



06/10/2020

Important Announcement - Reminder

Commercial Health Plan Integration

Scott and White Health Plan (SWHP) is transitioning to a new claims system in a phased approach that will affect Texas A&M (TAMU) and Health Plus members starting **7/01/2020**. All claims for date of service 7/01/2020 and after for TAMU and Health Plus members will be processed in the new claims system.

Note: These members have received new Member Identification Numbers, which are located on the new ID card. This ID number must be used for any activity related to the member starting 7/1/2020.

Administrative changes, starting 7/1/2020:

- **Paper Claims Filing**
For dates of service 7/1/2020 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 will be 94999.
- **Electronic Funds Transfer (EFT)**
New registration will be handled via Change Healthcare. Providers currently enrolled in EFT prior to 07/01/20 will **not** have to re-register with Change Healthcare.
- **Important Phone Numbers**
The Health Services Department phone number for prior authorization requests is 866-384-3488. This may be a change for some providers.
- **Customer Service Number**
The new Customer Service phone number for inquiries regarding TAMU and Health Plus members is 844-633-5325. Members will receive new ID cards that show the new phone number.
- **Provider Portals**
The new provider portal address will be swhpprovider.firstcare.com. Members will receive new ID cards that show 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 Team can be located here:

<https://swhp.org/Portals/0/Files/Forms/ProviderNews/SWHP-Provider-Relations-Representative-Territory-Map.pdf>

Sample TAMU ID Cards


		
Group: ICSW FAMILY INDIVIDUAL Group #: Network: 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: * Deductible: Rx: * <small>*Deductible may apply.</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: SWPBSWIC
 Major Medical Policy		

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: 866-384-3488 Provider Portal: swhpprovider.firstcare.com Card Issue Date: 07/01/2020	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: swhpmember.firstcare.com • To avoid out-of-network costs and provider balance billing, find a provider at swhp.org
CUSTOMER SERVICE: 844-633-5325 • swhp.org	


		
Group: ICSW SINGLE INDIVIDUAL Group #: Network: 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: * Deductible: Rx: * <small>*Deductible may apply.</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: SWPBSWIC
 Individual		


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: 866-384-3488 Provider Portal: swhpprovider.firstcare.com Card Issue Date: 07/01/2020	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: swhpmember.firstcare.com • To avoid out-of-network costs and provider balance billing, find a provider at swhp.org
CUSTOMER SERVICE: 844-633-5325 • swhp.org	

Sample Health Plus ID Cards



Group: Standard HMO Rx Family P1 Ind
Network:
Benefit Effective Date:

SUBSCRIBER	MEMBER ID	IN-NETWORK PLAN BENEFITS
John Sample DOB: 00/00/0000	00000000000	Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: Deductible:
DEPENDENTS		PHARMACISTS ONLY 
Jane Sample	00000000000	Pharmacy Help Desk: 855-205-9182
Jack Sample	00000000000	BIN: 610011 PCN: IRX
Jill Sample	00000000000	GRP: SWPBSWHP
James Sample	00000000000	
Julie Sample	00000000000	
Joe Sample	00000000000	
Jackie Sample	00000000000	


Individual

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: 866-384-3488

Provider Portal:
swhprovider.firstcare.com


Card Issue Date:
 07/01/2020

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 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: swhpmember.firstcare.com
- To avoid out-of-network costs and provider balance billing, find a provider at swhp.org

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



Group: Standard HMO NoRx Family P1 Ind
Group #:
Network:
Benefit Effective Date:

SUBSCRIBER	MEMBER ID	IN-NETWORK PLAN BENEFITS
John Sample DOB: 00/00/0000	00000000000	Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: Deductible:
DEPENDENTS		
Jane Sample	00000000000	
Jack Sample	00000000000	
Jill Sample	00000000000	
James Sample	00000000000	
Julie Sample	00000000000	
Joe Sample	00000000000	
Jackie Sample	00000000000	


Individual

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 Phone: 866-384-3488

Provider Portal:
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Card Issue Date:
 07/01/2020

FOR MEMBERS
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- **Customer Service:** 844-633-5325 (TTY/TDD: 7-1-1)
- 24/7 Nurse Line: 800-724-7037
- Self-Service Portal: swhpmember.firstcare.com
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CUSTOMER SERVICE: 844-633-5325 • swhp.org



Group: Standard HMO NoRx Single P1 Ind
 Group #:
 Network:
 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: *
 Deductible:

*Deductible may apply.

DEPENDENTS

Jane Sample	00000000000
Jack Sample	00000000000
Jill Sample	00000000000
James Sample	00000000000
Julie Sample	00000000000
Joe Sample	00000000000
Jackie Sample	00000000000



FOR PROVIDERS

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 Availability: 94999

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 Health Plan
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CUSTOMER SERVICE: 844-633-5325 - swhp.org



Group: Standard HMO Rx Single P1 Ind
 Group #:
 Network:
 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: *
 Deductible:

Rx: *

*Deductible may apply.

DEPENDENTS

Jane Sample	00000000000
Jack Sample	00000000000
Jill Sample	00000000000
James Sample	00000000000
Julie Sample	00000000000
Joe Sample	00000000000
Jackie Sample	00000000000

PHARMACISTS ONLY 
 Pharmacy Help Desk: 855-205-9182
 BIN: 610011 PCN: IRX
 GRP: SWPBSWHP



FOR PROVIDERS

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 Availability: 94999

Paper Claims:
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CUSTOMER SERVICE: 844-633-5325 - swhp.org