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

SENIORCARE (COST)

**Utilization Review Procedures**

Utilization Review (Utilization Management) is a process that helps ensure you receive the right health care service in the right place at the right time. It is performed by the Scott and White Health Plan (SWHP) medical staff in the Health Services Department, who determine with the SWHP Medical Director(s) the coverage and payment of your health care services. This review is done either before you receive your medical care or coverage (prior authorization), during delivery of your medical care (concurrent review) or after your care has already been delivered. For elective hospital admissions and certain types of procedures listed in the Evidence of Coverage (EOC), you need an approval (known as prior authorization or "PA") from the SWHP Health Services Department before the procedure occurs. SWHP determines and informs you whether there will be coverage (payment) before you actually receive the requested care. You need to receive the prior authorization from the Health Services Department prior to receiving the elective hospital admissions and procedures requiring prior authorization if you want to be sure that the service is covered and paid by SeniorCare. This results from a prior authorization (PA) process in which you, your confirmed authorized representative, your coordinating physician or primary care physician (PCP) informs SWHP of the request for the desired care. A team of nurses and physicians then determine if the care is covered under the terms of your EOC and meets all Medicare and Plan medical necessity and appropriateness criteria. This process allows SWHP to monitor the quality of care that you receive and keep your premium dollar going for covered benefits.

To maximize your SeniorCare benefits, all non-emergent medical care must be provided by Plan-approved providers, called "network providers." For specialty care, you may access care with SWHP providers without a referral or your PCP can refer you to a SWHP-approved specialist to obtain care. The Plan will not cover out-of-network (OON) care unless it is an emergency or the Plan has approved it (in writing) to you ahead of time. If you see a specialist and the specialist thinks that you need a referral to another specialist and/or require a different procedure, your specialist communicates his or her concern to your coordinating PCP. Except for emergency situations, your specialist should not send you to another specialist without referral by your PCP. A referral may be limited to one visit or extended upon request by your PCP and approved by SWHP Medical Director (s). This allows your primary care physician to coordinate all your care and prevent duplication. If you elect to obtain non-emergent/urgent services that are not provided or arranged by SWHP, you will be personally responsible for payment of all Medicare deductibles and coinsurance, as well as any additional charges as prescribed by the Medicare Program (e.g., you utilize your traditional Medicare benefit without any support or coverage from SWHP SeniorCare).

Each day that you are in the hospital, SWHP nurses and Medical Director(s) review the level of care that you require with your physician and work with him/her to determine the amount of time you need to stay in the hospital. The Plan then pays for an approved length of stay. SeniorCare pays for emergency admissions out-of-network while you are temporarily out of the service area, but not routine or ongoing care unless approved PRIOR to the visits. Check your SeniorCare Plan EOC for whether it offers some additional foreign travel coverage for urgent/emergent care. Medicare does not cover any services outside the USA.

SeniorCare (Cost) is an HMO plan with a Medicare contract. Enrollment in SeniorCare depends on contract renewal. This is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call our customer service number at 1-888-423-7633, 7 a.m. – 8 p.m., 7 days a week. TTY users should call 1-800-735-2989. Esta información está disponible gratis en otras idiomas. Por favor llame nuestro número de Servicio al Cliente en 1-888-423-7633, 7 a.m. – 8 p.m., 7 dias por la semana. Los usuarios de TTY deben llamar 1-800-735-2989.