

THE INSIDE STORY

SCOTT & WHITE
HEALTH PLAN

Now part of Baylor Scott & White Health

Volume 21 Issue 1

SPRING 2015

The first three months of 2015 have been a very busy time for Scott & White Health Plan (SWHP). As many of you know, SWHP is participating as a Qualified Health Plan (QHP) on the Health Insurance Marketplace (“Exchange”). On January 1st, we began open enrollment for the Commercial (HMO) qualified health plans that SWHP is offering through the Exchange and directly through our Sales Team and Insurance Brokers. The response has been remarkable and impactful! SWHP has had significant success with members selecting one of our qualified health plans as their choice for coverage. As a result, we have been experiencing extremely high call volume into our Customer Advocacy Department, which has caused long

wait times for all members and providers. We are diligently working to ensure that our operations support the growing membership and provider network. Our goal continues to be to provide all SWHP members with access to a high-quality, high performing provider network that offers cost effective healthcare to meet their needs. If you are in need of member eligibility/benefits information or claims status, we encourage you to utilize the MyBenefits portal. You can access the portal at <https://swhpah.swhp.org/>. If you do not have a login for the MyBenefits portal, you can self-register online by clicking on “[To register as a Provider click here.](#)”

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BLOCK (SUPERIOR) VISION

This is a notification to all Scott & White Health Plan (SWHP) contracted ophthalmology, optometry, and vision wear providers that are participating providers for our Federally Qualified Health Plans (QHPs). As a participating provider in SWHP's Commercial network, you are also a participating provider for our QHPs through the same provider agreement.

SWHP's QHPs consist of the following:

- HMO individual and family plans offered on the Health Insurance Marketplace – *HMO Metal Plans*
- HMO individual and family plans offered directly through SWHP
- HMO small group plans offered directly through SWHP
- PPO individual plans offered directly through the Insurance Company of Scott & White (ICSW) – *MyPlan PPO Plans*
- PPO small group plans offered through ICSW

Effective 04/01/2015, Block (Superior) Vision will start administering wellness vision services for our SWHP members who have coverage through one of our QHPs. Providers rendering wellness vision services will need to be contracted directly with Block (Superior) Vision, and claims with dates of services 04/01/2015 and after will need to be billed to them. The specific ICD-9 (diagnoses) and CPT/HCPCS codes that will need to be billed to Block (Superior) Vision can be found on our website at: <https://swhp.org/providers/resources/forms-and-guides>. The reference documents are located under the Claims and Billing section on the webpage.

Please keep in mind that if you also render any *medical vision services*, you will need to be contracted directly with SWHP, and claims for the medical vision services will need to be billed to SWHP.

If you have any questions related to becoming a participating provider with Block (Superior) Vision, please contact Tara Gray in the Network Development Department at 443-451-1009 or tgray@superiorvision.com. You can also visit their website at www.blockvision.com.

If you have any questions regarding this letter or need clarification, please contact the SWHP Provider Relations Department at 1-800-321-7947, ext. 203064 or 254-298-3064.

We sincerely thank you for your continued participation with SWHP and the services that you provide to our members.



SWHP Prior Authorizations

Occasionally, Scott & White Health Plan (SWHP) members require services that may not be covered through SWHP contracted providers or practitioners. At that time providers may request Prior Authorization (PA) for non-covered or out-of-network services through the SWHP Care Coordination Division (CCD). Prior Authorization Lists by line of business are available through the MyBenefits Portal at <https://swhpah.swhp.org>.

