Fall 2016

the Inside Story

Scott&White HEALTH PLAN

SWHP Leaves Exchange, Continues to Focus on Providers

Scott & White Health Plan works throughout the year to explore ways to better serve its valued providers and members. As summer winds down, fall brings in a new wave of changes and activities.

A major change you may be aware of is SWHP's decision to exit the Health Insurance Marketplace (Exchange). SWHP is refining its off-Marketplace plans to reflect the changing market. The health care landscape is constantly evolving and our responsibility, to our members and each other, is to evolve with it and ensure that SWHP is doing everything we can for the people we serve.

In an effort to ensure we have the most accurate information on file for you, we encourage you to submit any address, phone number, panel status, or contract participation status changes to us as soon as the change occurs. We offer multiple ways to submit your changes to us, including the following: emailing your SWHP Provider Relations Representative, calling the SWHP Provider Relations Department at 1-800-321-7947, ext. 203064, emailing the SWHP Provider Relations Department at SWHPProviderRelationsDepartment@sw.org, or using the online form located at **https://legacy.swhp.org/providers/resources/provider-address-change-form**.

Thanks to all of you who have submitted your 2016 Provider Satisfaction Survey responses. We value your opinion and will continue to improve based on your feedback. Our Provider Relations Representatives will continue to be visible and assist with your questions and concerns.

We look forward to our ongoing partnerships with all of our providers as we collaborate to continue providing high-quality and cost-effective care to our SWHP members.

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SWHP Marketplace Announcement

Effective in 2017, Scott & White Health Plan will be exiting the federal health care Marketplace and refining our off-Marketplace plans to reflect the changing market. We are committed to supporting the Affordable Care Act, which has changed the lives of many Americans and expanded access to insurance for people across the country. At the same time, however, political gridlock and incomplete implementation have led to more of the burden falling on insurers. This is a significant issue across our industry, as even large insurers like United Healthcare and Blue Cross Blue Shield have been forced to make similar decisions about limiting the availability of their products on the Marketplace.

Here is how your patients may be affected by SWHP's withdrawal from the Marketplace:

- If your patient is currently enrolled in one of our Marketplace plans, he or she will be required to select an off-Marketplace bronze plan through SWHP to remain covered by SWHP.

- If your patient is currently enrolled in our off-Marketplace gold or silver benefit options, he or she will be required to remain off-Marketplace and select a bronze option through SWHP to remain covered by SWHP in 2017. Gold and silver benefit plans will not be available through SWHP in 2017.

- If your member is currently enrolled in an off-Marketplace bronze option, he or she may be able to remain enrolled in a similar benefit plan with SWHP. We are finalizing our 2017 benefit options and will keep our members up-to-date on new developments.

- If your patient needs a subsidy offered through the Marketplace, he or she will need to find coverage with a carrier who participates in the Marketplace. SWHP will no longer offer plans on the federal health care Marketplace in 2017.

We know there will be a lot of questions about what all of this means, and we're committed to keeping you informed along the way. For answers to Frequently Asked Questions, please visit our website at http://swhp.org/en-us/news-and-information.

Provider Directory Accuracy

When Scott & White Health Plan members are looking for an in-network physician/ provider, they use our online provider search tool. SWHP 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 go to our website at **https://portal.swhp.org/#/search** and review your information. If you find inaccurate information, such as address or phone number, please complete the Provider Address Change Form located at **https://legacy.swhp.org/providers/resources/provider-address-change-form,** 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 be able to update your address in our system. To attach the W-9 Form, please use the "Attachments" feature located at the bottom of the form.

Balance Billing
Scott & White Health Plan Members

Balance Billing the Patient

Scott & White Health Plan does not allow contracted providers to balance bill patients for covered services. Balance billing is the practice of billing the patient for the difference between what SWHP pays for covered services and the "retail" price you charge uninsured patients for those services.

Review Your Participating Provider Agreement for Details

In your participating provider agreement (contract) with SWHP, it states that you shall not look to SWHP members for payment for covered services, except to the extent that the applicable Plan specifies a copayment, coinsurance, or deductible or the service is not a covered benefit.

Balance Billing Rules under Medicare

The Center for Medicare and Medicaid Services' (CMS) Medicare Managed Care Manual, Chapter 4, Section 170, states in part, "Medicare Advantage members are responsible for paying only the plan-allowed costsharing (copayments or coinsurance) for covered services." If a member inadvertently pays a bill, which is SWHP's responsibility, you must refund the amount to the enrollee.

For additional information or questions, please contact the SWHP Provider Relations Department toll-free at 1-800-321-7947, option 0 or locally at 254-298-3064.

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.
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.

Responsibilities cont'd

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 though 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.

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.

