

SPRING 2023

the Inside Story

FOR PROVIDERS SERVING COMMERCIAL AND MEDICARE MEMBERS



the **Inside Story**

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Lunch Hour Closure for the Provider Service Center

Baylor Scott & White Health Plan and FirstCare Health Plans Provider Service Contact Center will close for lunch except for the Medicaid/CHIP phone lines, which will remain open. During that time, you may access our self-service tools such as the Interactive Voice Response (IVR), Provider Portal or chat.

How to access the IVR

Call the numbers below then follow the instructions.

| | |
|--|--------------|
| Baylor Scott & White Employee Plan and Medicare | 800.655.7947 |
| Baylor Scott & White and FirstCare Commercial/Individual Plans | 844.633.5325 |

The above IVR lines are available 24 hours a day, seven days a week—no registration required.

How to access the Provider Portal

Please visit Provider.BSWHealth.com for available Provider Portal self-service options. For portal utilization, please review the back of the member's ID card.

How to access via chat

Simply visit our website, Provider.BSWHealth.com, and click the “chat with us” link in the provider pop-up message.

Tips for initiating Naloxone with your patients on chronic opioids

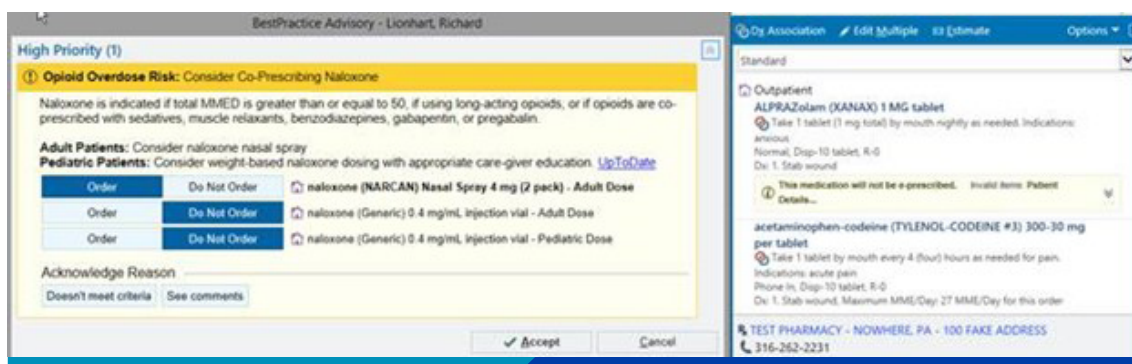
Prepare in advance

- Familiarize yourself with covered Naloxone formulations
- Table 1:

| Baylor Scott & White Health Plan / FirstCare Health Plans Formulary Status | | |
|--|--|---------------|
| Naloxone Product | Formulary List | Tier |
| Naloxone Injection (generic) 0.4 mg/ml single dose vial | Group Value and Group Choice, EHB | \$0 copay |
| | Medicare | Tier 2 G |
| Naloxone Injection (generic) 2 mg/2 ml prefilled syringe | Group Value and Group Choice, EHB | \$0 copay |
| | Medicare | Tier 3 PB |
| Naloxone Nasal Spray (generic Narcan) 4 mg/0.1 ml | Group Value and Group Choice, EHB | \$0 copay |
| | Medicare | Tier 3 PB |
| Kloxxado Nasal Spray 8 mg/0.1 ml | Group Value, Group Choice, Medicare | Non-formulary |
| | EHB | Tier 2 PB |
| Zimhi 5 mg prefilled syringe | Group Value, Group Choice, EHB, Medicare | Non-formulary |

