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Report to Congressional Committees

July 2024

DEFENSE HEALTH CARE

DOD Should Improve Accuracy of Behavioral Health Provider Information in TRICARE Directories

GAO-24-106588

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GAO Highlights

Highlights of GAO-24-106588, a report to congressional committees

Why GAO Did This Study

Access to behavioral health care is paramount for TRICARE beneficiaries. Demand for behavioral health care has increased, particularly among active-duty service members and their families. However, inaccurate provider information in the provider directories can hinder beneficiaries' searches for providers.

The James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 includes a provision for GAO to examine the accuracy of behavioral health providers' information in the TRICARE directories. This report examines the oversight DOD conducts of the contractors' accuracy of the TRICARE provider directories, including behavioral health provider listings, among other objectives. GAO reviewed documentation, such as listings in the TRICARE provider directories and reports on actions taken by the contractors to improve accuracy. GAO conducted covert calls to a generalizable sample of 342 behavioral health provider listings to assess the accuracy of directory information. GAO also interviewed DOD officials and representatives from the two regional contractors and from beneficiary organizations.

What GAO Recommends

GAO is making two recommendations to DOD to (1) assess the accuracy of behavioral health provider listings and ensure it is comparable to the overall directory accuracy, and (2) periodically monitor the accuracy. DOD partially agreed with the first recommendation and did not agree with the second. GAO maintains the recommendations are valid and would help ensure access to care.

View GAO-24-106588. For more information, contact Sharon Silas at (202) 512-7114, or silass@gao.gov.

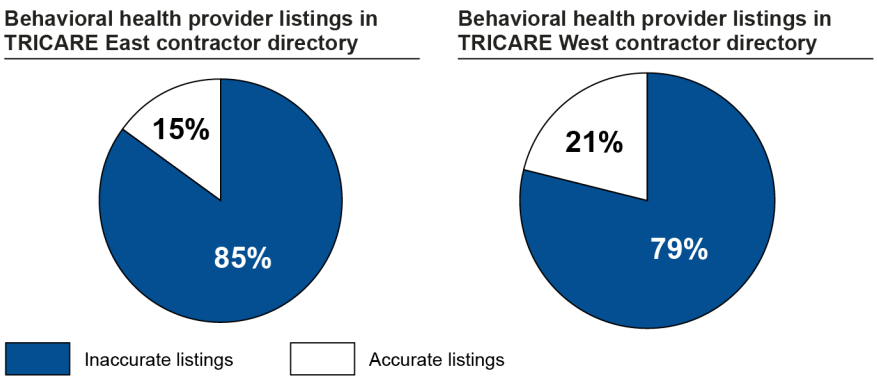
What GAO Found

The Department of Defense (DOD) provides health care to over 9 million beneficiaries—which include service members, retirees, and their eligible family members—through TRICARE. The health care provided includes behavioral health care, which includes treatment for mental health conditions and substance use disorders. TRICARE beneficiaries can receive care at DOD facilities or through networks of civilian providers in TRICARE's East and West regions. The contractors who administer those networks make available an online provider directory in each region to assist beneficiaries in finding care from network providers. These contractors are required to ensure the accuracy of the over 1 million provider listings in the directories and do so through monthly audits of a sample of all provider listings using proprietary methodologies. DOD, in turn, monitors findings from these audits to ensure that network provider listings are accurate per contract requirements.

As a result of its monitoring, DOD has identified inaccuracies and directed the contractors to increase the accuracy of their overall directories. However, DOD officials told GAO they do not monitor the accuracy of the combined nearly 130,000 behavioral health provider listings specifically, because they did not expect that there would be differences in accuracy by provider specialty.

GAO conducted covert calls to a random sample of behavioral health providers in each directory. Based on the results of the sample, GAO estimates that most of the behavioral health provider listings in the TRICARE network directories are inaccurate. The inaccurate information included the provider's practice location or the provider's phone number, among others.

Estimated Inaccuracy of Behavioral Health Provider Listings in TRICARE Network Provider Directories, July-August 2023



Source: GAO analysis of covert call results. | GAO-24-106588

GAO's estimated accuracy of these behavioral health provider listings is lower than the contractors' reported accuracy of the overall directories at around 82 percent. Therefore, it may be more difficult for TRICARE beneficiaries to identify in-network behavioral health providers. DOD could do more to identify and address any inaccuracies in the directories and periodically monitor them.

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Abbreviations

DHA	Defense Health Agency
DOD	Department of Defense

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U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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July 8, 2024

The Honorable Jack Reed
Chairman
The Honorable Roger Wicker
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Mike Rogers
Chairman
The Honorable Adam Smith
Ranking Member
Committee on Armed Services
House of Representatives

To support military readiness deployments and provide health care, the Department of Defense (DOD) offers a full range of medical care and services to over nine million active-duty service members, retirees, and their eligible family members. DOD's Defense Health Agency (DHA) manages and oversees the TRICARE program, which provides comprehensive health care coverage that beneficiaries can obtain in military treatment facilities or through civilian providers.

Military service, especially combat, can carry a psychological cost for the DOD military members and their families who support them. TRICARE covers behavioral health care, which includes treatment for many mental health conditions and substance use disorders.[1] These conditions can have a variety of harmful consequences on the military and its service members, including decreasing military readiness.

Access to behavioral health care is paramount for TRICARE beneficiaries, as demand for behavioral health care has increased among active-duty service members and their families. For example, according to a 2023 report by the Defense Health Board, from 2005 to 2021, service members experienced a fourfold increase in mental health diagnoses,

[1]We define behavioral health conditions as all mental health conditions and substance use disorders that are included in the Diagnostic and Statistical Manual of Mental Disorders. Mental health conditions include anxiety disorders; mood disorders, such as depression; post-traumatic stress disorder; and schizophrenia. Substance use disorders include alcohol use disorder and opioid use disorder.

and there was a sixfold increase in mental health diagnoses among the children of military service members.[2] Yet the accessibility of behavioral health care has presented challenges throughout the U.S. and even for those with health coverage. For example, a 2021 report by Mental Health America estimated that 54 percent of consumers covered by a health plan did not receive the behavioral health treatment they needed, indicating that ensuring coverage is not the same as ensuring care.[3] We and others have also recently reported that the lack of access to behavioral health care can be attributed to shortages of behavioral health providers, and providers' unwillingness to accept low health plan reimbursement rates can contribute to challenges beneficiaries face in finding network providers.[4]

Military families face unique stressors that can increase the need for behavioral health care. For example, military families can move frequently, and deployments impact the spouses and children of military members. According to the Defense Health Board, among military children, a move in the previous year is associated with an increased need for behavioral health care. In addition, as military families are geographically mobile, often moving every 2 to 4 years, there is often a lack of continuity of health care since families must find new care providers.

To help TRICARE beneficiaries identify behavioral health and other providers, each of the TRICARE contractors in TRICARE's East and West regions are required to post online directories of providers within

[2]See Defense Health Board, *Beneficiary Mental Health Care Access*, (Falls Church, Va.: June 28, 2023). The Defense Health Board is a federal advisory committee to the Secretary of Defense that provides independent advice and recommendations.

[3]M. Reinert, D. Fritze, and T. Nguyen, *The State of Mental Health in America 2022.* (Alexandria, Va.: Mental Health America, 2021).

[4]See, for example, GAO, *Mental Health Care: Access Challenges for Covered Consumers and Relevant Federal Efforts*, GAO-22-104597 (Washington, D.C.: Mar. 29, 2022) and Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation and Office of Behavioral Health, Disability, and Aging Policy, *Workforce Implications of Behavioral Health Care Models: Final Report* (March 2021), accessed April 11, 2024 (https://aspe.hhs.gov/reports/workforce-implications-behavioral-health-care-models-final-report). Additionally, according to the Health Resources and Services Administration as of April 2024, about 120 million Americans live in areas with mental health professional shortages, with over 6,000 more professionals needed to ensure an adequate supply. See Health Resources and Services Administration "Health Workforce Services Workforce Shortage Areas," accessed April 11, 2024. (https://data.hrsa.gov/topics/health-workforce/shortage-areas).

their networks.[5] These directories are designed to be a central resource for provider information, including their location and specialty, to assist beneficiaries in finding health care providers that are part of the TRICARE network. They can also be an essential tool for finding health care services in a new location.

According to our past reporting, keeping provider directories accurate is an industry-wide challenge.[6] In addition, we have previously reported that inaccurate provider directories for behavioral health providers can be a significant barrier in accessing care.[7] For example, we found that inaccurate or outdated information on behavioral health providers in directories can contribute to access issues for beneficiaries. Specifically, we found that beneficiaries may be unable to use the directory to find behavioral health providers in their network who are accepting new patients.[8]

The James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 includes a provision for us to examine behavioral health providers in the TRICARE network provider directories.[9] In this report we

1. describe the proportion of listings in the TRICARE network provider directories that are behavioral health providers and the completeness of the behavioral health provider information in these listings,
2. examine the oversight DHA conducts to help ensure the accuracy of providers' listings in the TRICARE network provider directories, including behavioral health care provider listings, and

[5]To manage the TRICARE program in each region, DHA uses contractors—which it refers to as managed care support contractors (contractors). In 2016, DHA awarded its fourth generation of TRICARE contracts, referred to as the T-2017 contracts, to the contractors in the East and West TRICARE regions.

[6]See GAO, *Veterans Community Care Program: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers*, GAO-23-105290 (Washington, D.C.: Nov. 10, 2022).

[7]GAO, *Private Health Insurance: State and Federal Oversight of Provider Networks Varies*, GAO-23-105642 (Washington, D.C.: Dec. 15, 2022).

[8]GAO-22-104597.

[9]Pub. L. No. 117-263, Div. A, tit. VII, § 705, 136 Stat. 2395, 2649-50 (2022).

3. describe factors that affect behavioral health providers' willingness to accept TRICARE beneficiaries, and how, if at all, DHA encourages acceptance.

To describe the behavior health provider listings in the directories, we obtained provider listings datasets, as of June 2023, from the TRICARE East and TRICARE West regions' network provider directories. We analyzed these directory datasets to describe the proportion of listings in the TRICARE network provider directories that are behavioral health providers.[10] We also analyzed the June 2023 datasets to determine the extent to which the directories contained complete information on these providers for the eight elements of a listing required in the TRICARE contracts. Specifically, these elements are the provider's (1) name, (2) gender, (3) location address, (4) phone number, (5) fax number, (6) specialty, and (7) sub-specialty (if applicable). And the last element (8) is if the provider is or is not accepting new TRICARE beneficiaries. We reviewed data documentation and performed electronic tests on the data; we determined that the datasets were sufficiently reliable for the purposes of our reporting objectives.

To examine DHA's oversight of the accuracy of provider listings—including behavioral health provider listings—we reviewed documentation of DHA oversight policies and interviewed DHA officials about their oversight efforts. We also evaluated DHA's oversight in the context of DHA's guidance on its responsibilities for managing the TRICARE health plan.[11] In addition, using the T-2017 contract requirements for an accurate listing, we independently assessed the accuracy of a random sample of 342 behavioral health provider listings. We did this through phone calls made to the providers in July and August 2023, where our criminal investigators posed as TRICARE beneficiaries.[12] This random sample allowed us to generalize our results to the entirety of behavioral health provider listings. We also met with organizations representing

[10]Behavioral health providers include individual providers and facilities.

[11]DHA Administrative Instruction 5136.01, *Defense Health Agency Terms of Reference* (Nov. 24, 2021).

[12]The T-2017 contract requires that a specific percentage of the provider listings in each network provider directory be accurate: that is, the listing has correct information in each of seven elements for (1) provider name, (2) provider gender (not applicable for facilities), (3) provider address, (4) provider phone number, (5) provider specialty, (6) provider sub-specialty (if applicable), and (7) provider fax number. The contractual percentage is protected from disclosure.

TRICARE beneficiaries and behavioral health providers to obtain their views on the accuracy of TRICARE's network provider directories.

To describe factors that affect civilian providers' reported acceptance of TRICARE beneficiaries, we obtained and reviewed results of DOD's TRICARE Survey of Providers from 2023. We reviewed survey documentation and interviewed DHA officials and determined that the survey data was sufficiently reliable for the purposes of our reporting objectives. We also interviewed officials from DHA and representatives from the contractors about factors that affect providers' acceptance of TRICARE patients. For more information on the objectives, scope, and methodology of our review, see appendix I.

