Winter 2017

the Inside Story

Scott&White HEALTH PLAN

Scott & White Health Plan (SWHP) is starting 2017 in high gear since it's a very busy time of the year. Call volume may be high but SWHP has several tools available to assist with inquiries. SWHP offers the following tools to our physicians and providers to obtain member benefits, eligibility, claims status, and authorizations list:

- Provider Interactive Voice Response (IVR) System — used to verify member eligibility and benefits and check claims status — accessed directly by dialing 1-800-655-7947 or by calling the main customer service phone number at 1-800-321-7947 and pressing option 1.

- SWHP Provider Portal — used to view complete prior authorization lists, check claims status, and verify member eligibility and benefits — accessed at: https://portal.swhp.org/ProviderPortal/#/login. Portal training can be accessed at http://swhp.org/Portals/0/Files/Forms/Providers/SWHP-Provider-Portal-Training-8.05.16.pdf?ver=2016-08-23-203250-460.

We offer multiple ways to submit your changes:

- Email your SWHP Provider Relations Representative
- Call the SWHP Provider Relations Department at 1-800-321-7947, ext. 203064
- Email the SWHP Provider Relations Department at SWHPProviderRelationsDepartment@sw.org
- Use the online form located at http://swhp.org/en-us/prov/provider-address-change-form

In an effort to ensure we have the most accurate information on file for you, we encourage you to submit any address, phone number, panel status, or contract participation status changes to us as soon as the change occurs.

We have enjoyed working with you this past year and appreciate the opportunity to continue to do so in the coming year. January 2017 ushers in a new and exciting time here at the health plan. As we move into the new year, there will be more exciting opportunities and innovations ahead, so stay tuned!

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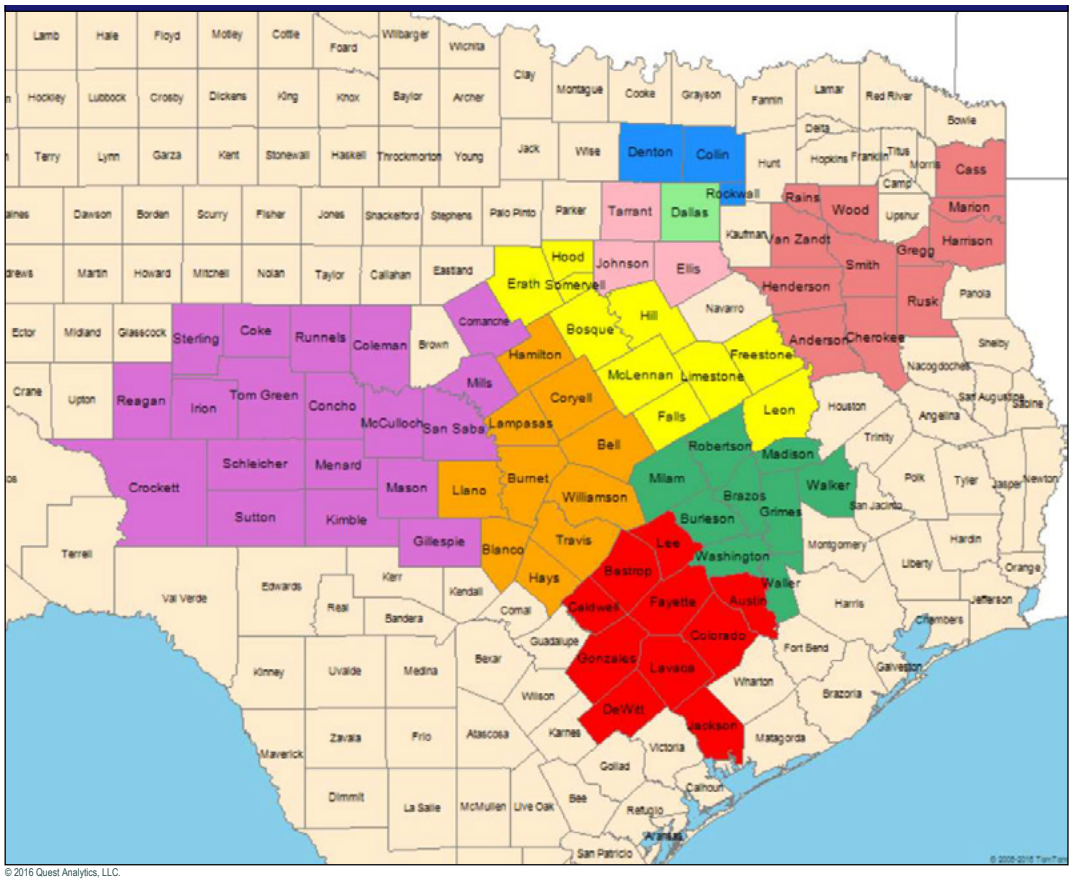
SWHP Provider Relations
Representative Territory Map