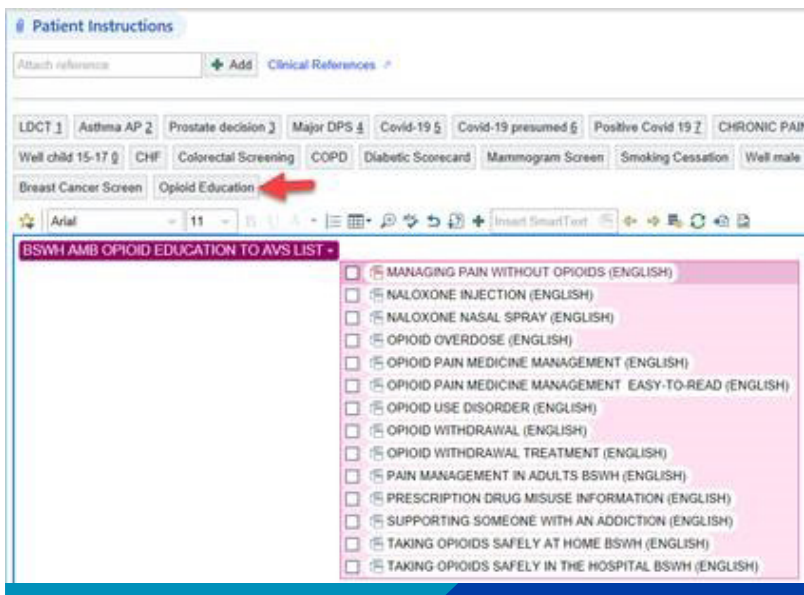
EHB=Essential Health Benefits; Tier 2 G=generic for Medicare; Tier 3 PB=preferred brand for Medicare; Tier 2 PB=preferred brand for EHB.

- Recognize candidates for Naloxone
 - Total MMED \geq 50, using long-acting opioids, or opioids co-prescribed with sedatives, muscle relaxants, benzodiazepines, gabapentin or pregabalin
- Have a conversation starter ready; use non-judgmental and non-blaming language
 - Centers for Disease Control and Prevention (CDC) offers full 1.5 hour CME “Talking About Naloxone” [here](#); also available as a focused two-page conversation starter [here](#).
- Educate on Naloxone administration and provide additional resources as needed
- Utilize clinical decision support tools in electronic medical record (i.e., Naloxone Best Practice Advisory or BPA)
 - Identifies candidates and assists with ordering Naloxone
 - Naloxone BPA screenshot:



- Add Epic patient education to the After Visit Summary
 - Patient Instructions for After Visit Summary (AVS)

When a provider prescribes an opioid or naloxone, the Patient Instructions page (already required) shows specific patient education to add to the AVS as shown. When Epic shows the patient language preference is Spanish or Vietnamese, the list will automatically show patient education in their preferred language (not shown)



Resources:

1. CDC “Talking About Naloxone” CME
<https://www.cdc.gov/opioids/naloxone/training/pdf/Talking-About-Naloxone.pdf>
2. Introduction to Naloxone for People Taking Prescribed Opioids - YouTube (YouTube video by the Veterans Health Administration)
<https://www.youtube.com/watch?v=NFzhz-PCzPc>
3. Overdose Prevention Resources | National Harm Reduction Coalition.
<https://harmreduction.org/issues/overdose-prevention/>
4. PrescribeToPrevent – Prescribe Naloxone, Save a Life
<https://prescribetoprevent.org/>
5. What is Naloxone? | SAMHSA
<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone>



Provider portal self-service features

For **Commercial/ASO/IFP** members:

SWHPPProvider.FirstCare.com

For **FirstCare** members:

My.FirstCare.com

For **RightCare** members:

RightCare.FirstCare.com

Eligibility

- Eligibility status
- Plan network name
- PCP name and effective date
- Other insurance

Commercial & IND/FAM Benefits

- ER coinsurance
- Individual and family deductible and coinsurance
- Individual and family deductible and coinsurance accumulators
- PCP OV
- Specialist OV
- Urgent care
- EOCs available

Prior Authorization

- Status/exemption status
- Auth code search tool (only applies to Medicaid)
- Auth request form

Claims

- Claim #
- DOS
- Date claim received
- EOP - detailed provider information
- Member ID
- Member name
- Billed amount
- Paid amount
- Appeal option
- Claim status
- Breakdown for each CPT code
- Claims by check number
- Payment dates
- Negative balances
- Refund request with letters



For BSW SeniorCare Advantage and the BSWH Employee Plan:
portal.SWHP.org/ProviderPortal

Contracted networks for the provider NPI/TIN combo listed

Member information

- Name
- Date of birth
- ID number
- Effective date of coverage
- Plan network name
- Deductibles by tier
- Accumulators

