WINTER 2021

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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COVID-19 Telehealth and Telemedicine

Scott and White Health Plan, and all wholly owned subsidiaries including FirstCare Health Plans (FirstCare), monitors policy changes from the Centers for Medicare & Medicaid Services (CMS), the federal government and the Texas State Legislature pertaining to the Coronavirus (COVID-19). Please check the swhp.org and FirstCare.com websites frequently as any new guidance or information will be updated as it becomes available.

PRIOR AUTHORIZATION: Please visit swhp.org and FirstCare.com for the latest updates.

Effective March 6, 2020, Scott and White Health Plan and FirstCare have expanded telehealth and telemedicine services and reimbursement for ALL contracted providers across ALL lines of business including Commercial and Government Programs (i.e. Medicare Advantage, DSNP, Medicaid STAR and CHIP).

Providers Impacted:

- All Scott and White Health Plan or FirstCare contracted medical, behavioral, and mental health providers – All eligible in-network medical providers who have the ability and desire to connect with their patients through synchronous virtual care (live video-conferencing) or asynchronous care (non-video care such as online or telephonic) to perform telemedicine (Physician Delivered) or telehealth (NON- Physician delivered) are permitted to do so.
- Exclusions – Public-facing platforms (Tik Tok, Twitch, Facebook Live, etc.)
- Visit **HHS.gov** for more information on allowed/excluded platforms.
- Member cost-sharing (copay) is waived for telehealth and telemedicine visits.
- Member cost-sharing (copay) is waived for COVID-19 testing.

Exclusions:

- Regulator Limitations
- CMS - Medicare and Exchange
- Health and Human Services Commission – Medicaid and CHIP
- TDI - Commercial
- State Government

Timeframe:

This expanded provider telehealth and telemedicine access is effective immediately, for Dates of Service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.

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Member Eligibility:
This policy change applies to Members whose benefit plans cover telehealth and telemedicine services.

Reimbursement and Correct Coding:
Scott and White Health Plan and FirstCare will compensate providers at 100% of the allowable amount as specified in the provider's agreement or fee schedule for telehealth or telemedicine services without Member share of cost reduction to the provider's payment. This applies to all diagnoses and is not specific to a COVID-19 diagnosis for all telehealth or telemedicine services during the specified period (see list of codes in policy at https://swhp.org/en-us/prov/home-with-news / https://firstcare.com/en/Providers). This is intended to accommodate "social distancing" for Members who require medical care.

- Medical, Behavioral, and Mental Health Providers: For the time period specified above, services listed in the (see list of codes in policy at https://swhp.org/en-us/prov/home-with-news / https://firstcare.com/en/Providers) are covered and reimbursable under this policy.
- Documentation requirements for telehealth and telemedicine services are the same as those required for any face-to-face encounter, with the addition of the following:
    - A statement that the service was provided using telemedicine or telephonic consultation

Correct Coding:

Commercial Plans (including Self-Insured Groups and High-Deductible Plans)

- Effective dates of service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.
- Any originating site requirements that may apply are waived for telehealth and telemedicine services provided via a real-time audio and/or video communication system and are reimbursable.
- Place of Service for telehealth and telemedicine services: "02" telehealth (per CPT guidelines) OR the place of Service (POS) equal to what it would have been had the service been furnished in-person (per CMS guidelines).
- Scott and White Health Plan and FirstCare will reimburse telehealth and telemedicine services, which are on the list of CMS-approved telehealth services and/or published by the AMA in Appendix P of 2020 CPT®, and appended with modifier "95," modifier "GT" for Critical Access Hospital Method II providers, modifier "GQ" for services furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, and modifier "G0" for services furnished for diagnosis and treatment of an acute stroke.
- Face-to-Face visits for non-COVID-19 related diagnosis will continue to have a Member share of cost assessed, and the Member is responsible to pay the provider their share of cost.
- Refer to the COVID-19 Billing Reference in the policy at https://swhp.org/en-us/prov/home-with-news) (https://firstcare.com/en/Providers) for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (non-telehealth and telemedicine delivery).

