# Inside Story

FOR PROVIDERS SERVING COMMERCIAL AND MEDICARE MEMBERS BaylorScott&White Health Plan

## **Inside Story**

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## **Helpful Tools for Physicians/Providers**

Here at Baylor Scott & White Health Plan (BSWHP), we understand the primary focus of our physicians and providers is delivering high-quality healthcare to their patients—our members. With that in mind, we want to make it as easy as possible for you to obtain the information you need.

Baylor Scott & White Health Plan continuously implements tools to provide you with more information. We encourage you to utilize the following tools for information you need on a routine basis:

- BSWHP website can be used to view BSWHP's Provider Manual, policies and procedures, forms, educational material, and other important information. The website can be accessed at: BSWHealthPlan.com/providers/Pages/default.aspx.
- Provider Interactive Voice Response (IVR) System is used to verify member eligibility and benefits and check claims status. You can access it directly by dialing 800.655.7947 or by dialing the main Customer Service phone number at 800.321.7947 and choosing option 1.

Using the Provider IVR means you no longer need to wait on the phone to speak with a Customer Service Advocate (CSA). The information you receive from the Provider IVR is generated from the same system the CSAs use and is available 24 hours a day, seven days a week. If the system is unavailable or having technical difficulties, you will be routed to a CSA for assistance.

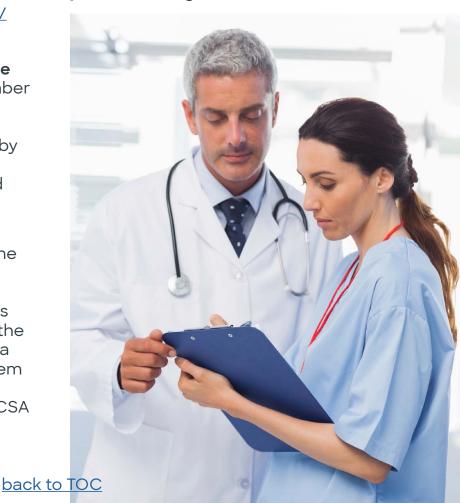
- BSWHP Provider Portal is used to view complete prior authorization lists, check claims status and verify member eligibility and benefits. The Portal can be accessed at: BSWHealthPlan.com/Pages/ProviderPortal.aspx.
- BSWHP Provider Directory allows you to validate the demographic information we have for you and verify the physicians, facilities and other providers in our networks.

  The directory can be accessed at:

  BSWHealthplan.com/Pages/Provider.

  aspx

Baylor Scott &White Health Plan values the relationships we have with our providers, and are committed to providing you with the highest level of service.





## Accessibility of Services Requirements

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

#### **Appointment and Access Standards**

Level of service/appointment type	Standard			
Newborn				
Newborn Care (less than six months of age)	14 calendar days			
Primary				
Urgent Primary Care	24 hours			
Routine Primary Care	Commercial and Medicaid: 14 calendar days Medicare: 30 calendar days			
Sp	ecialty			
Urgent Specialty Care	24 hours			
Routine Specialty Care	Commercial and Medicaid: 21 calendar days Medicare: 30 calendar days			
OB	B/GYN			
High-Risk Prenatal Care New Member in 3rd Trimester Care	Five calendar days or immediately if an emergency exists			
Routine Prenatal Care	14 calendar days			
Preve	ntive Care			
Preventive Care Child (6 months through 20 years of age)	60 calendar days			
Preventive Care Adult (21 years of age and older)	Commercial and Medicaid: 90 calendar days Medicare: 30 days			
Behavioral Health				
Care for a Non-Life-Threatening Emergency	Within 6 Hours or direct member to the ED or Behavioral Health Crisis Unit			
Urgent Behavioral Healthcare	24 hours			
Initial Behavioral Healthcare	Within 10 business days			
Routine Follow-up Behavioral Healthcare	14 calendar days			

Baylor Scott & White Health Plan is dedicated to arranging timely access to care for our members.



## 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	The person who answers the phone can contact the PCP; 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, is not 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, messaging should be in both English and Spanish or provide options such as directing member to dial 1 for English and 2 for Spanish.	

