TRICARE Consumer Watch

375th Med Grp-Scott◆CY 2003

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

375th Med Grp-Scott: Sample size-1,558 Response rate-37.0% **MHS: Sample size-180,000 Response rate-29.0%**

Inside Consumer Watch

TRICARE Consumer Watch is a brief summary of what TRICARE Prime enrollees at your MTF say about their healthcare. Data are taken from the Health Care Survey of DoD Beneficiaries (HCSDB). The HCSDB uses questions from the Consumer Assessment of Health Plans Survey (CAHPS), a survey designed to help consumers choose among health plans. Every quarter, a representative sample of TRICARE beneficiaries are asked about their care in the last 12 months and the results are adjusted for age and health status and reported in this publication.

Scores are compared with averages taken from the 2002 National CAHPS Benchmarking Database (NCBD), which contains results from surveys given to beneficiaries by civilian health plans.

Health Care

Prime enrollees were asked to rate their healthcare from 0 to 10, where 0 is worst and 10 is best.

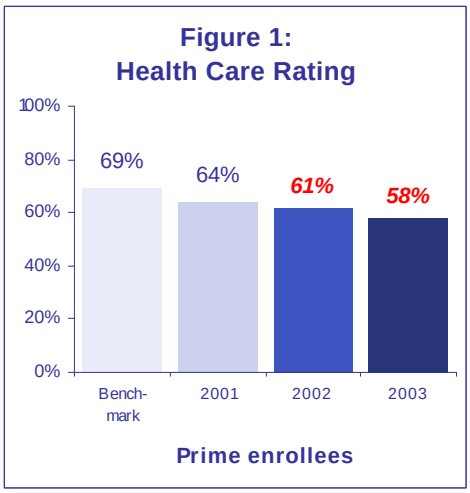
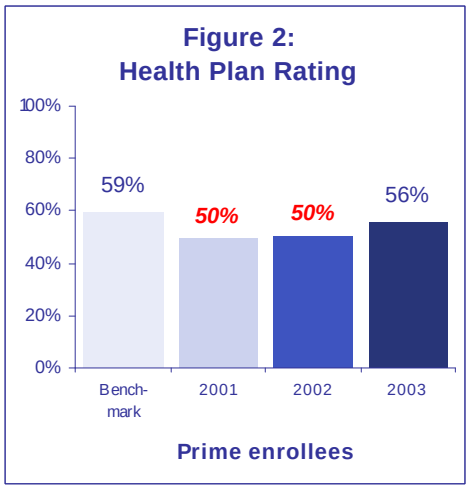


Figure 1 shows the percentage who rated their healthcare 8 or above for each of the following time periods: 2001, 2002, and 2003. Labels refer to the year a survey was fielded. Numbers in red italics are significantly different from the benchmark (p<.05). Health care ratings depend on things like access to care, and how patients get along with the doctors, nurses, and other care providers who treat them.

Health Plan

Prime enrollees were asked to rate their health plan from 0 to 10, where 0 is worst and 10 is best. Figure 2 shows the percentage who rated their plan 8 or above for each reporting period.

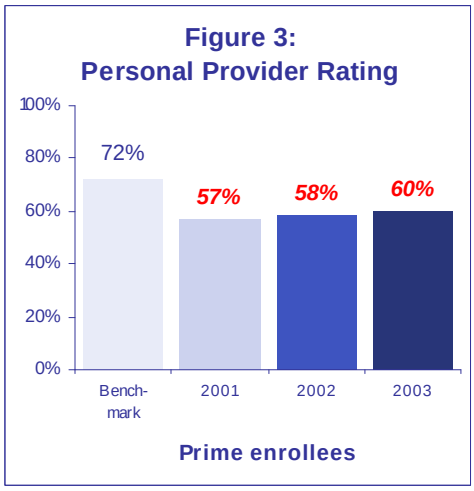


Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

Personal Provider

Prime enrollees who have a personal provider were asked to rate their personal provider from 0 to 10, where 0 is worst and 10 is best.

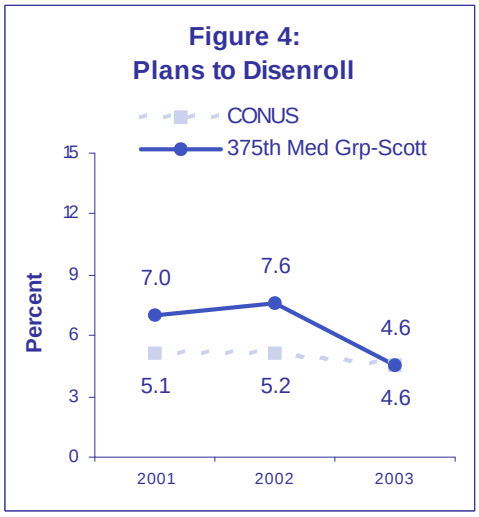
Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.



