The Inside Story

Scott & White Health Plan
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Volume 18 Issue 2 Summer 2012

Announcement:

NEW NETWORK MANAGER BRENDA K. POWELL

Scott & White Health Plan Provider Relations recently added a second Network Manager to the department. Brenda Powell has been with the department for quite a while, most recently as a Credentialing Coordinator before getting this well-deserved promotion. Brenda's knowledge covers all aspects of the SWHP and we are extremely fortunate to have her expertise. She is looking forward to working with you, our network providers, in this new and challenging role. Brenda can be reached at **254-298-3338** or by email at bkpowell@sw.org.

NETWORK MANAGER GEL DETRICK

Brenda is teaming up with Gel Detrick, Network Manager, who has held the position for almost a year. Gel came to Provider Relations from the Quality Improvement field. Gel is a member of the Texas State Advisory Committee on Qualifications for Health Care Translators and Interpreters. She can be reached at **254-298-3259** or email address gdetrick@sw.org. Both Brenda and Gel are ready to assist our ever growing network of providers.

In This Issue

Medical Director's Corner

Dr. Marylou Buyse, Chief Medical Director, SWHP

FRIDAY FOCUS: *ChoosingWisely* Continued (AAFP and ASNC)

Five Things Physicians and Patients Should Question

American Academy of Family Physicians

1. Don't do imaging for low back pain within the first six weeks, unless red flags are present.
2. Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
3. Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
4. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
5. Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for noncancer disease.

For references and reasoning, see http://choosingwisely.org/wpcontent/uploads/2012/04/5things_12_factsheet_Amer_Acad_Fam_Phys.pdf.

American Society of Nuclear Cardiology

1. Don't perform stress cardiac imaging or coronary angiography in patients without cardiac symptoms unless high-risk markers are present.
2. Don't perform cardiac imaging for patients who are at low risk.
3. Don't perform radionuclide imaging as part of routine follow-up in asymptomatic patients.
4. Don't perform cardiac imaging as a pre-operative assessment in patients scheduled to undergo low- or intermediate-risk non-cardiac surgery.
5. Use methods to reduce radiation exposure in cardiac imaging, whenever possible, including not performing such tests when limited benefits are likely.

For references and reasoning, see http://choosingwisely.org/wpcontent/uploads/2012/04/5things_12_factsheet_Amer_Soc_Nuc_Cardio.pdf.

As always, thank you for your attention to this and for the quality work you do.

Regards;

Beverly Grimshaw, MD
Medical Director, SWHP

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FRIDAY FOCUS: *Choosing Wisely* Continued (AAFP and ASNC and AAAAI)

This is a continuing review of the initiative of the ABIM Foundation. (See Friday Focus last week) Previous attempts to decrease overuse have not been exceedingly successful, but this guidance from respected physician groups along with patient education by Consumer Reports may be able to affect a change.

Choosing Wisely focuses on encouraging physicians and patients to think and talk about medical tests and procedures prior to their use. The nine specialty societies created lists of five things physicians and patients should question. The conversation involves evidence-based recommendations to help the patient and physician make decisions about the most appropriate care based on a patients' individual situation.

Five Things Physicians and Patients Should Question

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American Academy of Allergy, Asthma & Immunology

1. Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy.
2. Don't order sinus computed tomography (CT) or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis.
3. Don't routinely do diagnostic testing in patients with chronic urticaria.
4. Don't recommend replacement immunoglobulin therapy for recurrent infections unless impaired antibody responses to vaccines are demonstrated.
5. Don't diagnose or manage asthma without spirometry.

