NOVEMBER 2020

# the RightCare update

an annual publication for participating providers for RightCare

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

RightCare

TEXAS Health and Human Services

TEXAS STAR
Your Health Plan ★ Your Choice

RCSWHP 10203

# Table of Contents

p2 Multiple Medicaid COVID-19 Flexibilities Extension
p2 Provider Demographic Changes
p3 COVID-19 Telehealth and Telemedicine
p6 *Expecting the Best*® Maternity Case Management Program
p8 Extended Ophthalmoscopy
p9 Hurricane Laura Information
p9 Affirmative Statement About Incentives
p10 Complex Case Management
p11 Provider Directory Accuracy
p12 TMHP Requires Providers to Revalidate Enrollment
p13 Formulary Information and Pharmaceutical management Procedures
p14 Services Needing Approval on the Medical Benefit
p15 Appointment Availability
p16 Value-added Services
p17 Representative Territory Map
p18 Disease and Condition Management
p19 Healthy Texas Women Needs New Providers

# Multiple Medicaid COVID-19 Flexibilities Extended Through November 30, 2020

The following Medicaid and Children's Health Insurance Plan (CHIP) flexibilities have been extended through November 30, 2020, unless the U.S. Secretary of Health and Human Services ends the public health emergency earlier. If the public health emergency ends earlier, HHSC will provide additional information.

- "Correction to 'COVID-19 Guidance: Targeted Case Management Through Remote Delivery'"
- "Waiver Extension for DME Certification and Receipt Form"
- "Claims for Telephone (Audio-Only) Behavioral Health Services"
- "Claims for Telephone (Audio-Only) Medical Services"
- "FQHC Reimbursement for Telemedicine (Physician-Delivered) and Telehealth (Non-Physician-Delivered) Services"
- "RHC Reimbursement for Telemedicine and Telehealth Services"
- "SHARS Services Provided Through Telemedicine or Telehealth"
- "Claims for Telehealth Service for Occupational, Physical, and Speech Therapy"
- "Claims for Telephone (Audio-Only) Early Childhood Intervention Specialized Skills Training"
- "Claims for Telephone (Audio-Only) Nutritional Counseling Services"
- "Texas Health Steps Checkup Guidance Extended Through July 31, 2020"

For more information, call the TMHP Contact Center at 1-800-925-9126

# Provider Demographic Changes

Providers should notify RightCare (SWHP) 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 opting out of participation in Medicare or Medicaid.

All changes reported should include an effective date.

To access the on line tools to report these changes, visit https://rightcare.swhp.org/en-us/prov/forms-tools and choose, complete, and submit the appropriate form.

Providers should also make sure those changes are reflected in their TMHP enrollment. Not doing so will cause claims to deny.

back to TOC

# COVID-19 Telehealth and Telemedicine

## The Policy below covers all lines of business.

*Scott and White Health Plan (SWHP), and all wholly owned subsidiaries including FirstCare Health Plans (FirstCare), monitors policy changes from the Centers for Medicare & Medicaid Services (CMS), the federal government and the Texas State Legislature pertaining to the Coronavirus (COVID-19). Please check the SWHP.org and FirstCare.com websites frequently as any new guidance or information will be updated as it becomes available.*

*PRIOR AUTHORIZATION: Not applicable. (see websites for PA updates)*

Effective March 6, 2020, SWHP and FirstCare has expanded telehealth and telemedicine services and reimbursement for ALL contracted providers across ALL lines of business including Commercial and Government Programs (i.e. Medicare Advantage, DSNP, Medicaid STAR and CHIP).

**Providers Impacted:**

- All SWHP or FirstCare contracted medical, behavioral, and mental health providers
  - All eligible in-network medical providers who have the ability and desire to connect with their patients through synchronous virtual care (live video-conferencing) or asynchronous care (non-video care such as online or telephonic) to perform Telemedicine (Physician Delivered) or Telehealth (NON-Physician delivered) are permitted to do so.
- Exclusions - Public-facing platforms (Tik Tok, twitch, Facebook Live, etc.)
- Visit HHS.gov for more information on allowed/excluded platforms
- Member cost-sharing (copay) is waived for Telehealth/Telemedicine visits.
- Member cost-sharing (copay) is waived for COVID-19 testing.

