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**CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT FISCAL YEAR 2016, SECTION 726,
DEMONSTRATION PROJECT ON VALUE-BASED PURCHASING INITIATIVES**

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SUMMARY OF CHANGE(S): This change adds a new section to the TRICARE Operations Manual to describe the operating instructions for a new demonstration project on Value-Based Purchasing (VBP). It provides general administrative instructions regarding Section 726 requirements and a description of the agency's approach for VBP, along with specific administrative instructions for a bundled payment demonstration for lower extremity joint replacement surgeries in Tampa-St Petersburg.

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Demonstration Projects On Value-Based Purchasing (VBP) Initiatives

1.0 PURPOSE

This demonstration is being conducted to comply with the requirements set forth in the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2016, Section 726. This demonstration will determine whether the Department of Defense (DoD) can reduce the rate of increase in health care spending and improve health care quality, beneficiaries' health, and beneficiaries' experience of care by implementing one or more Value-Based Purchasing (VBP) initiatives.

2.0 BACKGROUND

Section 726 permits the Secretary to adopt a value-based incentive program conducted by the Centers for Medicare and Medicaid Services (CMS) or any other governmental or commercial health care program for a TRICARE demonstration project. The size, scope, and duration of the demonstration must be reasonable relative to the project's purpose, and the project's criteria and data collection must enable proper evaluation of value-based incentives to allow informed decision-making regarding any future implementation of value-based incentives in the Military Health System (MHS). Beneficiaries must have timely access to health care during the project and not incur any additional financial costs as a result of participation in the demonstration.

3.0 POLICY AND ELIGIBILITY

3.1 In the purchased care sector, both network and non-network providers and facilities will be considered for demonstration participation based on TRICARE utilization and other factors selected by the Defense Health Agency (DHA). In the direct care sector, Military Treatment Facilities (MTFs) may be considered for demonstration participation at the request of the Services. Specific provider/hospital and beneficiary eligibility criteria are described within the detailed administrative processes for each value-based initiative described in this section.

3.2 Upon DHA's identification of one or more providers or facilities for a specific value-based demonstration in the purchased care sector, the appropriate Managed Care Support Contractor (MCSC) shall contact the provider or hospital and provide details of demonstration participation as appropriate. Unless otherwise noted, participation in a VBP demonstration project is mandatory for purchased care sector providers and facilities. The MCSC shall contact DHA within five calendar days if:

- A network provider or hospital indicates, either verbally or in writing, that they refuse to renew their network agreement as a direct result of demonstration participation, or

- A non-network provider or hospital indicates, either verbally or in writing, that they intend to deny access to TRICARE beneficiaries as a result of demonstration participation.

4.0 GENERAL DESCRIPTION OF ADMINISTRATIVE PROCESSES

4.1 In order to conduct a comprehensive analysis of VBP in the MHS, the demonstration project will evaluate a variety of value-based Alternative Payment Methodologies (APMs) and incentives across multiple TRICARE markets. DHA, the Services, and other key stakeholders will establish a process for evaluating VBP concepts, determining which initiatives would add value to the demonstration project, and designing and implementing appropriate initiatives to be conducted in accordance with Section 726 requirements.

4.2 At the Government's discretion, new VBP initiatives may be introduced at any time during the demonstration period. Additionally, the Government may decide to revise the terms and/or terminate existing VBP initiatives prior to the end of the demonstration period.

4.3 All new VBP initiatives, and/or any revisions or terminations of existing VBP initiatives, will be announced at least 30 days in advance of implementation.

4.4 Unless otherwise noted under the specific administrative processes below, the MCSCs shall provide quarterly written feedback to demonstration providers and hospitals in the purchased care sector regarding their cost and quality performance as compared to the established benchmarks for each demonstration project. These feedback reports shall be provided to demonstration providers and hospitals no later than 30 days following the Government's completion of the quarterly data analysis. The MCSCs shall provide copies of all calendar year quarterly reports to the Director, TRICARE Health Plan (THP). The format for these reports shall be at the discretion of the MCSC; however, the reports must clearly identify the provider or hospital name and the demonstration period of performance, and shall include all applicable data elements provided in the Government's quarterly data analysis. Reports will commence following the completion of the first full calendar quarter of the demonstration (covering services provided since the demonstration start date) and every subsequent calendar quarter thereafter.

