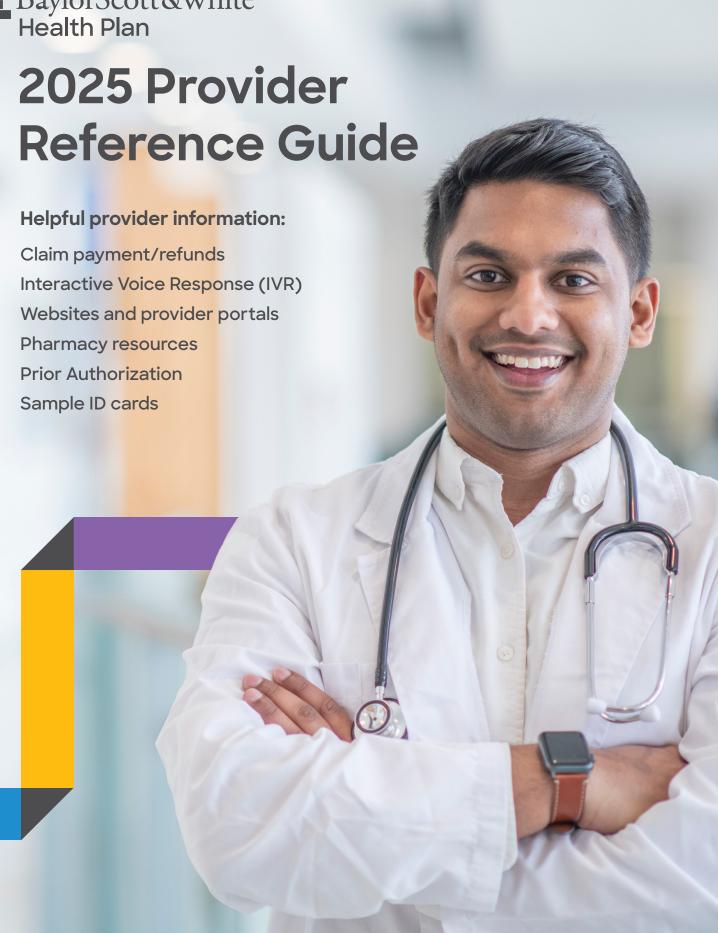


PR\_25ReferenceGuide-0325-PS



# **Helpful Plan Information**

	Commercial & Medicare	Medicaid
Website Resources	<ul> <li>BSWHP Provider Home Page</li> <li>BSWHP Provider Manual &amp; Training</li> <li>BSWHP Provider Search Tool</li> <li>Add Provider to Existing Contract</li> <li>Provider Change of Address</li> <li>Modify Existing Contract (Rates, add Products, update TIN, etc.)</li> <li>Provider Termination</li> <li>Update Medicaid/Medicare Number(s)</li> <li>Join Our Network</li> <li>Update Provider Name</li> </ul>	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 Update Provider Name Modify Existing Contract (Rates, add Products, update TIN, etc.) Provider Termination Update Medicaid/Medicare Number(s) Join Our Network
Claims/Eligibility Verification	Please visit <u>Provider.BSWHealth.com</u> to determine the appropriate portal for claims and eligibility verification. Eligibility Verification Line (IVR Line): 800.655.7947	Provider Portal RightCare FirstCare 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 Commercial/Medicare and ASO: 95/365 days from date of service  Corrected Filing Deadline Commercial: 90 days from original paid date or EOB Medicare and ASO: 365 days from the date of service  Baylor Scott & White Health Plan ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342  More Information Claim Submission Guidelines 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 211342 Eagan, MN 55121-1342 FirstCare Health Plans ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342 More Information Claim Submission Guidelines
Claim Appeals/ Redeterminations	Filing Deadline Commercial and ASO 90 days 1 year (out-of-state providers) Medicare Advantage 65 days (Non-Contracted Providers) 120 days (Contracted Providers) Baylor Scott & White Health Plan ATTN: Provider Claims Redetermination P.O. BOX 211342 Eagan, MN 55121-1342 Electronic Filing Paper Filing Commercial 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. Medicare Advantage: Please submit redeterminations via the provider portal or mail. Paper Filing Electronic Filing	Filing Deadline 120 days from the original determination date  Scott and White Health Plan ATTN: RightCare P.O. BOX 211342 Eagan, MN 55121-1342 Electronic Filing Paper Filing OR Scott and White Health Plan ATTN: FirstCare P.O. BOX 211342 Eagan, MN 55121-1342 Eagan, MN 55121-1342 Electronic Filing Paper Filing Medicaid: Please submit redeterminations through the provider portal or via mail.

