Scott&White
HEALTH PLAN
part of Baylor Scott & White Health

Important Information for Group Administrators

PLEASE KEEP THIS INFORMATION HANDY

Very Important Enrollment Information

Please send All Eligibility Forms directly to Enrollment (not to your SWHP Account Manager):

1. **Fax to (254) 298-3199**
2. **E-mail scanned documents to:** swhpgroupenrollment@sw.org

Eligibility forms include:

- SWHP and MetLife Application/Enrollment Form (name/address changes, add or delete members and/or dependents)
- Notice of Late Enrollment Rights Form (declining coverage)
- Medical Support Orders (MSO) (Should accompany enrollment form)
- Proof of Prior Coverage documents/HIPAA forms (Should accompany enrollment form)

See enclosed "Employer Quick Reference" for eligibility guidelines.

Remember:

- The Notice of Late Enrollment Rights Form is for employees declining coverage. If an employee is already covered and is declining to renew that coverage, an **enrollment form** must be sent in terming that person's current coverage
- All Enrollment forms must be filled out completely, including the name of the group and the group/division #. Enrollments also cannot be processed without the date of hire of the employee.
- All forms must be signed. Terminations can be signed by the Group Administrator.
- Marriage certificates or proof of common law marriage may be required when adding spouses, especially if the spouse uses a different last name.

Please keep this information handy. Eligibility forms sent anywhere other than to the above e-mail or fax # will not be processed.

Thank you.

Scott & White Health Plan

Employer Quick Reference

Employee & Dependent Eligibility Guidelines

Use this grid as a quick reference for how to submit an application to Scott & White Health Plan. Start by locating your application type. The Grid will tell you the effective date and the appropriate forms needed to enroll an employee.

Important Note: In all instances, the employee must have met the employer's established waiting period before coverage for employee or dependents will be effective. Your waiting period is listed on your rate confirmation form.

Application Type	Application Period	Effective Date	Forms Needed
New Employee	Signed & received by SWHP within 31 days before/after effective date	In accordance w/employer's waiting period	Signed application w/date of employment noted.
Existing Employee @ Open Enrollment	Signed & received by SWHP within 31 days before/after anniversary date of Group.	Employer Group's anniversary date. Employee must have completed the new hire waiting period.	Signed application w/date of employment noted.
Part-time employee going to full-time	Signed and received within 31 days of changing to full-time	1st of month after receipt of application.	Signed application with date of PT to FT noted.
Existing employee with loss of other coverage; or existing enrollee adding spouse and/or dependents due to loss of other coverage. (See Late Enrollee P&P for further clarification of eligibility due to loss of other coverage.)	Signed & received by SWHP within 31 days of the termination date of the other coverage.	Effective 1st of month after receipt of applications. (Exceptions may be made for groups with cafeteria plans, based on their written eligibility guidelines.)	Signed application form; declination form (or other proof) indicating SWHP coverage wasn't elected due to other coverage; proof of term date of other coverage.
Existing employee, who previously declined coverage, who has newborn child, newly adopted child, or new spouse	Signed and received by SWHP within 31 days after the birth of child, adoption of child, or marriage, as applicable	If newborn child or newly adopted child, effective on the date of birth or date of adoption. If new spouse, effective 1st of the month after application received by SWHP. (Note: Employee, spouse and applicable newborn or adopted child may be added at this time only, all other dependents will be late enrollees, or can be added at next open enrollment date.)	Signed application form with proof of adoption, marriage, or birth as applicable. To add a Common-law spouse, the employee must provide a 'Declaration of Informal Marriage' as proof of common-law marriage. Either the date of the certificate or the date indicated as the date of marriage will be the 'event date' to begin the 31 days.

