



# ProviderPulseBeat

## Welcome to the New Provider Pulse Beat!



Hello, my name is James Graff. I recently joined USFHP at St. Vincent Catholic Medical Center of New York as the Director of Provider Network Relations and Contracting. Through upcoming Provider Pulse Beat (PPB) issues, I will share my vision and goals with each of you. I am committed to building upon a compassionate, high-quality professional network of providers; to ensure you have the tools and the data needed to provide the highest level of care to your patients.

First and foremost, I'd like to thank you for your dedication to caring for the USFHP beneficiaries – your patients – **who have served our country and/or supported those who serve.**

To assist you in providing this level of care, we are planning many new initiatives to keep you informed about USFHP. In the upcoming issues of the **Provider Pulse Beat**, I will share what you can expect from the Provider Network team.

Namely, the Public Health Emergency (PHE) has ended. The COVID-19 pandemic has altered our approach to seeking essential preventative care or even delaying it. Indicators suggest preventive care is slow to return to pre-covid levels. To assist, the new PCP Panel Report will provide the patient's last preventative visit date, rolling twelve-month emergent care visits, and inpatient admissions. We are also working with our HEDIS team to introduce key metrics and reporting on a Provider Scorecard.

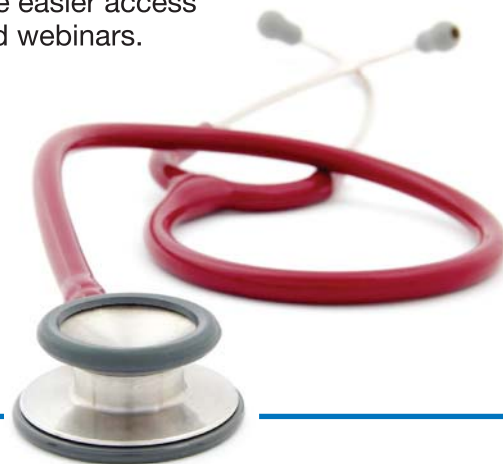
Initially, this will be limited to a pilot group, consisting of large primary care providers. We aim to provide the selected practices with the information they need to achieve better outcomes.

Increased communication and engagement are a **top priority** for the Provider Network team. The provider portal is undergoing a redesign. As part of the redesign, you will have easier access to the Provider Manual, including alerts to upcoming and on-demand webinars.

Finally, we are committed to a bi-annual production of the **Provider Pulse Beat**. Your input is valuable. Tell us what works, what doesn't, or what you need. Email to [panelreportsuggestions@svcmcnyc.org](mailto:panelreportsuggestions@svcmcnyc.org).

After all, we are here for you.

*James*



### **POLICY UPDATE: Prior Authorization Required J3490 & J3590**

USFHP implementing a prior authorization requirement for J3490 (Unclassified drug) and J3590 (Unclassified biologics). As of **September 1, 2023**, J3490 and J3590 will require prior authorization. The National Drug Code will be required to obtain prior authorization and must be submitted on the claim for reimbursement. If you have any questions regarding this policy update, don't hesitate to contact your Provider Network Specialist at USFHP.

# Mental Health Matters!

Mental wellness is important for everyone but especially for active/retired service members and their loved ones. Depressive disorders are common yet can be underdiagnosed and undertreated. Depression is frequently a recurrent disorder and individuals with depression are at increased risk of suicide. As part of our ongoing health education, we are stressing the importance of an annual wellness visit with our membership and for open discussion regarding any necessary preventative health screenings, immunizations, and mental health concerns.

Regular depression screenings using a standardized tool provide a quick and uncomplicated way to identify the first signs of illness. We recommend the PHQ 2 and 9, as needed.

The PHQ 2 is a preliminary screening tool administered prior to the PHQ 9.

If a patient responds ‘not at all’ to both questions on the PHQ 2 (asking if the patient has experienced little interest or pleasure in doing things and/or has felt down, depressed, or hopeless in the previous 2 weeks), then no additional screening or intervention is required, unless otherwise clinically indicated. If a patient responds ‘yes’ to one or both questions on the PHQ 2, the PHQ 9 should be administered and scored to inform treatment planning.

