

# SeniorCare Provider Orientation

Scott & White Health Plan and  
Insurance Company of Scott & White



Scott & White  
**HEALTH PLAN**  
PART OF BAYLOR SCOTT & WHITE HEALTH

# About SWHP

- Began operations in 1982
- Office is located in Temple (Central Texas)
- Currently serves more than 298,000 members in 80 counties across the state
- Provider network spans across Texas in Central, East, North, and West regions
- Ranked #1 in the state of Texas by NCQA for Commercial

# Relationship between SWHP & Insurance Company of Scott & White (ICSW)

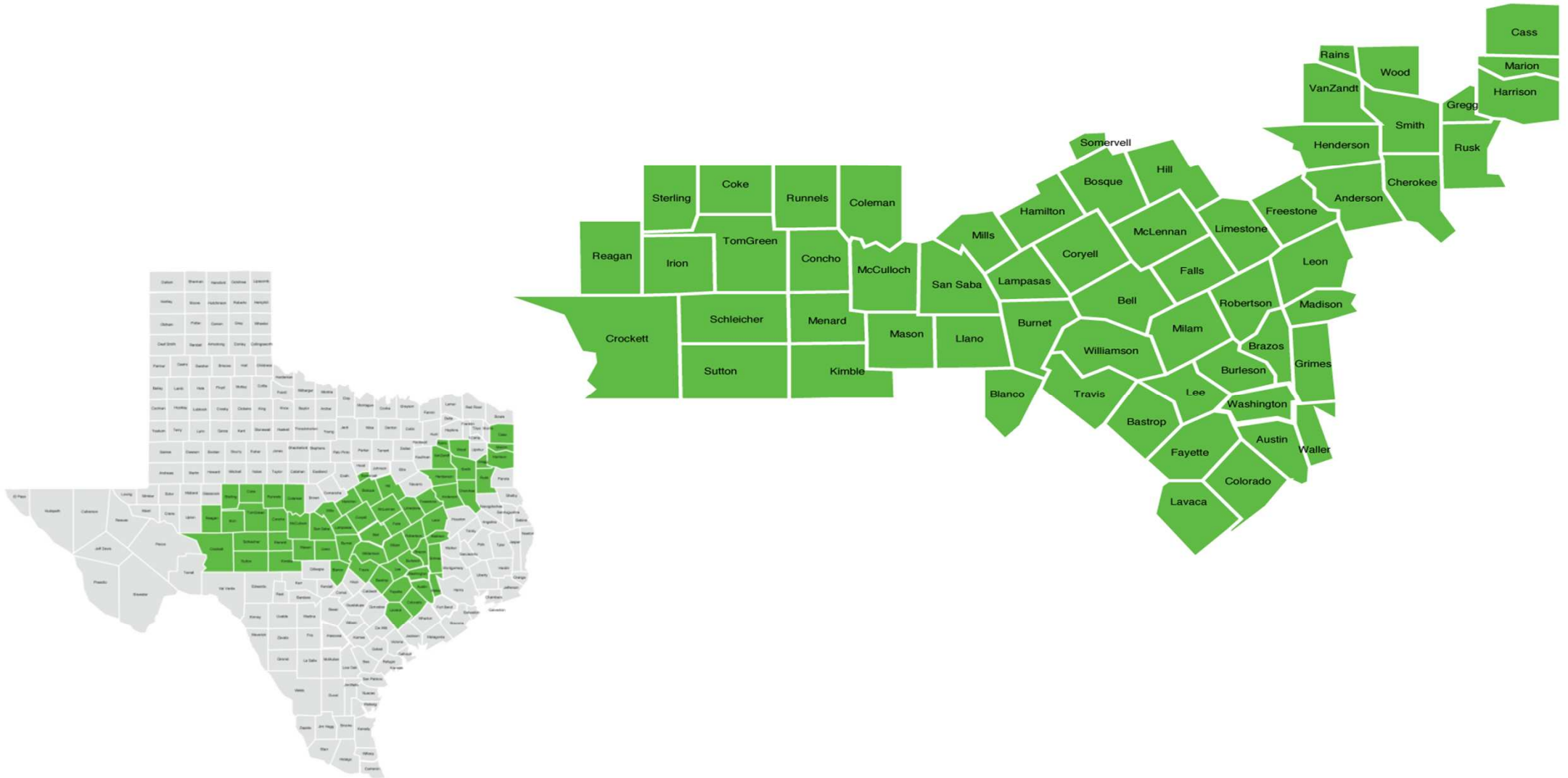


- ICSW
  - A wholly owned subsidiary of SWHP
  - For-profit insurance company
  - Began operations in 2003
- Management Agreement between SWHP and ICSW
  - All operations for ICSW are performed by SWHP

