

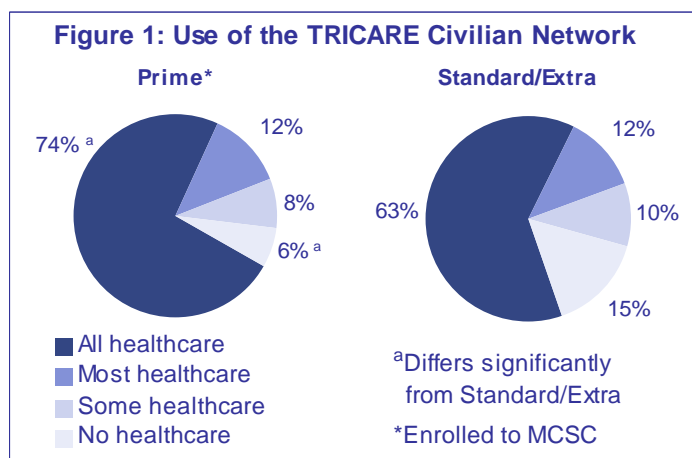
Use of TRICARE's Civilian Network

Issue Brief ♦ Health Care Survey of DoD Beneficiaries

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

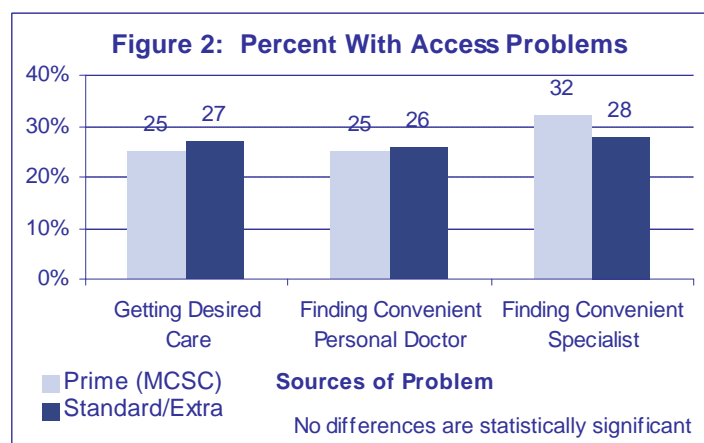
In the military health system, care from civilian doctors is covered through TRICARE Prime or TRICARE Standard and Extra within the United States. To provide this coverage, TRICARE contracts with three regional health plans. These health plans, known as managed care support contractors (MCSCs), are directed to establish networks of doctors, which, in designated Prime service areas, complement the care provided in military facilities. A beneficiary who sees doctors not part of the resulting TRICARE network must pay more out-of-pocket, either a point-of-service charge, if a Prime enrollee, or higher coinsurance, if using TRICARE Standard. To ensure that the network meets beneficiaries' needs, MCSCs' contracts include performance standards for travel distance, appointment waiting times and out-of-network referrals for Prime enrollees^{1,2}.

Results from the health care survey of beneficiaries (HCSDB) fielded in April 2006 permit estimates of how many beneficiaries rely on the civilian network, and to what extent the TRICARE network gives them access to the doctors they need.



Beneficiaries who rely on the civilian network are primarily from two groups, those enrolled to Prime through the MCSC, and those who use TRICARE Extra and Standard. As shown in Figure 1, about 74 percent of Prime MCSC enrollees who got care during the previous year said they got all of their health care from the civilian network, while another 12 percent said they got most of their care through the civilian network. In all, 94 percent of Prime MCSC enrollees got at least some of their care through the network. Among Standard/Extra users, 75 percent reported they got all or most of their care from network doctors.

The results shown in Figure 2 suggest that Prime MCSC enrollees and Standard/Extra users encounter similar rates of problems getting access to care through the civilian network.



Twenty-five percent of Prime MCSC enrollees reported some kind of problem getting care from the civilian network, compared to 27 percent of Standard/Extra users. Beneficiaries of both types were slightly more likely to report problems finding specialists than finding personal doctors.

Twenty-five percent of Prime MCSC enrollees and 26 percent of Standard/Extra users reported problems finding a conveniently located personal doctor in the network, while 32 percent of Prime enrollees and 28 percent of Standard/Extra users said they had problems finding a specialist.

Table 1. Types of Access Problems*				
	Personal Doctor		Specialist	
	Prime (MCSC)	Standard/Extra	Prime (MCSC)	Standard/Extra
	Percent			
Travel distance	62	51	49	47
Wait for appointment too long	31	39	42	39
Doctor not taking new patients	50 ^a	42	28	32

