



DFW ConnectedCare:
American Airlines Plan
Education

For Independent Providers
and Staff

Changing Healthcare For The Better™

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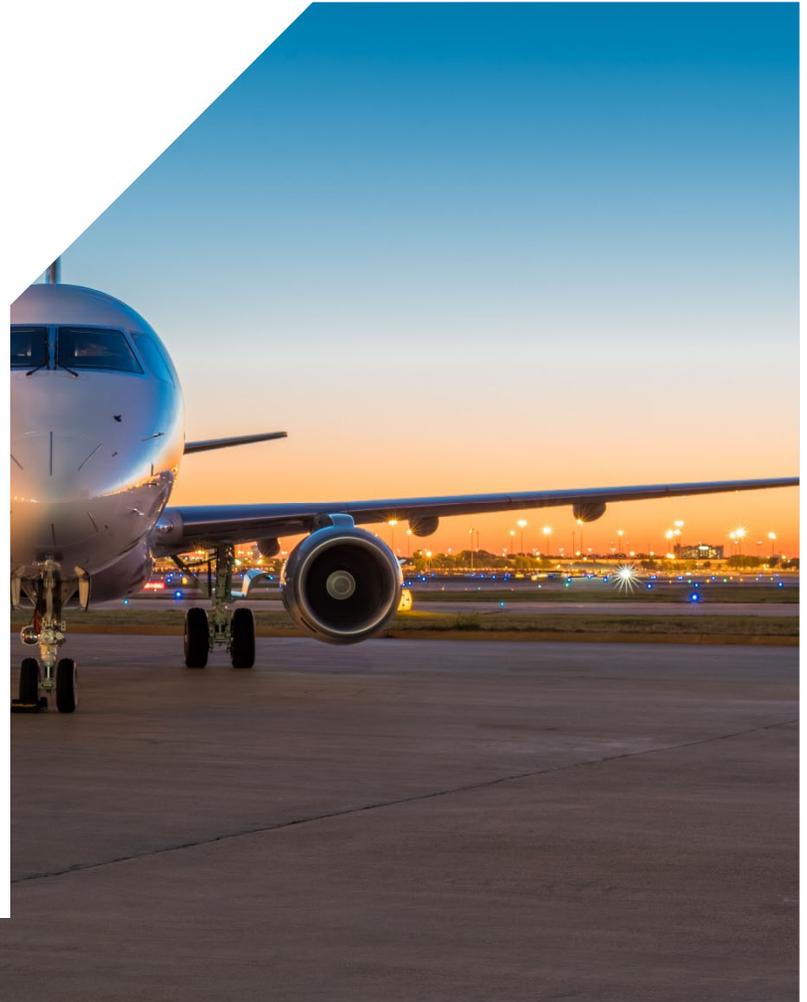


American Airlines Background

American Airlines 

Founded in 1930, American Airlines is one of the largest airlines in the world. Throughout the years, American has created more than 900,000 jobs worldwide and supported close to 1,400 nonprofit organizations.

Together, Baylor Scott & White Quality Alliance (BSWQA), American and WebTPA (claims administrator) have designed a value-based health plan offering called DFW ConnectedCare. DFW ConnectedCare is offered in for American team members in the DFW area only and is effective January 1, 2020. Enrollment numbers are expected to reach approximately 4,500 (American team members and dependents).



American Terms to Know

Team Members = American Airlines refers to their employees that are eligible for benefits through DFW ConnectedCare as team members.

Pilots are referred to as “Captain” in most instances.

DFW ConnectedCare = The medical plan powered by BSWQA that is being offered to American Airlines team members in the Dallas Fort-Worth area only.

In-network = The BSW Preferred network. You are in-network if you are contracted with BSW Preferred plan. Maximum benefits are obtained when care is provided or initiated by a primary care physician. Out-of-network benefits are NOT available.

WebTPA = The claims administrator for DFW ConnectedCare.



DFW ConnectedCare Overview

Network: DFW ConnectedCare is offered to American Airlines team members and their dependents enrolled in the plan and residing in the Dallas-Fort Worth area¹. In-network providers include those in the BSW Preferred network, credentialed through the Scott & White Health Plan. See the appendix slide for patients' benefit details, including medical services and prescriptions.

There is no coverage outside the BSW Preferred network unless plan participants use an emergency room for an emergency (as defined by the Plan) or are traveling outside of the area and need urgent or emergency care.

