THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

JUN 22 2001

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Policy Memorandum to Refine Policy for Access to Care in Medical Treatment Facilities and Establish the TRICARE Plus Program

This memorandum supplements and refines policy for access to care in military treatment facilities. Prior policies are in a memorandum of August 5, 1996, subject "Policy for Priority Use of Medical Treatment Facilities for Persons Enrolled in TRICARE Prime," and March 18, 1997, "Policy Memorandum to Refine Policy for Priority Use of Medical Treatment Facilities by TRICARE Prime Enrollees."

The principal revisions to policy relate to the restoration of the CHAMPUS entitlement for Medicare-eligible beneficiaries, effective October 1, 2001. For several reasons, Medicare-eligible beneficiaries will not fit into the current structure of the triple option benefit when they attain TRICARE eligibility.

In order to provide beneficiaries an alternative option for using TRICARE providers without the need to lock in to an HMO-like program, this policy authorizes the establishment of TRICARE Plus, an MTF primary care enrollment program. TRICARE Prime and TRICARE Plus are the only authorized primary care enrollment (or empanelment, affiliation or similar relationship) programs in the MHS.

Under TRICARE Plus, all TRICARE-eligible beneficiaries not enrolled in TRICARE Prime will be given the opportunity to enroll for MTF primary care, to the extent capacity exists. There is no lock-in and no enrollment fee. This will be a way to facilitate primary care appointments when needed. The number of persons accommodated at an MTF will be subject to capacity limitations, so as to assure that their primary care needs and TRICARE access standards will be met.

For care from civilian providers, TRICARE Standard or TRICARE Extra rules will apply. If the enrollee is Medicare-eligible, for services payable by Medicare, Medicare rules will apply, with TRICARE as second payer. For non-MTF care from a network provider for non-Medicare covered services, the reduced cost shares under TRICARE Extra will apply. For non-MTF care from a non-network provider for non-Medicare covered services, the cost shares under TRICARE Standard will apply.

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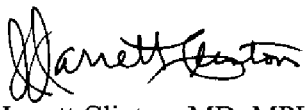

J. Jarrett Clinton, MD, MPH
Acting Assistant Secretary

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Executive Director, TRICARE Management Activity
TRICARE Lead Agents

A. General Rule for Access Priority. Among the following beneficiary groups, access priority for care in military treatment facilities where TRICARE is implemented is as follows:

1. active duty service members.

2. active duty service members' family members who are enrolled in TRICARE Prime.

3. retirees, their family members and survivors who are enrolled in TRICARE Prime.

4. active duty service members' family members who are not enrolled in TRICARE Prime. These beneficiaries may enroll in the TRICARE Plus MTF program, described below.

5. retirees, their family members and survivors who are not enrolled in TRICARE Prime. These beneficiaries may enroll in the TRICARE Plus MTF program, described below.

B. Special Provisions for Access Priority. In applying the general rules, the following special provisions are applicable:

1. Military members not on active duty but entitled to MTF care are associated with priority group 1. This includes members of reserve components entitled to medical care relating to conditions incurred in the line of duty, and members on the Temporary Disability Retired List for required periodic medical examinations.

2. NATO and other foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1, for the scope of services specified in the agreement.

3. NATO and other foreign military members' family members who are entitled to care pursuant to an applicable international agreement are associated with priority group 2, for the scope of services specified in the agreement.

4. Survivors of sponsors who die on active duty, as provided in 10 U.S.C. 1076(a), are, for purposes of MTF access, considered together with dependents of active duty members. They would, therefore, be in priority group 2 or 4, depending on Prime enrollment status.

5. Individuals other than those in any of the beneficiary groups identified in priority groups 1 through 5 do not have priority access.

6. Priority access rules are not applicable to bona fide medical emergencies or cases in which the provision of certain medical care is required by law or applicable DoD

Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.

C. Exceptions to General Rule for Access Priority. In the following instances, MTF commanders have discretion to grant exceptions to priority access rules:

1. A higher priority may be given to a Secretarial designee, to the extent appropriate to the context in which Secretarial designee status is given.

2. A higher priority may be given to an active duty members' family member who is in priority group 4 owing to the unavailability of TRICARE Prime at the place of the sponsor's assignment (for example a remote CONUS or OCONUS location), when the beneficiary is temporarily in a location where TRICARE has been implemented and needs medical care.

3. To the extent necessary for the particular graduate medical education (GME) program or MTF involved, after coordination with the TRICARE Lead Agent and the military Service involved, the MTF commander may give patients a higher priority if necessary to maintain an adequate clinical case mix for GME programs functioning in the MTF or for readiness-related medical skills sustainment activities. Mechanisms to implement this policy could include identification of space available to carry out specific procedures or treat specific clinical diagnoses, or, in unique circumstances, provision for assignment to primary care providers of a limited number of individuals not eligible for TRICARE Prime enrollment.

4. A higher priority may be given in other unexpected or extraordinary cases, not otherwise addressed in this policy, in which the MTF Commander determines, in coordination with the TRICARE Lead Agent and the military Service involved, that a special exception is in the best interest of the Military Health System and TRICARE.