It is important to complete the PA forms accurately and with all required fields populated. The following are definitions of the categories that are available on the forms:

- **Life Threatening Condition** – A disease or condition for which the likelihood of death is probable unless the course of the disease or condition is interrupted.
- **Emergency Medical Care** – Healthcare services provided in a hospital emergency facility or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including, but not limited to severe pain that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in:
 - Placing the patient's health in serious jeopardy,
 - Serious impairment to bodily functions,
 - Serious dysfunction of any bodily organ or part,
 - Serious disfigurement,
 - In the case of a pregnant woman, serious jeopardy to the health of the fetus.
- **Emergency Behavioral Health Conditions** – Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson possessing an average knowledge of health and medicine:
 - Requires immediate intervention and/or medical attention without which members would present an immediate danger to themselves or others;
 - Renders members incapable of controlling, knowing, or understanding the consequences of their actions.
- **Urgent Care** – A health condition including an urgent behavioral health situation that is not an emergency, but is severe or painful enough to cause a prudent layperson, possessing the average knowledge of medicine, to believe that his or her condition requires medical treatment evaluation or treatment within 24 hours by the member's primary care provider (PCP) or PCP designee to prevent serious deterioration of the member's condition or health.
- **Routine, Elective, or Retrospective** requests – If none of the categories above are applicable, you should mark the request as routine, elective, or retrospective.

(continued on page 4)

Provider Relations

SWHP PRIOR AUTHORIZATION *(continued from page 3)*

Turnaround times for approval of PA requests are as follows:

- Commercial (including HMO, PPO, and Qualified Health Plans)
 - Routine – approvals within 2 days and denials within 3 days
 - Urgent/Emergent – verbal or written within 1 day; if verbal given within 1 day, letter will be sent within 2 days
 - Concurrent Review – 24 hours
 - Retrospective – 30 days
- SeniorCare (Medicare Cost) and Vital Traditions (Medicare Advantage)
 - Routine – 14 days
 - Urgent/Emergent – 3 days
 - Concurrent Review – 24 hours
 - Retrospective – 30 days
- Self-funded/Administrative Services Only (ASO):
 - Routine – 15 days
 - Urgent/Emergent – 3 days
 - Concurrent Review – 24 hours
 - Retrospective – 30 days

SWHP CCD is available Monday through Friday, 8:00 a.m. through 5:00 p.m. After hours request are handled by an on-call nurse who has access to a SWHP Medical Director, if needed.

In certain situations, you should contact SWHP CCD directly. Some of these situations include the following:

- Out-of-network emergency situations regarding *post-stabilization* care coverage or regarding SWHP coverage of emergency treatment after a member has been stabilized
- Hospital admissions
- Transportation requests or referral out of the SWHP network

The SWHP Nurse On-call can be reached by calling the Baylor Scott & White Memorial Hospital Operator at 254-724-2111 and asking for the SWHP Nurse On-call. Utilization management requests can be faxed through SWHP's confidential fax server at 254-298-3450 (local fax) or 800-626-3042 (toll-free fax).

SWHP CCD does not accept calls regarding pharmacy, sales/marketing, dental, or general customer service inquiries. These calls should be routed to the appropriate SWHP departments. SWHP CCD does not require a call for transports into the SWHP network. The Physician Referral System has information about approved SWHP/ICSW transport providers.

