4. Focus Group Findings

The focus groups of TSSD enrollees and eligible nonenrollees were previously described in a project memorandum for TMA (Cecchine et al., unpublished). We repeat the main substantive findings of that memorandum in this chapter. Conclusions from the focus group findings are incorporated into Chapter 6.

Results for Nonenrollees

This section presents results from the nonenrollee focus group, including findings on nonenrollees’ current coverage, factors related to their choice of plan, and their reasons for nonenrollment.

Current Health Insurance Coverage

All of the participants in the Texas group were enrolled in Medicare plus another insurance plan. The majority of them mentioned having private Medigap policies. Several specifically mentioned having purchased supplemental policies through advocacy or service organizations. Several were in an employer-sponsored plan offered by a former or current employer. One participant mentioned having Medicare and Medicaid. None of the Texas participants mentioned being enrolled in an HMO, reflecting a lack of Medicare risk contracts in the region. However, some participants reported that their employer supplements restricted their choice of doctor and hospital.

By contrast, roughly one-half of the California participants were enrolled in a Medicare HMO (Secure Horizons or Kaiser), reflecting the regional presence of Medicare HMOs. The remaining California attendees were enrolled in Medigap insurance, either through an advocacy or service organization or via an employer-sponsored plan.

Factors Influencing Choice of Plan

At both sites, coverage and cost were the most frequently mentioned factors influencing participants’ choice of health plans, mostly in relation to prescription drugs. Being able to choose one’s own physician and hospital were also commonly mentioned in both sites. California participants expressed
dissatisfaction with their current HMO and the desire for greater access to MTF providers. Participants mentioned turning to Medicare HMOs for prescription drug coverage after the MTF at Moffett Air Force Base (AFB) closed because other MTFs were either too far away or required long waits for pharmacy service. California participants specifically mentioned long waits for pharmacy service at Travis AFB because of the large number of retirees already living in the catchment area. Individuals at both sites expressed difficulty in getting prescriptions filled at MTFs, which stemmed, in part, from the amount of paperwork involved.

It was unexpected that participants in Texas would indicate that factors related to provider choice influenced their choice of health plan because of the lack of managed care organizations in rural Texas. Although the focus group leaders did not probe participants further on this issue, the participants’ responses indicated a high degree of sensitivity to issues of provider access. Participants in California seemed most sensitive to cost and prescription drug issues and voiced a general distrust of HMOs. The following selected responses from both locations reflect factors influencing plan choice:

- Being able to choose my own physician is most important.
- I like to know which hospital and physician I can use.
- Spousal coverage is important.
- HMOs are a scandal. This is wrong. This is evil that you would make a profit off somebody’s suffering. They’re not there to help anybody; they’re there to make money.

**Awareness and Knowledge of TSSD**

Only four of the Texas participants said they had heard about the demonstration prior to attending the focus group. Those who were aware of the program had either attended the informational meeting at Barksdale AFB or a town hall meeting at the local Veterans of Foreign Wars chapter. Others mentioned reading about the program in military-related publications but lacked any understanding of its details. The majority of California participants had heard of TSSD through a service-related organization, but several had no knowledge of it at all.

**Reasons for Not Enrolling in TSSD**

Discussions at both sites suggested that the temporary nature of the demonstration and expected difficulties in reinstating Medigap coverage served
as strong deterrents to enrollment. Participant comments, particularly those in Texas, suggested a fundamental lack of understanding of the program.

Several Texas participants were reluctant to risk losing the insurance coverage that they currently had after the demonstration ended. Similarly, California participants mentioned the fear of being unable to return to prior Medigap coverage because of preexisting-condition clauses. One Texas participant mentioned that the program did not really offer access to all of the health benefits available to other military personnel through the military health system. Another participant currently covered by an employer-sponsored plan indicated that it was difficult to understand how this program worked for spouses. Participants in both sites were unsure how the military benefits would work with the other insurance that they might have.

Several Texas participants indicated that they would not join the program, even if TSSD were permanent, for a number of reasons—covered benefits were not clearly defined, the distances they needed to travel to receive care were too long, and the pool of doctors available to program participants was too limited. These comments may indicate that some of the nonenrollees confused the TSSD program with TRICARE Prime or perhaps the TRICARE Senior Prime Program (another demonstration conducted in other locations). The following selected responses are from both locations:

There were 500 people at the meeting over at Barksdale and 495 walked out. It was unreal. Once you switch over you cannot go back [to your Medigap].

