



04/06/2020

## Important Announcement

### Commercial Health Plan Integration

Scott and White Health Plan (SWHP) is in the process of transitioning to a new claims system. The transition will be in a phased approach with important changes to be aware of.

**Effective 07/01/2020**, claims for date of service 07/01/2020 and after for **Texas A&M (TAMU)** and **Health Plus** members will be processed in the new claims system.




#### What you need to know for 07/01/2020:

- **Paper Claims Filing**  
The paper claims filing address will change. For dates of service 07/01/2020 and after, claims should be submitted to:  
PO Box 211342  
Eagan, MN 55121-0800
- **Electronic Claims**  
The Availity Payor ID is changing. The new Payor ID will be 94999.
- **Electronic Funds Transfer (EFT)**  
New registration will be handled via Change Healthcare. Providers currently enrolled in EFT prior to 07/01/20 will **not** have to re-register with Change Healthcare.
- **Important Phone Numbers**  
The Health Services Department phone number for prior authorization requests is 866-384-3488. This may be a change for some providers. All other phone numbers remain the same.
- **Provider Portals**  
There will be a **NEW** provider portal that supports claims submissions, prior authorization requests, and member eligibility. The new portal address will be [swhpproviders.firstcare.com](https://swhpproviders.firstcare.com).
- **Provider Relations Contacts**  
Your Provider Relations Team can be located here:  
<https://swhp.org/Portals/0/Files/Forms/ProviderNews/SWHP-Provider-Relations-Representative-Territory-Map.pdf>




**\*\*Additional information forthcoming\*\***

## Sample ID Cards

### TAMU - ICSW,




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| <b>Group:</b> ICSW FAMILY INDIVIDUAL<br><b>Group #:</b><br><b>Network:</b><br><b>Benefit Effective Date:</b>                  |  |  |
| <b>SUBSCRIBER</b><br>John Sample<br>DOB: 00/00/0000   | <b>MEMBER ID</b><br>0000000000   | <b>IN-NETWORK PLAN BENEFITS</b><br><b>Adult PCP/Spec:</b><br><b>Pediatric PCP/Spec:</b><br><b>Emergency Room:</b> *<br><b>Deductible:</b><br><b>Rx:</b> *<br><small>*Deductible may apply.</small>         |
| <b>DEPENDENTS</b><br>Jane Sample<br>Jack Sample<br>Jill Sample<br>James Sample<br>Julie Sample<br>Joe Sample<br>Jackie Sample | 0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000 | <b>PHARMACISTS ONLY</b> <br>Pharmacy Help Desk: 855-205-9182<br><b>BIN:</b> 610011 <b>PCN:</b> IRX<br><b>GRP:</b> SWPBSWC |
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| <b>FOR PROVIDERS</b><br><b>Electronic Claims:</b><br>Availity: 94999<br><br><b>Paper Claims:</b><br>Scott and White Health Plan<br>PO Box 211342<br>Eagan, MN 55121<br><br><b>Prior Authorization:</b><br>Visit the provider portal<br>Fax: 800-626-3042<br>Phone: 866-384-3488<br><br><b>Provider Portal:</b><br>swhpprovider.firstcare.com<br><br><b>Card Issue Date:</b><br>07/01/2020 | <b>FOR MEMBERS</b><br>Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.<br><br><b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 9-1-1 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325</b> (TTY/TDD: 7-1-1)</li> <li>24/7 Nurse Line: 877-505-7947</li> <li>Self-Service Portal: swhpmember.firstcare.com</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at swhp.org</li> </ul> |
| <b>CUSTOMER SERVICE: 844-633-5325 • swhp.org</b>  |   |

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| <b>Group:</b> ICSW SINGLE INDIVIDUAL<br><b>Group #:</b><br><b>Network:</b><br><b>Benefit Effective Date:</b>                  |  |  |
| <b>SUBSCRIBER</b><br>John Sample<br>DOB: 00/00/0000   | <b>MEMBER ID</b><br>0000000000   | <b>IN-NETWORK PLAN BENEFITS</b><br><b>Adult PCP/Spec:</b><br><b>Pediatric PCP/Spec:</b> *<br><b>Emergency Room:</b> *<br><b>Deductible:</b><br><b>Rx:</b> *<br><small>*Deductible may apply.</small>         |
| <b>DEPENDENTS</b><br>Jane Sample<br>Jack Sample<br>Jill Sample<br>James Sample<br>Julie Sample<br>Joe Sample<br>Jackie Sample | 0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000 | <b>PHARMACISTS ONLY</b> <br>Pharmacy Help Desk: 855-205-9182<br><b>BIN:</b> 610011 <b>PCN:</b> IRX<br><b>GRP:</b> SWPBSWC |
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| <b>FOR PROVIDERS</b><br><b>Electronic Claims:</b><br>Availity: 94999<br><br><b>Paper Claims:</b><br>Scott and White Health Plan<br>PO Box 211342<br>Eagan, MN 55121<br><br><b>Prior Authorization:</b><br>Visit the provider portal<br>Fax: 800-626-3042<br>Phone: 866-384-3488<br><br><b>Provider Portal:</b><br>swhpprovider.firstcare.com<br><br><b>Card Issue Date:</b><br>07/01/2020 | <b>FOR MEMBERS</b><br>Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.<br><br><b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 9-1-1 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325</b> (TTY/TDD: 7-1-1)</li> <li>24/7 Nurse Line: 877-505-7947</li> <li>Self-Service Portal: swhpmember.firstcare.com</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at swhp.org</li> </ul> |
| <b>CUSTOMER SERVICE: 844-633-5325 • swhp.org</b>  |   |