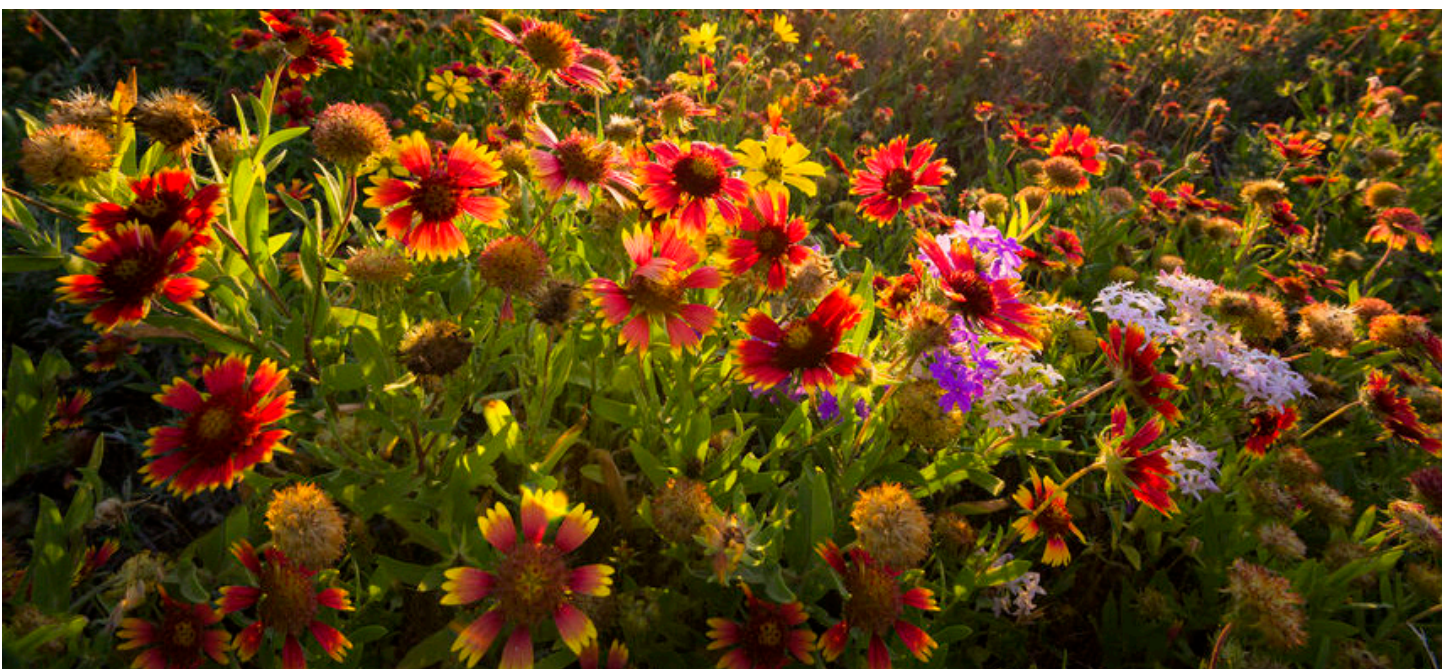
Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs

The Centers for Medicare and Medicaid Services (CMS) finalized rule CMS-4159-F on May 23, 2014, which requires physicians and other eligible professionals who write prescriptions for Part D drugs to be enrolled in an approved status or to have a valid opt-out affidavit on file for their prescriptions to be covered under Medicare Part D. CMS will begin enforcing this requirement on December 1, 2015.

Prescribers of Part D drugs must submit their Medicare enrollment applications or opt-out affidavits to their Part B Medicare Administrative Contractors (MACs) by June 1, 2015, or earlier, to ensure that MACs have sufficient time to process the applications or opt-out affidavits and avoid patient's prescription drug claims from being denied by their Part D plans, beginning December 1, 2015. Enrollment applications can be submitted electronically using the Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) located at <https://pecos.cms.hhs.gov/pecos/login.do> or by completing the CMS-855I or CMS-855O paper application that is available on the CMS website at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>.

To enroll to be reimbursed for covered services delivered to Medicare beneficiaries, the CMS-855I application must be completed. To enroll solely to order and refer and/or prescribe Part D drugs, the CMS 855O application must be completed. Physicians and other eligible professionals who want to opt-out of Medicare must submit an opt-out affidavit to the MAC within the appropriate jurisdiction. An opt-out affidavit is required every two years by CMS. Refer to the MLN Matters® article SE1311 located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1311.pdf> for additional information regarding the opt-out process.