We conducted this performance audit from January 2023 to June 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We conducted our related investigative work in accordance with investigation standards prescribed by the Council of the Inspectors General on Integrity and Efficiency. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

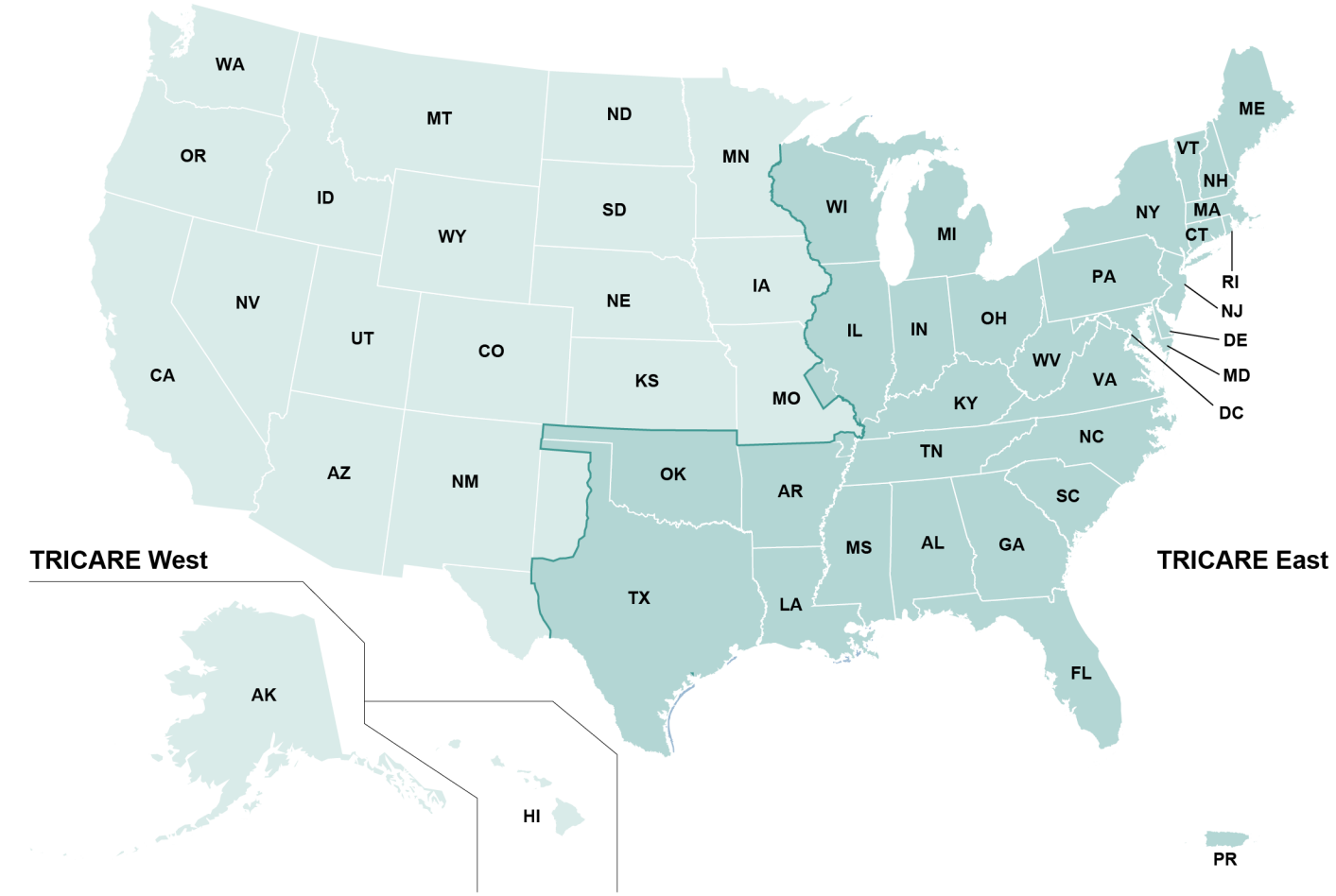
Background

TRICARE's Regional Structure and Contracts

DHA is responsible for overseeing contractors who manage care through civilian provider networks in a number of TRICARE regions, which can vary depending on the generation of contract. Under the current, fourth generation of contracts (called T-2017), there are two regions: TRICARE East and TRICARE West (see fig. 1).[13]

[13]The T-2017 contracts began health care delivery on January 1, 2018. The T-2017 TRICARE East contract was awarded to Humana Government Business and the TRICARE West contract was awarded to Health Net Federal Services. The fifth generation of contracts, called T-5, is expected to start health care delivery in January 2025, according to DHA officials. The T-5 contract retains the East and West regions, but six states currently managed in the East region will transfer to the West region. According to DOD, Arkansas, Illinois, Louisiana, Oklahoma, Texas, and Wisconsin are transferring to the West region to provide a more equitable balance of the beneficiary population.

Figure 1: TRICARE Regions in the United States as of October 2023



Source: GAO representation of Defense Health Agency information (data); Map Resources (map). | GAO-24-106588

The contractors are responsible for developing networks of civilian providers to serve all TRICARE beneficiaries, making directories of these network providers accessible online to beneficiaries, and ensuring the

directories' accuracy, among other things.[14] To develop the networks, the contractors enter into contracts with TRICARE-authorized providers to treat TRICARE patients at an agreed-upon reimbursement rate (see app. II for more information on how the TRICARE networks are developed).[15]

Among the civilian providers that TRICARE authorizes, there are both network and nonnetwork providers, but only network providers will be listed in the TRICARE network directory.

- Network providers are TRICARE-authorized providers who enter a contractual agreement with the contractor to provide health care to TRICARE beneficiaries. By law, TRICARE reimbursement rates shall, to the extent practicable, apply Medicare rates for similar services, but network providers may agree to accept lower reimbursements as a condition of network membership.[16] Network providers are not obligated to accept all TRICARE beneficiaries seeking care. For example, a network civilian provider may decline to accept TRICARE beneficiaries because the provider's practice does not have sufficient capacity to provide care for additional patients.[17]
- Nonnetwork providers are TRICARE-authorized providers who do not have a contractual agreement with a contractor to provide care to TRICARE beneficiaries. Generally, nonnetwork providers have the option of charging up to 15 percent more than the TRICARE reimbursement rate for their services on a case-by-case basis. The

[14]According to DHA officials, at the end of February 2024, the TRICARE East region had approximately 6.1 million TRICARE beneficiaries, including active-duty service members and their dependents (about 1.6 million), medically eligible National Guard and Reserve service members and their dependents (about 0.7 million), and retirees and their dependents or survivors (about 3.8 million). At the same point in time, the TRICARE West region had approximately 2.8 million TRICARE beneficiaries (about 1 million active-duty service members and their dependents, about 0.3 million medically eligible National Guard and Reserve service members and their dependents, and about 1.5 million retirees and their dependents or survivors).

[15]According to DHA, in order for civilian providers to be authorized to provide care and be reimbursed under TRICARE, they must be licensed by a state, accredited by a national organization, or meet other standards of the medical community. TRICARE beneficiaries who choose to receive medical care from providers who are not TRICARE authorized may be responsible for all billed charges.

[16]See 10 U.S.C. §§ 1079(h), 1086(f).

[17]A network provider may determine that only a set amount of his or her practice—such as 10 or 20 percent—will be allocated to TRICARE patients.

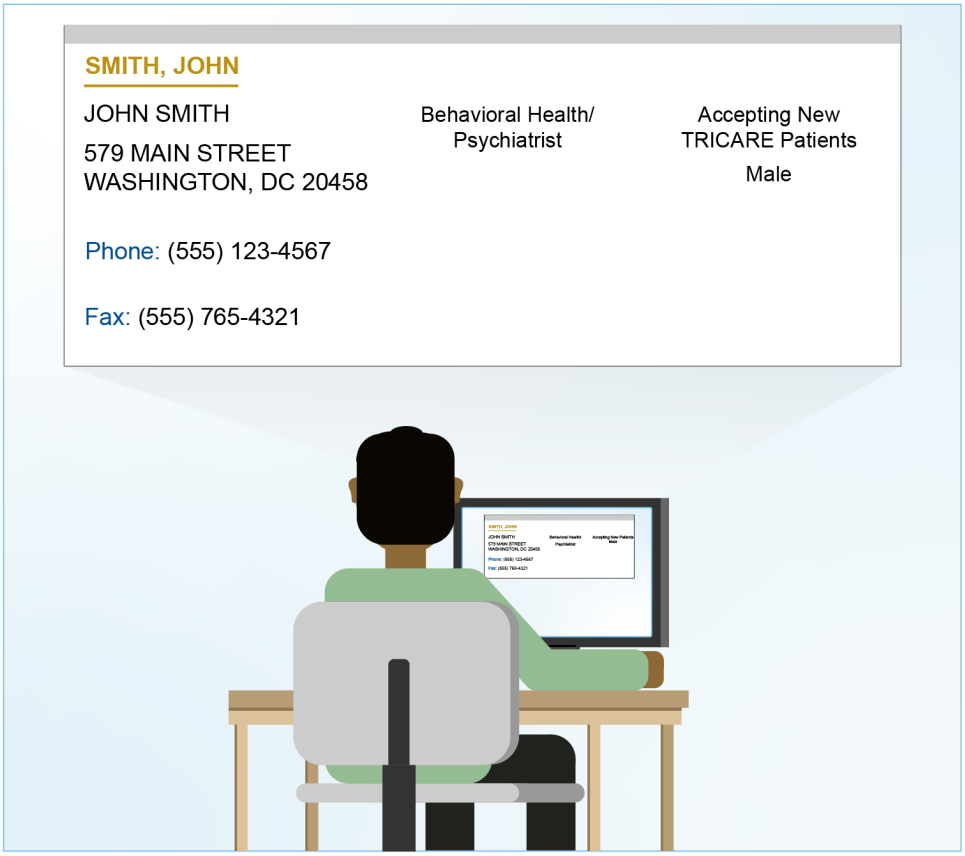
beneficiary is responsible for paying the extra amount billed in addition to required co-payments.

TRICARE Network Provider Directories and Requirements

Under the T-2017 contract, TRICARE contractors are responsible for developing their network provider directories. To do so, representatives from both contractors told us that all of the providers' information in their network directories comes from their TRICARE network databases. They said the databases are where they keep information on the providers under contract to participate in the TRICARE networks. However, these representatives stated that not all providers in their networks are listed in their network directories. For example, these representatives told us that the directories do not include provider listings for providers whom a TRICARE beneficiary would not normally call to schedule an appointment for care, such as for an anesthesiologist at a hospital.

In developing their TRICARE network provider directories, representatives from the TRICARE contractors told us they generally designed the directories to meet the required elements outlined in the T-2017 TRICARE contracts. These requirements include types of information displayed and additional tools designed to help a beneficiary locate care. Specifically, the provider listings in the network directory must have the provider name, gender, location address, phone number, fax number, specialty, and sub-specialty (if applicable), and if the provider is or is not accepting new TRICARE beneficiaries (see fig. 2 for a sample provider listing). According to representatives of each of the contractors, their agreements with each network provider require that the provider maintain their current information included in the directory.

Figure 2: Sample Provider Listing in TRICARE Network Provider Directory



Source: GAO. | GAO-24-106588

Health Care Provider Directories and Accuracy of Information

Throughout the health care industry, provider directories are typically administered by health plans—such as TRICARE—and designed to provide a central place for provider demographic information and the provider's acceptance of new patients that beneficiaries can access. Providers are typically tasked with updating the health plan with any changes to their information that gets displayed in the directories. According to representatives we spoke to at the American Psychological Association, these providers often have to provide updated information to multiple health plans and multiple systems; therefore, the task can be challenging. The health plans also have a responsibility to keep the directories accurate.

However, according to various studies, keeping these directories accurate is an industry-wide challenge.

- Researchers using the website of a large insurer called 360 behavioral health providers posing as patients with depressive symptoms and attempted to make appointments. Researchers conducted two rounds of calls and were able to obtain appointments with 26 percent of the sample. Reasons appointments were not made included inaccuracies in the phone number listed, whether the provider was accepting new patients and whether or not the provider was accepting the payment type.[18]
- In a study of accuracy in Medicare Advantage Organizations provider directories by the Centers for Medicare & Medicaid Services between November 2017 and July 2018, almost 45 percent of directory listings had at least one inaccuracy.[19] According to this study, the top three types of inaccuracies were that the provider was not at the listed location, the provider was not accepting new patients when the directory indicated they were, and the phone number was incorrect.
- In a national study of privately insured patients who used their provider directory to find mental health care, 53 percent encountered provider directory inaccuracies. The most common inaccuracies were that the provider was incorrectly listed as taking new patients, the provider listed did not accept their insurance, or the provider contact information was not correct. The study found that those who encountered at least one of the directory inaccuracies were four times more likely to have received a surprise outpatient bill, indicating they did not know they were seeing an out-of-network mental health provider before they arrived at their first scheduled appointment.[20]

Further, we have reported previously on the inaccuracies in provider directories. In 2022, we found numerous examples of inaccuracies in the Department of Veterans Affairs' provider database that supports its

[18]Monica Malowney, Sarah Keltz, Daniel Fischer, J. Wesley Boyd, "Availability of Outpatient Care from Psychiatrists: A Simulated-Patient Study in Three U.S. Cities." *Psychiatric Services,* vol. 66, no.1, (2015).

