The Inside Story

Scott & White Health Plan
The one Texans trust.

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Scott & White Health Plan has had a busy 2013. We have grown our network, expanded our product offerings, and our SeniorCare product was named #1 in Texas and # 21 in the Nation for the second year running for quality and customer satisfaction by NCQA and Consumer Reports. We could not have done it without the support of our providers! 2014 looks to be just as busy, as our Vital Traditions Medicare Advantage Plans and Federally Facilitated Exchange Plans start 1/1/2014. Please visit our website for the most up to date news and resources available to you.

In This Issue

SWHP Provider Training

Scott & White Health Plan's (SWHP) provider website is an excellent resource for provider training and education. Providers are able to view online webinars and training sessions through our website at https://swhp.org/providers/training-education. Here you will find information on our new Vital Traditions-Medicare Advantage Plans. The site is continuously updated, so check back often.

Vital Traditions

Dual Eligible Special Needs Program

2014 Model of Care Training

If you are a participating provider for Scott & White Health Plan's (SWHP) Medicare Advantage Dual Eligible Special Needs (D-SNP) Plan, we have created an online training for you to take on our Model of Care (MOC). The training is a Centers for Medicare and Medicaid Services (CMS) requirement. Therefore, it is mandatory that all providers and their staff (as applicable) complete the MOC training. **The online training must be completed by January 1, 2014.** The training plus the short quiz takes approximately 25 minutes to complete. You can access the training any time of day at the following web address: https://swhp.org/providers/training-education.

Helpful Tips:

- To maximize the screen, please click the button located in the bottom right hand corner of the screen.

Maximize screen button =	

- When taking the quiz, please utilize the "Submit" and "Continue" buttons located within the same screen as the questions.

- Once you have successfully viewed all of the slides and answered at least 9 out of the 10 questions correctly, a completion certificate will be emailed to you.

Please contact the Provider Relations Department at (254) 298-3064 or (800) 321-7947, ext. 203064 if you have any questions.

ACA Participation

We are excited to announce that Scott & White Health Plan (SWHP) will be participating as a Qualified Health Plan (QHP) in the Federally Facilitated Exchange (FFE) that will go into effect on January 1, 2014. We are offering several plan options for members to choose from.

FFE Provider Network

As a provider currently contracted with the SWHP for our Commercial (HMO) Network, you will also participate in our provider network for the FFE. The Participating Provider Agreement that you have with SWHP will remain the same.

Member Benefits/Eligibility & Claims Status

We encourage providers to utilize the *MyBenefits* Portal to check member benefits/eligibility and claims status. You can access the *MyBenefits* Portal at https://swhpah.swhp.org/. If you do not have a login for the portal, you can self-register online by clicking on "here" where it says "To register as a Provider click here."

Member Grace Period

As part of the Affordable Care Act, SWHP must observe a three-month grace period before terminating coverage for enrollees who are receiving the Advanced Premium Tax Credit (APTC) or "subsidy". As a result, SWHP is required to notify providers that they 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. This notification must indicate that 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.

In order to meet this requirement, SWHP will utilize a vendor to send out notification letters to affected providers for members who have entered their grace period. These letters will be generated and mailed out on a monthly basis. In addition to the letters being mailed out, the Explanation of Payments (EOPs) that you receive for claims payments on members who are in their grace period will include an explanation code that states, "This payment is for a member who is in their grace period and is subject to recoupment." Finally, SWHP is also working on being able to have this information available in the *MyBenefits* Portal when you login to verify member benefits/eligibility. However, this is currently in the testing phase. We will notify you once it is available.

More Information & Who to Contact

Please visit the SWHP webpage at https://swhp.org/insurance-101/understanding-health-care-reform in order to find out more information about Health Care Reform.

If you have any questions, please feel free to contact the Provider Relations Department at (254) 298-3064 or (800) 321-7947, extension 203064.

We appreciate your continued partnership with SWHP to provide the highest quality of care to our members!

SWHP Urges Providers To Help Stop Fraud, Waste, and Abuse

Hello providers! We at Scott & White Health Plan hope you had a wonderful holiday season! It is a new year and the OIG is out in force and is aggressively tackling the fraud, waste, and abuse that plague Medicare. While progress has been made there is always work to be done. Recently the government alleged that IPC The Hospitalist Co. Inc based in North Hollywood, California, "submitted false claims to federal health care programs".

