

## Update: TRICARE Outpatient Prospective Payment System

### What's Included... and What's Not

The TRICARE Outpatient Prospective Payment System (OPPS) reimbursement methodology will be implemented for claims June 1, 2007, and thereafter.

TRICARE OPPS applies to all hospitals participating in the Medicare program and hospital-based partial hospitalization programs subject to TRICARE authorization requirements. TRICARE OPPS also applies to hospitals or distinct parts of hospitals that are excluded from the inpatient Diagnostic Related Group Based Payment System, to the extent that the hospital or distinct part furnishes outpatient services (e.g., Sole Community Hospitals). Several organizations, as defined by TRICARE policy, are exempt from OPPS.

#### Some providers will be excluded from the TRICARE OPPS.

These providers are:

- Indian Health Service hospitals that provide outpatient services.
- Certain hospitals in Maryland that qualify for payment under the state's cost containment waiver
- Critical Access Hospitals

- Hospitals located outside one of the 50 states, the District of Columbia and Puerto Rico
- Specialty care providers including:
  - Cancer and children's hospitals
  - Freestanding ambulatory surgery centers
  - Freestanding partial hospitalization programs
  - End-stage renal disease facilities
  - Comprehensive outpatient rehabilitation facilities
  - Home health agencies
  - Hospice programs
  - Community mental health centers
  - Other corporate services providers (e.g., freestanding cardiac catheterization and sleep disorder diagnostic centers)
  - Freestanding birthing centers



## Coming Soon: New TRICARE Provider Seminars



A new round of TRICARE provider educational seminars from TriWest is coming soon. Held throughout the 21-state West Region, these seminars furnish providers and their staff with the latest information on TRICARE programs and policies. Even if you have previously attended a TRICARE seminar, it would 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 medical/surgical and behavioral health providers. Check [www.triwest.com](http://www.triwest.com) for the Spring 2007 provider seminar schedule. ■



## DoD Generic Equivalent Policy

**W**hen you need to write prescriptions for your TRICARE Prime patients, remember the Department of Defense's (DoD) policy to substitute generic medications for brand-name drugs, whenever possible.

DoD policy mandates that if there is a generic equivalent for the prescribed medication and no medical necessity for the brand-name drug, the generic will be dispensed. Brand-name medications are dispensed only if you provide clinical justification for their use.

An example of this could be that while the patient responds well to the brand-name medication, he or she may be allergic to the inactive ingredients in the generic version.

You should check [www.tricare.mil/pharmacy/prior\\_auth.cfm](http://www.tricare.mil/pharmacy/prior_auth.cfm) for a list of medications with approved prior authorization criteria. Each of the medications listed has a corresponding form from Express Scripts, Inc. (ESI).

Prior authorization forms may be used for prescriptions filled through TRICARE's mail-order or retail network pharmacy programs. Instructions for submitting the requests to ESI are included at the top of the forms. You do not need to submit multiple forms because prior authorization approvals apply to both the mail-order and retail network pharmacies.

To start the prior authorization review process or if you have questions, please contact the ESI mail-order customer service department at 1-866-DoD-TMOP (1-866-363-8667) or 1-866-DoD-TRRX (1-866-363-8779) for the retail pharmacy program.

Visit the Formulary Search Tool at [www.tricareformularysearch.org](http://www.tricareformularysearch.org) to find a list of generic alternatives for brand name and or non-formulary drugs. You can also find a list of drugs that have recently or will soon be on the non-formulary medication list at <http://tricare.mil/news/news.aspx?fid=236>. ■



## E-Seminar Offered on TRICARE Home Health Benefit

**T**riWest has developed an E-seminar for providers who supply home care services to TRICARE beneficiaries. The "Home Health Agency Prospective Payment System" E-seminar provides a general overview of TRICARE's home health benefit, which covers specific information on prior authorization requirements, specific coverage and benefits guidelines, conditions for coverage, reimbursement policies and claims requirements. The E-seminar was developed in response to provider requests for specific information on this benefit.

You can find the E-seminar at [www.triwest.com](http://www.triwest.com). Select the "Provider Connection" link and click on "TRICARE Provider E-Seminar." ■



## Proper Use of Unlisted Codes

**I**n order for TriWest to make appropriate benefit determinations, all health care services billed with an unlisted code must include a description of the item and pricing, if available. All unlisted codes must also have prior authorization, with the exception of unlisted supplies with a cumulative billed amount of \$100 or less. ■

# Effective Communication Equals Quality Health Care

Communication between health care providers and patients is essential to providing quality health care to TRICARE beneficiaries.