4.5 Unless otherwise noted under the specific administrative processes below, the MCSCs shall provide annual feedback to demonstration providers and hospitals in the purchased care sector regarding their cost and quality performance and their eligibility for a positive or negative incentive (as determined by the Government). These feedback reports shall be provided to demonstration providers and hospitals no later than 30 days following the Government's completion of the annual data analysis and determination of incentive payments or penalties. The MCSCs shall provide copies of all annual reports to the Director, THP. The format for these reports shall be at the discretion of the MCSC; however, the reports must clearly identify the provider or hospital name and the demonstration period of performance, and shall include all applicable data elements provided in the Government's annual data analysis and incentive determination.

4.6 Unless otherwise noted under the specific administrative processes below, any earned incentive payments will be paid to demonstration providers and hospitals on a retrospective basis. Negative incentives, if applicable, will be withheld from future claims payments. DHA will share data used in calculating any incentives; however, the final dollar amount of any incentive (positive or negative) is not appealable.

Note: Although the final dollar amount and calculation methodology are not appealable, the government may consider recalculating if errors are identified.

4.7 Unless otherwise noted under the specific administrative processes below, DHA will not recalculate any incentives (positive or negative) after the analysis for each demonstration year has been completed.

4.8 Unless otherwise noted under the specific administrative processes below, one or more cohort providers and/or hospitals will be identified in each demonstration market. These cohort providers and/or facilities shall serve as control groups for the demonstration initiatives. Cohort providers and hospitals are not eligible for VBP incentive payments regardless of their performance during the demonstration. Cohort performance and data will be used exclusively by the Government to assist in evaluating the effectiveness of the MHS initiatives.

5.0 ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS) (ASD(HA)) AND DHA RESPONSIBILITIES

5.1 The ASD(HA) is the designated Executive Agent for the demonstration project.

5.2 The Director of the THP is the DHA Program Manager for the demonstration project.

5.3 The Director, THP, will designate a project officer for the demonstration.

5.4 DHA Contracting Officer (CO) will add a Contract Line Item Number (CLIN) to the existing contract (CLIN: VBP Incentives). MCSCs will invoice DHA for the incentive payments to providers. The DHA Project Officer will analyze and evaluate the worksheets showing calculations for positive incentives, as well as negative incentives, and certify the amount due. If the sum of the incentives results in a net-negative being owed to the government, the negative amount due by the MCSC will be collected against other future incentive payments (Network discount, Network usage, etc.).

6.0 MCSC RESPONSIBILITIES

6.1 The MCSCs shall maintain sufficient staffing and management support services to achieve and maintain compliance with all demonstration requirements as described below.

6.2 The MCSCs shall educate demonstration providers and facilities regarding the goals of the MHS value-based demonstration project and the specific terms and conditions of all demonstration initiatives.

Note: The MCSCs are not required to educate cohort providers or hospitals regarding the demonstration; however, this information will be shared upon request.

6.3 The MCSCs shall continually monitor access to care for demonstration providers and hospitals according to existing TRICARE requirements. The MCSC shall contact DHA within five calendar days if it is determined that demonstration participation is adversely impacting access to care from a demonstration provider or hospital.

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6.4 The MCSCs shall provide quarterly and annual reports to all demonstration providers and facilities, with a copy to the Director, THP, as described in administrative processes for the demonstration project.

7.0 APPLICABILITY

This demonstration is applicable to TRICARE beneficiaries who receive care from designated demonstration providers or hospitals within the 50 United States or the District of Columbia. Refer to specific administrative processes below for a description of the beneficiary population for each demonstration.

