

SPRING 2025

the Inside Story

FOR PROVIDERS SERVING COMMERCIAL AND MEDICARE MEMBERS



Baylor Scott & White
Health Plan

the **Inside Story**

Table of Contents

- 2 Well-child visits and vaccine strategies
- 4 Diabetic Screening (SSD) and Metabolic Monitoring (APM)
- 4 Adalimumab biosimilar update
- 6 BSWHP Provider Relations contacts
- 6 HEDIS Lunch & Learns
- 8 Use of opioids from multiple providers (UOP)



Well-child visits and vaccine strategies

Well-child visits and recommended vaccinations are essential to helping children stay healthy. In recent years, many children have missed scheduled check-ups and essential vaccinations.

Enhancing children's health outcomes starts with effective communication between you and your patients—and their parents or guardians. Here are some tips to help you build trust and address concerns about vaccinations, turning their hesitancy into confidence:

- **Establish trust early.** Start building a rapport from the first visit.
- **Listen actively.** Give parents space to voice their concerns.
- **Communicate clearly.** Use simple language and relatable examples to explain health concepts.
- **Address misconceptions directly.** Correct common myths with verified information.
- **Personalize the discussion.** Tailor your advice to the child's specific health needs.
- **Follow up.** Offer to continue the conversation, showing commitment beyond their visit.

Here are two resources to help you increase well-child visits and the number of children getting vaccines.

Bright Futures

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the U.S. Department of Health and Human Services.

The theory-based and evidence-driven content of Bright Futures can be incorporated into many public health programs and school-based health clinics. They also offer material developed especially for families.

Vaccines for Children Program (VFC)

The Vaccines for Children Program (VFC) helps all children have a better chance of getting their recommended vaccinations. Children may be able to get no-cost vaccines through the program at healthcare providers' offices, pharmacies and health clinics enrolled in the VFC program.

The VFC program covers all vaccines included in the pediatric immunization schedules:

- [2024 Recommended Immunizations: Birth through 6 years](#)
- [2024 Recommended Immunizations: 7 through 18 years](#)

When administering vaccines:

- **Announce:** Start with a presumptive announcement that assumes parents are ready to vaccinate. For example: "Your child is now 9, so today we'll administer a vaccine that prevents six HPV cancers."
- **Connect and Counsel:** Connect with parents by asking their main concerns about vaccines. Counsel parents by using research-tested messaging to address their concern.

Communication is key, and these tools can help you facilitate those conversations to increase the number of consistent checkups and vaccinations.

Resources:

[Vaccines for Children \(VFC\): Information for Parents | CDC](#)

[HPV IQ: The announcement approach | HPV IQ.org](#)



Diabetic Screening (SSD) and Metabolic Monitoring (APM)

For patients on antipsychotic medication.

The National Committee for Quality Assurance (NCQA) collects Healthcare Effectiveness Data and Information Set (HEDIS®) measures. We gather HEDIS data from our providers in order to measure and improve the quality of care our members receive.

Two such measures are:

- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)
- Metabolic monitoring for children and adolescents on antipsychotics (APM)

Why are these measures important?

Heart disease and diabetes are among the top 10 leading causes of death in the United States. Adults on antipsychotic medications have an increased risk for diabetes. Children and adolescents are at an increased risk of developing serious metabolic health complications. Screening should take place early on to assess a patient’s risk of developing metabolic syndrome.

SSD - diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications

People with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia, schizoaffective or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Because of the increased risk of developing diabetes, the American Diabetes Association (ADA) suggests annual screening for patients treated with antipsychotics.

Scope:

Assess members 18 to 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Goal:

The goal of this measure is for members with schizophrenia or bipolar disorder who were dispensed antipsychotic medications to be screened annually with either fasting glucose or HbA1c tests which can be instrumental in early detection and development of suitable treatment plan(s).