[19]See Centers for Medicare & Medicaid Services, *Online Provider Directory Review Report*. (Baltimore Md., 2018). Medicare Advantage Organizations are private companies that the Centers for Medicare & Medicaid Services contracts with to provide health care coverage to Medicare beneficiaries under Medicare Advantage.

[20]Susan H. Busch and Kelly A. Kyanko, "Incorrect Provider Directories Associated With Out-Of-Network Mental Health Care And Outpatient Surprise Bills," *Health Affairs,* vol. 39, No. 6 (2020): 975–983.

Community Care Network and directories.[21] For example, we found there were incorrect phone numbers, addresses, assigned care types, and providers who stated they no longer participated in the network. In addition, in 2016, we reviewed the online Medicaid directories of 17 states and found that eight provider directories from those states had duplicate listings, search function errors, or missing data errors.[22]

Behavioral Health Providers Make Up About One in Eight Listings in the TRICARE Network Directories, and Most Listings Have Complete Information

Based on our analysis of the TRICARE contractors' network provider directory datasets from June 2023, the two directories together have almost 130,000 behavioral health provider listings (about 12 percent of the approximately 1.12 million total provider listings).[23] The 130,000 listings represented almost 78,000 behavioral health providers.[24] A provider could have multiple listings if, for example, they had multiple clinics where the provider may see patients on different days. See figure 3 for more information on the number of behavioral health providers and listings, as well as for the overall directories.

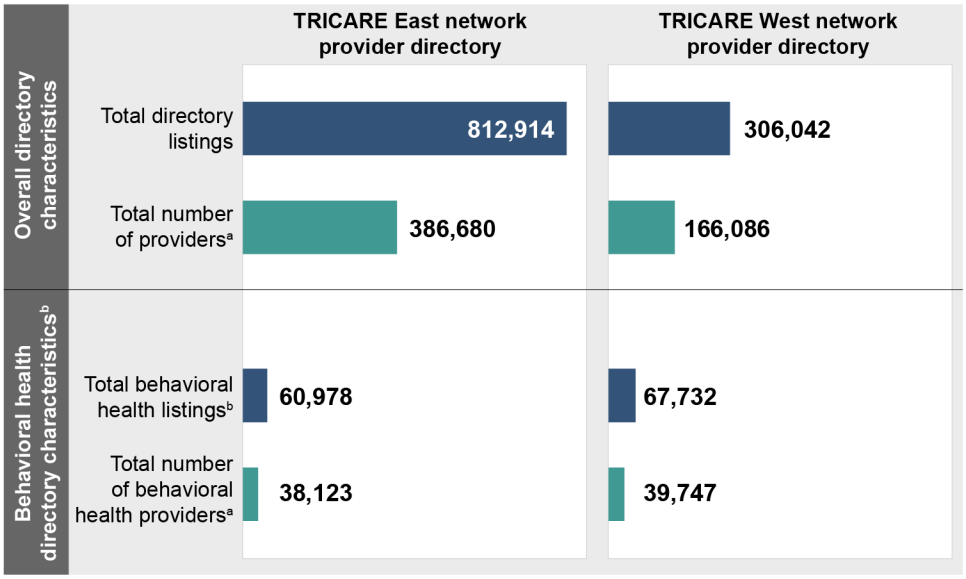
[21]In our prior reporting, we conducted 80 covert calls to a non-generalizable sample of dentists and gastroenterologists across four regions and compared it to those providers' information stored in the Department of Veterans Affairs' community care network Provider Profile Management System. See GAO-23-105290.

[22]GAO, *Medicaid Fee-For-Service: State Resources Vary for Helping Beneficiaries Find Providers*, GAO-16-809 (Washington, D.C.: Aug. 29, 2016). Medicaid is a health coverage program available to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities that is jointly financed by the states and the federal government.

[23]Behavioral health providers include both individual providers and facilities. Neither of the TRICARE contractors' online network provider directories were downloadable, so we requested a copy of the dataset that feeds into the directories from each contractor. The TRICARE East and West contractors' TRICARE network provider directory datasets were dated June 2, 2023, and June 1, 2023, respectively.

[24]We measured total providers as the number of listings in the TRICARE network directories that have unique National Provider Identifier numbers. The National Provider Identifier number is a unique 10-digit number issued to individual and organizational health-care providers in the United States by the Centers for Medicare & Medicaid Services.

Figure 3: TRICARE Network Provider Directory Listing Characteristics, by TRICARE Contractor, as of Early June 2023



Source: GAO analysis of TRICARE network provider directories. | GAO-24-106588

Notes: Neither of the TRICARE contractors' online network provider directories were downloadable, so we requested a copy of the dataset that feeds into the directories from each contractor. The TRICARE East and West contractors' TRICARE network provider directory datasets were dated June 2, 2023, and June 1, 2023, respectively.

[a]The total number of providers are measured as the number of listings in the TRICARE network directories with unique National Provider Identification numbers. The National Provider Identifier number is a unique 10-digit number issued to individual and organizational health-care providers in the United States by the Centers for Medicare & Medicaid Services. Providers include individual providers as well as facilities.

[b]Behavioral health providers in the TRICARE provider directory are identified as any provider who lists a behavioral health taxonomy code in either their specialty or sub-specialty. A taxonomy code is a unique 10-character code that designates the provider's classification and specialization. Providers may have more than one taxonomy code, but one is indicated as the primary code. The behavioral health taxonomy codes used here were provided by Defense Health Agency officials.

Of the nearly 130,000 behavioral health provider listings between the two directories as of early June 2023, most listings contained complete information about the provider in the eight elements, as the current contract requires. In our review of the directories, we found that a small number of the behavioral health provider listings were missing information in the phone number, fax number, or "is the provider accepting new TRICARE patients" elements. The magnitude of the missing information generally was minimal. For example, 10 of the nearly 61,000 behavioral health provider listings in the TRICARE East contractor's TRICARE

network directory were missing fax numbers, and 141 of the nearly 68,000 behavioral health provider listings in the TRICARE West contractor's TRICARE network directory were missing phone numbers.[25]

Representatives from each of the TRICARE contractors told us that the reason the directories are missing some information is because the providers did not supply the information as required by the network agreements. In addition, they told us that they would rather display the listing with missing information while they attempt to obtain the correct information, rather than withhold the entire listing from the online directory until any missing information is obtained.

We also found a small number of behavioral health care provider listings in each of the TRICARE contractors' directories appear to be duplicate listings.[26] Specifically, we found 689 duplicate behavioral health provider listings in the TRICARE East contractor's directory (representing about 1 percent of behavioral health provider listings in the TRICARE East contractor's network provider directory), and 259 duplicate behavioral provider listings in the TRICARE West contractor's directory (about 0.4 percent of behavioral health provider listings in the TRICARE West contractor's network provider directory).

DHA Monitors Accuracy of the Entire Provider Directory, But Not for Behavioral Health Listings Specifically

[25]The TRICARE West contractor's network provider directory also had 7,885 listings that did not have a fax number. Representatives from the TRICARE West contractor told us that many providers do not have a fax number or neglect to fill it in on their profile, but that the representatives continue to attempt to obtain the missing fax numbers during routine cleanses.

[26]We defined "duplicate" provider listings as those provider listings that have the same (1) National Provider Identification number, (2) street address, (3) phone number, and (4) primary specialty.

DHA Officials Monitor Contractors' Monthly Audits of Its Network Provider Directories and Have Directed Contractors to Improve Accuracy Rates

DHA officials monitor the contractors' required monthly directory accuracy reports to ensure that the contractors are meeting accuracy standards in the T-2017 contracts. Those accuracy standards require that a specific percentage of network provider listings are accurate; that is, each of the required seven elements are not just complete (as applicable), but also correct: (1) name, (2) gender, (3) specialty, (4) subspecialty (if applicable), (5) address, (6) phone number, and (7) fax number.[27] Thus, if any one of those seven elements is incorrect, the whole listing is considered inaccurate. According to DHA officials, the contractors conduct audits of a random sample of all provider listings on a monthly basis to measure their network provider directory's accuracy and submit their findings in a report to DHA officials. Representatives from the contractors described using different methodologies to conduct these monthly audits. Representatives from the TRICARE East contractor told us that they call the listings in their random sample, identifying themselves as a representative from the contractor, and check for accuracy of the listing elements. For the TRICARE West contractor's monthly audits, its representatives told us they use a proprietary method to validate the accuracy of a listing's elements, which does not include conducting telephone calls to the provider listing. We did not evaluate the contractors' audit methodologies; the contractors considered their methodologies to be business sensitive.

DHA officials told us they monitor the contractors' audit reports to ensure that the reported network directory accuracy is meeting the required thresholds in the contracts for each contractor. These officials also provided documentation supporting how they tracked monthly accuracy rates. While monitoring these audit results, DHA officials determined that at the start of health care delivery for the T-2017 contracts in January 2018, each TRICARE contractor reported directory accuracy levels that were below the thresholds required by contract.[28] Additionally, in February 2018, the TRICARE East contractor reported that 40 percent of the provider listings in their network directory were accurate according to

[27]The contractual percentage is considered procurement sensitive information and protected from disclosure. There is a requirement for provider listings to contain an eighth element (whether the provider is accepting new TRICARE beneficiaries), but this element is not judged for accuracy according to the T-2017 contracts.

[28]These reported accuracy levels reflect an audit conducted 60 days prior to the start of health care delivery, and fell short of the required level of accuracy, as required by the contract. The contract was awarded July 21, 2016, and had a 1-year transition period that culminated with the "start of health care delivery" on January 1, 2018.

the contract's definition of accuracy, and the TRICARE West contractor reported a 33 percent accuracy rate.[29]

In response to the TRICARE contractors failing to meet the required threshold for network provider directory accuracy, DHA officials directed both contractors to resolve these contract deficiencies by improving accuracy rates. Based on our review of documentation, DHA issued corrective action requests to each contractor in January 2018, and these requests outlined the deficiency in accuracy rates and requested reports from the contractors on how they would correct the deficiency. The contractors responded with corrective action plans that outlined their plans to address the deficiencies and enhance provider accuracy. In addition to the corrective action request and corrective action plan processes, DHA officials told us they meet monthly with the contractors and discuss the progress of the network provider directories' accuracy—among other topics.

While both contractors have shown significant improvements to their directory accuracy rates in their monthly audits (see table 1), neither has met the thresholds required by the contracts as of January 2024. For example, according to DHA officials, the TRICARE East contractor has steadily improved and reported that 83 percent of its provider listings were accurate in January 2024, but that is below the percentage of accurate listings required in the contract. Similarly, the TRICARE West contractor has also steadily improved and reported that 81 percent of its provider listings were accurate in January 2024, but that number is also below the required accuracy rate in the contract.

Table 1: TRICARE Contractors' Reported Percentage of TRICARE Network Directory Listings That Are Accurate, 2018-2024

	TRICARE East contractor's reported percentage of accurate listings out of total provider listings in its TRICARE network directory	TRICARE West contractor's reported percentage of accurate listings out of total provider listings in its TRICARE network directory
February 2018[a]	40	33
January 2019	65	68
January 2020	72	75
January 2021	77	76
January 2022	82	80

[29]Although the contractors submitted monthly accuracy reports in January 2018, DHA officials told us that February 2018 was the first month where both contractors utilized random sampling with a statistically significant sample size.

	TRICARE East contractor's reported percentage of accurate listings out of total provider listings in its TRICARE network directory	TRICARE West contractor's reported percentage of accurate listings out of total provider listings in its TRICARE network directory
January 2023	83	80
January 2024	83	81

Source: GAO analysis of Defense Health Agency (DHA) information. | GAO-24-106588

Note: According to the fourth generation of TRICARE managed care support contracts (called T-2017), the accuracy standards require that a specific percentage of network provider listings are accurate; that is, each of seven elements in a listing are correct: (1) name, (2) gender, (3) specialty, (4) subspecialty (if applicable), (5) address, (6) phone number, and (7) fax number. The contractual percentage is considered procurement sensitive information and protected from disclosure.

[a]Although the contractors submitted monthly accuracy reports in January 2018, DHA officials told us that February 2018 was the first month where both contractors utilized random sampling with a statistically significant sample size.