8.0 EXCLUSIONS

TRICARE beneficiaries with Other Health Insurance (OHI), Active Duty Service Members (ADSMs), beneficiaries enrolled in the TRICARE Overseas Program (TOP), Medicare/TRICARE dual eligible beneficiaries, and beneficiaries in the Continued Health Care Benefit Program (CHCBP) are excluded from all value-based demonstration projects. Refer to the specific administrative processes below for additional exclusions that may apply to an individual initiative.

- END -

Bundled Payments For Lower Extremity Joint Replacement And Reattachment (LEJR) Surgery And Post-Operative Care Demonstration Program

1.0 PURPOSE

DHA will conduct a bundled payment demonstration initiative for non-ADSMs who are hospitalized for Major Joint Replacement or Reattachment of Lower Extremity without Major Complications or Comorbidities (Diagnosis Related Group (DRG) 470). This demonstration will involve select hospitals in the Tampa-St. Petersburg, Florida market. Demonstration hospitals will be eligible for incentive payments or incur financial penalties based on their composite quality score and total cost of care for DRG 470 inpatient stays and all related post-operative care provided during the 90-day period following hospital discharge.

2.0 BACKGROUND

2.1 DHA has identified seven demonstration hospitals based on historical TRICARE utilization and claims data for DRG 470 surgical procedures for the LEJR demonstration. Hospitals were selected for participation in the demonstration if they had 20 or more DRG 470 admissions (total) during FY 2013, FY 2014, and FY 2015. Participation in the demonstration is required; once selected for participation, hospitals will remain in the demonstration for the term of the demonstration, regardless of future DRG 470 utilization rates. The demonstration hospitals for this initiative include:

- Florida Hospital - Tampa
- Tampa General Hospital
- Columbia Largo Medical Center
- Brandon Regional Hospital
- Florida Hospital - Wesley Chapel
- Columbia Regional Medical Center Oak Hill
- Memorial Hospital of Tampa

2.2 For purposes of this initiative, demonstration year one will commence for LEJR admissions (DRG 470 only) on May 23, 2016, and include all completed episodes of care through September 30, 2017. Subsequent demonstration years will be conducted on a fiscal year basis (i.e., for episodes ending October 1st through September 30th).

2.3 At least 30 days prior to the start of the demonstration, and every demonstration year thereafter, DHA will establish target episode prices for each demonstration hospital and communicate these target prices in writing to the South Region MCSC. These target episode prices

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will become the financial basis for calculating eligibility for incentive payments or penalties. Target episode prices shall be calculated as follows:

2.3.1 Target episode prices will be based on a blend of hospital-specific and market-wide historical episode costs for DRG 470 admissions and associated post-operative care within 90 days of discharge for the preceding three FYs (FY 2013, FY 2014, and FY 2015). This historical data period shall be used for the duration of the demonstration, with annual adjustments for inflation. In demonstration years one and two, the blended rate for the target episode price shall be developed with two-thirds hospital-specific data and one-third market-wide data; in demonstration year three, the target episode price shall be developed with one-third hospital-specific data and two-thirds market-wide data.

2.3.2 DRG 470 episodes of care for ADSMs, TRICARE beneficiaries with OHI, and TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) beneficiaries will be excluded from target episode price calculations.

2.3.3 Cost data for teaching hospitals will be adjusted to account for Indirect Medical Education (IDME) costs. IDME costs will be excluded from target episode price calculations.

2.3.4 The episode price in effect on the end date of the 90-day episode shall be used for incentive calculation purposes, regardless of whether any component of the care was delivered in the previous demonstration year.

2.3.5 The government may also choose to make an adjustment to truncate the costs of extremely high-cost or low-cost episodes. Any such adjustment would apply for both the target cost and the actual cost of episodes.

