

# US FAMILY HEALTH PLAN PROVIDER MANUAL 2023



**US Family Health Plan at Pacific Medical Centers**

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Seattle, WA 98144

(800) 585-5883 (option 2)

(206) 774-5800

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

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# INTRODUCTION

The *US Family Health Plan Provider Manual* is for provider groups who are contracted with the US Family Health Plan (USFHP), headquartered in the Puget Sound region of Washington State. This handbook aims to help providers and their staff implement common USFHP policies and procedures.

This handbook answers frequently asked questions about:

- Referrals
- Billing and claims
- Provider reimbursement
- Provider rights and responsibilities

The provider manual and any updates are incorporated as part of your contract agreement with USFHP.

The most current version of this handbook, along with any network updates, is available in the provider section of the USFHP website, [www.usfhpnw.org/providers](http://www.usfhpnw.org/providers).

We hope this handbook proves useful. If you have suggestions or questions, please contact our Provider Relations team at (206) 774-5800 or (800) 585-5883, option 2.

The provider handbook will be updated annually with interim updates as needed.

## MISSION STATEMENT

US Family Health Plan is a TRICARE Prime® option administered by Pacific Medical Centers (PacMed). PacMed offers excellent health care coverage built on a sound mission and our unsurpassed commitment to Plan members. Our commitment is displayed every day through high-quality service and strong physician-patient relationships.

**The mission of PacMed is to “advocate, educate and provide extraordinary care” for each person and the communities we serve.**

### ***Statement of Commitment to Military Families***

Your service and dedication to our country mean everything to us. We’re Pacific Medical Centers — commonly known as PacMed, a TRICARE Designated Provider — and for more than 25 years we’ve proudly provided healthcare to military families in the Northwest through the US Family Health Plan (USFHP), an option under the TRICARE family of plans. Our roots in the military run deep. We are committed to offering you the high-quality, patient-focused care you deserve whether you are a military retiree, a survivor, or an active-duty family member.

Choosing health coverage is an important decision. At PacMed, we work hard to ensure that each of our members receives convenient, available, respectful care. The following considerations may help you decide that USFHP is the right choice for you or your family.

**Guaranteed Access:** Count on us to provide care whenever and wherever you need it. You're covered for emergency care anytime, anywhere. Regardless of your age, you'll have a selection of physicians and other healthcare professionals who will never turn you away.

**Quality:** Our provider network includes many of the highest-rated and accredited civilian providers and hospitals in the region. Over the years, our members have reported consistently higher satisfaction ratings than are reported for similar civilian plans.

**Choice:** Our network includes primary care providers at hundreds of convenient locations. We also provide care through a network of specialty care providers and medical centers.

**Value:** With PacMed, you can be comfortable knowing you're entitled to a broad range of high-quality medical services at a modest, predictable cost. Active-duty families pay no enrollment fees and no co-pays or deductibles for services; the only out-of-pocket cost is a modest prescription copay. Military retirees pay a modest enrollment fee and copays set annually by the Department of Defense.

**Local Administration:** USFHP is administered in Seattle by people who know the area and the needs of military beneficiaries. Many members of our staff have spent time in the military. PacMed has administered this program for more than 35 years.

## REFERRAL POLICY & PROCEDURES

Our referral policy aims to meet patients' needs through the most efficient and cost-effective use of resources. The overriding goal is to provide high-quality care to USFHP members. Please follow this policy when making referral decisions.

### ***Role of Primary Care Provider***

Primary care providers in the USFHP network include family medicine practitioners, internal medicine practitioners, pediatricians, nurse practitioners, and physician assistants. Each USFHP member must designate a primary care provider (PCP). The PCP coordinates all medical services required by his or her patients. This includes:

- Management of referrals to specialists
- Continued management of referrals to non-network providers
- Ongoing coordination of patient care

For additional information about the role of the primary care provider see TRICARE Policy Manual [Chapter 1, Sect 7.1](#).

### ***Authorization Requirements***

All services by network providers must be referred by a USFHP network provider and **authorized in advance**.

The only services for which you do not need prior-authorization are:

- Emergency care
- Office-based outpatient behavioral health visits
- Routine annual mammography
- Routine annual eye exam

### ***External Referrals***

If a USFHP network provider (primary or specialty care) makes a referral for services and tests to be provided outside the USFHP network, the USFHP network provider must coordinate the care and services related to the external referral. (Please reference TRICARE Policy Manual 2015 Edition, Chapter 1, Section 7.1, “Primary Care Managers (PCMs).” TRICARE Policy Manuals can be accessed at <https://manuals.health.mil/>.)