Who is your Scott & White Health Plan (SWHP) Provider Relations Representative ("PR Rep")? To identify who your PR Rep is, please use the following map, which lists the name and cell phone number of each PR Rep along with a color-coded legend that shows the counties that each PR Rep covers. The PR Reps serve as your liaison with SWHP. They are available to assist you with information regarding SWHP's policies, procedures, questions, and issues or concerns.



Sandi Janacek	254-541-9680	
Crystal Cochran	254-541-1280	
Lisa Mannick	254-780-5139	
Lereca Venable	254-231-6438	
Bobbie Weakly	254-780-7834	
Liz Mullenax	254-541-8057	
Stacey Byrd	254-913-8978	
Louis Limas	254-228-7173	
Neha Patel	469-401-8280	
Stacey Byrd (Statewide)	254-913-8978	

Helpful Tools for Physicians/Providers

Here at Scott & White Health Plan (SWHP), we understand that the primary focus of our physicians and providers is delivering high-quality health care to their patients — our members. With that in mind, we want to make it as easy as possible for you to obtain the information you need. SWHP is continuously implementing various tools to provide you with more information.

SWHP would like to invite and encourage our physicians and providers to utilize the following tools for information they need on a routine basis:

- SWHP Website — can be used to view SWHP's Provider Manual, policies and procedures, forms, educational material, and other important information. The website can be accessed at: http://swhp.org/en-us/prov.

- Provider Interactive Voice Response (IVR) System — used to verify member eligibility and benefits and check claims status. Accessed directly by dialing 1-800-655-7947 or by calling the main Customer Service phone number at 1-800-321-7947 and pressing option 1.

By utilizing the Provider IVR, you no longer have to wait on the phone to speak with a Customer Service Advocate (CSA). Please note that the information received from the Provider IVR is generated from the same system the CSAs use. Therefore, there is no need to wait to speak with a CSA on the phone to validate the information received from the Provider IVR, which is available 24 hours a day, seven days a week. If the system is unavailable or is having technical difficulties, you will be routed to a CSA for assistance. SWHP values the relationships we have with our providers, and we are committed to providing you with the highest level of service.

- SWHP Provider Portal — used to view complete prior authorization lists, check claims status, and verify member eligibility and benefits. The Portal can be accessed at: https://portal.swhp.org/ProviderPortal/#/login.

- SWHP Provider Directory — online provider search, which can be used to validate the demographic information that we have for you and to verify the physicians, facilities, and other providers that we have in our networks. The directory can be accessed at: https://portal.swhp.org/#/search.

Our main goal is to provide you with the information you need quickly and efficiently. Again, we encourage you to take advantage of the tools listed above. If you have any suggestions on how we can improve them, please feel free to call the SWHP Provider Relations Department at 1-254-298-3064 or 1-800-321-7947, ext. 203064. You can also email us at: SWHPProviderRelationsDepartment@sw.org.