APM - metabolic monitoring for children and adolescents on antipsychotics

Prescribing antipsychotic medication for children and adolescents has increased rapidly in recent decades. These medications can elevate a child’s risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. An important component of ensuring appropriate medical management of children and adolescents on antipsychotic medications is metabolic monitoring (blood glucose and cholesterol testing) to examine the risks and the potential lifelong consequences.

Scope:

Assess the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Goal:

The goal of this measure is for members who were prescribed two or more antipsychotic medications to have ongoing monitoring and metabolic testing by having a HbA1c or blood glucose and LDL-C or cholesterol tests annually.

Correct coding is crucial in ensuring accurate reporting.

Blood Glucose Test Codes

| | |
|-------------------|--|
| HbA1c Lab Tests | CPT: 83036, 83037 |
| | CPT-CAT-II: 3044F, 3046F, 3051F, 3052F |
| Glucose Lab Tests | CPT: 80047, 80048, 80053, 80069, 82947, 82950, 82951 |

Cholesterol Test Codes

| | |
|----------------------|--|
| LDL-C Lab Tests | CPT: 80061, 83700, 83701, 83704, 83721 |
| | CPT-CAT-II: 3048F, 3049F, 3050F |
| Cholesterol Lab Test | CPT: 82465, 83718, 83722, 84478 |

Primary Care Physicians (PCP) can help meet these measures by:

- Scheduling the member’s annual blood work:
 - Glucose or HbA1c test (SSD measure),
 - Glucose or HbA1c test (APM measure) and
 - LDL-C or cholesterol test (APM measure).
 - Educating caregivers and patients on the importance of annual screenings.
- Ordering labs before the member leaves the office.
 - Drawing labs in office when available.
 - Coordinating care between PCP and Behavioral Health Providers.

Behavioral Health Providers can help meet these measures by:

- Ordering lab screening tests for members who are NOT in regular contact with their PCP.
- Doing the appropriate test(s) when the member is in the office.*
- Coordinating and communicating care between Behavioral Health Providers and PCP.

The above material is for informational purposes only and is not meant to be a substitute for the independent medical judgment of a healthcare provider. Healthcare providers must use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

**Applies to Point of Care (POC) offices that conduct testing.*

References:

National Committee for Quality Assurance. (2024). Metabolic monitoring for children and adolescents on Antipsychotics. www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/

National Committee for Quality Assurance. (2024). Diabetes and Cardiovascular Disease Screening and Monitoring for People with Schizophrenia or bipolar disorder (SSD, SMD, SMC). www.ncqa.org/hedis/measures/diabetes-andcardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/

American Diabetes Association. (n.d.). Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes. <https://diabetesjournals.org/care/article/27/2/596/28450/Consensus-Development-Conference-on-Antipsychotic>

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association.

Adalimumab biosimilar update

Low-cost, high-value Adalimumab biosimilars of Humira preferred on the BSWHP Group Value and Group Choice formularies.

Preferred Adalimumab biosimilar products include: Hadlima, Simlandi, and Adalimumab-aaty (unbranded Yuflyma) and are available at a low member out-of-pocket cost—as low as \$0/Rx.

As of January 1, 2025, brand Humira (Adalimumab) was excluded from coverage as it does not offer significant clinical benefit over Adalimumab biosimilars (note: the branded 10mg dose will be available only for pediatric use under a medical necessity review). These new biosimilar options were carefully reviewed and selected to provide choices based on individual product characteristics. See table below for more details. Health Insurance Marketplace (HIM) formulary options have also been included for reference.

Frequently asked questions

Will I need to submit a new prescription for a biosimilar to the pharmacy?
Yes.

Will I need to submit a new prior authorization for new biosimilar prescriptions?
No. Existing approvals will be applied to all formulary biosimilars; however, all new starts and renewals will require a new prior authorization.

What is the easiest way to order a biosimilar?
Select the biosimilar best suited for your patient using the table below. If possible, include the 4-letter suffix to prevent confusion or clarification calls when ordering unbranded products (e.g., Adalimumab-aaty for unbranded Yuflyma).

