

2019

# the Right *Care* update

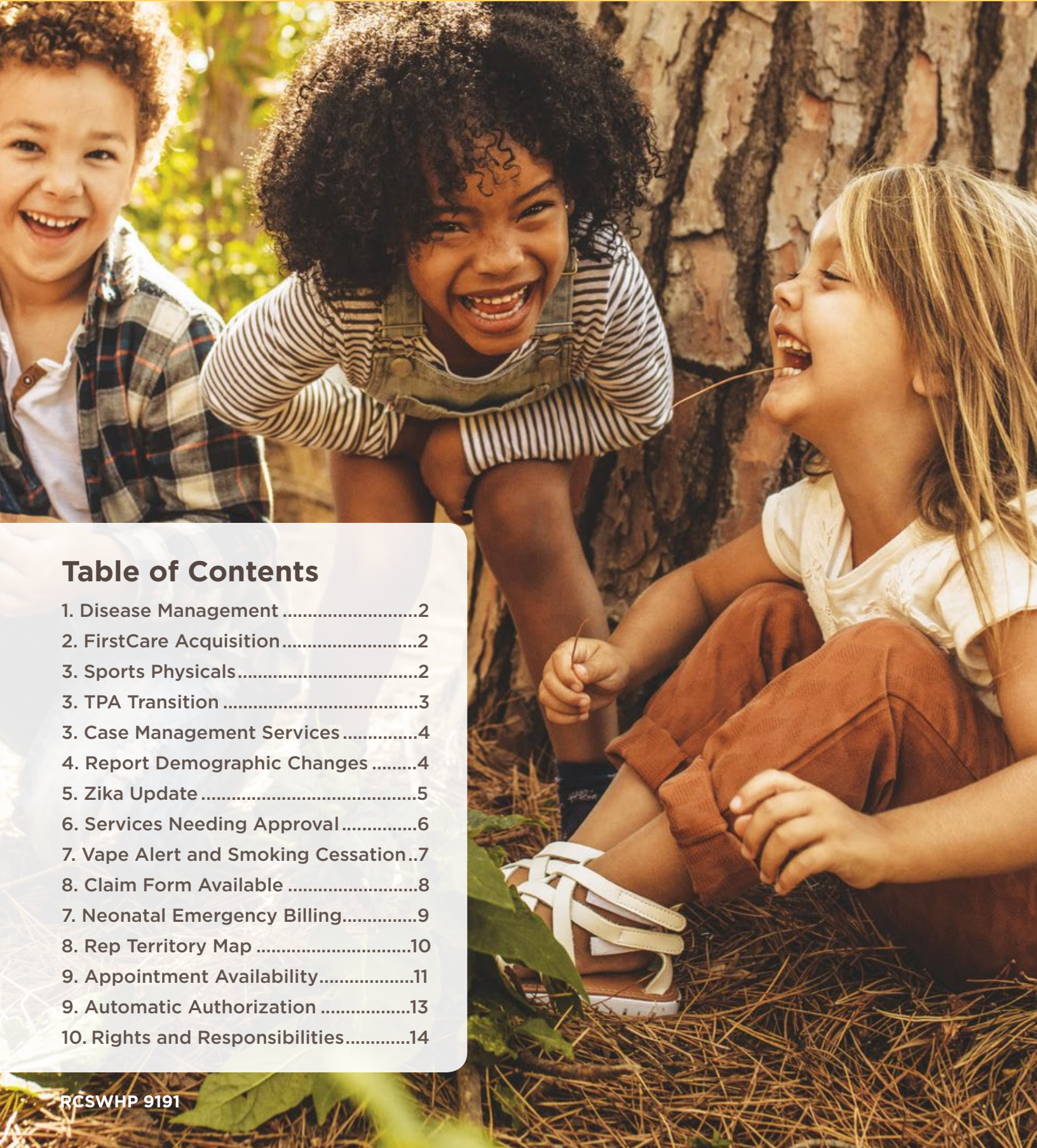
an annual publication for participating providers for RightCare



RightCare



TEXAS STAR  
Your Health Plan • Your Choice



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# Disease and Condition Management



Condition Management Programs are part of the population health management services offered by Scott and White Health Plan (SWHP). These programs promote health, provide support and online tools, and personalized health risk assessments. They also provide wellness trackers and disease management educational content and seminars for members on our Medicaid, Medicare, Commercial and Self-Insured health insurance plans.

