The Inside Story

Volume 19 Issue 2 FALL 2013

Scott & White Health Plan (SWHP) continues to have a busy year in 2013. As we get ready to implement the upcoming changes to healthcare reform in 2014, our staff remains committed to providing the most personalized, comprehensive and highest quality healthcare to our members. Our Compliance department is working diligently with the Provider Relations department to ensure that SWHP network providers have access to CMS mandatory Fraud, Waste and Abuse training. Sales and Marketing continue to work on health insurance exchanges that go live on 1/1/2014. The Medical Delivery Development staff has reached out to more of you than ever before in our continued effort to address your concerns and issues.

In This Issue

The 2013 Provider Satisfaction Survey is coming soon. Please help us to improve by giving us your prompt feedback.

Customer Advocacy

Member Rights and Responsibilities

Rights:

1. You have the right to be provided with information regarding member's rights and responsibilities.
2. You have the right to be provided with information about SWHP, its services and practitioners providing member's care.
3. You have the right to be treated with respect; member's provider and others caring for member will recognize his/her dignity and respect the need for privacy as much as possible.
4. You have the right to participate in decisionÐmaking regarding member's health care.
5. You have the right to have candid discussion of appropriate or medically necessary treatment options for member's conditions, regardless of cost or benefit coverage.
6. You have the right to voice complaints, appeals, or grievances about the member's coverage through SWHP or care provided by SWHP providers in accordance with member's Health Care Agreement.
7. You have the right to make recommendations regarding Scott & White Health Plan's members rights and responsibilities policies.
8. You have the right to have an advance directive Such as Living Will or Durable Power of Attorney for Health Care Directive, that expresses member's choice about future care of names someone to decide if member cannot speak for himself/herself.
9. You have the right to expect that medical information is kept confidential in accordance with member's Health Care Agreement.
10. You have the right to select a Primary Care Physician (PCP) to coordinate your health care. It is not a requirement to select a PCP.

Responsibilities:

1. It is your responsibility to notify SWHP regarding any out-of-plan care.
2. It is your responsibility to follow SWHP instructions and rules and abide by the terms of your healthcare agreement.
3. It is your responsibility to provide information (to the extent possible) the organization and its practitioners and providers need in order to provide care.
4. It is your responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
5. It is your responsibility to follow plans and instructions, to the best of your ability, for care you have agreed on with your practitioner(s) and provider(s).
6. It is your responsibility to give SWHP providers a copy of an advance directive, if one exists.
7. It is your responsibility to advise SWHP or SWHP providers of any dissatisfaction you may have in regard to your care while a patient, and to allow the opportunity for intervention to alter the outcome whenever possible.

SWHP's Appointment Advocate

SWHP strives to keep our members healthy. We continually look for ways to improve service that will directly or indirectly improve member health and wellbeing. When a SWHP member is having difficulty obtaining an appointment with a physician they can contact SWHP Customer Advocacy for assistance. Our Customer Advocate team is available to assist members to get an appointment when they are unable to obtain one through normal channels. If the member is having difficulty getting an appointment to see one of our participating providers, please refer the member to Customer Advocacy at 1-800-321-7947. Customer Advocacy will work with our Scott & White connections to obtain a timely appointment, based on the needs of the member.

Marketing

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

Welcome to the NEW SWHP website! Designed with you in mind.

Access all areas from our redesigned home page.

Do you want to learn more about health insurance? Select "Insurance 101."

Are you interested in health and wellness? SWHP has a multitude of VitalCare programs available. Select the "Health and Wellness" tab to find out more.

Need help? Our Customer Advocates are here for you.

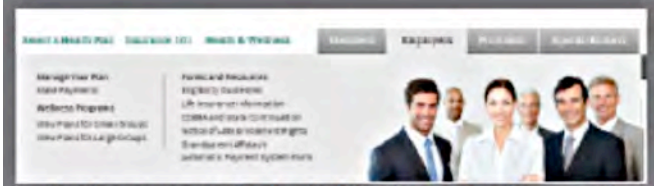
If you are looking for coverage, link to all the different types of healthcare that SWHP offers.

Visit our news and events pages for important news and events going on at SWHP.

