

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

Naval Branch Health Clinic (NBHC) Meridian
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) Meridian
Decision	Transition NBHC Meridian outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). Active Duty Family Members (ADFM) will be enrolled as necessary to round out the physician panels and maintain readiness. 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 Air Station (NAS) Meridian is located in East Central Mississippi (MS) and trains Sailors and Marines in aviation and technical related fields. It is home to Training Air Wing ONE, Training Squadron NIN, Training Squadron SEVEN, Naval Technical Training Center, Marine Aviation Training Support Squadron ONE and the Regional Counterdrug Training Academy.¹ NBHC Meridian is an outlying clinic for Naval Hospital (NH) Pensacola and is a Medical Home Port which provides medical and dental health services for around 1,800 AD Enrolled students and staff and 400 AD Must See (549 ADFM and 480 RET/FM).

Criteria Matrix

Criteria	Rating or Value ²	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> NBHC Meridian provides medical and dental health services for 1,800+ enrolled AD students and staff (549 ADFM and 480 RET/FM). 300 AD Dependents live in base housing, concern with distance to health care, single family vehicle concern for taking AD out of mission to drive family members from a remote location, loss training time). There were 4,000+ students in FY18 with an expected increase of 200+ in FY19 NBHC Meridian provides medical and dental health services to all retirees working on base. Leaving work for appointments in network jeopardizes base mission for the Op Forces and Air Wing. NBHC supports the following mission elements: NAS Meridian, Training Air Wing ONE, Training Squadron SEVEN, Training Squadron NINE, Marine Aviation Training Support Squadron, Public Works, Naval Air Technical Training Center, Naval Technical Training Center and Navy Operation Support Center 	Section 1.0
Network Assessment	M	<ul style="list-style-type: none"> There are two network facilities within drive-time (18 miles/25 minutes; 20 miles/28 minutes) of NBHC Meridian that offer like-services currently provided by the MTF with more than adequate access to care Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market Given surplus of Primary Care Provider (PCP) alignment to where beneficiaries reside and the slight overall shortages within the drive time boundary, the market may be capable of accepting incremental demand from impacted beneficiaries. However, the market should be monitored overtime to ensure adequacy is maintained Of the approximately 900 impacted Primary Care beneficiaries attributed to Meridian, 100% are represented within the 30-mile radius boundary and an urgent care is available approximately 12 miles from the base The commercial Specialty Care network within the 60-minute drive-time standard may not be capable of accepting the specific demand from the impacted beneficiaries due to overall market shortage and recruitment challenges associated with a rural geography 	Section 2.0

¹ https://www.cnic.navy.mil/regions/cnrse/installations/nas_meridian.html

² See Appendix B for Criteria Ratings Definitions

Risk/Concerns and Mitigating Strategies

The Risk/Concerns and Mitigation Strategies table below, represents a high-level summary of the risks identified throughout the process. Though not exhaustive, the mitigation strategies/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 on the base to getting care off the base will have to be monitored and measured along with concerns with transportation for family members that live in base housing	<ul style="list-style-type: none">• This risk will be mitigated through the implementation and communications plan, as well as case management and close care coordination
2	Families with single cars (i.e., one mode of transportation) could lead to extended time away from duty or training for Active Duty Service Members (ADSM)	<ul style="list-style-type: none">• The installation and MTF should coordinate to develop alternative modes of transportation for ADSM dependents, which may require additional DHP funding to implement
3	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network, and it may experience challenges sustaining adequacy until new entrants enter the market	<ul style="list-style-type: none">• Transition patients to the network in a measured way that is tailored to their specific needs. MCSC/THP and the MTF will monitor progress to identify access or supply issues and address any issues by slowing down the transition as necessary

Next Steps

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network. Because there are only two (2) panels, the transition should occur as the network capacity allows instead of one (1) panel at a time.

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

Naval Air Station (NAS) Meridian is located in East Central Mississippi and trains Sailors and Marines in aviation and technical related fields. It is home to Training Air Wing One, Training Squadron 9, Training Squadron 7, Naval Technical Training Center, Marine Aviation Training Support Squadron One and the Regional Counterdrug Training Academy.³

