

WINTER 2019

the Inside Story

FOR PROVIDERS SERVING COMMERCIAL AND MEDICARE MEMBERS



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

FirstCare
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

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the **Inside Story**

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Acquisition Update

As a reminder, effective January 1, 2019, Scott and White Health Plan (SWHP), part of Baylor Scott & White Health, acquired FirstCare Health Plans (FirstCare). The acquisition allows the 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.

The organizations are currently doing the important work of transitioning into one, first-rate organization to better serve you and your patients.

If you have questions about this issue of ***The Inside Story*** or any other provider-related topics, please reach out to your Provider Relations Representative. A complete list of contact emails and phone numbers is available on page 17 of this newsletter.



Pharmacy Formulary Information

Scott and White Health Plan and FirstCare Health Plans

For the most up-to-date SWHP and FirstCare formulary information (including pharmaceutical management procedures), SWHP and FirstCare encourage providers to visit our websites:

- swhp.org → Providers tab → Pharmacy Resources link; or
- Firstcare.com → Providers tab → Important Forms and Information
 - **FirstCare Medicare Part D: FirstCare.com** → Medicare D-SNP → Available Drug Lists

The network pharmacy information for all plans is available online as well as the following prescription drug formularies:

Formulary	SWHP	FirstCare
Medicare Part D Plans [†]	✓	✓
Commercial Group Value/Group Choice *	✓	✓
ERS (Employees Retirement System of Texas) *	✓	
BSW Employee *	✓	
FEHBP (Federal Employees Health Benefits Program) *	✓	
EHB (Essential Health Benefits)*	✓	✓
McLennan County Group Value*	✓	
Texas Medicaid Vendor Drug Program Online	✓	✓

* Updated quarterly

† Updated monthly

- **Upcoming Formulary Updates - Group Value, Group Choice and Essential Health Benefit**
 - Reference the Formulary Updates document for details regarding monthly formulary updates.
- **Drug Requests - Prior Authorizations, Exceptions and Appeals**
 - Learn how to submit prior authorization, exception, and appeal requests.
 - Access online portals & forms to submit pharmacy benefit drug coverage requests.
- **Drug Requests - Prior Authorizations, Exceptions and Appeals**

Pharmaceutical management procedures are processes that help manage the drug formulary. In order to provide the most cost-effective therapy options, restrictions may be applied to certain drugs on the formulary. The formularies contain a description of pharmaceutical management procedures (including but not limited to prior authorization, quantity limits, step therapy, and generic substitution). If a medication has restrictions in place, those are listed on the formulary under the medication-specific “Notes” or “Requirements/Limits.” The formularies also contain information regarding how to submit an exception request.

If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Department at 800.321.7947 or FirstCare at 800.884.4901.



Pharmacy Requests

Prior Authorization, Exception and Appeal Requests

Providers, members, or authorized representatives can submit a request for drug coverage. There are several ways to submit prior authorization, exception, and appeal requests, including online, phone, fax and email. Visit the links below to access forms; submit your requests online and track the status of your request; or get details about other submission methods.

SWHP	
Provider web page:	https://swhp.org/prov/pharmacy-resources#prov-medication-authorization
Provider portal:	https://portal.swhp.org/ProviderPortal/#/login
Texas Medicaid Provider web page:	https://www.rightcare.swhp.org/prov/authorizations
FirstCare	
Provider web page:	http://firstcare.com/en/Providers/Important-Forms-Information
Provider portal:	http://my.firstcare.com/web
Texas Medicaid Provider web page:	http://firstcare.com/en/Providers/STAR-CHIP-Provider-Information
Medicare Part D:	www.firstcare.com/en/Individuals-and-Families/Medicare-D-SNP/Pharmacy-Drugs

The information above applies to drugs obtained through the **pharmacy benefit**. For details regarding the prior authorization submission process for drugs obtained through the **medical benefit (i.e., buy and bill drugs)**, visit the links below.

- For SWHP visit <https://swhp.org/prov/medical-resources#prov-medical-authorization>
- For FirstCare visit <http://firstcare.com/en/Providers/Authorization-Information>

SWHP and FirstCare do not use incentives to encourage barriers to care and services, specifically reward those conducting utilization review for denying coverage, or provide incentives for decision-makers that result in underutilization. Utilization decision-making is based only on the appropriateness of care and the existence of coverage. If you or your patient would like a copy of the criteria used in reviewing for medical necessity, call the applicable phone number in the denial letter, and a copy of the criteria can be sent to you.





Appointment Availability and After-Hours Access 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-hours access standards.

