

SPRING 2022

the Inside Story

FOR PROVIDERS SERVING COMMERCIAL AND MEDICARE MEMBERS



Baylor Scott & White
Health Plan

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the **Inside Story**

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Baylor Scott & White Health Plan

Our New Brand in 2022

Thank you for your support over the last 39 years. With the acquisition of FirstCare Health Plans in 2019 and our commitment to now serving north, central and west Texas communities, we are excited to unify under one recognizable brand, **Baylor Scott & White Health Plan**.



What's changing for you as a provider? Our brand—that's all!

- Scott and White Health Plan will do business as **Baylor Scott & White Health Plan**.
- Scott & White Care Plans will do business as **Baylor Scott & White Care Plan**.
- Insurance Company of Scott and White will be renamed **Baylor Scott & White Insurance Company**.

What remains the same?

- The high value we place on our relationship with you as we work together to pursue better patient outcomes.
- Our dedication to quality, local provider service.
- Our commitment to digital tools that support the patient journey.

What's new?

- Member ID cards will reflect the new brand. The ID card shown here is a sample only. The logo and information on the card varies according to the coverage selected.
- A new and reimagined website, BSWHealthPlan.com.
- Materials with a new logo and look—designed with you in mind.



Supporting kidney care specialists to improve patient outcomes

Baylor Scott & White Health Plan (BSWHP) Medicare Advantage members with CKD and ESKD have access to Cricket Health's kidney care support service—**all at no cost to you or your patients**. This service works side-by-side with providers to offer patients an extra layer of support by phone or online between appointments. This type of at-home support is proven to help patients make more educated decisions about their care and better manage their health so they can live their best life.

To learn more or refer your patients, visit crickethealth.com/SWHPProviders or email referrals@crickethealth.com.

Here's what Cricket Health members say about this service:

"When I found out the cost of Invokana, I was like, 'I can't afford that' ...

The Cricket Health pharmacist talked to my doctor, my primary care, and they made the arrangements for the medicine that now costs me \$25 a month rather than \$600 a month. It was just a big change ... I was able to start on that medicine because of the Cricket pharmacist interacting with my primary care and then going from there."

"Cricket has been a great comfort to me as I have traveled this journey. The information and peer support is absolutely invaluable. Cricket is a place where everyone cares about you—a safe place to ask all the questions you forgot (or were too embarrassed) to ask and share your real feelings. You are not alone."

"This group has been very helpful, and I am thankful that my doctor set me up here. I recently had a PD catheter placed and was able to go into surgery well informed on the procedure, pain expectations and recovery. It was just as I was told. Not bad at all. I read everything, and it's nice to know that I am not crazy for thinking and feeling the way I do sometimes. I see that is part of the progression of CKD. Thank you all."

Keep in Mind: Group NPIs

As we continue to migrate our provider networks to our new system, Group NPIs are required for processing claims and authorizations in addition to the providers' Individual NPI. Our Medical Department and Provider Service Center staff may ask for this information when verifying benefits or processing authorizations.



Navigating Higher Prescription Drug Costs with Your Patients



Drug prices have continued to rise at an unmatched rate, despite the pandemic. Pharmaceutical companies increase drug prices annually in January and often again in July.

[Learn more](#) about how drug pricing impacts your patients and get tips for prescribing lower-cost alternatives to brand-name drugs.

Naloxone Saves Lives

Prescribing to Increase Opioid Safety

Naloxone Coverage - \$0 Copay

Naloxone comes in the form of an injection (pre-filled syringe or single dose vial) or a nasal spray. With brief training, almost any adult can learn to give naloxone to someone showing the signs of opioid overdose. The copay for generic naloxone injection and Narcan nasal spray is waived for commercial and ACA/marketplace plans (Group Value, Group Choice and EHB formularies); your patient pays \$0 out-of-pocket.

Baylor Scott & White Health Plan / FirstCare Health Plans Formulary Status

Naloxone Product	Formulary List	Tier
Naloxone Injection (Generic) 2mg/2ml prefilled syringe, 0.4mg/ml single dose vial	Group Value and Group Choice, EHB	\$0 copay
	Medicare	Tier 2
Naloxone (Narcan®) Nasal Spray 4 mg/0.1ml	Group Value and Group Choice, EHB	\$0 copay
	Medicare	Tier 3
Kloxxado® Nasal Spray 8mg/0.1ml	Group Value, Group Choice, Medicare	Non-formulary
	EHB	Tier 2
Zimhi® 5 mg prefilled syringe	Group Value, Group Choice, EHB, Medicare	Non-formulary

EHB=Essential Health Benefits; Tier 2=Preferred Brand for Group Value/Group Choice/EHB; Tier 2=Generic for Medicare; Tier 3=Preferred Brand for Medicare



Who Should Be Prescribed Naloxone?

