

CHAPTER 1  
ADDENDUM A

FIGURES

FIGURE 1-A-1 RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST, DD FORM 2086

RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST				REPORT CONTROL SYMBOL DD-DA&M(A)1365									
<i>Please read instructions on back before completing form.</i>													
1. REQUEST NUMBER	2. TYPE OF REQUEST (X one)		3. DATE COMPLETED (YYYYMMDD)	4. ACTION OFFICE									
	a. INITIAL	b. APPEAL											
<b>5. CLERICAL HOURS (E-9/GS-8 and below)</b>			FEE CODE	(1) TOTAL HOURS	(2) HOURLY RATE	(3) COST							
a. SEARCH			1		X \$ =								
b. REVIEW/EXCISING			2										
c. OTHER ADMINISTRATIVE COST			3										
<b>6. PROFESSIONAL HOURS (O-1 - O-6/GS-9 - GS - 15)/CONTRACTOR</b>				(1) TOTAL HOURS	(2) HOURLY RATE	(3) COST							
a. SEARCH			1		X \$ =								
b. REVIEW/EXCISING			2										
c. OTHER / COORDINATION / DENIAL			3										
<b>7. EXECUTIVE HOURS (O-7 - ES 1 and above)</b>				(1) TOTAL HOURS	(2) HOURLY RATE	(3) COST							
a. SEARCH			1		X \$ =								
b. REVIEW/EXCISING			2										
c. OTHER / COORDINATION / DENIAL			3										
<b>8. COMPUTER SEARCH</b>				(1) TOTAL TIME	(2) RATE	(3) COST							
a. MACHINE TIME (Not PC, desktop, laptop)			4		X \$/hr =								
b. PROGRAMMER / OPERATOR TIME (Human)													
(1) Clerical Hours			1										
(2) Professional Hours			1										
<b>9. OFFICE MACHINE COPY REPRODUCTION</b>				(1) NUMBER	(2) HOURLY RATE	(3) COST							
a. PAGES REPRODUCED FOR FILE COPY			3		X \$ =								
b. PAGES RELEASED			5										
<b>10. PRE-PRINTED PUBLICATIONS</b>				(1) TOTAL PAGES	(2) RATE	(3) COST							
a. PAGES PRINTED			5		X \$ =								
<b>11. COMPUTER PRODUCT OUTPUT/ACTUAL COST CHARGES</b>				(1) NUMBER	(2) ACTUAL COST	(3) COST							
a. TAPE / DISC / CD			6		X \$ =								
b. PAPER PRINTOUT			3										
<b>12. OTHER ADMINISTRATIVE FEES</b>				(1) NUMBER	(2) ACTUAL COST	(3) COST							
a. ALL POSTAGE / ADMINISTRATIVE (See instructions)			3		X \$ =								
<b>13. AUDIOVISUAL MATERIALS</b>				(1) NUMBER	(2) ACTUAL COST	(3) COST							
a. MATERIALS REPRODUCED			4		X \$ =								
<b>14. SPECIAL SERVICES</b>				(1) NUMBER	(2) ACTUAL COST	(3) COST							
a. ALL SPECIAL SERVICES (See instructions)			6		X \$ =								
<b>15. MICROFICHE REPRODUCED</b>					X \$ =								
<b>FEE CODES</b>			<b>16. FOR FOI OFFICE USE ONLY</b>										
1 Chargeable to "commercial" requesters. Chargeable to "other" requesters after deducting 2 hours.			a. TOTAL COLLECTABLE FEES										
2 Chargeable to "commercial" requesters only.			b. TOTAL PROCESSING FEES										
3 Not chargeable to any fee category.			c. TOTAL CHARGED										
4 Chargeable to "commercial". Chargeable to "other" after deduction of the equivalent of 2 hours. (Example: deduct \$88.00 professional rate.)			d. FEES WAIVED / REDUCED (X one)										
5 Chargeable to all fee categories after deduction of 100 pages (DOES NOT include "commercial").			e. FEES NOT APPLICABLE (X one)										
6 Chargeable to all fee categories. No deductions.			See Chapter 6, Fee Schedule, DoD 5400.7-R, to determine appropriate assessment of fees.										
			<table border="1"> <tr> <td></td> <td>Yes</td> <td></td> <td>No</td> </tr> <tr> <td></td> <td>Yes</td> <td></td> <td>No</td> </tr> </table>				Yes		No		Yes		No
	Yes		No										
	Yes		No										

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 1, ADDENDUM A

FIGURES

FIGURE 1-A-1 RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST, DD FORM 2086

INSTRUCTION FOR COMPLETING DD FORM 2086

*This form is used to record costs associated with the processing of a Freedom of Information request.*

**1. REQUEST NUMBER** - First two digits will express Calendar Year followed by dash (-) and Component's request number, i.e., 03-001.

