



US FAMILY
HEALTH PLAN
Caring for our Uniformed Services Family



What is the US Family Health Plan?

- DoD-Sponsored-Managed Care Plan
- TRICARE Prime Designated Provider
- Available to beneficiaries in six areas of the US, Centered around former Uniformed Services Treatment Facilities

The Military Healthcare System (MHS)

- **TRICARE Standard**
 - **Traditional Indemnity Plan, replacing CHAMPUS**
- **TRICARE Extra**
 - **Preferred Provider Option**
- **TRICARE Prime**
 - **HMO Option using primarily Military hospitals and providers**
- **TRICARE-for-Life**
 - **Medicare supplement, Standard Benefit**
- **US Family Health Plan**
 - **HMO Option using Civilian hospitals and providers**

Who is Eligible?

Any DEERS-eligible beneficiary is eligible for US Family Health Plan membership, including:

- Family members of active-duty personnel
- Military retirees, excludes those over age 65
- Dependents of military retirees
- Survivors and family members of deceased active-duty or retired service members

What the US Family Health Plan Offers



TRICARE Prime Benefit:

- Comprehensive coverage for routine and emergency care
- Low out-of-pocket costs
 - Active-duty family members have no co-payments for medical services (except pharmacy).

Free preventive care

- Unlimited prescription coverage
 - Generic medications are available at a discounted co-pay for all US Family Health Plan members.
- * US Family Health Plan offers special benefits not offered by TRICARE Prime, such as Wellness Benefits, Fitness Center Discounts, and chiropractic care

US Family Health Plan Provider Network

- St. Elizabeth's Medical Center, Boston, MA
- Children's Hospital, Boston, MA (pediatrics only)
- Carney Hospital, Boston, MA
- South Shore Hospital, Weymouth, MA
- Good Samaritan Medical Center, Stoughton, MA
- Norwood Hospital, Norwood, MA
- Holy Family Hospital and Medical Center, Methuen, MA
- UMASS Memorial Medical Center, Worcester, MA
- Marlborough Hospital, Marlborough, MA
- Clinton Hospital, Clinton, MA
- HealthAlliance Hospital, Leominster, MA
- Saint Anne's Hospital, Fall River, MA
- Cape Cod Hospital, Hyannis, MA
- Falmouth Hospital, Falmouth, MA
- Emerson Hospital, Concord, MA
- Beverly Hospital, Beverly, MA
- Baystate Medical Center, Springfield, MA
- Mercy Medical Center, Springfield, MA
- Franklin Medical Center, Greenfield, MA
- Heywood Hospital, Gardner, MA
- Beth Israel Deaconess Hospital – Plymouth, MA
- Cooley Dickinson Hospital, Northampton, MA
- Lahey Clinic, Burlington, MA
- Berkshire Medical Center, Pittsfield, MA
- Fairview Hospital, Great Barrington, MA
- Nashoba Valley Medical Center, Ayer, MA
- Merrimack Valley Hospital, Haverhill, MA
- Holyoke Medical Center, Holyoke, MA
- Morton Hospital, Taunton, MA
- Milford Regional Medical Center, Milford, MA
- Noble Hospital, Westfield, MA
- New England Sinai Hospital, Stoughton, MA
- Anna Jaques Hospital, Newburyport, MA
- Athol Memorial Hospital, Athol, MA
- All Hospitals in Rhode Island

Relationship with Tufts Health Plan

The US Family Health Plan has contracted with Tufts Health Plan to serve as a third party administrator. In this role, Tufts supports the US Family Health Plan by providing:

- claims processing
- referral management
- customer service
- case management
- access to a selected Tufts network of physicians, hospitals, specialty, and ancillary providers

Pharmacy Benefit

- **Comprehensive prescription benefit: All FDA-approved prescription drugs are covered when prescribed by an authorized physician.**
- **Low out-of-pocket costs:**

Mail Order – Home Delivery 90 day supply

<i>Number of Prescriptions</i>	<i>Generic</i>	<i>Brand-name</i>	<i>Non-formulary</i>
1	\$7	\$24	\$53
2	\$14	\$48	\$106
3	\$21	\$72	\$159

* See website for prior authorization forms for non-formulary medications & a list of medications that may only be dispensed through US Family Health Plan's mail order service.