Helpful Tools for Physicians/Providers

Here at Scott & White Health Plan (SWHP), we understand that our physicians'/providers' primary focus is delivering high-quality health care to their patients – our members. With that in mind, we want to make it as easy as possible for you to obtain the information you need. SWHP is continuously implementing various tools to provide you with more information at your fingertips.

SWHP would like to invite and encourage our physicians/providers to utilize the following tools for information they need on a routine basis:

- **SWHP Website** – can be used to view SWHP's Provider Manual, policies and procedures, forms, educational material, and other important information
  - Accessed at: http://swhp.org/en-us/prov
- **Provider Interactive Voice Response (IVR) System** – can be used to verify member eligibility and benefits and check claims status
  - Accessed directly by dialing 1-800-655-7947 or by calling the main Customer Service phone number at 1-800-321-7947 and pressing option 1
- **SWHP Provider Portal** – can be used to view complete prior authorization lists, check claims status, and verify member eligibility and benefits
  - Accessed at: https://portal.swhp.org/ProviderPortal/#/login
- **SWHP Provider Directory** – online provider search, which can be used to validate the demographic information that we have for you and to verify the physicians, facilities, and other providers that we have in our networks
  - Accessed at: https://portal.swhp.org/#/search

Our main goal is to provide you with the information you need in a quick and efficient way. Again, we encourage you to take advantage of the tools listed above. If you have any suggestions on how we can improve them, please feel free to call the SWHP Provider Relations Department at 1-254-298-3064 or 1-800-321-7947, ext. 203064. You can also email us at SWHPProviderRelationsDepartment@sw.org.

SWHP Provider Relations
Representative Territory Map

Who is your Scott & White Health Plan (SWHP) 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 SWHP. They are available to assist you with information regarding SWHP's policies, procedures, questions, and issues or concerns.

Sandi Janacek	254-541-9680	
Crystal Cochran	254-541-1280	
Lisa Mannick	254-780-5139	
Lereca Venable	254-231-6438	
Bobbie Weakly	254-780-7834	
Liz Mullenax	254-541-8057	
Stacey Byrd	254-913-8978	
Louis Limas	254-228-7173	
Neha Patel	469-401-8280	
Stacey Byrd (Statewide)	254-913-8978	

Overview of the Quality Improvement Program

Purpose and Scope of the QI Program

The purpose of the quality improvement program is to ensure Scott & White Health Plan is providing the highest quality medical and behavioral health care that is accessible and affordable to our members regardless of plan type, age, and race/ethnicity or health status.

The Quality Improvement (QI) Program supports SWHP's 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 seeks to improve the individual experience of care, improve the health of populations, and reduce the per capita costs of care. SWHP quality programs and improvement 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 care and service provided by healthcare clinicians**
- **the availability and accessibility of health care**
- **the overall wellness of our members**
- **the overall member experience with SWHP**

Clinical Practice Guidelines

SWHP uses evidence-based clinical practice guidelines to help providers make decisions for specific clinical circumstances and behavioral health services. Providers are encouraged to participate on the SWHP Quality Improvement Subcommittee (QIS). Through this committee, practitioners provide input on clinical guidelines and recommend which clinical guidelines should be adopted by the Plan. Guidelines are prioritized for development based on highest volume diagnoses among members or for areas where there is high variation among provider practices. The QIS reviews, revises and approves the guidelines every two years, which have been developed using nationally recognized evidence-based literature sources. The guidelines are published annually and distributed to SWHP's contracted providers through SWHP's online Provider Manual, provider Newsletter (The Inside Story), email, and faxed notices.

Quality Improvement Program (continued)

Below are the guidelines listed on the SWHP website (https://swhp.org/en-us/prov/forms-guides):

Behavioral Health

- attention deficit hyperactivity disorder (ADHD)
- depression

Chronic Conditions

- asthma
- coronary artery disease (CAD)
- chronic obstructive pulmonary disease (COPD)
- diabetes guidelines for diabetic eye exams
- diabetes
- hypertension
- glucocorticoid-induced osteoporosis (GIO)
- osteoporosis

Women's Health

- postnatal depression
- prenatal-postpartum

Miscellaneous

- alcohol withdrawal management therapies with clinical reference
- colorectal cancer screening
- immunizations
- microhematuria

For a detailed description of the QI Program description and clinical practice guidelines, please visit the SWHP Website at: https://swhp.org/en-us/prov/resources/provider-manual/quality-improvement.

Osteoporosis Management in Women Who Had a Fracture

Scott & White Health Plan understands that it may not always be easy to identify patients who had a fracture because they were seen in the emergency room.

