THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR 7 2007

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr Chairman

As required by the National Defense Authorization Act for Fiscal Year 2007, Section 733a, this letter provides the Department's policy on health care services for its beneficiaries including wounded, injured, or ill Service members returning to the United States from a combat zone

Standards for access to care are incorporated in the Code of Federal Regulations, 32 CFR 199 17, and in the enclosed Assistant Secretary of Defense for Health Affairs (HA) Policy 06-007, February 21, 2006, "TRICARE Policy for Access to Care and Prime Service Area Standards "

All military health care beneficiaries have the right to access emergency services when and where the need arises For an urgent medical condition, care is to be provided within 24 hours Waiting time for treatment of a routine condition must not exceed one week Waiting time for access to specialty care including surgical, medical, dental, mental health, and rehabilitative services will not exceed four weeks after receiving a referral HA Policy 06-007 provides that active duty Service members who cannot be accommodated in the direct care medical treatment facility system within the established access to care standards must be offered a referral for care within the civilian network or authorization to seek care outside the network

The Department also will report separately on efforts to comply with Section 733d "Uniform System for Tracking of Performance " I am committed to ensuring that our Service members receive the care they need and deserve

Thank you for your continued support of the Military Health System

Sincerely,

William Winkenwerder, Jr , MD

Enclosure
As stated

cc
The Honorable John McCain
Ranking Member

SEC. 733. STANDARDS AND TRACKING OF ACCESS TO HEALTH CARE SERVICES FOR WOUNDED, INJURED, OR ILL SERVICEMEMBERS RETURNING TO THE UNITED STATES FROM A COMBAT ZONE.

(a) REPORT ON UNIFORM STANDARDS FOR ACCESS —Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on uniform standards for the access of wounded, injured or ill members of the Armed Forces to health care services in the United States following return from a combat zone

(b) MATTERS COVERED —
The report required by subsection (a) shall describe in detail policies with respect to the following
(1) The access of wounded, injured or ill members of the Armed Forces to emergency care
(2) The access of such members to surgical services
(3) Waiting times for referrals and consultations of such members by medical personnel, dental personnel mental health specialists and rehabilitative service specialists including personnel and specialists with expertise in prosthetics and in the treatment of head vision and spinal cord injuries
(4) Waiting times of such members for acute care and for routine follow-up care

(c) REFERRAL TO PROVIDERS OUTSIDE MILITARY HEALTH CARE SYSTEM —The Secretary shall require that health care services and rehabilitation needs of members described in subsection (a) be met through whatever means or mechanisms possible including through the referral of members described in that subsection to health care providers outside the military health care system

(d) UNIFORM SYSTEM FOR TRACKING OF PERFORMANCE —The Secretary shall establish a uniform system for tracking the performance of the military health care system in meeting the requirements for access of wounded injured, or ill members of the Armed Forces to health care services described in subsection (a)

(e) REPORTS —
(1) TRACKING SYSTEM —Not later than 180 days after the date of the enactment of this Act the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the system established under subsection (d)
(2) ACCESS —Not later than October 1, 2006 and each quarter thereafter during fiscal year 2007 the Secretary shall submit to such committees a report on the performance of the health care system in meeting the access standards described in the report required by subsection (a)

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON D C 20301-1200

HEALTH AFFAIRS

FEB 2 1 2006

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT TRICARE Policy for Access to Care and Prime Service Area Standards

References (a) DoD Directive 6000 14, SUBJECT Patient Bill of Rights and Responsibilities in the Military Health System (MHS), certified current November 24, 2003
(b) TMA Policy Guidance for Referral Management, dated May 5, 2004
(c) TMA Policy Guidance for Referral Management, dated July 29, 2004
(d) TMA Update to Policy Guidance for Referral Management Right of First Refusal, March 23, 2005
(e) ASD (HA) Policy Memorandum 05-014, "Policy Guidance for Enrollment of ADSMs into TRICARE Prime," dated August 19, 2005
(f) ASD (HA) Policy Memorandum 01-015 ' Policy Memorandum to Refine Policy for Access to Care in Medical Treatment Facilities and Establish the TRICARE Plus Program," dated June 22 2001

This policy supercedes both HA Policy 97-038, "Policy for Catchment Areas Under TRICARE" (dated March 5, 1997), and HA Policy 02-018, "Access to Care and Referral Times" (dated September 17, 2002), and clarifies standards for access to care, appointing, and use of Prime Service Areas for purposes of effectively managing delivery of the TRICARE Prime benefit All procedures and business processes used for appointing and ensuring access to care of enrolled beneficiaries must comply with the standards of this policy

ACCESS TO CARE STANDARDS

Access to Care standards differ by the level of care sought TRICARE Prime beneficiaries are entitled to the following access to care standards in accordance with 32 CFR 199 17(p)(5)(ii)

1 Emergency Care Beneficiaries seeking emergency care should proceed to the nearest emergency room or call 911 (or other local emergency assistance number)

for immediate medical attention In accordance with DoDD 6000 14, reference (a) above, Military Health System (MHS) beneficiaries have the right to access emergency healthcare services when and where the need arises Emergency services are covered in circumstances where acute symptoms are of sufficient severity that a "prudent layperson" could reasonably expect the absence of medical attention would result in serious health risks or death