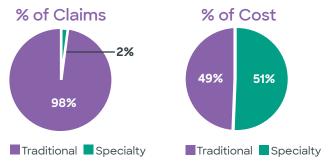
#### **NOT ACCEPTABLE**

Answering only during office hours	<ul> <li>Examples:</li> <li>Calls not picked up by an answering machine recording that directs the member how to reach the PCP</li> <li>Calls not answered by or transferred to an after-hours answering service</li> <li>Calls not transferred to another location.</li> </ul>
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 numb to reach their PCP. Someone must be available to answer the phone the second number.	
Other unacceptable practices	<ul> <li>Recording directing the member to go to the emergency room for needed services</li> <li>Returning after-hours calls outside of a 30-minute time frame</li> <li>Failing to provide after-hours messaging in both English and Spanish</li> </ul>

Update your clinic contact information: <u>BSWHealthPlan.com/Provider</u> If you have questions, contact your Provider Relations representative.

### Biosimilars help lower drug costs

While specialty drug claims (including biologics) represent less than 2% of overall prescriptions, they account for more than 50% of total prescription medication spend.<sup>1</sup>



Biosimilar drugs could lower prices for cancer and rheumatoid arthritis therapies, with savings estimated to be \$38.4 billion (5.9%) of projected total U.S. spending on biologics from 2021 to 2025.<sup>2</sup>

A biosimilar is a biological product similar to—with no clinically meaningful differences from—an FDA-approved product..<sup>3</sup> It also has no meaningful differences in safety, purity or potency.<sup>4</sup>

The brand Biologic—considered the original biosimilar—was the first-to-market for this unique compound.

#### Interchangeability

Traditional drugs (non-biologic)	Biologic drugs
Small molecules that can be copied exactly. They usually have generics available after the patent protection has expired.	Large molecules with complex mechanisms of action. An exact copy of the drug is not possible, so interchangeable status requires additional studies and approval by the FDA.
These drugs can usually be substituted by the pharmacist filling the prescription. Approval of the generic by the FDA allows substitution.	In Texas, an interchangeable drug may be substituted by the pharmacist filling the prescription.

#### What can prescribers do?

- Patients new to therapy: Choose a biosimilar drug.
- Patients on current therapy with a reference product: Consider changing therapy to a biosimilar drug.
- Educate patients: Biosimilars are as safe and effective as the original product. Biosimilars may cost less than the original biologic.
- Biosimilar selection: Choose the biosimilar product that is preferred on the patient's formulary

Note: Some pharmaceutical companies have identical products with different names. One has a brand name (costs more) while the other is unbranded (costs less).

#### Illustrative Example:

Туре	Branded	Unbranded
Manufacturer	ABC Co.	ABC Co.
Package Label Name	Extendamab	Biosimilar- mnop
Generic Name	Biosimilar- mnop	Biosimilar- mnop

#### Are interchangeable biosimilars safer or more effective than other biosimilars?

No. Per the FDA, both biosimilars and interchangeable biosimilars are as safe and effective as the original biologic they were compared to, and they can both be used in its place.<sup>5</sup>

A recently published meta-analysis by the FDA supports there were no differences in multiple factors between a reference product and a switched product.<sup>6</sup>

In oncology therapies, the American Society of Clinical Oncology (ASCO) has stated "distinction between interchangeability designation and biosimilars is unnecessary, burdensome, and creates barriers to high value care".<sup>7</sup>

All biosimilars, whether approved as interchangeable or not, may be prescribed with full confidence, per the FDA.8

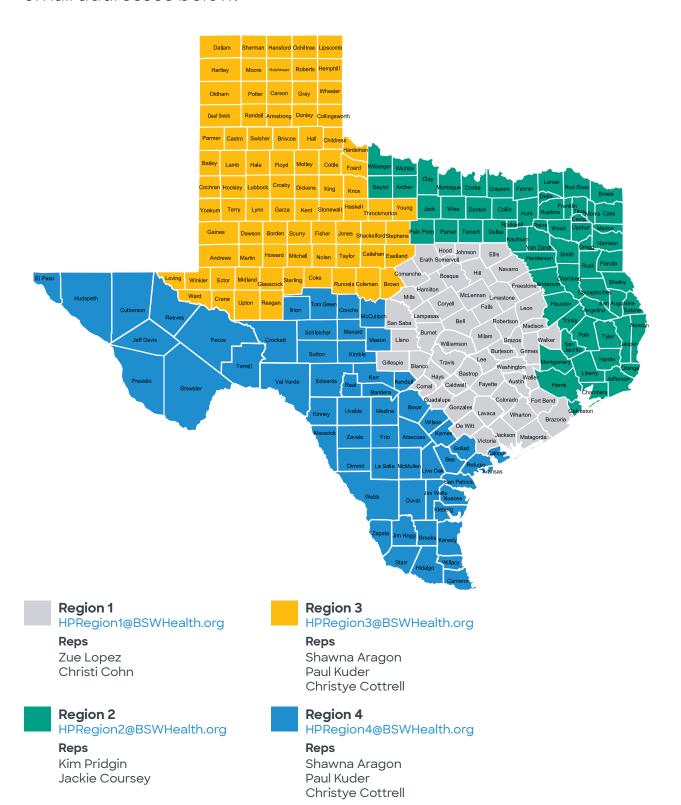
<sup>1)</sup> Specialty drug prices giving you sticker shock? | Optum Rx. 2) Biosimilar Drugs Could Generate \$38.4 Billion in Savings over Five Years. 3) Biological Product Definitions, fda.gov. 4) Review and Approval | FDA.