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Medicaid STAR and CHIP Plans

- As directed by HHSC.
- Telephonic (audio-only) medical (physician-delivered) evaluation and management services are eligible for reimbursement for dates of services from March 6, 2020.
- Place of Service for telephonic, telehealth and telemedicine services: “02” telehealth for most provider types; “50” for FQHCs and “72” for RHCs.
- Scott and White Health Plan will reimburse telephonic, telehealth, and telemedicine services, which are recognized by HHSC and appended with modifier 95.
- Refer to COVID-19 Billing Reference in policy at https://swhp.org/en-us/prov/home-with-news (https://firstcare.com/en/Providers) for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (non-telephonic, telehealth or telemedicine delivery).
- Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an in-person or telemedicine (video) office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.
- Specific Codes payable as telephonic, telehealth or telemedicine under Texas Medicaid and CHIP programs can be found at http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx.

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Medicare Advantage including Dual Eligible Special Needs Plans

- Effective dates of service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.
- Any originating site requirements that may apply under Original Medicare are waived for telehealth and telemedicine services provided via a real-time audio and/or video communication system and are reimbursable.
- Place of Service for telehealth and telemedicine services should be submitted with the Place of Service (POS) equal to what it would have been had the service been furnished in-person,
- Scott and White Health Plan and FirstCare will reimburse telehealth and telemedicine services, which are recognized by CMS and appended with modifier "95," modifier "GT" for Critical Access Hospital Method II providers, modifier "GQ" for services furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, and modifier "G0" for services furnished for diagnosis and treatment of an acute stroke. (Refer to COVID-19 Billing Reference in policy at https://swhp.org/en-us/prov/home-with-news (https://firstcare.com/en/Providers) for definition of modifiers).
- Face-to-Face visits for non-COVID-19 related diagnosis will continue to have a Member share of cost assessed, and the Member is responsible to pay the provider their share of cost.
- Refer to COVID-19 Billing Reference in policy at https://swhp.org/en-us/prov/home-with-news (https://firstcare.com/en/Providers) for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (Non-telehealth and telemedicine delivery).
- Specific Codes payable as telehealth or telemedicine under Medicare Advantage can be found at CMS.gov.

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December 18, 2020

Prior Authorization Requirement Update

Scott and White Health Plan and FirstCare Health Plans continue the reduced prior authorization requirements set earlier in 2020. The following will continue through March 31, 2021:

- Increased authorization duration for non-emergency elective surgeries and outpatient diagnostic testing and procedures including physical therapy, occupational therapy and speech therapy for chronic needs. Where not restricted by regulation, the authorization window will be 180 days.
- Authorization requirements are suspended for the durable medical equipment below for fully insured, self-insured and Medicare members who are in an inpatient, rehabilitation, or skilled nursing facility and planning for homegoing:
  - Ventilators and associated equipment (E0457, E0459, E0471, E0472)
  - Oxygen and associated equipment (E0432, E0435, E0439, E0440, E1390, E1391, E1392)
  - Formula (B4153, B4161)
- Admission to an in-network skilled nursing facility that is in the member's plan benefit network will require a notification within 4 days of admission, instead of a pre-authorization.
  - Medical necessity is required.
  - Length of stay reviews will apply.

  Reminder: We allow direct admissions to SNF from home, from ER, and do not require an overnight stay in a hospital prior to SNF admission.

- Pre-authorization is not required for the start of in-network Home Health Care Services for all lines of business.
  - Notification within 4 days of start of service is required.
  - Medical necessity is required.

For information related to COVID-19, refer to swhp.org/coronavirus or FirstCare.com/COVID19.

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Kidney Health Support Program for Medicare Advantage Members

Scott and White Health Plan is collaborating with Cricket Health to provide patient-centered, multidisciplinary care to our Scott and White Health Plan Medicare Advantage members living with late-stage chronic kidney disease (CKD) and end-stage renal disease (ESRD). The program can support providers with care outside the office to keep patients healthy, at home, and out of the hospital.

An extension of your practice

Cricket Health acts as your eyes and ears with patients between appointments, keeping you informed about your patients' progress and treatment preferences, all without creating an additional burden on you or your practice. The care model supports Scott and White Health Plan's goals of improving the patient experience, improving outcomes, and reducing costs by identifying kidney disease earlier and managing its progression, preventing complications, and hospitalizations.

Why this service is so beneficial, and how to get patients enrolled

Engaging patients through virtual, in-person, and at-home support supplements the care and treatment plan from PCPs and specialists and can help patients better manage their condition and live their best quality of life. Our collaborative program with Cricket Health enables patients to remain engaged with a team that is accessible online or by phone, in addition to the care they receive from their own doctors.