Our Disease Management (DM) programs include Asthma, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Diabetes, and Heart Failure. All members with these targeted conditions

are eligible to participate. In addition, SWHP also provides disease management support to members with other chronic conditions. SWHP identifies members for participation by following patients through hospital stays, and by examining claims for conditions or care patterns likely to benefit from the program.

To refer a patient for these services, email [CASEMANAGEMENT@BSWHealth.org](mailto:CASEMANAGEMENT@BSWHealth.org) or call us at 1-888-316-7947 or 1-844-655-5200. You may also reach us by sending a fax to (800) 626-3042.

## FirstCare is now part of the Baylor Scott and White Health family

Effective Jan. 1, 2019, Scott and White Health Plan, part of Baylor Scott & White Health, acquired FirstCare Health Plans.

The acquisition allows two provider-owned health plans to come together to create a more comprehensive and sustainable insurer with a driving focus on enhancing the customer experience through advanced technology.

For more information, visit [FirstCare.com/SWHP](http://FirstCare.com/SWHP).

## Sports Physicals

RightCare covers sports physicals as a value-added service. If a sports physical is requested and the child is due for a Texas Health Steps checkup, the checkup including all the required Texas Health Steps components should be completed as well. Providers may be reimbursed for sports physicals performed at the same time as a Texas Health Steps checkup or during a separate medical visits.



# Third Party Administrator (TPA) Transition to FirstCare Health Plans

Effective 11/1/2019, RightCare will utilize FirstCare Health Plans as its Third Party Administrator (TPA) for the Medicaid program. Below is important information about the transition and how it may impact you.

## What you need to know for 11/1/2019:

- **Paper Claims Filing** - The paper claims filing address will change. Paper claims for a date of service of 11/1/2019 and after should be submitted to:  
SCOTT & WHITE  
PO BOX 981727  
EI PASO TX 79998 - 1727  
Paper claims with a date of service prior to 11/1/2019 should be submitted to the current claims address.
- **Electronic Claims** - RightCare uses Change Healthcare as the electronic clearinghouse with Payor ID 74205. Providers also register here to receive their Electronic Remittance Advice (ERA/835). Providers will continue to use the same Payor ID: 74205.
- **Electronic Funds Transfer (EFT)** - New registration will be handled via Change Healthcare. Providers currently enrolled in EFT prior to 11/1/19 may not have to re-register. Additional information will be sent prior to 11/1/2019. Currently, EFT-enrolled providers receive printed Electronic Remittance Advices (ERAs). After 11/1/2019, printed ERA's will not be provided in paper form. Providers will be able to download an electronic ERA from Change Healthcare.
- **Important Phone Numbers** - No change. The phone numbers providers use today will remain the same. Important phone numbers are listed on the RightCare website: <https://rightcare.swhp.org/en-us/important-phone-numbers>. The Interactive Voice Response (IVR) call tree options have changed. Please listen to the options carefully.
- **RightCare Provider Portal** - There will be a NEW provider portal that supports claims submissions, prior authorization requests, and member eligibility. The new portal address is <https://rightcare.firstcare.com>. The portal link will not be accessible until 11/1/2019.
- **Provider Relations Contacts** - Your Provider Relations Representatives can be located on the RightCare website. <https://rightcare.swhp.org/en-us/important-phone-numbers>.
- **Prior Authorization** - New PA list with less burdensome requirements. PA List will be published 10/1/2019.
- **Multiple Explanation of Payments (EOP's)** - Beginning 11/1/2019, providers will receive two separate EOP's, because of a transition in our payor system. This will result in a slightly different format for the new EOP. Providers will continue to receive a historical EOP based on current format until the runout of dates of service. In addition, providers may have previously received notification regarding overpayments for services and balances owed. These balances are applied and debited from applicable provider payments at each check run. During this transition, providers who have a negative balance may receive two EOP's until February 2020:
  - One EOP for claims dates of service prior to 11/1 with negative balance imposed.
  - One EOP for claims dates of service post 11/1 with NO negative balance imposed.