For references and reasoning, see http://choosingwisely.org

As always, thank you for your attention to this and for the quality work you do.
Regards;

Beverly Grimshaw, MD
Medical Director, SWHP

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FRIDAY FOCUS: Vitality Coordinator Program

The Vitality Coordinator program began a little over a year ago. We are a group of Licensed Vocational Nurses embedded within the Scott & White Family Medicine Clinics. Our goal is simple: Provide patients with the highest quality of personalized health care while assisting providers with HEDIS® gap closures. With an emphasis on prevention and keeping our members healthy, the Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service (NCQA 2011). As a nurse, being a patient advocate is a vital part of our job, and assisting the providers with gap closures for HEDIS® is an excellent opportunity to be a patient advocate. We speak up for the patients and assist providers in delivering the excellent care our patients deserve. Gap closures are identified through a comprehensive chart review process which begins and ends with the Vitality Coordinator. The patient's chart is typically reviewed the day before the appointment and any identified gaps in care are flagged for the providers and their nursing staff. After the patient is seen the chart review worksheet is returned to the Vitality Coordinator and the review process is completed, once more ensuring all gaps have been addressed.

Once the identified gaps in care have been closed the patient's data is entered into a spread sheet in the QI department. This process allows the data or gap closures identified by the Vitality Coordinators to be used as a supplemental data for HEDIS® audits.

We have 6 vitality coordinators in Family Medicine Clinics: Addie Keilers in Northside, Stephanie Madsen in Westfield, Kathy Quitta in Belton, Cristi Leffelholz in Killeen, Audrey "Gale" Gassiot in Cedar Park and Monica Hicks-Albers in Waco.

As always, your ideas and feedback are appreciated.

Thanks for reading and for the quality work you do.

All Friday Focus editions may be found at the SWHP website

Addie Keilers, LVN
Vitality Coordinator
Scott & White Health Plan
Northside Family Medicine Clinic

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FRIDAY FOCUS: "Big Brother is Watching!"

The Office of Inspector General of the Department of Health and Human Services released an interesting and important report last week titled, "Coding Trends of Medicare Evaluation and Management Services." This report is the first in a series of evaluations of E/M services.

The contractor-consultant that provided this report reviewed 370 million E/M services submitted by 442 thousand physicians in 2010 looking for trends.

Here are two interesting findings:

- Between 2001 and 2010 the amount Medicare paid for E/M services increased by 48%
- During the same interval, there was a progressive shift to billing with higher codes.

For example: In the ED, between 2001 and 2010, all billed codes decreased in frequency EXCEPT for the highest code, which increased in frequency by 21%.
This "shift-to-higher-codes" was not limited to the ED, but was seen in all areas of medicine and in all geographic locations.

The top 1% of physicians with highest codes was examined more carefully. In that group of 3008 physicians, 1669 billed the two top codes at least 95% of time.

There was no attempt, for the purposes of this report, to determine whether or not the claims were inappropriate. HOWEVER, of the recommendations given by this consultant, CMS was particularly interested in recommendation #3: "review physicians who bill higher level E/M codes for appropriate action."

To help us understand where this is going (in case you have any doubt), the introduction to this report includes a mention of two entities that paid $10 million in 2009 as settlements for allegations that they fraudulently billed Medicare for E/M services. Furthermore, in the conclusion of the report we're told that the names of the "top" 1669 physicians were being submitted to CMS for "appropriate action."

We'll share more of the findings from this report next time.

What should we do? Remember the three key components used to determine the E/M code:

1. Extent of patient history
2. Extent of physical exam
3. Complexity of physician medial decision-making.

… and document, document, document, … because Big Brother IS watching.

David Krauss, MD
Medical Director, SWHP

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FRIDAY FOCUS: "Big Brother is Watching! Part 2"

The Office of Inspector General of the Department of Health and Human Services (OIG) released an interesting and important report last month titled, "Coding Trends of Medicare Evaluation and Management Services." This Friday Focus is part 2 of a series on that report.

As we pointed out last week, CMS is particularly interested in physicians who seem to bill higher E/M codes. CMS employs contractors to compare your billing practice with that of your peers.

In the OIG report, several trends "of interest" were discovered. The following tables list some of the specialties and states with the largest percentage of "High Coders." "High Coders" are those physicians who bill in the top 1% of their specialty AND who bill the two highest codes at least 95% of the time.

This table lists the specialties with the largest percentage of "High Coders."

