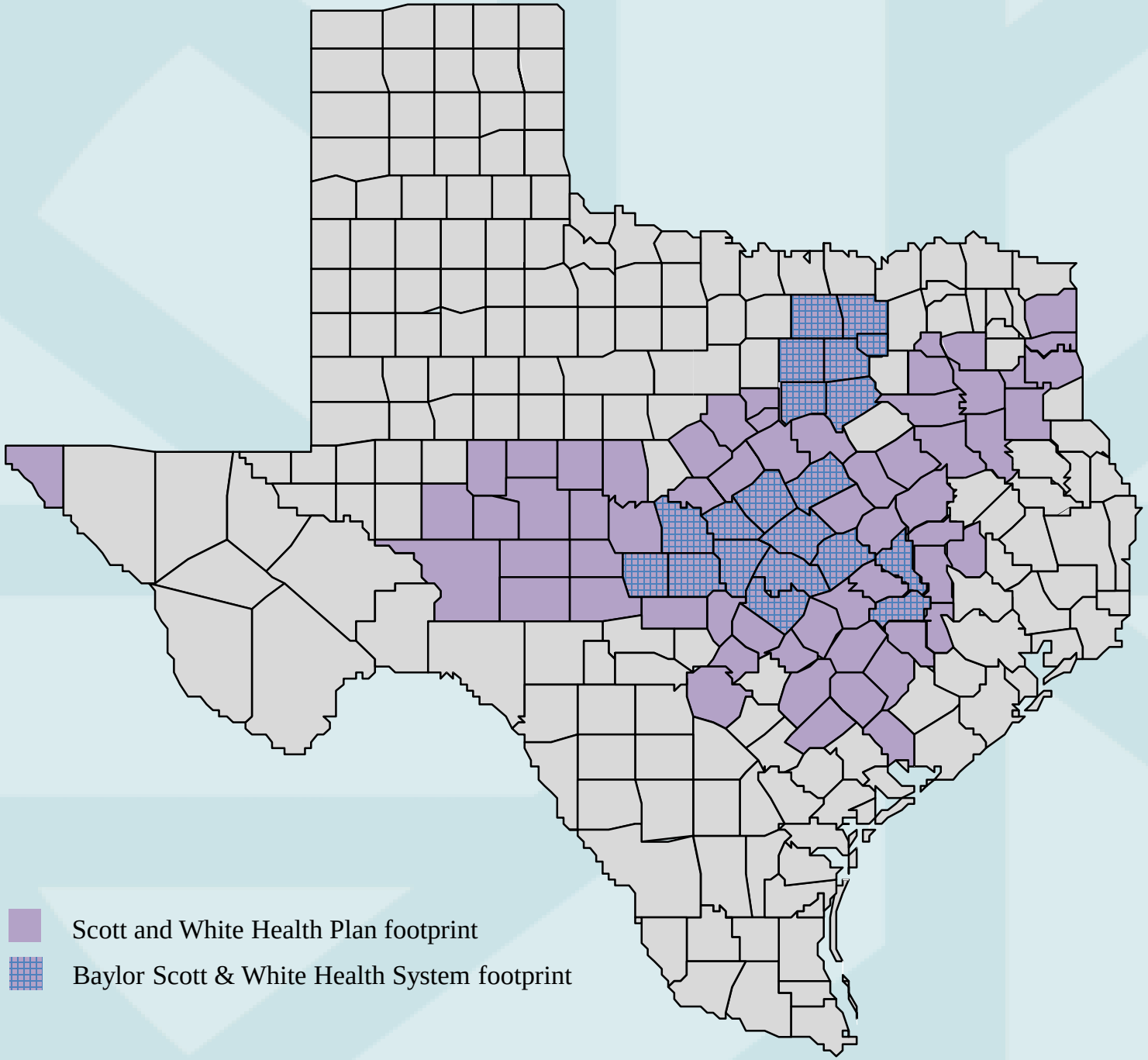
Scott and White Health Plan Brown Bag Webinar

November 3, 2017

Scott&White HEALTH PLAN



Scott & White Health Plan was established in 1982 to support the residents and physicians of Central Texas.

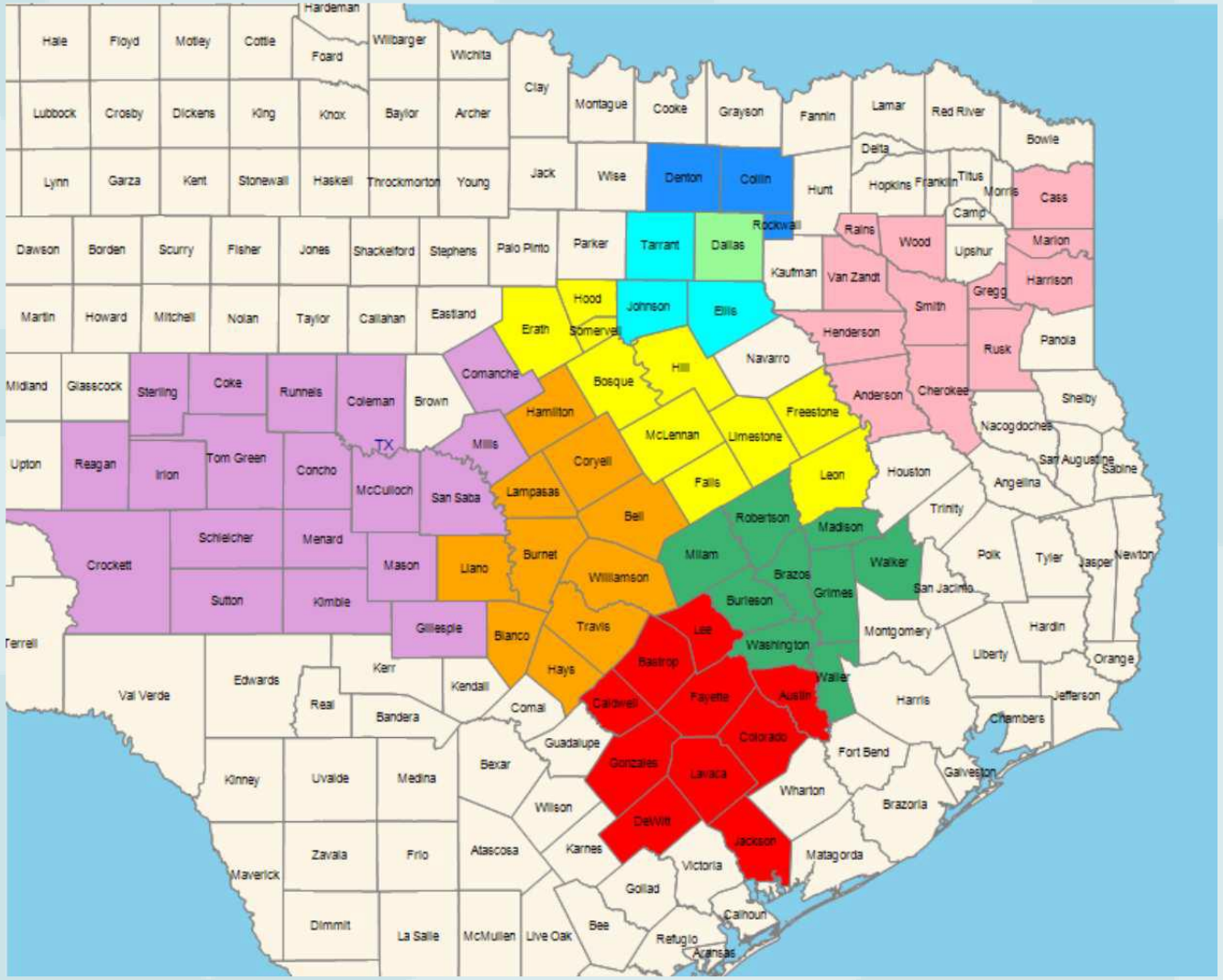
Today we serve 250,000 members in 80 counties across Texas through 130 Hospitals and over 17,000 Providers.

Serving Commercial, Medicare and Medicaid Populations.

Provider Relations

- Currently 9 full-time staff members
  - Includes manager plus eight PR Representatives that serve as liaisons for providers in the network to assist with addressing questions and issues.
- Phone Number
  - (800) 321-7947, ext. 203064 or (254)298-3064
- Fax Number
  - (254) 298-3044
- Email Address
  - SWHPProviderRelationsDepartment@sw.org

Provider Relations Representative Territory Map



Service Areas

- ❑ Bobbie Weakly (254-780-7834)
- ❑ Claudia Santillan (214-814-1392)
- ❑ Crystal Cochran (254-654-4142)
- ❑ Lereca Venable (254-231-6438)
- ❑ Lisa Mannick (254-765-2117)
- ❑ Liz Mullenax (254-541-8057)
- ❑ Louis Limas (817-221-0682)
- ❑ Neha Patel (214-617-8992)
- ❑ Stacey Byrd (254-913-8978)
- ❑ Stacey Byrd (254-913-8978)

Agenda

- Medicare Plans for 2018
- Health Services Division
- Quality Improvement
- Pharmacy Short-Acting Opioid Program
- Baylor Scott & White Quality Alliance
- SWHP Provider Portal

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Medicare Plans for 2018

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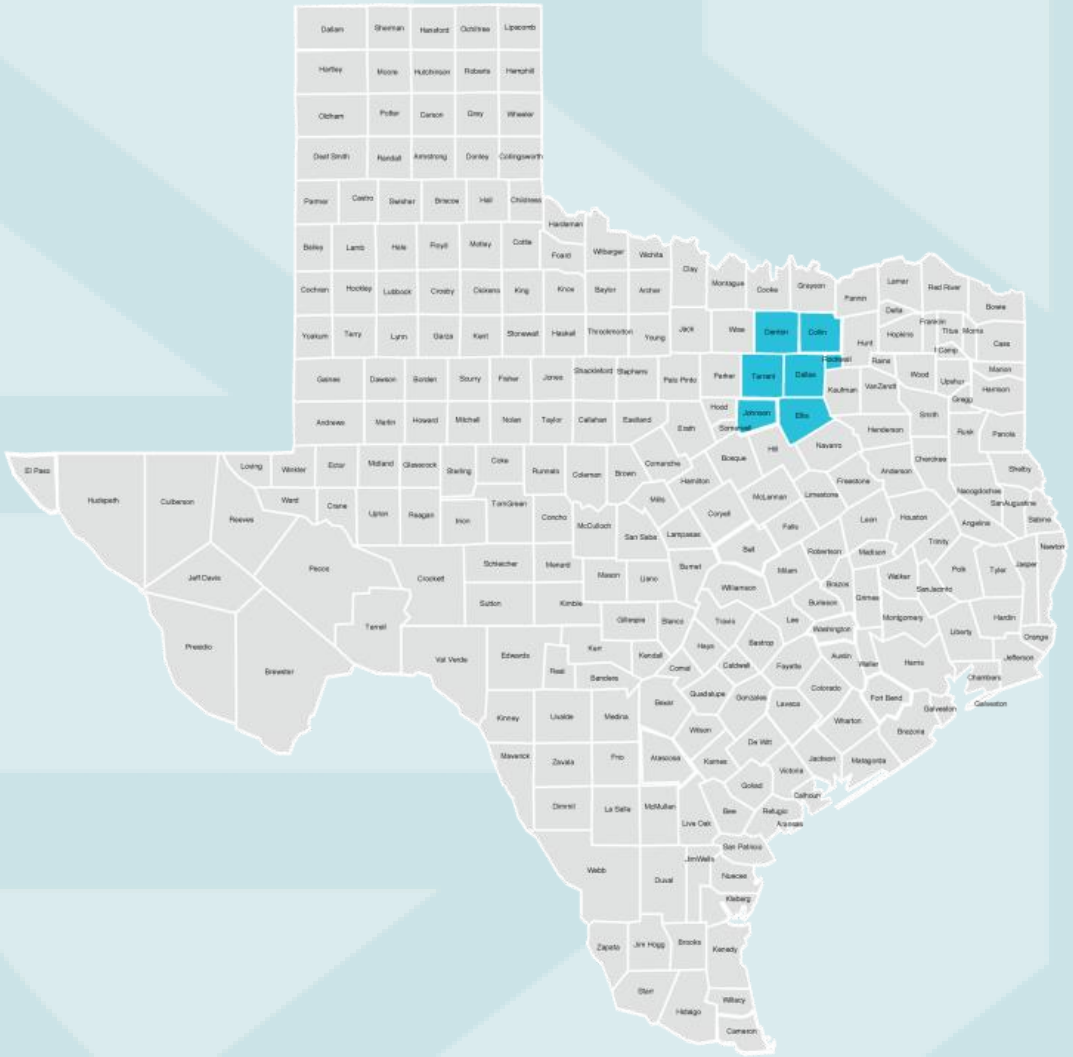
Medicare plans for 2018

