



Baylor Scott & White  
Health Plan

# 2025 Provider Reference Guide

## Helpful provider information:

- Claim payment/refunds
- Interactive Voice Response (IVR)
- Websites and provider portals
- Pharmacy resources
- Prior Authorization
- Sample ID cards



# Helpful Plan Information

	Commercial & Medicare	Medicaid
Website Resources	<ul style="list-style-type: none"> <li>• <a href="#">BSWHP Provider Home Page</a></li> <li>• <a href="#">BSWHP Provider Manual &amp; Training</a></li> <li>• <a href="#">BSWHP Provider Search Tool</a></li> <li>• <a href="#">Add Provider to Existing Contract</a></li> <li>• <a href="#">Provider Change of Address</a></li> <li>• <a href="#">Modify Existing Contract (Rates, add Products, update TIN, etc.)</a></li> <li>• <a href="#">Provider Termination</a></li> <li>• <a href="#">Update Medicaid/Medicare Number(s)</a></li> <li>• <a href="#">Join Our Network</a></li> <li>• <a href="#">Update Provider Name</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">RightCare Provider Home Page</a></li> <li>• <a href="#">FirstCare Provider Home Page</a></li> <li>• <a href="#">RightCare Provider Manual</a></li> <li>• <a href="#">FirstCare Provider Manual</a></li> <li>• <a href="#">RightCare Provider Search Tool</a></li> <li>• <a href="#">FirstCare Provider Search Tool</a></li> <li>• <a href="#">Add Provider to Existing Contract</a></li> <li>• <a href="#">Provider Change of Address</a></li> <li>• <a href="#">Update Provider Name</a></li> <li>• <a href="#">Modify Existing Contract (Rates, add Products, update TIN, etc.)</a></li> <li>• <a href="#">Provider Termination</a></li> <li>• <a href="#">Update Medicaid/Medicare Number(s)</a></li> <li>• <a href="#">Join Our Network</a></li> </ul>
Claims/Eligibility Verification	<p>Please visit <a href="http://Provider.BSWHealth.com">Provider.BSWHealth.com</a> to determine the appropriate portal for claims and eligibility verification.</p> <p>Eligibility Verification Line (IVR Line): 800.655.7947</p>	<p><b>Provider Portal</b>  <a href="#">RightCare</a>  <a href="#">FirstCare</a></p> <p>Customer Service            RightCare Medicaid: 855.897.4448            FirstCare CHIP: 877.639.2447            FirstCare STAR Medicaid: 800.431.7798</p>
Claims Filing	<p>Electronic Clearinghouse            Availity            Initial Filing Deadline            Commercial/Medicare and ASO: 95/365 days from date of service</p> <p>Corrected Filing Deadline            Commercial: 95 days from the date of determination on the initially filed clean claim            Medicare and ASO: 365 days from the date of service</p> <p>Baylor Scott &amp; White Health Plan            ATTN: Claims            P.O. BOX 211342            Eagan, MN 55121-1342</p> <p>More Information  <a href="#">Claim Submission Guidelines</a>  <a href="#">Electronic Filing</a>  <a href="#">Paper Filing</a></p>	<p>Electronic Clearinghouse            Availity            Initial Filing Deadline            95 days from date of service            Corrected Filing Deadline            120 days from the date of disposition</p> <p>RightCare from Scott and White Health Plan            ATTN: Claims            P.O. BOX 211342            Eagan, MN 55121-1342</p> <p>FirstCare Health Plans            ATTN: Claims            P.O. BOX 211342            Eagan, MN 55121-1342</p> <p>More Information  <a href="#">Claim Submission Guidelines</a></p>
Claim Appeals/Redeterminations	<p>Filing Deadline  <b>Commercial and ASO</b>            90 days            1 year (out-of-state providers)</p> <p><b>Medicare Advantage</b>            65 days (Non-Contracted Providers)            120 days (Contracted Providers)</p> <p>Baylor Scott &amp; White Health Plan            ATTN: Provider Claims Redetermination            P.O. BOX 211342            Eagan, MN 55121-1342</p> <p><a href="#">Electronic Filing</a>  <a href="#">Paper Filing</a></p> <p><b>Commercial</b>            BSWH Provider Claim Review Line - 833.542.8355            NON-BSWH Provider Claim Review Line - 833.542.8179            Providers can call the Claim Review line for claim appeals/redeterminations. This line is ONLY for Commercial claims, including BSWH Employee Plan Claims.</p> <p><b>Medicare Advantage:</b> Please submit redeterminations via the provider portal or mail.  <a href="#">Paper Filing</a>  <a href="#">Electronic Filing</a></p>	<p>Filing Deadline            120 days from the original determination date</p> <p>Scott and White Health Plan            ATTN: <b>RightCare</b>            P.O. BOX 211342            Eagan, MN 55121-1342</p> <p><a href="#">Electronic Filing</a>  <a href="#">Paper Filing</a></p> <p><b>OR</b></p> <p>Scott and White Health Plan            ATTN: <b>FirstCare</b>            P.O. BOX 211342            Eagan, MN 55121-1342</p> <p><a href="#">Electronic Filing</a>  <a href="#">Paper Filing</a></p> <p>Medicaid: Please submit redeterminations through the provider portal or via mail.</p>

