**Proposals Affecting Medicare—CBO's Estimate of the President's Fiscal Year 2021 Budget**

Medicare is the federal health insurance program for people who are 65 or older, for younger people with certain disabilities, and for people of any age with end-stage renal disease. The program has three principal components: Part A (Hospital Insurance), Part B (Medical Insurance, which covers doctors' services, outpatient care, home health services, and other medical services), and Part D (which covers outpatient prescription drugs). Nearly all Medicare beneficiaries enroll in the program soon after they become eligible, typically either at age 65 or two years after they qualify for Social Security Disability Insurance benefits. Part A benefits are paid from the Hospital Insurance Trust Fund (funded largely through payroll taxes); Part B and Part D benefits are paid from the Supplementary Medical Insurance Trust Fund (about 25 percent funded by premiums paid by enrollees and about 75 percent funded from general revenues).

These estimates are based on CBO's baseline budget projections as of March 6, 2020, which do not incorporate changes to the nation's economic outlook and fiscal situation arising from the recent and rapidly evolving public health emergency related to the novel coronavirus.

# Proposals Affecting Medicare - CBO's Estimate of the President's Fiscal Year 2021 Budget

| | By Fiscal Year, Millions of Dollars | | | | | | | | | | 2021-2025 | 2021-2030 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | | |
| **Increases or Decreases (-) in Direct Spending Outlays (a)** | | | | | | | | | | | | |
| 1. Extend immunosuppressive drug coverage for kidney transplant patients | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 2. Allow the HHS Secretary to determine the appropriate recertification period for organ procurement organizations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Allow the HHS Secretary to determine the appropriate number of organ procurement organizations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Modernize payment for Rural Health Clinics | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 5. Modernize Medicare telehealth to promote value-based payment | 0 | 13 | 13 | 13 | 14 | 14 | 14 | 15 | 14 | 15 | 53 | 125 |
| 6. Enhance Medicare telehealth services for Federally Qualified Health Centers and Rural Health Clinics | 0 | 27 | 26 | 25 | 27 | 28 | 28 | 31 | 28 | 30 | 105 | 250 |
| 7. Extend Medicare telehealth services for Indian Health Service and tribal facilities | 0 | 13 | 13 | 13 | 14 | 14 | 14 | 15 | 14 | 15 | 53 | 125 |
| 8. Preserve access to rural emergency hospitals | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 9. Allow beneficiaries to opt out of Medicare Part A and retain Social Security benefits | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 10. Give Medicare beneficiaries with high-deductible health plans the option to make tax-deductible contributions to health savings accounts or medical savings accounts (b) | No outlay effect, see revenues | | | | | | | | | | | |
| 11. Reform Medicare practitioner opt out | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 12. Modify reinsurance arrangements for MA plans | 0 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 20 | 60 | 140 |
| 13. Eliminate beneficiary coinsurance for screening colonoscopies with polyp removal | 170 | 505 | 525 | 545 | 625 | 690 | 755 | 875 | 860 | 1,020 | 2,370 | 6,570 |
| 14. Simplify and eliminate reporting burdens for clinicians participating in MIPS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Eliminate arbitrary thresholds and other burdens to encourage participation in advanced Alternative Payment Models | -65 | -175 | 50 | 180 | 75 | 5 | 10 | 15 | 20 | 25 | 65 | 140 |
| 16. Improve and tailor the way Medicare educates beneficiaries about the program | 0 | 109 | 108 | 106 | 112 | 98 | 117 | 142 | 115 | 124 | 435 | 1,031 |
| 17. Tailor the frequency of skilled nursing facility surveys to more efficiently use resources and alleviate burdens for top-performing nursing homes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Remove timeframe for initial surveys for end-stage renal disease facilities under the Bipartisan Budget Act of 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Eliminate the requirement for a face-to-face provider visit for durable medical equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Remove the requirement that physicians certify that all critical access hospital patients are expected to be discharged within 96 hours of admission | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | | |
| **Increases or Decreases (-) in Direct Spending Outlays (a)** | | | | | | | | | | | | |
