

Military Health System (MHS) Section 703 Workgroup Use Case Decision Package

78th Medical Group, Robins Air Force Base (AFB)

Volume I

Disclaimer: This Use Case provides information relevant to decisions to change capacity and capability of a military treatment facility. A detailed implementation plan is needed to accomplish a transition of clinical services.

Executive Summary

Site	78th Medical Group (MEDGRP), Robins Air Force Base (AFB)
Decision	Transition the 78th Medical Group-Robins outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload supporting all beneficiaries will be maintained.

Background and Context

The table below summarizes the findings and data informing the decision on the future of the Military Medical Treatment Facility (MTF). Information in the Use Case Package could include, but is not limited to: Base and MTF mission briefs, a site-visit trip report, and two network assessments (TRICARE Health Plan Network Review and an independent government network assessment). When determining the decision for each site, the mission impact and network impact were considered in conjunction with Service and MTF input.

Wing Mission Summary

Robins Air Force Base (AFB) located in Houston County, Georgia (GA). Robins AFB is home to 14,284 Civilians, 6,151 Military Members, 2,161 Contractors, and 630 Naval Air Base Exchange, Private Business individuals who have a \$3.15B impact for the State of Georgia. Robins AFB is home to 54 mission partners, covering five (5) major commands, and three (3) wings, totaling 23,000 Total Force Airmen all working together to support America's defense. Robins Air Force base covers 6,935 acres and is Georgia's largest single-site industrial complex. Major units include Headquarters Air Force Reserve Command, the Warner Robins Air Logistics Complex, 116th Air Control Wing, 461st Air Control Wing, 78th Air Base Wing, 5th Combat Communications Group, and the 638th Supply Chain Management Group. There are also a number of Defense Logistics Agency (DLA) and Air Force Life Cycle Management Center activities here, as well as a number of smaller units and organizations which are important to the base, Air Force and Department of Defense (DoD).

The 78th Medical Group (MEDGRP), supports the war and peacetime mission of the 78th Air Base Wing, Warner Robins Air Logistics Center, and over 30 associate units representing six (6) major commands. The Group consists of a diverse military healthcare facility with over 470 personnel assigned to three (3) squadrons providing healthcare for over 47,000 military and civilian personnel within the catchment area. Additionally, the 78th MEDGRP has the second largest Occupational Health and Bioenvironmental Engineering operations in the Air Force supporting 22,000 personnel. The 78th MEDGRP is accredited by The Joint Commission and fully supports medical readiness for 6,500 military personnel. The group is comprised of three (3) squadrons: the 78th Aerospace Medicine Squadron, the 78th Medical Support Squadron (MDSS), and the 78th Medical Operations Squadron.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> Robins AFB has a 500-700 retirees who also are base civilian employees. Having them obtain care in the network will take time away from work, impacting the mission of the base Reducing the medical acuity and case mix at Robins AFB by seeing Active Duty only may reduce the providers in the 78th MEDGRP abilities to maintain existing levels of clinical currency. Establishing agreements and going off base to obtain appropriate case mix for currency will be very time consuming The 78th MEDGRP experiences personnel challenges with filling clinical positions due to location and salary in comparison to the private sector Ambulance support is contracted and will not be impacted 	Section 1.0
Network Assessment ²	M	<ul style="list-style-type: none"> The MHS impacted population for Primary Care is more than 9,000³ and more than 21,000 for Specialty Care; 99% of the impacted beneficiaries reside within the 15-mile and 40-mile radius boundaries for primary and Specialty Care concentrated around the MTF location Both the TRICARE Health Plan (THP) and the independent government assessment indicated that the commercial Primary Care market could accommodate Robins AFB's impacted beneficiaries. 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

² See Section 2.0 for additional network assessment details

³ Approximately 2,000 beneficiaries were absorbed in one year. The expectation is that it would take approximately five years to complete dis-empanelment of 9,000 beneficiaries

