

READY TO SERVE

Volume III
April, 2015

A Newsletter for USFHP Network Providers

MED\$MART

HELP YOUR USFHP PATIENTS SAVE ON RX COPAYS

On February 1, 2015, the Department of Defense increased prescription copays by \$3. Here are three ways to help your patients reduce their pharmacy copay costs.

SAVE WITH MAIL ORDER

Use Maxor Mail Order for chronic medications.

- ⊕ Patients can save up to \$380 per prescription each year.
- ⊕ Copays for mail-order prescriptions are less than copays for pick-up at local pharmacies in our retail network.
- ⊕ Patients pay just one copay but receive up to a 90-day supply through mail order. At our network retail pharmacies, they get only a 30-day supply for one copay.

Fax: 1 (866) 589-7656

ePrescribe: MAXOR USFHP/DOD
MAIL ORDER MILITARY
Amarillo, TX

SAVE WITH GENERICS

When possible, prescribe generic medications.

- ⊕ Patients can save up to \$564 per prescription each year.
- ⊕ Generic medications have a lower copay at retail pharmacies—and they're FREE if filled by mail order.
- ⊕ Generic medications typically don't require prior authorization or other time-consuming paperwork for providers.

SAVE WITH FORMULARY

When generics aren't available, choose the most cost-effective medications.

- ⊕ Patients can save up to \$500 per prescription each year with formulary brand drugs (versus 3rd tier medications). Formulary lookup: http://pec.ha.osd.mil/formulary_search.php?submenu_header=1
- ⊕ For chronic conditions that don't have generic medications available (see below), know which medications have lower copays:

**Mail-Order
Is Your
Best Option**

	Mail-Order Copay (max. 90-day supply)	USFHP Network Pharmacy Copay (max. 30-day supply)	Mail-Order Delivers Big Annual Savings!
Generic Drugs	FREE (\$0 per year)	\$8 (\$96 per year)	Save \$96 per Rx
Brand Name Drugs	\$16 (\$64 per year)	\$20 (\$240 per year)	Save \$176 per Rx
Non-Formulary Drugs	\$46 (\$184 per year)	\$47 (\$564 per year)	Save \$380 per Rx

Asthma

ProAir (albuterol), Flovent (inhaled corticosteroids) and Advair (inhaled corticosteroid/long-acting beta-agonist)

Diabetes test strips

Freestyle Lite (*not* regular Freestyle)