# Helpful Plan Information

	Commercial & Medicare	Medicaid
<b>Payment Methods</b>	<p>Providers will be reimbursed through a Virtual Credit Card (VCC) unless they opt out.</p> <p>To opt out of VCC, select Automatic Clearinghouse (ACH) or Electronic Funds Transfer (EFT), contact: ECHO Health 888.837.2945 <a href="#">Register</a> with ECHO Health.</p>	<p>Providers will receive Virtual Credit Card unless they enroll in EFT by registering with ECHO Health.</p> <p><a href="#">Register</a> with ECHO Health.</p>
<b>Refund Requests</b>	<p>Mail Refund Requests PO Box 840523 Dallas, TX 75284-0523</p>	<p>Medicaid/CHIP Refund Request Mail Refund Requests PO Box 211342 Eagan, MN 55121 -1342</p>
<b>Medical Benefit Prior Authorization</b>	<p><a href="#">PA List and Request Form</a> BSWHP Health Services Division 888.316.7947 or 254.298.3088 <a href="#">PA look-up tool</a> (Link contains information regarding eviCore and Oncology Analytics)</p>	<p><a href="#">RightCare PA List and Request Form</a> <a href="#">FirstCare PA List and Request Form</a> <a href="#">RightCare PA Portal Request</a> <a href="#">FirstCare PA Portal Request</a> Medical Management Phone: 855.691.7947 Fax: 800.292.1349 Behavioral Health Management Phone: 855.395.9652 Fax: 844.436.8779</p>
<b>Pharmacy Resources</b>	<p><a href="#">Pharmacy Services</a> <a href="#">Drug Coverage Requests and Pharmacy PA Criteria</a> <a href="#">Prescription Drug Lists</a></p>	<p><a href="#">RightCare Pharmacy Information</a> <a href="#">FirstCare Pharmacy Information</a> Prescribing Providers 877.908.6023 Pharmacy Providers 877.908.6023</p>
<b>BSWHP Contact Information</b>	<p>Provider Service Center 800.655.7947 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) For Pregnant Women and Birth to 1 Year of Age: <a href="mailto:HPMaternityCaseManagement@BSWHealth.org">HPMaternityCaseManagement@BSWHealth.org</a> For Children 1 to 20 years: <a href="mailto:CaseManagement@BSWHealth.org">CaseManagement@BSWHealth.org</a> For Behavioral Health Related Cases: <a href="mailto:HPBHCaseManagement@BSWHealth.org">HPBHCaseManagement@BSWHealth.org</a> <a href="#">Find Your Provider Relations Rep</a></p>	<p>Provider Service Center (PSC) is available to assist with claim inquiries when information cannot be found on provider portals. Contact PSC at 800.655.7947 or the phone number found on the back of the Member ID card.</p>

# 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	<b>800.655.7947</b>
RightCare STAR Medicaid	<b>855.897.4448</b>
FirstCare STAR Medicaid	<b>800.431.7798</b>
FirstCare CHIP	<b>877.639.2447</b>

## 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
- 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](http://Provider.BSWHealth.com). You may also find the provider portal address for your patients in the chart below.