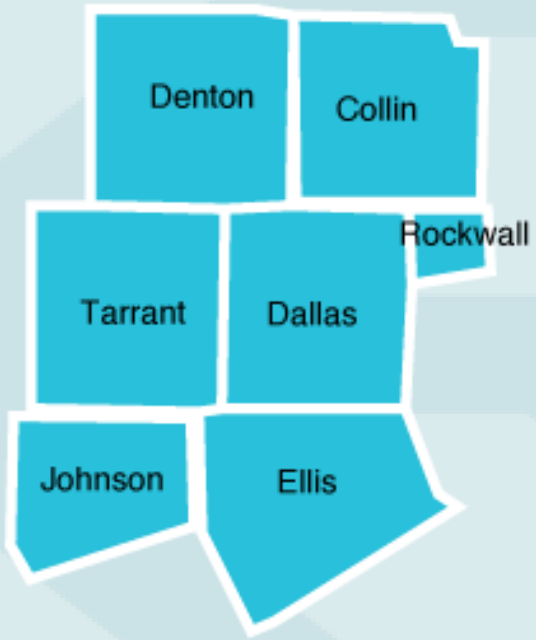
- Three networks under Medicare Advantage
  - Vital Traditions (North Texas)
  - SeniorCare Advantage HMO (Central Texas)
  - SeniorCare Advantage PPO (Central and North Texas)

- Current Medicare Advantage providers will be part of the three networks regardless of whether the provider is in Central Texas or North Texas.
  - Detailed benefit information for each plan is located on our website http://medicare.swhp.org/en-us/.

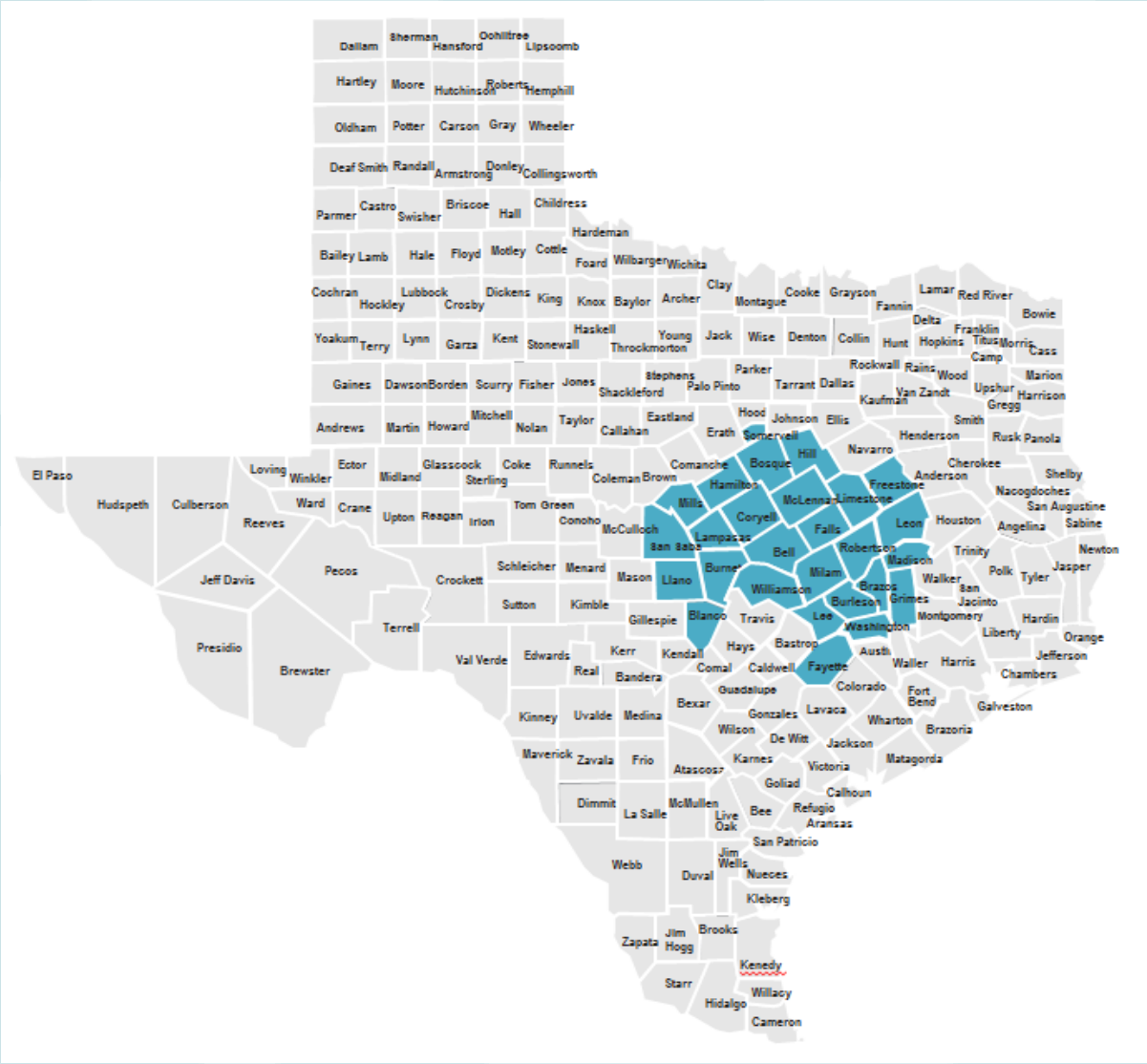
- Current SeniorCare Cost HMO plan will still exist in 2018. Members will be covered. More information to come regarding this transition for 2019.

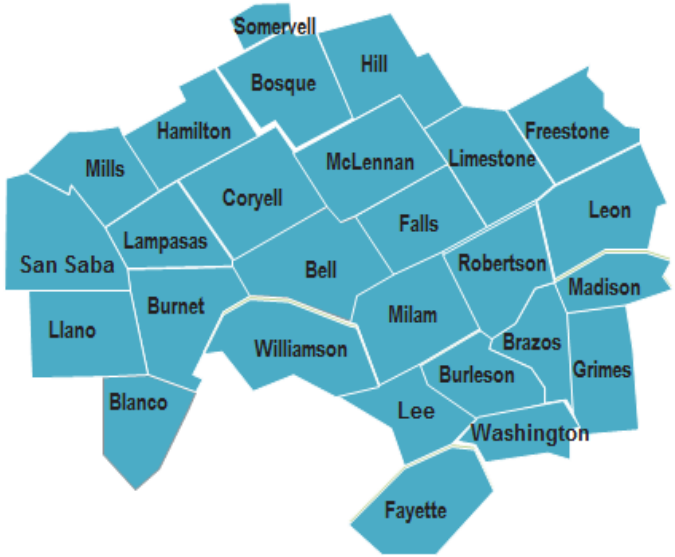
Vital Traditions HMO Service Area





SeniorCare Advantage HMO Service Area





SeniorCare Advantage PPO Service Area

New Customer Service phone number for all Medicare:

1-866-334-3141

Health Services Division

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Who is Health Services?

UTILIZATION MANAGEMENT (UM)

- Intake Support
- Licensed Nurses (RN/LVN)
  - Prospective Review
  - Concurrent Review
  - Retrospective Review

CASE MANAGEMENT / DISEASE MANAGEMENT

- Care Navigators
- Case Managers
- Social Workers

Key departments and positions directly accountable for UM decisions, systems, and processes include:

- Chief Medical Officer
- Medical Directors
- Registered Nurses
- Licensed Vocational Nurses
- Administrative Intake Support

Utilization Management Program

Hours of Operation and Communication Services

Members and Practitioners who seek information about the UM process and/or the authorization of care by SWHP/ICSW, have access to Medical Directors, UM Managers, and UM Nurses daily business hours.

During normal business hours Health Services Department (HSD) and Evolent (Medicaid Medical Management) have local and toll-free phone lines to provide direct access to the respective divisions and to staff members who handle UM-related issues.

Designated UM/MD staff also provide “On-call” coverage 24/7 as needed to provide information, coverage determinations, and discharge planning.

What is Utilization Management?

Utilization Management in managed care means **“how often specific services are being used.”**

Utilization Management involves coordinating **how much** or **how long care is given** for each patient, as well as the **level of care**.

Our goal is to ensure care is delivered in the **most cost-effective manner** at the **right level.**

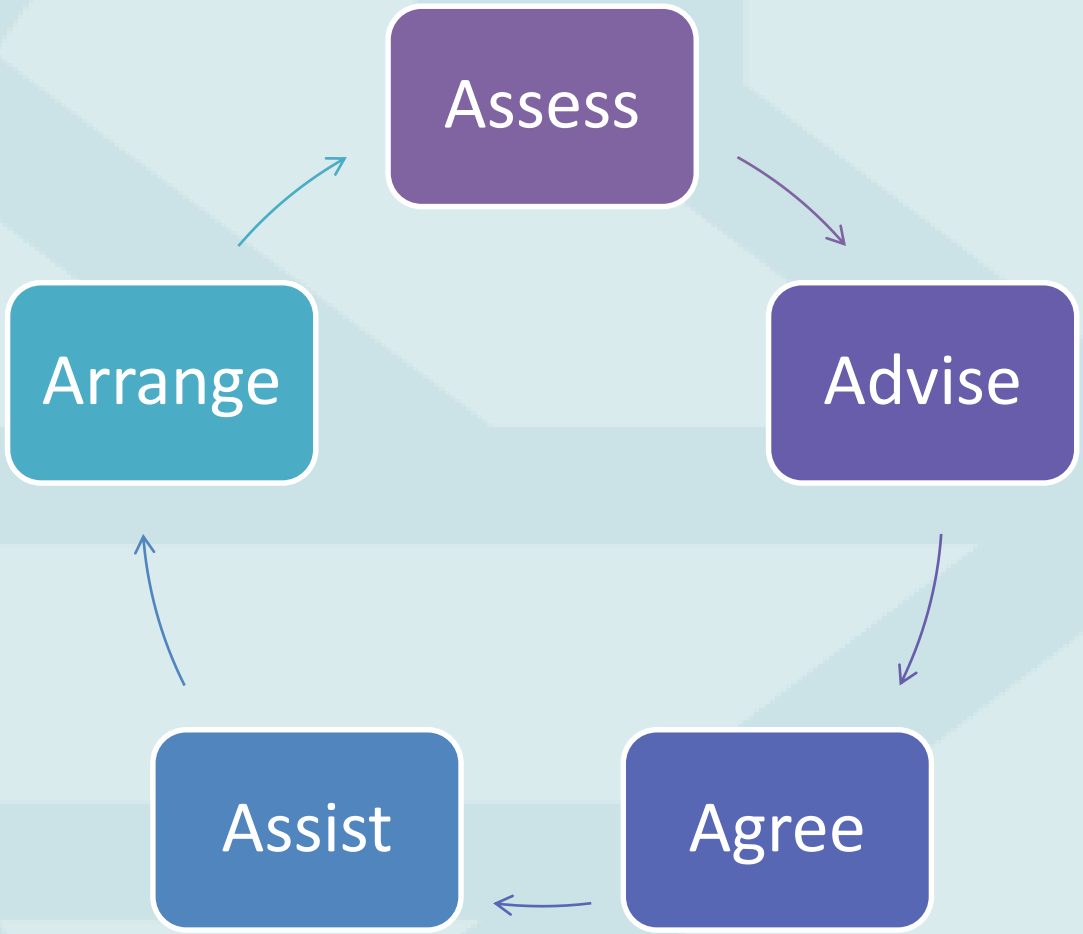
Tools utilized includes:

- Authorization requirements to assess and approve services before they are rendered.
- Concurrent review for ongoing assessment of continuing care needs.
- Discharge planning for smooth transition of care needs.