# **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 800.655.7947  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: HPMaternityCaseManagement@BSWHealth.org For Children 1 to 20 years: CaseManagement@BSWHealth.org For Behavioral Health Related Cases: HPBHCaseManagement@BSWHealth.org Find Your Provider Relations Rep		

# **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 STAR Medicaid	855.897.4448	
FirstCare STAR Medicaid	800.431.7798	
FirstCare 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
- 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 <u>Provider.BSWHealth.com</u>. 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	RightCare.FirstCare.com/Web/	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
FIRSTCARE STAR MEDICAID / CHIP	94999	My.FirstCare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
INDIVIDUAL / COMMERCIAL	94999	Provider.BSWHealthPlan.com/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	Provider.BSWHealthPlan.com/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
COVENANT HEALTH ADVANTAGE	94999	Provider.bswhealthPlan.com/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342

# Medicare ID card samples

**HMO-POS** 

Group No :

PCP/Spec:

ER/Urgent:

HMO

Group No.:

PCP/Spect

ER/Urgent:

Benefit Effective Date:

Benefit Effective Date:

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** 



RX BIN:

RX PCN:

RX Group:

Health Plan: (80840) 7588667718 610770 CRXMD **BSWCARE** 

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: Availity: 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:

- 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)

CovenantHealth #

**Advantage HMO** 



#### JOHN SAMPLE

Member No.: SMPL0001 Health Plan: (80840) 7588667718

RX BIN: 610770 RX PCN: CRXMD **BSWCARE** RX Group:

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: Availity: 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.bswhealth 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.

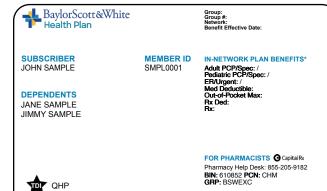
  Customer Service: 833-442-2405 (TTY: 711)
- Self-Service Portal: Covenant.BSWHealthPlan.com 24-Hour Nurse Advice: 806-300-8670
- Self-or Nurse Advice: 806-300-8670
   Virtual Care: Covenant.BSWHealthPlan.com
   To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/find-provider
   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



### 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: 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:

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



RIGHT**CARE** 

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



TEXAS STAR

Important Information/Información Importante

24/7 Member Services/24-7 Departamento de Servicios para Miembros (gratis) 24/7 Behavioral Health Crisis Line/24/7 Línea de Crisis de Salud Mental

24/7 Nurse Hotline/24/7 Linea directa de enfermería Vision Services/Servicios para la Vista Member Portal/Portal para miembros

1-844-436-8781 1-855-828-1013 1-800-879-6901

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

REV 07/22

### FirstCare STAR



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

MEMBER INFO (Información del Miembro)

Name (Nombre): JOHN SAMPLE

Member # (N.° de miembro): SMPL0001

Sex (Sexo): DOB (Fecha de nacimiento):

PCP (Proveedor de atención primaria)

Name (Nombre):

Effective Date (Fecha efectiva):

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

PHARMACISTS ONLY

Navitus: 877-908-6023
BIN: 610602 PCN: MCD GRP: FCH



See back for additional information





- 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.

08/02/2023

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

- After freatment, can youngers.

   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

#### PARA MIEMBROS

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 cialente. 800-431-7798 (TTY: 711)

\* Servicios de saldu conductual. 800-327-8934

\* Cuidado medico virtual (telesalud): 800-718-5082

\* Línea de enfermeras 24/7: 855-828-1013

\* Portal de autoservicio: my/FirstCare.com

\* Directorio de proveedores: FirstCare.com/FindAProvider

FirstCare.com/STAR

### FirstCare CHIP



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

MEMBER INFO (Información del Miembro) JOHN SAMPLE

Member # (N.° de miembro): SMPL0001 DOB (Fecha de nacimiento): PCP (Proveedor de atención primaria)

Network (Red):

Name (Nombre):

Effective Date (Fecha efectiva):

Office Visit (Visita de la oficina): Inpatient Admission (Admisión hospitalaria): Emergency Room (Sala de Rx Generic/Rx Brand (Rx

PHARMACISTS ONLY Navitus: 877-908-6023 BIN: 610602 PCN: MCD GRP: FCH

CHIP TEXAS



Prior Authorization: is mandatory for inpatient elective admissions. For authorizations, call 800-884-4905 or go to FirstCare.com/CHIP.