After the run out period (95 days), providers will see previous negative balances applied to their payment resulting in one EOP.

Provider Relations Representatives are available to assist you with any questions.  
<https://rightcare.swhp.org/en-us/prov/provider-home>.

## Case Management Services

Case Management is part of the population health management services offered by Scott and White Health Plan. Our Case Managers help members diagnosed with complex health problems. Case Managers can help your patients with the self-management aspects of their condition—arranging for services and reinforcing your Provider/Patient plan of care. Case Managers help our members find an adult Primary Care Physician (PCP) when a child transitions to an adult age. We help members solve problems that pose barriers to getting needed healthcare, such as social determinants of health.

There is also help with setting up community resources, even when the member has reached the limits of what his or her health insurance plan covers. All Members in need of our services are eligible to participate. SWHP identifies members for participation by following patients through hospital stays, and by examining claims for conditions or care patterns likely to benefit from the support of a Case Manager.

To refer a patient for Case Management, email [CASEMANAGEMENT@BSWHealth.org](mailto:CASEMANAGEMENT@BSWHealth.org) or call SWHP Customer Service at **1-888-316-7947** or **1-844-655-5200**. You may also reach us by sending a fax to **(800) 626-3042**. Find out more [here](#).

### Report Provider Demographic Changes

Providers should notify SWHP when there are changes to their practice, such as:

- Change of ownership and tax identification number (TIN).
- Change of address (service/ mailing/billing), phone number, or fax number.
- New provider added to group or practice.
- Provider terminations from group or practice.
- Adverse actions impacting practitioner's ability to provide services.
- Termination from or opting out of participation in Medicare or Medicaid.

All changes reported should include an effective date.

# Updated Limitation for Zika Virus Testing

**Effective for dates of service on or after July 1, 2019, the limitation for Zika virus testing procedure code 87662 will change.**

To align Zika virus testing reimbursement policy with updated Texas Department of State Health Services and U.S. Centers for Disease Control and Prevention guidelines, procedure code 87662 may be reimbursed up to two times on the same day by the same provider. It will no longer be limited to one per day. For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

Zika is a virus that spreads through the bite of certain types of mosquitoes. If infected while pregnant, a mother can pass Zika to her unborn child. Zika infection during pregnancy can cause birth defects and developmental delays. Zika virus can also be passed through sex and blood transfusions.

While it can cause fever, rash, joint pain, and red or pink eyes, about 80 percent of people with Zika do not have any symptoms. Currently, there is no vaccine or specific treatment for Zika. Your best protection is to avoid infection. Practice safe sex, prevent mosquito breeding, protect yourself and your children from mosquito bites.



# Services Needing Approval

***For the fastest authorization decisions, submit pre-authorization requests online at <https://portal.swhp.org/ProviderPortal/>.***

Scott and White Health Plan has Utilization Management (UM) staff available for questions about authorizations or other UM questions. We are here 8 a.m. to 5 p.m. Central Time (CT), Monday through Friday, by calling 1-888-316-7947 or 1-844-655-5200. You may also reach us by sending a fax at any time to (800) 626-3042. We are available after hours through our on-call service on weekends.

Scott and White Health Plan does not use incentives to encourage barriers to care and services, specifically reward those conducting utilization review for denying coverage, or provide financial incentives for UM decision makers to make decisions that result in underutilization. Utilization decisions are based only on the appropriateness of care and the existence of coverage.

If you or your patient would like a copy of criteria used in reviewing for medical necessity, call us at 1-888-316-7947 or 1-844-655-5200 and we will mail a copy to you.

# Vaping Alert and Tobacco Cessation

## Back Ground

The Texas Department of State Health Services (DSHS) is investigating suspected cases of pulmonary disease among individuals who report vaping. Similar cases have occurred in multiple other states, some resulting in hospitalization. All suspect cases reported vaping with products including nicotine and/or tetrahydrocannabinol (THC). Evaluation for infectious diseases was negative in all patients.