# SeniorCare (Medicare Cost) Plan

- SWHP's SeniorCare (Medicare Cost) Plan was implemented in 1991
- SeniorCare is an enhancement program to Medicare coverage
- SWHP has a contractual agreement with Centers for Medicare and Medicaid (CMS) to administer the SeniorCare (Medicare) Cost Plan
- SWHP acts as the Medicare intermediary for most Part B services for the SeniorCare plan
- SeniorCare members can access services out-of-network through their Original Medicare benefits; SWHP will pay secondary if a prior authorization is obtained

# SeniorCare Service Area



# SeniorCare Member ID Card



**Scott & White  
HEALTH PLAN**  
part of Scott & White Health

**SENIORCARE**

**JOHN DOE**  
Member No.: 12345678900  
Health Plan: (80840) 7588667718

RX BIN:	Group No.:
RX PCN:	PCP/Spec: /
RX Copay:	ER/Urgent: /

This card is for identification purposes only and does not guarantee membership or coverage.

**MedicareRx**  
Prescription Drug Coverage

CMS-14564

**MEMBERS - PLEASE HAVE THIS CARD AVAILABLE AT ALL TIMES**  
You are only covered for emergency and urgent care while temporarily out of the plan service area.

Customer Service:	888-334-3141
TTY (Hearing Impaired):	800-735-2989
24 Hour Nurse Advice:	877-505-7947
Pharmacy Assistance:	855-818-8405
Silver&Fit:	877-427-4788

[www.silverandfit.com](http://www.silverandfit.com)

**PROVIDERS** - For benefits and eligibility, visit [swhp.org](http://swhp.org) or call 800-321-7947

Please send claims and related correspondence to:  
SCOTT AND WHITE HEALTH PLAN - Attn: CLAIMS  
PO Box 21800  
Eagan, MN 55121-0800



# SWHP Website

Provider-Specific Information: <http://swhp.org/en-us/prov>

The screenshot shows the Scott & White Health Plan website. At the top left is a 'MENU' button and the Scott & White Health Plan logo. At the top right is a 'CALL SUPPORT 1-800-321-7947' button and a 'LOG IN' button. Below the navigation bar is a main banner with the text 'Healthcare fit for Texas' and 'Choose from a variety of health plans for Texans big and small.' Below the banner are two buttons: 'BROWSE PLANS' and 'NEED YOUR MEMBER NUMBER?'. On the right side, there is a 'View Your Health Plan' section with input fields for 'Email Address' and 'Password', and a 'LOG IN' button. Below that is a 'Member Account Registration' section with links for 'Print Your ID Card', 'Pay Your Premium', 'Check Your Copays & Deductibles', and 'View Your Claims & More', and a 'SIGN UP NOW' button.

- Provider Manual
- Member Benefits & Eligibility
- Claims & Billing
- Medical Management
- Provider Forms
- Prior Authorizations
- Quality Improvement
- Pharmacy

# Provider Search

Provider Search: <http://portal.swhp.org/#/search>

Be sure to select SeniorCare Network from the drop-down list





# Provider Contracting & Services

- Join Our Network Form:
  - <http://swhp.org/en-us/prov/services/join>
- Add Provider to Existing Contract Form:
  - <https://legacy.swhp.org/providers/contract-administration/add-provider-existing-contract>
- Modify Existing Contract Form:
  - <https://legacy.swhp.org/providers/contract-administration/modify-existing-contract>
- Terminate Provider Contract Form:
  - <https://legacy.swhp.org/providers/contract-administration/term-contract>