2 Urgent (Acute) Care Beneficiaries should have an appointment to visit an appropriately trained provider within 24 hours and within 30 minutes travel time of the beneficiary's residence If this appointment cannot be provided within these access standards in either a military treatment facility (MTF) or the civilian network, the beneficiary must be offered a referral and authorization to seek urgent care outside the civilian network Urgent care is defined as a non-emergency illness or injury for which you need medically necessary treatment An urgent care condition will not result in further disability or death if not treated immediately, however, treatment should take place within 24 hours of illness or injury to avoid further complications and unnecessary suffering

3 Routine Care Beneficiaries must have an appointment to visit an appropriately trained provider within seven calendar days and within 30 minutes travel time of the beneficiary's residence

4 Wellness and Health Promotion Services Beneficiaries must have an appointment with an appropriately trained provider within four weeks and within 30 minutes travel time from the beneficiary's residence

5 Referrals for Specialty Care Services Beneficiaries must have an appointment with an appropriately trained provider within four weeks and within one hour's travel time from the beneficiary's residence

Office Waiting Times 32 CFR 199 17(p)(5)(ii) states that office waiting times in non-emergency circumstances shall not exceed 30 minutes, except when emergency care is being provided to patients and the normal office schedule is disrupted The Appointments Standardization Commander's Guide to Access Success further defines appointing practices and standard appointment types in relation to the above care categories (reference http //www tricare osd mil/tai/cguide htm)

Referrals and Authorizations For referrals that originate within an MTF, the MTF will attempt to schedule the appropriate care in that facility or, in multi-Service markets, schedule the care with other MTFs in the direct care system MTF-enrolled TRICARE Prime beneficiaries who cannot be accommodated within the established access to care standards through the direct care system must be offered a referral for care within the civilian network If the beneficiary cannot be accommodated in the MTF, that MTF has one business day to forward the referral to their regional Managed Care Support Contractor (MCSC) If care cannot be provided within access standards from either the direct care system or the civilian network, the beneficiary must be offered a referral and authorization to seek care outside the civilian network in accordance with ASD (HA)

Policy Guidance for Referral Management, dated May 5, 2004 and July 29, 2004 (references (b) and (c))

For referred care within the direct care system, the MHS access to care standard timeline begins when the referring provider enters the referral into the MTF automated system For referred care within the civilian network, the access to care standard timeline begins when the referral request is received by the MCSC

For non-referred care, MHS access to care standard timelines for both direct and civilian network care begin when the patient requests an appointment

Beneficiary Category Priorities for Access According to 32 CFR 199 17 (d)(1)(a-c) priority for care within the MTFs is as follows

1 Active Duty Service Members (ADSM)
2 Active Duty Family Members (ADFM) and Transitional Survivors of service members who died on active duty, who are enrolled in Prime
3 Retirees, their Dependents and Survivors who are enrolled in Prime
4 ADFMs not enrolled in Prime, Transitional Survivors of service members who died on active duty who are not enrolled in Prime and TRICARE Reserve Select beneficiaries
5 Retirees, their Dependents, and Survivors who are not enrolled in Prime

If routine access is limited at the MTF, it may only be limited within the scope of the aforementioned priorities For example, all ADSMs regardless of Service affiliation, must be offered access to care within standards before other beneficiary categories For those facilities that participate in the TRICARE Plus program, these beneficiaries, although not enrolled in TRICARE Prime, are assigned primary care managers (PCMs) and appointed in the same priority as Category 3 beneficiaries

Special Provisions for Access Priority There are special provisions for access priority with other specified individuals NATO and other foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1, for the scope of services specified in their particular agreement NATO and other foreign military members' family members, who are entitled to care under these same international agreements, are associated with priority group 2, for the scope of services specified in the agreement (reference (f))

TRICARE PRIME SERVICE AREA STANDARDS

TRICARE Prime Service Areas TRICARE Prime Service Areas (PSAs) are geographical areas that have been defined and mapped within proximity to MTFs, Base Realignment and Closure (BRAC) installations, and in other areas that have been

developed by our MCSCs Minimum Government standards for MTF PSAs and BRAC PSAs are geographically defined by zip codes that create an approximate 40-mile radius from the MTF or BRAC installation MCSCs have, in some cases, expanded PSAs beyond the minimum government standard and have designated these expansions within their respective contracts

The 40-mile PSAs are used as tools for the MTFs to identify the TRICARE Prime-eligible population in their healthcare market, and to define areas where our MCSCs must offer the Prime benefit MTF commanders are authorized, through the use of the Memorandum of Understanding (MOU) between the MCSC and the MTF, to recommend revisions to the direct care zip-codes that facilitate their MTF enrollment and referral business rules MTF commanders can manage their enrollment capacity by designating the desired zip-code area(s) around their MTF in their MOU with the MCSC MOU enrollment guidelines should follow the access to care guidelines in accordance with 32 CFR 199 17 (p)(5)(i) which requires, under normal circumstances, that TRICARE Prime beneficiaries should not be required to travel more than 30 minutes for access to primary care services, or more than one hour for access to specialty care services MTF commanders must forward all MOU revisions to their respective TRICARE Regional Office for approval

