

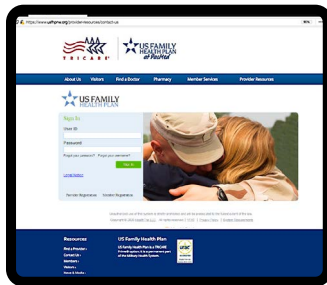
READY TO SERVE

A Newsletter for USFHP Network Providers



THE HEALTHTRIO PORTAL: GET TIMELY, ACCURATE INSIGHT INTO YOUR PRACTICE

The USFHP HealthTrio Provider Portal is a tool we offer to all USFHP providers, whether they are contracted or not, to assist with the daily functions of their practice. The portal is capable of checking eligibility, claim status, and referral status, along with submitting referrals electronically. Beyond these services, the portal offers a multitude of reports that can assist in caring for your USFHP patients. A few of the most popular reports include:



Payor Administrative Report: HealthTrio is a self-service portal, where you have full control. As an admin, you can add, remove, and change the roles of your users. The payor administrative report lists all your users along with details on their logins, user ID's, roles and status, so you can do any necessary clean-up and updates.

Claim Status Report: See all claims within a set timeframe. You can run this in both Excel and PDF formats to aid with any claims data needs.

Claim ID	Patient Name	Date of Service	Status
12345	John Doe	01/01/2025	Submitted
67890	Jane Smith	02/01/2025	Approved

Member Roster. Run member reports by PCP, practice location, or your entire group using the access list. Member reports show current data on all members assigned to your group and are great for maintaining panels and doing patient outreach to close HEDIS gaps.

These are just a few of the many reports the USFHP HealthTrio Provider Portal offers. For more information on the portal, to get signed up, or to request additional training, please reach out to USFHPPProviderRelations@usfhppacmed.org.

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HELP PATIENTS SAVE ON PRESCRIPTIONS

Utilizing mail order or PacMed pharmacies for chronic medications is not only the least expensive option for patients, it's also often the easiest.

Medication copays are lower at Maxor Mail Order Pharmacy (MXP) and PacMed pharmacies (Beacon Hill and Canyon Park) compared to other network pharmacies. Plus, patients often pay only four copays a year at Maxor/PacMed pharmacies, since they can get up to a 90-day supply of most medications. At other network pharmacies, patients are limited to a 30-day supply. This results in having to pay 12 copayments per year. Below is a summary of cost savings:



Generic Formula	Brand Formula	3rd tier/non-formulary
<ul style="list-style-type: none">• \$13 vs. \$16 per fill• \$52 vs. \$192 per year• \$140/year savings per Rx.	<ul style="list-style-type: none">• \$38 vs. \$43 per fill• \$152 vs. \$516 per year• \$364/year savings per Rx.	<ul style="list-style-type: none">• \$76 at both• \$304 vs. \$912 per year• \$608/year savings per Rx.

In addition, some medication must be filled or refilled at MXP/PacMed pharmacies.

- Medications that always need to be filled at MXP/PacMed include specialty medications, oral chemotherapy, and many self-injectable medications. These medications cannot be covered at other network pharmacies.
- Many chronic brand-name medications must be filled at MXP/PacMed after the initial fill. DOD allows these medications to be filled two times locally to allow for a first fill and an emergency fill if needed. We ask that you send a one-time Rx to a patient's local pharmacy and a separate script to MXP pharmacy for refills (being sure to write for a 90-day supply so they can get more medication for their copayment).



HEALTH AWARENESS

MEASLES AWARENESS - PROMOTE VACCINATION TO CARE FOR OUR POPULATION!

The CDC reports a total of 1,046 confirmed measles cases throughout 31 states in 2025. Adolescents aged 5-19 are most impacted, and 96% of cases occur in unvaccinated individuals. Although measles was officially eradicated in 2000, herd immunity occurs only when more than 95% of community members are vaccinated. The ideal age for immunization against measles, mumps and rubella (MMR) is at 1 and 4 years old, although teens and adults can also receive one or two doses depending on evidence of immunity.

Vaccination reminders for MMR/MMRV (measles, mumps, rubella, and varicella) during routine wellness visits, as well as patient outreach, are great ways to prevent adverse health outcomes and outbreaks in vulnerable populations.

