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Ser 08/5127
12 Nov 2003

From: Commanding Officer, Naval Hospital, Bremerton
To: All Ships and Stations, Puget Sound

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MINUTES OF
4 SEPTEMBER 2003

Encl: (1) Attendance Roster

The Health Care Consumer Council (HCCC), chaired by Mr. Terry Roberts, Director for Healthcare Support, met at 1000, 4 September 2003, at Naval Hospital Bremerton (NHB) in Ross Auditorium with CAPT William Roberts, Commanding Officer, Naval Hospital Bremerton, presiding. Enclosure (1) lists attendees.

Mr. Roberts welcomed those attending and introduced CAPT Roberts, Commanding Officer, Naval Hospital Bremerton.

CAPT Roberts welcomed council members and shared with them they were a small but very powerful community. He expressed he was very pleased to have the opportunity to command Naval Hospital Bremerton, and both NHB staff and those who run the council meeting want to be as responsive to the HCCC's needs and desires as possible. He explained to the council this might include services NHB might offer, clarification in terms of access, and even such issues as how NHB advertises the HCCC, where the HCCC is held and when it's held. The purpose of the council is to be an open forum where an exchange of information concerning significant, import changes to military or NHB policy concerning medical care and patient concerns can be shared helping the hospital learn how to provide services better. CAPT Roberts commented that unless the HCCC desires otherwise, the agenda will continue to be set by their requests and/or Mr. Roberts on specific topics of interest, followed by questions and answers.

The CO asked if anyone had any questions for him; there were none.

Mr. Roberts introduced the first topic on today's agenda, a demonstration of TRICARE-On-Line by Ms. Donna Corser, Deputy Chief Information Officer, Management Information Department. Ms. Corser distributed TRICARE-On-Line (TOL) information brochures. A live demonstration of how to log onto the web site and navigate through the site show casing the vast amount of

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information available about different clinics and healthcare providers, as well as how to make appointments followed. Questions from the attendees were addressed.

Mr. Roberts introduced CDR Tim Kennedy, MC, USN, Chairman of the HIPAA Readiness Team at NHB to present the second topic on the agenda.

CDR Kennedy explained that HIPAA stands for Health Insurance Portability and Accountability Act (of 1966). He outlined the three main provisions of the HIPPA law. First, insurance portability is designed for individuals who in the past haven't been able to obtain insurance after changing jobs or moving. This law also helps alleviate some of the issues maintaining continuity in medical care coverage associated with changing jobs or moving. Second, this strengthens the Medicare/Medicaid anti-fraud powers of the federal government. Third, administrative simplification, applies to sharing health information, particularly these three: Privacy, Security, and Transaction and Code Sets. Privacy deals with the protecting privacy of health information as it is moved around from institution to institution, or from institution to insurance carrier; insures that only people with a need to know get to see information about us, and the information doesn't leak out to places where it doesn't belong. Security deals mostly with information security. As information is stored on computers and disks and transferred electronically throughout the country and world, the security rules try to control where that information is stored and where it goes. Transaction and Code Sets, or electronic data interchange (EDI), has to do with how information is transferred to insurance companies. The Privacy provisions were published ahead of Security or Transaction and Code Sets and the compliance date was established for 14 April 2003.

CDR Kennedy pointed out that the TRICARE Management Agency (TMA) took the lead to standardize the multiple processes associated with compliance, a massive undertaking; and despite a late start, TMA has a desire to ensure all of DoD is doing the same thing. He stated while there were multiple issues relative to compliance with the Privacy portion, including Training of everyone in DoD, a notice of Privacy practices (a multi-page document), acknowledgement signatures, and public relations material to be presented, TMA took the lead on all. He

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introduced the Privacy Officer at NHB, LT Dave Richman, a JAG Corps officer, who underwent extensive training through TMA on Privacy issues.

CDR Kennedy disclosed that the Notice of Privacy Practices, a multi-page document, was mailed in December 2002 and early 2003, but a lot of people didn't receive one although it was to have gone to every sponsor in DoD. A smaller version of the Notice of Privacy Practices is available throughout NHB - LT Richman's office and most of the clinics and pharmacy - for people who haven't received one. There has to be an acknowledgement signature in the medical record for everyone who presents himself/herself for medical care that he/she has received the Privacy Notice. This acknowledgement only indicates that the individual has received the notice. He shared that getting to obtaining acknowledgement signatures has been a huge challenge.

Another ongoing process is the Privacy training, all different levels, of all DoD medical staff, whether a word corpsman, physician or administrator. He stated they were also undertaking a very extensive Privacy and Electronic Security Risk Assessment at each MTF starting at NHB as well. This will involve each department checking where there might be Privacy information that is getting away from where it is supposed to be and that there are appropriate electronic safeguards in place to ensure that information doesn't go where it's not supposed to.

