

# THE INSIDE STORY



## ANNOUNCEMENT



### PRIOR AUTHORIZATION REQUIREMENTS For SENIORCARE, HMO, PPO and POS

Scott & White Health Plan (SWHP) is pleased to announce **changes** to the **Prior Authorization Requirements** and the **Authorization Form**, effective **November 1, 2011**. You can get the new prior authorizations through the **SWHP website**, [www.swhp.org](http://www.swhp.org), under the **MyPlan tab**, enter your existing **login** and **enter your password** then **go to My Health Tools / Resources**, click on the authorization you need.

If you **do not have access to MyPlan**, you will need to **submit the required form** located on the SWHP website, [www.swhp.org](http://www.swhp.org), under the **Provider tab, Provider quick links, MyPlan Provider Module then MyPlan Sign on Request Form**. Fax the form to the number listed on the form and someone will contact you with the necessary information. For any **questions** related to these changes, please contact **Provider Relations at 254-298-3064**.

### In This Issue

|  |    |  |    |
|--|----|--|----|
| Announcement.....  | 1  | Friday Focus: Update Chlamydia Screening.....  | 24 |
| SWHP PPO and POS Notification/Prior Authorization List.....  | 2  | Friday Focus: Network Referrals and Transfers, Why Should You.....   | 25 |
| SWHP SeniorCare Notification/Authorization.....  | 5  | Friday Focus: New Guidelines for Women's Preventive Health Services.....                                       | 26 |
| SWHP Commercial HMO Notification/Prior Authorization List.....                                       | 7  | Friday Focus: Influenza Update For 9/30/11.....  | 27 |
| Friday Focus: Quality, Evidence and Antibiotic Overuse.....  | 10 | Friday Focus: Guest writer Dr. Jim Barker on the COPD Collaborative Care Pilot.....                            | 28 |
| Friday Focus: A Happy Scott & White Father's Day to all the wonderful men in our lives.....          | 11 | Friday Focus: FAT - Friday After Thanksgiving.....   | 29 |
| Friday Focus: Assistance for patients in managing their own chronic diseases.....                    | 12 | Friday Focus: Persistence of beta-blocker treatment after heart attack.....                                    | 30 |
| Friday Focus: Complex Care Guidance.....   | 13 | Rx Statgram safety label change - Pioglitazone (Actos®).....   | 31 |
| Friday Focus: The M.E.N.D. Program.....  | 14 | Rapid Flu Test, CPT Code 87804.....  | 32 |
| Friday Focus: Why Hedis® Matters.....  | 15 | Important Notice Claims Payment Address has Changed.....   | 32 |
| Friday Focus: Hedis® Update Weight Assessment and Counseling on Nutrition and Physical Activity..... | 16 | Quality Improvement Programs / Goals / Objectives.....   | 33 |
| Friday Focus: Hedis® Update: Pharmacotherapy Management of COPD Exacerbation.....                    | 17 | SWHP Vitality Coordinator Program.....   | 34 |
| Friday Focus: Hedis® Update: URI.....  | 18 | Vitality Coordinators are an important part of your health care team.....                                      | 34 |
| Friday Focus: Osteoporosis - Is it time for a holiday?.....  | 19 | SWHP Utilization Manage Criteria for Inpatient Services and Selected Benefit Coverage Determinations 2012..... | 35 |
| Friday Focus: Two Pieces of Wisdom for a Friday.....   | 20 | SWHP Utilization Management Update.....  | 36 |
| Friday Focus: Monty Hall says: Choose your door.....   | 21 | Rights of Applicants to SWHP.....  | 37 |
| Friday Focus: SWHP encourages you to be safe.....  | 22 | The Inside Story Staff.....  | 38 |
| Friday Focus: How do I get my patient connected with a Health Coach/ Shared Decision Making.....     | 23 |  |    |

# **Scott & White Health Plan**

## **PPO and POS Notification/Prior Authorization List**

### **Effective November 1, 2011**

Note: The following services require prior authorization by Scott & White Health Plan (SWHP). We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate and meet SWHP coverage criteria where applicable. Claims will be reviewed to determine member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements.\* Benefits are determined by each Member's plan. Authorization is not a guarantee of payment.

#### **Notification requested:**

1. Acute (contracted) hospital admissions (medical, surgical, behavioral health)
2. Admissions to inpatient or outpatient (contracted) hospice programs

#### **Prior Authorization required:**

1. Admissions to LTAC, Rehabilitation, and SNF facilities
2. Admissions to behavioral health/substance abuse residential, partial hospitalization, and day programs (not office visits)
3. Neuropsychological and psychological testing
4. Applied behavioral analysis therapy
5. Outpatient electroconvulsive therapy (ECT)
6. Acute hospital admissions (medical, surgical, behavioral health) to non-contracted facilities
7. Solid organ and stem cell transplants
8. Weight loss (bariatric) surgeries (if a covered benefit, not covered by many plans)
9. Procedures which may be considered cosmetic and thus not covered {e.g. face lift, brow lift, blepharoplasty, liposuction, abdominoplasty, breast reconstruction (not associated with medically indicated mastectomy), surgery for gynecomastia, rhinoplasty, genioplasty, treatment of varicose veins, etc)
10. Orthognathic surgery
11. Treatments for sleep apnea
12. Home health services, including all requests for hourly or private duty nursing
13. Durable medical equipment (DME) - See Addendum A
14. Orthotics and prosthetics - See Addendum B
15. Spinal fusion and vertebroplasty
16. Ventricular assist devices (VAD)
17. Genetic testing

*\*Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at [www.swhp.org](http://www.swhp.org) under the Provider tab.*

# PRIOR AUTHORIZATION LIST - ADDENDUM A&B

## Addendum A - Durable Medical Equipment (purchase or rental):

- Oral appliances
- Electric, semi-electric, air fluidized, and advanced technology beds and related equipment
- Oxygen and related equipment
- Ventilators and related equipment
- CPAP machines and related equipment
- High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment
- Bone stimulators
- Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, entire system
- Functional electrical stimulation, transcutaneous stimulation of nerve and/or muscle groups, complete system
- Power wheelchairs and related equipment
- Custom made and specially sized wheelchairs and related equipment
- Dialysis equipment
- Defibrillators and related equipment
- Non-specific, miscellaneous, and unlisted DME codes

## Addendum B - Orthotics and Prosthetics

- Breast implants (unless status post medically indicated mastectomy)
- Lower and upper limb prosthetics (including myoelectric and microprocessor controlled) and related equipment/supplies
- Facial, nasal, and auricular prostheses
- Non-specific, miscellaneous, and unlisted orthotic and prosthetic codes

## SWHP Authorization Request Form

**\*\*When completed, please fax to SWHP HSD at: 1.800.626.3042 or 254.298.3450\*\***

Emergent \_\_\_\_\_ Urgent \_\_\_\_\_ Routine \_\_\_\_\_ Retrospective \_\_\_\_\_ Elective \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **Member Number** \_\_\_\_\_

**From: Physician** \_\_\_\_\_ **Physician NPI #** \_\_\_\_\_

**POC: (Point of Contact)** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Request status (based only on medical status): Please circle and/or check only what applies**

**Inpatient (plan)** \_\_\_\_\_ **Inpatient (Actual)** \_\_\_\_\_ **Outpatient** \_\_\_\_\_ **23hr Observation** \_\_\_\_\_

**ICD9Code(s)** \_\_\_\_\_ **Diagnosis** \_\_\_\_\_

**CPT Code(s) / Procedure(s)** \_\_\_\_\_

\*Note: While ICD-9 and CPT Codes are not mandatory (only text of diagnoses and procedures), the actual codes that will be billed assists SWHP in more efficiently processing the requested services for a coverage determination in a timely manner to assist you later in prompt payment of any authorized services.

**To: Physician / Facility** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Referral request by:** Physician / Provider \_\_\_\_\_ Member / Patient \_\_\_\_\_ Other \_\_\_\_\_

**(Please circle one) Request is for:** Initial Consult \* Follow-up to consult visits \* Procedure Visit Only \* Visit 2<sup>nd</sup> opinion outpatient only (**no** tests / procedures) \* Procedure & Follow-up Visit \* Visit 2<sup>nd</sup> opinion outpatient (**with** test / procedures) \* Evaluate & Assume Care \* LOS (Length of stay) \* Other \_\_\_\_\_

**Appointment Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Number of requested visits** \_\_\_\_\_ **over** \_\_\_\_\_ (weeks / months)

\* Indication(s) / Justification: \* Note (Please Attach any pertinent information to assist SWHP in a timely processing of the request. If requesting out-of-network (OON) services, justification for out-of-network referral, indicating the reason in-network service is not available/appropriate, is required in addition to the clinical indication for the service. Services are subject to coverage, benefit, network, and contract policies exclusions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Authorizations will only be given into future contract years when the Member/Employer Group membership renewal information has been finalized with SWHP and service is imminent.