Preauthorizations

- Multiple lines of business
  - ASO
  - Commercial
  - Medicaid
  - Medicare
- Expedited versus Standard/Routine Reviews
- Admission Notifications
- Clinical decision making
  - Documentation
  - Clinical coding (Diagnosis and Procedures)

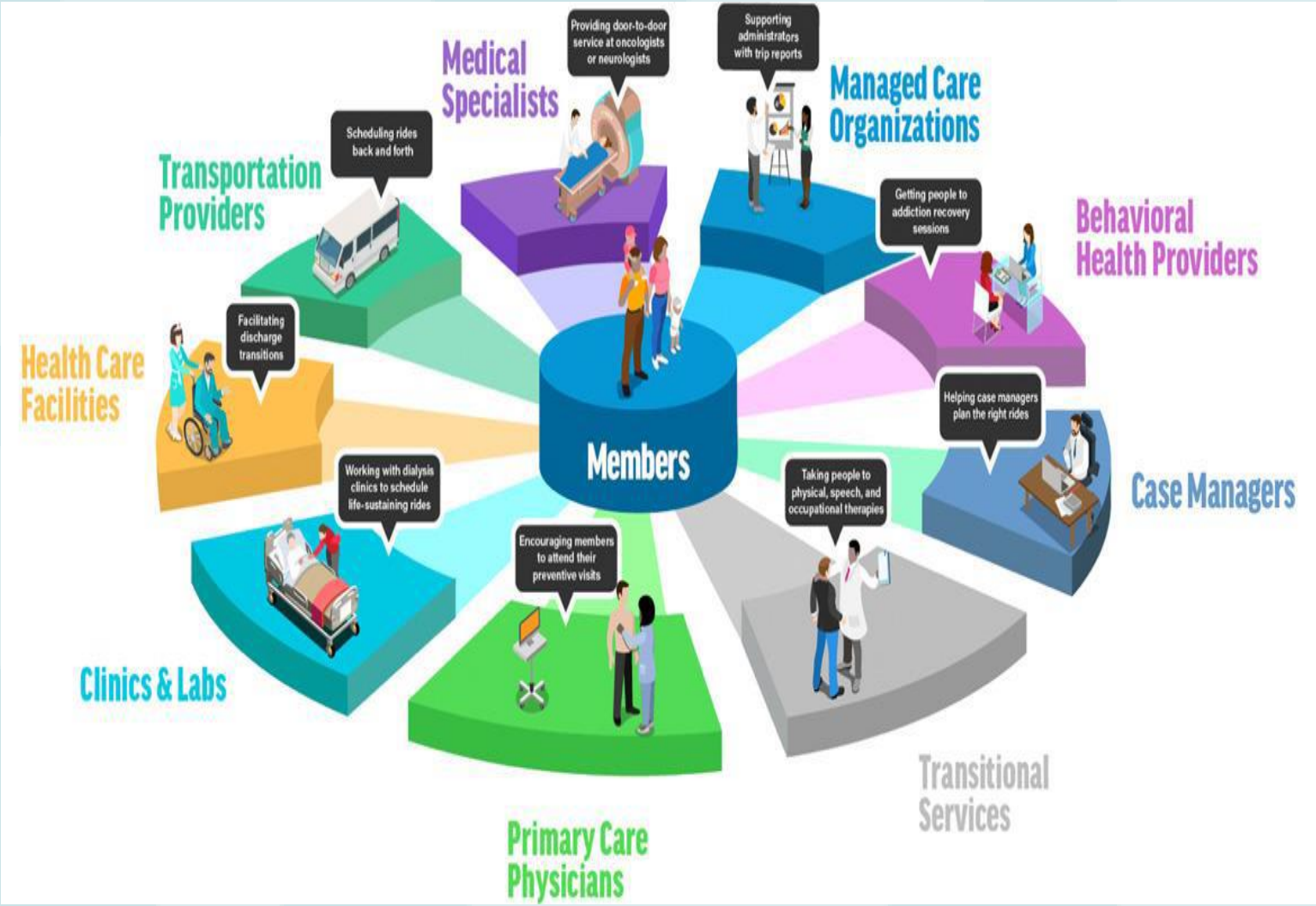
Case Management Assessment and Care Plans



Process of identifying the Member's condition/needs, abilities and preferences, which leads to the development of a plan of care.

Care Navigators–Case Managers–Social Workers

Alignment



- Case Managers work to align all the moving parts
- Puts the plan into action with the Member

Provider Quality Updates

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SWHP's Quality Objectives

SWHP aligns with the broader Baylor Scott & White Health (BSWH) quality strategy of shifting from a volume mindset to one of value. SWHP seeks:

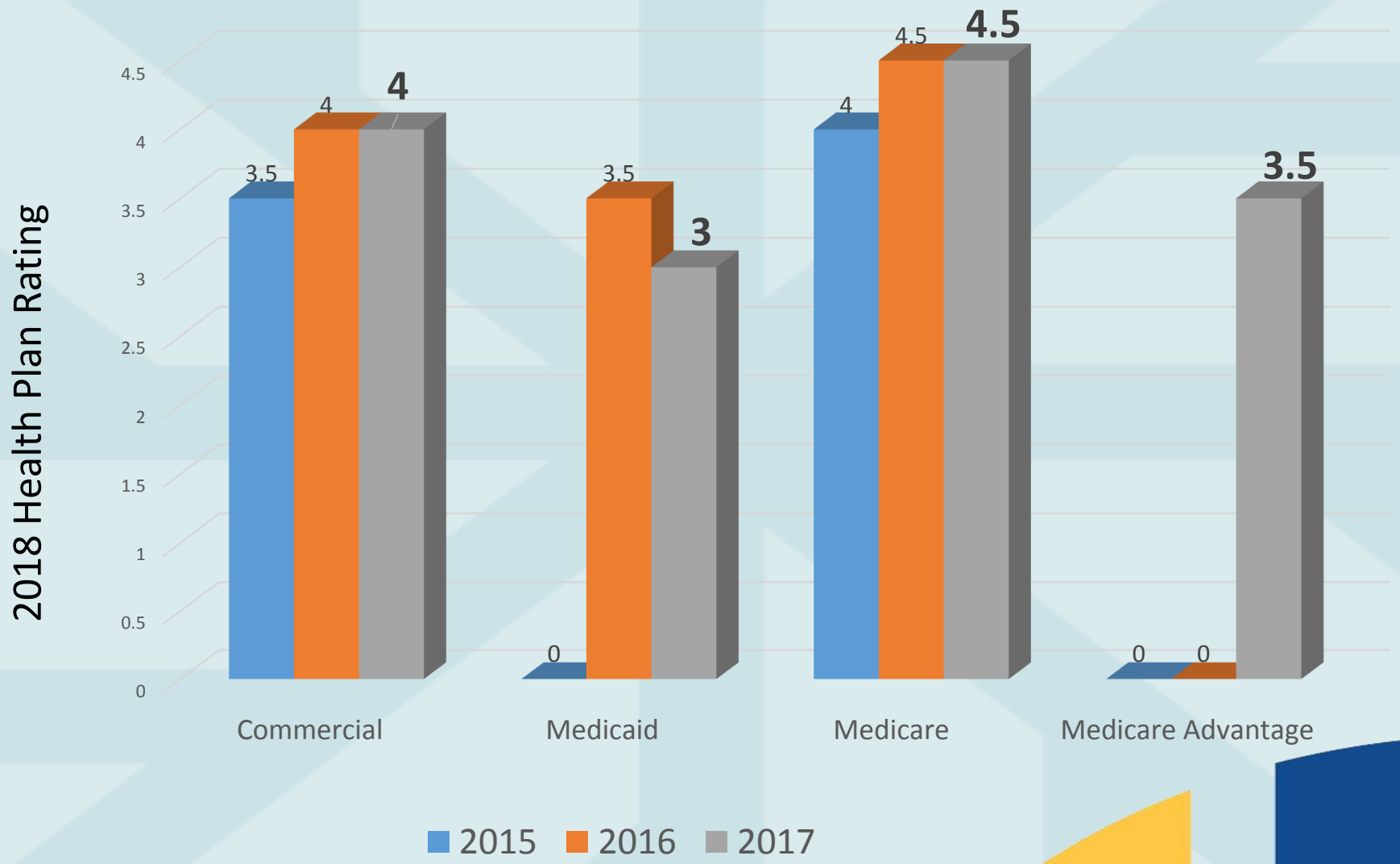
- **Healthier Members:**
  Improve the health of our members by supporting proven interventions to address behavioral, social, and environmental determinants of health, and deliver higher-quality care.

- **Better Care:**
  Improve the overall quality of care by making health care more person-centered, reliable, accessible, and safe.

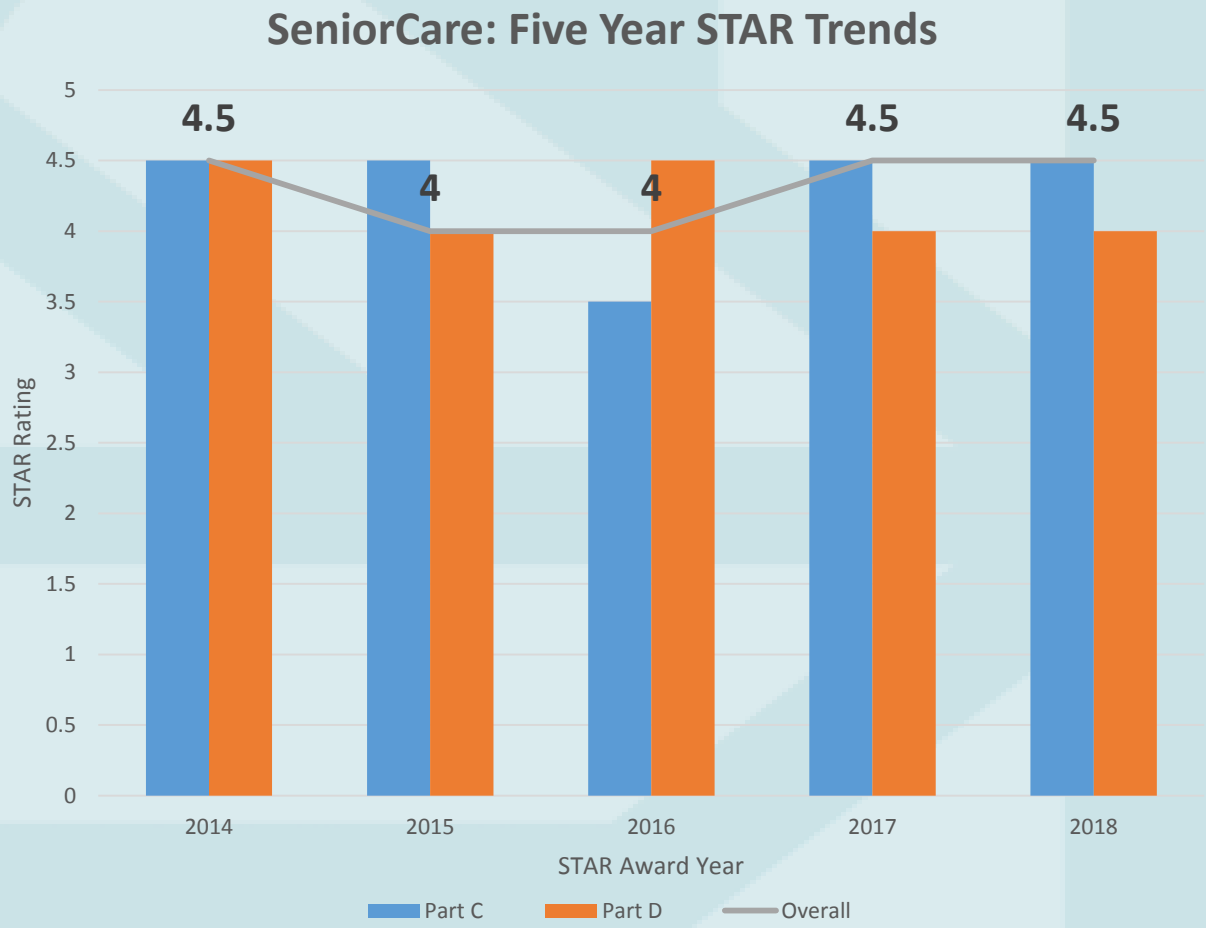
- **Smarter Spending:**
  Reduce the cost of quality health care for individuals, families, and employer groups.

