

Defense Health Board Pediatric Care November 2016

Defense Health Agency



“Medically Ready Force...Ready Medical Force”

Agenda



- **MHS Pediatric Focus through Defense Health Agency (DHA)**
- **TRICARE Background**
- **Challenges**
- **Initiatives**
 1. **Patient Centered Medical Home (PCMH) Primary Care Initiatives**
 2. **Pediatric Studies**
 3. **Transparency**
 4. **TRICARE Health Plan Changes and Policy Update**
- **Pilots and Demonstrations**
- **Next steps**

MHS Pediatric Focus



- The MHS is ensuring that pediatrics are included in program discussions and decisions to ensure
 - Expansion of health outcomes, quality, safety, access and satisfaction data on our pediatric population.
 - Transparency in pediatric care data with internal and external stake holders.
 - Forward looking for innovations in pediatric care.
- Collaboration with stakeholders on a consistent basis ensuring our Military Health System is most reliable, safe, and quality health system in the world.

TRICARE Background



TRICARE Background



- The premium-free TRICARE triple option (Prime, Standard and Extra) was **established in federal regulation in October 1998** and replaced CHAMPUS.
- TRICARE supplements the **worldwide health care resources of the uniformed services** including MTF provided pharmaceuticals and dental care (the direct care system) with health care purchased in the private sector (purchased care system).
- The **combination of direct and purchased care** ensures that service members have access to high-quality health care services while maintaining the capability to support military operations with ready medical forces.
- Care delivered in MTFs remains largely free to all beneficiaries.



TRICARE



- **TRICARE is a Congressionally mandated health care benefit for:**
 - Active duty service members and their families
 - Retired service members and their families
 - Activated Guard/Reserve members and their families
 - Non-activated Guard/Reserve members and their families who qualify for care under the Transitional Assistance Management Program
 - Retired Guard/Reserve members (age 60 and receiving retired pay) and their families
 - Certain Reserve Component members eligible to participate in premium-based options (TRS & TRR)
 - Survivors of members who die while on active duty
 - Medal of Honor recipients and their families
 - Qualified former spouses
 - Others eligible by law
- **TRICARE programs include, Prime, Standard, Extra, TRICARE for Life (TFL), TRICARE Young Adult (TYA), TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR)**

TRICARE Programs



PRIME	STANDARD
<ul style="list-style-type: none">▪ TRICARE Prime, was modeled after health maintenance organizations (HMOs) where beneficiaries are assigned to a primary care manager who is responsible for delivering all primary care and authorizing referrals for specialty care.▪ Only Military retirees, their families, and survivors must pay an annual enrollment fee for TRICARE Prime.	<ul style="list-style-type: none">▪ The legacy CHAMPUS program without network was repackaged as TRICARE Standard—the first of the TRICARE triple option.
	EXTRA
	<ul style="list-style-type: none">▪ The option within Standard called TRICARE Extra includes utilizing network providers.

Challenges



What Makes TRICARE Different?



- TRICARE is a health benefit entitlement program
 - ❑ Benefits are defined in law and federal regulation
 - ❑ Earned entitlement for Service to country vice group health insurance
 - ❑ Many of the provisions in the Affordable Care Act do not apply to TRICARE as we are governed by a separate set of statutes

- The TRICARE Program is constantly evolving in response to:
 - ❑ Readiness Requirements
 - ❑ Annual National Defense Authorization Acts
 - ❑ Other Congressional mandates, Executive Orders and DoD policies
 - ❑ Robust stakeholder input
 - ❑ Medical advances and changes in practice

2014 Report To Congress



- The Section 735, NDAA 2013 Study of Health Care and Related Services for Children of Active Duty Military, found that:
 - Additional statutory authority is required to extend annual wellness visits for Standard beneficiaries 6 years of age and older. DoD requested this authority as part of the FY17 omnibus. Preventive office visits are permitted in conjunction with immunizations (including annual flu shot)
 - Statutory authority prevents inclusion of habilitative care from TRICARE basic, but it is available in TRICARE ECHO.
 - There is a need for expanded metrics for the pediatric population to validate quality of care for inpatient care. Pediatric data when considered should be standardization between all direct care MTFs and purchased care to comprehensively evaluate pediatric care.