The PHQ 2 and 9 may be completed by the member, usually in the waiting room, or with the assistance of a staff person. Scoring may be completed by administrative staff or medical assistants and the score entered into the electronic health record for your clinical review and discussion with the member.



**The chart below provides guidance on how to use the PHQ 9 score to inform treatment planning.**

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None – Minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ 9 at follow-up
10 – 14	Moderate	Treatment plan, consider counseling, follow up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2016-07-01\\_phq\\_2\\_and\\_9\\_clean.htm#i](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016-07-01_phq_2_and_9_clean.htm#i)

The PHQ 2 and 9 are both publicly available, and no permission is required to use, reproduce, or distribute the tools. Additionally, the tools are free of cost to use and can be incorporated into electronic health records.

**Providers or their billing agent or clearinghouse are encouraged to sign up for EDI.**

**You may sign up for EDI using this link:**

[https://conduent.formstack.com/forms/svcmc\\_trading\\_partner\\_enrollment\\_form](https://conduent.formstack.com/forms/svcmc_trading_partner_enrollment_form)

**835 ENROLLMENT FORMS ARE AVAILABLE ON OUR WEBSITE.**

Please log in to your provider portal and select “ERA enrollment form.” Once completed, you will need to send the form back to Change Healthcare via email: [Batchenrollment@changehealthcare.com](mailto:Batchenrollment@changehealthcare.com) or fax number: **(615) 885-3713**.

# This summer USFHP will be reaching out to some larger healthcare systems to schedule **joint operating committee (JOC) meetings.**

A JOC is a collaborative multi-disciplinary meeting to facilitate communication and teamwork among us and your organization. Its primary purpose is to optimize beneficiary care by identifying opportunities for improvement, implementing patient care protocols, and facilitation of rapid-cycle changes through an interactive approach.

During a JOC, it is customary to hear from USFHP's Directory of Quality, Senior Director of Operations, Vice-President of Clinical Services, Manager of Credentials, Chief Medical Officer, and the Director

of Contracting and Provider Relations. Topics discussed include an introduction, USFHP's Star Rating Program, grievances and quality review, claims review, utilization, compliance, credentialing, and we welcome any topics your organization would like to discuss.

Examples of key stakeholders for the call from your organization include:

- Discharge planning
- Patient Accounts
- Appeals
- Authorizations
- Managed Care
- Provider Enrollment

## Provider Operations Spotlight

Exciting things are happening within our provider operations department! As our beneficiary population grows, we anticipate growth in our network. We continue to build out the network in our expansion areas in Pennsylvania and Connecticut while still supporting providers in the states of New York and New Jersey.

To maintain our commitment to support providers, we have added new staff members. The addition of these new members to our team will provide direct support and engagement to you and ensure timely responses to your questions and or concerns. In doing so, we have assigned provider network specialists and senior provider network specialists to specific provider types and geography. In addition to the re-alignment, we

have added a director of provider relations and contracting, manager of provider operations, manager of contracting and business analytics, and a senior vendor relations specialist.

As the primary point of contact for providers, we are here to offer experience, support and address any inquiries or concerns providers may have. From clarifying contracts, to providing timely information on claims reimbursement and network participation. We will ensure our provider partners have the necessary resources required to deliver outstanding care to our beneficiaries. We hope these changes continue to strengthen USFHP's provider network and will promote positive collaboration efforts with our network providers.

### 2023 Provider Network Relations & Contracting

<i>Name</i>	<i>Title</i>	<i>Service Area</i>	<i>Providers</i>	<i>Email</i>
Diane Sassone	Sr. Provider Network Specialist	New Jersey	Ancillary Providers	dsassone@svcmcnycny.org
Lashawn Hamilton	Provider Network Specialist	New Jersey	Professional Providers (MDs/Dos)	lhamilton@svcmcnycny.org
Marlene Salisbury	Provider Network Specialist	New Jersey	Professional Providers (MDs/Dos)	msalisbury@svcmcnycny.org
Cheryl Yarrell	Sr. Provider Network Specialist	New York, PA and CT	Ancillary Providers	cyarrell@svcmcnycny.org
Jermaine Eadie	Provider Network Specialist	New York, PA and CT	Professional Providers (MDs/Dos)	jeadie@svcmcnycny.org
Roberto Astudillo	Provider Network Specialist	New York, PA and CT	Professional Providers (MDs/Dos)	rastudillo@svcmcnycny.org
James Warren	Sr. Vendor Relations Specialist	All	Optum, EviCore, Davis Vision, & Healthplex	jwarren@svcmcnycny.org
Bridget Hennessy	Manager, Provider Operations	All	Hospital Systems	bhennessy@svcmcnycny.org
Debra Kaufman	Manager, Contracting and Business Analytics	All	All	dkaufman@svcmcnycny.org
James Graff	Director	All	All	jgraff@svcmcnycny.org