Appointment and Access Standards

Standard name	Health Plan requirement
Urgent Care	Within 24 hours
Routine Care	Commercial: 21 days Medicaid: 14 days Medicare: 30 days
Prenatal Care—initial visit	Within 14 days
High risk & New member 3rd Trimester	Within 5 days or immediately if emergency exists
Preventive Care Adult (21 and Over)	Commercial and Medicaid: 90 days Medicare: 30 days
Preventive Health Care (6 months–20 years)	Within 60 days
Newborn	Within 14 days
Behavioral Health	
Behavioral health, nonlife-threatening emergency care	Within 6 hours
Urgent Care	Within 24 hours
Initial Outpatient Behavioral Health Care (prescriber/non-prescriber)	10 days, Medicaid: 14 days
Routine Behavioral Health (prescriber/non-prescriber)	14 days
Specialty Care	
Urgent Care	24 Hours
Routine Care	Commercial and Medicaid: 21 days, Medicare: 30 days

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

- **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. A 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. A 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. A 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 information:

swhp.org/en-us/prov
my.FirstCare.com

Services Needing Approval

For the fastest authorization decisions, submit pre-authorization requests online at:

- <https://portal.swhp.org/ProviderPortal/>
- my.FirstCare.com

SWHP and FirstCare have Utilization Management (UM) staff available for questions about authorizations or other UM questions. You can reach us from 8 a.m. to 5 p.m. Central Time (CT), Monday through Friday, by calling 888.316.7947 or 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.

SWHP and FirstCare do 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 the criteria used in reviewing for medical necessity, call us at 888.316.7947 or 844.655.5200 and we will mail a copy to you.

Provider Directory Accuracy

When SWHP and FirstCare members are looking for an in-network physician/provider, they use our online provider search tool. SWHP and FirstCare directories are specific to the type of plan the members have, allowing them to search for doctors, hospitals, and other medical providers in their area. It is critical that the information in the provider directory tool is current and accurate.

Please take the time to review your information at our websites below:

SWHP: <https://portal.swhp.org/#/search>

FirstCare: www.firstcare.com/en/Find-a-Provider

If you find inaccurate information, such as address or phone number, please complete the Provider Address Change Form located at <https://swhp.org/en-us/prov/provider-account-management> so that we can update your information and have it reflected accurately in our provider directories.

The Provider Address Change Form allows you to update information for your practice location, billing address, mailing address, or even add an additional location to your contract. You will need to attach a completed W-9 Form in order for us to update your address in our system.

Members' Rights & Responsibilities

SWHP and FirstCare recognize that our members have both rights and responsibilities in the management of their health care. Our member rights and responsibilities statement specifies that members have:

1. A right to receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities.
2. A right to be treated with respect and recognition of their dignity and their right to privacy.
3. A right to participate with practitioners in making decisions about their health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's member rights and responsibilities policy.
7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need to provide care.
8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

This statement of Members' Rights and Responsibilities is distributed to members upon enrollment, posted on the SWHP website, and is also shared with you in the Provider Manual.



Provider Rights and Responsibilities

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

RIGHTS

Providers have the RIGHT to:

1. Be treated courteously and respectfully by Health Plan staff at all times.
2. Request information about SWHP’s and FirstCare’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 and FirstCare.
4. Be supported by the Health Plan to make decisions interactively with members regarding their health care.
5. Have a candid discussion of appropriate or medically necessary treatment options for the patient’s condition(s), regardless of cost or benefit coverage.
6. Consult with Health Plan 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 and FirstCare’s Case Management and Disease Guidance Programs.
8. File a complaint on behalf of a Health Plan member, without fear of retaliation, and to have those complaints resolved.
9. Receive a written decision regarding an application to participate with the Health Plan within 90 days of providing the complete application.
10. Communicate openly with patients about all diagnostic testing and treatment options.
11. Appeal claims payment issues.
12. 90 days’ prior written notice of termination of the contract.
13. 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 Health Plan members to SWHP and FirstCare-contracted (in-network) specialists, facilities, and ancillary providers when necessary.
4. Assure Health Plan members understand the scope of specialty and/or ancillary services that have been authorized and how or where the member should access the care.
5. Communicate a Health Plan member's medical condition, treatment plans, and approved authorizations for services to appropriate specialists and other providers.
6. Keep panel open to Health Plan members until it contains at least 100 Health Plan members on average per individual PCP.
7. Give Health Plan at least seven days' advance written notice of intent to close panel and do not close panel to Health Plan unless closing panel to all payors.

Specialists:

1. Deliver all authorized medical health care services related to the Health Plan member's medical condition as it pertains to specialty.
2. Deliver all medical health care services available to Health Plan members through self-referral benefits.
3. Determine when the Health Plan 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 Health Plan member's PCP for review and inclusion in the member's primary care medical record.

All Providers:

1. Follow the Health Plan’s administrative policies and procedures and clinical guidelines when providing or managing health care services within the scope of a Health Plan member’s benefit plan.
2. Uphold all applicable responsibilities outlined in the Health Plan Member Rights & Responsibilities Statement.
3. Maintain open communications with Health Plan members to discuss treatment needs and recommended alternatives, regardless of benefit limitations or Health Plan administrative policies and procedures.
4. Provide timely transfer of Health Plan member medical records if a member selects a new primary care practitioner, or if the practitioner’s participation with Health Plan terminates.
5. Participate in Health Plan Quality Improvement Programs, which are designed to identify opportunities for improving health care provided to Health Plan members and the related outcomes.
6. Comply with all utilization management decisions rendered by SWHP and FirstCare.
7. Respond to Health Plan Provider Satisfaction Surveys.
8. Provide Health Plan with any Health Plan 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.

