



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

DHA-IPM 19-004
May 16, 2019

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)

SUBJECT: Interim Procedures Memorandum 19-00x, Utilization of the Case Management (CM) Registry (Active and Screening) for Military Health System (MHS) Beneficiaries

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (q), establishes the Defense Health Agency's (DHA) procedures to:

- Outline responsibilities for MHS and Service Department CM personnel to utilize the CM Screening Registry.
- Identify requirements to utilize CM coding in alignment with current MHS CM coding guidance in accordance with Reference (h).
- Require the use of standardized Adult and Pediatric Tri-Service Workflow (TSWF) forms for CM documentation (inclusive of telephonic, virtual, or face to face screening) located within AHLTA system and future Electronic Health Record MHS GENESIS in accordance with Reference (i).
- This DHA-IPM is effective immediately and will expire effective 12 months from the date of issue. It must be incorporated into an enduring DHA-Procedural Instruction to support sustained Military Medical Treatment Facility (MTF) implementation.

Applicability. This DHA-IPM applies to:

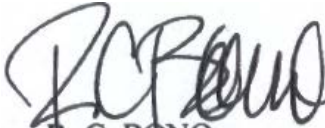
- DHA, DHA components (activities reporting to DHA, i.e., markets, MTFs), Combatant Commands, and Military Departments.
- All personnel to include: assigned or attached Service members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA, to include DHA regional and field activities (remote locations), and subordinate organizations administered and managed by DHA, to include MTFs under the authority, direction, and control of the DHA.

Policy Implementation. It is DHA's instruction, pursuant to Reference (m), to support a high reliability organization that promotes the use of an evidence based screening tool to identify beneficiaries in need of screening and CM engagement.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.



R. C. BONO
VADM, MC, USN
Director

Attachments:

As stated

cc:

Principal Deputy Assistant Secretary of Defense for Health Affairs
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Joint Staff Surgeon
Director of Health, Safety, and Work-Life, U.S. Coast Guard
Surgeon General of the National Guard Bureau
Director, National Capital Region

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) United States Code, Title 10
- (e) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD (P&R)),” June 23, 2008
- (f) DoD Instruction 6025.20, “Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas,” April 9, 2013, as amended
- (g) DoD Instruction 6040.42, “Management Standards for Medical Coding of DoD Health Records,” June 8, 2016
- (h) Military Health System Specific Coding Guidelines Version 1, as amended
- (i) DHA-Interim Procedures Memorandum 17-008, “Utilization of Tri-Service Workflow (TSWF) Case Management (CM) Screening Form for Adult and Pediatric Beneficiaries,” February 19, 2019
- (j) Memorandum of Understanding between Department of Veterans Affairs (VA) and Department of Defense (DoD) for “Interagency Complex Care Coordination Requirements For Service Members and Veterans,” July 29, 2014
- (k) DoD Instruction 6010.24, “Interagency Complex Care Coordination,” May 14, 2015
- (l) National Defense Authorization Act for Fiscal Year 2008, Section 1611
- (m) National Defense Authorization Act for Fiscal Year 2017, Section 702
- (n) National Defense Authorization Act for Fiscal Year 2019, Section 717
- (o) DoD Manual 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” October 29, 2013
- (p) DoD Instruction 1300.24, “Recovery Coordination Program (RCP),” December 1, 2009
- (q) Case Management Society of America: “Standards of Practice for Case Management,” 2016

ATTACHMENT 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will:
 - a. Facilitate implementation, operational management, and monitoring of the CM Registry (Active and Screening).
 - b. Address requirements necessary to maintain capabilities outlined in this DHA-IPM.

2. DEPUTY ASSISTANT DIRECTOR, MEDICAL AFFAIRS. The Deputy Assistant Director, Medical Affairs, will:
 - a. Provide oversight and support execution requirements outlined within this DHA-IPM.
 - b. Establish and maintain a process to support dedicated feedback, modifications, and strategic guidance to the CM Registry (Active and Screening).
 - c. Monitor compliance with processes and procedures outlined within this DHA-IPM to support standardized implementation and utilization of the CM Screening Registry across the MHS enterprise.
 - d. Evaluate, modify, and iterate the CM Screening Registry to support proactive outreach and engagement of patients who may benefit from CM.

3. MARKET. The Market will:
 - a. Identify dedicated oversight for the implementation and execution of the CM Screening Registry.
 - b. Establish and maintain communication with DHA Medical Affairs to present and address recommendations for modifications to the CM Screening Registry in alignment with MHS strategies.

4. MTF COMMANDERS AND DIRECTORS. The MTF Commanders and Directors will:
 - a. Implement utilization of the CM Screening Registry as outlined within this DHA-IPM.

b. Identify opportunities for increased efficiency of the CM Screening Registry and communicate to the Market for escalation.

