

Helpful Plan Information

	Commercial & Medicare	Medicaid
Website Resources	 BSWHP Provider Home Page BSWHP Provider Manual & Training BSWHP 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 	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 Provider.BSWHealth.com 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 981727 El Paso, TX 79998-1727 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 NON-RSWH Provider Claim Provider Line - 833.542.8355	Filing Deadline 120 days from the original determination date Scott and White Health Plan ATTN: RightCare PO BOX 981727 El Paso, TX 79998-1727 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 981727 El Paso, TX 79998-1727				
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

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)



BSW SENIOR**CARE**

JOHN SAMPLE

RX Group:

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

SWPMED

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 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: 886-334-3141 (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)



CovenantHealth ** Advantage HMO

JOHN SAMPLE

Member No.: SMPL0001 Health Plan:

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

HMO

Benefit Effective Date:

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

ase 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: 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:

- | 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: 844-230-9357
 | 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

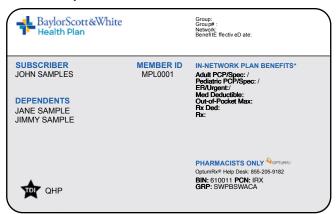


CUSTOMER SERVICE: 833-442-2405 • BSWHealthPlan.com/Medicare

Marketplace and 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.

Marketplace



FOR PROVIDERS

Electronic Claims: Availity: 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 swhpprovider.firstcare.com Phone: 855-572-7238

Card Issue Date: 12/06/2023

FOR MEMBERS

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

Important Information:

- Important Information:
 In a medical emergency, call 911 or go to the nearest emergency facility.
 Customer Service: 855-572-7238 (TTY: 711)
 Telehealth options:
 I. MDUIVE app or 800-718-5082
 LWSBWHealth 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

RightCare Medicaid



RIGHTCARE

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

Member Portal/Portal para miembros

24/7 Member Servicesi/24-7 Departamento de Servicios para Miembros (gratis) 24/7 Behavioral Health Crisis Line/24/7 Linea de Crisis de Salud Mental 24/7 Nurse Hotline/24/7 Linea directa de enfermería Vision Services/Servicios para la Vista

https://rightcare.firstcare.com

1-855-897-4448

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

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 STARIMedicaid services. For Medical Prior Authorization or UM questions, call 1-855-891-7947. 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 PO Box 981727. El Paso, TX 79998-1727. 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 Medicaid



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:

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/FindAProvider **Provider Directory: FirstCare.com/FindAProvider

FOR MEMBERS

PARA MIEMBROS
En caso de emergencia, lame 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: 800-327-8934
- Cuidado medico virtual (felesalud): 800-718-5082
- Linea de enfermeras 24/7: 855-828-1013
- Portal de autoservicio: my,FirstCare.com
- Directorio de proveedores: FirstCare.com/FindAProvider

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.

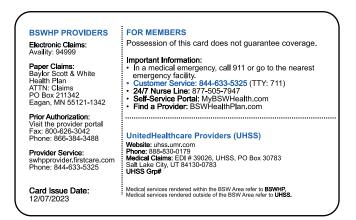
FirstCare.com/STAR

Group ID card samples

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

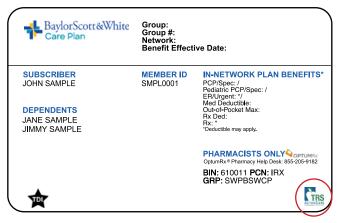
BSW Access PPO

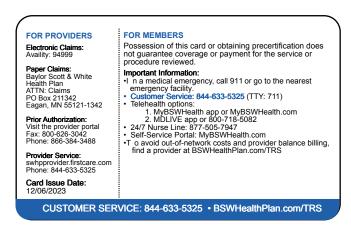




Members using our BSW Access PPO network have this card. Note the UnitedHealthcare (UHC) Options PPO Network logo in the top right corner. Members have access to the UHC network outside the BSW Health Plan service area. Filing information for UHC providers is also included on the back of the card.

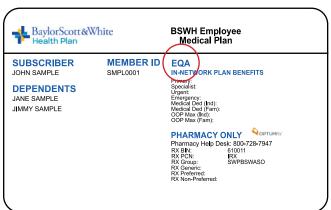
Teacher Retirement System (TRS)





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.