Summer 2016

the Inside Story

Scott&White HEALTH PLAN

Texas summer has arrived and is in full force! This time of year is quite busy for physicians, providers and Scott & White Health Plan, as we balance meeting our patient population needs with a myriad of summer activities.

We recently completed development of a new provider portal that will allow you to check claims status, member benefits and eligibility, codes that require prior authorization, reimbursement rates for codes, and view explanations of claims denial codes. In addition, this new provider portal will allow you to register once and add all of your physicians/providers to the same login using each of their individual NPI numbers. We hope that the enhancements we have made to the provider portal will assist you with obtaining the information you need without having to call our Customer Advocacy Department; thereby, improving your administrative processes. The new SWHP Provider Portal can be accessed by going to: https://portal.swhp.org/ProviderPortal/#/login.

Another important initiative that SWHP is currently working on is the 2016 Provider Satisfaction Survey. Recently, we distributed our annual survey to obtain your feedback. We value your opinion and encourage you to complete and submit the survey so that we can continue to improve our service to you. Thank you to all of you who have already submitted your responses. We would like to receive completed surveys no later than August 12, 2016.

Finally, as many of you may already be aware, the Centers for Medicare and Medicaid Services (CMS) has enacted new regulations on managed care organizations effective January 1, 2016, that require us to conduct quarterly outreach to our physicians/providers to validate the provider directory information for our Medicare Advantage plans. This will require SWHP to contact each network physician/provider that is displayed in our Vital Traditions – Medicare Advantage Provider Directory each quarter to ensure that we have the most current and accurate information. We want to minimize the administrative burden on you by asking you to submit any address, phone number, panel status, or contract participation status changes to us prior to the changes going into effect. There are multiple ways to submit your changes to us, including but not limited to 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.

As always, we greatly appreciate your partnership and the high-quality service that you provide to our SWHP members. We look forward to continuing to collaborate with you to improve the health and well-being of our members, your patients.

Table of Contents

Helpful Tools for Physicians/ Providers...pg 3

Representative Territory Map...pg 4

Provider Directory Accuracy...pg 5

Enroll as a Medicare Provider Now...pg 6

Member Rights and Responsibilities...pg 8

Fraud, Waste and Abuse...pg 9

Formulary Changes...pg 11

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.

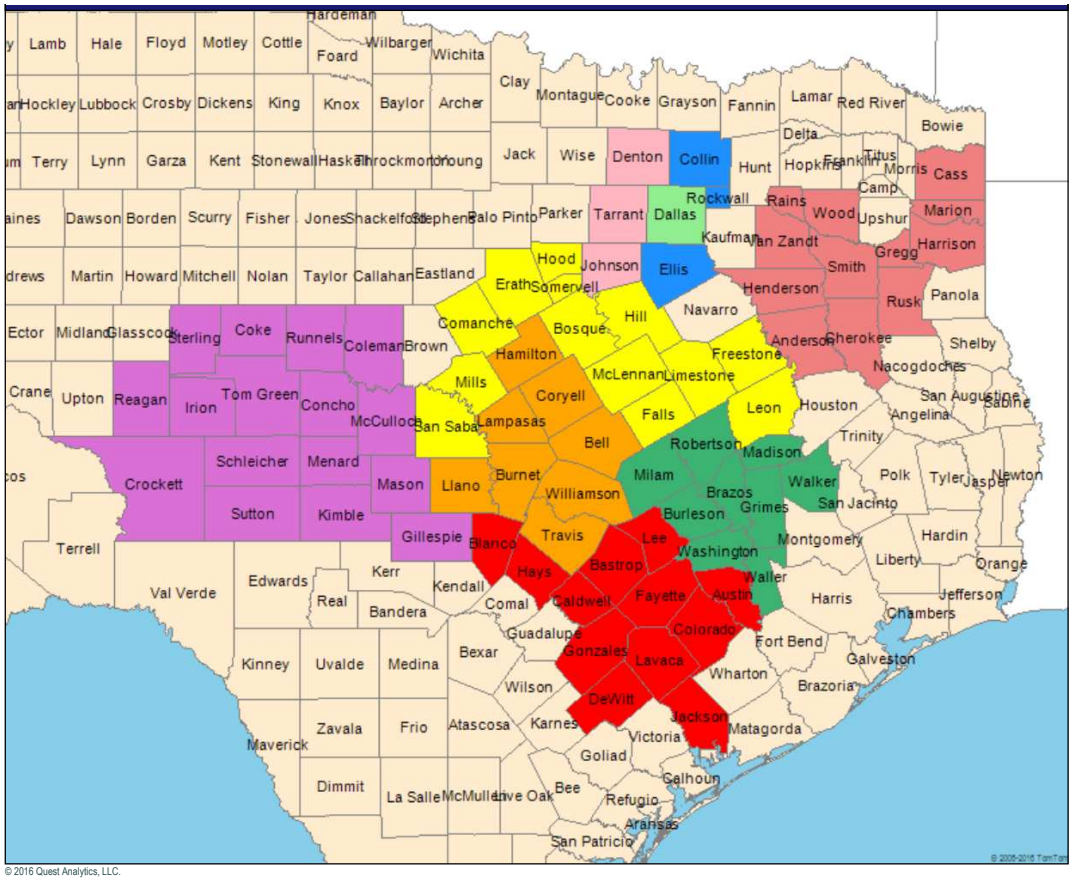
SWHP would like to invite and encourage our physicians/providers to utilize the following tools for information they need on a routine basis:

- **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		Liz Mullenax	254-541-8057
	Crystal Cochran	254-541-1280		Mitzi Franklin	254-791-9418
	Lisa Mannick	254-780-5139		Louis Limas	254-228-7173
	Lereca Venable	254-231-6438		Neha Patel	469-401-8280
	Bobbie Weakly	254-780-7834		Stacey Byrd (Statewide)	254-913-8978

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.

Enroll in Medicare as a provider now!

Important official message for providers who prescribe drugs for Medicare patients.

This applies to all providers who prescribe drugs for Medicare patients and are not enrolled in (or validly opted-out of) Medicare. Because of a new Medicare requirement, it is crucial for your patients' health that you enroll in Medicare (or validly opt out, if appropriate). As soon as possible, please follow the below steps. A delay on your part could result in your Medicare patients not being able to obtain drugs you prescribe for them.

What's changed & when?

We have published rules that will soon require nearly all providers (for example, dentists, physicians, psychiatrists, residents, nurse practitioners, and physician assistants), including Medicare Advantage providers, who prescribe drugs for Part D patients to enroll in Medicare (or validly opt out, if appropriate). Beginning June 1, 2016, we will enforce a requirement that Medicare Part D prescription drug benefit plans may not cover drugs prescribed by providers who are not enrolled in (or validly opted out of) Medicare, except in very limited circumstances.

Why is this important to my patients and me?

Unless you enroll (or validly opt out), Medicare Part D plans will be required to notify your Medicare patients that you are not able to prescribe covered Part D drugs. Please also note that if you opt out, you cannot receive reimbursement from traditional Medicare or a Medicare Advantage plan, either directly or indirectly (except for emergency and urgent care services; see 42 CFR 405.440 for details.)

What steps do I need to take?

To help your Medicare patients, please enroll in Medicare either fully to bill or for the limited purpose of prescribing Part D drugs. There are no fees to complete the process. You can do so electronically or on paper:

1. Electronic process: Use the PECOS system at **go.cms.gov/pecos**. For limited enrollment, we recommend using the step-by-step instructions at **go.cms.gov/PECOSsteps** and a video tutorial at **go.cms.gov/PECOSVideo**; or

2. Paper process: Complete the paper application for limited enrollment at **go.cms.gov/cms855o** and submit it to the MAC in your geographic area. To locate your MAC, please refer to the MAC list at: **go.cms.gov/partdmaclist**.

