



Winter 2024 - 2025

You're Part of a Special Mission

Although it may be common knowledge for most of you, it's worth a reminder that the healthcare you provide on behalf of the US Family Health Plan (USFHP) supports over 13,000 active duty family members and retired service members and their families.

Think about it... each day, regardless of your role, you are supporting those who support us by protecting one of our most treasured qualities in life – our freedom.

At USFHP, we shoulder this responsibility with extreme pride, and we hope you will do the same. Thank you for your partnership.

Maintaining Access and Availability Standards

At USFHP, we're deeply committed to maintaining an exceptional healthcare experience for our members, and we're enormously grateful to you, our providers, for the work you do to make that happen day in and day out.

As part of our quality mission, your office may have been recently contacted by USFHP for a telephonic survey regarding **Access and Availability Standards**.

Access and Availability Standards refer to the guidelines set by TRICARE to ensure that healthcare services are provided in a timely and efficient manner. These standards are meant to ensure that beneficiaries can access care within a certain timeframe based on the urgency and type of care required. TRICARE defines access and availability standards for different levels of care (e.g., primary care, specialty care, mental health services, and emergency care).

US Family Health Plan regularly evaluates the performance of healthcare providers to ensure they meet Access and Availability Standards. This evaluation involves tracking metrics such as wait times for appointments, availability of providers, and patient satisfaction.

Again, we greatly appreciate your feedback and participation in these surveys. Even more, we are grateful for your partnership to maintain these quality standards as part of our relentless commitment to providing exceptional care to our USFHP plan members.





TRICARE Access and Availability Guidelines

Type of Care	Access to Care Sandards 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)
Preventative Care	Within 4 Weeks (28 Days)

Preparing for Natural Disasters

As natural disasters have become more frequent and seemingly more powerful, preparedness has become more important than ever. It's a significant responsibility that requires dedication, resilience, and a readiness to act in challenging and often unpredictable situations.

Thankfully, organizations like the National Disaster Medical System (NDMS) provide invaluable resources to help your organization ensure it's as ready as possible when disasters strike.

To that end, we're encouraging all acute-care medical/surgical hospitals in our provider network to become members of the National Disaster Medical System, if they have not already done so.

For more information, see https://aspr.hhs.gov/NDMS/Pages/default.aspx

Accurate provider data depends on you!

A significant aspect of a quality healthcare experience is having provider information that's easily accessible and – especially – 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 members 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 update process ensures that beneficiaries can find the correct healthcare providers quickly and easily. As of January 1, 2021, Tufts Health Plan has implemented a system where providers are required to review and update their information quarterly via CAQH ProView®.





- 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, please visit: Keeping Your Information Current | US Family Health Plan

Thank you for your ongoing efforts to enhance our members' healthcare experience.

Referrals and Prior-Authorization

Our goal is to make interactions with USFHP as smooth and seamless as possible, not only for patients, but also for providers. This includes the patient referral process.

When a patient needs to see a specialist in the USFHP network (which is not identical to the Tufts Health Plan network) a member needs a referral from his or her primary care provider (PCP).

You can confirm whether a specialist is in our network at **usfamilyhealth.org** or by calling Provider Services at **1-800-818-8589**.

In some instances, Plan authorization is also required (see below).

Referrals ordinarily last for one year.

Submit the US Family Health Plan referral form one of these ways:

- Electronically using Tufts Health Plan's secure website, NEHEN, NEHENNet, or EmdeonTM
- Or mail to: PO Box 495, Canton, MA 02021
- **Visit our usfamilyhealth.org to order paper referral forms free of charge **

If Plan authorization is needed, submit the referral form and documentation one of these ways:

• Electronically using Tufts Health Plan's secure website, NEHEN, NEHENNet, or Emdeon™. Always accompany by fax / e-fax transmittal of all relevant documentation and clinical notes with member ID and referral number.

Out-of-network referrals will be denied unless accompanied by this information.

- Fax / e-fax the referral form to (855) 270-5470, including all relevant documentation and clinical notes.
- Or mail to US Family Health Plan:

Care Coordinator

77 Warren Street, Boston, MA 02135, including all relevant documentation and clinical notes. Our Care Coordinator responds in 2 to 3 business days.

The referral process can be reviewed in the <u>Provider Manual</u> beginning on page 7 under "Referral Updates."





Timely, Clear and Legible Reports

Providing timely consult reports is critically important to ensuring continuity of care and timely treatment for patients.

In fact, TRICARE refers to consultation reports as "clear and legible reports," or CLRs. The USFHP Provider Manual outlines these required CLRs as clearly legible specialty care consultation or referral reports (CLRs), operative reports, and discharge summaries to the beneficiary's PCP.

And to ensure this valuable treatment information is readily available throughout the chain of care, consultation or referral reports, operative reports, and discharge summaries should be provided to the PCP within 30 calendar days from the initial consultation visit.

If your practice is unable to fax a copy of the CLR to the PCP, please fax it to (855)-270-5470 and a member of the USFHP team will ensure the PCP receives a copy.

Reminders: Pharmacy and Urgent Care Clinics

Pharmacy

Prescription Monitoring Programs (PMP) help combat prescription drug abuse and ensure controlled substances are used safely and legally. Healthcare professionals must comply with state regulations governing PMPs. At US Family Health Plan, we are committed to beneficiary safety, and you may be contacted by our team to support compliance with these regulations.

Urgent Care Access

Our members may find themselves in a situation that requires urgent (but not emergency) medical attention. Urgent Care Clinics are covered by US Family Health Plan, and our members do not need a referral before receiving urgent care. Care at any urgent-care clinic is allowed, but we prefer that our members receive urgent care at Carewell® Urgent Care, American Family Care® (AFC), or CVS MinuteClinics®.



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