New Member Choice Center Saves Your Patients Time and Money

TRICARE 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 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

It 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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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.
When 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. You can obtain the form from the “Forms Library” on the Provider portal of the Health Net Web site at www.healthnetfederalservices.com.

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.
Urgent Care Referrals: What You Need to Know

When TRICARE Prime beneficiaries need urgent care, whether enrolled to a military treatment facility (MTF) or a civilian primary care manager (PCM), they must first contact their PCM. If you as the PCM cannot provide the required care, you must submit a referral to Health Net to arrange for civilian urgent care services.

TRICARE defines urgent care as medically necessary treatment required for an illness or injury that would not result in further disability or death if not treated immediately (such as a sprain, sore throat or rising temperature). The condition does require professional attention, however, and should be treated within 24 hours to avoid the development of complications.

Urgent Referral Requests—Just a Phone Call Away

If you have an urgent referral request, do not submit your request online or by fax. Instead, call Health Net at 1-877-TRICARE (1-877-874-2273) and select the “authorizations and referrals” option. Urgent referral requests are defined as those that must be expedited because the services are needed within 24 hours.

If civilian urgent care is not coordinated and a Health Net referral is not issued to the urgent care provider, the provider’s claim will be processed under the point of service (POS) option. The POS option has a deductible and cost-shares resulting in higher out-of-pocket costs for the beneficiary.

Active duty service members not currently assigned to an MTF or civilian PCM should contact Health Net directly at 1-877-TRICARE (1-877-874-2273) to obtain a referral for civilian urgent care services.

Beneficiaries enrolled in TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members without an assigned PCM do not require a referral for urgent care services from a network provider. However, non-network provider services require a referral from Health Net.