

THE INSIDE STORY

Scott & White Health Plan (SWHP) continues to work hard to ensure that we are addressing your concerns and meeting your needs. To that end, we would ask that you take note of the “Provider Information Changes” article in this newsletter. It is very important that we have accurate information about your practice, both for you and our SWHP members. Our provider relations

representatives have been making provider visits, and one thing that has been noticed by all is that office hours are not always posted or are sometimes not correct. Please let us know of any changes you make, so that we can provide you and our members with the best service possible!

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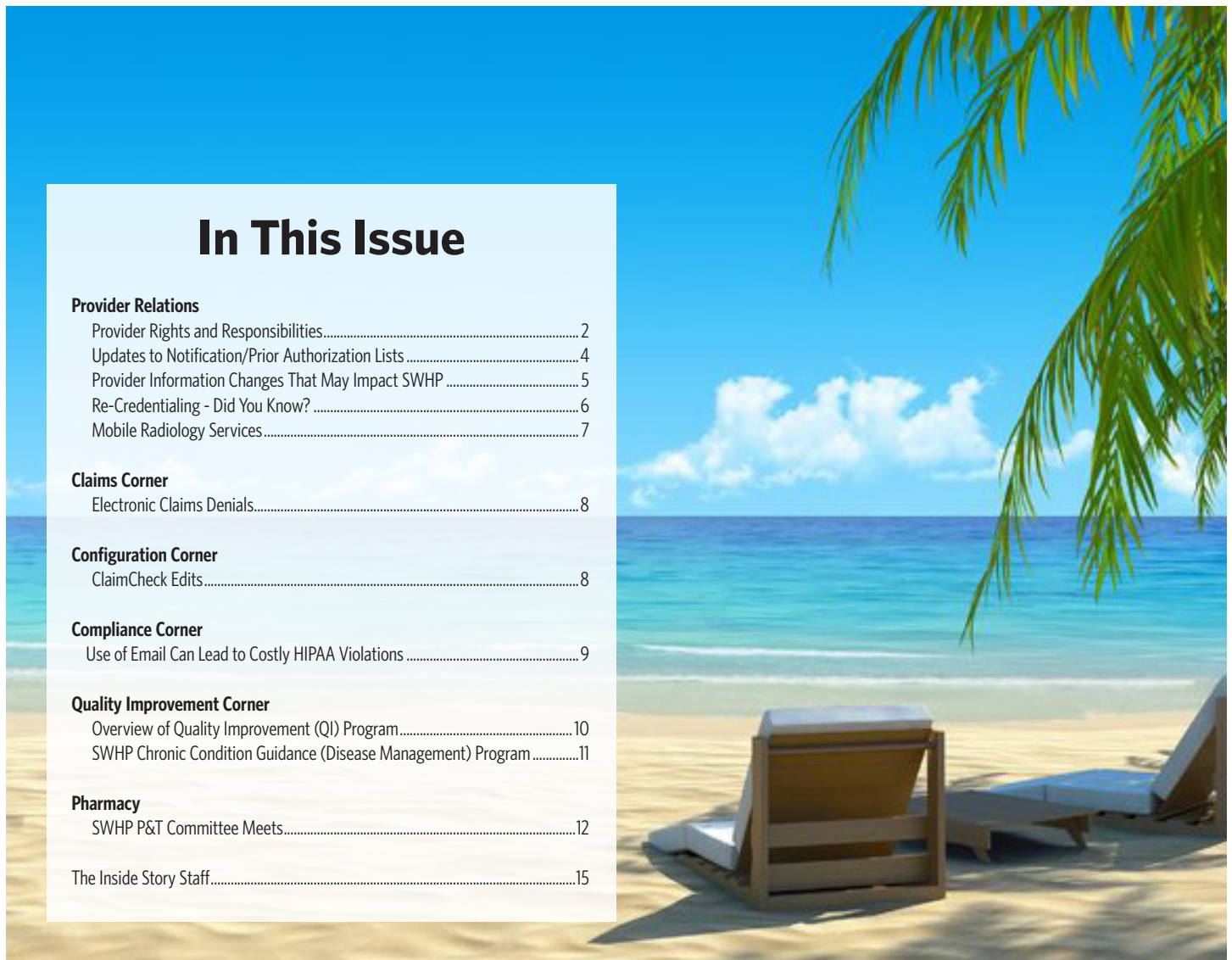
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Provider Rights and Responsibilities

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

Provider Rights

Providers have the right to:

- Be treated courteously and respectfully by SWHP staff at all times.
- Request information about SWHP's utilization management, case management, and disease guidance programs, services, and staff qualifications and contractual relationships.
- Upon request, be provided with copies of evidence-based clinical practice guidelines and clinical decision support tools used by SWHP.
- Be supported by SWHP to make decisions interactively with members regarding their health care.
- Consult with SWHP Medical Directors at any point in a member's participation in utilization management, case management, or disease guidance programs.
- Provide input into the development of SWHP's Case Management and Disease Guidance Programs.
- File a complaint on own behalf of a SWHP member, without fear of retaliation, and to have those complaints resolved.
- Receive a written decision regarding an application to participate with SWHP within 90 days of providing the complete application.
- Communicate openly with patients about all diagnostic testing and treatment options.
- The right to appeal claims payment issues.
- The right to 90 days prior written notice of termination of the contract
- The right to request a written reason for the termination, if one is not provided with the notice of termination.

Provider Responsibilities

Primary Care Physicians (PCPs):

- 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)
- Obtain all required pre-authorizations as outlined in the Provider Manual.
- Refer SWHP members to SWHP contracted (in-network) specialists, facilities, and ancillary providers when necessary.
- 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.

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

Specialists:

- Deliver all authorized medical health care services related to the SWHP member's medical condition as it pertains to specialty.
- Deliver all medical health care services available to SWHP members through self-referral benefits.
- 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, or etc.
- 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:

- 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.
- Uphold all applicable responsibilities outlined in the SWHP Member Rights & Responsibilities Statement.
- Maintain open communications with SWHP members to discuss treatment needs and recommended alternatives, regardless of benefit limitations or SWHP administrative policies and procedures.
- 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.
- Participate in SWHP Quality Improvement Programs, which are designed to identify opportunities for improving health care provided to SWHP members and the related outcomes.
- Comply with all utilization management decisions rendered by SWHP.
- Respond to SWHP Provider Satisfaction Surveys.
- 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.*

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 opt out of participation in Medicare or Medicaid.

All changes reported should include an effective date.

Updates to Notification/Prior Authorization Lists Effective 07/01/2014

Scott & White Health Plan (SWHP) would like to thank you for providing the outstanding care that you do to our members. SWHP is providing this courtesy notice to you regarding upcoming changes to the SWHP Notification/Prior Authorization (PA) lists. **These changes are effective July 1, 2014.**

You can access a copy of the new PA lists using one of the following methods:

1. Using the MyBenefits Portal located at <https://swhpah.swhp.org/>. Enter your user name and password to login. Once you are logged in, look for the section titled "My Health Tools/Resources" on the home page. All of the PA lists are located under this section. If you do not have access to MyBenefits, please click on the link that says, **"To register as a Provider click here."**
2. Contact the Provider Relations Department at the phone number listed below to request a copy.

Please contact the Provider Relations Department
at (254) 298-3064 or (800) 321-7947, ext. 203064
if you have any questions or concerns.



Provider Information Changes That May Impact SWHP

Have any of the following changes occurred with your practice or facility:

- Added additional physicians to your practice?
- Had providers leave your practice?
- Moved to a new location or added an additional practice location?
- Added mid-level providers to help with your workload?
- Changed your phone or fax number?
- Hired a third-party company to handle your billing?
- Closed your panel to new members?
- Had a change in your tax ID number or business name?

If you answered yes to any of these questions, then Scott & White Health Plan (SWHP) needs to be informed of these changes in order to update the information that we have on file for you.

It is very important that we have accurate and current information on file. Having your correct billing information ensures that we are able to pay your claims in a timely manner. Having your correct address and phone number in our directories, means that our members are able to locate you when they need services. Having all current providers in your practice setup reduces claims denials.

If you need to inform SWHP of any practice or facility information changes, please do so by going to our website at <https://swhp.org/providers> and selecting the appropriate online form under the **Quick Links** menu at the bottom of the page under the **"Manage Your Contract and Information"** section.

You may also contact the Provider Relations Department at (800)321-7947, ext. 203064 or (254)298-3064.



Re-Credentialing - Did You Know?

