

[\[Categorical Listing\]](#) [\[Numerical Listing\]](#)



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

SEP 26 1996

**MEMORANDUM FOR:** SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE

**SUBJECT:** Policy for After-Hours Care for TRICARE Prime Enrollees

During the recent TRICARE Conference, as well as in discussions with the Services and Lead Agents, the issues of after-hours care and emergency room copayments have been a consistent concern. This is to clarify policy with respect to both.

The TRICARE program was crafted, and the Uniform HMO Benefit designed, using the best practices of the civilian managed care industry. Section 731 of the FY 1994 National Defense Authorization Act directed DoD to develop and implement a uniform health benefit package modeled on managed care plans offered in the private sector and other similar Government health insurance programs. Accordingly, TRICARE Prime copayments, including the emergency room copayment, were modeled after the benefit design and copayments included in the Administration's proposed Health Security Act, with consideration given to industry practice, and to the unique characteristics of the Military Health Services System.

The requirement for primary care manager (PCM) access by telephone or appointment 24-hours per day, 7 days per week was designed to address acute care (that is, non-emergency) needs which often surface during evening hours and, traditionally, have placed significant workload on our emergency rooms. The intended effect was to increase beneficiary access to information and clinically appropriate intervention while reducing costs associated with inappropriate use of emergency services. After normal duty hours, an "on call" PCM should be available to triage Prime beneficiaries, either directly, or to provide back-up consultation to an advice nurse. Some Lead Agents and MTFs have strengthened after-hours health care and decision-making by providing enrollees with self-care manuals, by establishing health care information lines, and by arranging for expanded clinic hours either at the MTF or through contract arrangements with civilian providers.

Our access standards were also designed to ensure that enrollees are seen within appropriate time frames. DoD policy requires Prime enrollees with acute conditions to be seen within one day. If an enrollee has a health care problem after normal business hours, then we expect the enrollee to use the self-care manual, the health care information line, and/or the PCM for assistance in health care decisions. If the PCM believes the presenting condition is of such a serious nature that it requires immediate medical attention, then the enrollee should be

directed to the closest emergency room. Enrollees with non-emergent conditions should be given information about addressing immediate symptoms and advice about appropriate follow-up. If the condition requires medical attention, then the enrollee should be seen the next day.

Based on program design, and in recognition of the higher cost of emergency room care for both the enrollee and the contractor, it is desirable to have a certain level of acute care services available to enrollees outside of normal 0730 to 1630 duty hours. With assistance from the managed care support (MCS) contractor, many facilities have expanded acute care hours within the MTF. Some facilities have worked with the contractor to include provider groups practicing in "urgent care" centers in their network. While each facility is unique in the level of care it can provide, the MCS contract was envisioned to bridge the gap between what we can provide in the direct care system, and what the TRICARE program was designed to deliver. Each MTF commander should evaluate the level of after-hours care provided to TRICARE Prime enrollees to ensure that required access standards are met. For your information, I am attaching [after-hours practices](#) of a sample of the top ten HMOs recently ranked by Consumer Reports.

Patients should have the right care, at the right time, in the right setting, including comprehensive care for acute illnesses. In the next year, Health Affairs will be re-evaluating the structure and policies of the Uniform HMO benefit and, as part of the review, will revisit the continued appropriateness of established premiums, copayments, and emergency room fees. Until then, all-inclusive emergency room copayments for care provided in emergency rooms will continue to be applied. Our point of contact is Major Kathy Larkin at (703) 695-3323.



Edward D. Martin, M.D.

Principal Deputy Assistant Secretary

Attachment:  
As stated

HA POLICY 96-060

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**Synopsis of HMO Coverage of After Hours Acute/Emergency Health Care**  
Top Ten Plans Based On Consumer Reports' August 1996 Rating of HMOs

**Blue Cross Blue Shield of the Rochester Area**

PCMs on call

\$50 ER copay (regardless of preauthorization)

After-hours acute care--they have urgent care centers in their network \$10 copayment

**Pilgrims**

PCMs on call after-hours

\$25-35 ER copay (regardless of PCM referral)

After-hours acute care--call PCM, if referred to the ER for acute care, then same ER copayment

### **Group Health Cooperative of Puget Sound**

24-hour advice nurse

\$50 copay for emergency in Group Health Hospital/\$100 in a non-Group Health hospital (regardless of preauthorization)

\$4-12 outpatient copay in an urgent care clinic available from 5:30-11PM, 7 days per week

### **Independent Health**

After-hours "night-call" nurse on-call system

\$10 copay if referred to a network urgent care center

\$15 copay for network ER (with or without preauth)

\$35 copay for non-network ER (with or without preauth)

### **Tufts Associated Health Plans**

Require PCMs to be available or on-call evenings and weekends

\$50 copay for emergency room (even with PCM referral)

\$5 copay for office visit

### **Kaiser Foundation Health Plan (Colorado)**

24-hour advice nurse

\$50 copay for ER

\$10 copay for 24-hour walk-in clinic; appointments are also available

### **Kaiser Foundation Health Plan (So Cal)**

24-hour advice nurse

\$10 copay for ER

\$10 copay for urgent care available 24-hours per day at many locations

### **Kaiser Foundation Health Plan (Northeast)**

24-hour advice nurse

\$25 copay for ER (Regardless of preauth)

\$5-10 copay for urgent care available until 8 PM Mon-Sat, 8-4 Sun

### **Kaiser Foundation Health Plan (Northwest)**

24-hour advice nurse

\$50 copay for ER (regardless of preauth)

\$15 copay for urgent care available until 7 PM at several clinics and until 10 PM at a hospital

### **Kaiser Foundation Health Plan (No Cal)**

24-hour advice nurse

\$5-15 copay for ER

\$5-15 copay for urgent care; location dependent, but urgent care available until 10 PM at some locations, up to 24-hours at other locations

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Last update: 12/22/1998