



Instant Registration from TriWest Healthcare Alliance Corp.

Providers who register online for the TriWest Healthcare Alliance Corp. secured Web site at www.triwest.com will receive their password immediately by e-mail. This allows provider staff members who can be authenticated to gain immediate access to the Web site.

Registration for this portal at www.triwest.com allows you to:

- Check eligibility online
- View patient benefit information
- Check the status of your requested referrals/authorizations
- Check the status of referrals/authorizations for which you are the approved servicing provider
- Review and update consult tracking reports
- Submit claims online
- Check claim status

Previously, provider staff members attempting to register for the Web site had to wait several days to receive a temporary password by mail to complete the registration process and access their account. The registration process was changed to use provider information already in the claims system to authenticate the user.

To authenticate and register instantly on the site, the providers and/or administrators must have claims information on file with Wisconsin Physicians Service. When registering, the provider will need to provide Internal Control Numbers for two patients from the Explanations of Benefits, along with the dates of birth for those two patients.

If authenticated upon registration, an e-mail is sent to the user so he or she can activate their account “instantly.” If a provider does not have a claim on file, the previous system of receiving a password in the mail will remain in place. ■



Prime Access Standards

Making sure our beneficiaries have quick access to quality care is one of TRICARE Prime’s top priorities.

To ensure medically-necessary care is available when TRICARE Prime beneficiaries need it, the Department of Defense (DoD) has put in place standards for timely access to civilian care. As a primary care manager

(PCM), it is up to you to uphold these standards when providing care to TRICARE beneficiaries.

Appointment Wait Time Standards

With a wide array of specialists available to provide care to TRICARE Prime beneficiaries, referrals from you to other health care providers can be handled rapidly.

TRICARE Prime beneficiaries must receive an urgent care appointment within 24 hours (one day); the wait for a routine appointment will not exceed one week (seven days); and specialty care appointments and wellness visits must be available within four weeks (28 days).

continued on page 2



Verifying Eligibility

Is your patient covered?

Verifying a patient's eligibility is a simple, but important part of providing health care to TRICARE beneficiaries. TRICARE Prime beneficiaries may have an enrollment card along with a uniformed services identification (ID) or Common Access Card (CAC). However, these documents alone are not enough to verify eligibility. In order to be TRICARE eligible, every beneficiary must be registered in the Defense Enrollment Eligibility Reporting System (DEERS).

Carefully review both sides of every beneficiary's ID card or CAC. You will also want to verify the card's expiration date. If the card is expired, have the beneficiary contact DEERS to have his or her record updated and a new card issued. It is possible for some eligible beneficiaries to have either an expired ID card or no card at all. This does not necessarily mean that they are no longer entitled to TRICARE benefits.

Additionally, it is important to photocopy the front and back of every beneficiary's ID card or CAC. Although some beneficiaries may be reluctant to have their identification cards copied, you can reassure them that it is perfectly acceptable and lawful to photocopy ID cards for authorized purposes—e.g., to facilitate medical care eligibility determination and documentation, or for the purposes of rendering health care services.

Providers must also verify the eligibility of the **card bearer** by calling TriWest at 1-888-TRIWEST (1-888-874-9378) or by accessing TriWest's Web site at www.triwest.com. You'll need the sponsor's Social Security number, located on the uniformed services ID card, to verify eligibility. If verifying online, you may wish to print the eligibility verification screen for your records.

Remember that beneficiary status is subject to change when a sponsor separates from active duty service or retires; when a child who is a full-time college student reaches the age of 23; or when the beneficiary becomes eligible for Medicare. Therefore, it is important to verify patient eligibility before each office visit.

For more information on verifying patient eligibility, please refer to the TRICARE Provider Handbook available at www.triwest.com. ■



Prime Access Standards

continued from page 1

When a TRICARE Prime beneficiary arrives at your office, he or she should be seen by the provider within 30 minutes or less in a nonemergency situation. If your anticipated appointment schedule is interrupted because you are providing emergency care to another patient, your staff should notify waiting and arriving patients of the cause and length of the anticipated delay. They should offer patients the choice to either reschedule, or wait and keep their original appointment.

Drive Time Standards

The TRICARE Network has a sufficient number of PCMs accepting new patients in Prime Service Areas. Because of this, TRICARE Prime beneficiaries can drive from their homes to their PCM—at either a military treatment facility or in the TRICARE Network—in less than 30 minutes under normal circumstances.

For specialty care appointments, the beneficiary's travel time to a TRICARE Network provider should be less than one hour.

If you are a primary care manager and you are accepting new patients, remember that TRICARE Prime beneficiaries are entitled to a drive time of less than 30 minutes under normal circumstances from their homes to your office. If you need to refer your patient for specialty care services, the beneficiary's drive time should be less than one hour.

For TRICARE Prime beneficiaries residing outside of Prime Service Areas, the geographic areas where TRICARE Prime is offered, the beneficiaries have waived their drive time standards and are required to use TRICARE Network PCMs and specialists regardless of drive time.

