



April 26, 2021

## **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. **Head Start of Greater Dallas, LeHigh White Cement Company and Young Texan Individual** are the next groups to transition, beginning **05/01/2021**. All claims for dates of service 05/01/2021 and after for the group members above will be processed in the new claims system.

**Note:** **Head Start of Greater Dallas, LeHigh White Cement Company and Young Texan Individual** 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 05/01/2021.

### **Administrative changes, beginning 05/01/2021:**

- **Paper Claims Filing**

For dates of service 05/01/2021 and after, paper claims should be submitted to:

**Scott and White Health Plan  
PO Box 211342  
Eagan, MN 55121-0800**

- **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 05/01/2021 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 Bell County 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>

## Head Start of Greater Dallas Sample ID Cards



**Group:** HEAD START OF GREATER DALLAS  
**Group #:** 00632001  
**Network:** BSW PREFERRED HMO  
**Benefit Effective Date:** 05/01/2021

SUBSCRIBER	MEMBER ID	IN-NETWORK PLAN BENEFITS
JOHN SAMPLE	000000000000	<b>Adult PCP/Spec:</b> \$30/\$50 <b>Pediatric PCP/Spec:</b> \$0/\$50 <b>Emergency Room:</b> \$250 + 20% <b>Med Deductible:</b> I/\$3500 F/\$7000 <b>Rx:</b> \$8/\$35/\$70

**PHARMACISTS ONLY**   
OptumRx® Help Desk: 855-205-9182  
**BIN:** 610011 **PCN:** IRX  
**GRP:** SWPBSWCP

20210412T01 Sh: 0 Bin 1  
J094 Env [1] C Sets 1 of 1




20210412T01 Sh: 0 Bin 1  
J094 Env [1] C Sets 1 of 1

**FOR PROVIDERS**

**Electronic Claims:**  
Availity: 94999

**Paper Claims:**  
Scott and White Health Plan  
PO Box 211342  
Eagan, MN 55121

**Prior Authorization:**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488

**Provider Portal:**  
swhpprovider.firstcare.com

**Card Issue Date:**  
04/12/2021

**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: 844-633-5325** (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 swhp.org

**CUSTOMER SERVICE: 844-633-5325 • swhp.org**




**Group:** HEAD START OF GREATER DALLAS  
**Group #:** 00632001  
**Network:** BSW PREFERRED HMO  
**Benefit Effective Date:** 05/01/2021

SUBSCRIBER	MEMBER ID	IN-NETWORK PLAN BENEFITS
JOHN SAMPLE	000000000000	<b>Adult PCP/Spec:</b> \$30/\$50 <b>Pediatric PCP/Spec:</b> \$0/\$50 <b>Emergency Room:</b> \$250 + 20% <b>Med Deductible:</b> I/\$1500 F/\$3000 <b>Rx:</b> \$8/\$35/\$70

**PHARMACISTS ONLY**   
OptumRx® Help Desk: 855-205-9182  
**BIN:** 610011 **PCN:** IRX  
**GRP:** SWPBSWCP

20210412T00 Sh: 0 Bin 1  
J0AE Env [1] C Sets 1 of 1




20210412T00 Sh: 0 Bin 1  
J0AE Env [1] C Sets 1 of 1

**FOR PROVIDERS**

**Electronic Claims:**  
Availity: 94999

**Paper Claims:**  
Scott and White Health Plan  
PO Box 211342  
Eagan, MN 55121

**Prior Authorization:**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488

**Provider Portal:**  
swhpprovider.firstcare.com

**Card Issue Date:**  
04/12/2021

**FOR MEMBERS**

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**Important Information:**

- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 844-633-5325** (TTY: 711)
- 24/7 Nurse Line: 877-505-7947
- Self-Service Portal: MyBSWHealth.com
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### Lehigh White Cement Company Sample ID Cards



**Group:** LEHIGH WHITE CEMENT COMPANY  
**Group #:** 00633001  
**Network:** BSW PLUS HMO  
**Benefit Effective Date:** 05/01/2021