		<p>However, the transition should be done slowly, and market adequacy should be monitored closely</p> <ul style="list-style-type: none"> ○ In the Robins network, within each provider's current enrollment, the average available capacity is 171 (range: 0-250). Current average enrollment is 62 (range: 0- 434) ○ Currently the 78th MEDGRP is only enrolling active duty to the MTF. Since May 2018, approximately 2,000 beneficiaries (Active Duty Family Member, Retired Service Members and Families) have successfully enrolled in the network ○ According to the June 2019 Network Adequacy Report, the Robins PSA has 223 providers contracted, which is over the 214 targeted. This is an increase change of one provider from the last monthly report (222) ○ Organizations that are hesitant to contract for an unknown number of beneficiaries on a fee for service basis would most likely respond to contracting for a population (e.g., X number of beneficiaries with a more prospective payment schedule similar to what their participating in for Managed Medicaid and Managed Medicare programs (ACO-like contracts)) <ul style="list-style-type: none"> ● The Primary Care population growth has averaged 2.9% over the last five (5) years (2014 to 2018) and is projected to level out at 2.5% over the next five (5) years (2019 to 2023), while the Specialty Care population growth was 0.7% over the last five (5) years (2014 to 2018) and is projected to increase to 1.6% over the next five (5) years (2019 to 2023). The potential impact of these beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the market 	
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Risk / Concerns and Mitigating Strategies

The Risk / Concerns and Mitigation table below, represents a high-level summary of the risks identified throughout the process as well as the main concerns of the Base and MTF Commanders. Though not exhaustive, the mitigation strategies / potential courses of action will be used to help develop a final implementation plan.

Risk/Concerns		Mitigating Strategy
1	The network may experience challenges sustaining adequacy until new entrants enter the Primary Care market	<ul style="list-style-type: none"> ● The Managed Care Support Contractor (MCSC) / TRICARE Health Plan (THP) and MTF will monitor the Primary Care network adequacy and address supply issues by slowing down the transition as necessary
2	If the MCSC is unable to contract enough network PCPs, the transition to an AD only clinic will not be feasible. Each of the 141 PCPs would have to enroll 71 new patients to accommodate the ~9,900 78th MEDGRP enrollees	<ul style="list-style-type: none"> ● The MCSC / THP will work to contract an additional 50% of the existing non-network PCPs; MCSCS and MTF will monitor the Primary Care network adequacy and address supply issues by slowing down the transition as necessary
3	The change in expectations from getting care on base to getting care off base will have to be monitored and measured	<ul style="list-style-type: none"> ● This risk will be mitigated through the implementation, a strong strategic communications plan as well as case management and care coordination
4	Active Duty Service Members (ADSM) who are single parents, families with one car and retirees will have to travel off-base for all of their or their family's healthcare, resulting in additional time away from the duty section	<ul style="list-style-type: none"> ● The implementation and communication plan will need to address this issue with commanders so they can manage potential impacts on their units
5	Reducing the medical acuity and case mix at Robins AFB may reduce the 78th MEDGRP's AD clinicians' ability to maintain existing levels of clinical currency on base	<ul style="list-style-type: none"> ● AD clinicians should maintain strong relationships with network providers and obtain appropriate workload downtown

Next Steps:

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network one (1) panel at a time while continuously monitoring quality and access to care addressing gaps as necessary.

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1.0. Installation and Military Medical Treatment Facility (MTF) Description

Robins Air Force Base (AFB) located in Houston County, Georgia. Robins AFB is home to 14,284 Civilians, 6,151 Military Members, 2,161 Contractors, and 630 Naval Air Base Exchange, Private Business individuals who have a \$3.15 Billion impact for the State of Georgia. Robins AFB is home to 54 mission partners, covering five (5) major commands, and three (3) wings, totaling 23,000 Total Force Airmen all working together to support America's defense. Robins AFB covers 6,935 acres and is Georgia's largest single-site industrial complex. Major units include Headquarters Air Force Reserve Command, the Warner Robins Air Logistics Complex, 116th Air Control Wing, 461st Air Control Wing, 78th Air Base Wing, 5th Combat Communications Group, and the 638th Supply Chain Management Group. There are also several Defense Logistics Agency (DLA) and Air Force Life Cycle Management Center activities here, as well as several smaller units and organizations which are important to the base, Air Force and Department of Defense (DoD).

