READY TO SERVE

A Newsletter for USFHP Network Providers

Volume 4
January, 2017

NEW RULES FOR MENTAL HEALTH AND SUBSTANCE ABUSE

The Department of Defense has taken action to remove administrative barriers and improve access to mental health and substance use disorder treatment. All such services, "regardless of the length or quality, are covered as long as the care is considered medically or psychologically necessary and appropriate."

ELIMINATED LIMITATIONS

As of October 3, 2016, these quantitative treatment benefit limitations are eliminated:

- 60-day limit on partial hospitalization for Substance Use Disorder (SUD)
- 21-day limit on SUD residential facility treatment and preauthorization for these services
- Annual and lifetime limitations on SUD treatment
- Presumptive limitations on outpatient services including the six-hours-per-year limit on psychological testing
- The limit of two sessions per week for outpatient therapy
- Limits on family therapy, and outpatient therapy provided in SUD rehab facilities
- Limit of two smoking cessation quit attempts in a consecutive 12-month period and 18 face to-face counseling sessions per attempt

CHANGES IN BEHAVIORAL HEALTH COPAYMENTS

Copayments for outpatient and inpatient behavioral health now mirror the office visits and hospitalization copayments for any other illness.

Copayments for retiree and their dependents will convert as follows:

- Outpatient mental health visits (individual and group) will change to the office visit copayment of $12/visit.
- Partial hospitalization for mental health and substance use treatment will change to $12/day.
- Inpatient hospitalization for mental health and substance use treatment will change to the hospital copayment of $11/day (minimum $25 per admission).

Active duty family members have no copayment for these services.

Please note: Members must obtain a referral for additional outpatient visits beyond the initial eight within a fiscal year.

In this Issue

End of Compliance Grace Period
Self-referrals for Eye Exams and Mammograms
Quality Report and Member Surveys

COMPLIANCE

End of Unspecified ICD-10 Grace Period

October 1, 2016, marked the end of a one-year grace period that allowed unspecified ICD-10-CM codes on physician claims. The grace period was created to help ease the transition from ICD-9 to ICD-10. While there are a few instances where unspecified ICD-10-CM codes may be appropriate, widespread use of numerous unspecified codes should be the exception, not the rule. Practices submitting unspecified codes after October 1 may potentially experience an increase in claim rejections. This may also result in increased payer requests for medical records and clinical documentation.

The ICD-10 code set, which debuted October 1, 2015, allows clinicians to more precisely describe diseases and conditions than they could before. With ICD-9, a hand surgeon could specify, for example, which of the eight wrist bones was broken and whether it was a closed or open fracture. That was it. ICD-10 codes go further, distinguishing between right and left wrists, a displaced or nondisplaced fracture, and routine or delayed healing.

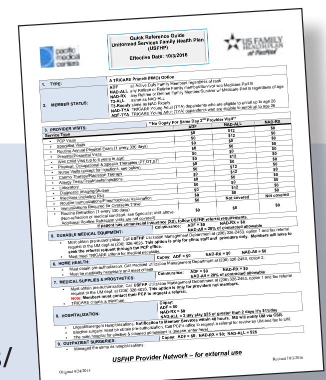
While you should report specific diagnosis codes when supported by clinical knowledge of the patient's health condition and available medical record documentation, in some instances, signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. Remember that each encounter should be coded to the level of certainty known for the patient's condition.

Self-Referrals for Annual Eye Exams and Mammograms

Effective immediately, US Family Health Plan members may now self-refer to participating TRICARE providers for annual mammograms and routine annual eye exams. If a medical issue is identified during the course of the exam, the provider must obtain authorization for any additional treatments or tests. As a managed care organization, USFHP directs all referral authorizations to in-network providers.

Did you receive a new USFHP Quick Reference Guide?

An updated guide that reflects these changes was mailed in September. If you did not receive an updated guide and would like one, it can be downloaded at www.usfhpnw.org/index.cfm/provider-resources/



Quick Reference Guide
Uniformed Services Family Health Plan (USFHP)
Effective Date: 10/3/2016

1. TYPE: A TRICARE Prime® (HMO) Option

2. MEMBER STATUS:
- ADF — all Active Duty Family Members regardless of rank
- NAD-ALL — any Retiree or Retiree Family member/Survivor w/o Medicare Part B
- NAD-RX — any Retiree or Retiree Family Member/Survivor w/ Medicare Part B regardless of age
- T3-ALL — same as NAD-ALL
- T3-Rxonly — same as NAD Rxonly
- NAD-TYA — TRICARE Young Adult (TYA) dependents who are eligible to enroll up to age 26
- ADF-TYA — TRICARE Young Adult (TYA) dependents who are eligible to enroll up to age 26

