



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 6025.26

October 18, 2019

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DAD-HCO

SUBJECT: Standard Processes for the Military Health System (MHS) Nurse Advice Line (NAL)

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (c) and in accordance with the guidance of References (d) through (v), establishes the Defense Health Agency's (DHA) procedures for incorporating the NAL into the MHS Patient Centered Medical Home (PCMH).
2. APPLICABILITY. This DHA-PI applies to DHA, Markets, Direct Support Organizations, Defense Health Regions (DHRs), military medical treatment facilities (MTFs) providing care to covered beneficiaries.
3. POLICY IMPLEMENTATION. It is the DHA instruction, pursuant to References (c) through (h), that the NAL will be an integral part of the MHS PCMH.
4. CANCELLED DOCUMENTS. This DHA-PI cancels DHA-Interim Procedural Memorandum 17-009, "Nurse Advice Line (NAL) Program Operations Guidance."
5. RESPONSIBILITIES. See Enclosure 2.
6. PROCEDURES. See Enclosure 3.

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: [www.health.mil/DHAPublications](http://www.health.mil/DHAPublications).

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (d).



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Enclosures

1. References
2. Responsibilities
3. Procedures
4. Tables
5. Crisis Call Guidance
6. Nurse Advice Line Sick Slip Example

Glossary

TABLE OF CONTENTS

ENCLOSURE 1: REFERENCES.....5

ENCLOSURE 2: RESPONSIBILITIES.....7

    DIRECTOR DEFENSE HEALTH AGENCY .....7

    DEPUTY ASSISTANT DIRECTOR HEALTHCARE OPERATIONS .....7

    PATIENT CENTERED MEDICAL HOME ADVISORY BOARD .....7

    NURSE ADVISE LINE PROGRAM MANAGEMENT OFFICE.....8

    MARKETS, DIRECT SUPPORT ORGANIZATIONS AND DEFENSE HEALTH  
    REGIONS .....8

    DIRECTOR, MILITARY MEDICAL TREATMENT FACILITY .....8

ENCLOSURE 3: PROCEDURES .....9

    OVERVIEW .....9

    TIMELINE.....9

    GOVERNANCE .....9

    NURSE ADVICE LINE PROGRAM OVERVIEW.....9

    NURSE ADVICE LINE PROCESS FLOW .....11

    REAL TIME DATABASE ..... 15

    STANDARDIZED BUSINESS PRACTICES..... 20

    METRICS ..... 21

ENCLOSURE 4: TABLES ..... 23

ENCLOSURE 5: CRISIS CALL GUIDANCE..... 25

    DEFINITION ..... 25

    NURSE ADVICE LINE FOR HANDLING CRISIS CALLS ..... 25

    NURSE ADVICE LINE CALL FOR MILITARY HEALTH SYSTEM NOTIFICATION  
    PROCEDURES..... 25

ENCLOSURE 6: NURSE ADVICE LINE SICK SLIP EXAMPLE ..... 27

GLOSSARY ..... 28

    PART I: ABBREVIATIONS AND ACRONYMS..... 28

    PART II: DEFINITIONS..... 29

TABLES

    1. Nurse Advice Line Patient Pre-Intents ..... 23

    2. Nurse Advice Line Nurse Triage Recommendations ..... 23

3. Nurse Advice Line Final Dispositions..... 23

ENCLOSURE 1

REFERENCES

- (a) United States Code, Title 10
- (b) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (c) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (d) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (e) Health Affairs Policy 11-005, “TRICARE Policy for Access to Care,” February 23, 2011<sup>1</sup>
- (f) Health Affairs Policy 11-014, “TRICARE Policy for Continental United States Nurse Advice Line,” September 30, 2011<sup>2</sup>
- (g) Health Affairs Policy 09-015, “Policy Memorandum Implementation of the ‘Patient-Centered Medical Home’ Model of Primary Care in MTFs,” September 18, 2009<sup>3</sup>
- (h) National Defense Authorization Act for Fiscal Year 2017
- (i) Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for the Implementation of Simplified Appointing,” July 29, 2015<sup>4</sup>
- (j) DHA-Procedural Instruction 6025.11, “Processes and Standards for Primary Care Empanelment and Capacity in Medical Treatment Facilities (MTFs),” October 9, 2018
- (k) DHA-Interim Procedures Memorandum 18-001, “Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs),” July 12, 2019
- (l) DHA-Procedural Instruction 6025.03, “Standard Processes and Criteria for Establishing Urgent Care (UC) Services and Expanded Hours and Appointment Availability in Primary Care in Medical Treatment Facilities (MTFs) to Support an Integrated Health Care System (IHCS),” January 30, 2018
- (m) TRICARE Operations Manual 6010.59-M, April 2015, as amended
- (n) TRICARE Systems Manual 7950.3-M, April 2015, as amended
- (o) Joint Commission Patient Centered Medical Home (PCMH) Certification for Accredited Ambulatory Health Care Organizations Question & Answer Guide, October 1, 2016<sup>5</sup>
- (p) “Notice of TRICARE Prime and TRICARE Select Plan Information for Calendar Year 2018,” December, 28, 2017
- (q) DoD Instruction 8580.02, “Security of Individually Identifiable Health Information in DoD Health Care Programs,” August 12, 2015
- (r) DHA-Procedural Instruction 8140.01, “Acceptable Use of Defense Health Agency Information Technology”, October 16, 2018
- (s) DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007

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<sup>1</sup> This reference may be found at: <https://info.health.mil/hco/clinicsup/hsd/pcpcmh/Documents/Forms/AllItems.aspx>.

<sup>2</sup> This reference may be found at: <https://info.health.mil/hco/clinicsup/hsd/pcpcmh/Documents/Forms/AllItems.aspx>.

<sup>3</sup> This reference may be found at: <https://info.health.mil/hco/clinicsup/hsd/pcpcmh/Documents/Forms/AllItems.aspx>.

<sup>4</sup> This reference may be found at: <https://info.health.mil/hco/clinicsup/hsd/pcpcmh/Documents/Forms/AllItems.aspx>.

