

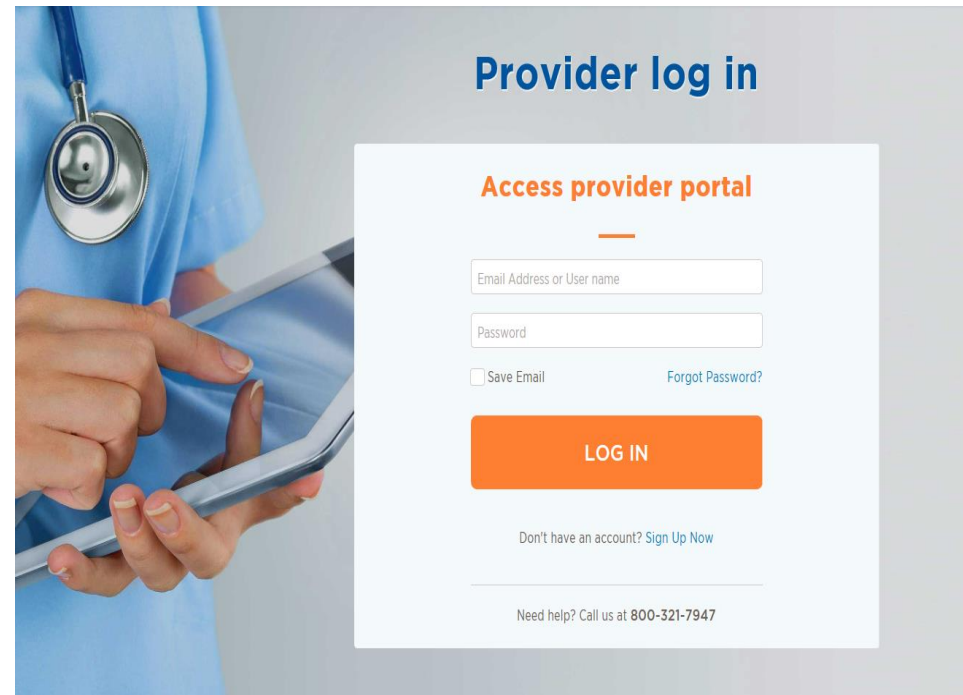
# SWHP Provider Portal

***Online Tool to Check Member  
Eligibility/Benefits, Claim Status, and So  
Much More!***



# Log in or Register

- If you are currently registered to use the portal, enter your Email Address and Password.
- If you are not registered, click on **Sign Up Now**.



**Provider log in**

**Access provider portal**

Email Address or User name

Password

☐ Save Email [Forgot Password?](#)

**LOG IN**

[Don't have an account? Sign Up Now](#)

Need help? Call us at 800-321-7947

# Provider Sign Up

- Fill in all fields and click on **next**. *Note that all fields are required.*
- If the Tax ID and/or NPI entered match what SWHP has you setup with, your registration will be automatically approved and you will have immediate access to the portal.
- If the Tax ID and/or NPI entered does not match what SWHP has you setup with, then your account will not be automatically approved and you will need to call the number listed at the bottom of the screen for assistance

## Provider Registration

NPI Number:

Tax Id:

First Name:

Last Name:

Next

[Go back to provider login](#)

# Forgot Password or Account Locked

## What should I do if I forgot my password?

- To reset your password, click on **Forgot Password**.
- Enter your email address that you used to register for the portal, then click **Reset**.
- A new password will be sent to the email address we have on file for you. *(If you do not see an email from us, be sure to check your spam folder.)*

## What should I do if I am locked out of my account?

- If you have been locked out, it is usually because you had too many unsuccessful login attempts. To unlock your account, please contact the SWHP Provider Relations Department via:
    - Phone: 800-321-7947, ext. 203064 or 254-298-3064 and select option 7.
- \*Include your name, Tax ID, NPI, username/email address, and phone number in your email*

# Forgot Password or Account Locked

The diagram illustrates the process for a provider who has forgotten their password. It starts with the 'Provider log in' page, which includes a 'Forgot Password?' link. A blue arrow points from this link to the 'Forgot Password' page, which prompts the user to enter their email address and click the 'RESET' button. A second blue arrow points from the 'RESET' button back to the 'Forgot Password' page, indicating a feedback loop or confirmation step.