FOR PROVIDERS

Change Healthcare
 P: TH003 I: 12T03

Paper Claims: FirstCare CHIP PO Box 211342 Eagan, MN 55121-1342

Card Issue Date: 08/02/2023

### FOR MEMBERS

In case of emergency, call 911 or go to the closest emergency room.
After treatment, call yourlyour 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

- 24f7 Nurse Line: 858-528-1013 Electronic Claims:
• Availity/Healthsmart: 94999

- Self-Service Portal: my.FirstCare.com Provider Directory: 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 niflo/a dentro de las 24 horas o tan pronto como sea posible.

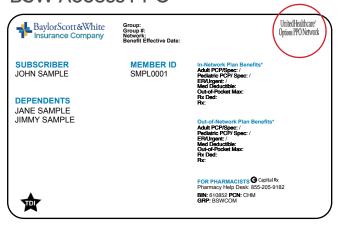
- Servicio al cilente: 877-639-2447 (TTY: 711)
- Servicios de salud conductual: 800-327-6934
- Cuidado medico virtual (telesalud): 800-718-5082
- Línea de enfermeras 24/7: 855-828-1013
- Portal de autoservicio: my FirstCare.com
- Directorio de proveedores: FirstCare.com/FindAProvider

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**





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**

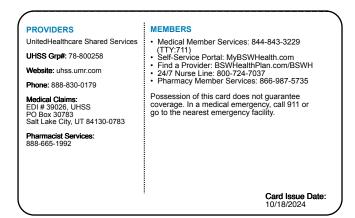




This sample represents the BSW Employee EQA plan, as indicated by "EQA" on the front of the card. PPO, SEQA and HDHP card versions vary slightly. BSW Employee Plan ID cards do not display a medical group number, as it is not necessary to process the claim.

## BSW Employee Out-of-State Plan



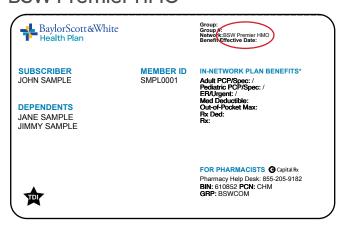


The BSW Employee Plan also includes Live Well plans, which are for employees living outside of Texas. Live Well Premium and Live Well HDHP plans are both based on the United Healthcare Options PPO network. The plan type is distinguished clearly above the network benefits section, as shown in the red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

# Group ID card samples

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

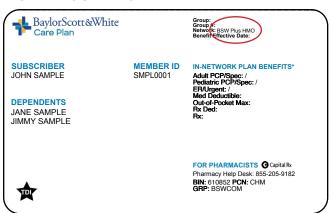
### **BSW Premier HMO**





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.

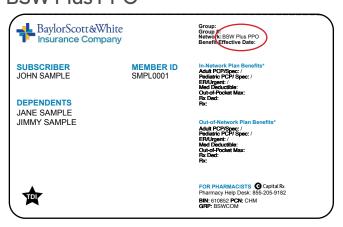
### **BSW Plus HMO**





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**





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**







For Members with Benefits or Eligibility questions: Members call 855-205-1787 or visit my,bswheath,com
For Providers Benefits/Eligibility/Claims/Pre-Certification questions: Providers call 855-205-2426 or visit www.webtpa.com
Submit Claims to: WebTPA - PO Box 99906- Grapevine, TX 76099-9706 Payer ID #75261

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.

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.

TetaDoc - 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 filing address ■ Claims status - up to one year from date of service

■ Eligibility

■ Deductible and out-of-pocket maximum

Health Plan	IVR Phone Number	
Baylor Scott & White Health Plan	800.655.7947	
RightCare STAR Medicaid	855.897.4448	
FirstCare STAR Medicaid	800.431.7798	
FirstCare 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	Portal	Claims Address	
Baylor Scott & White Health Plan				
RIGHTCARE STAR MEDICAID	74205	rightcare.firstcare.com/Web/	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342	
INDIVIDUAL / COMMERCIAL	94999	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342	
BSW SENIORCARE ADVANTAGE	94999	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342	
FirstCare Health Plans				
STAR MEDICAID / CHIP	94999	my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342	