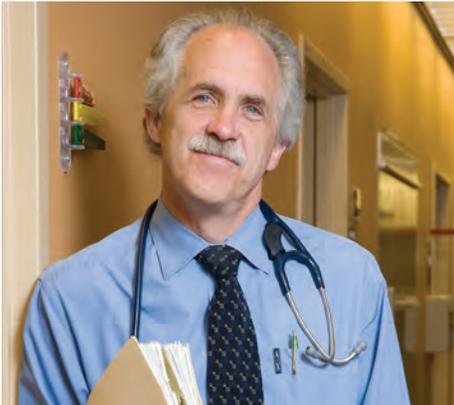


READY TO SERVE

Volume I
May, 2014

A Newsletter for USFHP Network Providers



Dear US Family Health Plan network providers,

Your partnership with us in providing care to the military community through US Family Health Plan is invaluable. This newsletter will provide information that makes it easier for you to work with USFHP administratively. Articles will also keep you up to date on USFHP quality initiatives. And finally, we hope to provide you with insight on the special considerations of treating military patients.

US Family Health Plan members are primarily military retirees, survivors, their families and the families of active duty military personnel. They have served—or have a family member currently serving—our country. Because of this dedication, they have earned the excellent, civilian care provided through US Family Health Plan as part of their Department of Defense (DoD) benefits.

In this edition... improving patient communication, understanding the wounds of war, ICD-10 readiness, benefits coverage, DoD tools for smoking cessation and more.

Thank you for being part of the USFHP provider network.

Wm. Richard Ludwig, MD
Medical Director
US Family Health Plan

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.

MEMBER SERVICES:

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

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TOBACCO CESSATION SUPPORT FOR USFHP MEMBERS

TRICARE and the Department of Defense (DoD) offer resources to help your US Family Health Plan members quit tobacco. Because quitting can take multiple attempts, TRICARE offers a comprehensive collection of resources to help your patients break the tobacco cycle. These free tools include medications, counseling, a “quitline” and a DoD website. (Most of these require patients to be age 18 or older and not eligible for Medicare. Eligibility may vary.)

Another program offering information and resources for quitting tobacco is Operation Live Well, a DoD program that promotes the benefits of making healthy lifestyle choices. You can find more information at www.health.mil/Military-Health-Topics/Operation-Live-Well.

Medications

Patients must have a prescription for all smoking cessation medications, including OTCs. TRICARE covers these at no cost—but only when filled through USFHP’s mail-order service (versus at retail pharmacies):

- Varenicline tablets (Chantix)
- Bupropion SR tablets (Zyban and generics)
- Nicotine nasal spray (Nicotrol NS)
- Nicotine inhalation system (Nicotrol)
- Nicotine transdermal (Nicoderm CQ and Habitrol)
- Nicotine gum (Nicorette, Nicorelief and generics)
- Nicotine lozenge (Nicorette, Commit and generics)

Coverage of these medications is limited to two “quit attempts” each year. Use of smoking-cessation medications for 120 days is considered one quit attempt. A third quit attempt may be approved with physician justification.

Counseling

Smoking cessation counseling conducted by a TRICARE-authorized provider is covered for US Family Health Plan members 18 and older. For more information, visit www.tricare.mil/quittobacco.

Smoking Quitline

This toll-free line is available 24 hours a day, including weekends and holidays. Current smokers or those who have quit but fear a relapse are welcome to call. Trained coaches will match resources to the caller’s stage of the quit process and help the caller develop a plan. West Region: 1.888.713.4597

www.UCanQuit2.org

This comprehensive DoD site offers interactive, web-based tobacco-cessation training and self-paced tools, live support from trained coaches, quit plan and calendar, text quit tips, cost-savings calculator, games, blogs and more.