Initiatives



Initiatives



- 1. Patient Centered Medical Home (PCMH) Primary Care Initiatives**
- 2. Pediatric Studies**
- 3. Transparency and Communication**
 - Health.mil
 - Pediatric Advocacy Forums and Other Groups
- 4. TRICARE Health Plan Changes and Policy Updates:**
 - Preventive care, Extended Care Health Option (ECHO) benefits, Mental Health Parity

1. Patient Centered Medical Home (PCMH) Overview



- Tri-Service/DHA PCMH Advisory Board leads pediatric, family medicine and internal medicine product lines
 - The direct care system implemented the PCMH model of primary care starting in 2011
- PCMH standards include each patient having a primary care manager (PCM), enhanced access, evidence-based medicine with a focus on prevention and coordinated, integrated care
 - PCMH teams include registered nurses, support staff, health educators and case managers who assist in care coordination and integration
 - PCMH teams use standard processes outlined in Service instructions and in the electronic health record to provide a consistent experience of care and to enhance access to care
- PCMHs are evaluated by the National Committee for Quality Assurance and The Joint Commission to ensure direct care meets the highest civilian industry standards

PCMH Access to Care



- The direct care system uses industry-standard access to care measures with consistent Tri-Service goals
 - Access mean, median and variance performance have all improved by 8 to 40 percent in the last two years
- Current enhanced access and patient experience strategies:
 - Expanding operating hours
 - Leveraging virtual phone visits with PCMs
 - Expanding appointment capacity and availability of acute appointments
 - Implementing additional walk-in hours for common acute conditions (e.g. urinary track infections, Strep testing, etc.)
 - Developing standard access and customer service training for all direct care system personnel

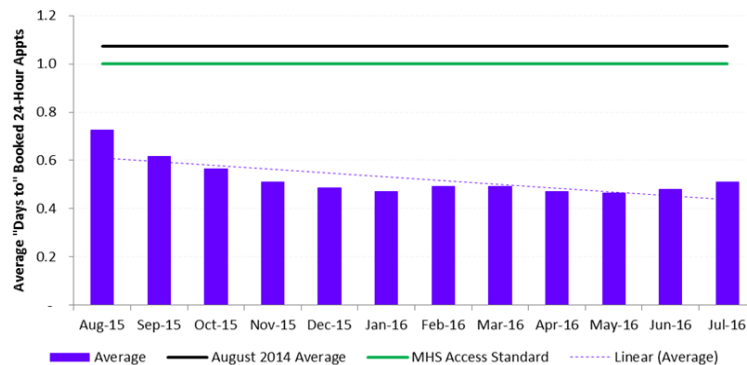
Primary Care Access to 24-hour Appointments in Primary Care



- In the Direct Care system, all access to care is evaluated retrospectively (what happened) and prospectively (what is available for patients today and in the future)
 - PCMHs booked patients for acute problems within 0.58 days or 13.9 hours (median performance is .45 days or 10.8 hours) compared to the MHS Access Standards of 1 day/24 hours
 - Third available appointment availability for acute problems in the future is 1.5 days

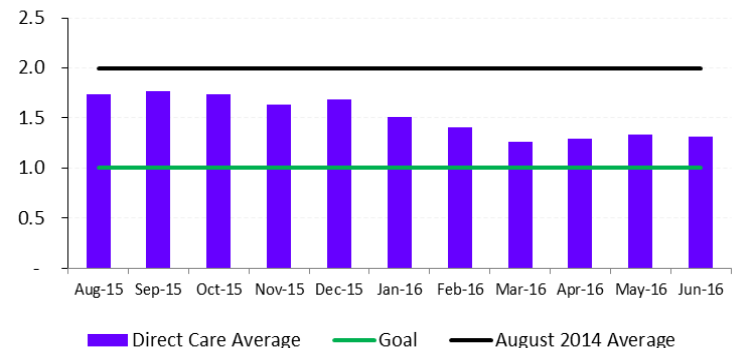
Past – What Happened

Average "Days to" 24-Hour Appointment Booked
(Average 48% better than Access Standard of ≤ 1 day)



