



# 2023 Provider Reference Guide



## 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="#">FirstCare Provider Home Page</a></li> <li>• <a href="#">BSWHP Provider Manual &amp; Training</a></li> <li>• <a href="#">FirstCare Provider Manual &amp; Training</a></li> <li>• <a href="#">Account Management</a></li> <li>• <a href="#">BSWHP 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="#">Modify Existing Contract (Rates, add Products, update TIN, etc.)</a></li> <li>• <a href="#">Provider Termination</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="#">Account Management</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="#">Modify Existing Contract (Rates, add Products, update TIN, etc.)</a></li> <li>• <a href="#">Provider Termination</a></li> </ul> |
| Claims/<br>Eligibility Verification | <p>Please visit <a href="#">our website</a> to determine the appropriate portal for claims and eligibility verification.</p> <p>Eligibility Verification Line<br/>(IVR Line): 800.655.7947 or 800.321.7947</p>  | <p><b>Provider Portal</b></p> <p><a href="#">RightCare</a><br/><a href="#">FirstCare</a><br/><a href="#">TexMedConnect</a></p> <p>Customer Service<br/>RightCare Medicaid: 855.897.4448<br/>FirstCare CHIP: 877.639.2447<br/>FirstCare STAR Medicaid: 800.431.7798</p>  |
| Claims Filing                       | <p>Electronic Clearinghouse<br/>Availity</p> <p>Initial Filing Deadline<br/>95/365 (Commercial/Medicare) days from date of service</p> <p>Corrected Filing Deadline<br/>90 (Commercial) days from the date of determination on the initially filed clean claim<br/>365 (Medicare) days from the date of service</p> <p>More Information<br/><a href="#">Claim Submission Guidelines</a><br/><a href="#">Electronic Filing</a><br/><a href="#">Paper Filing</a></p>  | <p>Electronic Clearinghouse<br/>Availity</p> <p>Initial Filing Deadline<br/>95 days from date of service</p> <p>Corrected Filing Deadline<br/>120 days from the date of disposition</p>   |
| Appeals/<br>Redeterminations        | <p>Filing Deadline<br/>From the original determination date:<br/>90 days (Commercial) 120 days (Medicare Advantage)<br/>1 year (out-of-state providers)</p> <p>Appeals Address<br/>Baylor Scott &amp; White Health Plan<br/>ATTN: Provider Claims Redetermination<br/>PO Box 21800<br/>Eagan, MN 55121-0800</p> <p>Redetermination Submission<br/><a href="#">Paper</a><br/><a href="#">Electronic</a> (Preferred Method)<br/><a href="#">For Commercial claims</a></p>   | <p>Filing Deadline<br/>120 days from the original determination date</p> <p>Scott and White Health Plan<br/>ATTN: <b>RightCare</b><br/>PO BOX 981727<br/>El Paso, TX 79998-1727</p> <p>Electronic submission through <a href="#">provider portal</a>.</p> <p><b>OR</b></p> <p>Scott and White Health Plan<br/>ATTN: <b>FirstCare</b><br/>P.O. BOX 211342<br/>Eagan, MN 55121-1342</p> <p><a href="#">Electronic submission</a></p>  |