# Scott & White Health Plan

## SeniorCare Notification/Authorization List

### Effective November 1, 2011

**Note:** The following services rendered by participating providers require prior authorization by Scott & White Health Plan (SWHP). We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate, meet traditional Medicare coverage criteria where applicable, and be rendered by in-network physicians/providers (unless otherwise authorized in advance) in order to be eligible for payment. All services rendered by non-contracted providers (except non-contracted Pathology, Anesthesiology, Radiology, and Emergency Department (PARE) physicians providing services in a contracted inpatient facility) must be prior authorized to receive full SeniorCare benefits. Members may use their traditional Medicare benefits without any SWHP authorization requirements. Claims will be reviewed to determine member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements.\* Benefits are determined by each Member's plan. Authorization is not a guarantee of payment.

#### Prior Authorization required:

1. Admissions to outpatient mental health programs (not office visits)
2. Solid organ and stem cell transplants
3. Blepharoplasty and lid ptosis repair
4. Abdominoplasty
5. Surgical treatment of lower extremity varicose veins, including sclerotherapy
6. Bariatric surgery
7. Spinal fusion, Vertebroplasty, and Kyphoplasty
8. Spinal cord stimulator trial and placement
9. Intrathecal pain pump therapy
10. All inpatient admissions to non-contracted facilities and outpatient services provided by non-contracted providers (when full SeniorCare benefits are being requested)

#### Notification requested (for in-network services):

1. All acute inpatient admissions
2. All psychiatric inpatient admissions
3. Inpatient admissions to Long Term Acute Care facilities
4. Inpatient admissions to Rehabilitation and Skilled Nursing facilities

*\*Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting the MyPlan Provider Portal on our website at [www.swhp.org](http://www.swhp.org).*

SWHP Authorization Request Form

\*\*When completed, please fax to SWHP HSD at: 1.800.626.3042 or 254.298.3450\*\*

Emergent \_\_\_\_\_ Urgent \_\_\_\_\_ Routine \_\_\_\_\_ Retrospective \_\_\_\_\_ Elective \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Member Number \_\_\_\_\_

From: Physician \_\_\_\_\_ Physician NPI # \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Request status (based only on medical status): Please circle and/or check only what applies

Inpatient (plan) \_\_\_\_\_ Inpatient (Actual) \_\_\_\_\_ Outpatient \_\_\_\_\_ 23hr Observation \_\_\_\_\_

ICD9Code(s) \_\_\_\_\_ Diagnosis \_\_\_\_\_

CPT Code(s) / Procedure(s) \_\_\_\_\_

\*Note: While ICD-9 CPT Codes are not mandatory (only text of diagnoses and procedures), the actual codes that will be billed assists SWHP in more efficiently processing the requested services for a coverage determination in a timely manner to assist you later in prompt payment of any authorized services.

To: Physician / Facility \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Referral request by: Physician / Provider \_\_\_\_\_ Member / Patient \_\_\_\_\_ Other \_\_\_\_\_

(Please circle one) Request is for: Initial Consult \* Follow-up to consult visits \* Procedure Visit Only \* Visit 2nd opinion outpatient only (no tests / procedures) \* Procedure & Follow-up Visit \* Visit 2nd opinion outpatient (with test / procedures) \* Evaluate & Assume Care \* LOS (Length of stay) \* Other \_\_\_\_\_

Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of requested visits \_\_\_\_\_ over \_\_\_\_\_ (weeks / months)

\*Indication(s) / Justification: \* Note (Please Attach any pertinent information to assist SWHP in a timely processing of the request. If requesting out-of-network (OON) services, justification for out-of-network referral, indicating the reason in-network service is not available/appropriate, is required in addition to the clinical indication for the service. Services are subject to coverage, benefit, network, and contract policies exclusions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Authorizations will only be given into future contract years when the Member/Employer Group membership renewal information has been finalized with SWHP and service is imminent.

# **Scott & White Health Plan**

## **Commercial HMO Notification/Prior Authorization List**

### **Effective November 1, 2011**

Note: The following services require prior authorization by Scott & White Health Plan (SWHP). We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate and meet SWHP coverage criteria where applicable, and be rendered by in-network physicians/providers (unless otherwise authorized in advance) in order to be eligible for payment. All services rendered by non-contracted providers (except non-contracted Pathology, Anesthesiology, Radiology, and Emergency Department [PARE] physicians providing services in a contracted inpatient facility) must be prior authorized to receive full SWHP benefits. Claims will be reviewed to determine member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements.\* Benefits are determined by each Member's plan. Authorization is not a guarantee of payment.

#### **Notification requested:**

1. Acute (contracted) hospital admissions (medical, surgical, behavioral health)
2. Admissions to inpatient or outpatient (contracted) hospice programs

#### **Prior Authorization required:**

1. Admissions to LTAC, Rehabilitation, and SNF facilities
2. Admissions to behavioral health/substance abuse residential, partial hospitalization, and day programs (not office visits to contracted providers)
3. Neuropsychological and psychological testing
4. Applied behavioral analysis therapy
5. Outpatient electroconvulsive therapy (ECT)
6. All services to be provided by non-contracted providers
7. Solid organ and stem cell transplants
8. Weight loss (bariatric) surgeries (if a covered benefit, not covered by many plans)
9. Procedures which may be considered cosmetic and thus not covered (e.g. face lift, brow lift, blepharoplasty, liposuction, abdominoplasty, breast reconstruction (not associated with medically indicated mastectomy), surgery for gynecomastia, rhinoplasty, genioplasty, treatment of varicose veins, etc)
10. Orthognathic surgery
11. Treatments for sleep apnea
12. Home health services, including all requests for hourly or private duty nursing
13. Durable medical equipment (DME) - See Addendum A
14. Orthotics and prosthetics - See Addendum B
15. Spinal fusion and vertebroplasty
16. Ventricular assist devices (VAD)
17. Genetic testing

*\*Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at [www.swhp.org](http://www.swhp.org) under the Provider tab.*

# PRIOR AUTHORIZATION LIST - ADDENDUM A&B

## Addendum A - Durable Medical Equipment (purchase or rental):

- Oral appliances
- Electric, semi-electric, air fluidized, and advanced technology beds and related equipment
- Oxygen and related equipment
- Ventilators and related equipment
- CPAP machines and related equipment
- High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment
- Bone stimulators
- Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, entire system
- Functional electrical stimulation, transcutaneous stimulation of nerve and/or muscle groups, complete system
- Power wheelchairs and related equipment
- Power operated vehicles and related equipment
- Custom made and specially sized wheelchairs and related equipment
- Dialysis equipment
- Defibrillators and related equipment
- Non-specific, miscellaneous, and unlisted DME codes

## Addendum B - Orthotics and Prosthetics

- Breast implants (unless status post medically indicated mastectomy)
- Lower and upper limb prosthetics (including myoelectric and microprocessor controlled) and related equipment/supplies
- Facial, nasal, and auricular prostheses
- Non-specific, miscellaneous, and unlisted orthotic and prosthetic codes

## SWHP Authorization Request Form

**\*\*When completed, please fax to SWHP HSD at: 1.800.626.3042 or 254.298.3450\*\***

Emergent \_\_\_\_\_ Urgent \_\_\_\_\_ Routine \_\_\_\_\_ Retrospective \_\_\_\_\_ Elective \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **Member Number** \_\_\_\_\_

**From: Physician** \_\_\_\_\_ **Physician NPI #** \_\_\_\_\_

**POC: (Point of Contact)** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Request status (based only on medical status): Please circle and/or check only what applies**

**Inpatient (plan)** \_\_\_\_\_ **Inpatient (Actual)** \_\_\_\_\_ **Outpatient** \_\_\_\_\_ **23hr Observation** \_\_\_\_\_

**ICD9Code(s)** \_\_\_\_\_ **Diagnosis** \_\_\_\_\_

**CPT Code(s) / Procedure(s)** \_\_\_\_\_

\*Note: While ICD-9 and CPT Codes are not mandatory (only text of diagnoses and procedures), the actual codes that will be billed assists SWHP in more efficiently processing the requested services for a coverage determination in a timely manner to assist you later in prompt payment of any authorized services.

**To: Physician / Facility** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Referral request by:** Physician / Provider \_\_\_\_\_ Member / Patient \_\_\_\_\_ Other \_\_\_\_\_

**(Please circle one) Request is for:** Initial Consult \* Follow-up to consult visits \* Procedure Visit Only \* Visit 2<sup>nd</sup> opinion outpatient only (**no** tests / procedures) \* Procedure & Follow-up Visit \* Visit 2<sup>nd</sup> opinion outpatient (**with** test / procedures) \* Evaluate & Assume Care \* LOS (Length of stay) \* Other \_\_\_\_\_

**Appointment Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Number of requested visits** \_\_\_\_\_ **over** \_\_\_\_\_ (weeks / months)

\* Indication(s) / Justification: \* Note (Please Attach any pertinent information to assist SWHP in a timely processing of the request. If requesting out-of-network (OON) services, justification for out-of-network referral, indicating the reason in-network service is not available/appropriate, is required in addition to the clinical indication for the service. Services are subject to coverage, benefit, network, and contract policies exclusions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Authorizations will only be given into future contract years when the Member/Employer Group membership renewal information has been finalized with SWHP and service is imminent.