**Exclusions:**

- Regulator Limitations
- CMS - Medicare and Exchange
- Health and Human Services Commission - Medicaid and CHIP
- TDI - Commercial
- State Government

**Timeframe:**
This expanded provider telehealth and telemedicine access is effective immediately, for Dates of Service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.

**Member Eligibility:**
This policy change applies to Members whose benefit plans cover telehealth and telemedicine services.

cont'd next page

back to TOC

**Reimbursement and Correct Coding:**
Scott and White Health Plan will compensate providers at 100% of the allowable amount as specified in the provider's agreement or fee schedule for telehealth or telemedicine services without Member share of cost reduction to the provider's payment.

This applies for all diagnoses and is not specific to a COVID-19 diagnosis for all telehealth or telemedicine services during the specified (see list of codes in policy at https://swhp.org/en-us/prov/home-with-news) This is intended to accommodate "social distancing" for Members who require medical care.

- Medical, Behavioral, and Mental Health Providers: For the time period specified above, services listed in the (see list of codes in policy at https://swhp.org/en-us/prov/home-with-news) are covered and reimbursable under this policy.
- Documentation requirements for a telehealth/telemedicine services are the same as those required for any face-to-face encounter, with the addition of the following:
  - A statement that the service was provided using telemedicine or telephonic consultation;

## CORRECT CODING:

**Commercial Plans (including Self Insured Groups and High Deductible Plans)**

- Effective dates of service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.
- Any originating site requirements that may apply are waived for telehealth and telemedicine services provided via a real-time audio and/or video communication system and are reimbursable.
- Place of Service for telehealth/telemedicine services: "02" Telehealth (per CPT guidelines) OR the place of Service (POS) equal to what it would have been had the service been furnished in-person (per CMS guidelines).
- SWHP will reimburse telehealth and telemedicine services, which are on the list of CMS-approved telehealth services and/or published by the AMA in Appendix P of 2020 CPT®, and appended with modifier "95", modifier "GT" for Critical Access Hospital Method II providers, modifier "GQ" for services furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, and modifier "G0" for services furnished for diagnosis and treatment of an acute stroke
- Face-to-Face visits for non-COVID-19 related diagnosis will continue to have a Member share of cost assessed, and the Member is responsible to pay the provider their share of cost.
- Refer to COVID-19 Billing Reference in policy at https://swhp.org/en-us/prov/home-with-news for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (Non-telehealth/telemedicine delivery).

**Medicaid STAR & CHIP Plans**

- As directed by HHSC.
- Telephonic (audio-only) medical (physician-delivered) evaluation and management services are eligible for reimbursement for dates of services from March 20, 2020.
- Place of Service for telephonic/telehealth/telemedicine services: "02" telehealth for most provider types; "50" for FQHCs and "72" for RHCs.
- SWHP will reimburse telephonic, telehealth, and telemedicine services, which are recognized by HHSC and appended with modifier 95.
- Refer to COVID-19 Billing Reference in policy at https://swhp.org/en-us/prov/home-with-news for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19

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visits (Non- telephonic/telehealth/telemedicine delivery).

- Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an in-person or telemedicine (video) office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.
- Specific Codes payable as telephonic, telehealth or telemedicine under Texas Medicaid and CHIP programs can be found at http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx.

**Medicare Advantage including Dual Eligible Special Needs Plans**

- Effective dates of service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.
- Any originating site requirements that may apply under Original Medicare are waived for telehealth and telemedicine services provided via a real-time audio and/or video communication system and are reimbursable.
- Place of Service for telehealth/ telemedicine services should be submitted with the Place of Service (POS) equal to what it would have been had the service been furnished in-person.
- SWHP will reimburse telehealth and telemedicine services, which are recognized by CMS and appended with modifier "95", modifier "GT" for Critical Access Hospital Method II providers, modifier "GQ" for services furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, and modifier "G0" for services furnished for diagnosis and treatment of an acute stroke (refer to COVID-19 Billing Reference in policy at https://swhp.org/en-us/prov/home-with-news for definition of modifiers).
- Face-to-Face visits for non-COVID-19 related diagnosis will continue to have a Member share of cost assessed, and the Member is responsible to pay the provider their share of cost.
- Refer to COVID-19 Billing Reference in policy at https://swhp.org/en-us/prov/home-with-news for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (Non-telehealth/telemedicine delivery).
- Specific Codes payable as telehealth or telemedicine under Medicare Advantage can be found at CMS.gov.

