

Guide for Group Administrators



Scott & White
HEALTH PLAN

Part of

 Baylor Scott & White HEALTH



GUIDE FOR GROUP ADMINISTRATORS

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CHOOSE THE BEST OPTION TO ENSURE TIMELY PROCESSING

1. Option 1 (48 Hours) Employer Portal

This is the quickest and most efficient way to process membership changes.

Processing time for member adds/terms/changes submitted through the Employer Portal is 48 hours.

[Log on to the Employer Portal](#) or go through the provider page at swhp.org.

Don't have access to the Employer Portal? Not a problem! Contact your Client Manager for user access.

2. Option 2 (5 Business Days*) Email

Changes emailed to enrollment at SWHPGROUPENROLLMENT@BSWHealth.org have a **processing timeframe of five business days. This can change during peak times.**

If enrollment forms aren't completed in their entirety, the request will be rejected.

*Processing time may vary during peak times.

3. Option 3 (Longest Processing Time) Fax

Enrollment forms can be faxed to membership at **254-298-3199**. This has the longest processing time. To ensure emailed and faxed enrollment forms are processed:

- Employer name and group/division number is required on the form.
- Hire date is mandatory.
- Section One must be completed, if there are questions, please contact your Client Manager for assistance prior to submitting the enrollment form.

4. Option 4

Electronic file feed may also be an option. Please contact your Client Manager for additional information.

Please Note: Incomplete forms will be returned to the sender for corrections. Enrollment forms will be processed in the order they are received.

IMPORTANT ENROLLMENT INFORMATION

Please retain this information for future reference.

Please send **ALL Eligibility Forms** directly to Enrollment (**NOT** to your SWHP Account Manager):

1. E-mail scanned documents to: SWHPGROUPENROLLMENT@BSWHealth.org

OR

2. Fax to (254) 298-3199

Eligibility forms include:

- SWHP and MetLife Application/Enrollment Form
(name/address changes; add or delete members and/or dependents)
- Medical Support Orders (MSO)
(should accompany enrollment form)
- Proof of Prior Coverage documents/HIPAA forms
(should accompany enrollment form)
- Notice of Late Enrollment Rights Form
(declining coverage)

See enclosed “Employer Quick Reference” for eligibility guidelines and section below for additional important information.

Remember:

- 1) The **Notice of Late Enrollment Rights Form** is for employees declining coverage. If an employee is already covered and is declining to renew that coverage, an **enrollment form** must be sent in terming that person's current coverage
- 2) **All Enrollment forms** must be filled out completely, including the name of the group and the group/division #. Enrollments also cannot be processed without the date of hire of the employee.
- 3) **All forms** must be signed. Terminations can be signed by the Group Administrator. Marriage certificates or proof of common law marriage may be required when adding spouses, especially if the spouse uses a different last name.

Please keep this information handy. Eligibility forms sent anywhere other than to the above e-mail or fax number will not be processed.

Thank you.

Scott and White Health Plan

Your convenient self-service hub!

SWHP Employer Portal



On the SWHP Employer Portal, you can:

- Add/drop employees and dependents
- Track the status of your requests
- Send documents directly to SWHP
- Make payments
- View group demographics and account divisions
- Access tools and resources
- Connect to the provider search tool
- And more...

While nothing can replace your Client Management Team and the personal service they provide, the Portal offers 24/7 convenience, so you can make payments, updates, and changes anywhere, anytime.

Log on to the

EMPLOYER PORTAL

Our Employer Portal is continuously enhanced based on feedback from our customers — so if you have a suggestion for improvement, please let us know.

1-800-321-7947
swhp.org



EMPLOYER QUICK REFERENCE

Employees and Dependent Eligibility Guidelines

Late Enrollees are NOT eligible for coverage until the next open enrollment period. If enrolling outside the open enrollment period, enrollee must have a qualifying event in order to be eligible.

Use this grid as a quick reference guide when you submit an application to Scott and White Health Plan. Start by locating your application type (first column). The grid will tell you the effective date and the appropriate forms needed to enroll an employee.

Important Note: Outside of annual open enrollment and/or qualifying special enrollment periods, employees must meet the employer’s established waiting period before coverage for employee or dependents will be effective.

