

**USFHP Provider Network**



**Quick Reference Guide  
Uniformed Services Family Health Plan  
(USFHP)  
Effective Date: 01/01/2018**



1. TYPE:	Plan Type	Code	Full-Risk Product for Uniformed Services Beneficiaries
2. MEMBER STATUS:	1	ADF-RX ONLY	All active duty family members regardless of rank
	1	ADFB-RX ONLY	All active duty family members regardless of rank with service date after 1/1/2018
	2	NAD-ALL	Retiree or Retiree family member w/out Medicare B.2012 NDAA Grandfathered
	1	NAD-RX ONLY	Retiree or Retiree family member with Medicare B.2012 NDAA Grandfathered
	2	T3-ALL	Retiree or Retiree family member w/out Medicare B. Not 2012 NDAA Grandfathered
	2	T3B-ALL	Retiree or Retiree family member w/out Medicare B. Not 2012 NDAA Grandfathered. Service date after 1/1/2018
	1	T3-RX ONLY	Retiree or Retiree family member with Medicare B. Not 2012 NDAA Grandfathered
	1	T3B-RX ONLY	Retiree or Retiree family member with Medicare B. Not 2012 NDAA Grandfathered. Service date after 1/1/2018
	2	NAD-ALL-TYA	TRICARE Young Adult. Eligible until age 26.Sponsor NDAA grandfathered
	2	T3-ALL TYA	TRICARE Young Adult. Eligible until age 26. With sponsor not 2012 NDAA grandfathered
	2	T3B-ALL TYA	TRICARE Young Adult. Eligible until age 26. With sponsor initial service date after 1/1/2018
	1	ADFRXONLY-TYA	TRICARE Young Adult with Active duty sponsor. Eligible until age 26
	1	ADFBRXONLY-TYA	TRICARE Young Adult with Active duty sponsor with initial service date after 1/1/2018. Eligible until age 26
	CCNCP		Cat Cap reached. No copays or cost shares for the rest of the year

3. PROVIDER VISITS:		
Service Type	ADF & Retiree with Medicare B Plan 1	Retiree w/out Medicare B (Plan 2)
• PCP Visits	\$0	\$20
• Specialist Visits	\$0	\$30
• Routine Annual Physical Exam (1 every 330 days)	\$0	\$0
• Urgent Care Center	\$0	\$30
• Prenatal/Postnatal Visits	\$0	\$0
• Well Child Visit (up to 6 years in age)	\$0	\$0
• Physical, Occupational & Speech Therapies (PT,OT,ST)	\$0	\$30
• Nurse Visits (except for injections, see below)	\$0	\$0
• Chemo Therapy/Radiation Therapy	\$0	\$30
• Allergy Tests/Treatments/Injections	\$0	\$30
• Laboratory	\$0	\$0
• Diagnostic Imaging/Studies	\$0	\$0
• Injections (including RN)	\$0	\$30
• Routine Immunizations/Pneumococcal Vaccination	\$0	\$0
• Immunizations Required for Overseas Travel	\$0	Not covered
• Routine Refraction (1 every 330 days) (Non-refraction or medical condition, see Specialist Visit above. Additional Routine Refraction visits are not covered)	\$0	\$0

**If patient has commercial insurance (XX), follow USFHP referral requirements.**

<b>5. DURABLE MEDICAL EQUIPMENT:</b>	<b>Coinsurance:</b> ADF & Retiree with Medicare B = \$0 Retiree w/out Medicare B = 20% of contracted allowable
<ul style="list-style-type: none"> <li>Must obtain pre-authorization. Call <b>USFHP</b> Utilization Management Department at (206) 326-2453, option 1 and fax referral request to the UM dept.at (206) 326-4026. <b>This option is only for clinic staff and providers only. Members will have to seek the referral request through the PCP office.</b></li> <li>Must meet TRICARE criteria for medical necessity.</li> </ul>	
<b>6. HOME HEALTH:</b>	<b>Copay:</b> ADF & Retiree with Medicare B = \$0 Retiree w/out Medicare B = \$0
<ul style="list-style-type: none"> <li>+ Fax orders to Home Health agency and instruct them to fax paperwork to Utilization Management (206) 621-4026 when they open the case.</li> <li>+ Must be medically necessary and meet criteria.</li> </ul>	
<b>7. MEDICAL SUPPLIES &amp; PROSTHETICS:</b>	<b>Coinsurance:</b> ADF & Retiree with Medicare B = \$0 Retiree w/out Medicare B = 20% of contracted allowable

**USFHP Provider Network**

- Must obtain pre-authorization. Call **USFHP** Utilization Management Department at (206) 326-2453, option 1 and fax referral request to the UM dept. at (206) 326-4026. **This option is only for providers not members.**  
**Note: Members must contact their PCP to request a referral.**
- TRICARE criteria is minimum.

