



Fall/Winter 2017



The Provider Chronicle

"Serving the families that serve ours"

Volume 6, Issue 8

INSIDE THIS ISSUE...

Get connected with Electronic Data Transmission 1

Guidelines for In-Network Referrals 1

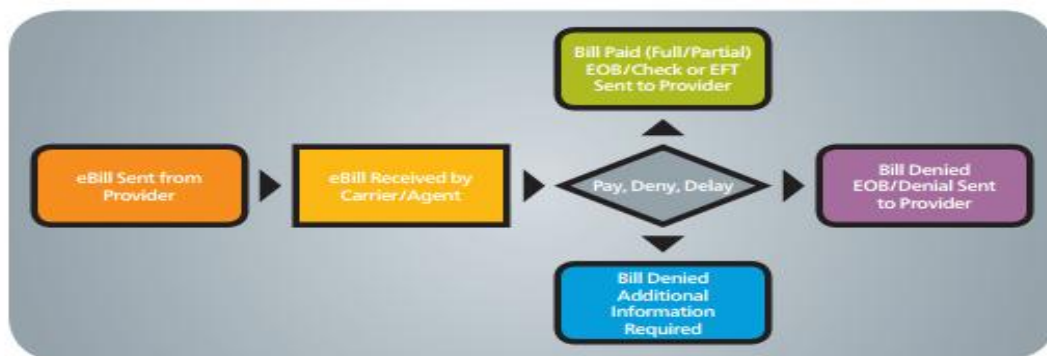
Welcome to our Provider Portal 2

Ambulatory Reimbursement Rate Update 2

Are you Culturally Sensitive? 2

Get connected with Electronic Data Transmission

Electronic data transmission allows providers to submit and receive electronic transactions from their computer systems. Advantages of electronic data transfer reduces inefficiencies associated with paper claims, accelerates payments, reduces administrative costs, produces daily reports providing an audit trail/claim status and provides options - coordination of benefits, claims with adjustment requests, attachments and notes.



And, be sure to like us on Facebook.
<https://www.facebook.com/usfhp.net/timeline>



ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

Guidelines for In-Network Referrals

- All US Family Health Plan referrals should be issued **only** to Plan participating providers. Please refer to our Provider Directory at www.usfhp.net. **Referrals to non-participating providers require prior authorization** or the member's use of Point of Service option.
- Any written format is acceptable (e.g. script). Please be as specific as possible, (i.e. include the symptoms or diagnosis and list any procedures that the specialist might perform).
- Referrals must be noted by the PCPs in the member's medical record.
- Referrals are valid for six (6) months. The first visit should occur within sixty (60) days from the date the referral was issued.
- If the specialist feels additional treatment is required, the specialist is responsible for contacting the PCP and discussing the need for additional treatment and requesting a referral from the PCP.
- The PCP must refer all non-emergency services using the US Family Health Plan referral form, a prescription form or other written form, all non-emergency specialty and hospital services. Non-emergency services obtained without a proper referral may not be covered.
- Do not send a copy of the referral form to the plan. Give one copy to the member and keep one copy for your records.



Provider Alerts

Check On-Line Everytime

Our provider portal via ePower will reduce your wait time and provide easy access to claim status and member eligibility. Go online to our website www.usfhp.net . Click on for Provider's Login, Member Eligibility/Claim status.

To register, please go to:

https://epower.dsthealthsolutions.com/STV_provider/login.jsp.

If your office needs assistance registering for the portal or has questions about the capabilities of ePower our staff will be available to assist. For assistance, call us at 844-356-4901

Ambulatory Reimbursement Update

The Defense Health Agency (DHA) recently added procedures to the ASC grouper list and aligned the reimbursement for those procedures to agree with the grouper category/payment for TRICARE. Close to 500 additional procedures were set as ASC groupers that were originally either outpatient surgery at a hospital or paying billed charges. While setting assignment of procedures that were appropriate for an ASC, the DHA also determined that procedures not included in an ASC grouper will no longer be allowed in a freestanding surgical center. Reference TRICARE Reimbursement Manual: (TRM, Chapter 9, Section 1). This policy change updated the ASC list by adding procedure codes to the ASC fee schedule and expanded the rate groupings for the codes from 1-11 to 1-40. Procedures/codes not on the updated ASC list will be denied when performed at a free standing ASC. The implementation date for processing claims with the newly assigned ASC grouper codes at the ASC rates was May 14, 2017, regardless of date of service. Meaning any claim with a date of service of March 1, 2017 or after will be processed with the new groupings/rates. The codes, groupings and rates can be found at: <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/Ambulatory-Surgery-Rates>

Updating Provider Information

It is important for US Family Health Plan to keep our provider network information up to date. Up to date provider information allows us to accurately generate provider directories, process claims and communicate with our network of providers. Providers must notify us of changes in writing at least 30 days in advance when possible, such as: • Change in practice ownership or Federal Tax ID number • Practice name change • A change in practice address, phone or fax numbers • Change in practice office hours • New office site location • Primary Care Providers Only: If your practice is open or closed to new patients • When a provider joins or leaves the practice. Changes should be submitted on the Provider Demographic Change Form located on our website at WWW.USFHP.NET under the Provider Downloads section. Send changes to: Network Management/Provider Relations Department by email, fax, or mail:

Email: usfamily@svcmcnny.org

Fax: 212-356-4923

Mail: USFHP - Network Management/Provider Relations Department
5 Penn Plaza, 9th Floor, New York, New York 10001

Are you Culturally Sensitive?

Becoming culturally competent requires sensitivity and awareness of the differences between cultures, and contemplating these differences while providing care

- Consider the member's background and culture to complete an accurate health assessment
- Speak in the member's language or offer translation services to communicate the health assessment
- Provide treatment plans with respect to the member's culture based beliefs about health
- Recognize the significant effect of culture in health outcomes
- Communicate to our members in a manner that empowers them to take an active role in their health

