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February 2024

# DEFENSE HEALTH CARE

## DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care

# GAO Highlights

Highlights of [GAO-24-106267](#), a report to the Committee on Armed Services, House of Representatives

## Why GAO Did This Study

Military service may carry a psychological cost for active-duty service members. Recent research has shown a fourfold increase in behavioral health conditions for this population. If left untreated, such conditions can affect deployment readiness, among other negative consequences.

A House report includes a provision for GAO to examine efforts to address mental health under the Department of Defense's (DOD) TRICARE program. This report (1) describes DHA data on average days to outpatient specialty behavioral health care appointments for active-duty service members in fiscal year 2022; (2) describes challenges to availability for these appointments at selected MTFs and steps taken to mitigate those challenges; and (3) examines relevant DHA oversight efforts.

GAO reviewed DHA documents and interviewed agency officials; analyzed DHA data on behavioral health care appointments in fiscal year 2022 (the most recent available) and staffing levels in fiscal year 2023; and conducted site visits at six MTFs, selected for variation in military service affiliation, installation size, and geographic location.

## What GAO Recommends

GAO is making two recommendations: 1) that DHA establish a time frame within which service members should receive behavioral health care specific to urgent referrals to TRICARE's civilian network providers and 2) that DHA monitor performance against the time frame and take corrective actions as appropriate. DOD concurred with and provided comments on both recommendations.

View [GAO-24-106267](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or [hundrupa@gao.gov](mailto:hundrupa@gao.gov).

February 2024

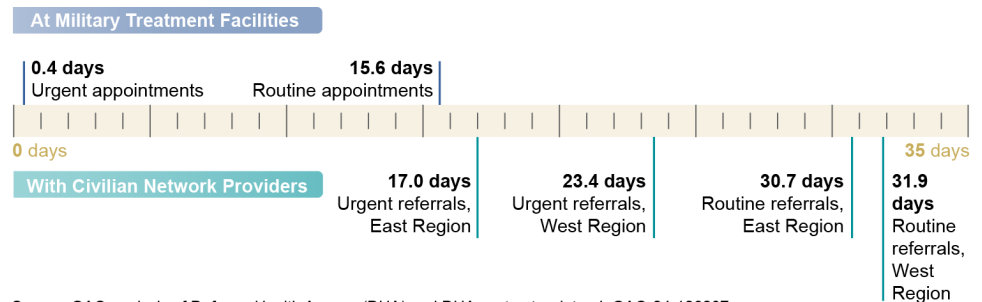
## DEFENSE HEALTH CARE

### DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care

## What GAO Found

DOD's Defense Health Agency (DHA) oversees the TRICARE program, which offers behavioral health care to active-duty service members. DOD aims to provide this care at its military treatment facilities (MTF), but may also refer service members to civilian network providers. GAO's analysis of DHA data found that in fiscal year 2022, service members obtained routine and urgent specialty behavioral health care appointments (e.g., psychotherapy and substance use disorder treatments) at MTFs within required time frames (see figure). For referrals to civilian network providers, appointments after routine referrals fell just outside time frame requirements. Regarding appointments after urgent referrals, DHA has not established a specific time frame, but MTFs are instructed to use such referrals when expedited care is needed. GAO found average appointment wait times following these referrals ranged from over 2 weeks, to more than 3 weeks, depending on the region.

**Average Days to Active-Duty Service Members' Initial Specialty Behavioral Health Care Appointments, Fiscal Year 2022**



Source: GAO analysis of Defense Health Agency (DHA) and DHA contractor data. | GAO-24-106267

Note: MTF urgent behavioral health care appointments should generally occur within 24 hours. For all other initial specialty appointments, including with civilian providers, DHA applies a 28-day standard.

Provider vacancies were the main challenge to maintaining behavioral health care appointment availability for service members, according to officials at the six MTFs GAO selected for site visits. This is consistent with DHA-wide data, which showed vacancy rates for MTF civil service behavioral health care providers exceeded 40 percent, as of January 2023. To mitigate the effects of provider vacancies, officials from selected MTFs reported taking several steps, including increasing referrals to civilian network providers and prioritizing initial over follow-up appointments. DHA officials also reported taking mitigation steps, such as piloting a new triaging approach to better match patients' needs to level of care.

GAO found that DHA generally monitors the timeliness of behavioral health care provided to its service members under TRICARE. However, because there is not an established time frame for obtaining specialty appointments specific to urgent referrals to civilian network providers, DHA monitors urgent and routine network referrals in the aggregate rather than separately. As a result, DHA does not know the extent to which service members with urgent behavioral health concerns are experiencing delays obtaining the critical care they need following a referral outside an MTF. It also is not able to identify factors that may be contributing to delays and in turn, address any timeliness issues.

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### **Abbreviations**

DHA	Defense Health Agency
DOD	Department of Defense
MTF	military treatment facility

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February 6, 2024

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

Military service, especially combat, may carry a psychological cost for active-duty service members, and untreated behavioral health conditions can have a variety of negative consequences, including affecting readiness for deployment.<sup>1</sup> To support military deployments and provide peacetime health care, the Department of Defense (DOD) operates a military health system. This system offers a full range of medical care and services, including behavioral health care, to active-duty service members and other eligible beneficiaries through its TRICARE program.<sup>2</sup> Within DOD, the Defense Health Agency (DHA) oversees TRICARE and is responsible for supporting the delivery of affordable and high quality health services.

Under the TRICARE program, active-duty service members may receive behavioral health services through primary or specialty care at military hospitals and clinics, referred to as military treatment facilities (MTF). They may also receive specialty behavioral health care outside of MTFs through TRICARE's networks of civilian providers. For military readiness

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<sup>1</sup>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.

We define active-duty service members as including National Guard and Reserve service members on active-duty for at least 30 days.

<sup>2</sup>Eligible beneficiaries include active-duty service members and their dependents, medically eligible National Guard and Reserve service members and their dependents, and retirees and their dependents or survivors. This report focuses on active-duty service members, who account for about 1.4 million (15 percent) of the approximately 9 million beneficiaries in TRICARE in fiscal year 2022. For examples of recent reports that include behavioral health care access for other eligible beneficiaries, see Defense Health Board, *Beneficiary Mental Health Care Access*, (Falls Church, VA: June 28, 2023) and DOD Office of Inspector General, *Evaluation of Access to Mental Health Care in the Department of Defense*, DODIG-2020-112, (Alexandria, VA: August 10, 2020).

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reasons, DHA aims to provide service members with behavioral health care at MTFs whenever possible, and service members must receive a referral from an MTF provider to obtain care from civilian providers. Whether care is provided at MTFs or by civilian providers, DHA has established certain standards related to the timeliness of care, including that wait times for routine specialty care appointments (e.g., psychotherapy or substance use disorder treatment) should not exceed 28 days.

Demand for behavioral health care has increased among active-duty service members. 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.<sup>3</sup> Additionally, we and others have reported instances where DOD has not met timeliness standards for specialty behavioral health care appointments.<sup>4</sup>

The House Armed Services Committee Report for the National Defense Authorization Act for Fiscal Year 2023 includes a provision for us to examine DOD's efforts to address mental health.<sup>5</sup> In this report we:

1. describe what DHA fiscal year 2022 data show are the average days to behavioral health care appointments for active-duty service members under TRICARE;
2. describe challenges affecting behavioral health care appointment availability for active-duty service members at selected MTFs and steps DHA and MTFs have taken to mitigate those challenges; and,
3. examine DHA's oversight of the timeliness of behavioral health care provided to active-duty service members under TRICARE.

To describe what DHA fiscal year 2022 data—the most recent year available at the time of our review—show are the average days to behavioral health care appointments for active-duty service members under TRICARE, we obtained national data from DHA on outpatient

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<sup>3</sup>See, Defense Health Board, *Beneficiary Mental Health Care Access*.

<sup>4</sup>See GAO, *Defense Health Care: DOD Is Meeting Most Mental Health Care Access Standards, but It Needs a Standard for Follow-up Appointments*, [GAO-16-416](#), (Washington, D.C.: April 28, 2016) and DOD Office of the Inspector General, *Evaluation of Access to Mental Health Care in the Department of Defense*.

<sup>5</sup>H.R. Rep. No. 117-397, at 189 (2022).

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specialty care appointments at MTFs.<sup>6</sup> We did not examine average days to behavioral health appointments in primary care clinics at MTFs as, according to DHA, these data are not reliable for measuring same-day access (the expectation for behavioral health appointments in these clinics). We also obtained data from DHA's two TRICARE managed care support contractors (contractors) for all referrals approved for outpatient specialty care appointments in TRICARE's civilian provider networks in fiscal year 2022. We limited our analysis to appointments in the United States.

For appointments at MTFs, we analyzed average days from the date of appointment booking to the date of the appointment by different appointment types—urgent, initial (non-urgent), individual follow-up, and group follow-up appointments. For appointments in TRICARE's civilian provider networks, we analyzed total numbers of specialty care referrals and average days from referral approval to initial appointments for each contractor. We examined the data by whether the referral was urgent or routine and by type of civilian provider. While referral approval dates allowed for analysis of initial appointments, we were unable to analyze average days to network follow-up appointments as service members make their own appointments with civilian providers. We analyzed average days to appointments across different factors, such as by MTF or Prime Service Area, and compared them to appointments with DHA timeliness standards when there was a standard to measure against.<sup>7</sup>

To assess the reliability of these data, we reviewed related documentation, interviewed DHA and its contractors, and performed electronic testing to identify any missing data or obvious errors. On the basis of these steps, we determined that the data were sufficiently reliable for the purposes of our reporting objectives. For more information on the methodology we used for our data analysis, see appendix I.

To describe challenges affecting behavioral health care appointment availability for active-duty service members at selected MTFs and steps DHA and MTFs have taken to mitigate those challenges, we conducted site visits with six MTFs. We selected the MTFs primarily to achieve

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<sup>6</sup>Behavioral health care available under TRICARE includes outpatient, inpatient, and emergency services. For the purposes of our report, we focused on outpatient services.

<sup>7</sup>The number of MTFs reporting data for different appointment types varied. Prime Service Areas are geographic areas usually within an approximate 40-mile radius of an MTF in which contractors offer enrollment and develop networks of civilian providers.



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variation across military service affiliation, installation size, and geographic region.<sup>8</sup> At each selected MTF, we interviewed various officials, including facility leadership, administrators, providers, appointing staff, patient representatives, and officials from the MTFs' market offices.<sup>9</sup> We requested and obtained relevant documentation for corroboration when possible. Information obtained from these site visits cannot be generalized to other MTFs, but rather provides illustrative examples of experiences at these MTFs. We also reviewed relevant DHA documentation and interviewed DHA officials about factors affecting the availability of appointments in both MTF primary and outpatient specialty care clinics. To better understand the context for challenges raised by officials, we reviewed DHA data, including on the number of filled and vacant authorized behavioral health provider positions at all MTFs.<sup>10</sup>

To examine DHA's oversight of the timeliness of behavioral health care provided to active-duty service members under TRICARE (including at MTFs and through TRICARE's civilian provider networks), we reviewed relevant DHA regulations, policies, procedures, and performance metrics, for both primary and outpatient specialty behavioral health care.<sup>11</sup> We also reviewed TRICARE's policy on access to care, the TRICARE Operations Manual, DHA's contracts with its two civilian provider network contractors, and information from these contractors' memorandums of

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<sup>8</sup>We selected the following MTFs: (1) 88<sup>th</sup> Medical Group, Wright-Patterson Air Force Base, Wright-Patterson Air Force Base, Ohio; (2) 66<sup>th</sup> Medical Squadron, Hanscom Air Force Base, Hanscom Air Force Base, Massachusetts; (3) Evans Army Community Hospital, Fort Carson, Fort Carson, Colorado; (4) Carl R. Darnall Army Medical Center, Fort Cavazos, Texas; (5) Naval Health Clinic Oak Harbor, Naval Air Station Whidbey Island, Oak Harbor, Washington; and (6) Naval Medical Center Portsmouth, Naval Station Norfolk, Norfolk, Virginia.

<sup>9</sup>Markets are groups of MTFs in geographic proximity that receive administrative support from a centralized office.

<sup>10</sup>The time frame for data we reviewed on filled and vacant positions was based on the availability and reliability of data for different position types (e.g., primary and specialty) and ranged from September 2022 to January 2023.

<sup>11</sup>See, for example, TRICARE Prime Access Standards, located at 32 C.F.R. § 199.17(p)(5) (2023), and Defense Health Agency, Interim Procedures Memorandum 18-001 "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018.

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understanding with MTFs.<sup>12</sup> In addition, we interviewed DHA officials and officials from our six selected MTFs on monitoring processes and procedures, including how they monitor against timeliness standards. We evaluated DHA's monitoring efforts against federal internal control standards such as those related to defining objectives and designing control activities.<sup>13</sup>

We conducted this performance audit from September 2022 to February 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 believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## Background

In November 2022, DOD completed its multiyear transition of MTFs from the military departments—the Army, the Navy, and the Air Force—to DHA. This transition made DHA responsible for overseeing the management and administration of care at over 100 MTFs in the United States.<sup>14</sup> DHA is responsible for health care delivery, but the Secretaries of each military department share responsibility for medical readiness with DHA and provide military personnel and other authorized resources to support DHA activities.

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<sup>12</sup>See Defense Health Agency, *TRICARE Operations Manual*, 6010.59-M, April 1, 2015. The TRICARE Operations Manual is incorporated by reference into both of DHA's contracts to administer the civilian provider networks and is the primary vehicle for operational guidelines and instructions to the contractors.

<sup>13</sup>GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

<sup>14</sup>The National Defense Authorization Act for Fiscal Year 2017 required the transfer of administrative and management responsibilities of the MTFs from the individual military departments to the DHA. Pub. L. No. 114-328, § 702, 130 Stat. 2000, 2193 (2016), codified as amended at 10 U.S.C. § 1073c. DHA falls under the authority of the Under Secretary of Defense for Personnel and Readiness, through the Assistant Secretary of Defense for Health Affairs.

Our count of MTFs is based on Parent Defense Medical Information System Identifier. The Parent identifier is typically a large facility, such as a hospital, with associated clinics, such as behavioral health clinics, that also report to it. As of October 2023, DHA was responsible for 108 MTFs in the United States. In addition, DHA officials told us DHA was responsible for 22 MTFs overseas. The scope of this report is specific to MTFs located in the United States.

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DOD's MTF workforce comprises uniformed personnel (including active-duty and reserve personnel), civil service personnel, and private sector contractor personnel.<sup>15</sup> Uniformed personnel may support the delivery of care in both deployable units and MTFs, whereas civilian personnel generally work solely at MTFs.<sup>16</sup>

DHA established a regional structure to manage MTFs, which, until October 2023, were grouped into markets based on geographic proximity and facility type. This included 20 large markets, 17 small markets, and 68 standalone MTFs within the continental United States. Each of the 20 large markets had its own centralized office, and one office oversaw the small and standalone markets. Market offices provided shared administrative services to MTFs in their region and had the ability to reallocate staff and other resources between MTFs as needed. This market structure was in place during our review. In October 2023, DHA moved from the market structure to nine Defense Health Networks, which will similarly manage MTFs.

In addition to managing care at MTFs, DHA is responsible for overseeing two contractors who administer care through civilian provider networks in two regions: TRICARE East and TRICARE West (see fig. 1).<sup>17</sup> The contractors are responsible for developing networks of civilian providers, authorizing referrals, and processing claims. They must also comply with performance standards outlined in their contracts, such as those related to access to care.

