

HEART *to* HEART Provider Update



SPRING 2026

Dear USFHP of Southern New England Provider Community,

As we close out the first quarter of 2026, we look ahead to a year of continued growth and opportunity for the USFHP of Southern New England. The start of the new year provides an opportunity to renew our shared commitment to quality care and collaboration.

This newsletter highlights important updates and tools to help you navigate the year ahead. As we head into the spring and early summer, we offer reminders for how best to support beneficiaries going through Permanent Change of Station Season. April is also Military Child Month, a time to recognize and honor the sacrifices that children of active-duty members make, we offer some tips on supporting them. We also include a helpful summary sheet on the HEDIS measure on the Use of Imaging Studies for Low Back Pain (LBP), touching on how to assess back pain in patients and when imaging is appropriate. Finally, we want to offer a warm welcome to the Southcoast Health Network as they join our plan, expanding access to care for our beneficiaries in Southeast Massachusetts and Rhode Island.

We are thrilled by the opportunity we have to make real change for our beneficiaries, and we are so glad that you are a part of the team that makes that happen. Across clinics, offices, hospitals and directly in the community, your dedication helps ensure our beneficiaries receive the most comprehensive care – we could not do this without you. On behalf of the entire USFHP of Southern New England team, thank you for all your hard work and commitment to our beneficiaries.

With warm regards,

US Family Health Plan of Southern New England

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Military Cultural Competency

Beneficiary Support During Permanent Change of Station Season

As we move into spring and early summer, it is important to keep in mind that we are entering Permanent Change of Station season (PCS), common relocation months for military families. This is a unique opportunity for USFHP to go above and beyond by offering additional support for beneficiaries that may be going through this period of change.

Here are some ways you can support our beneficiaries when it comes to maintaining their healthcare access during this time of transition:

- ✓ Encourage your beneficiaries to **proactively schedule any necessary appointments** before their relocation
- ✓ Remind them to coordinate **refills of necessary medication before they move**, to ensure they have enough to support them until they can find a new provider (if necessary, based on where they are moving)
- ✓ If beneficiaries are moving out of the region, support them by **transferring medical records in a timely fashion**



Proactively supporting any transition they are going through is a great way to ensure their experience with our comprehensive care continues to be seamless.

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Military Cultural Competency

April is Month of the Military Child

Celebrating their strength, their sacrifice, and their stories

Every April, the Department of War recognizes the Month of the Military Child, honoring more than 1.6 million military children who grow up navigating the unique challenges that come with a parent in uniform.

Why This Month Matters

- ★ Military families move every 2 to 3 years, leading to new schools, new environments, and rebuilding support networks again and again.¹
- ★ Military children often endure long periods with a parent deployed, missing everyday moments like bedtime stories, school events, and family dinners.²
- ★ Frequent separation can mean taking on additional responsibilities at a young age and coping with emotional uncertainty.³

Despite these challenges, military children consistently demonstrate remarkable resilience, adaptability, and emotional strength.⁴

The Role of Providers

Providers are in a unique position to recognize the external challenges that military-connected children experience and to offer meaningful support that promotes their health and overall well-being. Our healthcare partners can support these young heroes by:

- ★ Ensuring timely, compassionate, and trauma-informed care
- ★ Recognizing the stressors associated with deployment cycles
- ★ Providing continuity during constant relocations
- ★ Supporting mental and emotional health during transitional periods

1 <https://www.war.gov/Spotlights/Month-of-the-Military-Child/>

2 <https://www.nationalguard.mil/News/News-Features/Article/4168584/honoring-military-children-the-resilience-of-military-families/>

3 <https://www.dcaa.mil/Agency-News/Article-View/Article/4139446/month-of-the-military-child-and-the-color-purple/>

4 <https://www.dodea.edu/month-military-child>

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Clinical Corner

HEDIS Tip Sheet on Use of Imaging Studies for Low Back Pain (LBP)

Preventive care is one of the most important ways we can help support our beneficiaries' long-term health. With that in mind, we have included a summary of the HEDIS measure for the Use of Imaging Studies for Low Back Pain as a helpful reference. We include these HEDIS measures, developed and promoted by the National Committee for Quality Assurance, to support the delivery of quality, safe care grounded in optimal evidence-based clinical outcomes.

HEDIS Use of Imaging Studies for Low Back Pain (LBP) measure definition:

This measure evaluates patients 18-75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This is an inverse measure, meaning lower rates indicate better performance, as it reflects avoidance of unnecessary imaging when no red flags are present.

Numerator Compliance: An imaging study (plain X-ray, MRI, or CT scan) performed on the Index Episode Start Date (IESD) or within 28 days following the IESD.

Time period: January 1, 2026 – December 31, 2026

Best practice for providers:

- ★ Consider more conservative measures such as referral for physical therapy evaluation before X-rays are ordered
- ★ Recommend self-care home treatment such as use of heat/ice, non-narcotic pain relievers, remaining active and stretching
- ★ Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce health care costs
- ★ Supplemental and medical record data cannot be accepted for the exclusions in this measure

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EXCLUSIONS

<p>Any patient who had a diagnosis where imaging is clinically appropriate, including:</p>	<ul style="list-style-type: none">• History of cancer, HIV, major organ transplant• Patients with an organ transplant, lumbar surgery or medication treatment for osteoporosis• Recent trauma any time 90 days prior to the index episode start date (IESD)• Intravenous drugs abuse, neurologic impairment, or spinal infection any time 12 months prior to the principal diagnosis of low back pain• Prolonged use of corticosteroids for 90 consecutive days dispensed any time 12 months prior• Patients who use hospice services or elect to use a hospice benefit any time during the measurement period• Patients receiving palliative care any time during the measurement period• Patients who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement period• Patients 66 years of age and older as of December 31 of the measurement period with frailty and advanced illness criteria:<ul style="list-style-type: none">◦ Frailty: At least two indications of frailty with different dates of service during the measurement period◦ Advanced Illness: Any of the following during the measurement period or the year prior to the measurement period<ul style="list-style-type: none">▪ Advanced illness on at least two different dates of service▪ Dispensed dementia medication
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IMAGING TO AVOID

These imaging studies are generally not clinically appropriate for uncomplicated low back pain in the absence of red flags.

- Plain X-ray
- MRI
- CT Scan

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Provider Data Update Request

A significant aspect of a quality healthcare experience is having provider information that's easily accessible and accurate. Keeping this information current also meets regulatory requirements in addition to enhancing patient satisfaction and accessibility.

We appreciate the work of our partners who contribute significantly to ensuring that the provider directory remains accurate so beneficiaries can easily find the care they need.

US Family Health Plan partners with Tufts Health Plan as its third-party administrator. A key aspect of maintaining accurate and accessible provider information is the regular review and update of the provider directory. This updated process ensures that beneficiaries can find the correct healthcare providers quickly and easily.

- ★ Providers must attest to the accuracy of their information every 90 days. Failure to do so within the required timeframe could result in the suppression of a provider from the directory.
- ★ If a provider's directory information is suppressed, it will only be reinstated once the provider has confirmed the accuracy of the information or submitted updated details.

**For more
information,
scan here:**



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Access to Care Standards

Type of Care	Access to Care Standards for Participating Provider
Emergency care	Immediate Access
Urgent Care	Within 24 Hours (1 Day)
Routine Care	Within 1 Week (7 Days)
Specialty Care	Within 4 Weeks (28 Days)
Office Wait Time	Less than 30 minutes

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