

# **Helpful Plan Information**

•		
	Commercial & Medicare	Medicaid
Website Resources	<ul> <li>BSWHP Provider Home Page</li> <li>BSWHP Provider Manual &amp; Training</li> <li>BSWHP Provider Search Tool</li> <li>Add Provider to Existing Contract</li> <li>Provider Change of Address</li> <li>Modify Existing Contract (Rates, add Products, update TIN, etc.)</li> <li>Provider Termination</li> <li>Update Medicaid/Medicare Number(s)</li> <li>Join Our Network</li> </ul>	RightCare Provider Home Page FirstCare Provider Home Page RightCare Provider Manual FirstCare Provider Manual RightCare Provider Search Tool FirstCare Provider Search Tool Add Provider to Existing Contract Provider Change of Address Modify Existing Contract (Rates, add Products, update TIN, etc.) Provider Termination Update Medicaid/Medicare Number(s) Join Our Network
Claims/Eligibility Verification	Please visit <u>Provider.BSWHealth.com</u> to determine the appropriate portal for claims and eligibility verification. Eligibility Verification Line (IVR Line): 800.655.7947 or 800.321.7947	Provider Portal RightCare FirstCare TexMedConnect  Customer Service RightCare Medicaid: 855.897.4448 FirstCare CHIP: 877.639.2447 FirstCare STAR Medicaid: 800.431.7798
Claims Filing	Electronic Clearinghouse Availity Initial Filing Deadline 95/365 (Commercial/Medicare) days from date of service Corrected Filing Deadline 90 (Commercial) days from the date of determination on the initially filed clean claim 365 (Medicare) days from the date of service Dates of Service on and prior to 12/31/2023 Baylor Scott & White Health Plan ATTN: Claims PO Box 21800 Eagan, MN 55121-0800 Dates of Service on and after 1/1/2024 Baylor Scott & White Health Plan ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342 More Information Claim Submission Guidlines Electronic Filing Paper Filing	Electronic Clearinghouse Availity  Initial Filing Deadline 95 days from date of service Corrected Filing Deadline 120 days from the date of disposition RightCare from Scott and White Health Plan ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342  FirstCare Health Plans ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342  More Information Claim Submission Guidlines Electronic Filing Paper Filing
Claim Appeals/ Redeterminations	Filing Deadline  Commercial 90 days 1 year (out-of-state providers)  Medicare Advantage 60 days(Non-Contracted Providers) 120 days(Contracted Providers) Dates of Service on and prior to 12/31/2023 Appeals Address Baylor Scott & White Health Plan ATTN: Provider Claims Redetermination PO Box 21800 Eagan, MN 55121-0800 Dates of Service on and after 1/1/2024 Baylor Scott & White Health Plan ATTN: Provider Claims Redetermination P.O. BOX 211342 Eagan, MN 55121-1342 Medicare Redetermination Submission Paper Electronic  BSWH Provider Claim Review Line - 833.542.8355	Filing Deadline 120 days from the original determination date Scott and White Health Plan ATTN: RightCare P.O. BOX 211342 Eagan, MN 55121-1342 Electronic submission OR Scott and White Health Plan ATTN: FirstCare P.O. BOX 211342 Eagan, MN 55121-1342 Electronic submission

NON-BSWH Provider Claim Review Line - 833.542.8179

# **Helpful Plan Information**

	Commercial & Medicare	Medicaid		
Payment Methods	Providers will be reimbursed through a Virtual Credit Card (VCC) unless they opt out.  To opt out of VCC, select Automatic Clearinghouse (ACH) or Electronic Funds Transfer (EFT), contact: ECHO Health 888.837.2945  Register with ECHO Health.	Providers will receive Virtual Credit Card unless they enroll in EFT by registering with ECHO Health.  Register with ECHO Health.		
Refund Requests	Mail Refund Requests PO Box 840523 Dallas, TX 75284-0523	Medicaid/CHIP Refund Request Mail Refund Requests PO Box 211342 Eagan, MN 55121 -1342		
Medical Benefit Prior Authorization	PA List and Request Form  BSWHP Health Services Division 888.316.7947 or 254.298.3088  PA look-up tool (Link contains information regarding eviCore and Oncology Analytics)	RightCare PA List and Request Form FirstCare PA List and Request Form RightCare PA Portal Request FirstCare PA Portal Request Medical Management Phone: 855.691.7947 Fax: 800.292.1349 Behavioral Health Management Phone: 855.395.9652 Fax: 844.436.8779		
Pharmacy Resources	Pharmacy Services  Drug Coverage Requests and Pharmacy PA Criteria  Prescription Drug Lists	RightCare Pharmacy Information FirstCare Pharmacy Information Prescribing Providers 877.908.6023 Pharmacy Providers 877.908.6023		
BSWHP Contact Information	Provider Service Center 800.321.7947 or 254.298.3064  Customer Advocacy Group-based: 844.633.5325 Marketplace 855.572.7238 RightCare Medicaid: 855.897.4448 FirstCare CHIP: 877.639.2447 FirstCare STAR Medicaid: 800.431.7798 BSW SeniorCare Advantage: 866.334.3141 (TTY 711) Covenant Health Advantage: 833.442.2405 (TTY 711)			