When a USFHP network provider refers a USFHP member to a non-network provider, the services requested are generally limited in scope, quantity and duration, as deemed appropriate by the ordering physician.

Referrals to non-network providers are used in any of these circumstances:

- A USFHP network provider does not offer the needed service.
- The needed service is offered within the USFHP network but is not available in a medically necessary timeframe.
- Distance is a barrier. (This may relate to patient mobility or some other issue of concern.)

### ***Appointment Requirements***

USFHP is a Department of Defense–sponsored health plan. As a USFHP-contracted provider, it is important that you meet these contractual obligations required of USFHP by the Department of Defense.

When a USFHP member is referred to you, you must see the patient within the following timeframes:

- All elective referrals within twenty-eight (28) days of the request for an appointment.
- All urgent referrals within 24 hours of the request for an appointment.

### ***Prior-Authorization Form (for Referral Requests)***

USFHP network providers use the Prior-Authorization Form for all referrals (see sample in Appendix, page 18). This form details the information needed to process the referral request. In some cases, additional supporting documentation will be needed to support the request. The form is available on the USFHP website on the [Provider Resources](#) menu.

Note: The Prior-Authorization Form itself does **not** constitute referral authorization; it must be completed and submitted to USFHP for review and authorization.

## **Referral Authorization Form**

When the requested services on the Prior-Authorization Form are approved, a Referral Authorization is automatically generated. Copies of the Referral Authorization are provided to you and the patient.

*The Referral Authorization confirms the scope of services being authorized.*

## **Importance of the Authorization Number**

The authorization number is your assurance that the referral request has been approved.

If a USFHP member presents for care without an authorization number, call either the referring provider office or Member Services at USFHP to determine if the services are authorized. Member Services can be reached at (206) 774-5800 or (800) 585-5883, option 2.

*Without authorization, your claim may be denied, and the patient cannot be held financially responsible.*

If you believe the patient needs to receive more treatment than what is authorized, contact the USFHP network referring physician for additional referral and authorization. If you feel that the patient needs to be referred to another provider, you must contact the patient's USFHP network referring physician for further referral.

## **Diagnostic Testing**

Routine labs and X-rays are included in the authorization for office visits. All other diagnostic tests or procedures require separate authorization.

For routine lab work, refer the patient to a TRICARE-authorized lab.

## **Referred Providers: Required Communication with the USFHP Network Referring Provider**

After you have treated our USFHP patient, send a summary of the services provided within thirty (30) days to the patient's USFHP network referring provider. The information in your summary should include at least the following:

- Summary of the services rendered
- Progress notes
- Any surgical, pathology or laboratory reports describing your examination, diagnosis or treatment plan

If you prefer, you may send a copy of your medical record for the patient instead of a summary. The medical record must be legible, signed and dated, and clearly identified with the patient's name and authorization number.

When providing care to a referred USFHP member, it is important that you follow the specifications on the Referral Authorization form. Please note:

- Services not authorized in advance by USFHP will be denied payment.
- Any services not indicated on the form or provided in a quantity greater than authorized will not be paid.



- The member may not be billed for unauthorized services unless the patient signs a financial responsibility agreement for non-covered services in advance of services being rendered.
- Payment for authorized services is always subject to the patient's eligibility and benefit limitations of USFHP.

### **Referral Checklist**

<b>What to do:</b>	<b>Reminders:</b>
<b>Ask</b> to see USFHP ID card	If the patient does not have a USFHP ID card, verify eligibility by calling USFHP Member Services at (206) 774-5800 or 1(800) 585-5883, option 2.
<b>Review</b> Prior-Authorization Form	Pay attention to the number of visits authorized and the date the authorization expires.
<b>Request</b> appropriate copay amount	Copays are listed on the USFHP member's ID card, as well as in the Copay Reference Guide located at <a href="http://www.usfhpnw.org/providers">www.usfhpnw.org/providers</a> .
<b>Provide</b> service	Only the service authorized is eligible for reimbursement.
<b>Keep</b> USFHP referring provider informed	Send summary or report.
<b>Request</b> additional referrals	Contact USFHP if you wish to provide additional service or make a referral to another specialist. (See <a href="#">Prior Authorization section</a> .)
<b>Questions?</b>	Any questions should be directed to USFHP Member Services at (206) 774-5800 or 1(800) 585-5883, option 2.