Application Type	Application Period	Effective Date	Forms Needed
New Employee	Signed & received by SWHP within 31 days before/ after effective date.	In accordance with employer’s waiting period.	Signed application with date of employment noted.
Existing Employee at Open Enrollment	Signed & received by SWHP within 31 days before/after anniversary date of Group.	Employer Group’s anniversary date. Employee must have completed the new hire waiting period.	Signed application with date of employment noted.
Part-time Employee going to Full-Time	Signed and received within 31 days of changing to full-time.	1 st of month after receipt of application.	Signed application with date of PT to FT noted.
Existing Employee with loss of other coverage; or existing enrollee adding spouse and/or dependents due to loss of other coverage.	Signed and received by SWHP within 31 days of the termination date of the other coverage.	Effective 1 st of month after receipt of applications. (Exceptions may be made for groups with cafeteria plans, based on their written eligibility guidelines.)	Signed application form; declination form (or other proof) indicating SWHP coverage wasn’t elected due to other coverage; proof of term date of other coverage.

Application Type	Application Period	Effective Date	Forms Needed
Existing employee, who previously declined coverage, who has newborn child, newly adopted child, or new spouse	Signed and received by SWHP within 31 days after the birth of child, adoption of child, or marriage, as applicable.	If newborn child or newly adopted child, effective on the date of birth or date of adoption. If new spouse, effective 1 st of the month after application received by SWHP. (Note: Only employee, spouse and applicable newborn or adopted child may be added at this time.)	Child: Signed application form with proof of adoption or birth as applicable. Notification must be sent from parent/guardian or employer to add the newborn within 31 days of birth. Marriage: Signed application form with proof of marriage. To add a common-law spouse, employee must provide a 'Declaration of Informal Marriage' as proof of common-law marriage. (Note: Either the date of the certificate or the date indicated as the date of marriage will be the 'event date' to begin the 31 days.)
Existing subscriber adding newborn child	Signed and received by SWHP within 31 days of newborn child's date of birth.	Effective on the newborn child's date of birth. (Note: Only spouse and applicable newborn or adopted child may be added at this time. Spouse will be effective 1st of the month after application received by SWHP.)	Signed application form. (Note: may be required to provide proof of child's eligibility.) Notification must be sent from parent/ guardian or employer to add the newborn within 31 days of birth.
Existing subscriber adding new spouse and/ or children (other than newborn or newly adopted child)	Signed and received by SWHP within 31 days of the date of marriage, or acquisition of child.	Effective 1 st day of the month after application is received by SWHP.	Signed application form, with date of marriage, etc. indicated (may be required to provide proof) To add a Common-law spouse, the employee must provide a 'Declaration of Informal Marriage' as proof of common-law marriage. Either the date of the certificate or the date indicated as the date of marriage will be the 'event date' to begin the 31 days.
Existing employee adding newborn grandchild	Signed and received by SWHP within 31 days of newborn grandchild's date of birth.	Effective on the newborn grandchild's date of birth (Employee must have completed the new hire waiting period.)	Signed application form Grandchild affidavit (may be required to provide additional proof).

Application Type	Application Period	Effective Date	Forms Needed
Existing employee adding grandchild other than a newborn	Signed and received by SWHP within 31 days of grandchild coming to reside with employee.	Effective 1 st of the month after receipt of application by SWHP.	Signed application form and grandchild affidavit (may be required to provide additional proof).
Existing employee with court order to provide medical coverage to child/children	Signed and received by SWHP within 31 days after receipt of order by employer.	The date order is received by employer, or SWHP, whichever is earliest. Employee must have completed the new hire waiting period. Only employee & MSO dependent can be added.	Signed application. Court order, National Medical Support order, or letter from Attorney General's office. Legal department is responsible for review/ approval.
Existing employee with court order to provide medical coverage to spouse	Signed and received by SWHP within 31 days after issuance of the order.	The 1 st day of the month after the order & application is received. (Employee must have completed the new hire waiting period.)	Signed application Court order. Legal department is responsible for review/ approval. (Must be legal spouse.)
Existing employee adding newly adopted child	Signed and received by SWHP within 31 days of adoption, or date adoption proceedings began.	Date of adoption or date the subscriber became a party to a lawsuit for adoption. (Employee must have completed the new hire waiting period.)	Signed application, lawsuit for adoption, or adoption.
Employee returning from Military Leave (Must have been covered by SWHP prior to leave)	Signed & received by SWHP within 31 days of returning to work.	Date employee returned to work.	Signed application w/date of return noted. Refer to separate "USERRA" policy for further information.

