BUMED NOTICE 6300

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL MANAGEMENT SERVICES FOR MEDICAL TREATMENT FACILITIES OUTSIDE THE CONTINENTAL UNITED STATES

Ref: (a) OPNAVINST 6320.6A
(b) BUMEDINST 6320.85A
(c) DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual of 7 April 2008
(d) BUMEDINST 6300.17A
(e) BUMEDINST 6320.103
(f) BUMEDINST 1300.2B
(g) TRICARE Operations Manual 6010.56-M, April 2015
(h) TRICARE Policy Manual 6010.57-M, April 2015
(i) DoD Instruction 6025.20 of 9 April 2013

Encl: (1) Patient Information Guide Template
      (2) Healthcare Coordination Committee Charter Template
      (3) Sample Appointment Letter

1. Purpose. To establish interim policy guidance and direction for medical management services at medical treatment facilities (MTF) outside of the continental United States (OCONUS). This policy standardizes and implements best practices in medical management services at OCONUS MTFs, ensures seamless healthcare delivery to beneficiaries in direct care and purchased sector care settings, and maintains medical readiness of the force. Medical management services are primarily for OCONUS MTF Prime enrolled beneficiaries and operational forces in their area of responsibility.

2. Scope. Applies to all Navy Medicine OCONUS MTFs. For the purposes of this policy, Hawaii and Alaska are not considered OCONUS.

3. Background. Patients receiving care at OCONUS purchased sector care facilities encounter unique challenges related to language barriers and cultural differences, which can significantly impact patient experience and vary from United States standards of care. Proactive engagement by MTF commanding officers, officers in charge, medical management staff, patient liaisons, and clinicians is essential to enhance the patient’s experience of care and foster a professional and collaborative relationship with purchased sector care providers to best serve the health needs of our beneficiaries. References (a) through (i), establish policy, assign responsibilities, and
prescribe guidelines, procedures, and standards for the delivery of clinical and non-clinical services provided to Service members and families stationed overseas. OCONUS MTF personnel are expected to support these programs and processes.

4. **Action.** Implement measures to ensure advocacy, oversight, and medical facilitation for beneficiaries receiving purchased sector care.

5. **Responsibilities**

   a. **Bureau of Medicine and Surgery (BUMED) Deputy Chief, Readiness and Health must:**

      (1) Coordinate with the Commanders, Navy Medicine regions to identify resource requirements to support implementation and sustainment of medical management services in OCONUS MTFs.

      (2) Coordinate with the BUMED Deputy Chief, Total Force and the BUMED Deputy Chief, Business Operations to resource identified requirements to support implementation and sustainment of medical management services in OCONUS MTFs.

   b. **BUMED Deputy Chief, Total Force.** Must coordinate and support staffing and training requirements identified by the BUMED Deputy Chief, Readiness and Health.

   c. **BUMED Deputy Chief, Business Operations.** Must coordinate and support logistics, information management, and technology requirements identified by the BUMED Deputy Chief, Readiness and Health. Requests for funding will flow through the region’s normal program proposal process.

   d. **Assistant Deputy Chief, Healthcare Operations (BUMED-M3) must:**

      (1) Provide direction and oversight for OCONUS medical management services and activities.

      (2) Coordinate and develop overarching policy for the delivery of medical management services in the OCONUS environment.

      (3) Coordinate and develop overarching policy to support healthcare business and patient administration staff in the delivery of medical management services in the OCONUS environment.

      (4) Develop training requirements for medical management, healthcare business, and patient administration staff assigned to OCONUS MTFs.
(5) Direct and coordinate standardization, improvements, and quality control for OCONUS medical management activities.

(6) Identify and coordinate with the Defense Health Agency on opportunities to augment Navy Medicine’s medical management services in OCONUS MTFs utilizing the TRICARE contracts.

(7) Serve as the enterprise subject matter expert for OCONUS medical management.

e. **Public Affairs Officer, Office of Communications (BUMED-M09B7) must:**

   (1) Develop standardized communication templates for use by Navy Medicine regions and MTFs.