back to TOC

# Expecting the Best®

## Maternity Case Management Program

### Our History and Our New In-House Maternity Case Management Team

Scott and White Health Plan (SWHP) is pleased to offer our RightCare Members the Expecting the Best® Maternity Case Management Program, focused on helping expectant mothers enjoy a healthy pregnancy. This Case Management team has a broad range of experience with maternal and neonatal medicine, lactation consultation, social work and community health.

### Serving Our Members and Providers

Our maternity case managers are dedicated to supporting your patient and your plan of care throughout pregnancy and after homegoing. Members enrolled in our program have direct access to a maternity RN Case Manager or Care Navigator and receive one on one assistance with the team member throughout their pregnancy.

cont'd next page

back to TOC

We can help by:

- coordinating **community support assistance for social determinants of health** needs;
- providing **in-home support for serious complications of pregnancy**, such as hyperemesis gravidarum, gestational diabetes, and pregnancy-induced hypertension, helping to avoid hospitalizations. This in-home nursing support is delivered as a value added services through home healthcare.
- helping to **coordinate transportation** for medical appointments;
- **screening for depression** during and after their pregnancy, then helping **arrange for behavioral health support**, such as counseling;
- providing **education and guidance on post-delivery warning signs**; and
- providing **care coordination and educational support** to mom and baby for a year after delivery.

Members are encouraged to enroll in the Text4baby app or the Baylor Scott and White Maternity feature on the *MyBSWHealth* app. These apps provide members with members with educational pregnancy notifications to help them have a healthy pregnancy.

**How to Refer Your Patients**

We want to serve your team to help meet the needs for our members. All Scott and White Health Plan Members who are pregnant are eligible to enroll in this program. Please reach out to us if we can help you or if you would like to refer one of your patients to this program.

- Call the customer service number on the back of your patient's health insurance card; or
- Email our team at HPmaternitycasemanagement@bswhealth.org. Please provide: patient's name, member number, patient's phone number, expected due date/gestational age, and reason for the referral.

back to TOC

# Requests for Extended Ophthalmoscopy

**According to the American Academy of Pediatrics (AAP)'s 2018 guidance Screening Examination of Premature Infants for Retinopathy of Prematurity, infants born premature or with low birth weight are at risk for developing retinopathy of prematurity (ROP). Because of the usually predictable and sequential nature of ROP progression, and the proven benefits of timely treatment in reducing the risk of vision loss, efficacious care now requires that infants who are at risk receive carefully timed retinal examinations to identify treatment-requiring ROP in time for that treatment to be effective.**

**Texas Medicaid Vision Services policy currently limits coverage of ophthalmoscopy (procedure codes 92201 and 92202) to two services per year. With evidence of medical necessity, additional screening examinations of premature infants for retinopathy of prematurity must be considered through the Texas Health Steps-Comprehensive Care Program (CCP).**

**Texas Health Steps-CCP is an expansion of the Early Periodic Screening, Diagnosis, and Treatment service as mandated by the Omnibus Budget Reconciliation Act of 1989, which requires states to provide all medically necessary treatment for correction of physical or mental health conditions to Texas Health Steps-eligible clients (birth through 20 years of age) when federal financial participation (FFP) is available.**

**Prior authorization of CCP services is required and may be requested in writing by completing the appropriate request form, attaching any necessary supportive documentation, and submitting them by mail, fax, or the electronic portal to the TMHP-CCP department. For clients enrolled in managed care, providers should refer to the client's specific MCO for prior authorization details.**

**Additional information on Texas Health Steps-CCP is available in the Texas Medicaid Provider Procedures Manual, Children's Services Handbook, Section 2, "Medicaid Children's Services Comprehensive Care Program (CCP)." For more information, call the TMHP Contact Center at 800-925-9126.**

back to TOC

# Hurricane Laura Information

Texas providers rendering services to evacuees from Louisiana due to Hurricane Laura may complete the Hurricane Emergency Expedited Application with Louisiana Medicaid to receive reimbursement for services rendered to Louisiana Medicaid clients for the fee-for-service program.