Specialty	Percent of All "High Coders"
Internal Medicine	19.8%
Family Practice	12.2%
Emergency Medicine	9.9%
Nurse Practitioner	4.4%
Ob & Gyn	4.3%
Cardiology	4.0%
Orthopedic Surgery	3.9%
Psychiatry	3.8%

And here are the states where "High Coders" practice:

State	Percent of All "High Coders"
California	17.1%
New York	11.3%
Florida	9.6%
Texas	6.7%
Arizona	4.3%

The SWHP audits the coding practices of its providers. A provider may be randomly selected for audit, or may be selected after being identified as an "outlier" by EDIWatch™, a claims monitoring tool. Once the audit is complete the provider is notified of the results. A score of 80% or more is required. Those scoring below 80% are reviewed by the Health Plan Claim Outlier Review Committee in order to determine what action, if any, to take. Currently the Health Plan audits about 30 providers each month. On average, about 30% score less than the 80% threshold.

What should we do? Remember the three key components used to determine the E/M code:
1. Extent of patient history
2. Extent of physical exam
3. Complexity of physician medial decision-making.

… and document, document, document, … because Big Brother (and little brother) IS watching.

David Krauss, MD
Medical Director, SWHP

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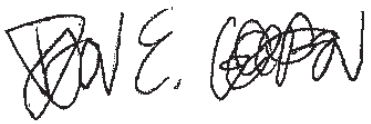
FRIDAY FOCUS: Living Well Aware Conference

Many physicians take the time to carefully educate their patients on lifestyle changes that can improve their health, but they don't use that same focus when it comes to their own health. The busy and hectic life of a physician sometimes leads to an unhealthy lifestyle. Jumpstart your journey toward good health by attending the "Living Well Aware Conference" on July 13th.

The Living Well Aware Conference, directed by Dr. Patricia Sulak, gives health care providers the chance to earn 8.0 *AMA PRA Category 1 Credit*™ by learning about the habits that lead to health and happiness. Faculty, including physicians, PhD's, and exercise and nutrition experts, will lead the attendants through topics including: "What IS Healthy Eating?", "Fitness: It's All About Survival", and "Change is Possible! A Healthy Midlife Crisis". Every physician that has attended this conference has been thrilled with the results; in fact, *"100% of healthcare professionals who previously attended this conference would recommend it to their patients."* Due to the popularity of the conference the venue has move to the Frank Mayborn Convention Center. The conference fee ($195 for MD/DO/PA/NP; $125 for others, and $45 for Scott & White employees (non-MD/DO/PA/NP) if received prior to June 15) includes all education sessions, syllabus, lunch, personalized health and wellness assessment surveys, monthly health updates and motivational emails throughout the year.

For more information about the conference, including registration details, please follow the following link: http://www.sw.org/resources/docs/events/wellness/live-well-aware-hcp.pdf



Ian Goodman, MPH
Health Risk Coordinator
Scott & White Health Plan

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FRIDAY FOCUS: Are you Satisfied? See Medscape 2012 report and see how you compare.

MEDSCAPE 2012 REPORT

In 2012, 54% of physicians would choose the same career path. That is a decline from 69% in 2011.

1. Satisfaction scores have declined dramatically. Last year's scores were 80% for dermatologists, 70% for radiologists and oncologists and several over 60%. In Medscape's 2012 survey the most satisfied specialty is again dermatology at 64%. The most discontented were plastic surgeons (41%), internists (44%) and endocrinologists (45%).

2. Time spent with each patient has not changed much from the 2011 study. The 13-16 minute visit is the largest group at 26%, and 17-20 minutes adds another 21%. Most time is spent by anesthesiologists, critical care physicians, and neurologists at > 25 minutes; and the least time by dermatologists, radiologists, ophthalmologists, and emergency physicians with 9-12 minutes.

3. Overall, male physicians earn 40% more than female physicians, although that difference is related to lifestyle choices of part time practice and lower pay specialties. If females worked the same hours and specialties, the pay would be the same.

4. Paperwork burdens are increasing. 33% of physicians spend more than 10 hours per week on paperwork/administration. 53% spend less than 4 hours a week on administration/paperwork.