If you need assistance with the process of enrolling in (or validly opting out) of Medicare, please contact the MAC within your geographic area.

Thank you for your prompt and careful attention to this important matter, and for serving Medicare beneficiaries. These new CMS rules will enable federal officials to better combat fraud and abuse in the Part D program through verification of providers' credentials via the Medicare enrollment/ opt-out process.

The Centers for Medicare & Medicaid Services

QUESTIONS? NEED ASSISTANCE?

Please contact CMS at **ProviderEnrollment@CMS.HHS.gov** if you have questions about this letter, you do not prescribe drugs, or if you believe that:

- You are already enrolled in (or validly opted out of) Medicare.
- You have a pending application.
- You are not eligible to enroll in Medicare (for example, you are a pharmacist).

If you need assistance with the process of enrolling in (or validly opting out) of Medicare, please contact the MAC within your geographic area. To locate your MAC, please refer to the MAC list on the CMS website at: **go.cms.gov/partdmaclist**. Please visit the CMS Part D Prescriber Enrollment website at **go.cms.gov/PrescriberEnrollment** for helpful information about the new requirement, such as resources to check your application status, or to sign up for the listserv to receive updates.

Background Information

The Medicare program is administered by the Centers for Medicare & Medicaid (CMS) within the U.S. Department of Health and Human Services. The Medicare program is divided into four parts: 1) Part A generally covers inpatient hospital services; 2) Part B generally covers physician services; 3) Part C (Medicare Advantage) refers to Medicare-approved private health insurance plans for individuals enrolled in Parts A and B; and 4) Part D covers the cost of most prescription medications.

The Part D prescriber enrollment rules referred to in this notice are CMS-4159-F Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs (79 FR 29843; May 23, 2014); and CMS-6107-IFC Medicare Program; Changes to the Requirements for Part D Prescribers (80 FR 25958; May 6, 2015).

Member Rights and Responsibilities

Scott & White Health Plan routinely provides members with a reminder of their rights and responsibilities. As you are one of our providers, we appreciate your partnership as applicable in ensuring our members fully realize these rights and responsibilities.

Rights

1. A right to be provided with information regarding Member Rights and Responsibilities.
2. You have the right to receive information about the organization, its services, it practitioners, and providers.
3. A right to be treated with respect and recognition of your dignity and right to privacy.
4. A right to participate with practitioners in making decisions about your 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. A right to voice complaints, grievances, or appeals about the organization or the care it provides.
7. A right to make recommendations regarding the organization's member rights and responsibilities policy.
8. A right to have an advance directive such as a living will or durable power of attorney for health care that expresses your choice about future care in the event you are unable to speak for yourself.
9. A right to expect that medical information is kept confidential in accordance with Member's Health Care Agreement.
10. A right to select a Primary Care Physician (PCP) to coordinate your health care; however, it is not a requirement.

Responsibilities

1. A responsibility to notify the Scott & White Health Plan regarding any out-of-plan care.
2. A responsibility to follow Scott & White Health Plan instructions and rules and abide by the terms of your health care agreement.
3. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
4. A responsibility to follow plan and instructions for care that you have agreed to with your practitioners.
5. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
6. Responsible for providing the Scott & White Health Plan with a copy of an Advance Directive, if one exists.
7. A responsibility to advise Scott & White Health Plan or Scott & White Health Plan 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.

Fraud, Waste and Abuse

Fraud, waste and abuse costs all of us money. Estimates of the cost, depending on the source of the entity reporting the information, can be anywhere from 20% to 25% of actual costs of health care programs. Why so high? What can we do to help?