<b>SUBSCRIBER</b> JOHN SAMPLE	<b>MEMBER ID</b> 000000000000	<b>IN-NETWORK PLAN BENEFITS</b> <b>Adult PCP/Spec:</b> \$10/\$10 <b>Pediatric PCP/Spec:</b> \$10/\$10 <b>Emergency Room:</b> \$75 <b>Med Deductible:</b> I/\$0 F/\$0 <b>Rx:</b> \$15/\$24/\$36
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**PHARMACISTS ONLY**  OPTUMRX  
OptumRx \*Help Desk: 855-205-9182  
**BIN:** 610011 **PCN:** IRX  
**GRP:** SWPBSWCP

20210415T0F Sh: 0 Bin 1  
J053 Env [2] Csets 1 of 1




20210415T0F Sh: 0 Bin 1  
J053 Env [2] Csets 1 of 1

**FOR PROVIDERS**

**Electronic Claims:**  
Availity: 94999

**Paper Claims:**  
Scott and White Health Plan  
PO Box 211342  
Eagan, MN 55121

**Prior Authorization:**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488

**Provider Portal:**  
swhpprovider.firstcare.com

**Card Issue Date:**  
04/15/2021

**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: 844-633-5325** (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 swhp.org



**CUSTOMER SERVICE: 844-633-5325 • swhp.org**

### Young Texan Individual Sample ID Cards



**Group:** YOUNG TEXANS  
**Group #:** 00020001  
**Network:** BSW PLUS HMO  
**Benefit Effective Date:** 05/01/2021

<b>SUBSCRIBER</b> JOHN SAMPLE	<b>MEMBER ID</b> 000000000000	<b>IN-NETWORK PLAN BENEFITS*</b> <b>PCP/Spec:</b> \$30/\$50 <b>Emergency Room:</b> 20% <b>Med Deductible:</b> I/\$500
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\*Deductible may apply. Refer to your plan documents for details.

20210426T04 Sh: 0 Bin 1  
J06F Env [1] Csets 1 of 1


 Individual

20210426T04 Sh: 0 Bin 1  
J06F Env [1] Csets 1 of 1

**FOR PROVIDERS**

**Electronic Claims:**  
Availity: 94999

**Paper Claims:**  
Scott and White Health Plan  
PO Box 211342  
Eagan, MN 55121

**Prior Authorization:**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488

**Provider Portal:**  
swhpprovider.firstcare.com

**Card Issue Date:**  
04/26/2021

**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: 844-633-5325** (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 swhp.org



**CUSTOMER SERVICE: 844-633-5325 • swhp.org**

## Young Texan Individual Sample ID Cards Continued



Group: YOUNG TEXANS  
Group #: 00020001  
Network: BSW PLUS HMO  
Benefit Effective Date: 05/01/2021

**SUBSCRIBER**  
JOHN SAMPLE

**MEMBER ID**  
000000000000

**IN-NETWORK PLAN BENEFITS\***  
PCP/Spec: \$30/\$50  
Emergency Room: 20%  
Med Deductible: 1/\$500  
Rx: \$10/\$30/50%

\*Deductible may apply. Refer to your plan documents for details.

**PHARMACISTS ONLY**   
OptumRx® Help Desk: 855-205-9182  
BIN: 610011 PCN: IRX  
GRP: SWPBSWHP

20210426T03 Sh: 0 Bin 1 J06B Env [3] Csets 1 of 1



 Individual

20210426T03 Sh: 0 Bin 1 J06B Env [3] Csets 1 of 1

### FOR PROVIDERS

**Electronic Claims:**  
Availity: 94999

**Paper Claims:**  
Scott and White  
Health Plan  
PO Box 211342  
Eagan, MN 55121

**Prior Authorization:**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488

**Provider Portal:**  
swhpprovider.firstcare.com

**Card Issue Date:**  
04/26/2021



### FOR MEMBERS

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#### Important Information:

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- **Customer Service: 844-633-5325** (TTY: 711)
- 24/7 Nurse Line: 877-505-7947
- Self-Service Portal: MyBSWHealth.com
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**CUSTOMER SERVICE: 844-633-5325 • swhp.org**