5. The goal of reducing "unnecessary care" receives a negative response. Most physicians (67%) said they won't reduce the amount of tests, procedures, and treatments because it isn't in their patients' best interests or because doctors still need to practice defensive medicine. *(See recent FF on Choosing Wisely.)*

For complete results see:

http://www.medscape.com/features/slideshow/compensation/2012/public?src=ban_stm_comp_1_a

As always, your ideas and feedback are appreciated.

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

Regards;

Beverly Grimshaw, MD
Medical Director, SWHP

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FRIDAY FOCUS: 2012 HEDIS® results: coming soon.

As breathtaking as this week's Supreme Court decision was, nearer to home the Scott & White Health plan received a clean audit from the HEDIS® auditors and will be sending our 2012 results to NCQA. We expect to have our official numbers and national ranking by late July or August.

While we all are interested in learning how we did on these important and highly visible quality metrics, we are also now at the end of June half way through year for next year's HEDIS® performance scores. Over the next month or two, Scott & White Health Plan will be giving mostly primary care clinicians feedback on HEDIS® performance as well as measures of efficiency Look for these reports and we hope that they will give each of you who are involved in HEDIS® measures a better and more precise understanding of where you are to date for your SWHP members.

We in the quality area of the health plan would like to hear from you about how we can best assist you in raising your HEDIS® scores. In the meantime look to future Friday Focus' to review our current year's HEDIS® results and help you get the highest scores. Thanks you for all you do to serve our members.

Sincerely,

Dr. Marylou Buyse, M.D., M.S.
Chief Medical Director
Scott & White Health Plan

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FRIDAY FOCUS: Don't strep out of your comfort zone: order the test.

As reported on KXAN two weeks ago, strep throat has been spreading throughout the Central Texas region as we head into summer. The reporter spoke with Dr. Carlos Victorica at Scott & White's Cedar Park Clinic, who said he is treating a lot of strep throat and allergic rhinitis - especially in children between the ages of 5 and 15.

HEDIS requires appropriate testing of children with pharyngitis. This applies to ages 2-18 years old. Children diagnosed with pharyngitis who were prescribed an antibiotic must have received a Group A streptococcus test **3 days before or after** the prescription.

ICD-9 Codes to Identify Pharyngitis:

462-Acute pharyngitis
463- Acute tonsillitis
034.0- Strep sore throat

As always, your ideas and feedback are appreciated.

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

Regards;

Beverly Grimshaw, MD, CCD
Medical Director, SWHP

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FRIDAY FOCUS: Who's answering your call light?

When a patient needs assistance they push the call light. What if a family member was there to help, to get you some water, or to bring in a pain pill? How about the comfort of healing in a familiar, secure location?

Dr. Bruce Leff, associate professor at Johns Hopkins School of Medicine, pioneered the concept of "Hospital at Home (H@H)." This program tested traditional notions of how medical care can be delivered when people are seriously ill. It allows chronically ill patients with an acute medical problem to remain in their home for care. Multiple current programs exist in the United States, as well as other countries such as Australia, Israel and Canada.

Dr. Leff initially worked with patients having pneumonia, COPD, cellulitis, and CHF exacerbation. Approximately 30% of patients would meet the criteria for care at home. He has published several articles on the concept. (For more details see the attachment at the end.)

Recently, the H@H services in New Mexico were reviewed in a Health Affairs article. They achieved similar or better clinical outcomes, higher patient satisfaction and savings of 19% over costs for similar inpatients. http://content.healthaffairs.org/content/31/6/1237.full.html.

While not all patients can safely participate in "hospital at home," for certain patients it appears to be a pleasant alternative and will likely become more common in the future. Hospital at Home advances the Triple Aim of clinical quality, affordability, and exceptional patient experience.

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

All Friday Focus editions may be found at the SWHP website:
http://www.swhp.org/homepage/providers/fridayfocus.