Although there have been improvements, DHA officials stated that the original corrective action requests issued in January 2018 have remained open, since contractors have not yet achieved the accuracy rates required in the contracts. In addition, DHA officials told us that the corrective action request and corrective action plan processes are how they attempt to improve the accuracy rates. These officials also noted that financial penalties for noncompliance with the accuracy standards are not included in the current contracts (T-2017).[30]

GAO Estimates That Most Behavioral Health Listings Are Inaccurate

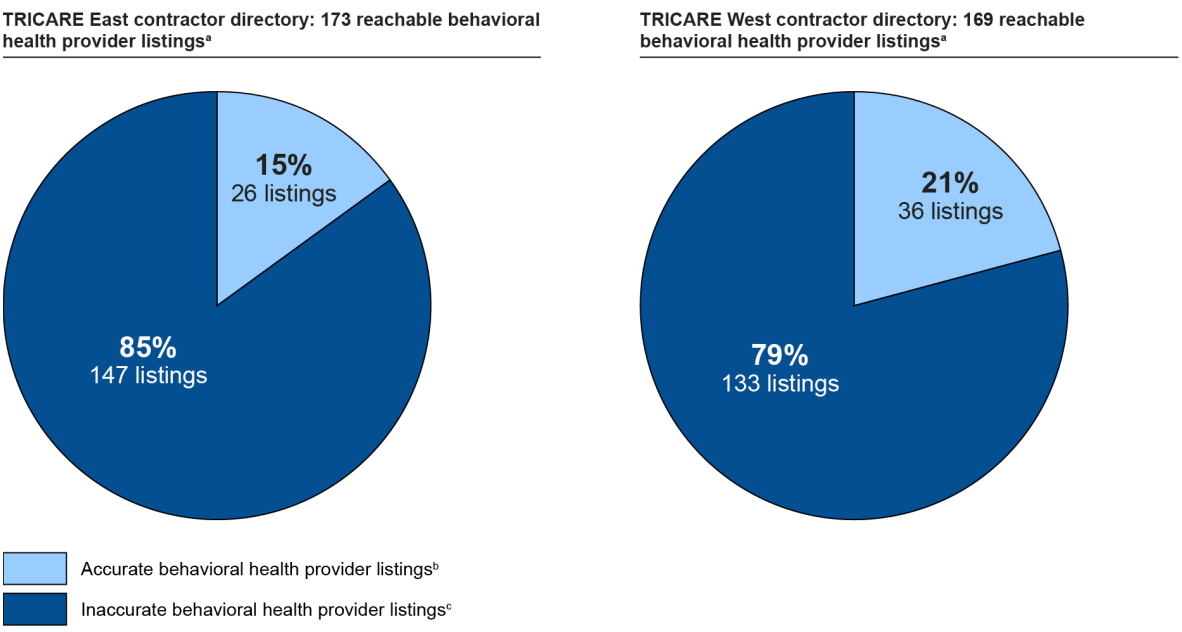
DHA officials told us that they do not monitor the accuracy of the behavioral health listings in the TRICARE network provider directories. The officials explained that they do not specifically monitor the accuracy of these listings because they did not think that there would be accuracy differences by type of provider specialty. Similarly, representatives from both contractors told us that they do not conduct monthly audits for specific specialties, including behavioral health care providers, nor do they collect information on the demographics or specialties of the listings that are randomly sampled for each monthly audit.

In the absence of any DHA monitoring of the accuracy of behavioral health provider listings in the TRICARE network directories, we conducted covert calls posing as a TRICARE beneficiary to a random sample of behavioral health providers in each directory dataset. As a

[30]The T-5 contracts have potential financial penalties, called performance guarantees, for failing to meet minimum accuracy standards. DHA officials have told us that they will be negotiating a change to this requirement with both contractors before the start of health care delivery in January 2025.

result of our covert calls to a random sample in July and August 2023, we estimate that 85 percent of the nearly 61,000 behavioral health listings in the TRICARE East contractor's network provider directory and 79 percent of the nearly 68,000 listings in the TRICARE West contractor's network provider directory would be considered inaccurate according to the contractual definition for an accurate provider listing.[31] See figure 4 for information on the accuracy of the random sample of behavioral health provider listings we covertly called.

Figure 4: Results of Covert Calls to Determine Accuracy of a Random Sample of Behavioral Health Provider Listings in the TRICARE East and West Contractors' Network Provider Directories, as of July-August 2023



Source: GAO analysis of covert call results. | GAO-24-106588

Notes: We conducted covert calls posing as a TRICARE beneficiary to a random sample of 342 behavioral health providers in the TRICARE East and TRICARE West contractors' network provider directory datasets in July and August 2023—including individual providers and facilities. This allowed us to generalize our results to all behavioral health provider listings in the directories. Neither of the TRICARE contractors' online network provider directories were downloadable, so we requested a copy from each contractor. The TRICARE East contractor's directory dataset was dated June 2, 2023. The TRICARE West contractor's was dated June 1, 2023.

[a]A listing was considered "reachable" if we could verify an incorrect phone number, a disconnected phone number, or a phone number that allowed us to reach the provider or staff to determine if the provider's name, gender, address, specialty, sub-specialty (if applicable), fax number, and accepting new TRICARE beneficiaries elements were correct.

[31]Our estimate is within ±5.3 percent at the 95 percent confidence level for the TRICARE East contractor's TRICARE network provider directory, and within ±6.2 percent at the 95 percent confidence level for the TRICARE West contractor.

[b]A listing was considered accurate if each of the seven elements required in the contract (name, gender, specialty, sub-specialty, address, phone number, fax number) were correct. Based on the results of the sample, we estimate that the accuracy of the nearly 61,000 behavioral health provider listings in the TRICARE East contractor's directory and the nearly 68,000 behavioral health listings in the TRICARE West contractor's to be 15 percent and 21 percent accurate, respectively. All estimates provided in this note have a margin of error no greater than ±6.2 percent at the 95 percent level of confidence.

[c]A listing is considered inaccurate if at least one of the seven elements required in the contract (name, gender, specialty, sub-specialty, address, phone number, fax number) was incorrect. Based on the results of the sample, we estimate that the inaccuracy of all behavioral health provider listings to be 85 percent and 79 percent inaccurate in the TRICARE East contractor's and TRICARE West contractor's directory, respectively. All estimates provided in this note have a margin of error no greater than ±6.2 percent at the 95 percent level of confidence.

Although we did not analyze the accuracy of each of the individual elements within a listing during our covert calls, we collected numerous examples of how the individual elements were incorrect (e.g., phone number or provider name), or where the respondent could not confirm the information.[32] For our random sample of behavior health provider listings, where we first verified the provider phone number element, we estimate about 19 percent of all behavioral health listings in the TRICARE East region's network directory and about 22 percent of all behavioral health listings in the TRICARE West region's network directory have a disconnected phone number or the provider is no longer practicing at the location associated with the phone number we called.[33] See figure 5 for additional examples of the individual elements of a listing that we found to be incorrect or were unable to confirm.

[32]We did not consider the listing to be inaccurate if the telephone respondent did not know or was unable to confirm the element information.

[33]These estimates are within ±5.9 percent at the 95 percent confidence level for the TRICARE East contractor's TRICARE network provider directory and within ±6.3 percent at the 95 percent confidence level for the TRICARE West contractor. Disconnected numbers include phone numbers that were disconnected, "out of service," "no longer in service," "user cannot be reached," "call cannot be completed at this time," or "call cannot be completed as dialed." We did not conduct analyses to determine the inaccuracy of other individual elements of the provider listings (e.g., specialty or fax number) because of the T-2017 contract's definition of an accurate listing as being one that has all seven required elements correct.

Figure 5: Examples of Behavioral Health Provider Listings in the TRICARE Network Provider Directories That Were Incorrect or Could Not Be Confirmed, as of July- August 2023

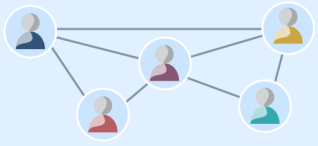
Provider's phone number

- When contacting a psychologist in the East region, the phone number we called was for a summer school program and the provider was not a provider there. Although the person who answered the call was familiar with the provider, they told us to look online to obtain contact information for him.
- When contacting a psychiatrist in the West region, we were told that the doctor was no longer there and had not been for quite some time.
- Listings for three different behavioral analysts shared a common phone number in our sample from the online provider directory in the West region. Our call to this listed phone number shared by these three providers led us to a person who stated that their company cannot verify individual provider information over the phone, as they do not have access to the providers' information.

Provider is accepting new TRICARE patients

- We contacted a facility offering mental health counselors in the East region that was listed as accepting new TRICARE patients. However, we were told that only one provider at the facility had capacity to see new patients, but they were not yet credentialed with TRICARE. As a result, the facility could not accept new TRICARE beneficiaries at this time.
- When contacting a social worker in the East region that was listed as accepting new TRICARE patients, the person who answered the phone call told us they were unsure whether the provider was accepting any new TRICARE patients.
- When contacting a psychologist in the West region listed as accepting new TRICARE patients, we were told that the provider was in a leadership role at the address listed, but no longer practicing medicine.

Provider is in the TRICARE provider network



- When contacting a facility in the East region offering social workers and psychiatrists, we were transferred to a billing specialist who then told us to directly contact TRICARE to determine if the provider was in the TRICARE network.
- When contacting a marriage and family therapist in the West region, the person who answered the phone call told us they were unaware of whether the provider was in the TRICARE network.

Source: Source: GAO analysis of covert call results (information); GAO (illustrations); ANDRII/Phruetthiphong/stock.adobe.com (provider mobile phone/covert call phone). | GAO-24-106588

Notes: We conducted covert calls posing as a TRICARE beneficiary to a random sample of behavioral health providers in the TRICARE East and TRICARE West contractors' network provider directory datasets in July and August 2023—including individual providers and facilities. This would allow us to generalize our results to all behavioral health provider listings in the directories. Neither of the TRICARE contractors' online network provider directories were downloadable, so we requested a copy from each contractor. The TRICARE East and West contractors' TRICARE network provider directory datasets were dated June 2, 2023 and June 1, 2023, respectively. We did not consider the listing to be inaccurate if the telephone respondent did not know or was unable to confirm the element information.

DHA officials told us that they do not require contractors to conduct audits by specialty because DHA wants the contractors to test a random sample of all providers in the directory each month in order for the results to be generalizable to the entire directory. In addition—as mentioned previously—DHA officials did not think that there would be differences in the accuracy behavioral health provider listings compared to the overall directory. However, according to representatives from an organization representing behavioral health providers that we interviewed, behavioral health providers may not have the administrative capacity to maintain directory accuracy because they often operate as solo practitioners or in small group practices.[34] The results of our covert calls suggest that behavioral health provider listings' accuracy could also be different from other health care providers.

As a result of DHA's guidance to the TRICARE contractors, DHA officials do not have any information on the accuracy rates of the behavioral health provider listings and they lack information on the causes for any differences in the accuracy of these listings compared to the overall directory. Monitoring the accuracy of behavioral health provider listings, including identifying and addressing any differences between behavioral health provider listings and the overall directory, would be consistent with DHA's responsibility to manage the TRICARE health plan and ensure that its provider listing accuracy requirements are met.[35]

DHA officials provided their perspectives on our findings of the accuracy of behavioral health provider listings. DHA officials told us they were already planning to make changes in the next generation of contracts, and they did not think additional steps or monitoring for the accuracy of behavioral health provider listings would be needed.[36] While these

[34]Additionally, researchers found 38 percent of psychiatrists operate independent, or small group practices, compared to 24 percent of primary care physicians; these results were based on analysis of provider data on ownership status among active physicians. See Grace McCormack, Mark Meiselbach, and Josephine Rohrer, "Medicare's Mental Health Care Problem," *Health Affairs Forefront* (Mar. 4, 2024).

[35]DHA Administrative Instruction 5136.01, *Defense Health Agency Terms of Reference* (Nov. 24, 2021).

[36]DHA officials told us that examples of these changes included requiring contractors to (1) contact network providers biannually to validate information contained in the provider directory; (2) remove a provider from the directory if they are nonresponsive to requests for updates; (3) include a minimum number of network providers in each individual locality for each monthly accuracy audit; and (4) conduct the monthly audits in the same manner a beneficiary would use to make an appointment; i.e., using the phone number listed in the directory.

planned changes to the next generation of contracts are intended to increase accuracy of provider listings in the directories generally, they are not specific to improving the accuracy of behavioral health provider listings.

Without behavioral health provider listings in the TRICARE network provider directories that more closely approximate the accuracy levels achieved for the overall directory, it may be harder for TRICARE beneficiaries to find network providers for behavioral health care. In addition, if the beneficiaries seek nonnetwork care because the directory was not of assistance, they may face extra out-of-pocket costs by going to a nonnetwork provider.

