

READY TO SERVE

A Newsletter for USFHP Network Providers

CHANGES TO OPIOID MONITORING AND PRESCRIBING

On January 1, 2019, new rules passed by the Washington Medical Commission for prescribing opioids went effect. The updated rules are summarized below. More pain management resources are available on the [Medical Commission website](#).

- ✪ Prescriptions must not be written for more than is needed for effective pain control. The rules provide specific timelines for each phase of pain; you must document the justification for such a quantity.
- ✪ Prescription Monitoring Program (or PMP) checks are required at first refill/renewal, during a pain phase transition and periodically based on the patient's risk level.
- ✪ Prescribing opioids must be based on clear documentation of unrelieved pain.

For the purpose of these rules, pain includes acute, perioperative, subacute and chronic. Inappropriate treatment of pain includes non-treatment, under treatment, overtreatment and the continued use of ineffective treatments. Finally, children and adolescent patients should be treated based on their weight, with dosage adjusted accordingly.

What you need to do to prescribe opioids:

- ✪ At both the first issuance of an opioid prescription and whenever a patient transitions to another pain phase, give the patient resources regarding the risks associated with opioids as well as the safe storage and disposal of opioids.
- ✪ Complete 1 hour of opioid-prescribing CME by the end of your next full CME reporting period after January 1, 2019.

These rules do not apply to palliative, in-patient hospital care, procedural medications and cancer related treatments.

Note about chronic-pain patients:

These rules do not change your ability to prescribe opioids to chronic-pain patients. These rules do not impose a prescribing limit. In fact, you can prescribe up to 120 MED without the need to consult a pain management specialist. As in the [2012 Pain Management Rules](#), when prescribing in excess of 120 MED, first consult with a pain management specialist and document such in the patient record.

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MAKING CHLAMYDIA SCREENING ROUTINE FOR OUR FEMALE PATIENTS

The US Preventive Task Force recommends that all sexually active women age 25 and younger receive routine screening for Chlamydia. A 2019 US Family Health Plan quality goal aims to significantly improve Chlamydia screening rates among our young, female members. Making Chlamydia screening a routine step in patient care can help these patients avoid reproductive-health issues.

An estimated 2.86 million Chlamydia infections occur annually among sexually active adolescents and young adults in the United States.¹ The majority of the women who have the condition do not experience symptoms. The main objective of Chlamydia screening is to prevent pelvic inflammatory disease, infertility and ectopic pregnancy, all of which have high rates of occurrence among women with untreated Chlamydia infections.^{2,3}

In February, USFHP provided our partner medical groups with a list of their patients within the target

population who may be considered at risk, based on claims data. Some practices have found that the most effective way to keep up with delivering this needed care is to routinely do a Chlamydia screen whenever a Pap smear is done for women in this age range.

We encourage our partners to support our goal for improved Chlamydia screening rates and reach out to potentially at-risk patients.

1 Satterwhite CL et al, Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *STD* 2013 Mar;40(30):187-93

2 Cates W, Jr., Wasserheit JN. Genital chlamydial infections: epidemiology and reproductive sequelae. *American journal of obstetrics and gynecology* 1991;164:1771-81.

3 Westrom L, Joesoef R, Reynolds G, Hagdu A, Thompson SE. Pelvic inflammatory disease and fertility. A cohort study of 1,844 women with laparoscopically verified disease and 657 control women with normal laparoscopic results. *Sexually transmitted diseases* 1992;19:185-92.

SIGN UP FOR DIRECT DEPOSIT OF PACMED CLAIMS PAYMENTS

Starting in May, PacMed will offer convenient and easy claims payments through InstaMed. Electronic remittance advice (ERA)/electronic funds transfer (EFT) is a convenient, paperless and secure way to have claim payments deposited directly into your bank account. To get your PacMed payments as ERA/EFT, register now with InstaMed.

This service delivers several benefits:

- ★ More convenient than receiving payments by check
- ★ Payments clear your account faster for improved control of cash flow
- ★ Eliminates paper checks and Explanations of Payments (EOPs)

To receive PacMed payments as free ERA/EFT, register with InstaMed at www.instamed.com/eraeft.



DEFENDING YOUR OFFICE AGAINST MEDICAL-DATA HACKING

Health care providers, health plans and related businesses continue to be prime targets for data hackers. From the start of the year through mid-March, more than 65 major breaches were

reported to US Dept. of Health and Human Services (DHHS).

How big is the problem, really?

The two largest data hacks since January happen to be in Washington State, with one breach involving 970,000 records and another, 400,000 records. All told, more than 2.5 million individuals were affected in the year's first quarter. The screen shot shows just four weeks of the DHHS breach-reporting data base.

Recent health care data breaches of 500+ records.