1.1. Installation Description

Name	Robins Air Force Base (AFB)
Location	Houston County, Georgia; approximately 25 miles from Macon, Georgia
Mission Elements²	Headquarter (HQ) Air Force Reserve Command, HQ Warner Robins Air Logistics Complex, 78th Air Base Wing, 116th Air Control Wing (ANG), 461st Air Control Wing (ACC), 5th Combat Communications Group (ACC), 413th Flight Test Group (AFRC), 638th Supply Chain Management Group, DLA, Air Force Life Cycle Management Center (AFLCMC)
Tenants	<ul style="list-style-type: none"> • 78th Air Base Wing • Air Force Reserve Command • 116th Air Control Wing • 461st Air Control Wing • Warner Robins Air Logistics Complex • Air Force Life Cycle Management Center • 5th Combat Communications Group • 638th Supply Chain Management Group • Defense Logistics Agency (DLA)
Mission Description	Enable Team Robins Success...Through Timely, Reliable Service and Support
Base Active or Proposed Facility Projects	<p>Current Construction:</p> <ul style="list-style-type: none"> • Fiscal Year (FY) 2015 - AFRC Consolidated Mission Complex, Phase I: \$27.7M • FY18 - Commercial Vehicle Visitor Control Facility: \$9.8M <p>Future Construction</p> <ul style="list-style-type: none"> • Total Program (FY18-22): \$39.7M • FY19 – Consolidated Mission Complex Phase 2: \$29.9M

1.2. MTF Description

The 78th Medical Group (MEDGRP) supports the war and peacetime mission of the 78th Air Base Wing, Warner Robins Air Logistics Center, and over 30 associate units representing six (6) major commands. The Group Consist of a diverse military healthcare facility with over 470 personnel assigned to three squadrons providing healthcare for over 47,000 military and civilian personnel. Additionally, the 78th Medical Group has the second largest Occupational and Bioenvironmental operations in the Air Force supporting 22,000 personnel. The 78th MEDGRP is accredited by The Joint Commission and fully supports medical readiness for 6,500 military personnel. The group is comprised of three (3) squadrons: the 78th Aerospace Medicine Squadron, the 78th Medical Support Squadron (MDSS), and the 78th Medical Operations Squadron.

Name	78th Medical Group
Location	Houston County, GA; approximately 25 miles from Macon, GA
Market⁴	Small Market Stand Alone

⁴ Defined by FY17 NDAA Section 702 Transition

Mission Description	Provide Ready Airmen, Trusted Care, and Operational Support to ALL We Serve				
Vision Description	YOUR Readiness-Driven...Trusted Care Team!!				
Goals	BE READY 1.1 Enable Deployment Ready Airmen 1.2 Ensure Timely Access to Care 1.3 Promote Competence in AFSC Specific Skills INVEST IN OUR PEOPLE 2.1 Promote Customer Service Mindset 2.2 Increase Professional Development Opportunities 2.3 Foster Development of Supervisory Skills STRENGTHEN PARTNERSHIPS 3.1 Cultivate Relationships with Civic Partners and Mission Partners DELIVER SMARTER/FASTER/BETTER 4.1 Maximize Best Practices and Identify Innovative Solutions 4.2 Implement AOP and CPI Initiatives 4.3 Improve Overall Customer Service Experience				
Facility Type	Outpatient Clinic				
Square Footage	202,647 Square Feet				
Deployable Medical Teams	Preventive and Aerospace Medicine (PAM) - FFPM1 x 2 (1 43E, 1 43H, 1 4N071C) Dental Augmentation Team- FFOC x 2 (47Y3, 1 4Y0) FFGLB (1 42G3, 1 4N071, 17 neutral AFSCs) JBAIDS - FFBAT (43T AND 1 4T0) Provider Augmentation Team - FFPPS (42G3) 10- Bed Personnel Augmentation Team - FFEP3 x 3 (1 PAX EACH) Patient Decon Team - FFGLB (1 42G3, 1 4N071, 17 neutral AFSCs) First Sergeant - 9AFS2 \$19M				
FY Annual Budget⁵	<ul style="list-style-type: none"> Vet Treatment Facility Renovation - \$2.5M (Pre-Contract Estimate) Pharmacy Renovation / Records Room Renovation \$12M (Pre-Contract Estimates) 				
MTF Active or Proposed Facility Projects	See Volume II for Partnership for Improvement (P4I) measures and Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (JOES-C) data				
Performance Metrics					
FY18 Assigned Full-time Equivalents (FTEs)⁶		Active Duty	Civilian	Contractor	Total
	Medical	183.8	100.9	20.0	304.6
Healthcare Services⁷	<ul style="list-style-type: none"> Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Bioenvironmental Engineering Flight (BEF) Dental Family Advocacy Family Health Flight and Operational Medicine / Base Operational Medicine Immunizations Mental Health Occupational Medicine Services Optometry Pediatrics Physical Therapy Radiology 				