Your Scott and White Health Plan Medicare Advantage members who live with CKD or ESRD may be eligible for this program. You can refer patients through either the Baylor Scott & White Quality Alliance case management team, or directly using **referrals@crickethealth.com**. While referrals are appreciated, they are not necessary for program enrollment. Eligible patients will receive a letter or email from Scott and White Health Plan and Cricket Health with the invitation to participate in this program along with enrollment instructions. Members can choose to accept or decline the program with no impact on their coverage or benefits.

Once enrolled, each patient's personal care team includes a nurse, dietician, social worker, pharmacist and mentor. The Cricket Healthcare team can:

- Help implement your care plan.
- Answer condition- or medication-related questions.
- Connect your patient with community resources, if needed.
- Coordinate care between you and your patient's other doctors.
- Educate your patient on renal replacement therapy options.
- Provide wellness and weight management coaching.

To learn more about how the Cricket program can benefit your practice, email Cricket Health at providers@crickethealth.com, or visit www.crickethealth.com/SWHPproviders.

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Naloxone Saves Lives

Co-Prescribing to Increase Opioid Safety

Naloxone is now available from the pharmacy without a prescription and can be used to protect patients who have increased risk factors for accidental opioid overdose.

According to the Centers for Disease Control and Prevention (CDC), drug overdose is the leading cause of injury-related death in the U.S. In 2018, the number of overdose deaths increased to approximately 67,000 and about 70% of these were due to opioids. Both the American Medical Association (AMA) and the Surgeon General emphasize the importance of co-prescribing of naloxone in high-risk opioid patients and even for friends and family members to help save a life.

Who Should Obtain Naloxone?

In order to reduce the risk of overdose deaths, clinicians should strongly consider prescribing or co-prescribing naloxone and providing education about its use for the following patients who are at risk of opioid overdose:

- Patients prescribed opioids who:
    - Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater.
    - Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
    - Have been prescribed benzodiazepines (regardless of opioid dose).
    - Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).
- Patients at high risk for experiencing or responding to an opioid overdose, including individuals:

- Using heroin, illicit synthetic opioids or misusing prescription opioids.
- Using other illicit drugs such as stimulants, including methamphetamine and cocaine, which could potentially be contaminated with illicit synthetic opioids like fentanyl.
- Receiving treatment for opioid use disorder, including medication-assisted treatment with methadone, buprenorphine, or naltrexone.
- With a history of opioid misuse that were recently released from incarceration or other controlled settings where tolerance to opioids has been lost.

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How Do Patients Get Naloxone?

In Texas, patients can get naloxone from a participating pharmacy without a prescription via standing order or with a prescription. However, either due to the ongoing stigma or lack of understanding of its importance, only a small percentage of patients pick up naloxone at the pharmacy.

> *Consider co-prescribing it with opioids in high-risk members (as listed above) and continue conversations with your patients about the value of having naloxone in the home.*

Naloxone comes in the form of an injection (i.e., generic pre-filled syringe, single dose vial, or generic for Evzio® auto-injector) or a nasal spray. With brief training, almost any adult can learn to give naloxone to someone showing the signs of opioid overdose. **Studies show that overdose deaths decrease when communities have access to naloxone.**

Scott and White Health Plan/FirstCare Formulary Options

Naloxone Product	Formulary List	Tier
Naloxone Injection (Generic) 2mg/2ml prefilled syringe, 0.4mg/ml single dose vial	Group Value and Group Choice; EHB	$0 copay
	Medicare	Tier 2
Narcan® Nasal Spray	Group Value and Group Choice; EHB	Tier 2
	Medicare	Tier 3
Naloxone Auto-Injector (Authorized brand alternative for Evzio®)	Group Value and Group Choice	Tier 2
	EHB, Medicare	Non-formulary

EHB=Essential Health Benefits; Tier 2=Preferred Brand for Group Value/Group Choice/EHB; Tier 3=Preferred Brand for Medicare

For more information, call Scott & White Pharmacy Help Desk at 1-800-728-7947.

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Talking to Patients: Barriers and Communication

Educating high-risk patients and their friends and family members who are taking prescription opioids can help them to prevent, recognize and respond to an overdose emergency. Having naloxone on-hand and being trained to use it can prepare them to save a life.

