

2024 Provider Reference Guide

Helpful provider information:

- Claim payment/refunds
- Interactive Voice Response (IVR)
- Websites and provider portals
- Pharmacy resources
- Prior Authorization
- Sample ID cards



Helpful Plan Information

	Commercial & Medicare	Medicaid
Website Resources	<ul style="list-style-type: none"> • BSWHP Provider Home Page • BSWHP Provider Manual & Training • BSWHP Provider Search Tool • Add Provider to Existing Contract • Provider Change of Address • Modify Existing Contract (Rates, add Products, update TIN, etc.) • Provider Termination • Update Medicaid/Medicare Number(s) • Join Our Network 	<ul style="list-style-type: none"> • RightCare Provider Home Page • FirstCare Provider Home Page • RightCare Provider Manual • FirstCare Provider Manual • RightCare Provider Search Tool • FirstCare Provider Search Tool • Add Provider to Existing Contract • Provider Change of Address • Modify Existing Contract (Rates, add Products, update TIN, etc.) • Provider Termination • Update Medicaid/Medicare Number(s) • Join Our Network
Claims/Eligibility Verification	<p>Please visit Provider.BSWHealth.com to determine the appropriate portal for claims and eligibility verification.</p> <p>Eligibility Verification Line (IVR Line): 800.655.7947 or 800.321.7947</p>	<p>Provider Portal RightCare FirstCare TexMedConnect</p> <p>Customer Service RightCare Medicaid: 855.897.4448 FirstCare CHIP: 877.639.2447 FirstCare STAR Medicaid: 800.431.7798</p>
Claims Filing	<p>Electronic Clearinghouse Availity Initial Filing Deadline 95/365 (Commercial/Medicare) days from date of service Corrected Filing Deadline 90 (Commercial) days from the date of determination on the initially filed clean claim 365 (Medicare) days from the date of service</p> <p>Dates of Service on and prior to 12/31/2023 Baylor Scott & White Health Plan ATTN: Claims PO Box 21800 Eagan, MN 55121-0800</p> <p>Dates of Service on and after 1/1/2024 Baylor Scott & White Health Plan ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>More Information Claim Submission Guidelines Electronic Filing Paper Filing</p>	<p>Electronic Clearinghouse Availity</p> <p>Initial Filing Deadline 95 days from date of service Corrected Filing Deadline 120 days from the date of disposition</p> <p>RightCare from Scott and White Health Plan ATTN: Claims P.O. Box 981727 El Paso, TX 79998-1727</p> <p>FirstCare Health Plans ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>More Information Claim Submission Guidelines Electronic Filing Paper Filing</p>
Claim Appeals/Redeterminations	<p>Filing Deadline Commercial 90 days 1 year (out-of-state providers)</p> <p>Medicare Advantage 60 days(Non-Contracted Providers) 120 days(Contracted Providers)</p> <p>Dates of Service on and prior to 12/31/2023 Appeals Address Baylor Scott & White Health Plan ATTN: Provider Claims Redetermination PO Box 21800 Eagan, MN 55121-0800</p> <p>Dates of Service on and after 1/1/2024 Baylor Scott & White Health Plan ATTN: Provider Claims Redetermination P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>Medicare Redetermination Submission Paper Electronic</p> <p>BSWH Provider Claim Review Line – 833.542.8355 NON-BSWH Provider Claim Review Line – 833.542.8179</p>	<p>Filing Deadline 120 days from the original determination date Scott and White Health Plan ATTN: RightCare PO BOX 981727 El Paso, TX 79998-1727</p> <p>Electronic submission</p> <p>OR</p> <p>Scott and White Health Plan ATTN: FirstCare P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>Electronic submission</p>