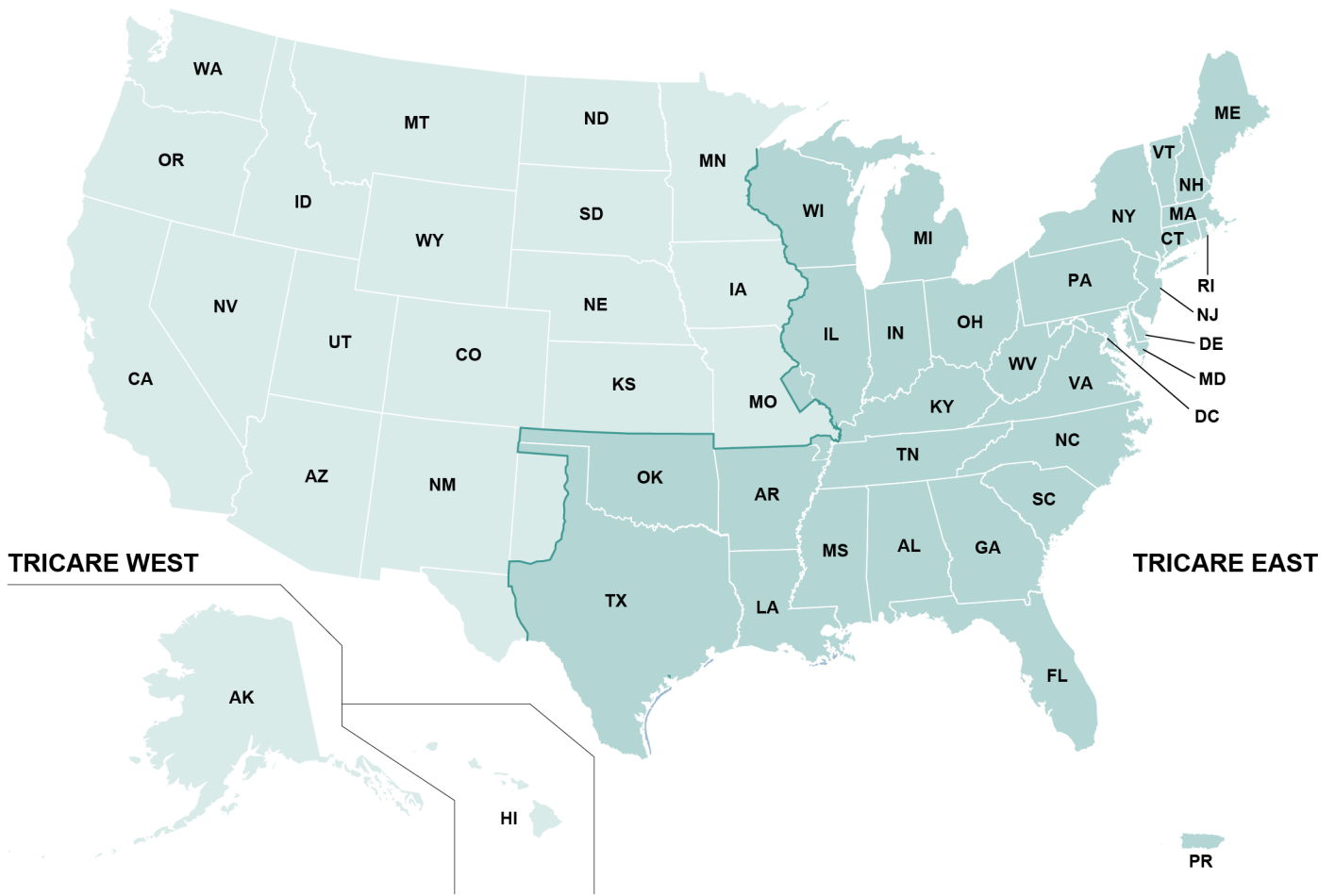
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<sup>15</sup>Civil service personnel are civilian (i.e., non-uniformed) providers hired at MTFs as General Schedule employees.

<sup>16</sup>Uniformed personnel assigned to deployable units provide behavioral health care to service members in the same unit, in both deployed and non-deployed settings. Uniformed personnel in these units are not part of the MTF workforce.

<sup>17</sup>In July 2016, DOD awarded its fourth generation TRICARE contracts, referred to as T-2017, to Humana Government Business (the East region contractor) and Health Net Federal Services (the West region contractor), and these contracts began health care delivery on January 1, 2018. The fifth generation of contracts, known as T-5, retains the East and West regions, and was to begin in January 2024. As of April 2023, the anticipated start of T-5 health care delivery was August 2024. However, as of this report the award of the West region contract is under protest at the Court of Federal Claims, which may further delay the start of T-5 health care delivery. See *Health Net Fed. Servs. v. U.S.*, No. 23-1268 (Ct. Fed. Cl. filed Aug. 8, 2023).

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-24-106267

## Behavioral Health Care Under TRICARE

Behavioral health care available under TRICARE includes treatment for mental health conditions and substance use disorder, and covers outpatient, inpatient, and emergency services.<sup>18</sup> Care may be delivered through a variety of providers, such as such as psychiatrists, psychologists, social workers, and alcohol and drug counselors, as well as support staff, such as behavioral health technicians.

<sup>18</sup>For the purposes of our report, we focused on outpatient services.

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Active-duty service members must first seek outpatient behavioral health care at MTFs, where they receive priority access over other beneficiaries. Some MTFs provide behavioral health care to active-duty service members only.<sup>19</sup> Within the MTFs, service members may receive behavioral health care services through primary care clinics or at specialty behavioral health clinics, though the level and type of behavioral health care offered can vary across MTFs.

- **MTF primary care clinics.** DHA authorizes MTFs with an adult enrollment of 3,000 or more to have a behavioral health consultant in their primary care clinics.<sup>20</sup> Where available, behavioral health consultants offer 15- to 30-minute appointments to help patients manage less complex behavioral health concerns such as grief, stress, or certain types of depression and anxiety. However, these consultants are not meant to provide specialty care behavioral health care services, such as psychotherapy. Behavioral health consultants provide care until symptoms begin improving; patients not improving are to be referred to a higher intensity of care with a specialty behavioral health care provider.
- **MTF specialty care behavioral health clinics.** For more complex issues, service members may receive care from specialty care behavioral health clinics, which are in place at all MTFs in the United States.<sup>21</sup> These clinics offer services that include medication management, psychotherapy, and treatment for substance use disorders. Compared to behavioral health appointments in primary care, specialty care appointments can be longer—from 30- to 90-minutes, depending on the type of appointment and complexity of care—and include use of individual appointments or group

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<sup>19</sup>See 32 C.F.R. § 199.17(d) (2023).

<sup>20</sup>According to DHA Procedural Instructions 6025.27, MTFs with an enrollment of 3,000 or more adults must have a full-time behavioral health consultant. This position is required to be filled by a psychologist or social worker credentialed for independent practice, or a psychology or social work trainee being clinically supervised by a consultant who is credentialed for independent practice.

<sup>21</sup>In some cases, MTFs have satellite clinics that are geographically spread out and there may not be specialty behavioral health care at every location, according to DHA officials.

Primary care providers may refer patients with more complex needs directly to a specialty behavioral health care clinic at the MTF, but DHA recommends that they first connect the patient with the primary care clinic's behavioral health consultant, when possible, to help facilitate a successful transition to specialty behavioral health care.

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appointments.<sup>22</sup> Specialty clinics are to provide care to a patient over time as needed to resolve a behavioral health concern.

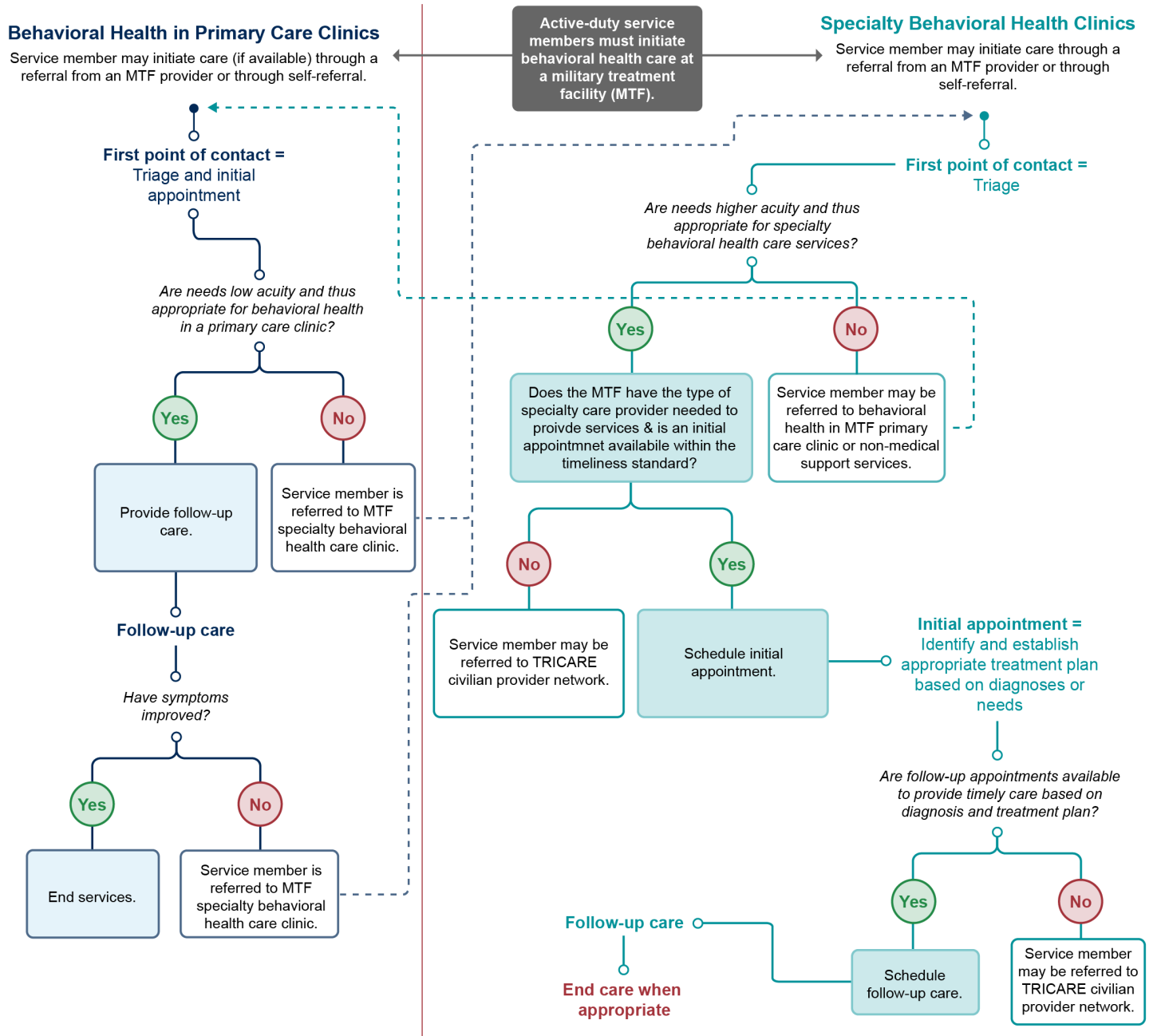
When receiving care at MTFs, service members may be referred by a provider, or they may self-refer, for behavioral health care services, at which point they are triaged by behavioral health care staff to determine risk-level and need for care. If specialty behavioral health care cannot be provided to a service member within the MTF, either due to the MTF not offering the service or because timely appointments are not available, the MTF can refer the service member to care in TRICARE's civilian provider networks. However, as DOD aims to provide behavioral health care at MTFs whenever possible, service members cannot self-refer to obtain network care (see fig. 2).<sup>23</sup>

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<sup>22</sup>Per DHA Interim Procedures Manual 18-001, initial appointments are typically 60 to 90 minutes and follow-up appointments can be 30, 60, or 90 minutes. Individual therapy is when a patient receives one-on-one care from a provider, while group therapy involves providing care to multiple patients at the same time.

<sup>23</sup>While MTF referrals are required initially, once a service member is receiving care in TRICARE's civilian provider networks, DHA officials told us that civilian network providers may also make network referrals for service members.

**Figure 2: Appointment and Referral Process for Behavioral Health Care in Primary and Specialty Clinics at MTFs**



Source: GAO summary of Defense Health Agency information. | GAO-24-106267

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## Availability and Timeliness Standards

DHA has established various availability and timeliness standards, depending on the type of behavioral health care appointment. Availability standards establish goals for the number of appointments that must be available to ensure an adequate supply of appointments at MTFs. Timeliness standards establish the maximum amount of time a service member should have to wait before obtaining an appointment at MTFs or from TRICARE's civilian network providers.

- **Primary care.** For behavioral health care provided in primary care clinics at MTFs, per DHA guidance, behavioral health consultants are expected to be available for same-day initial and follow-up appointments, though follow-up appointments may also be scheduled in advance. DHA has set appointment schedule guidelines to help ensure same-day availability.<sup>24</sup> For example, DHA guidance states that behavioral health consultant appointment templates consist of a minimum of 12 appointments per day, but DHA officials said they are generally advised to schedule no more than eight appointments per day to leave room for accepting same-day appointments (appointment length is 15 to 30 minutes).
- **Specialty care.** DHA has applied certain regulatory timeliness standards to initial specialty behavioral health care provided at MTFs and with TRICARE's civilian network providers. DHA expects MTFs and civilian providers to provide care within these time frames.<sup>25</sup>
  - **Urgent care standard.** The regulations state that the wait time for an urgent care visit generally should not exceed 24 hours.<sup>26</sup> For behavioral health care at MTFs, DHA applies this standard to acutely distressed patients who self-refer to an MTF specialty clinic well as urgent referrals to these clinics from another MTF clinic. DHA officials told us that DHA does not apply the standard to urgent referrals to specialty care in civilian provider networks;

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<sup>24</sup>See DHA Procedural Instruction 6025.27 and DHA Procedures Manual 6025.01.

<sup>25</sup>DOD established TRICARE Prime access standards in regulation and policy that apply to various aspects of DOD behavioral health care. By statute, standards for timely access to care at MTFs are to be comparable to those under TRICARE Prime, subject to such exceptions as necessary. See 10 U.S.C. § 1074(c)(2)(A); 32 C.F.R. § 199.17(p)(5) (2023).

<sup>26</sup>See TRICARE Prime Access Standards, 32 C.F.R. § 199.17(p)(5)(ii) (2023).

DHA defines urgent care as medically necessary treatment for a sudden illness or injury that is not life threatening, but requires immediate attention to avoid further complications from non-treatment.



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rather, DHA includes such referrals among the appointments for which it applies the specialty care standard discussed below.<sup>27</sup>

- **Specialty referral standard.** The regulations state that wait times for an appointment following specialty care referrals should not exceed 4 weeks, which DHA has interpreted as 28 calendar days.<sup>28</sup> DHA applies this standard to initial, non-urgent, appointments at MTFs, including self-referrals. In addition to the regulatory standard, DHA has targeted a shorter time frame—15 days from the date of appointment booking—as a goal for the timeliness of receiving initial specialty care at MTFs.<sup>29</sup> DHA also applies the 28-day standard to initial appointments in TRICARE’s civilian provider networks.

According to DHA, there is no timeliness standard for specialty care follow-up appointments because the frequency of care should be driven by individual diagnoses and appropriate treatment plans.<sup>30</sup>

DHA has also established appointment availability standards for initial and follow-up specialty care appointments at MTFs, including behavioral health care appointments in specialty clinics. Specifically, for each duty day, MTFs must ensure at least three initial appointments are available within 28 days and at least three follow-up appointments are available within 7 days.<sup>31</sup>

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<sup>27</sup>DHA officials said that the 24-hour standard does apply to care received through urgent care centers in civilian provider networks. Urgent care centers are civilian facilities where beneficiaries see a provider who evaluates clinical need and recommends additional care as appropriate. As such, urgent care centers do not typically provide behavioral health care services and are outside the scope of this report.

<sup>28</sup>See TRICARE Prime Access Standards, 32 C.F.R. § 199.17(p)(5)(ii) (2023).

<sup>29</sup>This goal is not documented in DHA policy, but DHA includes this as a target in its performance reporting dashboard, which it uses to track the performance and quality of health care provided across MTFs.

<sup>30</sup>In our prior work, [GAO-16-416](#), we recommended that DOD establish an access standard for specialty behavioral health care health follow-up appointments and regularly monitor data on these appointments. DOD concurred with this recommendation and addressed it by establishing an appointment availability standard in DHA Interim Procedures Manual 18-001: for each duty day, MTFs must ensure at least three behavioral health care follow-up appointments are available within 7 days. While DHA-Interim Procedures Manual 18-001 expired in July 2019, DHA officials told us that it remains in effect until it issues the updated procedures manual.

<sup>31</sup>See DHA-Interim Procedures Manual 18-001.