Breach Report Results						
Name of Covered Entity	State	Covered Entity Type	Individuals Affected	Breach Submission Date	Type of Breach	Location of Breached Information
Direct Scripts	OH	Healthcare Provider	9319	03/06/2019	Hacking/IT Incident	Network Server
Maffi Clinics	AZ	Healthcare Provider	10465	03/06/2019	Hacking/IT Incident	Network Server
RSC Insurance Brokerage, Inc.	MA	Business Associate	2088	03/01/2019	Theft	Laptop
Pasquotank-Camden Emergency Medical Service	NC	Healthcare Provider	20420	02/28/2019	Hacking/IT Incident	Network Server
Rush University Medical Center	IL	Healthcare Provider	44924	02/28/2019	Unauthorized Access/Disclosure	Network Server
Humana Inc	KY	Health Plan	1447	02/27/2019	Hacking/IT Incident	Network Server
West Virginia Public Employees Insurance Agency	WV	Health Plan	1400	02/27/2019	Hacking/IT Incident	Network Server
Molina Healthcare	CA	Health Plan	895	02/22/2019	Hacking/IT Incident	Network Server
Delaware Guidance Services for Children and Youth, Inc.	DE	Healthcare Provider	50000	02/22/2019	Hacking/IT Incident	Desktop Computer, Electronic Medical Record, Email, Laptop
UConn Health	CT	Healthcare Provider	326629	02/21/2019	Hacking/IT Incident	Email
Rocky Boy Health Center	MT	Healthcare Provider	6000	02/21/2019	Theft	Other
Rutland Hospital, Inc. d/b/a/ Rutland Regional Medical Center	VT	Healthcare Provider	72224	02/20/2019	Hacking/IT Incident	Email
UW Medicine	WA	Healthcare Provider	973024	02/20/2019	Hacking/IT Incident	Network Server
Columbia Surgical Specialist of Spokane	WA	Healthcare Provider	400000	02/18/2019	Hacking/IT Incident	Network Server
OneDigital/Digital Insurance, LLC	GA	Business Associate	2763	02/15/2019	Theft	Laptop

Source: U.S. Department of Health and Human Services Office for Civil Rights, Breach Portal: https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf

COMPLIANCE – CONTINUED

INFORMATION TYPE	BLACK MARKET PRICE
Credit Card Number	\$ 1.50
Date of Birth	\$ 3
Social Security Number	\$ 3
Mother’s Maiden Name	\$ 6
Employee Login Credentials	\$ 10
Medical record information	\$ 6-50
“DOS” - Ransomware	\$133,000 – ransom and recovery



Why the persistent pursuit of medical data?

Why medical data? Because the data is valuable—more lucrative on the black market than a credit card or Social Security number. Medical record data can reap the hacker \$6-50 per record.

What’s the biggest danger?

For medical organizations, trojan malware seems to a major threat, even greater than ransomware. The malware (bad or malignant software) often arrives in an email, perhaps disguised as an invoice, payment or other familiar or official-looking message. Clicking a link or image in the “phishing” email downloads a malicious program to the system. Then, every time the system starts up, the malware searches for useful, valuable medical data to steal.

What steps can I take to avoid cyber-attacks?

- ✦ Recognize phishing attacks and report them (even from trusted sources)
- ✦ Don’t click on links or open attachments unless you are expecting them
- ✦ Update your personal devices monthly to reduce vulnerabilities
- ✦ Use antivirus software on personal devices, including smart phones, Apple and Windows
- ✦ If you think your account has been compromised, report it to your help desk or customer support immediately
- ✦ Enable two-step authentication where possible



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Introducing Sonal Shahane

*Supervisor, Network Contracting
and Provider Relations*

Please welcome Sonal Shahane as our new supervisor of network contracting and provider relations. Sonal comes to us with 14 years' experience in strategic health care operations. As a management professional, she has focused on improving the quality and efficiency of health care services.



As the need to improve health care services became increasing apparent, Sonal, a physician in India, decided to steer her career into health care management. Prior to joining PacMed, she was general manager of operations at Healthspring Family Health Experts, an organization with over 200 doctors and 25 clinics in Mumbai and Pune, India. In that role, Sonal oversaw health care services operations and provider network contracting and relations. She moved to the Seattle region last year.

Sonal is delighted to be a part of the PacMed family. "I am an easygoing and cheerful person who is always willing to learn," she says. In her spare time, she enjoys hiking, skiing and exploring new places—a perfect fit for the Northwest!

CONTACT US

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

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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

Although US Family Health Plan and Health Net Federal Services both administer the TRICARE Prime benefit — we're not the same organization! Please make sure that bills/claims/ referrals or anything else intended for USFHP does not go to Health Net (or vice versa). This will avoid complication and undue frustration for our beneficiaries, you and for us.