

TRICARE Consumer Watch

3rd Med Grp-Elmendorf ♦ CY 2004

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

3rd Med Grp-Elmendorf: Sample size-1,462 Response rate-32.1%

MHS: Sample size-200,000 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 includes questions from the Consumer Assessment of Health Plans Survey (CAHPS). 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. In 2004, a new version of CAHPS (3.0) is used. Some new questions cannot be compared with the old ones.

Scores are compared with averages taken from the 2003 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.

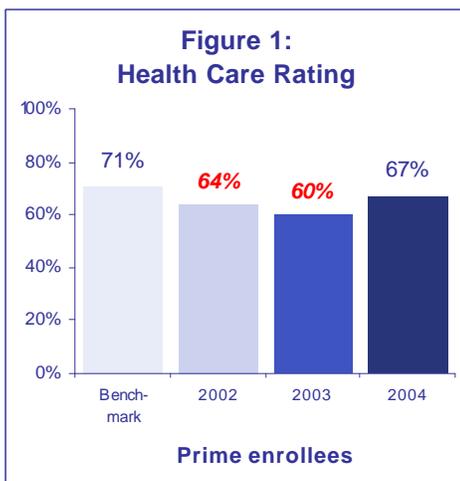
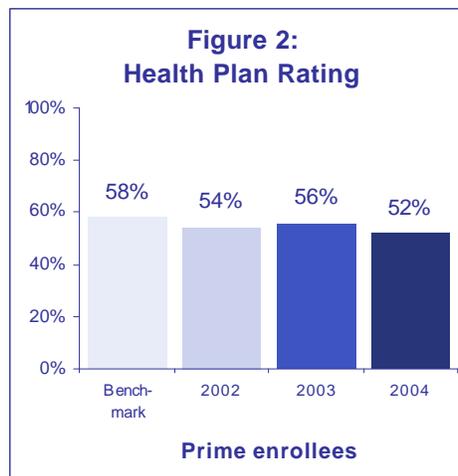


Figure 1 shows the percentage who rated their healthcare 8 or above for each of the following time periods:

2002, 2003, and 2004. 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.

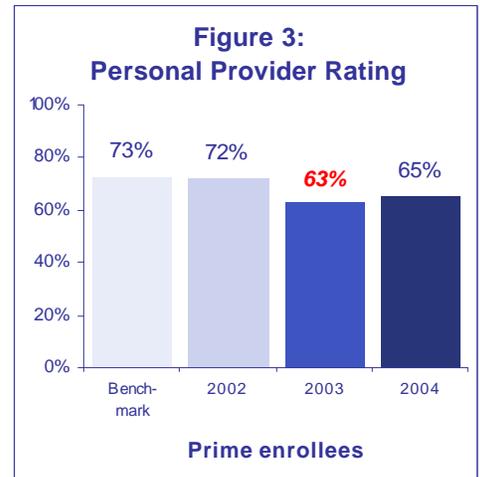


Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

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.

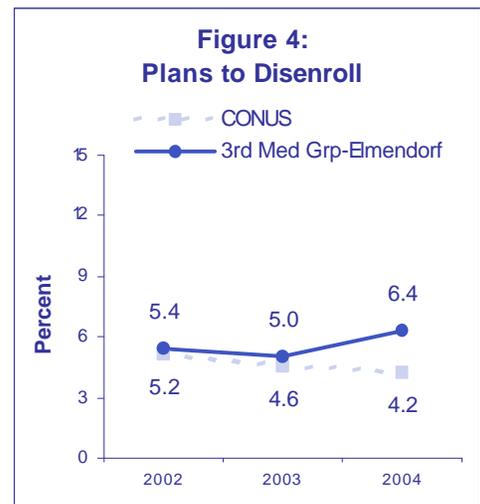
Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.



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 results for related questions. Each score is the percentage who “usually” or “always” got treatment they wanted or had “no problem” getting a desired service. Asterisks show values significantly different from the NCBDB benchmark ($p < .05$).