Plans to Disenroll

Enrollees were asked whether they plan to disenroll from Prime. Figure 4 shows the percentage of retirees and family members of active duty or retirees who plan to disenroll. MTF values differing significantly from CONUS (p < .05) are shown by red italics.

These groups have the option to disenroll if they choose, so their planned disenrollment rate is an overall measure of satisfaction with Prime.

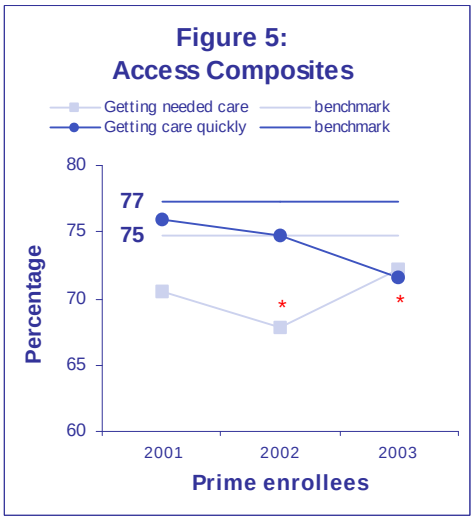


Health Care Topics

Health Care Topics scores average together the results of related questions. Each score represents the percentage who "usually" or "always" got the treatment they wanted or had "no problem" getting the desired level of service for each reporting period. Asterisks indicate values that are significantly different from the NCBD benchmark ($p < .05$).

Figure 5 (Access Composites) includes the composites "Getting needed care" and "Getting care quickly."

Scores in "Getting needed care" are based on patients' problems getting referrals and approvals and finding a good doctor.



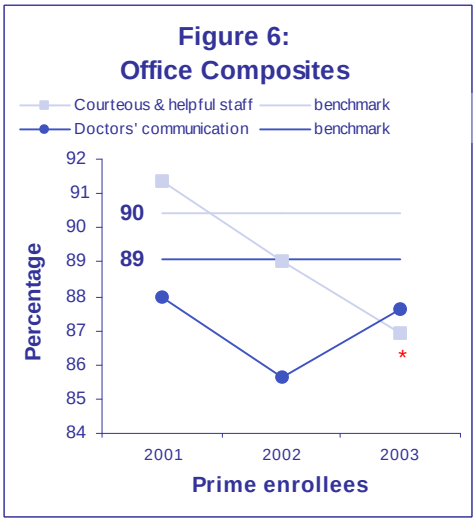
"Getting care quickly" scores concern how long patients wait for an appointment or wait in the doctor's office.

Figure 6 (Office Composites) includes the composites "Courteous and helpful office staff" and "How well doctors communicate."

Scores in "How well doctors communicate" are based on whether the doctor spends enough time with patients, treats them respectfully and answers their questions. "Courteous and helpful staff" scores measure both the courtesy and helpfulness of doctor's office staff.

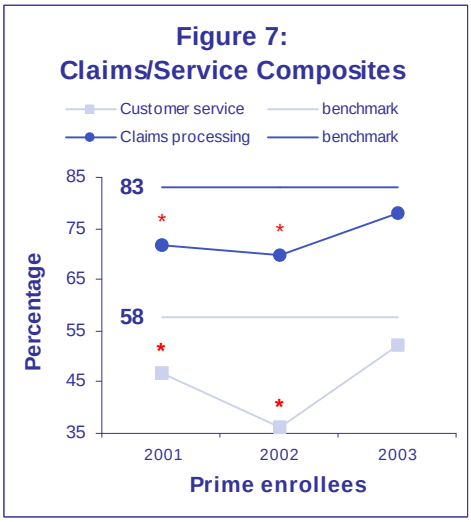
Figure 7 (Claims/Service Composites) includes composite scores for "Customer service" and "Claims processing."

Scores in the "Customer service" composite concern patients' ability to get information from phone lines and written materials, and the manageability of the health plan's paperwork. "Claims processing" scores are based on both the timeliness and correctness of plan's claims handling.



Preventive Care

The preventive care table compares Prime enrollees' rates for several types of preventive care with goals from Health People 2010, a government initiative to improve Americans' health by preventing illness. The table shows the most recent three years of data for five measures of preventive care.



Mammography is the proportion of women over age 40 who received a mammogram in the past two years. Pap smear is the proportion of women over 18 who received a Pap smear for cervical cancer screening in the past three years. Hypertension indicates the proportion of all beneficiaries whose blood pressure was checked in the past two years and who know whether their blood pressure is too high. Prenatal care shows the proportion of women pregnant in the past 12 months who received prenatal care in the first trimester. Cholesterol screen is the proportion of all adults whose cholesterol was tested in the previous 5 years.