<sup>5</sup> This reference may be found at: [https://www.jointcommission.org/assets/1/18/pcmh\\_Q\\_A\\_Guide.pdf](https://www.jointcommission.org/assets/1/18/pcmh_Q_A_Guide.pdf).

- (t) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13 2019
- (u) DoD 8580.02-R, "DoD Health Information Security Regulation," July 12, 2007
- (v) NALMS User Guide Version 2.1, August 2019, as amended<sup>6</sup>

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<sup>6</sup> This reference may be found at: <https://info.health.mil/hco/clinicsup/hsd/pcpcmh/nal/SitePages/Home.aspx>.

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, Assistant Secretary of Defense for Health Affairs, and in accordance with Reference (c), the Director, DHA, will:

a. Assign responsibility for tracking compliance with the standard processes and criteria outlined in this DHA-PI to the Deputy Assistant Director (DAD), Health Care Operations (HCO).

b. Support the Military Medical Departments, Markets, DHRs, and MTFs/enhanced Multi-Service Market (eMSMs) by ensuring systems are in place to collect data and measure compliance with this DHA-PI.

c. Exercise authority, as outlined in Reference (c), over the National Capital Region and DHA aligned MTFs.

2. DAD-HCO. The DAD-HCO will:

a. Provide oversight, monitoring, and guidance to the HCO, Healthcare Optimization Division, NAL Program Management Office (PMO).

b. Ensure NAL PMO coordinates and collaborates with the Markets, Direct Support Organizations and DHRs to identify the necessary improvements and future enhancements of the NAL Program to ensure it continues to align with MHS strategies.

c. Coordinate and collaborate with quality/safety team member(s) of DAD, Medical Affairs for NAL quality/safety concerns.

d. Monitor compliance with the guidance outlined in this DHA-PI through the Tri-Service Patient Centered Medical Home Advisory Board (PCMH AB), which falls under the Patient Centered Care Operations Board (PCCOB) and the Enterprise Solutions Board (ESB).

3. PCMH AB. The PCMH AB must:

a. Monitor NAL utilization, supply and demand of necessary appointments and standardized processes and procedures as outlined in this DHA-PI to ensure timely access for acute care needs.

b. Recommend additional standardized processes and procedures related to the NAL program from approval and inclusion in updates to this DHA-PI in support of continuous improvement and high reliability principles.

4. NAL PMO. The NAL PMO must:

a. Provide oversight of the program including monitoring vendor compliance with performance requirements, workflows and processes and incorporating approved contractual changes.

b. Keep leadership informed of potential or identified problems; provide recommended solutions for continuous improvement based on NAL Working Group feedback; escalate potential quality incidents to leadership and assist in investigation.

c. Provide guidance and direction to Service/Market Leads and stakeholders on NAL processes and procedures. Monitor program quality assurance and reporting metrics.

5. MARKETS, DIRECT SUPPORT ORGANIZATIONS, AND DHRs. The Markets, Direct Support Organizations, and DHRs must:

a. Monitor compliance with this DHA-PI and elevate local performance data results to local leadership.

b. Identify a NAL point of contact (POC) and serve as a liaison to the MTFs on NAL matters.

c. Provide strategic expertise and help identify recommendations for necessary improvements and future enhancements of the NAL Program.

6. DIRECTORS, MTFs. Directors, MTFs will:

a. Implement the NAL Program as outlined in this DHA-PI.

b. Monitor NAL Program performance data for their respective MTF/Clinic(s) and ensure compliance with responsibilities at the MTF level.

c. Make recommendations for program changes to the Market or DHR Director.



ENCLOSURE 3

PROCEDURES

1. OVERVIEW. This DHA-PI establishes uniform processes for incorporating the MHS NAL services into MTF PCMHs. The overarching objective of this DHA-PI is to establish standardized business practices, provide guidance and direction on the roles and responsibilities and to ensure patient-friendly, convenient access to urgent and primary care by optimizing direct care appointing, MTF capabilities, where appropriate, and complementing MTF capabilities with seamless access to network Urgent Care Clinics (UCCs).

2. TIMELINE. Full compliance with this DHA-PI is required 6 months from signature for all MTFs.

3. GOVERNANCE. The PCMH AB has oversight of NAL operations and reports to the PCCOB. The PCCOB will report to the ESB on all related responsibilities outlined in Enclosure 2 of this DHA-PI.

4. NAL PROGRAM OVERVIEW. The NAL Program is a contract service managed by the DHA and collaboratively led by the Medical Components of the Uniformed Services (Army, Navy, Marines, Air Force, and Coast Guard), and eMSMs/Markets. The MHS NAL is available to TRICARE beneficiaries, except those enrolled in the U.S. Family Health Plan. Non-TRICARE eligible beneficiaries who receive services at a continental United States (CONUS) or outside the continental United States MTF are eligible to use the NAL.

a. NAL Services by Enrollment Category

(1) TRICARE Prime Empaneled to a MTF. The NAL will:

- (a) Provide advice on the most clinically appropriate level of care;
- (b) Make NAL registered nurse (RN) recommended 24HR appointments in the Composite Health Care System (CHCS) or MHS GENESIS;
- (c) Enter Urgent Care (UC) referrals in CHCS or MHS GENESIS for Active Duty personnel empaneled to an MTF;
- (d) Provide beneficiaries information on the availability of MTF Emergency Department (ED) or UCs;
- (e) Document call information in the Nurse Advice Line Management System (NALMS) for MTF PCMH team review; and

(f) Provide network locator services.

(2) TRICARE Prime and Prime Remote Not Empaneled to a MTF. The NAL will provide:

- (a) Advice on the most clinically appropriate level of care;
- (b) Beneficiaries information on the availability of MTF EDs or UCs; and
- (c) Network locator services.

(3) TRICARE Select. The NAL will provide:

- (a) Advice on the most clinically appropriate level of care;
- (b) Beneficiaries information on the availability of MTF EDs or UCs; and
- (c) Network locator services.