Member	Payer ID	Portal	Claims Address
RIGHTCARE STAR MEDICAID	74205	<a href="http://RightCare.FirstCare.com/Web/">RightCare.FirstCare.com/Web/</a>	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
FIRSTCARE STAR MEDICAID / CHIP	94999	<a href="http://My.FirstCare.com/Web/">My.FirstCare.com/Web/</a>	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
INDIVIDUAL / COMMERCIAL	94999	<a href="http://Provider.BSWHealthPlan.com/">Provider.BSWHealthPlan.com/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	<a href="http://Provider.BSWHealthPlan.com/">Provider.BSWHealthPlan.com/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
COVENANT HEALTH ADVANTAGE	94999	<a href="http://Provider.bswhealthPlan.com/">Provider.bswhealthPlan.com/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342

\*No registration required

# Medicare 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.

## Medicare Advantage (BSW SeniorCare Advantage)



**JOHN SAMPLE**  
**Member No.:** SMPL0001  
**Health Plan:** (80840) 7588667718  
**RX BIN:** 610770  
**RX PCN:** CRXMD  
**RX Group:** BSWCARE

**BSW SENIORCARE**  
**ADVANTAGE • HMO • POS**

**HMO-POS**  
**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

**FOR PROVIDERS**

**Electronic Claims:**  
 Availability: 94999

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

**Prior Authorization:**  
**Medical Benefit**  
 Visit the provider portal  
 Fax: 800-626-3042  
 Phone: 888-316-7947

**Pharmacy Benefit**  
 Phone: 833-502-3340

**Provider Service:**  
 Provider.bswhealthplan.com  
 Phone: 800-655-7947

**Pharmacy Help Desk:**  
 Phone: 844-230-9357


**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)
- Self-Service Portal: MyBSWHealth.com
- 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
- Pharmacy Benefit Prior Authorization: 833-502-3340

**Card Issue Date:**  
09/11/2024



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

## Medicare Advantage (Covenant Health Advantage)



**JOHN SAMPLE**  
**Member No.:** SMPL0001  
**Health Plan:** (80840) 7588667718  
**RX BIN:** 610770  
**RX PCN:** CRXMD  
**RX Group:** BSWCARE

**CovenantHealth**  
**Advantage HMO**

**HMO**  
**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

**FOR PROVIDERS**

**Electronic Claims:**  
 Availability: 94999

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

**Prior Authorization:**  
**Medical Benefit**  
 Visit the provider portal  
 Fax: 800-626-3042  
 Phone: 888-316-7947

**Pharmacy Benefit**  
 Phone: 833-502-3340

**Provider Service:**  
 Provider.bswhealthplan.com  
 Phone: 833-442-2405

**Pharmacy Help Desk:**  
 Phone: 844-230-9357


**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
- Virtual Care: Covenant.BSWHealthPlan.com
- To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/find-provider
- Pharmacy Benefit Prior Authorization: 833-502-3340

**Card Issue Date:**  
09/11/2024



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

## Marketplace ID card sample



**SUBSCRIBER**  
JOHN SAMPLE

**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE

**MEMBER ID**  
SMPL0001

**IN-NETWORK PLAN BENEFITS\***  
**Adult PCP/Spec:** /  
**Pediatric PCP/Spec:** /  
**ER/Urgent:** /  
**Med Deductible:**  
**Out-of-Pocket Max:**  
**Rx Ded:**  
**Rx:**

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

**FOR PHARMACISTS** Capital Rx  
 Pharmacy Help Desk: 855-205-9182  
**BIN:** 610852 **PCN:** CHM  
**GRP:** BSWEXC

**Card Issue Date:**  
09/10/2024

TDI QHP

**FOR PROVIDERS**

**Electronic Claims:**  
 Availability: 94999

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

**Prior Authorization:**  
**Medical Benefit**  
 Visit the provider portal  
 Fax: 800-626-3042  
 Phone: 888-316-7947

**Pharmacy Benefit**  
 Phone: 833-502-3339

**Provider Service:**  
 Provider.bswhealthplan.com  
 Phone: 855-572-7238

**FOR MEMBERS**

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)
- 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
- Pharmacy Benefit Prior Authorization: 833-502-3339