   (2) Review patient education and communications products to ensure alignment with Navy Medicine strategy, when appropriate.

f. **Commanders, Navy Medicine Regions must:**

   (1) Ensure the provisions of this notice are followed.

   (2) Identify a regional subject matter expert on medical management services for OCONUS MTFs.

   (3) Provide regional direction, oversight, resource acquisition, coordination, and subject matter expertise to OCONUS medical management, healthcare business, and patient administration leads in support of case management and care coordination activities per references (a) through (i). Attempt to resource funding requirements, and submit for regional program proposal consideration if funding is not available.

   (4) Facilitate collaboration between regional OCONUS MTFs, TRICARE Area Office (TAO), TRICARE contractor, and other relevant stakeholders.

   (5) Identify barriers with implementing medical management initiatives in the OCONUS environment and report findings to BUMED-M3.

   (6) Ensure patient education and communications products are in alignment with Navy Medicine strategy and guidance established by BUMED.

g. **OCONUS MTF Commanding Officers and Officers in Charge must:**

   (1) Monitor and ensure compliance with this notice within the MTF.
(2) Provide logistical support, staffing, and funding to meet medical management requirements.

(3) Identify and report barriers and resource requirements to their respective Navy Medicine region.

(4) Collaborate with their respective Navy Medicine region, TAO, TRICARE contractor, local purchased sector care providers and facilities, and other relevant stakeholders to implement a comprehensive and standardized approach to care coordination and oversight of beneficiaries receiving purchased sector care.

(5) Provide monthly feedback on TRICARE contractor performance to their respective Navy Medicine region and TAO. Feedback must include issues or concerns with quality of care, access to care, provider networks, customer service, or deviations from their statement of responsibility with the TRICARE contractor.

(6) Develop local policy directing medical management and care coordination activities in support of eligible beneficiaries receiving purchased sector care.

(7) Develop a standard operating procedure to conduct annual visits to local purchased sector care facilities and facilitate other activities as appropriate to develop and sustain professional relationships that enhance the quality and experience of care delivered by purchased sector care providers and facilities. When feasible, visits and partnership activities should be a coordinated effort with the TRICARE contractor or TAO.

(a) Per reference (c), MTF clinical staff visiting patients admitted to local purchased sector care facilities must accurately document their time in the Defense Medical Human Resource System internet, utilizing the appropriate Medical Expense and Performance Reporting System (MEPRS) code. The appropriate code for this activity is “FCCA.”

(b) Per references (c) and (d), the appropriate MEPRS code for case management staff visiting patients admitted to local purchased sector care facilities is “ELAN” or “ELA2.”

(c) Patient administration or patient liaison staff accompanying or visiting patients must utilize an appropriate MEPRS code per reference (c). The appropriate code for this activity is “FCCA.”

(8) Develop a patient-centered purchased sector care checklist to enhance communication and understanding among patients, healthcare providers (direct care and purchased sector care), and care coordination staff. The checklist must include at least the following elements:

(a) Just-in-time education on the depth of informed consent, language barriers, and cultural differences for the specific healthcare services that will be provided.
(b) Essential patient-supplied amenities and supplies.

(c) Clinical and administrative tasks that must be performed prior to purchased-sector care outpatient visit or inpatient admission.

(d) Patient information guide for the local area.

(e) Appropriate contact information for the MTF, purchased sector care provider, or TRICARE contractor.

(9) Ensure adequate and properly trained support staff (e.g., translators, patient liaisons, case managers, clinicians) to advocate for and optimize the patient care experience for eligible beneficiaries receiving purchased sector care.

(10) Coordinate with the local base commander to provide an indoctrination brief to newly arriving staff and family members on host nation healthcare capabilities, cultural differences, and unique healthcare arrangements associated with certain healthcare pathways (e.g., pregnancy and obstetrics, exceptional family members, durable medical equipment, etc.).

