



The Blue Button

## Download My Data

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## TRICARE Online Streamlines Access with Latest Release

*On August 17, 2012, the Defense Health Services Systems Program Executive Office, in partnership with the Defense Manpower Data Center (DMDC), successfully deployed the latest TRICARE Online (TOL) release.*

The improvement reduces TOL access from six steps to two and eliminates the unique 15 digit password and registration requirements.

Users can now access TOL using any of the following account types:

- (1) Department of Defense (DoD) Common Access Card (CAC)
- (2) Basic or Premium DoD Self-Service Logon (DS Logon)
- (3) Defense Finance and Accounting Services (DFAS) myPay



For more information regarding TOL accounts and log in, click on "Accounts and Log in Brochure" at the following link: [http://www.health.mil/MHSCIO/programs\\_products/DHSS/DHSS-Products/TOL.aspx](http://www.health.mil/MHSCIO/programs_products/DHSS/DHSS-Products/TOL.aspx)

## DHSS Launches MHS Learn Pilot Facebook Page

*The Defense Health Services Systems (DHSS) is happy to announce the launch of the MHS Learn Pilot Facebook page! The page went "LIVE" on September 4, 2011, 12 noon.*

This pilot Facebook page is meant to measure the value of the e-learning portal, while highlighting the many training courses and materials it offers. Not only can "Fans" view how MHS Learn has grown since its inception, they can also "Share" up-to-date MHS Learn information on their personal Facebook pages.



DHSS leadership invites all MHS Learn Stakeholders and those interested in military health training to become "Fans" of the Facebook page by visiting: <http://www.facebook.com/MHSLearn> and "Like" the page. There are specific commenting hours and days – (M-F, 8am-5pm EST) – for "Fans" to comment on posts. All posts are prescreened and Stakeholders are asked to adhere to DHSS' commenting policy that can be found on the page. DHSS' MHS Learn project joins the ranks of other Department of Defense entities looking to engage, promote and monitor the success of their programs by building active, online communities. Be one of the first to join us in this milestone! "LIKE" us today!

# DMLSS in the MEDLOG Company

The Medical Logistic Company (MLC) is part of the current operating forces of the Army and the Marine Corps. The MLC is designed to provide intermediate-level medical (Class VIII) supply support to operating forces conducting expeditionary maneuvers far-forward of sustaining logistics infrastructure.

Theater Army Medical Management Information System (TAMMIS) has been the medical logistic automated information system in use in the Army and Marine Corps Medical Logistics Companies since the early 1990's. The Defense Medical Logistics Standard Support (DMLSS) system was selected in an "as-is" state to replace TAMMIS as the interim Theater Medical Information Program (TMIP) Intermediate Medical Logistics (TIML) solution until a permanent solution was developed.



From analysis conducted by MEDLOG subject matter experts (SME) at the Joint Medical Logistics Functional Development Center (JMLFDC), it was determined that DMLSS needed some enhancements to successfully handle the unique requirements of supporting external customers in the MLC. External customer support logic, while present in DMLSS, was not extensively used by non-deployable units, therefore had not been analyzed to properly support changing requirements. DMLSS, at the time of this determination, was under a software development cycle to accommodate the Medical Surgical Prime Vendor Generation IV contract changes. DMLSS SMEs determined that this development cycle afforded the opportunity to make enhancements to four key areas within the Inventory Management (IM) module of DMLSS.

First, within the IM module, In-box, the External Customer Error/Review pending action needed to be opened to allow multiple users access to work. This will allow stock control managers to handle hundreds of order exceptions that a MLC receives on a daily basis. In addition, locking logic was introduced to prevent duplicating effort. Prior to this only one user had access at a time.

Secondly, along with the capability of allowing multiple users to work in the External Customer Error/Review, pending action came better sorting and filtering capabilities within the screen.

The third effort was to enhance the DMLSS bidirectional interface with DMLSS Customer Assistance Module (DCAM) to better process orders, follow-ups requests and cancellation requests. Combined with this was the ability to push more accurate status back to the DCAM customer based on the actual action taken in DMLSS against a customer's document number.

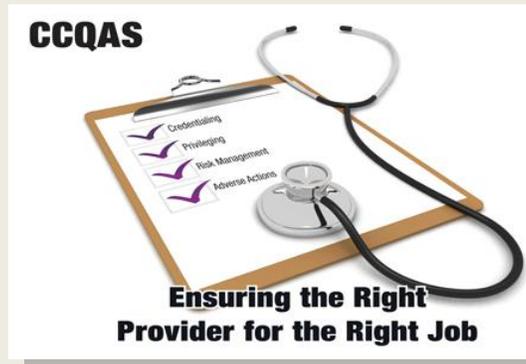
Finally, enhancements to customer set-up logic were needed. An option to fill customer orders from stock or bypass the issue process was provided. In addition, passing logic rules in DMLSS were modified to provide options to select the method of supporting a customer which allowed the MLC to support cross-dock versus direct shipment to customers.