- Patients prescribed opioids who:
 - Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater.
 - Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
 - Have been prescribed benzodiazepines (regardless of opioid dose).
 - Have a non-opioid substance use disorder, report excessive alcohol use or have a mental health disorder (regardless of opioid dose).
- Persons at high risk for experiencing or responding to an opioid overdose, including individuals:
 - Using heroin, illicit synthetic opioids or misusing prescription opioids.
 - Using other illicit drugs such as stimulants, including methamphetamine and cocaine, which could potentially be contaminated with illicit synthetic opioids like fentanyl.
 - Receiving treatment for opioid use disorder, including medication-assisted treatment with methadone, buprenorphine or naltrexone.
 - With a history of opioid misuse that were recently released from incarceration or other controlled settings where tolerance to opioids has been lost.



Why the Continued Emphasis on Naloxone?

- **Drug overdose deaths increased 30% in 2020** and continue to be the leading cause of injury-related death in the U.S.
 - Opioid-related deaths accounted for **75%** of all overdose deaths in 2020.
 - The increase appears **accelerated during the COVID-19 pandemic**.
 - Changes in drug supply and use patterns have made the prevention and treatment of drug overdoses more complex.
 - Currently, drug deaths and overdoses are caused primarily by synthetic opioids—illicitly manufactured fentanyl.
 - The number of DEA-seized **counterfeit pills containing fentanyl** increased 430% since 2019.
 - Two out of every five pills with fentanyl contain a potentially **lethal dose**.

- **80%** of overdose deaths occurred **inside a home**.
 - Nearly **40%** of overdose deaths occur with **someone else present**.
 - A majority of people who misuse a prescription medication obtain the medicine from a family member or friend.
- **Overdose deaths decrease when communities have access to Naloxone.** Having Naloxone available saves lives.

How to Talk with Patients About Naloxone

The word “overdose” can have a stigma and discourage patients from picking up Naloxone. Try instead: “opioid emergency,” “opioid safety,” “bad overdose reaction,” “accidental overdose,” “risky drugs, not risky people.”

Frame the discussion so the patient does not feel targeted, and keep the focus on their health. Some experts recommend comparing having Naloxone in the home to an EpiPen or a fire extinguisher.

Consider these talking points:

- Did you know that taking opioids in combination with other medications or health issues may increase your risk for an accidental opioid emergency?
- Have you considered locking your medication in a safe, secure place so others cannot access it?
- Do you have a plan in place in case an opioid-related emergency occurs in your home?
- I recommend that you pick up Naloxone from the pharmacy to have on hand and that your household members know where it is located and how to use it.

Practical Resources for More Information

Stop Overdose (Center for Disease Control website) provides education regarding prescription and illicit drugs, emphasizes the life-saving power of Naloxone and stresses the importance of reducing stigma around treatment.
One Pill Can Kill (Drug Enforcement Agency public awareness campaign) has information on the surge of deadly, fake prescription pills containing fentanyl.
Introduction to Naloxone for People Taking Prescribed Opioids (YouTube video by the Veterans Health Administration)
Naloxone for opioid safety: A provider’s guide to prescribing naloxone to patients who use opioids (San Francisco Department of Public Health)
Public Policy Statement on the Use of Naloxone for the Prevention of Drug Overdose Deaths (American Society of Addiction Medicine)
Overdose prevention tools and best practices (Harm Reduction Coalition)
Prescribe Naloxone. Save a Life (Prescribe to Prevent)
Naloxone: 5 tips on talking with patients, families (American Medical Association)
Preventing an Opioid Overdose patient infographic for waiting room (Centers for Disease Control and Prevention)

[Naloxone Saves Lives: New Advice on Opioid Medication Safety](#) (Baylor Scott & White Health Plan)

Pharmacy Help Desk 1-800-728-7947

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9. U.S. Department of Health and Human Services Overdose Prevention Strategy (Issue Brief). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 27, 2021.
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11. <https://www.dea.gov/onepill>, accessed 11/4/2021.