Future – What's Available

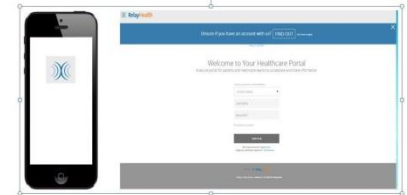
Average Days to Third Next 24-hour Appointments



Enhanced Access to Care Tools




- Secure Messaging available at all MTF primary care clinics
 - Registered enrollees can send messages to PCMs to discuss on-going medical issues, ask about test results, arrange referrals and make appointments
 - Response time goal is within 1 business day or 8 hours (industry average is 1-3 days)
 - Now configured for smart-phone use
 - Implementation in specialty care is underway
- TRICARE OnLine (TOL) for being re-designed to improve usability for direct care enrollees
 - Book appointments
 - Review current and historical test results
 - Set text and email reminders for MTF appointments
 - Adding “open notes” to allow beneficiaries to read what the provider has documented in the medical record



Nurse Advice Line (NAL)



- The NAL provides access to professional advice and access to MTF appointing 24/7 in the 50 United States
 - Expanding globally in FY 2017/2018
 - Approximately 25% of all calls are for beneficiaries aged 0 to 2 years; 47% of pediatric calls are for top 10 concerns 
 - Currently piloting PCM-On Call visits at six MTFs
- As access continues to improve in direct care, more callers are successfully directed to their MTF
 - Provide urgent care authorizations if no MTF care is available
 - Most recent data demonstrate almost 50% receive care in their own MTFs within 24 hours due (11% are directed to an ER; 14% are advised to see Urgent care; 25% are assisted in using self-care at home for minor, self-limiting illness)

Pediatric Top 10 Reasons for Calls
Upper Respiratory Illness
Skin Rash
Fever
Neonatal Issues
Vomiting
Ear Problems
Eye Problems
Diarrhea
Insect Bite
Head Trauma



With staffing by nurses 24 hours a day, 7 days a week, the Nurse Advice Line puts medical advice as close as the nearest phone for military personnel and their families.

Joint Outpatient Experience Survey (JOES)



- The JOES outpatient satisfaction survey is now available
 - Used by Army, Navy and Air Force and the DHA to assess patient experiences and satisfaction with MTF Care
 - JOES-C assesses purchased care
 - Paper Survey mailed with return postage paid envelope
 - Option to take the survey online
 - Some surveys for Active Duty may be sent via email
- JOES allows detailed look at satisfaction by beneficiary category, including specific satisfaction rates for our under age 18 patients
- Our beneficiaries' opinions are important to us; our goal is to maximize the number of patients responding
- By working together, we are ensuring our Military Health System is most reliable, safe, and quality health system in the world



Standardized Outpatient documentation



- Based on pediatric growth and developmental needs incorporating recommend screening and from the US Preventive Task Force, the American Academy of Pediatrics and the Centers for Disease Control.
- The outpatient documents, Tri-Service Workflow Forms are customized for pediatric age groups (e.g. infants , toddlers, school age and adolescents)
- Forms are updated with current issues. Recent example, the addition of a Zika Virus risk assessments

The screenshot displays a complex medical form with multiple sections and tabs. Key sections include:

- Travel History:** Includes fields for 'Have the patient traveled outside of the country in the past 90 days?' and 'Did the patient experience any illness during the trip?'. It also features links for CDC Travel Health Notices and CDC Disease Directory.
- Preventive Services Recommendations:** Cites sources as 'From USPSTF, Bright Futures and the CDC'. It contains sub-sections for:
 - Measurements:** Length/height and weight, BMI, and growth charts.
 - Secondary Screening:** Vision, dental, and hearing assessments.
 - Developmental/Behavioral Assessment:** Surveillance at well visits and behavioral assessment.
 - Physical Activity/Nutrition Guidance:** Annual discussion of healthy lifestyle habits.
- Tobacco Use:** A section for 'Have You Ever Used Tobacco?' with fields for current and former tobacco use, including type and duration.
- Social History:** A section for 'Social History' with a list of locations visited (e.g., School, Home, Public/Private, Church, Recreation, etc.) and checkboxes for various activities.
- Preventive Medicine Services:** A section for tracking 'PREVENTIVE SERVICES Date last updated:' with checkboxes for various services like Hearing Screen, Vision Screen, TB Screening, etc.
- Screening:** A section for 'SCREENING' with checkboxes for Developmental Screening, Lead in the Local Galvanic, and HIV/Depression Screening.
- Immunizations:** A section for 'Immunizations' with checkboxes for 'Reviewed and current as of' and 'Recommended and recommended'.
- Child Evaluation Exceptional Family Member Program (EFMP):** A section for 'Child Evaluation Exceptional Family Member Program (EFMP)' with checkboxes for 'Child has a Case Manager' and 'Document EFMP and Case Manager in the actual Questions below'.
- Nutrition Diet Habits:** A section for 'Nutrition Diet Habits' with checkboxes for 'Annual discussion of healthy lifestyle habits', 'Goal of at least 5 servings of fruits and vegetables per day', 'Decreased high fat/saturated fats', 'Decreased high sugar beverage consumption', 'Encourage breastfeeding when > 400g per day', 'Cover milk 2% - whole milk at age 12 months', 'Document', 'Daily/weekly eating breakfast', 'Document eating dinner with family', and 'Eat extra large portions'.

2. Pediatric Studies

1. Describing Resource Requirements for Children in the Military Health System Using the Pediatric Medical Complexity Algorithm (PMCA)
2. Unmet Health Care Needs among Children with Special Health Care Needs Study
3. Data Sources to Study Children with Military Health Benefits
4. Autism Spectrum Disorder Beneficiary Survey

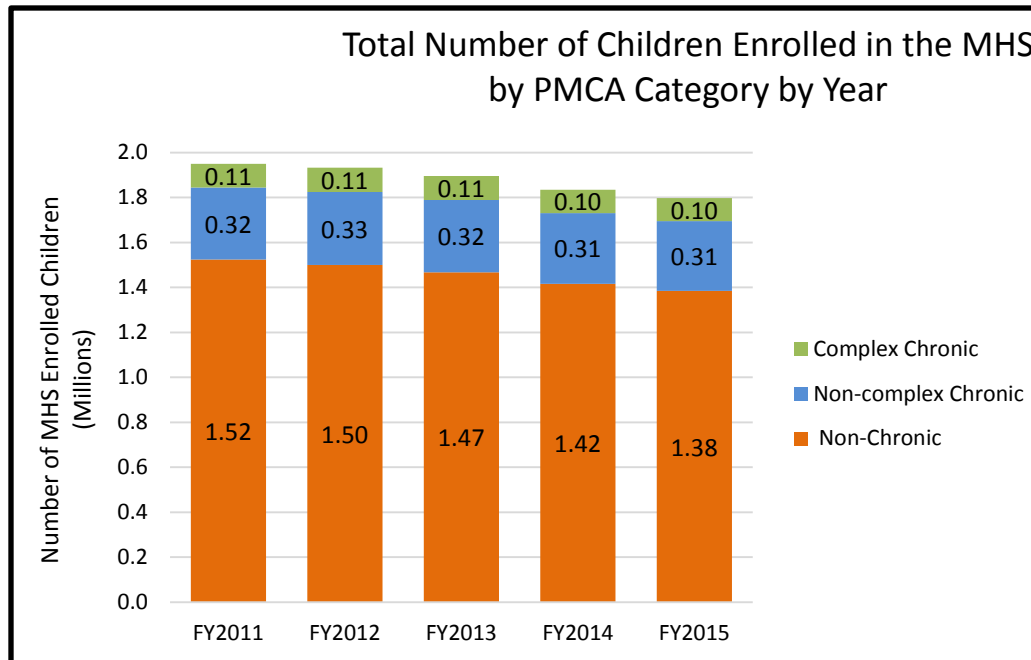


Pediatric Medical Complexity Algorithm Study



Describing Resource Requirements for Children in the Military Health System Using the Pediatric Medical Complexity Algorithm (PMCA)

Findings:



- In FY15 the child population was:
- 5.6% complex chronic
 - 17.3% non-complex chronic
 - 77.1% non-chronic

Classifying children by PMCA allows comparison and benchmarking to the civilian population using a pediatric-specific tool.