If providing care to a Louisiana managed care enrollee, providers will need to contact the clients' managed care organization (MCO) in order to be reimbursed for services provided. Refer to the Healthy Louisiana Hurricane Laura Provider Assistance Frequently Asked Questions (FAQ) document for MCO credentialing contact information.

Answers 1, 2, and 11 of the Louisiana FAQ are specific to enrollment and eligibility verification: Louisiana Department of Health Informational Bulletin 20-17 August 30, 2020: Hurricane Laura Provider Assistance FAQs

Louisiana Medicaid Resources

- Louisiana Medicaid Provider Enrollment
- Louisiana Medicaid Provider & Plan Resources (Managed Care Information)
- Louisiana Department of Health Informational Bulletin 20-17 August 30, 2020: Hurricane Laura Provider Assistance FAQs

For more information, call the TMHP Contact Center at 800-925-9126.

## Affirmative Statement About Incentives

RightCare does not use incentives to encourage barriers to care and services, specifically reward those conducting utilization review for denying coverage, or provide financial incentives for UM decision makers to make decisions that result in underutilization. Utilization decisions are based only on the appropriateness of care and the existence of coverage.

back to TOC

# Complex Case Management

SWHP has Case Managers available to help support you in your plan of care with your patients who are members of Scott and White Health Plan. Ways we can help are:

- Teaching and reinforcing self-management for the patient's condition;
- Helping Members arrange for health care services;
- Arranging for community resources and working through social service needs, even when the Member has reached the limits of what his/her health insurance plan covers; and
- Helping Members find an adult Primary Care Physician when a child transitions to an adult age.

SWHP also identifies Members for participation in complex case management and care coordination by following patients through hospital stays and by examining claims for conditions or care patterns likely to benefit from the support of a Case Manager.

To refer a patient for Case Management, email CASEMANAGEMENT@BSWHealth.org or call SWHP Customer Service at 1-888-316-7947 or 1-844-655-5200 TTY 711. You may also reach us by sending a fax to (800) 626-3042. This is an at no cost service for our Members, who may opt-in or opt-out of this program at any time. Find out more at https://swhp.org/prov/medical-resources#prov-care-coordination-philosophy-and-goals.

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back to TOC

# Provider Directory Accuracy

When RightCare members are looking for an in-network physician/provider, they use our online provider search tool. The RightCare directory allows members to search for doctors, hospitals, and other medical providers in their area.

It is critical that the information in the provider directory is current and accurate. Please take the time to go to our website at https://portal.swhp.org/#/ and review your information.

If you find inaccurate information, such as address or phone number, please complete the appropriate demographic form located at https://rightcare.swhp.org/en-us/prov/forms-tools, so that we can update your information and have it reflected accurately in our provider directory.

The Provider Information Change Form allows you to update information for your practice location, billing address, mailing address, or even add an additional location to your contract.

back to TOC

# TMHP Requires Providers to Revalidate Enrollment

*Reminder: Providers must complete their revalidation enrollment at TMHP before the end of their enrollment period. Providers can revalidate their enrollment up to 90 days before their deadlines through Texas Medicaid Healthcare Partnership (TMHP) Provider Enrollment on the Portal (PEP), available on the TMHP website.*

Providers can refer to the revalidation application type (http://tmhpace.prod.acquia-sites.com/sites/default/files/microsites/enrollment/index.html) on the Provider Enrollment on the Portal, A Step-by-Step Guide for instructions on revalidation. Providers who are unable to revalidate online must download and submit the appropriate paper enrollment application. **Providers who do not complete the revalidation process by their deadlines will be disenrolled from all Texas state health-care programs; claims and prior authorization requests will be denied.**

**Provider Requirements**
Revalidating providers may need to provide fingerprints, submit additional documentation, or complete other screening requirements.

Providers may view and confirm their revalidation date and enrollment information through the Provider Information Management System (PIMS). To reduce application processing delays, providers are encouraged to update the following data elements prior to submitting a revalidation application:

- First and last name
- Organization name
- Social Security number
- Date of birth
- Employer's Tax Identification Number and legal name

***Important:*** Providers who submit data element changes through the Provider Information Change (PIC) form must allow 30 business days from the time TMHP receives the form for the changes to take effect before they can complete the revalidation application.
Providers revalidating an existing enrollment should continue to submit claims to meet their timely filing requirements.