| 21. Create a consolidated hospital quality payment program | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 22. Encourage meaningful measures for the End-Stage Renal Disease Quality Incentive Program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. Reset and increase end-stage renal disease networks funding by consumer price index | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Enhance quality improvement oversight of post-acute and hospice providers | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 25. Charge long-term care facilities fees for revisit surveys | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Support certified nurse aide staffing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Accelerate access to non-egg-based influenza vaccines | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 28. Improve the Medicare appeals system | 25 | 45 | 45 | 45 | 25 | 25 | 25 | 25 | 25 | 25 | 185 | 310 |
| 29. Allow CMS flexibility to determine the frequency of PACE program audits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. Clarify PACE organizations' coverage of inpatient hospital stays | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Allow for federal/state coordinated review of dual-eligible special needs plan marketing materials | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. Clarify the Part D special enrollment period for dual-eligible beneficiaries | 0 | -20 | -20 | -20 | -30 | -30 | -30 | -40 | -30 | -40 | -90 | -260 |
| 33. Reform GME payments (d) | 0 | -14,950 | -15,820 | -16,680 | -17,590 | -18,490 | -19,430 | -20,410 | -21,380 | -22,770 | -65,040 | -167,520 |
| 34. Modify payments to hospitals for uncompensated care (d) | 0 | -14,390 | -15,000 | -15,450 | -17,070 | -18,100 | -19,160 | -21,110 | -20,620 | -23,160 | -61,910 | -164,060 |
| 35. Reduce Medicare coverage of bad debts | 0 | -1,960 | -3,460 | -3,760 | -3,970 | -4,200 | -4,440 | -4,710 | -4,980 | -5,340 | -13,150 | -36,820 |
| 36. Address excessive payment for post-acute care providers by implementing post-acute care reductions | -610 | -2,730 | -4,250 | -6,150 | -8,870 | -9,870 | -10,490 | -11,620 | -11,370 | -12,860 | -22,610 | -78,820 |
| 37. Modify payment for hospice care provided to beneficiaries in skilled nursing and nursing facilities | -315 | -335 | -360 | -385 | -410 | -440 | -470 | -505 | -540 | -590 | -1,805 | -4,350 |
| 38. Pay all hospital-owned physician offices located off-campus at the physician office rate | -890 | -2,655 | -2,830 | -3,005 | -3,570 | -4,040 | -4,555 | -5,405 | -5,480 | -6,705 | -12,950 | -39,135 |
| 39. Pay hospital outpatient departments at the physician office rate for certain services | -2,520 | -7,425 | -7,855 | -8,215 | -9,605 | -10,690 | -11,860 | -13,855 | -13,815 | -16,485 | -35,620 | -102,325 |
| 40. Redesign outpatient prospective payment systems and ambulatory surgical center payment systems to make risk-adjusted payments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 41. Implement value-based purchasing program for outpatient hospitals and ambulatory surgical centers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 42. Authorize long-term care hospital site neutral exceptions criteria | 0 | -475 | -485 | -490 | -535 | -565 | -590 | -645 | -625 | -680 | -1,985 | -5,090 |
| 43. Expand basis for beneficiary assignment for Accountable Care Organizations | 0 | 0 | -10 | -10 | -10 | -10 | -10 | -10 | -10 | -10 | -30 | -80 |
| 44. Reform physician self-referral law to better support and align with alternative payment models and address overutilization | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | | |
| **Increases or Decreases (-) in Direct Spending Outlays (a)** | | | | | | | | | | | | |
| 45. Reprioritize primary and preventive care in Medicare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46. Require prior authorization when physicians order certain services excessively relative to their peers | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 47. Reform and expand durable medical equipment competitive bidding | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 48. Support coverage for innovative alternatives to durable medical equipment for treatment and management of diabetes | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 49. Pass Treasury collection fees for CMS overpayment collections on to debtors (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50. Eliminate peer-reviewed journal requirement under MIPS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51. Improve the Medicare Shared Savings Program beneficiary incentive program | 0 | 0 | -7 | -6 | -7 | -7 | -7 | -8 | -7 | -8 | -20 | -57 |