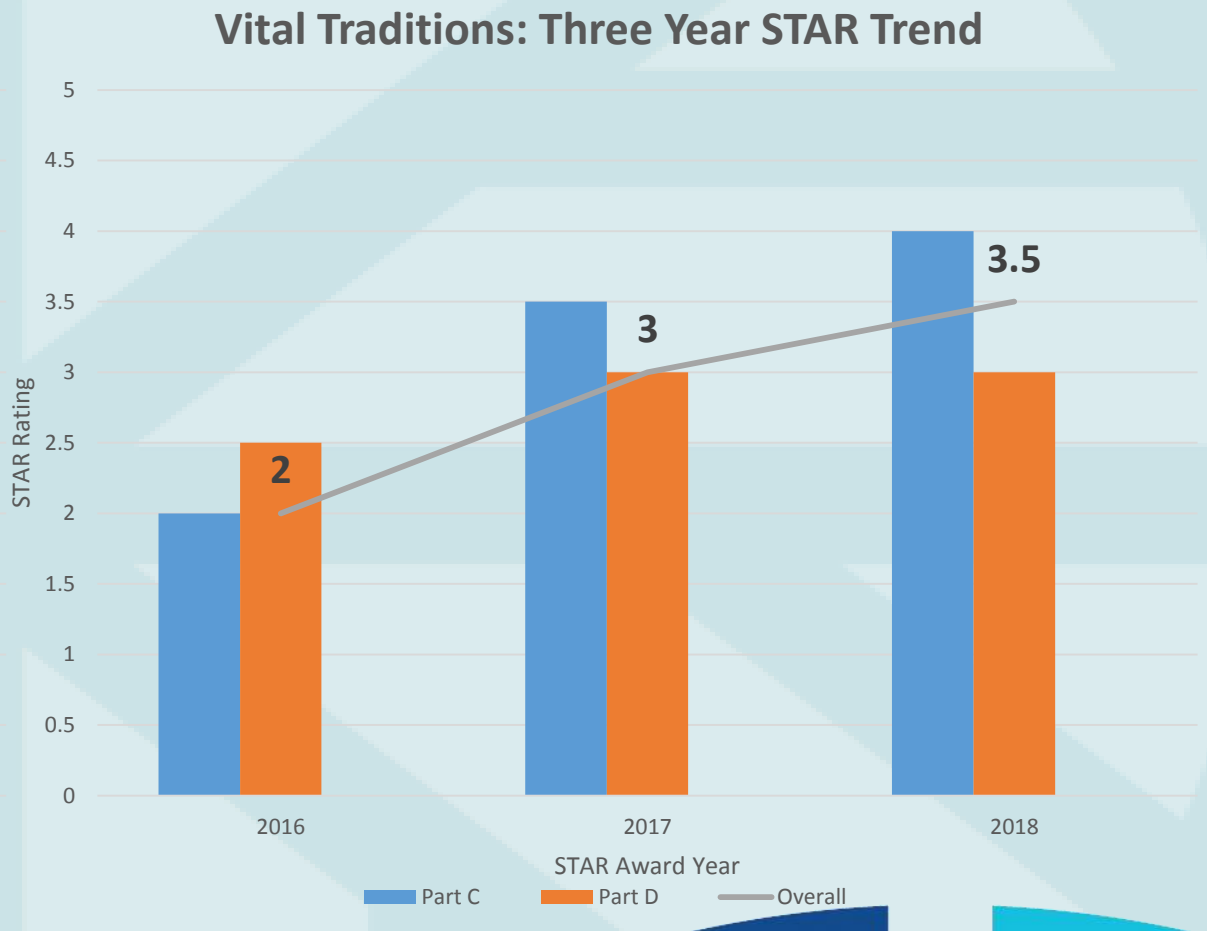
- **Customer Service:**
  Improve the member experience with efficient access to health care.

NCQA Ratings Review



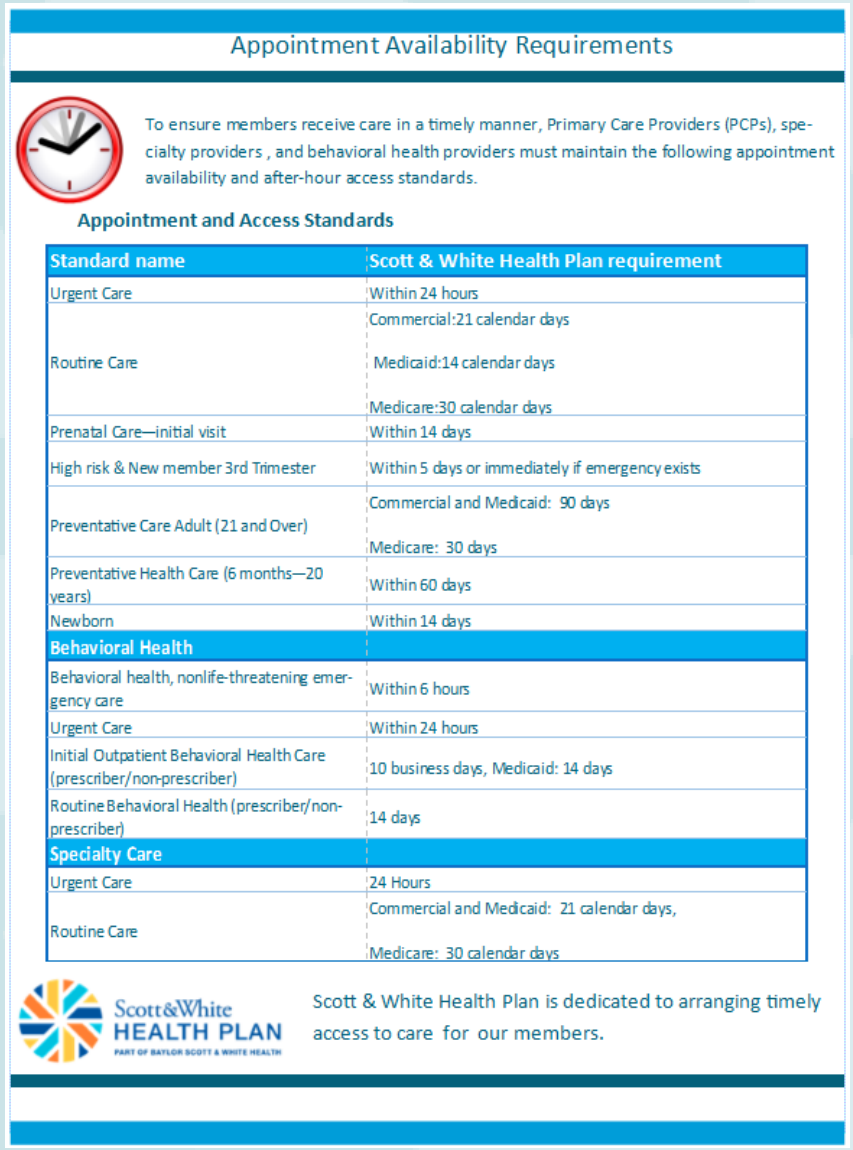
2018 Medicare Star Ratings





Source: Health Plan Management System (HPMS)

Appointment Availability Requirement



Appointment Availability 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-hour access standards.

Appointment and Access Standards

Standard name	Scott & White Health Plan requirement
Urgent Care	Within 24 hours
Routine Care	Commercial:21 calendar days Medicaid:14 calendar days Medicare:30 calendar days
Prenatal Care—initial visit	Within 14 days
High risk & New member 3rd Trimester	Within 5 days or immediately if emergency exists
Preventative Care Adult (21 and Over)	Commercial and Medicaid: 90 days Medicare: 30 days
Preventative 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 business days, Medicaid: 14 days
Routine Behavioral Health (prescriber/non-prescriber)	14 days
Specialty Care	
Urgent Care	24 Hours
Routine Care	Commercial and Medicaid: 21 calendar days, Medicare: 30 calendar days

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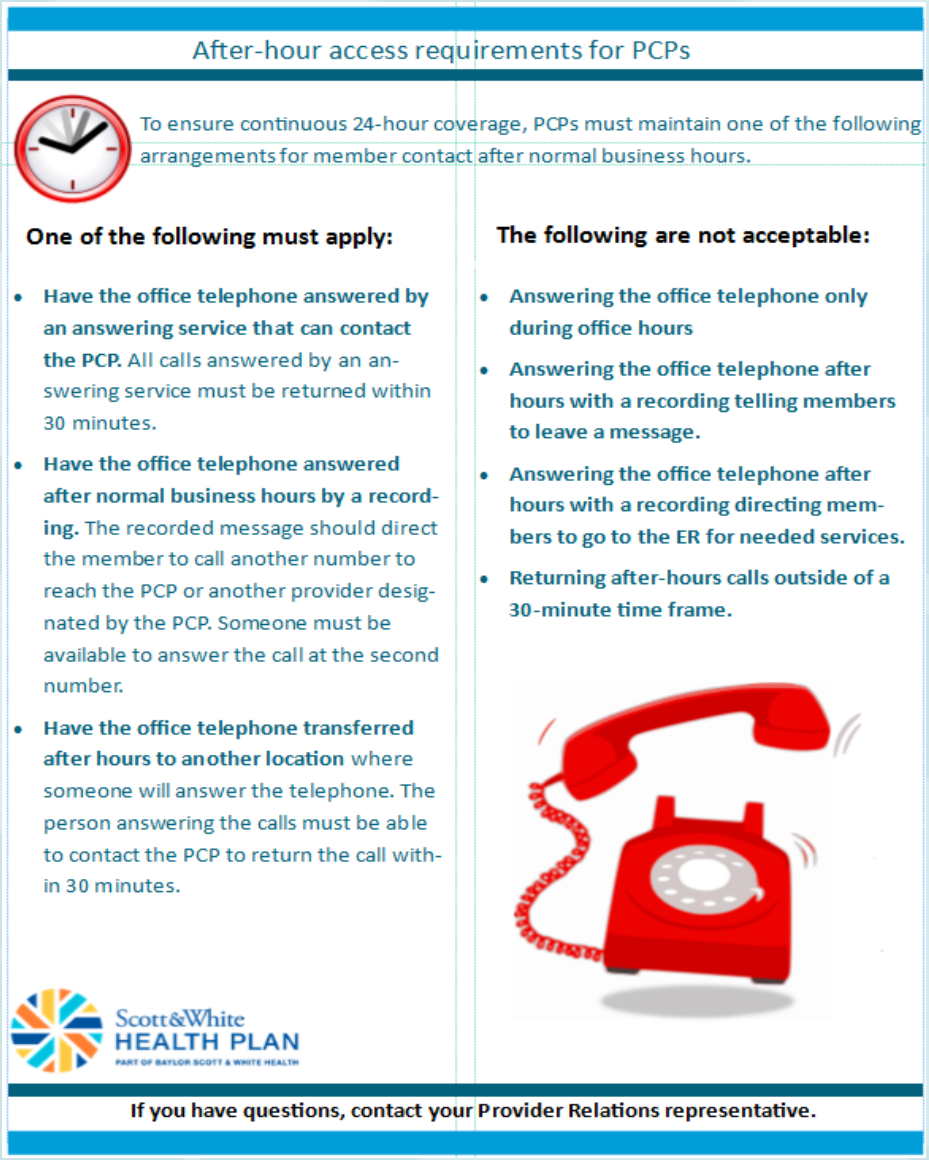
Scott & White Health Plan is dedicated to arranging timely access to care for our members.

To ensure members receive care in a timely manner, PCPs, specialist and BH providers must maintain appointment availability.

- Standards are audited yearly.
- Clinics found to be non-compliant with standard availability will be contacted to make them aware of the findings.