# IVR and Provider Portals for member information

## Interactive Voice Response System (IVR)\*

- Benefit details except Skilled Nursing Facility (SNF)
- Claims status up to one year from date of service
- Deductible and out-of-pocket maximum
- Claims filing address
- **■** Eligibility

Health Plan	IVR Phone Number		
Baylor Scott & White Health Plan	800.655.7947		
RightCare (Medicaid)	877.639.2447		
FirstCare STAR and CHIP	877.639.2447		

### **Provider Portal**

- Benefit details
- ▼ Claims status
- Deductible and out-of-pocket maximum
- Eligibility
- Authorization request forms

- Provider registrations (add contracted providers)
- ▼ Claim denial reason codes
- Member network benefit information
- Reimbursement rates by code
- Authorization requirements by code

Depending on your patient, the Provider Portal will vary. The correct portal is shown on the back of the patient (member) ID card or can be found at Provider.BSWHealth.com. You may also find the provider portal address for your patients in the chart below.

Member	Payer ID	Letters in Member ID	Portal	Claims Address				
Baylor Scott & White Health Plan								
RIGHTCARE MEDICAID	74205		rightcare.first- care.com/Web/	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342				
BAYLOR SCOTT & WHITE HEALTH EMPLOYEE PLAN	94999		swhpprovider. firstcare.com/ Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342				
MARKETPLACE	94999	BSW	swhpprovider. firstcare.com/ Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342				
COMMERCIAL GROUPS	94999		swhpprovider. firstcare.com/ Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342				
BSW SENIORCARE ADVANTAGE	94999	MCR	swhpprovider. firstcare.com/ Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342				
COVENANT HEALTH ADVANTAGE HMO	94999	MCR	swhpprovider. firstcare.com/ Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121 -1342				
	FirstCare Heal	th Plans						
STAR MEDICAID	94999		my.firstcare.com/ Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342				
СНІР	94999		my.firstcare.com/ Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342				
MARKETPLACE (no longer offered as of 12/31/23)	94999	НІМ	my.firstcare.com/ Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342				

# Medicare ID card samples

**HMO-POS** 

Group No.:

PCP/Spec:

ER/Urgent:

Benefit Effective Date:

Baylor Scott & White Health Plan offers a variety of plans. We have included sample ID cards below; however, card details may vary from plan to plan.

### Medicare Advantage (BSW Senior Care Advantage)

**BSW** SENIOR**CARE** 



JOHN SAMPLE Member No.: SMPL0001 RX BIN: RX PCN: IRX

RX Group:

SWPMED

Please have this card available at all times. This card is for identification purposes only and does not guarante membership or coverage.

CMS H8142\_004

#### FOR PROVIDERS

Electronic Claims: Availity: 94999

Medical Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342

Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488

Provider Service: swhpprovider firstcare.com Phone: 800-655-7947

Card Issue Date: 12/15/2023

#### FOR MEMBERS

Emergency and urgently needed services are covered outside the plan service area. If you require inpatient admission following an emergency, please notify the health plan within 48 hours of emergency services.

- Important Information:
   In a medical emergency, call 911 or go to the nearest
- emergency facility.

  Customer Service: 866–334–3141 (TTY: 711)

- Customer Service: 866-334-3141 (TTY: 711)
  Self-Service Portal: MyBSWHealth.com
  OptumRx Help Desk: 844-230-9357
  24-Hour Nurse Advice: 877-505-7947
  Virtual Care: MyBSWHealth.com or MyBSWHealth app
  To avoid out-of-network costs and provider balance billing,
  find a provider at BSWHealthPlan.com



CUSTOMER SERVICE: 866-334-3141 • BSWHealthPlan.com/Medicare

### Medicare Advantage (Covenant Health Advantage)



JOHN SAMPLE Member No.: SMPL0001 Health Plan:

RX BIN: 610011 RX PCN: IRX RX Group: SWPMED

#### CovenantHealth \*\* Advantage HMO

#### нмо

Benefit Effective Date:

Group No.: PCP/Spec: ER/Urgent:

Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.