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|                                     | Commercial & Medicare  | Medicaid   |
|-------------------------------------|--|--|
| Payment Methods                     | <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:<br/>ECHO Health 888.837.2945<br/>To register with ECHO Health click <a href="#">here</a>.</p>                         | <p>Providers will receive Virtual Credit Card unless they enroll in EFT by registering with ECHO Health.</p> <p>To register with ECHO Health click <a href="#">here</a>.</p>   |
| Refund Requests                     | <p>Mail Refund Requests<br/>PO Box 840523<br/>Dallas, TX 75284-0523</p>  | <p>Medicaid/CHIP Refund Request<br/>Mail Refund Requests<br/>PO Box 211342<br/>Eagan, MN 55121 -1342</p>   |
| Medical Benefit Prior Authorization | <p><a href="#">PA List and Request Form</a></p> <p>BSWHP Health Services Division<br/>888.316.7947<br/>or 254.298.3088</p> <p><a href="#">PA look-up tool</a><br/>(Link contains information regarding eviCore and Oncology Analytics)</p>   | <p><a href="#">RightCare PA List and Request Form</a><br/><a href="#">FirstCare PA List and Request Form</a><br/><a href="#">RightCare PA Portal Request</a><br/><a href="#">FirstCare PA Portal Request</a></p> <p>Medical Management<br/>Phone: 855.691.7947<br/>Fax: 800.292.1349</p> <p>Behavioral Health Management<br/>Phone: 855.395.9652<br/>Fax: 844.436.8779</p> |
| Pharmacy Resources                  | <p><a href="#">Pharmacy Services</a></p> <p><a href="#">Medication Authorization Forms</a></p> <p><a href="#">Prescription Drug Lists</a></p>  | <p><a href="#">RightCare Pharmacy Information</a><br/><a href="#">FirstCare Pharmacy Information</a></p> <p>Prescribing Providers<br/>877.908.6023</p> <p>Pharmacy Providers<br/>877.908.6023</p>  |
| BSWHP Contact Information           | <p>Provider Relations<br/>800.321.7947 or 254.298.3064</p> <p>Customer Advocacy<br/>Commercial: 800.321.7947<br/>RightCare Medicaid: 855.897.4448<br/>FirstCare CHIP: 877.639.2447<br/>FirstCare STAR Medicaid: 800.431.7798<br/>Medicare: 866.334.3141 (TTY 711)<br/><a href="#">Find Your Provider Relations Rep</a></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 (Medicaid)                                | <b>877.639.2447</b> |
| FirstCare Health Plans<br>(including STAR and 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

\*No registration required

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Depending on your patient, the Provider Portal will vary. The correct portal is shown on the back of the patient (member) ID card.

## No ID card available?

The number of characters in the member's ID number will indicate which portal to use.

| Member  | Payer ID | Letters in Member ID | Portal                                 | Claims Address   |
|---|----------|----------------------|--|--|
| <b>Scott and White Health Plan</b>  |          |                      |  |  |
| RIGHTCARE MEDICAID  | 74205    |                      | rightcare.firstcare.com/Web/           | RightCare from Scott and White Health Plan<br>Attn: Claims<br>P.O. Box 981727<br>El Paso, TX<br>79998-1727 |
| BAYLOR SCOTT & WHITE HEALTH EMPLOYEE PLAN   | 88030    |                      | portal.swhp.org/ProviderPortal/#/login | Baylor Scott & White Health Plan<br>Attn: Claims<br>P.O. Box 21800<br>Eagan, MN<br>55121-0800              |
| MARKETPLACE   | 94999    | BSW                  | swhpprovider.firstcare.com/Web/        | Baylor Scott & White Health Plan<br>Attn: Claims<br>P.O. Box 211342<br>Eagan, MN 55121                     |
| COMMERCIAL GROUPS<br>(Includes TRS and members of commercial groups that have transitioned to new claims system)  | 94999    |                      | swhpprovider.firstcare.com/Web/        | Baylor Scott & White Health Plan<br>Attn: Claims<br>P.O. Box 211342<br>Eagan, MN<br>55121-1342             |
| SENIORCARE ADVANTAGE PLAN<br>(Includes members who have not transitioned to new claims system, such as Medicare and certain Group or Off-Exchange Individual members) | 88030    |                      | portal.swhp.org/ProviderPortal/#/login | Baylor Scott & White Health Plan<br>Attn: Claims<br>P.O. Box 21800<br>Eagan, MN<br>55121-0800              |
| COVENANT HEALTH ADVANTAGE HMO   | 94999    | MCR                  | swhpprovider.firstcare.com/Web/        | Baylor Scott & White Health Plan<br>Attn: Claims<br>P.O. Box 211342<br>Eagan, MN 55121                     |
| <b>FirstCare Health Plans</b>   |          |                      |  |  |
| STAR MEDICAID   | 94999    |                      | my.firstcare.com/Web/                  | Baylor Scott & White Health Plan<br>Attn: Claims<br>P.O. BOX 211342<br>Eagan, MN 55121-1342                |
| CHIP  | 94999    |                      | my.firstcare.com/Web/                  | Scott and White Health Plan<br>Attn: Claims<br>P.O. BOX 211342<br>Eagan, MN 55121-1342                     |
| MARKETPLACE   | 94999    | HIM                  | my.firstcare.com/Web/                  | Scott and White Health Plan<br>Attn: Claims<br>P.O. BOX 211342<br>Eagan, MN 55121-1342                     |