Erectile dysfunction

Viagra

Topical testosterone replacement

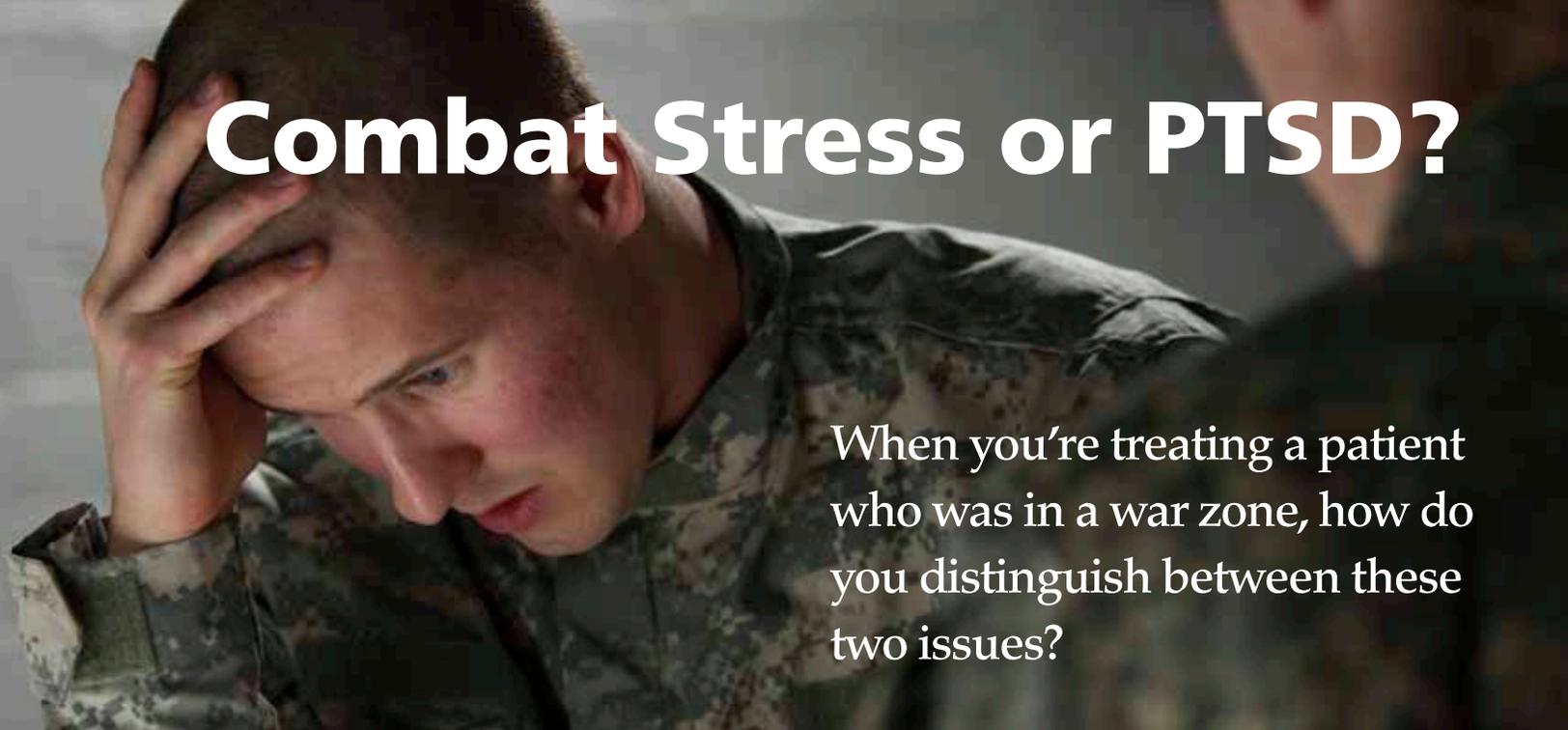
Fortesta gel

In this Issue

Combat Stress or PTSD?
Ask Me 3 Initiative
Claims Processing

My Medicine List
Compounded Drug Coverage
Beneficiary Surveys





Combat Stress or PTSD?

When you're treating a patient who was in a war zone, how do you distinguish between these two issues?

Combat stress and posttraumatic stress disorder (PTSD) are quite different, although both grow out of the stress of being in a combat zone. One's an expected, predictable—even adaptive—reaction; the other is much more serious and potentially debilitating.

Many USFHP patients have experienced extreme physiological and psychological pressure. Living in a war theater often involves a poor diet, extremes in weather conditions, unfamiliar terrain or cityscapes, poor personal hygiene and so forth. Our patients also may have been stressed by snipers, explosives or the death of a comrade. All told, the cumulative experience will take a toll on a person.

Combat stress is an expected, normal reaction to the strain of doing heavy mental and emotion work under dangerous conditions. Cmdr. Carrie Kennedy, a neuropsychologist and aerospace experimental psychologist, writes:

“Keep in mind that combat stress isn't considered a medical problem or something that requires treatment. For many war veterans, combat stress wears off after being back in the states for a few weeks to months. However, if service members don't do certain things, combat stress can persist or morph into something else, like PTSD, depression or alcohol abuse. Knowing what to expect may prevent that from happening.”*

PTSD is a psychological disorder that impairs the patient's ability to function. It follows a traumatic event in which death, serious injury or other violence occurred or was a real possibility. PTSD requires professional treatment. Great strides have been made in evidence-based treatments for PTSD such as cognitive processing therapy, exposure therapy and eye movement desensitization and reprocessing (or EMDR).

The two ailments have some overlapping physiological and psychological symptoms (see table on facing page). Three distinct traits can help confirm a PTSD diagnosis.

Cmdr. Kennedy, writing for the Warrior Care Blog, goes on to say that veterans suffering from combat stress often benefit from regular contact with other veterans. Sharing stories and feelings with others who have had similar experiences help vets process their experiences and adjust to civilian life. Members of the same unit are the best fit, although talking with vets of the same war can also be productive.