**NOTE:** You must be an approved Medicare provider to participate in SWHP's SeniorCare network

# SWHP Provider Portal

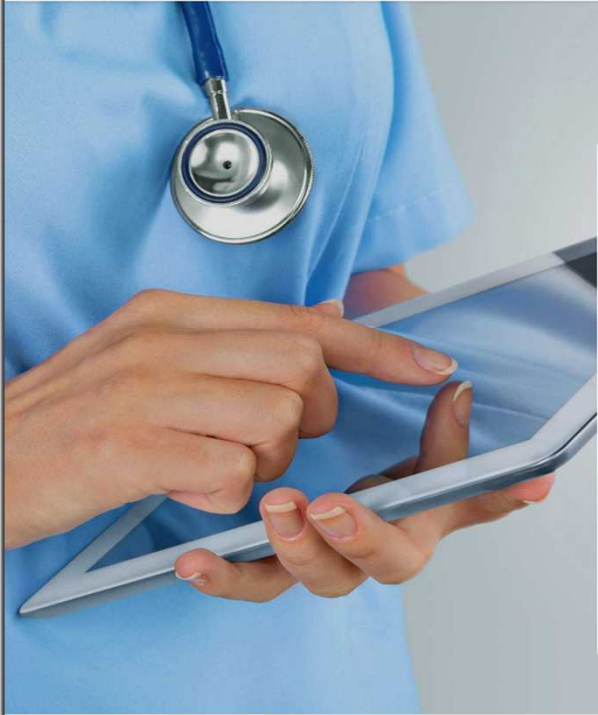


- Providers can access the SWHP Provider Portal at:  
<https://portal.swhp.org/ProviderPortal/#/login>
- SWHP Provider Portal can be utilized for the following:
  - Check Member Eligibility & Benefits
  - Check Claims & Payment Status
  - EX Code List (Claim Denial Codes)
  - Fee Look-Up (Reimbursement for Codes)
  - Pre-Authorization Code Look Up
  - Health Services Division (HSD) Referral Form

# SWHP Provider Portal



Scott & White  
HEALTH PLAN



## Provider log in

### Access provider portal

Email Address

Password


Save Email [Forgot Password?](#)

**LOG IN**

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

Need help? Call us at [800-321-7947](tel:800-321-7947)

Your privacy is safe with us. To see how we protect your information check out our [Privacy Policy](#).



MyBenefits  
SCOTT & WHITE  
HEALTH PLAN  
The one Texans trust.

User Name

Password

**Login**

Passwords are case-sensitive

[Forgot Password?](#)

[Forgot UserName?](#)

To register as a Member click [here](#)

To register as a Provider click [here](#)

# SeniorCare Claims

- SWHP pays primary on most Part B services that are allowed under the provider's Participating Provider Agreement
- Medicare pays primary on Part A services billed on a UB-04 claim; SWHP pays secondary if services are performed in-network or a prior authorization is obtained
  - Claims for Psychiatric Services (90801-90899) and Dialysis Services (90918-90999) should be filed directly with Medicare
- SWHP will pay secondary on claims that crossover from Medicare. SWHP receives daily electronic files from Medicare to process provider payments
  - Providers do not need to submit secondary claims to SWHP
- For more information on SeniorCare claims, please visit the SWHP website at <http://swhp.org/en-us/prov/claims/seniorcare>

# Claims and Billing

- **Electronic Claims:**
  - SWHP *strongly* encourages providers to submit claims electronically
  - Accept direct Electronic Data Interchange (EDI) submissions or submissions through Availity Clearinghouse
  - Electronic claims can be submitted to payer ID: 88030
  - Details at SWHP website: <http://swhp.org/en-us/prov/claims/electronic>
- **Paper Claims:**
  - SWHP will accept paper claims that are properly filed on UB-04 or CMS 1500 Claims Forms
    - All claim forms must be typed; handwritten forms will not be accepted
    - Faxed claim forms will not be accepted
  - Paper claims can be mailed to: **Scott & White Health Plan**  
**ATTN: Claims Department**  
**PO Box 21800**  
**Eagan, MN 55121-0800**
  - Details at SWHP website: <http://swhp.org/en-us/prov/claims/paper>

# Claims and Billing (continued)

- Claims Processing Times:
  - SWHP follows the Texas Department of Insurance (TDI) regulation for the processing of claims
  - All electronic claims processed within 30 days; paper claims in 45 days
  - SWHP encourages the billing of claims electronically for faster payment
- Rejected Claims:
  - Electronic Claims
    - Providers should review clearinghouse rejected claims as returned to them through their billing system
  - Paper Claims
    - Rejected paper claims are returned with a paper rejection letter process
    - Providers are encouraged to work rejected claims timely and resubmit within filing deadlines: 95 days for Commercial and 365 days for Medicare

# Claims and Billing (continued)

- Claims Appeals Process:
  - Providers needing to inquire on the payment of a claim must submit the *Provider Claim Appeal Request Form* located on the SWHP website
    - If the form is not received with the appeal, the request will be rejected at the time it is received
    - Details at SWHP website at: <http://swhp.org/en-us/prov/claims/resources/appeals>
  - Denied appeals can be resubmitted as a Level II or Level III
    - More information and instructions on this process is available on the Provider Claim Appeal Request Form