Will my patient be eligible to obtain the biosimilar product under a manufacturer copay assistance program?
Yes. All new formulary options include manufacturer copay assistance programs with as little as \$0 copays for member out of pocket costs. The patient’s current specialty pharmacy can assist with set-up.

What indications are biosimilars of Humira approved for?
All biosimilars have been approved for the following indications: ankylosing spondylitis, Crohn’s disease (peds and adults), hidradenitis suppurativa (HS in adults only), juvenile idiopathic arthritis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis (UC in adults only), and uveitis (adults only).

Three pediatric indications are not included in FDA labeling due to Orphan Drug Exclusivity: pediatric uveitis, adolescent HS, and pediatric UC.



| 2025 Formulary Information | | | | | |
|---|-----------------------|--|--|---|--|
| Rx Selection in EPIC or EMR | Concentration | Dosage Forms | Manufacturer’s Prescribing Information | Group Value/ Group Choice Formulary 2025 ⁵ | Health Insurance Marketplace Formulary 2025 ⁶ |
| Hadlima (aka Adalimumab-bwwd) | High Low ¹ | PFS (40mg) Autoinjector (40mg) | Organon Samsung Bioepis | ✓ | ✓ |
| Adalimumab -aaty (unbranded Yuflyma) ² | High | PFS (20, 40mg kit) Autoinjector (80mg, 40mg 1-pen kit) | Celltrion | ✓ | ✓ |
| Simlandi (aka Adalimumab-ryvk) | High | PFS (20mg, 80mg) Autoinjector (40mg 1-pen, 2-pen kit) | Alvotech/Teva | ✓ | ✓ |
| Adalimumab-adaz (unbranded Hyrimoz) ² | High | Autoinjector (40mg) | Sandoz | – | ✓ |
| Brand Humira | High Low ¹ | All available as reference product | Abbvie | x ³ | ✓ ⁴ |

1 Not available in citrate-free.
2 Select unbranded product.
3 Benefit exclusion for Group Value/Group Choice (exception-10mg dose).
4 Only available for continuation of therapy for current users.
5 Large Group Commercial
6 HIM-Small Group/Individual
PFS = prefilled syringe.



HEDIS Lunch & Learns

Join us for a series of monthly Lunch & Learns to discover how your efforts make HEDIS success possible. Healthcare Effectiveness Data and Information Set (HEDIS) is a performance improvement tool developed by the National Committee for Quality Assurance (NCQA) to measure performance of care and service.

Register here. Each session will run from 12:00 to 12:30 PM, CT.

| DATE | TOPIC | PRESENTER |
|---------|---|----------------------------------|
| Apr. 30 | Coding overview | TBD |
| May 28 | Child measures | Tiara Mathews, QI Coordinator I |
| Jun. 25 | Ways to improve our HEDIS rates | Kimberly Masso, QI Coordinator I |
| Jul. 30 | Diabetes measures | Aretha Johnson, QI Coordinator I |
| Aug. 27 | Women’s measures | Kimberly Masso, QI Coordinator I |
| Sep. 24 | Care for Older Adults (COA) and Transitions of Care (TRC) | TBD |
| Oct. 29 | My2026 HEDIS changes | Karla Wilson, QI Coordinator I |

Dates, topics and presenters are subject to change.

Use of opioids from multiple providers (UOP)

Why it matters: Opioid deaths are a serious healthcare issue across the country. People who receive opioids from multiple (four or more) providers or multiple (four or more) pharmacies are more likely to die from an opioid-related overdose death.