USFHP members have low copays and coverage for certain behavioral health services. You or your patients can learn more about our Behavioral Health department by calling the USFHP Member Services team: 1 (800) 585-5883.

*Source: <http://warriorcare.dodlive.mil/2015/02/18/>

Combat Stress	PTSD
Expected, predictable reaction to constant stress; usually resolves with time	Serious reaction following a traumatic event involving actual or possible death or serious injury
<p>Common symptoms:</p> <ul style="list-style-type: none"> • Hyperstartle or jumpiness • Hypervigilance • Nightmares • Irritability • Sleep issues 	<p>3 distinct, diagnostic symptoms:</p> <ul style="list-style-type: none"> • Reliving trauma—flashbacks, nightmares, intrusive images • Avoidance—not wanting to think about the event; amnesia; avoiding conversations/people • Hypervigilance—including irritability and jumpiness <p><i>Also:</i> sleep, concentration and anger issues</p>

“ASK ME 3” INITIATIVE AIMS TO IMPROVE OUTCOMES



US Family Health Plan is participating in the Ask Me 3 initiative as part of a larger effort to improve patient safety and health outcomes. The Ask Me 3 patient education program, designed by the National Patient Safety Foundation, pivots on three questions that our patients are encouraged to ask their providers at every appointment:

- 1 What is my main problem?**
- 2 What do I need to do?**
- 3 Why is it important for me to do this?**

Research shows that ensuring clear comprehension of health instructions means patients are less likely to err when preparing for a procedure or taking a medication. They may also manage chronic conditions more successfully.

The Department of Defense Military Health System is participating in a larger, umbrella initiative, the “Partnership for Patients: Better Care, Lower Costs.” It joins other health care and business leaders in an effort to improve the quality, safety and affordability of care for all Americans. Two goals of the Partnership for Patients are to keep patients from getting injured or sicker and to help patients heal without complication. Specific targets are to decrease preventable

hospital-acquired conditions by 40 percent (compared to 2010) and to reduce readmissions by 20 percent. These reductions translate to 1.8 million fewer injuries to patients, 1.6 million not suffering from avoidable complications and more than 60,000 lives saved.

Ask Me 3 supports this larger goal. By empowering patients to ask critical questions, US Family Health Plan providers play a critical role in improving communication, encouraging patients to actively participate with their health care team and improving overall health outcomes.

Learn more at the National Patient Safety Foundation: www.npsf.org/askme3

CLAIMS CORNER

4 Tips to Getting Claims Paid on First Submission

When you submit a claim, our claims vendor now scans and sends USFHP a digitized version. Here are the top issues we are seeing—and which may be causing your claims to be rejected or delayed!

- 1 Make sure the claim forms in your printer are properly aligned.**
This is the #1 issue causing claims to be returned! Please run a test batch to ensure that your billing software is aligning with the form. If characters are cut off or fall outside the form's fields, they will not be scanned correctly. This means the computers cannot read or validate coding—and the claim will be rejected.
- 2 Enter the correct "Insured's ID Number."**
Remember that the patient is always the insured! Use either their US Family Health Plan ID or Social Security number. With newborns, use the mother's identification.
- 3 Update billing software to the new 2012 alpha diagnosis format.**
The old format does not work with today's CMS Form 1500 (formerly HCFA 1500). The biggest change is that diagnosis codes for field 21 are now identified by letters A–L rather than numbers 1–4. To resolve, update your billing software.
- 4 Be accurate with facility Bill Types—especially the second and third digits.**
These two digits drive the payment process, and accuracy is crucial. With the *second digit*, be sure to bill appropriately for the type of service provided (such as 2-inpatient or 3-outpatient).

Are you submitting a corrected claim? Consider the *third digit*! Putting a 7 in the third digit will direct your corrected claim to our fast-track processing. (A 1 in the third digit sends the bill to our regular track.)



MY MEDICINE LIST— A LIST THAT COULD SAVE A LIFE

Source: Washington Patient Safety Coalition, www.wapatientssafety.org

Do you know all the medicines that your patients take? According to the Slone Epidemiology Center of Boston University, 82 percent of American adults take at least one medicine daily and 29 percent take five or more medicines daily. Many people do not know the names of all the medicines they take and may not consider over-the-counter medicines, herbals, supplements and vitamins to be medicines.