Member benefits

- Diabetic education and medication riders
- Hearing aids with limits¹
- Speech and hearing therapy services with limits¹
- Home health with limits¹
- Home infusion
- Lab
- ER
- Inpatient stay
- Inpatient psych stay
- Maternity inpatient
- Nursery
- DME²
- Prosthetic devices²
- Oxygen
- Gastric bypass with limits¹
- Mental health OV, observation, day care, group therapy, crisis stabilization
- Hospice
- Inpatient alcohol/drug dependency
- OV alcohol/drug dependency
- Alcohol/drug group therapy
- Skilled nursing facility with limits¹
- Allergy injections, serums and testing
- Specialist
- Routine physical
- Urgent care
- Well child
- Wellness visit

Outpatient benefits:

- PET, CT, CAT, etc.
- Dialysis
- Lab and xray
- Occupational therapy with limits¹
- Other outpatient services
- Outpatient surgery
- Physical therapy¹
- Dermatology skin procedures

Office visits:

- Maternity pre and post natal
- Chiropractic care with limits¹
- Pain management
- PCP

Claims

- DOS
- Claim number
- Provider name/NPI/address
- CPT code/description
- Billed amount
- Paid amount
- Member copay
- Member deductible
- Member coinsurance
- EX code
- Claim status

Redetermination

- Request redetermination
- Redetermination received date
- Confirmation number
- Redetermination status
- Supporting docs including resolution letter

Prior Authorization

- Lookup tool by CPT code
- Case management referral form
- Prior auth form

Misc

- Fee code lookup tool
- Oncology Analytics link
- Evicore link

¹ Does not provide accumulators for visits used
² Does not provide exclusions



Provider Appointment Availability

To ensure members receive care in a timely manner, Primary Care Providers (PCPs), specialty providers and behavioral health providers must maintain the following appointment availability and after-hours access standards.

Appointment and Access Standards

| Standard name | Health Plan requirement |
|---|--|
| Urgent Care | Within 24 hours |
| Routine Care | Commercial: 21 calendar days Medicaid: 14 calendar days Medicare: 30 calendar days |
| Prenatal Care–Initial Visit | Within 14 days |
| High Risk & New Member 3rd Trimester | Within 5 days or immediately if emergency exists |
| Preventive Care Adult (21 and Over) | Commercial and Medicaid: 90 days Medicare: 30 days |
| Preventive Health Care (6 months–20 years) | Within 60 days |
| Newborn | Within 14 days |
| Behavioral Health | |
| Behavioral Health, Nonlife-Threatening Emergency Care | Within 6 hours |
| Urgent Care | Within 24 hours |
| Initial Outpatient Behavioral Health Care (prescriber/non-prescriber) | 10 business days, Medicaid: 14 days |
| Routine Behavioral Health (prescriber/non-prescriber) | 14 days |
| Specialty Care | |
| Urgent Care | 24 hours |
| Routine Care | Commercial and Medicaid: 21 days Medicare: 30 calendar days |



Guidelines for after-hours access requirements for practitioners

To ensure continuous 24-hour coverage, PCPs must maintain one of the following arrangements for member contact after normal business hours.

ACCEPTABLE

| | |
|--|--|
| <p>Phone answered by an answering service</p> | <p>Person who answers the phone can contact the PCP, and all calls must be returned within 30 minutes. <i>Note: An answering machine recording that directs members to leave a message, even if it is indicated that the call will be returned, would not be an appropriate example of an answering service.</i></p> |
| <p>Phone answered by a recording</p> | <p>Recording directs member to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the call at the second number (e.g., the recording directs the member to dial 123.456.7890 to reach the PCP after-hours).</p> |
| <p>Phone transferred to another location (e.g. nearest emergency room, after-hours answering service)</p> | <p>The person answering the call must be able to contact the PCP to return the call within 30 minutes.</p> |
| <p>After-hours message available in English and Spanish</p> | <p>To accommodate non-English speaking members, give messaging in both English and Spanish or provide options such as directing member to dial 1 for English and 2 for Spanish.</p> |

NOT ACCEPTABLE

| | |
|---|--|
| <p>Answering only during office hours</p> | <p>Examples: Calls not picked up by an answering machine recording that directs the member in reaching the PCP, calls not answered by or transferred to an after-hours answering service, calls not transferred to another location.</p> |
| <p>Recording telling member to leave a message</p> | <p>The answering machine recording should not direct the member to leave a message even if it is indicated that the call will be returned. However, the recording can direct the member to call another number to reach their PCP. Someone must be available to answer the phone at the second number.</p> |
| <p>Other unacceptable practices</p> | <ul style="list-style-type: none"> • Recording directing the member to go to the emergency room for needed services • Returning after-hours calls outside of a 30-minute time frame • Failing to provide after-hours messaging in both English and Spanish |