To help our providers identify women ages 67 to 85 who are at risk of osteoporosis and who have had a fracture, we have developed a process to ensure these patients receive a bone density test within six months of the incident. Once the test has been completed, the patient's primary care provider (PCP) will receive a message through EPIC with the results, allowing our providers to determine if the patient has osteoporosis or low bone density. Provided with the results is a link to clinical guidelines on the prevention and management of osteoporosis to ensure the patient receives the highest quality of care.

The clinical guidelines can be accessed anytime at **https://swhp.org/en-us/prov/forms-guides**.

**This initiative may not capture the entire population of women who had a fracture and is only exclusive to Scott & White Health Plan SeniorCare Medicare members.*

Formulary Changes

Pharmacy & Therapeutics Committee
Scott & White Health Plan

The SWHP Pharmacy and Therapeutics (P&T) Committee meets monthly to review drugs and policies. Recent changes are summarized in the table below.

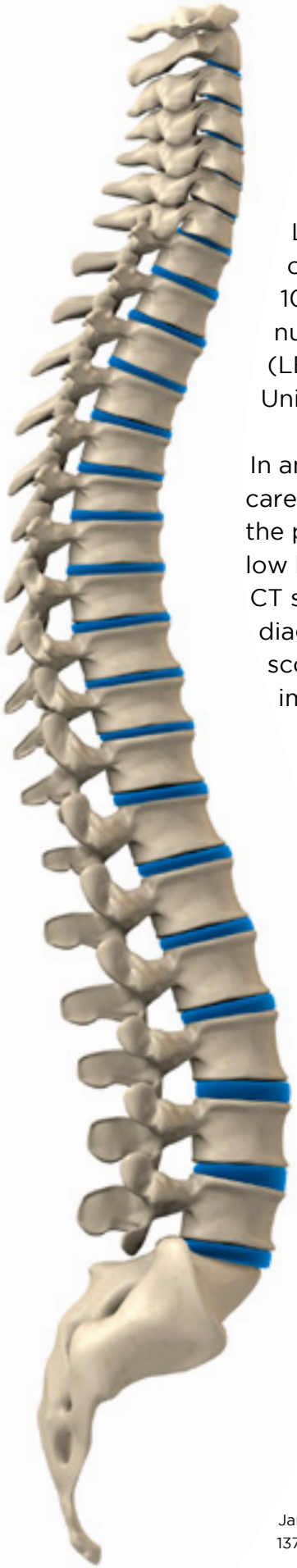
You can find formulary updates, formularies/preferred drugs lists (PDLs) at **http://swhp.org/en-us/prov/resources/pharmacy-services**. Prior authorization criteria and prior authorization forms can be found at **http://swhp.org/en-us/prov/auth-referral/medications**.

SWHP P&T Formulary Changes (June to August 2016)

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Somatuline® Depot (octreotide)	**SWHP Specialty ACA Compliant - Tier 4 MCD- Tier 5**	SWHP addition to specialty, Prior authorization required	Indicated for long -term treatment of acrome-galic patients who have had an inadequate response to or cannot be treated with surgery and/ or radio -thera-py; treatment of patients with un-resect-able, well- or moderately -differentiated, locally advanced or metastatic gastroenteropan-creatic neuroen-docrine tumors to improve progres-sion-free survival	Octreotide, Sandostatin® LAR Depot	08/01/2016
Envarsus XR™ (tacrolimus ex-tended release)	**Non-Formulary**	Addition of prior authorization criteria			8/1/2016
Lemtrada® (alemtuzamab)	**Non-Formulary**	Addition of prior authorization criteria			8/1/2016
PCSK-9 Inhibi-tors (Praluent®, Repatha®)	**Non-formulary**	Revision of prior authorization criteria			8/1/2016

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Nilandron® (nilutamide)	**SWHP Specialty** **ACA Compliant Tier 4** **MCD-Tier 4**	Prior authorization required (SWHP Specialty and ACA Compliant)	Indicated in combination with surgical castration for the treatment of metastatic prostate cancer (Stage D2).	Bicalutamide, flutamide, Xtandi®	8/1/2016
Viberzi™ (eluxadoline)	**SWHP Tier 3** **ACA Compliant-Tier 3** **MCD- Tier 5**		Indicated in adults for the treatment of irritable bowel syndrome (IBS) with diarrhea	Alosetron, Xifaxan®	10/1/2016
Alosetron	**SWHP Tier 3** **ACA Compliant-Tier 3** **MCD- Tier 5**	**Tier change** from Tier 1 to Tier 3 (ACA Compliant) **Tier change** from Tier 2 to Tier 5 (MCD) ACA and MCD tier change effective 1/1/2018	Indicated for women with severe diarrhea – predominant IBS who have: chronic IBS symptoms (generally lasting 6 months or longer); had anatomic or biochemical abnormalities of the GI tract excluded; and not responded adequately to conventional therapy	Viberzi™, Xifaxan®	10/1/2016
Zinbryta™ (daclizumab)	Non-formulary	Addition of prior authorization criteria			10/1/2016
Synagis® (palivizumab)		SWHP addition Revision of prior authorization criteria for 2016-2017 RSV season			10/1/2016
Descovy® (emtricitabine / tenofovir alafenamide)	ACA Compliant-Tier 3 MCD- Tier 5		Indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults and pediatric patients 12 years of age and older	Combivir®, Emtriva®, Epivir®, Epzicom®, Retrovir®, Truvada®, Videx EC®, Zerit®, Ziagen®	10/1/2016
Repatha™ (evolocumab)	Non-formulary	Revision of non-formulary prior authorization criteria			10/1/2016