CMS H4943\_002

#### FOR PROVIDERS

#### Electronic Claims: Availity: 94999

Medical Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342

#### Prior Authorization:

Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488

#### Provider Service:

swhpprovider.firstcare.com Phone: 833-442-2405

#### Card Issue Date:

#### FOR MEMBERS

Emergency and urgently needed services are covered outside the plan service area. If you require inpatient admission following an emergency, please notify the health plan within 48 hours of emergency services.

- Important Information:

  In a medical emergency, call 911 or go to the nearest emergency facility.

  Customer Service: 833-442-2405 (TTY: 711)

  Self-Service Portal: Covenant.BSWHealthPlan.com
  24-Hour Nurse Advice: 806-300-8670

  OptumRx Help Desk: 8442-230-9357

  Virtual Care: Covenant.BSWHealthPlan.com or MDLIVE.com/CovenantMA

  To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/find-provider



CUSTOMER SERVICE: 833-442-2405 • BSWHealthPlan.com/Medicare

# Marketplace ID card sample



#### FOR PROVIDERS

### Electronic Claims: Availity: 94999

Paper Claims: Baylor Scott & White Health Plan

Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488

Provider Service: swhpprovider firstcare.com Phone: 855-572-7238

Card Issue Date: 12/06/2023

Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.

Important Information:
• In a medical emergency, call 911 or go to the nearest emergency facility.
• Customer Service: 855-572-7238 (TTY: 711)

- Customer Service: 855-572-7238 (TTY: 711)
  Telehealth options:
  1. MDLIVE app or 800-718-5082
  2. MyBSWHealth app or MyBSWHealth.com
  24/7 Nurse Line: 877-505-7947
  Self-Service Portal: MyBSWHealth.com
  To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com

CUSTOMER SERVICE: 855-572-7238 • BSWHealthPlan.com

# Medicaid ID card samples

Baylor Scott & White Health Plan offers a variety of plans. We have included sample ID cards below; however, card details may vary from plan to plan.

### RightCare STAR



**RIGHT**CARE

STAR/Medicaid

Member Name: RIGHTCARE SAMPLE

Member ID#: 999990003 Effective Date: 06/01/2019

PCP: PCP NAME

RCSWHP 6145

PCP Phone #: (555) 999-1234 Effective Date of PCP: 06/15/2019

Customer Service Phone #: 1-855-TX-RIGHT (1-855-897-4448)



TEXAS STAR

Important Information/Información Importante

24/7 Member Services/24-7 Departamento de Servicios para Miembros (gratis) 1-855-897-4448 24/7 Behavioral Health Crisis Line/24/7 Línea de Crisis de Salud Mental 1-844-436-8781 24/7 Nurse Hottline/24/7 Linea directa de enfermería Vision Services/Servicios para la Vista Member Portal/Portal para miembros

1-855-828-1013 1-800-879-6901

https://rightcare.firstcare.com

Directions for what to do in an emergency. In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.

Instrucciones en caso de emergencia. En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de las 24 horas o tan pronto como sea posible.

NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by RightCare from Scott & White Health Plan for STAR/Medicaid services. For Medical Prior Authorization or UM questions, call 1-855-691-7947. The Medical UM FAX number is 1-800-292-1349.

For Behavioral Health Prior Authorization or UM questions, call 1-855-395-9652. The Behavioral Health UM FAX number is 1-844-436-8779. Submit Claims to: RightCare from Scott & White Health Plan P.O. Box 211342 Eagan, MN 55121-1342 Payer ID: 74205 Prescription Drug Information (Navitus): 1-877-908-6023 BIN: 610602 PCN: MCD GROUP: SWH

www.RightCare.SWHP.org

REV 07/22

#### FirstCare STAR



Group (Grupo): Group # (N.° de grupo): Service Area (Área de servicio): Benefit Effective Date (Fecha

MEMBER INFO (Información del Miembro) Name (Nombre): JOHN SAMPLÉ

Member # (N.° de miembro): SMPL0001

Sex (Sexo): DOB (Fecha de nacimiento): PCP (Proveedor de atención primaria) Name (Nombre):