Certain revalidating providers must pay an application fee. Refer to the State of Texas Application Fee Requirement by Provider Service to determine which institutional providers must pay the provider enrollment application fee. Providers can also refer to the current Texas Medicaid Provider Procedures Manual, General Information, Vol. 1, "Provider Enrollment and Responsibilities," for more information.

For more information, call the TMHP Contact Center at 800-925-9126.

back to TOC

# Formulary Information and Pharmaceutical Management Procedures

RightCare's Pharmacy Benefit Manager (PBM) is Navitus Health Solutions. Navitus administers prescription benefits for RightCare Medicaid STAR members. RightCare members can access prescriptions through any pharmacy that is contracted with the Navitus Health Solutions. STAR members are eligible to receive an unlimited number of prescriptions per month and may receive one-month supply.

**Formulary**

- RightCare uses the state mandated Medicaid STAR formulary.
- To view and obtain updates for the Texas Medicaid Formulary Drug Search, go to www.txvendordrug.com/formulary/formulary-search.
- The Texas Medicaid formulary includes legend, over-the-counter drugs, generic equivalents, interchangeable products, certain supplies, and select vitamin and mineral products.

**Preferred Drug List (PDL)**

- RightCare uses the state mandated PDL.
- To view and obtain updates for the Texas Preferred Drug List, go to www.txvendordrug.com/formulary/prior-authorization/preferred-drug
- Most drugs are identified as "preferred" or "non-preferred". Drugs identified on the PDL as "preferred" are available without prior authorization unless there is a clinical prior authorization associated with the drug. Some drugs are subject to both non-preferred and clinical prior authorizations.

Pharmaceutical management procedures are processes the Texas Drug Utilization Board utilizes help manage the drug formulary/PDL. In order to provide the most clinically safe and cost-effective therapy options, restrictions may be applied to certain drugs on the formulary/PDL. The Medicaid formulary/PDL or www.txvendordrug.com identifies pharmaceutical management procedures (including but not limited to prior authorization, quantity limits, step therapy, and covered generic substitution).

**Obtaining Prior Authorization**

Navitus processes pharmacy prior authorizations for RightCare STAR.

To obtain a prior authorization please call RightCare's PBM, Navitus, at 1-877-908-6023.

Prior authorizations are available through:

- Phone Requests: Prescribers can also call Navitus Customer Care at 1-877-908-6023 > prescriber option and speak with the Prior Authorization department.
- Written Requests: Prescribers can access prior authorization forms online via https://txstarchip.navitus.com/. Completed forms can be faxed 24/7 to Navitus at 1-855-668-8553 (toll free).

cont'd next page

back to TOC

- The benefit of using drug-specific PA forms from the Navitus website is that these may assist your team with submitting the complete clinical information requested and avoid denials which may result from insufficient information.

- Electronic Automation: This is performed at point of sale (POS). Upon submitting the prescription claims for payment, Navitus's electronic system will review the member's medical and pharmacy historical claims to determine whether criteria has been met.
  - Where criteria have been met, claims will adjudicate and no further action is needed.
  - Where criteria have not been met, claims will reject with a POS messaging notifying pharmacist that a prior authorization is required. Pharmacist (or personnel) is instructed to notify the prescriber of this information.

Decisions regarding prior authorizations will be made within 24 hours from the time Navitus receives the PA request. The provider will be notified by fax of the outcome or verbally if an approval can be established during a phone request.

Exception to Coverage Request: When a medication is not on the RightCare formulary, you can request a PA exception by completing the request form and submitting it to the Navitus PA team for review. To view/download PA forms, https://txstarchip.navitus.com/.

If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact RightCare at 855.897.4448.

# Services Needing Approval on the Medical Benefit

For the fastest authorization decisions, submit pre-authorization requests online at https://portal.swhp.org/ProviderPortal/.