Medication errors are costly and harmful. The Institute of Medicine (IOM) of the National Academies of Health reports that 4,100 people are harmed every day by medication errors. This means increased hospital costs, as well as lost wages and productivity for patients. The IOM recommended actions for all players—patients, health care organizations, government and pharmaceutical—is to increase communication and improve interactions between health care professionals and patients.

The patient is the missing link. If your patient visits multiple providers or clinics, it's possible the medical record is fragmented and you do not have a complete history of all the information about the medicines prescribed to that individual. This missing link of care coordination must be fulfilled by the individual patient (or his or her advocate). This is a critical link that ensures a safer health care experience.

In our community, the Washington Patient Safety Coalition (WPSC) is taking steps to make sure that the public is aware of their active patient role by providing a very important resource. The goal of the WPSC "My Medicine List" initiative is for every person to maintain a current list of every medication he or she is using and to share it with health care providers at each encounter. This is a practical and cost-effective way to reduce medical errors and improve patient safety. Patients may make their own medicine list at www.mymedicinelist.org. This website also has tool kits for health care providers, health plans and employers to use in influencing everyone to carry a medicine list.

Encourage your patients to make a list. Until health information technology covers this need without fail, it is important that providers encourage and help patients develop a medicine list and take it to every medical encounter. It is a vital tool to support safe, effective and patient-centered care.

TRICARE® Revised Compounded Drug Coverage

The new rules, effective May 1, 2015, will require that each ingredient in a compounded medication:

- Is covered by TRICARE.
- Doesn't exceed the cost standard.
- Is deemed safe and effective by the FDA.

Also, the compound must be filled by a USFHP network pharmacy.

Many previously covered compounded drugs will no longer be covered.

Examples include hormone creams, pain creams and any compound that contains an active or inactive ingredient that's not covered by TRICARE (including bulk compounding powders and inactive bulk powders or cream bases).

Some new compounded drugs could be covered.

For example, if you have a patient who cannot swallow tablets, a covered drug that comes in tablet but not liquid form could be covered if the pharmacist takes the covered tablet and compounds it into a liquid form. (This is, however, quite rare as most medications now either come in liquid form or can be crushed or chewed.) Coverage would not be granted if a liquid or chewable form is already covered by TRICARE as a non-compound.

Finding solutions for non-covered compounds.

If a compounded drug—or any ingredient in it—doesn't meet the coverage requirements, you may wish to prescribe an alternate TRICARE-covered medication instead. Or you may be able to remove or substitute the non-covered ingredient with a TRICARE-covered ingredient.

Finally, you may fill out a prior authorization form. If approval for coverage is not given, the patient will need to pay out of pocket or appeal the decision to USFHP within 90 days.



US FAMILY HEALTH PLAN:

A health plan sponsored by the Department of Defense (DoD) that offers the TRICARE Prime® benefit to uniformed services beneficiaries in the Puget Sound region. The plan is administered by Pacific Medical Centers, which has performed this role for over 30 years.

MISSION:

To provide quality health care for active duty family members, and retirees and their family members; to have extremely satisfied members; to demonstrate quality, value and operational effectiveness; and to be an integral and respected health care partner in the DoD's Military Health System.



BENEFICIARY SURVEYS MAILED OUT IN MARCH

Starting in March, US Family Health Plan began mailing a confidential survey to our beneficiaries. The intent of the survey is to gauge member satisfaction with USFHP and gain their valuable input on issues such as access, timeliness and quality of care. This information will be used by USFHP to consider

improvements to our health plan. This survey is sent twice a year to a random sample of beneficiaries with questions about their health-care experiences with facilities, providers and the health plan itself.

MEMBER SERVICES:

We are here to answer your questions, and we welcome your suggestions or feedback.

1 (800) 585-5883

Paul A. Perez
Provider Relations Liaison
paulp@pacmed.org

Terri Cano-Rodriguez
Health Plan Operations Assistant
terrirc@pacmed.org