(4) Non-TRICARE Eligible Patients who receive services at a CONUS or outside the continental United States MTF. The NAL will provide:

- (a) Advice on the most clinically appropriate level of care; and
- (b) Beneficiaries information on the availability of MTF EDs or UCs.

b. NAL Goals. The goals of the NAL are to advise callers on the most clinically appropriate level of care; capture MTF-enrolled beneficiaries in the direct care system in order to reduce purchased care costs; reduce unnecessary ED and UC utilization; enhance access to care, especially after hours and when beneficiaries are traveling; improve the patient's continuous healthcare relationship with his or her MTF or civilian healthcare team and Primary Care Manager (PCM); and maximize patient satisfaction by facilitating streamlined access to UC and a consistent patient experience.

c. NAL Support to MTFs. The NAL Program is designed to support and augment, but not replace, the MTF's appointing, PCMH, and UC services.

(1) Appointing. The NAL is not intended to replace the MTF's central appointment systems but will make appointments for empaneled beneficiaries who need an appointment within 24 hours as determined by RN triage. MTFs shall continue to make appointments for beneficiaries through the MTF or Market central appointing. MTFs shall not refer or transfer beneficiaries who need an appointment to the NAL and instead shall implement First Call Resolution Processes as outlined in Reference (k).

(2) Medical Advice and Triage. The NAL is not intended to replace existing MTF RN triage processes. The MTF shall continue to utilize local RN triage processes in the PCMH

during regular MTF business hours and shall not refer beneficiaries requiring triage to the NAL during normal business hours. The NAL will provide RN triage to beneficiaries who contact the NAL directly.

5. NAL PROCESS FLOW. All NAL encounters have three distinct phases as described below; however, the NAL process flow will vary based on the beneficiary's enrollment category in paragraph 4.a of this enclosure, NAL Service by Enrollment Category, the reason the beneficiary contacted the NAL, the day and time the beneficiary contacted the NAL, and the triage disposition:

a. Phase 1 - Eligibility Verification

(1) Beneficiaries may contact the NAL via telephone, or online using secure web video and chat. If calling by telephone from the United States, beneficiaries will hear the NAL announcement and select Option 1 to speak to a nurse. Country specific phone numbers, video and chat capabilities can be accessed on the Beneficiary Portal at: <https://mhsnurseadvice.com>.

(2) Once connected, the beneficiary will be routed for eligibility verification. The process may differ slightly depending on the modality of interaction. In accordance with References (s) through (u), beneficiaries are informed their privacy is protected.

(a) Phone calls will be connected to a secure automated interactive voice recognition (IVR) system that will prompt the beneficiary to enter their Department of Defense Benefits Number (DBN), date of birth, and state or territory from which they are calling. Alternatively, if the beneficiary does not know their DBN, they may enter their sponsor's social security number. The IVR system will query the Defense Enrollment Eligibility Reporting System (DEERS) to verify the caller's eligibility. If the IVR finds a match in DEERS, the call will be routed to a RN or a Care Coordinator (CC) depending on the reason for the call. If the IVR system is unable to verify eligibility or if initial contact is made through secure web/video chat, a CC will manually verify eligibility in DEERS.

(3) Encounters are routed based on the reason for contact and are compiled into the following categories unrelated to chief complaint:

(a) Customer Service: Beneficiary requests pharmacy locator service, to cancel and/or reschedule a 24HR primary care appointment, or asks benefits related question(s).

(b) Speak to Nurse: Beneficiary requests to speak to a NAL RN regarding a general health inquiry or be assessed by the RN for an acute health issue.

(4) All "Speak to Nurse" encounters are transferred to a telehealth NAL RN. A CC will address "Customer Service" encounters, including performing provider and pharmacy locator

services, cancelling and rescheduling a MTF-enrolled beneficiary's primary care 24HR appointment at the request of the beneficiary and directing a beneficiary to the appropriate resource for benefits related questions.

b. Phase 2 - Telehealth Triage with an RN

(1) Licensure in Location of Encounter. If the beneficiary wishes to speak to an RN, either the IVR system or a CC will connect the beneficiary with an RN licensed in the state/U.S. Territory where the beneficiary is physically located at the time of the encounter. If the beneficiary is located in a foreign country with an established MTF, the beneficiary will be routed to an RN licensed in any state. The NAL RN will verify he/she is speaking with the right beneficiary by verifying demographics with the beneficiary and then proceed with the RN assessment.

(2) Pre-Intent. As part of the initial assessment, the NAL RN will ask the beneficiary what they would have done if they did not call the NAL (i.e., the caller's pre-intent). See Table 1. NAL Pre-Intents in Enclosure 4.

(3) Calling on Behalf of Others. It is recommended the NAL RN speak to patients directly to provide beneficiaries the highest level of care, a quality assessment, and safe recommendations for care. If the beneficiary is calling on behalf of a minor or another family member, it is recommended the minor or family member be present for the NAL RN to perform an accurate assessment. The NAL RN may ask the caller to perform one of the following: 1) "Look in the back of the throat," 2) "Feel the skin for a temperature assessment," and/or 3) "Bring the child near the phone to listen for unusual breathing, wheezing, or coughing patterns." The age in which the NAL RN may ask to speak with a child directly is generally 13 years old and if the parent prefers, this can be done on a speaker phone with the parent present. The child will not make decisions about their health care; rather the child will participate in the description of his or her symptoms. There will always be special circumstances that do not require parental approval in order to protect the caller and they vary by state. Specifically, the definition of a minor, the circumstances under which a child is "emancipated" from his or her parents, the age at which consent is valid, and the medical care and treatment for which minors can consent without parental involvement varies by state. The minor's sole consent is binding when applicable law deems the minor legally capable of consenting.

(4) General Medical Questions. If the call is in regards to something other than an acute symptom (i.e., non-symptomatic (SX), medication question, nutrition), the NAL RN will provide the requested information and end the call.

(5) Triage Recommendations. If the call regards an acute symptom (i.e., SX), the NAL RN will determine if the beneficiary would be best served by self-care, routine care, acute care (either with MTF or network UCC), or emergency care. The NAL RN will ask a series of questions based on the vendor's proprietary triage guidelines. Based on the triage guidelines outcome and the RN's critical thinking and clinical judgement, the RN will provide a

recommended level and timing of care. There are eight different triage endpoints a SX caller could receive as outlined in Table 2, Enclosure 4 of this DHA-PI. NAL Nurse Triage recommendations are outlined in Table 2 of Enclosure 4.