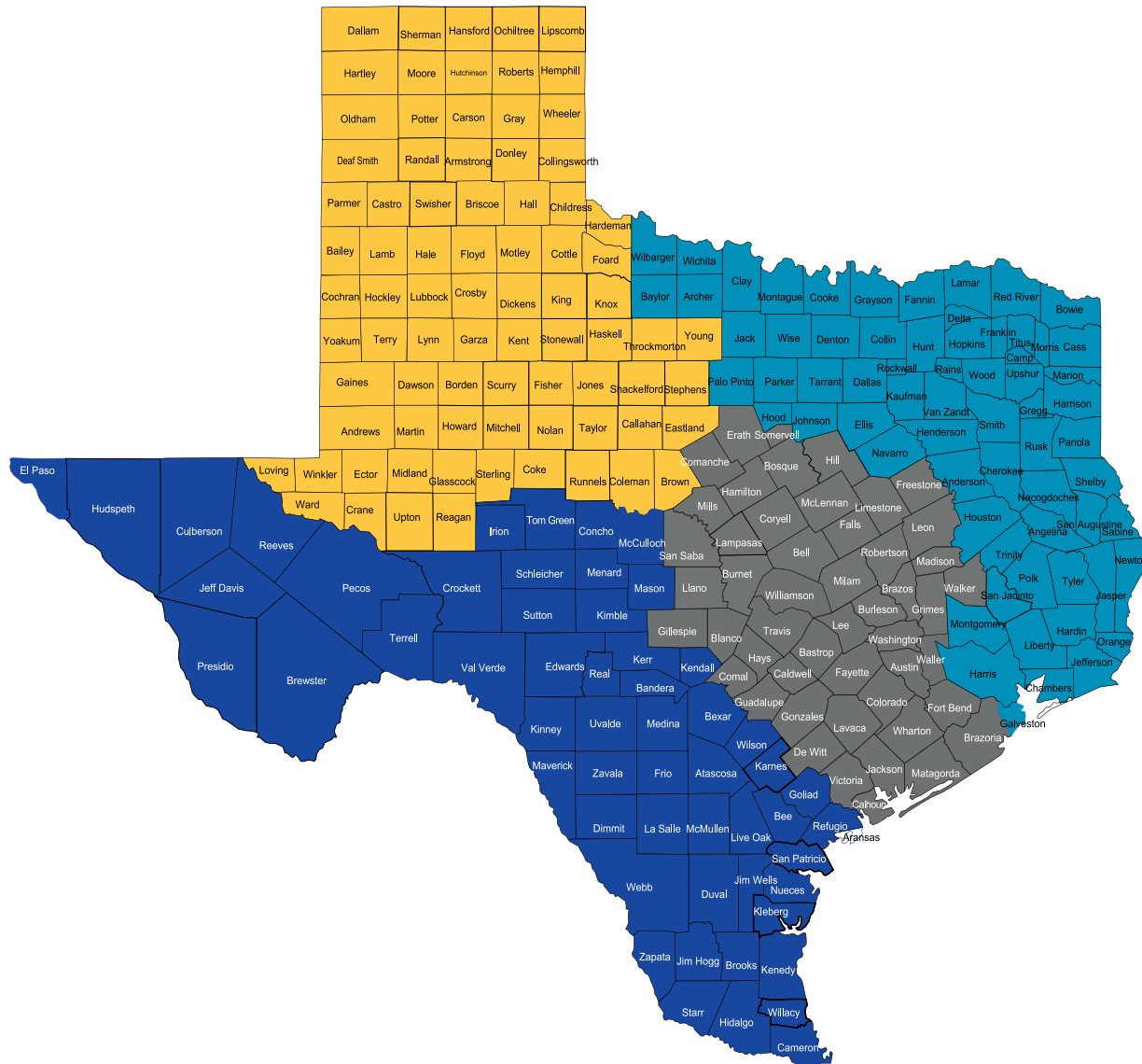
Update your clinic contact information: [BSWHealthPlan.com/Provider](https://www.bswhealthplan.com/provider)

If you have questions, contact your Provider Relations representative.