<sup>5)</sup> Safety outcomes when switching between biosimilars and reference biologics: A systematic review and meta-analysis | PLOS ONE) 6) Ibid. 7) Review and Approval | FDA. 8) BioRationality: FDA Publishes Results of First Meta-Analysis to Conclude All Biosimilars Are Interchangeable (centerforbiosimilars.com)

## **Network Region Mailboxes**

#### **Representative Territory Map**

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



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## **BSWHP Provider Relations Contacts**

Contact name	Phone	Email	Counties	
		REGION 1 - CENTRA	AL TEXAS	
Zue Lopez	512.348.6779	Regional email for	Austin, Bell, Bastrop, Brazos, Burleson, Caldwell, Colorado, Comal, Dewitt, Falls, Fayette, Gonzalez, Grimes, Guadalupe, Hays, Lavaca, Lee, Milam, Montgomery, Robertson, Travis, Victoria, Walker, Waller, Washington, Williamson	
Christie Cohn	254.340.0056	all representatives HPRegion1@BSWHealth.org	Blanco, Bosque, Burnet, Comanche, Coryell, Erath, Ellis, Gillespie, Hamilton, Hill, Hood, Freestone, Johnson, Lampasas, Leon, Llano, Limestone, Madison, McLennan, Mills, Navarro, San Saba, Somervell	
		REGION 2 - NORTH	H TEXAS	
Kim Pridgin	903.374.3748	Regional email for	Dallas, Harris, Henderson, Hunt, Kaufman, Rockwall, Smith, Van Zandt	
Jackie Coursey	940.320.9644	all representatives HPRegion2@BSWHealth.org	Archer, Baylor, Clay, Collin, Cooke, Denton, Grayson, Jack, Montague, Palo Pinto, Parker, Tarrant, Wichita, Wilbarger, Wise	
		REGION 3 - NORTHW	EST TEXAS	
Shawna Aragon	806.467.3204	Regional email for all representatives	Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Hall, Gray, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler	
Paul Kuder	737.401.9207		Andrews, Crane, Ector, Glasscock, Howard, Loving, Martin, Midland, Reagan, Upton, Ward, Winkler	
Christye Cottrell	806.784.4485	HPRegion3@BSWHealth.org	Bailey, Borden, Cochran, Cottle, Crosby, Dawson, Dickens, Floyd, Foard, Gaines, Garza, Hale, Hardeman, Hockley, Kent, Lamb, Lubbock, Lynn, Motley, Scurry, Terry, Yoakum	
HPRegion3@BS	WHealth.org		Brown, Callahan, Coke, Coleman, Eastland, Fisher, Haskell, Jones, King, Knox, Mitchell, Nolan, Runnels, Shackelford, Stephens, Sterling, Stonewall, Taylor, Throckmorton, Young	
REGION 4 - SOUTHWEST TEXAS				
Shawna Aragon	806.467.3204		Bexar, Frio, LaSalle	
Paul Kuder	737.401.9207	Regional email for all representatives HPRegion4@BSWHealth.org	Brewster, Concho, Crockett, Culberson, Edwards, El Paso, Hudsbeth, Irion, Jeff Davis, Kimble, Kinney, Mason, McCulloch, Menard, Pecos, Presidio, Reeves, Schleicher, Sutton, Terrell, Tom Green, Val Verde	
Christye Cottrell	806.784.4485		Bandera, Kendall, Kerr, Real	
HPRegion4@BSWHealth.org			Dimmit, Maverick, Medina, Uvalde, Zavala	



#### Providers have the right to:

- · 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 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.
- · Appeal claims payment issues.
- 90 days prior written notice of termination of the contract.
- Request a written reason for the termination, if one is not provided with the notice of termination.

#### Providers have a responsibility to:

#### **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.
- 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 though 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, 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 <u>BSWHP Member Rights & Responsibilities Statement</u>.
- 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.