| 52. Extend and enhance the Medicare Independence at Home Demonstration | 5 | 15 | 15 | 15 | 115 | 60 | 0 | 0 | 0 | 0 | 165 | 225 |
| 53. Use retail price information for Medicare durable medical equipment fee schedule rates | 0 | -50 | -60 | -60 | -70 | -70 | -70 | -80 | -80 | -90 | -240 | -630 |
| 54. Remove the cap on MA benchmarks and remove the doubling of quality bonus payments in qualifying counties | 0 | 280 | 210 | 150 | 90 | 20 | -40 | -110 | -170 | -230 | 730 | 200 |
| 55. Expand prior authorization to additional Medicare fee-for-service items at high risk of fraud, waste, and abuse | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 56. Prevent fraud by applying penalties on providers and suppliers who fail to update enrollment records (c) | 1 | 3 | 4 | 4 | 4 | 4 | 6 | 6 | 6 | 6 | 16 | 44 |
| 57. Require reporting on clearinghouses and billing agents when Medicare providers and suppliers enroll in the program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58. Ensure providers that violate Medicare's safety requirements and have harmed patients cannot quickly reenter the program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Assess a penalty on physicians and practitioners who order services or supplies without proper documentation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60. Improve the safety and quality of care by requiring accreditation organizations to publicly report Medicare survey and certification reports | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 61. Require providers and suppliers to produce Part B records to support Part D investigations or audits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 62. Improve efficiency and strengthen program integrity efforts in Medicare Parts C and D | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63. Implement targeted risk-adjustment prepayment review in MA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 64. Extend beneficiary protection for provider's failure to meet procedural or other requirements | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | | |
| **Increases or Decreases (-) in Direct Spending Outlays (a)** | | | | | | | | | | | | |
| 65. Clarify authority for the Healthcare Fraud Prevention Partnership | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 66. Extend flexibility in annual Open Payments reporting deadline | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 67. Require physician-owned distributors to report in Open Payments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 68. Expand the provisional period of enhanced oversight statutory authority for new providers and suppliers to further stem fraud, waste, and abuse | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 69. Require annual certification of National Provider Identifier | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70. Reform medical liability (e) | No Medicare outlay effect | | | | | | | | | | | |
| 71. Improve the inpatient hospital wage index | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. | n.e. |
| 72. Extend mandatory sequestration (Medicare only) from the Joint Select Committee on Deficit Reduction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,500 | -17,500 | 0 | -10,000 |
| 73. Medicare Interactions | Included in each estimate | | | | | | | | | | | |
| **Total Changes** | | | | | | | | | | | | |
| **Estimated On-Budget Direct Spending** | **-4,200** | **-44,140** | **-49,130** | **-53,120** | **-60,620** | **-65,540** | **-70,170** | **-77,370** | **-70,510** | **-105,190** | **-211,210** | **-599,990** |
| **Estimated Unified-Budget Direct Spending** | **-4,200** | **-44,140** | **-49,130** | **-53,120** | **-60,620** | **-65,540** | **-70,170** | **-77,370** | **-70,510** | **-105,190** | **-211,210** | **-599,990** |
| **Increases or Decreases (-) in Revenues** | | | | | | | | | | | | |
| 10. Give Medicare beneficiaries with high-deductible health plans the option to make tax-deductible contributions to health savings accounts or medical savings accounts (b) | -503 | -996 | -1,182 | -1,281 | -1,363 | -1,433 | -1,515 | -1,604 | -1,689 | -1,768 | -5,325 | -13,334 |
| 49. Pass Treasury collection fees for CMS overpayment collections on to debtors (b) | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 100 | 200 |
| 56. Prevent fraud by applying penalties on providers and suppliers who fail to update enrollment records (c) | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 13 | 32 |
| **Total Changes** | | | | | | | | | | | | |
| **Estimated On-Budget Revenues** | **-481** | **-974** | **-1,159** | **-1,258** | **-1,340** | **-1,410** | **-1,491** | **-1,580** | **-1,665** | **-1,744** | **-5,212** | **-13,102** |