**2. TYPE OF REQUEST** - Mark the appropriate block to indicate initial request or appeal of a denial.

**3. DATE COMPLETED** - Enter year, month and day, i.e., 20031001.

**4. ACTION OFFICE** - Enter the office processing this request.

**5. CLERICAL HOURS** - For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:

**Search** - Time spent in locating from the files the requested information.

**Review/Excising** - Time spent in reviewing the document content and determining if the entire document must retain its classification or segments could be excised thereby permitting the remainder of the document to be declassified. In reviews for other than classification, FOI exemptions 2 through 9 should be considered.

**Other Administrative** - Time spent in activity other than above, such as hand carrying documents to other locations, restoring files, etc.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category.

**6. PROFESSIONAL HOURS** - For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:

**Search / Review / Excising / Other** - See explanation above.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category.

**7. EXECUTIVE HOURS** - For each applicable activity category, enter the time expended to the nearest 15 minutes in the total hours column. The activity categories are:

**Search / Review / Excising / Other** - See explanation above.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category.

**8. COMPUTER SEARCH** - When the amount of government-owned (not leased) computer processing machine time required to complete a search is known, and accurate cost information for operation is available, enter the time used and the rate. Then, calculate the total cost which is fully chargeable to the requester.

- Programmer and operator costs are calculated using the same method as in Items 5 and 6. This cost is also fully chargeable to requesters as computer search time.

**9. OFFICE COPY REPRODUCTION** - Enter the number of pages reproduced and/or released.

- Multiply by the rate per copy and enter cost figures.

**10. PRE-PRINTED PUBLICATIONS** - Enter total pages.

- Multiply the total number of pages by the rate per page and enter cost figures.

**11. COMPUTER COPY** - Enter the total number of tapes and/or printouts.

- Multiply by the actual cost per tape or printout and enter cost figures.

**12. OTHER ADMINISTRATIVE FEES** - Covers postage (when known), correspondence preparation, other non-billable charges not covered under Items 5 - 7, etc.

**13. AUDIOVISUAL MATERIALS** - Duplication cost is the actual cost of reproducing the material, including the wages of the person doing the work.

**14. SPECIAL SERVICES** - Covers items outside of the FOIA such as authenticating records at \$5.20 per seal, overnight mail at cost, and other services for which the requester agrees to reimburse the agency.

**15. MICROFICHE REPRODUCED** - Enter the number of copies and multiply by the rate per copy.

**16. FOR FOI OFFICE USE ONLY.**

**Total Collectable Fees** - Add the blocks in the cost column and enter total in the total collectable fees block. Apply the appropriate waiver for the category of requester prior to inserting the final figure. Further discussion of chargeable fees is contained in Chapter VI of DoD Regulation 5400.7-R.

**Total Processing Fees** - Add all blocks in the cost column and enter total in the total processing fees block. The total processing fees in most cases will exceed the total collectable fees.

**Total Charged** - Enter the total amount that the requester was charged, taking into account the fee waiver threshold and fee waiver policy.

**Fees Waived/Reduced** - Indicate if the cost of processing the request was waived or reduced by placing an "X" in the "Yes" block or the "No" block.

**Fees Not Applicable** - Indicate if the cost of processing the request was not applicable by placing an "X" in the "Yes" block or the "No" block.

**FIGURE 1-A-2 DATA BREACH REPORTING****TRICARE MANAGEMENT ACTIVITY GUIDELINE FOR REPORTING INCIDENTS****Purpose:**

Protecting the privacy and security of health information is the responsibility of all TRICARE Management Activity (TMA) components which includes TMA Directorates, TRICARE Regional Officers (TRO), TRICARE Area Offices (TAO), the Program Executive Office (PRO), Joint Medical Information Systems Office (JMISO), and contractors. This guide emphasizes the importance of implementing a preliminary Incident Response Report mechanism and outlines the reporting procedures. All TMA components should be aware of the mandate to ensure a prompt and coordinated response to limit or prevent further damage, restore a system to operational status, and provide technical and administrative correction to protect the system data.

**Definition:**

An incident is defined as an unauthorized access, use, disclosure, modification, or destruction of Protected Health Information (PHI) or Personally Identifiable Information (PII). An incident is also defined as the interference with information system operations. Information may be in electronic data form or hard copy format.

**Guidance:**

This document outlines immediate guidance for reporting potential incidents:

1. Collect all necessary and pertinent information to include; how the breach occurred, dates and times when the incident was discovered.
2. Complete the preliminary TMA Preliminary Incident Report Form ([Figure 1-A-2](#)).
3. Notify the appropriate government point(s) of contact of the incident.
4. Ensure the preliminary TMA Preliminary Incident Report Form ([Figure 1-A-2](#)) is sent to the appropriate point of contact. (**see Distribution List below**).
5. \*Provide a copy of your mitigation response plan (POA&M).