Effective Date (Fecha efectiva):

**Network** (Red): Vea el dorso para obtener información adicional.

efectiva de beneficios)

PHARMACISTS ONLY

Navitus: 877-908-6023
BIN: 610602 PCN: MCD GRP: FCH

See back for additional information





#### FOR PROVIDERS

- Electronic Claims:
   Availity/Healthsmart:
  94999
- Change Healthcare: P: TH003 I: 12T03

Paper Claims: FirstCare STAR PO Box 211342 Eagan, MN 55121-1342

#### Prior Authorization:

is mandatory for inpatient elective admissions For authorizations, call 800-884-4905 or go to FirstCare.com/STAR.

Card Issue Date: 08/02/2023

#### FOR MEMBERS

In case of emergency, call 911 or go to the closest emergency room.

After treatment, call your/your child's PCP within 24 hours or as soon as

- mer Service: 800-431-7798 (TTY: 711)

- Behavioral health services: 800-327-6934

  Virtual Care (telehealth): 800-718-5082

  24/7 Nurse Line: 855-828-1013

  Self-Service Portal: my.FirstCare.com

  Provider Directory: FirstCare.com/FindAProvider

#### PARA MIEMBROS

PARA MIEMBROS

En caso de emergencia, llame al 911 o vaya a la sala de emergencia
más cercana. Después del tratamiento, llame a su médico o al médico
de su niño de entrio de las 24 horas o tan pronto como sea posible.

• Servicio al cliente: 800-431-7798 (TTY: 711)

• Servicios de salud conductual: 800-327-6934

• Cuidado medico virtual (telesalud): 800-718-5082

• Línea de enfermeras 2417: 855-828-1013

• Portal de autoserviciro: my Erist Care com

- Portal de autoservicio: my FirstCare.com Directorio de proveedores: FirstCare.com/FindAProvider

FirstCare.com/STAR

#### FirstCare CHIP



Group (Grupo): Group # (N.º de grupo): Service Area (Área de servicio): Benefit Effective Date (Fecha efectiva de beneficios):

MEMBER INFO (Información del Miembro) Name (Nombre): JOHN SAMPLE

Member # (N.° de miembro): SMPL0001 DOB (Fecha de nacimiento): PCP (Proveedor de atención primaria)

Effective Date (Fecha efectiva):

Name (Nombre):

Network (Red): el dorso para obtener información adicional.

COPAYS (Copagos)
Office Visit (Visita de la oficina):
Inpatient Admission (Admisión
hospitalaria):
Emergency Room (Sala de
emergencias):
Rx Generic/Rx Brand (Rx
genéricoca/Rx marca):

PHARMACISTS ONLY
Navitus: 877-908-6023
BIN: 610602 PCN: MCD GRP: FCH







#### OR PROVIDERS

### Electronic Claims:

- Availity/Healthsmart: 94999
- Change Healthcare P: TH003 I: 12T03
- Paper Claims:
- FirstCare CHIP PO Box 211342 Eagan, MN 55121-1342

Prior Authorization: is mandatory for inpatient elective admissions. For authorizations, call 800-884-4905 or go to FirstCare.com/CHIP.

Card Issue Date:

In case of emergency, call 911 or go to the closest emergency room.

After treatment, call your/your child's PCP within 24 hours or as soon as

- possible.

  \*Customer Service: 877-639-2447 (TTY: 711)

  \*Behavioral Health Services: 800-327-6934

  \*Virtual Care (telehealth): 800-718-6082

  \*24/7 Nurse Line: 855-828-1013

  \*Self-Service Portal: my.FirstCare.com

  \*Provider Directory: FirstCare.com/FindAProvider

#### PARA MIEMBROS

PARA MIEMBROS
En caso de emergencia, Barne al 911 o vaya a la sala de emergencia
más cercana. Después del tratamiento, Ilame a su médico o al médico
de su niño/a dentro de las 24 horas o tan pronto como sea posible.

Servicio al clientie: 877-639-2447 (TTY: 711)
Servicios de salud conductual: 800-327-8940
Cuidado medico virtual (telesalud): 800-718-5082
Línea de enfermeras 247: 855-828-1013
Portal de autoservicio: my.FirstCare.com
Directorio de proveedores: FirstCare.com/FindAProvider

### FirstCare.com/CHIP

# Group ID card samples

ID cards for members of group-based health plans look similar but sometimes contain unique information or logos.