MTF Enrollment Areas MTF Enrollment Areas (previously identified as 'catchment areas') are the areas within 30 minutes drive time of an MTF in which a commander may require TRICARE Prime beneficiaries to enroll with the MTF In certain circumstances, ADSM may be required to drive one hour for primary or specialty care services in accordance with TRICARE Prime Remote (TPR) regulations and policy

To effectively standardize this travel access standard, MTF commanders must adopt, for common use, no fewer than three (3) web-based mapping programs (e g MapQuest© Maps On Us©, Map Point©, Yahoo Maps©, or a substantially equivalent program) to determine, under normal circumstances, if the time required for the enrollee to travel to the MTF exceeds 30 minutes If any of the three web-based mapping programs adopted for use by the MTF identify that the normal time for the beneficiary to travel to the MTF is 30 minutes or less, then the beneficiary must be enrolled to that MTF subject to PCM availability and capacity TRICARE Prime Beneficiaries (not including ADSMs) who reside more than 30 minutes travel time from the MTF, as confirmed by the web-based mapping programs, must be afforded the opportunity to enroll with a civilian PCM in the network

Expanded Prime Service Areas Some TRICARE PSAs may be defined and mapped by the MCSC independent from proximity to either an MTF or BRAC installation These Expanded PSAs are proposed by the MCSCs where it is cost-effective to offer the TRICARE Prime benefit Expanded PSAs are included in the MCSCs'

contract and require a contract modification for any proposed changes to the benefit provided in these areas

Expanded PSAs may affect enrollment of ADFMs in areas previously considered TPR for Active Duty Family Members (TPRADFM) The access standards cited in this policy for Prime beneficiaries are equally applicable for beneficiaries enrolled within Expanded PSAs

With the exception of ADSMs, any Prime-eligible beneficiary may enroll in Expanded PSAs In accordance with 32 CFR 199 16, ADSMs may only enroll with a civilian PCM under the rules applicable to TPR ADSMs must live and work outside a 50-mile radius or approximately one hour's travel time from an MTF to be eligible for enrollment in TPR, and for their family members to be eligible for TPRADFM Additional information on TPR can be obtained at http //www tricare osd mil/tpr/

BENEFICIARY WAIVER OF ACCESS TO CARE TRAVEL STANDARDS

This policy supercedes HA Policy 97-038, "Policy for Catchment Areas under TRICARE," which previously prohibited the use of catchment areas to limit enrollment of beneficiaries who reside outside of them

Effective immediately beneficiaries who reside outside of the MTF PSAs must request waivers of the access-to-care travel standards through the MTF commander during their enrollment The MTF commander has discretion in approving these waivers however, the commander may only approve and enroll those beneficiaries who they determine will travel less than 100 miles to the MTF to visit their PCM MTF commanders shall not permit enrollment of beneficiaries who must travel 100 miles or greater to their MTF to visit their PCM Exceptions to this policy may be forwarded by the MTF commander to the TRICARE Regional Office Director of jurisdiction for consideration of exceptions to this policy guidance

While the MTF commander has the authority to allow enrollment of beneficiaries within this established limit, the commander must also ensure that beneficiaries who choose to waive these standards have a complete understanding of the rules associated with their enrollment and the travel time standards they are forfeiting Beneficiaries who elect to waive their access to care travel standards

- Should expect to travel more than 30 minutes for access to primary care and more than one hour for access to specialty care services,
- Will be held responsible for point-of-service charges for care they seek that has not been referred by their primary care manager,

- Should consider whether any delay in accessing their enrollment site might aggravate their health status or delay receiving timely medical treatment

The MTF commander must require enrollees who choose to waive their access to care travel standards to document this decision in writing These written waivers will be maintained by the waiving MTF MTF commanders should consider and forecast the impact that such waivers may have on their continued ability to enroll ADSMs and ADSM family members who will be assigned within their MTF PSA Further they should closely evaluate their MTF's capacity and capability to sustain effective care coordination and delivery of primary and specialty care services over the extended distances requested by all enrollees who waive their access-to-care travel standards

ADSMs who are not eligible for TPR, as defined by 32 CFR 199 16, must enroll to a local MTF The specific TPR eligibility criteria outlined in this regulation may result in circumstances where an ADSM works or resides greater than 30 minutes travel time from their PCM These ADSM may not be enrolled to civilian PCMs, and no waiver of access to care travel standards is required by the MTF commander to enroll these ADSMs

MTF Commanders should ensure all aspects of this policy are included in their outreach and beneficiary education programs, and that local customer service sites clearly convey the potential problems inherent with disenrollment and waiving access standards My point of contact for this policy is Lieutenant Colonel Guy Strawder Director of the TRICARE Prime Operations Division, TRICARE Management Activity He may be contacted at (703) 681-0039 or email Guy Strawder@tma osd mil

William Winkenwerder, Jr , MD

cc
SG, Army
SG, Navy
SG, Air Force