Multiple Factors Affect Behavioral Health Providers' Willingness to Accept TRICARE Beneficiaries; DHA and the Contractors Have Encouraged Acceptance

Our review of DHA's 2023 multiyear survey of civilian providers, as well as interviews with DHA and the TRICARE contractors, identified multiple factors that affected behavioral health providers' willingness to accept new TRICARE beneficiaries. Some factors were specific to TRICARE. Other factors were common across the health care industry. Officials from DHA and representatives from both contractors told us they have used various methods to encourage provider acceptance of TRICARE beneficiaries.

DHA Surveys Identified Factors That Affect Behavioral Health Providers' Willingness to Accept TRICARE Beneficiaries

DHA's 2023 multiyear survey of civilian providers indicated multiple reasons why behavioral health providers were not accepting new

The National Defense Authorization Act for Fiscal Year 2004 directed the Department of Defense (DOD) to conduct a survey of unenrolled civilian providers to help monitor TRICARE beneficiaries' access to care. The National Defense Authorization Act for Fiscal Year 2008 directed DOD to expand this effort and conduct multi-year surveys (2008-2011) of beneficiaries and civilian providers to determine the adequacy of beneficiaries' access to health care providers. The surveys have since been extended multiple times through 2020. Since 2021, the surveys have been administratively done by DOD to monitor the TRICARE contractors.

The survey of civilian providers includes both physicians and behavioral health providers in at least 40 geographic areas, including areas where beneficiaries and providers consider access to be a problem. The survey gathers data from these civilian providers regarding their awareness and acceptance of TRICARE patients and examines the reasons why providers may not accept TRICARE.

Source: See Pub. L. No. 108-136, Div. A, tit. VII, § 723, 117 Stat. 1392, 1532-34 (2003); S. Rep. No. 108-46, at 330 (2003);.Pub. L. No. 110-181, Div. A, tit. VII, § 711(a), 122 Stat. 3, 190-191. (2008). | GAO-24-106588

patients.[37] Some factors that behavioral health providers cited were specific to TRICARE, including low reimbursement rates and lack of awareness of TRICARE. Civilian providers that completed the survey also indicated a preference for private insurance.[38]

When asked about the factors that affect behavioral health providers' willingness to accept TRICARE beneficiaries, officials from DHA and representatives from the contractors generally cited factors similar to the information from the survey of civilian behavioral health providers.[39] In addition to the reasons included above, DHA officials also noted behavioral health providers' preference for patient self-pay or cash-only practice and provider burnout as factors in behavioral health providers' willingness to accept TRICARE beneficiaries.

Low reimbursement rates. Officials from DHA and representatives from the contractors stated that TRICARE's reimbursement rates are lower than other health plans and this is a challenge for many behavioral health providers. TRICARE East representatives told us that behavioral health providers may prefer to accept beneficiaries from health plans with higher reimbursement rates. TRICARE East representatives also said that unlike other government health plans, such as Medicare Advantage, or commercial plans that can pay above the Medicare fee schedule,

[37]Reasons were reported by those behavioral health providers responding "No" to the survey question that asked "As of today, is (provider name) accepting new TRICARE Select patients?" Behavioral health providers chose from a pre-set list of reasons along with an open-ended "other" option.

Results presented here are from the 2023 survey, which DHA recently completed. In 2023, the survey sample was 50,000 providers including 24,928 behavioral health providers; and 25,072 physicians. The final usable sample for 2023 comprised 2,355 eligible respondents, including 1,097 behavioral health providers, and 1,258 primary care physicians.

[38]These reported reasons have been fairly consistent, as there have been few changes in the reasons civilian providers have given for not accepting TRICARE patients since GAO began reporting on results from the survey in 2006. For example, see *Defense Health Care: Access to Care for Beneficiaries Who Have Not Enrolled in TRICARE's Managed Care Option*,GAO-07-48 (Washington. D.C.: Dec. 22, 2006), *Defense Health Care: 2008 Access to Care Surveys Indicate Some Problems, but Beneficiary Satisfaction Is Similar to Other Health Plans*, GAO-10-402 (Washington, D.C.: Mar. 31, 2010), and *Defense Health Care: DOD Surveys Indicate Beneficiary Experience Generally Unchanged in First Year of TRICARE Select,* GAO-20-318 (Washington, D.C.: Feb. 27, 2020).

[39]We used the DHA survey of civilian behavioral health providers to identify the reasons behavioral health providers were not accepting new TRICARE patients. We did not use the survey results to determine the extent to which each of the factors were reported by the civilian providers.

TRICARE generally cannot. In addition, the TRICARE East and TRICARE West contractors are also contractually required to meet a percentage of discounts with network providers and encouraged to proactively negotiate with them to lower reimbursement rates further in order to reduce the health cost to DHA or potentially face negative financial consequences. This is a longstanding challenge; since 2006 we have reported that some civilian providers were unwilling to accept TRICARE beneficiaries because TRICARE's reimbursement rates were lower than those of other health plans.[40]

Lack of awareness of TRICARE. DHA's surveys indicate that providers' awareness of the TRICARE program is a factor affecting providers'—including behavioral health providers'—acceptance of TRICARE beneficiaries. These results are similar to what we have reported since 2006.[41] TRICARE East and TRICARE West representatives told us that behavioral health providers often have small, independent practices and may not have administrative staff that are as familiar and engaged with health plans.

Provider preference for private insurance, self-pay, or cash-only payments. In the 2023 survey, behavioral health providers reported their preference for private insurance as a reason for not accepting TRICARE beneficiaries. Similarly, representatives from the TRICARE East contractor stated that behavioral health providers were in high demand and could be selective of the private insurance plans they accepted. In addition, officials from DHA and representatives from the TRICARE West contractor stated that an increased number of behavioral health providers have converted to a self-pay or cash-only practice and are unwilling to accept insurance, including TRICARE.

[40]See, for example, GAO-07-48, GAO-10-402, and GAO-20-318.

[41]See, for example, GAO-07-48 and GAO-10-402.

These payment preferences are consistent with research on this topic, including our recent work on mental health access.[42] In our March 2022 report, we interviewed national stakeholder organizations representing consumers, health plans, providers, insurance regulators and state mental health agencies to identify challenges insured consumers may experience accessing mental health services.[43] Stakeholders we interviewed for that report explained that behavioral health providers can often make more money and retain patients by converting to a self-pay or cash-only practice. We also reported evidence from one stakeholder group indicating that many high performing mental health providers in their state do not take any form of insurance, which made it difficult for patients to access these providers.

Provider burnout. Officials from DHA stated that provider burnout may impact the number of behavioral health providers that accept TRICARE. Burnout, according to the Substance Abuse and Mental Health Services Administration, results from chronic workplace stress and can have physical and emotional impact on the provider as well as their work with clients.[44] In 2022, the Substance Abuse and Mental Health Services Administration reported that an estimated 50 percent of behavioral health providers reported experiencing burnout due to high levels of stress, low

[42]Using data from the 2021 Medical Expenditure Panel Survey Household Component, researchers assessing access to mental health care for Medicare beneficiaries found that nearly 20 percent of behavioral health care visits were “self-pay” visits, which are visits entirely paid by the patient, compared to fewer than 9 percent among primary care physicians. See McCormack, Meiselbach, and Rohrer, “Medicare’s Mental Health Care Problem.” In another study, which used 10 years of data (January 2007 through December 2016) from the National Ambulatory Medical Care Survey to compare payment trends for psychiatrist visits with payment trends for primary care clinician visits, researchers found that the percentage of visits to psychiatrists that patients self-paid has trended upward from 19 percent in 2007-2009 to 27 percent in 2014-2016. Comparatively, the percentage of visits to primary care clinicians that patients self-paid has trended downward from 4 percent in 2007-2009 to 3 percent in 2014-2016. See Ivy Benjenk and Jie Chen. Trends in Self-payment for Outpatient Psychiatrist Visits.” *JAMA Psychiatry* vol. 77, no. 12 (2020).

[43]GAO, *Mental Health Care: Access Challenges for Covered Consumers and Relevant Federal Efforts,* GAO-22-104597 (Washington, D.C.: Mar. 29, 2022).

[44]According to the Substance Abuse and Mental Health Services Administration, burnout can include exhaustion, being emotional distant from one’s clients and work, and lead to a reduced sense of professional accomplishment. Substance Abuse and Mental Health Services Administration, National Mental Health and Substance Use Policy Laboratory, *Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies*, PEP22-06-02-005 (Rockville, Md.: 2022).

salaries, perceived lack of career advancement opportunities, and increased caseloads.

DHA and the Contractors Have Used Various Methods to Encourage Provider Acceptance of TRICARE Beneficiaries

Officials from DHA and representatives from both contractors told us they have used various methods, including reimbursement rate waivers, and increased recruitment of behavioral health providers to the TRICARE network to encourage provider acceptance of TRICARE beneficiaries. The contractors have also developed methods to increase awareness of TRICARE.

DHA reimbursement rate waivers. DHA has increased reimbursement rates in areas where the contractors determined that the rates have negatively impacted TRICARE beneficiaries' access to civilian providers and requested these adjustments. DHA has done so through locality-based waivers, which can be used to increase reimbursement rates for specific medical services in an area where access to these services has been severely impaired and are applicable to both network and nonnetwork providers.[45]

According to the contractors there is one locality-based waiver in the East region, in Key West, Florida for payments to behavioral health pediatric sub-specialties; and there are 22 locality-based waivers in the West region (mostly in Alaska) for payments to various specialties including obstetrics and gynecology, orthopedics, neurosurgery, and pain management. According to representatives from the TRICARE West contractor, the locality-based waivers allow for increased capacity for key services or specialties in underserved areas.[46] For example, representatives from the TRICARE West contractor explained that the waivers have been impactful in Alaska, where being a geographically

[45]We have previously reported on these waivers in June 2011, noting that there were 24 total waivers being used by the regions in January 2011. See *Defense Health Care: Access to Civilian Providers under TRICARE Standard and Extra*, GAO-11-500 (Washington, D.C.: June 2, 2011).

[46]The Health Resources and Services Administration designates a geographic area—such as a group of contiguous counties, a single county, or a portion of a county—as a medically underserved area based on the agency's index of medical underservice, composed of a weighted sum of the area's infant mortality rate, percentage of population below the federal poverty level, ratio of population to the number of primary care physicians, and percentage of population aged 65 and over. As of October 1, 2023, the Health Resources and Services Administration had designated 3,454 areas as medically underserved for primary care.

remote location and having inclement weather create a challenging environment for providers.

Increased communication campaign. Representatives from the TRICARE West contractor stated that to increase awareness of TRICARE among behavioral health providers, they conducted additional outreach and education to providers registered on their website, including nonnetwork providers.

Increased recruitment of behavioral health providers to the TRICARE network. Representatives from the TRICARE West contractor stated that in 2021 and 2022, they increased efforts to recruit providers using various methods, which led to an increase in their state-wide Alaska behavioral health provider network. To achieve these results, the TRICARE West contractor used information gathered from a review of the availability of behavioral health providers in Alaska where access to behavioral health is particularly challenging.

Conclusions

Network provider directories are helpful tools that health plan beneficiaries can use to search for providers available to them in their network, by location, and by provider specialty—including behavioral health providers. However, directories' usefulness is tied to the accuracy of the provider information within them. Due to the widely-reported shortages of behavioral health providers, finding these providers can be a significant hardship for beneficiaries—including service members and their families who are increasingly in need of behavioral health care, and who move frequently, therefore requiring new providers in different locations. This challenge can be compounded when a service member or military family relocates, for example, and uses their network directory only to discover that it contains disconnected phone numbers, providers that are no longer practicing at the expected location, or providers that no longer practice at all. Health plans have a responsibility, along with providers, for keeping the directories accurate.

Ensuring provider directories have accurate information has been challenging for both TRICARE contractors. With DHA's oversight, the contractors have made progress in the accuracy of the provider listings when reviewed across the entire directory. However, oversight of the accuracy of behavioral health provider listings is needed. We made covert phone calls—posing as TRICARE beneficiaries—to a random sample of 342 of the behavioral health provider listings in TRICARE's directories; we found that most of these listings were inaccurate, per DHA's contract requirements. Further, we found there was a large difference between the

accuracy rates we found for behavioral health listings compared to the accuracy rates for the overall provider listings reported by the contractors. Since DHA does not monitor the accuracy of behavioral health listings, it is difficult to decipher the cause of such differences. Directory inaccuracies are likely to impair beneficiaries' search for behavioral health care from providers that accept TRICARE. Assessing and addressing the accuracy of these listings would help DHA identify and address the causes of such inaccuracies, which in turn would help ensure that beneficiaries have the best information to aid them in their efforts to access behavioral health care.