Centers for Disease Control and Prevention. (2025, April 18). Measles cases and outbreaks.
[www.cdc.gov. https://www.cdc.gov/measles/data-research/index.html](https://www.cdc.gov/measles/data-research/index.html)

CARE MANAGEMENT CONSIDERATIONS

USE ABBREVIATIONS WITH CARE IN ELECTRONIC HEALTH RECORDS

In healthcare, abbreviations can be a helpful time-saver. But used incorrectly, they can create miscommunication and safety risks. As providers, your documentation plays a key role in keeping communication clear and ensuring patients receive the safest care possible. Here's a quick reminder on why the use of clear abbreviations matters and how you can avoid common pitfalls.

Why It Matters

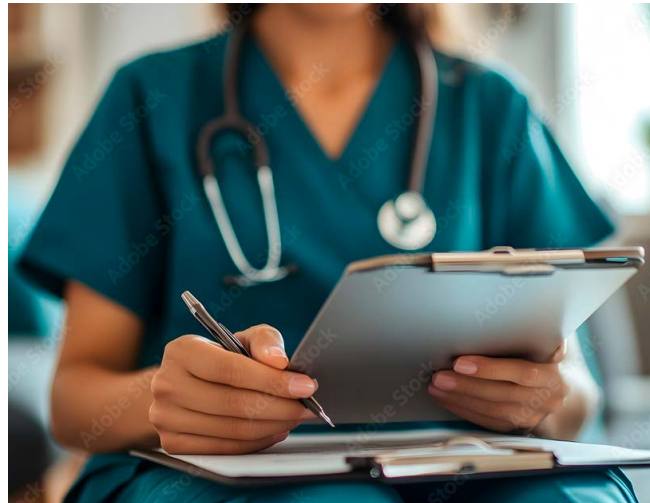
Smooth Team Coordination. Electronic Health Records (EHR) are accessed by a range of professionals — nurses, pharmacists, physicians, specialists, and other health care staff. Patients also have access to their medical record. Abbreviations that aren't widely recognized can disrupt workflows, delay care, and be confusing for patients.

Patient Safety. Misunderstood abbreviations can lead to serious errors. For example, "U" for "unit" could be mistaken as an "0," causing dangerous overdoses.

Compliance and Quality. Ambiguous notes can cause issues during audits or quality reviews. Clear documentation reflects professionalism and ensures compliance with standards.

Best Practices

- Stick to approved abbreviations: Use only those on the organization's approved list. Avoid unclear, unapproved abbreviations that can lead to misunderstandings.
- Avoid using symbols that may be misunderstood: Write out "less than" instead of the symbol "<."
- Avoid high-risk abbreviations: Terms like "QD" (once daily) or "IU" (international



units) can cause confusion and should always be spelled out.

- Be thorough with critical details: Write out medications, dosages, and discharge instructions completely.
- Prioritize clarity: If you're not sure an abbreviation will be understood, spell it out — it only takes a few seconds.

How to Make It Easier

- Utilize EHR tools: Use features like abbreviation expanders or autocorrect to save time and ensure consistency.
- Review your notes: A quick check can catch potential issues before they cause problems.

Team Effort

Clear documentation is everyone's responsibility. By keeping abbreviations simple and consistent, we help improve communication, ensure safety, and create better outcomes for our patients.

Thank you for your attention to this important part of patient care!

Other articles for reference: [Inappropriate Medical Abbreviations - StatPearls - NCBI Bookshelf](#)

TIMELY RESPONSE IS REQUIRED TO MEDICAL RECORDS REQUESTS FOR POST-PAYMENT REVIEW

To ensure proper allocation of health care resources, US Family Health Plan regularly conducts post-payment reviews. Submitted claims are randomly selected and reviewed for completeness, accuracy, and necessity. At any time, USFHP providers may receive a records request from USFHP to ensure that minimum medical record requirements were met for verification of services.



The HIPAA Privacy Rule establishes a foundation of federal protection for protected health information (PHI), which is carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. The Privacy Rule prohibits covered entities from using or disclosing PHI unless authorized by patients.

There are exceptions to this prohibition when it would result in unnecessary interference with access to quality health care or with certain other important public benefits or national priorities. Certain health care operations conducted by or for health care providers and health plans — such as administrative, financial, legal, and quality improvement activities — are essential to support treatment and payment.