Scott & White Health Plan has Utilization Management (UM) staff available for questions about authorizations or other UM questions. We are here 6 am to 6 pm.Central Time (CT), Monday through Friday, and 9 am to 12 pm weekends and holidays. You may reach us at:
Medical Review Phone number: (855) 691-7947 TDD/TTY 711
Medical Review Fax number available 24/7: (800) 292-1349
Behavioral Health Review Phone number: (855) 395-9652 TDD/TTY 711
Behavioral Health Review Fax number available 24/7: (844) 436-8779

We are also available after hours through our on-call service on weekends through the Customer Service phone number listed on the Member's ID card.

back to TOC

# Appointment Availability and After-Hours Access Requirements

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 | Scott and White Health Plan requirement |
|---|---|
| Urgent Care | Within 24 hours |
| Routine Care | Commercial: 21 days<br>Medicaid: 14 days<br>Medicare: 30 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<br>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 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,<br>Medicare: 30 days |

back to TOC

# RightCare Value-added Services

### Extra Help for Pregnant Women

- Gift Cards - timely prenatal and postpartum visits
- Home Visits for high-risk conditions
- Dental

### Baby Shower Program

- Education and Safety Program
- Diaper Bag
- Other Nominal Gifts
- Gift Cards

### Sports and School Physicals

### BSWH Pharmacy Discounts

### Extra Transportation Help

- Bell, Brazos, Llano and McLennan counties, transportation services for pregnant women
- Urgent care, discharge from a health care facility, BSWH pharmacy services

### Extra Vision Services

- Eye checkup once a year for Members age 21 and older
- $150 allowance every 24 months for glasses, contacts, or lenses, not covered by Medicaid

### Gift Cards

- Texas Health Steps Checkups
- Behavioral Health Follow Up

### Help for Asthmatics

- Asthma Disease Management
- Asthma Medication Adherence

### Health and Wellness Quarterly Webinars

Additional limitations may apply. See the RightCare Member Handbook, RightCare website, or call RightCare Member Services at 1-855-897-4448 for additional information.