⁵ Source: 78MDG

⁶ Source: Parent 0051 78th Med Grp-Robins

⁷ Source: MTF website

Projected Workforce Impact

Active Duty	Civilian	Total
46	24	70

2.0. Healthcare Market Surrounding the MTF

Description	The Primary Care market analysis for the 78 th MEDGRP, Robins AFB, located in Houston County Georgia includes 36 zip codes, three (3) complete counties (Bibb, Peach, Twiggs), and eight (8) partial counties (Baldwin, Bleckley, Crawford, Dodge, Houston, Jones, Monroe, Wilkinson). Within the 78 th MEDDGRP, Robins AFB drive- time standard, there are currently 143 Primary Care practices, which account for 207 Primary Care physicians (not limited to TRICARE).		
Top Hospital Alignment	<ul style="list-style-type: none"> • Medical Center Navicent Health (Macon, Georgia) • Houston Medical Center (Warner Robins, Georgia) • Coliseum Medical Centers (Macon, Georgia) 		
Likelihood of Offering Primary Care Services to TRICARE Members⁸		Number of Practices	Number of Physicians
	Contracted with TRICARE	37	50
	High Likelihood	26	19
	Medium Likelihood	59	108
	Low Likelihood	21	30
	Total	143	207

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Robins AFB (Warner-Robins, GA) has a market area population of approximately 683K⁹
- 78th MEDGRP has 9,922¹⁰ non-AD enrollees who could enroll to the network
- 78th MEDGRP provides Primary Care, GYN and behavioral health (BH)
- The MCSC has contracted 78¹¹ of 207¹² (38%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Currently 76 of the 78 PCPs are accepting new patients
- Rolling 12-month JOES-C scores ending December 2018 with a “health care rating” scored as a 9 or 10 on a scale of 0-10:
 - 78th MEDGRP patients: 34.3% (153 respondents)
 - Network patients: 65.4% (416 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members¹³
 - Preventive Care Visit: \$0
 - Primary Care Outpatient Visit: \$20
 - Specialty Care Outpatient or Urgent Care Center Visit: \$30
 - Emergency Room Visit: \$61
- TRICARE Prime enrollees should expect to drive no more than:
 - 30 minutes to a PCM for Primary Care
 - 60 minutes for Specialty Care

Assumptions:

- The MCSC could contract an additional 50% of the existing non-network PCPs¹⁴
- The average PCP panel is approximately 2000¹⁵
- PCPs generally have relatively full panels, able to immediately enroll:

⁸ Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid

⁹ Independent Government Assessment (Network Insight)

¹⁰ M2

¹¹ Humana

¹² Independent Government Assessment (Network Insight)

¹³ <http://www.TRICARE.mil/costs>

¹⁴ MCSC contract C.2.1.4. States, “The Contractor shall adjust provider networks and services as necessary to compensate for changes in MTF capabilities and capacities, when and where they occur over the life of the contract, including those resulting from unanticipated facility expansion, MTF provider deployment, downsizing and/or closures.” However, MCSC cannot force providers to join the TRICARE network

¹⁵ MGMA

- Up to 2.5% more enrollees (49) easily
- 2.5% - 5% (50-99) with moderate difficulty
- > 5% (100+) with great difficulty
- Rural networks will grow more slowly than metropolitan networks to accommodate demand

Analysis:

- Robins AFB is in a small metropolitan area with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on The MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the 129 non-network PCPs, they would have a total of 141 PCPs accepting new patients
- Each of the 141 PCPs would have to enroll 71 new patients to accommodate the 9,922 78th MEDGRP enrollees
- Based on the assumptions above, the MCSC network could expand with moderate difficulty to meet the new demand
- There are 4 network facilities within drive time of 78th MEDGRP – Robins that offer like specialty services currently provided by the MTF with more than adequate access to care
- Although there are an adequate number of providers contracted, access to care is over 28 days for Psychiatry/Psychology
- Beneficiaries rate network health care 31% higher than 78th MEDGRP healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On base, non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- The MCSC network may not grow fast enough to accommodate beneficiaries shifted from 78th MEDGRP
- The MCSC may be unable to contract enough PCPs within the 30-minute drive time
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Primary Care:** The Military Health System (MHS) impacted population for Primary Care is more than 9,000. 99% of the impacted beneficiaries reside within the 15-mile radius boundary for Primary Care concentrated around the MTF location and 88% of beneficiaries reside in Houston County. The population growth has averaged 2.9% over the last five (5) years (2014 to 2018) and is projected to level out at 2.5% over the next five (5) years (2019 to 2023). This level of growth coupled with the influx of MHS beneficiaries will result in increased demands for Primary Care providers in the 78th Medical Group's market area
- **Specialty Care:** The MHS impacted population for Specialty Care is more than 21,000; 99% of beneficiaries are represented within the 40-mile drive-time radius for Specialty Care, concentrated around the MTF location. Within the 60-minute drive time radius there are 25 Psychiatry Practices and 39 Obstetrics/Gynecology Practices accounting for 39 and 71 providers respectively. The population growth was 0.7% over the last five (5) years (2014 to 2018) and is projected to increase to 1.6% over the next five (5) years (2019 to 2023). This level of growth coupled with the influx of MHS beneficiaries will result in increased demands for Specialty Care providers in the 78th MEDGRP's market area

- The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the market

Assumptions:

- Assumptions can be found in Section 4.3.2 of the NDAA Section 703 Report

Analysis:

- **Primary Care:** While there are significant surpluses projected in Bibb County adjacent to the MTF, given the influx of MHS Primary Care beneficiaries coupled with the projected population growth, we forecast Primary Care physician shortages in Houston County. However, given the slow population growth and the presence of a large surplus in an adjacent county, the market may be capable accepting the incremental demand from the more than 9,000 78th Medical Group beneficiaries. Given the population dynamics it is important to monitor the beneficiary transition to ensure the market can sustain existing levels of adequacy over time
- **Specialty Care:** We project an overall shortage of psychiatry providers in the market area, however a slight surplus of OB/GYN providers is projected in the market area, with a large surplus in Bibb County, which sits adjacent to Houston County where the MTF is located and 77% of beneficiaries reside. Given the population growth and the provider supply, the Psychiatry market may not be capable of accepting the incremental demand of impacted TRICARE beneficiaries, however the OB/GYN market should be capable of accepting the incremental demand and maintain adequacy
- While ability and willingness to accept TRICARE patients must be confirmed, the majority of providers in the Robins market are accepting government-sponsored insurance, and many are already contracted to provide services to TRICARE beneficiaries

- Primary Care Providers

Likelihood of offering services to TRICARE members	# of Sites	# of Physicians
Contracted with TRICARE ¹⁶	37	50
High Likelihood ¹⁷	26	19
Medium Likelihood ¹⁸	59	108
Low Likelihood ¹⁹	21	30
Grand Total	143	207

- Psychiatry Providers

Likelihood of offering services to TRICARE members	# of Sites	# of Physicians
Contracted with TRICARE	1	0
High Likelihood	2	3
Medium Likelihood	17	29
Low Likelihood	5	7
Grand Total	25	39

- Obstetrics / Gynecology Provider

Likelihood of offering services to TRICARE members	# of Sites	# of Physicians
Contracted with TRICARE	4	1
High Likelihood	1	5
Medium Likelihood	34	65
Low Likelihood	0	0
Grand Total	39	71

¹⁶ The provider organization has a history of submitting In-Network claims to TRICARE (a file from the Tricare claims that showed which providers in the local market billed services to Tricare and had a flag that indicated which provider was in-network)

¹⁷ The provider organization has a history of submitting Out-of-Network claims to TRICARE

¹⁸ Providers are accepting Medicare and/or Medicaid

¹⁹ The provider organization has a history of not accepting Government Sponsored Health Plan patients

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition Appendix
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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service Quadruple Aim Performance Plan (QPP)
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000²⁰