A written records request includes guidance on which notes are required, where to send them, and whom to contact with any questions. The request also provides deadlines for submission of the requested record. If a provider fails to give a timely response, any payment made on the associated claim may be recouped in full.

These claim reviews aim to maintain the integrity of our network as well as our reimbursement practices. We actively monitor for activity that may include, but is not limited to, fraud, waste, and abuse. As a TRICARE Designated Provider, US Family Health Plan is committed to coordinating, evaluating, and improving activities that support the health care resources needed to improve the health of all individuals under our care.



ATTENTION: 2025 COPAY REFERENCE GUIDE

THE COPAY REFERENCE GUIDE FOR 2025 CAN BE FOUND HERE:

https://s3-us-west-2.amazonaws.com/images.provhealth.org/other/Provider_Copay_Reference_Guide.pdf

INVITATION:

Help USFHP Advance Quality, Safety and Utilization Management



US Family Health Plan encourages you to serve as a member of the USFHP Quality, Safety, and Utilization Management Committee.

We welcome your ideas and suggestions on how service may be improved for providers and health plan members. To express interest in serving on this committee, or other committees that may be formed by USFHP, please contact USFHP Provider Relations: ProviderRelations@USFHPpacmed.org



HEALTHY TOPICS

JUNE IS BRAIN AWARENESS MONTH

Alzheimer's is a brain disease best treated through early intervention. Educating patients about the early signs and symptoms can improve care management efforts and prevent suffering down the road;

1. Short & long term memory loss
2. Difficulty problem solving
3. Difficulty with familiar tasks
4. Confusion about time or place
5. Changes in Vision
6. Difficulty with speaking and writing
7. Frequently misplacing things
8. Decreased judgement
9. Sudden changes in mood & personality
10. Withdrawal from normal daily activities



Engaging this population with open-ended conversations, cognitive exams and encouraging family support are all ways you can join the fight against Alzheimer's!

Alzheimer's Association. (n.d.). 10 steps to approach memory concerns in others. www.alz.org/alzheimers-dementia/10-steps

CLAIMS REMITTANCE

YOUR W-9 IS REQUIRED FOR ACCURATE TAX REPORTING



Each year, USFHP is required to supply a 1099 to each provider or provider group who received a payment(s) in the previous year. To do that, we need an updated W-9 on file.

Why a W-9 form is required:

- To provide the tax ID number in a standard, documented format
- To identify and verify the entity providing services
- For accurate tax reporting and compliance

Use Form W-9 to provide your correct Taxpayer Identification Number (TIN) or Employer Identification Number (EIN). Download Form W-9 at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

ATTN: CLAIMS DEPARTMENT

1200-12th AVE South | Seattle, WA 98144
Phone: 206.774.5714 | Fax: 425.204.5626



REMINDER: REGISTER WITH INSTAMED FOR DIRECT CLAIMS PAYMENT

For accelerated access to claim payments, USFHP at PacMed uses InstaMed for direct deposit into your existing bank account. You should experience no disruption to your current workflow—just choose to have electronic remittance advices (ERAs) routed to your existing clearinghouse.

Register for free for InstaMed Payer Payments:
www.instamed.com/eraeft

With InstaMed, USFHP at PacMed delivers claim payments via ERA and electronic funds transfer (EFT). ERA/EFT is a convenient, paperless and secure way to receive claim payments. Funds deposited directly into your designated bank account include the TRN Trace Reassociation Number, in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions.



TRICARE REMINDER

USFHP at PacMed is a contracted Tricare program,
and is in compliance with the
2021 EDITION OF THE TRICARE PROGRAM MANUALS.

You can view the updated manual here: <https://manuals.health.mil/>

CONTACT US



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

MEMBER SERVICES

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www.usfhpnw.org

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 40 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.



REMINDER:

USFHP and TriWest Healthcare Alliance Are Different Organizations

To avoid complication and frustration for you and US Family Health Plan members, please make sure that bills/claims/referrals and anything else intended for USFHP does **not** go to TriWest Healthcare Alliance. We are not the same organization.

Claims are processed by date of service, and USFHP reimburses facility-based care at the TRICARE/CHAMPUS DRG or contracted rate. TRICARE rates are updated annually. To access information about TRICARE fee schedule changes, as well as our current [Provider Manual](#), please visit www.usfhpnw.org.