SWHP Case Management

SWHP Case Management reviews member quality and utilization to assign a disease or case manager, who connects regularly for ongoing service coordination. The SWHP case manager develops an individualized plan of care using a member-centric approach. The plan of care incorporates a range of services, all of which ultimately help with the quality and cost of care. They include:

- Facilitating calls between the member, physician, and care manager as needed to clarify treatment plans, medication regimens, or other urgent issues
- Monitoring medication compliance
- Assessing the member's daily activities and cognitive, behavioral, and social support
- Evaluating the member's risk for falls and providing education on fall prevention
- Connecting members and their families with professionals who can help with medical, legal, housing, insurance, and financial issues
- Assisting members in obtaining home health and durable medical equipment
- Helping caregivers access support and respite care
- Arranging transportation, meal delivery programs, and advance directive preparation services

SWHP case managers have access to a 360-degree, comprehensive view of each member that includes all of the member's care, diagnoses, labs, and more. Case managers are most effective when collaborating with treating physicians. The opportunity for providers is to leverage these existing health plan resources on behalf of their patients and integrate them into the patient care team.

SWHP provides general high- risk, complex case management, and specialized services such as:

- Pediatrics
- Behavioral health and substance abuse
- Transplants
- NICU
- MOMS

Porviders can send referrals to SWHP Case Management via direct contact at 1-888-316-7947 or via our online Case Management referral form at https://portal.swhp.org/#/referral

Provider Rights and Responsibilities

Scott & White Health Plan contracted providers are responsible for providing and managing health care services for SWHP members until services are no longer medically necessary.

PROVIDERS HAVE THE RIGHT TO:

1. Be treated courteously and respectfully by SWHP staff at all times.
2. Request information about SWHP's utilization management, case management, and disease guidance programs, services, and staff qualifications and contractual relationships.
3. Be provided, upon request, with copies of evidence-based clinical practice guidelines and clinical decision support tools used by SWHP.
4. Be supported by SWHP to make decisions interactively with members regarding their health care.
5. Have a candid discussion of appropriate or medically necessary treatment options for patient condition(s), regardless of cost or benefit coverage.
6. Consult with SWHP medical directors at any point in a member's participation in utilization management, case management, or disease guidance programs.
7. Provide input into the development of SWHP's Case Management and Disease Guidance Programs.
8. File a complaint on behalf of a SWHP member, without fear of retaliation, and to have those complaints resolved.
9. Receive a written decision regarding an application to participate with SWHP within 90 days of providing the complete application.
10. Communicate openly with patients about all diagnostic testing and treatment options.
11. Appeal claims payment issues.
12. 90 days prior written notice of termination of the contract.
13. Request a written reason for the termination, if one is not provided with the notice of termination.

