US FAMILY HEALTH PLAN
A TRICARE Prime® Option

US Family Health Plan Provider Newsletter

for USFHP Providers

VOL 4 • ISSUE 3 • SUMMER 2026

In This Issue

BACK-TO-SCHOOL VACCINATIONS:
Partnering to Keep Our Military Children Healthy

As the new school year approaches, summer is the perfect time to help members get caught up on recommended immunizations before schedules become busy. We encourage our provider partners to promote back-to-school vaccination appointments early to improve access, reduce last-minute demand, and help ensure children are protected before returning to the classroom.

Every patient encounter is an opportunity to review immunization status. Whether members are seen for well-child visits, sports physicals, follow-up appointments, or acute care visits, checking vaccine records and administering any needed vaccines can help improve immunization coverage and prevent missed opportunities.

Please remember to review age-appropriate immunizations, including:

- **School-entry vaccines:** Ensure children meet state school immunization requirements and are up to date on all recommended routine childhood vaccines
- **Adolescents (11–12 years):** Tdap, meningococcal (MenACWY), and the HPV vaccine series
- **Older adolescents (16 years):** Meningococcal (MenACWY) booster, with consideration of MenB vaccination when clinically appropriate
- **Seasonal influenza vaccine:** Encourage families to schedule their annual flu vaccine once it becomes available

Strong provider recommendations continue to be one of the most important factors influencing vaccine confidence and acceptance. Consider using reminder and recall outreach, reviewing immunization records before scheduled appointments, and educating families on the importance of timely vaccination to help improve adherence to recommended immunization schedules.

Thank you for your continued partnership in delivering high-quality preventive care to our members. By working together, we can help increase vaccination rates, reduce vaccine-preventable illnesses, and ensure children are healthy and ready for a successful school year.

Provider Engagement in Action

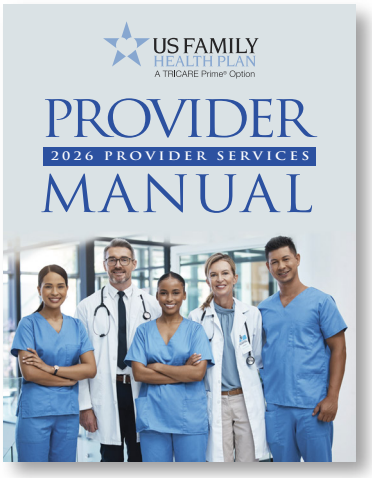
Our Provider Relations team has enjoyed connecting with practices across our network through recent site visits. These visits have provided valuable opportunities to strengthen relationships, answer questions, share resources, and better understand the needs of our provider community. The visits have also proven to help our providers gain a better understanding of who we are and who we serve. The visits do not require record auditing or documentation review. These visits are an important component to our Provider Engagement initiative.

We appreciate the warm welcome and the positive feedback we've received from providers and your staff. Your openness, collaboration, and willingness to share ideas have helped us identify opportunities to enhance our support and improve the overall provider experience.

We look forward to continuing our outreach efforts and meeting with even more practices in the coming months. If your Ambulatory Surgical Center or Skilled Nursing Facility would like to schedule a visit, please contact Diane Sassone **dsassone@svcmcny.org** to schedule.

Thank you to our partner facilities for providing exceptional care to our military community every day.

Provider Manual



Our Provider Manual is your go-to resource for important policies, procedures, and guidelines that support efficient and accurate service delivery. Whether you're looking for information on documentation requirements, billing processes, referrals, or program updates, the manual is designed to help answer your questions and keep you informed.

We encourage all providers to take a few minutes to review the Provider Manual on our website and bookmark it for future reference. Staying familiar with its contents helps ensure compliance, promotes consistency, and supports a smooth experience for both providers and the individuals we serve.

Thank you for your continued partnership and commitment to providing high-quality care!

Our Provider Manual is available on our website at **https://usfhp.net/for-providers/**

Keep Your Practice Information Current

Accurate provider information helps members access care without unnecessary delays or frustration. Please notify us within 30 days if:

- Your practice is no longer accepting new patients
- Your practice address, telephone number, office hours, or other demographic information changes
- Keeping your practice information up to date helps us:
  - Maintain an accurate provider directory
  - Direct members to providers who are available to meet their healthcare needs
  - Reduce unnecessary calls to your office and our Member Service Customer Service team
  - Minimize member frustration and support timely access to care

Thank you for partnering with us to keep your practice information current and help ensure our members receive the best possible experience.

Provider Orientation Educational Webinar

USFHP invites all newly contracted and credentialed providers to attend a provider orientation webinar to learn more about US Family Health Plan.

