



US FAMILY HEALTH PLAN PROVIDER NEWSLETTER

VOL 4 • ISSUE 4 • FALL 2026

For USFHP Providers

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IMPORTANT UPDATE!!

EFFECTIVE IMMEDIATELY

Please update your records to reflect the new mailing address for our Utilization Management team:

Toney Healthcare Consulting, LLC
10006 North Dale Mabry Hwy, Suite 203
Tampa, FL 33618



HELP US KEEP YOUR OFFICE INFORMATION UP TO DATE FOR OPEN ENROLLMENT SEASON

Open Enrollment Season is an important time for current and prospective members to review their health care options and choose providers who best meet their needs. Accurate provider information helps ensure members can easily find and access your office when they need care.

As Open Enrollment approaches, please take a moment to review your practice information on our website and confirm that it is current and accurate, including:

- Office address and phone number

- Providers currently practicing at your location
- Specialties
- New patient availability
- Telehealth services, if applicable
- Any changes to your practice location or participation

If any of the information above has changed, please be sure to submit your updated information promptly so our records can be updated accordingly.

[Demographic Change Form](#)



NEW PROVIDER ORIENTATION AND PROVIDER REFRESHER

US Family Health Plan welcomes all healthcare professionals to learn more about the USFHP network by registering for our biweekly webinar. Please visit our website to register for the New Provider Orientation.

Our webinar provides an overview of key information, references, and tools to help guide you through your daily interactions with USFHP.

Providers may also request a dedicated session by emailing ProvNetwork@svcmcnny.org.



CONTRACTING TIP

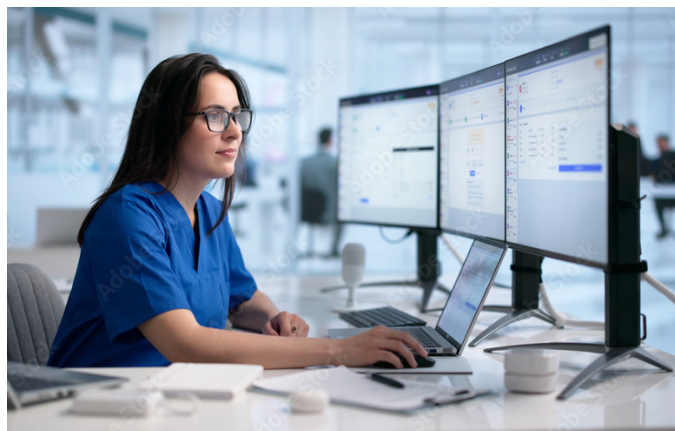
Provider Reminder: Notify Us of New Group NPIs

To help ensure accurate provider records and timely processing of claims, please notify the health plan when your organization establishes a new group NPI.

When adding a new group NPI, please provide the following information:

- Group/organization name
- New group NPI
- Associated providers and their individual NPIs
- Effective date
- Copy of W9

BEFORE YOU CLICK SUBMIT: FIVE QUICK CHECKS TO STREAMLINE CLAIMS



1. **Prior Authorization: Check Before You Submit**

Prior authorization requirements can change as coverage policies and coding guidance are updated. Before rendering a service, verify the requirement, especially when billing a new or recently revised CPT or HCPCS code.

A quick check now can save time later!

2. **Unlisted Doesn't Mean "Close Enough"**

Unlisted codes should only be used when no specific CPT or HCPCS code accurately describes the service provided. If a specific code exists, please use it.

When an unlisted code is necessary, include supporting documentation that clearly identifies and describes the service. This gives our reviewers the information needed to evaluate the request accurately and efficiently.

3. **Telehealth: The Right POS and Modifier Matter**

When a service is performed virtually but the CPT or HCPCS code description is not specifically designated for telehealth, the appropriate Place of Service and modifier must be included on the claim.

Remember: POS 10 indicates that the patient received telehealth services in their home. Claims reported with POS 10 are reimbursed at the non-facility rate and are not eligible for the Q3014 originating-site facility fee.

Virtual visit? Make sure the claim tells the same story.

4. **Drug Coding: The Right Code and the Right Units**

Physician-administered medications may have similar names or dosage descriptions, but the HCPCS codes are not interchangeable. Before submitting, confirm that the medication name, dosage strength, HCPCS descriptor, and number of billing units all align.

Right drug. Right code. Right units.
Every time.

5. **New Code, New Requirements**

A newly effective CPT or HCPCS code does not automatically mean the service is covered or that prior authorization is not required. New and revised codes must still be reviewed against applicable benefit coverage, medical necessity, and prior authorization requirements.

When the code is new, take an extra moment to verify before you submit.

Accurate coding helps authorization requests and claims move through the process more smoothly. When in doubt, verify the requirements before submitting.