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## Average Days to Initial Behavioral Health Care Appointments Were Generally Within Timeliness Standard at MTFs, but Fell Just Outside for Civilian Providers

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Initial Appointments at MTFs Averaged about 16 Days in Fiscal Year 2022; Individual Follow-up Appointments at These Facilities Averaged 21 Days

DHA data for fiscal year 2022 show that, across all MTFs, active-duty service members' average days to initial, non-urgent appointments for specialty behavioral health care (e.g., psychotherapy, substance use disorder treatment) were within DHA's timeliness standard. Specifically, on average, active-duty service members had these appointments scheduled about 16 days from their booking date, which fell within the 28-day standard and just exceeded DHA's goal of 15 days or less.<sup>32</sup>

We found initial appointments accounted for about 14 percent of the nearly 1.6 million non-urgent specialty behavioral health care appointments that active-duty service members scheduled across MTFs in fiscal year 2022. Follow-up appointments—which are scheduled with consideration of a patient's individual treatment needs and, therefore, do not have a timeliness standard—accounted for the remaining 86 percent. The average time to follow-up appointments for individual therapy, which

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<sup>32</sup>We did not analyze average days to behavioral health appointments in primary care clinics at MTFs because, according to DHA, it is not a meaningful measure of same-day access at MTFs. Specifically, different appointment types can be used interchangeably for new and existing patients, and, as a result, averages could reflect both same-day appointments for new patients as well as follow-up care for existing patients that may be purposefully spaced weeks apart. Instead, we reviewed information DHA provided on the average number of appointments behavioral health consultants completed per day in primary care clinics. Across MTFs, for fiscal year 2022, the average number of daily appointments was generally under eight—which is DHA's target for ensuring same-day access to behavioral health consultants remains available.

**Frequency of Follow-up Care for Post-Traumatic Stress Disorder and Major Depressive Disorder**



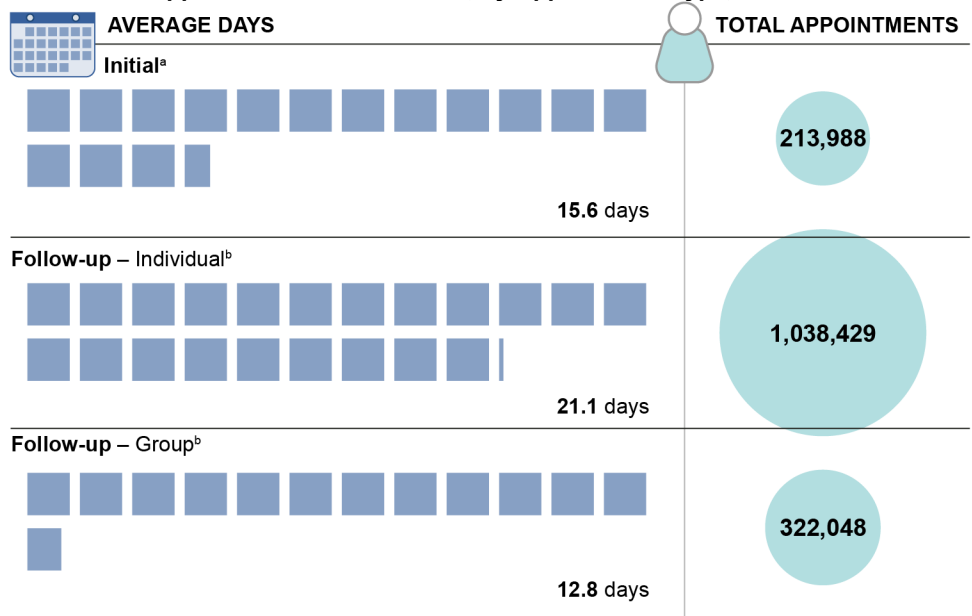
Source: Malik/peopleimages.com/adobe.stock.com

The Defense Health Agency (DHA) routinely tracks the percentage of all patients who have an initial diagnosis of post-traumatic stress disorder or major depressive disorder that meet the requirement of receiving at least three follow-up appointments within 90 days of diagnosis. In fiscal year 2022, DHA data showed that just over 60 percent (20,795 of 33,453) of active-duty service members with an initial diagnosis of these conditions had the three appointments within 90 days across all military treatment facilities. By facility, percentages of service members with post-traumatic stress disorder who had three appointments within 90 days ranged from 25 percent to 100 percent, and percentages for major depressive disorder ranged from 13 percent to 90 percent.

Source: GAO summary of DHA information. | GAO-24-106267

accounted for about three-quarters of the follow-up appointments, was 21 days from the appointment booking date. Follow-up appointments for group therapy were scheduled more quickly, an average of about 13 days from appointment booking (see fig. 3).

**Figure 3: Active-Duty Service Members' Average Days to Specialty Behavioral Health Care Appointments Across MTFs, by Appointment Type, Fiscal Year 2022**



GAO analysis of Defense Health Agency data (data); GAO (icons). | GAO-24-106267

Notes: We calculated days to an appointment from the day of appointment booking to the day of the appointment. We included all scheduled appointments for outpatient behavioral health care at military treatment facilities (MTF), including those that service members did not ultimately keep. Appointments not kept accounted for about one quarter of all appointments scheduled.

<sup>a</sup>Timeliness standard is 28 days and the Defense Health Agency's goal is 15 days.

<sup>b</sup>No timeliness standard, because, according to the Defense Health Agency, individual diagnoses and treatment plans should drive the frequency of care.

Additionally, within types of specialty behavioral health care, we found mental health care appointments accounted for over 90 percent of all non-urgent scheduled appointments in fiscal year 2022, with the remaining being appointments to treat substance use disorders. Appointments for substance use disorders were scheduled more quickly. For example, initial appointments for substance use disorders and individual follow-up for these types of appointments were scheduled an average of 9 and 8 days from the appointment booking date, respectively, compared with 16 and 21 days for mental health care appointments.

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We also examined the range in average days to initial and follow-up specialty behavioral health care appointments for active-duty service members by MTF in fiscal year 2022. At nearly all MTFs, active-duty service members' average days to initial specialty behavioral health care appointments were within the timeliness standard of 28 days, and about half of all MTFs met DHA's goal of 15 days or less. Average days to follow-up appointments also generally occurred within 28 days—though at 8 percent of MTFs, average days for individual therapy follow-up appointments were longer (see fig. 4). At MTFs with multiple specialty behavioral health clinics (e.g., that serve different military units), average days to appointments sometimes varied by clinic. For example, at one of the selected MTFs, average days to an initial appointment ranged from about 16 to 28 across its behavioral health care clinics, with an overall average of about 21 days.<sup>33</sup> (See appendix I for additional information on selected MTFs, including average days to care across clinics.)

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<sup>33</sup>DHA's data on average days to appointments did not include a variable for provider type, but officials from selected MTFs sometimes reported that average days to care also varied by type of provider. For example, at one selected MTF, officials said that active-duty service members had initial appointments with psychiatrists scheduled about 16 days from appointment booking, while initial appointments with social workers were scheduled 40 days out.

**Figure 4: Range in Average Days to Active-Duty Service Members' Specialty Behavioral Health Care Appointments Across MTFs, Fiscal Year 2022**

Appointment type	0 to 15 days	Between 15 and 28 days	More than 28 days
Percentage of Military Treatment Facilities			
<b>Initial<sup>a</sup></b>	51%	47%	2%
<b>Follow-up<sup>b</sup> Individual</b>	18%	74%	8%
<b>Follow-up<sup>b</sup> Group</b>	78%	21%	1%

Source: GAO analysis of Defense Health Agency data. | GAO-24-106267

Notes: We calculated days to an appointment from the day of appointment booking to the day of the appointment and included all scheduled appointments for outpatient behavioral health care at military treatment facilities (MTF), including those that service members did not ultimately keep.

The total number of MTFs used to calculate the percentages in the table varied based on how many reported data for each appointment type: 108 for initial and individual follow-up appointments and 102 for group follow-up appointments. Totals may not add to 100 percent due to rounding.

<sup>a</sup>Timeliness standard is 28 days and the Defense Health Agency's goal is 15 days.

<sup>b</sup>No timeliness standard because, according to the Defense Health Agency, individual diagnoses and treatment plans should drive the frequency of care.

Regarding urgent appointments for specialty behavioral health care at MTFs, DHA data for fiscal year 2022 showed that they accounted for about 86,000 appointments, or about 5 percent of all appointment types. On average, active-duty service members had an urgent appointment on the same day they sought treatment (0.4 days). DHA officials told us that most of these appointments are not scheduled ahead of time. Rather, they are added to a provider's schedule the same day an acutely distressed patient comes to a facility for care or is urgently referred. DHA officials also said that urgent appointment timeliness is built into the scheduling process as these appointments typically only become available for booking 24 hours in advance.

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Active-duty service members must first seek behavioral health care at MTFs. However, if an MTF cannot provide care in a timely manner, such as within the 28-day standard for initial appointments, then the MTF can refer a service member to TRICARE's civilian provider networks. MTFs may therefore be able to achieve timeliness standards by making such referrals. For example, at one selected MTF in our review, DHA data for fiscal year 2022 showed that average days to care for initial appointments in its specialty behavioral health clinic was 11 days. However, officials at the MTF told us that the clinic was only accepting the highest risk patients during part of that year due to appointment availability, and instead, referred nearly all active-duty service members to civilian providers. DHA data for fiscal year 2022 showed that MTFs made about 94,000 referrals for service members to obtain behavioral health care from civilian network providers.<sup>34</sup> Across these clinics, the average number of network referrals was about 175 per clinic in TRICARE's East region and 350 in its West, and ranged from 1 at one clinic to over 8,000 at another clinic.

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<sup>34</sup>In addition to clinics at MTFs, other clinics, such as Coast Guard clinics, that are not under DHA, but provide health care to active-duty service members, are included in referral totals. TRICARE civilian network providers also made about 9,000 referrals for active-duty service members to see other network providers, for a total of about 103,000 network referrals for service members in fiscal year 2022.

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## Initial Appointments with Civilian Network Providers Averaged about 1 Month After Referral Approval in Fiscal Year 2022; Urgent Referrals Exceeded 2 Weeks

Nationwide, active-duty service members' average days to initial specialty behavioral health care appointments with TRICARE civilian network providers were longer than the average for appointments at MTFs and fell just outside of the 28-day timeliness standard.<sup>35</sup> Specifically, at the time contractors provided us data in the spring of 2023, service members had completed initial specialty behavioral health care appointments for approximately half of all urgent and routine network referrals made in fiscal year 2022.<sup>36</sup> We found these appointments occurred about 30 days from referral approval for the two TRICARE regions, on average. Regarding urgent referrals, specifically—which accounted for about 4 percent of all referrals—we found average days from referral approval were about 17 and 23 for TRICARE's East and West regions, respectively (see fig. 5).<sup>37</sup>

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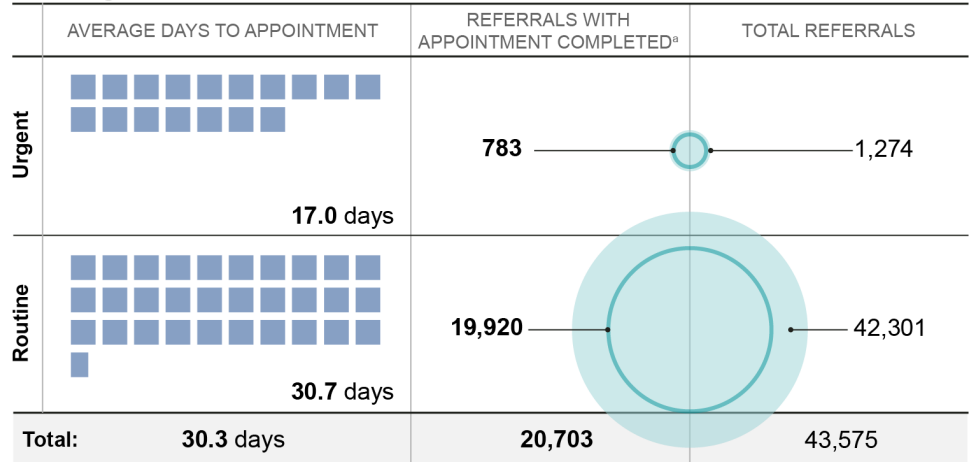
<sup>35</sup>Average days to care do not include referral processing times leading up to the approval. DHA expects that referrals will be processed in 3 business days or less. Referrals include both those made by providers at MTFs and other clinics providing care to active-duty service members as well as those made by civilian network providers. MTF and other clinic referrals accounted for over 90 percent of all referrals in fiscal year 2022, according to DHA data we reviewed.

<sup>36</sup>Unused referrals could be because an appointment was scheduled but had not yet happened, was scheduled and later canceled, or had not been scheduled, according to DHA. However, DHA officials said they do not track the reasons for outstanding referrals because of a number of patient-related concerns, such as patient privacy. In 2020, DOD's Office of the Inspector General also found that about half of behavioral health care referrals were unused and recommended that DHA track the reasons patients do not use referrals. DHA did not agree with the recommendation and after receiving DHA comments, the Office changed the recommendation to tracking reasons patients cannot book appointments. See DOD Office of the Inspector General, *Evaluation of Access to Mental Health Care in the Department of Defense*.

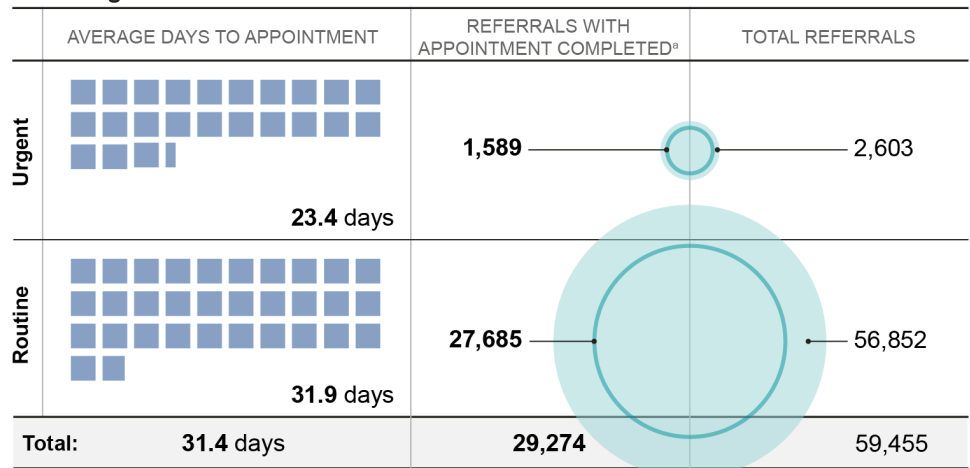
<sup>37</sup>Average days to appointments following urgent referrals cannot not be directly compared with average days to urgent appointments at MTFs, because urgent referrals are for initial specialty care appointments with civilian providers and must go through additional steps, such as referral processing and finding an appropriate provider.

**Figure 5: Active-Duty Service Members' Referrals for Initial Specialty Behavioral Health Care Appointments in TRICARE's Civilian Provider Networks, Fiscal Year 2022**

**East Region**



**West Region**



Source: GAO analysis of Defense Health Agency contractor data. | GAO-24-106267

Notes: We calculated days to an appointment from the day of referral approval to the day of the appointment for referrals with an appointment completed by the time contractors provided data in the spring of 2023. For the remaining referrals, service members had not had an appointment either because it was scheduled but had not yet happened or because it had not been scheduled.

The timeliness standard for initial specialty care appointments is 28 days.

<sup>a</sup>The number of referrals with completed appointments include a small number of retro-care referrals (i.e., an appointment was completed before the referral was approved): 187 and 2,709 for urgent and routine referrals in the East Region, respectively, and 229 and 3,690 for urgent and routine referrals in the West region. However, we did not include retro-care referrals in our analysis of average days to appointments, as, because an appointment is completed before the referral is approved, days to appointments is negative in these cases.



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DHA data for fiscal year 2022 showed that average days from referral approval to initial appointments for specialty behavioral health care with civilian network providers was longer for appointments with psychiatrists compared with other provider types. Specifically, appointments to see psychiatrists averaged about 35 days for all referrals and 26 days for urgent referrals in TRICARE's East region. In the West Region, the average was about 37 days for all referrals and 31 days for urgent referrals.

We also analyzed fiscal year 2022 data on Prime Service Areas—geographic areas usually within an approximate 40-mile radius of an MTF in which the TRICARE contractors offer enrollment and develop networks of civilian providers.<sup>38</sup> We found that, for routine referrals, active-duty service members' average days to initial appointments fell outside of the 28-day timeliness standard for the majority of these areas. Further, the percentage of Prime Service Areas with urgent referrals over 28 days was 15 and 24 percent for TRICARE's East and West regions, respectively (see fig. 6).

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<sup>38</sup>We were not able to examine referral data across MTFs, because these data are reported by the MTF in which the service member is enrolled, and this is not always the same as the MTF making the referral. As a result, we examined data by Prime Service Area to understand the extent to which average days to care varies by location.

