

# Member Eligibility

## Ways to Verify Member Eligibility

- RightCare's Above Health Portal: <https://rightcare.abovehealth.com>
- Eligibility Verification Line (IVR Line): 1-800-925-9126
- TexMedConnect (registration required): [www.tmhp.com](http://www.tmhp.com)
- Customer service: 1-855-TX-RIGHT (1-855-897-4448)
- Accessing the IVR System
- Form H1027-A Medicaid Eligibility Verification (Temporary Medicaid Card)
- RightCare Member's Medicaid ID Card
- Your Texas Benefits Medicaid ID Card

## Prior Authorizations (PA)

While RightCare requires in-network Primary Care Providers to refer members for specialty care, most referrals to in-network specialists do not require prior authorization.

The prior authorization request form and additional information may be found in your provider manual or online at <http://rightcare.swhp.org/en-us/>.

## Medical Management

Telephone: 1-855-691-SWHP (1-855-691-7947)  
Facsimile: 1-512-383-8703

## Behavioral Health Management

Telephone: 1-855-395-9652  
Fax: 1-844-843-8779

# Pharmacy Services

## Scott & White Prescription Services

Members: 1-855-TX-RIGHT (1-855-897-4448)  
Providers: 1-877-908-6023

**Pharmacy Providers:** 1-877-908-6023

**24 Hour Hotline: 1-844-436-8781**

# RightCare Quick Reference Guide



Scott & White  
HEALTH PLAN  
PART OF BAYLOR SCOTT & WHITE HEALTH

TEXAS STAR  
Your Health Plan • Your Choice

[swhp.org](http://swhp.org)

# Claims

## Paper Submission (Claims & Corrected Claims)

Filing deadline is **95 days** from the date of service.

- Professional Services (CPT) must be submitted on a CMS 1500 claim form.
- Inpatient services must be billed on a UB-04 claim form.
- No handwritten claims.
- Do not use labels, stickers, or stamps on the claim form.
- Corrected claims should be marked corrected and must reference the original claim number to be considered.

Mail paper claims and corrected claims to:

**RightCare from Scott & White Health Plan**  
PO Box 3757  
Corpus Christi, Texas 78463-3757

## Electronic Submission (Claims & Corrected Claims)

Filing deadline is **95 days** from the date of service.  
RightCare provides Change Healthcare as a clearinghouse free of charge through registration on our website.

**RightCare Payor ID: 74205**

**Change Healthcare Customer Service: 1-877-667-1512**

Corrected claims must have a resubmission code of 7 and reference the original claim number to be considered.

Providers can submit electronic claims to TMHP through TexMed-Connect for services to Medicaid clients whose benefits are administered by a Medicaid Managed Care Organization (MCO).

<https://secure.tmhp.com/TexMedConnect>

## Appeals

Filing deadline is 120 days from the date of disposition.  
If a claim needs to be appealed, sent it to the address below.  
Claims appeals information can be found in the Provider Manual or on our website at <http://rightcare.swhp.org/en-us/>.

**RightCare from Scott & White Health Plan**  
MS-A4-144, Medicaid Appeals  
1206 West Campus Drive  
Temple, Texas 76502-9915

## Electronic Funds Transfer (EFT)

Complete an Electronic Funds Transfer (EFT) Authorization Agreement, and mail along with a copy of a voided check or letter from the bank. For an EFT form visit our website at <http://rightcare.swhp.org/en-us/prov/forms-tools>.

**RightCare from Scott & White Health Plan**  
Attn: EFT Enrollment Department  
1206 West Campus Drive  
Temple, Texas 76502

## Refund Request

Fill out a RightCare Refund Information Form, and mail along with refund check and a copy of the Explanation of Payment (EOP) For a refund form visit our website at <http://rightcare.swhp.org/en-us/prov/forms-tools>.

**RightCare from Scott & White Health Plan**  
PO Box 841476  
Dallas, Texas 75284-1476

## Claims Status

RightCare's Above Health Portal:  
<https://rightcare.abovehealth.com>

Claims customer service:  
**1-855-TX-RIGHT (1-855-897-4448)**