



Improving Access to Care for Pregnant TRICARE Beneficiaries: Make Pregnancy a Qualifying Life Event

Background: The TRICARE program, which provides health care for service members, their families, retirees and surviving family members, has two basic plans: Prime and Select. Prime is an HMO-style plan in which beneficiaries are assigned a Primary Care Manager (PCM), who must refer them for needed specialty care. Most Prime beneficiaries receive the bulk of their care at Military Treatment Facilities (MTFs). Beneficiaries in the PPO-style Select plan have greater out-of-pocket costs but have more flexibility in choosing their providers and typically see providers in the civilian purchased care network.

All active duty service members are enrolled in TRICARE Prime. Family members and retirees may opt to enroll in either Prime or Select during the annual Open Season or if they experience a Qualifying Life Event (QLE). QLEs include marriage, divorce, a move, a job change, and the birth or adoption of a child – **but pregnancy is not considered a QLE.**

The Problem: Known issues with network capacity and/or staffing at MTFs can make it difficult for expectant moms to find timely access to care.

The Solution: Define pregnancy as a QLE, allowing eligible TRICARE beneficiaries to switch plans as needed to access timely care.

Frequently Asked Questions:

Would this change impact the coverage of prenatal care for TRICARE beneficiaries?

No – TRICARE’s coverage policies are consistent across all plans. Including pregnancy as a QLE would allow a beneficiary to choose where she receives her care, not the care available to her.

Why is making pregnancy a QLE specifically important for TRICARE?

The challenges of the military lifestyle and the unique nature of the military health system can make it difficult for families to access the care they need. The complex system of military hospitals and clinics can be hard to navigate. Insufficient capacity in the civilian care network disproportionately impacts military families, who must reestablish care with every military ordered move. These difficulties are problematic at the best of times, but especially troublesome during pregnancy, when early, regular access to care is closely correlated with positive outcomes. TRICARE’s QLE policies should reflect these challenges and facilitate access to available care.

Is there any precedent for this?

Yes – prior to 2018 and the establishment of the TRICARE Open Season, beneficiaries could switch between TRICARE plans at any time. Today, beneficiaries can switch between TRICARE Prime and US Family Health Plan options (where available.) Ample data exists to suggest how many pregnant beneficiaries would take advantage of this option.

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