Application Type	Application Period	Effective Date	Forms Needed
Existing subscriber adding newborn child	Signed and received by SWHP within 60 days of newborn child's date of birth	Effective on the newborn child's date of birth (Note: Spouse and applicable newborn or adopted child may be added at this time only, all other dependents will be late enrollees. Spouse will be effective 1st of the month after application received by SWHP.)	Signed application form. (may be required to provide proof of child's eligibility)
Existing subscriber adding new spouse and/or children (other than newborn or newly adopted child)	Signed and received by SWHP within 31 days of the date of marriage, or acquisition of child	Effective 1st day of the month after application is received by SWHP	Signed application form, with date of marriage, etc. indicated (may be required to provide proof) To add a Common-law spouse, the employee must provide a 'Declaration of Informal Marriage' as proof of common-law marriage. Either the date of the certificate or the date indicated as the date of marriage will be the 'event date' to begin the 31 days.
Existing employee adding newborn grandchild	Signed and received by SWHP within 60 days of newborn grandchild's date of birth	Effective on the newborn grandchild's date of birth (Employee must have completed the new hire waiting period.)	Signed application form Grandchild affidavit (may be required to provide addt'l proof)
Existing employee adding grandchild other than a newborn	Signed and received by SWHP within 31 days of grandchild coming to reside with employee	Effective 1st of the month after receipt of application by SWHP. If past the 31 days, grandchild will be a late enrollee	Signed application form and grandchild affidavit (may be required to provide addt'l proof)
Existing employee with court order to provide medical coverage to child/children	Signed and received by SWHP within 31 days after receipt of order by employer	The date order is received by employer, or SWHP, whichever is earliest. Employee must have completed the new hire waiting period. Only employee & MSO dependent can be added; others (including spouse) will be late enrollees, or can be added at next open enrollment.	Signed application. Court order, National Medical Support order, or letter from Attorney General's office. Legal department is responsible for review/approval

Application Type	Application Period	Effective Date	Forms Needed
Existing employee with court order to provide medical coverage to spouse	Signed and received by SWHP within 31 days after issuance of the order	The 1st day of the month after the order & application is received. (Employee must have completed the new hire waiting period.)	Signed application Court order. Legal department is responsible for review/approval. (Must be legal spouse.)
Existing employee adding newly adopted child	Signed and received by SWHP within 60 days of adoption, or date adoption proceedings began	Date of adoption, date the child was placed in the subscriber's home for adoption, or date the subscriber became a party to a lawsuit for adoption. (Employee must have completed the new hire waiting period.)	Signed application Proof of adoption placement, lawsuit for adoption, or adoption
Employee returning from Military Leave (Must have been covered by SWHP prior to leave)	Signed & received by SWHP w/in 31 days of returning to work	Date employee returned to work	Signed application w/date of return noted. Refer to separate "USERRA" policy for further information.
Employee returning to work after absence of less than 1 year. (Must have been covered by SWHP prior to termination date.)	Signed & received by SWHP within 31 days before/after effective date.	In accordance w/employer's waiting period – or – date of rehire, if employer has written policy allowing waiver of waiting period.	Signed application with date of rehire noted.
Employee returning from LOA (non-military), at an employer who does not allow coverage during LOA. (Must have been covered by SWHP prior to leave.)	Signed & received by SWHP w/in 31 days of returning to work	1st of month after employee returns to work	Signed application w/date of return noted.
New group to SWHP	Signed & received by SWHP within 31 days before/after contract effective date	Effective date is contract start date. Employee must have completed new hire waiting period (unless company has written policy stating new hire waiting period waived for new policy)	Signed app with date of employment noted

Application Type	Application Period	Effective Date	Forms Needed
Active EE moved to SeniorCare (SC). Spouse becomes own policyholder. If active EE retires, and group doesn't cover retirees, spouse loses coverage through group. COBRA/COC should be offered to spouse	Must comply with State COC or Federal COBRA for time frame on submitting application or update COBRA/COC administrator	Effective 1st of the month following event	Signed application or notification from COBRA/COC administrator
Existing Subscriber removes a spouse due to divorce or dependent child due to marriage	Signed & received by SWHP by end of month of event.	Due to SB51, end of the month of notification	Signed application indicating date of divorce or date of child's marriage