# Medical Director's Corner



*Dr. Marylou Buyse, Chief Medical Director, SWHP*

## **FRIDAY FOCUS: Quality, Evidence and Antibiotic Overuse**

It is time for you all to take a victory lap in the fight against antibiotic overuse. SWHP increased appropriate treatment of adult bronchitis from 4th percentile nationally (not using antibiotics for viral infections) to the 74th percentile this year!! That's an incredible leap to higher quality evidenced-based performance. Yet Humana in Texas had 100% - can anyone tell me why? That is our goal as well but even though we made a remarkable improvement we are still performing at slightly below the national average. Why are other clinicians doing better? Other delivery systems are all improving and in many cases faster than we are. This shows we can make significant improvements quickly. So celebrate that and tell us how we can continue to improve. Hooray to all for an enormous improvement!!!

HEDIS tracks 3 antibiotic overuse measures. Let's look at the other two.

Children with sore throats are not getting strep screens before being treated. Evidence shows this is the appropriate test to do. Last year we ranked in the 64 percentile for appropriately screened children, well below the national average and nowhere near the 90th percentile (close to 100%) where we all want to be. What's the barrier? Please tell us. This is measured by claims only. Are you doing the test and not billing? We will help you overcome the barriers we just need to know what they are and you are in the best position to tell us.

Finally, upper respiratory Infections in children are frequently treated with antibiotics, although most are caused by a variety of viruses. We rank again well below the national average and actually lower than we were in 2008!! There may be coding issues here, for example, did you mean to code for sinusitis (461) yet use the URI code? SWHP remains well below the national average and too many of our children apparently receive an antibiotic for this viral illness.

All of us are aware of the consequences of overuse of antibiotics, including the emergence of superbugs and the decreasing effectiveness of our arsenal of agents against serious bacterial infections. We are all aware of the pressures of patients demanding antibiotics. We can help you – please tell us how.

The Health Plan will send each doctor patient-specific data on visits meeting HEDIS requirements. If you have suggestions for other ways to lower the overuse of antibiotics, a major public health issue, please let us know. We do not want to add to your workload and are open to your input. Thanks for all you do and let's work together to improve care for your patients and our members.

Regards,

A handwritten signature in black ink, appearing to read 'Marylou Buyse' with a stylized flourish at the end.

Marylou Buyse, MD  
Scott & White Health Plan Chief Medical Director

## FRIDAY FOCUS: A Happy Scott & White Father's Day to all the wonderful men in our lives:

Men's Health Week is celebrated each year culminating in Father's Day. The purpose of the week is to heighten awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

Some FAST FACTS from <http://www.menshealthnetwork.org/facts.htm>:

"There is a silent health crisis in America...it's the fact that, on average, American men live sicker and die younger than American women." Dr. David Gremillion

Men die at higher rates than women from the top 10 causes of death and are the victims of over 92% of workplace deaths. (BLS)

In 1920, women lived, on average, one year longer than men. Now, men, on average, die almost six years earlier than women. (CDC)

There is a great "Men—get it checked!" list with recommended screenings and ages at <http://www.menshealthnetwork.org/library/pdfs/GetItChecked.pdf>.

USPSTF recommendations are divided by age and gender. For a 20 year old male, review risks for HIV, BP, STD, testicular cancer, tobacco and alcohol misuse, depression, diet, lipids, obesity and DM. For a 50 plus year old male, review the same conditions, but also include aspirin for CVD prevention and colon cancer screening.

<http://www.uspreventiveservicestaskforce.org/index.html>.

A Father's Day gift for the man who has everything- consider pistachio nuts. ([Pistachio Diet Improves Erectile Function](#) *Int J Impot Res*. 2011;23(1):32-38. © 2011 Nature Publishing Group)

Thanks for reading and for the quality work you do. All Friday Focus editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>



Beverly Grimshaw, MD  
Scott & White Health Plan Medical Director

## FRIDAY FOCUS: Assistance for patients in managing their own chronic diseases

Evidence-Based Chronic Disease Self-Management Program Available to Your Patients in Central Texas

Better Choices, Better Health is a free workshop for patients with chronic illness and their families. The program was developed and evaluated by the Stanford Patient Education Research Center and is being disseminated nationally through grants from the Administration on Aging. The program has been shown to improve self-management, reduce symptoms such as fatigue and pain, and reduce utilization of hospital and ER services.

Workshop participants meet with a group once a week for 6 weeks to discuss:

- goal-setting skills
- communication
- coping with stress
- medication management
- nutrition and exercise
- working with healthcare teams

The Central Texas Aging & Disabilities Resource Center and the Brazos Valley Area Agency on Aging are among the Texas organizations funded to offer the workshop, allowing free access to patients throughout Central Texas. For flyers you can use to refer patients to this valuable community resource, please contact Lindsay Garcia at Scott & White's Patient Engagement & Safety Research Program: (254) 215-0451 or [lkgarcia@swmail.sw.org](mailto:lkgarcia@swmail.sw.org). You can also direct patients to the Central Texas Aging & Disabilities Resource Center at 1-800-447-7169.

Additional information is available at:

Texas Healthy Lifestyles:

<http://www.srph.tamhsc.edu/research/texashealthylifestyles/cdsmp/index.html>

National Council on Aging:

<http://www.ncoa.org/improving-health/chronic-disease> (currently featuring a Central Texas CDSMP success story!)

Thank you for your time reading this, and for the quality work you do. All Friday Focus editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>.

**Regards,  
Lindsay Garcia  
Scott & White's Patient Engagement & Safety Research Program**

## FRIDAY FOCUS: Complex Care Guidance

There is a well kept secret at SWHP and it is time to let the secret out. It is called our Complex Care Guidance program. We have a team of registered nurse case managers who do a wonderful job of working with physicians, members and families to set goals and develop and implement a plan for self-management for some of our most complex patients. They provide assistance to the physician to support his/her plan of care in a variety of ways, including patient education, coordination of both medical and community services, and timely outreach to patients. They do many of the things we wish we had time to do in our busy offices.

I was able to experience this first hand with one of my very nice but very complicated patients. He had multiple medical and surgical needs, saw a number of specialists, and had health issues that competed with one another for management attention. The result was a poor quality of life that I only vaguely picked up on in the office. His Complex Care nurse was able to alert me to the situation and assist in bringing all of his care providers to the table in order to implement a medical and surgical plan that addressed those needs. His health and quality of life is markedly improved because a well trained guidance nurse cared.

The best part about this is that it is voluntary and free to our members. Providers can make referrals and learn more about the program through our website under the provider tab/medical management/complex case management, <http://www.swhp.org/homepage/providers/medmgmt/cmreferral> or you may call 1-888- 316-7947 or 254-298-3088.

I encourage you to take advantage of this helpful program. You and your patients will be glad you did. As always, thanks for reading. All Friday Focus editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>

Regards,



**Mike Averitt, DO**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: The M.E.N.D. Program

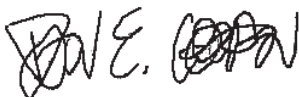
Obesity has become an epidemic in the United States, and Texas has not escaped the problem. Pediatric obesity has followed the same trend; 35 percent of Texas children are obese. With the prevalence of chronic disease already on the rise, these facts present a significant public health concern. Children who are obese are more likely to be obese as adults and are more likely to suffer from chronic diseases including diabetes, cardiovascular disease, and metabolic syndrome.

As a not-for-profit community based health plan, Scott and White Health Plan (SWHP) has a goal to not only provide quality care, but to also give back to the community of central Texas. To fulfill this mission, SWHP has invested energy, time, and resources in the MEND program to help fight childhood obesity. MEND is a free healthy lifestyle program for 7-13 year olds who are above a healthy weight. The program consists of twenty 2 hour courses spread over ten weeks. MEND stands for mind, exercise, nutrition, and "Do it!" Each of these represents a part of the program that focuses on a different aspect of the obesity problem from behavior change to putting education into practice. The comprehensive program teaches parents and children in a group setting. After completion of the program the participants have higher confidence by learning to read and understand a nutrition label allowing them to effectively shop at the grocery store for healthy foods. They also learn to exercise through play.

Early results of the MEND program in central Texas are promising. After completing the first sessions of the program in Temple and Waco plans are being made to continue the program in these areas and to expand into other central Texas communities. The children completing the program reduced BMI and waist circumference and increased physical activity time by 4 hours a week. They also improved their scores on nutrition and self esteem tests.

SWHP has partnered with Scott and White Healthcare, the City of Temple, and the Waco Y.M.C.A to deliver the MEND program. For information about enrolling patients or anyone else in the MEND program in your area, contact the health plan Quality Improvement office at 254-298-3416.

**Ian Goodman, MPH**



**Health Risk Coordinator, Scott & White Health Plan**

## FRIDAY FOCUS: Why Hedis® Matters

We have devoted numerous *Friday Focus* editions to specific HEDIS® measures. This will be a general discussion about HEDIS® and why it matters.

1. SWHP scores are a reflection of the quality of both the health plan and the care given by our providers. Moreover, in the case of Scott and White, the two are largely viewed as the same.
2. The scores are published nationally and compared to other plan's network performance.
3. Employer groups use the scores when determining to contract or continue a contract with a plan and its affiliated providers.
4. It is national data, reported by 90% of America's managed health plans.
5. It is used as a part of NCQA accreditation.