PROVIDER NETWORK CORNER

Clear Legible Reports (CLRs)

Network specialty providers must provide clearly legible specialty care consultation or referral reports, operative reports, and discharge summaries to the member's primary care provider. In urgent/emergent situations, a preliminary report shall be conveyed to the member's primary care provider **within 24 hours** by telephone, fax or other means, with a formal written report provided within 30 calendar days. All consultation or referral reports, operative reports, and discharge summaries shall be provided to the primary care provider within **30 calendar days**.

- **Urgent/Emergent CLR: within 24 hours**
- **Consultant, operative, discharge summaries CLR: within 30 calendar days**

PREFERRED VENDORS

Help Members Get the Most From Their Benefits: Use Preferred Partners

When ordering laboratory testing or durable medical equipment (DME) for US Family Health Plan members, please remember to refer patients to in-network vendors whenever possible.

Using preferred vendors helps ensure that services are provided in accordance with the members' benefits and contracted network arrangements. It also reduces unnecessary out-of-pocket costs, billing issues and creates a smoother experience for both members and providers.

Refer to our **Quick Reference Guide** for the most current Plan information.

Our Preferred Partners:



GOING BEYOND THE CONTRACT



At US Family Health Plan, we believe strong provider relationships are an important part of delivering a positive healthcare experience for our members. That is why our Provider Relations team continues to connect with providers not only by phone and email, but also through face-to-face visits throughout our network.

These visits give us an opportunity to better understand our contracted providers and facilities where our members receive care, strengthen relationships with provider staff, and identify opportunities to improve communication and collaboration. They also allow us to share helpful information, answer questions, and hear directly from providers about their experience working with US Family Health Plan.

For facilities such as skilled nursing facilities and ambulatory surgery centers, seeing the environment firsthand provides our team with valuable insight into the member experience beyond what can be learned from a directory or provider record. These visits are non-clinical and are designed to promote engagement, communication, and a better understanding of the services available to our members.

Most importantly, our visits are about partnership. We appreciate the time providers and their staff take to meet with us, share feedback, and help us identify ways we can better support their needs.

As we continue visiting providers throughout our network, we look forward to strengthening these relationships and working together toward our shared goal: providing high-quality service and care to the military families and beneficiaries we are privileged to serve.

We look forward to seeing you in the community!

BREAST CANCER AWARENESS: PARTNERING WITH PATIENTS FOR EARLIER DETECTION AND BETTER CARE



October is Breast Cancer Awareness Month, which provides an opportunity to reinforce an important message with your patients: **early detection and annual screenings save lives.**

As health care providers, you play a critical role in supporting breast health and helping patients take proactive steps toward their care.

- Identifying patients who may be at increased risk
- Encourage recommended breast cancer screenings
- Address barriers to care
- Educate patients about the importance of follow-up
- Help patients navigate the health care system

Identify Risk and Encourage Appropriate Screening

Breast cancer risk varies from patient to patient. Age, family and personal history, genetic factors, reproductive history, and other factors can influence an individual's risk.

During routine visits, consider reviewing relevant personal and family history and identifying patients who may benefit from risk assessment, genetic counseling, or a screening approach tailored to their individual circumstances.

Encourage patients to remain current with recommended breast cancer screening, taking into account applicable clinical guidelines and each patient's risk profile.

Don't Overlook Follow-Up

Screening is only one part of early detection. When an abnormal screening result or concerning breast finding occurs, timely diagnostic evaluation and follow-up are essential.

Consider establishing processes within your practice to:

- Track abnormal screening results and recommended follow-up
- Communicate results and next steps clearly to patients
- Facilitate timely diagnostic imaging, specialist referrals, and biopsies when indicated
- Address missed appointments and gaps in follow-up
- Coordinate care across primary care, radiology, oncology, surgery, and other specialties

Reliable follow-up processes can help reduce delays and prevent patients from being lost during transitions between screening, diagnosis, and treatment.

Address Barriers to Care

Not every patient faces the same ability to access preventive and diagnostic services. Transportation challenges, work and caregiving responsibilities, health literacy, language barriers, cost concerns, and other social factors can affect whether patients complete recommended care.

A brief conversation about potential barriers can help identify opportunities for support. When appropriate, connect patients with care management, mental health services, or other resources available through your practice or our Plan.





IDENTIFYING DEPRESSION: RECOGNIZING AND ADDRESSING DEPRESSION

October is designated as National Depression Awareness Month, so as we move into a new season this is an opportune time to raise awareness and encourage screening and support for depression. Common signs of depression include:

- Persistent, sad, or anxious mood
- Loss of interest in activities once enjoyed
- Low energy, fatigue, low motivation

- Changes in sleep patterns
- Thoughts of death, self-harm, or suicide

The PHQ-9 (Patient Health Questionnaire-9) is a brief tool used to screen, diagnose, monitor and measure the severity of depression. Using the PHQ-9 over time allows patients and healthcare providers to establish a baseline score, track treatment response, and adjust the treatment approach accordingly.

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

PARTNER WITH THE PLAN

US Family Health Plan and providers share a common goal: helping patients receive appropriate care at the right time. Our team can leverage available Plan resources to help with questions about benefits, network participation, referrals, prior authorization requirements, care management, and other aspects of care coordination.