Traveling: If plan participants are traveling outside of the DFW area, within the United States, they have access to urgent and emergent care facilities through the Aetna Signature Administrators network. Plan participants have access to American's on-site clinics as well as eVisits and Video Visits through MyBSWHealth and Doc on Demand.

¹Dependents attending college or living in Central Texas will also be covered if they visit an in-network location of the BSW Preferred network. There are NO out-of-network benefits if seen outside of the BSW Preferred network.



WebTPA Is The Claims Administrator



Who is WebTPA

WebTPA is the 3rd party claims administrator for the DFW ConnectedCare Plan servicing American Airlines through the BSWQA direct to employer relationship.



Medical ID Cards

WebTPA is the claims administrator. They will process all medical claims for the DFW ConnectedCare plan for dates of service on or after January 1, 2020.

Front of card

DFW ConnectedCare
Group #: BSWQA - AA
Member: JOHN SAMPLE
Member #: SMPL0001

Plan Identifier

Copays

BSW Preferred Network

Primary Care:	\$15
Specialist:	\$50
Telemedicine:	\$10
Urgent Care:	\$75
Outpatient Hospital:	\$300
Inpatient Hospital:	\$500 / day
Emergency Room:	\$300
(If a non-emergency, \$300 + 40%)	

Back of card

To Hospital/Provider: To verify benefits and eligibility and for prior authorization requests, please contact DFW ConnectedCare at 800-784-5473. If an inpatient admission is required following an emergency, please notify DFW ConnectedCare within 48 hours of emergency services.

This card is not a guarantee of benefits.

Please submit claims and related correspondence to:	DFW ConnectedCare Center: 800-784-5473	DFW ConnectedCare uses the BSW Preferred network, offered by Baylor Scott & White Quality Alliance and Scott & White Health Plan.
WebTPA PO Box 99906 Grapevine, TX 76099-9706 Payor ID #75261	Journey to Well-Being Limeade: 855-493-2582	Find a provider via my.aa.com or the MyBSWHealth app.
Fax number: 469-417-1960	EAP: 800-363-7190	Find providers outside of the DFW area via aetna.com/asa or call the DFW ConnectedCare Center. Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

WebTPA
An Aetna Group Company

Aetna Signature Administrators®
PPO

aetna™

11/26/2019

DFW ConnectedCare Center phone number

The Aetna network is used only when patients are needing emergent or urgent care outside of the coverage area



How to Submit a Claim



Claims may be sent to WebTPA electronically via this secure EDI connection:

EDI #75261



Please mail claims or correspondence to WebTPA's mailing address:

WebTPA

PO Box 99906

Grapevine, TX 76099-9706



How to obtain more coverage details from WebTPA



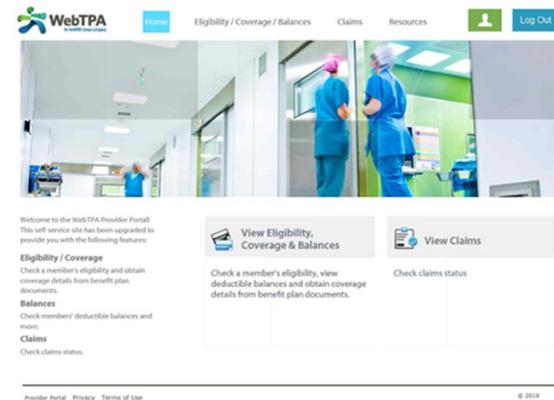
Access your WebTPA provider portal via www.webtpa.com.

- Select “Provider Log In” from the “Log In” dropdown menu at the top of the homepage.
- Watch a demo of the provider portal at <https://www.brainshark.com/WebTPA/ProviderPortal>.

OR



Speak with a WebTPA representative through the **DFW ConnectedCare Center** at **800.784.5473**.



DFW ConnectedCare

Prior Authorization List

- Providers will utilize a custom prior authorization list created specifically for DFW ConnectedCare. This list of services is posted on the BSWQA member website under the Resources tab - under "Contracts".
- In-Network Providers are responsible to receive approval for any proposed services. Prior authorization can be completed by contacting DFW ConnectedCare at 800-784-5473.
- If inpatient admission is required following an emergency, the facility should notify DFW ConnectedCare within 48 hours of emergency services.