Examples of reportable incidents may include, but are not limited to:

Misdirected fax documents containing PHI or PII information  
Failing to properly secure documents when mailing or transporting PHI.  
Lost or stolen laptop.

**Point of Contact Distribution List for Reporting the Incident:**

Leslie Shaffer, Privacy Officer, TMA ([Leslie.Shaffer@tma.osd.mil](mailto:Leslie.Shaffer@tma.osd.mil)).  
TMA Privacy Officer Mail ([PrivacyOfficerMail@tma.osd.mil](mailto:PrivacyOfficerMail@tma.osd.mil)).

\*TMA Privacy Office will contact you upon receipt of your submitted POA&M.

**FIGURE 1-A-2 DATA BREACH REPORTING (CONTINUED)**

**TRICARE MANAGEMENT ACTIVITY PRELIMINARY INCIDENT REPORT**

Today's Date: \_\_\_\_\_

**Reporting Organization Information:**

Reporting Organization's Name: \_\_\_\_\_

Location: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone/Contact Information: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Organization/Location Where Incident Occurred:** \_\_\_\_\_

Date(s) incident first identified: \_\_\_\_\_

Date(s) incident occurred: \_\_\_\_\_

Estimated number of affected beneficiaries: \_\_\_\_\_

Nature of the incident: (include a description of the incident, how incident was discovered, operational areas affected or involved, cause of incident, and resulting outcome of incident).  
\_\_\_\_\_

Is Protected Health Information (PHI) or Personally Identifiable Information (PII) involved in this incident? If yes, identify the data elements involved. **Please do not use specific identifiers (i.e., SSN, Name, DOB) in this report.**  
\_\_\_\_\_  
\_\_\_\_\_

Perceived impact on beneficiaries:  
\_\_\_\_\_  
\_\_\_\_\_

Steps taken to date to respond to incident:  
\_\_\_\_\_  
\_\_\_\_\_

Steps taken to mitigate the impact of the incident: (If PHI or PII was involved you will also need to complete a mitigation response plan for TMA (See **Figure 1-A-4 for Plan of Action and Milestone (POA&M) Template**)).  
\_\_\_\_\_  
\_\_\_\_\_

Mitigation strategies initiated: (**Please note:** HIPAA requires mitigation documents be retained for 6 years).  
\_\_\_\_\_

Please attach any information not detailed above:  
\_\_\_\_\_

Reference: TRICARE Management Activity Incident Response Standard Operating Procedures  
(Confidential - for TMA Use Only)

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**FIGURE 1-A-3 REPORTING OF LOST, STOLEN, OR COMPROMISED PERSONALLY IDENTIFIABLE INFORMATION**

- a. Component/Organization involved:
- b. Date of incident and the number of individuals impacted, to include whether they are DoD civilian, military, or contractor personnel; DoD civilian or military retirees; family members; other Federal personnel or members of the public, etc.
- c. Brief description of incident, to include facts and circumstances surrounding the loss, theft, or compromise:
- d. Describe actions taken in response to the incident, to include:
  - whether the incident was investigated and by whom;
  - the preliminary results of the inquiry if then known;
  - actions taken to mitigate any harm that could result from the loss;
  - whether the impacted individuals are being notified, and
  - if not notified within 10 work days, what action will be initiated to notify the Deputy Secretary;
  - what remedial actions have been, or will be, taken to prevent a similar such incident in the future, e.g., additional training conducted, new or revised guidance issued, etc.; and
  - any other pertinent information that you believe is relevant.

**FIGURE 1-A-4 PLAN OF ACTION AND MILESTONES (POA&M) TEMPLATE**

Task for mitigation	Priority (Low, Moderate, High)	Milestone*	Milestone due date	Status	Date of completion	Point of contact/responsibility	Comments

\* The TMA Privacy Office will provide guidance on the incident response documentation and report frequency requirements  
**Explanation:**

- Task for mitigation** - the action that needs to be taken to mitigate the risk of the incident occurring again. An example is: Provide refresher training for employees.
- Priority** - if the incident is a severity of 1 or 2, the priority of the task should not be less than high. Depending on circumstances, a severity level of 3, 4, or 5 can result in a priority of low, moderate or high.
- Milestone** - are specific action steps that support the completion of the task for mitigation. Multiple milestones can support the completion of a single task.
- Milestone due date** - the date the individual milestone is scheduled to be completed.
- Status** - is a field for those responsible for the task to track the progress of the task.
- Date of Completion** - the date the task or milestone has been completed.
- Point of contact/responsibility** - the name of the person responsible for ensuring the completion of the milestone or task.
- Comments** - can be used to provide additional information on the task or milestone.