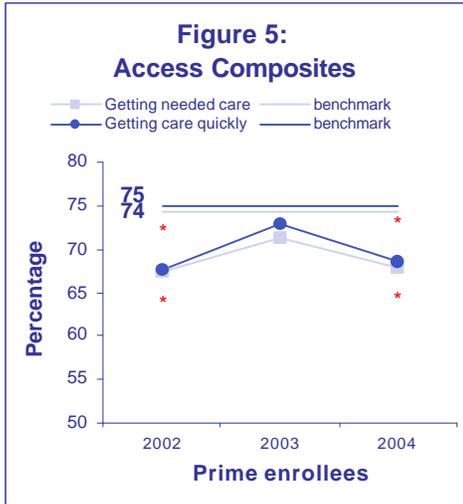
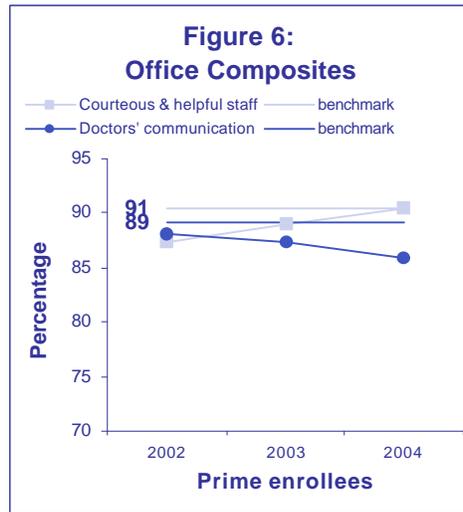


Figure 5 (Access Composites) includes the composites “Getting needed care” and “Getting care quickly.” Scores in “Getting needed care” are based on patients’ problems getting referrals and approvals and finding a good doctor. “Getting care quickly” scores concern how long patients wait for an appointment 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 about their

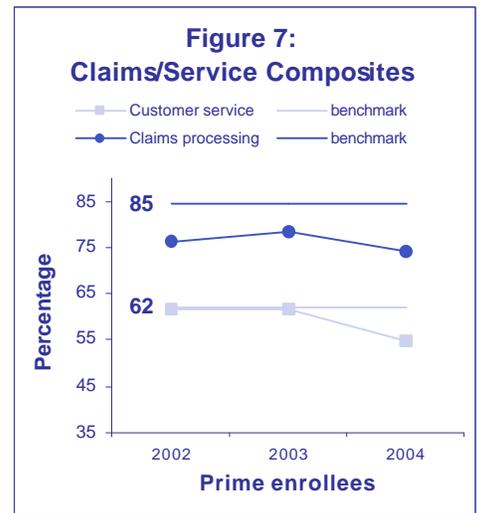
health plan and manage its paperwork. “Claims processing” scores are based on both the timeliness and correctness of plan’s claims handling.



Preventive Care

The preventive care table compares Prime enrollees’ rates for diagnostic screening tests and smoking cessation with goals from Health People 2010, a government initiative to improve Americans’ health by preventing illness.

The mammography rate shown is the proportion of women 40 or above with a mammogram in the past two years. Pap smear is the proportion of adult women screened for cervical cancer in the past three years. Hypertension is the proportion of



adults whose blood pressure was checked in the past two years and who know whether their pressure is too high. Cholesterol screen is the proportion of adults whose cholesterol was tested in the previous 5 years. Prenatal care is the proportion of women pregnant now or in the past 12 months who received prenatal care in their first trimester. The non-smoking rate is the proportion of adults who have not smoked in over a year. Counseled to quit is the number of smokers whose doctor told them to quit, over the number of smokers with an office visit in the past 12 months.

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

| Preventive Care | | | | Healthy People 2010 Goal |
|----------------------------------|-----------|-----------|--------------------|--------------------------|
| Type of Care | 2002 | 2003 | 2004 | |
| Mammography (women ≥ 40) | 86 | 73 | 82 (52) | 70 |
| Pap Smear (women ≥ 18) | 94 | 93 | 94 (153) | 90 |
| Hypertension Screen (adults) | 92 | 94 | 91 (267) | 95 |
| Prenatal Care (in 1st trimester) | . | . | . | 90 |
| Cholesterol Screen (adults) | 76 | 80 | 77 (266) | 90 |
| Non-Smokers (adults) | 81 | 80 | 84 (264) | 88 |
| Counseled to Quit (smokers) | 86 | 78 | 90 (33) | 75 |

Issue Brief: Reservists' Insurance Coverage

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 concerns health care for mobilized reservists.