Verifying the Standard

As a TRICARE Network provider, meeting these standards is essential. If you have any change in demographics, panel status or your ability to meet appointment standards, you must notify TriWest Healthcare Alliance Corp. within 30 days of the change.

When you adhere to TRICARE's access standards, you're helping to ensure beneficiaries have quick and easy access to the world's best health care. ■

When is a Waiver of Non-Covered Services Required?

A TRICARE network provider can utilize the Waiver of Non-Covered Services when the beneficiary is properly informed, **in advance**, that TRICARE does not cover a particular service and the beneficiary agrees in writing to be financially responsible for that specific service.

A waiver of non-covered services **must be in writing** and include the following information:

- Indication that the beneficiary is enrolled in TRICARE Prime (similar to an HMO) or using TRICARE Extra (similar to a PPO) coverage
- Reference to the specific non-covered service or procedure that is not covered (If an appropriate CPT code exists that covers several procedures rendered, the provider must use the all-inclusive procedure code and not bill for each procedure separately.)
- Notice that the service or procedure is not covered

- A written agreement that the beneficiary is to be financially responsible for non-covered services prior to the date of service
- The beneficiary's signature
- The date signed

This waiver **may not be used** for TRICARE services that are not payable for other than benefit reasons (e.g., ClaimCheck® edits, administrative expenses, and the difference between the allowed amount and paid amount).

Providers **must** maintain copies of the waiver in their office and fully inform beneficiaries in advance when specific services or procedures are not covered. See the "Medical Coverage" section in the *TRICARE Provider Handbook* for a summary of TRICARE-covered and non-covered services and benefits. A general statement of financial liability does not satisfy this requirement.

Note: Active duty service members cannot waive or be billed for any non-covered service. ■

Only Eligible Providers Can Qualify for Bonus Payments

Only TRICARE Network and non-network physicians—M.D.s and D.O.s—podiatrists, oral surgeons and optometrists who qualify for Medicare Bonus Payments in Health Professional Shortage Areas (HPSA), are eligible for a 10 percent bonus payment for claims submitted to TRICARE.

The only behavioral health providers eligible for HPSA bonus payments are M.D.s and D.O.s. Non-physician providers—Ph.D.s, social workers, counselors, psychiatric nurse practitioners and marriage therapists—are not eligible.

Additionally, TRICARE Network and non-network primary care physicians—general practitioners, family physicians, internists and OB/GYNs—who qualify for Medicare Bonus Payments in Physician Scarcity Areas may also be eligible for a 5 percent bonus payment for claims submitted on or after Jan. 1, 2005. The 5 percent bonus payment does not apply to podiatrists, oral surgeons and optometrists.

Providers can determine if they are in an HPSA by accessing the U.S. Department of Health and Human Services, Bureau of Health Professions' HPSA search tool at <http://hpsafind.hrsa.gov>. There is also bonus payment information, including HPSA and Physician Scarcity Area designations, on the Centers for Medicare and Medicaid Services Web site at www.cms.hhs.gov/HPSAPSAPhysicianBonuses. ■

OPPS Implementation Date Change

TRICARE Management Activity (TMA) has postponed the June 1 implementation of the TRICARE Outpatient Prospective Payment System (OPPS). TMA anticipates OPPS implementation during the fall of 2007; however, no date has been confirmed at this time. ■



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CONTACTS

TriWest Customer Service
1-888-TRIWEST
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

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Healthy People 2010

Are you utilizing Healthy People 2010, the federal government's initiative to help Americans live healthier, longer lives, to motivate your patients to become better educated about their health?

Through this program, the Office of Disease Prevention and Health Promotion, the U.S. Department of Health and Human Services and other federal, state and professional organizations plan to improve the health of all Americans by 2010.

What are the goals?

1. To increase the quality and length of the lives of all Americans
2. To eliminate health disparities among all people despite demographics

What are the ten Leading Health Indicators?

1. Physical activity
2. Overweight and obesity
3. Tobacco use
4. Substance abuse
5. Responsible sexual behavior
6. Behavioral health
7. Injury and violence
8. Environmental quality
9. Immunization
10. Access to health care

How can you help?

- Use national health observances like: "the Great American Smokeout," "Healthy Weight Week" or "National Mental Health Awareness Month" as teaching opportunities.

- Discuss ways to decrease the risk of developing lung disease, diabetes and hypertension or the warning signs of depression and anxiety with your patients.
- Encourage them to begin with small steps that can lead to big gains such as using the stairs rather than elevators, eating smaller portions and choosing foods that are lower in saturated fat. Doing so may help to lower blood pressure and cholesterol and ultimately your patients' risk of developing heart disease and some types of cancer, which are two of the leading causes of death in America.

For more information about Healthy People 2010, please visit www.healthypeople.gov. ■