<b>8. HOSPITALIZATION:</b>	<b>Copay:</b> ADF & Retiree with Medicare B = \$0 Retiree w/out Medicare B = \$150/admission
----------------------------	--

- Urgent/Emergent Hospitalizations: **Notification to Member Services within 48 hours. MS will notify UM via CSR.**
- Elective surgery: Must obtain pre-authorization. Call PCP's office to request a referral for review by UM and fax to UM.

<b>9. OUTPATIENT SURGERIES:</b>	<b>Copay: ADF &amp; Retiree with Medicare B = \$0</b> <b>Retiree w/out Medicare B = \$60</b>
---------------------------------	---

- Managed the same as hospitalizations.

<b>10. SKILLED NURSING FACILITY:</b>	<b>Copay:</b> ADF & Retiree with Medicare B = \$0 Retiree w/out Medicare B = \$30/Day
--------------------------------------	---

- TRICARE guidelines are used as criteria. Patient must have a skilled need.
- Call PacMed Utilization Management department at (206) 326-2453, option 2 to receive assistance with placement, or page a Case Manager by calling (206) 998-8013, option 2.

<b>11. HOSPICE: Must meet Medicare criteria</b>
---

- Fax orders to Hospice agency. Instruct them to fax paperwork to Utilization Management (206) 621-4026 when they open the case.

<b>12. PHARMACY:</b>	<b>All Enrollees:</b>	<b>Copay</b>	<b>Prescription Volume</b>
	Generic Drug (Mail order)	\$0	Up to 90 day supply
	Generic Drug (In-Person)	\$10	Up to 30 day supply
	Brand Name Drug (Mail order)	\$20	Up to 90 day supply
	Brand Name Drug (In-Person)	\$24	Up to 30 day supply
	Non-Formulary Drug (Mail order)	\$49	Up to 90 day supply
	Non-Formulary Drug (In-Person)	\$50	Up to 30 day supply

- + OTC medications used in **Step Therapy** are covered
  - + Nicotine replacement therapy is **not** covered
  - + Retin A for cosmetic purposes is **not** covered
  - + One (1) copay per inhaler or vial
- Network/Clinic Pharmacies: Maxor Mail Order (30 days + fills), **Safeway pharmacy**; **Rite Aid**; **Bartell's, etc.** (acute fills)

<b>Service Type: Behavioral Health &amp; Substance Abuse Disorder (SUD)</b>	<b>ADF &amp; Retiree with Medicare B</b>	<b>Retiree w/out Medicare Part B</b>
Outpatient behavioral health (Individual visits & Group)	\$0	\$30/visit
Inpatient Mental Health	\$0	25% per diem
Inpatient SUD (Residential Treatment Center/Substance Use Rehab Facility)	\$0	\$30/day
Outpatient SUD	\$0	\$30/day
Partial Day SUD	\$0	\$30/day
Detox	\$0	\$150/admission

Patients may self-refer within the network for in-office behavioral health with no limits. They **must use** a TRICARE approved provider.

<b>14. REFERRALS OUTSIDE PCP Office:</b>	<b>Follow Service Type Copays</b>
--	-----------------------------------

Please fax referral requests to the UM dept at (206) 621-4026. **All specialty referral requests require preauthorization.**

**AUTHORIZATION PROCESS**

- **Routine Referrals: Medical Director reviews prior to authorization if referred to a non-par provider.**
- **Urgent Referrals:** (Care needed same day or within 1-2 days: **Require Medical Director approval if referred to a non-par provider.**
- **Emergent Referrals:** Patient is directed to the appropriate place for care and the MCD/UM section is notified via online referral request, telephonic message to (206) 326-2453, option 1.

<b>15. EMERGENCY ROOM CARE:</b>	<b>Copay ADF &amp; Retiree with Medicare B = \$0</b> <b>Retiree w/out Medicare B = \$60</b>
---------------------------------	--

- Emergency visits do not require a referral
- Copay is waived if admitted.

<b>16. ANCILLARY SERVICES:</b>	<b>Covered as indicated below:</b>
--------------------------------	------------------------------------

- **Routine Lab and X-ray:** covered in full when in conjunction with an office visit
- **Eyeglasses:** 1 pair covered only after cataract surgery as a Medical Supply; otherwise, not covered.

<b>17. CATASTROPHIC CAP:</b>	<b>ADF = \$1,000; NAD's = \$3,000 annually/family Group A/\$3,500/family Group B</b>
------------------------------	--

**USFHP Provider Network**

All copays and coinsurance apply to the cap. When reached, the family is exempt from further copays or coinsurance for that enrollment year.