HEDIS® scoring can be complex. It is dependent on the care rendered, the documentation of that care, and the plan's ability to accurately collect and report the data. There are challenges with each of these components, but the integration of our system and our commitment to quality should enable us meet these challenges.

A complete guideline to specific measures may be found at the SWHP website under Providers -Quality Improvement - HEDIS® Guide, <http://www.swhp.org/homepage/providers/qi/HEDISguide> Soon there will be a concise guide to the more commonly accessed preventive and other measures posted on the SWHP home page. That guide is presented here as an attachment. You will also be hearing soon about how our system performed for calendar year 2010.

As always, thank you for reading and for the quality work you do.



**Mike Averitt, DO**

## **FRIDAY FOCUS: Hedis® Update Weight Assessment and Counseling on Nutrition and Physical Activity**

This is the second year for these measures. Obesity is the second leading cause of preventable death in the United States and is estimated to consume 5-7% of the nation's total annual medical expenditures (\$75 billion/year). Guidelines from multiple organizations, including the USPSTF, use BMI measurement as a first step in the management process.

There are two measures yielding 4 separate scores:

1. Children ages 3-17: There must be documentation in the chart once during the measurement year of (a) BMI percentile (BMI for age 16-17), (b) nutrition counseling and (c) physical activity counseling. The eligible population (denominator) is every member with an outpatient visit during the measurement year. Last year, SWHP scored in the 10th percentile for each area of counseling and in the 50th percentile for BMI documentation. Our goal is to be in the 90th percentile.
2. Adults ages 18-74: The eligible population is every member with an outpatient visit during the measurement year. In order to be compliant with the measure, BMI must be documented during the measurement year or the preceding year. Last year, SWHP scored in the 50th percentile for this measure, with our goal being the 90th percentile.

NextGen will calculate BMI if the height and weight have been entered. Also, NextGen has a BMI percentage graph for children. These measurements should become automated as the EMR becomes more widely implemented. The counseling measures require documentation in the visit note.

Thanks for reading and for the quality work you do every day. As always, your ideas and feedback are welcome. All Friday Focus editions can be found at SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>

**Susanne Brooks, RHIA**  
**SWHP QI Coordinator**

## FRIDAY FOCUS: HEDIS® UPDATE: Pharmacotherapy Management of COPD Exacerbation

This measure calculates two rates for members discharged from either an emergency room or hospital with a principal diagnosis of COPD.

1. The percentage of patients dispensed a systemic corticosteroid within 14 days of the event. Qualifying agents are shown in the table below.

**Table PCE-C: Systemic Corticosteroids**

| Description     | Prescription  |
|-----------------|---|
| Glucocorticoids | <ul style="list-style-type: none"> <li style="width: 25%;">• betamethasone</li> <li style="width: 25%;">• hydrocortisone</li> <li style="width: 25%;">• prednisolone</li> <li style="width: 25%;">• triamcinolone</li> <li style="width: 25%;">• dexamethasone</li> <li style="width: 25%;">• methylprednisolone</li> <li style="width: 25%;">• prednisone</li> </ul> |

2. The percentage of patients dispensed a bronchodilator within 30 days of the event. Qualifying agents are:

**Table PCE-D: Bronchodilators**

| Description   | Prescription   |
|---|--|
| Anticholinergic agents  | <ul style="list-style-type: none"> <li style="width: 33%;">• albuterol-ipratropium</li> <li style="width: 33%;">• ipratropium</li> <li style="width: 33%;">• tiotropium</li> </ul>   |
| <ul style="list-style-type: none"> <li>• aminophylline</li> <li>• dyphylline</li> <li>• theophylline</li> </ul> | <ul style="list-style-type: none"> <li style="width: 33%;">• albuterol</li> <li style="width: 33%;">• fluticasone-salmeterol</li> <li style="width: 33%;">• metaproterenol</li> <li style="width: 33%;">• arformoterol</li> <li style="width: 33%;">• formoterol</li> <li style="width: 33%;">• pirbuterol</li> <li style="width: 33%;">• budesonide-formoterol</li> <li style="width: 33%;">• levalbuterol</li> <li style="width: 33%;">• salmeterol</li> </ul> |
| Methylxanthines   | <ul style="list-style-type: none"> <li>• dyphylline-guaifenesin</li> <li>• guaifenesin-theophylline</li> <li>• potassium iodide-theophylline</li> </ul>  |

In each case, the prescription is considered active if the days supply on the last fill date would cover the relevant date of the measure.

This year, SWHP scored in the 25th percentile on this measure, a decrease from the previous year. Our goal is to be in the 90th percentile. An opportunity exists here to encourage patient compliance both at time of discharge and at follow-up appointments.

Thanks for reading. As always, this and all Friday Focus editions may be found on our website, <http://www.swhp.org/homepage/providers/fridayfocus>.



**Mike Averitt, DO**

## FRIDAY FOCUS: HEDIS® Update: URI

With the cough and cold season upon us, we are following up on the use of antibiotics in URI in children. The URI measure is for patients 3 months 18 years of age. The patient is excluded from this measure if they receive more than 1 diagnosis, for example a viral URI along with a bacterial sinusitis; or if they have used antibiotics within 30 days prior to this visit.

In order to be compliant, an eligible patient diagnosed with viral URI (465, 460) ALONE should NOT receive an antibiotic on or within 3 days of the diagnosis.

When, in your clinical judgment, an antibiotic is warranted, appropriately code for a bacterial infection as either the primary or an additional diagnosis. As you know, some common examples might include **bacterial infections such as otitis media (382.9) or sinusitis (461.9).**

This is an administrative measure, which means only claim codes are reviewed, so coding is critical for this measure. In a hybrid measure both claim and chart reviews are used. NCQA showed that if chart review is added to any measure, many measures would have a higher rating.

[http://www.ncqa.org/Portals/0/PublicComment/HEDIS2010Update/AJMC\\_Oct07.pdf](http://www.ncqa.org/Portals/0/PublicComment/HEDIS2010Update/AJMC_Oct07.pdf).

Scott and White Healthcare is providing great and appropriate care for our patients, but we need to be sure we are coding appropriately to receive all the credit we deserve. We improved from 72% to 75% on this measure over the last year. So we are headed in the right direction and with some attention to coding we will easily get there.

Thank you for taking time to read this and for the quality work you do. Every edition of Friday Focus may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>

Regards,



**Beverly Grimshaw, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: Osteoporosis – Is it time for a holiday?

The HEDIS® measures for osteoporosis have not changed significantly since 2010. The box at the bottom gives the HEDIS® required measures and S&W specific numbers met.

There have been some interesting developments in osteoporosis treatment. Alendronate, developed in 1995, helped lower the rate of osteoporotic fractures nationwide. As patient use increased, however, there has been some concern with atypical fractures. These appear as stress fractures on XRay and usually present with sudden thigh pain unrelated to trauma. They are often bilateral.

Dr Nelson Watts, at the University of Cincinnati Bone Health and Osteoporosis Center, Cincinnati, Ohio is a leader in osteoporosis research and treatment. He addresses the controversial issue of bisphosphonate drug holidays in J Clin Endocrinol Metab. 2010 Apr; 95(4):1555-65. Epub 2010 Feb 19. His conclusions include that a low risk patient (mildly low bone mass and no fractures) may do well with a drug holiday after 5-10 years of treatment because the drugs accumulate in the bone and provide some residual antifracture reduction even when therapy is stopped. The patient may be on a holiday for 1-2 years or as long as the BMD is stable and no fractures occur. Higher risk patients, such as those with very low T-scores, a history of fracture or corticosteroid therapy, should be treated for 10 years prior to considering a drug holiday, and consider nonbisphosphonate treatment during that time.

Consider these suggestions:

1. Follow screening guidelines- women younger than 65 years of age only need DXAs when additional risk factors are present.
2. If the DXA reveals osteopenia, only prescribe medications to prevent fractures when FRAX assessment indicates the 10-year overall major fracture risk reaches or exceeds 20% or the 10-year hip fracture risk reaches or exceeds 3%, based on NOF recommendations see (<http://www.nof.org/>)
3. If patient's BMD is stable and there have been no fractures, consider a short bisphosphonate drug holiday after 5 years in a low risk patient or after 10 years in a higher risk patient.

HEDIS® Box showing requirements:

|   |  |
|---|--|
| Osteoporosis management in women who had a fracture<br>Age 67 and older | Women who received the following within 6 months of suffering a fracture: <ul style="list-style-type: none"><li>• Bone mineral density (BMD) test<br/>OR</li><li>• Prescription for a drug to treat or prevent osteoporosis in six months after the fracture</li></ul> Exclusions: <ul style="list-style-type: none"><li>• Women who received screening and/or treatment in the year prior to the fracture.</li><li>• Fractures of the finger, toe, face and skull are not included in this measure.</li></ul> |
|---|--|

So any patient who is over aged 67 and sustains a fracture would require medication or DXA test for evaluation. Our current HEDIS® numbers are 17% met this measure in 2011, down from 22% in 2010. While we are not that far below the national average of only 19% meeting this goal in 2011, this is a rate we can certainly improve, for our patients' sake.