Beverly Grimshaw, MD, CCD
Medical Director, SWHP

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
001	Acupuncture	
017	Cochlear Implants And Auditory Brainstem Implants	
041	High Frequency Chest Wall Oscillation Vest	
043	Home Prothrombin Time Testing	
103	Selective Internal Radiation Therapy SIRT	
075	Prolotherapy	
084	Vertebroplasty and Kyphosplasty	
116	Allogeneic StemCell Transplant	
118	Autologous StemCell Transplant	
201	Ventricular Assist Devices	NEW
202	Virtual Colonoscopy	NEW
203	Proton Beam Radiation Therapy	NEW

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, SWHP Medical Director.

SWHP Practitioner/Provider

On June 1, 2012, Scott and White Health Plan (SWHP) forwarded a courtesy notice to you regarding upcoming changes to the SWHP Notification/Prior Authorization Requirements list. These changes are ***effective July 1, 2012***.

A summary of the changes for July 1, 2012 are as noted:

Commercial Group/ PPO/POS
Addition of:

- Intrathecal Pain Pump Implantation/Therapy
- Fixed Wing or Jet Medical Transport

Addendum A & B to the Commercial Group/PPO/POS
No changes

SeniorCare
Addition of:

- Fixed Wing or Jet Medical Transport

A copy of each of the new SWHP Notification/Prior Authorization (PA) Lists is attached. You may also obtain the new PA Lists through the SWHP website, www.swhp.org, under the MyBenefits tab. Just enter your existing login and password. Next go to "My Health Tools/Resources" and click on the authorization form you need.

If you do not have access to MyBenefits, you will need to submit the required form located on the SWHP website, under the Provider Tab. Next click on Provider Quick Links: "MyBenefits Provider Module" and then click on "MyBenefits Sign-On Request Form". Fax the completed Request Form to the number listed on the form and someone from SWHP will contact you with the necessary information to obtain access.

For any questions related to these changes, please contact Provider Relations at 254-298-3064.

Thank you.
SWHP Provider Relations

Commercial HMO Notification/Prior Authorization List
PPO and POS Notification/Prior Authorization List
Addendum A & B to the Commercial, PPO and POS Notification/Prior Authorization List
SeniorCare Notification/Authorization List

Scott & White Health Plan
Commercial HMO Notification/Prior Authorization List
Effective July 1, 2012
(Does Not Include Non-Covered Items)

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

Notification requested:

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

Prior Authorization required:

All services requested to be provided by non-contracted providers *(See the Provider Tab on www.swhp.org and click "Finda Provider Now" to search for SWHP Network Providers)*

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

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

SWHP Medical Services/REVISED 060112

Scott & White Health Plan
PPO and POS Notification/Prior Authorization List
Effective July 1, 2012
(Does Not Include Non-Covered Items)

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Notification requested:

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2. Admissions to inpatient or outpatient (contracted) hospice programs

Prior Authorization required:

1. Acute hospital admissions (medical, surgical, behavioral health) to non-contracted facilities ***(See the Provider Tab at www.swhp.org and click on "Find a Provider Now" to search for SWHP Network Providers)***
2. Admissions to LTAC, Rehabilitation, and SNF facilities
3. Admissions to behavioral health/substance abuse residential, partial hospitalization, and day programs (not office visits)
4. Neuropsychological and psychological testing
5. Applied behavioral analysis therapy
6. Outpatient electroconvulsive therapy (ECT)
7. Solid organ and stem cell transplants
8. Weight loss (bariatric) surgeries (if a covered benefit, not covered by many plans)
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10. Orthognathic surgery
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SWHP Medical Services/REVISED 060112

PRIOR AUTHORIZATION LIST ADDENDUM A&B

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

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

Addendum B – Orthotics and Prosthetics

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

Scott & White Health Plan
SeniorCare Notification/Authorization List
Effective July 1, 2012
(Does Not Include Non-Covered Items)

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

Prior Authorization Required:

1. Admissions to outpatient mental health programs (not office visits)
2. Solid organ and stem cell transplantations
3. Blepharoplasty and lid ptosis repair
4. Abdominoplasty
5. Surgical treatment of lower extremity varicose veins, including sclerotherapy
6. Bariatric surgery
7. Spinal fusion, Vertebroplasty, and Kyphoplasty
8. Spinal cord stimulator trial and placement
9. Intrathecal pain pump therapy
10. Fixed Wing or Jet Medical Transports
11. All inpatient admissions to non-contracted facilities and outpatient services provided by non-contracted providers (when full SeniorCare benefits are being requested) ***[See the Provider Tab on www.swhp.org and click on "Find a Provider Now" to search for SWHP Network Providers]***