- It can take anywhere from 30 - 45 days to be re-credentialed. Your information has to go through a verification process. If you are not Baylor Scott & White staff or credentialed through a Scott & White Health Plan (SWHP) delegate, then you will receive a request from **Med Advantage**, our Credentialing Verification Organization (CVO), for re-credentialing information.
- You need to submit your Texas Standardized Credentialing Application (TSCA) with current signed attestation pages, copy of current medical license, copy of current malpractice insurance, DEA, DPS, CLIA (if applicable), radiation certification (if applicable), and W-9 Form.
- If you are NOT board certified or board eligible, you will need to provide your Continuing Medical Education (CME) credits to the Credentialing Committee for approval.
 - SWHP requires physicians to have current American Board of Medical Specialties (ABMS) board certification (or be in the active process of obtaining such) in the specialty you are practicing in.
 - If you let your certification lapse, SWHP requires that each year you obtain at least 50 American Medical Association (AMA) Physician Recognition Award (PRA) or equivalent CME credits, of which 25 are Category I. Twenty-five of those 50 credits (Category I, II, or combination) must be in the field in which you are practicing medicine.
 - Failure to complete the 50 CME credits per year will result in your failure to be an eligible practitioner within SWHP's network.
- We are here to assist you in making this process as smooth and as effortless as possible. You can email Kim Billingsley at kbillingsley@sw.org for any questions or to forward your re-credentialing application.



Mobile Radiology Services

Scott & White Health Plan (SWHP) is aware that Skilled Nursing Facilities may sometimes need to utilize mobile radiology services to provide onsite x-rays. SWHP is currently contracted with several companies that offer mobile radiology services. Please ensure that you utilize one of the SWHP contracted providers listed below when you need to refer SWHP members for services or use an onsite x-ray provider for SWHP members.

Home Care X-Ray, Inc.

P.O. Box 23243
Waco, TX 76702
Tel: 254 666-6192

(HMO, SeniorCare)

Mobil X-Ray of Austin

4131 Spicewood Springs, Ste N7
Austin, TX 78759
Tel: 512 342 8300

(HMO, SeniorCare)

Screening For Life, LLC

4400 Buffalo Gap Road, Ste 2400
Abilene, TX 79606
Tel: 512 868-3393

(RightCare)

Road Runner Radiology

501 S. Austin Ave, Ste 1120
Georgetown, TX 78626
Tel: 325 692-4410

(HMO, SeniorCare, PPO, Medicare Advantage, RightCare)

If you have any questions regarding this notice, please do not hesitate to contact the Provider Relations Department at (800)321-7947, ext. 203064 or (254)298-3064.



Electronic Claims Denials

For providers billing electronic claims to Scott & White Health Plan (SWHP), you must review your electronic claims denials on a daily basis. SWHP considers rejected claims as “never received”. Please make corrections to the denied/rejected claims and refile them as soon as possible. The Texas Department of Insurance (TDI) has a timely filing requirement where providers must submit clean claims within 95 days of the date of service. Corrected claims are also classified as “new claims,” so they must be filed within 95 days of the date of service. Timely filing of claims will allow you the time you may need to inquire and/or submit corrected claims within the regulated time frame.

Configuration Corner

ClaimCheck Edits

Scott & White Health Plan (SWHP) periodically updates its policies and claims payment systems to be aligned with correct-coding initiatives, as well as, national benchmarks and industry standards to include the following:

- Centers for Medicare & Medicaid Services (CMS) guidelines
- American Medical Association (AMA) Current Procedural Terminology (CPT®)
- Healthcare Common Procedure Coding System (HCPCS)
- International Classification of Diseases, 9th Edition/Revision (ICD-9)
- American Academy of Orthopaedic Surgeons (AAOS)

These updates support SWHP’s continuing efforts to process claims accurately.

SWHP will be reviewing these edits in the coming months and will have them implemented into our claims editing software no later than September 1, 2014. The effective date for these edits will be July 1, 2014, to coincide with CMS’s quarterly update of CCI/OCE edits.

Use of Email Can Lead to Costly HIPAA Violations

As medical technology advances, the risk of a HIPAA violation increases. One source of potential technological HIPAA violation is email. Emails are most commonly sent to the wrong person because of a typing mistake or selecting the wrong name in an auto-fill list. Below are steps you can take to prevent sending emails to unintended or unauthorized recipients:

- ❖ Always verify the address of the individual(s) and/or entity where the protected health information (PHI) is being sent.
- ❖ Don't "Reply All" unless absolutely necessary and only after checking (and re-checking) that all names and email addresses are authorized to receive PHI.
- ❖ Limit the PHI to the minimum necessary for your purpose. Redact or extract all other PHI.
- ❖ Is there another method to send the PHI? (i.e., telephone call, walking to a co-worker's desk, etc.)
- ❖ Encrypt all emails containing PHI being sent outside of a secure firewall.
- ❖ Ensure the intended recipient can open encrypted/secured emails.
- ❖ Don't automatically forward your emails.
- ❖ Confirm a proper basis and method for sending PHI to a third party recipient before sending.
- ❖ Avoid sending PHI to a personal email account.
- ❖ Avoid including an identifier in the subject line of emails.
- ❖ When communicating with a patient, use the email address specifically provided by the patient for that purpose.
- ❖ Be cautious about responding to emails that request you to send PHI. The listed sender of the email may or may not be the actual author.
- ❖ Change passwords to email accounts regularly and do not keep passwords written down near or on the computer/device.
- ❖ Consider including a Notice of Confidentiality in emails that instructs recipients on the steps to take if they are not the intended recipients, such as notifying the sender and deleting the email and all copies.

