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

Naval Branch Health Clinic (NBHC) Groton

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	Naval Branch Health Clinic (NBHC) Groton
Decision	Transition Naval Branch Health Clinic Groton outpatient facility to an Active Duty and Active Duty Family Members (ADFM) only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload 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.

Installation Mission Summary:

Naval Submarine Base New London is the Submarine Capital of the World and provides support over assigned shore organizations: to provide a Base Operations Support (BOS) infrastructure to the operating forces of the Navy and other naval organizations and tenants, and to program and budget for resources to support BOS requirements. Naval Submarine Base New London ensures and enhances national security by providing the facilities, delivering the services, and creating the environment for the Fleet, Fighter, and Family to: deploy combat-ready submarines and their crews, and, train professional submariners. Designated the Navy's first Submarine Base in 1915, SUBASE New London currently occupies approximately 687 acres along the Thames River. The base has 11 submarine piers (9 SSN rated, 2 Adequate). The base also is home to more than 70 tenant commands and employs more than 9,500 active duty, reserve and civilian personnel. SUBASE New London supports more than 1,500 Public Private Venture (PPV) Family Housing units on 530 acres.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	L	• The healthcare needs for AD at Naval Submarine Base New London is consistent with that of a submarine mission, including the need for robust occupational health services. All AD readiness related provider requirements will continue to be resourced as per Navy and DHA guidance helping mitigate mission risk • Additionally, the proximity of the local network to the base mitigates travel times for Primary Care appointments. 99% of non-AD MTF Prime and Plus beneficiaries are living within the 30- minute drive-time boundary for Primary Care, concentrated around the MTF location • Lastly, NBHC Groton support services will continue to be resourced as per Navy and DHA guidance	Section 1.0
Network Assessment	M	• New London county, which is where the MTF is located, has a large shortage of General/Family Practice providers. The commercial market may be challenged to accept the incremental demand from impacted beneficiaries. Enrollment of additional beneficiaries to the network would depend on the Managed Care Support Contract (MCSC) network expansion and potential entry of additional physicians into the market (the ability and willingness of new entrants to the market to accept TRICARE patients must be confirmed). Each PCP would have to enroll 93 new patients to accommodate the more than 8,000 non-AD enrollees • 99% of non-AD MTF Prime and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, and 99% of MTF Prime, Reliant and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF. The majority of Specialty Care providers are in Hartford, New Haven, and Providence counties, all of which are on the edge of the drive time boundary	Section 2.0

[1] See Appendix B for Criteria Matrix Definitions

		• 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 Groton market • The current Primary Care general population growth is expected to be about 1-2% over the next five (5) years (2019 to 2023). This is not inclusive of anticipated population increases for both AD assigned to Naval Submarine Base New London and the surrounding area with the anticipated production of the new Columbia class submarines	

Risk/Concerns and Mitigating Strategies

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

	Risk/Concerns	Mitigating Strategy
1	The patients' change in expectations from getting care at the MTF to getting care in the network will have to be monitored and managed	• The risk will be mitigated through the implementation and communication plan as well as care coordination. Consider an extended transition timeline to allow for transition to civilian providers
2	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network	• The MTF to conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The MTF and DHA will monitor progress and address access issues by slowing down the transition
3	The network may not grow fast enough to accommodate beneficiaries shifting to NBHC Groton	• Transition patients to the network in a measured way that allows for network to adjust to the workload. MTF and MCSC monitor progress to identify and address access issues
4	Quality care for beneficiaries must be maintained. There may not currently be enough regular oversight of patient satisfaction and quality of care for the network. Transition of beneficiaries to the network must be carefully planned and monitored to ensure availability of Primary Care providers	• The MTF and Managed Care Support Contract (MCSC) will monitor the transition and performance of private-sector hospitals to identify and address quality and access issues

Next Step:

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network one panel at a time.

