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NETWORK DEVELOPMENTS FOR 2026

Happy New Year from US Family Health Plan!

As we welcome 2026, we would like to extend our sincerest thanks to our provider network for your continued dedication to providing care to our military beneficiaries. Your commitment to delivering high quality, compassionate care makes a meaningful difference every day. We wish you a healthy, successful, and fulfilling new year, and we look forward to continuing our partnership in the year ahead.

**Happy
New
Year**

IMPORTANT CHANGES, EFFECTIVE JANUARY 1, 2026

US Family Health Plan has dissolved our business partnership with our third-party behavioral health (Magellan) and high-tech radiology (Evicore) vendors.

Behavioral Health and Radiology providers (practitioners and facilities) will now be contracted and credentialed directly through US Family Health Plan at SVCMC. All services related to the administration of the TRICARE Prime benefit, including claim adjudication, will be managed in-house.

What you can expect:

- Prior Authorizations are handled directly by our Utilization Management team
- A more efficient, hands-on approach between providers and the Plan
- A dedicated team providing support to both providers and beneficiaries

- Greater efficiency, communication and responsiveness
- Seamless claim adjudication ensuring faster processing times

The Provider Network, Contracting, and Credentialing teams have worked diligently to create two brand new networks to ensure exceptional care is provided to our beneficiaries. A listing of participating providers can be found directly on our website www.usfhp.net.

US Family Health Plan remains committed to providing high quality service to our military beneficiaries and providers alike. We thank you for your continued support and look forward to offering you a streamlined administrative process and prompt reimbursement. Please contact provnetwork@svcmcny.org with your questions or for further information.



SEND US YOUR ROSTERS FOR RECONCILIATION



RECRUITING HOME VISIT PROVIDERS



To ensure the integrity of our provider data, the Plan requests that you forward your group/physician roster at a minimum every 6 months for reconciliation. This ensures that our beneficiaries are calling the correct phone numbers, gauging timely access from their home to your office, and you are receiving all Plan information and notices. Ensuring that USFHP has the most updated provider information is pivotal for claims processing and maintaining the integrity of our provider directory.

Going forward, we will accept rosters that include Behavioral Health (BH) providers for all non-hospital system groups. The credentialing process remains unchanged, and no amendments are required for current group practice contracts. If you have any questions, please reach out to our team at provnetwork@svcmcnyc.org

USFHP is currently seeking Home Visit Providers to join our network. If you have a provider who is interested in becoming credentialed, please contact us at provnetwork@svcmcnyc.org to begin the credentialing process. Or, if your practice offers this service, please let us know.

MAXORPLUS IS NOW VYTLONE

Effective January 1, 2026, Maxor Plus has officially changed its name to **VytlOne**. Beneficiaries have received official notice, and we want to reassure you that there will be no changes to the quality of services provided to our beneficiaries. The pharmacy benefit will remain unchanged.

Customer Service can be reached at 800-687-0707
Order: Phone 866-408-2459 or Fax 866-222-3274
Mail Order: PO Box 32050, Amarillo, Texas 79120-2050



IMPORTANT NOTICE: UNDERSTANDING TRICARE-ALLOWABLE CHARGES AND BALANCE BILLING

To ensure our beneficiaries receive the full benefit of their coverage and to maintain compliance with your provider agreement, please review the following guidelines regarding billing practices.

Key Definitions

- **TRICARE-Allowable Charge:** This is the maximum amount TRICARE/USFHP will pay for a procedure, service, or piece of equipment. This rate varies based on the provider type, location, and date of service. This amount is used to calculate the beneficiary's cost-share.
- **Balance Billing:** This occurs when a provider bills a beneficiary for the difference between the provider's

standard "billed amount" and the TRICARE-allowable charge.

Provider Obligations

As a **USFHP Network Provider**, you have signed an agreement to accept a negotiated rate as payment in full.

- **No Balance Billing:** You may not bill beneficiaries for any amount exceeding the TRICARE-allowable charge.
- **Member Responsibility:** Beneficiaries are only responsible for their designated copayments or cost-shares.
- **Claims Filing:** Network providers agree not to file claims against members for covered services.

CLAIMS CORNER

As the calendar turns another year, the annual procedure and diagnosis code updates are now in effect. This year brings 418 changes to the Current Procedural Terminology (CPT) code set. Providers are encouraged to review all edits and additions to ensure medical claims are coded accurately and with the highest level of specificity. Taking these proactive steps will help prevent billing errors, claim denials, and potential revenue loss.

Got medical claim questions? We're here to help!
Email: ClaimsInquiry@svcmcnyc.org

USPSTF "PREVENTION TASK FORCE" APP



The US Preventive Services Task Force offers a free mobile app that allows providers to quickly check preventive screening recommendations by age, sex, and risk profile.

Download here:

<https://www.uspreventiveservicestaskforce.org/apps/>

This tool supports efficient preventive care planning and several HEDIS preventive health measures.



