Provider Virtual Value Network (VVN) FAQs

What is the Virtual Value Network (VVN)?

VVN is a pilot program designed to help TRICARE beneficiaries make informed care decisions by identifying high-value providers based on cost and quality data.

Criteria for high-value providers

Which beneficiaries are eligible to participate in VVN?

The VVN demonstration is focused on 18-64 year olds enrolled in TRICARE Select, however these providers are in-network and accessible to all beneficiaries.

How were VVN providers selected?

Providers were selected based on third-party claims data assessing performance on cost and quality measures.

What are the specific criteria used to define "high-value"?

Providers are identified based on consistent performance above benchmarks for quality metrics and cost-effectiveness in relevant service categories.

What steps can I take to be included in the future?

Providers can be included in future iterations of the VVN based on updated cost and quality data derived from national clearinghouse claims. Providers can improve their eligibility by consistently using evidence-based guidelines, monitoring quality metrics, reducing unnecessary costs, and participating in value-based care programs that focus on outcomes and efficiency.

Is the methodology transparent and evidence-based?

Yes. The methodology follows nationally recognized value-based care standards. It uses objective data to assess provider performance based on quality of care and cost efficiency. The same criteria are applied consistently to all providers to ensure fairness and transparency.

Are there resources available to help me understand and improve my scores to meet the criteria?

Yes. We provide educational materials and resources to help providers understand the scoring methodology and areas for improvement. These materials outline the criteria used for VVN eligibility.

Data analysis

What data was used to evaluate provider performance?

The third-party analyzed de-identified clearinghouse claims data to ensure a broad view of cost efficiency and to measure quality outcomes.

Is this program using data from Humana Military or the Department of Defense (DoD)?

No. All provider performance data comes from an external vendor and does not include TRICARE or DoD claims.

How often is the data updated to determine which providers are eligible?

Data is reviewed and updated annually using the most recent 12-month claims data available from clearinghouse sources.

Was patient complexity considered?

Yes. We evaluate a provider's ability to be scored based on patient panel stability and case-mix adjustments to account for varying levels of complexity. Provider performance was adjusted using case-mix methodology to account for patients with varying levels of complexity. This means providers were not penalized for treating sicker or more complex patients, ensuring fair comparisons.

Were social determinants of health or regional cost variations considered?

Yes. By evaluating providers separately within each Prime Service Area (PSA), regional cost differences are naturally accounted for in the scoring process.

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Communication with beneficiaries

How are beneficiaries notified about VVN providers?

Beneficiaries will be kept informed through targeted email outreach, with eligible individuals receiving direct notifications. Beneficiaries can also easily identify VVN high-value providers in the Provider Search Tool by looking for the assigned badge, making it simple to locate trusted care options.

How will beneficiaries know which providers are high-value?

Beneficiaries will use the Find Care tool on the TRICARE East website and look for the badge which indicates a provider's high value status.

Will beneficiaries know how providers were selected?

Yes. Communications to beneficiaries will include a brief explanation of how VVN providers are identified based on performance.

Referrals and reimbursement

Does participation in VVN affect my TRICARE contract or reimbursement rates?

No. VVN is a demonstration project and does not impact contractual terms, reimbursement rates or provider credentialing.

How does this affect referrals?

TRICARE Select beneficiaries do not require a referral from a Primary Care Manager (PCM) to see specialists.

Misc.

Is this part of a permanent program?

No. VVN is a temporary pilot designed to assess how provider performance influences beneficiary choice.

Will my VVN status be made public outside this pilot?

Yes. All beneficiaries will be able to see the badges in the Find Care tool whether a provider falls within the high value vs. not high value.

As a provider, can I opt out of the VVN designation?

At this time, providers cannot opt-out of being highlighted if they meet the criteria.

Is there an appeal or reconsideration process?

There is no formal appeal process for high-value provider designation; however, the list is reviewed and updated annually based on the most recent data.

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