**Provider log in**

**Access provider portal**

Email Address or User name

Password

☐ Save Email [Forgot Password?](#)

**LOG IN**

Don't have an account? [Sign Up Now](#)

Need help? Call us at 800-321-7947

**Forgot Password**

**Please enter your email address**

Email Address

**RESET**

[Back to log in page](#)


Need help? Call us at 800-321-7947

# Accessing SWHP Provider Portal


- Go to: <https://portal.swhp.org/ProviderPortal/#/main/home>
- Below is a screen shot of many of the tools available within the portal to assist you with your administrative processes.

## Powerful Online Tools


### Answers at your fingertips




ELIGIBILITY AND  
BENEFITS



SEARCH CLAIMS



FEE LOOK UP



PRE-AUTH  
CHECK

### Latest Claims

Displaying claims (limited to first 100 records) from the last 30 days.

↓  
PDF

↓ EXCEL

Keyword Filters

View All Claim Status ☐

Date of Service ▼	Member	Claim No.	Patient Control No.	Provider	Total Billed	Plan Paid	Patient Responsibility	Claim Status
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# Tools and Features


SWHP Portal allows you to:

- Verify Eligibility and Benefits
- Check Claim Status
- Look Up Reimbursement Rates by Code
- Look Up Codes to Determine Prior Authorization Requirements
- View Explanation of Claim Denial Codes
- Register as a Group Provider
- Add Additional Providers to an Existing Registration (using individual NPI's)
- Submit Prior Authorization Request Forms
- Submit Case Management Referral Forms
- Submit Electronic Redetermination Request for claims


# Member Eligibility/Benefits

- Select **Eligibility and Benefits** on the dashboard and the *Members Search Criteria* page will display.
- Enter at least 2 fields in the search criteria.
- Click **Search** to display the results


### Answers at your fingertips




ELIGIBILITY AND  
BENEFITS



SEARCH CLAIMS




FEE LOOK UP



PRE-AUTH  
CHECK

### Member Search Criteria

\* Must enter at least 2 fields in search criteria ⓘ




Please enter member information to verify member eligibility and benefits




# Check Claim Status

- Select **Search Claims** listed under **Home** on the dashboard and the *Claim Search Criteria* page will display.
- Enter the required information in the search criteria.
- Click **Search** to display the results


### Answers at your fingertips




ELIGIBILITY AND  
BENEFITS



SEARCH CLAIMS



FEE LOOK UP



PRE-AUTH  
CHECK

#### Claim Search

Date of Service Range (required)  
11/02/2018 to 05/02/2019

Narrow Search (optional) ⓘ  
Member Name

Search

#### Claim Results

Displaying first 100 claims only. To search specific claims, please select/add more filters in search criteria.

PDF EXCEL

Keyword Filters

View All Claim Status ☒

Date of Service	Member	Claim No.	Patient Control No.	Provider	Total Billed	Plan Paid	Patient Responsibility	Claim Status
-----------------	--------	-----------	---------------------	----------	--------------	-----------	------------------------	--------------

# Check Claim Status

- After you obtain your claim search results, you can click on the 12-digit alphanumeric number listed under the **Claim No.** column to see *Claim Detail Information*.

<b>MEMBER</b> <b>JANE DOE</b> SWHP Member No. 0123456789 Patient Control No. 9876543A21098 Dates of Service 01-JAN-99 – 01-JAN-99	<b>PROVIDER</b> <b>JOHN DOE</b> Group OB/GYN ASSOC NPI 1234567890 Address 123 SCOTT LN. Town, TX 12345	<b>STATUS</b> <b>Denied</b>
---	---	--------------------------------

**SERVICE DETAILS**[REQUEST REDETERMINATION](#)

Date of Service	Procedure Code	Procedure	Status	EX Code	Total Billed	Plan Paid	Patient Responsibility
04/08/2019	59400	OB CARE ANTEPARTUM VAG DLVR \& POSTPARTUM	Denied ⓘ	BU ⓘ	\$6,502.35	\$0.00	\$0.00

**EX CODE BU : DENIED DUE TO REBUNDLING**  
Code edit denial for reimbursement was bundled into other procedures.  
**RESOLUTION :** Refer to CMS Guidelines for separate reimbursement.