Answers to your most frequently asked questions are just a click away.

Members - manage your plan and find tools and resources by selecting the "Members" tab.

Agents and Brokers - learn about our products, become an agent for SWHP, and help customers apply for coverage through our "Agents/Brokers" tab.



Employer groups - find valuable information, forms, and resources in the "Employers" tab.

SWHP providers - find policies, news, and announcements in the "Providers" tab

Visit us now at swhp.org!

Are You Prepared For The Omnibus Final Rule?

As of September 23, 2013 everyone must be in full compliance with the HIPAA Omnibus Rule. The HIPAA Omnibus Final Rule strengthens patient privacy protections and provides patients with new rights to their protected health information.

The AMA recently published an article that succinctly summarizes how the Omnibus Rule will impact physicians. The Omnibus Rule will modify several areas, some of which are:

1. Breach notification requirements have been broadened and more detailed. There is now a risk analysis that a physician must engage in to determine if a breach is reportable. All breaches are presumed reportable unless four factors indicate that there is a low probability of PHI compromise.
2. Health Plan disclosure is a crucial area that physicians will need to create policies and process to make certain that they strictly comply with this new rule. A patient may request that a physician may not disclose their treatment or care to an insurer if the patient fully pays for the care out of pocket. Compliance with this rule will be challenging for physicians in terms of documentation, billing, and follow up care.
3. There are now guidelines on Marketing to regulate how physicians may market to patients. Physicians are now limited in how and when they may market third party products to their patients.
4. Physicians will now only have 30 days to comply with a patient's request for copies of their electronic PHI.

There are several other areas that the new Omnibus Rule will impact. Providers will need to be in full compliance by September 23, 2013. There are potential fines and penalties for noncompliance. To read the full article written by the AMA please access the link below. The AMA also provides additional guidance, forms, and samples to assist you in preparing for the Omnibus Rule implementation.

http://www.ama-assn.org/resources/doc/washington/hipaa-omnibus-final-rule-summary.pdf

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Bell County Indigent Health Services
PO Box 880 Killeen, Texas 76540

Bell County Healthcare Collaborative

September 9, 2013

Bell County Indigent Health Care Program Providers

Dear all,

It is with great pleasure that we announce that you may now electronically submit claims for services provided to Bell County Indigent Health Care Program (CIHCP) recipients. For those who do not have electronic claims submission capabilities, you may still submit paper claims, but they will be mailed to a new address.

Bell County Indigent Health Services will no longer be processing the claims for eligible recipients. A local 501(c)(3) entity, Bell County Healthcare Collaborative recently formed to address uncompensated health care costs for certain very low income individuals who receive services in Bell County. Bell CIHCP recipients are included in the BCHC target population. BCHC has contracted with Scott & White Health Plan as its TPA for claims processing.

We believe that you will be pleased with the ability to submit claims electronically as well as the timeliness of payment back to you.

Please note, that Bell County Indigent Health Services will retain the responsibility to accept applications, make eligibility determinations as well as to address prior authorization and/or other medically appropriate optional service requests. You may continue to contact our office for questions about eligibility and for services that require prior authorization. Your calls regarding claims previously submitted to our office will be redirected to the Scott & White Health Plan.

We value your service to the individuals on the Bell CIHCP and hope that you will continue as a viable partner in assuring health care services to those who cannot pay.

Enclosed you will find detailed instructions on how to submit your current and future claims.

Sincerely,

Rita Kelley
Director
Bell County Indigent Health Services

William Galinsky
President
Bell County Healthcare Collaborative

Enclosures: Claims submission instructions

Claims Submission Instructions

Bell County Indigent Health Care Program

Effective immediately, all claims for services provided to Bell County Indigent Health Care Program (CIHCP) recipients will be submitted electronically. This applies to all providers who have the capability to submit electronic claims. For those who do not have electronic capabilities, paper claims will continue to be accepted. Please note the instructions for electronic submissions below AND the new mailing address for paper claims.

ELECTRONIC SUBMISSION INSTRUCTIONS

To register with Availity, follow these simple steps:

1. Go to www.availity.com and click on the "registration" link
2. Provide your organization's name, address, and federal tax ID number
3. Designate a Primary Controlling Authority (PCA), a person who signs the Availity access agreement for your organization
4. Designate a Primary Access Administrator (PAA) a person responsible for assigning the Availity functions/permissions to other users at your organization. This person is commonly the office or department manager.