# In-Network Referrals

- SWHP members must be referred to an ***in-network*** provider
  - SWHP Participating Provider Agreement language:
    - Except in Emergency Care situations, for fully-insured and Medicare replacement plans, a pre-condition to a health care service or product being a Covered Service may be that the service be provided by a Participating Provider, whether it be an individual or a facility. For such plans, absent an Emergency or approval of an ICSW Medical Director, Provider will make referrals and admit Covered Persons only to Participating Providers.
  - Contracted providers are expected to coordinate care or work with SWHP prior to referring a member to a non-contracted provider to ensure, to the extent possible, that members are receiving medically necessary services covered by SWHP.
  - To locate an in-network provider:
    - Use the online provider search (Find a Provider) located on our website at:  
<https://portal.swhp.org/#/search>



# Provider Payment Options

SWHP offers the following payment options through Change Health:

- **Virtual Credit Card (VCC)**

- Providers can receive payment by processing it as a credit card; funds are immediately available; fees may be assessed
- Provider will have to opt-out of this method if they choose to utilize another payment method
  - To opt-out of the VCC payment method, please contact Change Health at 855-886-3863 for paper and 866-506-2830 for EFT

- **Electronic Funds Transfer (EFT)**

- Payments are sent directly to the provider's bank; typically received within 3-5 business days

- **Paper Check**

- A paper check is mailed to the provider's billing or claims payment address on file

# Coordination of Benefits (COB)

- Standards advocated by the National Association of Insurance Commission (NAIC) that determines the obligation of payers when a member is covered under two or more health insurance policies
  - When there is duplicate coverage, COB standards determine who pays primary and who pays secondary
- SWHP coordinates benefits payable for covered services with benefits payable by other plans consistent with state law
- Additional information on COB is available online at: <https://swhp.org/en-us/prov/claims/resources/coordination-of-benefits>

# Account Reconciliation

## Retractions/Recoupments

- SWHP is dedicated to identifying and resolving accounting issues in a timely manner
  - Proper documentation will result in error reduction, which will result in quicker payments
- **Retractions/Recoupments:**
  - Retractions/recoupments are made for various reasons, including:
    - Duplicate payment on a procedure
    - Incorrect payment on a procedure
    - Payment to the wrong provider
  - To initiate a retraction, please complete a *Provider Appeal Request Form* located at:  
[https://swhp.org/Portals/0/Files/Forms/Providers/Claims%20Forms/ProviderClaimAppealRequestForm\\_4.pdf](https://swhp.org/Portals/0/Files/Forms/Providers/Claims%20Forms/ProviderClaimAppealRequestForm_4.pdf)

# Account Reconciliation

## Returned Checks/Refund Checks

- Returned Checks:
  - If a SWHP check is returned for an adjustment, attach all documentation with an explanation for the returned payment
  - Be sure to include a copy of the Explanation of Payment (EOP), copies of prior payments, and any other documentation explaining the payment discrepancy
- Refund Checks:
  - For all SWHP member claims, providers should send refund checks to the following address to reimburse money owed to SWHP

**Scott & White Health Plan**  
**ATTN: Claims Adjustment Department**  
**PO Box 840523**  
**Dallas, TX 75284-0523**

# Quality Improvement (QI) Program

- Ensures SWHP is providing the highest quality of care that is easy to access and affordable to our members
- “Triple Aim” Goal: improving member’s affordability, quality, and experience of care
- Quality programs and improvement projects are designed to improve member outcomes through systematic ongoing measurement, care coordination, and continuous evaluation of results
- For more information on the QI Program, please visit the SWHP website at: <http://swhp.org/en-us/prov/resources/provider-manual/quality-improvement>

# NCQA

## National Committee for Quality Assurance (NCQA):

- NCQA Accreditation is a comprehensive evaluation of health plans clinical measures and consumer experience measures
- Standards are developed with the help of health plans, providers, insurance customers, unions, regulatory agencies and consumer groups
- NCQA's Health Plan Accreditation is considered the industry's gold standard
- NCQA Accreditation measures 5 areas of performance:
  - Staying healthy
  - Getting better
  - Living with illness
  - Access and service
  - Qualified providers
- For more information on NCQA, please visit the SWHP website at: <http://swhp.org/en-us/prov/resources/provider-manual/quality-improvement>

