

READY TO SERVE

A Newsletter for USFHP Network Providers



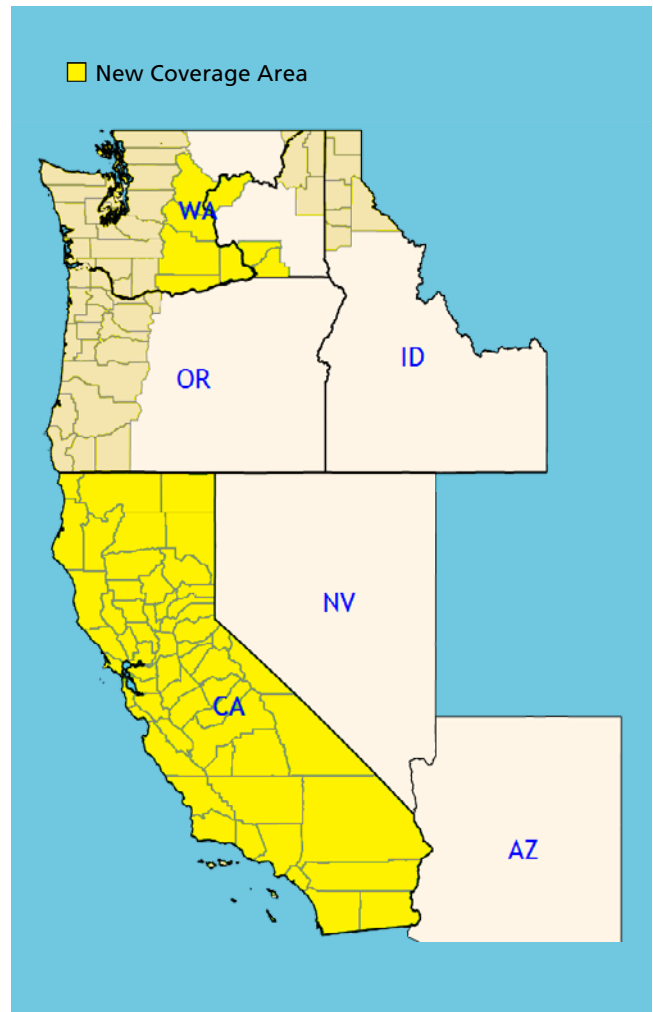
USFHP GROWS ITS SERVICE AREA, AGAIN!

The US Family Health Plan at PacMed recently gained approval to expand its service area, again. We look forward to serving new members in seven new counties in central Washington and in most of California.

We are especially grateful to our growing network of partners who care for, and care about, our members. You play an important role in the health and welfare of our military families, contributing to the readiness of our nation’s military. You are also fulfilling the promise of continued healthcare to those who have served.

Over the last couple of years, the US Family Health Plan at PacMed welcomed new members in parts of Spokane and Stevens counties, Washington; northern Idaho; and western Oregon. Our service area now extends from the Canadian border in western Washington to the Mexican border in southern California.

We are proud to support our military families.



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INFORMATION SECURITY TEAM MESSAGE:

FOUR STEPS TO STAYING SAFE ONLINE

We can all help build a safer, more trusted digital world. Follow these four simple steps to stay safer online at home, work, and school. Share these tips with colleagues, family, and friends to help build a significantly safer online world.

1. Use Strong Passwords

Strong passwords are long, random, unique, and include all four character types (uppercase, lowercase, numbers and symbols). Password managers like 1Password and LastPass are a powerful tool to help easily create strong passwords for every account. And when you use a password manager, you never have to search through scraps of paper or notebooks to find a password. Most include both desktop and mobile options, so your passwords are always at your fingertips.

2. Turn On Multifactor Authentication, aka, MFA

There's more you can and should do for security than just creating strong passwords for your online accounts. Enabling multifactor authentication (MFA) makes you significantly less likely to get hacked. MFA requires an extra step to log in, like entering a code that is texted or emailed



to you, or using a related authentication app. The extra security is well worth the modest extra effort. Enable MFA on all your online accounts that offer it, especially email, social media, and financial accounts.

3. Recognize & Report Phishing

Be cautious of unsolicited messages asking for personal information. Be highly cautious about sharing sensitive information or credentials with any website, and never share with unknown sources. Banks and other financial institutions will never ask you to provide passwords, account numbers, or any other sensitive information in response to an email. At work, report phishing emails to your corporate help desk. At home, delete the phishing messages.

4. Update Software

Software is continuously updated as new threats or vulnerabilities are identified. Ensuring your software is up-to-date on all your desktop, mobile, and connected devices is the best way to make sure you have the latest security patches and updates. Enable auto-update or regularly check for updates if automatic updates are not available.