**Figure 6: Range in Active-duty Service Members' Average Days to Initial Specialty Behavioral Health Care Appointments in TRICARE's Civilian Provider Networks Across Prime Service Areas, Fiscal Year 2022**

Network region	Referral type	0 to 3 days	Between 3 and 15 days	Between 15 and 28 days	More than 28 days
Percentage of Prime Service Areas					
East	Urgent	7%	49%	30%	15%
East	Routine	1%	5%	37%	56%
West	Urgent	7%	36%	34%	24%
West	Routine	2%	5%	35%	57%

Source: GAO analysis of Defense Health Agency contractor data. | GAO-24-106267

Notes: Prime Service Areas are geographic areas usually within an approximate 40-mile radius of an MTF in which contractors offer enrollment and develop networks of civilian providers. We calculated days to an appointment from the day of referral approval to the day of the appointment; percentages represent referrals for which an appointment was completed by the time contractors provided data in the spring of 2023.

The total number of Prime Service Areas used to calculate the percentages in the table varied based on how many had data for each referral type: 94 and 61 for urgent and routine referrals in the East Region, respectively, and 93 and 76 for these in the West Region. Totals may not add to 100 percent due to rounding.

The timeliness standard for initial specialty care appointments is 28 days.

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## Staffing Challenges Affected Behavioral Health Care Appointment Availability at Selected MTFs; MTFs and DHA Have Taken Steps to Mitigate

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### Selected MTFs Reported That Provider Vacancies and Other Staffing Challenges Affected Appointment Availability

Provider vacancies at the six selected MTFs in our review were the main challenge to maintaining behavioral health care appointment availability for active-duty service members, according to officials we interviewed. The officials described unfilled behavioral health provider positions in specialty behavioral health care clinics and within primary care. Additionally, the officials said other staffing challenges, such as vacancies among administrative staff and a lack of authorized positions, adversely affected the availability of behavioral health care appointments at their facilities.

### Specialty Behavioral Health Provider Vacancies

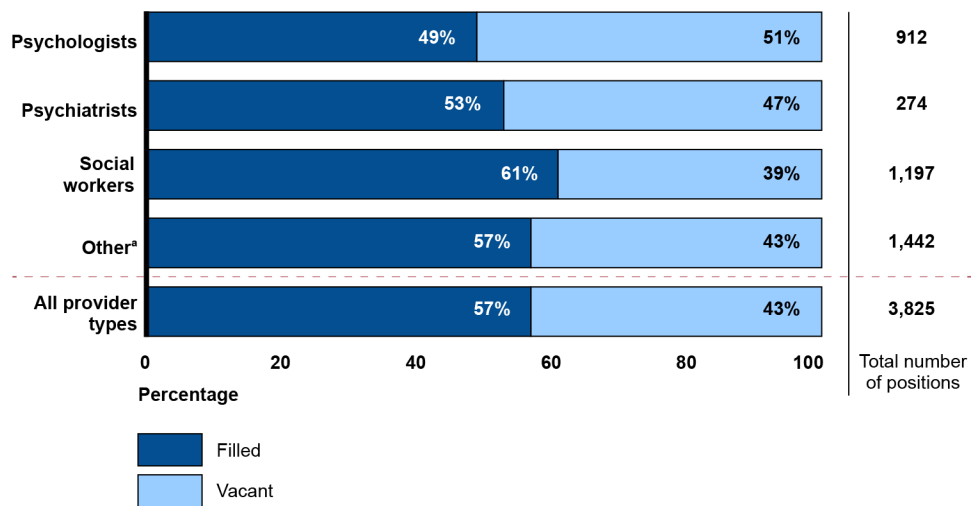
Officials at each of six selected MTFs told us they struggled to fill vacancies for behavioral health provider positions, with most citing challenges hiring both civil service and contractor positions in their specialty behavioral health clinics.<sup>39</sup> As a result, officials at each of the MTFs said they did not have enough appointments available in these clinics to meet active-duty service member demand, which they also noted had been increasing in recent years. For example, officials at one MTF said their specialty clinic had about 6,000 appointments in 2019 and 7,000 in 2021. In 2022, they lost staff, which meant the number of appointments dropped to about 5,000, due to more limited availability. Officials at another MTF said the mismatch between the supply of behavioral health providers at MTFs and demand for care has led to the MTF having to “do more with less.”

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<sup>39</sup>Civil service providers are civilian (i.e., non-uniformed) medical health providers hired at MTFs as General Schedule employees.

Vacancy challenges reported by the selected MTF officials were consistent with DHA data showing that 43 percent (1,662 of 3,825) of authorized positions for civil service providers in specialty behavioral health care clinics were vacant across all MTFs as of January 2023 (see fig. 7).<sup>40</sup> According to officials at one MTF, civil service vacancies were particularly concerning, because these providers have historically been a stabilizing force in behavioral health care provision at MTFs. For example, these officials said civil service providers handled 90 percent of behavioral health care at this MTF.

**Figure 7: Percentage of Authorized Civil Service Specialty Behavioral Health Provider Positions Filled and Vacant Across MTFs, by Provider Type, January 2023**



Source: GAO analysis of Defense Health Agency data. | GAO-24-106267

Note: The data shown in this figure reflect filled and vacant civil service provider positions in specialty behavioral health care clinics across military treatment facilities (MTF) and were the most recent available at the time of our review. Civil service providers are defined as civilian (i.e., non-uniformed) providers hired at MTFs as General Schedule employees.

<sup>a</sup>Other includes support staff positions, such as nurses and technicians, who help provide behavioral health care at MTFs.

Officials from each of the six selected MTFs noted that the national shortage of behavioral health care providers was likely part of the reason for their civil service and contractor provider vacancies. However, these

<sup>40</sup>DHA officials told us that it does not centrally track the number of authorized civilian contractor positions, as most contracts are managed at the MTF level. As a result, we were not able to determine contractor vacancy rates. However, DHA provided data showing that in November 2022, there were 410 contracted specialty behavioral health providers employed across all MTFs.

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officials also said that their MTFs faced the following additional hiring challenges:<sup>41</sup>

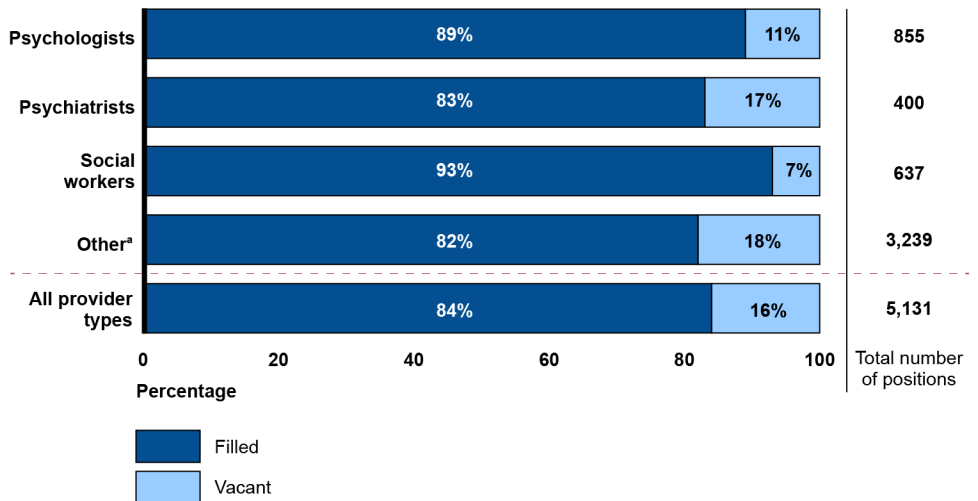
- **Competition with other employers.** Officials from each of the six MTFs said they faced challenges attracting applicants because they could not offer competitive pay when compared with the private sector and other government agencies. Some officials also noted challenges with being able to offer competitive benefits. For example, one MTF reported that a lot of their providers had left to work for another agency that offered higher pay and greater job flexibility (e.g., working from home), which the MTF could not offer.
- **Slow hiring processes.** Officials from each of the six MTFs reported that a slow hiring process made it difficult to fill vacancies. Additionally, officials from five MTFs said that since the transition to DHA management of MTFs, hiring timelines have increased, with hiring actions routinely taking between 6 and 9 months to complete. Officials from one MTF noted that due to delays in the hiring process, they had a candidate drop out of the hiring process before they could complete it.
- **Hiring contract personnel.** According to DHA officials, while the extent to which MTFs rely on contract personnel varies, it can be a routine part of workforce planning at some MTFs. However, hiring for contract positions was more difficult than hiring for civil service positions, according to officials at each of the six MTFs. Specifically, officials said the instability inherent in contracts, which need to be renewed every few years and can lead to changes in pay and benefits, exacerbates the low compensation offered for the positions. For example, at one MTF, a contracted behavioral health provider left while still in training because the original contract was renegotiated, and the new company that was awarded the contract offered less pay than the previous company. Officials also noted that the lack of benefits in contract positions, such as not being eligible for public service student loan forgiveness, increased turnover in these positions.

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<sup>41</sup>We have previously reported on DOD's challenges hiring behavioral health providers. See for example, GAO, *Defense Health Care: Additional Information Needed About Mental Health Provider Staffing Needs*, [GAO-15-184](#) (Washington, D.C.: January 30, 2015).

Officials at the six selected MTFs reported they also struggled with uniformed provider vacancies in their behavioral health clinics.<sup>42</sup> Specifically, MTF officials said they experienced long periods where uniformed positions were left vacant. For example, one MTF lost one uniformed psychiatrist in the spring of 2022 and did not have a new one on-boarded until the fall of 2022. DHA data show that as of September 2022, across all MTFs, 16 percent (802 of 5,131) of authorized uniformed specialty behavioral health provider positions were vacant (see fig. 8).

**Figure 8: Percent of Authorized Uniformed Specialty Behavioral Health Provider Positions Filled and Vacant, Across MTFs by Provider Type, September 2022**



Source: GAO analysis of Defense Health Agency data. | GAO-24-106267

Note: The data shown in this figure reflect filled and vacant uniformed provider positions in specialty behavioral health care clinics across military treatment facilities (MTF) and were the most recent available at the time of our review from the Health Manpower Personnel Data System report.

<sup>a</sup>Other includes support staff, such as nurses, who help to provide behavioral health care at MTFs.

MTF officials reported that, among other things, increased assignments to deployable units resulted in unfilled uniformed provider positions, which, in turn, left MTFs without adequate staff in their behavioral health clinics.<sup>43</sup> For example, one MTF said uniformed providers were increasingly being pulled to deployable units earlier than expected, and

<sup>42</sup>Uniformed providers are MTF providers who are also active-duty service members or reserve members.

<sup>43</sup>Uniformed providers assigned to deployable units provide behavioral health care to service members in the same unit, in both deployed and non-deployed settings. Uniformed providers in these units are not part of the MTF workforce.

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## Primary Care Behavioral Health Consultant Vacancies

for longer periods of time, making it more challenging to maintain staffing in MTF clinics.<sup>44</sup> In addition, two of the MTFs also noted that uniformed providers were required to attend to service-related collateral duties (e.g., training coordination and pre-deployment activities), which decreased the amount of time they could devote to patient care and further reduced appointment availability. For instance, officials at one MTF said service-related collateral duties took away 1 or 2 days of uniformed provider time per week.

Of the six MTFs in our review, officials from three told us they did not have behavioral health consultants to provide behavioral health care in primary care clinics, due to long-standing vacancies. For example, at one MTF, officials said that each of their behavioral health consultant positions had been vacant for over 2 years. Officials at the remaining two MTFs said their positions had been vacant for over a year. According to DHA officials, behavioral health consultant positions are either civil service or contract, though many of the job listings are for contract positions, which are harder to fill and retain.

Behavioral health consultant vacancies reported by the selected MTFs were consistent with DHA data showing that, as of January 2023, about 53 percent (154 of 290) of authorized primary care behavioral health consultant positions were vacant across all MTFs. Additionally, about 35 percent (37 of 106) of the MTFs authorized to have consultants had vacancies for all of their positions (see fig. 9).<sup>45</sup>

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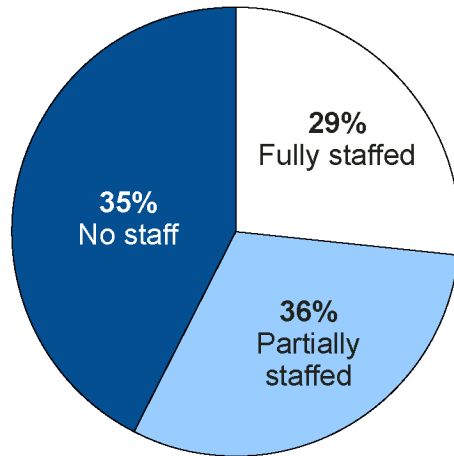
<sup>44</sup>In 2023, we reviewed DOD's plan to reduce or realign its active-duty medical force to increase the number of operational billets and found that other staffing needs, such as operational requirements, take higher priority than MTF staffing needs. In addition, we found that proposed uniformed provider reductions at MTFs might lead to lengthy provider vacancies that, among other things, could hinder MTFs' ability to provide care to beneficiaries within DOD's access to care standards. See GAO, *Defense Health Care: Additional Assessments Needed to Determine Effects of Active Duty Medical Personnel Reductions*, [GAO-23-106094](#) (Washington, D.C.: July 11, 2023).

<sup>45</sup>In our prior work we reported that DHA experienced significant vacancies in authorized primary care behavioral health provider positions at installations outside the contiguous United States and recommended that DHA develop a strategy to address the shortage of behavioral health provider staff. While DHA had taken steps to address it, as of July 2023, this recommendation remained open. See GAO, *Suicide Prevention: DOD Should Enhance Oversight, Staffing, Guidance, and Training Affecting Certain Remote Installations*, [GAO-22-105108](#) (Washington, D.C.: April 28, 2022).

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**Figure 9: Primary Care Behavioral Health Consultant Staffing Levels Across MTFs, January 2023**

Military Treatment Facilities



Source: GAO analysis of Defense Health Agency data. | GAO-24-106267

Note: The data in this figure reflect the percent of the 106 military treatment facilities (MTF) in the United States authorized for a primary care behavioral health consultant with all, some, or none of their authorized positions staffed. Data were the most recent available data at the time of our review.

Officials at the three MTFs without behavioral health consultants said that not having consultants increased demand in specialty clinics, and, as a result, specialty clinics had to address all behavioral health needs for service members or refer them to TRICARE’s civilian provider network. For example, at one MTF an official estimated that behavioral health providers (such as social workers and psychologists) in their specialty clinic spent about 50 percent of their time providing care that would otherwise be provided by behavioral health consultants.

Conversely, officials at the three selected MTFs that had primary care behavioral health consultants cited a number of ways it helped reduce demand for and, in turn, increase appointment availability in specialty care.<sup>46</sup> For instance, they said the same-day appointment availability offered by consultants allowed the consultants to quickly triage service

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<sup>46</sup>One of the three MTFs that had primary care behavioral health services operating within primary care clinics had all authorized behavioral health consultant positions filled; seven of eight authorized positions and six of 10 authorized positions were filled in each of the other two MTFs.



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members to the appropriate level of care.<sup>47</sup> Additionally, they said that consultants were able to provide care for patients who have less complex needs, who then did not always need care from specialty clinics. Finally, they said when service members presented with more complex concerns and were not able to be seen in specialty clinics right away, behavioral health consultants continued to provide care while the service members waited for their appointment date.<sup>48</sup>

### Other Staffing Challenges Affecting Appointment Availability

Officials at the six selected MTFs in our review also cited other staffing challenges that further reduced availability of behavioral health care appointments at their facilities. For example:

- **Administrative position vacancies.** Officials from four of the six MTFs said vacancies in administrative staff created challenges, including further reducing the availability of appointments. Providers in these clinics had to take on administrative duties, such as answering phones and checking in service members, which reduced time spent providing patient care. In addition, officials from two of the six MTFs noted that they do not have administrative staff altogether.
- **Lack of authorized positions.** Officials at five of the MTFs also noted that a lack of authorized positions affected the availability of appointments in specialty behavioral health clinics. For example, at one MTF, service members who needed medication management waited longer for appointments in the specialty behavioral health clinic because the MTF was authorized only one prescribing psychiatrist. Officials at another selected MTF said they did not have authorization for a psychiatrist, and, as a result, could not offer psychiatry appointments. Instead, they needed to rely on telehealth, MTF

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<sup>47</sup>Behavioral health consultants we spoke with at two of these three selected MTFs generally said that they had same-day appointment availability. However, when they had to provide care for patients with more complex needs who could not be seen in specialty clinics, it sometimes put a strain on same-day availability for new and existing patients.