Unmet Health Care Needs among Children with Special Health Care Needs (CSHCN) Study



- **Objective:** Identify the percentage of unmet needs among CSHCN with military health benefits compared to other health benefits.
- For each medical service surveyed, $\leq 7\%$ of parents of CSHCN with TRICARE reported an unmet need for that service.
 - TRICARE children with unmet medical needs no higher than and similar to privately insured CSHCN
 - TRICARE children have a lower rate of unmet medical needs than publicly insured CSHCN.
- **Opportunities:** Operationalize data to evaluate how current or future programs can meet unmet needs.

Data Sources to Study Children with Military Health Benefits



- ***Objective:*** Reviewed national data sets found 15 data sets can identify children or women of child-bearing age with military health benefits.
- ***Opportunities:*** Basis of comparison for children with military health benefits to those with other forms of health benefits coverage.

3. Transparency



Beginning May 2016, the Military Health System launched a public facing set of metrics for beneficiaries to use for understanding their health care satisfaction and access to care.



- **Patient Satisfaction and Access to Care** - includes information from our patient surveys and information on availability of appointments in our clinics
- **Health Outcomes** - includes information about births in our hospitals and rates of complications from surgeries
- **Patient Safety** - includes reports on events where patients were harmed by care in our hospitals
- **Quality of Care** - includes results from the measures we track to grade our hospitals and clinics

4. TRICARE Health Plans Changes



- The 2017 TRICARE contract (when awarded) includes several enhancements that will benefit pediatric patients:
 - Case management liaisons between direct and private care located at each eMSM
 - Electronic notification of referrals – beneficiaries can track referrals online
 - Use of predictive analytics by Managed Care Support Contractors
 - Move from 3 regions to 2
 - Improved quality measures



TRICARE Extended Care Health Option (ECHO)



- The TRICARE Extended Care Health Option provides ***supplemental services to active duty family members*** (ADFMs) with qualifying mental or physical disabilities. It offers ***integrated services and supplies*** beyond those offered by the basic TRICARE health benefits program.



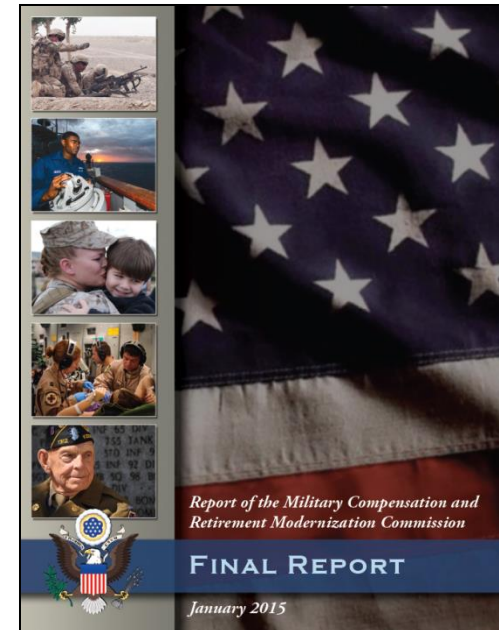
- There are over 16,000 beneficiaries registered in the ECHO program.
- 2013 Expanded benefit to include Hippotherapy.
- 2015 Expanded benefit to include incontinence supplies.
- 2016 Reviewing Respite Care program requirements.

Military Compensation and Retirement Modernization Commission (MCRMC)



MCRMC recommended changes in the ECHO program.