After-Hours Access Requirements



After-hour access requirements for PCPs

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

One of the following must apply:

- **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.
- **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.
- **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.

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.**

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If you have questions, contact your Provider Relations representative.

To ensure continuous 24-hour coverage after normal business hours:

- One of the following must apply
  - Office telephone answered by an answering service
  - Office telephone answered by a recording*
  - Office telephone transferred to another location

*Recorded message should not direct the member to call another number.

Pharmacy

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Short-Acting Opioid Program

New to Therapy

- Definition: Less than 2 short-acting opioid AND no long-acting opioid prescriptions within last 120 days
- Maximum dose per day: 49 morphine milligram equivalents (MME)
- Maximum day supply per prescription: 7
- Maximum number of prescriptions per 60 days: 2

Treatment-Experienced

- Definition: Two or more short-acting OR any long-acting opioid prescriptions within last 120 days
- Maximum dose per day: 90 MME
- Maximum number of prescriptions per 60 days: 2

Exceptions

- Palliative/hospice care patients
- Cancer pain

Program Roll-out

- Implementation date: February 1, 2018
- Communications:
  - Prescriber outreach
  - Member outreach
  - Pharmacy outreach
  - Messaging to pharmacy at point of sale
    - Ability to override program at point of sale, as appropriate

Baylor Scott & White Quality Alliance

Baylor Scott & White
QUALITY ALLIANCE

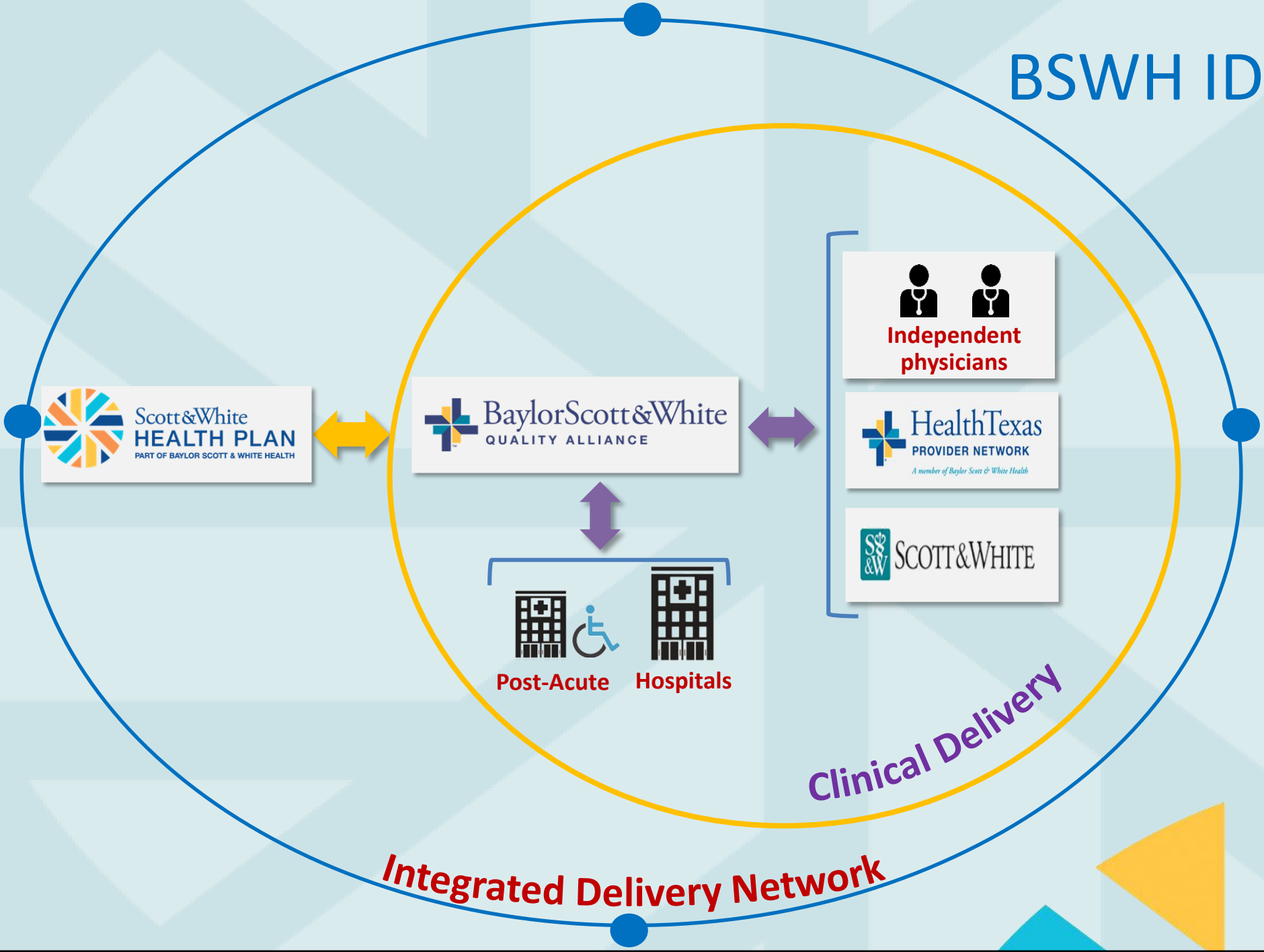
BSWQA Mission Statement

Baylor Scott & White QUALITY ALLIANCE

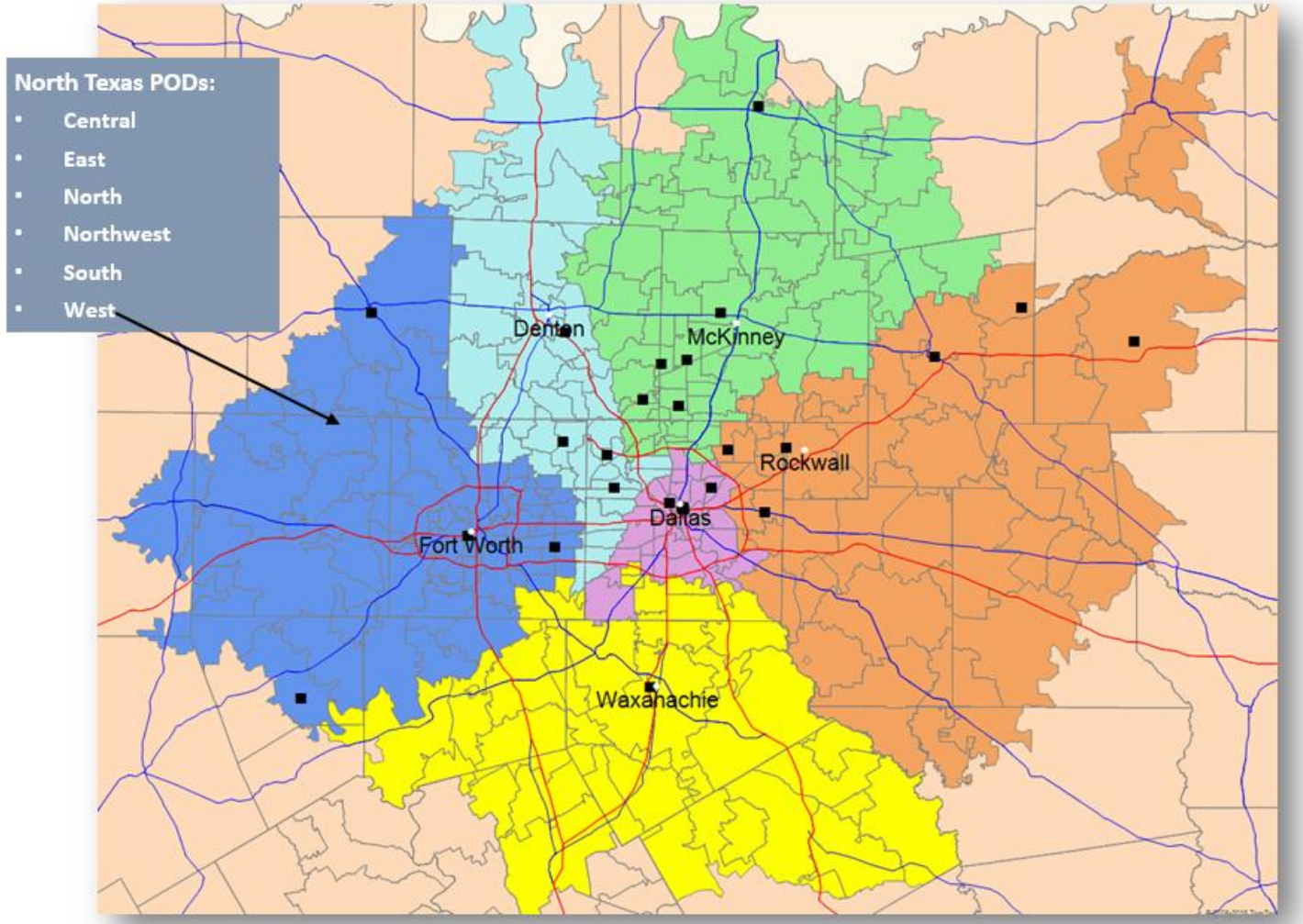
"Why we exist as an organization"

Baylor Scott & White Quality Alliance's mission is to achieve the highest quality and most cost-effective care possible for the patients that we serve through clinical integration…