The most important thing we can do is to help everyone get educated on the subject. **Here is just a partial list of what fraud, waste, and abuse could be:**

- **unbundling/re-bundling of charges (prevalent with labs)**
- **failure to follow AMA Separate Surgical Incision Rules**
- **billing for services that were not provided or required**
- **billing for services not justified based on diagnosis**
- **billing for items not used or not necessary for your procedure**
- **up-coding**
- **fragmented coding**
- **billing services for deceased patients**
- **unlawful or unapproved patterns of practice**
- **gross overcharging for services**
- **doctor shopping to secure additional Rx drugs**
- **altering or inflating original claim charges**
- **reselling Rx's and durable medical equipment (DME)**
- **crossing out the assignment of benefits on a claim**
- **loaning your insurance card to someone else for money**
- **staged accidents (one car accidents, no witnesses, same rendering physician, same officer investigating)**
- **multiple individual insurance coverages**
- **staged slip and fall accidents**
- **failure to report valid Coordination of Benefits information to your carrier**

Fraud, Waste and Abuse (continued)

Scott & White Health Plan's Special Investigations Unit (SIU) reviews claims using its data mining software. This software is designed to look for patterns of practice and aberrant behavior within claims that have been filed for benefit reimbursement. Based on probability and statistical analysis, the software provides indicators or "red flags" that point us in the direction of where to look. When we find something, the goal is to thoroughly investigate and, if necessary, educate or take other courses of action as needed.

Just because we have contacted a practitioner or a member doesn't always mean that something is wrong. In the course of an investigation, we may not have all of the necessary information or we may be looking for clarification. The important thing is to have dialogue, so all of the items can be discussed and clarified. In the end, our goal is to help make our health care system more efficient! Together, we can do this!

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 (March to May 2016)

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Tacrolimus immediate release	**SWHP Tier 1**	SWHP tier change: move from Specialty to Tier 1			7/1/2016
Envarsus XR™ (tacrolimus extended release)	**SWHP Specialty** **ACA Compliant - Tier 4** **MCD- Tier 4**		Indicated for the prophylaxis of organ rejection in kidney transplant patients converted from tacrolimus immediate-release formulations, in combination with other immunosuppressants	Tacrolimus immediate release Prograf®	7/1/2016
Cinqair® (reslizumab)	**Non-formulary**	Addition of non-formulary prior authorization criteria			7/1/2016
Nucala® (mepolizumab)	**Non-formulary**	Addition of non-formulary prior authorization criteria			7/1/2016
Taltz® (ixekinumab)	**Non-formulary**	Addition of non-formulary prior authorization criteria			7/1/2016
Cabometyx™ (cabozantinib)	**SWHP Specialty** **ACA Compliant - Tier 4** **MCD- Tier 5**	Prior authorization required (SWHP Specialty and ACA Compliant)	Indicated for the treatment of patients with advanced renal cell carcinoma who have received prior antiangiogenic therapy		7/1/2016

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Venclexta™ (venetoclax)	**SWHP Specialty ACA Compliant - Tier 4 MCD- Tier 5**	Prior authorization required (SWHP Specialty and ACA Compliant)	Indicated for the treatment of patients with chronic lymphocytic leukemia with 17p deletion, as detected by an FDA approved test, who have received at least one prior therapy		7/1/2016
Rosuvastatin	**SWHP Tier 1** **ACA Compliant - Tier 1** **MCD- Tier 2**	SWHP addition of 5 mg, 10 mg, 20 mg **Tier change and removal of ST**: ACA Compliant Maintenance Eligible			5/5/2016
Praluent® (alirocumab)	**Non-formulary**	Revision of non-formulary prior authorization criteria			6/1/2016
Repatha™ (evolocumab)	**Non-formulary**	Revision of non-formulary prior authorization criteria			6/1/2016
Cuprimine® (d-penicillamine)	**SWHP Non-formulary**	**Tier change:** move from Tier 2 to non-formulary status Prior authorization required **Effective Date (tier change):** 1/1/2017			6/1/2016
Depen® (d-penicillamine)	**SWHP Specialty** **ACA Compliant Tier 4** **MCD-Tier 5**	Addition to **SWHP ACA Compliant tier change** from Tier 3 to Tier 4 **MCD tier change** from Tier 4 to Tier 5 Prior authorization required **Effective Date (tier change): 1/1/2017**	Indicated in the treatment of Wilson's disease, cystinuria, and in patients with severe, active rheumatoid arthritis who have failed conventional therapy	Galzin®	6/1/2016