(6) Self-care. If the NAL RN determines the beneficiary would be best served by self-care, they will advise the beneficiary to an appropriate method for self-care. The NAL RN may offer the beneficiary a sick-slip when clinically appropriate. The NAL sick slip will be available for download from the MHS NAL Beneficiary Portal. Active Duty members must follow their local command guidance if issued a NAL sick slip. Based on the NAL RN's critical thinking skills and clinical judgement, the NAL RN will inquire if the caller would like a call-back to reassess their symptoms and provide additional healthcare advice. Call-back timeframes and the number of call-backs are determined by the NAL RN. If the beneficiary does not desire a call back, the NAL RN will close the case and the beneficiary may pursue self-care independently. If the caller chooses to receive a call back, the NAL RN will obtain information as to whom the NAL RN may speak with and permission to leave a voicemail should the caller not answer. During the call-back, the NAL RN will re-evaluate the beneficiary and determine whether to direct the beneficiary to a higher level of care or close the case as self-care.

(7) Acute Care. If the NAL RN determines the beneficiary needs acute care, care within the next 24 hours, the beneficiary will be warm-transferred to the CC to assist the beneficiary in care coordination. Care coordination services include booking a 24HR appointment in the MTF, locating an available MTF UCC or an ED fast track within an MTF ED, or locating the nearest network or non-network UCC. The CC has the ability to submit network and non-network UC referrals in the CHCS or MHS GENESIS for Active Duty members enrolled to a MTF when a warm transfer during duty hours fails, no capability exists at the MTF or when traveling and no direct care services are available within the 30 minute access to care standard as outlined in Reference (e). For overseas network referrals, the caller will be warm transferred to the TRICARE Overseas Program vendor for referral authorization.

(8) Emergency Care. For encounters that end in 911, the NAL RN will instruct the beneficiary to contact their local emergency services/911. If the beneficiary is unable to do so, the NAL will maintain contact with the beneficiary and activate emergency management services on their behalf for a warm transfer of care. For all encounters that are true medical emergencies but do not end in emergency services/911 being contacted, the NAL will provide care coordination locator services. The CC will first search for an MTF ED capability or civilian partner in the NALMS. If unavailable, the CC will search the Managed Care Support Contractor (MCSC) website to direct the beneficiary to the ED and document the name of location of the ED in the NAL encounter.

(9) The NAL will offer the beneficiary access to their self-care instructions, watch-out conditions (signs/symptoms which may indicate worsening condition), and sick slip when applicable via the MHS NAL Beneficiary Portal.

c. Phase 3 - MTF Appointing or Provider Locator Service

(1) Once the caller is warm transferred from the NAL RN to the NAL CC, the NAL CC will attempt to book the MTF-enrolled beneficiary a primary care 24HR appointment. If an appointment is booked, the CC will annotate that the appointment was booked by the NAL, the CC's initials and the reason for the visit. When there are no MTF walk-in capabilities listed in NALMS or no appointments available at the MTF with the beneficiary's PCM, PCM Team, or PCM Clinic within the required timeframe, the NAL CC will attempt to warm transfer the caller to the MTF during the duty day. The NAL CC will also review NALMS to see if the clinic/team permits cross booking into another clinic. The warm transfer of an individual to an MTF allows the medical staff or MTF authority receiving the call to assess whether appropriate capabilities are available to accept such transfer.

(a) The NAL CC will call the clinic telephone number provided by the MTF and listed in NALMS, and wait a maximum of 45 seconds for the MTF to answer the phone. If on the first attempt the number dialed is busy, the CC will make a second attempt. The non-clinical NAL CC is contractually limited in the amount of information to provide once the MTF responds to the call. The two options for MTF staff who respond to the NAL CC calls are: Yes, we can take the beneficiary, or No, we cannot take the beneficiary.

(b) If the MTF accepts the warm transfer, the non-clinical NAL CC is contractually limited in the information he/she can share with the MTF. The CC will provide the patient's full name, DoD Identification Number (10-digits), DBN (11-digits); or if requested by the MTF representative, the last four digits of the sponsor's social security number, the patient's date of birth, the beneficiary category (Active Duty indicator), whether or not the patient is a pediatric patient, the reason for the call or chief complaint, and the final assessment made by the NAL RN. If the caller is Active Duty, the CC will provide any information regarding special military duty status (flying, diving, ordnance, personnel reliability program, president support program).

(c) If the MTF cannot take the beneficiary, the NAL CC will document the reason in NALMS.

(2) If unable to successfully schedule an MTF enrolled beneficiary or warm transfer to the MTF, NAL CC will utilize NALMS to search for MTF capabilities including MTF PCM On-call, MTF UC, MTF ED, or MTF UC fast-track to recapture care back to the MTF.

(3) An Optional Contract Line Item Number for the NAL to offer a contractor provided PCM-on call known as the Physician Advice Line (PAL) may be executed. If executed, the PAL will offer beneficiaries located in the United States a virtual PCM on-call visit with a physician licensed in the state the beneficiary is located to treat acute needs without a face to face visit. The PAL provider documentation, in the Subjective, Objective, Assessment, Plan note format, will be incorporated into the NAL encounter and available within NALMS. The PAL would be offered in lieu of a network/non-network UCC visit, to telemedicine appropriate beneficiaries.

(4) When the above are unavailable, the CC will review NALMS for Civilian Partner UC or ED capabilities. If necessary the NAL CC will search the MCSC provider locator website to identify an UC or ED facility where the beneficiary can be seen. The CC will document the facility name and location in the NAL encounter. The NAL CC will submit UC referrals in

CHCS or MHS GENESIS for CONUS Active Duty members and document the facility name, location and the referral number in the NAL encounter. This process reduces the administrative burden on the MTF staff, reduces variance, and reduces the risk of the beneficiary receiving a point of service charge.