Notification Requested (for in-network services):

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

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

SWHP Medical Svcs./REVISED 060112

Recognition of Rights of Members:

1. To be provided with information regarding member's rights and responsibilities.
2. To be provided with information about SWHP, its services and practitioners providing member's care.
3. 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. To participate in decision-making regarding member's health care.
5. To have candid discussion of appropriate or medically necessary treatment options for member's conditions, regardless of cost or benefit coverage.
6. 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. To make recommendations regarding Scott & White Health Plan's members rights and responsibilities policies.
8. 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. To expect that medical information is kept confidential in accordance with member's Health Care Agreement.

The Members Responsibility:

1. To choose a primary care physician (PCP) and to notify a Customer Service Coordinator regarding any changes in PCP selection.
2. To supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care, including past illnesses, hospital stays, use of medicine, and a copy of advance directive if one exists.
3. To follow plans and instructions for care that they have agreed to with their practitioners.
4. To understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
5. To cooperate and to follow care prescribed to the best of member's ability as recommended by member's Plan providers.
6. To advise SWHP or Plan providers of any dissatisfaction member may have in regard to care received while a patient and to allow opportunity for intervention to alter outcome whenever possible.
7. To notify SWHP regarding any out –or-plan care.
8. To give Plan providers a copy of an advance directive, if one exists.

Notice to Scott & White Health Plan Providers:

Occasionally Scott & White Health Plan members change contracts and when they do, their member numbers change. It is important to use the correct member number when filing claims to prevent payment issues. Please ask your patients if they have received a new ID card since their last visit.

If you have an authorization for services for a member, please be sure to update all information as it becomes available, including a new member ID number, as claims will not be accepted or paid with the old authorization ID number.

REMINDER

New Claims Adjustment And Appeals Process Implementation date April 16, 2012

Adjustment & Appeal Communication Process

Below you will find the steps necessary to submit a claim for reprocessing (adjustments or appeals).

PROCESS FLOW:

1. All Scott & White Health Plan claims submitted for reprocessing (adjustments & appeals), except **Right Care Medicaid Claims,** must be mailed to:

   Scott and White Health Plan
   ATTN: Claims Review Dept.
   P.O. Box 21800
   Eagan, MN 55121-0800

2. Provider or inquiring party must provide the information on the "Provider Claims Appeal Request Form". **See attachment 1**
3. Should there be multiple claims in question an excel spreadsheet, providing the same information as the "Provider Claims Appeal Request Form" is acceptable. Attach the excel spreadsheet to a copy of the "Provider Claims Appeal request Form".
4. If the Claims Appeal Request Form or excel spreadsheet are not completed as requested above, it will be returned to the requestor for completion.
5. The "Claims Appeal Request Form" received by mail will be processed within 30 days of receipt.
6. Effective date April 16th for all requests for Adjustment or Appeal must be submitted using this format or the request will be returned.

SCOTT&WHITE HEALTH PLAN

The one Texans trust.

Provider Claim Appeal Request Form

In order to expedite the process of your request, this form is required. **Please complete all of the following information for each appeal; if not completed, the correspondence will be returned to the provider for correction.**

Review Submission Date: _____ Contact Name: _____

Provider Name: _____ Contact Phone Number: _____

Provider # or NPI: _____ Member Name: _____

Provider Address: _____ SWHP Member ID#: _____

SWHP Claim number: _____ Date Of Service: _____

Choose the Reason for Appeal that best represents your request: 0 Filing Limit

☐ Claim Check/Code Editing

☐ Contracted Rate or Payment Policy **☐ COB**

☐ Data Entry Error

☐ Overpayment/Underpayment (specify):

☐ Corrected Claim (Check one: ☐ Procedure, ☐ Location, ☐ Modifier, ☐ Diagnosis, ☐ Billed Amount, ☐ Other)

Please note that a correction to Provider, Member, or Form Type is considered a new claim and should not be submitted with this form

☐ Other (specify): _____

Please attach any pertinent supporting documentation (i.e. surgical notes, office visit notes, pathology reports, and/or medical records) and mail it to the below address.