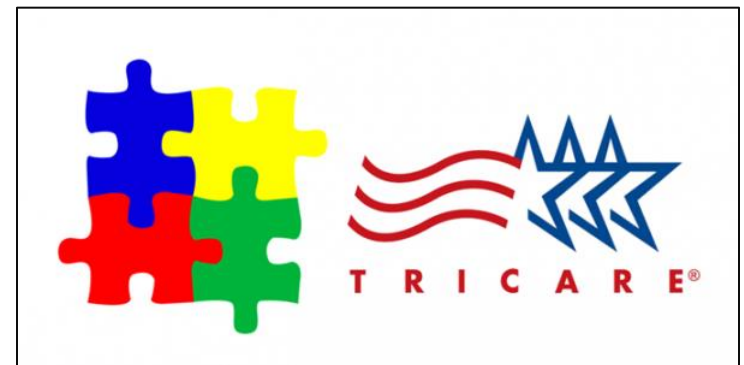
- Add incontinence supplies as a benefit - complete
- Evaluate use of ECHO Respite use without another ECHO benefit, which is in coordination.
- Align ECHO with state waivers, which is currently being researched for medical needs.
 - Custodial care/Domicillary care: not covered
 - Adjustments to home/car: partially covered
 - Supplies and nutrition: partially covered
- Does not increase \$36,000 ECHO cap
- Consider consumer directed care
- Beneficiary needs survey planned



Autism Care Demonstration (ACD)



- DoD is committed to providing a comprehensive program to support children with Autism Spectrum Disorder (ASD) by delivering the benefit through TRICARE Basic benefit under the ACD.
- There are now over 13,400 beneficiaries participating in the ACD.
- Working to ensure every beneficiary with ASD has access to timely, high quality care (including Applied Behavior Analysis – ABA) by:
 - Having a Network of over 28,000 TRICARE network ABA providers
 - Measuring quality outcomes
 - Closely monitor access – generally meeting standards
 - No cap on hours, total cost
 - All services included in catastrophic cap



Mental Health Enhancements



- Final rule published in the Federal Register on September 2, 2016 revising TRICARE's mental health and substance use disorder (SUD) benefit to achieve mental health parity and improve mental health care and access for children, including:
 - Limits on care reduced
 - Reduction of co-pays
 - Improved availability of Residential Treatment Center (RTC) and Substance Use Treatment
 - Improved access to care for beneficiaries with gender dysphoria



TRICARE Mental Health/Substance Use Disorder Benefit: Overview of Changes



- Mental health parity with medical/surgical benefit in TRICARE
 - ❑ Eliminate quantitative and qualitative treatment limitations on mental health and substance use disorder (SUD) benefit coverage
 - ❑ Align beneficiary cost-sharing for mental health and SUD benefits with those applicable to medical/surgical benefits
- Expand covered mental health and SUD treatment under TRICARE
 - ❑ Authorize psychiatric and SUD intensive outpatient programs
 - ❑ Cover outpatient SUD treatment by individual professional providers, Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT)
 - ❑ Cover non-surgical treatment of gender dysphoria
- Streamline TRICARE requirements for institutional providers
 - ❑ Residential Treatment Centers, Substance Use Disorder Rehabilitation Facilities, etc.

Parity in Mental Health Cost-Sharing with Medical/Surgical Care



Benefit	Previous Cost	New Cost
<u>Prime enrollees—other than active duty/active duty family members:</u>		
Individual outpatient mental health visit	\$25	\$12
Group outpatient mental health visit	\$17	\$12
Inpatient mental health and substance use disorder admissions	\$40/day	\$11/per day, or minimum of \$25 per admission
Partial Hospital Programs (PHPs)	\$40/day	\$12/day
<u>Standard—active duty family members:</u>		
Inpatient mental health and substance use disorder admissions	\$20/day	\$18.20/day
Partial Hospital Programs (PHPs)	\$20/day	20% cost share under Standard; 15% under Extra (use a network provider)

Note: The most active duty family members will pay for covered services in a fiscal year (1 Oct -30 Sept.) is \$1000. The most that retirees and non-ADFM's will pay in a fiscal year (1 Oct-30 Sept) is the catastrophic cap of \$3000 for covered services.

Timeline for Full Implementation



■ Changes implemented on October 3, 2016:

- Removal of differential cost-shares and co-pays for mental health compared to medical/surgical care
- Removal of quantitative limits (e.g. day limits) on mental health care
- SUD treatment by individual professional providers of care, including Office-Based Opioid Treatment (i.e., buprenorphine, suboxone) for opioid use disorder when prescribed by a qualified physician

■ Changes to be implemented in early 2017:

- Streamlined requirements for TRICARE authorization of institutional mental health providers, including Residential Treatment Centers & SUD treatment centers
- Outpatient treatment of opioid use disorder with medication-assisted treatment (MAT) by qualified opioid treatment programs (OTPs)
- Authorization of intensive outpatient programs for mental health and substance use disorder treatment

