

Provider Fax Blast

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 55121-0800

- **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 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.

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- 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

		Group: Group #: Network: BSW Preferred HMO Benefit Effective Date:
SUBSCRIBER John Sample DOB: 00/00/0000	MEMBER ID 000000000000	IN-NETWORK PLAN BENEFITS Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: Deductible: Rx: * <small>*Deductible may apply.</small>
DEPENDENTS Jane Sample Jack Sample Jill Sample James Sample Julie Sample Joe Sample Jackie Sample	000000000000 000000000000 000000000000 000000000000 000000000000 000000000000 000000000000	PHARMACISTS ONLY Pharmacy Help Desk: BIN: 610011 PCN: IRX GRP: SWPBSWCP
		

FOR PROVIDERS Electronic Claims: Availability: 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: 09/01/2020	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 9-1-1 or go to the nearest emergency facility. • Customer Service: 844-633-5325 (TTY/TDD: 7-1-1) • 24/7 Nurse Line: 877-505-7947 • Self-Service Portal: my.bswhealth.com • To avoid out-of-network costs and provider balance billing, find a provider at swhp.org
CUSTOMER SERVICE: 844-633-5325 • swhp.org	