Revised: 07/17/2007

AFFIDAVIT/RELEASE

STATE OF TEXAS
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____
Who, after being duly sworn, deposes and says:

I, _____, am an employee of
_____, and a member of the
Scott & White Health Plan, do hereby state that _____
is my dependent grandchild in accordance with the contractual definition stated in the Scott & White Health Plan Group Health Care Evidence of Coverage, and this child is my qualified dependent for federal income tax purposes. As of
_____, my dependent grandchild began residing with me.

_____
Employee

SWORN TO and subscribed before me this _____ day of _____
20____.

_____
Notary Public, State of Texas
My Commission Expires: _____

January 2012

To: Fully insured groups

Re: Implementation of Senate Bill 51*

In the 79th Legislation Session, the Texas Legislature passed Senate Bill 51, Group Premium Payment after Employee Termination, which amended Chapter 843 of the Texas Insurance Code. This legislation applies to fully insured group HMO plans issued, delivered or renewed, on or after, January 1, 2006. The Texas Department of Insurance has adopted regulations that clarify the requirements of this law.

Senate Bill 51 and the TDI regulations provide that:

- Generally, the employer is liable for the enrollee's (including employees and their dependents) premium from the time the individual ceases to be eligible for coverage until the end of the month in which the employer notifies the insurer that the individual is no longer part of the group eligible for coverage.
    - If the event which makes an enrollee ineligible for coverage under the group occurs during the last seven calendar days of the month, the employer has until the third day of the next month to notify the health plan of that enrollee's ineligibility for coverage.
- Subject to the requirements noted above, Scott and White Health Plan is required to provide coverage for the enrollee or employee, under the policy, until the end of the month in which notification is received.

As an example, if an employee discontinues employment on November 15, 2011 and Scott & White Health Plan receives notification on December 3, 2011, the employer is responsible for paying the terminated employee's premium for the entire month of December 2011 and the employee will remain covered until the last day of December 2011. However, if the employee had discontinued employment on November 28, 2011, and Scott and White Health Plan received notification on December 3, 2011, then the December premium would not be owed by the employer, and coverage for that employee and his or her dependents would terminate as of the last day of November.

Notifications shall be considered to be received on the 3rd day following the postmark for mailed notices, and when actually received for hand-delivery, fax, e-mail or electronically delivered notices. Should you have any questions, please feel free to call Scott & White Health Plan at 800-321-7947.

Sincerely,

Scott & White Health Plan

*Original notification sent December 2005. Additional notification sent April 2006 and January 2010.

AUTOMATIC PAYMENT SYSTEM (APS) AUTHORIZATION AGREEMENT

The Scott & White Health Plan is hereby authorized to initiate debit entries to _____ **(Group Name)** checking account indicated below for the billed monthly premium. The Financial Institution named below, hereinafter called **BANK**, is hereby authorized to debit the same to such account.

BANK NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

ACCOUNT NUMBER _____

☐ Check here if this is a change in bank information.

This authority is to remain in full force and effect until the Scott & White Health Plan has received written notification from the group of its termination in such time and in such manner as to afford the Scott & White Health Plan a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to **BANK** prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by **BANK**, up to 15 days following issuance of statement of account, or 45 days after the charge whichever occurs first.