# Claim Denial Codes

- The *EX Code List* is a catalog of all claim denial codes and their definitions.
- Select **EX Code List** under **Home** on the dashboard and the *EX Code List* page will display

<div>PROVIDER ACCOUNT</div> <div>Home</div> <div>Member Search</div> <div>Claim Search</div> <div>EX Code List</div> <div>Clear Claims Connection</div> <div>Fee Look up</div> <div>Pre-Auth Code Lookup</div> <div>HSD Referral Form</div> <div>PA Online Form</div> <div>Oncology Analytics</div> <div>eviCore</div> <div>Medication Authorization</div> <div>LOG OUT</div>	EX Code List		
	<input type="text"/>		
	Code Number	Description	Action
	13	MEMBERS AGE IS NOT VALID FOR PROCEDURE	DENY
	1A	BRS PROCESS SUCCESSFUL	PAY
	1B	REPRICING SUCCESSFUL	PAY
	1C	CLAIM CHECK DENIED PROCEDURE	DENY
	1D	DENY - ADA CODE NO LONGER VALID	DENY
	1E	INAPPROPRIATE BILATERAL CODING	DENY
	1F	INVALID COSURGEON / ASSISTANT	DENY

# Clear Claims Connection

- Allows you to access the appropriate coding and supporting edit clarifications for services before claims are submitted.
- Determine the appropriate code or code combination representing the service for accurate billing purposes.
- Access the edit clarifications on a denied claim for billed services after an Explanation of Payment (EOP) has been received from the payer organization

**PROVIDER ACCOUNT**

- Home
- Member Search
- Claim Search
- EX Code List
- Clear Claims Connection**
- Fee Look up
- Pre-Auth Code Lookup
- HSD Referral Form
- PA Online Form
- Oncology Analytics
- eviCore
- Medication Authorization

**Answers at your fingertips**

- ELIGIBILITY AND BENEFITS
- SEARCH CLAIMS
- FEE LOOK UP
- PRE-AUTH CHECK

**Latest Claims**

Displaying claims (limited to first 100 records) from the last 30 days.

↓ PDF   ↓ EXCEL

Keyword Filters

Date of Service ▼	Member	Claim No.	Patient Control No.	Provider	Total Billed	Plan Paid	Patient Responsibility	Claim Status
No records available.								

# Submitting a Claim Redetermination

## Definition

- The review of a previously adjudicated / processed claim at the request of a provider to assess if the original determination/decision was correct or should be reversed based on additional information not previously available during the original determination. More information available on the SWHP website at: <http://swhp.org/en-us/prov/claims/resources/appeals>

## Process

- Allows you the option to submit the *Claim Redetermination Request Forms* electronically through the provider portal.
- Providers or inquiring parties will have only one (1) opportunity to submit a redetermination request on a claim. Multiple requests submitted on a single claim will not be processed and will be returned as “previously reviewed.”
- Provider should attach any pertinent supporting documentation i.e. retro authorization, proof of timely filing, surgical notes, office visit notes, pathology reports, and/or medical records.
- Requests for Redeterminations must be submitted within 90 days from the original determination date. (120 days for Medicare Advantage Claims; 1 year for out-of-state providers).

# Submitting a Claim Redetermination

MEMBER	PROVIDER	STATUS
<b>MEMBER NAME</b>	<b>PROVIDER NAME</b>	<b>DENIED</b>
SWHP Member No. 00123456789	Group OB/GYN ASSOC OF DALLAS	
Patient Control No. 9876543A21098	NPI 1234567890	
Dates of Service 00-MAY-99	Address 123 ABC RD.	

**SERVICE DETAILS**

→

REQUEST REDETERMINATION

Date of Service	Procedure Code	Procedure	Status	EX Code	Total Billed	Plan Paid	Patient Responsibility
04/15/2019	99395 25	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	Approved	H1	\$260.00	\$133.41	\$0.00
04/15/2019	81003 QW	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	Approved	H1	\$10.00	\$3.26	\$0.00

# Viewing a Redetermination

- You can now view the claims redetermination from the provider portal. Simply search for the claim in question. In the claims screen, locate the Redetermination Details. Click the hyperlink under Supporting Documents to locate the redetermination resolution letter.

**PROVIDER PORTAL**  
Welcome ASHWIN GAITONDE

**CLAIM**

MEMBER	PROVIDER	STATUS
SWHP Member No. Patient Control No. Dates of Service	Group NPI Address	<b>REDETERMINATION UPHELD</b> 01/29/2019 Redetermination Received 02/10/2019 Redetermination Upheld

**Redetermination Details**

REDETERMINATION RECEIVED ON  
1/22/19 12:00 AM

CONFIRMATION NO.

REASON  
REFUND REQUEST DISPUTE  
Processing is 30 days from date of receipt.