The webinar includes an overview of:

- **Plan information**
- **Provider reference guides**
- **Tools and resources to help you navigate your interactions with USFHP**

You may register by visiting **www.usfhp.net** or by reaching out to our Provider Network team at provnetwork@svcmcny.org

Coming Soon!

We're excited to share new resources and opportunities designed to support your practice and strengthen our partnership. Keep an eye out for:

- **Provider Experience Survey**
- **Children's Wellness Toolkit**
- **Medical Record Request Contacts Information -** We'll be asking you to verify your organization's medical record request contact information to help ensure requests are sent to the right person and processed as efficiently as possible.

USFHP Prior-Authorization Process

Providers must request prior authorization at least seven (7) days before a planned (elective) admission for the following services:

- Acute hospital admission
- Acute or sub-acute rehabilitation
- Skilled nursing facility (SNF) admission
- Ambulatory Surgery
- Inpatient respite care that is part of a pre-approved home hospice program
- Inpatient mental health services

Prior authorization form must be completed in its entirety.

Please Note: *General inpatient hospice is not a covered benefit and will be evaluated on a case-by-case basis.*

For Physical Health, Mental Health, and Radiology Services

- **Fax** completed prior authorization form to: 866-337-8690
- **Online Provider Portal:** **https://usfhp.net/for-providers/** Aerial/iExchange/Medecision
- **Status Inquiry** for authorization status call: 800-241-4848, Option 4

Prior authorization is needed for the following services (this is not an all-inclusive list):

- Durable Medical Equipment (DME)
- High-tech radiology (CT scan, MRI, MRA, PET; low-tech with contrast)
- Home Health Services
- Hospice Care
- Inpatient elective admissions
- Inpatient mental health services: RTC, SUD, PHP, IOP, ABA and Neuromodulation
- Out-of-network care
- Prosthetics and orthotics
- Skilled Nursing Facility admissions
- Sleep studies

USFHP vs VA Healthcare: What's The Difference?

While both the US Family Health Plan (USFHP) and Department of Veterans Affairs (VA) healthcare serve members of the military community, they are fundamentally different programs.

USFHP is a TRICARE option available to eligible military retirees, active-duty family members, and certain other military beneficiaries. It operates through civilian healthcare networks and functions much like a managed-care health plan, with members receiving care from participating community physicians, hospitals, and specialists.

VA healthcare, by contrast, is a federally operated healthcare system designed specifically for eligible veterans. Care is primarily delivered through VA medical centers and clinics, although veterans may also receive care from community providers under certain circumstances.

The key distinction is that USFHP is a Department of Defense-sponsored health plan for military beneficiaries, while VA healthcare is a veteran-focused healthcare system administered by the Department of Veterans Affairs. Eligibility requirements, provider networks, and care delivery models differ significantly between the two programs.

Some military retirees who are also veterans may qualify for both programs and choose to use each for different healthcare needs.

Completing Standardized Mental Health Measures

Evidence-based mental health screening tools are validated instruments used to identify symptoms, determine severity, and guide treatment for conditions like depression, anxiety, and post-traumatic stress disorder. Key tools include the PHQ-9/PHQ-2 (depression), GAD-7 (anxiety), and PCL-5 (PTSD). Standardized measures are required and must be completed at treatment baseline, at 60-day intervals, and at discharge across all settings (inpatient, outpatient, PHP, RTC) for US Family Health Plan beneficiaries in an active mental health treatment plan.

Tips from the Provider Network Team

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

DRG Tip

All inpatient stays require a DRG to be submitted by the provider. The DRG must be present in box 71 of the UB04 form via paper claims. Electronic claims must present the DRG in Loop 2300, Segment HI01-2. Any claims without DRG information will be denied.

Telehealth Place of Service (POS) Tip

When billing for telehealth services, it is important to know the patient's location at the time the service is provided. Place of Service (POS) codes 02 and 10 both indicate telehealth services but are distinguished by where the patient is located.

- **POS 10** – Use when the patient receives telehealth services in their home (private residence).
- **POS 02** – Use when the patient receives telehealth services outside of their home, such as in a clinic, hospital, or other healthcare facility.

Use the appropriate Place of Service code based on the patient's location. In addition, the required telehealth modifier(s) must be reported with all telehealth services, including mental health services.

NPI Verification Tip

Why it matters:

Using the correct National Provider Identifier (NPI) on every claim is essential for timely and accurate claims processing. Verify that the billing, rendering, attending, and referring provider NPIs are accurate before submitting a claim.

Submitting a claim with an incorrect NPI may result in:

- Claim denials
- Payment delays
- Requests for corrected claims

Common NPI Errors to Avoid:

- Using an incorrect or outdated National Provider Identifier (NPI)
- Entering the rendering provider NPI in the wrong claim field
- Submitting claims with an NPI that does not match the provider who performed the service

Best practice:

Before submitting a claim, verify that all NPIs are accurate, active, and entered in the appropriate claim fields. Taking this simple step can help reduce administrative rework, prevent payment delays, and support faster, more efficient claims processing.