(5) The above MCSC provider locator service process is utilized in the following circumstances: When there are no available appointments with the beneficiary's PCM, PCM Team, or PCM Clinic; when an attempt to contact the caller's MTF fails; when the MTF is closed and there is no MTF UCC/ED; when the MTF requests no NAL clerk hand-off and there is no MTF UCC/ED; or, when the MTF Prime enrolled beneficiary is out-of-area from their primary residence and there is no MTF UCC/ED within 30 minute drive time.

(6) For all TRICARE Select beneficiaries and those enrolled to a civilian PCM, the NAL provides only provider locator services via the MCSC websites.

(7) Non-TRICARE beneficiaries who receive care in an MTF outside of the United States are eligible to use the NAL for RN triage and general health inquiries but no CC appointing services will be provided.

(8) If an MTF-enrolled TRICARE Prime beneficiary (TRICARE Plus is non-transferrable to another MTF) is out-of-area from their home location and is in proximity (30 minute drive time) of another MTF, the MTF-enrolled TRICARE Prime beneficiary can access an MTF-sponsored UCC/ED without an appointment.

(9) NAL Final Dispositioning. At the end of an interaction, the outcome of speaking to either a NAL RN and/or a NAL CC will be documented in the final disposition section of the NAL Encounter. There are 17 possible final dispositions- referenced in Table 3 of Enclosure 4.

## 6. REAL TIME DATABASE

a. NAL Storage. In accordance with Reference (q), NAL encounters and MTF specific instructions and capabilities are stored in the secure NALMS. Approved NALMS MHS users can enter the site via the following link using common access card access at: <https://mhsnalms.com/>.

b. NAL Training. The NAL vendor conducts monthly NALMS Sustainment Training sessions. Training guides and the training calendar with the monthly training dates can be found within the Resource tab in NALMS at: <https://mhsnalms.com/resources>. Recorded training sessions and training materials can be found on the NAL SharePoint site at: <https://info.health.mil/hco/clinicsup/hsd/pcpcmh/nal/SitePages/Home.aspx>.

c. Access to Beneficiary Information. In accordance with Reference (r), access to beneficiary personally identifiable information (PII) and protected health information (PHI) is

based on assigned NALMS user role. There are seven NALMS user roles: Clinical MHS, Clinical Service, Clinical eMSM, Site Coordinator, Clinical MTF, Clinical Multi-MTF, and MHS Admin.

(1) The Clinical MHS user role is for clinical users at the program management level. These users have access to MHS wide NAL encounter information. Clinical MHS users shall:

- (a) Approve and manage accounts for Clinical Service and Clinical eMSM user roles.
- (b) Review Crisis Call encounters (see Enclosure 5 of this DHA-PI), and Crisis Call Guidance.
- (c) Provide oversight of the program by monitoring the NAL contract, workflows, and processes.
- (d) Conduct data analysis.
- (e) Serve as liaisons between the Services, eMSMs/Markets, and the NAL contractor.
- (f) Perform sustainment tasks such as coordinating CHCS and MHS GENESIS access.
- (g) Identify systematic issues and provide recommended solutions for continuous improvement based on Service, eMSM/Market, MTF, and beneficiary feedback.

(2) The Clinical Service user role has Service wide visibility of PII and PHI at their respective Service/eMSM level and access to MHS wide aggregate data. These roles are filled by the NAL Service leads. Clinical Service users shall:

- (a) Provide guidance and direction to the MTFs on current NAL processes and procedures.
- (b) Monitor and analyze NALMS encounter data.
- (c) Review and ensure follow-on action (approve, close, or escalate to vendor) for the following NALMS notifications:
  - (1) Encounter Quality Reviews
  - (2) Facility Quality Reviews: Discrepancies in MTF information
  - (4) Facility Reviews: MTF instructions (free text only)
  - (5) Account Approval: site coordinators
  - (6) Identified Crisis Calls



(d) Assist in CHCS account access for NAL CCs.

(e) Ensure MTF staff and beneficiaries are educated on the current NAL processes and the proper use of the NAL.

(f) Attend monthly NAL Service and eMSM/Market lead meetings with NAL PMO and TRICARE Regional Offices occurring on the second Tuesday of every month.

(g) Monitor status of users accounts (active, pending, or inactive).

(3) The Clinical eMSM user role has eMSM wide visibility of PII and PHI at their respective eMSM level and access to MHS wide aggregate data. These roles are filled by the NAL eMSM leads and mimic the Clinical Service user role. Clinical eMSM users shall:

(a) Provide guidance and direction to the MTFs on current NAL processes and procedures.

(b) Monitor and analyze NALMS encounter data.

(c) Review and ensure follow-on action (approve, close, or escalate to vendor) for the following NALMS notifications:

(1) Encounter Quality Reviews

(2) Facility Quality Reviews: Discrepancies in MTF information

(4) Facility Reviews: MTF instructions (free text only)

(5) Account Approval: site coordinators

(6) Identified Crisis Calls

(d) Assist in CHCS account access for NAL CCs.

(e) Ensure MTF staff and beneficiaries are educated on the current NAL processes and the proper use of the NAL.

(f) Attend monthly NAL Service and eMSM/Market lead meetings with NAL PMO and TRICARE Regional Offices occurring on the second Tuesday of every month.

(g) Monitor status of users accounts (active, pending, or inactive).