Helpful Plan Information

	Commercial & Medicare	Medicaid
Payment Methods	<p>Providers will be reimbursed through a Virtual Credit Card (VCC) unless they opt out.</p> <p>To opt out of VCC, select Automatic Clearinghouse (ACH) or Electronic Funds Transfer (EFT), contact: ECHO Health 888.837.2945 Register with ECHO Health.</p>	<p>Providers will receive Virtual Credit Card unless they enroll in EFT by registering with ECHO Health.</p> <p>Register with ECHO Health.</p>
Refund Requests	<p>Mail Refund Requests PO Box 840523 Dallas, TX 75284-0523</p>	<p>Medicaid/CHIP Refund Request Mail Refund Requests PO Box 211342 Eagan, MN 55121 -1342</p>
Medical Benefit Prior Authorization	<p>PA List and Request Form BSWHP Health Services Division 888.316.7947 or 254.298.3088 PA look-up tool (Link contains information regarding eviCore and Oncology Analytics)</p>	<p>RightCare PA List and Request Form FirstCare PA List and Request Form RightCare PA Portal Request FirstCare PA Portal Request</p> <p>Medical Management Phone: 855.691.7947 Fax: 800.292.1349</p> <p>Behavioral Health Management Phone: 855.395.9652 Fax: 844.436.8779</p>
Pharmacy Resources	<p>Pharmacy Services Drug Coverage Requests and Pharmacy PA Criteria Prescription Drug Lists</p>	<p>RightCare Pharmacy Information FirstCare Pharmacy Information</p> <p>Prescribing Providers 877.908.6023</p> <p>Pharmacy Providers 877.908.6023</p>
BSWHP Contact Information	<p>Provider Service Center 800.321.7947 or 254.298.3064</p> <p>Customer Advocacy Group-based: 844.633.5325 Marketplace 855.572.7238 RightCare Medicaid: 855.897.4448 FirstCare CHIP: 877.639.2447 FirstCare STAR Medicaid: 800.431.7798 BSW SeniorCare Advantage: 866.334.3141 (TTY 711) Covenant Health Advantage: 833.442.2405 (TTY 711)</p> <p>Find Your Provider Relations Rep</p>	

IVR and Provider Portals for member information

Interactive Voice Response System (IVR)*

- ▼ Benefit details - except Skilled Nursing Facility (SNF)
- ▼ Claims status - up to one year from date of service
- ▼ Deductible and out-of-pocket maximum
- ▼ Claims filing address
- ▼ Eligibility

Health Plan	IVR Phone Number
Baylor Scott & White Health Plan	800.655.7947
RightCare (Medicaid)	877.639.2447
FirstCare STAR and CHIP	877.639.2447

Provider Portal

- ▼ Benefit details
- ▼ Provider registrations (add contracted providers)
- ▼ Claims status
- ▼ Claim denial reason codes
- ▼ Deductible and out-of-pocket maximum
- ▼ Member network benefit information
- ▼ Eligibility
- ▼ Reimbursement rates by code
- ▼ Authorization request forms
- ▼ Authorization requirements by code

*No registration required


Depending on your patient, the Provider Portal will vary. The correct portal is shown on the back of the patient (member) ID card or can be found at Provider.BSWHealth.com. You may also find the provider portal address for your patients in the chart below.


Member	Payer ID	Letters in Member ID	Portal	Claims Address
Baylor Scott & White Health Plan				
RIGHTCARE MEDICAID	74205		rightcare.firstcare.com/Web/	RightCare from Scott and White Health Plan Attn: Claims P.O. Box 981727 El Paso, TX 79998-1727
BAYLOR SCOTT & WHITE HEALTH EMPLOYEE PLAN	94999		swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
MARKETPLACE	94999	BSW	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
COMMERCIAL GROUPS	94999		swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	MCR	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
COVENANT HEALTH ADVANTAGE HMO	94999	MCR	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121 -1342
FirstCare Health Plans				
STAR MEDICAID	94999		my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
CHIP	94999		my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
MARKETPLACE (no longer offered as of 12/31/23)	94999	HIM	my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342

Medicare ID card samples

Baylor Scott & White Health Plan offers a variety of plans. We have included sample ID cards below; however, card details may vary from plan to plan.

Medicare Advantage (BSW SeniorCare Advantage)





<p>JOHN SAMPLE Member No.: SMPL0001 Health Plan: RX BIN: 610011 RX PCN: IRX RX Group: SWPMED</p>	<p>HMO-POS Benefit Effective Date: Group No.: PCP/Spec: ER/Urgent:</p>
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Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.