Pharmacy Formulary Information

Providers are encouraged to visit our websites for the most up-to-date formulary information and pharmaceutical management procedures.

[Click here for Baylor Scott & White Health Plan](#)

[Click here for FirstCare Health Plans](#)

The following 2022 Pharmacy information is available online for **Commercial, Essential Health Benefits (Individual & Family Marketplace and Small Group) and Medicare Part D Plans**:

Formulary	Baylor Scott & White Health Plan	FirstCare Health Plans
Medicare Part D Plans [†]	✓	
Commercial Group Value/Group Choice *	✓	
BSW Employee *	✓	
FEHBP [Federal Employees Health Benefits Program] *	✓	
EHB [Essential Health Benefits] *	✓	✓

[†] Updated monthly

* Updated quarterly

→ Upcoming Formulary Changes

Reference the Formulary Changes document posted at the webpages listed above for details regarding **monthly formulary updates**.

→ Pharmacy Benefit Drugs: Prior Authorizations, Exceptions and Appeals

Visit this section of the webpages listed above to:

- Learn how to submit prior authorization, exception and appeal requests.
- Access online portals and forms to submit pharmacy benefit drug coverage requests.

Pharmaceutical management procedures are processes that help manage the drug formulary. Restrictions may be applied to certain medications on the formulary, so that the most cost-effective therapy options can be provided. The formularies contain a description of pharmaceutical management procedures, including:

- Prior authorization (PA)
- Quantity limits (QL)
- Step therapy (ST)
- Generic substitution

Please refer to the legend on the formulary for a complete listing. Find more information [here](#).

If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact Provider Services at 1.800.321.7947.



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

Phone answered by an answering service	Person who answers the phone can contact the PCP, and all calls must be returned within 30 minutes. 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.
Phone answered by a recording	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).
Phone transferred to another location (e.g. nearest emergency room, after-hours answering service)	The person answering the call must be able to contact the PCP to return the call within 30 minutes.
After-hours message available in English and Spanish	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.

NOT ACCEPTABLE

Answering only during office hours	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.
Recording telling member to leave a message	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.
Other unacceptable practices	<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.



Baylor Scott & White Health Plan

CLIA Information/Updates - Effective Immediately

In order for your claims to be processed correctly, please note the following updates regarding Clinical Laboratory Improvement Amendments (CLIA) certificate requirements.

CLIA is required for all facilities or providers that examine “materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings.” If a facility or provider performs tests for these purposes, they are considered a laboratory and must obtain a CLIA certificate in accordance with CLIA laws and regulations.

Baylor Scott & White Health Plan is requesting that all laboratory providers submit your most current and updated CLIA certificate.

Facilities and Providers must follow guidelines below:

- Claim must contain a valid CLIA certificate ID

- Servicing provider demographic information must match specific location where the provider is performing on-site lab testing as outlined on your CLIA certificate
- Claim payments can only be made for dates of service falling within the certification dates governing the approved services
- Provider must follow CLIA guidelines as outlined by [CMS](#) and [HHSC](#)
- For information about waived tests or to obtain a CLIA Certificate of Waiver, please refer to the [CDC's website](#).

Laboratory servicing providers who do not meet the CLIA billing requirements will not be reimbursed.

You may submit these via email to HPCLIAUpdate@BSWHealth.org.

If you have any questions, please contact our Provider Services Center at 844-633-5325.

Members' Rights & Responsibilities

Baylor Scott & White Health Plan and FirstCare Health Plans recognize that our members have both rights and responsibilities in the management of their healthcare.

As a member of our health plan, you have:

1. A right to receive information about your health plan, including the services we offer and our providers and caregivers
2. A right to be treated with respect
3. A right to have others recognize your dignity
4. A right to privacy
5. A right to work with providers to make decisions about your healthcare
6. A right to talk openly about appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage
7. A right to timely access to your covered services and drugs
8. A right to voice complaints or appeals about your health plan, benefit coverage or your medical care
9. A right to information about your rights and responsibilities and a right to make recommendations about our member rights and responsibilities

You are responsible for doing your best to:

10. Give your health plan and providers information they need to provide your care; tell your health plan if you move
11. Follow plans and instructions for care that you have agreed to with your providers
12. Understand your health problems and take part in the treatment plan you and your providers make together

This statement of Members' Rights and Responsibilities is distributed to members upon enrollment, posted on our websites and also shared with you in the Provider Manual.





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