DATE _____ **PHONE NUMBER** _____

GROUP NAME & NUMBER _____

AUTHORIZED SIGNATURE _____

****PLEASE ATTACH VOIDED COPY OF CHECK****

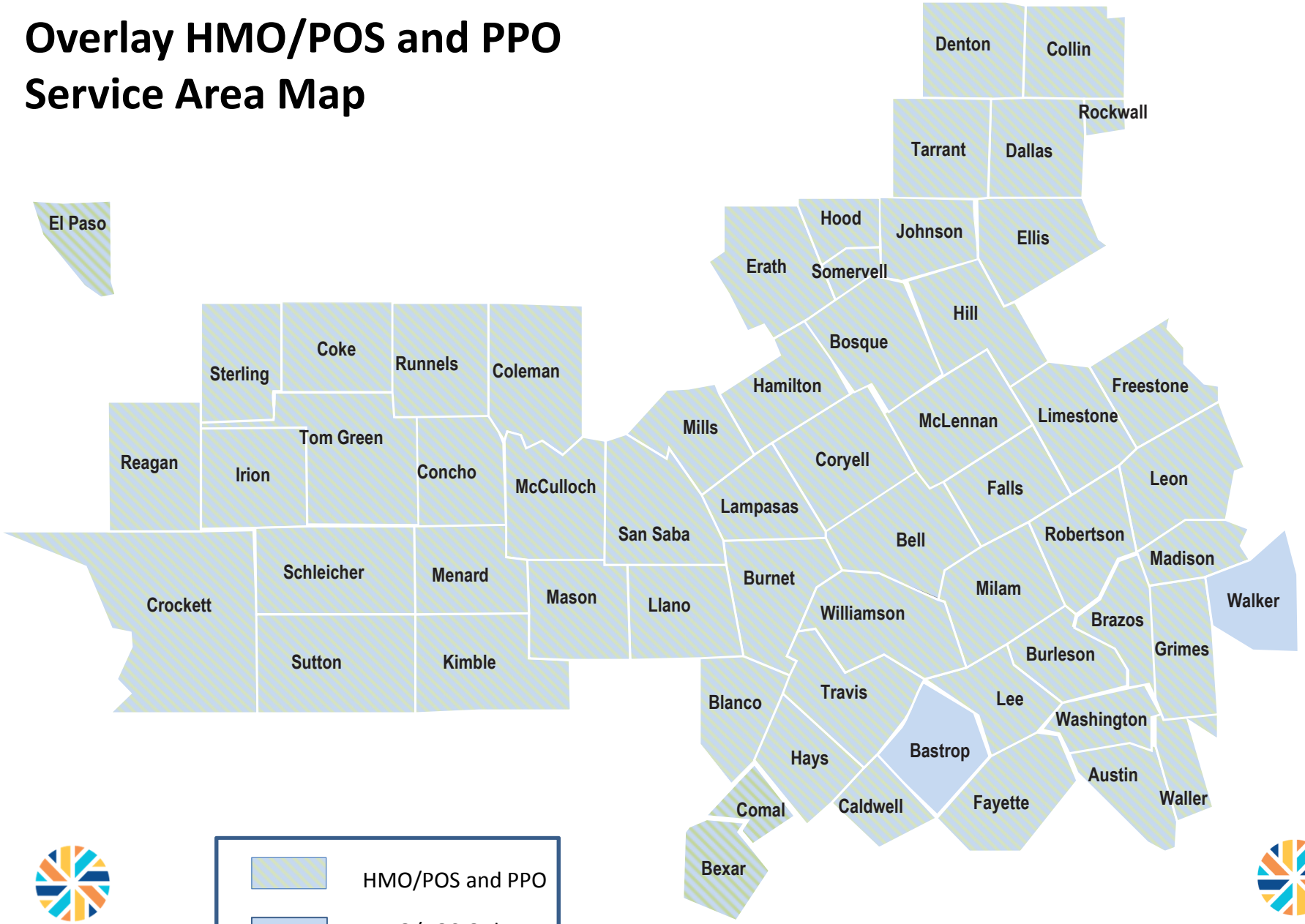
FOR OFFICE USE ONLY

BK Transit/ ABA No. _____

Certificate No. _____

Submitted By _____

Overlay HMO/POS and PPO Service Area Map



Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

INSURANCE COMPANY OF Scott&White
PART OF BAYLOR SCOTT & WHITE HEALTH

Scott & White Health Plan encourages you to

Get Preventive!

