

## New Member Choice Center Saves Your Patients Time and Money

**T**RICARE beneficiaries who have been thinking about signing up for TRICARE's mail-order pharmacy now have another reason to make the switch from retail purchases to the convenience of ordering by mail.

With the introduction of the Member Choice Center (MCC) in August 2007, all it takes for TRICARE beneficiaries to start receiving prescription medications by mail is a phone call or a click of the mouse. Also, military family members and retirees can use the MCC to update prescription information and get answers to pharmacy questions.

TRICARE is always looking for ways to improve customer service and add value. Beneficiaries don't have to download forms or wait to have forms mailed; they can log on to [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) and complete the registration form or call the MCC at 1-877-363-1433 to switch from the retail program to the mail-order pharmacy. It's that easy.

When a TRICARE beneficiary calls the MCC, a patient care advocate from Express Scripts, Inc., TRICARE's pharmacy contractor, will verify their information and walk them through the conversion process. To help facilitate the process, Express Scripts may contact you to have the beneficiaries' prescriptions transferred to the mail-order program.

On the MCC Web site, beneficiaries can also fill out an online enrollment form and convert their existing medications to home delivery.

The mail-order pharmacy can save TRICARE beneficiaries as much as 66 percent on maintenance medications for conditions such as high blood pressure, asthma or diabetes. The beneficiary receives up to a 90-day supply of their generic medications for \$3, which is what they would pay for a 30-day supply at a retail pharmacy. If you prescribe a brand-name medication, the copayment for a 90-day supply is just \$9.

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## Non-Formulary Drugs Covered ... When Medically Necessary

**I**t is Department of Defense policy to fill prescriptions with generic drugs when available. You are urged to prescribe both generic and brand-name medications which are on the approved formulary. However, TRICARE will cover a non-formulary medication at the formulary copayment if you can provide information demonstrating medical necessity for the non-formulary medication.

In order for a non-formulary medication to be considered medically necessary, it must meet one or more of the criteria listed below for **all** of the available formulary alternatives:

- The formulary alternative is contraindicated.
- The patient is reasonably expected to have a more favorable outcome with the non-formulary alternative.

- The formulary alternative causes therapeutic failure.
- The patient previously responded to a non-formulary medication and changing to a formulary medication would pose a non-favorable clinical risk.
- There is no formulary alternative available.

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## Non-Formulary Drugs Covered ... When Medically Necessary

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Military treatment facilities (MTFs) are able to fill a patient's request for a non-formulary medication if both of these conditions are met:

- The prescription is written by an MTF provider.
- Medical necessity has been established for the medication.

Furthermore, MTFs have the option of filling a non-MTF provider's prescription for a non-formulary medication if medical necessity has been established; however, the MTF is not required to do so.

Active duty service members pay no copayments for non-formulary medications through any pharmacy; however, they may only fill prescriptions for non-formulary medications when deemed medically necessary.

Non-formulary medications are also available to non-active duty service members and their families. Once medical necessity has been established, these spouses, dependents and retirees may fill their non-formulary prescriptions at retail network pharmacies or through TRICARE's mail-order pharmacy for the applicable \$9 formulary copayment.

To view the complete list of TRICARE non-formulary medications or to learn more about how to establish medical necessity, please log on to [www.tricare.mil/pharmacy/medical-nonformulary.cfm](http://www.tricare.mil/pharmacy/medical-nonformulary.cfm). ■

## New Provider Seminars for Fall

TriWest Healthcare Alliance is continuing the new series of TRICARE educational seminars throughout the 21-state West Region for health care providers and staff until mid-December.

During the interactive two-and-a-half-hour\* sessions, TriWest's TRICARE experts cover the latest information about the TRICARE program and benefits, and the many resources available to you. At the seminar, you'll be among the first to receive the new *TRICARE Provider Handbook* and *TRICARE Quick Reference Guides*.

You also will see new, informative video clips with tips to help improve your business office workflow and improve productivity when navigating the TRICARE system.

If you bring along your old *TRICARE Provider Handbook* and exchange it for a new handbook, you'll be eligible to participate in a small prize drawing.

Log on to [www.triwest.com](http://www.triwest.com) and click on "Provider Seminar Registration." When you click on your state and the seminar type, you'll find the dates, times and locations of seminars near you.

When you register online at [www.triwest.com](http://www.triwest.com) for a seminar, you will:

- Receive immediate confirmation of your registration by e-mail
- Receive a reminder by e-mail two weeks and again three days prior to your seminar
- Be eligible for a small prize drawing

If you have questions regarding the content of provider seminars, e-mail [providerservices@triwest.com](mailto:providerservices@triwest.com) or call 1-888-TRIWEST (1-888-874-9378). If you have difficulty registering online see the "Tips for Registering Online for a TRICARE Provider Seminar" or e-mail [pseminar@triwest.com](mailto:pseminar@triwest.com).