(11) Develop and implement a patient information guide (e.g., electronic and non-electronic education materials, online resources, etc.) for prospective and newly arriving staff and family members on the following items, but not limited to:

   (a) Cultural differences in healthcare delivery of the host nation.

   (b) Issuance of new authorizations for durable medical equipment and supplies (e.g., continuous positive airway pressure (CPAP) consumables, transcutaneous electrical nerve stimulation units, insulin pumps, etc.).

   (c) Constraints or limitations of care and services for certain conditions or exceptional family members.

   (d) Cultural differences in family planning, delivery of antepartum, intrapartum, and postpartum care, and awareness of local stork-nesting policy.

   (e) This guide must be reviewed at least once every 6 months to ensure information contained within is up to date.

   (f) The template in enclosure (1) must be used when developing the patient information guide.

(12) Establish a chartered healthcare coordination committee (HC3) and appoint an HC3 chair in writing. See the templates in enclosures (2) and (3).
h. HC3 is an internal multi-disciplinary committee that provides oversight on care coordination processes, fosters communication, and builds relationships with the TAO, TRICARE contractor, and local purchased sector care facilities. The HC3 provides a forum for the MTF care team to identify process improvement opportunities through the review of complex care cases, potential quality incident submissions, and customer complaints related to purchased sector care. The HC3 must:

(1) Report to the Executive Steering Committee or equivalent body through the MTF quality council and chief medical officer (CMO). Membership must consist of:

(a) Chairperson

(b) CMO

(c) Director of Healthcare Business

(d) Lead Case Manager

(e) Lead Patient Liaison

(f) MTF TRICARE Liaison

(g) Customer Relations Officer

(h) Representatives from the following directorates, departments, and offices:

1. Director of Medical Services

2. Quality Management and Patient Safety

3. Director of Branch Clinics (if appropriate)

4. Director of Surgical Services

5. Other staff or ad hoc members as appropriate

(2) Understand and synchronize education efforts for MTF enrollees and staff on the TRICARE contractor’s potential quality incident and grievance submission and adjudication processes.
(3) Ensure timely submission of potential quality incident reports or grievances to the TRICARE contractor to track and address beneficiary healthcare quality, safety, and patient satisfaction concerns identified at purchased sector care facilities with a courtesy copy to the appropriate Navy Medicine region and TAO.

(a) Initial quality incident reports and grievances must be filed within one day of discovery. Additional details of incident must be added in a subsequent report once they have been gathered, usually within 30-60 days after discharge or episode of care.

(b) Reports submitted outside of 60 days from discharge or episode of care must account for the delay when filing the report or grievance.

(4) Track and trend submitted potential quality incidents or grievances and engage the TAO medical director on the status and findings of submitted potential quality incidents or grievances, as appropriate. Trends where quality of care or patient experience with purchased sector care providers or facilities is degraded must be reported to the TRICARE contractor, TAO, and respective Navy Medicine region.

(5) Assist with clinical or patient experience issues identified by medical department representatives or members of the operational forces.

(6) Develop methods and tools to collect beneficiary feedback on care from a purchased sector care provider. Beneficiary feedback should be reviewed by the HC3 and considered for discussion with the TRICARE contractor or the TAO.

(7) Coordinate with the appropriate MTF leadership committees (e.g., executive committee of the nursing staff, patient and family advisory councils, etc.).

(8) Provide at least semi-annual updates to the MTF executive steering committee. Updates must include, but not be limited to, potential quality incident or grievance reports and trends, positive feedback, partnership activities, etc.

(9) Notify respective Navy Medicine region of issues requiring higher level awareness or action, in a time commensurate to impact.

(10) Conduct other activities that increase focus on access to appropriate care, improve coordination of care, maintain patient safety, and enhance patient experience.

6. Records Management. Records created as a result of this notice, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.
7. **Information Management Control.** The reports required in this notice are covered in reference (c).