### **Admissions to Hospitals and Skilled Nursing Facilities**

USFHP policy is that all hospital and skilled nursing facility admissions must be coordinated with a USFHP network provider. Within 24 hours of admission, contact USFHP Care Coordination at (206) 774-5650, option 1.

- **With planned admissions**, *preauthorization is required*. Contact the patient's primary care provider (PCP) prior to admission. USFHP Care Coordination will make a benefit determination and specify a target length of stay.
- **For Emergency Department admissions**, make a concerted effort to contact the patient's PCP for coordination of care only. There is no referral requirement. For emergency visits that result in admission, contact USFHP Member Services within 24 hours of admission: (206) 774-5800 or (800) 585-5883, option 2.

# TRICARE COMPREHENSIVE AUTISM CARE DEMONSTRATION

The TRICARE Comprehensive Autism Care Demonstration (ACD) covers Applied Behavior Analysis (ABA) services.

- An authorization is required for all ABA services, including the initial assessment and development of the treatment plan.
- ABA services are only allowed with providers/groups that meet the requirements outlined in the ACD. ABA providers/groups must credential with US Family Health Plan at PacMed and sign the Provider Agreement (Addendum A) of the ACD.
- Providers should register for the US Family Health Plan at PacMed provider portal to submit and view the status of authorization requests. Claim statuses can also be viewed in the portal. To register, send a request to [USFHPPProviderRelations@USFHPPACMED.org](mailto:USFHPPProviderRelations@USFHPPACMED.org). Include in your request all Taxpayer Identification Numbers you operate under.
- Annual training is required for ABA providers and will be updated and posted annually on the USFHP website at <https://www.usfhpnw.org/providers>.

## BILLING PROCEDURES

### ***How to Bill***

- Submit charges on standard billing forms, such as the CMS 1500 or UB 04.
- Use standard CPT, ICD-10, HCPCS, and UB codes unless otherwise specified in your contract.
- Do not adjust charges for any copayments, cost shares, or fee discounts.

**Other Health Insurance:** As a benefit program, USFHP is considered the primary manager of care but the secondary payor when commercial insurance is involved.

1. Submit claims to the primary payor first. (See note below)
2. After the primary payor issues payment, bill USFHP and include the Explanation of Benefits from the primary payor.
3. Payment will be based on the amount the patient is responsible for, as indicated by the primary payor. Payment will be made only up to the contracted or CHAMPUS Maximum Allowable Charge (CMAC) allowed amount. Our member cannot be billed for any remaining balance.

Note: Always submit a claim—even if the balance is zero. As stipulated by the Department of Defense, USFHP must report all insurance reimbursement amounts collected by any provider.

Send claims to:

USFHP  
Attn: Claims Department  
1200 12<sup>th</sup> Ave S  
Seattle, WA 98144-2712



## **US Family Health Plan and Medicare**

*When our members join USFHP, they agree to not use Medicare. Use of Medicare benefits can result in a member being disenrolled from USFHP.*

Providers may not bill or accept payment from Medicare for services rendered to USFHP members—except for services not covered by USFHP-contracted medical groups.

### **Exceptions**

USFHP members can use Medicare for certain non-covered TRICARE services. Examples of these services include:

- Chiropractic care
- Routine foot care for non-diabetics
- Orthotic shoe inserts
- End-stage renal disease treatment

Call Member Services if you have questions about a specific service. If you send any bills to Medicare, those bills must be clearly marked as Medicare Secondary Payor (MSP), which is informational billing only and results in no payment to you or our member.

If you receive payment from Medicare, you will be required to return the payment, **whether or not** USFHP is paying the claim.

### **Billing USFHP Members**

- Providers may bill members for applicable copayments; they may not bill for charges that exceed contractually allowed reimbursement rates.
- Provider may not collect for any non-covered service unless the member has been properly informed and has agreed in advance and in writing to pay for such a service.
- Covered services not authorized in advance by USFHP will be denied payment. Our member may not be billed for any unauthorized service.
- Commercial insurance is always the primary plan. If a member has commercial insurance, there is no USFHP copay. While USFHP is the primary plan for benefits and the primary manager of care, it becomes a secondary payor when commercial insurance is involved.
- Copays are based on member status, so please check the member's USFHP ID card.