These tips attempt to minimize the risk of a breach of privacy, but they do not eliminate that risk. Some organizations may impose more restrictive limitations on email, and you must be familiar with your organization's restrictions.

Overview of Quality Improvement (QI) Program

Purpose and Scope of the QI Program

The purpose of the Quality Improvement (QI) Program is to ensure Scott & White Health Plan (SWHP) is providing the highest quality care that is easy to access and affordable to our members regardless of plan type, age, race/ethnicity, or health status. SWHP supports and tries to reach “Triple Aim” Goals: improving member’s affordability, quality, and experience of care.

The scope of the QI Program is to monitor, evaluate, and improve:

- The quality and safety of clinical care
- The quality of service provided by SWHP
- The quality of practitioners and providers
- Affordable and accessible health care and wellness
- The overall member experience

Clinical Practice Guidelines and HEDIS Work Teams

SWHP uses Clinical Practice Guidelines relevant to its member population to help providers and members make decisions appropriate for improvement of health outcomes. Providers are encouraged to participate on the SWHP Quality Improvement Subcommittee (QIS) and recommend which clinical guidelines should be adopted by SWHP. Guidelines are chosen from a list of the top ten diagnoses among members or for areas where there is high variation among provider practices. The QIS then reviews, revises, and approves the guidelines biannually, which have been developed using nationally recognized evidence-based literature sources. The guidelines are published annually (and as needed during the year for any changes) to the SWHP contracted practitioners/providers through SWHP’s online Provider Manual, provider newsletter (The Inside Story), email, and faxed notices.

SWHP has adopted a number of “ALL THINGS” HEDIS* teams to assist with improving HEDIS scores. These multidisciplinary teams have monthly workgroup meetings over different measures to develop practice guidelines based on evidence-based research, perform root cause barrier analysis, and plan interventions. These work teams include SWHP staff, Baylor Scott & White providers, pharmacy, and other quality champions.

For a detailed description of the Quality Improvement Program and Clinical Practice Guidelines please visit the SWHP website at <https://swhp.org/providers/resources/quality-improvement-program> or contact the SWHP QI Department at (888)316-7947.

***HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)**

SWHP Chronic Condition Guidance (Disease Management) Programs

The Scott & White Health Plan (SWHP) Chronic Condition Guidance Programs are multidisciplinary, continuum-based approaches to health care delivery that proactively identify SeniorCare (Medicare) members with, or at risk for, chronic medical conditions. These programs support the practitioner-patient relationship and plan of care. They also emphasize the prevention of exacerbation and complications using cost-effective, evidence-based practice guidelines and patient empowerment strategies such as self-management.

SWHP Disease Management Programs:

- **Diabetes** - Consistently listed in the top 10 outpatient diagnoses reported annually to the SWHP Quality Improvement Subcommittee (QIS). This comprehensive program includes: Hemoglobin A1c control, LDL control, Blood Pressure Control, Nephropathy Monitoring, and Diabetic Retinopathy.
- **Coronary Artery Disease (CAD)** - Members who have had a coronary event (AMI, CABG, and PCI) or a diagnosis of Unstable Angina. CAD has been consistently among the top 10 inpatient diagnoses reported annually to the SWHP QIS.
- **Chronic Obstructive Pulmonary Disease (COPD)** - The program was designed to advance the quality of treatment for SWHP members diagnosed with COPD.
- **Hypertension** - Members who have a diagnosis of hypertension (HTN) and whose BP is inadequately controlled (140/90 or higher) during the measurement year.

How we can support you and your patients?

We provide the following services:

- Support from our health care staff to ensure that your patients understand how to best manage their conditions and periodically evaluate their health status.
- Periodic newsletters to keep the patients informed of the latest information on their condition.
- Educational and informational materials that can assist your patients in understanding and managing the medications you prescribe.
- How to effectively plan for visits to see you and reminders as to when those visits will occur.
- Information about upcoming events like Diabetes Screening Day.

These programs are designed to reinforce your treatment plan for the patient. Participation in the Disease Management Programs is voluntary, and patients can opt out at any time. To enroll your SWHP members, please contact the SWHP Quality Improvement Department at (888)316-7947.

The SWHP Pharmacy and Therapeutics (P&T) Committee meets monthly to review drugs and policies.