Recommendations for Executive Action

The Secretary of Defense should ensure that the Director of DHA

- assesses the accuracy of behavioral health provider listings, specifically, in the TRICARE directories;
- determines and addresses the causes of any significant differences identified in the accuracy rate for behavioral health provider listings compared to the accuracy rates for the overall directories; and
- ensures accuracy rates for behavioral health provider directory information are comparable to the accuracy rates for the overall directory, to the extent practicable. (Recommendation 1)

The Secretary of Defense should ensure that the Director of DHA periodically monitors the accuracy of behavioral health provider listings in relation to the overall provider directory. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this report to DOD for review and comment. Its written comments are reproduced in appendix IV. DOD also provided technical comments, which we incorporated as appropriate. In its written comments, DOD partially agreed with the first recommendation and did not agree with the second recommendation.

DOD partially agreed with our first recommendation to (1) assess the accuracy of behavioral health provider listings, (2) determine and address the causes of any significant differences in accuracy for behavioral health provider listings compared to the overall directories, and (3) ensure behavioral health provider listing accuracy rates are comparable to the overall directory, to the extent practicable. In its written comments, DOD noted that it will research the feasibility of having the contractors assess the accuracy of the behavioral health provider listings.

In addition, DOD noted that it had determined the probable causes for differences in the accuracy rates for behavioral health provider listings compared to the overall directory. For example, DOD noted that behavioral health providers often do not have administrative staff to help keep provider directories updated with current information. DOD concluded that due to probable causes such as this, it would not be able to ensure the accuracy rates for behavioral health providers are comparable to the overall directory.

We agree that there may be some aspects about behavioral health providers' practices that impact the accuracy of information in their directory listings. As such, behavioral health provider listings are at a higher risk of being inaccurate compared to the overall provider directory. We continue to believe that our recommendation is needed, especially since we found such a large difference between the accuracy rates for behavioral health listings compared to the accuracy rates for the overall provider listings reported by the contractors. It is important for DOD to take steps to address these probable causes and improve the accuracy of the behavioral health provider listings so that accuracy rates are more comparable to the rates of the overall directory.

DOD disagreed with our second recommendation to periodically monitor the accuracy rates for the behavioral health listings in relation to the overall directory. In its written comments, DOD stated this was because DHA lacked sufficient staffing to conduct audits of the provider directory and modifying the T-5 contracts to have the contractors conduct audits of behavioral health provider listings would require additional funding.

However, as this report discusses, access to behavioral health care is paramount for TRICARE beneficiaries, as demand for these services have increased among active-duty service members and their families. In its written comments, DOD also noted that behavioral health providers are more mobile and as such, it is easier for them to move from one office to another. This further increases the risk that behavioral health provider listings may become less accurate over time quicker than other provider listings. As such, we maintain that DOD should periodically monitor the accuracy of behavioral health provider listings to help ensure that beneficiaries have the best information available when they need to access behavioral health care.

We are sending copies of this report to the appropriate congressional committees and the Secretary of Defense. In addition, the report will be made available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix V.

Sharon M. Silas
Director, Health Care

Appendix I: Objectives, Scope, and Methodology

The objectives of our report were to (1) describe the proportion of listings in the TRICARE network provider directories that are behavioral health providers and the completeness of the behavioral health provider information in these listings; (2) examine the oversight the Defense Health Agency (DHA) conducts to help ensure the accuracy of providers' listings in the TRICARE network provider directories, including behavioral health care provider listings, and (3) describe factors that affect behavioral health providers' willingness to accept TRICARE beneficiaries, and how, if at all, DHA encourages such acceptance.

To describe the proportion of behavioral health provider listings in the TRICARE network provider directories and the completeness of the those listings, we obtained a point-in-time dataset of the TRICARE East and TRICARE West regions' network provider directories from the two contractors that manage TRICARE in the two regions.[1] We used the National Provider Identifier to identify the number of individual providers and facilities, as well as duplicates.[2] To identify the behavioral health providers in the network directory, we used DHA's list of 75 taxonomy codes for behavioral health providers, which include individual providers and facilities.[3] We also analyzed the behavioral health provider listings in the datasets to determine whether they had complete information in the individual listing elements for name, gender, address, phone number, fax number, specialty, sub-specialty, and whether they were accepting new TRICARE patients.

[1]To manage the TRICARE program in each region, DHA uses contractors—which it refers to as managed care support contractors (contractors). In 2016, DHA awarded its fourth generation of TRICARE contracts, referred to as the T-2017 contracts, to the contractors in the East and West TRICARE regions. The T-2017 TRICARE East contract was awarded to Humana Government Business and the TRICARE West contract was awarded to Health Net Federal Services. The fifth generation of contracts, called T-5, is expected to start health care delivery in January 2025, according to DHA officials.

We obtained a copy of TRICARE East contractor's directory extracted on June 2, 2023, and a copy of TRICARE West contractor's directory extracted on June 1, 2023.

[2]Providers are identified by their National Provider Identifier number, which is a unique 10-digit number issued to individual and organizational health-care providers in the United States by the Centers for Medicare & Medicaid Services.

[3]A taxonomy code is a unique 10-character code that designates the provider's classification and specialization. Providers may have more than one taxonomy code, but one is indicated as the primary code. DHA's list of taxonomy codes includes 75 codes for behavior health providers, which included practitioners such as psychologists, social workers, marriage and family therapists, or substance abuse rehabilitation facilities.

To assess the reliability of these directory datasets, we reviewed related documentation, interviewed the TRICARE contractors, performed electronic testing to identify any missing data or obvious errors, and traced a sample of the dataset to the online directory to confirm they were the same. We determined that the datasets were sufficiently reliable for the purposes of our reporting objectives.

To examine the oversight DHA conducts to determine the accuracy of providers' listings in the TRICARE network provider directories, including behavioral health provider listings, we reviewed the T-2017 contracts and interviewed officials from DHA to identify the contractual requirements for accuracy of the entire directory, and for behavioral health specifically. Those contract requirements for accuracy require that a specific percentage of the provider listings in each network provider directory be accurate: that is, the listing has correct information in each of seven elements for (1) provider name, (2) provider gender (not applicable for facilities), (3) provider address, (4) provider phone number, (5) provider specialty, (6) provider sub-specialty (if applicable), and (7) provider fax number.[4] We also met with organizations representing TRICARE beneficiaries and behavioral health providers to obtain their views on the accuracy of TRICARE's network provider directories.

We also evaluated DHA's oversight activities to ensure that the T-2017 contract requirements for accuracy were met and compared them to the agency's guidance on DHA's responsibilities for managing the TRICARE health plan.[5] We then reviewed corrective action requests written by DHA, which detail deficiencies in the directory accuracy rates and directs the contractors to fix them. We also reviewed corrective action plans developed by both TRICARE contractors to address the deficiencies. To describe how the contractors assess and review the accuracy of their respective directories, we reviewed examples of monthly audit results from each contractor and their methodologies for conducting them. However, we did not evaluate the contractors' monthly audit methodologies. Finally, we interviewed each contractor regarding their accuracy-related processes.

[4]The contractual percentage is considered procurement sensitive and protected from disclosure.

[5]DHA Administrative Instruction 5136.01, *Defense Health Agency Terms of Reference* (Nov. 24, 2021).

To determine the accuracy of behavioral health provider listings in each of the two TRICARE network provider directories, we attempted to verify a random sample of behavioral health provider listings by conducting covert calls to providers' offices using phone numbers from the directories (i.e., undercover calls), in July and August 2023.[6] We selected a random sample from each dataset in order to reach a target of approximately 200 "reachable" listings in each directory.[7] Achieving 200 "reachable" listings would enable us to generalize our results to all behavioral health provider listings and achieve population estimates with a 95 percent confidence interval of within approximately ±7 percentage points. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval (e.g., ±6.2 percentage points). This is the interval that would contain the actual population value for 95 percent of the samples we could have drawn.

To conduct the covert calls, our criminal investigators posed as TRICARE beneficiaries. We used a pre-determined script to guide us for obtaining this information that also allowed for flexibility during each call to react to the respondent who answered the phone. During each call, we called the listed phone number and speaking to the person who answered the phone, we attempted to verify the following eight elements required to be in each provider listing: (1) provider name, (2) provider gender (not applicable for facilities), (3) provider address, (4) provider phone number, (5) provider specialty, (6) provider sub-specialty (if applicable), (7) provider fax number, and (8) provider's acceptance of new TRICARE patients. Consistent with the T-2017 TRICARE contracts' definition of accuracy, we assessed a listing to be accurate if we verified that each of the first seven elements were correct. The "acceptance of new TRICARE patients" element is contractually required to be included in the directory but is not verified for accuracy, so we collected this information but did not

[6]Provider listings include both individual providers and facilities. The term "provider" refers to both types of listings.

[7]A listing was considered "reachable" if we could verify an incorrect phone number, a disconnected phone number, or a phone number that allowed us to reach the provider or staff to determine if the provider name, gender, address, specialty, sub-specialty (if applicable), fax number, and accepting new TRICARE beneficiaries elements were correct.

include this in the criteria for an "accurate" listing (see app. III for this analysis).

In conducting the covert calls, we called each provider's office up to three times on different business days in order to reach the provider or provider's office staff and verify the information. If we did not reach the provider or the provider's office staff, we left at least one voicemail using our undercover identity if voicemail was available. We considered listings we could not reach after three attempts to be "unreachable," and we excluded those listings from our calculations of accuracy. We found 35 unreachable listings in the TRICARE East contractor's sample and 39 in the TRICARE West contractor's sample. When we did reach the provider or their office staff, we first verified the provider's name to determine if the phone number and name elements were accurate. This resulted in 173 reachable listings in the TRICARE East contractor's dataset and 169 in the TRICARE West contractor's dataset, for a total of 342 listings. If we verified that the provider was not practicing at this location, we assessed the listing to be "reachable" and "inaccurate" and ended the call. If we verified that the provider was practicing at this location, we attempted to verify the remaining required elements and determined if the entire listing was "accurate" or "inaccurate."[8] We also asked if the provider was accepting new TRICARE patients.

Because we began our calling in July 2023 and the directory datasets were dated early June 2023, we requested a second dataset from each contractor in early July when we began our covert calls. We compared our sample of providers in the June 2023 datasets to the same providers in the July 2023 datasets to determine if the listings for our sample of provider information had changed. We removed seven listings from our TRICARE East sample and one listing from our TRICARE West sample because we found that these listings had different information. To conduct the covert calls, we used the original June 2023 samples minus the eight listings that had changed by July 2023.

To describe factors that affect civilian providers' reported acceptance of TRICARE beneficiaries, we obtained and reviewed DOD's results from its TRICARE Survey of Providers for 2023, the most recent results

[8]An inaccurate listing had at least one of the seven elements incorrect.

available.[9] We reviewed the results to determine the extent to which civilian providers reported accepting any new TRICARE patients, and accounted for whether they were accepting any other new patients. We also interviewed officials from DHA and representatives from the TRICARE contractors about factors that affect providers' acceptance of TRICARE patients. We assessed the reliability of the data from DOD's surveys by speaking with knowledgeable officials and reviewing relevant documentation. We determined that the survey data was sufficiently reliable for the purposes of our reporting objectives.

[9]For this survey, DOD surveyed psychiatrists, clinical psychologists, certified psychiatric nurse specialists, clinical social workers, certified marriage and family therapists, pastoral counselors, and mental health counselors. The survey of civilian providers includes both physicians and behavioral health providers in at least 40 geographic areas, including areas where beneficiaries and providers consider access to be a problem. For the purposes of our report, we are only providing information on the responses by behavioral health providers. The survey gathers data from these civilian providers regarding their awareness and acceptance of TRICARE patients and examines the reasons why providers may not accept TRICARE.

Appendix II: TRICARE Network Development

The Department of Defense (DOD) offers health care benefits to over nine million eligible beneficiaries through TRICARE health plan options, including a managed care plan called TRICARE Prime and a preferred provider option plan called TRICARE Select.[1] DOD's Defense Health Agency (DHA) manages and oversees the integrated health care system through managed care support contractors (contractors). As of March 2024, two contractors administer TRICARE health plan options in their respective East and West TRICARE regions under the fourth generation of TRICARE contracts, known as T-2017.[2] Some of the responsibilities of the contractors include developing networks of civilian health care providers and making directories of these network providers accessible online to beneficiaries. The contractors developed the networks to be able to meet access to care standards and other requirements, using their own methodologies to determine targeted numbers of providers, create the network to meet those standards, and report to DHA on the networks' ability to meet these standards.

