

Clear Lines of Communication Aid Patient Care

One of the cornerstones in your relationship with patients should be open, clear communication that helps them make the most informed health care decisions possible.

TRICARE's 2006 Health Care Survey of DoD Beneficiaries found that doctors' communication was a key component of patient satisfaction. So key, in fact, that communication was ranked ahead of access to care, speed of service, courtesy of staff and customer service.

Most patients want more information and guidance, and are more satisfied with their care when they receive such counsel from their doctors. However, sometimes the information doctors give fails to answer a patient's question or need to know, according to Geoffrey H. Gordon, M.D., FACP, and F. Daniel Duffy, M.D., FACP.*

In "Educating and Enlisting Patients" (*Journal of Clinical Outcomes Management*, Vol. 5, No. 4), Gordon and Duffy suggest that you organize the information you give patients around the eight questions almost all patients have, no matter how medically sophisticated they are.

Nearly every patient has these three questions about their **illness**:

1. What has happened to me? (diagnosis)
2. Why has it happened to me? (etiology)
3. What is going to happen to me? (prognosis)

In addition, most patients have the following five questions about their **medical care**:

1. What are you doing to me?
2. Why are you doing that (and not something else)?
3. Will it hurt or harm me? How much? For how long?
4. When will you know the results?
5. When will I know the results?

Try to anticipate your patient's concerns. When faced with an illness, an individual often has fears and worries on many different levels. For instance, someone could be anxious about the physical pain associated with an illness, but at the same time be concerned about the economic (How much does it cost?) or social (Will anyone find out that I'm being tested for HIV?) ramifications.

At the end of the visit, take time to assess the patient's grasp of what's been discussed. Gordon and Duffy recommend asking your patients what they plan to tell their loved ones about "what the doctor said." Having them restate the message in their own words will reveal just how well they understand the information, and will give you an opportunity to clarify, if necessary. ■

* *Geoffrey H. Gordon, M.D., FACP, Assistant Clinical Professor of Medicine, Yale University School of Medicine; and F. Daniel Duffy, M.D., FACP, Senior Vice President, American Board of Internal Medicine, Philadelphia, PA*



Generic Drugs: As Good as Brand Names

A Department of Defense Policy Reminder

Considering the amount of advertising that you see for brand-name prescription medications like Allegra®, Prevacid® and Zoloft®, you may be inclined to prescribe a brand-name medication over a generic substitute.

Yet, in many cases, there is a lower-cost generic medication that will work just as well for your patient. Furthermore, Department of Defense policy mandates that TRICARE providers prescribe generic drugs whenever a generic equivalent exists.

Like brand-name medications, generic drugs must meet the same rigorous standards established by the U.S. Food and Drug Administration for safety and quality. Therefore, in most patients, generic drugs will work just as well

because they are virtually identical in terms of dosage, performance, usage and strength.

There are some instances in which TRICARE providers may prescribe a brand-name drug over a generic one. These include:

- When the patient is likely to experience adverse effects from taking the generic equivalent
- If the generic has previously resulted in therapeutic failure, or has the potential to do so
- When the patient has had a favorable response to the brand name in the past and switching to the generic is likely to cause an unacceptable clinical risk

If you determine that a brand-name medication will work best for your patient and there is a generic equivalent, you must obtain prior authorization before the prescription can be filled. Once approved, the authorization may be applied to prescriptions filled through both the TRICARE Mail Order Pharmacy and retail network pharmacies.

For instructions on obtaining prior authorization for brand-name medications, visit www.tricare.mil/pharmacy/prior_auth.cfm.

Additional pharmacy information and tools can be found on the Provider portal of the TRICARE Web site at www.tricare.mil/provider. ■

Reminder: Please Use the New Claim Forms

As of Jan. 1, 2008, providers must use the **new CMS-1500** (version 08/05) to submit their professional claims. Additionally, facilities must submit their claims on the **new UB-04**. TRICARE will no longer accept the old HCFA-1500 and UB-92 claim forms. Furthermore, to prevent claims from being submitted with incorrect information, **you must also update your existing software**.

To ensure timely and proper payment of your claims, please use the correct claim form and update your software! Both the CMS-1500 and the UB-04 allow for the submission of National Provider Identifiers (NPIs). Please submit an NPI when appropriate. ■



Correction: TRICARE Provider News, Issue 8: 2007, "Clean Claims Mean Faster Payments"

Network providers, by virtue of their contract with TriWest, should use their best efforts to file all claims within 30 days.