ATTACHMENT 3

PROCEDURES

1. OVERVIEW. This DHA-IPM establishes the use, standardized process and procedures, documentation, and data collection for the CM Screening Registry. As recognized experts and critical members of care teams, CM personnel promote integration of necessary care coordination services across various care platforms to support beneficiaries' ability to attain their highest level of functioning, in accordance with Reference (q), standards of practice. Entry into CM can occur through a variety of channels including but is not limited to provider, command, or self-referral; however, integration of a dedicated screening Registry into MTF CM practice supports the use of advanced predictive analytic tools to proactively identify at-risk beneficiaries and reduce fragmentation of care. CM personnel will continue to evaluate referrals from sources other than the CM Screening Registry, recognizing the CM Screening Registry is not intended to replace other referral sources or account for all patients who may benefit from CM services.

2. TIMELINE

a. All CM personnel will have an initial 3 months from the time of this publication to evaluate and document the disposition of beneficiaries identified on the CM Screening Registry located in the Military Health System Population Health Portal at: <https://carepoint.health.mil/sites/mhsphp/SitePages/MAINTABS.ASPX>. Once online at Military Health System Population Health Portal, CM personnel can locate required CM Screening Registry under the clinical registries.

b. After the initial 3 months, new cases will be routinely added to the CM Screening Registry. All CM personnel will evaluate and document the disposition for newly added cases within 10 business days from the time they appear on the CM Screening Registry.

c. Cases will be removed from the CM Screening Registry upon completion of the assessment and disposition documentation in the MHS CM Adult or Pediatric TSWF forms.

3. PROCEDURES

a. Documentation. Each case identified on the CM Screening Registry will be assessed and documented by a CM using the Adult or Pediatric CM TSWF form. Documentation must include:

- (1) If the case was identified utilizing the CM Screening Registry.

(2) If the case is or is not a candidate for CM.

(a) If the case was identified as a candidate for CM, complete the Adult or Pediatric CM TSWF form, in accordance with Reference (i).

(b) If the case was not identified as a candidate for CM, document the disposition on the Adult or Pediatric CM TSWF form.

(3) Personnel at sites using MHS GENESIS will document in specified MHS GENESIS templates when those become available. Personnel at MHS GENESIS sites will follow guidelines to ensure correct data entry to support coding when those become available.

b. Collect Data. All MTF CM personnel will code utilizing MHS approved DoD CM unique codes, per Reference (h), in support of standardized MHS coding and accurate data capture for CM services.

(1) If, according to the clinical judgment of the Case Manager, a beneficiary is determined not to be a candidate for CM, the Case Manager will open a CM TSWF. In the TSWF, the Case Manager will indicate the referral source was the CM Screening Registry and the beneficiary was not identified as a candidate for CM services. The encounter will be documented with the International Statistical Classification of Diseases and Related Health Problems (ICD)-10-CM code “Case Management, other and unspecified,” Z02.89.

(2) If, according to the clinical judgment of the Case Manager, the patient is a potential candidate for CM, the Case Manager will engage with the patient and complete all required coding and TSWF documentation.

(a) If the patient declines CM services or is otherwise determined not to be a candidate for services, the assessment encounter will be documented within TSWF and with the ICD-10-CM code “Case Management, other and unspecified,” Z02.89.

(b) If the patient consents to the CM service, the assessment encounter will be documented within the TSWF and with the DoD unique code “Case Management Start,” DOD0301. Subsequent encounters will be documented with the appropriate DoD unique code (“Case Management Continue,” DOD0302 or “Case Management End,” DOD0303).

(3) The Case Manager providing one time or episodic care services for those cases identified on the CM Screening Registry will utilize the “Evaluation and Management” code 99499 for care coordination in addition to Z02.89 , in support of standardized MHS coding and accurate data capture.

c. Audit of Data. The case management supervisor at the MTF will audit and provide training as necessary to ensure useful, quality data. Within each fiscal year (FY) quarter, records will be reviewed, findings consolidated and forwarded to the designated point of contact at the

DHA. All encounters in the second month of each FY quarter will be reviewed at MTFs with one to ten opened cases in a quarter. Five percent of encounters will be reviewed at MTFs with 11 or more open cases in the quarter. In the event no errors are identified for 3 consecutive FY quarters, 1 percent of the encounters will be reviewed at MTFs with 11 or more open cases in the quarter.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CM	Case Management
DHA	Defense Health Agency
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
FY	fiscal year
ICD	International Statistical Classification of Diseases and Related Health Problems
MHS	Military Health System
MTF	Military Medical Treatment Facility
TSWF	Tri-Service Workflow

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-IPM.

Case Manager. Case managers are recognized experts and vital participants in the care coordination team who empower people to understand and access quality, safe, and efficient health care services in accordance with Reference (q).

CM. A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes in accordance with Reference (q).

Market. A group of MTFs working together in one geographic area make up a market. Markets operate as a system led by a Market Office sharing patients, staff, budget, and many other functions across facilities to optimize the delivery and coordination of health services.