



The Provider Chronicle

"Serving the families that serve ours"

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2020 HEDIS is starting

US Family Health Plan has officially kicked off planning for our HEDIS 2020 HEDIS season. HEDIS season is from January 2020 thru May 2020 for collection year 2019. In preparation of our upcoming season, we are requesting 3 minutes of your time to complete the HEDIS "quiz". This form will collect key information regarding your level of current HEDIS knowledge so that we can support you throughout the HEDIS season and to ensure you receive timely communication from the HEDIS/Population Health Department. Please complete the survey at:

<https://www.surveymonkey.com/r/JWG9DYR>

If you have any questions about HEDIS or the survey, please contact Heather Jackson at hjackson@svcmcnyc.org or (212) 356-4571. We look

Benefits of Using Electronic Data Interchange (EDI) Claims

EDI is a safe, fast, and cost-effective method for automating the business processes. The benefits to providers are:

- Reduced administrative costs.
- Higher claim acceptance rates.
- Data moves faster and with greater accuracy.
- Increased productivity.
- Audit trail of claims submissions.
- Elimination of paper documents.
- Elimination of labor-intensive tasks, such as data entry.
- Greater accuracy of information.

New and Improved Provider Portal coming Q1 2020

We will be launching our new provider portal in early 2020. Our new provider portal solutions will offer enhanced features to make communication much faster, easier and efficient while reducing administrative costs across the board.



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New Opioid Training for Providers

The CDC launched two (2) new opioid trainings that support providers in the safer prescribing of opioids for chronic pain. The modules are part of a series of interactive online trainings that feature recommendations from the CDC Guideline for Prescribing Opioids for Chronic Pain <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>. The seventh module, Determining Whether to Initiate Opioids for Chronic Pain <https://www.cdc.gov/drugoverdose/training/determining/> identify and consider important patient factors when starting or continuing opioid therapy, while the eighth module, Implementing CDC's Opioid Prescribing Guideline into Clinical Practice, <https://www.cdc.gov/drugoverdose/training/implementing/> walks providers through a quality improvement (QI) process using a set of 16 clinical measures outlined in the Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain. Both modules include clinical scenarios and tools and a resource library to enhance learning.

Focus on Safety

The Plan utilizes CMS Hospital Compare web site (measures, readmission, mortality and other reported data) to evaluate and analyze institutional performance for each network facility in the respective region and provide a report of the analysis. The results of the analysis are to be used for identification of facility or specific patient safety performance improvement, network credentialing activities and/or study activity that will be implemented at the direction of the Plan.

Preventing adverse events in healthcare is central to patient safety efforts. USFHP is required to operate a Clinical Management Quality Program (CQMP) which results in demonstrable quality improvement in the quality of health care provided beneficiaries, and in the process and services delivered by the contractor. USFHP monitors and reports to the Defense Health Agency (DHA) SREs and PQIs. SRE is defined as an incident involving death or serious harm to a patient resulting from a lapse or error in a healthcare facility. PQI is defined as a clinical or system variance, warranting further review and investigation for determination of the presence of an actual QI. The Plan reports the following to DHA:

- PQIs and Qis, monthly
- Mortality Analysis. Annually except if determined to be a PQI, QI, PSI or SRE
- SREs within 2 days of notification
- PSIs, semi-annually

Department of Defense, Defense Health Agency (DHA) quality improvement policy mandates quarterly inpatient focused reviews. As part of the DHA, the US Family Health Plan (USFHP) may request a copy of the complete medical record for admission(s) to your hospital randomly selected for review. Requested medical records are required to be submitted to USFHP within 30 days of receipt of this notice. Paper copies will be reimbursed at standard TRICARE rates. Facilities that are contracted with USFHP and/or reimbursed for this service are required to comply with this request. Failure to provide the requested medical record in a timely manner could lead to 100% pre-payment review. USFHP appreciates your compliance and thanks you in advance.