What we measure: The percentage of 18-years-and-older members who receive prescription opioids from multiple providers for ≥15 days during the measurement year. Three rates are reported:*

- **Multiple prescribers:** the percentage of members receiving prescriptions for opioids from **four or more different prescribers** during the measurement year
- **Multiple pharmacies:** the percentage of members receiving prescriptions for opioids from **four or more different pharmacies** during the measurement year
- **Multiple prescribers and multiple pharmacies:** the percentage of members receiving prescriptions for opioids from **four or more different prescribers and four or more different pharmacies** during the measurement year

* A lower rate indicates better performance

Opioid medications

| | | |
|-----------------|---------------|-------------|
| Benzhydrocodone | Hydrocodone | Opium |
| Buprenorphine | Hydromorphone | Oxycodone |
| Butorphanol | Levorphanol | Oxymorphone |
| Codeine | Meperidine | Pentazocine |
| Dihydrocodeine | Methadone | Tapentadol |
| Fentanyl | Morphine | Tramadol |

Eligible population: 18 years and older as of January 1 of the measurement year

Exclusions: Members in hospice or using hospice services any time during the measurement year, or members who died any time during the measurement year.

Lines of business: Commercial, Medicaid, Medicare (each product line reported separately)

Tips to consider:

- Review the prescription monitoring program when an opioid is prescribed
- Educate/remind members about the importance of having opioids prescribed by only one prescriber and receiving them from just one pharmacy
- Use a pain management agreement with members

- Utilize SBIRT
- Have coordination of care conversations with other providers involved in a member's care
- Educate members regarding Naloxone (Narcan) and how to obtain it.

[Use of Opioids from Multiple Providers - NCQA](#)

[HEDIS MY 2023 Measures and Descriptions \(ncqa.org\)](#)

[Naloxone-CDC](#)



UOP Talking Points

Preventing patients from receiving multiple opioid prescriptions from multiple providers is an important step in combating opioid misuse and addiction. Here are some tips for doctors to help address this issue:

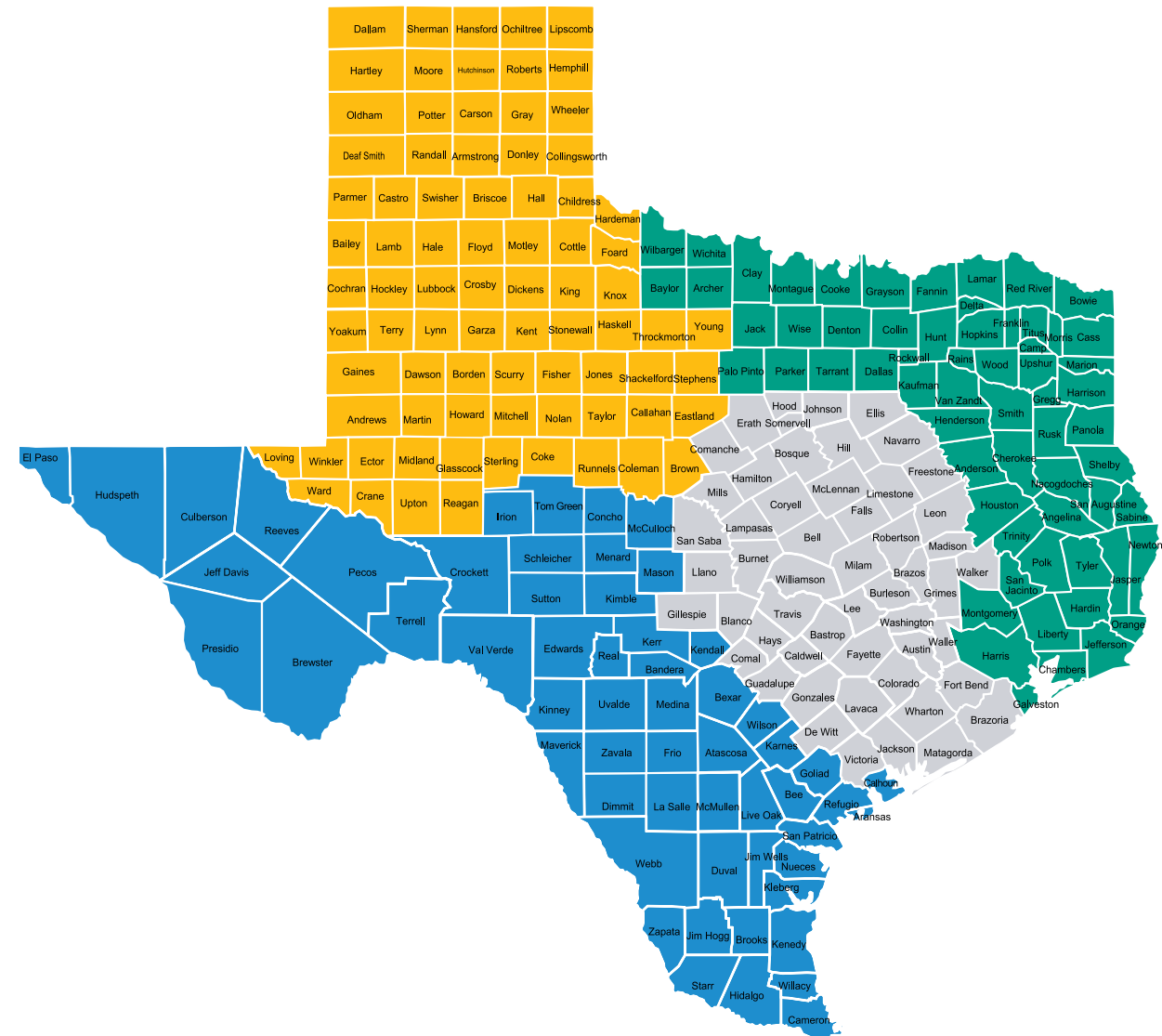
- 1. Screen for potential opioid misuse:**
During the initial evaluation, conduct a thorough assessment of the patient's medical history, including any past or current opioid prescriptions. Utilize prescription drug monitoring programs (PDMPs) to check if the patient has received opioid prescriptions from other providers.
- 2. Communicate with other healthcare providers:**
Establish a system for effective communication with other healthcare providers who may be prescribing opioids to the same patient. This could involve phone calls, electronic health record (EHR) alerts or secure messaging systems to share information about the patient's opioid use.
- 3. Educate patients about the risks:**
Discuss the potential risks associated with opioid use, such as addiction, dependence and overdose, with your patients. Provide clear information about the importance of using a single healthcare provider for opioid prescriptions and the dangers of obtaining opioids from multiple sources.

- 4. Implement a written opioid treatment agreement:**
Have patients sign an agreement that outlines the responsibilities and expectations of both the patient and the healthcare provider regarding opioid therapy. This agreement should specify that the patient will receive opioids exclusively from one provider and pharmacy.
- 5. Use alternative pain management strategies:**
Explore non-opioid alternatives for pain management whenever possible. Consider using multidisciplinary approaches that incorporate physical therapy, cognitive-behavioral therapy, acupuncture and other non-pharmacological interventions.
- 6. Regularly assess pain levels and functional outcomes:**
Continuously monitor and reassess the patient's pain levels and functional outcomes while on opioid therapy. Adjust the treatment plan accordingly, with the goal of minimizing opioid use and finding alternative pain management strategies.
- 7. Collaborate with pain management specialists:**
If you encounter challenges in managing a patient's pain or if they require long-term opioid therapy, consider referring them to a pain management specialist. These specialists have expertise in managing chronic pain and can provide more focused care.

