TriCare

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# History

In 1988, families having a military background were offered to have health care benefits by their own choice. After five years the Defense Department officials observed the patient’s satisfaction levels, which lead them to make a final decision. they were able to conduct a successful operation, and this was enough convincing to extend and improve military medicine reforms. The decision for the formation of TriCare was based on a regional basis and this was offered in the United States. Initially, the contracts for TriCare implemented in 11 geographic regions and the number for implemented contracts was seven (Hosek, Sorbero, Martsolf, & Kandrack, 2017). It was found that these contracts lack innovation and technology and it was unable to create a competition among other contractors. To improve, quality, cost and access to services to people, contracts were merged to three from eleven. This was to assure the beneficiaries that they will be having quality and satisfying services. In 2004, some of the substantial changes in managerial responsibilities along with the development of the governance plan were made to achieve the objectives and increase the cost-effectiveness.

# Insurance products/services

Military members, families, and retirees from the military are provided with health insurance which is named TriCare. The products and services by TriCare depend on several conditions which includes, family status and location of the members. The services include plans which anyone having the military background can have access to(“Activating Soon? Your TRICARE Options May Change | TRICARE,” 2019). Some of these plans are as following:

1. TriCare for Life
2. TriCare for young adult
3. US family health plan
4. TriCare Select
5. TriCare retired reserved

# Organization

For the management of the civilians, TriCare was modeled, by providing two options for the enrollment. TriCare prime is the first option and this is the health maintenance organization. The preferred provider organization includes the enrollment of those beneficiaries who were not enrolled in Prime. The second option is the TriCare Extra, in which the beneficiaries who use the civilian provider network. These can resemble with the civilian managed-care plans. Higher attractions in the beneficiaries, network providers and utilization management programs can result in cost-effectiveness. However, the cost-effectiveness of the organization varies with the time and the environment of the organization. For the organizational designs it is important to consult managed-care programs, this helps to identify the structures suitable for the organization. TriCare can be related to the managed-care programs and it is reasonable to understand the organizational designs for TriCare. The provider networks and promotion of cost-effective systems in healthcare are carried out with the help of managed-care plans. The role of active management is important to increase the cost-effectiveness of the organization and to provide maximum healthcare services. The main goal of the organization is to provide such healthcare systems and services which are more organized. A consideration that the services are served to the population means that there are enough services that are satisfying and fulfilling the demands of a large population. Within the organizations, coordination is important to succeed in the market place and hence for the TriCare organization the effective coordination will lead it to positive changes and towards success. This will increase the competitive capacity in the marketplace where other organizations are competing to be the first by providing quality services. Foremost, the quality services are important for people and organizations in the healthcare system, so that maximum beneficiaries would be able to improve their well-being.

# Enrollees

The eligible people will be enrolled in the TriCare prime plan when they enter any organization or a workplace (Ben-Shalom et al., 2019). They will be considered as beneficiaries if they and their family members are eligible for the plan. There are categories where the type of beneficiaries are categorized, and the number of beneficiaries is mentioned.

There are 1.38 million active-duty service members, 1.68 million family members, national guard, and reserve members are 190,000, while, there are 780000 family members of the national guard and reserve members. There is a category for retirees above and below 65. The retirees with their family members <65, the total number is 3.20 million and for >65, the total number is 2.29 million. These statistics show that there are approximately 9.5 million beneficiaries to which TriCare is serving (“Patients by Beneficiary Category,” n.d.).

Beneficiaries are provided with a number of serves by TriCare regardless of their age and their background the only requirement is their eligibility for the TriCare services. These services are beneficial but there are still issues of the eligibility and the quality services provided to people.

# Financials

15$ billion were authorized for Tricare along with the Defense Health Program by the National Defense Authorization Act for 2016. The enrollment in TriCare increased by 17 percent but the budget is decreased because of the general inflation, particularly in healthcare. Following the same period, the number of annual premiums rose to 296 percent for the private sector workers (Hayes, 2015). The amount of budget allocated for TriCare is not enough to meet the objectives and to provide quality services to beneficiaries. There is a pressure on the government to decrease the national debt, while it is said that TriCare is unable to benefit its beneficiaries and unable to meet promises. There is a need to make changes and improve the program according to the latest requirements and it has to provide quality services to the military and their families.

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