Most of us chose not to do it because we’d like to keep what we have.

They can’t guarantee [coverage] past two years. The program wasn’t widely used because people were afraid of what would happen after then.

I went to the seminar. I didn’t join because I didn’t trust them. I’m not going to cancel out my doctor [only to] have them fold.

If I cancel my supplement I can’t go back.

I’m happy with my current insurance [even if it is more expensive].

I [an informational meeting attendee] couldn’t find anyone who would tell me what my wife’s status would be if I switched over to TRICARE.

I would have joined if it were permanent like the new one [TRICARE for Life].

I would have signed up if I had received information about it. The benefits were not defined, and I was not about to drop my supplemental to try something [that] some politician could later decide was too costly.
I would not have joined because there are no TRICARE doctors where I live.

Good doctors won’t accept TRICARE.

TRICARE does not pay its doctors in a timely manner.

The problem is that TRICARE is a government program.

[TSSD] was never offered to me.

**Dissatisfaction with Military Health Benefits**

Nonenrollees’ lack of familiarity with TSSD and their general dissatisfaction with their health insurance coverage made it difficult to focus the discussion as the protocol intended. Instead, nonenrollees preferred to talk about their distrust of the government and unhappiness with military health care benefits. Common themes focused on a “broken promise” by the DoD to provide lifetime health care to retirees and their feelings of having been abandoned by the government. The following selected responses are from both locations:

TRICARE is going to have to come out with something that beats the dickens out of Medicare and a supplement in order for us to fall in line with [it] and to abandon what we’ve got and crawl in bed with TRICARE.

They closed too many MTFs.

We are not talking about health care; we are talking about money.

We don’t need a program; we need an address where we can send bills to and they pay them.

What we [are] looking forward to is like the medical center in San Antonio. A guy gets sick down there, he goes to the hospital, and gets everything taken care of. He doesn’t pay a penny out of his pocket. Why can’t we do that out here?

I can’t get the medications I need at Barksdale. They tell me I have to see a civilian doctor.

They waited for most of us to die off and now they’ve come out with this.

**Impact of a Stand-Alone Drug Benefit on Interest in TSSD**

To qualitatively determine the importance of drug coverage as a factor influencing interest in TSSD, participants were asked to speculate on how the availability of a stand-alone low-cost prescription drug benefit offered by the military health care system would affect their interest in TSSD. It is possible that
some nonenrollees might prefer to remain enrolled in their current Medigap plan if the DoD provided a stand-alone drug benefit such as that available to BRAC beneficiaries. However, this question was quite difficult for the participants to answer for several reasons. First, questions involving hypothetical options are difficult to answer in general. Second, nonenrolled participants were not familiar enough with TSSD to make an informed judgment. Third, it was difficult for participants to draw the distinction between the TSSD program and the new, expanded drug coverage provided under the 2001 National Defense Authorization Act.

Notwithstanding these potential sources of confusion, many participants indicated that they would be interested in getting their prescriptions through such a benefit and might prefer that method to joining a TRICARE Medigap plan. The following selected responses are from both locations:

- It takes a long time and it’s a hassle to get the medications I need.
- A drug benefit does not help me because I get that through my employer.
- Drug benefits are the main thing I am interested in.
- My wife’s prescription drug benefit is $12 more a month than my retired pay.

**Impact of Space-Available Care on Interest in TSSD**

To qualitatively assess the importance of MTF care on participants’ preferences, participants were asked to speculate on the effect expanded space-available care at the closest MTF would have on their interest in TSSD. Although this question was hypothetical, it proved easier to answer than the question on how a drug benefit might influence their interest in TSSD. Overall, the idea of receiving care at MTFs was attractive to participants in both sites. However, Texas participants, who must travel roughly 65 miles to the nearest MTF, indicated that travel distance would remain an important practical barrier even if access to space-available care were expanded.

Participants in California, where travel distances to MTFs are shorter, expressed a desire to receive more MTF care because they perceive that care to be of high quality and feel that MTF providers are more likely to have their patients’ best interests at heart than are civilian HMO providers. However, some participants in California pointed out that traveling to an MTF becomes more difficult with age. As a result, space-available care would benefit mostly those who are just entering retirement and are better able to travel. The following selected responses are from both locations:
It’s too far to travel, [and after you get there] you sit around all day.

When you are sick you don’t feel like traveling to see a doctor.

Military doctors are good doctors.

Senior Prime is limited. Why can’t it be available [all] over the country?

