

official duties require access to the information are trained in the proper safeguarding and use of the information and received Information Assurance and Privacy Act training.

**RETENTION AND DISPOSAL:**

Upon reassignment from DLA, records are destroyed after 1 year.

**SYSTEM MANAGER(S) AND ADDRESS:**

Director, DLA Human Resources Center-Military, Military Personnel and Administration (DHRC-M), 8725 John J. Kingman Road, Suite 2533, Fort Belvoir, VA 22060-6221, and the Heads of the DLA Primary Level Field Activities.

**NOTIFICATION PROCEDURE:**

Individuals seeking to determine whether information about themselves is contained in this system should address written inquiries to the DLA Privacy Office, Headquarters, Defense Logistics Agency, *Attn:* DGA, 8725 John J. Kingman Road, Suite 1644, Fort Belvoir, VA 22060-6221.

Inquiries should contain the individual's full name, SSN, mailing address and telephone number.

**RECORD ACCESS PROCEDURES:**

Individuals seeking access to information about themselves contained in this system should address written inquiries to the DLA Privacy Office, Headquarters, Defense Logistics Agency, *Attn:* DGA, 8725 John J. Kingman Road, Suite 1644, Fort Belvoir, VA 22060-6221.

Inquiries should contain the individual's full name, SSN, mailing address and telephone number.

**CONTESTING RECORD PROCEDURES:**

The DLA rules for accessing records, for contesting contents, and appealing initial agency determinations are contained in 32 CFR part 323, or may be obtained from the DLA Privacy Office, Headquarters, Defense Logistics Agency, *Attn:* DGA, 8725 John J. Kingman Road, Suite 1644, Fort Belvoir, VA 22060-6221.

**RECORD SOURCE CATEGORIES:**

Information is provided by the individual, taken from military personnel records, and position distribution reports.

**EXEMPTIONS CLAIMED FOR THE SYSTEM:**

None.

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**BILLING CODE 5001-06-P**

**DEPARTMENT OF DEFENSE**

**Office of the Secretary**

**TRICARE Access to Care Demonstration Project**

**AGENCY:** Department of Defense.

**ACTION:** Notice of demonstration project.

**SUMMARY:** This notice is to advise interested parties of a Military Health System (MHS) Demonstration project under the authority of Title 10, U.S. Code, Section 1092, entitled Department of Defense TRICARE Access to Care Demonstration Project. The demonstration project is intended to improve access to urgent care including minor illness or injury for Coast Guard beneficiaries enrolled in TRICARE Prime or TRICARE Prime Remote while decreasing emergency room visits and healthcare costs. Under the demonstration, Coast Guard active duty service members (ADSMs) and their family members who are enrolled in TRICARE Prime or TRICARE Prime Remote in the South Region would be allowed to self-refer, without an authorization, to a TRICARE network provider such as an Urgent Care Clinic (UCC) or Convenience Center for up to four urgent care visits per year. No referral from their Primary Care Manager (PCM) or authorization by a Health Care Finder will be required and no Point of Service (POS) deductibles and cost shares shall apply to these four unmanaged visits. Additionally, when outside of the South region, these Coast Guard TRICARE Prime or Prime Remote enrollees may use any TRICARE authorized provider or UCC without incurring POS deductibles and cost shares. The ADSM and family member will be required to notify their PCM of any urgent/acute care visits to other than their PCM within 24 hours of the visit and schedule any follow-up treatment that might be indicated with their PCM. If more than the four (4) authorized urgent care visits are used, or if the beneficiary seeks care from a non TRICARE network or non TRICARE authorized provider, POS deductibles and cost shares as required by Title 32, Code of Federal Regulations (CFR), 199.17(n)(3) may apply. Referral requirements for specialty care and inpatient authorizations will remain as currently required by MHS policy.

**DATES:** This demonstration will be effective 60 days from the date of this notice for a period of twenty-four (24) months.

**ADDRESSES:** TRICARE Management Activity (TMA), Health Plan Operations,

5111 Leesburg Pike, Suite 810, Falls Church, VA 22041.

**FOR FURTHER INFORMATION CONTACT:** For questions pertaining to this demonstration project, please contact Ms. Shane Pham at (703) 681-0039.

**SUPPLEMENTARY INFORMATION:**

**a. Background**

Access for acute episodic primary care continues to be in high demand by TRICARE Prime beneficiaries. The current regulations require that if a Prime beneficiary seeks care from a provider other than their PCM, they must first obtain a referral. Otherwise, the care will be covered under the point-of-service option at greater out-of-pocket cost to the Prime beneficiary. This includes urgent care which TRICARE defines as medically necessary treatment for an illness or injury that would not result in further disability or death if not treated immediately but that requires professional attention within 24 hours. On the other hand, emergency care defined as a medical, maternity or psychiatric condition that would lead a "prudent layperson" (someone with average knowledge of health and medicine) to believe that a serious medical condition existed, or the absence of medical attention would result in a threat to his or her life, limb or sight and requires immediate medical treatment or which has painful symptoms requiring immediate attention to relieve suffering, does not require an authorization. Often when a Prime beneficiary needs urgent care after hours or when the PCM does not have available appointments, the Prime beneficiary will seek care from civilian sources such as emergency rooms (ER). While many Prime beneficiaries pay no out-of-pocket costs for ER services, the average cost for an ER visit is much higher than an urgent care visit. In many cases, using the ER is not necessary, and a patient's condition can be treated through urgent care. However, TRICARE has found it difficult to enforce the required point-of-service charges when an ER visit was for urgent care and not a true medical emergency.

