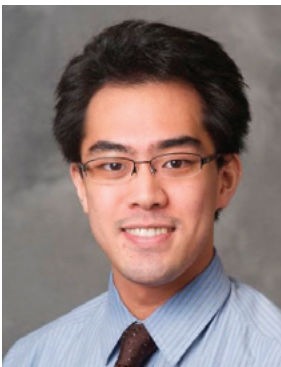


READY TO SERVE

A Newsletter for USFHP Network Providers

ENHANCED REIMBURSEMENT FOR TRANSITIONAL CARE MANAGEMENT



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Unlike in other service professions, a phrase such as “Thanks for flying with us—we hope to see you again soon” is *not* a desired sentiment in hospital medicine. From a disease-management and health-system-management perspective, seeing a patient back for readmission to the hospital is a failure. Preventable hospital readmissions account for a significant amount of unnecessary medical costs, with Medicare spending an estimated \$17 billion annually on readmissions. These events are also distressing for patients and families.

Fortunately, Medicare has adopted payment codes to support clinicians as they manage patient transitions from hospital or skilled nursing facility to home, a critical time for readmission risk. These transitions are difficult. Patients and caregivers are thrust into

managing complex tasks such as wound care, medication administration, physical therapy, and coordinating follow-up tests—often without a clear system to address questions or complications. It’s easy for things to fall through the cracks and lead to a complication resulting in readmission.

Hospitals do their best to leverage discharge planning with patients to help. But the process often feels rushed to many families, and it is ill-equipped to address questions that arise after leaving the hospital. Plus, there is no mechanism to manage complications once the patient is out the door.

Enter the primary care team. Its value in these transitions cannot be overstated. Yet assuming patient responsibility post-discharge is time-consuming and challenging. Outpatient clinicians must get up to speed in a timely fashion on the discharge plan and inpatient results, and coordinate follow-up for new diagnoses and medication reconciliation.

Medicare has TCM payment codes. In 2013 Medicare adopted transitional care management (TCM) payment codes in recognition of the intensive coordination required of outpatient physicians

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ENHANCED REIMBURSEMENT – CONTINUED

in managing transitions. The codes enhance reimbursement for these tasks. To qualify for TCM billing, the services must satisfy a number of requirements:

- ★ Contact the beneficiary within two days of discharge
- ★ Perform certain non-face-to-face services such as reviewing the discharge summary and medications, and providing coordination and education to patient and caregivers
- ★ Visit face-to-face with the beneficiary within 7 to 14 days of discharge

Patients who receive TCM services have better outcomes. Since the codes were implemented in 2013, analysis has shown that patients who have TCM following hospitalization have lower total healthcare cost and mortality compared with those who do not receive these services. They are nearly four times less likely to readmit within 30 days. When CMS looked at the one in five patients that experienced readmissions, more than half had no TCM services or contact with their primary care team post discharge. It's clear TCM makes a difference. Yet these services are infrequently billed, to the tune of only 7% of eligible

discharges being associated with TCM services.

USFHP reimburses for TCM services. US Family Health Plan reimburses its network providers for TCM services, as the Centers for Medicare and Medicaid (CMS) does for Medicare patients. We encourage all our network partners to participate in this important work on behalf of our members to optimize their post-hospital outcomes.

USFHP Care Managers help bridge the gap. At US Family Health Plan, our dedicated team of care managers (nurses and social workers and led by the medical director team) strives to assist all patients during a transition of care. We are trained to help coordinate TCM services by monitoring hospital discharges and contacting patients within the two-day CMS requirement. If your practice does not already have similar processes in place, USFHP would be happy to connect you to our care managers to add additional support.

Together, we can work to reduce the 76% of readmissions that are deemed preventable each year. We look forward to continued teamwork as we care for our region's military families.

JOIN US: USFHP Committees on Quality, Safety and Utilization Management

USFHP encourages you to serve as a member of the USFHP Quality, Safety, and Utilization Management Committee or other committees that may be formed by USFHP. We welcome your ideas and suggestions on how service may be improved for providers and health plan members. To express interest in serving on a committee, please contact USFHP Provider Relations.