**SUPPORTING DOCUMENTS**  
[Click here](#)

**Provider Redetermination Resolution**

01/01/2019

PROVIDERS NAME  
Attn: JANE DOE  
9999 Texas Ave.  
Town, TX 54321

Member Name: JOHN DOE  
Member ID: 0123456789  
Provider Patient Ctrl #: 012345678901  
Date of Service: 01/01/2019  
Claim #: 1234567890

This letter is to notify you of the resolution for the above-referenced claim redetermination. Upon review of your request for redetermination and all associated documentation sent by your office, it was determined that the denial will remain upheld due to the following:

- Per review, the recoupment is upheld as the provider billed claim 987654120321 with bill type "S Void Prior Claim" and referenced 1234567890.

The original determination is upheld and no further actions will be taken with regards to this claim. Please accept this as our final resolution.

Should you have any questions regarding this determination, please call Customer Service at 1 (800) 321-7947 or (254) 298-3000.

Sincerely,

SWHP Claims Adjustment Department

Doc ID: SP20190128068430542  
Initial: ADC

SWHP products are offered through Scott and White Health Plan and Scott & White Care Plans. Insured FPD and EPD products are offered through Insurance Company of Scott and White. All are Texas registered insurance companies. Scott & White Care Plans and Insurance Company of Scott and White are wholly owned subsidiaries of Scott and White Health Plan. These companies will be referred to collectively in this document as Scott and White Health Plan.

# Fee Look Up

- The *Fee Look Up* tool makes it very easy to get reimbursement estimates for procedure codes.
- The *Fee Look Up* tool is updated on a quarterly basis.
- Select **Fee Look Up** listed under **Home** on the dashboard and the *Fee Look Up Criteria* page will display.
- To use the tool, follow these easy steps:
  - Select the appropriate **Region** from the drop-down.
  - Select the appropriate **Medicare Locality** from the drop-down.
  - Enter a **Procedure Code** in the designated field.
  - If applicable, select the appropriate **Modifier(s)** from the drop-downs. – Click **Look Up** to display results.

The screenshot shows a web application interface for the "Fee Look Up" tool. On the left is a vertical sidebar menu with the following items: "PROVIDER ACCOUNT" (with a red circle icon), "Home", "Member Search", "Claim Search", "EX Code List", "Clear Claims Connection", "Fee Look up" (highlighted with a blue border), "Pre-Auth Code Lookup", "HSD Referral Form", "PA Online Form", "Oncology Analytics", "eviCore", "Medication Authorization", and "LOG OUT". The main content area has a title "Fee Schedule Look Up: Commercial Line of Business and Current Year Contracts ONLY" and a subtitle "Valid ONLY for Dates of Service April 1, 2019 - June 30, 2019". Below this is a section titled "Fee Look Up Criteria" containing four dropdown menus: "----- Select a Region -----", "----- Select a Medicare Locality -----", "----- Select Modifier 1 -----", and "----- Select Modifier 2 -----". A text input field labeled "Procedure Code" with a green plus icon to its left is positioned between the first and second dropdowns. A blue button labeled "LOOK UP" is located below the dropdowns. An "Instructions" link is visible in the top right corner of the criteria section.



# Fee Look Up

- Additional Tips:
  - You can look up 7 procedure codes at a time using the button located next to the **Procedure Code** field.
  - A link to the *Instructions* on how to use the tool are located to the right above the *Fee Look Up Criteria* box.

**Fee Schedule Look Up: Commercial Line of Business and Current Year Contracts ONLY**

Valid ONLY for Dates of Service April 1, 2019 - June 30, 2019

[Instructions](#)

**Fee Look Up Criteria**

----- Select a Region -----

----- Select a Medicare Locality -----

Procedure Code

----- Select Modifier 1 -----

----- Select Modifier 2 -----

# Pre-Auth Code Look Up

- Medical services, procedures, supplies, and drugs that require prior authorization must be medically necessary and meet SWHP coverage criteria.
- A prior authorization is needed if you plan to refer a member outside of the SWHP network.
- You can view the SWHP Prior Authorization Lists online at:
  - Medical: <http://swhp.org/en-us/prov/auth-referral/medical>
  - Medications: <http://swhp.org/en-us/prov/auth-referral/medications>
- If you have questions regarding prior authorization requests, please call our Health Services Division at 888-316-7947 or 254-298-3088.

# Pre-Auth Code Look Up

- To help you determine the codes that require a prior authorization, you can use the **Pre-Auth Code Look Up** tool in the provider portal.
- Select **Pre-Auth Code Look Up** listed under **Home** on the dashboard and the *Pre-Authorization Code Look Up* page will display.
- To use the tool, follow these easy steps:
  - Enter a valid **Procedure (CPT) Code** in the designated field.
  - Click **Look Up** to display the results.