Scott and White Health Plan
Attn: Claims Review Dept.
P O Box 21800
Eagan, MN 55121-0800

****Faxed claim requests are not accepted**All Claims request for adjustment must be submitted within 45 days from the date of payment or determination by SWHP to receive consideration. These considerations will be completed timely.**

Scott and White Health Plan Treatment Guidelines for Hypertension

Contact Person: Cheryl Laffer, M.D./Paul Godley, Pharm. D. **Approved:** 10/14/2003 **Reviewed:** 10/2005; Revised 12/2007, 11/2009, 9/2011, 5/2012
Source: National Heart, Lung and Blood Institute (Adapted from JNC VII). **Developed by:** Scott and White Physicians, Pharmacists, and reviewed by P & T Committee members

Algorithm for the Treatment of Hypertension

Life Style Modifications

Not at Goal Blood Pressure (<140/90 mmHg)
(<130/80 mmHg for patients with diabetes, chronic kidney disease, CAD, high risk for CAD and stable angina; <125/80 for patients with LV sys. Dysfunction)

Initial Drug Choices

Without Compelling Indications

With Compelling Indications

Stage 1 Hypertension (SBP 140-159 or DBP 90-99 mmHg)

Thiazide-type diuretics for most. May consider ACEI, ARB, BB, CCB, or combination.

Stage 2 Hypertension (SBP >160 or DBP > 100 mmHg)

2 drugs required for most (Usually thiazide-type diuretics and ACEI, ARB, BB, CCB.)

Drug(s) for the compelling indications
(See Compelling Indications for Individual Drug Classes)

Other antihypertensive drugs (diuretics, ACEI, ARB, BB, CCB) as needed.

Not At Goal Blood Pressure

Optimize dosages or add additional drugs until goal blood pressure is achieved. Consider consultation with hypertension specialist.

Classification of Blood Pressure (BP)

Category	SBP mmHg**		DBP mmHg**
Normal	<120	and	<80
Pre-hypertension *	120-139	or	80-89
Hypertension, Stage 1	140-159	or	90-99
Hypertension, Stage 2	>160	or	> 100

*Lifestyle Modification and drug therapy
**SBP = systolic blood pressure; DBP = diastolic blood pressure

Suggested Therapy based on Compelling Indications

Compelling Indication	Initial Therapy Options
Heart Failure	**THIAZ, BB (carvedilol, metoprolol succinate or bisoprolol) ACEI**, ARB, ALDO-ANTAGONIST (hydralazine/ISDN for blacks)
Post myocardial infarction	**BB, ACEI**, ALDO -ANTAGONIST
High CVD risk	THIAZ, BB, ACEI, CCB
Diabetes	**ACEI, ARB, THIAZ**, BB,CCB
Chronic kidney disease	ACEI, ARB
Recurrent stroke prevention	THIAZ, ACEI

Assessment for Major Cardiovascular Disease (CVD)

Hypertension	Physical inactivity
Obesity (body mass index> 30 kg/m2)	Micro albuminuria estimated glomerular filtration rate < 60 ml/min
Dyslipidemia	Age (>55 for men, >65 for women)
Diabetes mellitus	Family history of premature CVD (men age <55, women age <65)

Lifestyle Modification Recommendations

Modification	Recommendation	Avg. SBP Reduction Range
Weight reduction	Maintain normal body weight (body mass index 18.5-24.9 kg/m2).	5-20 mmHg/10kg
DASH eating **plan**	Adopt a diet rich in fruits, **vegetables, and lowfat dairy** products with reduced content of saturated and total fat.	8-14 mmHg
Dietary sodium reduction	Reduce dietary sodium intake to < 1500 mg per day (1.5gsodium or 3.75gsodium chloride).	4-9 mmHg
Tobacco cessation	Advise tobacco user to quit, discuss cessation medications and cessation strategies	unknown
Aerobic physical activity	Regular aerobic physical activity (e.g., brisk walking) at least 30 minutes per day, most days of the week.	4-9 mmHg
Moderation of alcohol consumption	Men: limit to < 2 drinks* per day. Women and lighter weight persons: limit to < 1 drink* per day.	2-4 mmHg

* 1 drink = 1/2 oz or 15ml ethanol (e.g., 12 oz beer, 5 oz wine, 1.5 oz 80-proof whiskey).