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

Naval Submarine Base New London provides support over assigned shore organizations: to provide a Base Operations Support (BOS) infrastructure to the operating forces of the Navy and other naval organizations and tenants, and to program and budget for resources to support BOS requirements. Naval Submarine Base New London ensures and enhances national security by providing the facilities, delivering the services, and creating the environment for the Fleet, Fighter, and Family to: deploy combat-ready submarines and their crews, and train professional submariners. Designated the Navy's first Submarine Base in 1915, SUBASE New London currently occupies approximately 687 acres along the Thames River. The base has 11 submarine piers (9 SSN rated). The base also is home to more than 70 tenant commands and employs more than 9,500 active duty, reserve and civilian personnel. SUBASE New London supports more than 1,500 PPV Family Housing units on 530 acres.

1.1. Installation Description

Name	Naval Submarine Base (NSB) New London
Location	Groton, CT; New London County; approximately 100 miles from Boston, 130 miles from New York City
Mission Elements	NBHC Groton
Mission Description	NSB New London is the Submarine Capital of the World and provides a Base Operations Support (BOS) infrastructure to the operating forces of the Navy and other naval organizations and tenants, and to program and budget for resources to support BOS requirements. Naval Submarine Base New London ensures and enhances national security by providing the facilities, delivering the services, and creating the environment for the Fleet, Fighter, and Family to: (1) Deploy combat-ready submarines and their crews (2) Train professional submariners Designated the Navy's first Submarine Base in 1915, SUBASE New London currently occupies approximately 687 acres along the Thames River. The base has 11 submarine piers (nine (9) nuclear powered general-purpose attack submarine rated). The base also is home to more than 70 tenant commands and employs more than 9,500 Active Duty (AD), reserve, and civilian personnel. SUBASE New London supports more than 1,500 PPV Family Housing units on 530 acres
Regional Readiness / Emergency Management	Skills Sustainment for medical providers with Naval Undersea Medical Institute, Naval Submarine Medical Research Lab, Naval Submarine School, Fleet Forces Command, and Army National Guard 70 Tenant Commands: • 2 Submarine Squadrons • Naval Submarine Support Facility • Naval Submarine School • Naval Submarine Base • Nuclear Power Training Unit • Nuclear Regional Maintenance Department • Submarine Learning Center • Homeport to 15 Subs and four (4) Pre-Commissioning Units (PCU) Provides Behavioral Health Services (to include pier-side embedded mental health) in support of Submarine training pipeline
Base Active or Proposed Facility Projects	In partnership with Electric Boat, Naval Submarine Base New London will be constructing 12 Columbia Class Submarines starting in 2024. Studies are currently underway to determine manpower, training and housing requirements and the population will increase incrementally over the next several years. SUBASE NLON anticipates a 2,500 person increase in the AD population by 2024
Medical Capabilities and Base Mission Requirements	Individual Medical and Dental Readiness consistently above goal: • Primary tracking/reporting for 37 tenant commands

- Significant portion of workload supports transient student population and operational units with time sensitive requirements
- Family Member Program Category 5 Location. Approximately 36% higher Exceptional Family Member Program (EFMP) population than the Navy average, around 460 EFMP participants, with network challenges
- Manages Patient Unique Identifier Code (UIC) (Ambulatory Care Clinic (ACC) 374) that is utilized for enlisted service members receiving extended outpatient treatment; in FY18, there were nine (9) patients
- Readiness Support
    - Deployment Health
    - Health Assessments/Post-Deployment Health Reassessments
    - Overseas & Occ Health Screening
    - Limited Duty (LIMDU)/Integrated Disability Evaluation System (IDES)
    - Basic Life Support (BLS)
- Four (4) regional Navy Operational Support Centers (NOSC)
- Two (2) Naval Recruiting Depots
- 25th Marine Regiment
- Marine Air Group 49
- 1st Marine Corps Recruiting District

1.2. MTF Description

Naval Branch Health Clinic (NBHC) Groton is in Groton, CT; New London County; approximately 100 miles from Boston and 130 miles from New York City. NBHC Groton's key mission elements are in support of Naval Submarine Base (SUBASE) New London. The total MTF enrolled population affected by the decision is over 26,000 empaneled beneficiaries that will need to find a new Primary Care Manager (PCM). Of note, NBHC Groton provides skills sustainment for medical providers with Naval Undersea Medical Institute, Naval Submarine Medical Research Lab, Naval Submarine School, Fleet Forces Command, and Army National Guard.