*\* The actual time may vary based on the level of participation by attendees.*

## New MCC Saves Your Patients Time and Money

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Some of the benefits of using TRICARE's mail-order pharmacy include:

- Free standard shipping of medications directly to beneficiaries' homes
- Ordering refills online, by phone or by mail
- Each prescription checked by a pharmacist for accuracy and potential drug interactions
- Pharmacists available 24 hours a day, every day, to answer beneficiaries' questions

The Department of Defense (DoD) saves money when beneficiaries use the mail-order pharmacy. The DoD

pays 30 percent to 40 percent less for prescriptions filled through the mail-order service versus retail pharmacies. The savings can be substantial. By transferring just one percent of prescriptions from the retail pharmacy to the mail-order pharmacy, the DoD would save \$24 million a year. Savings like this help keep the benefit affordable for military families.

As with all health benefits, there are things beneficiaries can do to reduce costs. Having prescriptions filled by mail saves time and lowers the cost for the entire military health system. ■

# Balance Billing: What You Should Know

**W**hen caring for TRICARE beneficiaries, it is important to keep TRICARE's policies on balance billing in mind. Noncompliance with these requirements can impact your TRICARE and/or Medicare status.

## What is balance billing?

Balance billing is when a provider bills a TRICARE beneficiary for more than their payment responsibility after TRICARE has processed the claim. Both network and non-network providers are **prohibited by law** from balance billing TRICARE beneficiaries.

If you are a network provider, you've signed a contract to be paid at the contractual rate. For non-network providers who accept assignment (i.e., agree to participate in TRICARE), you've agreed to accept the TRICARE-allowable charge as payment in full.

Collecting the beneficiary's copayment, deductible or cost-share is not considered balance billing.

## What if a TRICARE beneficiary has other health insurance?

When other health insurance (OHI) is involved, network and participating, non-network providers may receive no more than the TRICARE-allowable charge through the combined payments of TRICARE and the OHI.

- Network providers must accept the TRICARE contractual rate as payment in full. If the OHI pays more than the TRICARE-allowable charge, no additional TRICARE payment is made.
- Participating, non-network providers may not collect any amount from a beneficiary after payment of the claim unless TRICARE and the OHI payments combined have failed to pay the TRICARE-allowable charge.
- Nonparticipating, non-network providers who participate in the OHI may receive TRICARE payments up to the OHI allowable charge.

## What charges are beneficiaries required to pay?

In most cases, the patient is not required to pay the copayment, cost-share or deductible when TRICARE is a secondary payer. Beneficiary charges appear in the "deductible" or "cost-share" column on the TRICARE Summary Payment Voucher or remittance.

Network and non-network providers who sign participation agreements with "hold harmless" provisions may not bill the beneficiary for non-covered services, **unless the beneficiary has agreed in advance and in writing to pay for those services.**

It is highly recommended that TRICARE Prime beneficiaries read and sign the waiver of *Non-Covered Services* form to acknowledge financial responsibility for non-covered services. To locate the form online, visit the TriWest Web site at [www.triwest.com](http://www.triwest.com) and click on the "Find a Form" tab.

**Note:** Active duty service members and their family members enrolled in TRICARE Prime, TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members do not have a copayment, except when using the pharmacy benefit, the point of service option (family members only) or if receiving benefits through the TRICARE Extended Care Health Option. ■



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**Wisconsin Physicians Service**  
(Electronic claims set up only)  
1-800-782-2680

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

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## Improvements Made to Provider Directory Capabilities

Searching for a provider in the TRICARE West Region just got easier for beneficiaries and providers. TriWest Healthcare Alliance has added the following new functions to our Provider Directory at [www.triwest.com](http://www.triwest.com). After clicking on “Find a Provider,” the following options are now available:

- “Search by Specialty”
- “Search by Island” (for Hawaii)
- “Practice Capabilities” (optional tool in each main search section)
- “Urgent Care/Extended Hours Directories”
- “Find an MTF”

The changes went into effect in July 2007, and were the first major changes to the Provider Directory since it was updated in February 2006.

It is essential for providers to keep their demographic information up to date. When you do this, TriWest is able to provide accurate information to TRICARE beneficiaries,

and it ensures your claims payments are sent to the correct address.

Network providers are urged to visit the online Provider Directory at [www.triwest.com](http://www.triwest.com) to examine their individual listing for accuracy. If your information is not current, please contact your local network representative or complete the online *Suggest a Change* form. The link to this form is located on your individual provider information page in the Provider Directory.

**Note:** Not all network providers are listed in the directory. Emergency room physicians, urgent care physicians and some other hospital-based providers may not be listed.

Non-network providers with changes should contact Wisconsin Physicians Service directly by e-mail at [westreg@wpsic.com](mailto:westreg@wpsic.com) or by calling 1-608-301-3248. ■