The Department of Justice (DOJ) alleges, "that IPC physicians sought payment for higher and more expensive levels of medical service than were actually performed – a practice commonly referred to as 'upcoding.' Specifically, the lawsuit alleges that IPC encouraged its physicians to bill at the highest levels regardless of the level of service provided, trained physicians to use higher level codes and encouraged physicians with lower billing levels to 'catch up' to their peers."

This case was filed by a former physician of IPC as a qui tam case, "or whistleblower, provisions of the False Claims Act, which permit private parties to sue for false claims on behalf of the government and to share in any recovery. The Act also allows the government to intervene or take over the lawsuit, as it has done in this case, and to recover three times its damages plus civil penalties."

Please keep in mind that if you are aware of fraud, waste, or abuse you can call the anonymous SWHP compliance hotline number at 1-888-800-1096. You can also contact the SWHP Compliance Officer Pamela O'Bannon at (254) 298-3494. Please always be vigilant about potential fraud, waste, or abuse occurring in your area and never hesitate to report it to compliance or by calling the anonymous hotline.

Quality Improvement

Quality Improvement Clinical Practice Guidelines

Please check https://swhp.org/providers/resources/quality-improvement-program regularly for the latest Clinical Practice Guidelines. The following were recently updated: Alcohol Withdrawal Management, Prenatal Guidelines for Normal Pregnancy, and Urinary Tract Infection Treatment.

Pharmacy

Vicodin® is Changing!

As of January 2014, prescription medications cannot contain more than 325 mg of acetaminophen per dosage unit. The FDA mandated this change in an effort to reduce unintentional acetaminophen overdose.

What you need to know:

1. Hydrocodone content and directions for use have not changed.
2. Vicodin has been reformulated to contain 300 mg of acetaminophen. It can only be substituted for a generic product at an identical strength.
    a. The new formulation of Vicodin AND its new generic are priced 7-15 times higher than generic Norco (hydrocodone/APAP 325 mg).
3. **Prescribe generic Norco instead to minimize cost to patients.**

Hydrocodone/APAP 300 mg	$ per tab	Hydrocodone/APAP 325 mg	$ per tab
Vicodin and generics	1.69-2.39	***Generic Norco***	***0.16-0.20***
Xodol	1.40-6.39		

Medi-Span® Price Rx®. Wolters Kluwer Health. Available at: http://www.medispan.com/drug-pricing-analysis-pricerx/. Accessed on: December 10, 2013.

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Drugs.com Xodol®. Available at: http://www.drugs.com/pro/xodol.html. Accessed on: December 10, 2013.
Vicodin®, Vicodin ES®, Vicodin HP® [package insert]. North Chicago, IL: AbbVie; 2013.
www.fda.gov. Acetaminophen prescription products limited to 325 mg per dosage unit: Drug safetycommunication. Available at: http://www.fda.gov/Safety/MedWatch/SafetyInformation/ SafetyAlertsforHumanMedicalProducts/ucm239955.htm. Accessed on: December 3, 2013.

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 https://swhp.org/providers/pharmacy-services.

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

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Benlysta® (belimumab)	**Specialty Formulary-Tier 4**	Prior authorization required	Indicated for the treatment of adult patients with active, autoantibody-positive systemic lupus erythematosus who are receiving standard therapy		1/1/2014
Brintellix® (vortioxetine)	**MCD-Tier 3**		Indicated for the treatment of major depressive disorder	venlafaxine Cymbalta®	1/1/2014
Valchlor® (mechlorethamine)	**MCD-Tier 4**		Indicated for the treatment of stage 1A and 1B mycosis fungoides-type cutaneous T-cell lymphoma in patients who have received prior skin-directed therapy		1/1/2014
Humira® (adalimumab), Cimzia® (certolizumab), Simponi® (golimumab)		Revision of prior authorization criteria			1/1/2014
Vascepa® (icosapent ethyl)	**Tier 3** **MCD-Tier 3**	Maintenance Eligible	Indicated as an adjunct to diet to reduce triglyceride levels in adult patients with severe (≥ 500mg/dL) hypertriglyceridemia	Lovaza® niacin ER fenofibrate fenofibric acid gemfibrozil	12/1/2013
Gilotrif® (afatinib)	**Specialty Formulary-Tier 1** **MCD-Tier 4**	Prior authorization required	Indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have EGFR exon 19 deletions or exon 21(L858R) substitution mutations as detected by an FDA-approved test		12/1/2013
Exjade® (deferasirox)		Revision of prior authorization criteria			12/1/2013