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



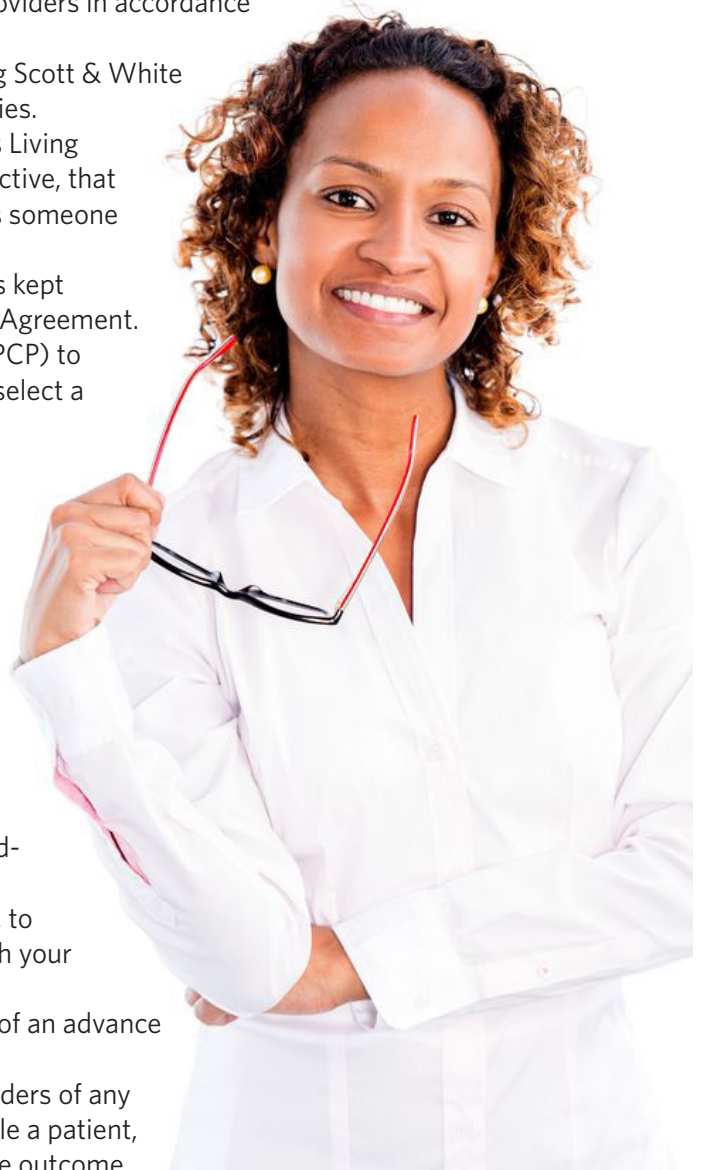
Members Rights and Responsibilities

Rights:

1. You have the right to be provided with information regarding member's rights and responsibilities.
2. You have the right to be provided with information about SWHP, its services and practitioners providing member's care.
3. You have the right to be treated with respect; member's providers and others caring for member will recognize his/her dignity and respect the need to privacy as much as possible.
4. You have the right to participate in decision-making regarding member's health care.
5. You have the right to have candid discussion of appropriate or medically necessary treatment options for member's conditions, regardless of cost or benefit coverage.
6. You have the right to voice complaints, appeals, or grievances about the member's coverage through SWHP or care provided by SWHP providers in accordance with member's Health Care Agreement.
7. You have the right to make recommendations regarding Scott & White Health Plan's members rights and responsibilities policies.
8. You have the right to have an advance directive such as Living Will or Durable Power of Attorney for Health Care Directive, that expresses member's choice about future care of names someone to decide if member cannot speak for himself/herself.
9. You have the right to expect that medical information is kept confidential in accordance with member's Health Care Agreement.
10. You have the right to select a Primary Care Physician (PCP) to coordinate your health care. It is not a requirement to select a PCP.

Responsibilities:

1. It is your responsibility to notify SWHP regarding any out-of-plan care.
2. It is your responsibility to follow SWHP instructions and rules and abide by the terms of your healthcare agreement.
3. It is your responsibility to provide information (to the extent possible) the organization and its practitioners and providers need in order to provide care.
4. It is your responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
5. It is your responsibility to follow plans and instructions, to the best of your ability, for care you have agreed on with your practitioner(s) and provider(s).
6. It is your responsibility to give SWHP providers a copy of an advance directive, if one exists.
7. It is your responsibility to advise SWHP or SWHP providers of any dissatisfaction you may have in regard to your care while a patient, and to allow the opportunity for intervention to alter the outcome whenever possible.