BSWH IDN Structure



Network Field Advisor Coverage



SWHP Provider Portal

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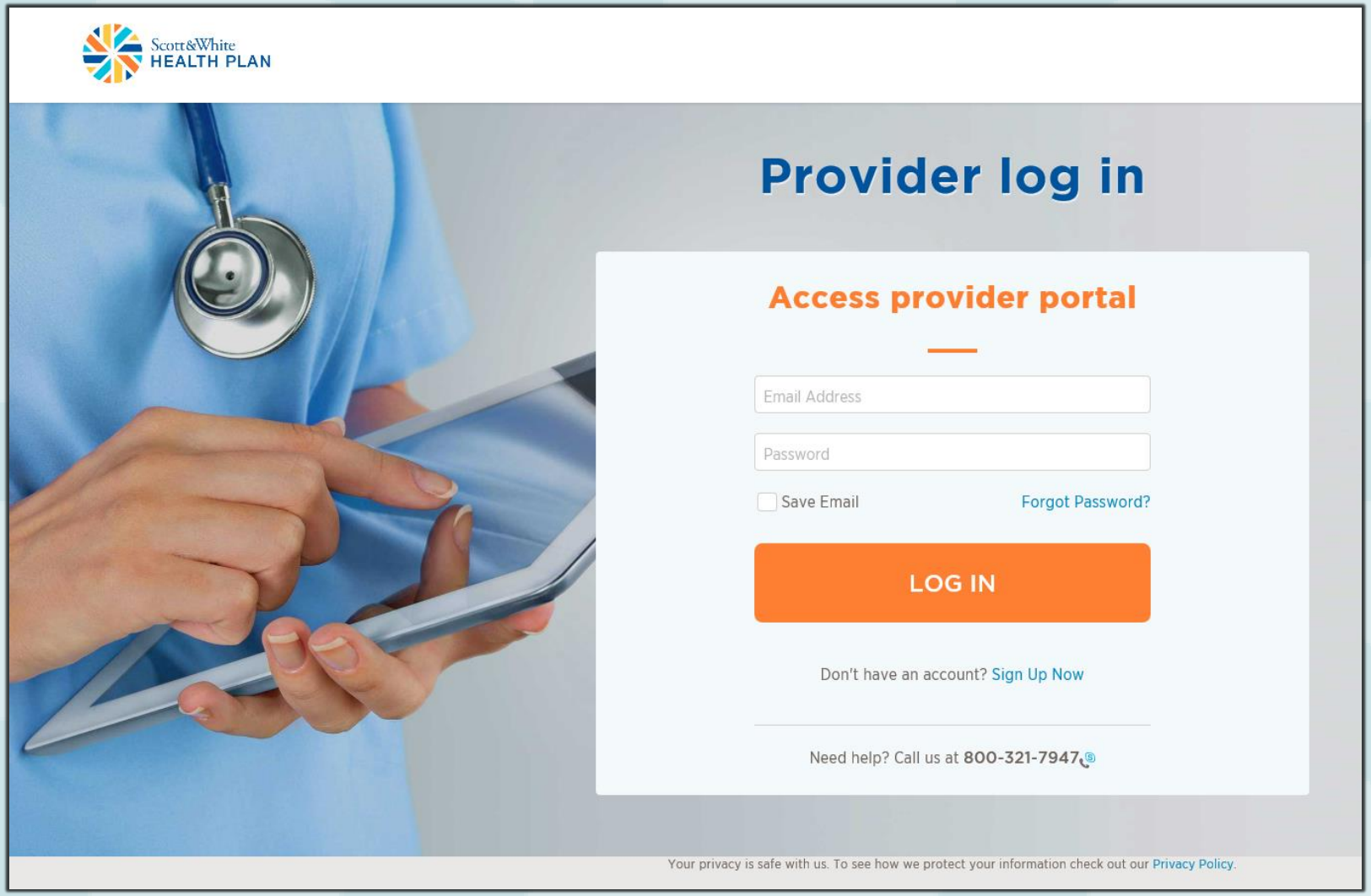
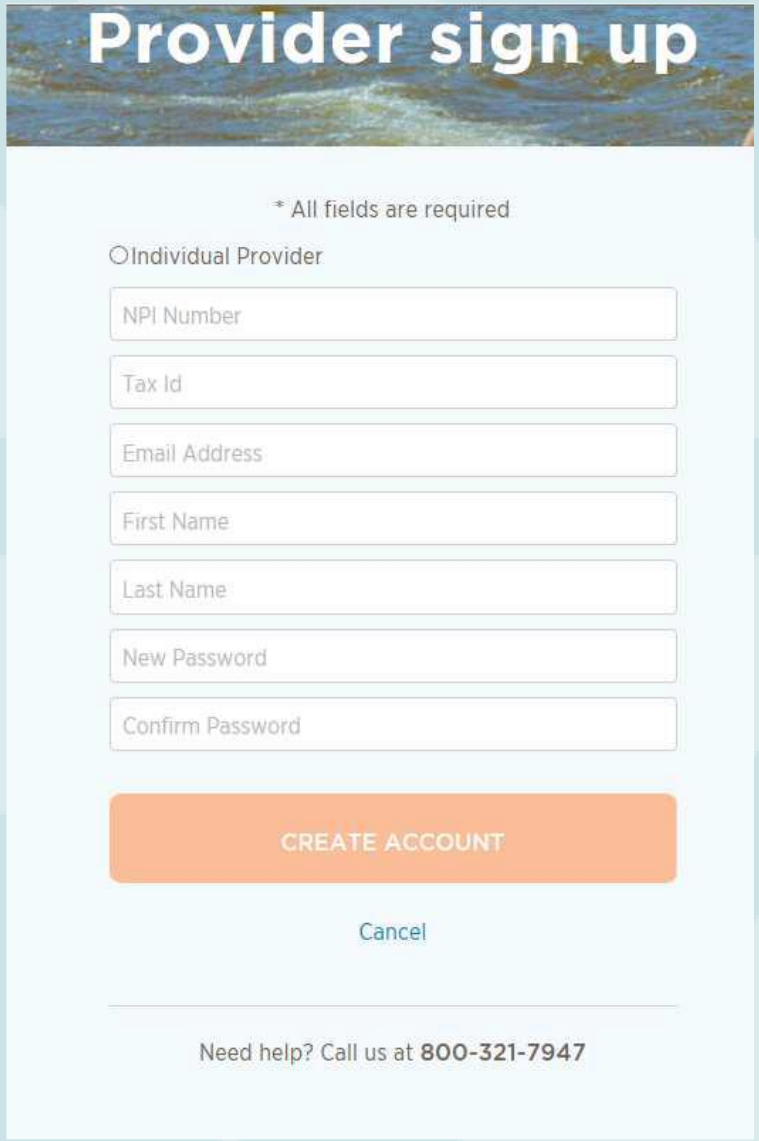
SWHP Provider Portal

- SWHP has improved 270/271 connections with Availity, Recondo, and Experian
- Providers can access the SWHP Provider Portal at: https://portal.swhp.org/ProviderPortal/#/login
- Provider Portal can be utilized for the following:
  - Check Member Eligibility & Benefits
  - Check Claims & Payment Status
  - **Improved Feature** - Look up Codes to Determine Prior Authorization Requirements
  - View Explanation of Claim Denial Codes
  - Look-Up Reimbursement Rates by Code
  - Submit Case Management Referral Forms
  - **New Feature** - Submit Prior Authorization Request Forms
  - **New Feature** - Register as a Group Provider
  - Add Additional Provider to an Existing Registration (using individual NPI's)

SWHP Provider Portal

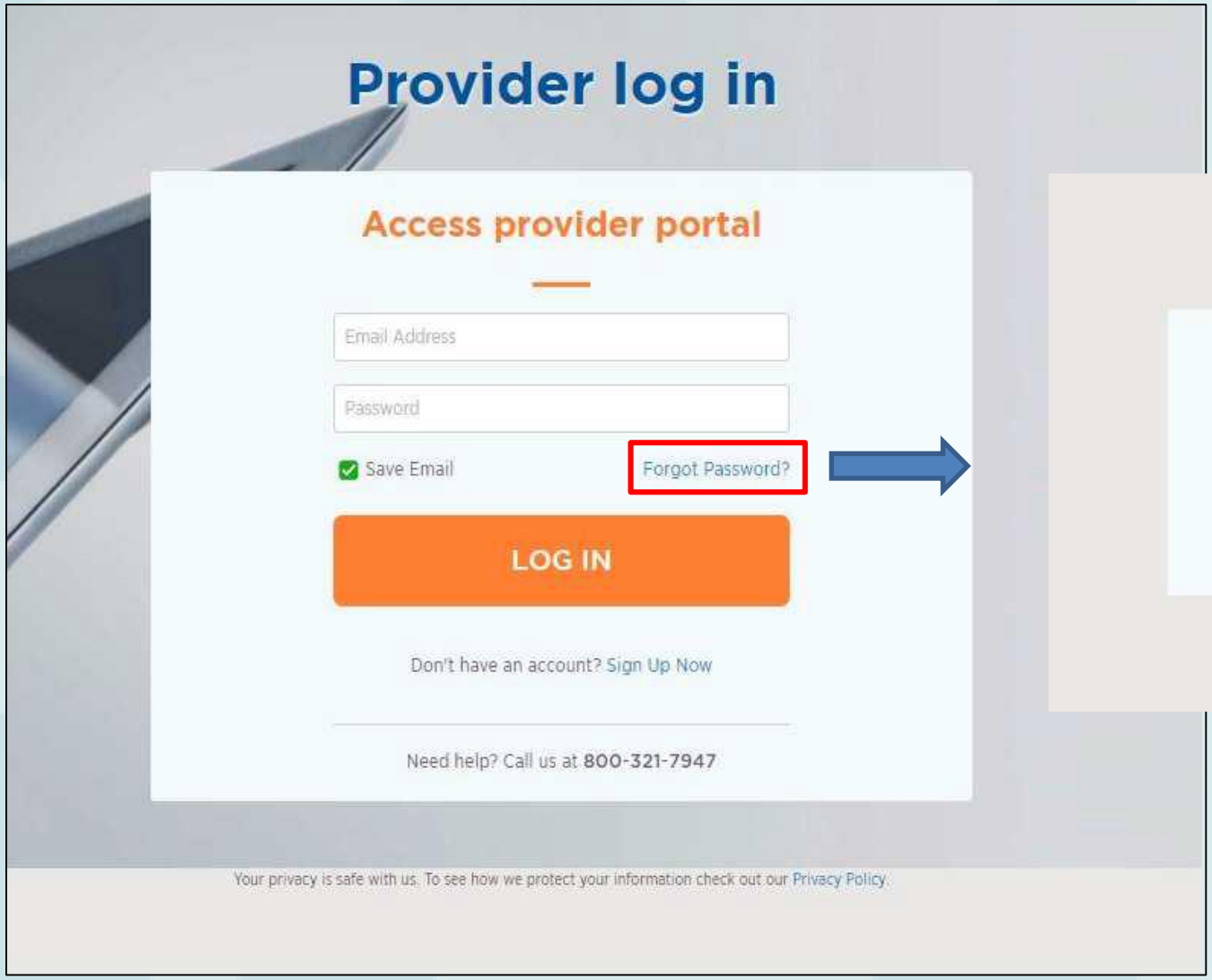


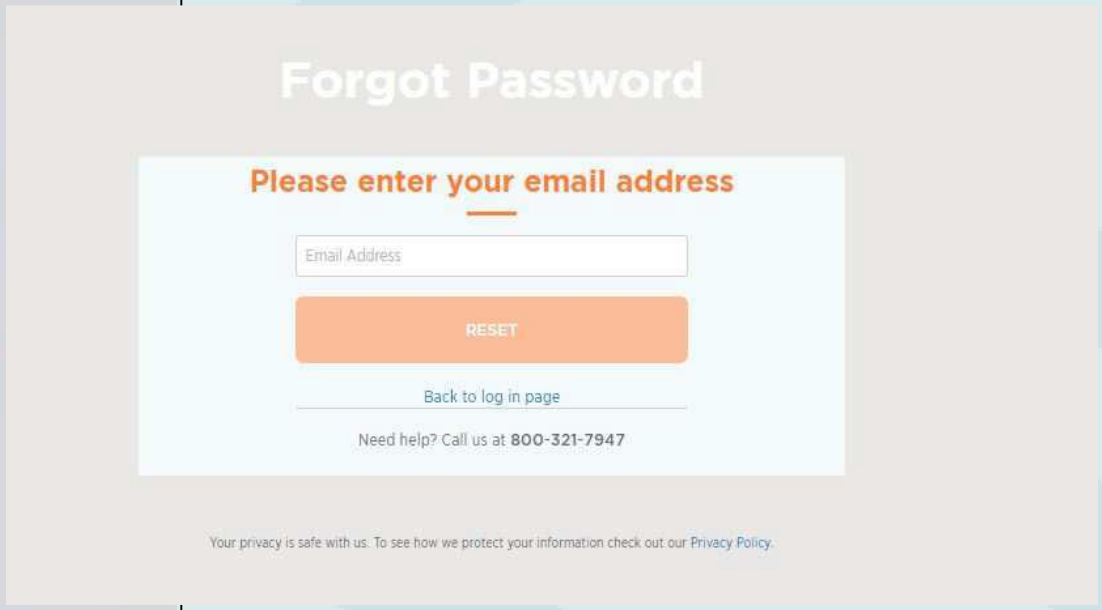
Provider Sign-Up



- Fill in all fields, and click on **Create Account**. *Note that all fields are required*.
- If the Tax ID and/or NPI entered matches SWHP's information, your registration will be automatically approved, and you will have immediate access.
- If the Tax ID and/or NPI entered does not match SWHP's information, your account will not be automatically approved, and you will need to call the number listed at the bottom of the screen for assistance.

Forgotten Password or Locked Account





Forgotten Password or Locked Account

What should I do if I forgot my password?

- To reset your password, click on **Forgot Password**.
- Enter your email address that you used to register for the portal, then click **Reset**. A new password will be sent to the email address we have on file for you. (*If you do not see an email from us, be sure to check your spam folder*.)

What should I do if I am locked out of my account?