Find providers in our network, manage your accounts with us, and learn what SWHP has to offer at:

swhp.org

Find recommended preventive services for:

- Adults
- Women
- Children
- Pregnant Women

http://www.cdc.gov/prevention/

Create a schedule of vaccines.

Birth to six years
Make a schedule of recommended immunizations for your child from birth through 6 years. Review the schedule with your child's doctor.

http://www2a.cdc.gov/nip/kidstuff/newscheduler_le/

Take an online vaccination quiz.

11 years and older
Take the quiz to see which vaccines you or your child may need.

English:
http://www2a.cdc.gov/nip/adultimmsched/

Spanish:
http://www2a.cdc.gov/nip/adultimmsched/quiz-sp.asp

Scott&White
HEALTH PLAN

Scott & White Health Plan
We fit your life.

Scott & White Health Plan
Covered Preventive Benefits*

Screenings For Adults*

- Blood pressure screening
- Breast cancer mammography — age 35 and older
- Colorectal cancer screening — age 50 and older
- Type 2 diabetes screening
- Depression screening
- HIV screening

Screenings For Newborns, Children, and Adolescents*

- Vision screening
- Hearing screening
- Depression screening for adolescents — 12 - 18 years of age
- Autism screening for children at 18 and 24 months
- Dyslipidemia screening

Immunizations For Adults Over Age 18*

- Tetanus, diptheria, pertussis
- Human papillomavirus (HPV)
- Varicella
- Herpes zoster
- Measles, mumps, and rubella (MMR)
- Influenza (seasonal)
- Pneumococcal polysaccharide
- Hepatitis A
- Hepatitis B
- Meningococcal
- Haemophilus influenza type b

Immunizations For Children Ages 0 through 6 years*

- Hepatitis B
- Rotavirus
- Diptheria, tetanus, pertussis
- Haemophilus influenzae type b conjugate
- Pneumococcal conjugate
- Inactivated poliovirus
- Influenza (seasonal), including H1N1 Influenza
- Measles, mumps, and rubella
- Varicella
- Hepatitis A
- Meningococcal
- Polio
- Any other immunization required by law for the child

Immunizations For Children Ages 7 through 18 years*

- Tetanus
- Human papillomavirus (HPV)
- Meningococcal
- Influenza (seasonal)
- Pneumococcal polysaccharide
- Hepatitis A (HepA)
- Hepatitis B
- Inactivated poliovirus (IPV)
- Measles, mumps, and rubella
- Varicella

*For a complete listing and description of preventive care services, please refer to your Summary of Benefits or Evidence of Coverage.

Scott & White MyChart

MyChart is a way to securely manage your health on a computer, tablet or smartphone.

MyChart is a free patient Internet portal where:

- Patients can access portions of their medical records
- Manage appointments
- Get information from your physician and links to other helpful medical information.
- Request prescription renewals from physicians (request is for renewals only)
    - Patients should still order prescription refills online at http://www.sw.org/my-pharmacy-connect

Ask your doctor's office about signing up today!

Scott&White
HEALTH PLAN

Why Do More Than 300,000 Texans Trust Scott & White Health Plan?

Simply put, it's because they know when they choose Scott & White Health Plan, they are selecting the #1 rated health plan in Texas. In fact, SWHP received the highest ratings by NCQA among rated private health plans in Texas (2015-2016.)[1]

Quality of Care

According to the Office of Public Insurance Counsel[2], SWHP exceeds the national and Texas averages for the following:

- Comprehensive Diabetes Care
- Prenatal and Postpartum Care
- Treatment After a Heart Attack
- Breast Cancer Screening Rate
- Colorectal Cancer Screening Rate

NCQA Rating

Highest scores among rated health plans in Texas by NCQA.

Integrated Health Care Delivery

As a part of the Baylor Scott & White Health family, SWHP has the ability to implement innovative medical programs resulting in convenient access to high-quality care, increased coordination of patient care, and improved patient outcomes.