## ***Understanding Our Explanation of Payment***

VENDOR NUMBER	Number assigned to your Master Vendor
CHECK NUMBER	Numerical identification of the payment made to the Master Vendor
MASTER VENDOR	Name and address where payment was sent
NAME	Name of the patient who received services
MEMBER ID	The patient's USFHP number
CLAIM NUMBER	Number assigned to your claim submission
ACCOUNT NUMBER	Patient's account number found on the claim
PAYOR ID	USFHP payor number
PAYOR NAME	US Family Health Plan
CLAIM VENDOR	Name of actual service provider; does not appear if provider and Master Vendor are identical
PROCEDURE CODE	CPT, UB or HCPCS codes from the claim
SERVICE DATES	Date span attached to the procedure code
AMOUNT BILLED	Amount billed by the provider
CONTRACT ADJUST	Amount above the contractual allowance
DEDUCT AMOUNT	Amount applied to patient's deductible
COPAY AMOUNT	Patient's copay to be collected by provider
AMOUNT APPROVED	Amount to be paid by USFHP
CLAIM TOTAL	Sum total of all charges for that claim
VENDOR SUMMARY	Totals for Master Vendor and alternate payees

## PROVIDER DISPUTE RESOLUTION MECHANISM

The dispute process is available to any participating provider. The provider has the right to submit a dispute (Administrative or Non-Administrative) for reconsideration.

### ***Appeal Process for Administrative Disputes (Claims and Administrative Matters)***

Appeal includes decisions regarding claims or other administrative matters. If a provider disagrees with a Plan decision, the decision may be appealed.

### **Mechanism/Method to Initiate Administrative Dispute Process**

- The appeal must be in writing and must be submitted to USFHP within ninety (90) calendar days of the initial denial or issue of concern. The appeal should include all relevant information and documentation that supports your position. Any cost incurred in providing documentation will not be reimbursed by the Plan.
- You will receive a written response generally within thirty (30) calendar days, describing how your appeal was resolved and the basis for the resolution, or you will be advised to provide any additional documentation required.
- If additional documentation is requested, it must be received by USFHP within sixty (60) calendar days of the date noted on the initial response from USFHP. Once received by USFHP, a written response will be mailed to the provider within 30 days with USFHP's final decision regarding the dispute.
- Please note that you cannot appeal the rules and regulations of the Plan or TRICARE policy, but you may send a grievance if you think an error in the interpretation of the policy has occurred. Grievances are handled in a manner similar to appeals.

USFHP will make every attempt to provide a written determination to the provider within 30 days. However, if the Plan requires additional time for review, the provider will be notified by the Plan with an expected turnaround for the resolution. For further details regarding the appeals process and timelines, please contact USFHP Provider Relations.

Please send your appeals to:

USFHP  
Attn: Provider Appeals  
1200 12th Ave S  
Seattle, WA 98144

## ***Appeal Process for Non-Administrative Disputes (Credentialing, Professional Conduct)***

### **Mechanism/Method to Initiate Non-Administrative Dispute Process**

- This mechanism pertains to non-administrative disputes concerning decisions made relating to a participating provider's status within the plan network, including credentialing status, professional competence, conduct or suspension due to member health, welfare, or safety.
- Right to Appeal: Following a denial, limitation, suspension or termination of appointments or privileges, any participating provider may request a formal hearing to respond to the proposed action.
- Any participating provider that is denied, limited, suspended or terminated by USFHP shall, at least 60 days before the date of the hearing, receive written notice of the decision that contains an explanation of the proposed adverse action, reference to the evidence or documentation for the proposed adverse action, a description of the practitioner's right to an in-person hearing and a description of the practitioner's right to be represented by legal counsel. This includes all events that may result in the denial, limitation, suspension or termination of network participation privileges.
- Petitioner must request an appeal hearing in writing to the chair of the Credentials Committee no later than thirty (30) calendar days after receipt of the notification of adverse decision. The appeal should include all relevant information and documentation that supports your position.
- Written notification of the scheduled date of hearing is given to the practitioner at least 60 calendar days prior to the date of the hearing.
- The hearing panel will include an actively practicing clinical peer of the practitioner who is not involved in network management.
- The Petitioner will receive written notification of the hearing panel decision, including a statement of the basis for the decision, no later than ten (10) calendar days following the panel closure.