Services Requiring Prior Authorization	
<ul style="list-style-type: none"> Acupuncture (12 visits or 30 days in duration whichever is less) Advanced radiology (includes MRI/CAT/CT/PET, etc.) Assistant Surgeon Bariatric Surgery Chemotherapy Chiropractic Care (12 visits or 30 days in durations then prior authorization required; whichever is less) Clinical Trials Dialysis Dental procedures Durable Medical Equipment (DME) with a purchase price greater than \$1,000 or \$1,000 cumulative rental Emergency care over 48 hours Gender Reassignment Benefit (GRB) Genetic testing Home health Home infusion therapy Infertility treatment or treatment promoting fertility Inpatient stays including surgery (i.e. rehabilitation, hospital stays, pain management, cardiac rehabilitation, hospice, acute care and hyperbaric treatments, and sleep studies) IV Infusions Long term acute care Maternity stays (over 48 hours or 96 hours for C-section) 	<ul style="list-style-type: none"> Mental health/chemical dependency <ul style="list-style-type: none"> Inpatient admissions Residential treatment center (RTC) admissions Partial hospitalization programs (PHPs) Intensive outpatient programs (IOPs) Psychological testing Neuropsychological testing Psychiatric home care services Outpatient detoxification Applied behavior analysis (ABA) Outpatient electroconvulsive therapy Non-Emergency air ambulance Occupational therapy (12 visits or 30 days in duration then prior authorization required; whichever is less) Outpatient surgery not done in a Physician office setting Out of network hospitalization for non-Emergency care or greater than 7 days for emergency care Physical therapy (12 visits or 30 days in duration then prior authorization required; whichever is less) Private duty nursing Proton Beam Therapy Repetitive transcranial magnetic stimulation Skilled nursing Sleep apnea evaluation (inpatient or home) Speech therapy (12 visits or 30 days in durations then prior authorization required; whichever is less) Specialty medications over \$1,000 billed under the medical benefit Transplants

Prior Authorization Form

Located in WebTPA portal and BSWQA member website (link to it from the homepage)

Medical Necessity Review/Request for Prior Authorization
 Fax to: 469-212-1579

Health SOLUTIONS

Request Date: _____

Review Type: Administrative Inpatient
 Retrospective Outpatient

Pre-determination completed: Yes No Approved Denied Date: _____

MEMBER

Member Name: Last, First, Middle _____
 Address: _____
 Date of Birth:

Member ID #:

Phone #:

Sex: Male Female Age:

Please enter Admission / Start date of Service:

REQUESTOR CONTACT INFORMATION

Requestor's Name: _____
 Phone #:

Fax #:

Place of Service: Home Inpatient
 Outpatient Physician Office Other _____

Severity: Standard (non-urgent)
 Urgent* Other _____

*No charging the urgent fee, you cannot check applying the standard review timeframe. This standard applies to the member's life, health or ability to engage in essential health care or subject the member to unreasonable financial hardship, except.

REQUESTING PHYSICIAN / PROVIDER

Name: Last, First, Middle _____
 Address: _____
 Phone #:

Fax #:

TIN #:

NPI #:

FACILITY INFORMATION

Facility: _____
 Address: _____
 Phone #:

Fax #:

TIN #:

DIAGNOSIS / PROCEDURE

Primary Diagnosis: _____
 Primary Diagnosis Code: _____
 Procedure Code*: _____
 Description: _____

Start Date:

End Date:

Units: (Days, Units, Visits) over

*Please list additional CPT codes on page 2

Effective: 09/10/2018 Page 1 of 2

Medical Necessity Review/Request for Prior Authorization
 Fax to: 469-212-1579

Health SOLUTIONS

Notes: Please list additional CPT codes, prior treatment history, current treatment plan or other pertinent information in this area.

SUPPORTING DOCUMENTATION:

Only submit clinical information that supports the request for service to determine medical necessity or specifically requested by eQHealth Solutions.

Type of Review Request	Documentation
All Types of Review Requests	Documentation included in the review request form that supports the medical necessity of the requested services.
Urgent Review Requests	Requests submitted as urgent if applying the standard review timeframe, that seriously jeopardize the member's life, health or ability to perform minimum function or subject the member to severe pain that cannot be effectively managed.

Disclaimer Statement

This review will be based on medical necessity only and is not a guarantee of payment. Payment is based on the terms of the participant's benefit plan and eligibility on the date of service. Additionally, if this request is for an OON provider or facility, there is the possibility for reduced benefits. Please call the customer service phone number on the back of the member's card for more information regarding benefits and eligibility.

Requesting Provider Attestation Statement

I hereby attest that, as a healthcare services provider or provider's representative, an order for the above medical services has been received for the identified member. In addition, I attest that the treatment plan has been approved by the prescribing (ordering) physician.

