

HEART *to* HEART Provider Update



Summer 2025

Dear Providers,

We have finally moved past the rainy weekends and are now experiencing the longer days, coastal breezes, and community events. From the Provider Network team at US Family Health Plan – Brighton Marine, we hope this season brings both a sense of renewal and well-deserved moments that we New Englanders wait all year for.

In this edition of our Provider Newsletter, we're excited to share updates, resources, and important reminders to support your practices and our beneficiaries that we serve together.

Thank you for the continued care you provide. Your partnership is at the heart of our mission, and we are grateful to work alongside you.

Wishing you a safe, healthy, and happy summer.



Clinical Corner

HEDIS Tip Sheet for Childhood Immunization Status (CIS/CIS-E)

HEDIS CIS measure definition: The percentage of children 2 years of age who had the following immunizations completed prior to or on their 2nd birthday:

- 4 DTaP (diphtheria, tetanus and acellular pertussis)
- 3 IPV (polio)
- 1 MMR (measles, mumps and rubella)
- 3 Hib (haemophilus influenza type B)
- 3 Hep B (hepatitis B)
- 1 VZV (chicken pox)
- 4 PCV (pneumococcal conjugate)
- 1 Hep A (hepatitis A)
- 2 or 3 RV (rotavirus)
- 2 Flu (influenza)

Provider Best Practices for CIS Adherence:

- Review vaccination records before all appointments.
 - Ensure doses are given on schedule, especially the needed doses during the 1st year according to the CDC's Immunization Schedule: [Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC](#)
 - Patients who have missed their scheduled immunizations should be caught up using the CDC's recommended catch-up schedule: [Catch-up Immunization Schedule for Children and Adolescents | Vaccines & Immunizations | CDC](#)
 - Administer scheduled vaccines during all visits (sick and well-care visits).
 - Educate parents on the importance of vaccinations to prevent certain diseases.
 - Address vaccine hesitancy in parents by answering their questions with fact-based educational materials.
 - Educate staff to schedule vaccination/well-child visits prior to child's 2nd birthday.
 - Create alerts within your electronic health record (EHR) to indicate when vaccines are due.
 - Have a prescheduled appointment for vaccines, along with reminders.
 - Ensure timely data submission by providing all completed vaccinations to the immunization registries.
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Medical Record Documentation Must Include:

1. Patient's name
2. Patient's date of birth
3. Vaccine name
4. Date vaccine given (not date ordered)
5. Use of correct service coding (administrative data) with CPT codes as evidence of vaccine administration
 - a. Include coding for parental refusal and if a child has a clinical exclusion

Ambulatory Reviews

US Family Health Plan conducted an ambulatory retrospective review of records for the Defense Health Agency regarding care of our members with cardiovascular conditions.

We would like to thank all those providers who participated with the review. The records received confirmed that most of our members with cardiovascular conditions receive appropriate counseling regarding their condition and are offered statin treatment when needed.

A few records did not document that members were offered appropriate statin therapy according to the ACC guidelines. We encourage our providers to review the guidelines and the HEDIS measure for statin therapy for members with cardiovascular conditions. A HEDIS Cheat Sheet is available in the provider section of the USFHP website. *See next page*

Protect Yourself and Our Beneficiaries from Measles

With the recent surge in measles cases across the U.S., it is more important than ever for healthcare providers to educate patients about the safety, effectiveness, and necessity of the MMR (measles, mumps, rubella) vaccine. Misinformation and vaccine hesitancy remain major barriers to achieving herd immunity, especially as many recent cases have occurred in unvaccinated individuals.

By proactively discussing the benefits of vaccination during routine visits, addressing concerns with empathy and evidence-based information, and reinforcing the risks of measles—such as severe complications and hospitalization—providers play a critical role in protecting individual patients and public health. [Measles, Do I Need a Booster?](#)

HEDIS Tip Sheet for Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Compliance (denominator): The percentage of males (age 21-75) and females (age 40-75) who were identified as having clinical atherosclerosis cardiovascular disease (ASCVD).

Measure Compliance (numerator):

- 1. Received Statin Therapy:** members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- 2. Stating Adherence 80%:** members who remained on a high-intensity or moderate intensity statin medication for at least 80% of the treatment period.