| **Estimated Unified-Budget Revenues** | **-481** | **-974** | **-1,159** | **-1,258** | **-1,340** | **-1,410** | **-1,491** | **-1,580** | **-1,665** | **-1,744** | **-5,212** | **-13,102** |
| **Net Increase or Decrease (-) in the Deficit from Direct Spending and Revenues** | | | | | | | | | | | | |
| **Total Changes in On-Budget Deficits** | **-3,719** | **-43,166** | **-47,971** | **-51,862** | **-59,280** | **-64,130** | **-68,679** | **-75,790** | **-68,845** | **-103,446** | **-205,998** | **-586,888** |
| **Total Changes in Unified-Budget Deficits** | **-3,719** | **-43,166** | **-47,971** | **-51,862** | **-59,280** | **-64,130** | **-68,679** | **-75,790** | **-68,845** | **-103,446** | **-205,998** | **-586,888** |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | | |
| **Memorandum: Cross-Cutting Policies** | | | | | | | | | | | | |
| 33. Reform GME payments (d) | | | | | | | | | | | | |
| Medicaid | 0 | -3,713 | -3,965 | -4,229 | -4,502 | -4,785 | -5,082 | -5,388 | -5,708 | -6,047 | -16,409 | -43,420 |
| Medicare | 0 | -14,950 | -15,820 | -16,680 | -17,590 | -18,490 | -19,430 | -20,410 | -21,380 | -22,770 | -65,040 | -167,520 |
| New combined GME pool | 0 | 12,181 | 12,487 | 12,787 | 13,083 | 13,380 | 13,681 | 13,988 | 14,301 | 14,620 | 50,539 | 120,509 |
| Total Outlays | 0 | -6,481 | -7,299 | -8,122 | -9,009 | -9,896 | -10,831 | -11,810 | -12,787 | -14,197 | -30,911 | -90,431 |
| 34. Modify payments to hospitals for uncompensated care (d) | | | | | | | | | | | | |
| Medicare | 0 | -14,390 | -15,000 | -15,450 | -17,070 | -18,100 | -19,160 | -21,110 | -20,620 | -23,160 | -61,910 | -164,060 |
| New uncompensated care pool | 0 | 7,732 | 7,926 | 8,117 | 8,305 | 8,493 | 8,684 | 8,879 | 9,077 | 9,280 | 32,080 | 76,493 |
| Total Outlays | 0 | -6,658 | -7,074 | -7,333 | -8,765 | -9,607 | -10,476 | -12,231 | -11,543 | -13,880 | -29,830 | -87,567 |
| 70. Reform medical liability (e) | | | | | | | | | | | | |
| Medicare (budget function 570) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicaid and CHIP (budget function 550) | -47 | -415 | -1,146 | -1,847 | -1,959 | -2,077 | -2,198 | -2,322 | -2,453 | -2,593 | -5,414 | -17,057 |
| Marketplaces (budget function 550) | -7 | -57 | -155 | -240 | -255 | -270 | -280 | -290 | -305 | -325 | -714 | -2,184 |
| FEHB/PSRHBF | | | | | | | | | | | | |
| On-budget (budget function 550) | -3 | -25 | -68 | -110 | -116 | -122 | -129 | -136 | -143 | -150 | -322 | -1,002 |
| Off-budget (budget function 370) | 0 | -1 | -7 | -18 | -28 | -30 | -31 | -33 | -34 | -36 | -53 | -217 |
| Total Outlays | -57 | -499 | -1,376 | -2,215 | -2,358 | -2,498 | -2,639 | -2,781 | -2,935 | -3,104 | -6,503 | -20,460 |
| Revenues | | | | | | | | | | | | |
| On-budget | 21 | 192 | 570 | 1,002 | 1,165 | 1,218 | 1,269 | 1,322 | 1,387 | 1,455 | 2,950 | 9,601 |
| Off-budget | 6 | 57 | 173 | 302 | 352 | 372 | 392 | 413 | 438 | 463 | 890 | 2,968 |
| Total Revenues | 27 | 249 | 743 | 1,304 | 1,516 | 1,591 | 1,661 | 1,736 | 1,824 | 1,918 | 3,839 | 12,569 |
| Changes in On-Budget Deficits | -78 | -690 | -1,939 | -3,199 | -3,495 | -3,686 | -3,876 | -4,070 | -4,288 | -4,523 | -9,400 | -29,844 |
| Changes in Unified-Budget Deficits | -84 | -748 | -2,119 | -3,519 | -3,874 | -4,089 | -4,300 | -4,517 | -4,759 | -5,022 | -10,342 | -33,029 |

These estimates are based on CBO's baseline budget projections as of March 6, 2020, which do not incorporate changes to the nation's economic outlook and fiscal situation arising from the recent and rapidly evolving public health emergency related to the novel coronavirus.

Components may not sum totals because of rounding; n.e. = not estimated--policy was not sufficiently specified for CBO to assess whether the proposal would result in costs or savings.

(a) Medicare provisions include interactions with MA payments, the effect on Medicare Part A and B premiums, and TRICARE.
(b) Proposal would affect revenues, which are shown separately.
(c) Proposal would affect direct spending and revenues, which are shown separately.
(d) Medicare effects are shown in the table; effects on other health programs and revenues are shown in the lines for budget funtion 550.
(e) Shown for reference; no Medicare effect.

CMS = Centers for Medicare & Medicaid Services; CHIP = Children's Health Insurance Program; FEHB = Federal Employees Health Benefits Program; GME = graduate medical education; HHS = Department of Health and Human Services; MA = Medicare Advantage; MIPS = Merit-Based Incentive Payment System; PACE = Program of All Inclusive Care for the Elderly; PSRHBF = Postal Service Retiree Health Benefits Fund; TRICARE = the health care program operated by the Department of Defense.