



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

The Honorable Jack Reed  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

AUG 16 2023

Dear Mr. Chairman:

The Department's response to House Report 117-397, page 194, accompanying H.R. 7900, the National Defense Authorization Act for Fiscal Year 2023, "Mental Health Access Standards," is enclosed.

The report provides the current process for measuring access to care standards for behavioral health in the direct care system and by managed care support contractors; the process for tracking follow-on appointments after the initial intake visit with a behavioral health provider in the direct care system and by managed care support contractors; and the management of access to care standards in the next TRICARE contract.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending a similar letter to the Committee on the Armed Services of the House of Representatives.

Sincerely,

A large black rectangular redaction box covering the signature area.

Gilbert R. Cisneros, Jr.

Enclosure:  
As stated

cc:  
The Honorable Roger F. Wicker  
Ranking Member



**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

The Honorable Mike D. Rogers  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

**AUG 16 2023**

Dear Mr. Chairman:

The Department's response to House Report 117-397, page 194, accompanying H.R. 7900, the National Defense Authorization Act for Fiscal Year 2023, "Mental Health Access Standards," is enclosed.

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Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending a similar letter to the Committee on Armed Services of the Senate.

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Gilbert R. Cisneros, Jr.

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# Report to the Committees on Armed Services of the Senate and the House of Representatives



## Mental Health Access Standards

**August 2023**

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$3,000.00 which includes \$1,300.00 in expenses and \$1,700.00 in DoD labor.

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## EXECUTIVE SUMMARY

This report is in response to House Report 117-397, page 194, accompanying H.R. 7900, the National Defense Authorization Act for Fiscal Year 2023, which requests that the Secretary of Defense submit a report to the Committees on Armed Services of the Senate and the House of Representatives no later than March 1, 2023, focused on Service members and their family's behavioral health access to care (ATC) standards for direct and purchased care systems. The report is requested to include information on the following: (1) the current process for measuring ATC standards for behavioral health in the direct care system and by managed care support contractors (MCSCs); (2) the process for tracking follow-on appointments after the initial intake visit with a behavioral health provider in the direct care system and by MCSCs; and (3) the criteria for how the ATC standards will be managed in the next TRICARE contract.

### SECTION A: INTRODUCTION

#### **Overview of Mental Health ATC:**

ATC for active duty Service members (ADSMs) seen in military medical treatment facilities (MTFs), on average, meet the Military Health System (MHS) ATC standards for specialty mental health appointments. The December 2022 ATC summary report found that ADSMs and other beneficiaries have an average routine wait time of 15.8 calendar days, which is below the MHS ATC standard of 28 calendar days (as provided in 32 CFR § 199.17, and in Assistant Secretary of Defense for Health Affairs Memorandum, "TRICARE Policy for Access to Care," February 23, 2011). If MTFs cannot meet the 28-calendar day MHS ATC standard, beneficiaries are referred to the TRICARE network to obtain care. However, the challenge for the TRICARE network is that the demand for behavioral health care is greater than the available providers within the United States. Thus, TRICARE network ATC for ADSMs averages 33.5 calendar days for psychological counseling and 37 calendar days for psychiatric care. TRICARE network ATC for all beneficiary categories averages 32.8 calendar days for psychological counseling and 33.3 calendar days for psychiatric care.<sup>1</sup>

### SECTION B: CURRENT PROCESS FOR MEASURING ATC STANDARDS FOR BEHAVIORAL HEALTH IN THE DIRECT CARE SYSTEM AND BY MCSCS

#### **Measuring Access to Direct Care:**

As a high-reliability organization, to ensure our patients have the optimal experience while meeting congressional mandates, the MHS monitors performance. The Defense Health Agency (DHA) Healthcare Operations reports quarterly to the DHA Healthcare Integration

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#### <sup>1</sup> **ATC Data - Direct Care**

Data from December 2022 ATC summary report. Information was pulled for (1) active duty population alone and (2) all beneficiaries.

Data Indicates: SPEC appointments an average of 15.8 days for both (1) and (2) populations.

#### **ATC Data - Private Sector Care**

ADSM ONLY: psychology is averaging 33.5 days and psychiatry is averaging 37 days.

#### **ATC Data - Private Sector Care**

All BENCATS: psychology is averaging 32.8 days and psychiatry is averaging 33.3 days.

Board on Markets/MTFs compliance to ATC standards. In this context, the term “Markets” refers to the DHA regions. ATC measures for behavioral health include:

- Average days to a specialty (intake) appointment within 28 days or less.
- Percent of demand seen within 24 hours with a target of 90 percent.
- Percentage of demand met within a 7-day period with a target of 90 percent.
- Percentage of beneficiaries receiving care when needed.
- 180-day future appointment availability.
- Percentage of specialty care leakage with a target of less than 10 percent.
- Average days to referral disposition with a target of 1 day.
- Average days from referral to booking with an appointment scheduled within 28 days or less.

ADSMs do not require a referral to see a behavioral health provider in either direct care or purchased care; therefore, the metrics reported only reflect appointments referred from the direct care system.

### **Measuring ATC by MCSCs:**

MCSCs uses the date each referral was approved as the starting point, and the date of the initial visit as the endpoint, for calculating the days to care for each claim with a referral. The MCSC provides this data in a monthly report filtered by specialty and location. DHA and the MTF staff review these monthly reports to measure ATC standards for all specialties, including behavioral health.

### **SECTION C: TRACKING FOLLOW-ON APPOINTMENTS AFTER THE INITIAL INTAKE VISIT WITH A BEHAVIORAL HEALTH PROVIDER IN THE DIRECT CARE SYSTEM AND BY MCSCS**

Several variables influence follow-up care; therefore, no specific DHA standard exists. Often the follow-up is patient specific, depending on the acuity of the patient’s behavioral health, as well as the clinical judgment of the provider. Patient availability, level of needed care, and treatment modalities are all factored into determining follow-up care.

### **SECTION D: CRITERIA FOR ATC STANDARDS IN THE NEXT TRICARE CONTRACT**

ATC measurement will be the same in the next generation of TRICARE (T-5) contract as we currently use in the current, T-2017 contract. What is new to T-5 is the requirement for the MCSC to schedule, at the beneficiary’s request, each first-time appointment with a network provider who matches the beneficiary’s health care request or referral and meets ATC standards (appointment wait time and travel time). If a network provider is unavailable within ATC standards, the contractor shall schedule an appointment with a non-network provider within ATC standards.

## **CONCLUSION**

DHA is working to establish a standardized behavioral health system of care that will unify MTF based health care capacity. Once established, the DHA Behavioral Health System of Care will promote system coordination between DHA Headquarters Healthcare Operations and MTFs within the Direct Care System to improve the delivery and quality of behavioral health care. It will standardize care delivery, care management, and the collection and analysis of clinical care data to monitor, optimize and advance patient outcomes to include leveraging technical solutions such as telebehavioral health to efficiently and effectively provide behavioral health services to remote beneficiaries.