Best Practices for SPC Adherence:

- Educate patients on the importance of statin medication adherence to prevent cardiovascular events.
- Consider patient input when developing a treatment plan that they can adhere to (i.e. once daily dosing, generic options, and medications to minimize side effects).
- Instruct and educate patients to recognize adverse effects and when they should contact their provider.
- Document adverse effects from statin therapy.
- Try reducing the dose and frequency.
- Consider trying a different statin.
- Once a patient demonstrates they can tolerate statin therapy, encourage them to obtain 90-day mail order supply from the Brighton Marine Pharmacy to include enrollment in auto-delivery.
- Determine if the signs and symptoms qualify as an exclusion.
- Document patient conditions that exclude them from taking a statin and submit a claim with appropriate exclusion diagnosis code.

Exclusions:

Patients who meet the following criteria anytime during the measurement year:

- Patients ages 66 and older enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution.
- Patients aged 66–80 with frailty and advanced illness.
- Patients aged 81 and older with frailty.
- Patients in hospice or palliative care.
- Patients with pregnancy diagnosis.
- Patients with myalgia, myositis, myopathy or rhabdomyolysis.

Patients who meet the following criteria anytime during the measurement year or year prior to the measurement year:

- Patients with in vitro fertilization or dispensed at least one prescription for clomiphene.
- Patients with end-stage renal disease (ESRD) or dialysis.
- Patients with cirrhosis.
- Patients dispensed dementia medication

Category	Medication
High-Intensity	Atorvastatin 40-80 mg Amlodipine-atorvastatin 40-80 mg Rosuvastatin 20-40 mg Ezetimibe-simvastatin 80 mg Simvastatin 80 mg
Moderate-Intensity	Atorvastatin 10-20 mg Amlodipine-atorvastatin 10-20 mg Rosuvastatin 5-10 mg Ezetimibe-simvastatin 20-40 mg Simvastatin 20-40 mg Pravastatin 40-80 mg Lovastatin 40-60 mg Fluvastatin 40-80 mg Pitavastatin 1-4 mg



Reminders

Secondary Insurance

Please remind your patients that it is their responsibility to call member services at 1-800-818-8559 if there are any updates with their secondary insurance. The information will allow us to coordinate payment for their health care services with any other health insurance they may have. US Family Health Plan is the secondary payer to any other health insurance they might have, except Medicare and Medicaid.

Uptick in Poison Ivy Cases

Due to the expected rise in temperatures, it is a good reminder to watch out for unexpected areas with poison ivy.

- **Identification:** Poison ivy is characterized by its three-leafed leaves and can grow in various forms, including a shrub or climbing vine.
- **Prevention:** To avoid contact, wear long sleeves, pants, gloves, and waterproof shoes when in areas where poison ivy is likely present.
- **Removal:** If you encounter poison ivy, wash the affected area immediately with soap and water. For removal, consider using manual extraction or herbicides.
- **Health Risks:** Symptoms of contact include an itchy rash and blistering, which can last for weeks. It's crucial to handle the plant with care to prevent exposure.

Military Cultural Competency: Bridge the Cultural Gap between Veterans and Civilians

What is Military Culture?

The literature on the topic of military culture identifies three factors that, through their interactions, establish the military as a separate culture.

- The first is a hierarchical “Chain of Command” organizational structure. This factor is crucial in establishing each member’s place in the military, defining relationships with all other military members, suitable behaviors and status, as well as “authority, responsibility, decision-making, and communication flow” (Atuel & Castro, 2018).

HEART *to* HEART Provider Update



- The second is the norms of the military as a cultural group. Because the beliefs, values, traditions, behaviors, and events of military service and life are specific to this cultural group, new recruits undergo basic training to indoctrinate them into the norms and values of the group. Some of the components of this education include learning regimented behaviors; putting the group over self; values such as honor, integrity, commitment, loyalty, respect, and devotion to duty; and communication within the chain of command.
- The third is the military identity. As members of the military, service members must obey military laws, norms, and rules of conduct even when not in uniform and must maintain both a physical and psychological status of combat readiness because they may be called to duty at any time. Other identities, such as gender and race often take the back seat and service members have little or no situations where they are able to be free of their military identity and norms. In short, the chain of command, norms, and identity combined constitute military culture (Atuel & Castro, 2018).



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