Thank you for your time reading this and for the quality work you do. All Friday Focus editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>.

**Beverly Grimshaw, MD, CCD**  
Medical Director

## FRIDAY FOCUS: Two Pieces of Wisdom for a Friday

1. Record the BMI for each patient at least once a year. While calculating this, you can remind patients to follow a healthy diet and get some exercise. This helps encourage patients in watching their weight and being healthier. This also makes our HEDIS scores look healthier.
  - The adult BMI was 68.75% and we need to exceed 75% on chart review for next year.
  - For Children & Adolescents last year we hit 53.24% and we need to also exceed 75%.
2. A young couple moves into a new neighborhood. The next morning while they are eating breakfast, the young woman sees her neighbor hanging the wash outside. “That laundry is not very clean”, she said. “She doesn’t know how to wash correctly. Perhaps she needs better laundry soap.”

Her husband looked on, but remained silent.

Every time her neighbor would hang her wash to dry, the young woman would make the same comments.

About one month later, the woman was surprised to see a nice clean wash on the line and said to her husband: “Look, she has learned how to wash correctly. I wonder who taught her this.”

The husband said, “I got up early this morning and cleaned our windows.”

And so it is with life. What we see when watching others depends on how we look at them.

Thank you for your time reading this and for the quality work you do. All Friday Focus editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>.

Regards,



**Beverly Grimshaw, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: Monty Hall says: Choose your door

The following based on an actual account. The names have been changed to protect the innocent. (OK- you caught me, it is not a mixed metaphor, but it is mixed TV shows.)

Patient JH: Dr Teal, I like coming to you so much that I changed to Scott and White Insurance when it was offered by my company this year. But what about my specialist? Can I still see her for my jumpy heart?

Do you choose: DOOR NUMBER 1-

Dr Teal: I'm so glad you chose to join our health plan. I think you can continue seeing your previous specialist.

Or do you choose: DOOR NUMBER 2-

Dr Teal: I'm so glad you chose to join our health plan. Your best option would be to contact customer service at the health plan. They can tell you your benefit options and give you names of our jumpy heart specialists. Then you and I can look at that list together to come up with the best option for you.

Door number 2 would be the preferred choice. Dr Teal cannot be expected to keep up with all the new contracts being developed and he may not know whether the patient's previous specialist is contracted or not.

Most of our plans are HMOs which means that the patient is required to use a contracted provider. Some of our plans have POS options but the patient cost share is often higher and so the patient may prefer to use a contracted provider and facility. The plan may have to deny visits that occur with an out of network provider, or visits that are not authorized in advance. To avoid any unpleasant surprises for our patients, it is always better to ask them to confirm any referral issues with customer service at the health plan- 254-298-3000. This representative knows what the patient's contract states and whether the patient has expanded benefits, as well as access to the most up to date directory of contracted providers for various services.

Thank you for your time reading this, and for the quality work you do. All *Friday Focus* editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>.

Regards,



**Beverly Grimshaw, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: SWHP encourages you to be safe

As you know from your Scott and White news, June is National Safety month. Here are some websites to share with your patients for downloadable tips and information.

Accidents are the number 1 cause of death in patients aged 2 through 29 years. About 40% of all deaths in these ages come from accidental injuries. <http://www.statisticstop10.com/index.html>

As you might well expect, motor vehicle accidents top the list in all those age groups and are particularly high in older teens. Remember to encourage your patients, and your family, to buckle up.

Younger ages are at risk for drowning. That is their number 2 cause of deadly accidents. Be sure to always monitor young children around water and use floatation devices.

The American Academy of Pediatrics has a program called TIPP, The Injury Prevention Program. Safety advice for parents based on the child's age can be printed from <http://www.aap.org/family/tippmain.htm> Topics include gun safety and sporting gear advice such as pads and helmets across multiple environments including bicycling, skiing, motorcycling and horseback riding.

NextGen offers patient handouts that are age specific and include a broad spectrum of preventative topics, including many of the above. It is accessed through Templates----Document Library---Prevention for both pediatrics and adults.

The Home Safety Council is the only national nonprofit organization dedicated to preventing home related injuries that result in nearly 20,000 deaths and 21 million medical visits on average each year. Safety guides for various ages and conditions can be found at [http://www.homesafetycouncil.org/SafetyGuide/sg\\_safetyguide\\_w001.asp](http://www.homesafetycouncil.org/SafetyGuide/sg_safetyguide_w001.asp). Some reminders include changing fire alarm batteries, avoiding clutter that could cause falls, keep cleaning fluids out of reach, and installing grab bars where needed.

As we enter the hot months of our Texas summer, use special caution to avoid dehydration. Drink plenty of fluids and utilize fans and shade for cooling.

Skydiving safety tip: You do not need a parachute to skydive. You only need a parachute if you want to skydive twice.

Thank you for your time reading this and for the quality work you do. All *Friday Focus* editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>



**Beverly Grimshaw, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: How do I get my patient connected with a Health Coach/ Shared Decision Making®?

VitalCare Health Coaches are available 24 hours a day/365 days a year to provide education and support to your patients who need decision support. The SWHP VitalCare Shared Decision-Making® approach presents patients with evidence-based information on their healthcare options and encourages them to work with you to make healthcare decisions that are right for them.

I have a patient with a condition that has multiple treatment options. I would like for my patient to review this with a health coach.

How do I get my patient connected with Shared Decision Making®?

### OPTION # 1- PHONE-

Give your patient the direct number 1-877-505-7947 and they may call and ask to speak with a health coach.

### OPTION #2- FAX REFERRAL FORM -

Or to refer a patient for health coaching, you can complete a form and FAX it to SWHP VitalCare at 1-866-936-3045. The form is available on [swhp.org](http://www.swhp.org) at

[http://www.swhp.org/sites/default/files/SharedDecisionMakingRef\\_FAX.pdf](http://www.swhp.org/sites/default/files/SharedDecisionMakingRef_FAX.pdf).

As always, your ideas and feedback are appreciated.

Thanks for reading and for the quality work you do. All *Friday Focus* editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>.



**Beverly Grimshaw, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: Update Chlamydia Screening

Chlamydial genital infection is the most frequently reported infectious disease in the United States. Since as many as 75% of infections are asymptomatic among both men and women, annual screening of all sexually active women aged  $\leq 25$  years is recommended, as is screening of older women with risk factors (e.g. new sex partner or multiple sex partners). These screening programs can reduce the prevalence of *C. trachomatis* infection and PID in women.

In sexually active young men evidence is insufficient to recommend routine screening for several factors (including feasibility, efficacy, and cost-effectiveness). However, male screening should be considered in clinical settings with a high prevalence of chlamydia (e.g. adolescent clinics, correctional facilities, and STD clinics). The HEDIS® measure only applies to females.

Although the U.S. Preventive Services Task Force (USPSTF) lists chlamydia screening as an important preventive service, screening rates remain low. HEDIS® added this measure in 2000 with a national screening rate of 25% then. In 2010 the national screening rate was up to 46%. We have significant opportunities to combat this infection by improved screening nationally as well as at Scott and White.

Our 2011 SWHP HEDIS® rates for screening age 16-20 fell while our 20-25 stayed stable. Our goal would be to increase screening to 65% of patients aged 16-25, which would put us in the 90th percentile nationally and decrease this concerning infection.

A simple urine test can be used for screening, which may be incorporated into Well Woman protocols for annual physicals. Do not wipe the genital area clean before urinating, and collect the first part of your urine stream, immediately as you begin urinating.

Treating infected patients and all their sexual partners can prevent reinfection risk.

**Recommended Treatment Regimens:** Azithromycin 1 g orally in a single dose OR **Doxycycline** 100 mg orally twice a day for 7 days.

**Alternative Regimens:** Erythromycin ethylsuccinate 800 mg orally four times a day for 7 days OR Levofloxacin 500 mg orally once daily for 7 days OR Ofloxacin 300 mg orally twice a day for 7 days.

For more information on treatment, see CDC guidelines: <http://www.cdc.gov/std/treatment/2010/chlamydial-infections.htm>

Thanks for reading and for the quality work you do every day. As always, your ideas and feedback are welcome. All *Friday Focus* editions can be found at SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>.

Regards,



**Beverly Grimshaw, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: Network Referrals and Transfers, Why Should You Care?

You might ask yourself the following questions? Why does Scott & White Health Plan (SWHP) pushback when I refer my patients to physician's or other providers outside of the SWHP network? Why does SWHP want me to accept inpatient transfers of patients receiving perfectly good care at out-of-network hospitals?

Answer: Cost and support of our system/network

Unlike most other carriers who primarily offer PPOs, SWHP operates predominantly as an HMO. Among the differences between the two, an HMO has no out-of-network benefit, unless granted by exception when a necessary service cannot be provided by an in-network provider. Another difference is that an HMO may not allow a member to be balance billed if it pays out-of-network providers based on a fee schedule, thus the HMO often ends up paying out-of-network providers billed charges. Billed charges are usually at least **double** what we would pay ourselves or a contracted provider. The difference is significant for physicians and extraordinary for hospitals. Although we attempt to negotiate single case agreements and use back end network discounts when possible, these are not always available or meaningful.