**Card Issue Date:**  
09/10/2024

**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

**STAR/Medicaid**

Member Name: RIGHTCARE SAMPLE  
 Member ID#: 999990003  
 Effective Date: 06/01/2019  
 PCP: PCP NAME  
 PCP Phone #: (555) 999-1234  
 Effective Date of PCP: 06/15/2019

Customer Service Phone #: 1-855-TX-RIGHT (1-855-897-4448)  
 RCSWHP 6145

**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 Hotline/24/7 Línea directa de enfermería 1-855-828-1013  
 Vision Services/Servicios para la Vista 1-800-879-6901  
 Member Portal/Portal para miembros <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](http://www.RightCare.SWHP.org)

REV 07/22

## FirstCare STAR





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

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**MEMBER INFO (Información del Miembro)**  
**Name (Nombre):**  
 JOHN SAMPLE  
**Member # (N.º de miembro):** SMPL0001  
**Sex (Sexo):**  
**DOB (Fecha de nacimiento):**  
**PCP (Proveedor de atención primaria) Name (Nombre):**

**Effective Date (Fecha efectiva):** **PHARMACISTS ONLY**  
 Navitus: 877-908-6023  
 BIN: 610602 PCN: MCD GRP: FCH

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

- Customer 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](http://my.FirstCare.com)
- Provider Directory: [FirstCare.com/FindAProvider](http://FirstCare.com/FindAProvider)

**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/a dentro 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 médico virtual (telesalud): 800-718-5082
- Línea de enfermeras 24/7: 855-828-1013
- Portal de autoservicio: [my.FirstCare.com](http://my.FirstCare.com)
- Directorio de proveedores: [FirstCare.com/FindAProvider](http://FirstCare.com/FindAProvider)

[FirstCare.com/STAR](http://FirstCare.com/STAR)

## FirstCare CHIP



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

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**MEMBER INFO (Información del Miembro)**  
**Name (Nombre):**  
 JOHN SAMPLE  
**Member # (N.º de miembro):** SMPL0001  
**Sex (Sexo):**  
**DOB (Fecha de nacimiento):**  
**PCP (Proveedor de atención primaria) Name (Nombre):**

**Effective Date (Fecha efectiva):** **PHARMACISTS ONLY**  
 Navitus: 877-908-6023  
 BIN: 610602 PCN: MCD GRP: FCH

**Network (Red):**  
 Vea el dorso para obtener información adicional. See back for additional information. **TDI**




**FOR 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:**  
 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 possible.

- Customer Service: 877-639-2447 (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](http://my.FirstCare.com)
- Provider Directory: [FirstCare.com/FindAProvider](http://FirstCare.com/FindAProvider)

**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/a dentro de las 24 horas o tan pronto como sea posible.


- Servicio al cliente: 877-639-2447 (TTY: 711)
- Servicios de salud conductual: 800-327-6934
- Cuidado médico virtual (telesalud): 800-718-5082
- Línea de enfermeras 24/7: 855-828-1013
- Portal de autoservicio: [my.FirstCare.com](http://my.FirstCare.com)
- Directorio de proveedores: [FirstCare.com/FindAProvider](http://FirstCare.com/FindAProvider)

[FirstCare.com/CHIP](http://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



**SUBSCRIBER**  
JOHN SAMPLE


**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE


**MEMBER ID**  
SMPL0001



**In-Network Plan Benefits\***  
Adult PCP/Spec:  
Pediatric PCP/Spec: /  
EPA Urgent: /  
Med Deductible:  
Out-of-Pocket Max:  
Rx Ded:  
Rx:

**Out-of-Network Plan Benefits\***  
Adult PCP/Spec:  
Pediatric PCP/Spec: /  
EPA Urgent: /  
Med Deductible:  
Out-of-Pocket Max:  
Rx Ded:  
Rx:

**FOR PHARMACISTS**  Capital Rx  
Pharmacy Help Desk: 855-205-9182  
BIN: 610852 PCN: CHM  
GRP: BSWCOM



**BSWHP PROVIDERS**

**Electronic Claims:**  
Availability: 94999

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

**Prior Authorization:**  
**Medical Benefit**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 888-316-7947

**Pharmacy Benefit**  
Phone: 833-502-3339

**Provider Service:**  
Provider.bswhealthplan.com  
Phone: 844-633-5325

**FOR MEMBERS**

Possession of this card does not guarantee coverage.