Quality Improvement (QI)

Purpose and Scope of the Quality Improvement Program

The purpose of the Quality Improvement (QI) Program is to ensure Scott & White Health Plan (SWHP) is providing the highest quality medical and behavioral healthcare that is accessible and affordable to our members regardless of plan type, age, race/ethnicity, or health status. The QI Program described in this document supports our mission by engaging members, providers, partners, and staff in pursuit of the “Triple Aim.” First defined by the Institute for Healthcare Improvement (IHI) in 2008, the Triple Aim provides an organizing framework for strategies that simultaneously seek to improve the individual experience of care, improve the health of populations, and reduce the per capita costs of care for populations. SWHP supports and strives for achievement of the “Triple Aim” goals. SWHP’s QI programs and projects are designed to improve member outcomes.

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,
- The availability and accessibility of healthcare,
- The overall wellness of our members, and
- The overall member experience with health plan and providers’ services.

SWHP strives for personal differentiation. The member is our focus. SWHP has many examples of helping members navigate the maze of healthcare, as well as, thoughtful interventions that have improved health outcomes. SWHP’s close connection to the member and provider community creates a unique position to act as an effective member advocate. As a regional health plan, SWHP has exceptional opportunities to finance healthcare in a way that is intrinsically superior by aligning incentives, identifying gaps in healthcare delivery, and facilitating smooth and seamless coordination of care throughout the healthcare continuum.

QI Program Goals and Objectives

The program goals and objectives include:

- Improve Health Outcomes** – through prevention, decision-making assistance, disease guidance (management), and case management for members with complex health needs.
- Improve Patient Safety** – fostering a supportive environment that helps providers to improve the safety of their practice, conducting continuous improvement activities devoted to improving SWHP pharmacy medication safety, and providing members with information that improves their knowledge about clinical safety in their own care. Medical safety initiatives include, but not limited to, over/underutilization, monitoring appropriate use of clinical practice guidelines, risk management, CT scan overuse, adverse occurrence monitoring, monitoring quality of care complaints, monitoring of medication errors, and multiple medication use in the elderly.
- Increase Member (Enrollee) Satisfaction** – by prompt identification and resolution of member dissatisfaction with administrative, behavioral health, or medical processes and monitoring for process improvements when appropriate. SWHP uses CAHPS scores as a measurement of members’ experience with services available to them and where to improve services.
- Meet the Cultural and Linguistic Needs of the Membership** – by identifying language and other cultural and social needs of SWHP members. SWHP meets the needs by providing translator services, translated materials, cultural diversity education, training for SWHP staff, and an adequate network of multilingual providers. SWHP

Quality Improvement (QI)

regularly monitors member demographic data and member feedback, and makes adjustments to the network as needed to meet cultural and linguistic needs.

- E. **Provide Affordable Care** – by reducing the variations in clinical care, preventing overuse, underuse, or misuse of services; redirecting care to the most appropriate place of service; continuing improvement of SWHP's member services, assisting members to optimize care; and reducing unnecessary care.
- F. **Organizational Effectiveness** – by striving to achieve statistically significant improvements in all quality measurements to meet or exceed regional or national averages set forth by NCQA, CMS, HHSC, and other accepted quality standards.

This information is available on pages 3-4 of the 2015 QI Program Description. The entire program, which is 32 pages in length, is available upon request.



Quality Improvement (QI)

SWHP Appointment Availability

In accordance with guidelines set forth by the National Committee for Quality Assurance (NCQA), Scott & White Health Plan (SWHP) runs an annual survey to determine appointment availability for the internal Baylor Scott & White Health providers (including physician assistants and nurse practitioners) and all Scott & White Health Plan contracted providers for medical and behavioral health care.

The following are the goals for medical and behavioral health care appointment availability based on NCQA guidelines:

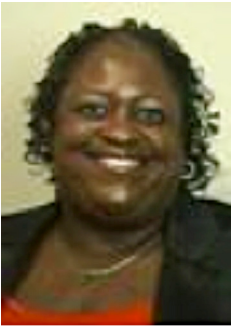
- Urgent Care: 24 hours
- Routine Care: 5 business days
- Preventive Care: 30 business days
- Newborn Care: 14 calendar days from date of enrollment
- Prenatal Care: 14 calendar days

The survey was conducted October 10, 2014 through November 20, 2014 by telephone with no sampling. SWHP contacted 307 practices for medical care and 130 behavioral health practices for the survey. The results are as follows:

Type of Care	Baylor Scott & White Health Physicians (Medical)	Baylor Scott & White Health Physicians (Behavioral Health)	SWHP Contracted Physicians (Medical)	SWHP Contracted Physicians (Behavioral Health)
Urgent Care	93.97%	100.00%	98.24%	96.18%
Routine Care	96.55%	100.00%	99.28%	98.00%
Preventive Care	100.00%	N/A	99.69%	N/A
Newborn Care	96.55%	N/A	100.00%	N/A
Prenatal Care	97.39%	N/A	100.00%	N/A

SWHP sincerely thank you for your continued service in assisting our members with their healthcare needs. SWHP will work with any provider and/or practice that did not meet the performance goal to address any existing barriers.

REMEMBER YOUR FRAUD, WASTE AND ABUSE TRAINING!



*Pamela O'Bannon
Compliance Officer*

The Centers for Medicare and Medicaid Services (CMS) requires providers who perform services for Medicare members to complete Fraud, Waste and Abuse (FWA) training on an annual basis. CMS states that managed care plans must provide this training to its First Tier Downstream and Related Entities. SWHP offers FWA training on our website at <https://swhp.org/providers/resources/fraud-waste-and-abuse-training-providers>, or you may choose to take the training through another venue who offers an equivalent training. If you choose to complete the training through another venue, SWHP requires that you attest that you and your staff have completed the mandatory FWA training. Attestation is available through our website at <https://swhp.org/providers/resources/fraud-waste-and-abuse-training-providers/fraud-waste-and-abuse-training>.

Also, please be aware that the Office of Inspector General (OIG) has begun a Provider Education series and the first topic is "Understanding Fraud, Waste and Abuse." You may check out the series at the following website: <http://oig.hhsc.state.tx.us/oigportal/ProviderEducation.aspx>.

If you suspect fraud, please contact the Compliance Officer, Pamela Cleveland, or report it anonymously through the Hotline at 1-888-484-6977.



Scott & White Health Plan Medical Coverage Policies Update

Scott & White Health Plan (SWHP) is pleased to announce the release of the following Medical Coverage Policies. You can find these policies on our website at <https://swhp.org/providers/policies/medical-coverage-policies>.

Number	Title	Comment
009	Bone Growth Stimulators	
023	Varicose Veins	
041	High Frequency Chest Wall Oscillation Vest	
043	INR Home Testing	
075	Prolotherapy	
103	Selective Internal Radiation Therapy SIRT	
106	Psychologic-Neuropsychological Testing	
207	Bronchial thermoplasty	
209	Breast Reduction Surgery	
211	Orthoptic and Vision Therapy	
212	Xofigo	

The SWHP Medical Coverage Policies are reviewed on an annual basis to ensure they are current and relevant. This review is conducted by SWHP Medical Directors. Each policy is reviewed using a number of resources such as:

1. Medical literature
2. InterQual® Guidelines
3. Baylor Scott & White Technology Assessment Determinations
4. Specialty society or other national guidelines

Once policies have been reviewed by the Medical Directors, they are sent for specialty review. Recommendations from the specialty reviewers are considered at a subsequent Medical Directors Committee Meeting, and a final decision on the content of the policies under consideration is made.

The review process for the above policies has been completed, and they have now been published to the website. Your comments and suggestions regarding the Medical Coverage Policies are always welcome and may be forwarded to SWHPMedicalDirectors@sw.org.