Other Issues

Overall, the sentiment of the group was that Congress cannot be trusted to keep TRICARE as an option for military retirees, despite the promise of health care for life they believe the government made to them when they entered a uniformed service.

Participants in California suggested that in their experience many doctors do not accept TRICARE because of problems with getting reimbursed in a timely manner. They also suggested that doctors who do accept TRICARE patients are not considered to be of high quality.

Many participants reiterated that a good prescription drug benefit available through the military would be highly valued. However, some voiced concern about the completeness of the formulary for geriatric care.

Finally, a participant in California indicated that having health coverage through the military after his/her sponsor dies is a “life saver.”

Results for TSSD Enrollees

This section presents the results from focus groups conducted with TSSD enrollees, including findings on the factors affecting their choice of health plans, their experiences with TSSD thus far, and their perceptions of interest in the program among eligible beneficiaries.

Factors Affecting Choice of Plan

Participants mentioned low monthly premiums, the ability to choose one’s own physician, and low out-of-pocket costs for prescription drugs as important factors influencing their choice of a health plan. Several also mentioned their desire to have military-sponsored health care. A minority did not identify any particular factor but instead indicated that their decisionmaking process was less structured than that of other participants. One participant said:
I signed up in this program without having the foggiest notion what I’m doing in it. I never had anybody explain what [TSSD] amounts to.

**Experience Thus Far with TSSD**

Enrollees in both sites reported a high degree of satisfaction with the demonstration to date. One participant said his dependent spouse was “delirious” (happy) with TSSD. Enrollees expressed the greatest satisfaction with the drug benefit and the low premiums as compared with commercial Medigap plans.

Although administrative hassles seemed to be lessening over time, they were the biggest sources of dissatisfaction at both sites. Participants at both sites suggested that there needs to be better coordination between TSSD and Medicare. They noted that TSSD did not appear to be connected electronically to Medicare, as is the case with other Medigap carriers. A California participant pointed out that there is an option to file claims electronically and this option works well, although few providers accept it.

Participants in Texas indicated that it is not easy to find a provider that accepts TSSD. Some suggested that TRICARE administrators are not aware of TSSD and have therefore processed claims incorrectly. For example, one participant related a story of how TRICARE initially refused to cover the cost of a prescription. A TRICARE representative told him that he was no longer covered by TRICARE because he was over age 65. A California participant stated that he has claims that have been unresolved for months. Another participant speculated that claims are often processed incorrectly because TSSD is confused with other TRICARE programs. Similarly, Texas participants suggested that providers and TRICARE administrators confuse TSSD with TRICARE Prime.

Several participants reported problems in getting their prescriptions filled because of delays in entering enrollees into the DoD’s computer system. However, getting reimbursed for the cost of those prescriptions was not mentioned as being a problem.

The following selected responses related to TSSD administration are from both locations:

People at TRICARE Southwest want to treat TSSD like TRICARE Prime and that’s not the program. TSSD needs a computer link to Medicare to pay claims directly.

Every other supplement is linked electronically to Medicare, but not TRICARE.
You will get letters telling you that you owe the copayment.

The office that pays the bills is misinforming hospitals. They tell hospitals that the individual is over 65 and not allowed to participate in TRICARE. I’ve had to tell them to straighten out these individuals.

They looked at the temporary plastic card like it was counterfeit.

It would help this program if they gave information to caregivers that this is TSSD and not TRICARE Prime.

Providers look at the program as TRICARE, rather than as a Medicare supplement. They don’t understand the difference between TRICARE and CHAMPUS.

Everything in the booklet I have says TRICARE Prime.

I file my own claims because my doctor won’t take TRICARE. I sent a claim in October 19th. I got a reply December 10th. That’s the average reply time.

They ask for the same things over and over [e.g., a copy of a Social Security card].

I made ten phone calls and wrote letters [to resolve a claim], but you still just go around in circles.

They [TRICARE administrators] seem to not realize that [TSSD] is a supplement program and not a freestanding insurance plan.

The following selected responses related to the TSSD pharmacy benefit are from both locations:

The pharmacy benefit is great.

A pharmacy in town told me I was not covered by TRICARE because I am over 65. When I got home I called TRICARE, [and] they told me that I had to get into the system. When I returned the next day, I was in the system.

Once you are in the system, everything is okay.

I have trouble finding TRICARE qualified providers.

The Mail Order Program has been a miracle to me.

The Mail Order Program is the best thing going.

You can’t beat the $8 copay.