The word "overdose" can have a stigma and turn patients off from the idea that they will need to pick up the naloxone. Try instead, "opioid emergency," "opioid safety," "bad overdose reaction," "accidental overdose," "risky drugs, not risky people." Frame the discussion so the patient does not feel targeted by keeping the focus on helping them. Some experts recommend comparing having naloxone in the home to an EpiPen or a fire extinguisher. The practical resources below include a YouTube video from the Veterans Affairs Administration as an example for this technique. See also the sample phrases below.

Sample phrases:

- Do you have children or grandchildren in the home that could access your medication and accidentally overdose?
- Taking opioids in combination with other medications or health issues may increase your risk for an accidental opioid emergency.
- I recommend locking your medication in a safe, secure place so others cannot access it.
- Let's review a plan to have in place in case of an opioid-related emergency.
- I recommend that you pick up naloxone from the pharmacy to have on hand and that your household members know where it is located and how to use it.
- Do you have a plan in place, in your home, in case an opioid-related emergency occurs?

Introduction to Naloxone for People Taking Prescribed Opioids - Video – talking to patients about naloxone (YouTube-Veterans Health Administration)
Prescribing Naloxone to Patients for Overdose Reversal - https://pcssnow.org/wp-content/uploads/2016/08/Prescribing-Nalxone-to-Patients-for-Overdose-Reversal.pdf (Providers' Clinical Support System for Medication Assisted Treatment)
Putting Naloxone Into Action! - http://pcss-o.org/event/putting-naloxone-into-action/ (Providers' Clinical Support System for Opioid Therapies)
Naloxone for opioid safety: A provider's guide to prescribing naloxone to patients who use opioids - https://www.chcf.org/wp-content/uploads/2017/12/PDF-NaloxoneOpioidSafetyProviders.pdf (San Francisco Department of Public Health)
Public Policy Statement on the Use of Naloxone for the Prevention of Drug Overdose Deaths Deaths - https://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf (American Society of Addiction Medicine)
Overdose prevention tools and best practices - https://harmreduction.org/issues/overdose-prevention/ (Harm Reduction Coalition)
Prescribe to Prevent-Prescribe Naloxone, Save a Life https://prescribetoprevent.org/ (Prescribe to Prevent)

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Naloxone: 5 tips on talking with patients, families - https://www.ama-assn.org/delivering-care/opioids/naloxone-5-tips-talking-patients-families (American Medical Association)
Naloxone: The Opioid Reversal Drug that Saves Lives https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf (Health and Human Services)
Preventing an Opioid Overdose - patient infographic for waiting room https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf (Centers for Disease Control and Prevention)
Scott and White Health Plan Informed Member Article https://www.swhp.org/Portals/0/Informed/Member/2020_07_17_SWHP_Member_Naloxone_and_Opioids-PDF-w-More-Info.pdf (Scott and White Health Plan)

Practical Resources for More Information

References:

1. Naloxone: The Opioid Reversal Drug that Saves Lives. Health and Human Services. https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf, retrieved 10/30/20.
2. AMA Opioid Task Force: Help save lives: Co-prescribe naloxone to patients at risk of overdose https://www.end-opioid-epidemic.org/wp-content/uploads/2017/08/AMA-Opioid-Task-Force-naloxone-one-pager-updated-August-2017-FINAL-1.pdf, retrieved 10/30/2020.
3. Centers for Disease Control and Prevention, Opioid Overdose. https://www.cdc.gov/drugoverdose/index.html, retrieved 10/30/2020.
4. Narcan Nasal Spray, Provider resources. https://www.narcan.com/hcp/hcp-resources, accessed 10/30/2020.
5. Baylor Scott & White Health: Pain Management and Opioid Prescribing Guidelines. March 2017.