<sup>48</sup>When service members were not able to be seen in specialty clinics right away, behavioral health consultants at two of the MTFs were able to make any necessary network referrals before the service member was seen in the MTF specialty care clinic, but at the other they were not, which sometimes caused additional delays in service members receiving specialty care. For example, at one MTF, consultants said a service member waited 6 weeks for a specialty care appointment only to then be referred to the network where they again had to wait for care.

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primary care doctors, or TRICARE's civilian provider network, when service members needed prescription medications.<sup>49</sup>

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### Increased Use of Civilian Network Provider Referrals, Telehealth, and New Triaging Approaches among Steps to Mitigate MTF Appointment Availability Challenges

We found the six selected MTFs in our review and DHA have taken a variety of steps to help mitigate availability challenges that affect timely access to care in specialty behavioral health clinics.

At the selected MTFs, officials reported taking the following steps, while also noting some trade-offs:

- **Increasing referrals to TRICARE's civilian provider networks.** Officials at each of the six MTFs said they preferred to treat active-duty service members at MTFs, particularly for more complex behavioral care cases. However, some of these officials further stated that, given current staffing levels, they could not manage the demand for care. As such, they have increasingly needed to refer service members to TRICARE's civilian provider networks for initial and follow-up behavioral health care—a trend that was also noted by DHA officials we interviewed. For example, in April 2023, officials from one MTF reported that 75 percent of service members received by the specialty clinic were referred to the civilian provider network. They said this was up from 38 percent in 2018. Officials from selected MTFs said that they may refer service members to the network for behavioral health care when they are not able to meet the 28-day timeliness standard for initial appointments at the MTF. However, officials also said some service members experienced issues finding civilian network providers with availability and encountered long wait times.<sup>50</sup>
- **Prioritizing initial appointments.** Officials from five MTFs said they managed their schedules to meet the 28-day initial appointment timeliness standard by converting unbooked follow-up appointments

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<sup>49</sup>Telehealth refers to behavioral health treatment provided to service members through synchronous video or telephone communications.

Officials from the MTF noted that primary care doctors did not always feel comfortable prescribing and managing medications for behavioral health patients, such as anti-psychotics, because they had not received specific training or formal education to do so.

<sup>50</sup>Among other things, officials at selected MTFs said that patients experienced delays in care due to issues finding a civilian network provider using TRICARE's provider directory. For example, officials at one MTF reported that in some cases patients had to call over 20 different providers because the providers they contacted were no longer accepting TRICARE or were not accepting new patients.

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into initial appointments.<sup>51</sup> This is allowed within DHA policy and may help MTFs meet timeliness standards for initial appointments. However, it may also result in specialty behavioral health clinics having less appointment availability for established patients seeking follow-up care.<sup>52</sup> For example, officials at one MTF said that they had service members who were supposed to be seen once a week for follow-up but could only be seen once every 5 to 6 weeks due to lack of appointment availability. Officials at selected MTFs said delays in the availability of follow-up care meant they were not able to provide the frequency of treatment recommended by evidence-based guidelines for service members' conditions. In some cases, officials noted that service members then disengaged from treatment as a result of these delays.

- **Prioritizing patients with more complex needs.** Officials at each of the six MTFs said they also managed caseloads in specialty behavioral health clinics by prioritizing patients with complex needs over patients with less complex needs for both initial and follow-up appointments. According to officials, this mitigated delays for patients who needed more immediate attention. However, officials at one MTF noted that patients with less complex needs often faced longer wait times for appointments in specialty care clinics or were referred to TRICARE's civilian provider networks.

In addition, officials from selected MTFs and their associated market offices—which were in place at the time of our review—told us that the market offices had taken steps to help mitigate appointment availability challenges.<sup>53</sup> For example, officials at three MTFs told us their associated market offices hold quarterly meetings where MTFs across the market can share best practices and work together to improve timely access to behavioral health care and create efficiencies. Additionally, market office officials from one MTF said that they sometimes facilitate the temporary loaning of behavioral health care providers from one MTF in the market to

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<sup>51</sup>While 32 C.F.R. § 199.17 establishes the timeliness standard for initial appointments, according to DHA, there is no timeliness standard for specialty care follow-up appointments because the frequency of care should be driven by individual diagnoses and appropriate treatment plans.

<sup>52</sup>Per DHA policy, MTFs may convert initial appointments to follow-up appointments and vice versa as schedules allow. See DHA Interim Procedures Manual 18-001.

<sup>53</sup>Until October 2023, MTFs were grouped into markets based on geographic proximity and facility type. Market offices provided shared administrative services to MTFs in their region and had the ability to reallocate staff and other resources between MTFs as needed. In October 2023, DHA moved from the market structure to nine Defense Health Networks, which will similarly manage MTFs, according to DHA officials.

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another, to address provider shortages. However, these market office officials said loaning providers is not always possible, as even the better staffed MTFs have vacancies.

Steps DHA officials reported taking to help mitigate behavioral health appointment availability challenges at MTFs include:

- **New triaging approaches.** In April 2023, DHA launched the Targeted Care Initiative Pilot at 10 MTFs aimed at alleviating demand for behavioral health care at specialty clinics.<sup>54</sup> Among other things, the pilot involves testing a model requiring new triaging approaches intended to better match service members' needs to level of care. The model includes referrals to non-medical services, such as chaplains, and increased use of group therapy rather than individual therapy. One of the selected MTFs had just started participating in the targeted care pilot at the time of our interview.

Officials at the other five MTFs said that while not in the pilot, they had already implemented this model of care to some extent, and noted both benefits and considerations. For example, officials at one of these MTFs said that by using the targeted care model, 36 percent of service members who sought behavioral health care at a specialty clinic were referred to non-medical services, reducing caseloads in the specialty care clinic. However, officials from two other MTFs said that they have experienced challenges implementing the targeted care model when patients were not receptive to group therapy or non-medical services or when non-medical services could not meet demand. Officials from one of the two MTFs reported that they were working to address these challenges, such as by providing information to service members about the benefits of the model.

- **Increasing use of behavioral health technicians.** In April 2022, DHA issued a procedural instruction requiring MTFs to use behavioral health technicians—uniformed staff who support the provision of behavioral health care—as provider extenders by completing a minimum of 750 hours of direct patient care per year and limiting administrative duties to 15 hours per week. When these technicians provide patient care, it can help increase appointment availability, because, for example, they lead group therapy sessions, which would

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<sup>54</sup>The 10 MTFs selected for the Targeted Care Initiative Pilot are Evans Army Community Hospital, Bassett Army Community Hospital, Naval Branch Health Clinic (Groton), General Leonard Wood Army Community Hospital, Munson Army Health Center, Tripler Army Medical Center, Naval Hospital Jacksonville, Naval Medical Center Camp Lejeune, US Army Health Clinic Wiesbaden, and Bayne-Jones Army Community Hospital.

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otherwise need to be led by providers. However, officials from three selected MTFs said that they were experiencing challenges implementing DHA's policy. They noted that vacancies in support staff caused technicians to cover administrative duties above the 15 hours per week instead of providing patient care.

- **Expanding use of telehealth.** According to DHA officials, the agency has taken steps to expand telehealth for behavioral health care services. For example, in October 2022, DHA awarded a contract to implement a virtual medical center, with the goal of providing 63,500 telehealth visits per year to active-duty service members across the country. The center is intended to support MTFs when they experience behavioral health care staff vacancies by supplementing appointment availability with telehealth services from another MTF.<sup>55</sup>
- **Supporting recruitment and retention.** While noting they face budgetary and other limitations in attracting new staff, DHA officials described a number of steps they have taken to help MTFs fill and maintain provider positions, including those in behavioral health.<sup>56</sup> These include:
  - **Providing support and guidance.** DHA officials said they have instituted a physician recruitment team that assists with posting identified positions online and other platforms to enhance recruitment efforts. In addition, the agency has issued guidance for MTFs on ways to streamline the hiring process for staff vacancies. The guidance also addresses the recruitment and retention incentives that they may offer candidates, of which officials noted MTFs are not always aware.
  - **Expanding eligible provider types.** DHA is expanding the types of behavioral health providers eligible to provide care at MTFs to help fill vacancies, according to DHA officials. For example, the

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<sup>55</sup>Through its Behavioral Health Resources and Virtual Experience (BRAVE) program, DHA officials said that the agency has created a process by which market offices can request telehealth services to supplement capacity for active-duty service members. Telehealth services are provided from designated MTFs and must be documented in DHA's electronic medical record.

<sup>56</sup>For example, DHA officials said budget and resource availability as well as statutory pay authorities may affect DOD's ability to align provider pay with the prevailing market.

DHA officials said they are also working with the military services to create a new staffing model that will facilitate the determination of the correct number and type of providers to assign to an MTF to meet demand for services. According to officials, as of July 2023, this process is in the beginning stages, and there is not a timeline for completing the staffing model.

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agency is working to expand its ability to hire licensed professional counselors and licensed marriage and family therapists.

- **Converting contract behavioral health consultant positions.**

As of July 2023, DHA officials said it is in the early stages of working towards converting its contract primary care behavioral health consultant positions to civil service positions. This would help with recruitment and retention of behavioral health consultants, according to DHA officials. These officials expect funding for the conversion will be available in fiscal year 2025 and that the transition will occur over several years.

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## DHA Oversees Behavioral Health Care Timeliness, but Does Not Separately Monitor Appointments After Urgent Referrals to Civilian Providers

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### DHA Requires MTFs to Regularly Monitor Initial Appointments; Ad Hoc Data Reviews and Meetings with Markets Among Its Other Oversight Efforts

DHA requires MTFs and their associated market offices to regularly monitor the timeliness of initial specialty care appointments for active-duty service members at MTFs.<sup>57</sup> DHA also requires them to monitor the facilities' capacity to provide timely initial and follow-up behavioral health care appointments in specialty care and primary care clinics. Specifically, DHA requires each MTF and its associated market office to monitor:

- the MTF's performance meeting the 28-day timeliness standard for initial appointments in its specialty care clinics, including specialty

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<sup>57</sup>According to DHA officials, the new Defense Health Networks, which replaced market offices in October 2023, will similarly be responsible for monitoring the performance of their component MTFs.

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behavioral health clinics, and to ensure corrective actions when required;<sup>58</sup>

- the MTF's performance meeting appointment availability standards in its specialty behavioral health care clinics. These standards require MTFs to ensure that, for each duty day, their clinics have at least three initial appointments available within 28 days and at least three follow-up appointments available within 7 days; and
- the MTF's performance meeting DHA's expectation for behavioral health consultants to be available to provide same-day initial and follow-up behavioral health care appointments in primary care clinics at MTFs.

Information provided by officials at the six selected MTFs and their associated market offices show they monitor the timeliness and availability of specialty and primary behavioral health care appointments as follows:

- **Monitoring specialty care appointment timeliness.** MTF officials at each of the six MTFs and associated market office officials we interviewed monitor past performance meeting the 28-day timeliness standard for initial specialty behavioral health care appointments. For instance, MTF officials reported reviewing data DHA provides in access to care summary reports on a monthly basis, which they can filter to show average days to care by appointment type, beneficiary type, and other factors. Officials from four of the six MTFs told us that they also monitor average days to follow-up specialty care appointments, although as discussed earlier in this report, there is not a timeliness standard associated with this type of appointment.

Officials from the six selected MTFs told us they have taken a variety of corrective actions when the timeliness standard are not being met. Corrective actions taken by the selected MTFs include activities noted above, such as the use of group appointments, enabling providers to see multiple patients at one time, and targeted triage to reduce clinic caseloads by identifying patients with needs that could be managed outside of specialty care.

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<sup>58</sup>See DHA Interim Procedures Manual 18-001. Corrective actions should be taken by an MTF if the specialty behavioral health clinic is not meeting the 28-day timeliness standard. DHA officials noted that MTFs and their associated market offices are not required to monitor their performance meeting the agency's goal of having initial specialty care appointments within 15 days. They said that this is because DHA is using the goal to assess the timeliness of care for all specialty care services across all MTFs, but it has not established it in policy as a timeliness standard that individual MTFs are required to meet.

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- **Monitoring specialty care appointment availability.** Officials at each of the six MTFs provided information on activities they use to regularly monitor appointment availability for initial and follow-up specialty care appointments. For instance, MTF officials told us they use “third next available” reports from DHA—which are refreshed on a daily, weekly, and monthly basis—to measure the number of days to the third next available appointment at each MTF clinic, by appointment type.<sup>59</sup> This has helped identify opportunities to increase appointment availability by converting an unused follow-up appointment slot to an initial appointment or vice versa, officials said. Additionally, one MTF generates a daily report, which shows all available appointments in the upcoming 96 clinic hours by provider and appointment type. According to officials at the MTF, specialty care clinic staff use this information to modify appointments where needed.
  - **Monitoring primary behavioral health care appointment availability.** Behavioral health consultants at two of the three selected MTFs in our review that provide behavioral health care in their primary care clinics reported routinely monitoring appointment availability. For example, at one MTF, a behavioral health consultant supervisor monitors appointment availability as part of performance reviews. Specifically, the supervisor used DHA reports to review average appointment utilization per day for each consultant to identify consultants who may be unable to provide same-day appointments due to overutilization.
  - **Monitoring active-duty service member feedback.** Officials from the six selected MTFs told us they review feedback from active-duty service members who received behavioral health care at their facilities.<sup>60</sup> These officials stated they have also reviewed information from the Joint Outpatient Experience Survey related to the timeliness

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<sup>59</sup>For example, if the next three available appointments at a specialty care behavioral health clinic include two appointments that day and one appointment the next day, this would be measured as one day to the third next available appointment.

<sup>60</sup>MTFs collect feedback through a variety of mechanisms, such as comment boxes, phone calls, emails, and the Interactive Customer Evaluation comment card system, which is administered by DOD and allows patients to create online comment cards to rate the service provided at MTFs.



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of care, but officials from four of the facilities noted that timeliness issues are not often raised through the survey.<sup>61</sup>

In addition to requiring MTF and associated market office monitoring, DHA officials provided information on other DHA efforts to oversee the timeliness of behavioral health care appointments. For example:

- **Ad hoc reviews of specialty care appointment timeliness.** DHA officials said they review average days to care to monitor MTF performance meeting the 28-day standard for initial specialty care behavioral health care appointments on an ad hoc basis, such as in response to a request from DHA leadership to inform strategic plans.
- **Tracking MTF referral timeliness.** DHA officials told us that while many active-duty service members self-refer to behavioral health care at MTFs, staff at the agency's Integrated Referral Management and Appointing Center track the timeliness of provider referrals to MTF specialty clinics. They noted that appointments following urgent referrals from an MTF provider to an MTF specialty behavioral health clinic typically occur within 24 hours.<sup>62</sup>
- **Tracking primary care appointment utilization.** DHA officials said they track the utilization of primary care behavioral health appointments at MTFs on a quarterly basis to monitor same-day availability for these appointments, and provided examples of reports they use. Officials explained that if MTFs consistently have behavioral health consultants with more than eight scheduled appointments per

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<sup>61</sup>The Joint Outpatient Experience Survey is sent to beneficiaries after an appointment at an MTF to measure their experience receiving care and satisfaction with the care they received. An official at one MTF said utilizing survey data can be challenging due to the small sample size from low response rates.

<sup>62</sup>According to DHA officials, DHA has not required MTFs and their associated market offices to monitor performance with meeting the 24-hour timeliness standard for urgent behavioral health care appointments in specialty care clinics because this monitoring is not necessary. Specifically, DHA officials explained that these appointments are not scheduled ahead of time but added to a provider's schedule the same day an acutely distressed patient comes in for care or is urgently referred. Further, the officials said that urgent appointments typically become available for booking 24 hours in advance, meaning that timeliness is built into the scheduling process.

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day, these MTFs may have trouble with providing same-day access.<sup>63</sup> As such, they said they monitor MTFs for consultants seeing more than eight patients per day for at least one quarter, and may encourage MTF leadership to pursue hiring an additional consultant if this occurs.