[Signature]

TERRY J. MOULTON  
Acting

Releasability and distribution:  
This notice is cleared for public release and is available electronically only via the Navy Medicine Web Site at: [http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx](http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx).
U.S. NAVAL HOSPITAL [XXXXX]

Patient Information Guide:
Navigating the [XXXXX] Health Care System
Patient Information Guide

Introduction

Mission

Access to Care

Emergency and After-Hours Care
Managed Care and Referral Network

Case Management
Outpatient Referrals
- Non-Enrolled TRICARE Patients
- TRICARE and Other Health Insurance
- Referral Results
- Patient Responsibilities
- Appointment Day
- No Show and Late Policies
- Up Front Costs

Inpatient Care in the Network
- Up Front Costs
- Patient Liaisons
- Host Nation Hospitals
- What You Can Expect
- Pain and Symptom Management
- Medication
- General Information
  - What to Bring With You

Host Nation Facilities–Addresses/GPS Coordinates
Common Words/Phrases–Illustrations
HEALTHCARE COORDINATION COMMITTEE CHARTER TEMPLATE

<table>
<thead>
<tr>
<th>(Insert group name here)</th>
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<tbody>
<tr>
<td><strong>Anticipated Sunset Date:</strong></td>
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<tr>
<td><strong>Mission/Objectives</strong></td>
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<tr>
<td>Provide an overall description of the mission and objectives. Briefly describe why this board was established.</td>
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<tr>
<td>Describe specific metrics that will be used to measure objectives leading to successful completion of the mission/objectives.</td>
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<tr>
<td><strong>Scope of Team's Responsibilities</strong></td>
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<tr>
<td>Provide a description of the work to be accomplished. Include key requirements such as meeting frequency and deliverables. Include other meeting specifics in members’ appointment letters (i.e., time requirements).</td>
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<tr>
<td><strong>Scope of Team Members' Individual Responsibilities</strong></td>
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<td>Leader’s Responsibilities (please list)</td>
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<td>Member's Responsibilities (please list)</td>
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<thead>
<tr>
<th>Team Membership by Discipline/Function</th>
<th>Member’s Role</th>
<th>Code/Organization</th>
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<tbody>
<tr>
<td>(insert additional rows below to add each member)</td>
<td>(select from the drop-down box) drop-down box should include (facilitator, coordinator, admin support, chair, co-chair, voting member, non-voting member, other designated attendee)</td>
<td>(insert a drop-down box with BUMED codes, NME, NMW, Other) If other, please specify</td>
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<th>Authority/Accountability</th>
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<td>Identify which chartered governance body or bodies this group reports to and what authorities have been granted.</td>
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<th>Review and Approval Process</th>
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<td>Date of Approval: _____________ (will be reviewed annually)</td>
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<td>Submitted by: [Print Name] __________________________ [Signature] __________________________</td>
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<tr>
<td>Approved by: [Print Name] __________________________ [Signature] __________________________</td>
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From: Commanding Officer, (Insert Command Name)  
To: LCDR John Doe, USN  

Subj: APPOINTMENT TO HEALTHCARE COORDINATION COMMITTEE  

Ref: (a) BUMEDNOTE 6300 of __________  
Encl: (1) Healthcare Coordination Committee (HC3) Charter  

1. Per reference (a), you are hereby appointed to the Healthcare Coordination Committee (HC3), (Insert Command Name). This appointment is effective immediately for a period of (____) years. This is in addition to your primary assigned duty. In carrying out your responsibilities as an HC3 member, you must ensure performance of the functions described in reference (a) and enclosure (1).  

2. At any time you anticipate a change in your availability for the responsibilities of this appointment (such as extended temporary additional duty, hospitalization, separation, etc.) you must notify the commanding officer at the earliest opportunity. In such a case, you will be expected to provide your recommendation for an appropriate interim replacement or successor.  

3. Congratulations. Your appointment reflects your significant professional accomplishment and the esteem of your community. Your support and dedication to our beneficiaries are sincerely appreciated.  

COMMANDING OFFICER  

Enclosure (3)