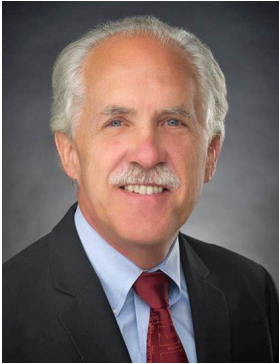


# READY TO SERVE

A Newsletter for USFHP Network Providers

## CHANGE AT THE HELM



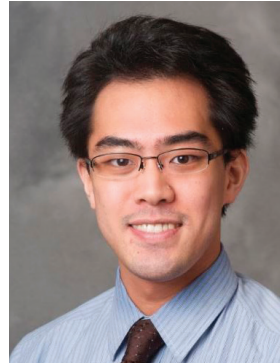
Dr. Rick Ludwig

***A heartfelt farewell to Dr. Rick Ludwig and a warm welcome to Dr. Alexander Park!***

After nearly four decades of dedicated stewardship to Pacific Medical Centers, Dr. Rick Ludwig, Medical Director for US Family Health Plan (USFHP), retired at the end of April. Dr. Ludwig has

played an integral role in helping to shape the course and culture of PacMed and USFHP. Having served as a physician and patient advocate his entire medical career, Dr. Ludwig has been an integral leader in how our region cares for military families. His legacy will be felt for many years to come. We thank him for his service to US Family Health Plan, our network partners and plan members.

We are pleased to share that Dr. Alexander Park has accepted the role of Medical Director. Dr. Park joined USFHP in 2018 as Associate Medical Director for Care Management and Utilization. He first joined PacMed in 2012 as a primary care physician in Internal Medicine.



Dr. Alexander Park

“I look forward to continuing the strong partnership we have with our valued network providers,” he says. “Top of mind is working together to maintain and further improve quality of care and access for our honored military families in US Family Health Plan. Dr. Ludwig’s motto never loses luster: a healthy member is

a healthy health plan—and what’s good for them is what drives us forward, allowing us to keep serving patients for many years to come.”

Always a strong proponent of the power of primary care, Dr. Park has focused on helping USFHP’s nurse and social worker teams to provide comprehensive outpatient case management to health plan members. The team has reduced and prevented unnecessary hospitalizations and ED visits. In the area of utilization management, Dr. Park has worked to ensure that USFHP members receive the most appropriate, integrated and effective treatment across the network through our referral management program. He looks forward to expanding his existing role across other areas of the health plan and working closely with network partners.

Welcome Dr. Park!

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# NEW USFHP OFFICE LOCATION – BUT SAME MAILING ADDRESS

To accommodate our organization's growth, we will be moving our operations in July to the Black River Business Park in Renton. Please note, however, that our mailing address remains the same.



**Physical location:** 620 Naches Avenue SW, Renton, WA 98057

**Mailing address:** US Family Health Plan, 1200 12th Avenue S, Seattle, WA 98144-2712

## 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: [USFHPProviderRelations@USFHPpacmed.org](mailto:USFHPProviderRelations@USFHPpacmed.org)*

## BILLING TIPS

**Commercial insurance is always the primary plan.** While US Family Health Plan is the primary plan for benefits and the primary manager of care, it's the secondary payor when a patient has commercial insurance.

**Always submit a claim to the primary payor—even if the balance is zero.** Per the Department of Defense, USFHP must report all insurance reimbursement amounts collected by any provider.

*Our member cannot be billed for any remaining balance. When the primary payor issues payment, bill USFHP and include the Explanation of Payment from the primary payor.*

*All claims for all USFHP beneficiaries should be mailed to:*

*US Family Health Plan  
1200 12th Avenue S  
Seattle, WA 98144-2712*

*Payment will be based on the amount the primary payor indicates the patient is responsible for, up to the contract/CMAC allowed amount.*

**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.

# ENSURING TELEHEALTH MEETS TRICARE REQUIREMENTS



As use of digital technologies to remotely deliver health care continues to grow, US Family Health Plan wishes to remind our partners of TRICARE policy for telehealth. TRICARE requirements help ensure that the use of telehealth holds up to standards of quality, safety and data integrity, all in support of excellent patient care.

Below are highlights of requirements for USFHP partners when practicing via telehealth. We have loosely arranged these in three categories, as follows.\*

## Compliance

- Follow telemedicine-specific regulatory, licensing, credentialing/privileging, malpractice and insurance laws and rules for each medical profession.
- Ensure compliance with appropriate regulatory and accrediting agencies.
- Follow professional discipline and national practice guidelines. If modifications to guidelines are made for telehealth setting, ensure that clinical requirements are maintained.
- Determine arrangements for handling emergency situations at the outset of treatment.

## Verification

- Implement means for verification of provider and patient identity—including provider qualifications, licensure, etc., and two-factor authentication for patient.
- For synchronous telehealth (real-time provider-patient interaction), document physical location of each in medical record.