CMS H8142_004

FOR PROVIDERS

Electronic Claims:
 Availability: 94999

Medical Paper Claims:
 Baylor Scott & White Health Plan
 ATTN: Claims
 PO Box 211342
 Eagan, MN 55121-1342

Prior Authorization:
 Visit the provider portal
 Fax: 800-626-3042
 Phone: 866-384-3488

Provider Service:
 swhpprovider.firstcare.com
 Phone: 800-656-7947

Card Issue Date:
 12/15/2023

FOR MEMBERS

Emergency and urgently needed services are covered outside the plan service area. If you require inpatient admission following an emergency, please notify the health plan within 48 hours of emergency services.


Important Information:


- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 866-334-3141** (TTY: 711)
- Self-Service Portal: MyBSWHealth.com
- OptumRx Help Desk: 844-230-9357
- 24-Hour Nurse Advice: 877-505-7947
- Virtual Care: MyBSWHealth.com or MyBSWHealth app
- To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com



CUSTOMER SERVICE: 866-334-3141 • BSWHealthPlan.com/Medicare

Medicare Advantage (Covenant Health Advantage)





<p>JOHN SAMPLE Member No.: SMPL0001 Health Plan: RX BIN: 610011 RX PCN: IRX RX Group: SWPMED</p>	<p>HMO Benefit Effective Date: Group No.: PCP/Spec: ER/Urgent:</p>
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Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.

CMS H4943_002

FOR PROVIDERS

Electronic Claims:
 Availability: 94999

Medical Paper Claims:
 Baylor Scott & White Health Plan
 ATTN: Claims
 PO Box 211342
 Eagan, MN 55121-1342

Prior Authorization:
 Visit the provider portal
 Fax: 800-626-3042
 Phone: 866-384-3488

Provider Service:
 swhpprovider.firstcare.com
 Phone: 833-442-2405

Card Issue Date:
 12/15/2023

FOR MEMBERS

Emergency and urgently needed services are covered outside the plan service area. If you require inpatient admission following an emergency, please notify the health plan within 48 hours of emergency services.


Important Information:

- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 833-442-2405** (TTY: 711)
- Self-Service Portal: Covenant.BSWHealthPlan.com
- 24-Hour Nurse Advice: 806-300-8670
- OptumRx Help Desk: 844-230-9357
- Virtual Care: Covenant.BSWHealthPlan.com or MDLIVE.com/CovenantIWA
- To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/find-provider



CUSTOMER SERVICE: 833-442-2405 • BSWHealthPlan.com/Medicare

Marketplace ID card sample



Group:
 Group#: _____
 Network:
 Benefit/Effective Date:

SUBSCRIBER	MEMBER ID	IN-NETWORK PLAN BENEFITS*
JOHN SAMPLES	MPL0001	<p>Adult PCP/Spec. / Pediatric PCP/Spec. / ER/Urgent. / Med Deductible: / Out-of-Pocket Max: / Rx Ded: / Rx:</p>
DEPENDENTS		
JANE SAMPLE		
JIMMY SAMPLE		

PHARMACISTS ONLY OPTUMRx
 OptumRx® Help Desk: 855-205-9182
BIN: 610011 PCN: IRX GRP: SWPBSWACA

QHP

FOR PROVIDERS

Electronic Claims:
 Availability: 94999

Paper Claims:
 Baylor Scott & White Health Plan
 ATTN: Claims
 PO Box 211342
 Eagan, MN 55121-1342

Prior Authorization:
 Visit the provider portal
 Fax: 800-626-3042
 Phone: 866-384-3488

Provider Service:
 swhpprovider.firstcare.com
 Phone: 855-572-7238

Card Issue Date:
 12/06/2023

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: 855-572-7238** (TTY: 711)
- Telehealth options:
 1. MDLIVE app or 800-718-5082
 2. MyBSWHealth app or MyBSWHealth.com
- 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 BSWHealthPlan.com

CUSTOMER SERVICE: 855-572-7238 • BSWHealthPlan.com

Medicaid ID card samples

Baylor Scott & White Health Plan offers a variety of plans. We have included sample ID cards below; however, card details may vary from plan to plan.