1.1. Installation Description

Name	Naval Air Station (NAS) Meridian
Location	Meridian, MS (16 miles north of Meridian, MS in a rural, underserved area)
Mission Elements	NAS Meridian supports the training and readiness of Sailors and Marines in aviation and technical related fields ⁴
Mission Description⁵	<p>Mission - All NAS Meridian Sailors and civilians must strive to master our vocations as we enable and sustain Warfighter readiness from the shore. Let a clean installation and sharp personal appearance serve as the first indications of our professionalism and excellence. Trust in your competence, judgment, and good sense to enable the effective training of Sailors and Marines</p> <p>Vision - To enable and support NAS Meridian Sailors, civilians, and their families as we remain ready to meet today's challenges and contribute to building a relevant and capable future force. We must execute our mission but should also strive to enjoy ourselves in the process</p>
Regional Readiness/ Emergency Management	Over the last two decades NAS Meridian has supported several evacuations of both people and equipment from the coast because of hurricanes. For example, during Hurricane Katrina in 2005, NAS Meridian sheltered 1,000 military and family members who were evacuated and hosted FEMA (designated evacuation and staging area), who set up their Mississippi Operational Area on board. The U.S. Public Health Service used half of Hangar One to establish a 500-bed Federal Emergency Contingency Unit to provide non-acute care for patients transferred from hospitals to our south, where beds were needed for more critically ill patients
Base Active or Proposed Facility Projects	Unknown
Base Mission Requirements	Naval Air Station Meridian accomplishes its mission of "training the warfighter" by providing timely, quality services and facilities in an environmentally safe, secure community ⁶

1.2. MTF Description

NBHC Meridian is a Medical Home Port which provides Family Medicine, Optometry, Flight Medicine, Behavioral Health, Substance Abuse Rehabilitation Program (SARP), Audiology, Occupational Health, Laboratory, Radiology, Pharmacy and Dental health services for around 1,800 AD Enrolled students and staff and 400 AD Must See (549 ADFM and 480 RET/FM). There were 4,000+ students in FY18 and an increase of 200+ expected in FY19. This includes support to Naval Air Station Meridian, Training Air Wing One, Training Squadron Seven, Training Squadron Nine, Marine Aviation Training Support Squadron One, Public Works, Naval Air Technical Training Center, Naval Technical Training Center, and Navy Operation Support Center. NBHC is a part of Naval Hospital (NH) Pensacola which is a four-hour (211 mile) drive.

Name	Naval Branch Health Clinic (NBHC) Meridian
Location	Meridian, MS
Market⁷	Small market and stand-alone MTF office
Mission Description	Naval Hospital Pensacola Mission - Deliver high quality health care to ensure a medically ready force and a ready medical force through strategic partnerships and innovation
Vision Description	Naval Hospital Pensacola Vision - To be the health system of readiness and excellence for America's heroes, past and present, and their families

³ https://www.cnric.navy.mil/regions/cnrse/installations/nas_meridian.html

⁴ https://www.cnric.navy.mil/regions/cnrse/installations/nas_meridian.html

⁵ https://www.cnric.navy.mil/regions/cnrse/installations/nas_meridian.html

⁶ https://www.cnric.navy.mil/regions/cnrse/installations/nas_meridian/om.html

⁷ Defined by FY17 NDAA Section 702 Transition

Goals	Naval Hospital Pensacola Guiding Principles: <ul style="list-style-type: none"> • Global • Ready • Excellent • Accessible • Trustworthy 				
Facility Type⁸	Outpatient Facility				
Square Footage	36,760 sq. ft				
Deployable Medical Teams	Pharmacy remodel, tile and carpet repair, new coils and air ducts to improve SPD function				
MTF Active or Proposed Facility Projects	See Volume II for Partnership 4 Improvement (P4I) measures and Joint Outpatient Experience Survey - Consumer Assessment of Health Providers and Systems (JOES-C) data				
Performance Metrics		Civilian	Contractor	Military	Total
Fiscal Year (FY) 2018 Assigned Full-time Equivalents (FTEs)⁹	Medical	16.2	2.9	39.6	58.7
Healthcare Services	<ul style="list-style-type: none"> • Medical Home • Laboratory • Pharmacy • Radiology • Occupational Health • Behavioral Health • Audiology • Aviation Medicine • Optometry • Dental • SARP • Acute Care • SAFE Examinations 				
Projected Workforce Impact	Active Duty	Civilian	Total		
	6	3	9		