**Important Information:**

- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 844-633-5325** (TTY: 711)
- 24/7 Nurse Line: 877-505-7947
- Self-Service Portal: MyBSWHealth.com
- Find a Provider: BSWHealthPlan.com
- Pharmacy Benefit Prior Authorization: 833-502-3339

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**UnitedHealthcare Providers (UHSS\*)**

**Website:** uhss.umr.com  
**Phone:** 888-830-0179  
**Medical Claims:** EDI # 39026, UHSS, PO Box 30783  
Salt Lake City, UT 84130-0783  
**UHSS\* Grp#:**


Medical services rendered within the BSW Area refer to BSWHP. Medical services rendered outside of the BSW Area refer to UHSS\*.

\*UnitedHealthcare Shared Services

**Card Issue Date:**  
09/10/2024

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.

## BSW Employee Plan



**SUBSCRIBER**  
JOHN SAMPLE

**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE


**MEMBER ID**  
SMPL0001

**BSWH Employee Medical Plan**

**EQA**

**IN-NETWORK MEDICAL**

Primary: \$35  
Specialist: \$50  
Urgent: \$35  
Emergency: \$500 waived if admitted  
Medical Ded (Ind): \$750  
Medical Ded (Fam): \$1,500  
OOP Max (Ind): \$4,500  
OOP Max (Fam): \$9,000

**IN-NETWORK PHARMACY** 

BIN: 610862 PCN: RWRX Group: 50070  
Generic: \$5\* / \$12\*\*  
Preferred: \$35\* / \$50\*\*  
Non-Preferred: Lesser of \$50\* / \$75\*\*\* or 50%

\*After \$100 Individual Rx Deductible.  
\*\*BSWH pharmacies. \*\* Other contracted pharmacies.

**PROVIDERS**

**Electronic Claims:**  
Availability: 94999

**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:**  
Provider.bswhealthplan.com  
Phone: 800-655-7947

**Pharmacist Services:**  
888-665-1992

**MEMBERS**


- Medical Member Services: 844-843-3229 (TTY:711)
- Self-Service Portal: MyBSWHealth.com
- Find a Provider: BSWHealthPlan.com/BSWH
- 24/7 Nurse Line: 800-724-7037
- Pharmacy Member Services: 866-987-5735

Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility.

**Card Issue Date:**  
10/18/2024

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 do not display a medical group number, as it is not necessary to process the claim.


## BSW Employee Out-of-State Plan



**SUBSCRIBER**  
JOHN SAMPLE

**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE

**MEMBER ID**  
SMPL0001




**BSWH Employee Medical Plan**

**LIVE WELL PREMIUM**

**IN-NETWORK MEDICAL**

Primary: \$45  
Specialist: \$60  
Urgent: \$45  
Emergency: \$500 + 20% waived if admitted  
Medical Ded (Ind): \$2,000  
Medical Ded (Fam): \$4,000  
OOP Max (Ind): \$5,000  
OOP Max (Fam): \$10,000

**IN-NETWORK PHARMACY** 

BIN: 610862 PCN: RWRX Group: 50070  
Generic: \$7  
Preferred: \$40  
Non-Preferred: Lesser of \$60 or 50%

**PROVIDERS**

UnitedHealthcare Shared Services

**UHSS Grp#:** 78-800258

**Website:** uhss.umr.com

**Phone:** 888-830-0179

**Medical Claims:**  
EDI # 39026, UHSS  
PO Box 30783  
Salt Lake City, UT 84130-0783

**Pharmacist Services:**  
888-665-1992

**MEMBERS**

- Medical Member Services: 844-843-3229 (TTY:711)
- Self-Service Portal: MyBSWHealth.com
- Find a Provider: BSWHealthPlan.com/BSWH
- 24/7 Nurse Line: 800-724-7037
- Pharmacy Member Services: 866-987-5735

Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility.


**Card Issue Date:**  
10/18/2024

The BSW Employee Plan also includes Live Well plans, which are for employees living outside of Texas. Live Well Premium and Live Well HDHP plans are both based on the United Healthcare Options PPO network. The plan type is distinguished clearly above the network benefits section, as shown in the red circle above.