Care which can be provided within our system/network, and is referred out, dilutes our experience, continuity, and integration. Additionally, revenue leaves the system (at twice the reasonable rate at best) to pay out-of-network providers vs. reimbursing ourselves or contracted partners.


We fully realize that gaps in expertise, experience, and geography will occur on occasion and that out-of-network referrals will be necessary for optimal care. We are happy to work through these scenarios with you on a case by case basis. We simply ask for your discretion in these instances and timely transition or partial transition back into the network when feasible. Similarly, when a patient is admitted emergently to an out-of-network hospital, once stabilized, we would appreciate your consideration in accepting the patient's inpatient transfer to one of our Scott & White or contracted facilities (unless discharge is imminent).

In short, our intent is to direct SWHP members to our system and network of credentialed providers for the best care available, keep revenue within the system and network, keep costs down by not overpaying out-of-network providers, and stabilize premiums for our members – your patients.

Thanks for reading and for the quality work you do every day. As always, your ideas and feedback are welcome. All *Friday Focus* editions can be found at SWHP website:

<http://www.swhp.org/homepage/providers/fridayfocus>.

Regards,



**Scott Simpson, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: NEW GUIDELINES FOR WOMEN'S PREVENTIVE HEALTH SERVICES

On August 1, 2011, the Department of Health and Human Services (HHS) adopted additional Guidelines for Women's Preventive Services for all new health plans. Non-grandfathered plans are required to provide coverage without cost sharing (i.e. no copay) beginning on August 1, 2012. The guidelines were recommended by the independent Institute of Medicine (IOM) and based on scientific evidence.

This decision ensures that women have access to a full range of recommended preventive services, including:

- well-woman visits (at least annually);
- screening for gestational diabetes (at first prenatal visit and at 24-28 weeks);
- human papillomavirus (HPV) DNA testing regardless of pap results for women starting at 30 years (testing every 3 years);
- sexually-transmitted infection screening and counseling (\*\*reminder to perform urine Chlamydia screening for all female patients ages 16-25);
- annual HIV (human immunodeficiency virus) screening and counseling;
- Contraceptive counseling and FDA-approved contraception methods, including sterilization;
- breastfeeding support, including pump rental with time and location for pumping breast milk, lactation counselors, and supplies;
- annual domestic violence (physical or verbal abuse) screening and counseling.

HHS Secretary Kathleen Sebelius comments, "The Affordable Care Act helps stop health problems before they start. These historic guidelines are based on science and existing literature and will help ensure women get the preventive health benefits they need."

More information can be found at <http://www.hrsa.gov/womensguidelines/>.

These preventive health services will join the previously recommended no cost share services, such as cancer screenings, vaccinations and counseling.

Many SWHP health plans are grandfathered and are not required to follow these recommendations at this time.

As always, your ideas and feedback are appreciated.

Thanks for reading and for the quality work you do. All *Friday Focus* editions may be found at the SWHP website.

Regards,



**Beverly Grimshaw, MD**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: Influenza Update For 9/30/11

As the mornings become cooler and crisp, our thoughts lean toward fall and the joy of raking leaves. (Or maybe the chore of raking!) An important part of medicine in the fall is updating flu shots. The vaccine is already available at SW offices for patient administration. As you noted in SW news at noon – vaccination for staff begins next week. **The SW system goal is 100% staff immunization.**

The seasonal influenza vaccine for 2011-2012 contains three influenza viruses — one influenza A (H3N2) virus, one influenza A (H1N1) virus, and one influenza B virus. (The 2009 H1N1 influenza virus strain is included in the 2011-2012 seasonal flu vaccine because this strain continues to circulate in the U.S.)

In 2010 vaccine experts voted that everyone 6 months and older should get a flu vaccine each year starting with the 2010-2011 influenza season. [CDC's Advisory Committee on Immunization Practices \(ACIP\)](#) voted for “universal” flu vaccination in the U.S. to expand protection against the flu to more people. It takes two weeks after vaccination for your body to develop protective antibodies.

While everyone should get a flu vaccine each year, it's especially important for the following groups:

1. Pregnant women
2. Children younger than 5, but especially children younger than 2 years old
3. People 50 years of age and older
4. People of any age with certain chronic medical conditions
5. People who live in nursing homes and other long-term care facilities
6. People who live with or care for those at high risk for complications from flu, including:
  - o Health care workers
  - o Household contacts of persons at high risk for complications from the flu
  - o Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

For more information see the CDC website <http://www.cdc.gov/flu/>.

Flu vaccination is very important from a health plan perspective. The quality of life and health of our members is of utmost importance. Also, flu vaccine rates are reported for HEDIS® measures by survey. Last year our survey of 50-64 year olds showed 56% did receive flu shots. Let's try to increase that percentage this year. As always, your ideas and feedback are appreciated.

Thanks for reading and for the quality work you do. All *Friday Focus* editions may be found at the SWHP website.



**Beverly Grimshaw, MD, CCD**  
SWHP Medical Director

## FRIDAY FOCUS: Guest writer Dr. Jim Barker on The COPD Collaborative Care Pilot.

November is COPD (Chronic Obstructive Pulmonary Disease) awareness month. We have an exciting new program which is beginning here to combat this disease and help our patients.

COPD is now the third leading cause of death in the United States. Deaths from cardiovascular and cerebralvascular disease have steadily fallen over the last 25 years but not from COPD. COPD deaths are continuing to rise and—thank you Virginia Slims—more women than men now die from COPD. In addition, it is a very expensive disease. Direct and indirect costs in the U.S. exceeded \$50 billion in 2010.

Central Texas lies in the worst quartile for spirometry rates in the United States (27%). Spirometry is required for the diagnosis of COPD and also asthma. It is estimated that one third of patients with COPD are currently undiagnosed. There were 6697 patients with Chronic Obstructive Lung Disease seen in our system in 2010. 461 patients with COPD were admitted to our hospitals last year. One fourth of these were Health Plan patients. 12% of people in Central Texas continue to smoke although this is less than the average for the state at 19%. Smoking is by far the major cause of COPD and, of course, it is entirely preventable.

The Collaborative Care program is a chronic disease program for our Scott & White patients. The collaboration is occurring between patient and health care teams, family medicine physicians and Pulmonologists, and health care teams and Group Practice forum (a chronic disease management and educational company underwritten with a grant from Boeringer Ingelheim). The Scott & White Health Plan is additionally supporting the program with a grant for the purchase of office based spirometers. The leaders and pilot sites are Drs. Robert Henry (Westfield clinic), Terry Rascoe (Northside clinic), Floyd Jernigan (Gatesville), Elizabeth Fomby and John Manning at Santa Fe Resident clinic, and Charles Stern and Chris Grant in Waco. But really their entire offices have embraced the project. It is a natural fit with the move to team based care and the Patient Centered Medical Homes that they have formed.

The project is now well underway. Spirometers are on site and training in usage and interpretation are underway. Chronic Disease registries and identification of active patients will soon be in place. An education week is scheduled for the beginning of December with active interventions and data collection following. We hope to show some real progress over this next year. Our goals are aggressive: we wish to reach HEDIS 90th percentile for spirometry testing of suspected COPD patients, reduce ED visits, and reduce hospitalizations. Along the way, we hope to really impact quality of life for these patients.

A major paradigm shift has occurred in medicine with the emergence of patient centeredness. Admissions for acute exacerbations of disease are not the only focus for these or any other patients with chronic disease. Instead the focus is on chronic disease maintenance, elimination or control of exacerbations, and enhanced quality of life. Providers move to the patient rather than vice versa. The collaborative care model is designed to impact the patient journey with this disabling and deadly disease.

Screening of patients can be done with a validated yet simple 5 item one page survey. Patients scoring positive for high risk can then have on site spirometry for diagnosis. Smoking cessation is emphasized since it is the most important intervention. We “normal” people lose 5cc of lung function per year whereas the still smoker with COPD will lose 87cc/year. That is one teaspoon of air versus 6 tablespoons! Once patients are diagnosed they are stage by GOLD criteria into mild, moderate, severe, or profound categories. Medication regimens are simultaneously adjusted to stage. The patients are engaged to learn about their health and participate in their own management. In addition, important health maintenance issues such as planning for exacerbations, vaccinations, and osteoporosis screening occur.

We are excited about joining this journey with our patients and expect true success. Please join us. Email Dr. Shirley Jones [shjones@swmail.sw.org](mailto:shjones@swmail.sw.org) , Dr. Jim Barker [jabarker@swmail.sw.org](mailto:jabarker@swmail.sw.org) , or Pam York, RRT [pyork@swmail.sw.org](mailto:pyork@swmail.sw.org) to learn more about the program or about COPD.