Please send your disputes to:

USFHP  
Attn: Credentialing Committee Chair  
1200 12th Ave S  
Seattle, WA 98144

Failure to request an appeal hearing within thirty (30) calendar days of receipt of the notification of adverse decision shall be deemed a waiver of the right to an appeal hearing. For further details regarding the dispute and appeal process and timelines, please contact USFHP Provider Relations.

### ***Have Questions or Need Help with a Provider Dispute?***

For questions regarding administrative or non-administrative disputes and appeals, please contact USFHP Provider Relations at: [USFHPPProviderRelations@usfhppacmed.org](mailto:USFHPPProviderRelations@usfhppacmed.org) or (206) 774-5660 or (206) 774-5709.

## PROVIDER EDUCATION

USFHP's active provider education program enhances awareness of USFHP requirements. Integral to this program is an emphasis on achieving the leading health care indicators of "Healthy People 2030." Additional information can be found at [www.healthypeople.gov](http://www.healthypeople.gov). As part of this orientation, network providers will be given information about Healthy People 2030 and encouraged to participate. Providers will also receive regular updates and ongoing access to assistance with provider-related concerns.

## PROVIDER RIGHTS AND RESPONSIBILITIES

### ***Provider Rights***

You are encouraged to let USFHP know if you are interested in serving as a member of the USFHP Clinical Quality Management Committee or other committees that may be formed by USFHP.

USFHP welcomes your feedback and suggestions on how service may be improved for providers and Health Plan members. Please contact USFHP Provider Relations at [USFHPPProviderRelations@usfhppacmed.org](mailto:USFHPPProviderRelations@usfhppacmed.org) to submit your feedback and suggestions.

You may appeal a claim submission that you feel was not paid appropriately.

You may appeal any action taken by USFHP that affects your network participation and is related to professional competency or conduct.

### ***Provider Responsibilities***

As a partner in providing extraordinary care to our military families, you agree to the following:

1. You will treat USFHP patients the same as all patients, regardless of type and amount of reimbursement.
2. In the event that a participating provider is unavailable to treat a USFHP member, you will arrange for another physician (the covering physician) to provide such services on your behalf.
3. In the event that a network provider arranges for a non-network provider to deliver covered services to a member for any reason, the network provider shall ensure the following:
  - a) The network provider submits a thirty-day (30-day) advance written request to USFHP to utilize a non-network provider.
  - b) The network provider receives written consent from the Plan prior to the provision of services by the non-network provider.
  - c) The non-network provider provides services to the member under the terms and all provisions of the participating provider agreement with USFHP, the USFHP Provider Manual and the rules and regulations.

4. Employees and subcontractors. You will assure that your employees, affiliates and any individuals or entities subcontracted by you to render services in connection with your written agreement with USFHP adhere to the requirements of the agreement. The use of employees, affiliates or subcontractors to render services in connection with the agreement will not abrogate or limit your obligations and accountability under the agreement with regard to such services.
5. Communication with USFHP members. Nothing in the written agreement with USFHP is intended to limit your professional rights or ability to communicate fully with a USFHP member regarding their health condition and treatment options. You are free to discuss all treatment options without regard to whether or not a given option is a covered service. You are free to discuss with a USFHP member any financial incentives you may have under your agreement with USFHP, including describing at a general level the payment methodologies contained in your agreement.
6. You will provide comprehensive health services to the member in accordance with TRICARE policy.
7. You will not discriminate on the basis of age, sex, handicap, race, color, religion or national origin.
8. You will allow access to the medical records of USFHP members by the appropriate USFHP designee. If requested, you must provide the medical records to the federal government and/or contracted agency representative.
9. You agree to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) with respect to preserving the confidentiality of patient health information.
10. You will provide continuing care to participating members.
11. You will abide by the USFHP at PacMed rules and regulations.
12. You **may not** balance bill a member for provider services that are covered by the US Family Health Plan. You may bill members only for applicable deductibles, copayments and cost share amounts. You may not bill for charges that exceed the allowable charge.
13. You **may** bill a member for services that are not a covered benefit if the member was informed that the services were not covered and agreed in advance to pay for such services.
14. You will provide to USFHP or help it to obtain coordination of benefits/third-party liability information. If you receive payment from other insurance, you are required to do the following:
  - a) Refund the amount received from the other insurance to USFHP; or
  - b) Return the payment to the other insurance with a letter stating that the incorrect insurance was billed and then submit the claim to USFHP.
15. You agree to the terms of the written agreement that renews annually unless either party chooses to review, renegotiate or terminate. Written notice of such review or termination must be provided at least ninety (90) days prior to the renewal date.
16. You agree to participate in the USFHP quality improvement, utilization management, credentialing, peer review, grievance and TRICARE Quality Monitoring Contract (TQMC) program. You agree to participate in any evidence-based patient safety programs.