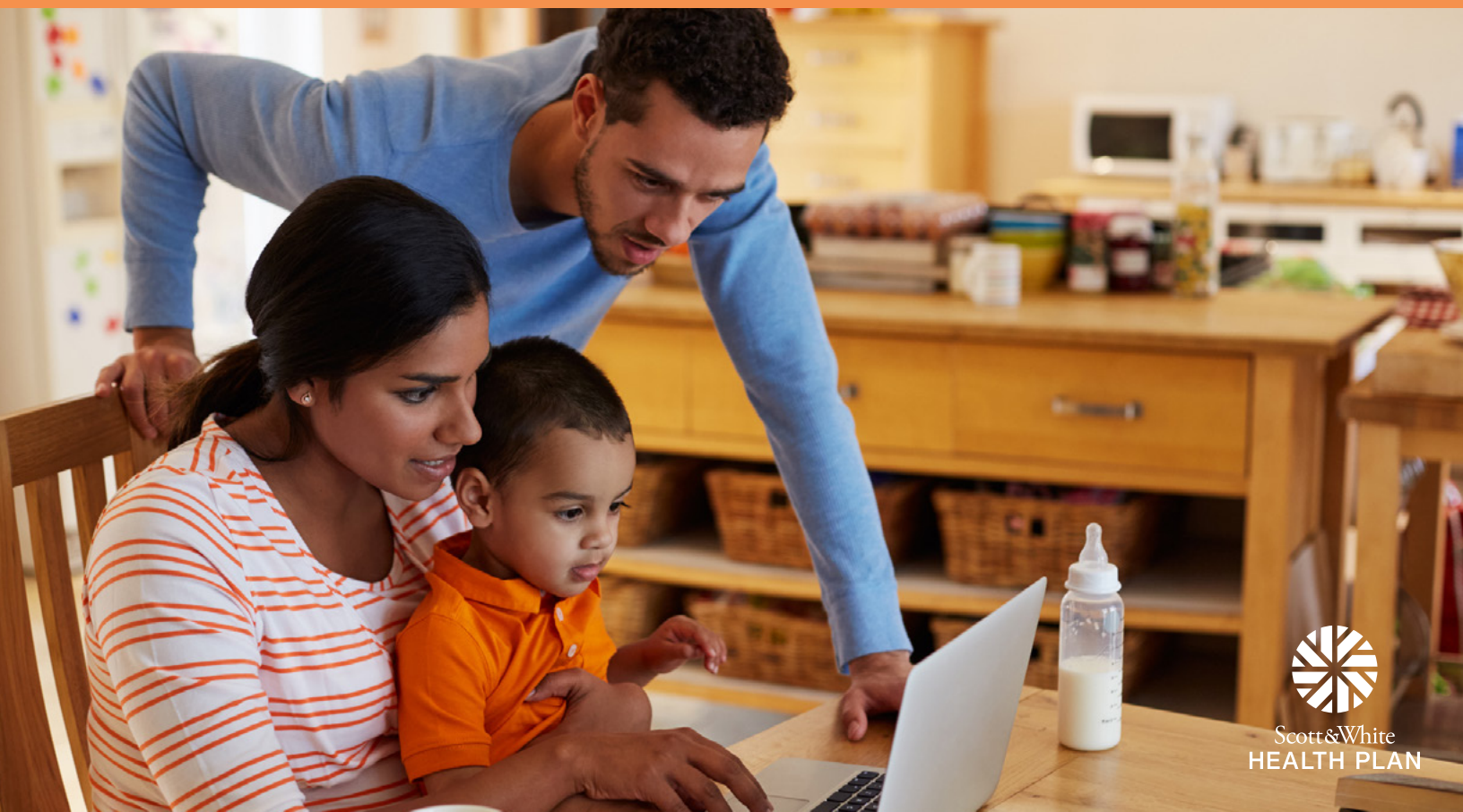
PRIMARY CARE PHYSICIAN'S (PCP'S) RESPONSIBILITIES

1. Provide primary health care services not requiring specialized care. (i.e., routine preventive health screening and physical examinations, routine immunizations, routine office visits for illnesses or injuries, and medical management of chronic conditions not requiring a specialist)
2. Obtain all required pre-authorizations as outlined in the Provider Manual.
3. Refer SWHP members to SWHP-contracted (in-network) specialists, facilities, and ancillary providers when necessary.
4. Assure SWHP members understand the scope of specialty and/or ancillary services that have been authorized and how or where the member should access the care.
5. Communicate a SWHP member's medical condition, treatment plans, and approved authorizations for services to appropriate specialists and other providers.
6. Keep panel open to SWHP members until it contains at least 100 SWHP members on average per individual PCP.
7. Give SWHP at least seven days advance written notice of intent to close panel and may not close panel to SWHP unless closing panel to all payors.

Provider Directory Accuracy

When Scott & White Health Plan (SWHP) members are looking for an in-network physician/provider, they use our online provider search tool. SWHP directories are specific to the type of plan the members have, allowing them to search for doctors, hospitals, and other medical providers in their area. It is critical that the information in the provider directory tool is current and accurate.