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Galzin® (zinc acetate)	**SWHP Tier 2** **ACA Compliant Tier 2**		Indicated for maintenance treatment of patients with Wilson's disease who have been initially treated with a chelating agent	Depen® Galzin®	6/1/2016
Syprine® (trientene)	**ACA Compliant Non-formulary** **MCD-Tier 5**	**ACA Compliant tier change:** move from **Tier 2 to non-formulary** status **MCD tier change:** move **from Tier 3 to Tier 5** Prior authorization required **Effective Date (tier change): 1/1/2017**	Indicated in the treatment of patients with Wilson's disease who are intolerant of penicillamine	Depen® Galzin®	6/1/2016
HP Acthar Gel® (repository corticotropin injection)	**Non-formulary**	Addition of non-formulary prior authorization criteria			6/1/2016
Tumor Necrosis Factor-alpha Inhibitors		Revision of non-formulary prior authorization criteria			6/1/2016
Toujeo® (insulin glargine 300u/mL)	**SWHP Tier 2** **ACA Compliant -Tier 2** **MCD- Tier 3**	Maintenance eligible	Indicated to improve glycemic control in adults with diabetes mellitus	Lantus® Levemir®	5/1/2016
Tresiba® (insulin degludec)	**SWHP Tier 2** **ACA Compliant -Tier 2** **MCD- Tier 3**	Maintenance eligible	Indicated to improve glycemic control in adults with diabetes mellitus	Lantus® Levemir®	5/1/2016
Clonidine extended release	**SWHP Tier 1** **ACA Compliant -Tier 1**		Indicated for the treatment of attention deficit hyperactivity (ADHD) as monotherapy and as adjunctive therapy to stimulant medications	Strattera®	5/1/2016

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Guanfacine extended release	**SWHP Tier 1** **ACA Compliant -Tier 1**	Addition to SWHP **ACA Compliant tier** change from Tier 3 to Tier 1	Indicated for the treatment of ADHD as monotherapy and as adjunctive therapy to stimulant medications	Strattera®	5/1/2016
Tranexamic acid	**SWHP Tier 1** **ACA Compliant -Tier 1** **MCD- Tier 4**		Indicated for the treatment of cyclic heavy menstrual bleeding	Mefenamic acid	5/1/2016
Dysport® (abobotulinumtoxinA)	**Non-formulary**	Revision of non-formulary prior authorization criteria			5/1/2016
Glumetza® (metformin extended release)	**Non-formulary**	Revision of non-formulary prior authorization criteria			5/1/2016
Odefsey® (emtricitabine / rilpivirine / tenofovir/ alafenamide)	**ACA Compliant Tier 4** **MCD-Tier 5**		Indicated to treat HIV-1 infection (as a complete regimen) in patients ≥ 12 years of age	Genvoya™	5/1/2016
Fareston® (toremifene citrate)	**SWHP Specialty** **ACA Compliant Tier 4** **MCD-Tier 5**	**SWHP tier change** from Tier 2 to Specialty **ACA Compliant tier change** from Tier 3 to Tier 4 **MCD tier change** from Tier 4 to Tier 5			1/1/2017
Pioglitazone	**SWHP Tier 1**	**Tier change** from Tier 3 to Tier 1 Maintenance eligible			5/1/2016
Quillivant® XR (methylphenidate extended release oral solution)	**ACA Compliant -Tier 3**		Indicated for the treatment of ADHD	Methylphenidate hydrochloride Methylphenidate ER	5/1/2016

*MCD - SWHP Medicare Part D Formulary