*MCD- SWHP Medicare Part D Formulary



Use of Imaging Studies for **Low Back Pain**

Low back pain affects about 80 percent of the adult population (18 years of age and older) at some point in their lives. It ranks among the top 10 reasons for patient visits to their primary care physicians and a high number of visits to chiropractors and physical therapists. "Low back Pain (LBP) is the most common and expensive reason for work disability in the United States" (Jarvik & Deyo, 2002).

In an attempt to alleviate potential harm to patients and reduce health care costs, the National Committee of Quality Assurance (NCQA) measures the percentage of adults 18-50 years of age with a primary diagnosis of low back pain who did not have an imaging study (i.e., plain X-ray, MRI, CT scan) within 28 days of the diagnosis of LBP (no clinical necessity for diagnostic studies). This measure is reported as an inverted rate; a higher score indicates appropriate treatment of LPB (i.e., the proportion for whom imaging studies did not occur).

The majority of LBP may last a few days, but can last as long as a few weeks. These instances of LBP generally resolve with self-care, without the need of manipulation, and with no loss of function. NCQA recommends refraining from ordering diagnostic studies for patients who do not clinically need a diagnostic study and conducting a LBP assessment. The assessment should include:

- a subjective pain rating
- functional status
- prior treatment response
- objective assessment
- patient education on alternative treatment plan

Works Cited:
HEDIS 2016 Volume 2 Technical Specifications ** HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

(NIH)- National Institute of Neurological Disorders and Stroke. (Last Modified 2015, November 3). "Low Back Pain Fact Sheet" Retrieved from http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm

Jarvik JG, Deyo RA. (2002, Oct 1) Diagnostic evaluation of low back pain with emphasis on imaging. Ann Intern Med. 137(7), 586-97.

Do I Have, or **Have I Been Had?**

When you hear the term, "Identity Theft," what is the first thought that comes to mind?

For most people, a stolen credit card or Social Security number comes to mind. I'm also sure that most of you know someone who has been victimized by identity theft. The fraudster goes on a buying spree and, depending on your credit, it might be new appliances or it could also be a cruise or exotic vacation. If the fraudster is lucky enough, maybe it is a brand new car. In other words, someone is now enjoying life off of your hard earned financial credit and reputation. Getting the financial bleeding to stop is one thing but repairing the damage is quite another.

Just in case you are wondering, it is the victim that has to do all of the legwork to fix and repair their credit. I'll save that story for our next edition.

For the medical practitioners in the audience, you may be wondering how this article ties into your office practice or facility. Stolen or even "loaned" insurance cards will eventually find their way into your practice. You may end up treating a person that you don't even know or, worse yet, someone that you think is someone else. What appears to be a fairly simple issue on the surface can become an extremely complicated problem for not only the proxy patient and the real patient, but the practitioner as well.

Let's look at some of the potential pitfalls:

For the proxy patient, they are now receiving treatment based on someone else's medical history, allergies, and current medications. Crossing the right medication with an unsuspected allergy can cause some very severe and unintended consequences.

For the real patient, their medical record may now become littered with medical conditions they don't even have. This can create a problem when that patient wants to buy another life insurance policy. The real patient's claim history can be compromised with altered deductibles and copays, as well as liability for charges billed to the insurance plan.

For the medical practitioner, an even more interesting scenario could develop. When the fraud is uncovered, I suspect the carrier will refuse to pay the claim. The proxy member may be long gone without any way of being contacted. The real patient may not have the money to pay for the services that were rendered to the proxy patient. In that case, who compensates the medical practitioner for their time and expense? What can you do to prevent these types of issues from happening?

Here is a good check list to follow:

1. Know your patients. Insist on seeing U.S. government issued picture IDs
2. Insist on seeing a copy of the insurance card. Make sure the names match.
3. Validate coverage is in force with the insurance carrier.
4. Do not accept cash for payment of copays and deductibles.

Following each of these suggested steps will enable you to better know your patients and decrease your chances of being victimized.