back to TOC

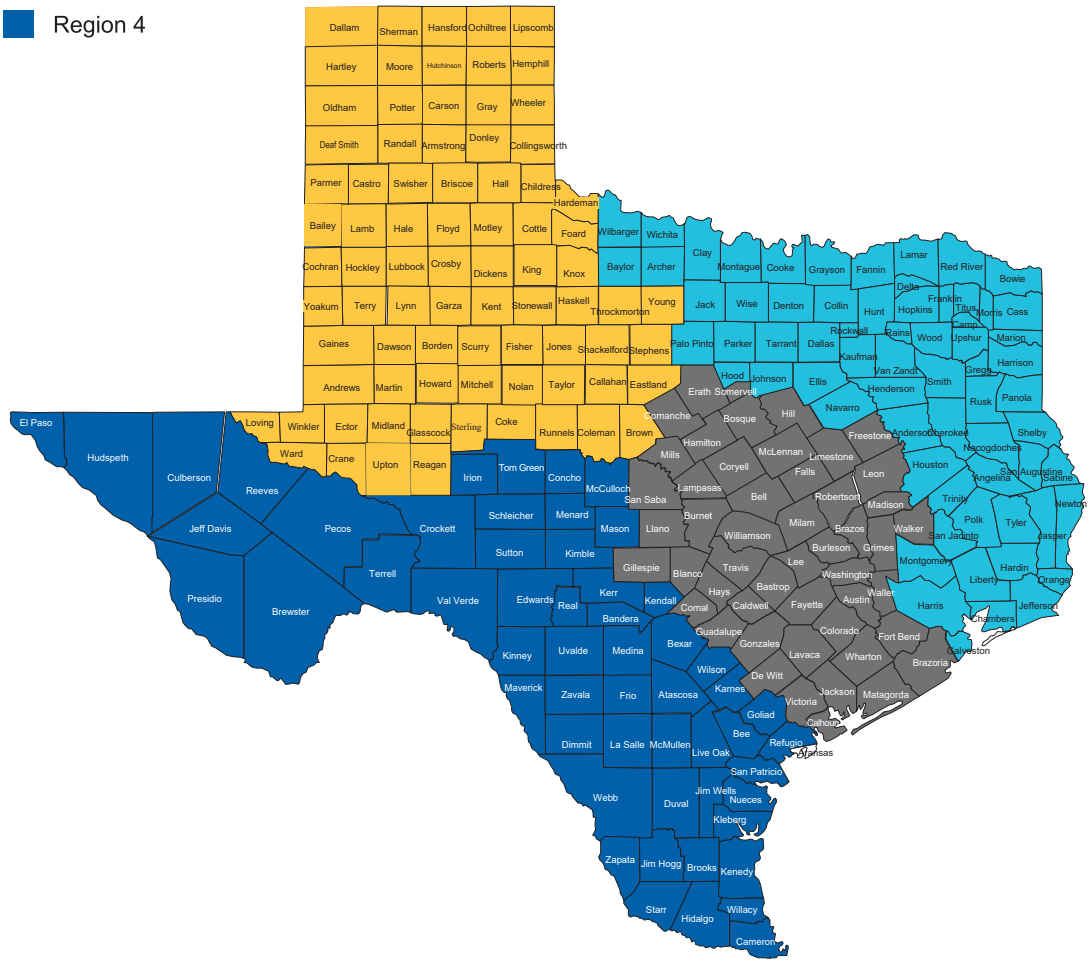
# Provider Relations

## Representative Territory Map

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

## Network Contracting Regions

Region 1 Region 3
Region 2 Region 4




## Contact a Provider Relations Representative

| | |
|---|---|
| Region 1 | SWHPRegion1@bswhealth.org |
| Region 2 | SWHPRegion2@bswhealth.org |
| Region 3 | SWHPRegion3@bswhealth.org |
| Region 4 | SWHPRegion4@bswhealth.org |

| | |
|---|---|
| All SWHP Providers | 1-800-321-7947 |
| FirstCare Amarillo area | 1-806-467-3200 |
| FirstCare Lubbock, Waco and all other areas | 1-806-784-4380 |

back to TOC

# Disease and Condition Management

SWHP Condition Management Programs are part of the population health management services offered by Scott & White Health Plan (SWHP). These programs promote health and provide support—online tools, personalized health risk assessments, wellness trackers, and disease management educational content and seminars—for our RightCare members.

Our Disease Management (DM) programs include Asthma, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Diabetes, and Heart Failure. All Members with these targeted conditions are eligible to participate. In addition, SWHP also provides disease management support to members with other chronic conditions. SWHP identifies Members for participation by following patients through hospital stays, and by examining claims for conditions or care patterns likely to benefit from the program. To refer a patient for these services, email CASEMANAGEMENT@BSWHealth.org or call us at 1-888-316-7947 or 1-844-655-5200. You may also reach us by sending a fax to (800) 626-3042.

back to TOC

HEALTHY TEXAS WOMEN PLUS

# Healthy Texas Women Needs New Providers

### Healthy Texas Women Now Offers Postpartum Services

Healthy Texas Women (HTW) is a core women's health and family planning program for low-income women without health insurance. Eligible women are auto-enrolled into HTW when their Medicaid for Pregnant Women coverage ends.

HHSC has introduced a new postpartum services package for HTW clients called **HTW Plus**. Benefits available through HTW Plus focus on treating health conditions that contribute to maternal morbidity and mortality, including postpartum depression, cardiovascular conditions, and substance use disorders.

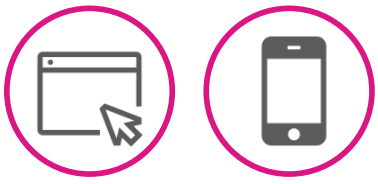
## New Covered Services

- Individual, family and group psychotherapy services
- Peer specialist services
- Imaging studies, blood pressure monitoring, and anticoagulant, antiplatelet, and antihypertensive medications
- Screening, brief intervention, and referral for treatment (SBIRT)
- Outpatient substance use counseling
- Smoking cessation services
- Medication-assisted treatment (MAT)

## New Types of Providers Needed

- Chemical dependency treatment facilities
- Opioid treatment programs
- Licensed professional counselors
- Licensed clinical social workers
- Psychologists and Psychology groups
- Psychiatrists
- Cardiologists