### Tobacco Cessation Benefits in Medicaid

Medicaid provides tobacco cessation counseling (procedure code 99406 & 99407) in individual and group settings to members 10 years and older with a diagnosis of nicotine dependence. Adolescents with a nicotine dependency diagnosis related to aerosolized nicotine delivered by vape device are eligible for tobacco cessation counseling.

The Medicaid formulary includes select medications and nicotine replacement products to support tobacco cessation. Contact your health plan about additional supports that may be offered as a value-added service.

## Tobacco Cessation Benefits in CHIP

### Tobacco Cessation Programs

A health plan-approved tobacco cessation program is covered up to a \$100 limit per 12-month coverage period. Tobacco cessation program services are for a 12-month coverage period. The health plan may require prior authorization and use of a formulary.

### CHIP Perinatal Program:

- Tobacco cessation programs are not a covered benefit for the unborn child.
- Coverage for the CHIP Perinatal newborn is the same as coverage for traditional CHIP clients. The CHIP formulary includes select medications to support tobacco cessation.

### Recommendations for Clinicians

- Ask patients presenting with respiratory symptoms about vaping history. If possible, inquire about the types of products used and methods of use.
- If vaping fluid commonly used by the patient is available, ask that it be set aside (not used) in case it is needed for testing.
- Be aware that some suspect cases have required high-level intensive care and respiratory support.

More information is in the DSHS public health notice link below.  
[DSHS public health notice](#)

## Association Claim Form Now Available

The American Dental Association (ADA) has approved the new 2019 ADA Dental Claim Form (<https://www.ada.org/en/publications/cdt/ada-dental-claim-form>) as the replacement for the 2012 and 2018 ADA Dental Claim Form. TMHP will accept dental claims submitted on the 2012 ADA dental claim form until Dec. 31, 2019. After that, the form will be decommissioned and TMHP will only accept the 2018 and 2019 versions of the form.

Reminder: Providers can submit dental claims electronically through TexMedConnect. For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.





## Neonatal Emergency Billing Address Requirements

In accordance with House Bill (HB) 15 (83R) and HB 3433 (84R), HHSC established rules for inpatient hospital designations for neonatal services and maternal services. Hospitals without designation will not be reimbursed for inpatient neonatal or maternal services except emergency services required to be provided or reimbursed under state or federal law. The level of care designation for each hospital will be reviewed by HHSC every three years and updated as appropriate.









**Action:** Providers who submit claims for inpatient newborn care must use the billing address that matches the facility address of the neonatal designation where neonatal services are rendered. To be considered for reimbursement of neonatal claims, providers must have their neonatal billing address. Business edits will set on encounters where the provider is billing incorrectly.



# RightCare Provider Relations Representative Territory Map

Who is your RightCare Provider Relations Representative (“PR Rep”)? To identify who your PR Rep is, please use the following map, which lists the name and cell phone number of each PR Rep, along with a color-coded legend that shows the counties that each PR Rep covers. The PR Reps serve as your liaison with RightCare. They are available to assist you with information regarding policies, procedures, questions, and issues or concerns.



|   |                   |              |   |                                |              |
|---|-------------------|--------------|---|--------------------------------|--------------|
|  | Claudia Santillan | 214-814-1392 |  | Ankur Sharma                   | 254-298-3414 |
|  | Kelly Weber       | 817-583-5484 |  | Neha Patel                     | 214-617-8992 |
|  | Matthew Munoz     | 254-743-9956 |  | Provider Relations             | 254-298-3064 |
|  | Tiffany Morris    | 469-800-8962 |  | Provider Relations (Statewide) | 254-298-3064 |



# Appointment Availability and After-Hours Requirements

To ensure members receive care in a timely manner, Primary Care Providers (PCPs), specialty providers, and behavioral health providers must maintain the following appointment availability and after-hour access standards.