# Why should you be informed about USFHP's Care Management Program?

Do you have patients experiencing challenges managing their high blood pressure or diabetes? Do you think they would benefit from extra support managing their health condition(s)?

Do they show signs of being overwhelmed; and you feel they would benefit from talking to someone? If any of your USFHP patients are experiencing one or more of these symptoms, they may benefit from joining our care management program!

One of our experienced Nurse Care Managers can contact the member by phone in the comfort of their home to do a quick assessment to ascertain their health care needs. USFHP's Nurse Care Managers provide personalized services to help patients and caregivers get the care, education and resources needed to better manage their health. Our Nurse Care Managers provide an individualized member centered approach to coordinate health care services and communicate between hospitals, clinics and doctors to best support patients and caregivers.

## Benefits of Care Management

- Improves coordination of necessary healthcare, leading to better quality care.
- Improves health outcomes.

- Patients feel understood, listened to and properly cared for.
- Empower patients and their families to self-manage their health-related concerns.
- Reduces hospital visits.

Do you have USFHP patients who feel depressed or anxious? Our knowledgeable Behavioral Health Care Manager can provide a quick assessment, develop a care plan and provide supportive counseling to those beneficiaries.

## Benefits of receiving mental health counseling:

- Patients better manage life stressors and crises.
- Mental health counseling is a proven path to overall wellness.
- Identify and counsel for substance abuse addiction.
- Patients develop increased self-confidence.
- Referral to community resources based on the patient's psychosocial needs.

USFHP wants to improve our members' health so they can get back to living the life they want to live! They can get empowered, feel better and take back control of their life.

**To join our Care Management Program, please have the patient contact us @ 800-241-4848 and enroll today!**

## Health Awareness Calendar

<b>JULY</b>	<b>Pain Management</b>	<ul style="list-style-type: none"> <li>• Low Back Pain (LBP)</li> <li>• Risk of Continued Opioid Use (COU)</li> <li>• Use of Opioids at High Dosage (HDO)</li> <li>• Use of Opioids from Multiple Providers (UOP)</li> <li>• Pharmacotherapy for Opioid Use Disorder (POD)</li> </ul>
<b>AUGUST</b>	<b>Children's Health</b>	<ul style="list-style-type: none"> <li>• Well Child Visits in the First 30 Months of Life (W30)</li> <li>• Child and Adolescent Well Care Visits (WCV)</li> <li>• Childhood Immunization Status (CIS and CIS-E)</li> </ul>
<b>SEPTEMBER</b>	<b>Appropriate Antibiotic Use</b>	<ul style="list-style-type: none"> <li>• Appropriate Testing for Pharyngitis (CWP)</li> <li>• Appropriate Treatment for Upper Respiratory Infection (URI)</li> <li>• Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</li> </ul>
<b>OCTOBER</b>	<b>Breast Cancer Awareness</b>	<ul style="list-style-type: none"> <li>• Breast Cancer Screening (BCS-E)</li> </ul>
<b>NOVEMBER</b>	<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Hemoglobin A1c Control for Patients with Diabetes (HBD)</li> <li>• Blood Pressure Control for Patients with Diabetes (BPD)</li> <li>• Eye Exam for Patients with Diabetes (EED)</li> <li>• Kidney Health Evaluation for Patients with Diabetes (KED)</li> </ul>
<b>DECEMBER</b>	<b>Obesity (all ages)</b>	<ul style="list-style-type: none"> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</li> </ul>



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