(4) The Site Coordinator user role is for users assigned to a Parent Defense Medical Information System (DMIS) Identifier. Users in this role must be approved by their respective Clinical Service or Clinical eMSM user. Site coordinators have access to PII and PHI at the respective Parent DMIS and MHS wide aggregate data. Site coordinator users shall:

- (a) Ensure MTF specific instructions are in scope and up to date.
  - (b) Ensure MTF information including all closures, MTF Capabilities and Civilian Partners are accurately annotated in their respective tabs within NALMS.
  - (c) Receive and review notifications from NALMS.
  - (d) Ensure beneficiary safety when notified of a NAL Crisis Call for a beneficiary enrolled to respective MTF. Shall ensure proper follow-on treatment is scheduled. See Enclosure 5, Crisis Call Guidance.
  - (e) Review beneficiary utilization; monitor and analyze NALMS data available in the Reporting tab within NALMS.
  - (f) Ensure MTF staff and beneficiaries are educated on the current NAL processes and the proper use of the NAL.
  - (g) Approve and manage MTF Clinical User accounts.
- (5) The Clinical MTF user role is for clinical staff assigned at the Child or Parent DMIS level. Clinical MTF users have access to PII and PHI at the respective Child or Parent DMIS as well as access to MHS wide aggregate data. Clinical MTF users shall:
- (a) Ensure MTF specific instructions are in scope and up to date.
  - (b) Review beneficiary demand, monitor and review NAL encounters, and submit valid quality reviews.
  - (c) Follow up with beneficiaries, if clinically indicated.
  - (d) Submit civilian UC referrals in CHCS/MHS GENESIS for CONUS Active Duty member beneficiaries who contacted the NAL in cases which the NAL CC was unable to enter the referral due to system outages or the beneficiary did not have an assigned PCM.
  - (e) Enter MTF information including hours of operation, proper clinic phone number for warm transfers from NAL, planned and unplanned closures, MTF Capabilities and Civilian Partners within their respective tabs in NALMS.
  - (f) Provide beneficiary outreach; when notified of beneficiary feedback, contact the beneficiary for an appropriate follow-up and educate them on proper use of the NAL, as needed.
- (6) Clinical Multi-MTF user role responsibilities mirror the Clinical MTF user but span multiple MTFs.
- (7) The MHS Admin user role is for administrative personnel who do not need access to PII/PHI. MHS Admin users have access to:

(a) View MTF instructions but cannot update.

(b) MHS NAL aggregate data but are limited to data without PII/PHI.

(8) As the MHS transitions to Markets, a similar user role will be developed in NALMS. The responsibilities of this user role will mimic the responsibilities of the Clinical Service and Clinical eMSM user roles above.

## 7. STANDARDIZED BUSINESS PRACTICES

### a. NALMS

(1) MTFs shall ensure appropriate User role access to NALMS. Please see Reference (v), NALMS and NAL SharePoint for detailed explanations.

(2) Site Coordinators and Clinical Users shall update NALMS to ensure correct hours of operation and warm transfer phone number are listed in MTF information.

(3) MTFs shall list all MTF Capabilities including but not limited to, Walk-in clinics/Clinical Staff Support Protocols, MTF ED, MTF UC, Dental, obstetrician/gynecologist, and/or Behavioral Health assets in the “MTF Capabilities” tab of MTF information to permit continuity of care in the direct care system.

(4) MTFs shall list any special instructions for Active Duty members during and after duty hours in the free text instruction field(s).

(5) MTFs shall list any preferred network UCCs or EDs in the corresponding “Civilian Partners” tab of MTF Information to complement a market approach to healthcare.

(6) MTFs shall enter all closures outside normal duty hours in the “Closures” tab of MTF Information to aid in NAL appointing and order of operations and improve the beneficiary experience.

(7) MTFs shall make 24HR appointments fully bookable to NAL CC staff in order to schedule appointments at the MTF on behalf of triaged beneficiaries.

(8) MHS GENESIS sites shall provide PCMH Team names and PCM providers assigned to each Team in the free text instructions field(s) within NALMS in order to facilitate the NAL scheduling appointments with other providers on the same Team as depicted below.

**During duty hours**

MHS GENESIS Location:

0128C-FM-Falcon: Dr. Mark Lussier, PA Daniel Normandin, NP Cindy Finke; APPT TYPE: 24HRS

0128C-FM-Osprey: Dr. David Chen, Dr. Jared Nelson, PA JeremyThompson; APPT TYPE: 24HRS

0128C-PED-Yoshi: Dr. Joseph Migliuri, Dr. Brandon White; APPT TYPE: 24HRS

0128C-FLTMED-CL (Building: 0128C-MIL) Flight Medicine\*\*: Dr. Elisha Farnworth, Dr. Dane Newell, Dr. Eric Spendlove; APPT TYPE: 24HRS

b. MTF Telephone Trees

(1) Many MTFs have chosen to add the NAL as an option on their phone trees. During normal business hours of the MTF appointment line or call center, the NAL may be placed on the telephone tree as an option other than Option #1. The NAL is recommended to be Option #3, behind the options for making primary care, specialty care, and dental appointments, and the option to leave a phone message for a PCM. The NAL may be moved to the first option when the appointment line is closed.

(2) Under no circumstances shall MTFs, appointment lines, or call centers automatically transfer callers to the NAL without the caller being able to press an option.

(3) NAL PMO recommends MTFs add an option to their MTF phone tree connecting beneficiaries to their MTF for requests for medical records. In the event NAL PMO receives a request from a beneficiary for their NAL encounter record, the PMO will contact the NAL MTF POC and ask that they work with the MTF Patient Administration Office to coordinate any release of information regarding NAL encounters.

c. Transferring to the MTF. When no appointments are available in CHCS or MHS GENESIS, the NAL staff is required to transfer the caller to the MTF, clinic, or in some cases, the centralized appointing center for further action during duty hours. MTF staff should not ask the NAL staff member to remain on the line once the transfer information has been provided, as the NAL staff members have post-call actions that must be completed immediately after being released.

d. Primary Care Access to Care Requirement

(1) The NAL will be considered, and fulfill the functions of a designated PCM for access to health advice 24 hours a day, 7 days a week in accordance with Reference (e).

(2) MTFs can utilize the NAL to meet The Joint Commission (TJC) requirement to provide primary care access 24 hours a day, 7 days a week. The NAL meets the intent of TJC standards to obtain clinical advice for UC needs and a same or next day appointment (please see paragraphs 7.d.(2)(a)1 and 7.d.(2)(a)3 below in this enclosure). However, an on-site Joint Commission surveyor would make the final determination during the survey process. TJC PCMH standards state:

(a) The organization provides beneficiaries with the ability to do the following (24 hours a day, 7 days a week):

1. Contact the PCMH to obtain a same or next day appointment.
2. Request prescription renewals.
3. Obtain clinical advice for urgent health needs.

(b) The organization offers flexible scheduling to accommodate beneficiary care needs. NOTE: This may include open scheduling, same-day appointments, group visits, expanded hours, and arrangements with other organizations.