USFHP at PacMed Information Security Team

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PHARMACY UPDATE:

CHANGES IN PHARMACY COPAYS WILL BEGIN JANUARY 1, 2024

On January 1, 2024, changes in pharmacy copayments for military health plans will take effect.* All military health plans will see this change occur. These changes are required by law and affect TRICARE beneficiaries who are not active duty service members. The new copayments are listed in the chart below:



COPAY TIER	PHARMACY	COST Rx PER FILL	COST Rx PER YEAR
Tier 1 Formulary Generics	Mail Order or PacMed Pharmacies	\$13	\$52
	Network Pharmacies	\$16	\$192
Tier 2 Formulary Brands	Mail Order or PacMed Pharmacies	\$38	\$152
	Network Pharmacies	\$43	\$516
Tier 3 Non-Formulary	Mail Order or PacMed Pharmacies	\$76	\$304
	Network Pharmacies	\$76	\$912
Tier 4 Non-Covered Drugs		Full Cost of Drug	Full Cost of Drug

For the lowest copayments, consider using Mail Order (MXP) or a PacMed Clinic Pharmacy. You can fill up to a 90-day supply of medication using Mail Order (MXP) or PacMed Clinic Pharmacies. This can save you over \$600 per prescription per year in copayments. If you are not using Mail Order (MXP), call Maxor customer service toll free at 866-408-2459 to ask how to move your prescriptions over.

*Copayments for survivors of ADSMs will remain the same. Medically retired service members and their family members also will not see a change in their copayments next year.

Waiving Patient Financial Responsibility Is Prohibited

Compassionate providers may sometimes feel compelled to waive or discount copayments, cost shares, or deductibles. But they should think twice: such actions violate both their contract with USFHP and TRICARE® policy.*

According to the Department of Health and Human Services, Office of Inspector General, “It is unlawful to routinely waive copayments, deductibles, coinsurances, or other patient responsibility payments.” This applies to health care and services paid by Medicare, TRICARE/ CHAMPUS, and any other program paid partially or in full with federal funds. It also includes professional courtesy as well as “take what insurance pays” (TWIP) policies. Waiving or discounting out-of-pocket costs for USFHP beneficiaries is considered fraud and abuse.

In the healthcare industry, a discount is a reduction in the normal charge based on a specific amount of money or a percentage of the charge. To comply with government and insurance policies, any discount must apply to the total bill, not just the part that is paid by the patient. For example, if a patient owes a 20% copay on a \$25 charge (\$5) and the physician applies a discount of \$5, then the charge is reduced to \$20, and the patient must pay \$4, and the insurance company will pay \$16.

*According to the United States Code, Title 10, Sections 1079 and 1086



The practice of discounting has been interpreted as a fraudulent misrepresentation of physician charges. Providers can be fined or face other legal proceedings for waiving or discounting patient cost shares. It can also result in USFHP refusing to pay claims, removal of the provider from the network, or suspension of USFHP authorized provider status. Loss of authorized provider status can also cause a provider to be banned from other federally funded government programs such as Medicaid and Medicare.

Physicians should be extra cautious in bestowing professional courtesy, including discounts and waivers. They should also take care that professional courtesy is not linked to referrals, either in reality or in appearance. Detailed documentation of a patient’s financial hardship or failed good-faith collection efforts should be kept.

COST INCREASES FOR 2024

The Defense Health Agency has announced cost changes for 2024.

Annual enrollment fees for TRICARE Prime and TRICARE Select will increase. By law, the Department of Defense is required to raise certain out-of-pocket cost shares. These increases are based on the annual cost of living adjustment (COLA) for retirees. These increases are also due to changes in the cost of health care services and other factors.

For retirees, 2024 annual enrollment fees will be based on when the sponsor entered the military:

- **Those who entered active service before 1/1/2018 — \$363 per individual or \$726 per family**
- **Those who entered active service on or after 1/1/2018 — \$438.96 per individual or \$879 per family**

Beneficiaries whose sponsor has an initial service date before January 1, 2018, will not pay the increases, as long as at least one family member remains enrolled in



TRICARE Prime and they are:

- **Survivors of active duty deceased sponsors**
- OR
- **Medically retired Uniformed Services members and their dependents**

For a full list of changes please visit:

<https://newsroom.tricare.mil/News/TRICARE-News/Article/3582211/know-your-2024-tricare-health-plan-costs>



ATTENTION: 2024 COPAY REFERENCE GUIDE

THE COPAY REFERENCE GUIDE FOR 2024 CAN BE FOUND HERE:

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



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.

TOOLS YOU CAN USE:

USFHPNW Provider Portal



US Family Health Plan providers can view USFHP eligibility and claims status electronically through our provider portal. In addition, referral coordinators can submit referrals and view authorization status on the portal. Our goal is to make working with us that much easier!

To set up your account, contact USFHP Provider Relations at ProviderRelations@USFHPpacmed.org

Already have a portal account? Please let your caregivers know they can gain access by reaching out to designated administrators in your organization.

Electronic Referral Now Available

We are pleased to announce providers can now submit referrals electronically through the **USFHP HealthTrio provider portal**. Users with a ‘Referral Coordinator Active’ role assigned to their profile can submit referrals for specialist, outpatient or facility admission services. Local administrators should contact ProviderRelations@USFHPpacmed.org for training on how to use this new feature and to get set up.

Type	Payer Name	SOP	SSI Payer ID	Payer Health Plan ID	Claims (837)	Secondary Available	File Level Acknowledgement	Claim Level Reporting
INST	PACIFIC MEDICAL CENTERS (PACMED USFHP)	COM	9999-048F	87347	● In Production ● Enrollment Required ● Clear	●	●	PLR
PROF	PACIFIC MEDICAL CENTERS (PACMED USFHP)	COM	9999-048F	87347	●	●	●	PLR

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.

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



ATTENTION: TRICARE PROGRAM MANUAL

Please be aware that we will be switching over to using 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 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 members, 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.