Customized Wellness Programs

Our wellness programs are customized for members' unique needs. In addition to a full suite of condition-specific offerings, SWHP provides:

- Health Coaching - access to a personal health coach to guide members on their unique wellness journey.
- HealthWise® Knowledgebase - where members look up information on medical conditions, tests, and drugs; watch videos made by patients and/or doctors; use interactive tools such as quizzes and calculators; research symptoms through the Symptom Checker; and look up information on Support Groups.

Wellness information is available in English and Spanish.

Visit us at swhp.org to learn more.

[1]According to the NCQA (National Committee for Quality Assurance) Health Insurance Plan Ratings, 2015-2016. [2] Guide to Texas HMO Quality: 2015.

Scott&White HEALTH PLAN
part of Baylor Scott & White Health

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical information
- You can ask to see or get an electronic or paper copy of your medical information and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- To inspect and receive a copy of your medical information call SWHP Customer Advocacy at 254-298-3000 or 800-321-7947.

Ask us to correct or amend your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- To request an amendment, you must contact SWHP Customer Advocacy at 254-298-3000 or 800-321-7947.

Request confidential communications
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.
- To request confidential communications you must contact SWHP Customer Advocacy at 254-298-3000 or 800-321-7947. SWHP will not ask you the reason for your request. SWHP will accommodate all reasonable requests.

Ask us to limit or restrict what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To request an accounting of disclosures, you must contact SWHP Customer Advocacy at 254-298-3000 or, 800-321-7947.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may also view a copy of the Notice on our member web site at www.swhp.org.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting SWHP Customer Advocacy at 254-298-3000 or 800-321-7947 or write:
  Scott & White Health Plan
  c/o Corporate Compliance
  1206 West Campus D
  Temple, TX 76502
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

For questions or other complaints relating to Health Plan Coverage, call SWHP at 254-298-3000 or 800-321-7947.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.
If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We may use or disclose health information to aid in your treatment or the coordination of your care.
For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

Run our organization

We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.

For Payment

We may use or disclose your information for payment of premiums due to us, to determine your coverage, and for payment of healthcare services you receive. For example, we may tell a doctor if you are eligible for coverage and what percentage of the bill may be covered.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

For Underwriting Purposes.

- We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address worker's compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Student Immunizations to Schools

- We can provide proof of your child's immunizations to their school based on your verbal or written permission to do so.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

Scott and White Health Plan, Insurance Company of Scott and White, and its affiliated entities (collectively SWHP), its professional staff, employees, and volunteers.

Effective Date: April 14, 2003
Revised Date: August 15, 2014

SWHP Utilization Review Criteria for Inpatient Services and Selected Benefit Determinations 2018

The SWHP Evidence of Coverage (EOC)/Insurance Company of Scott & White (ICSW) Insurance Policy, also known as Evidence of Coverage (EOC) or Summary Plan Description (SPD), is the contract for coverage of the health care services that an individual self-purchased or an employer has purchased for employees. SWHP/ICSW provides a variety of benefit plans in order to meet the needs of our members.

Benefit plans include benefits required by law, SWHP/ICSW, as well as purchaser preference (Administrative Services Only or ASO). The purpose of SWHP's Utilization Review (UR) Program is to manage services according to the terms contained in the Insurance Policy. All benefit plans require coverage to be contingent upon medical necessity. SWHP's UM Committee adopts and/or develops evidence-based criteria to determine medical necessity for certain services. Annually, SWHP/ICSW provides proposed criteria to selected physician directors of Baylor Scott & White Health's Medical Services Divisions and contracted network physicians for review and feedback. SWHP/ICSW evaluates feedback provided. The resulting approved final criteria sets and any other internally developed criteria are forwarded to the SWHP/ICSW UM Committee for review and approval.

Current criteria utilized include InterQual®, SWHP approved medical policies, HealthCare Management Guidelines (TLOs)) criteria developed and approved during Technology Assessment meetings, and national and local medical coverage policies.