Network Region Mailboxes

Representative Territory Map

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



Region 1
HPRegion1@BSWHealth.org
Reps
Zue Lopez
Christie Cohn

Region 2
HPRegion2@BSWHealth.org
Reps
Kim Pridgin
Jackie Coursey
Lonte Butler

Region 3
HPRegion3@BSWHealth.org
Reps
Shawna Aragon
Paul Kuder
Christye Cottrell

Region 4
HPRegion4@BSWHealth.org
Reps
Paul Kuder
Elizabeth Tolbert

BSWHP Provider Relations Contacts

| Contact name | Email | Internal Regional Email | Counties |
|----------------------------|---------------------------------|---|---|
| REGION 1 - CENTRAL TEXAS | | | |
| Zue Lopez | Zue.Lopez@BSWHealth.org | Regional email for all representatives and general questions, please reach out to HPRegion1@BSWHealth.org | Austin, Bell, Bastrop, Brazos, Burleson, Caldwell, Colorado, Fayette, Gonzales, Grimes, Guadalupe, Hays, Jackson, Lavaca, Lee, Matagorda, Milam, Montgomery, Robertson, Travis, Walker, Waller, Washington, Wharton, Williamson |
| Christie Cohn | Christie.Cohn@BSWHealth.org | | Blanco, Bosque, Burnet, Brown, Callahan, Coleman, Comanche, Coryell, Eastland, Erath, Falls, Gillespie, Hamilton, Hill, Hood, Johnson, Lampasas, Llano, Limestone, Mason, McLennan, McCulloch, Mills, San Saba, Somervell |
| REGION 2 - NORTH TEXAS | | | |
| Kim Pridgin | Kimberly.Pridgin@BSWHealth.org | Regional email for all representatives and general questions, please reach out to HPRegion2@BSWHealth.org | Anderson, Angelina, Brazoria, Bowie, Camp, Cass, Chambers, Cherokee, Dallas cities: (Balch Springs, Cedar Hill, Combine, DeSoto, Duncanville, Ferris, Garland, Glenn Heights, Hutchins, Lancaster, Mesquite, Ovilla, Rowlett, Sachse, Seagoville, Sunnyvale, Wilmer), Delta, Ellis, Fannin, Franklin, Freestone, Fort Bend, Galveston, Gregg, Hardin, Harris, Harrison, Henderson, Houston, Hopkins, Hunt, Jasper, Jefferson, Kaufman, Lamar, Leon, Liberty, Madison, Marion, Morris, Nacogdoches, Navarro, Newton, Orange, Panola, Polk, Rains, Red River, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Wood |
| Jackie Coursey | Jackie.Coursey@BSWHealth.org | | Archer, Baylor, Clay, Cooke, Denton, Haskell, Jack, Knox, Montague, Palo Pinto, Parker, Shackelford, Stephen, Tarrant, Throckmorton, Wichita, Wilbarger, Wise, Young |
| Lonte Butler | Lonte.Butler@BSWHealth.org | | Collin, Dallas cities included: (Addison, Carrollton, Cockrell Hill, Coppell, Dallas, Farmers Branch, Grand Prairie, Grapevine, Highland Park, Irving, Lewisville, Richardson, University Park, Wylie), Grayson |
| REGION 3 - NORTHWEST TEXAS | | | |
| Shawna Aragon | Shawna.Aragon@BSWHealth.org | Regional email for all representatives and general questions, please reach out to HPRegion3@BSWHealth.org | 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 | Paul.Kuder@BSWHealth.org | | Andrews, Crane, Ector, Glasscock, Howard, Loving, Martin, Midland, Reagan, Upton, Ward, Winkler |
| Christye Cottrell | Christye.Cottrell@BSWHealth.org | | Bailey, Borden, Cochran, Cottle, Crosby, Dawson, Dickens, Floyd, Foard, Gaines, Garza, Hale, Hardeman, Hockley, Kent, Lamb, Lubbock, Lynn, Motley, Scurry, Terry, Yoakum |
| REGION 4 - SOUTHWEST TEXAS | | | |
| Shawna Aragon | Elizabeth.Tolbert@BSWHealth.org | Regional email for all representatives and general questions, please reach out to: HPRegion4@BSWHealth.org | Bexar, Frio, LaSalle |
| Paul Kuder | Paul.Kuder@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 |

Thank you for being a contracted provider
with Baylor Scott & White Health Plan.