PROVIDERS ARE OUR PARTNERS IN HEALTHCARE



Healthy People 2030

Healthy People 2030 Localizing National Goals

Healthy People 2030 set 10-year national objectives for improving population health — many align

directly with TRICARE's quality goals.

- **Preventive care:** Screenings, immunizations, and tobacco-cessation programs tie into *Chronic Disease Prevention* HEDIS measures.
- **Mental health:** Reducing depression and suicide rates supports *Follow-Up After Hospitalization (FUH)* and *Follow-Up After ED Visit (FUM/FUA)* goals.
- **Healthy aging:** Encourage annual wellness visits — TRICARE covers one every 12 months.

TIP: Preventive Care = Quality Care and Stronger HEDIS Performance

Supporting Healthy People 2030 Goals Through Member Education

The US Family Health Plan Marketing team is ensuring that our beneficiaries are in the know when it comes to Healthy People 2030 education.

In support of national Healthy People 2030 objectives, US Family Health Plan Health Benefit Consultants (HBCs) continue to reinforce preventive care and overall wellness across our beneficiary communications. Our Marketing team is focused on promoting clear, accessible health information that

helps military families stay engaged in their care and encourage healthy daily habits.

For the upcoming year, our outreach efforts will include expanded messaging around:

- The importance of annual wellness visits and routine preventive screenings
- Managing chronic conditions through healthy lifestyle choices
- Physical activity and maintaining healthy routines
- Supporting mental and emotional well-being
- Navigating available USFHP resources to improve overall health outcomes

By aligning our educational materials with these core wellness goals, we aim to strengthen collaboration with our provider partners and support the long-term health of our beneficiaries and their families. The US Family Health Plan remains dedicated to our beneficiaries and our providers. Our commitment to you:

- Streamlined authorization and referral processes
- Timely updates on care gaps and quality initiatives
- Clear communication on US Family Health Plan guidelines and benefit changes

Our beneficiaries depend on the strong relationship between the Plan and their healthcare providers. Together, we can strengthen health outcomes, improve member satisfaction, and honor our shared mission of supporting our military families and retirees.

MARCH IS COLORECTAL AWARENESS MONTH



March is Colorectal Cancer Awareness Month, a key opportunity to reinforce the importance of lifesaving screenings. Providers play a vital role in increasing screening rates, as clear recommendations from trusted physicians are among the strongest predictors of whether a patient completes a screening. Taking time to discuss screening options, address patient concerns, and emphasizing prevention can make a meaningful, lifesaving difference. Join us in wearing blue on March 6th and use the opportunity to educate patients about the importance of early detection.

Here are some coding tips for colonoscopies:

Screening vs. Diagnostic Colonoscopies

- | | |
|--|--|
| <ul style="list-style-type: none">• Preventive Screening Colonoscopies
- <i>Do NOT require prior authorization</i>
These are screening services and must be clearly identified as such through appropriate coding/modifier use. | <ul style="list-style-type: none">• Diagnostic Colonoscopies
(e.g., evaluation of symptoms, history of polyps, positive findings, etc.)
- <i>DO require prior authorization</i> |
|--|--|

This policy distinction remains unchanged. However, beginning in late summer/early fall 2025, USFHP aligned claims processing and authorization logic to ensure consistency with this long-standing distinction. As a result, diagnostic colonoscopies submitted without prior authorization are now being denied as expected.

HEDIS SPOTLIGHT: BEHAVIORAL HEALTH

Did you know more than 30% of behavioral health readmissions occur within 30 days of discharge?

Why it matters: Early follow-up after inpatient discharge is one of the strongest predictors of recovery and lower readmission risk

What to do: Encourage beneficiaries to schedule a follow-up appointment *before* being discharged with a credentialed behavioral health professional

Telehealth counts: Visits within 7 and 30 days (modifier 95 or GT) meet the measure

Provider tip: PCP visits only qualify if the PCP is credentialed for behavioral health

BENEFIT UPDATES

RECENT HIGHLIGHTS:

- **Clarified:** Mammography/tomosynthesis (CPT 77061–77067) does not require prior authorization
- **Reclassified:** CPT II quality-reporting codes are “Covered – As Informational”

AUTHORIZATION TIPS

Authorizations Simplified

The Prior Authorization List (PAL) is updated **monthly** to align with TRICARE policy changes.

- **Check before submitting:** Always reference the current PAL to avoid denials based on outdated codes
- **Documentation matters:** Clinical documentation must be submitted; including supporting records and test results

The Member Services Call Center can assist with questions about coverage and prior authorization requirements. Our UM partner, Toney Healthcare, is also available to assist with questions related to PA requirements.

GET INVOLVED



US Family Health Plan invites participating providers in good standing with the Plan to serve on our Credentials Committee. This is an opportunity to contribute to the quality and standards of care within our provider network. If you are interested in serving on this committee, please contact our Chief Medical Officer at credentialing@svcmcn.org.