Printed Name: _____
 Signature: _____
 Date: _____

UM/Prior Authorization Contact: 866-356-3666

Effective: 09/10/2018 Page 2 of 2



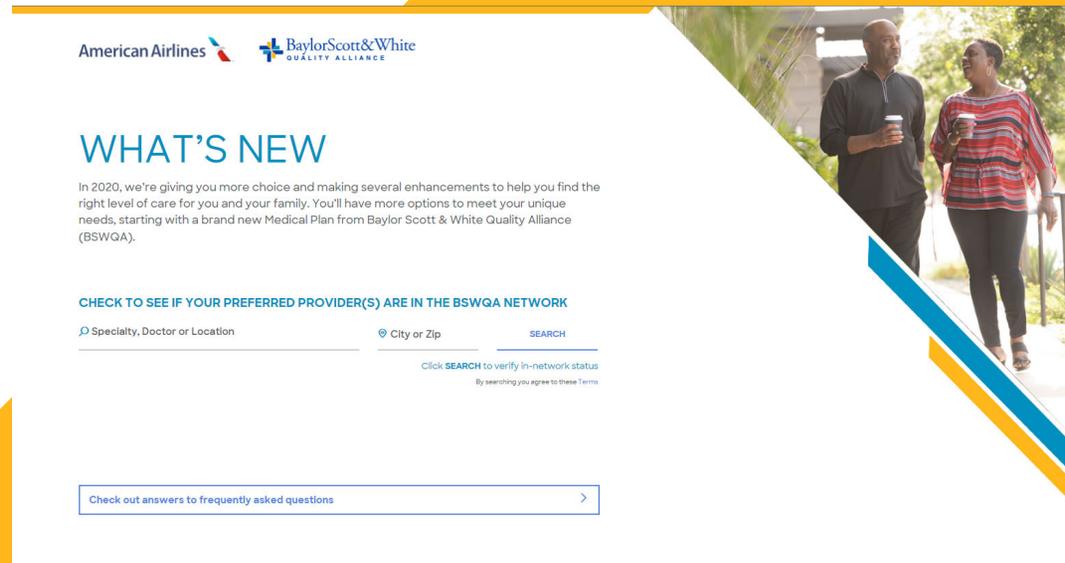


Referring a Patient

Referring a Patient

Finding a BSW Preferred Provider

- Visit DFWConnectedCare.com
- Contact DFW ConnectedCare Center at **800-784-5473**



The screenshot displays the top section of the DFW ConnectedCare website. At the top left, the logos for American Airlines and Baylor Scott & White Quality Alliance are visible. The main heading is "WHAT'S NEW" in blue. Below this, a paragraph of text states: "In 2020, we're giving you more choice and making several enhancements to help you find the right level of care for you and your family. You'll have more options to meet your unique needs, starting with a brand new Medical Plan from Baylor Scott & White Quality Alliance (BSWQA)." Below the text is a search section titled "CHECK TO SEE IF YOUR PREFERRED PROVIDER(S) ARE IN THE BSWQA NETWORK". This section contains two input fields: "Specialty, Doctor or Location" and "City or Zip", followed by a "SEARCH" button. Below the search fields, there is a link that says "Click SEARCH to verify in-network status" and a smaller line of text "By searching you agree to these Terms". At the bottom of the search section, there is a button that says "Check out answers to frequently asked questions" with a right-pointing arrow.

BSW Urgent Care Locations

There are 7 in-network BSW Urgent Care locations for the DFW ConnectedCare plan

- Copay is \$15 (same as a primary care visit)
- Other in-network Urgent Care locations (non-BSW) may result in a higher \$75 copay for the patient
 - If a BSW Urgent Care is not available, refer the patient to another in-network Urgent Care before referring to an emergency department



Don't wait. Get Better!

Locations

North Garland
7217 Telecom Parkway, Suite 100A
Garland, TX 75044
469.800.2530

Fort Worth
1101 6th Avenue, Suite 110
Fort Worth, TX 76104
817.912.8360

McKinney
5220 W. University Drive, Suite 100
McKinney, TX 75071
469.800.5100

Midlothian
1441 S. Midlothian Parkway, Suite 100A
Midlothian, TX 76065
469.800.9440

Southlake
925 E. Southlake Boulevard, Suite 100A
Southlake, TX 76092
817.912.8800

Lovers Lane
5800 Lovers Lane
Dallas, TX 75206
972.817.6260

Irving
2021 N. MacArthur Boulevard, Suite 115
Irving, TX 75061
972.817.1000

Hours of operation

Monday - Saturday, 8:00 AM - 8:00 PM
Sunday, 12:00 - 5:00 PM

Conditions we treat

We treat a variety of conditions (for ages 6 months and up), including:

- Allergies
- Cold and flu, upper respiratory infection, fever
- Ear complaints
- Eye irritation and redness
- Rashes and skin problems
- Sore throat or cough
- Vomiting and/or diarrhea
- Urinary tract infection
- Bites and stings
- Minor broken bones
- Minor burns
- Cuts and scrapes
- Strains and sprains
- X-rays
- Camp, school and sports physicals
- Flu shots

Physicians are employees of HealthStar Provider Network, a member of Baylor Scott & White Health. ©2019 Baylor Scott & White Health. H19N_4796_2019 010

Summary

- **DFW ConnectedCare:** Is a new plan available to local American Airlines team members. This is one of four plans offered to American Airlines team members in 2020.
- **Know if You are In-Network:** You are in network if you are contracted with BSW Preferred (SWHP).
- **No Out-of-Network Benefits:** DFW ConnectedCare members have no out-of-network benefits, so network utilization management is crucial for this population.
- **Find an In-Network Provider:** Visit DFWConnectedCare.com or call the DFW ConnectedCare Center to find in-network providers at 800-784-5473.
- **Care Management Support:** BSWQA is supporting the care management of this population, and the DFW ConnectedCare Center can be reached at 800-784-5473 for support with your patients.





APPENDIX

DFW ConnectedCare

Employee Eligibility

Generally, all active, full-time or part-time employees on the U.S. payroll of American Airlines, Inc. with a permanent residence or alternate/benefits address in a designated region (as described in the chart) are eligible for the Plan.

Refer to the [Employee Eligibility](#) section in the American Airlines summary plan description posted on the BSWQA Members Website for additional information.

Plan	Available to Employees With a Permanent Residence or Alternate/Benefits Address in a zip code in one of the following eligible counties (and not in an excluded zip code):
The American Airlines, Inc. DFW ConnectedCare Plan	<p data-bbox="1083 889 1285 914"><u>Eligible Counties</u></p> <ul data-bbox="1121 930 1864 987" style="list-style-type: none"><li data-bbox="1121 930 1864 987">• Denton, Collin, Parker, Tarrant, Dallas, Rockwall, Johnson, and Ellis <p data-bbox="1083 1008 1325 1032"><u>Excluded Zip Codes</u></p> <ul data-bbox="1121 1040 1381 1195" style="list-style-type: none"><li data-bbox="1121 1040 1381 1065">• 76082 Springtown<li data-bbox="1121 1073 1325 1097">• 76066 Milsap<li data-bbox="1121 1105 1356 1130">• 76033 Cleburne<li data-bbox="1121 1138 1356 1162">• 76093 Rio Vista<li data-bbox="1121 1170 1377 1195">• 76050 Grandview

DFW ConnectedCare Plan Highlights

Medical Plan Coverage

What the member pays		In-Network
Deductible	Member only	\$0
	Family	\$0
Out of pocket	Member only	\$3,500
	Family	\$7,000
Preventive care		\$0
Onsite clinic		\$20 ¹
Telemedicine		\$10 ¹
Primary Care Provider (PCP) visit		\$15 ¹
Specialist visit		\$50 ¹
Outpatient hospitalization		\$300 ¹
Inpatient hospitalization		\$500 ^{1/day}
		\$1500 ^{1 max}
Retail/convenience clinic visit		\$20
Urgent care		\$75 ¹
Emergency room		\$300 ^{1,2,3,4}
Basic radiology		\$50 ¹
Advanced radiology		\$100 ¹
Outpatient individual/marriage/couples/family counseling		\$50 ¹



¹Copays count toward the out-of-pocket maximum.

²Inpatient maximum is \$1,500 per hospitalization occurrence.

³Copay is waived if admitted.

⁴If a non-emergency, you'll pay \$300 + 40%.

SAB(1)

Slide 19

SAB(1

Footnote 4 is not referenced in the coverage table

Smith, Andrew B. (HTPN), 11/18/2019

DFW ConnectedCare Plan Highlights

Pharmacy Plan Coverage

Retail Rx (30 day supply)	
Generic	\$20 ¹ Copay
Preferred Brand	\$50 ¹ Copay
Non-Preferred Brand	\$100 ¹ Copay
Mail Order (90 day supply)	
Generic	\$40 ¹ Copay
Preferred Brand	\$100 ¹ Copay
Non-Preferred Brand	\$200 ¹ Copay

¹Copays count toward the out-of-pocket maximum.