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Pharmacy Formulary Information

For Scott and White Health Plan and FirstCare Health Plans

For the most up-to-date Scott and White Health Plan and FirstCare formulary information (including pharmaceutical management procedures), Scott and White Health Plan and FirstCare encourage providers to visit our websites.

swhp.org → PROVIDERS tab → Pharmacy Resources link
Or
FirstCare.com → Providers tab → Pharmacy Information

The following 2021 Pharmacy information is available online for the Scott and White Health Plan and FirstCare Commercial, ACA/Marketplace, and Medicare Part D Plans:

Prescription Drug Formularies:

Forumulary	Scott and White Health Plan	FirstCare Health Plans
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) *	✓	✓

† Updated monthly
* Updated quarterly

Upcoming Formulary Changes - Group Value, Group Choice and Essential Health Benefit
Reference the Formulary Changes 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

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 (includes but not limited to prior authorization (PA), quantity limits (QL), step therapy (ST), and generic substitution). If a medication has restrictions(s) 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 Scott & White Pharmacy Department at (800) 321-7947 or FirstCare Health Plans at (800) 884-4901, (800) 240-3270 (PPO), (855) 572-7238 (ACA).

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Pharmacy Benefit Drugs

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. Visit the web pages or provider portals below for details regarding the submission process and to access drug coverage request forms.

Scott and White Health Plan	
Provider webpage:	https://swhp.org/prov/pharmacy-resources#prov-medication-authorization
Provider portal:	https://portal.swhp.org/ProviderPortal/#/login
FirstCare Health Plans	
Provider webpage:	http://firstcare.com/en/Providers/Important-Forms-Information
Provider portal:	https://my.firstcare.com/web

Typically, requests can be submitted electronically through online portals or by phone, fax, or mail. Submitting drug coverage requests online is convenient and allows you to track the status of your request. Visit the pages above to access online portals or to obtain phone numbers, fax numbers, and addresses for submission by other methods.

The information above applies to drugs obtained through the **pharmacy benefit**. For details regarding prior authorization submission process for drugs obtained through the **medical benefit (i.e. buy and bill drugs)**, visit https://swhp.org/prov/medical-resources#prov-medical-authorization for Scott and White Health Plan or http://firstcare.com/en/Providers/Authorization-Information for FirstCare.

Scott and White Health Plan 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 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.

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Members' Rights and Responsibilities

Scott and White Health Plan and FirstCare recognize that our members have both rights and responsibilities in the management of their healthcare. 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 healthcare.
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 Health Plan websites, and is also shared with you in the Provider Manual.

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Provider Rights and Responsibilities

Scott and White Health Plan and FirstCare contracted providers are responsible for providing and managing healthcare 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 the Health Plans' 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 the Health Plans.
4. Be supported by the Health Plans to make decisions interactively with members regarding their healthcare.
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 the Health Plans' 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. Receive 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.

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RESPONSIBILITIES

Primary Care Physicians (PCPs):

1. Provide primary healthcare 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 Scott and White Health Plan 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 the Health Plans at least seven days' advance written notice of intent to close panel and may not close panel to Health Plans unless closing panel to all payors.

Specialists:

1. Deliver all authorized medical healthcare services related to the Health Plan member's medical condition as it pertains to specialty.
2. Deliver all medical healthcare 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.

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All Providers:

1. Follow the Health Plan's administrative policies and procedures and clinical guidelines when providing or managing healthcare services within the scope of a Health Plan member's benefit plan.

2. Uphold all applicable responsibilities outlined in the Health Plan Member Rights and 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 healthcare provided to Health Plan members and the related outcomes.

6. Comply with all utilization management decisions rendered by the Health Plans.

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.

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Aperture – CVO (Credentialing Verification Organization)

Are you due for re-credentialing or have a new provider you are adding to your group?

- **Due for re-credentialing?** All providers must be re-credentialed every 3 years (in some cases every 2 years). You will receive notification 3-4 months prior to your re-credentialing date from Aperture on behalf of the Scott and White Health Plan/FirstCare requesting information to update your credentials with our organization. Not returning this information timely may result in termination of participation in our networks.
- **Adding a new provider?** If you have recently added a new provider to your group and have submitted a request through our website, you may receive notification from Aperture if they need additional information. Please return this information promptly, to ensure the provider's timely addition to the network.

For more information about Aperture, please visit our website: https://swhp.org/en-us/prov/provider-account-management#prov-join

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Provider Directory Accuracy

When Scott and White Health Plan and FirstCare members are looking for an in-network physician/provider, they use our online provider search tool. 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 on our websites below:

Scott and White Health Plan: 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.

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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 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
Preventive Care Adult (21 and Over)	Commercial and Medicaid: 90 days Medicare: 30 days
Preventive Healthcare (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 Healthcare (prescriber/non-prescriber)	Commercial and Medicare: 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 calendar days

Scott and White Health Plan and FirstCare are dedicated to arranging timely access to care for our members.