Help your military patients lower their risk for health issues, hospitalizations, missed workdays, failed fitness evaluations and impaired night vision. For more information: www.tricare.mil/tobaccocessation

“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?**

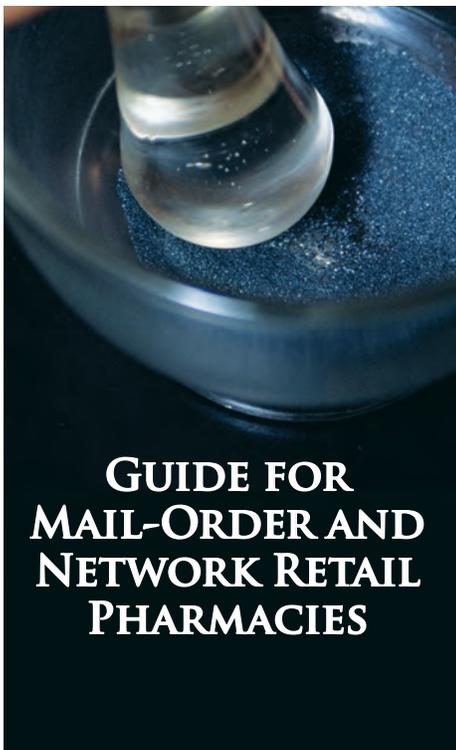
Research shows that ensuring clear comprehension of health instructions means patients are less likely to err when preparing for a procedure or taking a medication. They may also manage chronic conditions more successfully.

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



TRICARE Formulary Search Tool—www.pec.ha.osd.mil

The TRICARE formulary is developed and maintained by the Department of Defense. Its goal is to uniformly, consistently and equitably provide appropriate drug therapy to meet patients’ clinical needs in an effective, efficient and fiscally responsible manner.

Mail-Order Pharmacy—for chronic medications

- Fax order to: 1-866-589-7656
- For E-Prescribe, select this option: MAXOR USFHP/DOD MAIL ORDER MILITARY

Local Network Retail Pharmacies—for initial/acute fill

King County, Lynnwood and Canyon Park:

- Pacific Medical Centers pharmacies (includes the pharmacy in the Federal Way clinic)
- Acute, after-hours fills only: local Safeway, Rite Aid and Bartell Drugs pharmacies

All other areas:

- Franciscan Medical Group pharmacies
- Providence Medical Group pharmacies
- Safeway, Rite Aid and Bartell Drugs pharmacies



COURSE SERIES ON TREATING MILITARY PATIENTS

Free “Treating the Invisible Wounds of War” courses are available to providers. Credit for continuing medical education (CME) is provided.

When military families, retirees and veterans come to you for care, they bring with them a unique background. Many have had to cope with multiple, long-term deployments; plus, they also must deal with routine stressors such as financial issues. The Citizen Soldier Support Program (CSSP) offers free online courses to help providers better meet the needs of their military patients. CSSP is congressionally authorized and administered through the Odum Institute for Research and Social Science at the University of North Carolina—Chapel Hill.

The “Treating the Invisible Wounds of War” courses, a CSSP initiative, are well suited to primary care physicians, case workers, mental health providers and other professions who may see a veteran or family member. The series includes:

- A Primary Care Approach
- Employee Assistance in the Civilian Workforce
- Issues of Women Returning from Combat
- Recognizing the Signs of Mild Traumatic Brain Injury During Routine Eye Exams
- Understanding Military Family Issues

TO TAKE THE COURSE

Create an account: At www.aheconnect.com/citizensoldier, click Signup in upper right. Follow the instructions. When filling out the larger form, use the Army OneSource referral code: AOSWAPAC1221.

Access the course:

1. Log into the system using your new ID and password.
2. Click on Courses tab at the top of the screen.
3. Select the course you wish to complete.
4. Click on Register.

Once you complete a course, your CE credit will be recorded, and you will have access to download and print a certificate of completion.

To learn more about the Army OneSource Mission and Vision: www.myarmyonesource.com



TRICARE PRESENTS QUADRUPLE AIM

The “Triple Aim” is a phrase often discussed in the health care community. The idea refers to the three integral factors that determine the overall quality of health care: population health, positive patient experience and per capita cost.

To adapt this paradigm to Military Health System use, TRICARE has added a necessary fourth determinant: readiness.

Because TRICARE handles such a vast array of needs in the military medical community, staying on target with these four goals is at the very foundation of maintaining an effective and efficient system—and of keeping the US Armed Forces fit to fight.

To improve the quality of health care, TRICARE has focused on enhancing the patient experience, streamlining the emergency room product line and incorporating the Medical Home model. This latter idea places a high emphasis on patient-centered care, team-based delivery and population health.