The screenshot shows the 'Pre-Auth Code Look Up' tool interface. On the left is a sidebar menu under the heading 'PROVIDER ACCOUNT' with a minus icon. The menu items are: Home, Member Search, Claim Search, EX Code List, Clear Claims Connection, Fee Look up, Pre-Auth Code Lookup (highlighted), HSD Referral Form, PA Online Form, Oncology Analytics, eviCore, and Medication Authorization. At the bottom of the sidebar is a 'LOG OUT' link. The main content area has a light blue background. At the top, a disclaimer states: 'DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. Pre-Auth requirements are also subject to monthly updates, please check back prior to treatment.' Below this is a yellow box with text: 'Prior Authorization is required for ALL SERVICES to be provided by NON-CONTRACTED Providers (except for use of out-of-network benefits in PPO and POS Products, unless required by the Prior Authorization List)'. Underneath is a red box with text: 'For McLane Group (PPO), Customer Service Advocacy will validate benefits/eligibility and transfer to Cigna for PA requirements.' The main section is titled 'Pre-Authorization Code Look Up' and contains a text input field with the placeholder 'Enter a code and press "Look Up" to see if it requires pre-authorization'. To the right of the input field is a blue button labeled 'LOOK UP'. At the bottom of the main section, a note reads: 'For BSWH Employee Plan ONLY: If you contract with Cigna (but not Scott & White Health Plan), or if you are an out-of-network provider, please direct prior authorization requests to Cigna by calling (866) 494-4872.'

# Case Management Referral Form

- If a member needs medical case management, behavioral case management, or a transplant, you can complete the *Case Management Referral Form* in the provider portal.
- Select **HSD Referral Form** listed under **Home** on the dashboard to access the *Case Management Referral Form*.

PROVIDER ACCOUNT

Home

Member Search

Claim Search

EX Code List

Clear Claims Connection

Fee Look up

Pre-Auth Code Lookup

HSD Referral Form

PA Online Form

Oncology Analytics

eviCore

Medication Authorization

LOG OUT

Case Management Referral Form

Please do NOT use this form to request prior authorization (PA) for medical services. This form is only used for transplant services. If PA is needed for medical services, please fax the required PA form and fax cover sheet to 1-800-626-3042 or call 1-888-316-7947.

\*Indicates required field.

Requester Information

Name of Requester

Title of Requester

Enter Requester Name

Requester Phone

( ) -

Requester Email

e.g. myname@example.org

Requester Fax

( ) -

Facility Name

NPI #

Tax ID#

# Prior Authorization Request Form

- *Prior Authorization Request Form* can be submitted electronically.
- Select **PA Online Form** listed under **Home** on the dashboard.
- After reading the instructions, scroll down and acknowledge that you have read, and the form will be displayed.
- Once the form is completed, it can be submitted electronically.

The screenshot displays the Scott & White Health Plan dashboard. On the left is a sidebar menu with the following items: PROVIDER ACCOUNT (with a minus icon), Home, Member Search, Claim Search, EX Code List, Clear Claims Connection, Fee Look up, Pre-Auth Code Lookup, HSD Referral Form, PA Online Form (highlighted with a blue bar), Oncology Analytics, eviCore, Medication Authorization, and LOG OUT. The main content area is titled "Medical Authorization Form" and "PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES". It contains a scrollable box with instructions: "Please read all instruction below before completing this form. (scroll to the bottom to accept)". The instructions state that requests should be sent to the issuer and not to the Texas Department of Insurance, the Texas Health and Human Services Commission, or the patient's employer. It also mentions that beginning September 1, 2015, health benefit plan issuers must accept the Texas Standard Prior Authorization Request Form. A section titled "Intended Use" explains that the form is for requesting authorization by fax or mail, or electronically through the issuer's portal. At the bottom of the scrollable box, there is a button that says "I have read and understand the instructions".

# Contact Information & Resources

- **SWHP Provider Relations Department:**
  - Phone: 800-321-7947, ext. 203064 or 254-298-3064
- **SWHP Website:** <http://swhp.org/en-us/>
  - Provider Specific Information: <http://swhp.org/en-us/prov>
- **SWHP Provider Portal:** <https://portal.swhp.org/ProviderPortal/#/login>
- **SWHP Find a Provider Search:** <https://portal.swhp.org/#/search>