# CCQAS 2.09.12 Deployed in Two Weeks Using DHSS Scrum Agile Methodology

The Centralized Credentials Quality Assurance System (CCQAS) Team deployed CCQAS version 2.09.12 on July 28, 2012 using Scrum Agile Methodology strategies adopted by the Defense Health Services Systems (DHSS) Program Executive Office.

Scrum Agile Methodology, an iterative and incremental project management technique which encourages faster product time to market, was leveraged to deploy updates to the existing Drug Enforcement Agency Multipurpose form to CCQAS in only two weeks.

The CCQAS Team continues to utilize Scrum Agile Methodology best practices in an effort to improve efficiency of CCQAS releases to Military Health System stakeholders.



## Updated TRICARE Online Brochures Now Available on Health.mil/dhss

Updated TRICARE Online (TOL) brochures with step-by-step instructions on how to best access the capabilities within TOL are now available at [health.mil/dhss](http://health.mil/dhss). The brochures are posted on the DHSS TOL product page which can be accessed directly by clicking on the link below:

[http://www.health.mil/MHSCIO/programs\\_products/DHSS/DHSS-Products/TOL.aspx](http://www.health.mil/MHSCIO/programs_products/DHSS/DHSS-Products/TOL.aspx)

The following TOL brochures have been updated and are now available for download:

**TOL Overview** – Learn about TOL, the Department of Defense’s online patient portal and its available healthcare services.

**TOL Accounts and Log In** – Learn what types of accounts and how to access TOL

**TOL Blue Button** - Learn how to access and download personal health data; review medication profile, allergy profile, lab results, problem lists and encounter data

**TOL Appointment Center** – Learn how to schedule, view, set reminders and cancel both primary care and select self-referral specialty appointments for individual beneficiaries and family members

**TOL Rx Refill** - Learn how to request one or more prescription refills, check the status of prescriptions and link to the TRICARE Mail Order Pharmacy to schedule home delivery

DHSS PEO Home | About | Products | News | Contact

TRICARE Online: The Department of Defense's Military Health System's online portal for beneficiary healthcare services, benefits, and health information.

- Fact Sheet (.pdf)
- Information Briefing (.pdf)
- Overview Brochure (.pdf)
- Account and Log In Brochure (.pdf)
- Blue Button Brochure (.pdf)
- Appointment Center Brochure (.pdf)
- Rx Refill Brochure (.pdf)
- DS Logon Information
- Poster (.pdf)
- Banner (.pdf)
- Blue Button Sticker Template (.pdf)
- Business Card (.doc)
- Lab Results Business Card (.doc)
- DHSS eHR Ingestor Issue 2 (.pdf)

To access TOL videos, please visit the links below:  
TRICARE Online: Manage Your Personal Health Data  
TRICARE Online: The Fastest Way to Set Up an Appointment

To subscribe to TOL Product News, please visit  
<https://public.govdelivery.com/accounts/USMHS/DHSS/subscribe/new>

Quick, Easy, Secure Access to TOL? Sign Up for a DS Logon Account Today!  
<https://myaccess.dmdc.osd.mil/dsaccess/>

# ESSENCE: Flu or Pandemic?

*The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a Web-based Department of Defense (DoD) Military Health System (MHS) application that automatically screens and reports rapid or unusual increases in the occurrence of infectious diseases and biological outbreaks.*

ESSENCE is used by MHS epidemiologists and public health experts. It tracks and reports unusual trends by types of illnesses over time and by patient or treatment location. ESSENCE receives and analyzes data on all outpatient, pharmacy and emergency department visits within DoD healthcare facilities worldwide.



DHSS recently released ESSENCE Block III which offers numerous enhanced medical surveillance capabilities:

- **Laboratory Results** – Short of direct access to a clinical system, ESSENCE now contains the most accurate and real-time capability to monitor and report on laboratory results. These Laboratory results offer ESSENCE users a convenient solution to corroborating lab results with ICD-9 detection, patient chief complaint information and other ESSENCE data sources.
- **Chief Complaint** – For the first time ESSENCE users are able to query and report based on the patients chief complaint in addition to the traditional detection method of using ICD-9 codes.
- **Disposition** – Thanks to the CAPER data feed, ESSENCE users are now alerted to inpatient dispositions and can scrutinize these cases closer since there is a higher level of inherent risk associated with inpatient encounters.
- **Disease & Injury** – For the first time ESSENCE now can identify trends in diseases and injury in addition to communicable diseases. Heat/Cold Injury trends as one common and useful example.
- **CAPER** – The Comprehensive Ambulatory/Professional Encounter Record (CAPER) replaced the Standard Ambulatory Data Record (SADR) as the data source for clinical encounters. The CAPER feed provides a higher degree of data standardization and provides a more robust set of information.
- **Reportable Medical Events** – The ESSENCE Reportable Disease report has been renamed Reportable Medical Events and will include lab results data.