Please take the time to go to our website at **https://portal.swhp.org/#/search** and review your information. If you find inaccurate information, such as address or phone number, please complete the Provider Address Change Form located at **http://swhp.org/en-us/prov/provider-address-change-form**, so that we can update your information and have it reflected accurately in our provider directories. The Provider Address Change Form allows you to update information for your practice location, billing address, mailing address, or even add an additional location to your contract. You will need to attach a completed W-9 Form in order for us to be able to update your address in our system. To attach the W-9 Form, please use the "Attachments" feature located at the bottom of the form.



Formulary Changes

Pharmacy & Therapeutics Committee
Scott & White Health Plan

The SWHP Pharmacy and Therapeutics (P&T) Committee meets monthly to review drugs and policies. Recent changes are summarized in the table below.

You can find formulary updates, formularies/preferred drugs lists (PDLs) at **http://swhp.org/en-us/prov/resources/pharmacy-services**. Prior authorization criteria and prior authorization forms can be found at **http://swhp.org/en-us/prov/auth-referral/medications**.

SWHP P&T Formulary Changes (September to November 2016)

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Cialis® (tadalafil) 5 mg	**ACA Compliant-Tier 3**	Addition to ACA Prior authorization required	Indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia	alfuzosin ER, doxazosin, tamsulosin, terazosin, finasteride, dutasteride	1/1/2017
Cayston® (aztreonam for inhalation)	**SWHP Non-formulary** **ACA Compliant-Tier 4**	Addition of prior authorization criteria Addition to ACA effective 1/1/2017	Indicated to improve respiratory symptoms in cystic fibrosis patients with *Pseudomonas aeruginosa*	Tobi™ podhaler, tobramycin inhalation solution	11/1/2016
Hyqvia (immune globulin subcutaneous)	**SWHP Non-formulary** **ACA Compliant-Tier 4**	Revision of prior authorization criteria Addition to ACA effective 1/1/2017	Indicated for the treatment of primary immuno-deficiency in adults	Bivigam®, Carimune® NF, Flebogamma® DIF, Gammagard S/D, Gammagard Liquid, Gammaked™, Gammaplex®, Gamunex-C®, Gamastan®, Octagam®, Privigen®	11/1/2016
Humira® (adalimumab)		Revision of prior authorization criteria			11/1/2016

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Oral Oncology Drugs		Revision of prior authorization criteria			11/1/2016
Remicade® (infliximab)		Revision of prior authorization criteria			11/1/2016
Enbrel® (etanercept) **Cosentyx™** (secukinumab) **Taltz®** (ixekinumab) **Stelara®** (ustekinumab)		Revision of prior authorization criteria			11/1/2016
Epclusa® (velpatasvir/ sofosbuvir)		Addition of prior authorization criteria			11/1/2016
Zepatier™ (elbasvir/ grazoprevir)		Revision of prior authorization criteria			11/1/2016
Eliquis® (apixiban) **Xarelto®** (rivaroxaban)		Removal of prior authorization criteria			11/1/2016
Generic naloxone injectables (vial and syringe)	**SWHP Tier 1** **ACA Compliant- Tier 1** **MCD- Tier 1**		Indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by opioids; for diagnosis of suspected or known acute opioid overdosage		11/1/2016

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Narcan® (naloxone nasal spray)	**SWHP Tier 3** **ACA Compliant-Tier 3** **MCD- Tier 4**	Addition Quantity limit addition: 2 units per 6 months MCD: 2 units per 30 days	Indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or CNS depression	Naloxone injectable (vial and syringe)	12/1/2016
Evzio® (naloxone injection)	**Non-formulary**	Quantity limit addition: 2 units per 6 months			12/1/2016
Buprenorphine sublingual	**SWHP Tier 1**	Addition	Indicated for the treatment of opioid dependence and is preferred for induction	Buprenorphine/ naloxone, methadone	12/1/2016
Buprenorphine /naloxone sublingual	**SWHP Tier 1**	Addition	Indicated for the maintenance treatment of opioid dependence	Buprenorphine, methadone	12/1/2016
Berinert® (C1 esterase inhibitor, human)	**SWHP Non-formulary** **ACA Compliant-Tier 4**	Addition of prior authorization criteria Addition to ACA effective 1/1/2017	Indicated for the treatment of acute abdominal, facial, or laryngeal hereditary angioedema attacks in adult and pediatric patients.		12/1/2016
Myalept® (metreleptin)	**SWHP Non-formulary** **ACA Compliant-Tier 4**	Addition of prior authorization criteria Addition to ACA effective 1/1/2017	Indicated to treat the complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy		12/1/2016