Provider Relations

Representative Territory Map

Provider Relations Representatives can be contacted via the regional email addresses below.



Contact a Provider Relations Representative

- Region 1 HPRegion1@BSWHealth.org
- Region 2 HPRegion2@BSWHealth.org
- Region 3 HPRegion3@BSWHealth.org
- Region 4 HPRegion4@BSWHealth.org

Provider Rights & Responsibilities

Baylor Scott & White Health Plan (BSWHP) contracted providers are responsible for providing and managing healthcare services for BSWHP members until services are no longer medically necessary.

Provider rights

- Be treated courteously and respectfully by BSWHP staff at all times.
- Request information about BSWHP’s utilization management, case management and disease guidance programs, services and staff qualifications and contractual relationships
- Upon request, be provided with copies of evidence-based clinical practice guidelines and clinical decision support tools used by BSWHP.
- Be supported by BSWHP to make decisions interactively with members regarding their healthcare.
- Consult with BSWHP Medical Directors at any point in a member’s participation in utilization management, case management or disease guidance programs.
- Provide input into the development of BSWHP’s Case Management and Disease Guidance Programs.
- File a complaint on own behalf of a BSWHP member, without fear of retaliation and to have those complaints resolved.
- Receive a written decision regarding an application to participate with BSWHP within 90 days of providing the complete application.
- Communicate openly with patients about all diagnostic testing and treatment options.
- The right to appeal claims payment issues.
- The right to 90 days prior written notice of termination of the contract.
- The right to request a written reason for the termination, if one is not provided with the notice of termination.



Provider responsibilities

Primary Care Physicians (PCPs):

- Provide primary healthcare 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.
- Obtain all required pre-authorizations as outlined in the Provider Manual.
- Refer BSWHP members to BSWHP contracted (in-network) specialists, facilities and ancillary providers when necessary.
- Assure BSWHP members understand the scope of specialty and/or ancillary services that have been authorized and how or where the member should access the care.
- Communicate a BSWHP member's medical condition, treatment plans and approved authorizations for services to appropriate specialists and other providers.
- Keep panel open to BSWHP members until it contains at least 100 BSWHP members on average per individual PCP.
- Will give BSWHP at least seven days advance written notice of intent to close panel and may not close panel to BSWHP unless closing panel to all payors.

Specialists:

- Deliver all authorized medical healthcare services related to the BSWHP member's medical condition as it pertains to specialty.
- Deliver all medical healthcare services available to BSWHP members through self-referral benefits.
- Determine when the BSWHP member may require the services of other specialists or ancillary providers for further diagnosis or specialized treatment, as well as, if the member requires admission to a hospital, rehabilitation facility, skilled nursing facility or etc.
- Provide verbal or written consult reports to the BSWHP member's PCP for review and inclusion in the member's primary care medical record.

All Providers:

- Follow BSWHP's administrative policies and procedures and clinical guidelines when providing or managing healthcare services within the scope of a BSWHP member's benefit plan.
- Uphold all applicable responsibilities outlined in the BSWHP Member Rights & Responsibilities Statement.
- Maintain open communications with BSWHP members to discuss treatment needs and recommended alternatives, regardless of benefit limitations or BSWHP administrative policies and procedures.
- Provide timely transfer of BSWHP member medical records if a member selects a new primary care practitioner or if the practitioner's participation with BSWHP terminates.



- Participate in BSWHP Quality Improvement Programs, which are designed to identify opportunities for improving healthcare provided to BSWHP members and the related outcomes.
- Comply with all utilization management decisions rendered by BSWHP.
- Respond to BSWHP Provider Satisfaction Surveys.
- Provide BSWHP with any BSWHP member’s written complaints or grievances against provider or practice immediately (within 24 hours). The process for resolving complaints should be posted in the provider’s office or facility and should include the Texas Department of Insurance’s toll-free number.



Providers should notify BSWHP when there are changes to their practice, such as:

- Change of ownership and tax identification number (TIN).
- Change of address (service/ mailing/ billing), phone number or fax number.
- New provider added to group or practice.
- Provider terminations from group or practice.
- Adverse actions impacting practitioner’s ability to provide services.
- Termination from or opt out of participation in Medicare or Medicaid.

All changes reported should include an effective date.



**Thank you for being a contracted provider
with Baylor Scott & White Health Plan
and FirstCare Health Plans.**