## Appointment and Access Standards

| Standard Name   | Scott and White Health Plan Requirement  |
|---|--|
| Urgent Care   | Within 24 hours  |
| Routine Care  | Commercial: 21 calendar days<br>Medicaid: 14 calendar days<br>Medicare: 30 calendar days |
| Prenatal Care - initial visit   | Within 14 days   |
| High-risk and new member third trimester                              | Within 5 days or immediately if an emergency exists                                      |
| Preventive care adult (21 and over)                                   | Commercial and Medicaid: 90 days<br>Medicare: 30 days                                    |
| Preventive health care (6 months - 20 years)                          | Within 60 days   |
| Newborn   | Within 14 days   |
| <b>Behavioral Health</b>  |  |
| Behavioral health, non-life-threatening emergency care                | Within 6 hours   |
| Urgent care   | Within 24 hours  |
| Initial outpatient behavioral health care (prescriber/non-prescriber) | Commercial: 10 business days<br>Medicaid: 14 days  |
| Routine behavioral health (prescriber/non-prescriber)                 | 14 days  |
| <b>Specialty Care</b>   |  |
| Urgent Care   | 24 hours   |
| Routine Care  | Commercial and Medicaid: 21 calendar days<br>Medicare: 30 calendar days                  |

Scott and White Health Plan is dedicated to arranging timely access to care for our members.



# After-Hours Access Requirements for Practitioners

To ensure continuous 24-hour coverage, PCPs must maintain one of the following arrangements for member contact after normal business hours.

## One of the following must apply:

- **Have the office telephone answered by an answering service that can contact the PCP.** All calls answered by an answering service must be returned within 30 minutes. Spanish option must be available.
- **Have the office telephone answered after normal business hours by a recording.** The recorded message should direct the member to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the call at the second number. Spanish option must be available.
- **Have the office telephone transferred after hours to another location** where someone will answer the telephone. The person answering the calls must be able to contact the PCP to return the call within 30 minutes. Spanish option must be available.

## The following are NOT acceptable:

- Answering the office telephone only during office hours
- Answering the office telephone after hours with a recording telling members to leave a message.
- Answering the office telephone after hours with a recording directing members to go to the ER for needed services.
- Returning after-hours calls outside of a 30-minute time frame.



Update your clinic contact information  
[swhp.org/prov/home-with-news](http://swhp.org/prov/home-with-news)

# Automatic Authorization Approvals Available Online

Did you know that RightCare Health Plan partners with MCG Health to serve our provider community more efficiently by enabling authorization requests to be automatically approved?

RightCare offers access to MCG national, evidence-based guidelines through web-based software, Cite Auto Auth. MCG Cite Auto Auth attaches the relevant care guideline content to each preauthorization request and sends it directly to RightCare. This automation allows our providers to receive the responses to their online authorization request quickly.

RightCare has 25 services eligible for automatic approval and we invite our provider community to explore this feature for themselves via the RightCare Self-Service Portal—[rightcare.firstcare.com](http://rightcare.firstcare.com). These services include:

|                                |   |                                     |
|--------------------------------|---|-------------------------------------|
| <b>Avastin®</b>                | <b>CPM</b>                                    | <b>Insulin Pumps</b>                |
| <b>BAHA</b>                    | <b>Cranial Helmets</b>                        | <b>IVIG</b>                         |
| <b>BART testing</b>            | <b>Dental Anesthesia</b>                      | <b>MCOT</b>                         |
| <b>Blepharoplasty</b>          | <b>ESI</b>                                    | <b>Nutritional Support</b>          |
| <b>Bone Growth Stimulators</b> | <b>Facet Injections</b>                       | <b>Omalizumab</b>                   |
| <b>BRCA testing</b>            | <b>Glucose Monitoring Devices</b>             | <b>PET Scans</b>                    |
| <b>Breast MRI</b>              | <b>Hyaluronate Derivatives</b>                | <b>Ptosis and Eyelid Procedures</b> |
| <b>Capsule Endoscopy</b>       | <b>Hyperbaric Oxygen Treatment</b>            | <b>Septoplasty</b>                  |
| <b>Cardiac CT Scan</b>         | <b>Implanted Electrical Spinal Stimulator</b> | <b>Turbinate Excision</b>           |
| <b>Cardiac MRI</b>             | <b>IMRT</b>                                   | <b>Ventricular Assist Devices</b>   |
| <b>Cochlear Implants</b>       | <b>Infusion Pumps</b>                         | <b>Vein Ablation</b>                |
| <b>CPAP</b>                    |   |                                     |

To use Cite Auto Auth, simply place an authorization request online through the secure RightCare Self-Service Portal—[rightcare.firstcare.com](http://rightcare.firstcare.com). The web interface will automatically route you to the clinical questions. Once the clinical questions are answered, the authorization will give an instant approval when the patient meets the medical necessity criteria. Those not meeting the criteria or not on the list above, will pend to a RightCare Clinical Reviewer, who will expedite review and decision-making.