17. You agree that participating providers' written agreements do *not* include:

- a) Any clauses or language that could restrict providers from discussing matters relevant to members' health care.
- b) A definition of "medical necessity" that emphasizes cost/resource issues over quality or clinical effectiveness.

Note: "Medically Necessary" has the meaning applicable for purposes of the TRICARE Prime benefit, or, absent any such definition, means those modalities of care that are rendered in accordance with generally accepted medical practice and professionally recognized standards by good and prudent providers under similar clinical circumstances as determined by the Plan.

### ***Credentialing and Recredentialing***

18. All network providers must be credentialed by the PacMed Credentialing department.

19. All network providers are required to meet the credentialing and recredentialing requirements of USFHP at PacMed. The requirements include but are not limited to the following:

- a) All network providers must hold a current, valid license or certificate to practice their profession in the state where the member resides. This includes telehealth/virtual visits.
- b) Licensure or certification must be at the full clinical practice level, and the services must be provided within the scope of the license or certification.

20. A list of the locations that are party to your agreement with USFHP is found in the Exhibits of your contract.

21. All network providers must be certified Medicare providers.

22. If a provider does not participate in the recredentialing process, the provider will be subject to a corrective action plan or a termination of participation.

### ***Dispute and Appeal Process***

23. Please see pages 10-11, Provider Dispute Resolution Mechanism.



## REIMBURSEMENT METHODOLOGIES

TRICARE rates are updated annually. To access information online about TRICARE fee schedule changes; please visit: <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/TRI-CARE-Health-Plan/Rates-and-Reimbursement>. Please check fee schedule annually for any changes.

### ***Fee-for-Service (Professional Services)***

Professional services provided under a fee-for-service contract are reimbursed based on the contract rates.

For services for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), the Medicare fee schedule is used.

### ***Institutional Services***

Claims are processed by date of service, and USFHP reimburses facility-based care at the TRICARE/CHAMPUS DRG or contracted rate.

**Note:** Any changes to the fee schedule or contract provisions are sent to the participating provider's office at least 30 days prior to the effective date.

## QUALITY ASSURANCE

### ***Monitoring***

According to our contract with the Department of Defense, PacMed is required to monitor the following:

- Serious occurrence events and catastrophic events
- Unusual prescribing practices, which may include communication with the prescribing physician
- Unusual, non-standard or unapproved therapies
- Claims to identify utilization patterns for investigation of potential quality issues

### ***Provider Reviews***

Member satisfaction is measured annually for the entire USFHP network. Incident and complaint reports received by USFHP are maintained for each provider group.

# UNDERSTANDING THE US FAMILY HEALTH PLAN ID CARD

*A sample US Family Health Plan ID card*

**Member's name.**

(Middle initial and designations such as "Jr." may not appear on card)

**Member's ID #**

**Group Number** indicates member's copay level. For a legend of USFHP Group Numbers and associated copays, see the Copay Reference Guide at: [www.usfhpnw.org/providers](http://www.usfhpnw.org/providers)

www.usfhpnw.org

NAME:  
ID NUMBER:  
GROUP NUMBER:  
PCP:  
Primary Care \$0  
Specialty Care \$0  
Urgent Care \$0  
Emergency \$0  
xx

**Pharmacy Benefit Manager information**  
**Maxor Pharmacy**  
**800-687-0707**  
**BIN#: 005377**  
**PCN: 10000019**

## Office Visit/Consult Copayments

Card is for ID purposes only; it does not guarantee coverage or benefits.

Call Member Services at (206) 774-5800 or (800) 585-5883, option 2, to verify eligibility, benefits and coverage. Reimbursement will be reduced by the applicable copay amount.

Enrollees who are Medicare beneficiaries have waived their use of Medicare. Do not bill Medicare for care provided to those enrollees.

