

READY TO SERVE

Volume 2
Nov, 2014

A Newsletter for USFHP Network Providers

Influenza vaccines are covered by US Family Health Plan.

HEDIS RESULTS 2014

Over 90 percent of US health plans use the HEDIS tool to measure specifically defined dimensions of care and service. US Family Health Plan scores in the upper percentiles for the most common HEDIS measures, as our 2014 results show.

USFHP YEARLY MEASURES comparison

	2014 (using 2013 data)	HEDIS 75th% (from Advent)	HEDIS 90th% (from Advent)
EFFECTIVENESS OF CARE			
Colorectal Cancer Screening COL			
Admin spec	78.26%	69.80%	75.00%
Breast Cancer Screening BCS			
Total	82.55%	74.80%	78.70%
Cervical Cancer Screening CCS			
Admin spec	78.86%	78.60%	81.90%
Comprehensive Diabetes Care CDC			
HbA1c Tested	95.23%	92.88%	94.92%
HbA1c <7.0 selected population*	45.55%	47.81%	51.32%
HbA1c control <8.0	72.30%	67.40%	71.43%
HbA1c poor control >9.0 (lower is better)	18.69%	33.57%	39.33%
LDL Tested	90.99%	90.91%	92.98%
LDL<100	64.93%	66.91%	73.06%
Eye Exams	78.78%	66.83%	75.13%
Nephropathy Monitoring	91.59%	88.18%	90.79%
BP control <140/90 mm Hg	74.98%	74.62%	79.60%
BP control (<140/80 mm Hg)	63.81%	50.93%	58.39%
Cholesterol Mgmt for Patients with Cardiovascular Conditions CMC			
LDL-C screening performed	92.71%	90.9%	93.0%
LDL-C control (<100 mg/dl)	72.29%	66.9%	73.1%
Chlamydia Screening in Women CHL			
Total	34.78%	50.30%	61.10%

In this Issue

- Chlamydia Screening Quality Improvement Project
- Rescheduling of Two Narcotics
- Claims Processing
- Three Tips to Faster Service
- Waiving Patient Financial Responsibility Prohibited



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

Paul A. Perez

Provider Relations Liaison
paulp@pacmed.org

Terri Cano-Rodriguez

Health Plan Operations Assistant
terricr@pacmed.org

Help USFHP Improve Chlamydia Screening

Health plans can look to their HEDIS results to see where they need to focus improvement efforts. Specific HEDIS health issues measured include diabetes care, cervical cancer screening and colonoscopy screening. USFHP has been targeting another measure, Chlamydia screening, as a quality improvement project for several years. Our HEDIS score on this measure has been below the 75th percentile, with the exception of last year. The 75th percentile nationally is low at 50.3%. Our HEDIS rate for 2014 is 34.7%.

You can support our efforts by contacting women and educating them about the importance of Chlamydia screening. HEDIS criteria for this measure includes sexually active women, ages 16–24, who are screened annually. We appreciate your support in stepping up our patient care in this area.

RESCHEDULING OF TWO NARCOTICS

The FDA has reclassified tramadol and hydrocodone. Tramadol has moved into a controlled substance classification, and hydrocodone has become more restricted.

As of October 6, hydrocodone has moved from a Schedule III to Schedule II controlled substance. The Schedule II rating limits hydrocodone to single fills and requires a hard copy (paper) prescription for each fill—the same as with other CII narcotics such as oxycodone and morphine.

Tramadol and tramadol-containing medications were moved from non-controlled status to a Schedule IV controlled substance. This went into effect in August. As a controlled substance, tramadol is now limited to six total fills (maximum five refills) in a six-month period.

With hydrocodone being reclassified to CII, the knee-jerk reaction of many providers may be to move patients from hydrocodone to tramadol so that they can phone in prescriptions or give prescription refills. However, keep in mind that tramadol is serotonergic and has many interactions with various medications, including antidepressants. Also, tramadol is not a true opioid receptor agonist, so overdoses or narcotic-induced seizures are more difficult to reverse with tramadol than with other opioids that are considered “true” opioid receptor agonists. Acetaminophen + codeine tablets (Tylenol #3, etc.) remain in Schedule III and may be another option for your patients.