If you have any questions regarding this process, please contact your RightCare Medical Management at 855-691-7947.

# Provider Rights and Responsibilities

*Scott & White Health Plan contracted providers are responsible for providing and managing health care services for SWHP members until services are no longer medically necessary.*

## RIGHTS

Providers have the RIGHT to:

1. Be treated courteously and respectfully by SWHP staff at all times.
2. Request information about SWHP's utilization management, case management, and disease guidance programs, services, and staff qualifications and contractual relationships.
3. Upon request, be provided with copies of evidence-based clinical practice guidelines and clinical decision support tools used by SWHP.
4. Be supported by SWHP to make decisions interactively with members regarding their health care.
5. A right to have candid discussion of appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.
6. Consult with SWHP medical directors at any point in a member's participation in utilization management, case management, or disease guidance programs.
7. Provide input into the development of SWHP's Case Management and Disease Guidance Programs.
8. File a complaint on behalf of a SWHP member, without fear of retaliation, and to have those complaints resolved.
9. Receive a written decision regarding an application to participate with SWHP within 90 days of providing the complete application.
10. Communicate openly with patients about all diagnostic testing and treatment options.
11. The right to appeal claims payment issues.
12. The right to 90 days prior written notice of termination of the contract.
13. The right to request a written reason for the termination, if one is not provided with the notice of termination.

## RESPONSIBILITIES

Primary Care Physicians (PCPs):

1. Provide primary health care services not requiring specialized care. (i.e., routine preventive health screening and physical examinations, routine immunizations, routine office visits for illnesses or injuries, and medical management of chronic conditions not requiring a specialist)
2. Obtain all required pre-authorizations as outlined in the Provider Manual.
3. Refer SWHP members to SWHP-contracted (in-network) specialists, facilities, and ancillary providers when necessary.
4. Assure SWHP members understand the scope of specialty and/or ancillary services that have been authorized and how or where the member should access the care.

## Provider Rights and Responsibilities cont'd

5. Communicate a SWHP member's medical condition, treatment plans, and approved authorizations for services to appropriate specialists and other providers.
6. Keep panel open to SWHP members until it contains at least 100 SWHP members on average per individual PCP.
7. Will give SWHP at least seven days advance written notice of intent to close panel and may not close panel to SWHP unless closing panel to all payors.

## Specialists

1. Deliver all authorized medical health care services related to the SWHP member's medical condition as it pertains to specialty.
2. Deliver all medical health care services available to SWHP members through self-referral benefits.
3. Determine when the SWHP member may require the services of other specialists or ancillary providers for further diagnosis or specialized treatment, as well as, if the member requires admission to a hospital, rehabilitation facility, skilled nursing facility, etc.
4. Provide verbal or written consult reports to the SWHP member's PCP for review and inclusion in the member's primary care medical record.

## All Providers

1. Follow SWHP's administrative policies and procedures and clinical guidelines when providing or managing health care services within the scope of a SWHP member's benefit plan.
2. Uphold all applicable responsibilities outlined in the SWHP Member Rights & Responsibilities Statement.
3. Maintain open communications with SWHP members to discuss treatment needs and recommended alternatives, regardless of benefit limitations or SWHP administrative policies and procedures.
4. Provide timely transfer of SWHP member medical records if a member selects a new primary care practitioner, or if the practitioner's participation with SWHP terminates.
5. Participate in SWHP Quality Improvement Programs, which are designed to identify opportunities for improving health care provided to SWHP members and the related outcomes.
6. Comply with all utilization management decisions rendered by SWHP.
7. Respond to SWHP Provider Satisfaction Surveys.
8. Provide SWHP with any SWHP member's written complaints or grievances against provider or practice immediately (within 24 hours). The process for resolving complaints should be posted in the provider's office or facility and should include the Texas Department of Insurance's toll-free number.