Humira® (adalimumab), Cimzia® (certolizumab), Stelara® (ustekinumab), Simponi® (golimumab)		Revision of prior authorization criteria			12/1/2013
Kadcyla® (trastuzumab emtansine)	**Specialty Formulary- Tier 1**	Prior authorization required	Indicated for the treatment of patients with HER2-positive, metastatic breast cancer who previously received Herceptin (trastuzumab) and a taxane, separately or in combination		11/1/2013
Invokana® (canagliflozin)	**Tier 3** **MCD-Tier 3**	Maintenance Eligible	Indicated for the treatment of type 2 diabetes mellitus for non-insulin dependent patients as an adjunct to diet and exercise as monotherapy or in combination with other anti-diabetic agents	Dipeptidyl Peptidase IV (DPP-4) Inhibitors	11/1/2013
Brisdelle® (paroxetine)	**MCD- Tier 3**		Indicated for the treatment of moderate to severe vasomotor symptoms associated with menopause		11/1/2013
Tivicay® (dolutegravir)	**MCD- Tier 4**		Indicted for the treatment of HIV-1 infection in adults and children age 12 and older weighing at least 40kg, in combination with other antiretrovirals	Isentress® Stribild®	11/1/2013

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

Prior Authorizations

Scott & White Health Plan (SWHP) would like to thank you for providing the outstanding care that you do to our members. SWHP is providing this courtesy notice to you regarding upcoming changes to the SWHP Notification/Prior Authorization (PA) lists. ***These changes are effective January 1, 2014.***

You may obtain the new PA lists through the MyBenefits Portal located at https://swhpah.swhp.org/. Just enter your user name and password. Once you are logged in, look for the section titled "My Health Tools/ Resources" on the home page. All of the PA lists are located under this section. If you do not have access to MyBenefits, please click on the link that says, **"To register as a Provider click here."**

If you have any questions or issues logging into the MyBenefits Portal, please contact Provider Relations at (254) 298-3064 or (800) 321-7947, x203064.

Osteoporosis Management in Women Who Had a Fracture

Fragility Fractures and Need to Treat for Osteoporosis
Fragility Fractures due to Osteoporosis in older women and men are a major health issue in our society - with an estimate of over 2 million fractures in the US each year. Patients with *fragility* fractures often go unrecognized and/or untreated. *Fragility fractures* are defined as fractures resulting from a fall from a standing height or less, or presenting in the absence of obvious trauma. Fragility fractures affect up to one-half of women and one-third of men over age fifty, and are often associated with low bone density. Such fractures occur most commonly in the hip, spine, and wrist.

If these patients with *fragility fractures* are untreated, they are prone to additional fractures. Data indicate that patients with a history of any type of prior fracture have a two- to six-fold increased risk of subsequent fractures compared to those without a previous fracture ***and*** are at risk of a significant disability as a result.

How well are we, as clinicians, doing in recognizing and treating? In one multisite study, it was reported that among women who had a fragility fracture, 32% had bone mineral density testing and only 18% had been prescribed treatment for osteoporosis. ***At Scott & White,*** in calendar year 2012 (reported for HEDIS 2013), **16.8% of our women 65 years of age and older who had a fracture had either a bone mineral density test or were prescribed a medication for osteoporosis.** The 90th percentile for all health plans reporting to HEDIS in the U.S. for 2012 was 83.49%.