RightCare STAR

STAR/Medicaid

Member Name: RIGHTCARE SAMPLE
Member ID#: 999990003
Effective Date: 06/01/2019
PCP: PCP NAME
PCP Phone #: (555) 999-1234
Effective Date of PCP: 06/15/2019

Customer Service Phone #: 1-855-TX-RIGHT (1-855-897-4448)
RCSWHP 6145

Important Information/Información Importante


24/7 Member Services/24-7 Departamento de Servicios para Miembros (gratis) 1-855-897-4448
 24/7 Behavioral Health Crisis Line/24/7 Línea de Crisis de Salud Mental 1-844-436-8781
 24/7 Nurse Hotline/24/7 Línea directa de enfermería 1-855-828-1013
 Vision Services/Servicios para la Vista 1-800-879-6901
 Member Portal/Portal para miembros <https://rightcare.firstcare.com>

Directions for what to do in an emergency. In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.
Instrucciones en caso de emergencia. En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de las 24 horas o tan pronto como sea posible.

NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by RightCare from Scott & White Health Plan for STAR/Medicaid services. For Medical Prior Authorization or UM questions, call 1-855-691-7947. The Medical UM FAX number is 1-800-292-1349.
 For Behavioral Health Prior Authorization or UM questions, call 1-855-395-9652.
 The Behavioral Health UM FAX number is 1-844-436-8779.
 Submit Claims to: RightCare from Scott & White Health Plan
 PO Box 981727, El Paso, TX 79998-1727 Payer ID: 74205
 Prescription Drug Information (Navitus): 1-877-908-6023
BIN: 610602 **PCN:** MCD **GROUP:** SWH
www.RightCare.SWHP.org


REV 07/22

FirstCare STAR





Group (Grupo):
Group # (N.º de grupo):
Service Area (Área de servicio):
Benefit Effective Date (Fecha efectiva de beneficios):

MEMBER INFO (Información del Miembro)
Name (Nombre): JOHN SAMPLE
Member # (N.º de miembro): SMPL0001
Sex (Sexo):
DOB (Fecha de nacimiento):
PCP (Proveedor de atención primaria)
Name (Nombre):

Effective Date (Fecha efectiva): **PHARMACISTS ONLY**
 Navitus: 877-908-6023 
BIN: 610602 **PCN:** MCD **GRP:** FCH

Network (Red): **See back for additional information.**
Vea el dorso para obtener información adicional.

FOR PROVIDERS

Electronic Claims:

- Availity/Healthsmart: 94999
- Change Healthcare: P: TH003 I: 12T03

Paper Claims:
 FirstCare STAR
 PO Box 211342
 Eagan, MN 55121-1342

Prior Authorization:
 is mandatory for inpatient elective admissions.
 For authorizations, call 800-884-4905 or go to FirstCare.com/STAR.

Card Issue Date:
 08/02/2023

FOR MEMBERS

In case of emergency, call 911 or go to the closest emergency room.
 After treatment, call your/your child's PCP within 24 hours or as soon as possible.

- **Customer Service:** 800-431-7798 (TTY: 711)
- Behavioral health services: 800-327-6934
- Virtual Care (telehealth): 800-718-5082
- 24/7 Nurse Line: 855-828-1013
- Self-Service Portal: my.FirstCare.com
- Provider Directory: FirstCare.com/FindAProvider

PARA MIEMBROS

En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después del tratamiento, llame a su médico o al médico de su niño/a dentro de las 24 horas o tan pronto como sea posible.