Jim Barker, MD  
Chief of Pulmonary/Critical Care/Sleep Disorders  
Scott & White  
Professor, TAMU HSC

## FRIDAY FOCUS: FAT – Friday After Thanksgiving

On this FAT (Friday After Thanksgiving) when we are all feeling a bit fat (too many Thanksgiving goodies), remember that HEDIS® requires adults aged 18 to 74 to have BMI measured. The exact wording is “during the measurement year or prior year,” however; if you do this every visit you can apprise the patient of their BMI changes and never forget to meet the standard. NextGen will automatically calculate the BMI. Obesity is a large (pun intended) problem in our society, and it is incumbent upon us as medical professionals to help where we can.

Here are some tips from the National Heart Lung and Blood Institute

- Weight loss to lower elevated blood pressure in overweight and obese persons with high blood pressure.
- Weight loss to lower elevated levels of total cholesterol, LDL-cholesterol, and triglycerides, and to raise low levels of HDL-cholesterol, in overweight and obese persons with dyslipidemia.
- Weight loss to lower elevated blood glucose levels in overweight and obese persons with type 2 diabetes.
- Use the BMI to assess overweight and obesity. Body weight alone can be used to follow weight loss and to determine the effectiveness of therapy.
- Physical activity should be an integral part of weight-loss therapy and weight maintenance. Initially, moderate levels of physical activity for 30 to 45 minutes, 3 to 5 days a week, should be encouraged. All adults should set a long-term goal to accumulate at least 30 minutes or more of moderate-intensity physical activity on most, and preferably all, days of the week.
- Low-calorie diets (LCD) should be employed for weight loss in overweight and obese persons. A diet that is individually planned to help create a deficit of 500 to 1,000 kcal/day should be an integral part of any program aimed at achieving a weight loss of 1 to 2 pounds per week.

See <http://www.nhlbisupport.com/bmi/> for more tips on weight loss to share with your patients.

As always, your ideas and feedback are appreciated.

Thanks for reading and for the quality work you do. All *Friday Focus* editions may be found at the SWHP website: <http://www.swhp.org/homepage/providers/fridayfocus>.

Regards;



**Beverly Grimshaw, MD, CCD**  
**SWHP Medical Director**

## FRIDAY FOCUS: Persistence of beta-blocker treatment after heart attack

### THM: MEMBERS OVER 18 YEARS OF AGE WITH AN MI SHOULD STAY ON BETA-BLOCKERS – HEDIS® MEASURES THIS AT 6 MONTHS POST DISCHARGE.

BACKGROUND: As many as 2,400 people die of cardiovascular or heart-related events every day. Beta-blockers are KEY to preventing future heart attacks by lowering an individual's blood pressure and the heart's workload.

An estimated 7.9 million Americans age 60 and older have a history of myocardial infarctions. Scientific evidence based guidelines from the American Heart Association and the American College of Cardiology strongly recommend treatment using beta-blockers following a heart attack to reduce mortality during acute and longterm management of patients who have had heart attacks. The dramatic rise in rates of beta-blocker treatment in commercial health plans—more than 34 percent since 1996—illustrates that measuring beneficial treatments increases those treatments' use. *Ultimately, what gets measured gets improved.*

**This HEDIS® measure assesses the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged in one year prior with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.**

Among adults who should be taking beta blockers, 43.8 percent of nursing home residents and 61.4 percent of community dwelling residents receive beta-blockers. For the nursing home patients who are taking their betablocker medication, mortality was significantly lower. Measured at 360 days after discharge, only 45 percent of patients are taking beta-blockers. Adherence drops the most between 30 and 90 days.

An interesting HEDIS® historical point is that previously this measured maintenance of beta blockers for 7 days after anMI. When beta blocker use was sustained at over 90%, that measure was retired and this one added to increase the continuing use of beta blockers for at least 6 months after MI. This **adherence** is the KEY to decreasing deaths from MI.

Statistics source: <http://www.ncqa.org/portals/0/state%20of%20health%20care/2010/sohc%202010%20-%20full2.pdf>

Thank you for your time reading this, and for all your quality work!  
All Friday Focus editions may be found at the SWHP website:  
<http://www.swhp.org/homepage/providers/fridayfocus>.

Regards;



Beverly Grimshaw, MD  
SWHP Medical Director



# SCOTT & WHITE

Drug Information Center  
Department of Pharmacy  
Monday, Jun. 13, 2011

**RX Statgram**  
**Pioglitazone (Actos®)**  
**Safety label changes**

## Safety Label Changes

The Food and Drug Administration (FDA) has approved drug labeling changes for pioglitazone-containing medications to include safety information that use of pioglitazone for more than one year may be associated with an increased risk of bladder cancer. The FDA has approved these safety label changes after a five-year interim analysis of an on-going, ten-year epidemiological study conducted by Takeda, the manufacturer of Actos® (pioglitazone). The five-year results indicated no overall increased risk of bladder cancer with pioglitazone use, although an increased risk of bladder cancer was noted among patients with more than 24 months of therapy, and in those exposed to the highest cumulative dose of pioglitazone.

Additionally, France has suspended the use of pioglitazone after an epidemiological study requested by the French drug regulatory authority (AFSSAPS) suggested a small increase in bladder cancer among patients treated with pioglitazone. The FDA is also aware of this study conducted in France.

## FDA Recommendations

At this time, the FDA recommends healthcare professionals should:

- **Not use pioglitazone in patients with active bladder cancer**
- **Use pioglitazone with caution in patients with a prior history of bladder cancer. The benefits of blood sugar control with pioglitazone should be weighed against the unknown risks for cancer recurrence.**

## Pioglitazone-containing Medications

Pioglitazone (Actos®)

Pioglitazone and Glimpiride (Duetact™)

Pioglitazone and Metformin (Actoplus Met®; Actoplus Met® XR)

For more information, please visit the [FDA website](http://www.FDA.gov) at [www.FDA.gov](http://www.FDA.gov).

# Rapid Flu Test, CPT Code 87804

**Scott & White Health Plan (SWHP) only covers the Rapid Flu Test, CPT code 87804, for children ages 0 through 5 and SeniorCare members in accordance with the member's contracted benefits.**

*Physicians are responsible for expenses related to the test.*



## **IMPORTANT NOTICE** **CLAIMS PAYMENT ADDRESS HAS CHANGED**

**Effective immediately Scott & White Health Plan has changed the CLAIMS PAYMENT ADDRESS for ALL PAPER CLAIMS. Please be sure and notify your billing office of the new address below.**

**Scott & White Health Plan  
MS-A4-126  
1206 West Campus Drive (use "West" in the address line and not "W")  
Temple, TX 76502**

Thank you for your participation in our provider network. We, at Scott & White Health Plan (SWHP) endeavor to provide quality service to our network of providers.

# Quality Improvement Programs



SWHP's Quality Improvement (QI) program is designed to improve systems, services and clinical outcomes. One of SWHP's goals is to improve the health of its members through disease prevention, early detection and disease management. The Quality Improvement Division has concentrated on developing programs for the following: diabetes mellitus, COPD, cardiovascular disease, immunizations and women's health. The Quality Improvement staff compile data that measure various aspects of these programs. The data aids SWHP in determining if members are receiving appropriate care and services. If you have any questions or would like information on the Quality Improvement goals, processes, and/or outcomes, please contact the SWHP Quality Improvement Division at (254) 298-3068.

## QI Program Goals - Objectives

1. Improve Member Outcomes - through prevention and disease guidance
2. Increase Customer Satisfaction - by prompt identification and resolution of dissatisfaction with administrative or medical processes and evaluation of processes for improvement when appropriate
3. Improve Medical Safety - by fostering a supportive environment that helps providers to improve the safety of their practice
4. Improve Organizational Effectiveness - By achieving statistically significant improvements in Healthcare Effectiveness Data and Information Set (HEDIS®)\* measurements and meeting or exceeding national averages
5. Decrease Overuse - through reducing the unnecessary variations in clinical care and protecting members

# Scott & White Health Plan's Vitality Coordinator Program

Vitality Coordinators are nurses who work in a real clinical setting side by side with doctors, physician assistants, nurse practitioners, clinical nurses, and the other members of the clinical team. Their goal is to close gaps in care for SWHP Members being seen in their respective assigned clinics.

Prior to a Member's appointment, they are the first clinical team member to review and identify gaps in the Member's health care. Any gaps identified are reported to the clinic's floor nurse

and then the physician. The physician is provided with a list of the services needed at the time of this visit which helps as a reminder. After the patient has been seen by their physician and clinical team, the Vitality Coordinator reviews the Member's care record once more to ensure closures in such gaps have been appropriately addressed and documented. The Vitality Coordinator has a set of orders that he/she can follow up on automatically so closing gaps in care is fully integrated into the clinical setting.



## **Vitality Coordinators are an important part of your health care team.**

- Primary goal is to help Members gain access to care in the most efficient manner.
- Find and encourage Members who have not been seen in the clinic to come in for care.
- Support and provide health education for folks with knowledge gaps or questions about their health.
- Works under the direction of a physician.
- Coordinates services such as immunizations, blood pressure checks, lab, appointment assistance, medication refills, etc.
- Conducts chart audits to make sure Members, especially those with chronic conditions, are up to date on their tests and immunizations.
- Makes referrals to other SWHP care programs or coordinates needed care with other clinical staff as indicated by the physician's care plan for the Member
- Helps the Member to navigate the complex healthcare system and receive quality care.
- Devotes attention to finding clinical gaps in care.
- Committed to Member engagement and participation in the physician's plan of care.