Remember: Accurate claim submissions benefit both your practice and our members by promoting timely reimbursement and reducing unnecessary processing delays.

Type I Individual NPI

- Report the individual provider's Type I NPI in Field 24J of the CMS-1500 claim form and Field 76 of the UB-04 claim form, as applicable
- If the provider is enrolled as a sole proprietor and is not affiliated with an organization, Box 33 of the CMS-1500 must include the individual's name, address, ZIP code, and telephone number
- For a sole proprietor who is not affiliated with an organization, Box 33A must contain the individual's Type I NPI, which must match the NPI reported in Field 24J

Type II (Group/Organizational) NPI

- A Type II NPI is assigned to the organization or group practice with which the individual provider is affiliated
- Report the Type II NPI in Field 33A of the CMS-1500 claim form and Field 56 of the UB-04 claim form, as applicable
- Box 33 of the CMS-1500 must include the group or organization name, address, ZIP code, and telephone number that correspond to the Type II NPI reported in Field 33A
- If the National Plan and Provider Enumeration System (NPPES) indicates "Yes" for the Sole Proprietor designation, a Type II (Group/Organizational) NPI is not applicable
- If NPPES indicates "No" for the Sole Proprietor designation, a valid Type II (Group/Organizational) NPI must be reported when applicable
- If the provider's Sole Proprietor designation in NPPES is inaccurate, the provider should update their NPPES record before submitting claims

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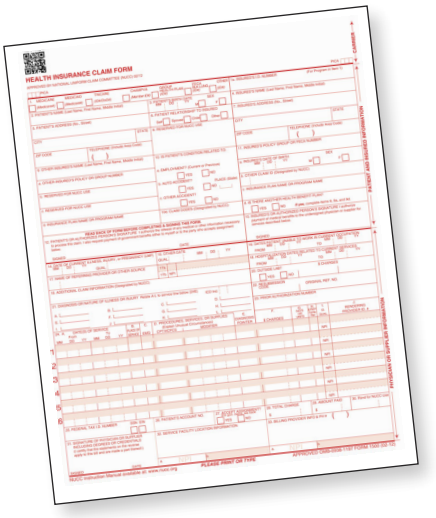

CMS-1500 CLAIM FORM REQUIREMENTS

The following fields are required to help ensure accurate and timely claims processing:

- **Field 24J:**
  Enter the rendering provider's National Provider Identifier (NPI) in the lower portion of the field
- **Field 25:**
  Enter the provider or supplier's Federal Tax Identification Number (TIN/EIN) or Social Security Number (SSN), and select the appropriate identifier
- **Field 27:**
  Indicate whether the provider accepts assignment by selecting the appropriate checkbox
- **Field 28:**
  Enter the total charges for all services (sum of all charges reported in Field 24F)
- **Field 29:**
  Enter the total amount paid by the patient for covered services
- **Field 31:**
  Enter the rendering provider's signature
  - The signature must correspond to the provider associated with the NPI reported in Field 24J and must include the provider's first and last name
- **Field 32:**
  Enter the name and address of the facility or location where the services were performed
- **Field 32A:**
  Enter the NPI of the facility or service location where the services were performed
- **Field 33:**
  Enter the billing provider or group practice name, address, ZIP code, and telephone number
  - If the provider is identified as a sole proprietor in the National Plan and Provider Enumeration System (NPPES), report the individual provider's name, address, ZIP code, and telephone number
- **Field 33A:**
  Enter the billing provider's or group's NPI
  - If the provider is identified as a sole proprietor in NPPES, report the individual provider's Type I NPI

GET INVOLVED

US Family Health Plan invites participating providers in good standing to serve on our Credentials Review Committee. Committee members play an important role in supporting the quality, integrity, and standards of care within our provider network.

If you are interested in serving on the Credentials Review Committee, please contact our Chief Medical Officer at **credentialing@svcmcny.org** for more information.

Artificial Intelligence in Healthcare:

What Every Provider Needs to Know — and Do — Right Now

Artificial intelligence is no longer a distant concept reserved for research labs and tech giants. It is here — embedded in clinical decision support tools, radiology platforms, prior authorization systems, scheduling engines, and patient communication portals. For providers, the question is no longer whether AI will affect healthcare.

The State of AI in Healthcare Today

AI adoption in healthcare has accelerated dramatically over the past three years. The FDA has cleared more than 900 AI-enabled medical devices; the majority focused on radiology and cardiology. Payers are deploying AI to manage claims adjudication and utilization review. EHR vendors are embedding predictive analytics, ambient documentation tools, and clinical summarization directly into their platforms.