Note: Each location should register separately, even if there is one shared PAA.

Upon logging into Availity, you will be able to browse our various help topics by clicking "Help" in our top menu. You can also explore opportunities for recorded and live instruction by clicking "Free Training" on the same menu.

Follow these steps to upload transmission files to Availity after registration:

1. In the Availity menu, click EDI File Management | Send and Receive EDI Files.

Note: If you do not have this option, contact your PAA, who can assign you access to this feature.

2. In the Organization field, select the name of the provider organization for which you are submitting the transmission file, and then click Submit.

3. Click SendFiles.

4. Click Browse.

5. In the Choose File dialog box, locate the file you want to upload and select it. Verify that the name of the file displays in the File name field, and then click Open. The dialog box closes and the name of the file displays in the field next to the Browse button.

6. Click Upload File.

Claims Submission Instructions

Bell County Indigent Health Care Program

After Uploading Transmission Files

- If the file transmission is successful, a file with "-success" appended to the file name displays in the SendFiles mail box.

- You may view this "-success" file. It includes the time-date stamp indicating when Availity received the transmission file. The time-date stamp is also the name Availity assigns to the transmission file.

EXAMPLE: *File was received at 2011060315375000. File was sent for processing.*

- If no "-success" suffix displays in the file name, the file transmission was interrupted. In this case, you must upload the file again.

- If the suffix “-FAILED” displays in the file name, you must review, correct, and resubmit the file. The error message displays in the file in the SendFiles mail box. For more information, see Interpreting FAILED Notification Files (in SendFiles Mail Box).

- Availity removes and archives files from the SendFiles mail box every night.

- After Availity successfully receives the file, it sends acknowledgement files to your ReceiveFiles mail box. It also sends Immediate Batch Response (IBR) files, Electronic Batch Response (EBR) files and, if appropriate, Delayed Payer Response (DPR) files to this mail box. You should check this mail box regularly to view and interpret these files for errors.

Your claim software may also be able to connect to Availity directly through a Secured File Transfer Protocol (SFTP) connection to save you time. Please contact your software vendor to find out if you can utilize this type of connection to Availity.

If you plan to utilize a clearinghouse besides Availity to submit your claims, please contact your clearinghouse let them know you would like to send your claims to Scott and White through Availity.

If you would like to join one of our training sessions or to view previous webinars on demand, please visit www.availity.com/training.

MAIL ADDRESS FOR PAPER CLAIMS

Scott & White Health Plan
PO Box 211500
Eagan, MN 55121-0800

A BIG Thank You to Our Providers!

Scott and White Health Plan would like to thank our Providers for assisting us in being the #1 Health Plan in Texas (http://www.swhp.org/news/ncqa12-13). Every spring we ask our providers to participate in HEDIS Medical Record Review. Your cooperation helped Scott & White Health Plan achieve statistically significant improvement in the following measures for HEDIS®2013 (2012 data) rates:

- Adult BMI Assessment (Commercial and Medicare)
- Weight Assessment in Children including Nutrition and Physical Activity Counseling (Commercial)
- Childhood Immunization Status, Combo 2-10 (Commercial)
- Immunization Status in Adolescents (Commercial)
- Cervical Cancer Screening (Commercial)
- Colorectal Cancer Screening (Medicare)
- Glaucoma Screening in Older Adults (Medicare)
- Appropriate Testing for Children with Pharyngitis (Commercial)
- Appropriate Treatment for Children with Upper Respiratory Infections (Commercial)
- Medication Management of Asthma (Commercial)
- Controlling Blood Pressure, <140/90 mm Hg (Medicare)
- Comprehensive Diabetes Care
    - Hemoglobin A1c Control less than 8 (Commercial and Medicare)
    - LDL Control less than 100 (Commercial)
    - Blood Pressure Control <140/80 and <140/90 mm Hg (Commercial and Medicare)
- Antidepressant Medication Management (Commercial and Medicare)
- Annual Monitoring for Patients on Persistent Medications (Commercial and Medicare)
- Adolescent Well Child Care, 12-21 years of age (Commercial)

Thank you for providing quality care to our SWHP Members!