The approved criteria are used by the UR Staff as a guideline only. SWHP/ICSW Medical Directors make all medical necessity and experimental and investigational denial determinations. UR decisions, including formulary determinations, are based on appropriateness of care and services and are subject to the terms and limitations of the Insurance Policy. SWHP/ICSW does not offer incentives, including compensation or rewards, to practitioners or other individuals conducting utilization review to encourage denials of coverage of services or offer financial incentives that encourage decisions that result in underutilization of services. SWHP/ICSW does not use incentives to encourage barriers to care and services.

SWHP/ICSW does not base Medical Directors' compensation on utilization of services and does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

SWHP/ICSW monitors for evidence of underutilization, overutilization, and misuse through the Quality Improvement (QI) Subcommittee's review of, HEDIS® measures, QI team measures, and complaint data. Evidence of underutilization, overutilization, and misuse will be discussed with the individual physician. Individual coverage requests are discussed with the individual physicians making the request on behalf of a member.

SWHP/ICSW UR staff, including Medical Directors, is available by telephone 24 hours/7 days per week at 1-254-298-3088 or toll free at 1-888-316-7947 or by appointment to discuss UR and/or coverage determinations, including benefit provisions, guidelines, criteria, or the processes used to make determinations. "On-call" staff have access to an on-call SWHP Medical Director is available after-hours and weekends.

Appeal rights, including expedited appeals rights, and/or independent review organization (IRO) options are always provided with any denial issued. Practitioners may request to review criteria at any time, including at the time of a case-specific determination. Criteria will be provided by fax, phone, and email or through an onsite appointment with the Health Services Department (HSD) management staff. HSD can be reached by calling 1-888-316-7947 (toll free) or 1-254-298-3088 (directly).

In an effort to improve communications with non-English speaking members, SWHP/ICSW uses the interpretive services of Language Line Solutions. Members do not have to call a special line for this service. When contacting SWHP/ICSW, members may notify the HSD staff and/or Customer Advocacy of their primary language and the call will be completed with the help of an AT&T interpreter at no charge to the member. HSD staff follows established internal SWHP/ICSW policies related to provision of interpretive services for SWHP/ICSW members.

SWHP/ICSW utilizes a toll free TTY NUMBER 1-800-735-2989 to assist with communication services for members with hearing or speech difficulties. The TTY number is listed on the SWHP webpage at www.swhp.org .

Office of Financial Management/Financial Services Group

April 6, 2010

Collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) (Tax Identification Numbers) – ALERT

The Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (See 42 U.S.C. 1395y(b)(7)&(b)(8))

This ALERT is to advise that collection of HICNs, SSNs, or EINs for purposes of compliance with the reporting requirements under Section 111 of Public Law 100-173 is appropriate.

HICNs, SSNs and EINs:

• The Medicare program uses the HICN to identify Medicare beneficiaries receiving health care services, and to otherwise meet its administrative responsibilities to pay for health care and operate the Medicare program. In performance of these duties, Medicare is required to protect individual privacy and confidentiality in accordance with applicable laws, including the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act Privacy Rule. The SSN is used as the basis for the Medicare HICN. While the HICN is required to identify a Medicare beneficiary, if the HICN is not available some beneficiaries may also be identified by the SSN. Please note that The Centers for Medicare & Medicaid Services (CMS) has a longstanding practice of requesting HICNs or SSNs for coordination of benefit purposes.

• The EIN is the standard unique employer identifier. It appears on the employee's federal Internal Revenue Service Form W-2, Wage and Tax Statement received from their employer. The Medicare program uses the EIN to identify businesses. The establishment of a standard for a unique employer identifier was published in the May 31, 2002 Federal register, with a compliance date of July 30, 2004.

