

Clinical quality and cost-efficiency: Frequently Asked Questions (FAQ)s

What do users see?

Clinical quality ratings and cost-efficiency ratings are displayed on the provider results page of our [Find care](#) tool.

What are we telling TRICARE beneficiaries who ask about the ratings?

The main focus of these ratings is transparency. These ratings should be used only as information when choosing care. TRICARE beneficiaries are encouraged to consider all relevant information and to consult with their treating provider.

What is displayed if no rating is available?

Users will not see anything related to ratings if a provider specialty or geography is out of scope. If a specialty and/or geography are in scope, but the data is not statistically credible or there is not enough data to complete a comprehensive evaluation, “Not enough information to measure” will be displayed.

Does TRICARE beneficiary feedback have any bearing on the provider’s rating?

A provider’s rating is not affected by TRICARE beneficiary feedback.

What is cost efficiency?

Cost-efficiency measures a provider’s total cost for treatment that TRICARE beneficiaries received compared to treatment provided by other providers in the same specialty type and geography. Treatment could include services such as doctor’s visits, lab tests, related medication, surgeries done in hospitals, etc.

What is clinical quality?

Clinical quality measures a provider’s adherence to evidence-based medicine when treating TRICARE beneficiaries as compared to a peer group in the same specialty type and geography.

Will providers be paid differently because of these ratings?

Provider’s ratings will not affect payments, nor will they affect a TRICARE beneficiary’s premium or benefits.

Are the provider review methods used to determine ratings the same across all health insurance companies?

Other insurance companies may use similar methods, but each payer’s program could yield different results since ratings are based on a unique set of claims data for a unique group of beneficiaries.

Why wouldn’t a provider have a rating?

There are instances where a provider may not receive a rating and “Not enough information to measure” will appear in place of the rating symbols. There could be several reasons a provider does not receive a rating, such as: the specialty may not be among those evaluated, the provider’s geographic location may not be in scope, the data may not be statistically credible or not enough data is available to complete a full evaluation.

Where can providers find an explanation of the methodology guidelines used to determine the ratings?

Providers can access additional information by visiting [Clinical quality and cost-efficiency](#) program methodology.

What should a provider do if he or she does not agree with a rating?

Providers can submit detailed questions or feedback at any time by logging into [self-service](#) and sending a secure message. Providers may register for self-service if they don’t have an account.

What data are included in the clinical quality and cost-efficiency ratings?

Administrative claims including labs, pharmacy and medical.

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How can external audiences provide feedback on the program?

Providers can submit detailed questions or feedback at any time by sending a secure message through provider self-service.

Do you reevaluate provider ratings? If so, how often?

Yes, ratings are updated quarterly.

Why is this important to me?

Humana Military is sharing information about your practice with its members and other providers. Provider ratings will help you and your TRICARE beneficiaries make better-informed healthcare decisions. If you would like to learn more about the program, please visit clinical quality and cost-efficiency program methodology.

What am I supposed to do with this information?

We ask that you review the reports for accuracy of information.

How do I access the reports?

To access the reports, log in or register for [provider self-service](#), then:

1. In the Group Information section, select View to open the provider roster
2. Select View PCM/specialty ratings for the comprehensive overview of rating results
3. In the description for Average Allowed Charges Per Episode of Care or for Provider Clinical Quality Scores, select Find Out More
4. On the Cost-Efficiency and Clinical Quality detail pages, select Link here to access your report