In recent years, both the number of mobilized reservists called to active duty, and the length of their deployments, have increased dramatically. As of December 31, 2003, there were 183,746 mobilized reservists, and the average length of duty was 319 days.^{1,2} Mobilization results in many changes in the lives of reservists and their families, one of which is how the reservist and his or her family may receive their health care.

When tours of duty are 30 days or less, the Uniformed Services Employment and Reemployment Rights Act of 1994 protects reservists' employer-provided health benefits, but if the length of duty is 31 days or more, civilian coverage continues only if the employee pays for coverage or the employer agrees to continue it. Reservists mobilized for more than 30 days are covered by TRICARE Prime, and most receive their care at military treatment facilities (MTFs). Dependents of reservists mobilized for more than 30 days are entitled to network or MTF care from TRICARE Prime, to TRICARE Standard/Extra, or TRICARE Prime Remote if they do not live near MTFs.

As the number of military reservists called to active duty, and their length of service increases, congress has taken steps to improve reserve members' health benefits. Congress has produced legislation to promote the goals of ensuring that reservists have continuous coverage, that their financial burdens are reduced, and that disruption in the doctor-patient relationship is avoided.³

To promote continuous coverage, the National Defense Authorization Act (NDAA) of 2005 makes permanent two provisions included in the 2004 NDAA, allowing reservists and their families to become eligible for TRICARE benefits up to 90 days before and retain them as long as 180 days after, mobilization.⁴ The 2005 NDAA also extends coverage by allowing reservists who commit to continued service in the Selected Reserves to purchase TRICARE Standard for themselves and family members after they demobilize.⁵ TRICARE is providing the benefit under the name TRICARE Reserve Select, beginning in April, 2005.⁶

The 2005 NDAA reduces reservists' financial burdens by waiving deductibles for reservists called to active duty for more than 30 days, to ensure that mobilized reservists do not pay deductibles for both private health insurance and TRICARE. The legislation also extends a waiver allowing physician payments 15 percent above TRICARE's

maximum for reservists' family members to avoid disrupting patient-doctor relationships.

Civilian Coverage Prior to Mobilization

| | Reservist | Family Members of Reservist |
|---|-----------|-----------------------------|
| Civilian insurance through reservist's policy | 62% | 62% |
| Civilian insurance through family member's policy | 14% | 24% |
| No civilian health insurance | 24% | 13% |

Results from the HCSDB describe the health insurance coverage of reservists and their families before and after mobilization, who bears the cost of coverage, and how access to primary care and specialist physicians has changed. Table 1 shows that most reservists and their family members are covered under the reservist's policy before mobilization. Sixty-two percent of mobilized reservists are covered under their own policy and the same percentage of family members had coverage through the reservist's policy. A total of 76 percent of reservists and 87 percent of family members surveyed had civilian coverage. The difference is because only 14 percent of reservists but 24 percent of family members have coverage through a non-reservist family member's policy.

Keeping Civilian Coverage after Activation

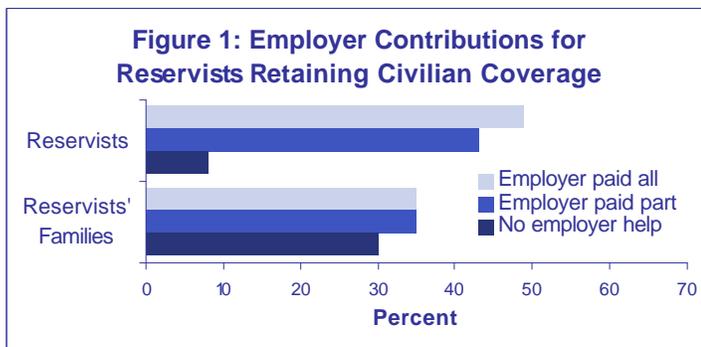
Table 2 indicates that most reservists and their families rely on TRICARE following mobilization. Sixty percent of family members say they rely on TRICARE only, and

| Reservists | |
|-----------------------------------|-----|
| Kept civilian coverage | 30% |
| Dropped coverage | 70% |
| Reservists' Families | |
| Use only civilian coverage | 19% |
| Use civilian coverage and TRICARE | 21% |
| Use only TRICARE | 60% |