USFHP HAS NEW EMAILS, DIRECT PHONE LINES AND FAX NUMBERS



US Family Health Plan has upgraded our systems to maintain security compliance with the Department of Defense. Please update your records and tools. Thank you!

What is staying the same?

Most people will not see any change in how they reach USFHP—same website, plus same phones for marketing and member support.

STAYING THE SAME:

- **www.usfhpnw.org**
- **Enrollment**
(800) 585-5883, option 1
- **Member & Provider Services**
(800) 585-5883, option 2
- **Marketing**
(866) 418-7346
- **We are still part of PacMed.**
Providers and business partners, please note that our legal name is unchanged. If you have a contract or agreement with us, it remains in force with no revision needed. You can continue to call InstaMed Tech Support at (866) 945-7990 and send invoices to the same @providence.org email that you've used in the past.

What has changed?

Have you emailed USFHP or called us on a direct phone/fax line (area code 206 or 425)? You'll need our new contact information going forward!

CHANGED:

- **Provider Relations**
Email: USFHPPProviderRelations@USFHPPacmed.org
Phone: (800) 585-5883, option 2
Fax: (206) 568-6558
- **Referrals**
Phone: (206) 774-5650
Fax: (206) 774-5830
- **Contracts**
Fax: (206) 568-6558
- **Credentialing**
Email: Credentialing@USFHPPacmed.org
- **Individual emails/phone lines:**
To request a USFHP team member's contact data, contact Member and Provider Services above (unchanged).

We value our relationship with you and look forward to connecting with you!



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 Reassociation Trace Number, in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions.

POST-PAYMENT RISK ASSESSMENT AUDITS

Each year, US Family Health Plan's Integrity Program requires post-payment risk assessment audits to be conducted. These audits are performed not only to assess risk, but also to ensure compliance of submitted claims information through review of medical record documentation. Each year's annual audits are carefully chosen based on the US Office of Inspector General's (OIG) Work Plan, along with any required by TRICARE to be performed annually. Once audit selections are made, USFHP gathers data based on audit criteria, pulling a random sample selection from claims data, and sends letters to providers requesting specific documentation.

Below are some of the key elements that are typically validated when reviewing documentation for post-payment risk assessment audits. This is not an all-inclusive list as all audits do not have the same required documentation elements:

- International Classification of Diseases, Clinical Modification (**ICD-10 CM diagnosis codes**)
- Current Procedural Terminology (**CPT**)
- Healthcare Common Procedure Coding System (**HCPCS**)
- TRICARE guidelines
- Modifier(s)
- Member information
- Provider information, which includes a valid signature
- Signature on File/Assignment of Benefits Form

Post-payment risk assessment audits are very time sensitive, allowing a 30-day window to

submit supporting documentation with no appeal rights. If documentation is not received within the specified time frame or the documentation does not support services billed, a letter will be sent informing you of the overpayment that will need to be refunded by a particular date. If the refund is not received by the date on the letter, then we will collect any inaccurate payments by offsetting against current or future claims. As a reminder, when a refund is requested or a recoupment occurs, you may not seek reimbursement for offset amounts from the beneficiary for whom the service(s) were provided; the beneficiary is only responsible for copayment for the service.



Alert! 2021 Audits Have Begun

2021 post-payment risk assessment audits are well underway, with letters requesting documentation for 2020 dates of service already sent. Please inform your Health Information Management and/or Medical Records department that USFHP's post-payment risk assessment letters will be arriving soon, if they haven't already! Any questions specific to the risk assessment audits should be directed to the contact person listed on your record-request letter.

PROTECT YOUR ONLINE ACCOUNTS FROM ATTACKS



Every day, we laboriously type in login credentials to access online accounts for banking, online shopping, work-from-home VPN portals and a vast range of other activities. But are those passwords actually keeping the accounts secure? Does your team create a complex, unique password for each account?