Preventive Care Updates 2017



- Directed by the Assistant Secretary of Defense for Health Affairs, the Defense Health Agency (DHA) reviewed the current preventive services covered by TRICARE and those required for coverage by the Patient Protection and Affordable Care Act (PPACA).
- Authorization for annual preventive office visits for Prime beneficiaries 6 years and older.
- Eliminate cost shares for preventive services in connection with an authorized preventive office visit.
- Coverage of stool DNA testing (Cologuard) once every three years beginning at age 50.
- Well Women preventive office visits are covered regardless of whether cervical cancer screening is performed.

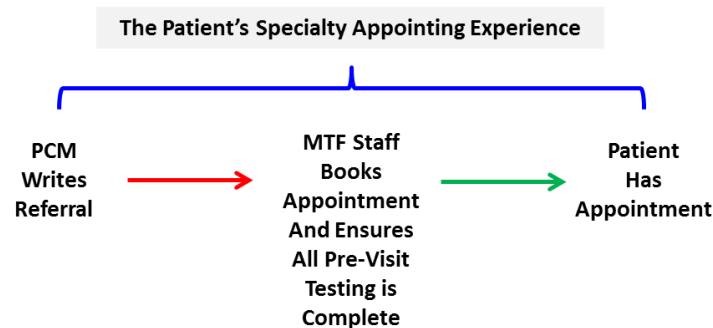
Pilots and Demonstrations



Specialty Care Appointment/Referral Initiative



- Beginning in 2017, Direct care is implementing a new specialty appointing and referral policy to improve Prime enrollees' specialty appointment experience.
- New business rules are designed to provide enrollees with a specialty appointment date/time before leaving the MTF or within 24 hours to the greatest extent possible
 - If the MTF has not decided to accept the specialty appointment, the consult will be immediately deferred to the network for appointing



Telemental Health Pilot



- Launched Telemental Health Pilot with Johns Hopkins U.S Family Health Plans (USFHP) for adult and pediatric beneficiaries to receive virtual behavioral health care at a patient's location (including the home); aimed to:
 - Enhance access for beneficiaries
 - Shorten wait times for appointments
 - Provide an opportunity to observe child behavior and parent-child interaction in the home and facilitate participation of parents in the treatment process
 - Serve as a viable alternative to delivery of mental health care in a traditional clinic setting

Urgent Care Purchased Care Pilot



- Previously, PRIME patients (enrolled to a PCM) needed a referral to use urgent care when their MTF was closed or did not have appointments available
- This led to inappropriate ER usage, since there is no requirement for a referral for ER care
- As part of the 2016 NDAA, pilot created to allow PRIME patients two urgent care visits/year without a referral or authorization.
- Active duty (except PRIME remote) are excluded due to readiness.
- Overseas excluded; Overseas beneficiaries have unlimited urgent care visits when traveling in US.
- Goal is to improve access and satisfaction, reduce cost.

Virtual phone visits



- A pilot began October 2016 to increase convenience to our patients and, second, to increase the care we can capture to the direct care system
- A PCM on-call visit will be offered to a sub-set of patients who the NAL RN has determined need an appointment within 24 hours and all MTF resources are not available (primary care is closed, no MTF UC fast track clinic).
- Outcome measures of success: patient satisfaction, staff satisfaction and perception of quality, whether this avoided a network visit or a follow-up MTF visit, were medications ordered, etc.
- The results of this pilot will inform future efforts to enhance access to care and convenience

Laboratory Developed Test Demo



- Launched the Laboratory Developed Tests (LDT) Demonstration, a 3-year program started in 2014, that allowed the Defense Health Agency to review and approve for coverage non-United States Food and Drug Administration approved laboratory testing, including:
 - Prenatal Cystic Fibrosis carrier screening
- Many of the approved LDTs are used in the diagnosis and management of pediatric conditions.
- Non-Invasive Prenatal testing coverage is covered

Way Ahead



Next Steps



Efforts continue to enhance quality, safety, outcomes, access to care and patient experience in both direct and purchased care through:

- **Transparency**
- **Data aggregation and evaluation**
- **Customer Service**
- **Standard processes in support of High Reliability Organization principles**
- **TRICARE Modernization**

Questions and Discussion



Back Up Slides



TRICARE Access Standards



- Current MHS Access to Care standards per 32 CFR 199.17
 - ER 24/7 no authorization required
 - Urgent care “generally within 24 hours”
 - Routine Primary Care within 7 days and 30 minutes drive time
 - Specialty Care within 28 days and 60 minutes drive time
- If specialty care not available within standards for PRIME, MCSC will allow non-network provider
- If PRIME beneficiary has to travel more than 100 miles for care, PRIME Travel program applies

TRICARE PRIME



- TRICARE Prime is TRICARE's version of a Health Maintenance Organization (HMO).
- TRICARE Prime offers several benefits:
 - No annual deductible.
 - A network of providers who agree to provide services at a reduced rate — a significant savings for you.
 - A Point-of-Service (POS) Option that allows you to seek medical services without going through your PCM, but with significantly increased costs.
 - A broad range of wellness benefits including routine exams, immunizations and preventive services — all with no copayment.
 - A Primary Care Manager (PCM) is selected from the network and coordinates all of your health care.
- Enrollment
 - Active duty family members enroll for free
 - Military retirees and their dependents pay an annual enrollment fee.

TRICARE STANDARD



- TRICARE Standard is the option that provides the most flexibility to eligible beneficiaries. It is the fee-for-service option that gives beneficiaries the opportunity to see any TRICARE-authorized provider.
- With TRICARE Standard:
 - A Primary Care Manager (PCM) does not have to be selected.
 - There is no annual enrollment fee, although annual deductibles apply
 - Cost-shares (a percentage of the allowed amount) are paid instead of copayments (a fixed amount per occurrence or visit).

TRICARE EXTRA



- TRICARE Extra is the same as Standard, but with the added benefit of lower cost-shares when you seek care from a TRICARE network provider.
- TRICARE Extra represents a preferred provider organization (PPO)
- There is no enrollment for TRICARE Extra; the beneficiary simply chooses to use a TRICARE network doctor, which results in a cost savings in cost shares for the visit.

TRICARE Young Adult



- TRICARE Young Adult (TYA) is a plan available to eligible dependents who age out of TRICARE at 21 years old (or 23 years old if full-time college students). This coverage is available for dependent children up to age 26, and who are not married or eligible for their own employer-sponsored coverage and dependent on their parent/sponsor for more than 50% of their support.
- Beneficiaries who meet this criteria can purchase TRICARE Standard or Prime health coverage on a month-to-month basis.
- By law, TRICARE Young Adult participants are required to pay full cost premiums

TRICARE for Life



- TRICARE for Life provides second payer coverage for Medicare-eligible TRICARE beneficiaries who have Medicare Part B, whether based on age or disability. There are no enrollment fees or premiums for TRICARE For Life (TFL).
- TFL eligible beneficiaries must be enrolled in and purchase Medicare Part B to qualify for TFL coverage.
- While DoD is a secondary payer to Medicare in TRICARE for Life, DoD is required to pay into an accrual fund for Medicare at significant cost to the Department.

TRICARE Reserve Select and Retired Reserve



- TRICARE family of health plans also includes premium-based products available for purchase by qualified members of the Selected Reserve (TRICARE Reserve Select started in 2005), by qualified members of the Retired Reserve (TRICARE Retired Reserve, 2010)
- TRICARE Retired Reserve is full cost premium, TRICARE Reserve Select is 28% member/72% Government

US Family Health Plan (USFHP)



- USFHP, a Tricare Prime-sponsored health plan option, is composed of six nonprofit health care providers in the Northeast U.S., Southeast Texas/Southwest Louisiana, mid-Atlantic, and the Puget Sound region of Washington state
- Care is provided through large local civilian health care networks of primary care physicians, hospitals and affiliated specialists. Patients choose a primary care physician who provides and coordinates care and referrals to specialists and hospitals.
- Essentially a capitated model.

- Military Health metrics available at

- <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Patient-Portal-for-MHS-Quality-Patient-Safety-and-Access-Information/Health-Outcomes>