When additional support is needed, encourage your clinical and administrative teams to use established Plan resources and member support pathways to help patients move efficiently through the care continuum.

Resources at Your Fingertips

Need a quick reference, have a question or looking for additional support? We've gathered resources to help make it easier to navigate your partnership with us.

Helpful Resources

- **Provider Portal:** Access [eligibility and claim status] [Provider Portal](#)
- **Provider Manual:** Find important guidelines and procedures all in one place [Provider Manual](#)

- **Provider Directory:** Search for participating providers and confirm network information [Find a Provider](#)
- **Forms & Documents:** Quickly access commonly used forms, templates, and other provider materials [Resources and Tools](#)
- **Training & Education:** Explore upcoming webinars, training opportunities, and educational resources [Training and Webinars](#)
- **Provider Relations Support:** Have a question or need assistance? Our Provider Relations team is here to help ProvNetwork@svcmcnny.org
- **HEDIS educational materials** [HEDIS Guidebook](#) and [HEDIS Provider Reference Guide](#)

Save this section for easy reference and visit <https://usfhp.net/for-providers/> to explore these resources whenever you need them.

We're committed to making support easy to access—because your success is our success.

POPULATION HEALTH



Supporting Quality Care: Updated HEDIS Guidebook is Now Available

Our provider reference materials for HEDIS® have been updated for 2026 and are available on the Provider page of our website under **HEDIS Guidebook** and **HEDIS Provider Reference Guide**.

You will find up to date and important information on how you can collaborate with US Family Health Plan on patient health and well-being.

We appreciate your commitment to evidence-based practice.

PARTNERS IN HEALTHCARE

Welcome to the Network!

We are thrilled to welcome Catholic Health Long Island to our provider network!



As a new partner, Catholic Health brings valuable expertise and services to the communities we serve. We're pleased to have them join our growing network and look forward to building a strong and collaborative relationship.

With their large presence throughout Long Island, our Nassau and Suffolk County beneficiaries will certainly benefit from a range of providers and specialties.

GET INVOLVED

US Family Health Plan is currently seeking participating providers in good standing with the Plan to serve on our Credentials Review Committee. This is an opportunity to contribute to the quality and standards of care within our network.

If you are interested in serving on this committee, please contact our Chief Medical Officer at credentialing@svcmcnny.org.



QUALITY MANAGEMENT – SPOTLIGHT ON EXCELLENCE

According to CMS's healthcare-associated dataset, 312 US hospitals had a Methicillin-Resistant Staphylococcus Aureus (MRSA) infection rate of zero (data collected from July 2024 to June 2025; dataset updated by CMS May 2026). We applaud 13 of our participating hospitals who achieved this important benchmark.

HOSPITAL NAME	NETWORK AFFILIATION	STATE
Northwell Danbury Hospital	Northwell Health	CT
Hackettstown Medical Center	AHS	NJ
HMH Bayshore Medical Center	HMH	NJ
Centrastate Medical Center	AHS	NJ
Monmouth Medical Center	RWJBH	NJ
St Luke's Warren Hospital	SLHN	NJ
Northern Westchester Hospital	Northwell Health	NY
Huntington Hospital	Northwell Health	NY
Phelps Memorial Hospital	Northwell Health	NY
Geisinger St Luke's Hospital	SLHN	PA
Jefferson Lansdale Hospital	Jefferson Health	PA
Lehigh Valley Hospital Schuylkill South	Jefferson Health	PA
St Luke's Hospital Upper Bucks Campus	SLHN	PA

HOME TESTING FOR YOUR USFHP PATIENTS

This year USFHP has again partnered with LetsGetChecked®, a healthcare technology company that provides at-home lab testing kits. The goal of this partnership is to bring convenient, no-cost health screening tests directly to eligible USFHP members.

In 2026 USFHP is focusing on 3 important tests for eligible members. FIT1 tests for colon cancer screening, HPV2 testing for women's health, and HbA1c3 testing for diabetes screening.

¹ Fecal Immunochemical Test

² Human Papillomavirus

³ Hemoglobin A1C



Results are fast and confidential

Routine (normal) results are available to beneficiaries. Both the beneficiary and the provider receive results letters by mail. For any abnormal results, the beneficiary and provider promptly receive a letter via certified mail. If the results require follow-up (i.e., blood detected in stool sample, certain types of viruses found in HPV samples, or a HbA1c level above 8% for those with diabetes), USFHP and LetsGetChecked® will reach out to the beneficiary to advise that they discuss results and next steps with their provider.

CONTACT US

MEMBER SERVICES

Call: 800-241-4848

Email: usfamily@svcmcnyc.org

PROVIDER NETWORK

Email: provnetwork@svcmcnyc.org

PROVIDER CONTRACTING

Email: contractingdept@svcmcnyc.org

PROVIDER CREDENTIALING

Email: credentialing@svcmcnyc.org

PLAN WEBSITE: www.usfhp.net



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