## Data security

- Ensure transmission and storage of data is over a secure network and is compliant with HIPAA.
- Establish plan for communicating with patient in event of a technical failure.
- Remember that HIPAA privacy and security requirements for Protected Health Information apply to all telemedicine services.

\*For full and official TRICARE requirements, please refer to 2.2 General Telemedicine Requirements, sections 2.2.1.1 - 2.2.1.3 (Videoconferencing Platforms, Connectivity, Privacy & Security Requirements).



# Rx: CGMs ADDED TO PHARMACY BENEFIT

In April 2022, Continuous Glucose Monitors (CGMs) such as FreeStyle Libre and Dexcom were added to the pharmacy benefit, offering patients and providers a simpler and timelier ordering option. CGMs can still be ordered as a DME benefit (durable medical equipment).

Here's how the two options differ in efficiency, patient cost and prior authorization:

- CGMs as a pharmacy benefit can be easily submitted to MXP (Maxor mail order). This offers a more streamlined process, and patients typically receive their supplies sooner, in 10-14 days. The prior authorization criteria is also more straightforward: patients simply need to be using an insulin pump OR both basal and prandial insulin. There is no longer a requirement for a patient to use multiple test strips per day prior to qualifying for coverage. However, as a pharmacy benefit, CGMs come under a Tier 2 copay of \$34 mail order/\$38 network retail pharmacy.
- CGMs ordered as a DME benefit retain the same copayment as before April: either a 20% (retirees without Medicare Part B) or \$0 copay (Active Duty Families and Retirees with Part B). The DME prior authorization criteria focuses on severity of disease and is more complicated.

If cost is not a significant barrier, we recommend patients get CGMs through the pharmacy benefit, as the process is timelier and more straightforward.

**Please note: Insulin pumps still need to be processed as a DME.**



# POST-PAYMENT REVIEW AND REQUESTS FOR RECORDS

To ensure the proper allocation of health care resources, US Family Health Plan regularly conducts post-payment reviews. To support this, a random selection of claims submitted by providers for services rendered are reviewed for completeness, accuracy and necessity. This means that any provider who has submitted a claim for payment may receive a request for records 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. As such, the Privacy Rule generally prohibits a covered entity from using or disclosing PHI unless authorized by patients, except where this prohibition would result in unnecessary interference with access to quality health care or with certain other important public benefits or national priorities. In addition, certain health care operations—such as administrative, financial, legal and quality improvement

activities—conducted by or for health care providers and health plans, are essential to support treatment and payment.

When a provider receives a written records request, it will include guidance on which notes are required, where to send them and who to contact with any questions. The request also provides time requirements for submission of the requested record. If providers fail to respond to these requests within the stated timeframe, any payment made on the claim may be recouped in full.

These reviews aim to maintain the integrity of our network as well as our reimbursement practices. We actively monitor 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 and use the health care resources needed to improve the health of all individuals under our care.

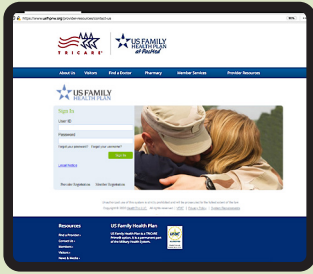


## REMINDER: REGISTER WITH INSTAMED FOR DIRECT CLAIMS PAYMENT

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](http://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 Reassociation Trace Number, in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions.



## Tools You Can Use: USFHP-NW Provider Portal

US Family Health Plan providers can view USFHP eligibility, claims status and referral status electronically, through our provider portal. Our goal is to make your work with us that much easier.

To set up your account, contact USFHP Provider Relations at [USFHPPProviderRelations@USFHPPacmed.org](mailto:USFHPPProviderRelations@USFHPPacmed.org) (You must have operations within the continental United States.)

**Already have a portal account?** Please let your caregivers know that access is granted through the designated administrator in your organization.

### CONTACT US

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

#### NETWORK CONTRACTING & PROVIDER RELATIONS

[USFHPPProviderRelations@USFHPPacmed.org](mailto:USFHPPProviderRelations@USFHPPacmed.org)  
(800) 585-5883, option 2

Elizabeth Maltos  
Network Contracting & Provider Relations, Supervisor  
(206) 774-5660

#### MEMBER SERVICES

1 (800) 585-5833, option 2

#### CREDENTIALING

[Credentialing@USFHPPacmed.org](mailto:Credentialing@USFHPPacmed.org)

Lisa Velotta  
Credentialing Manager  
(206) 774-5679

Miranda Suggitt  
Credentialing Manager  
(206) 774-5690

[www.usfhpnw.org](http://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 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.



#### REMINDER:

#### USFHP and Health Net Are Different Organizations

To avoid complication and frustration for you and US Family Health Plan patients, please make sure that bills/claims/referrals and anything else intended for USFHP does **not** go to Health Net Federal Services. 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](http://www.usfhpnw.org).