Closing and Opening a Panel

- The PCP must notify the Provider Network Coordinator to open or close his or her panel
- The US Family Health Plan is a separate and distinct product and network from Tufts. If the PCP is also a Tufts provider, he or she must contact Tufts to open or close a Tufts panel

Referrals

Referrals are required for most specialty care. You may refer electronically or via paper (on a US Family Health Plan paper referral form)

- Referrals are **NOT** required for:
 - Lab Services (must be Tufts participating)
 - Radiological Services (must be Tufts par)
 - Outpatient Mental Health (self referrals for initial 8 visits)
 - Yearly routine eye exam with an EyeMed participating optometrist only

- Referrals **ARE** required for:
 - Services within network
 - GYN Services (*not required for yearly exam*)
 - Physical Therapy

Referrals Requiring Plan Authorization



Below are **Referrals Requiring Plan Authorization**

- All such referrals should be sent to the Care Coordinator (fax to 617-562-5244) **before** the member seeks services and the referrals **MUST BE ON A US FAMILY HEALTH PLAN PAPER REFERRAL FORM. DO NOT SUBMIT AN ELECTRONIC REFERRAL IN THESE INSTANCES – PAPER ONLY.** Please feel free to call with inquiries.

- **Out-of-network referrals**
- **Nutritional Counseling**

***You must complete ALL sections of the referral form. Include clinical information.**

Services Provided Without Referral Authorization



- **US Family Health Plan members are responsible for obtaining referrals for specialty care**
- **Specialists may bill members for claims denied for having no referral**
- **Waiver form may be used to confirm member understanding of referral policy**

Point-of-Service (POS)

Under the Point-of-Service (POS) option, members are allowed to receive non-emergency, Plan-covered services from any specialist without a referral and without authorization. However, members pay more when using this option.

Charges	Individual	Family
Deductible per fiscal year (10/1-9/30) for outpatient care only	\$300	\$600
Cost share for outpatient care	50% of Tricare allowable charge, after annual deductible is met	50% of Tricare allowable charge, after annual deductible is met
Cost share for inpatient care	50% of Tricare allowable charge	50% of Tricare allowable charge
Any additional charges by non-network providers	Beneficiary is responsible. Up to 15% above the allowable charge is permitted by law.	Beneficiary is responsible. Up to 15% above the allowable charge is permitted by law.

Physical Therapy

- **All physical therapy must be authorized by a referral from the member's PCP and to a Tufts Health Plan contracted facility.**
- **Special authorization is required for treatment beyond 9 visits for physical therapy. Obtain authorization from the Tufts Health Plan Precertification Department.**

Preregistration

- **Required for:**

- Inpatient care/surgery
- Pregnant women must be preregistered for delivery by 20 weeks gestation

- **Responsibility of:**

- PCP or referring specialist
- Hospital admitting department

- **Notification conditions:**

- Elective procedures at least 5 business days prior
- Emergency/Urgent procedures within 1 business day

Billing Guidelines

- **90 day filing limit**
- **Electronic Billing available**
- **Statement of Accounts and Summary of Claims in Process mailed weekly**
- **Claim Inquiries should be directed to:
1-800-818-8589**

IMPORTANT:

US Family Health Plan is a Federal program therefore *secondary* to all insurances EXCEPT Medicare & Medicaid (for members who have ESRD only otherwise Medicare or Medicaid cannot be billed).

For 65+ members – DO NOT BILL MEDICARE SUPPLEMENTS. Federal insurances i.e. Federal Blue Cross or Mailhandlers are NOT supplements. These insurances remain prime for members that are 65 and over.

Who's Who at the US Family Health Plan

- Provider Relations Manager
Stephanie Tooley
617-992-1883 (cell)
855-273-5736 (fax)
Stephanie.Tooley@usfamilyhealth.org
- Provider Relations Specialist
Thomas Leonard
617-992-1882 (cell)
855-795-1496 (fax)
Thomas.Leonard@usfamilyhealth.org
- Care Coordinator (requests for out of network, out of plan authorizations and initial benefit coverage requests)
Lexi Lew-Murphy
617-562-5583
617-562-5244 (fax)
- Preregistration
 - 800-672-1515 (identify the patient as a US Family Health Plan member)
- Prior Authorization
 - 617-972-9409 (fax)
- Mental Health
 - 800-208-9565
- Customer Service (for US Family Health Plan members)
 - 800-818-8589

Healthy People 2020



US Family Health Plan emphasizes achievement of Healthy People 2020 health care indicators. These indicators reflect the health concerns in the United States at the beginning of the 21st century and will be used to measure the health of the Nation over the next 10 years. See page 9 of the Provider Manual for additional information.



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**FOR MORE INFORMATION, PLEASE VISIT OUR
WEBSITE AT:
WWW.USFAMILYHEALTH.ORG
OR CALL:
1-800-818-8589**