Send claim(s) to:

USFHP  
Attn: Claims Department  
1200 12th Ave S  
Seattle, WA 98144-2712

## USFHP PROVIDER PORTAL

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

- The first individual who registers for a practice or office is assigned the role of local administrator. It is up to the medical group to decide who will be assigned this role. The local administrator assumes the responsibility of setting up all other users in the practice and assigning roles in the portal.

- To get started with setting up an account for your practice, contact USFHP Provider Relations at [USFHPPProviderRelations@usfhppacmed.org](mailto:USFHPPProviderRelations@usfhppacmed.org).

## PROVIDER CONTACTS

### ***Provider Appeals:***

USFHP  
Attn: Provider Appeals  
1200 12th Ave S  
Seattle, WA 98144-2712  
(send certified mail)

### ***USFHP Medical Director:***

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

### ***Provider Relations and Network Contracting Questions:***

For questions, concerns, suggestions or guidance about how the USFHP provider network can best serve plan members:

Email: [USFHPPProviderRelations@usfhppacmed.org](mailto:USFHPPProviderRelations@usfhppacmed.org)  
(206) 774-5660 or (206) 774-5709

### ***Member Services:***

For claims, referrals, eligibility, benefits, formulary and appeal information  
(206) 774-5800 or (800) 585-5883

### ***Website:***

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

### ***Referrals (Utilization Management):***

To submit referral requests:  
Fax: (206) 774-5830

Please contact  
US Family Health Plan Member Services  
for additional provider information  
or an updated provider manual.

# APPENDIX: PRIOR-AUTHORIZATION FORM (REFERRAL REQUEST)

## Prior-Authorization Form (Referral Request)



Attn: UM Department – Referral Coordinator  
Phone: 206-774-5650, Option 1  
Fax: 206-774-5830

		Date:	
Patient Name:		DOB:	
Insurance ID #:		Patient's PCP:	
<b>REFERRAL/SERVICES REQUESTED</b>			
<b>Inpatient:</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Inpatient Admits <input type="checkbox"/> Rehab		<b>Outpatient:</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> PT, OT & ST <input type="checkbox"/> Imaging <input type="checkbox"/> Wound Care	
		<b>Other Services:</b> <input type="checkbox"/> Home Health <input type="checkbox"/> Home Infusion <input type="checkbox"/> Skilled Services (SN/PT/OT/ST)	
		<input type="checkbox"/> Consultation <input type="checkbox"/> Office Visit Follow-up <input type="checkbox"/> DME: Please fax Prior-Auth Form & Rx to <b>206-568-6550</b>	
Service is: <input type="checkbox"/> Elective/Routine <input type="checkbox"/> Expedited/Urgent*		<b>*Definition of Expedited/Urgent:</b> The delay of treatment could jeopardize the life and health of patient, jeopardize patient's ability to regain maximum function or subject patient to severe pain that cannot be adequately managed without the care or treatment requested.	
<b>Behavioral Health:</b> <input type="checkbox"/> <b>Inpatient:</b> If patient requires inpatient hospital treatment for mental health needs, please send to nearest ED for evaluation <input type="checkbox"/> <b>Chemical Dependency (CD):</b> If patient requires CD treatment, they must be assessed by a CD professional to determine appropriate level of care as part of their admission process <input type="checkbox"/> <b>Eating Disorder/Residential Treatment:</b> Coordination for these services managed by Behavioral Health Case Manager			
<b>PROCEDURE INFORMATION</b>			
ICD-10 Code and Description:			
CPT/HCPCS Code and Description:			
Number of visits requested:		Date of Service:	
<b>REFERRED FROM: ORDERING/REFERRING PHYSICIAN INFORMATION</b>			
Name:		Contact Name:	
Address:		Specialty Department:	
TIN:	NPI:	Phone:	Fax:
<b>REFERRED TO: REFERRING FACILITY/ PHYSICIAN INFORMATION</b>			
Name:		Contact Name:	
Address:		Specialty Department:	
TIN:	NPI:	Phone:	Fax:
<b>SUPPORTING DOCUMENTATION IS REQUIRED! If not received within 48 hrs, referral may be denied for missing information</b>			
<b>FOR INTERNAL USE ONLY</b>			
Date:	Auth. #:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Valid date from:	Valid date to:	Number of visits:	
Notes/Comments:			
Processed by _____			

UM Prior-Authorization Form. Revised-02/17/2021-RBD

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