The most common applications providers are encountering today include:

- **Ambient clinical documentation —** AI listens to patient encounters and drafts notes in real time, reducing physician documentation burden by 30–50% in early studies
- **Diagnostic imaging support —** AI-assisted reads in radiology, pathology, and ophthalmology are improving detection rates for conditions including breast cancer, diabetic retinopathy, and pulmonary embolism
- **Patient engagement and triage —** Conversational AI and chatbots are managing appointment scheduling, symptom triage, medication reminders, and care gap outreach at scale

The Risks Providers Cannot Afford to Ignore

The benefits of AI are real, but so are the risks — and they span clinical, regulatory, ethical, and operational dimensions. Providers who adopt AI tools without adequate governance frameworks are exposing themselves to significant liability.

Clinical Liability:
AI tools are not infallible. Algorithmic errors, bias in training data, and edge-case failures can produce incorrect outputs that influence clinical decisions. Providers retain liability for care decisions, even when those decisions are informed by AI recommendations.

HIPAA & Data Privacy:
AI systems that process, train on, or transmit protected health information (PHI) must comply with HIPAA. Business Associate Agreements (BAAs) are required with any AI vendor handling PHI. Failure to execute proper agreements is a compliance exposure, regardless of how the vendor markets the tool.

Algorithmic Bias:
Models trained on unrepresentative datasets can perpetuate or amplify health disparities. Providers should scrutinize the demographics of training data and audit model performance across patient populations before clinical deployment.

The Bottom Line

AI in healthcare is not a technology trend to watch from the sidelines. It is an operational, clinical, and compliance reality that is reshaping every dimension of how care is delivered and managed. Providers who invest in governance, education, and strategic adoption today will be better positioned to leverage AI's benefits — and better protected from its risks. The organizations that will thrive in the AI era are not necessarily the earliest adopters. They are the most prepared ones.

Recognizing High-Performing Skilled Nursing Facility Partners

We are proud to recognize our high-performing Skilled Nursing Facility (SNF) partners that have achieved high ratings through the CMS Care Compare Program.

The Care Compare rating system helps consumers, families, and healthcare partners evaluate skilled nursing facilities based on quality measures, health inspections, staffing, and other performance indicators. Recognizing facilities with strong CMS ratings highlights their dedication to providing quality care and achieving positive outcomes for our members.

High-performing SNFs play a vital role in supporting successful recoveries, improving care transitions, and helping reduce avoidable hospital readmissions. We appreciate the commitment of our network partners and their continued efforts to provide safe, high-quality, member-centered care.

Congratulations to our recognized SNF partners, and thank you for your continued excellence in serving our military community.

AristaCare at Manchester	Manchester	NJ
Autumn Lake at Glen Hill	Fairfield	CT
Autumn Lake Healthcare at The Willows	Woodbridge	CT
Carmel Richmond Nursing Home	Staten Island	NY
Complete Care at Green Acres	Toms River	NJ
Complete Care at Marcella	Burlington	NJ
Complete Care at Plainfield	Plainfield	NJ
Crestwood Manor	Whiting	NJ
Emerson Health Care Center	Emerson	NJ
Forest View Center for Rehabilitation & Nursing	Forest Hills	NY
Good Samaritan Nursing Home (CHSLI)	Sayville	NY
Hartwyck at Oak Tree	Edison	NJ
Inglemoor Rehabilitation and Care Center of Livingston (Care Associates Network)	Livingston	NJ
Job Haines Home for Aged People (USPASS Network)	Bloomfield	NJ
Margaret Tietz Nursing and Rehabilitation Center	Jamaica	NY
Merry Heart Nursing Home (USPASS Network)	Succasunna	NJ
Northwell Health Stern Family Center for Rehabilitation (Northwell Health)	Manhasset	NY
Preferred Care at Absecon	Absecon	NJ
Reformed Church Home (USPASS Network)	Old Bridge	NJ
Riverton Rehabilitation and Healthcare Center	Allentown	PA
Skilled Nursing at Fellowship Village (USPASS Network)	Basking Ridge	NJ
St Luke's Rehabilitation & Nursing Center	Coaldale	PA
Upper East Side Rehabilitation and Nursing Center	New York	NY
White House Healthcare & Rehabilitation Center (Care Associates Network)	Orange	NJ
Woodcliff Lake Health & Rehabilitation Center (Care Associates Network)	Woodcliff Lake	NJ

Contact Us

MEMBER SERVICES
Call: 800-241-4848
Email: usfamily@svcmcny.org

PROVIDER NETWORK
Email: provnetwork@svcmcny.org

PROVIDER CONTRACTING
Email: contractingdept@svcmcny.org

PROVIDER CREDENTIALING
Email: credentialing@svcmcny.org

PLAN WEBSITE
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