LT Richman added for those who work in areas where they have to try to obtain personal medical information from other healthcare entities and have had problems, this should ease up somewhat over time. It has become problematic in terms of healthcare personnel performing their jobs though this law wasn't designed to prevent them from doing their job but rather it was designed to ensure privacy for patients because commercial entities were selling patient healthcare information. This is Congress saying "No." He explained that the fear of law suits, civil fines, etc., has caused people to take a more conservative approach than they needed. He offered information about forms available to restrict and specify what information can and cannot be released.

Question (HMCS Reynolds): Asked if it was authorized to give out information concerning appointment times to commands

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inquiring about appointments for Sailors who require transportation.

ANSWER: LT Richman stated it was absolutely alright to provide information in that regard, but not where, who with, or what for. Additionally, he added that a command could inquire about the length of SIQ for an individual because military personnel have a diminished degree of expectation to privacy; military personnel are cogs in a machine and the Navy has a right to know how long that cog is going to be gone. "I should never get a call from a CO who is calling to tell me that our people aren't giving him the information he needs to be operational; that is not the intent of the law and there are DoD caveats to take care of that."

QUESTION (Ms. RITCHEY): Asked if it would be a violation to keep personal information on her person in case of an unforeseen mishap or emergency for people to be contacted, next of kin or whatever.

ANSWER: LT Richman stated a patient can disclose whatever information they want, so they can have it on their person or wherever and have what disclaimer they want on it. He stated that should an emergency occur and your personal items have to be inventoried because you are incapacitated, then that personal information carried would be inventoried and those instructions would be followed. He also recommended that people have a power of attorney that is kept by someone they designate who could be called to come down and provide information concerning medical attention.

To address the last topic, changes in the contract with TRICARE and school physicals, Mr. Roberts introduced Ms. Alice Acker, Field Coordination Manager, Health Net Federal Services.

Ms. Acker began with how one could see the effects of HIPAA at the TRICARE Service Center (TSC) also. If someone comes into the TSC and inquires about a spouse's medical claim or what physician they saw and when, it would be no different than how such questions are treated in the hospital because the same privacy rules apply. She stated the TSC also maintains forms so that people may release certain information if they so desire.

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Ms. Acker explained that there was a contract awarded for TRICARE services in this region, now called the West Region. Her managed care support contract did not win West Region but won the award for the North Region. The contractor that won the contract in the West Region is called TriWest Healthcare Alliance out of Phoenix, AZ. She stated Health Net's contract ends May 31, 2004 and 40 days before that Health Net will phase out and TriWest will phase in. She shared a couple things people always ask when one contractor is going out and a new contractor is coming in: "How does it impact on? Will there be any new costs under the new TRICARE contract? I'm paying \$230 a year, will that go up to \$460; my visit is \$12, does that change?" The answer to all is "no". The benefits of the program remain the same. The claims processor will remain the same, Wisconsin Physician Service. People will not have to re-enroll with TriWest, and they should be receiving a letter informing them of that. If a letter is not received or you have any concerns, you can go on line to TRICARE.osd.mil where current information may be obtained.

School physicals are benefits now due to TMA's change in policy, Ms. Acker presented, for beneficiaries aged 5 to 11 who require a physical exam for enrollment into a school. A sports physical needed before playing sports on a team is still not a covered benefit out in town but NHB provides this service. The periodic health promotion physical is for people who come in when they're well to make sure they maintain that wellness. A basic change in health promotion physical was in the 24-month old age group. Covered benefit includes one evaluation and follow-up during age intervals 2-4, 5-11, 12-17, 18-39 and 40-64. In addition, there is a whole list of ailments which are covered and could necessitate a physical and that would be covered under TRICARE Standard, Extra and Prime programs.

Mr. Roberts added that before school physicals became a benefit we used to sometimes hold a school physical rally one or two days or on a weekend right before the school year, typically in August. He stated a lot of people informed us not to wait until late August, because training for football and some other sports begins much earlier. He stated usually there are plenty of appointments available and if someone really needs a school or sports physical, and if they are enrolled at NHB, they can call the TRAC and make an appointment.

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Mr. Roberts, after covering all the agenda items, announced the next HCCC meeting as scheduled for 4 December in Ross Auditorium. He informed everyone that we have a HCCC meeting the first Thursday of the third month every quarter: March, June, September and December, and the dates and times rarely change. He explained that we have had a difficult time getting the minutes of the HCCC meetings to the people who need them as it's extremely difficult to keep up with address changes. He stated NHB is going to publish all the minutes of all the HCCC meeting on the NHB Internet web site as soon as it can be arranged but the handouts presented at meetings will not be included. The NHB web site is:
http://NH_Bremerton.med.navy.mil.

Mr. Roberts asked if there were any other questions or concerns; there were none. He made an announcement about the annual retiree conference at Bangor on 5 September from 0800-1200 in the CMO; that Health Promotions will have a booth there; and there will be a Health Benefits Advisor there as well.

The point of contact for these minutes in the Healthcare Support Directorate is Mr. Hank Rose, Code 08S, at (360) 475-4365.

/s/ T. D. ROBERTS
By direction