DHA officials also noted the following efforts help them oversee behavioral health care timeliness by allowing them to obtain information about challenges MTFs and their associated market offices face providing timely care:

- **Reviewing MTF manning assistance requests.** DHA officials said that MTFs that have or expect to have a vacancy in their provider staff may submit a manning assistance request to DHA to obtain support with filling the position. Such requests can provide DHA with information on timeliness issues at MTFs because, as previously noted, gaps in staffing can have a negative effect on an MTF's ability to provide timely care. DHA officials said that DHA responds to MTF manning requests as they are received and they try to help fill the positions by, for example, getting the military services to fill the position with a uniformed provider or by providing the facility the funds to hire a civilian provider (civil service or contractor). DHA officials noted that DHA is not always able to address the factors contributing to provider vacancies and the needed positions may not always be filled.
- **Regular meetings with market office officials.** DHA officials said the agency hosts monthly meetings with market office directors to review market-level performance meeting DHA's performance standards, including the 28-day timeliness standard for initial specialty care appointments. As part of the meetings, market office directors are expected to share information related to areas of lower or higher performance. For instance, the directors from market offices with lower performance related to meeting the 28-day timeliness standard are expected to discuss the factors affecting their performance, which could include challenges providing behavioral health care; corrective

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<sup>63</sup>Per DHA Procedures Manual 6025.01, to ensure same-day access, behavioral health consultants in MTF primary clinics should have a minimum of 12 appointments per day in their appointment templates (6 hours of time as appointment length is 15 to 30 minutes), but DHA officials said they are generally advised to only schedule eight appointments per day to leave room for same-day appointments. The remaining 2 hours of unscheduled time may be used for activities such as communication with primary care managers and completing documentation related to the encounter.

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actions intended or underway; and whether resources or support are needed to improve their performance.

In addition, officials said that DHA meets with Chief Operating Officers for each market office on a bi-monthly basis to provide a forum for them to elevate issues requiring DHA awareness or action, which may include issues related to providing timely behavioral health care at MTFs within their market. For instance, the Chief Operating Officers can use this meeting to raise behavioral health staffing challenges that may be affecting the timeliness of care.

DHA officials said, in response to a market office raising issues related to timely access in these meetings, DHA will conduct an assessment to see whether MTFs in the market are adequately staffed and actively managing their appointment supply to meet patient demand. Officials said DHA will then provide coaching and support as needed, such as helping MTFs to manage provider templates to maximize specialty care capacity or assisting the facility with processing requests for manning assistance.

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### DHA Requires Contractors to Monitor Initial Appointments with Civilian Network Providers, but Does Not Separately Monitor Urgent Referral Appointments

DHA requires the two TRICARE contractors to monitor the timeliness of initial appointments for active-duty service members who received referrals to obtain specialty behavioral health care in civilian provider networks through network inadequacy reports. Specifically, per DHA's TRICARE contracts, contractors are required to submit monthly reports to DHA that identify instances when referrals were made to a non-network civilian provider.<sup>64</sup> This can occur when there is a lack of civilian network providers with initial appointments within the 28-day timeliness standard, a lack of civilian network providers able to provide the specific type of health care service, or a lack of providers accepting new TRICARE patients. For each referral, contractors must identify the type of health care service and the reason for the inadequacy.

DHA also requires contractors to identify corrective action plans as part of their network inadequacy reports. According to DHA officials, corrective action plans are required if a Prime Service Area has three or more referrals to a non-network provider across two consecutive reporting months.<sup>65</sup> The referrals also have to be for the same health care service and the reason for the network inadequacy must be the same. For

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<sup>64</sup>Network inadequacy reports include referrals to a civilian provider outside of the TRICARE civilian provider network by Prime Service Area.

<sup>65</sup>Prime Service Areas are geographic areas usually within an approximate 40-mile radius of a DHA medical facility.

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example, a corrective action plan would be required if a Prime Service Area made three or more referrals to a non-network civilian provider for psychiatry services due to a lack of civilian network providers with appointments within the 28-day standard.

In addition, DHA requires contractors to provide DHA with monthly access to care summary reports that show average days to care for beneficiaries receiving care from civilian network providers, from the date a referral was approved to the appointment date. These reports can be filtered by individual specialties and beneficiary group, including for behavioral health care appointments provided to active-duty service members. Contractors are not required to use access to care reports to monitor the timeliness of behavioral health care appointments, but DHA officials noted that MTFs and market offices can raise timeliness concerns during their regular meetings with the contractors. If the contractors are unable to address their concerns, market offices and MTFs may escalate the issue within DHA.

DHA plans to expand requirements for monitoring behavioral health care timeliness in the next generation of TRICARE contracts, which, at the time of our review, DHA had anticipated would take effect in August 2024.<sup>66</sup> New requirements will include contractors submitting quarterly reports to DHA that describe behavioral health care access and performance, by Prime Service Area. Specifically, the quarterly reports must include the number and type of behavioral health care providers within each area, average days to behavioral health care appointments with civilian network providers, and a brief description of any activities that will be implemented in the next reporting period to improve behavioral health access.

While DHA does not directly monitor the timeliness with which active-duty service members obtain behavioral health care through civilian provider networks, it does oversee contractors' monitoring in a number of ways. For example, DHA's subject matter experts review the monthly network inadequacy and access to care reports submitted by contractors each month to ensure they are accurate, and they will communicate any inaccuracies identified to the contractors. According to officials, DHA also

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<sup>66</sup>As of April 2023, the anticipated start of health care delivery for the next generation of contracts, known as T-5, is August 2024. However, as of this report, the award of the West region contract is under protest at the Court of Federal Claims, which may further delay the start of T-5 health care delivery. See *Health Net Fed. Servs. v. U.S.*, No. 23-1268 (Ct. Fed. Cl. filed Aug. 8, 2023).

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tracks the effectiveness of contractors' corrective action plans through various steps, such as reviewing subsequent network inadequacy and access to care reports or beneficiary complaints.<sup>67</sup>

Officials also said that DHA uses the monthly access to care reports to examine the timeliness of behavioral health care in the civilian provider network on an ad hoc basis, such as in response to a request from Congress, or in response to market office, MTF, or beneficiary complaints. According to officials, in such cases, DHA's provider network subject matter experts will review average days to initial appointments to assess civilian network provider performance meeting the 28-day timeliness standard. They said that the subject matter experts will also review the number of behavioral health providers participating in the TRICARE network. Under the next generation of TRICARE contracts, DHA officials told us that the agency will review the new quarterly behavioral health care access reports contractors submit and compare average days to appointments against the 28-day standard.

Regarding urgent referrals, we found DHA does not monitor, nor does it require the contractors to separately monitor, the timeliness of appointments obtained after urgent referrals to civilian provider networks. DHA also will not require such monitoring under the next TRICARE contracts. DHA can filter the monthly access to care reports it receives from contractors to identify routine and urgent referrals to civilian network providers. However, according to officials, because DHA has not established a separate time frame for how long it should take service members to obtain appointments after receiving an urgent referral, DHA and the TRICARE contractors monitor urgent and routine referrals together rather than separately.

DHA officials said each contractor does provide guidance to MTF providers through memorandums of understanding on how to decide if a referral should be marked as urgent, including based on the time frame in which providers determine care should occur. We found the two contractors' guidance on urgent referrals differed. Specifically, contractor guidance for the West region instructs MTFs to mark a referral as urgent

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<sup>67</sup>DHA officials noted that DHA does not assess whether corrective action plans fully address instances of network inadequacy and there may be areas where it is more challenging to reduce the number of referrals made to a non-work behavioral health provider. For instance, officials said that civilian behavioral health providers may decline offers to participate in the TRICARE network because of the reimbursement rates or because they have a preference for only seeing patients who have private health plans.

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when a provider determines the patient needs to be seen within 72 hours. In the East region, contractor guidance does not provide a specific time frame for the provision of care deemed urgent. Rather, the guidance instructs MTFs to mark a referral as urgent when a provider determines that a patient needs expedited care, indicating that an accepting provider may need to give priority ahead of already scheduled patients. Officials representing the contractor said that this includes patients that need to be seen within 72 hours, but also those who need care in a longer time frame depending on the provider's assessment of clinical need.

In prior work we conducted in 2020, DHA officials said DOD had a general expectation that individuals should access specialty care in 3 days or less upon receiving an urgent referral.<sup>68</sup> At that time, officials indicated they were in the process of drafting a standard operating procedure that would document this 3-day or less expectation. However, in September 2023, DHA officials told us this was not an expectation for the timeliness of such care, at MTFs or with civilian network providers, nor had such an expectation been documented. Nonetheless, DHA officials agreed that network referrals marked as urgent indicate that a patient needs to be seen by a provider earlier than 28 days. Thus, marking a referral as urgent differentiates patients for whom care needs to be prioritized given heightened risks, as reflected in the two contractors' guidance.

Federal standards for internal controls state that agency objectives and activities should be designed to identify risks and respond to those risks as appropriate.<sup>69</sup> The absence of an established time frame specific to urgent referrals and related monitoring is inconsistent with these standards. Specifically, because DHA has not established a separate time frame within which active-duty service members should receive behavioral health care from a civilian network provider after urgent referrals, DHA cannot assess the extent to which service members with an urgent need for such services are experiencing delays in receiving

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<sup>68</sup>See GAO, *Defense Health Care: Efforts to Ensure Beneficiaries Access Specialty Care and Receive Timely and Effective Care*, [GAO-21-143](#), (Dec 22, 2020). While DHA officials we interviewed told us it is not DHA's expectation that care following urgent network referrals be provided within 3 days or less, they said that DHA does require contractors to process urgent network referrals within 3 business days, and this is documented in the TRICARE Operations Manual.

<sup>69</sup>See [GAO-14-704G](#). Federal internal control standards state that agencies should clearly define objectives to help them identify risks (Principle 6) and respond to risks related to achieving the defined objectives (Principle 7).

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care. DHA is also unable to identify and address factors that may be contributing to delays, such as provider shortages or network directory inaccuracies. This is particularly concerning in light of DHA's fiscal year 2022 data, which indicate such delays are occurring. For example, average wait times for appointments in TRICARE's West region following an urgent referral are nearly 3 weeks over the 72-hour time frame outlined in its guidance. Further, without an established time frame, each contractor has different guidance on what constitutes urgent, and active-duty service members in the two TRICARE regions may experience differences in when providers initiate urgent referrals and, in turn, when they receive care.

By establishing a time frame for providing specialty behavioral health care specific to urgent referrals, requiring regular monitoring of the contractors' performance against it, and taking corrective actions where appropriate, DHA will better be able to help address timeliness issues. This, in turn, will help ensure service members get the critical care they need when a provider has determined that behavioral health concerns warrant urgent attention.

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## Conclusions

With increasing demand for behavioral health care among active-duty service members, ensuring accessible and timely care through DHA's MTFs and networks of civilian providers is critical to avoiding detrimental effects from untreated conditions, including decreases in military readiness.

DHA generally has processes in place to monitor the timeliness of behavioral health care appointments at MTFs and in TRICARE's civilian provider networks. It has also taken steps to mitigate significant MTF provider vacancies, such as expanding the types of behavioral health providers eligible to fill positions. However, DHA does not separately monitor how long it takes active-duty service members to obtain appointments from civilian network providers after they receive an urgent referral. It also has not established a time frame for when individuals should receive care specific to such referrals. As a result, DHA lacks insight into the extent to which service members with urgent needs are experiencing delays in obtaining network care.

In light of data showing that active-duty service members are waiting an average of more than 2 or 3 weeks to receive specialty behavioral health care in the civilian network after an urgent referral, it is critical DHA take action to understand and address the cause of any related delays. Such action is becoming even more imperative, as officials from selected MTFs

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and DHA reported increasingly relying on civilian network care, given staffing shortages experienced by MTFs. By establishing a time frame specific to providing specialty behavioral health care after an urgent referral, regularly monitoring the contractors' performance against it, and requiring corrective actions where appropriate, DHA will better be able to help address timeliness issues. This, in turn, will help ensure service members get the critical care they need when a provider has determined that behavioral health concerns warrant urgent attention.

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## Recommendations for Executive Action

We are making the following two recommendations to DHA:

DHA should establish a time frame—such as through a documented goal or in policy—within which service members and other beneficiaries should receive specialty behavioral health care appointments specific to urgent referrals to TRICARE's civilian provider networks (Recommendation 1).

DHA should regularly monitor the contractors' performance against the time frame it establishes for urgent referrals for specialty behavioral health care in TRICARE's civilian provider networks and take corrective actions, as appropriate, when the time frame is not met (Recommendation 2).

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## Agency Comments and Our Evaluation

We provided a draft of this report to DOD for review and comment. DOD provided written comments, which are reproduced in appendix II. In its comments, DOD concurred with comment to both of our recommendations.

In responding to our recommendations, DOD stated that DHA monitors access to care for all referrals, including urgent behavioral health referrals. Specifically, DOD referenced monitoring access to its specialty care standard of 4 weeks and its network referral processing standard of 3 business days. The department said that DHA will continue to monitor these standards and take appropriate corrective action if needed, but also noted that access standards may not always be met due to the nationwide shortage of behavioral health providers.

DOD also described challenges to monitoring the timeliness of behavioral health care after an urgent referral. First, DOD said that medical practice standards instruct providers making urgent referrals to contact accepting providers to assist beneficiaries with scheduling appointments. However, the department stated that because TRICARE beneficiaries ultimately make their own appointments in the network, it is impossible to enforce a timeliness standard for urgent referrals. While we understand that there



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can be variability in how quickly beneficiaries reach out to providers to make appointments, we do not agree that this makes it impossible to enforce a timeliness standard for urgent referrals. Although beneficiaries also make their own appointments for routine referrals, DOD currently measures routine and urgent referrals against a 28-day standard. The department does this despite routine referrals likely having more variability in when beneficiaries make an appointment, as, unlike urgent referrals, referring providers are not instructed to assist with appointment scheduling after making a routine referral.

Second, DOD said that there is no set standard for the number of days in which care should be provided after an urgent referral to a civilian network provider, because the number of days in which treatment is recommended can vary by patient. We understand that variation may exist, however urgent referrals are meant to be used when behavioral health concerns indicate a need for expedited care. Notably, contractor guidance for the West region instructs MTFs to mark a referral as urgent when a provider determines the patient needs to be seen within 72 hours.

Given the heightened risks associated with beneficiaries receiving urgent referrals, we continue to believe that it is important for DHA to establish a time frame within which specialty behavioral health care appointments should occur for urgent referrals. Such a time frame could account for variation in clinical needs, while still differentiating urgent referrals from those that are routine. Once DHA has set a specific time frame, it should separately monitor urgent referrals against this time frame. DHA could do so using the reports it receives from contactors as they already allow for filtering by referral type. Without taking these steps, DHA cannot effectively determine whether the processes it currently has in place for urgent referrals are sufficient to ensure that care is obtained within a time frame appropriate for service members experiencing behavioral health concerns deemed urgent by their providers. Further, DHA is unlikely to uncover reasons for delays that may be specific to urgent referrals (e.g., referring providers not contacting accepting providers as instructed) or to take corrective actions to improve the timeliness of appointments after urgent referrals where possible.

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We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense, and other interested parties. In addition, the report is 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 me at (202) 512-7114 or [hundrupa@gao.gov](mailto:hundrupa@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 key contributions to this report are listed in appendix III.

A handwritten signature in black ink that reads "Alyssa M. Hundrup". The signature is written in a cursive style with a large initial 'A' and a stylized 'M'.

Alyssa M. Hundrup  
Director, Health Care

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# Appendix I: Methodology for Analyzing Average Days to Specialty Behavioral Health Care Appointments and Data for Selected MTFs

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This appendix provides information on the methodology we used to calculate average days to specialty behavioral health care appointments for active-duty service members under TRICARE. Our analysis included appointments in military hospitals and clinics, known as military treatment facilities (MTF), and referrals to specialty care providers outside of MTFs through TRICARE's networks of civilian providers.<sup>1</sup> The appendix also provides the results of this analysis for six selected MTFs.<sup>2</sup>

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## Methodology

To describe what Defense Health Agency (DHA) fiscal year 2022 data show are the average days to behavioral health care appointments for active-duty service members under TRICARE, we obtained national data from DHA on outpatient specialty care appointments at MTFs. We also obtained data from DHA's two TRICARE managed care support contractors (contractors) for all referrals approved for such appointments in TRICARE's civilian provider networks in fiscal year 2022.<sup>3</sup> We limited our analysis to appointments in the United States.

- **Appointments at MTFs.** DHA is in the process of transitioning electronic health record systems, and provided data from both its legacy system, the Composite Health Care System, and its new system, MHS GENESIS. Our analysis included appointments scheduled with providers in MTF specialty behavioral health care clinics.<sup>4</sup> We defined days to an appointment as being from the day an appointment was booked to the day of the appointment, and included

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<sup>1</sup>We define active-duty service members as including National Guard and Reserve service members in active status.