3. PROVIDER VISITS: **No Copay For Same Day 2nd Provider Visit**

Service Type	ADF	NAD-ALL	NAD-RX
PCP Visits	$0	$12	$0
Specialist Visits	$0	$12	$0
Routine Annual Physical Exam (1 every 330 days)	$0	$0	$0
Prenatal/Postnatal Visits	$0	$0	$0
Well Child Visit (up to 6 years in age)	$0	$0	$0
Physical, Occupational & Speech Therapies (PT,OT,ST)	$0	$12	$0
Nurse Visits (except for injections, see below)	$0	$0	$0
Chemo Therapy/Radiation Therapy	$0	$12	$0
Allergy Tests/Treatments/Injections	$0	$12	$0
Laboratory	$0	$0	$0
Diagnostic Imaging/Studies	$0	$0	$0
Injections (including RN)	$0	$12	$0
Routine Immunizations/Pneumococcal Vaccination	$0	$0	$0
Immunizations Required for Overseas Travel	$0	Not covered	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	$0

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

5. DURABLE MEDICAL EQUIPMENT: Coinsurance: ADF = $0 NAD-RX = $0 NAD-All = 20% of contracted allowable
- 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 clinic staff and providers only. Members will have to seek the referral request through the PCP office.**
- Must meet TRICARE criteria for medical necessity.

6. HOME HEALTH: Copay: ADF = $0 NAD-RX = $0 NAD-All = $0
- Must obtain pre-authorization. Call PacMed Utilization Management Department at (206) 326-2453, option 2.
- Must be medically necessary and meet criteria.

7. MEDICAL SUPPLIES & PROSTHETICS: Coinsurance: ADF = $0 NAD-RX = $0 NAD-All = 20% of contracted allowable
- 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.

8. HOSPITALIZATION: Copay: ADF = $0 NAD-RX = $0 NAD-ALL = 2 day stay $25 or greater than 2 days it's $11/day
- Urgent/Emergent Hospitalizations: **Notification to Member Services within 48 hours. MS will notify UM via CSR.**
- Elective surgery: Must be obtain pre-authorization. Call PCP's office to request a referral for review by UM and fax to UM.
- The main hospital for elective & planned admissions is (*please enter here*)

9. OUTPATIENT SURGERIES: Copay: ADF = $0; NAD-RX = $0; NAD-ALL = $25
- Managed the same as hospitalizations.

USFHP Provider Network – for external use

Original 9/24/2015 Revised 10/3/2016

Introducing Elizabeth Maltos

Provider Network and Relations Representative

Please welcome Elizabeth Maltos as our Provider Network and Relations Representative for US Family Health Plan. Many of you may have already met Elizabeth, who has been with us since mid-June.

Elizabeth comes to us with over 20 years' health-plan experience with Washington State. Most recently, she managed contracts, provider outreach, delegated with Labor and Industries (LNI). Prior to LNI, she was with UWMC as a provider relations specialist and enrollment specialist. She was with the Health Care Authority Uniform Medical Plan (UMP) from its inception through its rollout to Regence.

She managed contracts, provider relations and credentialing.

Her primary role will be to ensure that you, our valued network providers, have all the resources, plan materials and latest news you need as you care for USFHP members. Please work with Elizabeth to resolve provider or claim issues or for additional information about USFHP.

You may contact Elizabeth at ElizabethMa@pacmed.org or 206.621.4531. We hope you enjoy working with Elizabeth as we serve our USFHP beneficiaries.

Clinical Quality and Patient Experience Report

US Family Health Plan at PacMed assesses the quality of care and patient experience of our members on an annual basis. Using the Healthcare Effectiveness Data and Information Set (HEDIS®), we gather information on a variety of measures such as those related to diabetic care, immunizations for adolescents and children, cancer screenings and medication therapy. We compare our scores to national benchmarks from the National Committee for Quality Assurance (NCQA), with a goal that our rates are at or above the 75th percentile. We track 35 measures every year, of which a selection is shown below. We provide opportunity and enrollment reports to assist you in identifying members for outreach, and we send reminders to members who are overdue for physical exams.