5. In overseas locations, other exceptions may be established to the extent necessary to support mission objectives.

6. Other priority groupings are not authorized.

D. TRICARE Plus. TRICARE Plus is an enrollment option for persons who are eligible for care in MTFs. Beneficiaries are enrolled with a primary care provider at a MTF, if one is available. TRICARE Plus enrollees are to receive primary care appointments within the TRICARE Prime access standards. TRICARE Plus enrollment will be annotated in DEERS. For care from civilian providers, TRICARE Plus has no effect and TRICARE Standard/Extra rules will apply for most enrollees. For services payable by Medicare, Medicare rules will apply, with TRICARE as second payer for TRICARE covered services and supplies. Specialty care in the MTF will be based on referrals from the primary care provider. There is no lock-in and no enrollment fee for TRICARE Plus.

1. In general. TRICARE Plus includes designation of a primary care provider and use of referral procedures for specialty care, when available, in the MTF or civilian network. TRICARE Plus facilitates the use of care in MTFs. Implementation of TRICARE Plus is dependent on local action, and will be restricted to locations where MTF primary care capacity can be allocated to the program.

2. Eligibility. Beneficiaries who are eligible for care in MTFs, other than active duty members, are eligible for enrollment in TRICARE Plus. However, beneficiaries who are enrolled in an HMO or similar program (including TRICARE Prime, an employer sponsored HMO plan or a Medicare+Choice plan) are not eligible for TRICARE Plus because they have established a primary care relationship with another provider. Generally, only beneficiaries who live within the catchment area of the MTF involved will be eligible for enrollment in TRICARE Plus, unless the MTF commander waives this requirement for good cause for a particular beneficiary.

3. Implementation. The MTF commander is responsible for determining the number of TRICARE Plus enrollees that can be accommodated at the facility, and for the conduct of enrollment activities. Enrollment shall be conducted so as to provide a fair opportunity for interested beneficiaries to participate in the program. If the number of beneficiaries interested in enrolling exceeds capacity, a lottery, computer-based random selection, or similar activity shall be conducted to determine who will be enrolled. The following items are to be considered in the MTF Commander's determination of capacity for the program:

(i) The amount of available primary care capacity in the facility that is not occupied by TRICARE Prime enrollees or medical readiness demands.

(ii) The number of TRICARE Prime enrollees in the catchment area assigned to civilian primary care providers, if any. These enrollees must be accommodated at the MTF, if they wish to be, before any primary care capacity can be assigned to TRICARE Plus.

(iii) The number of persons assigned to MTF primary care providers under the provisions of paragraph C.3 of this policy memorandum, for the purpose of maintaining an adequate clinical case mix for GME programs functioning in the MTF or for readiness-related medical skills sustainment activities.

(iv) The amount of primary care historically provided to non-enrolled beneficiaries at the MTF, and the anticipated health care utilization rates for TRICARE Plus enrollees, with particular attention to the high utilization rates of beneficiaries aged 65 and over.

(v) The need to ensure that enrollment does not impair access to care for Prime enrollees. To this end, MTF commanders should use conservative enrollment targets and slowly adjust capacity upwards as the program is evaluated

4. Priority for enrollment. As a matter of clinical policy, in order to facilitate continuity of care among beneficiaries eligible for enrollment in TRICARE Plus, beneficiaries with an existing primary care relationship with an MTF provider have first priority. This priority relates only to the MTF where the beneficiary had the primary care relationship, and includes the following categories in order:

(i) Former enrollees in the TRICARE Senior Prime demonstration program, who have the highest priority. In addition, former enrollees in the MacDill-65 demonstration program will have priority for enrollment in TRICARE Plus when that demonstration ends.

(ii) Persons assigned to MTF primary care providers under the provisions of paragraph C.3 of this policy memorandum, for the purpose of maintaining an adequate clinical case mix for GME programs functioning in the MTF or for readiness-related medical skills sustainment activities.

(iii) Enrollees in TRICARE Prime who turn 65 and become entitled to both Medicare and TRICARE. (They must enroll in Medicare Part B to become entitled to TRICARE secondary to Medicare.) This applies only to beneficiaries who have been enrolled in TRICARE Prime for the two years immediately preceding their 65th birthday, are assigned to an MTF primary provider and who live within a 30-minute drive time of the MTF. It is important to note that availability of TRICARE Plus is limited based on local capacity, so all Prime enrollees are not assured of TRICARE Plus enrollment.

(iv) All other eligible beneficiaries.

5. Effects of enrollment. Beneficiaries who enroll in TRICARE Plus retain full freedom of choice of Medicare-certified or TRICARE-authorized providers, but they are expected to use their designated primary care provider at the MTF as their principal source of health care. The MTF will meet the TRICARE primary care access standards for enrollees. Enrollees who obtain nonemergency primary care from other sources will be counseled to disenroll from TRICARE Plus. MTFs shall confirm the continued participation of TRICARE Plus enrollees on an annual basis. The MTF Commander may disenroll a beneficiary for lack of appropriate participation in TRICARE Plus.

6. Reenrollment; Disenrollment. Beneficiaries may disenroll from TRICARE Plus upon written notice to the MTF Commander. In the event that reductions in MTF primary care capacity or other circumstances make disenrollment necessary, beneficiaries with the shortest period of enrollment shall be disenrolled first. Beneficiaries who are disenrolled from TRICARE Plus shall be provided counseling on sources of health care, including TRICARE civilian network primary care providers or other Medicare-certified primary care providers in the area.

(7) Implementing guidance. The TRICARE Management Activity shall ensure joint implementation of TRICARE Plus.