TRICARE is ready for change. Maximizing readiness, focusing on outcomes and achieving sustainable costs are the end goals. At US Family Health Plan, we value your efforts to facilitate these goals.

PRE- AND POST-PAYMENT REVIEWS

US Family Health Plan regularly monitors claims compliance and conducts reviews as an essential part of ensuring the integrity of its reimbursement practices. Reviews focus on compliance with standard coding, billing, medical record documentation guidelines and appropriate reimbursement.

Claims review activity will require the submission of medical records. Although the Health Insurance Portability and Accountability Act (HIPAA) guarantees certain privacy rights to individuals, it also allows protected health information to be used and disclosed without the patient's authorization for oversight, treatment, payment and operations activities. The USFHP payment review activities fall within this category.

When USFHP requests medical records for post-payment review, the provider should submit those records by the due date stated in the requesting letter. Letters will detail exactly what must be included in the record to ensure a complete claim review. If medical records are not received by the stated due date, the payment for the claim may be recouped in full.

Facilities and providers are responsible for the appropriate coding of services, billing of claims and maintaining supporting documentation. Based on review findings, US Family Health Plan may respond by delivering contractual guidelines, focused education, information and/or resources throughout the year or on an as-needed basis.

For more information, contact Terri Cano Rodriguez, Health Plan Operations Assistant, terricr@pacmed.org, (206) 621-4540.

REFERRALS TO SPECIALISTS

When a primary care provider (PCP) refers a US Family Health Plan member to a specialty network provider, the services requested are generally limited in scope, quantity and duration, as deemed appropriate by the ordering physician. If the specialty care is not available within the referral network, the PCP or specialists may refer outside of the referral network. Referrals to non-network providers are reviewed by the USFHP Medical Director.

Referrals for services outside of the primary care office must be approved by USFHP. Authorizations are valid only for the diagnoses and the services indicated. Routine X-rays or labs are included in the referral. For all other diagnostic tests, the referring physician must authorize them.

If the specialist feels more visits are necessary, he or she must request additional visits from the USFHP network referring provider, and the referring provider must then issue a new referral. If the specialist feels the patient needs to be referred to another provider, the specialist must contact the referring physician for further authorization.



INTRODUCING PAUL A. PEREZ, PROVIDER RELATIONS LIAISON

We are pleased to introduce Paul A. Perez, Lieutenant Commander, US Navy (Retired), as our newest Provider Relations Liaison for US Family Health Plan. In this capacity, Paul's primary goal is to ensure that you, our valued network providers, have all the necessary resources, updated health plan materials and latest news you need as you care for USFHP members.

Paul has worked with USFHP at PacMed™ for three years and, along with his family, has been an enrolled US Family Health Plan member for almost 21 years.

In the past, you may have worked with Terri Cano-Rodriguez regarding USFHP communications and operations. Terri is still here and will be working closely with Paul to give you the best network support possible.

We hope you enjoy meeting Paul and working with him as together we serve our USFHP beneficiaries. If you have ideas or feedback, you may contact Paul at paulp@pacmed.org.



MY MEDICINE LIST— A LIST THAT COULD SAVE A LIFE

Source: Washington Patient Safety Coalition, www.wapatientsafety.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.

HOLD OUR MEMBERS HARMLESS FROM FINANCIAL RESPONSIBILITY

US Family Health Plan uses US Food and Drug Administration recommendations regarding approval for medical treatment or devices.

TRICARE regulations and program policies restrict benefits to those drugs, devices, treatments or procedures for which the safety and efficacy have been proven to be comparable or superior to conventional therapies. Any drug, device, treatment or procedure whose safety and efficacy has not been established or is unproven is excluded from coverage.

It is critical that coverage determinations are obtained prior to services being performed.

If a member decides to proceed with the service or it has already been provided and the service is provided by a network provider who was aware of TRICARE eligibility, the member may be held harmless from financial liability despite the service having been determined to be non-covered by TRICARE. A network provider cannot bill for non-covered care unless the member is informed in advance that the care will not be covered by TRICARE and the member waives their right to be held harmless by agreeing in advance (as evidenced in writing) to pay for the specific non-covered care.



PacMed is a trademark of Pacific Medical Centers.