²⁰ MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

Mission Impact	High: High probability of impacting the mission or readiness with the impacted population receiving network care Medium: Moderate probability of impacting the mission or readiness with the impacted population receiving network care Low: Low probability of impacting the mission or readiness with the impacted population receiving network care
Network Assessment	High: Both network assessments confirm inadequate network for primary and Specialty Care. Low probability of network growth or MCSC recruitment in the future Medium: Mixed findings from both network assessments for primary and Specialty Care. Moderate probability of network growth in the future Low: Both network assessments confirm adequate network for Primary Care and Specialty Care

Appendix C: Glossary

<i>Term (alphabetical)</i>	<i>Definition</i>
Ambulatory Care	Ambulatory care is care provided by health care professionals in outpatient settings. These settings include medical offices and clinics, ambulatory surgery centers, hospital outpatient departments, and dialysis centers (AHRQ.gov)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore are authorized to receive treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Hospital Designation	Critical Access Hospitals (CAHs) is a designation given to eligible hospitals by the Centers for Medicare and Medicaid Services (CMS). ... (CAHs) represent a separate provider type with their own Medicare Conditions of Participation (CoP) as well as a separate payment method. CoPs for CAHs are listed in the Code of Federal Regulations (CFR) at 42 CFR 485.601–647 (Source: CMS.gov)
Direct Care	Care provided to eligible beneficiaries throughout the Military Health System at DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf)
Eligible	To use TRICARE, you must be listed in DEERS as being eligible for military health care benefits. TRICARE-eligible persons include the following: Military members and their families, National Guard/Reserve members and their families, Survivors, Some former spouses, Medal of Honor recipients and their families (Source: TRICARE.mil)
Enrollee	The Cambridge Dictionary defines Enrollee as “someone who is on the official list of members of a group, course, or college.” For the purposes of this Use Case, Enrollee is defined as an eligible Military Health System beneficiary that is currently participating in one of the TRICARE Health plans
JOES	Joint Outpatient Experience Survey (Source: health.mil)
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (Source: health.mil)
Managed Care Support Contractor (MCSC)	Each TRICARE region has its own MCSC who is responsible for administering the TRICARE program in each region. The MCSCs establish the provider networks and conduct provider education. The MCSC is the MCSC in the East, and HealthNet is the MCSC in the West (Source: health.mil)
Network	A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called “network providers” or “in-network providers.” (Source: cms.org)
Occupational Therapy	Occupational therapy is the use of individualized evaluations, customized intervention strategies, and outcome evaluations to help people across their lifespan participate in activities they want and need through the therapeutic use of everyday activities (occupations) (Source: The American Occupational Therapy Association)
Remote Overseas	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific (Source: TRICARE.mil)
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	A panel is a list of patients assigned to each care team in the practice. The care team (e.g., a physician, a medical assistant, and a health educator) is responsible for preventive care, disease management, and acute care for all the patients on its panel. This means that a patient will have the opportunity to receive care from the same clinician and his or her care team. The panel's population are the patients associated with a provider or care team, the physician care team is concerned with the health of the entire population of its patient (Source: AHRQ.gov)
Plus	With TRICARE Plus patients receive free Primary Care at their respective military hospital or clinic. The beneficiary is not required to pay anything out-of-pocket. TRICARE Plus does not cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard and reserve members, and families. Active Duty members are required to enroll in TRICARE Prime, while all others may choose to enroll or use TRICARE Select. TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers (Source: health.mil)
Purchased Care	TRICARE provides care to its eligible beneficiaries in two broad settings: a system of DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); and a supplemental network of participating civilian health care professionals, institutions, pharmacies, and suppliers (Purchased Care) (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf)
Reliant	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
Value Based Payment	Value Based Payment (VBP) is a concept by which purchasers of health care (government, employers, and consumers) and payers (public and private) hold the health care delivery system at large (physicians and other providers, hospitals, etc.) accountable for both quality and cost of care (Source: AAFP)

Appendix D: Volume II Contents

Part A	Data Call
Part B	DHA TRICARE Health Plan Network Review
Part C	Network Insight Assessment Summary (Independent Government Assessment)
Part D	P4I Measures
Part E	Base Mission Brief
Part F	MTF Mission Brief
Part G	MTF Portfolio (Full)