(c) The organization has an established process to respond to beneficiary UC needs 24 hours a day, 7 days a week.

(d) In accordance with Reference (o), MTFs have other means of meeting TJC PCMH standard 7.d.(2)(a)2, request prescription renewals, via secure messaging/MHS GENESIS Patient Portal to communicate between patient and their healthcare team.

e. Quality Review Process. Service-Initiated. Service/eMSM/Market Leads, Site Coordinators and/or Clinical Users shall submit quality reviews through the NALMS when there are concerns about how a call was handled. The NALMS has a built-in quality review process that may be accessed by visiting the encounter and checking the “Start (Quality Review)” box.

## 8. METRICS

a. Standardized Metrics. In order to measure the success and benefit of the NAL Program, corporate standardized metrics have been established. The NAL PMO, Services/eMSMs/Markets and MTFs should use the following metrics within DHA on a regular basis:

b. Process and Performance Metrics. NAL call volume by: enrollment type (e.g., MTF, MCSC, and TRICARE Select), Service and eMSM/Markets, the beneficiary’s age, hour of day, day of week and month; NAL Call Utilization per 1000 enrollees; booking analysis; percent of calls successfully booked directly into CHCS/MHS GENESIS or transferred to the MTF; percent of adult and pediatric triage algorithms used; top 10 reasons for calls; and percent of calls

requiring Emergency Medical Service activation. These performance metrics and measures are available via the “Reporting” link in NALMS and can also be found on CarePoint at: <https://carepoint.health.mil/sites/PCAD/SitePages/NAL.aspx>.

c. Outcome Metrics. The NAL PMO provides a NAL Outcome tool to compare the NAL caller’s pre-intent to the NAL RN’s advice for care and the beneficiary’s actual election of treatment. The MHS Mart is used to determine what the beneficiary did 24 hours after the beneficiary called the NAL. The NAL Outcome tool can be found on CarePoint at: <https://carepoint.health.mil/sites/PCAD/SitePages/NAL.aspx>. This tool also includes purchased care ED/UC cost avoidance.

d. NAL Appointing Metrics. NALMS Reporting contains a Booking Analysis Report which should be monitored to evaluate successful/unsuccessful bookings and warm-transfers. The information contained in the report and Call Timing Report should be used to understand the available supply and demand of appointments by day of week and hour of day. This information will be utilized to assess appointment demand signals and to template appointments.

ENCLOSURE 4

TABLES

Table 1. Nurse Advice Line Patient Pre-Intents

Pre-Intent Categories	Definition
ED	Beneficiary planned to seek care at the ED or call 911 before contacting Nurse Advice Line (NAL).
UC	Beneficiary planned to seek care at an Urgent Care Clinic before contacting NAL.
MTF- PCM	Beneficiary planned to call or visit their medical clinic before contacting NAL.
Self-care	Beneficiary planned to care for themselves or called a friend or relative to ask for advice before contacting NAL.
Other	Pre-intent not asked by NAL or not specified by beneficiary.

Table 2. Nurse Advice Line Nurse Triage Recommendations

Access to Care Categories	Triage Recommendation	Time Frame
Emergency Care	911	Now
	Emergency Department	Now
Urgent Care (Acute)	Seek Care 8 hours	8 hours
	Call MD Now	Now
	Call MD 24 hours	24 hours
Routine Care	Call MD 3 days	3 days
Self-care	Self-care	Null
	Poison Control	Now

Table 3. Nurse Advice Line Final Dispositions

Categories	Definition
Customer Service	No nurse contact, but Care Coordinator (CC) provided customer service, to include cancelling or rescheduling appointments. CC will document what type of customer service was delivered.
ED	911 response or life-threatening emergency (going to immediately to ED without care coordination), <b>OR</b> call disconnected after caller indicated they will seek emergency care, but before care coordination could be completed. Registered Nurse (RN)/CC will document any known details.
UC/ED-MTF	Caller indicated they will seek care at an ED or Urgent Care Clinic (UCC) located at a MTF. CC will document the name and location of the MTF.
ED - Network	Caller indicated they will seek care at an ED included in the TRICARE network. CC will document the name and location of the ED.

Categories	Definition
ED - Non-Network	Caller indicated they will seek care at an ED which is not in the TRICARE network. CC will document the name and location of the ED.
MTF	CC is successful with Walk-In, Primary Care Manager (PCM), PCM Team, PCM Other Team, MTF Cross Booking, or Transfer to MTF, <b>OR</b> caller indicated they will visit or call their MTF as soon as possible (either their PCM, or a non-PCM service such as a surgeon or medical specialist). RN/CC will document details.
Not NAL	Misdialed calls that come into the NAL and are not Customer Service.
Non - SX	Nurse contact without triage, and where the understanding is the caller will not seek acute care for this concern. Health education may have been provided, but no triage or care coordination were performed.
PAL	CC is successful with NAL PAL (the call was accepted by the contracted PAL service). <b>Not selectable unless the optional PAL Contract Line Item Number is exercised by the government.</b>
PCM On-Call MTF	CC is successful with MTF PCM On-Call (either the call was warm-transferred to MTF On-Call PCM, or the On-Call PCM acknowledged receipt of info and intent to call the NAL caller).
PCP/PCM	Caller who is not enrolled to an MTF (TRICARE Select, etc.) indicated they will seek care with their PCM.
Routine Care	Nurse Recommendation For Care is Call MD 3 Days, <b>and</b> caller agreed to follow-up with their clinic non-urgently, <b>and</b> no scheduling or locator service was performed.
Self-Care	Caller indicated agreement with nurse recommendation for home care, <b>OR</b> caller disagreed with recommendation to be seen and indicated they would use home care instead, <b>OR</b> call ends with Poison Control ("Poison Control" will be documented in Close-Out Notes).
UC - Network	Caller indicated they would seek care at a UCC included in the TRICARE network. CC will document the name and location of the UC.
UC - Non-Network	Caller indicated they would seek care at an UCC which is not in the TRICARE network. CC will document the name and location of the UC.
Unknown/Refused	Call ended (or was disconnected) after some attempt at RN or CC service, but without caller providing any indication of their intent as a result of this call.
<Empty>	Encounter is incomplete (NAL contractor will update this field value when the encounter is completed), <b>OR</b> call was disconnected before any nurse service or care coordination was performed.