A new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third party administrators, and plan

administrators or fiduciaries of self-insured/self-administered group health plans to report, as directed by the Secretary of the Department of Health and Human Services, information that the Secretary requires for purposes of coordination of benefits. The law also imposes this same requirement on liability insurers (including self-insurers), no-fault insurers and workers' compensation laws or plans. Two key elements that are required to be reported are HICNs (or SSNs) and EINs. In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both the HICN (or SSN) and the EIN, as applicable.

As a subscriber (or spouse or family member of a subscriber) to a group health plan arrangement, it is likely that your employer or insurer will ask for proof of your Medicare program coverage, by asking for your Medicare HICN (or your SSN) in order to meet the requirements of P.L. 110-173, if this information is not already on file with your insurer. Similarly, individuals who receive ongoing reimbursement for medical care through no-fault insurance or workers' compensation or who receive a settlement, judgment or award from liability insurance (including self-insurance), no-fault insurance, or workers' compensation will be asked to furnish information concerning whether or not they (or the injured party, if the settlement, judgment or award is based upon an injury to someone else) are Medicare beneficiaries, and if so, to provide their HICNs or SSNs. Employers, insurers, third party administrators, etc. will be asked for EINs. To confirm that this ALERT is an official Government document and for further information on the mandatory reporting requirements under this law, please visit the CMS website at www.cms.hhs.gov/MandatoryInsRep.

Dear Policyholder,

We are writing to inform you that, consistent with federal guidance initially announced in November 2013 and extended in March 2014, you may keep your existing coverage for the upcoming policy year.

How Do I Keep My Current Policy?

To keep your current policy, please contact us.

As you think about your options, there are some things to keep in mind. If you choose to renew your current policy, it may NOT provide all of the protections of the Affordable Care Act. These include one or more of the following new protections of the Public Health Service Act (PHS Act) that were added by the health care law and took effect for coverage beginning in 2014. If you choose to renew your current policy, your coverage:

- May not meet standards for fair health insurance premiums, so you might be charged more based on factors such as gender or a pre-existing medical condition, and it might not comply with rules limiting the ability to charge older people more than younger people (PHS Act section 2701).
- May not meet standards for guaranteed availability, so it might exclude consumers based on factors such as a pre-existing medical condition (PHS Act section 2702).
- May not meet standards for guaranteed renewability (PHS Act section 2703).
- If the coverage is an individual market policy, may not meet standards related to pre-existing medical conditions for adults, so it might exclude coverage for treatment of an adult's pre-existing medical condition such as diabetes or cancer (PHS Act section 2704).
- If the coverage is an individual market policy, may not meet standards related to discrimination based on health status (PHS Act section 2705).
- May not meet standards for non-discrimination with respect to health care providers (PHS Act section 2706).
- May not cover essential health benefits or limit annual out-of-pocket spending, so it might not cover benefits such as prescription drugs or maternity care, or might have unlimited cost sharing (PHS Act section 2707).
- May not meet standards for participation in clinical trials, so you might not have coverage for services related to a clinical trial for a life-threatening or other serious disease (PHS Act section 2709).

How Do I Choose A Different Policy?

You have options for getting quality health insurance. [You may shop in the Health Insurance Marketplace, where all policies meet certain standards to help guarantee health care security, and no one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing medical condition. The Marketplace allows you to choose a private policy that fits your budget and health care needs. You may qualify for tax credits or other federal financial assistance to help you afford health insurance coverage purchased through the Marketplace.][5]

[You can also get new health insurance outside the Marketplace.] All new policies guarantee certain protections, such as your ability to buy a policy even if you have a pre-existing medical condition. [However, federal financial assistance is not available outside the Marketplace.]

You should review your options as soon as possible, because you may have to buy your coverage within a limited time period.

How Can I Learn More?

To learn more about the Health Insurance Marketplace and protections under the health care law, visit HealthCare.gov or call 1-800-318-2596 **or TTY: 1-855-889-4325.**

If you have questions, please contact us.

[5] The bracket language does not apply to the U.S. territories that do not have a Marketplace.