^a Differs significantly from specialist

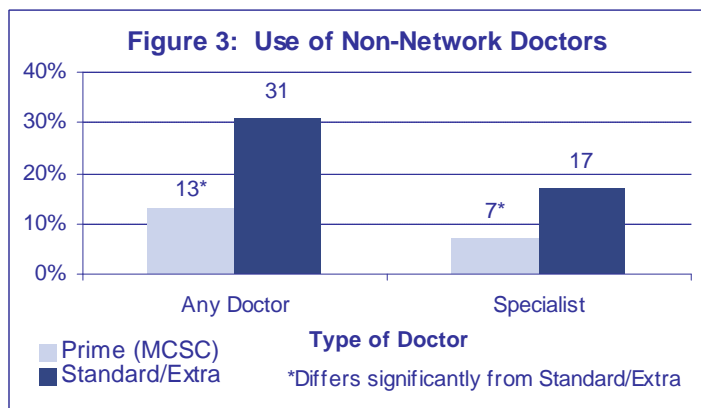
*Not mutually exclusive

Prime MCSC enrollees and Standard/Extra users experienced similar problems when trying to make appointments with network doctors, as shown in

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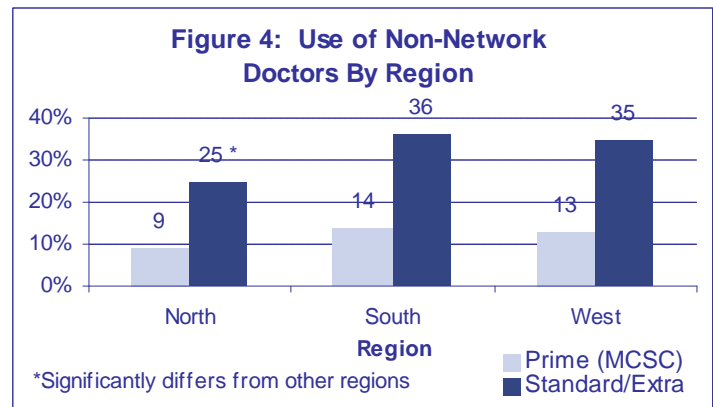
Table 1. Among Prime MCSC enrollees and Standard/Extra users, travel distances were the problem most often mentioned both by those trying to see a specialist and those trying to find a personal doctor. The proportions citing travel distance range from 47 percent of Standard/Extra users with problems getting a specialist appointment to 62 percent of Prime MCSC enrollees with problems finding a personal doctor.

Among network users seeking a personal doctor, access problems due to doctors not accepting new patients were more likely than were long waits for an appointment, while for users trying to make an appointment with a specialist long waits were the greater problem. For example, half of Prime MCSC enrollees with problems finding a personal doctor mentioned doctors not accepting new patients, while 31 percent reported long waits for appointments. By contrast, 42 percent of enrollees with problems finding a specialist reported long waits for appointments, compared to 28 percent who blamed doctors that do not accept new patients. Among Standard/Extra users results are similar, though differences by problem type are smaller.

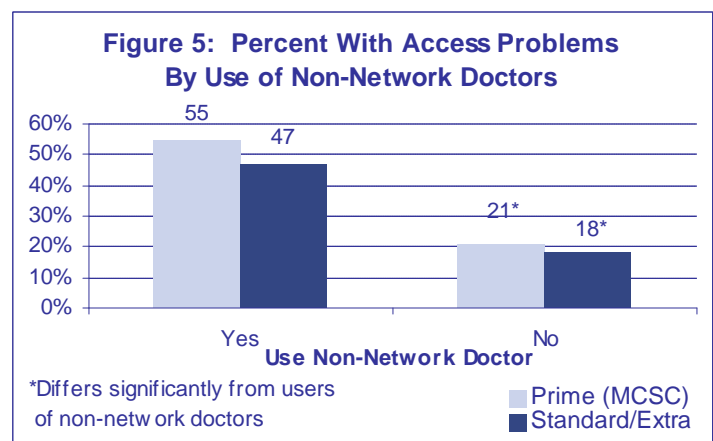


Beneficiaries may respond to problems making an appointment within the network by using out-of-network doctors. As shown in Figure 3, 13 percent of Prime MCSC enrollees and 31 percent of Standard/Extra users said they had made appointments with a non-network physician in the previous 12 months. About half of each group that saw non-network doctors reported that they had made an appointment with a non-network specialist.

As shown in Figure 4, use of non-network doctors varies by region. Only 25 percent of Standard/Extra users in the North made out-of-network appointments compared to 36 percent in the South and 35 percent in the West. Differences in Prime enrollees' out-of-network use by region were not statistically significant.



Beneficiaries' use of non-network doctors need not signal deficiencies in the network. Those who go out of network may simply prefer a doctor who has not contracted with a TRICARE plan, and be willing to pay more for this choice. Figure 5 shows beneficiaries, both Prime MCSC enrollees and Standard/Extra users, who used non-network doctors and also reported problems getting the care they wanted from the network. Forty-seven percent of Standard/Extra users, and 55 percent of Prime MCSC enrollees who saw non-network doctors reported problems getting care from the network, compared to 18 percent of Standard/Extra users and 21 percent of MCSC enrollees who did not see non-network doctors. These results indicate that, though they had more access problems than beneficiaries who stayed in the network, only half of the group that saw non-network doctors did so because of problems getting the care they wanted.



Sources

¹ General Accounting Office. "Implementation Issues for New TRICARE Contracts and Regional Structure." Washington, DC: General Accounting Office. GAO-05-773. July 2005.

² *TRICARE Operations Manual* 32 CFR 199.17, 2005, at <http://www.tricare.osd.mil/FR05/C17.PDF>.