



07/17/2020

## **Important Announcement** **Commercial Health Plan Integration**



Scott and White Health Plan (SWHP) is transitioning commercial business to a new claims system in a phased approach. **City of Temple** is the next group to transition, beginning **10/1/2020**. All claims for dates of service 10/1/2020 and after for City of Temple members will be processed in the new claims system.

**Note:** City of Temple members will receive ID cards that include new Member Identification Numbers. The new ID number must be used for any activity related to these members, starting 10/1/2020.

### **Administrative changes, beginning 10/1/2020:**

- **Paper Claims Filing**  
For dates of service 10/1/2020 and after, paper claims should be submitted to:  
Scott and White Health Plan  
PO Box 211342  
Eagan, MN 55121-1342
- **Electronic Claims**  
The Availity Payor ID is 94999.
- **Electronic Funds Transfer (EFT)**  
New registration will be handled via Change Healthcare. Providers currently enrolled in EFT prior to 10/1/20 will **not** have to re-register with Change Healthcare.
- **Important Phone Numbers**
  - The **Health Services phone number** for prior authorization requests is **866-384-3488**. This may be a change for some providers.
  - The **new Customer Service phone number** for inquiries regarding City of Temple members is **844-633-5325**. Members will receive new ID cards with the new phone number.
- **Provider Portal**  
Visit the new provider portal at **swhpprovider.firstcare.com**. Members will receive new ID cards with the new provider portal address. For members whose claims are not yet being processed in the new claims system, please continue to use **portal.swhp.org/providerportal**. You will receive notice as groups transition to the new claims system.
- **Provider Relations Contacts**  
Your Provider Relations contact can be found here:  
<https://swhp.org/Portals/0/Files/Forms/ProviderNews/SWHP-Provider-Relations-Representative-Territory-Map.pdf>

## Sample City of Temple ID Cards

		<b>Group:</b> <b>Group #:</b> <b>Network:</b> BSW Preferred HMO <b>Benefit Effective Date:</b>
<b>SUBSCRIBER</b> John Sample <b>DOB:</b> 00/00/0000	<b>MEMBER ID</b> 0000000000	<b>IN-NETWORK PLAN BENEFITS</b> <b>Adult PCP/Spec:</b> <b>Pediatric PCP/Spec:</b> <b>Emergency Room:</b> <b>Deductible:</b> <b>Rx:</b> *
<b>DEPENDENTS</b> Jane Sample Jack Sample Jill Sample James Sample Julie Sample Joe Sample Jackie Sample	0000000000 0000000000 0000000000 0000000000 0000000000 0000000000 0000000000	<b>PHARMACISTS ONLY</b> Pharmacy Help Desk: <b>BIN:</b> 610011 <b>PCN:</b> IRX <b>GRP:</b> SWPBSWCP
		

<b>FOR PROVIDERS</b> <b>Electronic Claims:</b> Availity: 94999 <b>Paper Claims:</b> Scott and White Health Plan PO Box 211342 Eagan, MN 55121 <b>Prior Authorization:</b> Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 <b>Provider Portal:</b> <a href="http://swhpprovider.firstcare.com">swhpprovider.firstcare.com</a> <b>Card Issue Date:</b> 09/01/2020	<b>FOR MEMBERS</b> Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. <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: <a href="http://my.bswhealth.com">my.bswhealth.com</a></li> <li>To avoid out-of-network costs and provider balance billing, find a provider at <a href="http://swhp.org">swhp.org</a></li> </ul>
<b>CUSTOMER SERVICE: 844-633-5325 • <a href="http://swhp.org">swhp.org</a></b>	