BECOME A MEMBER OF THE NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

The National Disaster Medical System (NDMS) is a federally coordinated partnership between public and private health and medical professionals who are committed to protecting health and saving lives when a disaster strikes. There are many ways that NDMS team members serve communities across the nation, providing



the best care during the worst of times. Opportunities to participate are available to healthcare clinicians and hospitals. Visit the Administration for Strategic Preparedness & Response website for more information on the NDMS and how you can participate: <https://aspr.hhs.gov/NDMS/Pages/default.aspx>

MEDICAL RECORD REQUESTS DURING HEDIS SEASON



As HEDIS review season begins, timely responses to medical record requests are especially important.

To support the process:

- Prioritize chart requests identified as HEDIS-related
- Use the secure submission method indicated (encrypted email: HEDIS@svcmcn.org, Datavant: 1863669 or MRO: 354963)
- Send all requested pages as soon as possible to reduce follow-up outreach
 - Requests may come from our partner Optum. Please

treat them in the same manner you would treat requests from USFHP

Quick record submission ensures accurate HEDIS reporting and reduces the administrative burden for provider offices.

- Managing chronic conditions through healthy lifestyle choices
- Physical activity and maintaining healthy routines
- Supporting mental and emotional well-being
- Navigating available USFHP resources to improve overall health outcomes

LEAPFROG HOSPITAL SAFETY GRADE FALL 2025



Congratulations to our participating hospitals and hospital systems who received a Leapfrog Hospital Safety Grade with the Fall 2025 release. This achievement reflects your commitment to high-quality patient care and evidence-based practices.

58% of our network hospitals earned an “A” Grade, compared to 32% nationwide. Thank you for the exceptional care you provide to our enrolled beneficiaries.

- ❖ Abington Memorial Hospital - Jefferson Health
- ❖ Bayshore Medical Center - HMH
- ❖ Chilton Medical Center - AHS
- ❖ Community Medical Center - RWJBH
- ❖ Danbury Hospital - Nuvance Health
- ❖ Glen Cove Hospital - Northwell Health
- ❖ Huntington Hospital - Northwell Health
- ❖ Inspira Medical Center Elmer
- ❖ Inspira Medical Center Mullica Hill
- ❖ Jefferson Cherry Hill Hospital - Jefferson Health
- ❖ Jefferson Frankford Hospital - Jefferson Health
- ❖ Jefferson Lansdale Hospital - Jefferson Health
- ❖ Jefferson Washington Township Hospital - Jefferson Health
- ❖ Jersey Shore University Medical Center – HMH
- ❖ Lehigh Valley Hospital - Pocono - Jefferson Health
- ❖ Lehigh Valley Hospital - Schuylkill - Jefferson Health
- ❖ Lenox Hill Hospital - Northwell Health
- ❖ Long Island Jewish Forest Hills - Northwell Health
- ❖ Long Island Jewish Valley Stream - Northwell Health
- ❖ Mather Hospital - Northwell Health
- ❖ Monmouth Medical Center - RWJBH
- ❖ Monmouth Medical Center Southern Campus - RWJBH
- ❖ Morristown Medical Center - AHS
- ❖ Newton Medical Center - AHS
- ❖ Northern Westchester Hospital - Northwell Health
- ❖ NYU Langone Hospital - NYU
- ❖ NYU Langone Hospital Brooklyn - NYU
- ❖ NYU Langone Hospital Tisch - NYU
- ❖ Ocean Medical Center - HMH
- ❖ Overlook Medical Center - AHS
- ❖ Peconic Bay Medical Center - Northwell Health
- ❖ Phelps Hospital - Northwell Health
- ❖ Plainview Hospital - Northwell Health
- ❖ Raritan Bay Medical Center - HMH
- ❖ Riverview Medical Center - HMH
- ❖ Robert Wood Johnson University Hospital at Hamilton - RWJBH
- ❖ Robert Wood Johnson University Hospital at Rahway - RWJBH
- ❖ Robert Wood Johnson University Hospital Somerset - RWJBH
- ❖ South Shore University Hospital - Northwell Health
- ❖ Southern Ocean Medical Center - HMH
- ❖ St Catherine of Siena Hospital - CHSLI
- ❖ St Charles Hospital - CHSLI
- ❖ St Francis Hospital - The Heart Center - CHSLI
- ❖ St Luke’s Hospital Allentown Campus - SLHN
- ❖ St Luke’s Hospital Anderson Campus - SLHN
- ❖ St Luke’s Hospital Bethlehem - SLHN
- ❖ UConn John Dempsey Hospital



CONTACT US

MEMBER SERVICES

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Email: usfamily@svcmcnyc.org

PROVIDER NETWORK

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PROVIDER CONTRACTING

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PROVIDER CREDENTIALING

Email: credentialing@svcmcnyc.org

PLAN WEBSITE

www.usfhp.net