You can find formulary updates, formularies/preferred drugs lists (PDLs), prior authorization criteria and prior authorization forms at <https://swhp.org/providers/pharmacy-services>.

SWHP P&T Formulary Changes (March 2014 - May 2014)

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Gazyva® (obinutuzumab)	SWHP Specialty Formulary SWHP Exchange Formulary-Tier 4	Prior authorization required	Indicated in combination with chlorambucil for the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL)	Rituxan®	6/1/2014
Sovaldi® (sofosbuvir)	SWHP Specialty Formulary SWHP Exchange Formulary-Tier 4 MCD-Tier 5 (specialty)	Prior authorization required	Indicated for the treatment of chronic hepatitis C (CHC) infection as a component of a combination antiviral treatment regimen		6/1/2014
Olysio® (simeprevir)	SWHP Specialty Formulary SWHP Exchange Formulary-Tier 4 MCD-Tier 5 (specialty)	Prior authorization required	Indicated for the treatment of chronic hepatitis C (CHC) infection as a component of a combination antiviral treatment regimen		6/1/2014
Namenda XR® (memantine)	SWHP Tier 2 SWHP Exchange Formulary-Tier 2 MCD-Tier 3 (preferred brand)	Namenda XR® added to formulary due to discontinuation of Namenda® 8/15/2014	Indicated for the treatment of moderate to severe dementia of the Alzheimer's type	Namenda® oral solution	6/1/2014
Pradaxa® (dabigatran), Eliquis® (apixaban)		Revision of prior authorization criteria			6/1/2014
Xolair® (omalizumab)		Revision of prior authorization criteria			6/1/2014

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Xiaflex® (collagenase clostridium histolyticum)		Revision of prior authorization criteria			6/1/2014
Tribenzor® (olmesartan/amlodipine/hctz)	SWHP Non-formulary	Tier change: move from Tier 2 to non-formulary status No longer maintenance eligible Effective Date: 6/1/2014		irbesartan/hctz losartan/hctz candesartan/hctz valsartan/hctz amlodipine	6/1/2014
Azor® (olmesartan/amlodipine)	SWHP Non-formulary	Tier change: move from Tier 2 to non-formulary status No longer maintenance eligible Effective Date: 6/1/2014		irbesartan losartan candesartan amlodipine	6/1/2014
Crestor® (rosuvastatin) 5mg, 10mg, 20mg		Change in effective date from Tier 2 to Non-formulary status: 6/1/2014			6/1/2014
Vytorin® (ezetimibe/simvastatin)		Change in effective date from Tier 2 to Non-formulary status: 6/1/2014			6/1/2014
Benicar® (olmesartan) Benicar HCT® (olmesartan/hydrochlorothiazide)		Change in effective date from Tier 2 to Non-formulary status: 6/1/2014			6/1/2014
Tecfidera® (dimethyl fumarate)	SWHP Specialty Formulary SWHP Exchange Formulary-Tier 4 MCD-Tier 5 (specialty)	Prior authorization required	Indicated for the treatment of patients with relapsing forms of multiple sclerosis	Gilenya® Extavia® Avonex® Copaxone® 20mg Tysabri®	7/1/2014

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Aubagio® (teriflunomide)	SWHP Specialty Formulary SWHP Exchange Formulary-Tier 4 MCD-Tier 5 (specialty)	Prior authorization required Step therapy required with Tecfidera® and Gilenya® (SWHP only)	Indicated for the treatment of patients with relapsing forms of multiple sclerosis	Gilenya® Extavia® Avonex® Copaxone® 20mg Tysabri® Tecfidera®	7/1/2014
Gilenya® (fingolimod)		Revision of prior authorization criteria			7/1/2014
Ampyra® (fingolimod)	Keep non-formulary status	Addition of prior authorization criteria	Indicated to improve walking in patients with multiple sclerosis		7/1/2014
Sovaldi® (sofosbuvir)		Revision of prior authorization criteria			7/1/2014
Olysio® (simeprevir)		Revision of prior authorization criteria			7/1/2014
Eliquis® (apixaban) Pradaxa® (dabigatran) Xarelto® (rivaroxaban)		Revision of prior authorization criteria			7/1/2014
Incivek® (telaprevir)	SWHP Non-formulary	Tier change (removal): move from Specialty to non-formulary status due to change in treatment guidelines			7/1/2014
Victrelis® (boceprevir)	SWHP Non-formulary	Tier change (removal): move from Specialty to non-formulary status due to change in treatment guidelines			7/1/2014

**Our Friday FOCUS editions may be found at
<https://swhp.org/about-us/news/newsletters/providers-friday-focus>**



The one Texans trust.

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