# **SWHP Utilization Management Criteria for Inpatient Services and Selected Benefit Coverage Determinations 2012**

The SWHP Evidence of Coverage (EOC) [Standard Plan Document (SPD)] is the contract for coverage of the health care services that an individual self-purchased or an employer has purchased for their employees. SWHP provides a variety of benefit plans in order to meet the needs of the purchaser.

Some benefits are required by law to be offered through the Plan. Some services are not offered for various reasons (i.e., not felt to be a good value, or perhaps because the employer does not want an employee to share part of the costs of that care or service through their premium amount). SWHP's primary Utilization Management (UM) Program's purpose is to manage services according to the terms contained in EOC/SPD. The medical necessity of the services is determined by the SWHP medical staff with input from the Member's physicians.

SWHP annually reviews and adopts criteria for use in the UM process. The review process utilizes SWHP physician directors, network physicians and other providers for the Plan. For criteria to be used for 2012 (January 1, 2012 - December 31, 2012) review included InterQual® evidence-based criteria; internal policies, Healthcare Management Guidelines [target length-of-stay (LOS)], criteria developed and approved during Technology Assessment meetings, and medical coverage policies. SWHP provides the criteria listed above to the physician directors of Scott and White HealthCare's Medical Services Divisions and various contracted network physicians during November/December each year for review and approval for use in the next year. Physicians are able to provide any comments to SWHP Utilization Management for consideration of any proposed changes. All feedback from the physician reviewers is then evaluated by the SWHP Medical Director(s) for consideration of incorporation depending on the issue. The resulting approved final criteria sets and the target LOS are then forwarded to the SWHP UM Committee for review and approval in December of the review year and/or January of the new year, depending on Committee scheduled meetings.

The criteria are used by the UM Staff as a guideline only. All denials of coverage are made by the SWHP Medical Director(s). Any person making decisions on utilization management, including formulary coverage determinations, makes them based only on the appropriateness of care and services. No financial compensation is based on utilization of services or service denials. SWHP does not offer incentives, including compensations or rewards, to Practitioners or other individuals conducting utilization review.

SWHP is concerned that Members receive appropriate services, and monitors for evidence of under use, over use, and misuse. Individual coverage requests are discussed with the individual physicians/providers making the request on behalf of a Member. SWHP UM staff (including Plan Directors) are available by telephone 24 hours/7 days per week at 1-254-298-3088 or (toll free) 1-888-316-7947 or by appointment for discussion regarding UM and/or coverage determinations, including benefit provisions, guidelines, criteria or the processes used to make determinations. The above numbers are covered afterhours by the SWHP "On- Call" nurse who has access to a Plan Medical Director.

Appeal rights, including expedited appeals, reconsideration rights and/or Independent Review Organization (IRO) options are always provided with any denial that is issued by SWHP. Ability to review the criteria is available to you by fax, phone, mail, email or through an onsite appointment with the Care Coordination Division (CCD) management staff, who can be reached by calling (toll free) 1-888-316-7947 or directly at 1-254-298-3088. Additionally, questions or requests related to any case-specific guidelines utilized in the process of making a medical or pharmacy case determination can be directed to the CCD management for response.

In an effort to improve communication with non-English speaking members, SWHP uses the interpretive services of AT&T. Members do not have to call a special line for this service. When contacting SWHP, Members may notify the CCD staff and/or Customer Advocates of their primary language and the call will be completed with the help of an AT&T interpreter at no charge to the Member. SWHP CCD staff follows established internal SWHP policies related to provision of interpretive services for SWHP members.

SWHP utilizes a toll free TTY number 1-800-735-2988 to assist with communication services for Members with hearing or speech difficulties. The TTY number is listed on the SWHP webpage at [www.swhp.org](http://www.swhp.org) and is also included in your Member correspondence and Member publication materials.

# SWHP Utilization Management Update

## Communication Services/Hours of Operation

SWHP Care Coordination Division (CCD) staff provides access for Members and Practitioners seeking information about the UM process and the PreAuthorization of required services 24/7. SWHP clinical personnel available as needed to provide coverage determinations/clarifications. The CCD has both local and toll free telephone direct access phone lines to the Division. **254-298-3088 or toll-free 888-316-7947**

During all calls regarding UM issues, the CCD staff will identify themselves by name, title and organization name.

Inbound calls during normal business hours, Monday-Friday, 8AM-5PM CST are answered by both support staff and/or nurse Continuing Care Coordinators. Support staff do data intake to start cases in the UM/CM software and/or page the nurse for urgent/emergent calls. Only UM/CM staff prepare and discuss cases for coverage determinations with the Plan Medical Director(s). After hours and on Holidays, the phone lines are linked by computer transfer to the Scott and White Memorial Hospital (SWMH) operators. The SWMH operators transfer any clinical-related calls to the SWHP nurse on-call for SWHP (as needed). During routine business hours, outbound communications related to UM issues are handled by telephone, fax, or e-mail (behind the S&W firewall only).

Enhanced Web-based UM communications are currently in development for the future and are actively being assessed for HIPAA compliance at all stages of development. SWHP/ICSW Members also have access to additional health information through the web via SWHP's homepage at [www.swhp.org](http://www.swhp.org).

## Availability of Medical Directors for Assistance in Case Determinations

It is the policy of SWHP to have Medical Directors available 24 hours/day, seven days/week to handle urgent/emergent medical necessity determinations for Members with inpatient and outpatient needs. This availability will be in person or via beeper/telephone. Members requiring ER post-stabilization determinations are confirmed with the Practitioners or providers of record within one (1) hour per the requirements of Texas Department of Insurance (TDI).

## Notices of Potential for Denial

SWHP Care Coordination Management Staff would like to remind Providers that our Continuing Care Coordinators will contact your office by phone to notify you that there is a "potential for denial" on a service that has been requested that may involve a non-standard Contract Benefit or if the information received does not support the request in terms of our screening criteria--InterQual, Technology Assessment Committee (TAC) and/or other internally developed criteria that SWHP uses to review requests for determination of medical necessity or appropriateness.

At the time of the call the CCC will indicate to you and/or your representative that you as a physician/provider have the "right to discuss the case directly with a Plan Medical Director. This information is given to provide you with the opportunity to provide additional information and/or to ask more specific questions that may impact the initial determination. This notification is a Regulatory requirement of TDI. It is specific to physician-to-physician contact provisions and is not a provision for administrative or other staff to discuss the requested service with a SWHP Medical Director. **This is not a request for all physicians to automatically call the Plan Medical Director, but rather to provide them an opportunity to the Provider to provide additional information to the SWHP Medical Director.** The Medical Director(s) review all potential denials. Practitioners/Providers requesting services may be contacted by the Medical Directors, Utilization Managers or CCCs for additional information or to discuss alternatives to care. Members and Practitioners/Providers receive written notification of all determinations. Denial notifications include the specific reason (principal reason) for the as well as the appeal process.

Members and Practitioners/Providers may appeal denial decisions through the Customer Service Department which then forwards the information to SWHP Dispute Resolution Department. The process for Complaints and Appeals for Members is outlined in the SWHP EOCs and/or Self-Insured Employer Group SPD. Provider Appeal rights are located in the Provider Manual. The EOCs/SPDs with the Complaint/Appeal Rights are also available for Members and Practitioners/Providers online through the Member and Provider portals located on the SWHP website at [www.swhp.org](http://www.swhp.org).

As our customer, we are always interested in your opinion of our service. Please take a few minutes to complete our brief survey at <https://www.surveymonkey.com/s/UtilMgmt> to offer your opinion on your experience with Care Coordination as a SWHP Provider.

# *Rights of Applicants to the Scott & White Health Plan*

## **Right to Inquire About Credentialing Status**

Each applicant to the Scott & White Health Plan retains the right to inquire about their credentialing status at any time. The practitioner may contact the Provider Relations Department to obtain the current status.

## **Right to Review**

Practitioners will have the right to review the information submitted in support of their credentialing applications. However, SWHP respects the right of the Peer Review aspects that are integral in the credentialing process. Therefore, practitioners will not be allowed to review references or recommendations or any other information that is peer review protected. In the event that through the review process, a practitioner discovers an error in the credentialing file, the practitioner does have the right to request a correction of the information in question.

## **Right to Notification**

Practitioners will be notified of any information obtained during the credentialing process that varies substantially from the information provided by the practitioner.

## **Right to Correct Erroneous Information**

Practitioners will have the right to correct erroneous information. The practitioner will be afforded fifteen (15) working days to provide corrected information in a written format to the QI Coordinator and/or Credentialing Delegate.

These rights are published on the SWHP website ([www.swhp.org](http://www.swhp.org)) through the Provider portal under the Credentialing/ Recredentialing link.





The one Texans trust.

1206 West Campus Drive  
Temple, TX 76502

**INSIDE STORY STAFF**

*Operational Staff*

Chief Editor  
Kathy L. Lee

Publishing Coordinator & Distribution  
Judy Marsh

Graphic Design  
Connie Horak

[www.swhp.org](http://www.swhp.org)