Make TRICARE Work for Kids
FY22 NDAA Priorities

"The current definition of medical necessity disadvantages children from receiving some needed services…"

-Defense Health Board, December 2017

"TRICARE-insured families whose children had behavioral health needs… reported difficulty in receiving referrals to specialists, having appropriate access to care, and obtaining routine appointments."

-Journal of Health Affairs, September 2019

The health and wellbeing of military children is essential to military readiness

Coverage Aligned with Civilian Benefits

- Align Tricare with Medicaid by adopting the "Early and Periodic Screening, Diagnostic and Treatment" or EPSDT standard. EPSDT is designed to "assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting."
- Medicaid's EPSDT standard came about in response to a 1964 government report studying why more than 50 percent of draftees were rejected for service. The report concluded that a majority failed as a result of physical, mental and developmental conditions which could have been diagnosed and successfully treated in childhood and adolescence. This history illustrates why it is essential that Tricare adopt EPSDT to ensure children in military families receive they care they need.
- To implement the EPSDT standard and ensure coverage of children's specific needs in a timely manner, Tricare should adopt the pediatric specific medical necessity definition utilized by the AAP, consistent with recommendations by the Defense Health Board.
- Adopt the remaining elements necessary to further align the Extended Care Health Option (ECHO) for children with special, chronic and complex medical conditions, with Medicaid waivers: coverage of habilitation, durable medical equipment and home and vehicle modifications.

Access

- Ensure that pediatric provider networks include the full range of pediatric primary, ancillary, specialty and subspecialty providers who typically care for children – so that children receive the right care at the right time in the right setting.
- Halt the medical billet cuts that are likely to harm families' access to care and potentially have negative unintended and long-term consequences. These include disruptions to the medical education pipelines through the Uniformed Services University of the Health Sciences (USUHS) and other Graduate Medical Education (GME) programs that are integral to training pediatricians for military connected children and all children.
- Make permanent the telehealth licensure flexibility implemented during the COVID national emergency, including permitting waivers for providers to serve Tricare patients across state lines.
- Recognize the dependency of Adult Incapacitated Children of servicemembers and retirees to ensure Uniformed Services IDs, Tricare eligibility, EFMP status, and any other rights and privileges afforded to military families.
- The GAO reported in June 2020 that the requirement of a financial dependency test to determine whether parents are paying at least half of the support for their adult incapacitated children is being inappropriately used to the detriment of military families.
- Protect these vulnerable families by directing DoD to recognize and align with existing federal law defining and governing the treatment of adult incapacitation and dependency.
- Similarly of great concern is the inability or inconsistency of MHS systems for designating a patient as an incapacitated adult. Often, parents are told they cannot be given laboratory results or ask about consults, even with documented dependency and guardianship. Emphasize to DHA the importance of addressing this issue to better document and serve these patients and their families.

Mental, Emotional & Behavioral Health

- Continue focus on strengthening commitment to the mental, emotional and behavioral health for children of military families including these recs from the recent IG report:
  - Establish a pilot program on MHS mental and behavioral health appointment schedulers for both direct and purchased care.
  - Institute a T-5 requirement for appointment availability as part of network adequacy reports as well as enhanced provider directory accuracy requirements specific to behavioral health.
- Expand or build upon the Tricare Select Navigator pilot in implementing the mental and behavioral health services scheduler pilot to further address the documented difficulties with respect to obtaining appointments, approvals, and authorization for behavioral *health as well as chronic and complex conditions.*
- Make permanent the telehealth licensure flexibility implemented during the COVID national emergency, including permitting waivers for providers to serve Tricare patients across state lines to ensure access to critical mental, emotional and behavioral services.
- Ensure contractors continually credential mental health providers regardless of overall network adequacy status, and direct DHA to work with contractors to examine and improve the authorization process for institutional providers.
- Take appropriate steps to ensure that Tricare alignment with Bright Futures (AAP guidelines for preventive care) is being implemented appropriately to ensure children are receiving the recommended periodic screenings and consider further alignment with behavioral health specific

Accountability

- Tricare beneficiaries and providers need a mechanism for communicating beneficiary and provider problems to DHA.
- Direct DHA to stand up a mechanism for beneficiaries and purchased and direct care providers to report complaints and concerns about Tricare coverage, denials, incorrect provider directories, network adequacy, access to specialized care within a reasonable distance from their homes, overdue or consistently inaccurate payments, and other related issues.
- We encourage DHA to implement an easily usable reporting tool for military families/beneficiaries and providers to report issues, that follows a simple flow chart for levying complaints, and accountability for monitoring and addressing them appropriate to their level of acuity or urgency.
- DHA should not reinvent the wheel, but rather model similar mechanisms already implemented by other federal agencies such as the CMS HIPAA complaint portal, and the CMS' CCIIO Parity Act violations portal.

> *…our findings suggest that*
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> *TRICARE-insured families might not have reliable access to care when their children have special health care needs or behavioral health needs.*
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> *TRICARE-insured families, particularly those whose children have complex health care needs, face greater barriers to health care access and receipt of high-quality care than their peers do…*
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> -Journal of Health Affairs, Sept 2019

TRICARE for Kids COALITION

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