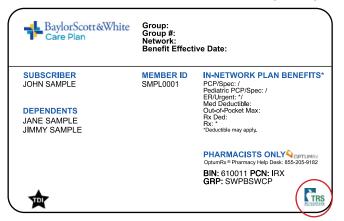
#### **BSW Access PPO**

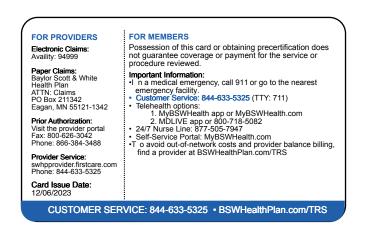




Members using our BSW Access PPO network have this card. Note the UnitedHealthcare (UHC) Options PPO Network logo in the top right corner. Members have access to the UHC network outside the BSW Health Plan service area. Filing information for UHC providers is also included on the back of the card.

### Teacher Retirement System (TRS)





Cards for certain employer group-based members may include the logo of the employer in the top or bottom right corner. This group-specific example is for the group TRS and includes the TRS logo.

### **BSW Employee Plan**



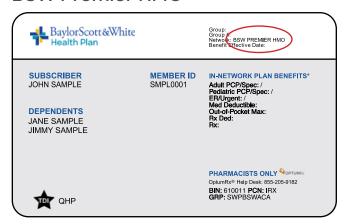


This sample represents the BSW Employee EQA plan, as indicated by "EQA" on the front of the card. PPO, SEQA and HDHP card versions vary slightly. BSW Employee Plan ID cards no longer display a group number, as a group number is not necessary to process the claim.

# Group ID card samples

ID cards for members of group-based health plans look similar but sometimes contain unique information or logos.

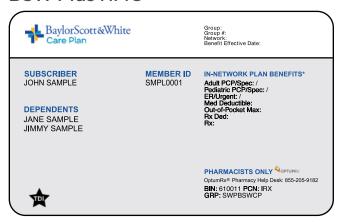
#### **BSW Premier HMO**





BSW Premier combines the Baylor Scott & White Quality Alliance ACO with the BSW Plus network, giving members in-network options for care in 141 counties, with the opportunity for Value-Based Care from BSWQA providers and other accountable care providers in select areas.

#### **BSW Plus HMO**





Covers members in 141 counties across North, Central and West Texas. Like all our HMO products, BSW Plus HMO members do not have to select a PCP and are not required to obtain a referral to see a specialist. BSW Plus HMO offers in-area coverage only, except for Emergency/Urgent Care.

#### **BSW Plus PPO**





BSW Plus PPO is available in 141 Texas counties. Like BSWH Plus HMO, it does not require referrals and members do not have to select a PCP. BSW Plus PPO covers both in- and out-of-network care, including Emergency/Urgent Care.

# BSWQA ID card samples

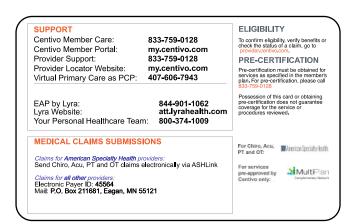
Members covered through direct-to-employer (DTE) agreements and network aggregator agreements (Centivo and WebTPA) through Baylor Scott & White Quality Alliance (BSWQA) use the BSW Premier HMO network. These employer clients have the BSW Premier network displayed on their cards in various formats, similar to those shown below.

IMPORTANT NOTE: These employers do not offer insurance coverage through Baylor Scott & White Health Plan, and the Baylor Scott & White Health Plan employer portals are not applicable to members who carry these cards. Cards are shown below simply due to the use of the BSW Premier network and your education as a provider.

### **BSW Premier HMO**







For Members with Benefits or Eligibility questions: Members call 855-205-1787 or visit my,bswhealth.com
For Providers Benefits/Eligibility/Claims/Pre-Certification questions: Providers call 855-205-2426 or visit www.webpa.com
Submit Claims to: WebTPA - PO Box 99906- Grapevine, TX 76099-9706 Payer ID #75261

Members: Carry this card at all times. Before hospital admission or surgery (outside the physician's office) of for other sensores as specified in your plan your physician must call for pre-treatment authorization (pre-certification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).

Providers: Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, call the number shown on this card.

Notice: Possession of the card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. We encourage you to use a PCP as a valuable resource and personal health advocate.

TelaDoc - www.teladoc.com - 800-835-2362