⁸ Source: Naval Hospital Pensacola MTF Portfolio

⁹ Source: Naval Hospital Pensacola MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	NBHC Meridian is an outpatient facility being evaluated for conversion to an AD-only Clinic. NBHC Meridian is a part of NH Pensacola and provides medical and dental health services for 1,800+ enrolled AD students and staff																																						
Top Hospital Alignment	<p>Primary Care</p> <ul style="list-style-type: none"> Rush Foundation Hospital (Meridian, MS) (17 miles, 23 minutes) Anderson Regional Medical Center (Meridian, MS) (17 miles, 25 minutes) Neshoba County General Hospital (Philadelphia, MS) (40 miles, 50 minutes; no acute care) Choctaw General Hospital (Butler, AL) (49 miles, 55 minutes; no acute care) Laird Hospital (Union, MS) (36 miles, 48 minutes) Hill Hospital of Sumter County (York, AL) (25 miles, 36 minutes; no acute care, non-network facility) Anderson Regional Medical Center South (Meridian, MS) (17 miles, 23 minutes) <p>Specialty Care - Psychiatry</p> <ul style="list-style-type: none"> East Mississippi State Hospital (Meridian, MS) (17 miles, 27 minutes) Brookwood Medical Center (Birmingham, AL) (147 miles, 2 hr 21 minutes) Tombigbee Healthcare Authority (Demopolis, AL) (54 miles, 1 hr 15 minutes) Alliance Health Center (Meridian, MS) (6.9 miles, 14 minutes) Rush Foundation Hospital (Meridian, MS) (17 miles, 23 minutes) 																																						
Likelihood of Offering Services to TRICARE Members¹⁰	Primary Care	<table border="1"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>34</td> <td>34</td> </tr> <tr> <td>High Likelihood</td> <td>1</td> <td>3</td> </tr> <tr> <td>Medium Likelihood</td> <td>14</td> <td>21</td> </tr> <tr> <td>Low Likelihood</td> <td>5</td> <td>2</td> </tr> <tr> <td>Total</td> <td>54</td> <td>60</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	34	34	High Likelihood	1	3	Medium Likelihood	14	21	Low Likelihood	5	2	Total	54	60	<table border="1"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>3</td> <td>1</td> </tr> <tr> <td>High Likelihood</td> <td>1</td> <td>1</td> </tr> <tr> <td>Medium Likelihood</td> <td>10</td> <td>17</td> </tr> <tr> <td>Low Likelihood</td> <td>3</td> <td>1</td> </tr> <tr> <td>Total</td> <td>17</td> <td>20</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	3	1	High Likelihood	1	1	Medium Likelihood	10	17	Low Likelihood	3	1	Total	17	20
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2.1. DHA TRICARE Health Plan (THP) Network Review

Facts:

- NBHC Meridian (Meridian, MS) has a market area population of approximately 80K¹¹
- NBHC Meridian offers psychiatry and Primary Care
- NBHC Meridian has 1,021¹² non-AD enrollees who could enroll to the network
- MCSC has contracted 49¹³ of 60¹⁴ (83%) Primary Care providers (PCP) within a 30-mile radius of the MTF. Of the 49 PCPs, 45 are accepting new patients
- There are two network facilities within drive time of NBHC Meridian that offer like services currently provided by the MTF with more than adequate access to care
- Even though there are an adequate number of providers contracted, access to care is over 28 days for Psychiatry
- There are two urgent care centers within 25 miles of NBHC Meridian

¹⁰ 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

¹¹ Independent Government Assessment (Network Insight)

¹² M2

¹³ MCSC

¹⁴ Independent Government Assessment (Network Insight)

- Rolling 12-month JOES-C scores ending December 2018 with a “health care rating” scored as a 9 or 10 on a scale of 0-10:
 - NBHC Meridian patients: 46.3% (12 respondents)
 - Network patients: 73.9% (91 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members¹⁵
 - 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:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹⁶
- 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 Meridian is in a rural area approximately 90 miles east of Jackson, MS
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 51 PCPs
- Each PCP would have to enroll 20 new patients to accommodate the 1,021 enrollees
- Based on the assumptions above, the MCSC network could likely expand easily to meet the new demand
- Beneficiaries rate network health care 27% higher than NBHC Meridian 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:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from NBHC Meridian
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)

¹⁵ <http://www.tricare.mil/costs>

¹⁶ MGMA

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Primary Care:** There are 54 Primary Care practice sites and 60 physicians in the 30-mile radius (not limited to TRICARE). Population growth over the last five (5) years (2014 to 2018) has declined 4.4% on average and is projected to increase 0.2% over the next five years (2019 to 2023)
- **Specialty Care:** There are 17 Specialty Care Psychiatric practice sites and 20 physicians in the 55-mile radius (not limited to TRICARE). The population of the geographic market has decreased 2.6% over the last five (5) years (2014 to 2018) and is projected to increase slightly over the next five (5) years (2019-2023) by 0.5%
- 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 market

Assumptions:

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

Analysis:

- The commercial Primary Care network within the 30-minute drive-time standard may be capable of accepting the specific demand from the impacted beneficiaries
- There is a surplus of PCPs in Lauderdale county where ~98% of impacted beneficiaries reside
- Given surplus alignment to beneficiary lives and the slight overall shortages within the drive time boundary, the market may be capable of accepting incremental demand from impacted beneficiaries. However, the market should be monitored overtime to ensure adequacy is maintained
- The commercial Specialty Care network within the 60-minute drive-time standard may not be capable of accepting the specific demand from the impacted beneficiaries
- Despite having a slight surplus of psychiatrists in Lauderdale county, where the majority of beneficiaries live, the market may not be capable of accepting the incremental demand from impacted beneficiaries due to overall market shortage and recruitment challenges associated with a rural geography

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents

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 2000¹⁷

¹⁷ 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

<i>Term (alphabetical)</i>	<i>Definition</i>
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

Part A	Relevant Section 703 Report Detail
Part B	Network Insight Assessment Summary (Independent Government Assessment)
Part C	P4I Measures
Part D	MTF Mission Brief
Part E	MTF Portfolio (Full)