# 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




**Group:** Group #:  
**Network:** BSW Premier HMO  
**Benefit Effective Date:**


**SUBSCRIBER**  
JOHN SAMPLE

**MEMBER ID**  
SMPL0001

**IN-NETWORK PLAN BENEFITS\***  
**Adult PCP/Spec:** /  
**Pediatric PCP/Spec:** /  
**ER/Urgent:** /  
**Med Deductible:**  
**Out-of-Pocket Max:**  
**Rx Ded:**  
**Rx:**

**FOR PHARMACISTS**  Capital Rx  
 Pharmacy Help Desk: 855-205-9182  
**BIN:** 610852 **PCN:** CHM  
**GRP:** BSWCOM

**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE



**FOR PROVIDERS**

**Electronic Claims:**  
Availity: 94999

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

**Prior Authorization:**  
**Medical Benefit**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 888-316-7947  
**Pharmacy Benefit**  
Phone: 833-502-3339

**Provider Service:**  
Provider.bswhealthplan.com  
Phone: 844-633-5325

**FOR MEMBERS**

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: 844-633-5325** (TTY: 711)
- 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
- Pharmacy Benefit Prior Authorization: 833-502-3339

**Card Issue Date:**  
09/10/2024

**CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com**

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




**Group:** Group #:  
**Network:** BSW Plus HMO  
**Benefit Effective Date:**


**SUBSCRIBER**  
JOHN SAMPLE

**MEMBER ID**  
SMPL0001

**IN-NETWORK PLAN BENEFITS\***  
**Adult PCP/Spec:** /  
**Pediatric PCP/Spec:** /  
**ER/Urgent:** /  
**Med Deductible:**  
**Out-of-Pocket Max:**  
**Rx Ded:**  
**Rx:**

**FOR PHARMACISTS**  Capital Rx  
 Pharmacy Help Desk: 855-205-9182  
**BIN:** 610852 **PCN:** CHM  
**GRP:** BSWCOM

**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE



**FOR PROVIDERS**

**Electronic Claims:**  
Availity: 94999

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

**Prior Authorization:**  
**Medical Benefit**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 888-316-7947  
**Pharmacy Benefit**  
Phone: 833-502-3339

**Provider Service:**  
Provider.bswhealthplan.com  
Phone: 844-633-5325

**FOR MEMBERS**

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: 844-633-5325** (TTY: 711)
- 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
- Pharmacy Benefit Prior Authorization: 833-502-3339

**Card Issue Date:**  
09/10/2024

**CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com**

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




**Group:** Group #:  
**Network:** BSW Plus PPO  
**Benefit Effective Date:**

**SUBSCRIBER**  
JOHN SAMPLE


**MEMBER ID**  
SMPL0001

**In-Network Plan Benefits\***  
**Adult PCP/Spec:** /  
**Pediatric PCP/Spec:** /  
**ER/Urgent:** /  
**Med Deductible:**  
**Out-of-Pocket Max:**  
**Rx Ded:**  
**Rx:**

**Out-of-Network Plan Benefits\***  
**Adult PCP/Spec:** /  
**Pediatric PCP/Spec:** /  
**ER/Urgent:** /  
**Med Deductible:**  
**Out-of-Pocket Max:**  
**Rx Ded:**  
**Rx:**

**FOR PHARMACISTS**  Capital Rx  
 Pharmacy Help Desk: 855-205-9182  
**BIN:** 610852 **PCN:** CHM  
**GRP:** BSWCOM

**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE



**FOR PROVIDERS**

**Electronic Claims:**  
Availity: 94999

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

**Prior Authorization:**  
**Medical Benefit**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 888-316-7947  
**Pharmacy Benefit**  
Phone: 833-502-3339

**Provider Service:**  
Provider.bswhealthplan.com  
Phone: 844-633-5325

**FOR MEMBERS**

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: 844-633-5325** (TTY: 711)
- 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
- Pharmacy Benefit Prior Authorization: 833-502-3339