<sup>2</sup>We selected MTFs primarily to achieve variation across military service affiliation, installation size, and geographic region.

<sup>3</sup>DHA has two contractors that administer care in civilian provider networks in two regions. In July 2016, DOD awarded its fourth generation TRICARE contracts, referred to as T-2017, to Humana Government Business (the East region contractor) and Health Net Federal Services (the West region contractor), and these contracts began health care delivery on January 1, 2018. The fifth generation of contracts, known as T-5, retains the East and West regions, and was to begin in January 2024. As of April 2023, the anticipated start of T-5 health care delivery was August 2024. However, as of this report, the award of the West region contract is under protest at the Court of Federal Claims, which may further delay the start of T-5 health care delivery. See *Health Net Fed. Servs. v. U.S.*, No. 23-1268 (Ct. Fed. Cl. filed Aug. 8, 2023).

<sup>4</sup>We removed certain appointments: those where patients walked-in and received care as there was no associated wait time (less than 1 percent of appointments); those scheduled during the month an MTF transitioned to MHS GENESIS as DHA officials told us data from this month were not reliable (about 1.5 percent of appointments); those where days to care was negative as, according to DHA officials, these reflected a data coding error (less than 1 percent of appointments).

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all scheduled appointments, even if service members did not ultimately keep them.<sup>5</sup> We analyzed average days to appointments across all MTFs, at individual MTFs, and by different appointment types, including urgent, initial (non-urgent), individual follow-up, and group follow-up appointments.<sup>6</sup> We compared average days to appointments with DHA timeliness standards when there was a standard to measure against.

- **Appointments in TRICARE's civilian provider networks.** DHA's two contractors each provided data separately, and due to differences in how they report data, we analyzed each contractor's data separately as well. For our analysis, we examined specialty referrals to providers included in DHA's definition of behavioral health for reporting purposes.<sup>7</sup> We defined days to an appointment in the network as being from the date of referral approval to the date of the appointment, and were not able to account for appointments that were scheduled, but not kept, as well as appointments that were scheduled, but had not occurred yet.<sup>8</sup> For each contractor, we analyzed total numbers of referrals, average days to initial appointments, and whether these averages fell within TRICARE's timeliness standard of 28 days. While we included all referrals in our counts of total referrals, when analyzing average days to appointments, we only included

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<sup>5</sup>DHA typically includes all scheduled appointments in average days to care calculations, including appointments that service members canceled, where they did not show up, or where they left without being seen, as it gives a more comprehensive picture of access to care when the appointment was requested. These appointments generally accounted for about one quarter of all appointments scheduled. Average days to appointments tended to be slightly higher for appointments service members did not keep.

<sup>6</sup>The number of MTFs reporting data for different appointment types varied.

<sup>7</sup>DHA categorizes provider taxonomy codes under types of service, including behavioral health, for reporting purposes. In conducting data checks for our analysis, we found that one of DHA's contractors included provider taxonomy codes under behavioral health that did not align with DHA's classification. In response to our inquiry, the contractor identified it had been using outdated guidance from DHA. The contractor subsequently updated its system to align with current guidance and DHA officials told us that they were in the process of developing procedures to ensure contractors are using the most current classification of provider taxonomy codes moving forward. For our analysis, we excluded any provider taxonomy codes in the contractor's data that did not align with DHA's current classification of behavioral health.

<sup>8</sup>As service members usually schedule their own appointments with civilian network providers, the date of appointment booking was not available for analysis. Measuring average days to appointments from referral approval date may overestimate wait times if, for example, an active-duty service member waits to make an appointment. However, using appointment booking date for network referrals could underestimate wait times if, for example, it takes service members time to find a provider in TRICARE's networks.

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those for which an appointment was completed by the time contractors provided data in the spring of 2023.<sup>9</sup> We performed this analysis across MTF clinics and Prime Service Areas as well as by different factors, such as, whether the referral was urgent or routine and provider type.<sup>10</sup> We were not able to analyze follow-up appointments related to a referral as they are not captured in the data.

To assess the reliability of these data, we reviewed related documentation, interviewed DHA and its contractors, and performed electronic testing to identify missing data and obvious errors. On the basis of these steps, we determined that the data were sufficiently reliable for the purposes of our reporting objectives.

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**Data for Selected MTFs**

The figures below present the results of our analysis for six MTFs, which we selected to provide illustrative examples of MTFs varying in military service affiliation, installation size, and geographic region. Data for these six clinics cannot be generalized to all MTFs.

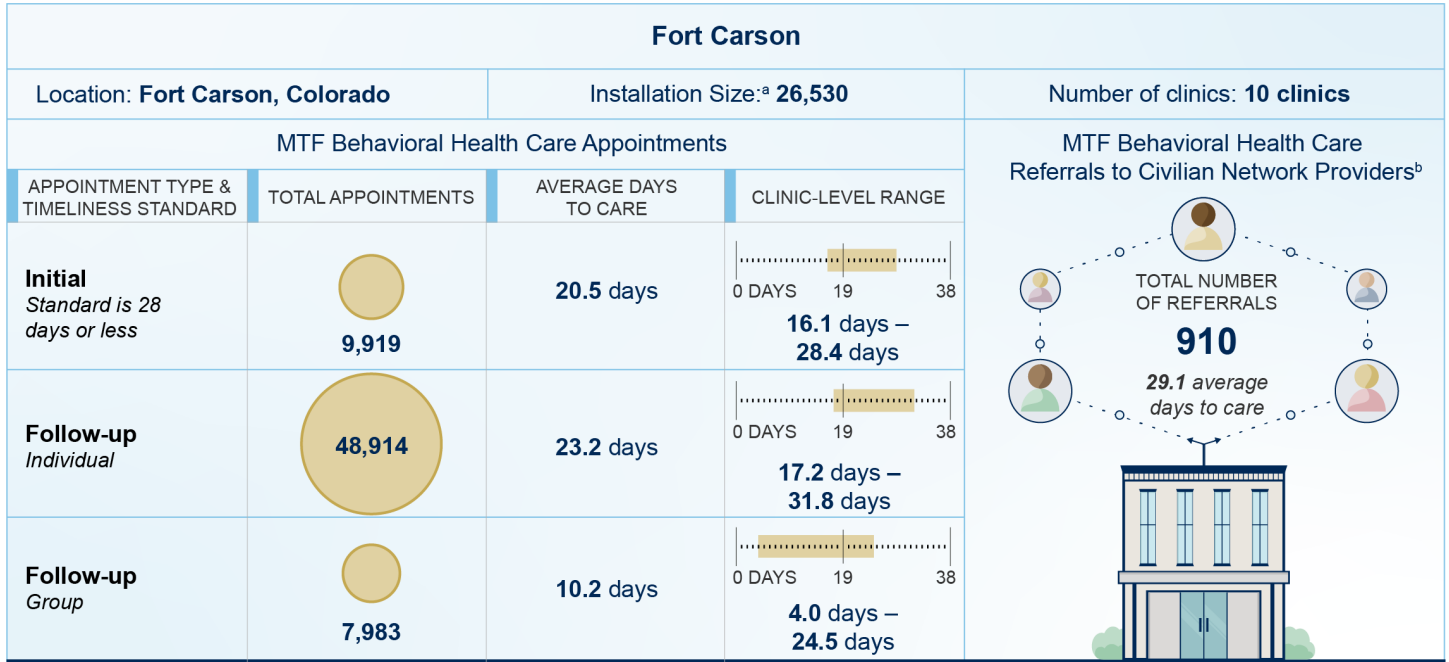
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<sup>9</sup>We excluded 6,815 retro-care referrals from our analysis of average days to appointments as, because an appointment is completed before the referral is approved, days to appointments is negative in these cases.

<sup>10</sup>Data on referrals ordered was available at the clinic level, but could not be rolled up to the MTF overall. Prime Service Areas are geographic areas usually within an approximate 40-mile radius of an MTF in which contractors offer enrollment and develop networks of civilian providers.

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**Figure 10: Fort Carson MTF Specialty Behavioral Health Care Appointments and TRICARE Civilian Provider Network Referrals for Active-Duty Service Members, Fiscal Year 2022**



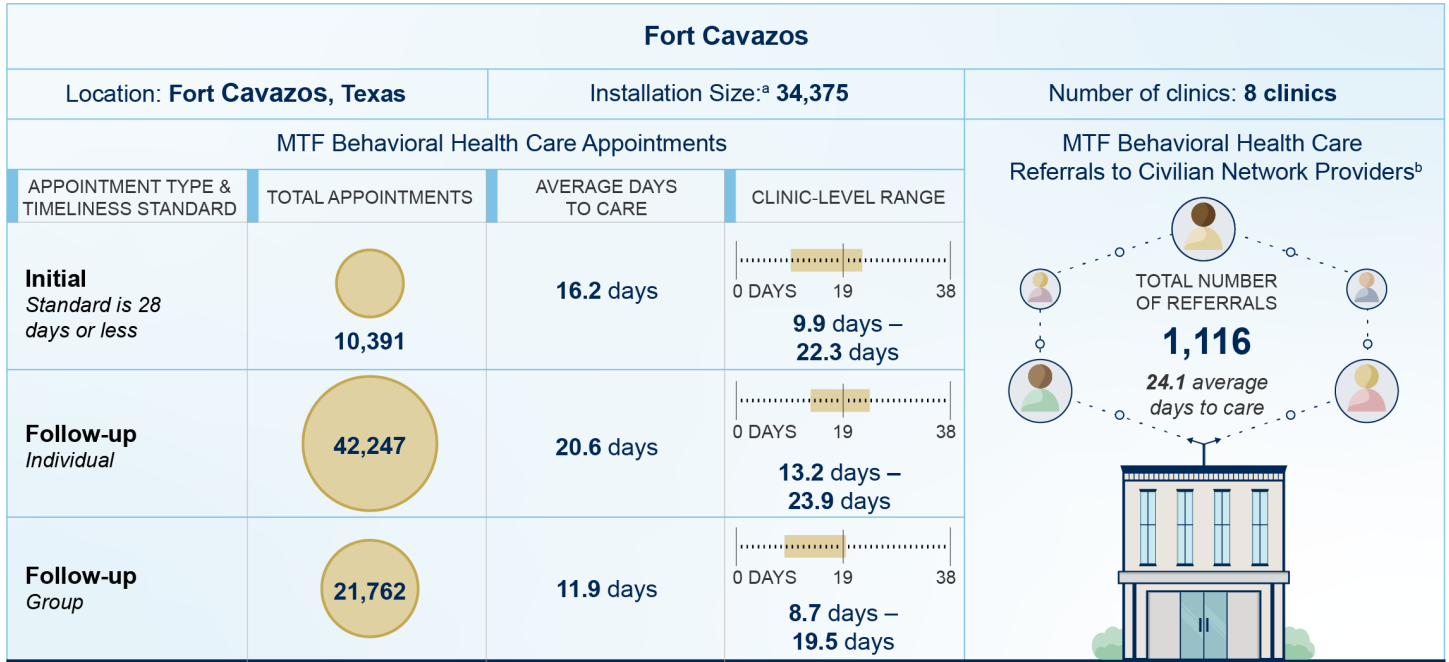
Source: GAO analysis of Department of Defense (DOD) and DOD contractor data (data); GAO (illustrations). | GAO-24-106267

<sup>a</sup>Military installations are defined as a base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretaries of the military departments. Military treatment facilities (MTF) are located at installations and provide services to active-duty service members and other eligible beneficiaries. For the purposes of this figure, installation size represents active-duty service members only.

<sup>b</sup>For military readiness reasons, DHA aims to provide service members with behavioral health care at MTFs whenever possible, and they must receive a referral from an MTF provider to obtain care outside the MTF in TRICARE’s civilian provider networks.

**Appendix I: Methodology for Analyzing Average Days to Specialty Behavioral Health Care Appointments and Data for Selected MTFs**

**Figure 11: Fort Cavazos MTF Specialty Behavioral Health Care Appointments and TRICARE Civilian Provider Network Referrals for Active-Duty Service Members, Fiscal Year 2022**



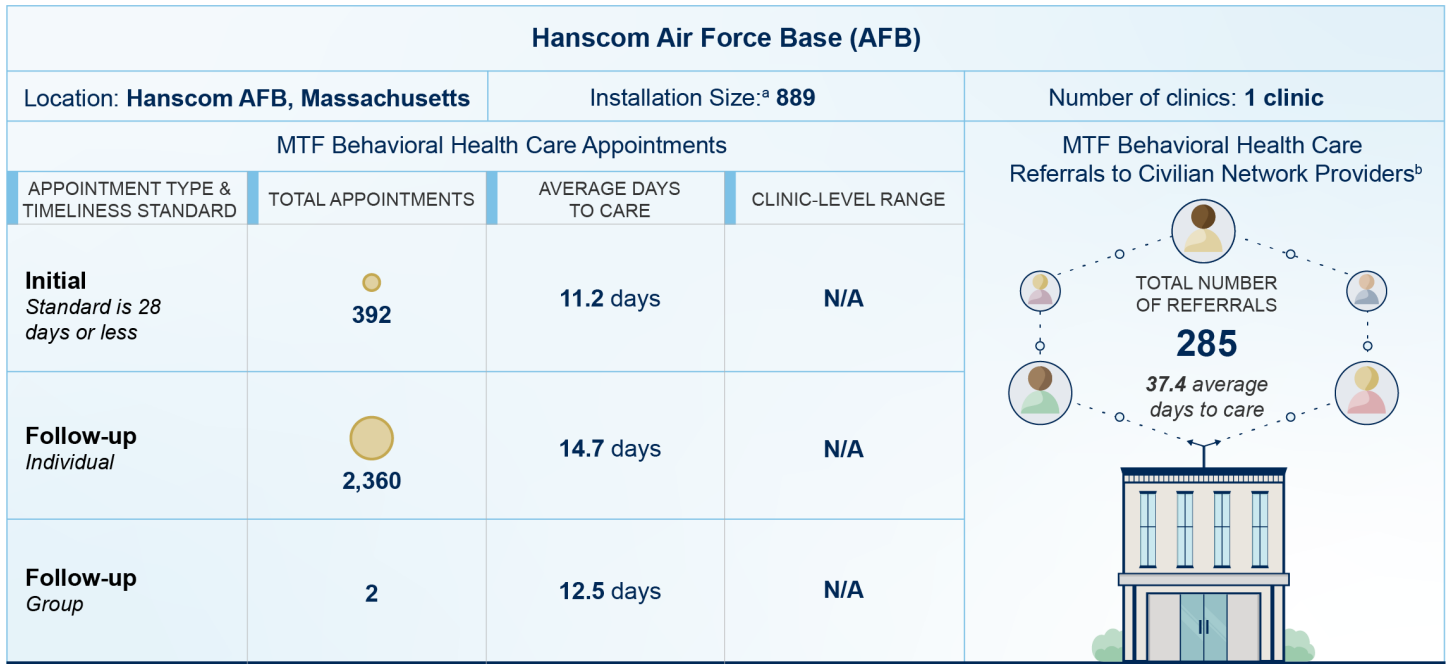
Source: GAO analysis of Department of Defense (DOD) and DOD contractor data (data); GAO (illustrations). | GAO-24-106267

<sup>a</sup>Military installations are defined as a base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretaries of the military departments. Military treatment facilities (MTF) are located at installations and provide services to active-duty service members and other eligible beneficiaries. For the purposes of this figure, installation size represents active-duty service members only.

<sup>b</sup>For military readiness reasons, DHA aims to provide service members with behavioral health care at MTFs whenever possible, and they must receive a referral from an MTF provider to obtain care outside the MTF in TRICARE’s civilian provider networks.