Application Type	Application Period	Effective Date	Forms Needed
Employee returning to work after absence of less than 1 year (Must have been covered by SWHP prior to termination date)	Signed & received by SWHP within 31 days before/after effective date.	In accordance with employer's waiting period – or – date of rehire, if employer has written policy allowing waiver of waiting period.	Signed application with date of rehire noted.
Employee returning from LOA (non-military), at an employer who does not allow coverage during LOA (Must have been covered by SWHP prior to leave)	Signed & received by SWHP within 31 days of returning to work.	1 st of month after employee returns to work.	Signed application w/date of return noted.
New group to SWHP	Signed & received by SWHP within 31 days before/after contract effective date.	Effective date is contract start date. Employee must have completed new hire waiting period (unless company has written policy stating new hire waiting period waived for new policy).	Signed app with date of employment noted.
Active EE moved to SeniorCare (SC). Spouse becomes own policyholder. If active EE retires, and group doesn't cover retirees, spouse loses coverage through group. COBRA/COC should be offered to spouse.	Must comply with State COC or Federal COBRA for time frame on submitting application or update COBRA/COC administrator.	Effective 1 st of the month following event.	Signed application or notification from COBRA/COC administrator.
Existing Subscriber removes a spouse due to divorce	Signed & received by SWHP by end of month of event	Due to SB51, end of the month of notification	Signed application indicating date of divorce

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BILLING INFORMATION

Premiums are due on or before the 1st calendar day of each month of coverage unless otherwise agreed upon by SHWP.

Automatic Drafting

You may choose to have your premium payments drafted from your bank account. The draft is initiated on or before the 15th calendar day of each month for the next month's payment. If a draft is returned for insufficient funds, you will incur a service charge of \$30.

See the following page for SWHP's Automatic Payment System Authorization Agreement.

Late Payments

If you have an outstanding balance on the 10th calendar day of the month, you will be mailed a late letter. If payment has not been received by the 22nd calendar day of the month, you will be mailed a pre-termination letter. Groups with a past due balance on the last day of the month are subject to termination and may receive a termination letter.



AUTOMATIC PAYMENT SYSTEM (APS) AUTHORIZATION AGREEMENT

The Scott and White Health Plan is hereby authorized to initiate debit entries to _____ (Group Name) checking account indicated below for the billed monthly premium. The Financial Institution named below, hereinafter called **BANK**, is hereby Authorized to debit the same to such account. **The account will be drafted between the 4th and the 9th of each month.**

BANK NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

ACCOUNT NUMBER _____

Check here if this is a change in bank information.

This authority is to remain in full force and effect until the Scott & White Health Plan has received written notification from the group of its termination in such time and in such manner as to afford the Scott & White Health Plan a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to **BANK** prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by **BANK**, up to 15 days following issuance of statement of account, or 45 days after the charge whichever occurs first.

DATE _____ **PHONE NUMBER** _____

GROUP NAME & NUMBER _____

AUTHORIZED SIGNATURE _____

****PLEASE ATTACH VOIDED COPY OF CHECK****

FOR OFFICE USE ONLY

BK Transit/ ABA No. _____

Certificate No. _____

Submitted By _____

AFFIDAVIT/RELEASE

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____
who, after being duly sworn, deposes and says:

I, _____

am an employee of

_____, and a member of the

Scott and White Health Plan, do hereby state that _____ is
my dependent grandchild in accordance with the contractual definition stated in the Scott and
White Health Plan Group Health Care Evidence of Coverage, and this
child is my qualified dependent for federal income tax purposes. As of

_____, my dependent grandchild began residing with me.

Employee _____

SWORN TO and subscribed before me this _____ day of _____, 20_____

Notary Public, State of Texas _____

My Commission Expires: _____

SENATE BILL 51

In the 79th Legislation Session, the Texas Legislature passed Senate Bill 51, Group Premium Payment after Employee Termination, which amended Chapter 843 of the Texas Insurance Code. This legislation applies to fully insured group HMO plans issued, delivered or renewed, on or after, January 1, 2006. For more information about Senate Bill 51 and TDI regulations, [click here](#)

COLLECTION OF TAX ID NUMBERS

This Alert is to advise that collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) for purposes of compliance with the reporting requirements under Section 111 of Public Law 100-173 is appropriate. [Read the Alert here.](#)

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully. Scott and White Health Plan, Scott & White Care Plans, Insurance Company of Scott and White, and affiliated entities (collectively SWHP), its professional staff, employees, and volunteers follow privacy practices described in this Notice. This Notice can be found on the Tools and Resources page of swhp.org.

ENROLLMENT FORMS

- [2019 PPO/EPO Enrollment Form](#)
- [2019 PPO/EPO Enrollment Form \(Spanish\)](#)
- [2019 Small Group HMO Form](#)
- [2019 Small Group HMO Form \(Spanish\)](#)
- [2019 Large Group HMO Form](#)
- [2019 Large Group HMO Form \(Spanish\)](#)