

12/09/2020

Important Announcement

Commercial Health Plan Integration

Scott and White Health Plan (SWHP), Insurance Company Scott & White (ICSW), and Scott and White Care Plan (SWCP) are transitioning commercial business to a new claims system in a phased approach. Federal Employees Health Benefits (FEHB) is the next group to transition, beginning 1/1/2021. All claims for dates of service 1/1/2021 and after for these members will be processed in the new claims system.

Note: FEHB 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 1/1/2021.

Administrative changes, beginning 1/1/2021:

• Paper Claims Filing

For dates of service 1/1/2021 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.

<u>Electronic Funds Transfer (EFT)</u>

New registration will be handled via Change Healthcare. Providers currently enrolled in EFT prior to 1/1/21 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 FEHB 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 Cards



Group: Federal Employee Health Benefit Group #: 00011

Network: BSW PREFERRED HMO Benefit Effective Date:

SUBSCRIBER

John Sample DOB: 00/00/0000

DEPENDENTS

Jane Sample Jack Sample Jill Sample James Sample Julie Sample Joe Sample Jackie Sample

MEMBER ID IN-NETWORK PLAN BENEFITS 00000000000

Adult PCP/Spec: Pediatric PCP/Spec: **Emergency Room:** Coinsurance: Deductible:

00000000000

Rx: Deductible may apply. Refer to your plan documents

PHARMACISTS ONLY Pharmacy Help Desk: 855-205-9182

BIN: 610011 PCN: IRX GRP: SWPBSWHP



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: 888-384-3488

Provider Portal: swhpprovider.firstcare.com

Card Issue Date: 12/01/2020

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 fehb.swhp.org.

CUSTOMER SERVICE: 844-633-5325 - fehb.swhp.org





Group: Federal Employee Health Benefit

Group #: 00011

Network: BSW PLUS HMO Benefit Effective Date:

SUBSCRIBER

John Sample DOB: 00/00/0000

DEPENDENTS

Jane Sample
Jack Sample
Jill Sample
James Sample
Julie Sample
Joe Sample
Jackie Sample

MEMBER ID 000000000000

00000000000

00000000000

00000000000

00000000000

IN-NETWORK PLAN BENEFITS

Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: Coinsurance: Deductible:

Deductible may apply. Refer to your plan documents

PHARMACISTS ONLY
Pharmacy Help Desk: 855-205-9182

BIN: 610011 PCN: IRX GRP: SWPBSWHP



FOR PROVIDERS

Electronic Claims: Availity: 94999

Paper Claims:

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

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