DHSS recently released an ESSENCE Block III training video. New ESSENCE features are summarized and how-to tips are presented to help users understand and maximize use of new capabilities. The training video is constructed of six instructive demonstration sessions, lasting approximately one hour. There is one question and answer session, lasting about 15 minutes.

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## ESSENCE: Flu or Pandemic? *Continued from Page 5*

The ESSENCE Block III training video is available on MHS Learn's website and can be accessed by logging in using either a MHS Learn username/password or a Common Access Card (CAC).

Users can simply enter the keyword 'ESSENCE' from their "My Learning Page" after logging into MHS Learn to locate the ESSENCE Block III training video. To access the ESSENCE Block III training video, please visit MHS Learn at the URL below:



<https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/home.jsp>

For directions about how to login to MHS Learn using CAC or MHS Learn username/password, please visit the URL below:

[https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/docs/cac\\_quick\\_guide.pdf](https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/docs/cac_quick_guide.pdf)

Connect with MHS Learn on Facebook at <http://www.facebook.com/MHSLearn>.

## EAS IV FY 13 Table Update and Dataset Rollover

*The FY13 Table Update and Dataset Rollover release is expected to be deployed October 26, 2012. Once deployed, this will allow all sites to process data for FY13.*

However, any sites that have not completed FY12 processing will still be able to process FY12 data. EAS IV users should ensure the site level Account Subset Definition (ASD) Table is properly updated for FY13 prior to this deployment date.

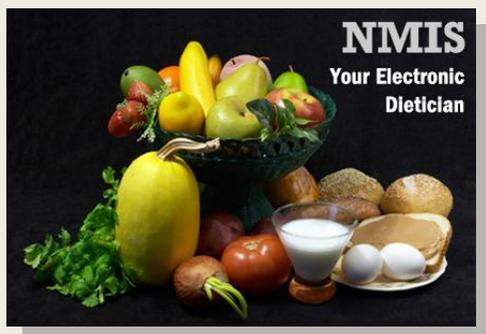


Once the table rolls over, users will not be permitted to deactivate codes for FY13.

# NMIS Improves Military Readiness through Quality Nutrition Management

*The Nutrition Management Information System (NMIS) supports military readiness by providing therapeutic medical nutrition to recovering military members and their families. NMIS is deployed to and installed at military treatment facilities (MTF) worldwide.*

NMIS is a sophisticated system which allows military dietitians to manage and monitor patient diets to optimize and speed recovery, therefore lowering morbidity and encouraging optimal health outcomes. It enables the Military Health System to achieve a healthier population, slow disease progression and standardize clinical practice patterns. NMIS ensures each patient receives nutritious meals based upon their diagnosis and recovery plan, tailoring meal plans based on individual dietary requirements and or food allergies. It also certifies adherence to all Department of Defense nutrition management policies as well as the nutrition standards required by the American Dietetic Association, Joint Commission on the Accreditation of Health Organizations and Occupational Safety and Health Association.



NMIS supports quantity food production management and the service aspects of fulfilling patient diet orders. The provision of recipes and instructions enable food service personnel to prepare meals based upon the exact type and quantity of meal requests for that day, to procure commodities, as well as prepare, distribute, and serve meals to patients, MTF staff, and their guests in a cost effective manner.

NMIS is able to provide such tailored services to patients due to patient information received from Essentris, a unidirectional interface that provides data regarding patient demographics, diet orders and location. Currently 35 sites have an active interface, with seven more planned for activation in early FY13.

## DHSS Continues to Improve Military Health System Data Quality

The Defense Health Services Systems (DHSS) Program Executive Office receives data from hundreds of locations worldwide. This data supports the Military Health System Data Repository (MDR) and DHSS's datamart product line (M2, Essence, HL7).

In order to continually improve the overall data quality and completeness, DHSS uses many monitoring and alerting tools that provide feedback to source systems and key user groups. This article highlights how the Military Health System's overall data quality is improved via real time cataloging, inspecting and data completeness reporting.

Successful data warehousing projects all share a common emphasis on the ongoing analysis of the state of quality of source data or files. Performance of basic data analysis or profiling, such as completeness, value frequency distribution, volumetrics, outlier analysis of low occurrence values and other reasonability analyses are essential components of an emphasis on data quality<sup>1</sup>. DHSS performs these analyses using both real time alerting and a real time “Data Quality Datamart” to produce reports on data quality, completeness and timeliness. This gives DHSS operations staff the ability to answer “what is late and what is missing,” as well as the ability to compare current data against historical data.