**Card Issue Date:**  
09/10/2024

**CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com**

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

**CENTIVO.** Low Deductible Care Plan

<p><b>MEMBER INFO</b>  <b>YOLANDA SAMPLE</b>                  Member ID: <b>ATTSI900003</b></p>	<p><b>MEMBER COSTS</b></p> <p>Primary Care: <b>\$0 copay</b>                  Specialist: <b>\$50 copay</b>                  Urgent Care: <b>10% coins. after ded.</b>                  ER: <b>10% coins. after ded.</b>                  Deductible: <b>\$1,000 Ind./\$2,000 Fam. Not covered</b>                  Out-of-Network: <b>\$5,000 Ind./\$10,000 Fam. Not covered</b>                  Out-of-Pocket Max: <b>\$5,000 Ind./\$10,000 Fam. Not covered</b></p> <p><small>REMEMBER: Referrals from your Primary Care Team are required for most specialist care.</small></p>
<p><b>PLAN INFO</b></p> <p>Group ID: <b>ATTSI</b>                  Network: <b>BSW</b></p>	<p><b>NETWORK INFO</b>  <b>CENTIVO. BSWPremier</b>                  Network</p>

**SUPPORT**

Centivo Member Care: **833-759-0128**  
 Centivo Member Portal: **my.centivo.com**  
 Provider Support: **833-759-0128**  
 Provider Locator Website: **my.centivo.com**  
 Virtual Primary Care as PCP: **407-606-7943**

EAP by Lyra: **844-901-1062**  
 Lyra Website: **att.lyrahealth.com**  
 Your Personal Healthcare Team: **800-374-1009**

**MEDICAL CLAIMS SUBMISSIONS**

*Claims for American Specialty Health providers:*  
 Send Chiro, Acu, PT and OT claims electronically via ASHLink

*Claims for all other providers:*  
 Electronic Payer ID: **45564**  
 Mail: **P.O. Box 211681, Eagan, MN 55121**

**ELIGIBILITY**

To confirm eligibility, verify benefits or check the status of a claim, go to [provider.centivo.com](http://provider.centivo.com).

**PRE-CERTIFICATION**

Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, please call **833-759-0128**

Possession of this card or obtaining pre-certification does not guarantee coverage for the service or procedures reviewed.

For Chiro, Acu, PT and OT: American Specialty Health

For services pre-approved by Centivo only: MultiPlan Complementary Network

Administered by

**Prism Electric**  
 Group #: 2024PE  
 Member: JOHN SAMPLE  
 Member ID: SMPL0001  
 Plan: PPO

Aetna Signature Administrators © PPO

For Baylor Scott & White providers visit [my.bswhealth.com](http://my.bswhealth.com)  
 For Aetna providers visit [www.aetna.com/asa](http://www.aetna.com/asa)

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Rx Bin: 610011  
 PCN: IRX  
 Rx Group: PRISM24  
 Pharmacy Questions: Call 1-800-710-9341

For Members with Benefits or Eligibility questions: Members call 855-205-1787 or visit [my.bswhealth.com](http://my.bswhealth.com)  
 For Providers Benefits/Eligibility/Claims/Pre-Certification questions: Providers call 855-205-2426 or visit [www.webtpa.com](http://www.webtpa.com)

Submit Claims to: WebTPA - PO Box 99906- Grapevine, TX 76099-9706 Payer ID #75261

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**Members:** Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services 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.

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**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](http://www.teladoc.com) - 800-835-2362**

# 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	<b>800.655.7947</b>
RightCare STAR Medicaid	<b>855.897.4448</b>
FirstCare STAR Medicaid	<b>800.431.7798</b>
FirstCare CHIP	<b>877.639.2447</b>

## 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](http://Provider.BSWHealth.com). You may also find the provider portal address for your patients in the chart below.

Member	Payer ID	Portal	Claims Address
<b>Baylor Scott &amp; White Health Plan</b>			
RIGHTCARE STAR MEDICAID	74205	<a href="http://rightcare.firstcare.com/Web/">rightcare.firstcare.com/Web/</a>	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
INDIVIDUAL / COMMERCIAL	94999	<a href="http://swhprovider.firstcare.com/Web/">swhprovider.firstcare.com/Web/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	<a href="http://swhprovider.firstcare.com/Web/">swhprovider.firstcare.com/Web/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
<b>FirstCare Health Plans</b>			
STAR MEDICAID / CHIP	94999	<a href="http://my.firstcare.com/Web/">my.firstcare.com/Web/</a>	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342

\*No registration required