CY 2015 US Family Health Plan HEDIS Rates

HEDIS Measure	Rate	75th Percentile	90th Percentile
Adolescent Well Care Visits	40.7%	49.6%	60.5%
Well Child Visits 3 to 6 Years of Age	70.7%	80.8%	86.1%
Breast Cancer Screening	79.4%	74.8%	78.7%
Cervical Cancer Screening	73.4%	78.6%	81.9%
Colorectal Cancer Screening	76.6%	69.8%	75.0%
Chlamydia Screening in Women	41.8%	51.3%	61.1%
Diabetic Hemoglobin A1C Testing	95.4%	92.9%	94.9%
Diabetic Blood Pressure Control	70.7%	74.6%	79.6%
Diabetic Eye Exams	79.0%	66.8%	75.1%
Adolescent Immunization – Tdap/Td	86.0%	91.2%	94.3%
Adolescent Immunization – Meningococcal	59.6%	75.4%	87.1%

2016 Patient Experience Survey Results

We use the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to measure our members' experience of care and their satisfaction with their providers and US Family Health Plan. We survey 1,100 members and typically have a response rate of around 65%. Selected responses for composites and individual questions are below. Our member scores usually place us above the 90th percentile (NCQA national benchmark) for most questions and composites. We use this tool and other internal monitoring mechanisms to determine where to focus our improvement efforts.

2016 CAHPS Survey

Patient Experience Survey Composites and Questions	2016 Rates	Trending 2015	2016 QC* Percentile
Getting Needed Care	92.5%	94.1%	95th
Getting Care Quickly	91.7%	92.7%	96th
How Well Doctors Communicate	97.0%	96.5%	86th
Customer Service	90.9%	96.0%	76th
Shared Decision Making	81.4%	82.5%	49th
Health Promotion and Education	80.1%	82.9%	86th
Coordination of Care	91.6%	94.7%	98th
Rating Items (Summary Rate = 8 + 9 + 10)			
Rating of Health Care	89.0%	90.6%	98th
Rating of Personal Doctor	91.5%	91.3%	97th
Rating of Specialist	91.2%	91.5%	96th
Rating of Health Plan	90.0%	90.9%	98th

* Quality Compass, NCQA

2017 Quality Measure Update

The HEDIS measure "Annual Monitoring for Patients on Persistent Medications" prescribes annual monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), digoxin or diuretics. The digoxin monitoring must include at least one serum potassium, at least one serum creatinine **and at least one serum digoxin therapeutic monitoring test** in the measurement year. The addition of the digoxin monitoring test is a change from prior years, and the impact of this change is noted in our results for this measure, as highlighted in yellow below. Our rates before this change had been above the 75th percentile. Please be sure to add an annual digoxin monitoring test for your patients on digoxin.

CY 2015 US Family Health Plan HEDIS Rates

Annual Monitoring for People on Persistent Medications	Rate	75th Percentile	90th Percentile
ACE or ARB	89.4%	85.5%	87.5%
Digoxin	64.2%	91.5%	94.3%
Diuretics	90.0%	85.2%	87.2%

Patients with Drug-Seeking Behavior

US Family Health Plan will be identifying and notifying patients who may be inappropriately seeking controlled prescription medications. Read on to learn how we will work with you to determine and address drug-seeking behavior.

US Family Health Plan is now obligated by the Department of Defense to identify patients who are potentially engaged in drug-seeking behavior. To meet this contractual obligation, we will analyze our pharmacy database to identify any USFHP patients who have *received controlled-substance prescriptions from at least three prescribers over the most recent three months.*

We will inform primary care providers (PCPs) by letter of patients who meet this criteria. We will request the provider's help to make several determinations:

- Does the patient appear to be engaging in drug-seeking behavior?
- If not, were multiple providers involved for legitimate reasons (for example, multiple syndromes treated by multiple providers, or due to an event such as a surgery or accident that required multiple providers)?

Patient Agreements and Consequences

Patients who are determined to be involved in drug-seeking behavior will be under certain restrictions. These restrictions may include only getting their controlled substance from one doctor. Not adhering to the agreement puts the patient at risk of losing benefit coverage for the controlled substance and any associated medical visits to obtain a controlled substance. Continued engagement in drug seeking behavior may result in loss of insurance coverage altogether. US Family Health Plan will notify patients by letter of these steps and consequences.

Reminder

Although US Family Health Plan and UnitedHealthcare (UHC) are both TRICARE Prime providers and serve the same population — we're not the same organization! Please make sure that bills/claims/referrals or anything else intended for USFHP does not go to UHC (or vice versa). This will avoid complication and undue frustration for our beneficiaries, you and for us.

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 uniformed services family members, 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.

We are here to answer your questions, and we welcome your suggestions or feedback.
1 (800) 585-5883

Elizabeth Maltos
Supervisor Network Contracting & Provider Relations
Ellzabethma@pacmed.org

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

www.usfhpnw.org