Overview of Quality Improvement Program

Purpose and Scope of the QI Program

The purpose of the quality improvement program is to ensure SWHP is providing the highest quality care that is easy to access and affordable to our members regardless of plan type, age, race/ethnicity or health status. SWHP supports and tries to reach "Triple Aim" goals: improving Member's affordability, quality and experience of care. The scope of the QI Program is to monitor, evaluate and improve:

- The quality and safety of clinical care
- The quality of service provided by SWHP
- The quality of practitioners and providers
- Affordable and accessible health care and wellness
- The overall Member experience

Clinical Practice Guidelines and HEDIS Work Teams

SWHP uses Clinical Practice Guidelines relevant to its Member population to help providers and members make decisions appropriate for improvement of health outcomes. Providers are encouraged to participate on the SWHP Quality Improvement Subcommittee (QIS) and recommend which clinical guidelines should be adopted by the Plan. Guidelines are chosen from a list of top ten diagnoses among members or for areas where there is high variation among provider practices. The QIS then reviews, revises and approves the guidelines biannually, which have been developed using nationally recognized evidence-based literature sources. The guidelines are published annually (and as needed during the year for any changes) to the SWHP contracted practitioners/providers through SWHP's online Provider Manual, Provider Newsletter *(The Inside Story)*, email and faxed notices.

SWHP has adopted a number of "ALL THINGS" HEDIS teams to assist with improving HEDIS scores. These multidisciplinary teams have monthly workgroup meetings over different measures to develop practice guidelines based on evidence based research, perform root cause barrier analysis and plan interventions. These work teams include SWHP staff, Scott & White providers, pharmacy, and other quality champions.

For a detailed description of the Quality Improvement Program Description and Clinical Practice Guidelines please visit the SWHP Website at: https://swhp.org/providers/resources/quality-improvement-program or contact the SWHP QI Department at 1-888-316-7947.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

SWHP Chronic Condition Guidance (Disease Management) Programs

The Scott and White Health Plan (SWHP) Chronic Condition Guidance programs are multidisciplinary, continuum-based approaches to health care delivery that proactively identify SeniorCare (Medicare) Members with, or at risk for, chronic medical conditions. These programs support the practitioner-patient relationship and plan of care; emphasize the prevention of exacerbation and complications using cost-effective, evidence-based practice guidelines and patient empowerment strategies such as self-management.

SWHP Disease Management Programs:

- **Diabetes** - is consistently listed in the top 10 outpatient diagnoses reported annually to the SWHP Quality Improvement Subcommittee (QIS). This comprehensive program includes: Hemoglobin A1c control, LDL control, Blood Pressure Control, Nephropathy Monitoring, and Diabetic Retinopathy.
- **Coronary Artery Disease (CAD)** – Members who have had a coronary event (AMI, CABG, and PCI) or a diagnosis of Unstable Angina. CAD has been consistently among the top 10 inpatient diagnoses reported annually to the SWHP Quality Improvement Subcommittee (QIS).
- **Chronic Obstructive Pulmonary Disease (COPD)** - The program was designed to advance the quality of treatment for SWHP members diagnosed with COPD.
- **Hypertension** - Members who have a diagnosis of hypertension (HTN) and whose BP is inadequately controlled (140/90 or higher) during the measurement year.

How we can support You and your Patients?

We provide the following services:

- Support from our health care staff to ensure that your patients understand how to best manage their conditions and periodically evaluate their health status
- Periodic newsletters to keep the patients informed of the latest information on their condition
- Educational and informational materials that can assist your patients in understanding and managing the medications you prescribe, how to effectively plan for visits to see you and reminders as to when those visits will occur.
- Information about upcoming events like

These programs are designed to reinforce your treatment plan for the patient. Membership in the Disease Management Programs is voluntary, and patients can opt out at any time. To enroll your SWHP members, who might benefit from the above services, please contact the SWHP Quality Improvement Department at 888-316-7947.

ACA Implementation And Your Documentation – What's The Big Deal?