Name	Naval Branch Health Clinic (NBHC) Groton
Location	Groton, CT; New London County; approximately 100 miles from Boston, 130 miles from New York City
Market[2]	New England (small market)
Mission Description	Support the warfighter by ensuring readiness, health, and wellness for all entrusted to our care
Vision Description	Naval Health Clinic (NHC) New England will be the preferred patient-centered healthcare choice:
Goals	(1) Readiness: We will keep the warfighter fit to fight (2) Health: We will provide safe, quality healthcare (3) Partnerships: We will optimize health through partnerships with the communities we serve
Facility Type	Outpatient clinic, no ambulatory surgery
Square Footage[3]	174,097
Deployable Medical Teams	• 3RD MEDICAL BATTALION • 4TH MARDIV H&S 1/24 MARINES • 4TH MARDIV H&S CO 1/24 MAR • 4TH MARDIV H&S CO 1/25 MAR • 4TH MARDIV H&S CO 2/25 MAR • 4TH MAW MWSS 472 DET B MWSG 47 • 4TH MLG A SURG CO 4MEDBN • EXPED MED FAC (EMF 150) CHARLIE (MD, BETHESDA) • EXPED MED FAC (EMF 150) JULIET (VA, PORTSMOUTH) • EXPED MED FAC (EMF 150) KILO (NC, CAMP LEJEUNE)

[2] Defined by FY17 NDAA Section 702 Transition
[3] Source: 703 WG requested net SF data TSG 4-15-19.xlsx

	• EXPED MED FAC (EMF 150) MIKE (FL, JACKSONVILLE) • MWSS-472 MAG-49 • T-AH 20 COMFORT MED TREATFAC (VA, NORFOLK)
MTF Active or Proposed Facility Projects	No Information
Performance Metrics	See Volume II for performance measures (Partnership for Improvement) (P4I) measures

Projected Workforce Impact

Active Duty	Civilian	Total
29	19	**48**

FY18 Assigned Full Time Equivalents (FTEs)[4]

	Active Duty	Civilian	Contractor	Total
Medical	239.4	134.6	20.5	**394.4**

Healthcare Services

1. Health Services
    a. Medical Home Port
    b. Internal Medicine
    c. Individual Medical Readiness (IMR)/Deployment Health
    d. Undersea Medicine
    e. Behavioral Health
    f. Substance Abuse Rehabilitation Program (SARP), Traumatic Brain Injury (TBI), Outpatient Mental Health & Pier-Side Embedded Mental Health
    g. Optometry
2. Clinical Support
    a. Laboratory
    b. Pharmacy
    c. Radiology
    d. Physical Therapy
3. Dental
    a. General, Comprehensive, Exodontia, Periodontics, Prosthodontics, and Endodontics
4. Public Health
    a. Occupational Health
    b. Preventive Medicine
    c. Industrial Hygiene
    d. Wellness/Health Promotions
    e. Radiation Health
    f. Immunization
5. Circuit Rider from NHC New England, Newport is at Brach Health Clinic (BHC) once per week:
    a. Dermatology
    b. Orthopedics
    c. Podiatry
    d. Chiropractic (holds clinic at NHC New England two (2) days/week)

[4] Source: Parent 0100 Naval Health Clinic New England MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description

- NBHC Groton, Groton, CT
- There are approximately 68 Primary Care practices sites totaling 131 physicians (not limited to TRICARE). Additionally, 284 Psychiatrists, and 58 General Surgery providers in the market (not limited to TRICARE). Top hospital alignment is provided below:

Top Hospital Alignment

- Lawrence Memorial Hospital, New London, CT
- William W Backus Hospital, Norwich, CT
- Middlesex Hospital, Middletown, CT
- Westerly Hospital, Westerly, RI

Likelihood of Offering Primary Care Services to TRICARE Members[5]