2.4 All hospital, physician, and post-operative care claims (for the 90-day period following hospital discharge) will be paid via normal TRICARE reimbursement methodologies. At the end of each demonstration year, DHA will calculate total allowable costs and allowable charges for all DRG 470 episodes at demonstration hospitals (not including costs for outpatient pharmaceutical costs and unrelated conditions or procedures that are specifically excluded in the CMS Comprehensive Care of Joint Replacement (CJR) model). For each demonstration hospital, DHA shall determine the TRICARE allowable charges for all episodes as follows:

- Multiply the number of episodes of care by the hospital's target episode price for each demonstration year to determine the aggregate target price.
- Determine the actual costs (i.e., total TRICARE allowable charges) for all episodes of care during the demonstration year for each hospital.
- Adjust actual costs to exclude IDME costs for teaching hospitals.
- Compare adjusted actual costs to the aggregate target price to determine whether costs were less than, equal to, or greater than anticipated for each demonstration year.

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2.5 To ensure that demonstration hospitals are not reducing the quality of care offered to beneficiaries or reducing patients' overall perception of their hospital experience, hospitals must achieve and maintain a favorable rating on two quality measures in order to be eligible for any gain-sharing. DHA will utilize the CMS composite quality score to determine eligibility for gain-sharing. The CMS composite quality score is a hospital-level summary quality score reflecting performance and improvement on the quality measures adopted for Medicare's CJR model (Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)) complications measure and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience survey measure. In order to be eligible for gain-sharing, demonstration hospitals must achieve and maintain a CMS composite quality score which exceeds the CMS standard for the Medicare CJR model. The Government will use CMS Hospital Compare data as the source for composite quality scores for TRICARE demonstration hospitals.

2.6 Demonstration hospitals that achieve and maintain a favorable composite quality score and demonstrate cost savings as compared to the target episode price will be eligible to participate in gain sharing, expressed as a percentage of total cost savings. During the first demonstration year, hospitals who meet these requirements will receive an incentive payment of 5% of the total cost savings for that year. During the first demonstration year, hospitals who do not meet these requirements will not incur any financial risk (no loss-sharing penalty).

2.7 Gain/loss sharing will increase over time, from no loss sharing in demonstration year 1 (only gain sharing), to higher levels in later years (gain sharing of 5% in demonstration years one and two, and 10% in demonstration year three). Loss sharing is 0% in demonstration year one, 5% in year two, and 10% in demonstration year three. Episode gain, or loss sharing amounts under the demonstration will be non-underwritten costs and paid out of the CLIN as indicated in [Section 20, paragraph 5.4](#).

2.8 DHA will identify cohort hospitals based on historical TRICARE utilization and claims data for DRG 470 surgical procedures. Hospitals in the Tampa-St. Petersburg market will be considered for cohort hospital status if they had less than 20 DRG 470 admissions (total) during FY 2013, FY 2014, and FY 2015. Once selected as a cohort, hospitals will remain in cohort status for the term of the project, regardless of future DRG 470 utilization rates.

2.9 Cohort hospitals are not eligible for incentive payments. The Government will analyze their cost and quality performance outcomes as they compare to demonstration hospitals to better understand health care trends and the impact of using incentive payments to produce higher value outcomes. Cohort hospital analysis results will not be used to determine eligibility for incentive payments for demonstration hospitals.

2.10 The three-day prior hospital stay rule for Skilled Nursing Facility (SNF) care for DRG 470 patients is waived for LEJR Demonstration Hospitals. All other existing TRICARE benefits and reimbursement policies will continue to apply.

3.0 EFFECTIVE DATE

Per requirements set forth in Section 726 of the NDAA for FY 2016, the Secretary is required to carry out the demonstration project for a period of three years. Implementation is to commence no

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later than 180 days after the date of the enactment of the Act, hence the LEJR bundled payment demonstration will begin on May 23, 2016, and continue through May 23, 2019.

- END -

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Appendix A

Acronyms And Abbreviations

TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDR	Total Disc Replacement
TDRL	Temporary Disability Retired List
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
THP	TRICARE Health Plan
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TN	Termination Notice
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online

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Acronyms And Abbreviations

TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TP	Treatment Plan
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement

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Appendix A

Acronyms And Abbreviations

TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
US-CERT	United States-Computer Emergency Readiness Team
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office(r)
USCYBERCOM	United States Cyber Command
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy

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USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VBP	Value-Based Purchasing
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WDR	Written Determination Report
WebDOES	Web DEERS Online Enrollment System (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

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