Medication	Copay	Comments	Indication(s)	SWHP Formulary Alternatives	Effective Date
Corlanor® (ivabradine)		Revision of prior authorization criteria			12/1/2016
Entresto™ (sacubitril/ valsartan)		Revision of prior authorization criteria			12/1/2016
Cimzia® (certolizumab pegol)	**SWHP Specialty** **ACA Compliant - Tier 4**	Step therapy addition ACA effective 1/1/2018			12/1/2016
Synera® (lidocaine/ tetracaine)	**Non-formulary**	Quantity limit addition: 2 patches per 30 days			12/1/2016
Xolair® (omalizumab)		Revision of prior authorization criteria			12/1/2016
Otezla® (apremilast)	**Non-formulary**	Addition of prior authorization criteria			1/1/2017
Xeljanz® (tofacitinib)	**Non-formulary**	Addition of prior authorization criteria			1/1/2017
Orkambi® (lumicaftor / ivacaftor)		Revision of prior authorization criteria			1/1/2017
Enbrel® (etanercept)		Revision of prior authorization criteria			1/1/2017
Tretinoin Products		Revision of prior authorization criteria			1/1/2017

*MCD - SWHP Medicare Part D Formulary

SWHP Formulary Information

For the most up-to-date Scott & White Health Plan (SWHP) formulary information (including pharmaceutical management procedures), SWHP encourages providers to visit our website. The following information is available online by going to swhp.org and selecting PROVIDERS, then PHARMACY SERVICES, and VIEW PRESCRIPTION DRUG LIST:

- Prescription Drug Lists (formularies)
- Monthly Formulary Updates

The following information can also be accessed online by going to swhp.org and selecting PROVIDERS, then MEDICATION AUTHORIZATION REQUEST FORMS.

- Prior Authorization Criteria
- Prior Authorization Request Forms
  - Download medication-specific prior authorization forms

Pharmaceutical management procedures are processes that help manage the drug formulary. In order to provide the most cost-effective therapy options, restrictions may be applied to certain drugs on the formulary. The SWHP formularies contain a description of pharmaceutical management procedures (including, but not limited to prior authorization (PA), quantity limits (QL), step therapy (ST), therapeutic interchange, and generic substitution). If a medication has restrictions in place, those are listed on the formulary. The formularies also contain information regarding how to submit an exception request. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact the Scott & White Health Plan Pharmacy Department at (800) 728-7947.

Medication Reconciliation Post-Discharge

Patient safety remains one of the most essential parts of our health care system. When caring for such a large population, safety challenges can and will occur. A problematic concern that seems to arise relatively often in the healthcare system as related to patient care, is medication safety. A common mistake made in regard to medication safety is medication errors.

The National Coordinating Council for Medication Error Reporting and Prevention defines a "medication error" as follows: "A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer." Medication errors are common and often occur when patients move from one healthcare setting to the next.

The majority of medication mistakes transpire upon admission, transfer, and discharge. For this reason, medication reconciliation is a crucial aspect in patient care.

When a patient is discharged from a health care facility, his or her medication list should be compared to medications that were being taken prior to hospitalization and documented in the patient's medical record. Reconciling patients' medications can prevent mishaps such as oversights, duplications, and many other adverse events.