- **Servicio al cliente:** 800-431-7798 (TTY: 711)
- Servicios de salud conductual: 800-327-6934
- Cuidado médico virtual (telesalud): 800-718-5082
- Línea de enfermeras 24/7: 855-828-1013
- Portal de autoservicio: my.FirstCare.com
- Directorio de proveedores: FirstCare.com/FindAProvider


FirstCare.com/STAR

FirstCare CHIP





Group (Grupo):
Group # (N.º de grupo):
Service Area (Área de servicio):
Benefit Effective Date (Fecha efectiva de beneficios):

MEMBER INFO (Información del Miembro)
Name (Nombre): JOHN SAMPLE
Member # (N.º de miembro): SMPL0001
Sex (Sexo):
DOB (Fecha de nacimiento):
PCP (Proveedor de atención primaria)
Name (Nombre):

Effective Date (Fecha efectiva): **PHARMACISTS ONLY**
 Navitus: 877-908-6023 
BIN: 610602 **PCN:** MCD **GRP:** FCH

Network (Red): **See back for additional information.**
Vea el dorso para obtener información adicional.

FOR PROVIDERS

Electronic Claims:

- Availity/Healthsmart: 94999
- Change Healthcare: P: TH003 I: 12T03

Paper Claims:
 FirstCare CHIP
 PO Box 211342
 Eagan, MN 55121-1342

Prior Authorization:
 is mandatory for inpatient elective admissions.
 For authorizations, call 800-884-4905 or go to FirstCare.com/CHIP.

Card Issue Date:
 08/02/2023

FOR MEMBERS

In case of emergency, call 911 or go to the closest emergency room.
 After treatment, call your/your child's PCP within 24 hours or as soon as possible.

- **Customer Service:** 877-639-2447 (TTY: 711)
- Behavioral Health Services: 800-327-6934
- Virtual Care (telehealth): 800-718-5082
- 24/7 Nurse Line: 855-828-1013
- Self-Service Portal: my.FirstCare.com
- Provider Directory: FirstCare.com/FindAProvider

PARA MIEMBROS

En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después del tratamiento, llame a su médico o al médico de su niño/a dentro de las 24 horas o tan pronto como sea posible.




- **Servicio al cliente:** 877-639-2447 (TTY: 711)
- Servicios de salud conductual: 800-327-6934
- Cuidado médico virtual (telesalud): 800-718-5082
- Línea de enfermeras 24/7: 855-828-1013
- Portal de autoservicio: my.FirstCare.com
- Directorio de proveedores: FirstCare.com/FindAProvider

FirstCare.com/CHIP

Group ID card samples

ID cards for members of group-based health plans look similar but sometimes contain unique information or logos.



BSW Access PPO

 Group: Group #: Network: Benefit Effective Date:		
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	In-Network Plan Benefits* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		Out-of-Network Plan Benefits* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
PHARMACISTS ONLY  OptumRx® Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWC		

BSWHP PROVIDERS Electronic Claims: Avail: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 Provider Service: swhpprovider.firstcare.com Phone: 844-633-5325 Card Issue Date: 12/07/2023	FOR MEMBERS Possession of this card does not guarantee coverage. 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 Find a Provider: BSWHealthPlan.com <hr/> UnitedHealthcare Providers (UHSS) Website: uhss.umr.com Phone: 888-830-0179 Medical Claims: EDI # 39026, UHSS, PO Box 30783 Salt Lake City, UT 84130-0783 UHSS Grp#
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Members using our BSW Access PPO network have this card. Note the UnitedHealthcare (UHC) Options PPO Network logo in the top right corner. Members have access to the UHC network outside the BSW Health Plan service area. Filing information for UHC providers is also included on the back of the card.

Teacher Retirement System (TRS)



 Group: Group #: Network: Benefit Effective Date:		
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	IN-NETWORK PLAN BENEFITS* PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx: * *Deductible may apply.
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		PHARMACISTS ONLY  OptumRx® Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWCP

FOR PROVIDERS Electronic Claims: Avail: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 Provider Service: swhpprovider.firstcare.com Phone: 844-633-5325 Card Issue Date: 12/06/2023	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) Telehealth options: <ol style="list-style-type: none"> MyBSWHealth app or MyBSWHealth.com MDLIVE app or 800-718-5082 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 BSWHealthPlan.com/TRS
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CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com/TRS

Cards for certain employer group-based members may include the logo of the employer in the top or bottom right corner. This group-specific example is for the group TRS and includes the TRS logo.