JNC VII (The Seventh Report of the Joint National Committee on Prevention,Detection, Evaluation, and Treatment of High Blood Pressure) encourages providers to focus attention on those individuals with pre-hypertension blood pressure and to prevent them from progressing to hypertension.

Bold=First Choice therapy unless contraindicated

ACEI's

benazepril	$$
captopril	$$
enalapril	$
fosinopril	$
lisinopril	$
ramipril[1]	$$$

Angiotensin Receptor Blockers

Benicar®*	$$$
Losartan	$$
Diovan®* (generic release expected 3Q 2012)	$$$$

Beta Blockers

acebutolol (b1)	$$$$$
atenolol (b1)	$
betaxolol (b1)	**$$$**
bisoprolol (b1)	$$
carvedilol (α, b1, b2)	$$$
propranolol SR (b1, b2)	$$$$$
labetalol (α, b1, b2)	$$$$
metoprolol succinate (Toprol XL)(b1)	$$
metoprolol tartrate (bl)	$
nadolol (b1, b2)	$$$$
pindolol (b1,b2)	$$$$
propranolol (b1,b2)	$
timolol (b1, b2)	$$$
sotalol (b1, b2)	$$$$$$

Alpha or α, b1, b2 indicate beta receptor

Combination Antihypertensives

amlodipine/ benazepril	$$
atenolol/ chlorthalidone	$$
benazepril /HCTZ	$$
Benicar HCT®*	$$$
bisoprolol/ HCTZ	$$$
captopril/ HCTZ	$$$$
clonidine/ chlorthalidone	$$
nadolol/ bendroflumethiazide	$$
Diovan HCT®*	$$$$$
enalapril/ HCTZ	$$
Exforge®*	$$$
Exforge HCT®*	$$$
fosinopril/ HCTZ	$$
Losartan/HCTZ	$$
lisinopril/ HCTZ	**$$**
methyldopa/HCTZ	$$
metoprolol/ HCTZ	$$
propranolol/ HCTZ	$$
Tekturna-HCT®*	$$$

Alpha Blockers

doxazosin	$
prazosin	$
terazosin	$

Hypertension in Pregnancy

hydralazine	$$
labetalol (alpha, b1, b2)	$$$$
methyldopa	$$

Diuretics

Thiazide-

	$
chlorthalidone	$
HCTZ	$
metolazone	$$

Indolines

indapamide	$$

Loop

bumetanide	$$
furosemide	$
torsemide	$$

Potassium-sparing

amiloride	$$
spironolactone	$

Combination

amiloride/ HCTZ	$$
spironolactone/ HCTZ	$
triamterene/ HCTZ	$

Other Agents

minoxidil	$$
Tekturna®*	$$$

Peripheral

reserpine	$

Central

Clonidine transdermal system	$$$$
clonidine	$$
guanabenz	$$$$$
guanfacine	$$$$
methyldopa	$$

Calcium Channel Blockers

Dihydropyridine

amlodipine	$$
nifedipine XL	$$$$$$
felodipine SR	$$$

Non-Dihydropyridine

diltiazem	$$
verapamil	$$

***Available in Brand Only as of 11/2009**

$=At least $10 in wholesale cost

[1]In the HOPE trial, ramipril titrated to 10mg QD was shown to decrease macrovascular events in normotensive individuals.

Heart Outcomes Prevention Evaluation Study Investigators. *Lancet* 2000; 355:253-9. (Texas Diabetes Council *Hypertension Algorithm for Diabetes)*

SCOTT & WHITE HEALTH PLAN

The one Texans trust.

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