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Medication Reconciliation Post-Discharge cont'd

According to the National Committee for Quality Assurance (NCQA), documentation in the medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following evidence meets the criteria:

- Documentation of the current medications, with a notation that references the discharge medications (no changes in meds since discharge, same meds at discharge, discontinue all discharge meds)
- Documentation of the member's current medications, with a notation that the discharge medications were reviewed
- Documentation that the provider reconciled the current and discharge meds
- Documentation of a current medication list, a discharge medication list, and notation that the appropriate practitioner reviewed both lists on the same date of service
- Notation that no medications were prescribed or ordered upon discharge

Only documentation in the outpatient chart meets the intent of the measure, but an outpatient visit is not required.

As providers, you understand mishaps can and will happen in health care; however, good communication and proper documentation between patient, providers, and outside facilities can lessen the risk of medication errors. You are tasked with providing the most comprehensive health care possible for your patients. Medication reconciliation helps ensure that goal is achieved.

HIPAA Privacy

What is PHI, you ask? PHI is any information that can identify the patient and is related to a person's past, present, or future physical or mental health condition(s). It is also anything associated with health care services and/or treatment. Even though certain identifiers, such as name and date of birth, may can be removed from the document, it is still considered PHI and must be protected. Everyday we are exposed to paper PHI at work, and our patients trust us to keep their health information confidential. Examples of paper PHI include, but are not limited to, discharge documents, after-visit summaries, patient labels, patient lists, appointment schedules, and billing statements.

To make sure you are doing your part to secure documentation containing PHI, always remember to follow these simple rules:

- **Verify that you are handing the right documents to the right patient before handing out any PHI. Ask patients to verify their name, DOB, and check against each piece of paper.**
- **Handle documents securely — do not leave them visible to the public or other staff that do not have a business reason to view.**
- **Double-check all documents against the address on the envelope before placing in the envelope to mail.**
- **Faxes, printouts, and reports should only be made accessible to authorized individuals.**
- **Do not leave documents containing PHI unattended in public areas.**
- **Practice a "Clean Desk Policy" by clearing your workstation of any paper PHI that is not needed. Place documents containing PHI face down at your workstation.**
- **Do not allow visitors at your workstation when PHI is present and visible.**
- **Lock bins, drawers, and file cabinets that contain PHI when not in use.**
- **Dispose of documents with PHI using the appropriate confidential waste bins for shredding. DO NOT place PHI in the regular trash.**
- **Do not throw medication containers (i.e. prescription bottles, IV bags, etc.) in regular trash bins. Dispose of IV bags labeled with PHI in a hazardous waste bin. Remove labels from prescription bottles and dispose of labels in a confidential waste bin for shredding.**
- **Remove all documents containing PHI from copiers, printers, and fax machines within a timely manner.**
- **Do not take documents containing PHI off the premises. If you absolutely must transport documents outside of a facility, place them in a secure envelope and handle them in a secure manner. Do not leave documents in your vehicle or take documents home.**

We must all work together to protect patient health information. Remember that a breach of PHI, even if done by accident, is a violation of HIPAA and can have serious consequences. Potential or known breaches (accidental or intentional) should be reported to the Compliance HelpLine toll-free at 1-866-245-0815 or online at ethicsline.baylorhealth.com.

Out-of-Network Referrals

Our Scott & White Health Plan (SWHP) members rely on their health care physicians to assist them with obtaining in-network medical care, especially when they are facing a difficult medical situation. Members referred to out-of-network physicians and providers incur a greater financial burden, often when they cannot afford it. Also, coordinating with out-of-network providers for a patient's care details may prove to be more difficult for you and the rest of the in-network medical team. You can assist our members and your patients by referring them to physicians and providers that are in-network with SWHP, especially for inpatient, imaging, and laboratory services.

While we understand that SWHP members may request to go out-of-network, and at times may need to go out-of-network, we want to encourage you to help them understand the implications of obtaining health care services from an out-of-network physician or provider. The most critical implication is impeding our ability to ensure members receive efficient, high-quality care. To find SWHP in-network physicians and providers, please visit the SWHP 'Find a Provider' online search located at: **https://portal.swhp.org/#/search**.

We also want to remind you that all out-of-network services require prior authorization. To review the SWHP Prior Authorization Lists and obtain a copy of the Authorization Request Forms, please visit our website at: **http://swhp.org/en-us/prov/auth-referral/medical**.