Rates that are significantly different ($p < .05$) from the Healthy People 2010 goal are shown by red italics.

Preventive Care

Type of Care	2001	2002	2003	Healthy People 2010 Goal
Mammography (women ≥ 40)	*86*	*92*	77 (84)	70
Pap Smear (women ≥ 18)	89	90	88 (150)	90
Hypertension Screen (adults)	92	93	94 (293)	95
Prenatal Care (in 1st trimester)	.	.	. .	90
Cholesterol Screen (adults)	*75*	*82*	*81* (293)	90

Issue Brief: Reservists and TRICARE

Each quarter, we publish a brief discussion, or issue brief, of a health policy issue relevant to users of TRICARE, based on data from the Health Care Survey of DoD Beneficiaries. This quarter, the issue brief contains responses to several questions we asked reservists about their experiences with TRICARE.

Since September 11, 2001, over 300,000 National Guard and Reserve personnel ("reservists") have been called to active duty, and the reserve forces are expected to see heavy duty over the foreseeable future. In this context, compensation programs for reservists, including health benefits, have come under increased scrutiny and Congress recently passed legislation to expand reservists' coverage.[1] The Health Care Survey of DoD Beneficiaries (HCSDB) for October, 2003 included supplementary questions to learn more about reservists' experiences with TRICARE.

Under the new laws, reservists placed on active duty orders for 31 days or more are automatically enrolled in TRICARE Prime, and their family members also become eligible for TRICARE.[2] Reservists and their families face several complicated choices, as they compare TRICARE benefits with their civilian options. First, coverage options available to reservists' families differ depending on their circumstances. Families who live near military treatment facilities (MTFs) are eligible for TRICARE Prime, as well as TRICARE Standard/Extra. Families who live more than 50 miles from MTFs are eligible for TRICARE Prime Remote for Active Duty Family Members, with free access to civilian network and TRICARE certified providers. In addition, families of reservists mobilized for Operations Noble Eagle, Enduring Freedom, and Iraqi Freedom can participate in the TRICARE Reserve Family Demonstration Project, which offers TRICARE Standard/Extra benefits without deductibles or other barriers to civilian care access. The change in benefits is intended to make it easier for families to maintain their existing relationships with physicians.

As well, the generosity of health insurance benefits offered by employers to reservists and family members may vary. Under the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994, employers must allow reservist employees to keep insurance for up to 18 months after call-up, but employers may charge up to 102% of the full premium, including the employee share, employer share, and a 2% administrative fee.[3] Many employers, however, continue or even increase their contributions to their employees' premiums following mobilization.[4]

Transition to TRICARE

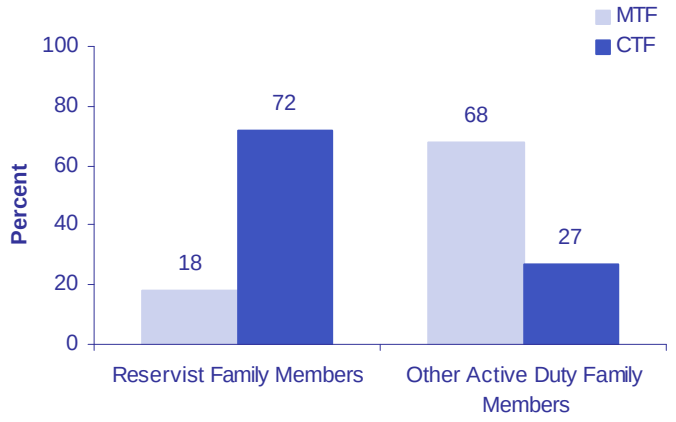
As shown in Table 1, according to the HCSDB, 85 percent of reservists and 86 percent of their family members had health insurance coverage prior to mobilization, higher than reported levels for the general population (83 percent).[5,6] Of reservist family members with employer-based coverage, 56 percent maintained that coverage following mobilization, with 33 percent using only civilian coverage and 23 percent using a mix of TRICARE and civilian coverage.[7] Forty-five percent of reservists and 34 percent of their family members state that their employers continue to cover all or part of their insurance premiums.