With the looming implementation of the Affordable Care Act, your documentation becomes more important than ever. CMS/HHS has chosen a payment model based on significant chronic conditions as well as some acute conditions. This payment methodology is called "Risk Adjustment," and a version of it has been around the Medicare Advantage arena for a number of years. The actual codes that "risk adjust" will change for the younger patient population that will be served under the ACA, but the mechanics are basically the same. In a nutshell: YOUR documentation and diagnosis coding will be under additional scrutiny under the Affordable Care Act!

Avoid these common documentation pitfalls:

- **Permanent diagnoses are often overlooked:** Remember to document all permanent diagnoses (A-Fib, CHF, DM, Epilepsy, Hemiplegia) as often as they are assessed, monitored, or treated – or when they are a consideration in the patient's care.
- **"History of":** Under ICD-9 Guidelines, the term "history of" means that the patient no longer has the condition (as in a stable chronic or permanent condition). Never use this term to describe a disease that the patient still has.
- **Not supporting the diagnosis:** Laundry lists of diagnoses with no supporting documentation are unacceptable. All documented conditions must be Monitored, Evaluated, Assessed, and/or Treated (Where's the Meat?).
- **Forgetting the Health Status Codes:** Certain Health Status codes really matter in this model, and CMS/HHS wants to see them documented at least yearly.

✓ ***Long-term use of Insulin***	***(V58.67)***
✓ ***Lower limb Amputation Status***	***(V49.7X)***
✓ ***Asymptomatic HIV Status***	***(V08)***
✓ ***Ostomy Status (specify)***	***(V55.X)***
✓ ***Transplant Status (specify)***	***(V42.X)***

It All Begins With You!

Remember: The GOAL is to properly reflect the member's Health Status

- ✓ **Fully Assess All Chronic Conditions...at least annually**
- ✓ **Thoroughly Document in the Chart ALL conditions evaluated at each visit**
- ✓ **Clearly state all manifestations of the disease**
- ✓ **Address any stable chronic conditions or significant health status**
- ✓ **Code to the Highest Level of Specificity (fully utilize the ICD-9 Diagnosis Coding System)**

Is YOUR documentation sufficient to fund the care for your sicker patients?

Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act ("Affordable Care Act")

In preparation for the enactment of the Affordable Care Act, Scott & White Health Plan (SWHP) wanted to notify providers who are part of our Commercial network that SWHP is a Qualified Health Plan (QHP) participating in the Exchanges. Therefore, SWHP is preparing to be in full compliance with the requirements of the Affordable Care Act. One of the key requirements is that SWHP has to observe a three-month grace period before terminating coverage for enrollees who are receiving the Advanced Premium Tax Credit (APTC). As a result, SWHP is required to notify providers that may be affected (providers that submit claims for services rendered during the grace period) that an enrollee has lapsed in his or her payment of premiums. The notice must indicate there is a possibility that SWHP may recoup paid claims incurred during the second and third months of the grace period if the enrollee exhausts the grace period without paying the premiums in full. SWHP will make a diligent effort to notify all potentially affected providers as soon as possible when an enrollee enters the 90-day grace period.

Vital Traditions HMO SNP
Insurance Company of Scott & White

VITAL TRADITIONS
Effective 1/1/2014

Effective 1/1/2014, Scott & White Health Plan will be a Medicare Advantage Plan through the Insurance Company of Scott & White. The name of our Medicare Advantage Plan is Vital Traditions. Vital Traditions will be offered as a Dual Eligible – Special Needs Plan (D-SNP) in the Central Texas area. It will be offered as a Medicare Advantage Prescription Drug Plan (MAPD) in the Dallas/Fort Worth area. The Provider Relations department will be sending out post card invitations to providers who are contracted for Vital Traditions to request your presence at one of our orientations.

We look forward to working with you to provide the highest quality of care to our members!

Scott & White Health Plan Wellness Programs:

If your patients are looking for tips and tools to improve their health, Scott & White Health Plan has the programs to help them meet their goals. Since improved nutrition and weight loss could improve your patient's health, consider referring them to attend a "Dinner Tonight Healthy Cooking School" or "Step Up Scale Down" Class.