What is recommended care: The American Academy of Orthopaedic Surgeons (AAOS) encourages physicians to:

1. Consider the likelihood that osteoporosis is a predisposing factor when a patient presents with a fragility fracture and keep associated risk factors in mind when identifying these patients.
2. Advise patients with fragility fractures that an osteoporosis evaluation may lead to treatment which can reduce the risk of future fractures.
3. Initiate an investigation of whether osteoporosis is an underlying cause in patients with fragility fractures. The orthopaedic surgeon may conduct this evaluation or may refer the patient to another medical provider as long as direct communication is provided.
4. Establish partnerships within the medical and nursing community that facilitate the evaluation and treatment of patients with fragility fractures.
5. Urge their hospitals and office practices to establish clinical coordinator and pathways that ensure optimal care is provided for patients with fragility fractures.

Position Statement 1159, Revised December 2009, AAOS

We have a great opportunity to show significant improvement: **For each of our women 65 years of age or older who have a fracture of any kind, either do a bone mineral density test OR start on medication for osteoporosis OR refer the patient to one of our doctors specializing in the care of patients with osteoporosis.**

As always, we appreciate your feedback.

COPD
(Chronic Obstructive Pulmonary Disease)

COPD (Chronic Obstructive Pulmonary Disease) is currently the 3rd leading cause of death in the United States and tobacco smoking is the leading cause of preventable death in the United States.

The cost in human suffering, as well as finances is truly staggering. The SWHP knows that you are dedicated to providing the best care for our patients and including patients with common chronic diseases, such as COPD, Hypertension, Heart Failure, or Diabetes. The quality measures specific to COPD are analyzed in HEDIS (Healthcare Effectiveness Data and Information Sets). These are fairly straight forward yet we have a lot of room for improvement.

The first one is that patients diagnosed with COPD, (ICD9 code 496 or 49_ categories) should be accompanied, by diagnostic testing, specifically Spirometry. This can be done at the clinic level if Spirometry is available or can be done at a local pulmonary function testing laboratory. These are well distributed across our network. The Spirometry consists of maximal effort, exhalation maneuvers after a maximum inspiration. For national standards, the results have to be within 3% of each other on at least three tries. This is a somewhat difficult but yet simple maneuver. Patients with COPD typically have below 80% forced respiratory volume one second levels and FEV1/FVC levels below 70%. To be counted as compliant or appropriate for HEDIS there must be medical record evidence of Spirometry being done two years prior to a diagnosis of COPD being coded or six months afterwards. So if diagnose COPD, please order this test with it.

Secondly, patients with COPD may have an exacerbation period this does necessarily mean a hospitalization was required. However, clear cut worsening from baseline with increase shortness of breath and frequently increase sputum production is present. The HEDIS scores for this, which are evidence based, indicate systemic chronic steroids and bronchodilator medication should be prescribed within 30 days of an exacerbation. Antibiotics are frequently given; however, they are not required for the HEDIS measure score. In general, antibiotics are indicated although research studies have not always corroborated the usefulness of them for exacerbation.

The best long term solution for COPD is to encourage patients to stop smoking. The SWHP along with the representatives from the Scott & White CHASM group (Coordinating Healthcare across the System) have devised a new exhaustive guideline which should be released within the next month for prevention, diagnosis, and care of our patients with COPD. The first and most important step will be tobacco cessation which should always be encouraged.

SWHP Launches Two New Medicare Advantage Plans

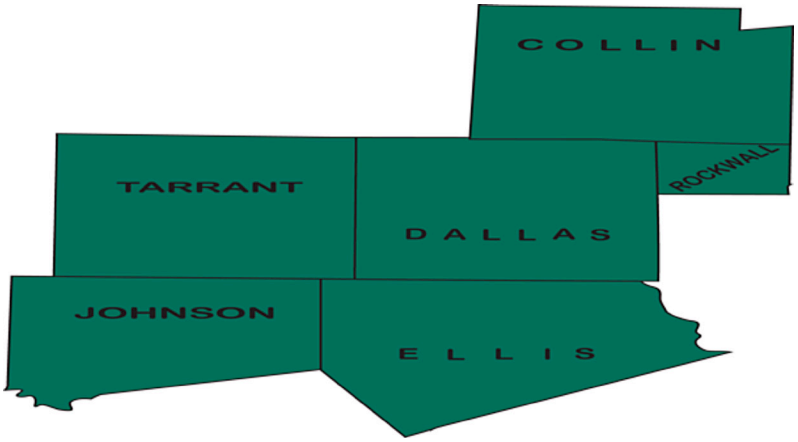
SWHP is launching two new Medicare Advantage programs on 1/1/2014. These programs will offer extra services to members and provide all of us with an opportunity to work with the federal government.