Even the 20% you pay at the drugstore is a great deal.

They don’t cover everything [e.g., estrogen patches are covered, but estrogen injections are not].
Perceptions of Interest in TSSD Among Program Eligibles

We asked enrollees why more people have not enrolled in the TSSD program. Participants in both sites cited similar factors, such as the following:

- Many eligible beneficiaries said they have better coverage through their employer or can afford plans with better coverage or a better benefits package.
- Many eligible beneficiaries said they were not knowledgeable about the program. Participants at both sites reported that the informational meeting was not well publicized and not everyone received a letter advertising the meeting.
- Participants in Texas suggested that many eligible beneficiaries probably did not want to drop their current Medigap coverage.
- Many physicians who do not accept TRICARE confused TSSD with TRICARE and told patients that they did not accept that form of insurance. (One attendee in Texas claimed that all of the literature he had received regarding TSSD had the TRICARE Prime title and logo on it.)
- Participants reported that TRICARE does not have a good reputation for paying doctors promptly.
- Many eligible beneficiaries said they do not trust the government and are upset that they are not getting the free care they were promised.

Impact of a Stand-Alone Drug Benefit on Interest in TSSD

As with the nonenrollees, participants had a difficult time answering the question on how a drug benefit might influence their interest in TSSD. The participants equated a “stand-alone” drug benefit with an expanded benefit administered through MTFs. Nonetheless, the answers provide insight into the perceived incremental value of TSSD over alternative approaches for expanding DOD health benefits to Medicare-eligible retirees.

In general, the notion of a stand-alone drug benefit was attractive to most of the participants. However, many participants, particularly in California, indicated that TSSD is better than a stand-alone benefit because it provides more than just pharmacy coverage at a low cost, which would necessitate some type of Medigap insurance for catastrophic coverage. The following responses from enrollees address the stand-alone drug benefit:
I would prefer [TSSD]. I would still need a supplement and this supplement is half the cost of the one I had.

Keep what we have and make it better.

**Impact of Space-Available Care on Interest in TSSD**

Overall, the enrolled participants expressed somewhat less interest than nonenrollees in using MTF providers in lieu of TSSD. As with the nonenrollees, enrolled participants in Texas preferred TSSD to expanded space-available care because the closest MTF was too far away. The availability of no-cost prescription drugs was perceived as the major benefit of receiving care at MTFs; however, Texas participants added that the limited MTF formulary made MTF care less attractive. Others noted that the advantage of no-cost prescriptions at MTFs was offset by the option to use the mail order pharmacy program (the NMOP) as part of TSSD.

The following selected responses are from both locations:

- There are not that many bases close to us.
- I would prefer this program. I'm not allowed to travel that far.
- People in San Antonio are not happy with care in military facilities.
- This program is better because I have the freedom to go to any doctor I choose to.
- The Barksdale [MTF] is only a small clinic and not a hospital. They don’t have all the staff and drugs we need.

**Temporary Nature of the Demonstration**

Given the level of apprehension expressed by nonenrollees about the risk associated with dropping current Medigap policies to enroll in a temporary demonstration program, enrollees in Texas were asked how the temporary nature of the demonstration affected their interest in the program. Compared with nonenrollees, TSSD enrollees in Texas expressed a high degree of confidence that (1) the program would be made permanent or (2) they would be able to reinstate their Medigap coverage in the event that the program was not made permanent.

The confidence the participants expressed about their ability to return to their Medigap plans at the termination of the demonstration was somewhat surprising, given the imprecise language on the topic on page four of the
The participants attributed their confidence to reassurances given to them in informational meetings conducted by TMA staff and contractors in which DOD representatives “promised” participants that their insurance companies would “take them back” at the end of the demonstration. This confidence may also be traced to the large proportion of this population having Medigap plans with no prescription drug benefits and that are sold by retiree organizations such as The Reserve Officers Association (TROA) without medical underwriting.

The following selected responses are from participants in Texas:

- Before I dropped our other supplement, I made sure that I could get back into our old supplement. I made them give me a letter.

- A lot of people walked out of the meeting at Barksdale once they found out that the program was temporary.

- When I found out the program was temporary, I did not enroll right away.

- At that meeting, they promised that the insurance company would have to take you back.

- I remember what the guy from the Pentagon told us. He said these programs have a way of going only [one of] three ways. They get expanded, they get extended, or made permanent. And besides, I understand you’ve got an open enrollment period with Medigap if it folds up.

- TROA promised to take us all back if [the TSSD] folds.