## Where Can I Enroll?



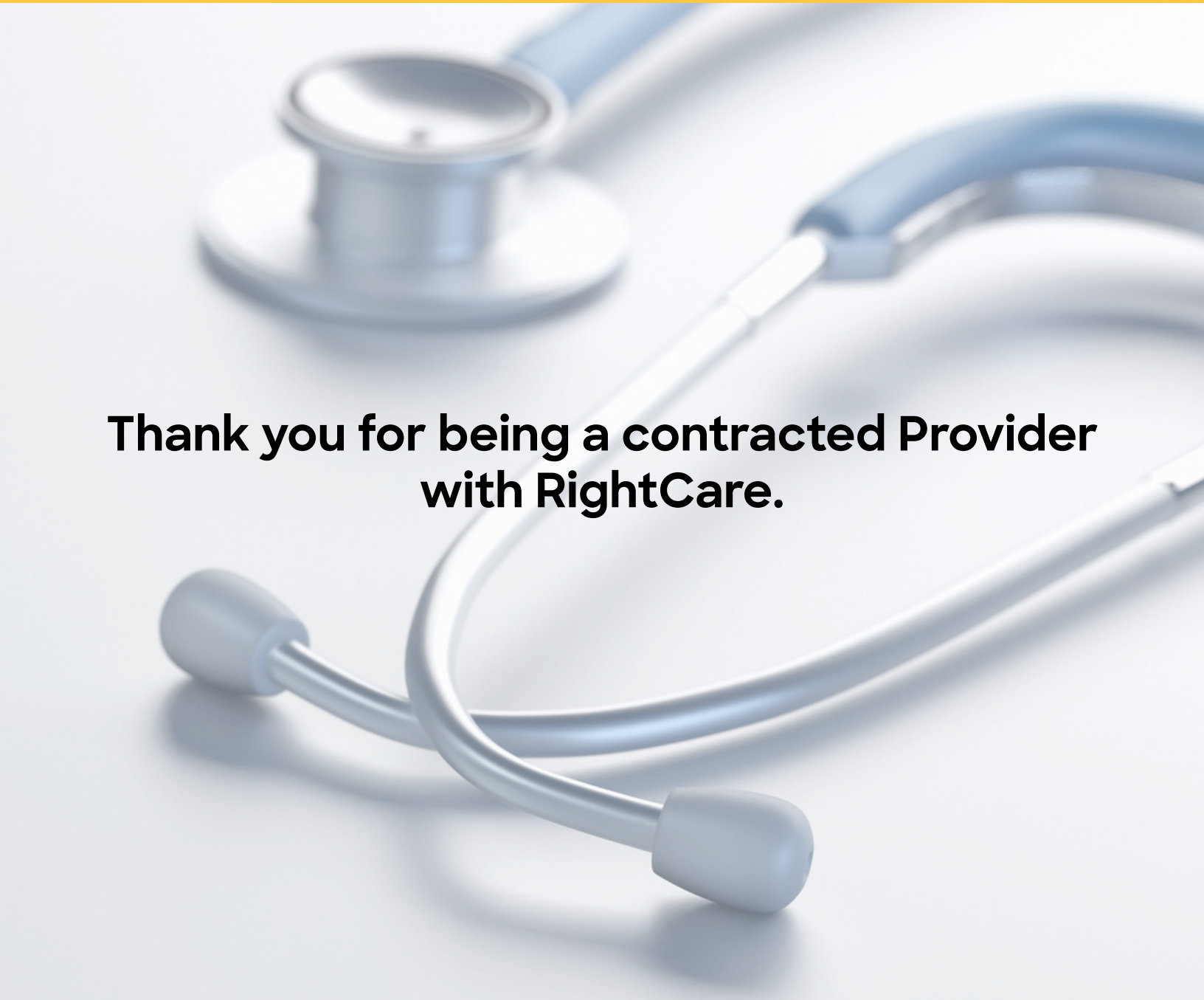
To become an HTW provider (including HTW Plus providers), you must be enrolled with Texas Medicaid and complete the HTW certification available through the Texas Medicaid & Healthcare Partnership (TMHP). Visit www.tmhp.com/programs/htw for more information.

For updates about the program, visit www.healthytexaswomen.org.
If you have questions, email HealthyTexasWomen@hhsc.state.tx.us.

*Healthy Texas Women*

TEXAS Health and Human Services

back to TOC



# Thank you for being a contracted Provider with RightCare.

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH
RIGHTCARE