Dinner Tonight features cooking demonstrations. The program is held at the Scott & White Health Plan building located at 1206 West Campus Drive, Temple, Texas. The event will promote Texas agriculture as well as include easy and nutritious meals that get the whole family involved. Dinner Tonight is free to the community. Not only do the meals taste great, they are also cost effective, easy to prepare, and very nutritious.

Step Up Scale Down is a 12 week program featuring weekly sessions for nutrition and exercise education. Participants will get the tools and support to change their lifestyle and incorporate healthy living choices. Each week features a different topic including goal setting, reading nutrition labels, meal planning, and starting or stepping up your exercise program. The classes will be taught by nurses, clinical pharmacists, and wellness professionals with expertise in exercise and nutrition.

Classes will be offered at selected Scott & White Clinics and Pharmacies across our service area as well as at the Health Plan. SUSD is free for Scott & White Health Plan members and Scott & White employees. Other participants will be charged a minimal $30 fee to cover costs and supplies for the program.

For more information about these programs or to refer a patient, contact Ian Goodman at the Scott & White Health Plan at igoodman@sw.org or by phone at 254-298-3416.

Specialty Pharmacy Care Team: Now Enrolling Multiple Sclerosis Patients

Did you know patients receiving prescriptions from a specialty pharmacy have been shown to experience better adherence to drug therapy and improved outcomes?

Scott & White Health Plan is pleased to introduce the Specialty Pharmacy Care Team – meeting the needs of your patients taking specialized medications for complex, genetic, rare and chronic health conditions. The specially-trained pharmacists and staff will help your patients feel their best through clinical programs that enhance patient understanding of drug therapy and improve adherence, which saves everyone time and money!

The Specialty Pharmacy Care Team is dedicated to assisting you in improving patient care and outcomes by providing excellent, customer-focused pharmaceutical care to your patients.

- We assure safe and efficient dispensing and delivery of specialty drugs, working closely with the prescribing physician to minimize administrative hassles.
- We communicate, monitor and work closely with every patient and their family to ensure patient understanding, compliance and therapeutic objectives are met - focusing on optimal patient outcomes.
- We are integrated into Scott & White Health Plan, providing quicker access to needed drug therapy thus expediting appropriate care.

Get your patients enrolled in this free service today!
Contact us via phone or fax with new prescriptions or referrals.

Specialty Pharmacy Care Team
Located at Scott & White Pharmacy – Northside
514 W Adams Ave Temple, TX 76501

Monday – Friday
8:30 am – 4:30 pm
Phone: (254) 774-1070
Fax: (254) 774-1080

The SWHP Pharmacy and Therapeutics (P&T) Committee meets monthly to review drugs and policies.

You can find formulary updates, formularies/preferred drugs lists (PDLs), prior authorization criteria and prior authorization forms at http://www.swhp.org/homepage/providers/pharmacy

SWHP P&T Formulary Changes (March-August 2013)

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
lithium carbonate, lithium carbonate ER, lithium citrate	**Tier 1**	Added as maintenance eligible			10/1/2013
Mekinist® (trametinib)	**Specialty Formulary- Tier 1** **MCD- Tier 4**	Prior authorization required	Indicated for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test		10/1/2013
Tafinlar® (dabrafenib)	**Specialty Formulary- Tier 1** **MCD- Tier 4**	Prior authorization required	Indicated for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E mutation as detected by an FDA-approved test		10/1/2013
fenofibrate (generic Tricor®)	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013
irbesartan	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013
irbesartan- HCTZ	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013

levetiracetam ER	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013
azelastine nasal spray	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary)			10/1/2013
tolterodine	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013
ibandronate	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013
candesartan	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013
candesartan-HCTZ	**Tier 1** **MCD- Tier 1**	Tier change (addition to formulary) Maintenance eligible			10/1/2013
Testopel® (testosterone extended release pellets)	**Specialty Formulary- Tier 3**		Indicated for use in primary hypogonadism and delayed puberty in males	Androderm® Androgel® Testim® testosterone cypionate testosterone enanthate	8/1/2013
Eliquis® (apixaban)	**Tier 2** **MCD-Tier 2**	Prior authorization required	Indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation	Pradaxa® Xarelto® warfarin Coumadin® Jantoven®	7/2/2013
Arcapta® (indacaterol)	**Tier 2** **MCD-Tier 2**	Maintenance Eligible	Indicated for long term, once-daily maintenance bronchodilator treatment of airflow obstruction in patients with COPD, including chronic bronchitis and/or emphysema	Foradil® Serevent® Spiriva®	6/1/2013

