Tricare for Kids Calls on Congress to Address Needs of Military Children in FY2023 NDAA

Tricare for Kids is a stakeholder group of children's health care advocacy and professional organizations, disability advocacy groups, military and veterans' service organizations and military family advocates committed to ensuring the military health system (MHS) meets the unique health needs of the more than two million children covered by Tricare.

While all children have unique needs as compared to adults, military children—particularly those with complex or chronic needs—face additional challenges due to the nature of their parents' service.

Military kids deserve health care that is tailored for their unique health needs, which entails appropriate coverage, access to services and a system that is accountable to its stakeholders. To that end, Tricare for Kids (TFK) urges Congress to include the following provisions in the FY23 NDAA. Detailed background and analysis can be found here: TFK Priorities Brief.

1. Establish a Pediatric Medical Necessity Standard and Align with Pediatric Best Practices

The Defense Health Board concluded that military children are disadvantaged from receiving necessary services because Tricare does not utilize a pediatric specific medical necessity standard and hierarchy of evidence; nor do military children enjoy the same standard of care as civilian children covered by Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirement which ensures necessary health care, diagnostic services, treatment, and screenings.

Pediatric specific coverages are crucial to prevention, screening, and early intervention to reduce need for higher acuity and crisis care down the road.

- Require the Defense Health Agency (DHA) to adopt the AAP recommended pediatric medical necessity definition.
- Align standard of care with Medicaid by requiring Tricare adopt the EPSDT standard.
- Require the Department of Defense (DoD) to take appropriate steps to ensure Tricare alignment with Bright Futures.

2. Strengthen Coverage and Access to Mental, Emotional and Behavioral (MEB) Healthcare Services and Supports

Children in military and veteran families face all the typical stressors impacting their civilian counterparts, compounded by unique challenges such as a parent regularly in harm's way, or a parent's service-related injuries. While problems such as provider shortages are universal, there are barriers that Congress can fix.

The Coalition urges continued focus on strengthening commitment to MEB health for children of military families:

- Institute T-5 requirement for appointment availability as part of network adequacy, as well as enhanced provider directory information and functionality, as detailed in number 3, below.
- Ensure contractors continually accept MEB health providers into network regardless of overall network adequacy status; require improved transparency and clarity around authorization process for institutional providers.
- Reduce Tricare MEB health co-pays to address financial barriers to access (H.R. 4824 Stop Copay Overpay Act).
- Place moratorium on 2021 changes to Autism Care Demo pending outcome of review ordered by FY22 NDAA
- Make permanent viable reimbursement and telehealth flexibilities implemented during the pandemic, including serving Tricare patients across state lines (details tbd awaiting results of feasibility study required by FY22 NDAA).
- Continue to monitor reports and steps required by recent NDAAs to make additional changes and improvements as opportunities are identified. This is critical to get up to speed and then stay ahead of future needs.

3. Improve Tricare Provider Directory Information and Functionality

Military families must be able to easily access current and accurate directory information for Tricare authorized providers. Often, the categories are not specific enough to fully capture all of the pediatric specialties, subspecialties and age ranges that are necessary information when seeking care for children with complex and chronic conditions. Problems for institutional providers are exacerbated by lack of ability to search outside a fixed area, and inconsistency with Tricare policy identifying provider types.

Because Exceptional Family Member Program (EFMP) basing decisions rely on provider directories, the fact they are often inaccurate, incomplete or not specific results in denials of duty stations unnecessarily, or placements where children's needs cannot be met.

- Institute T-5 enhanced provider directory accuracy requirements, including specificity of contact information, specialty focus and ages served, elimination of duplicates, providers no longer practicing and wrong provider types.
- Specify that Tricare require a nationwide list of institutional and highly specialized providers.
- Upon assignment to a duty station, require EFMP assignment coordinators to provide families with results of their provider queries confirming availability of services within relevant access standards that were used to determine the basing decision.

4. Halt the Reduction of Military Medical End Strength

Medical billet cuts and restructuring could harm families' access to care and potentially have negative unintended and long-term consequences, including disruptions to the medical education pipelines that are integral to training pediatricians for all children.

- Maintain current status for review of medical billet cuts pending comprehensive analyses of impact.

5. Improve ECHO to Fulfill Purpose of Providing Medicaid Waiver Services to Mobile Military Families

The Extended Care Health Option (ECHO), created by Congress to guarantee that military families are able to access the same quality home and community-based services available to their civilian counterparts through the states, must be updated to ensure parity. Pending release of the FY22 NDAA ECHO study, due March 2022 but not yet available as of March 31, additional improvements may be offered. Meanwhile, the following issues are still unresolved.

ECHO covered kids need access to habilitation services to "attain, keep, or improve" skills or functions—critical for developing children. Additionally, residence and vehicle adaptations are not covered, which is especially egregious given the dearth of ADA accessible military housing. ECHO may cover service and modification of durable equipment and assistive technology (DME), but this has not been codified, which would ensure its application. Certain medical equipment or services for rare or unusual conditions, even when covered, are not available, generally because there are no providers willing or able to contract to provide them due to low or no reimbursement.

Additionally, there is confusion and misinformation around Guard and Reserve eligibility for ECHO and EFMP. Because there is not a defined universe of those eligible, it is difficult to disseminate correct information to combat the misunderstandings.

- Require ECHO to cover habilitative services, durable medical equipment (DME) and residence and vehicle modifications that are medically necessary for children.
- Address the ECHO problem that certain necessary medical equipment or services for rare conditions are not fulfilled.
- Direct a GAO study to determine the universe of Guard and Reserve eligibility for ECHO/EFMP.

6. Recognize Dependency of Adult Incapacitated Children

Adult incapacitated children (AIC) of servicemembers and retirees are dependents, which ensures IDs, Tricare eligibility, base access and other rights and privileges afforded to military families, but DoD policy and practice is inconsistent and out of step with existing civilian dependency and guardianship principles. Dependency decisions for adult incapacitated children must be clear, streamlined, nondiscriminatory, consistent and provide due process; preferably pursuant to existing law such that DoD simply recognizes determinations by states or courts with competent jurisdiction.

Also of great concern is the Military Health System (MHS) inconsistency in policy and practice for incapacitated adult patients. Often, parents are told they cannot be given laboratory results or ask about consults, even with documented dependency and guardianship.

- Recognize and align with existing federal law defining and governing adult incapacitation status and recognizing dependency determinations by civilian courts of jurisdiction ensure fair, consistent processes.
- Address the inconsistency of the MHS system relative to incapacitated patients and their families.

7. Provide a Mechanism for Communicating Beneficiary and Provider Problems

Congress should improve accountability with a mechanism for beneficiaries, families and providers to report complaints and concerns about Tricare coverage, denials, incorrect provider directories, network adequacy, access to specialized care, overdue or consistently inaccurate payments, etc.

- Direct DHA to implement a simple reporting tool for families/beneficiaries and providers that follows a simple flow chart for levying complaints and require accountability for addressing them appropriate to level of acuity or urgency.

8. Tricare Coverage of Young Adults to Age 26

Coverage into young adulthood, available for civilian families since 2010, is more important now than ever for military-connected youth as the nation emerges from both twenty years of war, the burden of which has been borne squarely on the shoulders of their families and communities, and a pandemic that has upended teens' routines and plans and disrupted their typical trajectories with ramifications that we have yet to fully evaluate or understand.

- Require Tricare to allow children up to age 26 on their parent's plan.

The health and wellness of military families play an important role in ensuring military readiness.