	Number of Practices	Number of Physicians
Contracted with TRICARE	34	69
High Likelihood	11	19
Medium Likelihood	21	36
Low Likelihood	3	7
Total	**69**	**131**

2.1. TRICARE Health Plan Network Assessment

Summary Facts:

- NBHC Groton (New London, CT) has a market area population of approximately 1.8M[6]
- NBHC Groton has 8,615[7] non-AD enrollees who could enroll to the network
- The MCSC has contracted 57[8] of 131[9] (44%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Of the 57 PCPs, 56 are accepting new patients
- Rolling 12-month JOES-C scores ending October 2018 with a "health care rating" scored as a 9 or 10 on a scale of 0-10:
  - NBHC Groton patients: 57.2% (48 respondents)
  - Network patients: 62.3% (178 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[10]
  - 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 PCPs
- The average PCP panel is approximately 2000[11]

[5] 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

[6] Network Insight Assessment (Independent Government Assessment) -- Within 60-minute drive-time radius

[7] M2

[8] MCSC

[9] Network Insight Assessment (Independent Government Assessment)

[10] http://www.tricare.mil/costs

[11] MGMA

- PCPs generally have relatively full panels, able to immediately enroll:
    - Up to 2.5% more enrollees (49) easily
    - 2.5% - 5% (50-99) with moderate difficulty
    - > 5% (100+) with great difficulty
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- NBHC Groton is near a metropolitan area with a robust 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 the MCSC contracts 50% of the non-network PCPs, they would have a total of 93 PCPs
- Each PCP would have to enroll 93 new patients to accommodate more than 8,000 enrollees
- Based on the assumptions above, the MCSC network could likely expand with moderate difficulty to meet the new demand
- Beneficiaries rate network health care 5% higher than NBHC Groton 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 NBHC Groton
- 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 MHS impacted population for Primary Care is approximately 8,000 non-AD MTF enrolled; 99% of non-AD MTF Prime and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location. 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 Groton market. however, the population is forecasted to grow (1 – 2%) over the next five (5) years (2019 to 2023). Without new entrants into the market we would expect a shortage to develop
- **Specialty Care:** The MHS impacted population for Specialty Care is more than 20,000 (MTF Prime, Reliant, and Medicare Eligible), additionally 99% of MTF Prime, Reliant and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location. 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 Groton market
- The population has declined slightly over the last five (5) years (2014 to 2018) and is expected to increase to 1-2% for the next five (5) years (2019 to 2023)

Assumptions:

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

Analysis:

- **Primary Care:** There is an adequate supply of commercial Primary Care providers within the 30-minute drive-time in the key adult and pediatric Primary Care specialties to cover the increased demand for the impacted TRICARE beneficiaries. Currently, Primary Care providers in the market service area are covering demand and there is capacity to accept the incremental MHS population with the current supply of providers. Without new entrants, we expect a shortage of Primary Care providers over the next five (5) years (2019 to 2023) in the market area. However, given the projected shortage is attributed to expected population increase, new entrants are required to close the gap in this market

- **Specialty Care:** There is an adequate supply of commercial Specialty Care providers within the 60-minute drive-time in the key specialties to cover the increased demand for the impacted TRICARE beneficiaries. Given the expected population growth rate, we expect to see a large surplus of Psychiatry and General Surgery providers in the market area.

  Given the projected shortage is attributed to expected population increase, we would expect new entrants in the market to close this gap:
    - Current **Psychiatry** providers in the market service area are covering existing demand and there is capacity to accept the incremental MHS population given the current provider surplus. Despite the forecasted population growth (2 – 3%) over the next five (5) years, we expect a large surplus of providers, including in New London county, where the MTF is located
    - Current **General Surgery** providers in the market service area are covering current demand and there is capacity to accept the incremental MHS population with the existing supply of providers. Despite the expected population growth, we expect there to be a surplus of providers, though the most significant surpluses lie on the outer boundary of the 60-minute drive-time radius

3.0. 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 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 2000[12]

[12] 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

Term (alphabetical)	*Definition*
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. Humana 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

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