The Scott & White Health Plan (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 (January and February 2015)

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Harvoni® (ledipasvir/sofosbuvir)	SWHP Specialty ACA Compliant- Tier 4 MCD- Tier 5	Prior authorization required	Indicated for the treatment of chronic hepatitis C (CHC) genotype 1 infection in adults	Sovaldi®	SWHP Effective Date: 3/1/2015 MCD Effective Date: 4/1/2015
Olysio® (simeprevir)	Non-formulary	Tier change (removal): move from Specialty to non-formulary status Prior authorization required			1/1/2016
Myrbetriq® (mirabegron)	SWHP Tier 2 MCD-Tier 3 SWHP ACA Compliant Formulary-Tier 2	Tier Change: Move from SWHP Tier 3 to Tier 2; MCD-Tier 4 to Tier 3 Addition: ACA Compliant			3/1/2015
Enablex® (darifenacin)	SWHP Tier 3	Tier Change: Move from SWHP Tier 2 to Tier 3			4/1/2015 (or upon plan renewal)
Formulary Overactive Bladder Agents (Enablex®, Toviaz®, Vesicare®)	SWHP ACA Compliant Formulary	Removal of step therapy requiring failure of generic Tier 1 agents			3/1/2015
Lynparza® (olaparib)	SWHP Specialty SWHP ACA Compliant- Tier 4 MCD- Tier 5	Prior authorization required	Indicated as monotherapy in patients with deleterious or suspected deleterious germline BRCA mutated (as detected by an FDA-approved test) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy	Avastin® (bevacizumab) cisplatin carboplatin	3/1/2015
Entyvio® (vedolizumab)	SWHP Specialty Formulary SWHP ACA Compliant Formulary-Tier 4	Prior authorization required	Indicated for adult patients with moderately to severely active UC and for adult patients with moderately to severely active CD who have had an inadequate response with, lost response to, or were intolerant to a tumor necrosis factor (TNF) blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids	Tysabri® (natalizumab) Remicade® (infliximab) Cimzia® (certolizumab) Humira® (adalimumab) Simponi® (golimumab)	1/1/2015
Onglyza® (saxagliptin) Kombiglyze XR® (saxagliptin/metformin)	SWHP Non-formulary	Tier change: move from Tier 3 to non-formulary status No longer maintenance eligible		Tradjenta® (linagliptin) preferred agent	1/1/2015

*MCD - SWHP Medicare Part D Formulary

Save Time, Save Money & Your Patients Will Love You!

Yay, no more Pap tests for patients under 21 and most patients over 65 years of age! In 2012, the United States Preventive Services Task Force (USPSTF) updated screening recommendations for cervical cancer. According to USPSTF, there is adequate evidence that screening women younger than 21 years of age, regardless of sexual history, does not reduce cervical cancer incidence and mortality compared with beginning screening at age 21. Screening women older than 65 years of age who have had adequate prior screening and are not otherwise at high risk, provides little to no benefits.

Screening for cervical cancer is recommended in women ages 21 to 65 with cytology every 3 years. Screening every 3 years starting at age 21 saves the same number of lives as annual screening, but with half the number of colposcopies and fewer false-positive tests. For women ages 30 to 65, screening with a combination of cytology and HPV testing is recommended every 5 years, if the HPV test is negative. Otherwise, screening every 3 years is appropriate for patients ages 30 to 65. HPV testing, alone or in combination with cytology, is not recommended in women younger than 30.

The USPSTF also recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and uterus.

Balancing Benefits & Risks of Cervical Screening

It's important to balance benefits and potential risks associated with screening. Although, financial implications of screening were not considered in the USPSTF recommendations, it does save money not to perform a test that is not indicated for patients under 21 and over 65 years of age. Support for less frequent screening has nothing to do with saving money, but doing what is best for the patient. The objective of the USPSTF is to focus on the evidence relating to the benefits and potential harms of screening. Clinicians should keep these factors in mind as they review the updated USPSTF guidelines and make efforts to ensure that their patients are being screened appropriately.

More resources, including the evidence synthesis, decision analysis, and a consumer fact sheet for patients can be found on the USPSTF website at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>. To view the ACS recommendation statement, visit <http://www.cancer.org/Cancer/news/News/new-screening-guidelines-for-cervical-cancer>.

As always, we appreciate your ideas and feedback. Thank you for the quality work you do. All Friday Focus editions may be found on the SWHP website: <https://swhp.org/about/us/news/newsletters/providers-friday-focus>.

Michael Hawkins, M.D., FACOG

*Vice President, Medical Director
Scott & White Health Plan*

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



Now part of Baylor Scott & White Health

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