CLAIMS PROCESSING

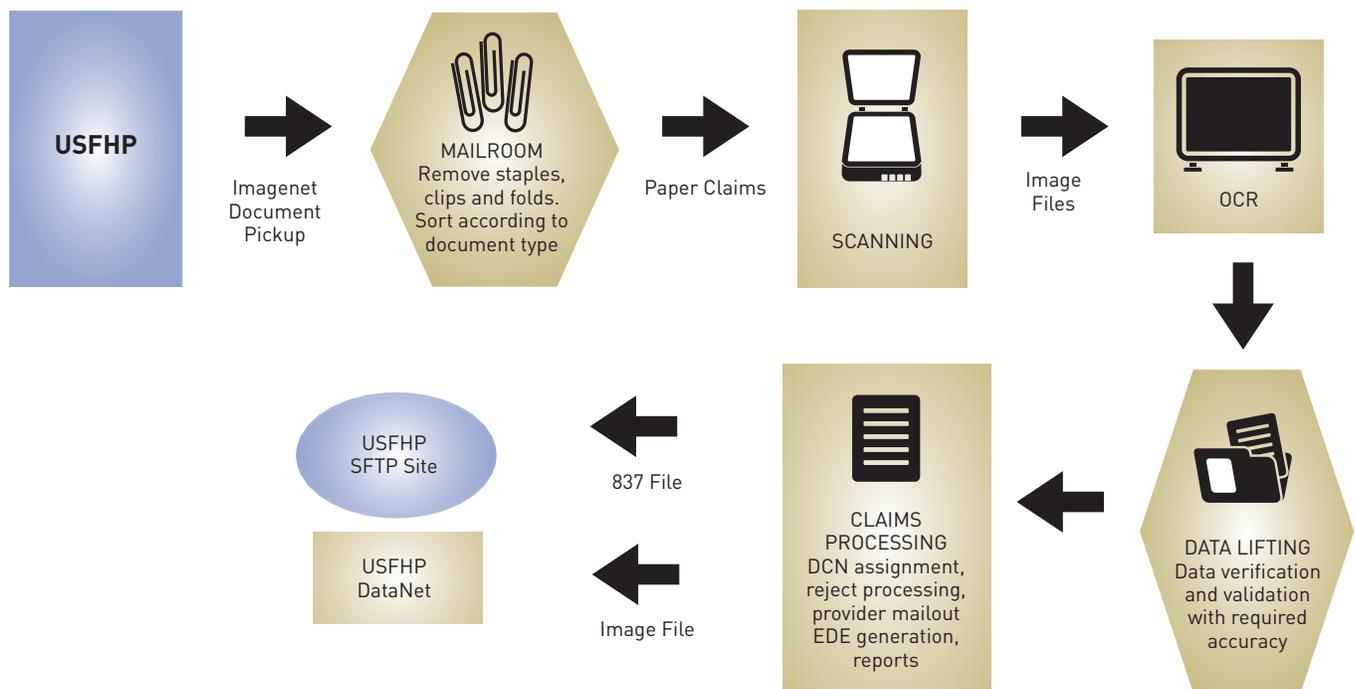
The target claim processing time at US Family Health Plan is less than 30 days from date of receipt. To help ensure timely response and reimbursement to USFHP providers, we have recently evaluated our claims system. We are pleased to introduce our new vendor, Imagenet, as of this October.

Imagenet will provide us with expedited claims processing through its experienced professionals, innovative processes, and up-to-date technologies. Imagenet offers us six processing centers and two redundant, highly scalable data centers.

Many high-profile clients rely on Imagenet to process huge volumes of medical claims. Imagenet offers the full range of mailroom services—scanning physical documents, validating and transforming data, and adjudicating claims.

Imagenet relies on its DataNetMD technology, which converts documents into images or data and then applies internal validation and quality control processes to enhance the output data. DataNetMD can receive, process and output data in multiple claim formats.

IMAGENET FLOW



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, for you and for us.



THREE TIPS TO FASTER SERVICE

—Paul A. Perez, Provider Relations Liaison

Need to check insurance eligibility or the status of billing/claims? Looking for a speedy referral? US Family Health Plan doesn't have an electronic interface for these processes.

To ease movement of verification, claims and referrals, try these three tips:

- 1 Quickly verify eligibility, benefits and coverage.** Call Member Services at (206) 621-4090 or 1 (800) 585-5883. Don't rely on the Member ID card. It is for ID purposes only and does not guarantee coverage or benefits.
- 2 Don't bill Medicare.** Some of our Medicare-aged enrollees are grandfathered into US Family Health Plan. USFHP enrollees who are Medicare beneficiaries have waived their use of Medicare. Do not bill Medicare for care provided to these enrollees.

All claims for all our beneficiaries should be mailed to:

US Family Health Plan
1200 12th Avenue S, Qtrs 8/9
Seattle, WA 98144

Reimbursement will be reduced by the applicable copay amount.
- 3 Ease referral processing.** Always use the appropriate referral authorization form and fax it to (206) 621-4026.

WAIVING PATIENT FINANCIAL RESPONSIBILITY PROHIBITED



Compassionate providers may sometimes feel compelled to waive or discount copayments, cost shares, or deductibles. But they should think twice: such actions violate both their contract with USFHP and TRICARE® policy.*

According to the Department of Health and Human Services, Office of Inspector General, "It is unlawful to routinely waive copayments, deductibles, coinsurances, or other patient responsibility payments." This applies to health care and services paid by Medicare, TRICARE/CHAMPUS, and any other program paid partially or in full with federal funds. It also includes professional courtesy as well as "take what insurance pays" (TWIP) policies.

Waiving or discounting out-of-pocket costs for USFHP beneficiaries is considered fraud and abuse. In the health-care industry, a discount is a reduction in the normal charge based on a specific amount of money or a percentage of the charge. To comply with government and insurance policies, the discount must apply to the total bill, not just the part that is paid by the patient. For example, if a patient owes a 20% copay on a \$25 charge (\$5) and the physician applies a discount of \$5, then the patient must pay \$4 and the insurance company will pay \$16. The practice of discounting has been interpreted as a fraudulent misrepresentation of physician charges.

Waiving or discounting patient cost shares can lead to fines and other legal proceedings for providers. It can also result in USFHP's refusal to pay claims, removal of the provider from the network, or suspension of authorized provider status under USFHP. The latter can also cause a provider to be banned from other federally funded government programs such as Medicaid and Medicare.

Physicians must therefore be extra cautious in bestowing professional courtesy, including discounts and waivers. They also should take care that professional courtesy is not linked to referrals, either in reality or in appearance. Detailed documentation of a patient's financial hardship or failed good-faith collection efforts should be kept.

If you have questions regarding whether a patient is eligible, contact the USFHP Provider Relations & Network Provider Relations at (206) 621-4090 or (800) 585-5883.

*According to the United States Code, Title 10, Sections 1079 and 1086.