



December 9, 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. Federal Employees Health Benefits (FEHB) Program 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.

Please 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.
- **Authorizations** in place under the existing Member ID will be transferred to and valid for the new Member ID.

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 55121-0800
- **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 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	MEMBER ID 00000000000	IN-NETWORK PLAN BENEFITS Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: Coinsurance: Deductible: Rx: <small>Deductible may apply. Refer to your plan documents.</small>
DEPENDENTS Jane Sample Jack Sample Jill Sample James Sample Julie Sample Joe Sample Jackie Sample	00000000000 00000000000 00000000000 00000000000 00000000000 00000000000 00000000000	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: swpprovider.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: <ul style="list-style-type: none"> • 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 fehbswhp.org.
CUSTOMER SERVICE: 844-633-5325 - fehbswhp.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

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IN-NETWORK PLAN BENEFITS

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