**Appendix I: Methodology for Analyzing Average Days to Specialty Behavioral Health Care Appointments and Data for Selected MTFs**

**Figure 12: Hanscom Air Force Base MTF Specialty Behavioral Health Care Appointments and TRICARE Civilian Provider Network Referrals for Active-Duty Service Members, Fiscal Year 2022**



Source: GAO analysis of Department of Defense (DOD) and DOD contractor data (data); GAO (illustrations). | GAO-24-106267

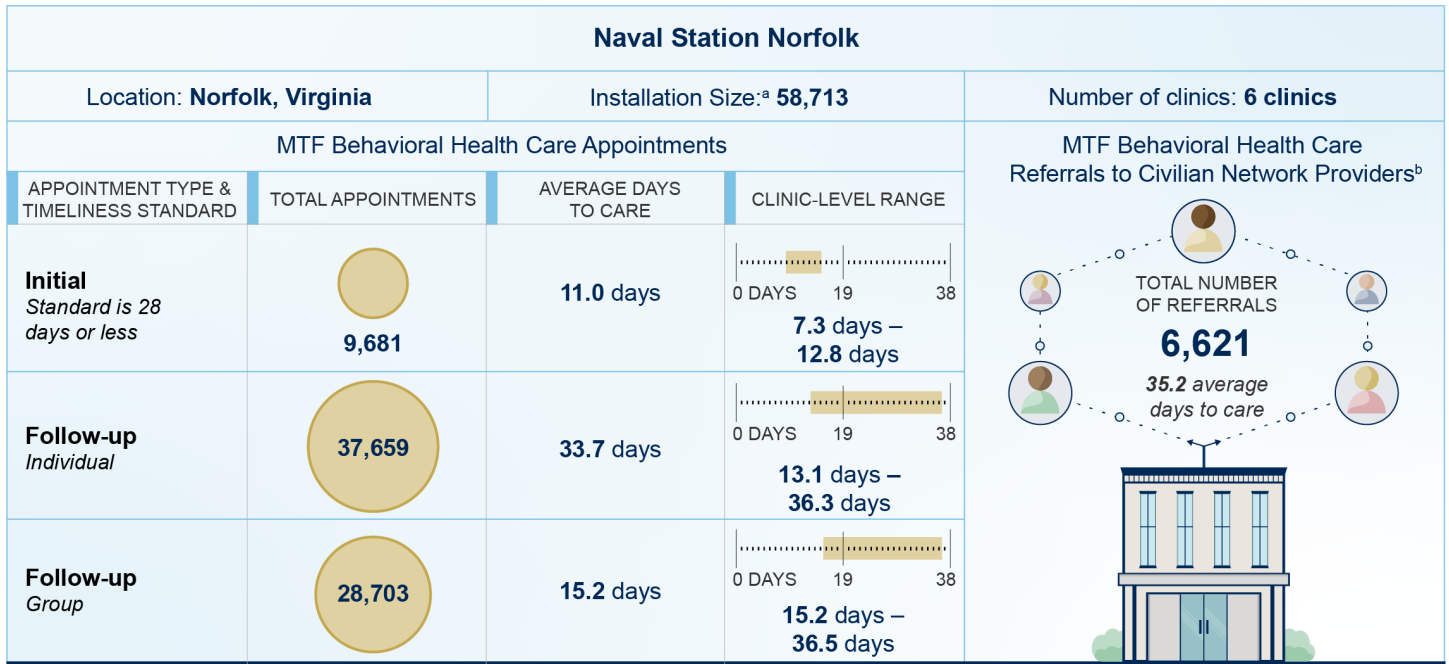
<sup>a</sup>Military installations are defined as a base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretaries of the military departments. Military treatment facilities (MTF) are located at installations and provide services to active-duty service members and other eligible beneficiaries. For the purposes of this figure, installation size represents active-duty service members only.

<sup>b</sup>For military readiness reasons, DHA aims to provide service members with behavioral health care at MTFs whenever possible, and they must receive a referral from an MTF provider to obtain care outside the MTF in TRICARE’s civilian provider networks.



**Appendix I: Methodology for Analyzing Average Days to Specialty Behavioral Health Care Appointments and Data for Selected MTFs**

**Figure 13: Naval Station Norfolk MTF Specialty Behavioral Health Care Appointments and TRICARE Civilian Provider Network Referrals for Active-Duty Service Members, Fiscal Year 2022**



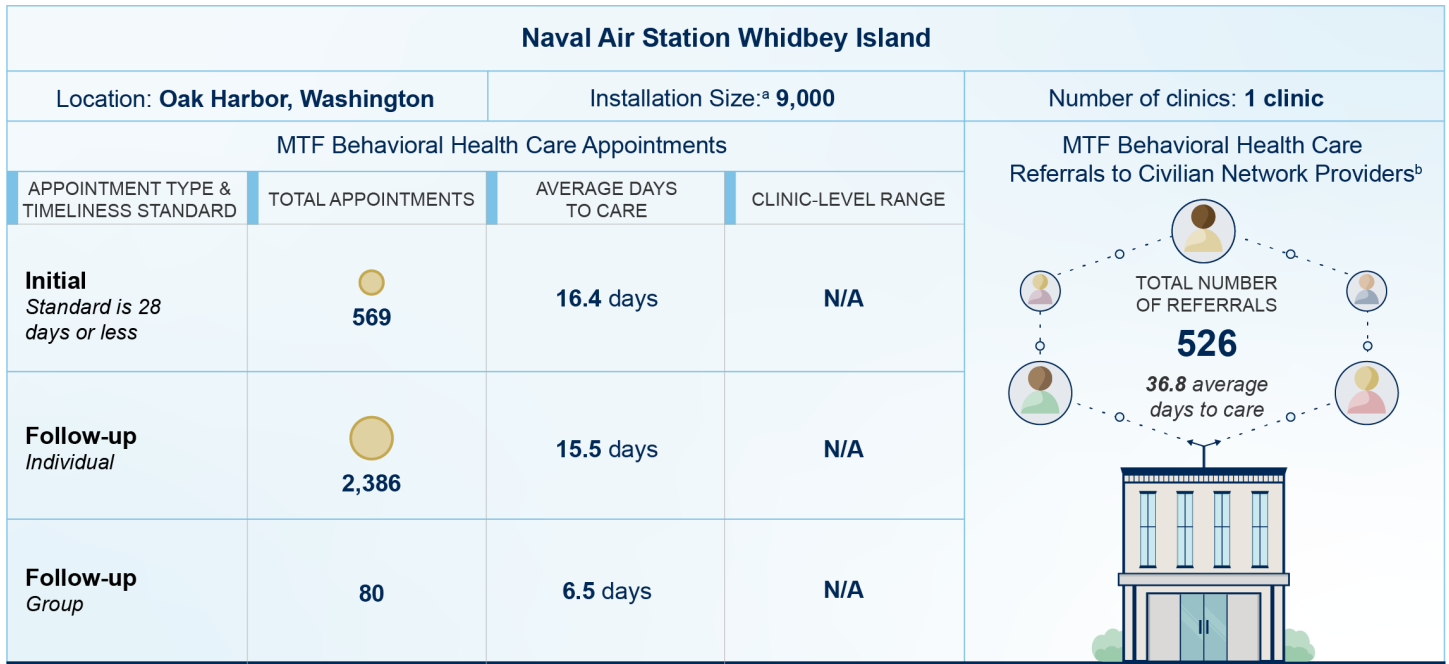
Source: GAO analysis of Department of Defense (DOD) and DOD contractor data (data); GAO (illustrations). | GAO-24-106267

<sup>a</sup>Military installations are defined as a base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretaries of the military departments. Military treatment facilities (MTF) are located at installations and provide services to active-duty service members and other eligible beneficiaries. For the purposes of this figure, installation size represents active-duty service members only.

<sup>b</sup>For military readiness reasons, DHA aims to provide service members with behavioral health care at MTFs whenever possible, and they must receive a referral from an MTF provider to obtain care outside the MTF in TRICARE’s civilian provider networks.

**Appendix I: Methodology for Analyzing Average Days to Specialty Behavioral Health Care Appointments and Data for Selected MTFs**

**Figure 14: Naval Air Station Whidbey Island MTF Specialty Behavioral Health Care Appointments and TRICARE Civilian Provider Network Referrals for Active-Duty Service Members, Fiscal Year 2022**



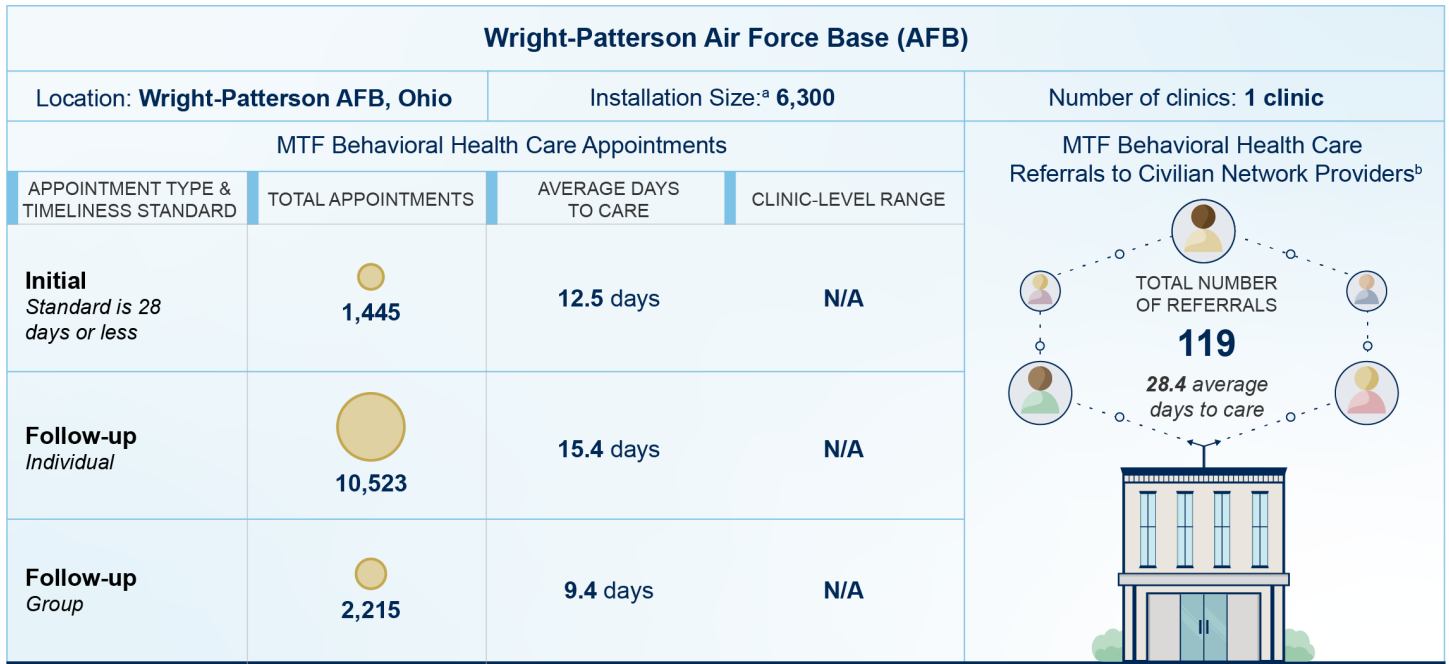
Source: GAO analysis of Department of Defense (DOD) and DOD contractor data (data); GAO (illustrations). | GAO-24-106267

<sup>a</sup>Military installations are defined as a base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretaries of the military departments. Military treatment facilities (MTF) are located at installations and provide services to active-duty service members and other eligible beneficiaries. For the purposes of this figure, installation size represents active-duty service members only.

<sup>b</sup>For military readiness reasons, DHA aims to provide service members with behavioral health care at MTFs whenever possible, and they must receive a referral from an MTF provider to obtain care outside the MTF in TRICARE’s civilian provider networks.

**Appendix I: Methodology for Analyzing Average Days to Specialty Behavioral Health Care Appointments and Data for Selected MTFs**

**Figure 15: Wright-Patterson Air Force Base MTF Specialty Behavioral Health Care Appointments and TRICARE Civilian Provider Network Referrals for Active-Duty Service Members, Fiscal Year 2022**



Source: GAO analysis of Department of Defense (DOD) and DOD contractor data (data); GAO (illustrations). | GAO-24-106267

<sup>a</sup>Military installations are defined as a base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretaries of the military departments. Military treatment facilities (MTF) are located at installations and provide services to active-duty service members and other eligible beneficiaries. For the purposes of this figure, installation size represents active-duty service members only.

<sup>b</sup>For military readiness reasons, DHA aims to provide service members with behavioral health care at MTFs whenever possible, and they must receive a referral from an MTF provider to obtain care outside the MTF in TRICARE’s civilian provider networks.

# Appendix II: Comments from the Department of Defense



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

Ms. Alyssa Hundrup  
Director  
Health Care  
U.S. Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Ms. Hundrup:

This is the Department of Defense (DoD) response to the Government Accountability Office (GAO) Draft Report GAO- 24-106267 "DEFENSE HEALTH CARE: DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care," December 7, 2023 (GAO Code 106267).

The Department acknowledges receipt of the final report; the DoD's official written comments to the draft of this report are included in the final report. The Department concurs with comment for both recommendations, and the Department's justification for each recommendation in the report is attached to this letter.

Sincerely,

CROSLAND.TEL  
ITA.1017383040  
TELITA CROSLAND  
LTG, USA  
Director

Digitally signed by  
CROSLAND.TELITA.1017383040  
Date: 2024.01.11 16:01:17 -0500

Attachment  
As stated

**GOVERNMENT ACCOUNTABILITY OFFICE DRAFT REPORT DATED  
DECEMBER 7, 2023  
GAO-24-106267 (GAO CODE 106267)**

**“DEFENSE HEALTH CARE: DEPARTMENT OF DEFENSE SHOULD MONITOR  
URGENT REFERRALS TO CIVILIAN BEHAVIORAL HEALTH PROVIDERS TO  
ENSURE TIMELY CARE”**

**DEPARTMENT OF DEFENSE COMMENTS TO THE GOVERNMENT  
ACCOUNTABILITY OFFICE RECOMMENDATIONS**

**GOVERNMENT ACCOUNTABILITY OFFICE (GAO) RECOMMENDATION 1:** The Defense Health Agency (DHA) should establish a time frame - such as through a documented goal or in policy - within which service members and other beneficiaries should receive specialty behavioral health care appointments specific to urgent referrals to TRICARE’s civilian provider networks.

**DEPARTMENT OF DEFENSE (DoD) RESPONSE:** DoD concurs with comment to the recommendation. DHA monitors access to care for all referrals including urgent behavioral health referrals. The DHA monitors the access to specialty care standard of four weeks and network referral processing standard of three business days as outlined in the TRICARE Operations Manual, Chapter 1, Section 3, paragraph 1.2.1. DoD recognizes that access standards may not always be met in all locations due to the nationwide shortage of behavioral health providers.

Unlike the direct care system, the managed care support contractors (MCSC) do not set appointments for beneficiaries in the TRICARE network. The MCSCs identify a network provider to provide the service requested, thus completing the referral, but the beneficiary is expected to make the appointment. The MCSCs are required to process all referrals within three business days, although MCSCs typically process referrals much faster than the three-day requirement. MCSCs do not make appointments when a network referral is submitted for specialty behavioral health care. Medical standards of practice dictate referring providers speak to the accepting provider and assists the beneficiary in setting an appointment if the case is deemed urgent. Nonetheless, some of the variability in the time to appointment is due to differences in how quickly beneficiaries reach out to providers to make an appointment, which makes it impossible to enforce a time-to-care standard for urgent referrals.

**GAO RECOMMENDATION 2:** DHA should regularly monitor the contractors’ performance against the time frame it establishes for urgent referrals for specialty behavioral health care in TRICARE’s civilian provider networks and take corrective actions, as appropriate, when the time frame is not met.

**DoD RESPONSE:** DoD concurs with comment to the recommendation. The DHA will continue to monitor and enforce the three-business day network referral processing standard for managed care support contractors as outlined within the TRICARE Operations Manual, Chapter 1, Section

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**Appendix II: Comments from the Department  
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3, paragraph 1.2.1. A small subset of referrals, including those for behavioral health, are determined to be urgent based on the patient's symptoms and other clinical indicators in the judgment of the referring provider. There is no set standard number of days for an urgent referral; the number of days in which treatment is recommended varies by patient. Clinically urgent referrals are arranged by the patient and provider on a case-by-case basis facilitated by the MCSC, as the MCSC processes the referral and assigns a provider. The MCSC cannot make appointments for the beneficiary. DoD will monitor the performance of the MCSCs in meeting existing and new contract requirements related to access to care and require necessary and appropriate corrective action in accordance with contracts.

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# Appendix III: GAO Contact and Staff Acknowledgments

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## GAO Contacts

Alyssa M. Hundrup, (202) 512-7114 or [hundrupa@gao.gov](mailto:hundrupa@gao.gov)

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## Staff Acknowledgments

In addition to the contacts named above, Hernán Bozzolo (Assistant Director), Rachel Svoboda (Analyst-in-Charge), Angela Gonzalez Yanes and Derry Henrick made key contributions to this report. Also contributing were Lori Atkinson, Sam Amrhein, Ryan D'Amore, Daniel Lee, Patricia Powell, Roxanna Sun, and Jennifer Whitworth.

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