### HealthPlus - HMO



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| <b>Group:</b> Standard HMO Rx Family P1 Ind<br><b>Network:</b><br><b>Benefit Effective Date:</b>                              |  |   |
| <b>SUBSCRIBER</b><br>John Sample<br>DOB: 00/00/0000   | <b>MEMBER ID</b><br>0000000000   | <b>IN-NETWORK PLAN BENEFITS</b><br><b>Adult PCP/Spec:</b><br><b>Pediatric PCP/Spec:</b> *<br><b>Emergency Room:</b> *<br><b>Deductible:</b><br><b>Rx:</b> *<br><small>*Deductible may apply.</small>          |
| <b>DEPENDENTS</b><br>Jane Sample<br>Jack Sample<br>Jill Sample<br>James Sample<br>Julie Sample<br>Joe Sample<br>Jackie Sample | 0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000<br>0000000000 | <b>PHARMACISTS ONLY</b> <br>Pharmacy Help Desk: 855-205-9182<br><b>BIN:</b> 610011 <b>PCN:</b> IRX<br><b>GRP:</b> SWPBSWHP |
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| <b>FOR PROVIDERS</b><br><b>Electronic Claims:</b><br>Availity: 94999<br><br><b>Paper Claims:</b><br>Scott and White Health Plan<br>PO Box 211342<br>Eagan, MN 55121<br><br><b>Prior Authorization:</b><br>Visit the provider portal<br>Fax: 800-626-3042<br>Phone: 866-384-3488<br><br><b>Provider Portal:</b><br>swhpprovider.firstcare.com<br><br><b>Card Issue Date:</b><br>07/01/2020 | <b>FOR MEMBERS</b><br>Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.<br><br><b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 9-1-1 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325</b> (TTY/TDD: 7-1-1)</li> <li>24/7 Nurse Line: 877-505-7947</li> <li>Self-Service Portal: swhpmember.firstcare.com</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at swhp.org</li> </ul> |
| <b>CUSTOMER SERVICE: 844-633-5325 • swhp.org</b>  |   |



## HealthPlus – HMO (cont'd)

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|  <p>Group: Standard HMO Rx Single P1 Ind<br/>Group #: _____<br/>Network: _____<br/>Benefit Effective Date: _____</p>    |  |   |
| <p><b>SUBSCRIBER</b><br/>John Sample<br/>DOB: 00/00/0000</p> <p><b>DEPENDENTS</b><br/>Jane Sample<br/>Jack Sample<br/>Jill Sample<br/>James Sample<br/>Julie Sample<br/>Joe Sample<br/>Jackie Sample</p> | <p><b>MEMBER ID</b><br/>0000000000</p> <p>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000</p> | <p><b>IN-NETWORK PLAN BENEFITS</b><br/>Adult PCP/Spec:<br/>Pediatric PCP/Spec:<br/>Emergency Room: *<br/>Deductible:<br/>Rx: *<br/><small>*Deductible may apply.</small></p> <p><b>PHARMACISTS ONLY</b> <br/>Pharmacy Help Desk: 855-205-9182<br/>BIN: 610011 PCN: IRX<br/>GRP: SWPBSWHP</p> |
| <p> Individual</p>  |  |   |