# HEDIS

## Healthcare Effectiveness Data and Information Set (HEDIS):

- HEDIS is a tool used by more than 90% of US health plans to measure performance on important dimensions of care and service
- Altogether, HEDIS consists of 75 measures across 8 domains of care
- SWHP uses HEDIS to measure clinical quality performance and evaluate the following areas of care:
  - Preventive services
  - Treatment of acute illness
  - Management of chronic illnesses
  - Patient experience with services provided (as measured through the Consumer Assessment of Healthcare Providers and Systems Survey – standardized survey used by all health plans)
- For more information on HEDIS, please visit the SWHP website at: <http://swhp.org/en-us/prov/resources/provider-manual/quality-improvement>

# Medicare Star Rating



- What is the Medicare Star Rating System?
  - CMS' rating system for evaluating the relative quality of Medicare plans
  - All plans are measured on a scale of 1 to 5 Stars, with 5 Stars representing the highest quality
  - CMS defines the Star Ratings as follows:
    - 5 Stars = Excellent performance
    - 4 Stars = Above average performance
    - 3 Stars = Average performance
    - 2 Stars = Below average performance
    - 1 Star = Poor performance



# Medicare Star Rating – cont.

- Improved health care and quality for our members = Star Ratings
- Emphasis on preventive care and adherence will help to minimize acute care needs and decrease readmission rates
- What is the impact of higher Star Ratings?
  - Richer benefits to our members
  - Plans at 5 Stars can market and enroll members year-round
  - Improved financial returns
- How does a provider impact our Star Ratings?
  - Provider performance impacts nearly two-thirds of the Star measures and includes member surveys of provider performance
  - Following is a sample of some items for which CMS measures provider performance:
    - Appropriate medical care
    - Prescription drug management
    - Patient experience
    - Care coordination

# Health Services Division (HSD)



- HSD includes:
  - Medical Directors
  - Nurse Managers
  - Nurses
  - Administrative Staff
- Functions handled by HSD include:
  - Intake
  - Utilization Management Review/Prior Authorizations
  - Case Management/Complex Case Management
  - Disease Management
- Phone Number: (888)316-7947 or (254)298-3088
- Fax Number: (800)626-3042

# Fraud, Waste, and Abuse (FWA) Training

- CMS requires SWHP to ensure that our participating providers complete FWA training annually
- To address the CMS requirement, SWHP offers FWA training online at <https://swhp.org/en-us/prov/resources/fraud-waste-abuse-training>
- Providers are also required to attest that they have completed the FWA training
  - Medicare FWA Training Attestation Form is located online at <https://legacy.swhp.org/providers/resources/fraud-waste-and-abuse-training-providers/fraud-waste-and-abuse-training>
- SWHP understands that providers may have already completed FWA training for another Medicare plan or program; if that is the case, providers are asked to complete the Medicare FWA Training Attestation Form

# Pharmacy Services

- Argus Health Systems, Inc.
  - Pharmacy network utilized by SWHP (except for Medicaid)
  - Processes pharmacy claims for SWHP (except for Medicaid)
- SWHP Prescription Drug Lists (Formularies):
  - Located on the SWHP website at: <http://swhp.org/en-us/prov/resources/pharmacy-services/drug-list>
- SWHP Medication Authorizations & Exceptions:
  - Located on the SWHP website at: <http://swhp.org/en-us/prov/auth-referral/medications>
- Contact Information:
  - Help Desk Phone Number: (800)728-7947
  - Fax Number: (254)298-6110
  - Email Address: [PRESCRIPTIONSERVICES@sw.org](mailto:PRESCRIPTIONSERVICES@sw.org)

# Important Contact Information for SWHP

## Provider Relations:

Phone Number: (800)321-7947, ext. 203064 or (254)298-3064

Fax Number: (254)298-3044

Email: [SWHPProviderRelationsDepartment@sw.org](mailto:SWHPProviderRelationsDepartment@sw.org)

## Health Services Division:

Phone Number: (888)316-7947

or (254)298-3088

Fax Number: (800)626-3042

## Pharmacy:

Phone Number: (800)728-7947

Fax: (254)298-6110

Email: [PRESCRIPTIONSERVICES@sw.org](mailto:PRESCRIPTIONSERVICES@sw.org)

## SWHP Benefits Portal:

<https://portal.swhp.org/ProviderPortal/#/login>

**Provider IVR:** (800)655-7947

## Customer Advocacy:

(800)321-7947 or (254)298-3000