DHSS follows the data warehousing industry best practice, which states that for data ingested and used daily, there are to be processes to identify and correct data problems on a daily basis. DHSS also follows the best practice which states for data with a cyclical processing cycle (e.g. weekly, monthly), best practice will identify data that is not present prior to processing, take action to recover or repair the data gap, and to caveat the processed data if data gaps are identified.



DHSS Data Processing Operations team provides data quality/completeness/timeliness alerts to key operations and source system points of contact (e.g. via email) and highlights, files or records with internal problems. Alerts are also generated that report on the absence of files that are expected. These “inspections” result in gap, lag or other forms of completeness reports that call attention to data from facilities, clinics or locations of interest that are not in accordance with historical trends or outside of thresholds defined.

DHSS’s Data Processing Operations team then targets these outliers for further investigation, recovery, re-harvest or other data quality efforts.

In addition to real time alerting and reporting on data quality issues, DHSS’s Data Processing Operations team also performs analyses using tabular views of encounter, workload, appointing and other file/record history for each sending site or location. DHSS’s Data Processing Operations team performs trending and comparison of current data with historical data and benchmarking comparisons of encounter data with other known data, such as workload or appointment data, thereby yielding information on probable data completeness percentages.

Operations team focuses on providing metrics that address the accuracy, completeness, timeliness, currency, consistency and validity of the data received. These metrics, reports and other data quality work are presented monthly in the DHSS run “Data Quality Integrated Product Team” and provided to a wide audience.

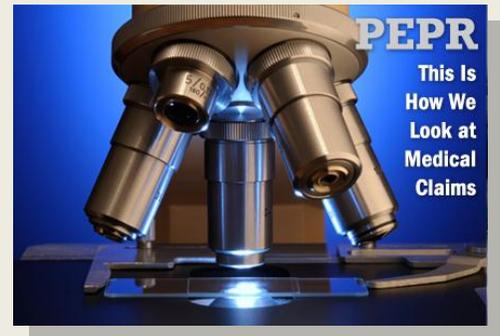
#### References

[1] Larry English, “Mistakes to Avoid if Your Data Warehouse is to Deliver Quality Information,” *DMReview*, June 2002.

# PEPR Data Assist in Settlement of Health Care Fraud Allegations

This past July, TRICARE's Office of Program Integrity – with data made available from the Patient Encounter Processing and Reporting (PEPR) application – assisted the Department of Justice (DOJ) in settling a multiple seven year False Claims Act investigation.

This is not the first time PEPR data has assisted TRICARE's Office of Program Integrity identify fraudulent activity. In 2008, PEPR products helped the office identify over \$100 million in fraud, the largest fraud case in TRICARE history. Since then, with the use of PEPR, TMA continues to aggressively review practices and controls designed to reduce fraudulent or erroneous claims.



To read more about this current settlement, go to DOJ link: <http://www.justice.gov/opa/pr/2012/July/12-civ-843.html>.

## \*\*\*DHSS Trivia\*\*\*

1. **CCE became CAC \_\_\_\_\_ and started the CAC implementation process in 2011.**
  - a) Enabled
  - b) Enforced
  
2. **MHS Learn offers Wounded Warrior courses only to military providers.**
  - a) TRUE
  - b) FALSE
  
3. **What type of account CANNOT be used to access TRICARE Online?**
  - a) MHS iAS UN/PW
  - b) DoD Self-Service Logon (DS Logon) Basic or Premium
  - c) DoD Common Access Card (CAC)
  - d) Defense Finance and Accounting Services (DFAS) myPay

**Answers on Page 9**



## User Training Opportunities



### Coding and Compliance Editor (CCE)

Date: September 26, 2012

Times: 8:00AM - 10:00AM (EDT)  
1:00PM - 3:00PM (EDT)

Topic: ICD Code Updates

Registration: Send your name, session you wish to attend and email address to [CCEtraining@tma.osd.mil](mailto:CCEtraining@tma.osd.mil) by September 21, 2012.

### Defense Occupational Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH)

Date: September 27, 2012

Time: 8:00AM - 9:30AM (EDT)  
1:00PM - 2:30PM (EDT)  
6:30PM – 8:30PM (EDT)

Topic: DOEHRs-IH Refresher Training

Registration: Send your name, session you wish to attend, and email address to [doehrs@ngc.com](mailto:doehrs@ngc.com) by September 14, 2012.

## The DHSS eXpresso September 2012

**Program Executive Officer**  
Dr. Dan Magee

**Deputy Program Executive Officer**  
Mr. Christopher Harrington

The DHSS develops and maintains 30 products and initiatives for the Department of Defense Military Health System. For more information on DHSS, please visit [www.health.mil/dhss](http://www.health.mil/dhss)

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Trivia Answers: 1.B 2.B 3.A