Issue Brief: Reservists' Insurance Coverage

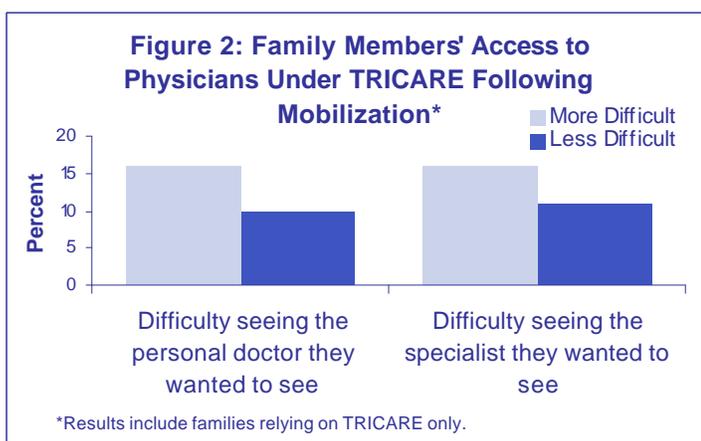
another 21 percent use both civilian coverage and TRICARE. Substantial proportions continue to carry civilian coverage, including 30 percent of reservists and a total of 40 percent of family members.

As shown in Figure 1, continuing civilian coverage, even with TRICARE benefits, may represent a financial burden. Of reservists who keep their civilian coverage, more than half pay at least partial premiums. Forty-three percent receive a partial subsidy from their employer, while 8 percent receive no contribution. Family members are still more likely to keep their reservist's civilian coverage, even when they must pay for it. Nearly two thirds of those who retain their civilian coverage pay at least part of the premium and 30 percent retain coverage even though the reservist's employer provides no assistance.



Reservist Family Members' Access Under TRICARE

As shown in Figure 2, most family members using only TRICARE thought that the difficulty in seeing their personal doctor or preferred specialist was the same after mobilization as it was before the reservist was mobilized. However, more report that access to personal doctors and specialists has worsened than report that it has improved.



Conclusion

Findings from the HCSDB indicate that nearly nine out of ten reservist family members were covered by civilian insurance when their reservist was mobilized, 62 percent through the reservist's policy. Though most of those covered by their reservist's insurance rely on TRICARE for coverage following mobilization, 40 percent use civilian coverage for all or part of their care. Nearly a third of those who retain civilian coverage do so even when they must bear the full price of coverage. They retain coverage in spite of recent efforts to relieve them of financial burdens and to make relying on TRICARE easier.

Most family members who rely on TRICARE report that their access to physicians has improved or stayed the same since mobilization. However, substantial numbers report that access to personal doctors and specialists has worsened. Helping beneficiaries who face poorer access under TRICARE or who are unwilling to give up civilian coverage even when they must bear its full premium are specific goals of recent legislation and TRICARE Reserve Select. Monitoring access and coverage decisions will indicate whether these efforts have been successful.

¹ Department of Defense. "National Guard and Reserve Mobilized." Weekly News Release. Accessed at <http://www.defenselink.mil/releases/archive.html>. Retrieved 2/28/05.

² Office of the Secretary of Defense, Reserve Affairs, Employer Support of the Guard and Reserve. "Congressional Response." Prepared for House Report 108-187. March 31, 2004

³ FY 2005 National Defense Authorization Act.

⁴ These two provisions were to expire on Dec 31, 2004. Eligibility begins as soon as reservists receive their orders for activation or 90 days before activation (whichever is later), as long as their activation is for more than 30 days.

⁵ Reservists must be called or ordered to active duty on or after September 11, 2001. For each period of 90 consecutive days of active-duty service, the reservist is entitled to one year of TRICARE coverage while in a non-active duty status.

⁶ "Coming Soon-TRICARE Reserve Select Health Plan for Certain National Guard and Reserve Members", News Release, March 25, 2005, accessed at <http://www.tricare.osd.mil/news/2005/news0506.cfm>. Retrieved 3/30/05.