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After-Hours Access Requirements for Practitioners

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. 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. 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. 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 contact information
https://swhp.org/en-us/prov

If you have questions, contact your Provider Relations representative.

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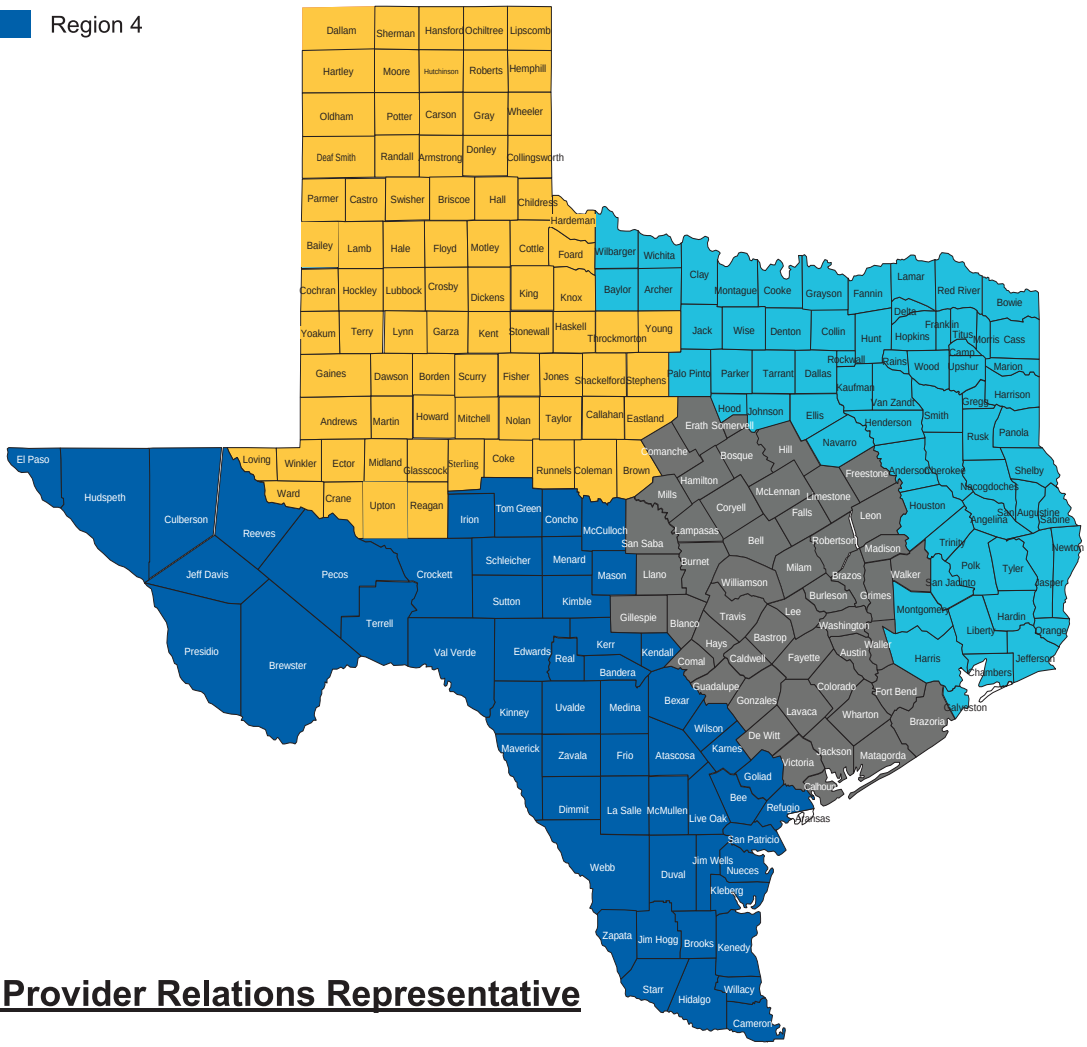
Provider Relations

Representative Territory Map

Provider Relations Representatives can be contacted by phone or email (contact information below).

Network Contracting Regions

Region 1
Region 2
Region 3
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 Scott and White Health Plan Providers	1-800-321-7947
FirstCare Amarillo area	1-806-467-3200
FirstCare Lubbock, Waco and all other areas	1-806-784-4380

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

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