- If you have been locked out, it is usually because you had too many unsuccessful login attempts. To unlock your account, please contact the SWHP Provider Relations Department:

  Phone: 800-321-7947, ext. 203064 or 254-298-3064 and select option 1

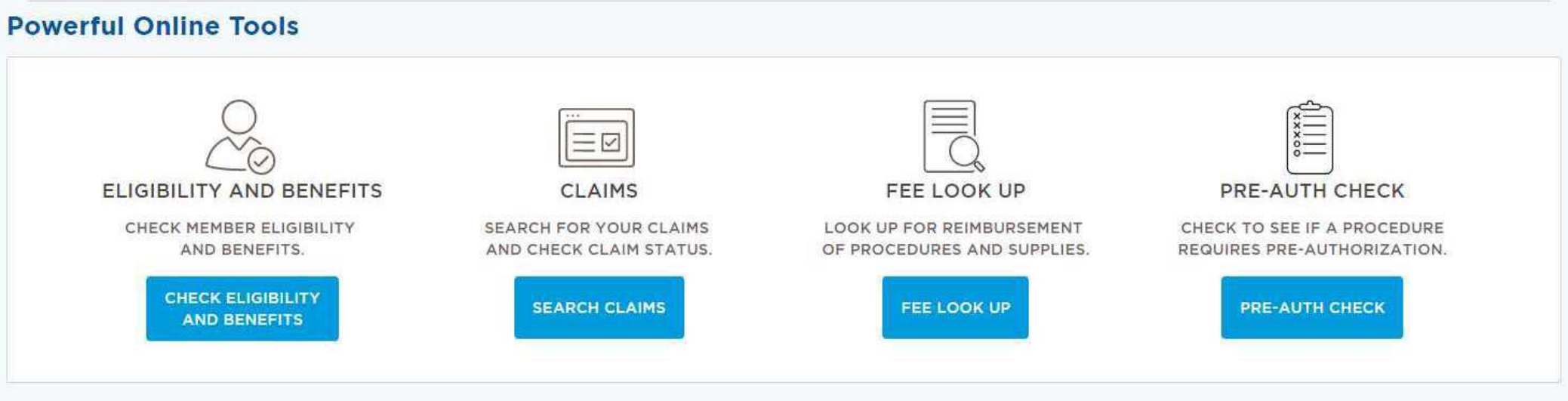
  Email: SWHPPROVIDERRELATIONSDEPARTMENT@BSWHealth.org

  Include your name, Tax ID, NPI, username/email address, and phone number in your email

Accessing the Provider Portal

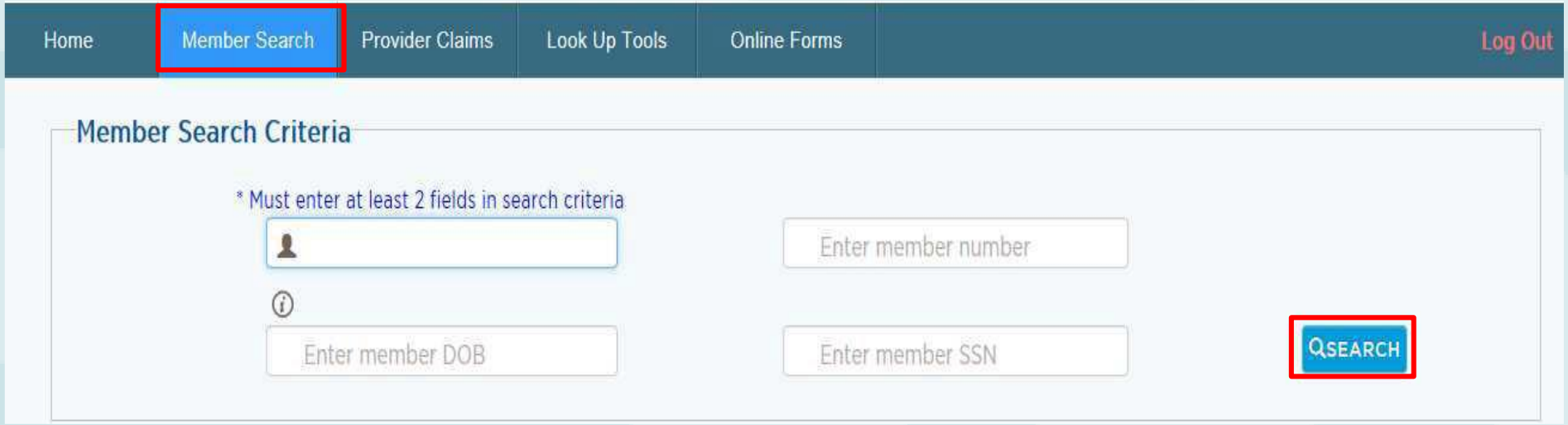
Go to: https://portal.swhp.org/ProviderPortal/#/login

Below is a screen shot of many of the tools available within the portal to assist you with your administrative processes.



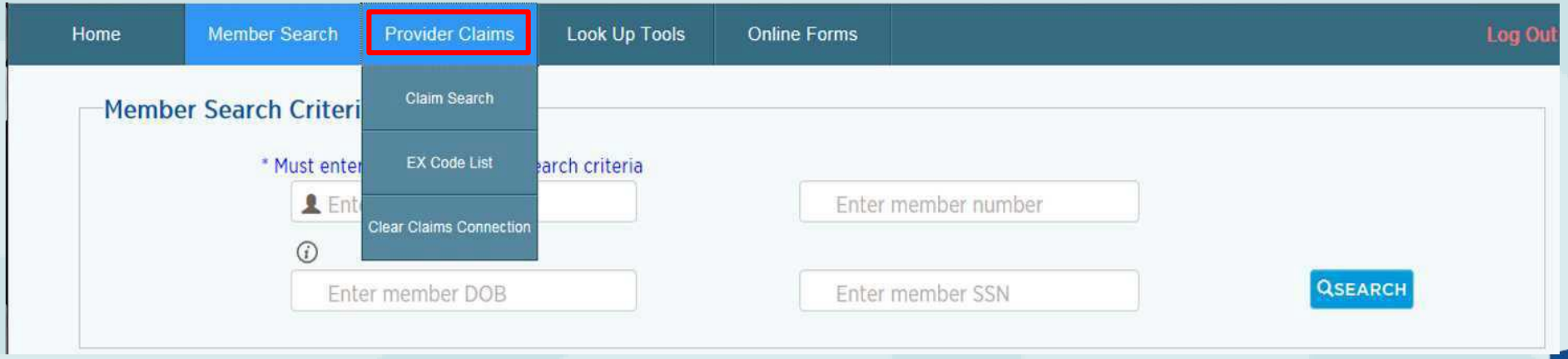
Member Eligibility/Benefits

- Select **Member Search** on the dashboard and the *Members Search Criteria* page will display
- Enter at least 2 fields in the search criteria
- Click **Search** to display the results



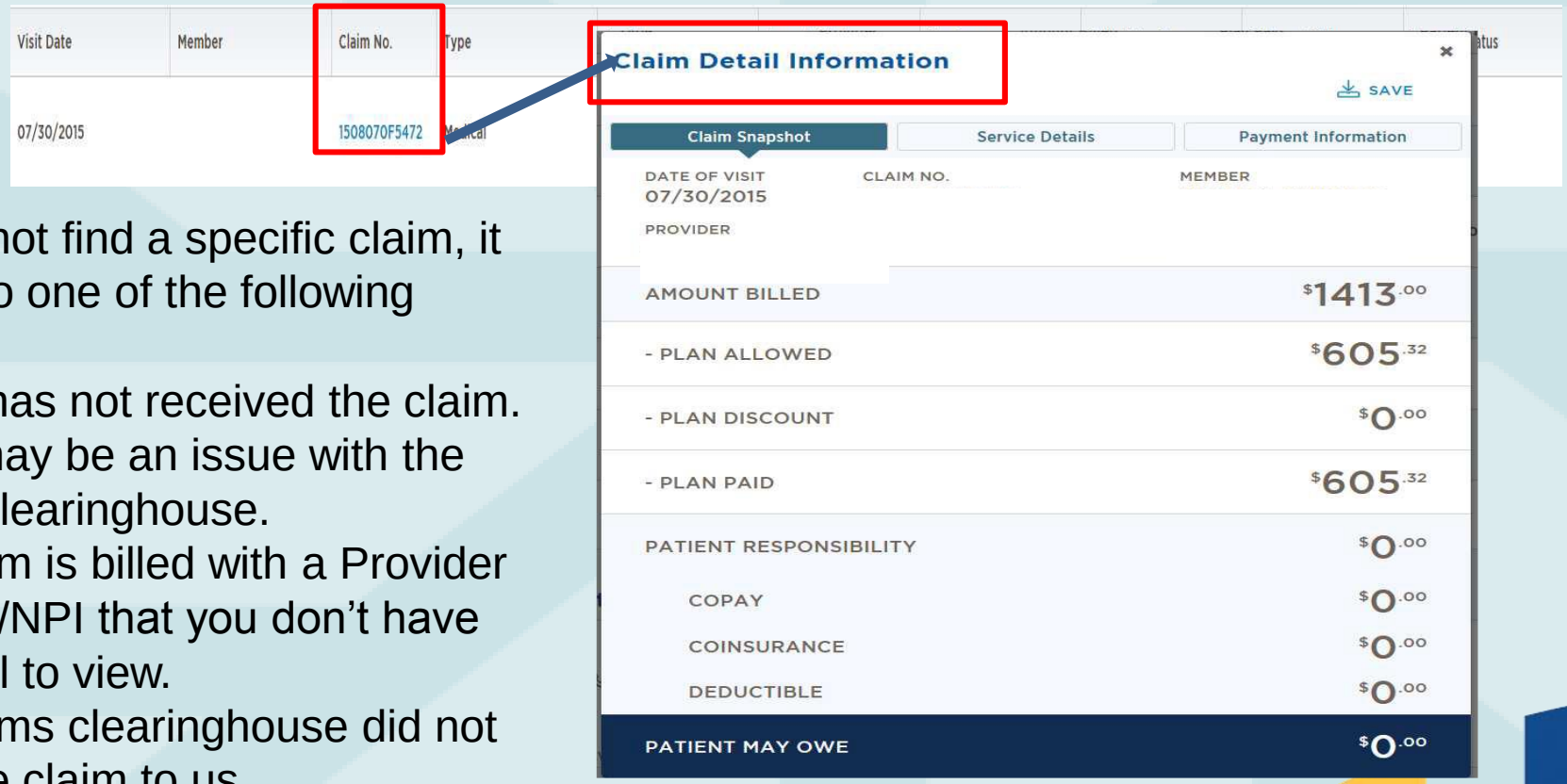
Check Claim Status

- Select **Claim Search** listed under **Provider Claims** on the dashboard and the *Claim Search Criteria* page will display
- Enter the required information in the search criteria
- Click **Search** to display the results



Check Claim Status

- After you obtain your claim search results, you can click on the 12-digit alphanumeric number listed under the **Claim No.** column to see *Claim Detail Information*.

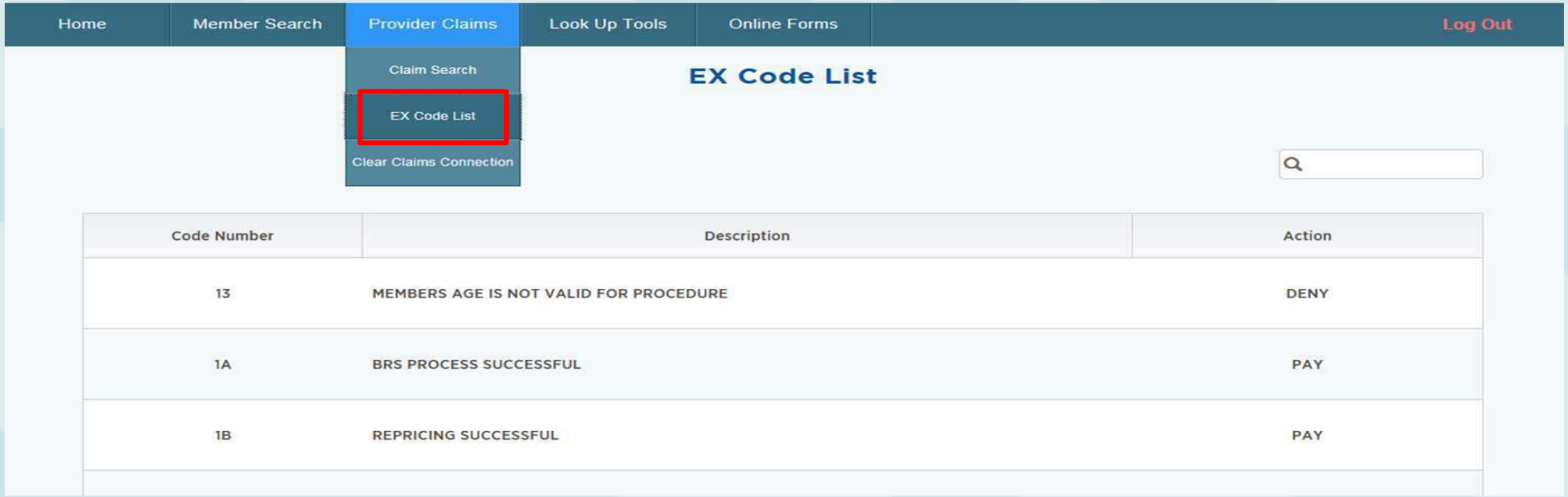


If you cannot find a specific claim, it may due to one of the following reasons:

- SWHP has not received the claim.
- There may be an issue with the claims clearinghouse.
- The claim is billed with a Provider Number/NPI that you don't have approval to view.
- The claims clearinghouse did not send the claim to us.