Zaltrap® (ziv-aflibercept)	**Specialty Formulary- Tier 4**	Prior authorization required	Indicated in combination with 5-fluorouracil, leucovorin, irinotecan-(FOLFIRI) for patients with metastatic colorectal cancer (mCRC) that is resistant to or has progressed following an oxaliplatin-containing regimen	Avastin®	6/1/2013
Tobi Podhaler® (tobramycin)	**Specialty Formulary- Tier 1** **MCD-Tier 4**		Indicated for the management of cystic fibrosis patients with Pseudomonas aeruginosa	Tobi®	6/1/2013
Myrbetriq (mirabegron)®	**Tier 3** **MCD-Tier 3**	Maintenance eligible	Indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency	Detrol LA® Enablex® oxybutynin Vesicare®	5/1/2013
Bydureon (exenatide microspheres)®		Revision to prior authorization criteria; effective 4/1/2013			5/1/2013

MCD=SWHP Medicare Part D Formulary (SeniorCare Rx); **PA**=prior authorization required; **MN**=maintenance eligible; **ST**=step therapy restriction

High Risk Medication Initiative

At SWHP, we strive to provide quality care to our patients. As such, we have started an initiative to reduce the use of High Risk Medications (HRMs) in the Medicare population.

The American Geriatrics Society (AGS) updated the Beers Criteria last year which identify HRMs in older adults. These medications are associated with poor patient outcomes such as Adverse Drug Events (ADEs), hospitalizations, and mortality due to physiological changes with aging. HRMs typically have limited effectiveness in the elderly, are frequently unsafe, and risks associated with these medications are thought to outweigh potential benefits.

SWHP Initiative

As part of our HRM initiative, prescription claims will be screened for 6 highly utilized HRMs in our Medicare Part D population. Prescribing physicians will be sent a letter describing the risks associated with the medication and potential alternatives. A list of patients identified will also accompany the letter.

We ask for your help in continuing to provide quality care for our seniors. It is important to consider that although a patient may tolerate a HRM currently, that patient is still vulnerable to experiencing dangerous adverse effects, especially as the patient continues to age and physiological changes occur. Thus, a proactive approach, such as discontinuing an HRM before a safety issue arises, will not only improve patient safety but also prevent harm. Please carefully consider the following alternatives, and your clinical judgment, to help reduce use of these medications in this high risk population.

Generic	Brand	Justification/Concern	Alternatives
Zolpidem	Ambien®	Cognitive impairment, delirium, unsteady gait, syncope, falls, motor vehicle accidents, minimal benefit	Assess impact of the sleep disorder on the patient's function and quality of life to determine if drug therapy is necessary. Non-drug therapy Trazodone-low dose Doxepin-low dose (<6mg/d)
Nitrofurantoin (chronic use or use in patients with CrCl <60mL/min)	Furadantin® Macrobid® Macrodantin®	Pulmonary toxicity Ineffective: CrCl<60 mL/min	For prophylactic use consider antibiotics such as TMP-SMX, fluoroquinolones, or beta-lactam antibiotics. **Optimal dose, frequency, and duration are not known.* Alternatives: vaginal estrogens if postmenopausal with atrophic vaginitis.
Digoxin (>0.125mg/day)	Lanoxin®	In heart failure, higher dosages associated with no additional benefit and may increase risk. Decreased renal clearance may increase risk of toxicity.	Dose reduction (M0.125mg/day) with monitoring

