware Description Language
HDR	High Dose Radiation
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HH	Home Health
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group

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HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HITECH	Health Information Technology for Economic and Clinical Health
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HSWL	Health, Safety and Work-Life
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with

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IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFC	Interim Final Rule with comment
IFR	Interim Final Rule
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHC	Immunohistochemistry
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular

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IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IOP	Intraocular Pressure
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPP	In-Person Proofing
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRF	Inpatient Rehabilitation Facility
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVD	In Vitro Diagnostic Ischemic Vascular Disease
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCIH	Joint Committee on Infant Hearing
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations

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JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee ⁷
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCD	Local Coverage Determination
LCF	Long-term Care Facility
LCIS	Lobular Carcinoma In Situ
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LDT	Laboratory Developed Test
LGS	Lennox-Gastaut Syndrome
LH	Luteinizing Hormone
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation Line of Duty
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
LVSD	Left Ventricular Systolic Dysfunction
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III

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MAID	Maximum Allowable Inpatient Day
MAP	MYH-Associated Polyposis
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection
MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MESA	Microsurgical Epididymal Sperm Aspiration
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
MHCC	Maryland Health Care Commission
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIAP	Multi-Host Internet Access Portal
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
mild®	Minimally Invasive Lumbar Decompression
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMEA	Medicare and Medicaid Extenders Act (of 2010)
MMP	Medical Management Program
MMPCMHP	Maryland Multi-Payer Patient-Centered Medical Home Program

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MMPP	Maryland Multi-Payer Patient
MMR	Mismatch Repair
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOH	Medal Of Honor
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MRS	Magnetic Resonance Spectroscopy
MS	Microsoft® Multiple Sclerosis
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSI	Microsatellite Instability
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MSS	Medical Social Services
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
MYH	mutY homolog
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACHA	National Automated Clearing House Association
NACI	National Agency Check Plus Written Inquiries

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NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Naval Air Station Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCCN	National Comprehensive Cancer Network
NCD	National Coverage Determination
NCE	National Counselor Examination
NCF	National Conversion Factor
NCI	National Cancer Institute
NCMHCE	National Clinical Mental Health Counselor Examination
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NG	National Guard
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLDA	Nursery and Labor/Delivery Adjustment
NLT	No Later Than
NMA	Non-Medical Attendant
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance

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NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NSF	Non-Sufficient Funds
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OAE	Otoacoustic Emissions
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCMO	Office of the Chief Medical Officer
OCONUS	Outside of the Continental United States
OCR	Office for Civil Rights Optical Character Recognition
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program

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OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OTCD	Ornithine Transcarbamylase Deficiency
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&CL	Privacy & Civil Liberties [Office]
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAS	Privacy Act Statement
PAT	Performance Assessment Tracking
PATH Intl	Professional Association of Therapeutic Horsemanship International
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PBT	Proton Beam Therapy
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager

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PCMBN	PCM By Name
PCMH	Patient-Centered Medical Home
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Pelvic Congestion Syndrome Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PESA	Percutaneous Epididymal Sperm Aspiration
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
PGD	Preimplantation Genetic Diagnosis
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center

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PIE	Pulsed Irrigation Evacuation
PII	Personally Identifiable Information
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMPM	Per Member Per Month
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
PPC-PCMH	Physician Practice Connections Patient-Centered Medical Home
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee

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PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSF	Provider Specific File
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment

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RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RIA	Radioimmunoassay
RM	Records Management
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit

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SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SAVR	Surgical Aortic Valve Replacement
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIRT	Selective Internal Radiation Therapy
SIT	Standard Insurance Table
SLP	Speech-Language Pathology

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SMC	System Management Center
SN	Skilled Nursing
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons System of Records
SORN	System of Records Notice
SPA	Simple Power Analysis
SPC	Special Processing Code
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAH	Total Artificial Heart

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TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TAVR	Transcatheter Aortic Valve Replacement
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDR	Total Disc Replacement
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora

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TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy

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TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
US-CERT	United States-Computer Emergency Readiness Team
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard

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USCO	Uniformed Services Claim Office(r)
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	Web DEERS Online Enrollment System (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center

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WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

2D	Two Dimensional
3D	Three Dimensional

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Utilization And Quality Management	7	1

- END -