Access to Care Standards and Other Network Requirements

The two T-2017 TRICARE contractors generally developed their regional networks to be adequate to provide the full scope of TRICARE benefits to TRICARE Prime and TRICARE Select beneficiaries, as measured by the ability to meet access to care standards, by the start of health care delivery for the T-2017 contracts.[3] Access to care standards define

[1]In TRICARE Prime, enrollees work with a primary care manager who provides most of their care and refers them to specialists when needed. TRICARE Select enrollees are not required to have a primary care manager and do not require referrals for specialty care appointments. TRICARE offers several other plans, including TRICARE Prime Remote, which extends TRICARE Prime benefits to those beneficiaries who live more than 50 miles, or approximately 1-hour driving time, from a military medical treatment facility in designated locations. Beneficiaries can use these plans to obtain their health care either from military hospitals and clinics, referred to as military treatment facilities, or from civilian providers.

[2]The T-2017 TRICARE contracts began health care delivery on January 1, 2018, and reduced the number of TRICARE regions from three (North, South, and West) to two (East and West). The East region resulted from the merger of the North and South regions. The fifth generation of contracts, known as T-5, retains the East and West regions. According to DHA officials, the anticipated start of T-5 health care delivery is January 1, 2025.

[3]In addition, the National Defense Authorization Act for Fiscal Year 2017 required DOD to ensure that at least 85 percent of the beneficiary population under TRICARE Select is covered by the network by January 1, 2018. Pub. L. No. 114-328, Div. A, tit. VII, § 701(f), 130 Stat. 2000, 2187 (2016).

metrics for appointment wait time, office wait time, and travel time.[4] Specifically:

- Appointment wait-time should not exceed 4 weeks for a well-patient visit or specialty care referral, 1 week for a routine visit, and 24 hours for an urgent care visit;
- Office wait time should not exceed 30 minutes, except when emergency care is being provided to patients, and the normal schedule is disrupted; and
- Under normal circumstances, travel time should not exceed 30 minutes from a beneficiary's home to a primary care delivery site and 60 minutes to a specialist.

In addition, the TRICARE West contractor had additional performance requirements impacting network development.

Determination of Provider Target Numbers

The contractors developed the geographic and provider composition of their networks based on contractual and regulatory requirements. They also determined their target numbers by provider category using proprietary methodologies. The contracts designated areas where TRICARE Prime services needed to be offered, from which DHA officials told us the contractors created 96 Prime Service Areas in the East region and 66 in the West at the start of health care delivery for the T-2017 contract.[5] The contractors developed networks in each Prime Service Area with the goal to have a particular target number of providers in each of the 29 provider categories they must use in their reports to DHA. For example, under the T-2017 contract, three of the 29 categories relate to behavioral health: psychiatrists, behavioral health providers, and

[4]TRICARE access to care standards are in 32 C.F.R. § 199.17(p)(5) and are incorporated by reference in the contracts. Network adequacy standards are also established by contract.

[5]Prime Service Areas include any zip code within a 40-mile radius of government-designated sites. Specifically, these sites are military treatment facilities (the hospital or clinic on the military installation) and base realignment and closure sites (where military installations used to be). Generally, TRICARE Prime is only available for those beneficiaries living in a Prime Service Area. Any area not included in a Prime Service Area is divided into non-Prime Service Areas.

DHA officials told us the number of Prime Service Areas has slightly changed over time, and as of March 2024, the East region has 101 and the West region has 66 Prime Service Areas. DHA officials told us that the West region also has 13 additional areas with networks, which were developed by the TRICARE West contractor to meet the National Defense Authorization Act for Fiscal Year 2017 requirements for TRICARE Select beneficiaries.

behavioral health facilities.[6] TRICARE contractors vary in network development strategies yet both rely on population and claims data to ensure the network can meet access to care standards and other network requirements.

TRICARE East Contractor Methodology

The TRICARE East contractor used a proprietary formula generally consisting of either provider-to-beneficiary ratios or past claims data—depending on the type of provider—to develop target numbers for each provider category identified by DHA. Representatives from the TRICARE East contractor told us they apply the same formula to both Prime Service Areas as well as the non-Prime Service Areas, which they said helps to address the National Defense Authorization Act for Fiscal Year 2017 requirement for coverage of TRICARE Select beneficiaries.

TRICARE West Contractor Methodology

The TRICARE West contractor also used a proprietary formula generally consisting of either provider-to-beneficiary ratios or past claims data—depending on geographic area—to develop target numbers for each provider category identified by DHA. In order to meet the National Defense Authorization Act for Fiscal Year 2017 TRICARE Select coverage requirement, the TRICARE West contractor increased provider target numbers in Prime Service Areas and non-Prime Service Areas with high numbers of beneficiaries to support historical utilization patterns.

Implementing the Networks

Once the contractors determined the target number of providers that would be needed in each area by provider type, they each utilized their own methods for implementing their network.

TRICARE East Contractor Network Implementation

The TRICARE East contractor held the previous generation of contracts for the South Region, and their network implementation relied on their existing network in the South Region and obtaining the North Region network from the outgoing contractor. They also relied on their existing national contracts for ancillary services, and targeted recruitment to fill gaps.[7]

TRICARE West Contractor Network Implementation

The TRICARE West contractor implemented their network by identifying all providers who accepted TRICARE under the previous TRICARE West

[6]According to DHA officials, the "behavioral health provider" category includes dozens of different types of behavioral health providers. For example, this category includes psychologists, social workers, and marriage and family therapists.

[7]Ancillary services include, for example, laboratory, diagnostic imaging, and pharmacy services.

contractor. They identified those providers using claims data and worked to recruit them to the new network. The TRICARE West contractor also relied on their existing national contracts for ancillary services from their previous position as the TRICARE North contractor. At the start of the T-2017 contract, the TRICARE West contractor relied on an affiliate company for their network of behavioral health care providers.[8] The TRICARE West contractor told us that while they do not generally add providers beyond their target numbers, they make an exception for behavioral health care providers because they know these providers are often in high demand.

Contractor Network Reporting to Defense Health Agency

Contractors are required to submit several recurring reports on their provider networks to DHA. DHA officials told us they review reports in five specific categories of metrics to determine the adequacy of the contractors' networks. Three of these five monthly reports are disaggregated by the 29 provider categories and all are disaggregated by Prime Service Area or, where applicable, non-Prime Service Area. DHA officials review any "Unsatisfactory" ratings and discuss solutions with contractors. Specifically, the five metrics are as follows:

(1) Access to care: According to DHA officials, they measure compliance with access standards for appointment wait times, office wait times, and travel times in each individual Prime Service Area and, where applicable, individual non-Prime Service Areas. DHA officials told us that how these are calculated vary depending on the type of care and whether beneficiaries require referrals to receive the care. For example, measuring the appointment wait time for a specialty care appointment for a beneficiary that needs a referral begins by calculating the number of days between the issuance of the referral and the date of the appointment, minus 3 days to account for time for the beneficiary to receive notification of the approved referral. This "days to care" metric is averaged for all provider types in the Prime Service Area, and a Prime Service Area is considered passing (i.e., meeting the metric) when the monthly average days to care for referred care is 28 days or less. The number of passing Prime Service Areas is then divided by the total number of Prime Service Areas to provide a percentage of passing areas, with a rate below 60 percent being unsatisfactory

[8]According to representatives from the TRICARE West contractor, starting in 2019, the employees from the affiliate company handling TRICARE behavioral health care providers became full-time employees of the TRICARE West contractor.

for the contractor. See table 2 for more information about access to care metrics and how they are measured.

Table 2: Defense Health Agency's Access Metrics and Methodologies for Measuring Compliance

Access to care metric	Care type (if applicable)	Review methodology
Appointment wait times[a]	Primary care	• These metrics are assessed using complaints and grievances. The number of complaints and grievances related to primary care appointment wait times is multiplied by 26 to account for beneficiaries who are similarly dissatisfied yet do not submit a complaint. That number is divided by the total number of office visits to determine the satisfaction rate. Each Prime Service Area and non-Prime Service Area are rated on a satisfactory/unsatisfactory scale: Prime Service Areas below 90 precent and non-Prime Service Areas below 80 percent are considered unsatisfactory.
	Specialty care	• For beneficiaries with referrals, contractors calculate the number of days between the issuance of the referral and the date of the appointment and subtract 3 days to account for time for the beneficiary to receive notification of the approved referral. This "days to care" metric is averaged for all provider types in the Prime Service Area. Each Prime Service Area is given a pass/fail grade. A Prime Service Area is considered passing when the monthly average days to care for referred care is 28 days or less. The number of passing Prime Service Areas is then divided by the total number of Prime Service Areas to provide a percentage of passing areas, with a rate below 60 percent being unsatisfactory.[b] • For beneficiaries without referrals, the metric is assessed with complaints and grievances, using the same method as that for the appointment wait times for primary care metric.
	Urgent care	• These metrics are assessed with complaints and grievances, using the same method as that for the appointment wait times for primary care metric.
Office wait times[c]	All care, except emergency care	• These metrics are assessed with complaints and grievances, using the same method as that for the appointment wait times for primary care metric.
Travel times[d]	Primary care	• These metrics are assessed with complaints and grievances, using the same method as that for the appointment wait times for primary care metric.
	Specialty care	• For beneficiaries with referrals, contractors use mapping software to estimate the drive time. A Prime Service Area is considered passing if travel time standards for both primary and specialty care are met at least 96 percent of the time. The number of passing Prime Service Areas is then divided by the total number of Prime Service Areas to provide a percentage of passing areas, with a rate below 60 percent being unsatisfactory.[b] • For beneficiaries without referrals, the metric is assessed with complaints and grievances, using the same method as that for the appointment wait times for primary care metric.

Source: GAO analysis of TRICARE information. | GAO-24-106588

[a]The TRICARE access standard is that appointment wait-time should not exceed 4 weeks for a well-patient visit or specialty care referral, 1 week for a routine visit, and 24 hours for an urgent care visit.

[b]According to Defense Health Agency officials, they take the worse of the results of the two standards—referred appointment wait time and referred appointment drive time—to determine the regional network's rating on access to care standards. A rate below 60 percent is unsatisfactory.

[c]The TRICARE access standard is that office wait time should not exceed 30 minutes, except when emergency care is being provided to patients, and the normal schedule is disrupted.

[d]The TRICARE access standard is that under normal circumstances, travel time should not exceed 30 minutes from a beneficiary's home to a primary care delivery site and 60 minutes to a specialist.

(2) Instances of network inadequacies: DHA officials told us that an individual Prime Service Area is considered passing when three or fewer referrals to a nonnetwork provider are made in a single month in that area, per category of provider type (such as psychologists). DHA officials told us that although the overall rating for this standard is similarly determined by the number of passing Prime Service Areas divided by the total number of Prime Service Areas (below 60 percent is unsatisfactory), any instance of a Prime Service Area not passing would require actions by the contractor to address.

(3) Number of referrals to military treatment facilities and network providers as compared to nonnetwork providers: DHA officials told us that the network is considered passing when at least 96 percent of referrals meet access standards and go to either military treatment facilities or network providers. They also told us that if the percentage is under 96 percent, contractor would be required to identify and take actions to achieve 96 percent.

(4) Number of claims paid to network providers as compared to nonnetwork providers: According to DHA officials, the network is considered passing when at least 94 percent of claims are paid to network providers, and for any percentage under 94 percent, the contractor would be required to identify and take actions to achieve 94 percent.

(5) Target numbers of providers compared to actual number of providers, by provider type and location: DHA officials told us that this report shows which areas have met targeted amounts of providers by specialty. However, DHA does not have standards associated with how many of the targets must be met because, according to DHA officials, there may not be the targeted number of providers in particular specialties available in remote, isolated, or rural communities. However, DHA officials told us it is useful in giving context to other reports. Contractors report this for each of the Prime Service Areas as well as non-Prime Service Areas.

Appendix III: Information on TRICARE Network Provider Directories and Behavioral Health Providers' Acceptance of New TRICARE Beneficiaries

We conducted a review of the TRICARE contractors' TRICARE network provider directory datasets from June 2023.[1] We found these directory datasets indicated high levels of behavioral health care providers' acceptance of new beneficiaries.[2]

- In June 2023, the TRICARE East contractor's network provider directory indicated that nearly 100 percent of behavioral health providers (60,648 of 60,978 behavioral health provider listings) were accepting new TRICARE beneficiaries. This determination includes those listings that had "NULL" entries in this element as well as "Accepting New Patients." According to TRICARE East contractor representatives, "NULL" entries mean that the provider has not communicated to the contractor about their acceptance of new TRICARE beneficiaries. As a result, these representatives told us that the assumption is that the provider would be accepting new TRICARE beneficiaries, and therefore "NULL" in the dataset display as "Accepting New Patients" in the on-line directory.
- During the same time frame, the TRICARE West contractor's network provider directory indicated that about 96 percent of behavioral health providers (65,245 of 67,732 behavioral health provider listings) were accepting new TRICARE beneficiaries.