Look at two common types of credential attacks, to see what you're up against:

In a **brute force attack**, cybercriminals test as many different passwords as possible to force their way into users' accounts. Companies often guard against this by limiting the number of times a user can try a password before being locked out of an account.

With **password spraying**, hackers work around a password-attempt limit by trying a specific password across a wide range of accounts, before moving on to the next password. Cybercriminals can access compilations of commonly used login credentials in hacker forums and elsewhere online for password spraying attacks.

Password spraying is one of the easiest attacks for cyber-aware individuals to thwart—and therefore should be a top consideration. The key: avoiding repeat use of generic or common passwords because they are popular and easy to crack.

Three cyber-security hygiene tips can help protect online accounts:

1. Choose strong passwords

- **Mix it up, and down.** Choose complex passwords based on a memorable phrase and use both upper and lowercase letters. Instead of the password "hoops," use "IlTpbb" for "[I] [l] ike [T]o [p]lay [b]asket[b]all."
- **Add character.** Using the same idea above, add more complexity with numbers and special

characters: "Il!2pBb." This password will not be found by hackers in any online dictionary!

- **Go long.** Consider using the longest password permissible. "Pattern2baseball#4mYmiemale!" is even stronger because it has 28 characters, plus the above features.
- **Go wide.** Use different passwords on different systems and accounts.
- **Be mysterious.** Don't base passwords on personal information that can be easily accessed or guessed.

2. Try a password manager for 3 big benefits

A password manager program can help your team keep track of online credentials. They offer three quick benefits:

- You don't need to remember everything. The password manager does it for you. Often, it can also alert you if a password is weak or has already been used for another account.
- Using strong passwords is easy. Not only does a password manager remember passwords, it also can generate them—long, strong passwords and a different one for each access point. In the event of a breach, there won't be a cascading effect across numerous accounts because the passwords are unique.
- You can enjoy faster access. Users type a single password to enter the password manager. Then, when they need to enter credentials, they can have the password manager automatically populate the form, or they can easily copy and paste the username and password.

3. Enable multifactor authentication

Enable multifactor authentication on all online accounts when possible. Should an account's password become compromised, multifactor authentication helps thwart attackers from gaining access.

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, Qtrs 3/4
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.

RX: FASTER DIABETIC SUPPLIES THROUGH MAXOR PHARMACY

In January, US Family Health Plan began processing most diabetic supplies that are typically obtained as a durable medical equipment (DME) through the Maxor Pharmacies. This change aims to help streamline processes in the clinic and to reduce the wait times and delays patients may have experienced in receiving supplies from DME vendors.

Test strips and lancets are already available through Maxor as a pharmacy benefit. The following DME items are now available at the pharmacy level as well:

- **Glucose meters** — Freestyle Lite, Freestyle Freedom Lite and Precision Xtra meters are covered without prior authorization. Any other meter requires prior authorization.
- **Continuous glucose meters (CGMs) and sensors** — Freestyle Libre is preferred, but others such as Dexcom can be approved. All CGMs require prior authorization. Prior authorization forms will automatically be faxed to providers; you do not need to proactively fill out forms.

What you need to do if ordering a glucose meter, CGM or sensor:

- Simply e-prescribe to MXP pharmacy or a PacMed clinic pharmacy. (While network pharmacies may also fill these, MXP and PacMed clinic pharmacies are specifically trained to process these efficiently.)
- All other proactive work is unnecessary. If prior authorization is needed (i.e., a first fill of a CGM), the necessary paperwork will be faxed to you as the provider to fill out. The fax number to return the prior authorization is on the form.

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



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@pacmed.org

CONTACT US

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

MEMBER SERVICES

1 (800) 585-5833, option 2

CREDENTIALING

credentialing@USFHPPacmed.org

Lisa Velotta,
Credentialing Manager
(206) 774-5679

Miranda Suggitt
Credentialing Coordinator
(206) 774-5690

NETWORK CONTRACTING & PROVIDER RELATIONS

USFHPPProviderRelations@USFHPPacmed.org

(800) 585-5883, option 2

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

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.