Glyburide	DiaBeta® Glynase PresTab®	Greater risk of severe prolonged hypoglycemia	Glimepiride Glipizide
Cyclobenzaprine	Amrix® Fexmid® Flexeril®	Most muscle relaxants are poorly tolerated by elderly patients due to anticholinergic adverse effects, sedation, fall risk, delirium, and weakness. At doses tolerated by elderly patients, their effectiveness is questionable.	Treat underlying problem, physiotherapy, application of heat or cold, correct footwear.
Amitriptyline	Elavil® Limbitrol® Triavil®	Strong anticholinergic effects (dry mouth, constipation, vision disturbances), sedation, increased risk for falls	Depression: SSRI, SNRI, Mirtazapine, Bupropion, Nortriptyline, Desipramine Neuropathic pain: Gabapentin (Neurontin®) Pregabalin (Lyrica®) Duloxetine (Cymbalta®) Venlafaxine Sleep: Non-drug therapy Trazodone-low dose Doxepin-low dose (<6mg/d)

As always, we appreciate your ideas and feedback. Thanks for reading and for the quality work you do.

Scott & White Health Plan Medical Coverage Policies Update

We are pleased to announce the release of the following Medical Coverage Policies. You can find these policies on our website.

Number	Title	Comment
005	Arthroscopy for Osteoarthritis of the Knee	
008	Platelet-Rich Plasma Products	
012	Compression Stockings	
016	Balloon Urethroplasy	
026	Dental Services and Anesthesia for Dental Services	
027	Diathermy for Pain	
032	Extracorporeal Shock wave Treatment (ESWT) for Fasciitis and Muscular Skeletal Conditions	
040	Gynecomastia Surgery	
042	Custodial Care	
061	Artificial Disc Replacement	
078	Spinal Cord Stimulators	
084	Vertebroplasty Kyphoplasty Sacroplasty	
208	Private Duty Nursing	

The Scott & White Health Plan Medical Coverage Policies are reviewed on an annual basis to assure continued relevance and to keep them current. This review is conducted by SWHP medical directors. Each policy is reviewed using a number of resources such as:

1. Medical literature
2. Hayes Technology® database
3. InterQual® guidelines
4. SW Technology Assessment Determinations
5. Specialty Society or other national guidelines

Once policies have been reviewed by the medical directors, they are sent for specialty review. Recommendations from the specialty reviewers are considered at a subsequent Medical Director Committee meeting and a final decision on the content of the policies under consideration is made.

The review process for the above policies has been completed and they have now been published to the website. Your comments and suggestions regarding the Medical Coverage Policies are always welcome and may be forwarded to Dr. David Krauss DKRAUSS@swmail.sw.org.

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

Potentially Harmful Drugs in the Elderly

Beers List and Preventing Potentially Harmful Drug-Disease Interactions in the Elderly

In 1991, Dr. Mark Beers published a methods paper describing the development of a consensus list of medicines considered to be inappropriate for long-term care facility residents. The 'Beers list', now on its 3rd revision, was originally constructed specifically for long-term care, but it has been revised for use in hospital, outpatient, managed care, and other settings.

Increasingly, this List is being used as a quality measure. The Centers for Medicare & Medicaid Services (CMS) has adopted the Beers list to regulate long-term care facilities, and the Health Plan Employer Data and Information Set (HEDIS) now has a measure regarding medications used in the elderly to assess quality – "Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)".

The **HEDIS measure evaluates** the use of medications in members 65 years old and older targeting 3 specific areas or disease conditions:

1. **A history of falls (or hip fracture)** *and* a prescription for:
    - Tricyclic antidepressants
    - Anti-psychotics, or
    - Sleep agents
2. **Dementia** *and* a prescription for:
    - Tricyclic antidepressants, or
    - Anti-cholinergic agents
3. **Chronic Renal Failure** *and* prescription for:
    - Non-aspirin NSAIDs, or
    - Cox-2 Selective NSAIDs

Avoiding the use of inappropriate and high-risk drugs is an important, simple, and effective strategy in reducing medication-related problems and adverse drug events in older adults. For more information on the rationale for why the medications might be inappropriate and the strength of the recommendation based on available research, please see the Update from the Expert Panel for the American Geriatric Society:

http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf

A 'pocket card' version of the Beers list can be found at:

http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf

As always, we appreciate your ideas and feedback.

Thanks for reading and for the quality work you do.

Michael Hawkins, MD, MSHA
VP & Medical Director, SWHP

Reference to our Friday FOCUS editions may be found at http://www.swhp.org/homepage/providers/fridayfocus

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