There are 25,781 Coast Guard active duty service members and their family members enrolled in TRICARE Prime in the South Region. In the South Region, beneficiary ER visits are currently averaging 197 ER visits/1,000 beneficiaries per year and that number is slowly increasing. Analysis indicates much of the care rendered in these ER visits is for acute or chronic conditions that are not true life threatening emergencies and may have been better

suiting for care by the PCM or in an urgent care setting.

### b. Implementation

This demonstration will be effective 60 days from the date of this notice for a period of twenty-four (24) months.

### c. Evaluation

The results of this Demonstration will allow a focused study of the impact of this process on: (1) The reduction of ER utilization and resulting costs, (2) assessment of the availability and accessibility of less expensive acute care services such as UCCs, (3) reduction of administrative processes, and (4) impact on Coast Guard active duty service members and their families. The evaluation/analysis of the demonstration would use Fiscal Year 2008 as the base line with follow-up data analysis conducted at each 6-month interval throughout the 24 month period to monitor of ER and TRICARE authorized UCC utilization workload and cost (claims data). Success of the demonstration would be determined by consistent shifts in health care utilization from ERs to a TRICARE authorized UCCs by 15–20%. A less than 5% shift in utilization from the ER to a TRICARE authorized UCCs would be considered insignificant.

Dated: March 1, 2011.

**Morgan F. Park,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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**BILLING CODE 5001-06-P**

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Notice of Two-Year Continuation of Disease Management Demonstration Project for TRICARE Standard Beneficiaries

**AGENCY:** Department of Defense.

**ACTION:** Notice of Two-Year Continuation of Disease Management Demonstration Project for TRICARE Standard Beneficiaries.

**SUMMARY:** This notice is to advise interested parties of the continuation of a Military Health System (MHS) demonstration project entitled "Disease Management Demonstration Project for TRICARE Standard Beneficiaries". The original demonstration notice was published on June 13, 2007 (72 FR 32628–32629) and described a demonstration project to provide disease management (DM) services to TRICARE Standard beneficiaries in

addition to the TRICARE Prime beneficiaries who were already entitled to such services. TRICARE began the demonstration project in March 2007 for Standard beneficiaries and this demonstration project has enabled the MHS to provide uniform policies and practices on disease and chronic care management throughout the TRICARE network. Additionally, the demonstration has helped determine the effectiveness of DM programs in improving the health status of beneficiaries with targeted chronic diseases or conditions, and any associated cost savings. The TRICARE Management Activity (TMA) chose a phased approach to determine the efficacy and cost effectiveness of its disease management demonstration, beginning with beneficiaries identified with the disease states of asthma, heart failure, and diabetes. TMA now intends to continue the disease management services to TRICARE Standard beneficiaries until a permanent TRICARE disease management benefit (per the John Warner National Defense Authorization Act of 2007, section 734) is implemented. This continuation of the disease management demonstration project will be conducted under the authority provided in 10 U.S.C. 1092.

**DATES:** *Effective date:* The extension of the demonstration will be effective April 1, 2011 and will continue for a period of two years until March 31, 2013.

**ADDRESSES:** TRICARE Management Activity (TMA), 5111 Leesburg Pike, Suite 810, Falls Church, VA 22041–3206.

#### FOR FURTHER INFORMATION CONTACT:

Robin Marzullo, Disease Management Nurse Consultant, Population Health and Medical Management—TRICARE Management Activity, telephone (703) 681–6717 x 1214.

#### SUPPLEMENTARY INFORMATION:

##### A. Background

For additional information on the TRICARE demonstration project for disease management, please see 72 FR 32628–32629 and 74 FR 11089–11090. The original demonstration notice focused on explaining the differences between the disease management benefits available to TRICARE Standard and TRICARE Prime beneficiaries and the manner in which disease management services had been provided prior to the demonstration. The prior notice explained that for purposes of the demonstration, the Department of Defense (DoD) would waive, for these disease management services provided to Standard beneficiaries, the provisions

of 10 U.S.C. 1079(a)(13) and 32 CFR 199.4(g)(39) that expressly exclude clinical preventive services for TRICARE Standard beneficiaries. The prior notice also explained the enrollment process and cap on disease management costs.

##### B. Description of Extension of Demonstration Project

Under this demonstration, DoD has waived, for disease management services provided to TRICARE Standard beneficiaries, the provisions of 10 U.S.C. 1079(a)(13) and 32 CFR 199.4(g)(39) that expressly exclude clinical preventive services for TRICARE Standard beneficiaries in the current benefit. The Military Health System (MHS) has enrolled TRICARE Standard beneficiaries in its disease management programs. Disease management services provided to Standard beneficiaries have included, but have not been limited to: Clinical preventive examinations, patient education and counseling services, and periodic screening exams. MHS disease management program costs have been capped not to exceed the amount approved by the contracting officer. The disease management program costs are total costs of disease management services provided to both Prime and Standard beneficiaries. Only those beneficiaries identified by the TRICARE Management Activity (TMA) for disease management of asthma, heart failure, diabetes, COPD, depression, anxiety, and cancer, have been included in the current program. Beneficiaries identified by TMA are included in the disease management program unless they choose to opt out. This action directly reduces variation across the system and results in improved consistency and quality for beneficiaries with targeted chronic illness, regardless of TRICARE classification. Furthermore, including TRICARE Standard beneficiaries in current disease management efforts informs the MHS about total potential savings and return on investment (ROI) associated with disease management, a stated requirement of the John Warner National Defense Authorization Act for Fiscal Year 2007. Continuing to provide disease management services to all TRICARE beneficiaries will continue to maintain our overall quality of care throughout the MHS program. By educating patients about their disease and helping them manage their symptoms, many of the complications of these diseases can be avoided, possibly slowing the progression of their chronic disease, thus resulting in significant cost savings.