Utilization Review Criteria for Inpatient Services

The Scott and White Health Plan (SWHP) Evidence of Coverage / Insurance Company of Scott and White (ICSW) Insurance Policy, also known as Evidence of Coverage (EOC) or Summary Plan Description (SPD), is the contract for coverage of the health care services that an individual self-purchased or an employer has purchased for employees. SWHP/ICSW provides a variety of benefit plans in order to meet the needs of our members.

Benefit plans include benefits required by law, SWHP/ICSW, as well as purchaser preference (Administrative Services Only or ASO). The purpose of SWHP's Utilization Review (UR) Program is to manage services according to the terms contained in the EOC. All benefit plans require coverage to be contingent upon medical necessity. SWHP's UM Committee adopts and/or develops evidence-based criteria to determine medical necessity. Annually, SWHP/ICSW provides proposed criteria to selected physician directors of Baylor Scott and White Health's Medical Services Divisions and contracted network physicians for review and feedback. SWHP/ICSW evaluates the feedback provided. The resulting approved final criteria sets and any other internally developed criteria are forwarded to the SWHP/ICSW UM Committee for review and approval.

2016 criteria include InterQual®, internal policies, HealthCare Management Guidelines (TLOs) criteria developed and approved during Technology Assessment meetings, and medical coverage policies.

The approved criteria are used by the UR Staff as a guideline only. SWHP/ICSW medical directors make all medical necessity, and experimental and investigational denial determinations. UR decisions, including formulary determinations, are based on appropriateness of care and services and are subject to the terms and limitations of the insurance policy. SWHP/ICSW does not offer incentives, including compensation or rewards, to practitioners or other individuals conducting utilization review to encourage denials of coverage of services or offer financial incentives that encourage decisions that result in underutilization of services. SWHP/ICSW does not use incentives to encourage barriers to care and services.

SWHP/ICSW does not base medical directors' compensation on utilization of services and does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

SWHP/ICSW monitors for evidence of underutilization, overutilization, and misuse through the Quality Improvement (QI) Subcommittee's review of HEDIS® measures, QI team measures, and complaint data. Evidence of underutilization, overutilization, and misuse will be discussed with the individual physician, as well as targeted member outreach as appropriate. Individual coverage requests are discussed with the individual physicians making the request on behalf of a member. (Cont'd next page)

Utilization Review Criteria for Inpatient Services cont'd

SWHP/ICSW UR staff, including medical directors, is available by telephone 24 hours/ seven days per week at 1-254-298-3088 or toll-free at 1-888-316-7947 or by appointment to discuss UR and/or coverage determinations, including benefit provisions, guidelines, criteria, or the processes used to make determinations. The SWHP "on-call" nurse who has access to an SWHP medical director who is available after-hours.

Appeal rights, including expedited appeals, reconsideration rights, and/or independent review organization (IRO) options are always provided with any denial issued. Practitioners may request to review criteria at any time, including at the time of a case-specific determination. Criteria will be provided by fax, phone, and email or through an onsite appointment with the Health Services Department (HSD) management staff. HSD can be reached by calling 1-888-316-7947 (toll-free) or 1-254-298-3088 (directly).

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

SWHP/ICSW utilizes a toll-free TTY NUMBER 1-800-735-2989 to assist with communication services for members with hearing or speech difficulties. The TTY number is listed on the SWHP webpage at swhp.org.

Health Services Department Launches New Phone Tree

In order to better serve Scott & White Health Plan (SWHP) providers and members, the Health Services Department (HSD) has added a new phone tree. This phone tree improves the ability of providers and members to reach the correct department at Scott & White Health Plan/Insurance Company of Scott & White.

Additionally, in the spring of 2017, HSD will make available on the SWHP.org website an electronic prior authorization form. This form can be filled out electronically and submitted to HSD, eliminating the need to fax or call the HSD to submit requests for prior authorization.