ENCLOSURE 5

CRISIS CALL GUIDANCE

1. DEFINITION. A NAL encounter is considered a “crisis call” when the caller and/or concerned party states/verbalizes signs of distress, instability, and/or poses a danger to themselves or someone else. This definition includes, but is not limited to, the following types of calls: suicide, homicide, incapacitated caller, violent crime/act, domestic abuse, elder or dependent abuse, sexual assault, and/or suspected child abuse.

2. NAL PROCESS FOR HANDLING CRISIS CALLS

a. The NAL has internal processes for handling various types of crisis calls that include facilitating activation of emergency services to be sent to the beneficiary’s location. As a secondary option, the NAL may choose to transfer appropriate beneficiaries with select behavioral crises to the Military Crisis Line, if the caller is agreeable to transfer.

b. All steps taken will be documented clearly and completely in NALMS to the extent the caller cooperates with the NAL RN or CC’s attempts to provide assistance and the caller provides information to support the documentation.

c. Crisis calls are flagged by the NAL RN or CC in NALMS. NALMS will send a Crisis call email notification to MHS Clinical users (NAL PMO), the respective Clinical Service/eMSM users (Service/eMSM/Market leads), and Site Coordinators at the respective DMIS where the beneficiary is enrolled. This email does not contain PII/PHI but alerts users that a Crisis Call occurred and requires their attention.

d. A quick link to Crisis Calls that occurred during the last 24 hours is available on the NALMS Encounters dashboard.

e. The NAL CC will follow MTF instructions for any Crisis Calls that cannot be safely dispositioned. This includes reviewing Crisis Call Assistance capability in NALMS and contacting a specified POC at the MTF for prompt notification. The vendor will telephonically contact NAL PMO for Active Duty member Crisis Calls which cannot be safely dispositioned.

3. NAL CRISIS CALL MHS NOTIFICATION PROCEDURES

a. NAL PMO. Upon notification of a crisis call, the NAL PMO shall notify the Service designated authority, as directed by the Service-specific guidance.

b. NAL Service Lead. As a representative of their respective Service, the NAL Service Lead shall:

(1) Provide the NAL PMO with specific guidance on who should be notified of NAL crisis calls originating from a beneficiary affiliated with their Service and within what timeframe.

(2) Ensure the designated POC(s) are trained on whom to notify and in what timeframe as specified by their Service.

(3) Provide the NAL PMO with a single telephone number or a list of telephone numbers that shall be answered 24 hours a day, 7 days a week, if the Service requests immediate notification.

c. Site Coordinator. The Site Coordinator or designated alternate shall:

(1) Reach out to the beneficiary to ensure appropriate care was received and care is coordinated with the beneficiary's PCM.

(2) Provide an update to the NAL Service Representative once the MTF has followed up with the beneficiary.

ENCLOSURE 6

NURSE ADVICE LINE SICK SLIP EXAMPLE



**INDIVIDUAL SICK SLIP**

NAME:

**Nancy Smith**

ISSUED BY:  
MHS Nurse Advice Line

DATE:  
11/24/2017

TIME:  
10:00 AM

Please excuse the above-named individual from work/school for 24 hrs.

This sick slip is valid for 24 hours from date and time of issue. Call your provider if your symptoms worsen, do not improve or new symptoms develop.

All Active Duty Service Members must notify their chain of command and comply with their military unit guidance. For Active Duty in Personnel Reliability Programs/Sensitive Compartmented Information/Special Operations, or any other limited duty status reporting, it is critical that you follow your unit's requirements for notification of quarters and any medications administered.

This form does not replace or supersede your unit, school, or employer's absence policy requirements—please contact your supervisory chain or personnel office for guidance.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CC	Care Coordinator
CHCS	Composite Health Care System
CONUS	continental United States
DAD	Deputy Assistant Director
DBN	Department of Defense Benefits Number
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHR	Defense Health Region
DMIS	Defense Medical Information System
ED	Emergency Department
eMSM	enhanced Multi-Service Market
ESB	Enterprise Solutions Board
HCO	Healthcare Operations
IVR	interactive voice recognition
MCSC	Managed Care Support Contractor
MHS	Military Health System
MTF	military medical treatment facility
NAL	Nurse Advice Line
NALMS	Nurse Advice Line Management System
PAL	Physician Advice Line
PCCOB	Patient Centered Care Operations Board
PCM	Primary Care Manager
PCMH	Patient Centered Medical Home
PCMH AB	Patient Centered Medical Home Advisory Board
PCP	Primary Care Provider
PHI	protected health information
PII	personally identifiable information
PMO	Program Management Office
POC	point of contact
RN	registered nurse

SX	symptomatic
TJC	The Joint Commission
UC	Urgent Care
UCC	Urgent Care Clinic

## PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this DHA-PI.

ESB. A flag-level governance group with voting members from DHA and the Services with oversight for medical operations.

Market. DHA construct of MTFs within a contained region.

parent MTF. The MHS identifies its main MTFs, which perform billing and activities, as “parent MTFs.” A parent MTF may have one or more subordinate clinics, which are referred to as child - MTFs.

PCCOB. A DHA-led board with Service lead voting representatives for primary and specialty care. The PCCOB is supported by Service representatives from access, medical management/ population health, telehealth, referral management, coding/medical records, a DHA representative for the TRICARE Health Plan Enterprise Support Activity Work Group (when private sector care issues are discussed) and other key working groups.

PCMH. The MHS’s model of primary care, which includes family medicine, pediatrics, internal medicine, operational medicine, and multi-disciplinary primary care clinics. PCMHs’ operations are guided by Tri-Service standard processes and procedures with warranted variance in the type of additional care available based on the needs of the patient population.

warm transfer. A segment of a NAL encounter when a patient needs to interact with an additional representative. The NAL relays pertinent information about your encounter to the next available representative for follow on care prior to transfer.