TRICARE filing guidelines indicate that all claims should be submitted to TriWest no later than one year after the date the services were provided or one year from the date of discharge for an inpatient admission for facility charges billed by the facility. Professional services billed by the facility should be submitted within one year from the date of service.

A written request for an exception to the claims filing deadline may be submitted by the participating provider and will be reviewed on a case-by-case basis. ■

Locum Tenens Guidance

TriWest has recently received inquiries asking if TRICARE recognizes locum tenens providers. According to *Merriam-Webster's Medical Dictionary*, a locum tenens is a medical practitioner who temporarily takes the place of another.

TRICARE manuals do not specifically address locum tenens providers because a provider—at a minimum—must be certified to be eligible for TRICARE reimbursement. A provider will not be reimbursed if they use a locum tenens to provide services to TRICARE beneficiaries unless the locum tenens is TRICARE-certified.

If Wisconsin Physicians Service can't certify the provider and processes the claim as a non-payable provider, the beneficiary is not liable **unless the**

beneficiary chose to have services rendered by a provider he or she knew was non-payable and agreed up front and in writing to pay out of pocket.

Furthermore, if a provider expects to be reimbursed under a network agreement, they must be fully credentialed. This requirement applies to all providers regardless of whether they are going to be working with the group for two days or two years. A locum tenens who has not been fully credentialed, but whose services are billed by a network provider, will be paid as non-network.

If a locum tenens is TRICARE-certified but not contracted, they are subject to the same billing guidelines as any non-network

provider: A participating provider may collect cost-shares only, while a nonparticipating provider may bill the beneficiary up to 15 percent above (but by law, **no more than 15 percent** above) the TRICARE-allowable charge.

Providers using a locum tenens should confirm the status of the locum tenens before services are provided to TRICARE beneficiaries. This ensures they can receive payment for services provided and helps to prevent unnecessary out-of-pocket costs for beneficiaries.

For further information, please refer to the *TRICARE Operations Manual*, Chapter 4, at <http://manuals.tricare.osd.mil>. ■

Covering Providers

TriWest has recently received inquiries about reimbursing a provider if he or she is “covering” for a network provider.

TriWest, or TRICARE, uses modifier Q6 to identify the provider as “on call.” No matter if the “on call” provider is network or non-network, a provider should bill modifier Q6 when rendering services as a covering provider.

Provider types that can bill “on call” are the following primary care specialties:

- General practice
- Pediatrics
- Family practice
- OB/GYN
- Internal medicine

If the covering provider is a non-certified TRICARE provider and is billing the Q6 modifier, Wisconsin Physicians Service will certify the provider and the provider will be paid at the non-network rate.

The covering provider must bill under his or her own Tax Identification Number. Providers may not bill services with another provider's information. The rendering provider's information must be on the claim.

For more information, please refer to the Provider portal of the TriWest Web site at www.triwest.com. ■



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www.triwest.com

TRICARE Alaska Office
1-907-743-1800

Wisconsin Physicians Service
(Electronic claims set up)
1-800-782-2680
www.wpsic.com

Express Scripts, Inc. (ESI)
(Pharmacy inquiries)
1-866-DoD-TRRX
1-866-DoD-TMOP
www.express-scripts.com/TRICARE



New TRICARE Provider Seminars Scheduled for Spring 2008

The spring 2008 series of TRICARE provider educational seminars from TriWest is now being planned. Set throughout the 21-state West Region, these seminars furnish providers and their staffs with the latest information on TRICARE programs and policies.

Even if you previously attended a TRICARE seminar, it can be beneficial for you and your staff to attend a seminar this spring as these informational sessions will cover new TRICARE information. Additional reference tools will be provided.

Seminars are scheduled for both medical/surgical and behavioral health providers. Once the spring schedule is completed for a state, providers will be able to register

online. By registering online, you will receive the following additional benefits:

- E-mail confirmation of your registration
- Reminder notice prior to the scheduled seminar
- Eligibility to participate in a drawing for a small prize

Go to www.triwest.com to find out the dates, times and locations of seminars near you. For additional information, please e-mail pseminar@triwest.com. ■