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| <p><b>FOR PROVIDERS</b><br/>Electronic Claims:<br/>Availty: 94999</p> <p><b>Paper Claims:</b><br/>Scott and White Health Plan<br/>PO Box 211342<br/>Eagan, MN 55121</p> <p><b>Prior Authorization:</b><br/>Visit the provider portal<br/>Fax: 800-626-3042<br/>Phone: 866-384-3488</p> <p><b>Provider Portal:</b><br/>swhpprovider.firstcare.com</p> <p><b>Card Issue Date:</b><br/>07/01/2020</p> | <p><b>FOR MEMBERS</b><br/>Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.</p> <p><b>Important Information:</b></p> <ul style="list-style-type: none"> <li>In a medical emergency, call 9-1-1 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325 (TTY/TDD: 7-1-1)</b></li> <li><b>24/7 Nurse Line: 800-724-7037</b></li> <li>Self-Service Portal: swhpmember.firstcare.com</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at swhp.org</li> </ul> |
| <p><b>CUSTOMER SERVICE: 844-633-5325 - swhp.org</b></p>  |  |

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|  <p>Group: Standard HMO NoRx Family P1 Ind<br/>Group #: _____<br/>Network: _____<br/>Benefit Effective Date: _____</p>  |  |  |
| <p><b>SUBSCRIBER</b><br/>John Sample<br/>DOB: 00/00/0000</p> <p><b>DEPENDENTS</b><br/>Jane Sample<br/>Jack Sample<br/>Jill Sample<br/>James Sample<br/>Julie Sample<br/>Joe Sample<br/>Jackie Sample</p> | <p><b>MEMBER ID</b><br/>0000000000</p> <p>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000</p> | <p><b>IN-NETWORK PLAN BENEFITS</b><br/>Adult PCP/Spec:<br/>Pediatric PCP/Spec:<br/>Emergency Room: *<br/>Deductible:<br/>Rx: *<br/><small>*Deductible may apply.</small></p> |
| <p> Individual</p>  |  |  |

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| <p><b>FOR PROVIDERS</b><br/>Electronic Claims:<br/>Availty: 94999</p> <p><b>Paper Claims:</b><br/>Scott and White Health Plan<br/>PO Box 211342<br/>Eagan, MN 55121</p> <p><b>Prior Authorization:</b><br/>Visit the provider portal<br/>Fax: 800-626-3042<br/>Phone: 866-384-3488</p> <p><b>Provider Portal:</b><br/>swhpprovider.firstcare.com</p> <p><b>Card Issue Date:</b><br/>07/01/2020</p> | <p><b>FOR MEMBERS</b><br/>Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.</p> <p><b>Important Information:</b></p> <ul style="list-style-type: none"> <li>In a medical emergency, call 9-1-1 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325 (TTY/TDD: 7-1-1)</b></li> <li><b>24/7 Nurse Line: 877-505-7947</b></li> <li>Self-Service Portal: swhpmember.firstcare.com</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at swhp.org</li> </ul> |
| <p><b>CUSTOMER SERVICE: 844-633-5325 - swhp.org</b></p>  |  |

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|  <p>Group: Standard HMO NoRx Single P1 Ind<br/>Group #: _____<br/>Network: _____<br/>Benefit Effective Date: _____</p> |  |  |
| <p><b>SUBSCRIBER</b><br/>John Sample<br/>DOB: 00/00/0000</p> <p><b>DEPENDENTS</b><br/>Jane Sample<br/>Jack Sample<br/>Jill Sample<br/>James Sample<br/>Julie Sample<br/>Joe Sample<br/>Jackie Sample</p>  | <p><b>MEMBER ID</b><br/>0000000000</p> <p>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000<br/>0000000000</p> | <p><b>IN-NETWORK PLAN BENEFITS</b><br/>Adult PCP/Spec:<br/>Pediatric PCP/Spec:<br/>Emergency Room: *<br/>Deductible:<br/>Rx: *<br/><small>*Deductible may apply.</small></p> |
| <p> Individual</p>   |  |  |

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| <p><b>FOR PROVIDERS</b><br/>Electronic Claims:<br/>Availty: 94999</p> <p><b>Paper Claims:</b><br/>Scott and White Health Plan<br/>PO Box 211342<br/>Eagan, MN 55121</p> <p><b>Prior Authorization:</b><br/>Visit the provider portal<br/>Fax: 800-626-3042<br/>Phone: 866-384-3488</p> <p><b>Provider Portal:</b><br/>swhpprovider.firstcare.com</p> <p><b>Card Issue Date:</b><br/>07/01/2020</p> | <p><b>FOR MEMBERS</b><br/>Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.</p> <p><b>Important Information:</b></p> <ul style="list-style-type: none"> <li>In a medical emergency, call 9-1-1 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325 (TTY/TDD: 7-1-1)</b></li> <li><b>24/7 Nurse Line: 877-505-7947</b></li> <li>Self-Service Portal: swhpmember.firstcare.com</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at swhp.org</li> </ul> |
| <p><b>CUSTOMER SERVICE: 844-633-5325 - swhp.org</b></p>  |  |