One program is the Medicare Advantage Prescription Drug (MAPD) Plan with our new partners in the Dallas-Fort Worth area, which is called "Vital Traditions". Members and providers will be encouraged to stay within the network for all services, as much as possible. New members will need to complete a Health Risk Assessment (HRA) and annual preventive physical within 90 days of enrolling. This data is then used to best plan the medical care for the enrollee. In addition, CMS will use the HRA and physical examination information to calculate a Hierarchical Condition Category (HCC) score, which is a formalized and standardized methodology to stratify disease severity and acuity. The HCC score is the basis for reimbursement as well. Clearly, the accuracy of physician evaluation and charting will be paramount for accurate HRA and HCC scores.

Many experts feel that MAPD programs represent the future of Medicare. SWHP is excited to enter this arena as Medicare moves deeply into value-based healthcare. We expect the MAPD program to be very popular with members. Value added services, such as travel assistance to those in need and assistance with specialist referrals, should be particularly helpful.

To the right is a sample of the Vital Traditions (HMO) – MAPD member ID card and service area map.


Vital Traditions (HMO)
Insurance Company of SCOTT&WHITE
JOHN DOE
Member No.: 12345678900
Health Plan: (80840)
Group No.:
PCP:
RX BIN:
RX PCN:
RX Copay:
Specialist: /
ER/Urgent: /
This card is for identification purposes only and does not guarantee membership or coverage.
MedicareRx
CMS- H8237-

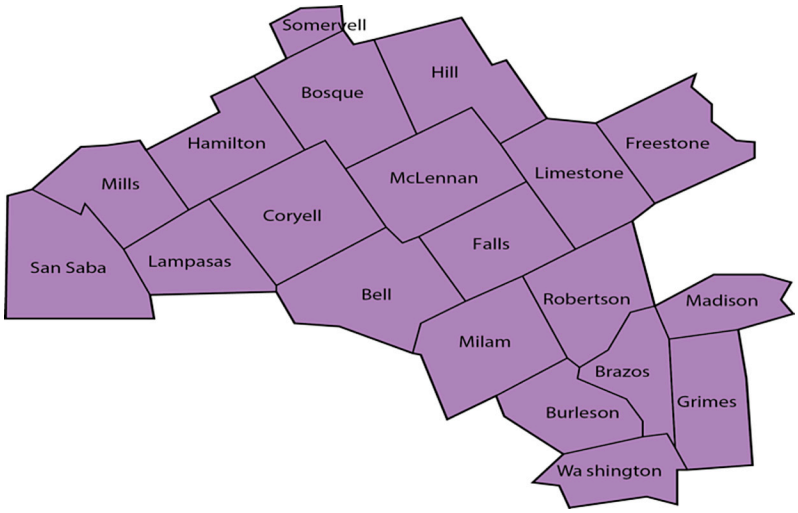


Medical Directors

The second Medicare Advantage program is a Dual Eligible Special Needs (D-SNP) Plan, which is called "Vital Traditions", which is here in the Central Texas region and has a service area that spans across 20 counties. The D-SNP program targets high needs, chronically ill individuals who are eligible for both Medicare and Medicaid. Again, HRAs, HCC scores, and preventive health visits are required. Members will each have a Health Plan Navigator ("community health worker"), as well as, extensive case management, chronic disease management, coordination of care, and social work support. The D-SNP program affords a real opportunity to improve the quality of life, keep patients at home whenever possible, support family members as they care for their loved ones, be patient centric, and of course, all while focusing on high quality care and cost control. We know that you are up to the challenge as much as we are!

The D-SNP program will emphasize partnership with local community resources, such as Meals on Wheels, Area Program for Aging, and home health agencies. Care coordination will require frequent and careful communication. We will be working very closely with physician offices to decrease coordination burden and enhance social and community services, so that care of these complex patients is improved, yet more efficient for the physician primary care team.

To the right is a sample of the Vital Traditions (HMO SNP) – D-SNP member ID card and service area map.



Our Friday FOCUS editions may be found at https://swhp.org/about-us/news/newsletters/providers-friday-focus

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