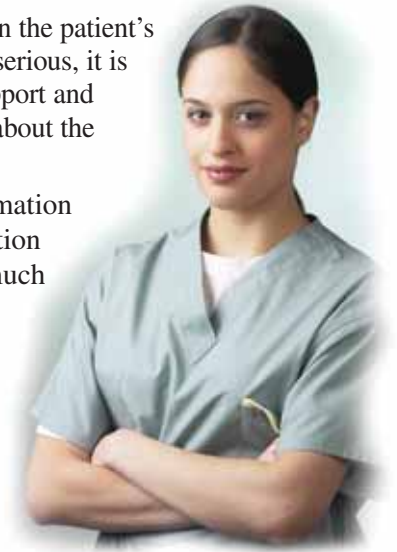
In the fast-paced world of hectic clinic schedules and demanding professional commitments, it's worth taking a moment to examine our interactions with patients. More importantly, we should look at how our patients might perceive those relationships. Effective doctor-patient communication is the key to fully understanding a patient's health care needs and responding with effective treatment options and advice.

Some people may feel anxiety, frustration or distrust toward the health care system. This may be due to a previous experience or their general discomfort in a health care setting. Patients may become frustrated if they receive conflicting information about their condition. Sometimes, inconclusive results increase a patient's sense of uncertainty and insecurity, and can lead to a lack of trust in health care providers.

The following may already happen in your practice, but are provided here as helpful reminders of the common elements of effective provider-to-patient communication.

- **Speak clearly**—Clarify the use of technical terms and use simple vocabulary.
- **Incorporate diagrams or pictures**—Using a picture or diagram to illustrate a common physiological or anatomical problem can help the patient better understand what is going on inside his or her body.
- **Provide options**—When recommending treatment options, clearly convey the patient's options, potential outcomes and associated risks.
- **Ask questions**—It is important to gauge how well patients understand the information you've provided. Ask open-ended questions, allowing them to repeat what you've said, and get clarification if they don't understand.
- **Offer support**—Depending on the patient's condition, whether routine or serious, it is important to communicate support and encouragement to the patient about the treatment decision.

We know that too much information too soon can lead to "information overload." Be aware of how much information your patient is absorbing and follow up with the patient in a few days with a phone call if you think it might be helpful. ■



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#### How is TRICARE OPPTS different from Medicare OPPTS?

Some examples of the common differences between Medicare and TRICARE OPPTS are:

- **Maternity observation stay**—TRICARE will allow separate payment for maternity observation stays assigned to the Level II Healthcare Common Procedure Coding System (HCPCS) codes G0378 and G0379. A separate maternity observation ambulatory payment classification amount will be paid if the stay is for a minimum of four hours and accompanied with one of the required maternity diagnosis.
- **Preventive medicine services**—Under Medicare, procedure codes 99381-99387 and 99391-99397 for preventive medicine services are not covered. Services for these codes are covered under the TRICARE OPPTS.
- **OPPTS deductible and cost-sharing**—The same TRICARE deductible and cost-sharing/copayments currently being applied under the TRICARE Prime, Standard and Extra programs for outpatient services will remain in effect under the OPPTS.

To access additional information regarding the TRICARE OPPTS program, please reference the *TRICARE Reimbursement Manual*, Chapter 13, at <http://manuals.tricare.mil>. ■

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## CONTACTS

**TriWest Customer Service**  
1-888-TRIWEST  
[www.triwest.com](http://www.triwest.com)

**TRICARE Alaska Office**  
(Alaskan providers only)  
1-907-743-1800

**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](http://www.express-scripts.com/TRICARE)

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## Operation Jump Start Border Duty

**R**ecently, National Guard members were called to duty to assist the Border Patrol in the states of California, Arizona, New Mexico, and Texas. Some of these active duty service members (ADSMs) will be eligible for TRICARE, depending upon the ADSM's specific orders. These scenarios may occur:

If a service member was activated under state orders (State Active Duty), such as, the typical two or three weeks of annual training, the ADSM will not be eligible for TRICARE for routine medical care. He or she will only be eligible for TRICARE services to take care of line of duty (LOD) injuries or illnesses, and then only when presenting with appropriate LOD paperwork.

If the ADSM is activated on Active Duty for Training (ADT) Title 32 orders for a period of greater than 30 days, the ADSM will be eligible for TRICARE and

should be registered in the Defense Enrollment Eligibility Reporting System (DEERS) accordingly.

If the ADT, Title 32 orders are for less than 30 days, the ADSM is not eligible for TRICARE.

If the ADSM is a non-border state National Guard with orders for less than 30 days and would participate on the border instead of his or her typical two or three weeks of annual training, the ADSM will not be eligible for TRICARE.

To avoid confusion, providers in these areas are encouraged to verify eligibility by looking at their uniformed services ID card, calling 1-888-TRIWEST (1-888-874-9378) or, if registered on [www.triwest.com/ProviderConnection](http://www.triwest.com/ProviderConnection), by an online query. ■