See table 3 for more information on what the directories indicated about providers' acceptance of new TRICARE beneficiaries.

[1]Neither of the TRICARE contractors' online network provider directories were downloadable, so we requested a copy from each contractor. We obtained a copy of TRICARE East contractor's directory extracted on June 2, 2023, and a copy of TRICARE West contractor's directory extracted on June 1, 2023.

[2]Behavioral health care providers include individual providers as well as facilities.

Table 3: Providers' Acceptance of New TRICARE Beneficiaries Displayed in the TRICARE Network Provider Directories, by TRICARE Contractor, June 2023

Provider statistics	Number of listings	Number of listings that indicate provider is accepting new TRICARE beneficiaries	Percent of listings that indicate provider is accepting new TRICARE beneficiaries
TRICARE East contractor's network provider directory:			
• Total provider listings	812,914	802,611	98.7[a]
• Total behavioral health provider listings[b]	60,978	60,648	99.5[a]
TRICARE West region contractor's network provider directory:			
• Total provider listings	306,042	287,868	94.1[c]
• Total behavioral health provider listings[b]	67,732	65,245	96.3[c]

Source: GAO analysis of TRICARE contractors' TRICARE network provider directories. | GAO-24-106588

Note: Providers include individual providers as well as facilities. Neither of the TRICARE contractors' online network provider directories were downloadable, so we requested a copy from each contractor. The TRICARE East contractor provided a dataset of their directory dated June 2, 2023. The TRICARE West contractor's was dated June 1, 2023.

[a]For the TRICARE East contractor's directory, we counted those as indicating that they are accepting new TRICARE beneficiaries if the point-in-time version of their directory had "NULL" or "Accepting New Patients" in the "is the provider accepting new TRICARE patients" element. According to TRICARE East contractor representatives, "NULL" entries in the point-in-time version display as "Accepting New Patients" in the online directory. Other element entries included "Accepting Existing Patients Only," "Not Accepting New Patients," and "Patients Limitations."

[b]Behavioral health providers are identified as any provider who lists a behavioral health taxonomy code in either their specialty or sub-specialty. A taxonomy code is a unique 10-character code that designates the provider's classification and specialization. The behavioral health taxonomy codes used here were provided by Defense Health Agency officials.

[c]For the TRICARE West contractor's directory, we counted those as indicating that they are accepting new TRICARE beneficiaries if the directory dataset had "yes" in the "is the provider accepting new TRICARE patients" element. Other element entries included "no," and a small number of blank entries.

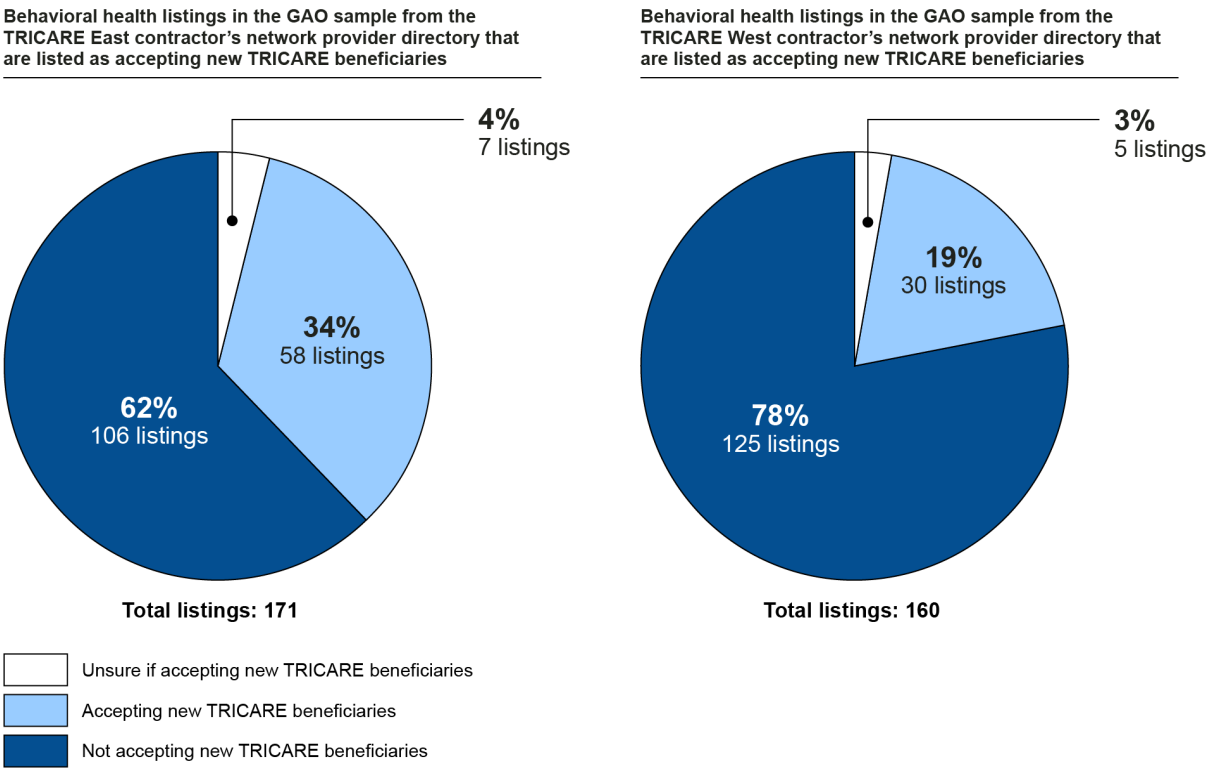
Officials from DHA and representatives from the contractors, as well as from an association representing providers, told us that providers' acceptance of new patients, including new TRICARE beneficiaries, is point-in-time information that can vary frequently—even daily. For example, DHA officials told us that providers' acceptance of new TRICARE beneficiaries can change depending on the providers' patient capacity or if the provider will not be seeing patients for a period of time, such as when going on vacation.

Of the 173 behavioral health provider listings in our covert call sample from the TRICARE East contractor's directory, 171 of the listings indicated that they were accepting new TRICARE beneficiaries, one listing indicated they were not, and one listing was blank for this element. Of the 169 behavioral health provider listings in our covert call sample from the TRICARE West contractor's directory, 160 of the listings indicated that they were accepting new TRICARE beneficiaries, six listing indicated they were not, and three listings were blank for this element. We then reviewed the results of our covert calls in July and August 2023 based on how the "accepting new TRICARE beneficiaries" element was indicated in the listing.

Behavioral health provider listings from our sample that indicated the provider was accepting new TRICARE beneficiaries. Of the behavioral health provider listings in our sample that indicated that the provider was accepting new TRICARE beneficiaries, we found that only a small percentage of these providers were affirmatively accepting new TRICARE beneficiaries at the time of our calls. For example, we found that of behavioral health provider listings in our covert calling sample where the element indicated that the provider was accepting new TRICARE beneficiaries, 34 percent of those providers in the TRICARE East contractor's directory (58 of 171), and 19 percent in the TRICARE West contractor's directory (30 of 160) were affirmatively accepting new TRICARE beneficiaries at the time of our calls.[3] See figure 6 for additional information.

[3]This information cannot be generalized to the entire behavioral health population in the TRICARE network directories.

Figure 6: Results of Covert Calls to Determine Behavioral Health Providers' Acceptance of New TRICARE Beneficiaries in the TRICARE Contractors' Network Provider Directories, as of July-August 2023



Source: GAO analysis of covert call results. | GAO-24-106588

Note: Providers include individual providers as well as facilities. Neither of the TRICARE contractors' online network provider directories were downloadable, so we requested a copy from each contractor. The TRICARE East contractor provided a dataset of their directory dated June 2, 2023. The TRICARE West contractor's was dated June 1, 2023. We conducted covert calls posing as TRICARE beneficiaries to a sample of behavioral health providers from these datasets in July and August 2023. This information cannot be generalized to the entire behavioral health population in the TRICARE network directories.

Behavioral health provider listings in our sample that indicated the provider was not accepting new TRICARE beneficiaries: There were seven total behavioral health provider listings between the two directory datasets where the element indicated that the provider was not accepting any new TRICARE beneficiaries:

- In our covert calling sample from the TRICARE East contractor's directory, for the one behavioral health provider listing that indicated that the provider was not accepting new TRICARE beneficiaries, the

provider was actually accepting new TRICARE beneficiaries at the time of our covert calls.[4]

- In our covert calling sample from the TRICARE West contractor's directory, of the six behavioral health provider listings that indicated that the provider was not accepting new TRICARE beneficiaries, one provider was actually accepting new TRICARE beneficiaries at the time of our calls.[5]

[4]This information cannot be generalized to the entire behavioral health population in the TRICARE network directories.

[5]This information cannot be generalized to the entire behavioral health population in the TRICARE network directories.

Appendix IV: Comments from the Department of Defense

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

Ms. Sharon M. Silas
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Silas:

Attached is the Department of Defense's response to the Government Accountability Office (GAO) draft report GAO-24-106588, "DEFENSE HEALTH CARE: DOD Should Improve Accuracy of Behavioral Health Provider Information in TRICARE Directories," dated April 24, 2024.

My point of contact for this matter is Ms. Kathryn E. McGuire, who may be reached at (619) 400-9123 or kathryn.e.mcguire.civ@health.mil.

Sincerely,

CROSLAND.TELITA.1017383040 Digitally signed by CROSLAND.TELITA.1017383040
Date: 2024.06.04 11:59:08 -04'00'

TELITA CROSLAND
LTG, USA
Director

Enclosure:
As stated

GAO DRAFT REPORT DATED APRIL 24, 2024
GAO-24-106588 (GAO CODE 106588)

"DEFENSE HEALTH CARE: DOD Should Improve Accuracy of Behavioral Health Provider Information in TRICARE Directories"

DEPARTMENT OF DEFENSE COMMENTS TO THE GAO RECOMMENDATION

RECOMMENDATION 1: The GAO recommends that the Secretary of Defense should ensure that the Director of DHA

- assesses the accuracy of behavioral health provider listings, specifically, in the TRICARE directories;
- determines and addresses the causes of any significant differences identified in the accuracy rate for behavioral health provider listings compared to the accuracy rates for the overall directories; and
- ensures accuracy rates for behavioral health provider directory information are comparable to the accuracy rates for the overall directory, to the extent practicable.

DOD RESPONSE: Partially concur.

- (Partially concur) DOD will research the feasibility of requiring the Managed Care Support Contracts include review of behavioral health (BH) provider listings as part of their audits within the current T-2017 contract and the T-5 contract that begins in January 2025.
- (Concur – probable causes listed below) DOD determined the probable causes of any potential differences in the accuracy rate for BH provider listings compared to the accuracy rates for the overall directories as the following:
    - BH providers are more mobile. Operationally it is easier for BH providers to move from one office to another.
    - BH providers often do not have administrative staff to provide updated provider rosters, data changes, etc. Many times, these are small practices with little or no supporting infrastructure to maintain administrative requirements, and providers focus on seeing patients during the day and may not answer the phone.
    - BH provider availability is fluid and can change daily.
    - Anecdotal reports indicate that some BH providers prefer patients contact them only by e-mail or text (and they do not post phone numbers).
- (Non-concur) Due to the variability of providers, the availability of administrative support, the availability of the providers themselves, and the increased mobility of BH providers, DOD cannot ensure accuracy rates are comparable to the overall directory.

RECOMMENDATION 2: The Secretary of Defense should ensure that the Director of DHA periodically monitors the accuracy of behavioral health provider listings in relation to the overall provider directory.

DOD RESPONSE: Non-Concur. The T-2017 and T-5 contracts do not include a requirement for a separate audit of individual specialties, including behavioral health providers. Adding the requirement to the T-5 contracts would require a contract modification and additional funding. DHA does not have sufficient staffing to conduct audits of the provider directory.

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Sharon M. Silas, (202) 512-7114, silass@gao.gov

Staff Acknowledgments

In addition to the contact named above Ann Tynan (Assistant Director), Jeffrey Mayhew (Analyst in Charge), Jennifer Alexander, Nicholas Lessard-Chaudoin, Melissa Hart, Rich Lipinski, N'dea Moore-Petinak, and Romonda McKinney made key contributions to this report. Also contributing were Joycelyn Cudjoe, Jacquelyn Hamilton, Mark Macpherson, Sabrina Streagle, Roxanna Sun, and Cathleen Whitmore.

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