Table 1. Sources of Coverage

	Civilian Coverage Before Mobilization	Kept Civilian Coverage	Use Civilian Only
Reservists	85%	44%	NA
Reservist Family	86%	56%	33%

Reservist families are far more likely to live in remote areas (areas more than 50 miles from an MTF) than are other active duty families. Seventy percent of reservists live more than 50 miles from an MTF, compared with only 5 percent of other active duty families.[8] As a result, reservist family members are much less likely to use MTFs than are other active duty family members. As shown in Figure 1, only 18 percent of reservist family members get most of their care from MTFs compared to 68 percent of other active duty family members. To reservist families, maintaining a relationship with the civilian doctors they enjoyed before mobilization is often key to a successful transition.

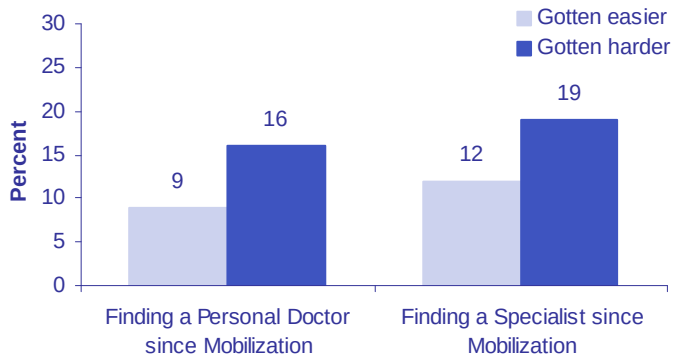
Figure 1: Usual Source of Health Care



Access to physicians

TRICARE coverage offers reservist family members access to any civilian provider, with reduced deductibles and coinsurance. However, in some areas, TRICARE's reimbursement rates and additional administrative requirements may discourage physicians from participating and may result in access problems. Some beneficiaries may find that the need to get referrals from a PCM under TRICARE Prime makes access to specialists more difficult. Figure 2 shows that, while mobilization has improved access to personal doctors and specialists for some reservist family members, a greater number report worsened access. Sixteen percent of TRICARE users among reservist family members report that it has become more difficult to see the personal doctor they want to see, compared to 9 percent who say it is easier. Nineteen percent report that it is now more difficult to see a desired specialist, compared to 12 percent who say it is easier.

Figure 2: Access to Physicians for Reservist Family Members in TRICARE



Getting Information

Because of the complex choices they face, access to health benefits information is crucial to reservists and their families.[9] As shown in Table 2, reservists and their family members are much more likely than other active duty members to have looked for information in TRICARE's written materials (36 percent compared with 24 percent), to have called on the TRICARE customer service line (46 percent compared with 33 percent), or to have experiences with TRICARE paperwork (40 percent compared with 26 percent). As shown, about half of all who have these experiences, both reservists and other active duty, encounter problems. As a result, simply because their needs for assistance and information are greater, a reservist or reservist family member is much more likely overall to report problems getting information or problems dealing with their paperwork. In response to these problems and to the recent changes in reservist benefits, TRICARE has added information for reservists to the TRICARE web site, and has begun implementing various communications programs aimed at educating reservists and their family members about their health care benefits.[10]

Table 2. Experience and Problems with TRICARE: Reservists/Non-reservists

	With Info in Written Materials	With Customer Service	With Paperwork
Has Experience	36%/24%	46%/33%	40%/26%
Of Those with Experience, Has Had Problems	55%/54%	49%/49%	45%/52%
Of All Respondents, Has Had Problems	20%/13%	22%/16%	18%/14%

Notes

[1] Many of the provisions are set to expire on December 31, 2004. (FY 2004 Defense Authorization Act (Public Law 108-136, 11/24/03)).

[2] FY 2004 Defense Authorization Act

[3] Reservists performing military service for 30 days or fewer can maintain coverage at the same cost as before their short service.

[4] The federal government, for example, waives the employee share of the premium for up to 18 months when reservist federal employees are called up.

[5] Fronstin, P. "Sources of Health Insurance and Characteristics of the Uninsured : Analysis of the March 2003 Current Population Survey" (EBRI Issue Brief #264). Washington, DC: Employee Benefit Research Institute, December 2003.

[6] The 2004 NDAA allows reservists without access to employer-based coverage to purchase TRICARE coverage at subsidized rates, and may well increase coverage for reservists even higher.

[7] In an earlier survey, it was found that 72 percent of reservists maintained commercial coverage during mobilization. (Most Reservists Have Civilian Coverage but More Assistance is Needed When TRICARE Is Used. (GAO-02-829). Washington, DC: General Accounting Office, September 2002.)

[8] DOD Needs More Data to Address Financial and Health Care Issues Affecting Reservists. (GAO-03-1004). Washington, DC: General Accounting Office, September 2003.

[9] In the past, roughly 40 percent of the problems reservists have reported involve understanding TRICARE's benefits and obtaining assistance when problems arise. (GAO-03-1004).

[10] GAO-03-1004.