



From: TRICARE For Kids Coalition
To: Defense Health Agency Pediatric Integrated Project Team

Questions for Submission to the PIPT for the June 24, 2015 meeting with stakeholders

A. The Tricare for Kids Coalition identified the following list of opportunities to improve care and care experiences for military connected children pursuant to the DoD Pediatric Report to Congress released in July 2014.

1. For each of the following issues identified in the Section 735 Report and recommendations made by stakeholders:

What is the DoD/DHA position on the topic/recommendation?

What is the status and summary of activity since the Report publication date?

Please describe a plan for implementation?

What if any, additional authority is needed?

- Aligning Tricare with preventive benefits available through the Patient Protection and Affordable Care Act (ACA), Bright Futures and Medicaid's Early and Period Screening, Diagnostic and Treatment (EPSDT).
- Aligning medical necessity definition for purchased care sector with AAP recommendation and broader definition allowed in the direct care system to ensure a consistent benefit and care.
- Creating a pediatric physician advisory group with internal and external practitioners that meets on a regular basis to provide pediatric specific perspective on policy and practices.
- Establishing an Advisory Panel on Community Support for Military Families with Special Needs as [required by law](#).
- Amending the inpatient only list TRICARE adopted from Medicare for pediatrics.
- Addressing reimbursement areas cited in the Report and stakeholder comments throughout the process. Would you discuss the need for and work with a pediatric payment advisory group to address?
- Adjusting definitions and provider categories as necessary to cover medical nutrition for children with complex nutritional needs.
- Implementing internal ECHO reforms and increase flexibility of ECHO benefit to ensure that it aligns with the Centers for Medicare & Medicaid Services (CMS) standards for community based supports and provides improved access and continuity of care to families.
- Ensuring that compounded medication coverage and regulation allows pediatric needs to be met.

- Convening data stakeholders advisory group to assist with metrics, appropriate comparisons, etc. for pediatrics including complex care and care coordination and management.
- Immediately adopting mental and behavioral health standards more commonplace in pediatric care systems such as wrap around care, intensive outpatient programs, family centered care, community based care and uniform access to specialty care.
- Removing artificial barriers to residential treatment center certifications.
- Particularly with regards to EFMP families, compiling recommendations from the many recent reports and studies and creation of a checklist of action items and issue areas to address. Can you assure this stakeholder community that this will be done in collaboration with internal and external stakeholders?

2. For each of the following deep dive issues identified in the Section 735 Report and recommendations made by stakeholders:

What steps has DHA/DoD taken since the Report publication date to begin to address:

- The lack of data, inefficiency of collection and analysis and inability to meaningfully utilize data.
- Ensuring that qualified EFMP beneficiaries have access to Medicaid waiver services.
- Streamlining the process for pediatric-specific coverage and reimbursement issues that are child/patient centered.
- Implementing coding changes that more accurately reflect pediatric care such as APR-DRGs.
- Allowing TRICARE to formulate policies and coverage with best practices identified and recommended by other federal agencies with substantive oversight; for example, instead of conducting its own analyses regarding substance abuse treatment and mental and behavioral health on which to design policies, utilize SAMSHA studies and reports.

3. In the 2015 NDAA DHA was given flexibility to cover emerging technology. How and when does DHA plan to implement this flexibility for pediatric health care?