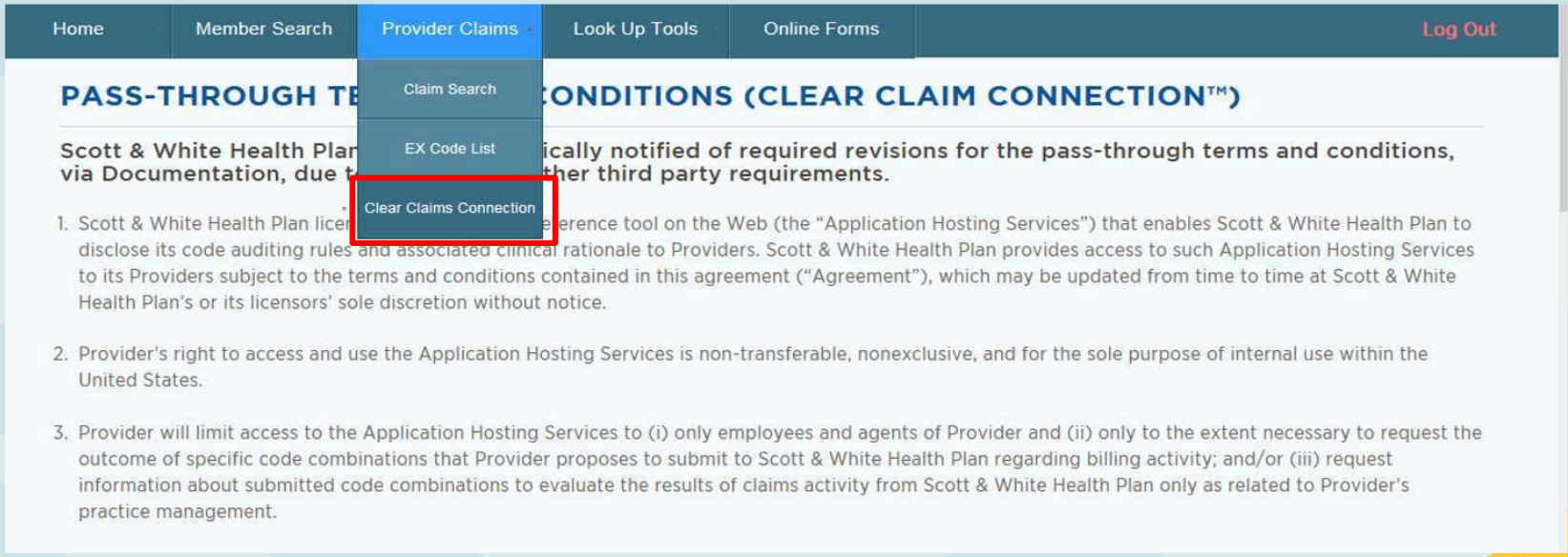
Check Denial Codes

- The *EX Code List* is a catalog of all claim denial codes and their definitions
- Select **EX Code List** under **Provider Claims** on the dashboard and the *EX Code List* page will display



Clear Claim Connection

- Allows you to access the appropriate coding and supporting edit clarifications for services before claims are submitted
- Determine the appropriate code or code combination representing the service for accurate billing purposes
- Access the edit clarifications on a denied claim for billed services after an Explanation of Payment (EOP) has been received from the payer organization



Fee Lookup

- The *Fee Look Up* tool makes it very easy to get reimbursement estimates for procedure codes
- The *Fee Look Up* tool is updated on a quarterly basis
- Select **Fee Look Up** listed under **Look Up Tools** on the dashboard and the *Fee Look Up Criteria* page will display
- To use the tool, follow these easy steps:
  - Select the appropriate **Region** from the drop-down.
  - Select the appropriate **Medicare Locality** from the drop-down.
  - Enter a **Procedure Code** in the designated field.
  - Select the appropriate **Modifier(s)** from the drop-down *(if applicable).*
- Click **Look Up** to display results.

Fee Lookup

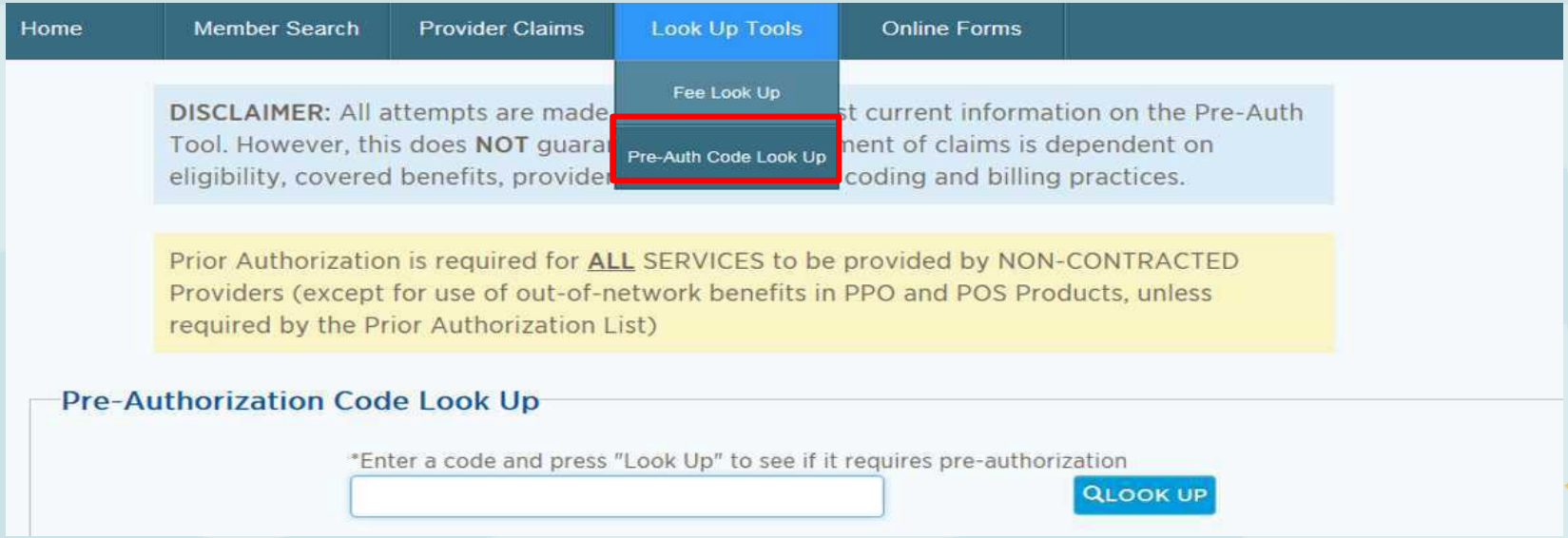
- Additional Tips:
  - You can look up 7 procedure codes at a time using the button located next to the **Procedure Code** field.
  - A link to the *Instructions* on how to use the tool are located to the right above the *Fee Look Up Criteria* box.

Pre-Auth Code Lookup

- Medical services, procedures, supplies, and drugs that require prior authorization must be medically necessary and meet SWHP coverage criteria.
- A prior authorization is needed if you plan to refer a member outside of the SWHP network.
- You can view the SWHP Prior Authorization Lists online at:
  - Medical: http://swhp.org/en-us/prov/auth-referral/medical
  - Medications: http://swhp.org/en-us/prov/auth-referral/medications
- If you have questions regarding prior authorization requests, please call our Health Services Division at 888-316-7947 or 254-298-3088.

Pre-Auth Code Lookup

- To help you determine the codes that require a prior authorization, you can use the **Pre-Auth Code Look Up** tool in the provider portal.
- Select **Pre-Auth Code Look Up** listed under **Look Up Tools** on the dashboard and the *Pre-Authorization Code Look Up* page will display.
- To use the tool, follow these easy steps:
  - Enter a valid **Procedure (CPT) Code** in the designated field.
  - Click **Look Up** to display the results.



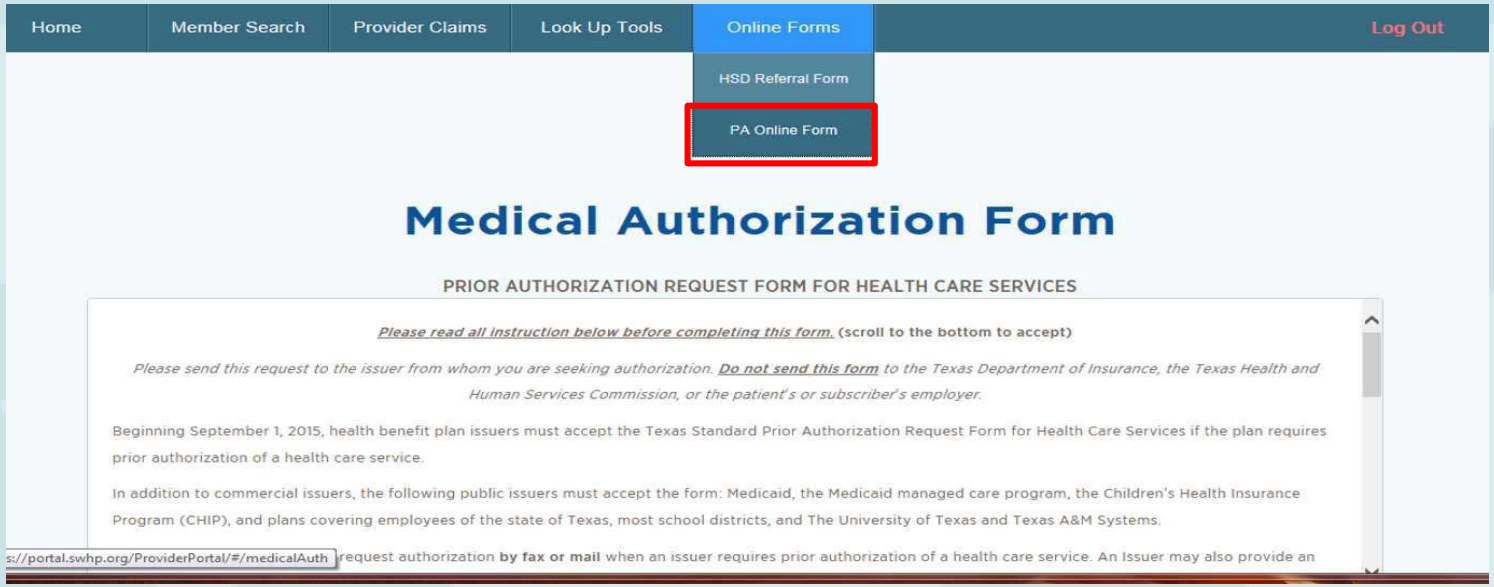
Case Management Referral Form

- If a member needs medical case management, behavioral case management, or a transplant, you can complete the *Case Management Referral Form* in the provider portal.

- Select **HSD Referral Form** from the Online Forms tab on the dashboard to access the *Case Management Referral Form.*

Prior Authorization Request Form

- *Prior Authorization Request Form* can be submitted electronically.
- Select **PA Online Form** from the Online Forms tab.
- After reading the instructions, scroll down and acknowledge that you have read and the form will be displayed.
- Once the form is completed, it can be submitted electronically.



Survey Monkey

- Please complete the survey monkey by clicking the link below or copying and pasting to your browser.
- Your feedback will be anonymous.
- Your input will help us serve you better with future presentations.
- The survey will be open until 8 a.m., Nov. 6, 2017

https://www.surveymonkey.com/r/JFN2JRR