Case Management Services

Case Management is part of the population health management services offered by SWHP and FirstCare. Our Case Managers help SWHP and FirstCare 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 health care, such as social determinants.

There's 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 and FirstCare identify 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; or
- Call Customer Service: 888.316.7947 or 844.655.5200
- Fill out the request form on <http://firstcare.com/en/Providers/Important-Forms-Information> (FirstCare only)
- Send a fax to:
800.626.3042 (SWHP); or
806.784.4393 (FirstCare)

To find out more, visit:

- <https://swhp.org/prov/medical-resources#prov-care-coordination-philosophy-and-goals>; or
- <http://firstcare.com/en/Providers>





Disease and Condition Management

Condition Management Programs are part of the population health management services offered by SWHP and FirstCare. These programs promote health and provide support—online tools, personalized health risk assessments, 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. SWHP and FirstCare also provide disease management support to members with other chronic conditions. Both health plans identify 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 or call us at 888.316.7947 or 844.655.5200. You may also reach us by sending a fax to 800.626.3042.

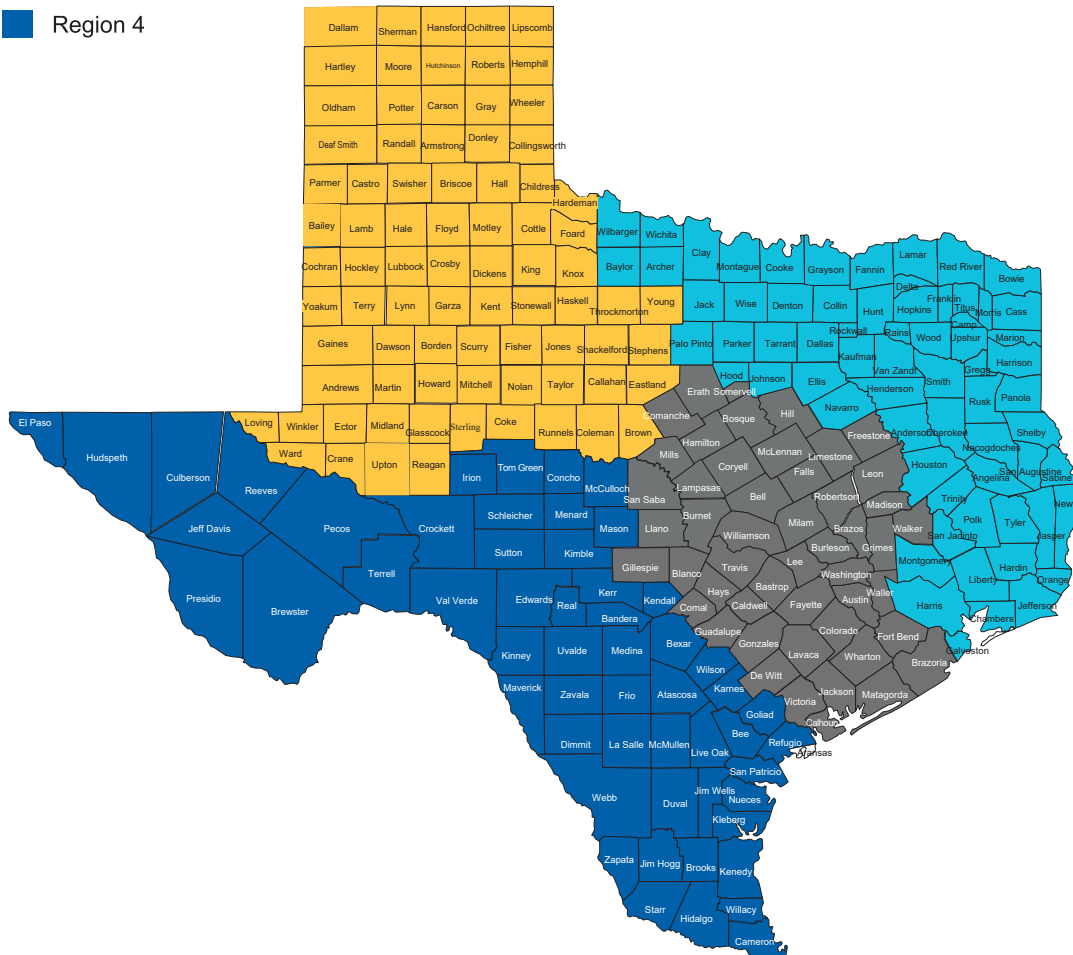
Provider Relations

Representative Territory Map

Provider Relations Representatives can be contacted via the regional email addresses or phone numbers below.

Network Contracting Regions

- Region 1
- Region 3
- Region 2
- Region 4



Contact a Provider Relations Representative

- Region 1 SWHPRegion1@bswhealth.org
- Region 2 SWHPRegion2@bswhealth.org
- Region 3 SWHPRegion3@bswhealth.org
- Region 4 SWHPRegion4@bswhealth.org

All SWHP Providers 1-800-321-7947
 FirstCare Amarillo area 1-806-467-3200



**Thank you for being a contracted Provider
with Scott and White Health Plan
and FirstCare Health Plans.**