BSW Employee Plan

 BSWH Employee Medical Plan		
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	EQA IN-NETWORK PLAN BENEFITS Primary: Specialist: Urgent: Emergency: Medical Ded (Ind): Medical Ded (Fam): OOP Max (Ind): OOP Max (Fam):
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		PHARMACY ONLY  Pharmacy Help Desk: 800-728-7947 RX BIN: 610011 RX PCN: IRX RX Group: SWPBSWASO RX Generic: RX Preferred: RX Non-Preferred:




BSWHP PROVIDERS Electronic Claims: Avail: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 Provider Service: swhpprovider.firstcare.com Phone: 800-659-7947 Card Issue Date: 12/07/2023	FOR MEMBERS Possession of this card does not guarantee coverage. Important Information: <ul style="list-style-type: none"> In a medical emergency, call 911 or go to the nearest emergency facility. Customer Service: 844-843-3229 (TTY: 711) 24/7 Nurse Line: 800-724-7037 Self-Service Portal: MyBSWHealth.com Find a Provider: BSWHealthPlan.com/BSWH <hr/> NON-BSWHP PROVIDERS Urgent/Emergent services rendered by Non-BSWHP contracted providers refer to: UnitedHealthcare Providers (UHSS) Website: uhss.umr.com Phone: 888-830-0179 UHSS Grp# 78-800258 Medical Claims: EDI # 39026, UHSS, PO Box 30783 Salt Lake City, UT 84130-0783
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This sample represents the BSW Employee EQA plan, as indicated by "EQA" on the front of the card. PPO, SEQA and HDHP card versions vary slightly. BSW Employee Plan ID cards no longer display a group number, as a group number is not necessary to process the claim.

Group ID card samples

ID cards for members of group-based health plans look similar but sometimes contain unique information or logos.




BSW Premier HMO

		Group: Group #: Network: BSW PREMIER HMO Benefit Effective Date:
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	IN-NETWORK PLAN BENEFITS* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		PHARMACISTS ONLY  OptumRx® Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWACA
		

FOR PROVIDERS Electronic Claims: Availity: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 Provider Service: swhpprovider.firstcare.com Phone: 855-572-7238 Card Issue Date: 12/06/2023	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: 855-572-7238 (TTY: 711) Telehealth options: <ol style="list-style-type: none"> MDLIVE app or 800-718-5082 MyBSWHealth app or MyBSWHealth.com 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 BSWHealthPlan.com
CUSTOMER SERVICE: 855-572-7238 • BSWHealthPlan.com	

BSW Premier combines the Baylor Scott & White Quality Alliance ACO with the BSW Plus network, giving members in-network options for care in 141 counties, with the opportunity for Value-Based Care from BSWQA providers and other accountable care providers in select areas.




BSW Plus HMO

		Group: Group #: Network: Benefit Effective Date:
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	IN-NETWORK PLAN BENEFITS* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		PHARMACISTS ONLY  OptumRx® Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWCP
		

FOR PROVIDERS Electronic Claims: Availity: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 Provider Service: swhpprovider.firstcare.com Phone: 844-633-5325 Card Issue Date: 12/07/2023	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 BSWHealthPlan.com
CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com	

Covers members in 141 counties across North, Central and West Texas. Like all our HMO products, BSW Plus HMO members do not have to select a PCP and are not required to obtain a referral to see a specialist. BSW Plus HMO offers in-area coverage only, except for Emergency/Urgent Care.

BSW Plus PPO

		Group: Group #: Network: Benefit Effective Date:
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	In-Network Plan Benefits* PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		Out-of-Network Plan Benefits* PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
		PHARMACISTS ONLY  OptumRx® Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWACA

FOR PROVIDERS Electronic Claims: Availity: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 Provider Service: swhpprovider.firstcare.com Phone: 844-633-5325 Card Issue Date: 12/07/2023	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 BSWHealthPlan.com
CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com	

BSW Plus PPO is available in 141 Texas counties. Like BSWH Plus HMO, it does not require referrals and members do not have to select a PCP. BSW Plus PPO covers both in- and out-of-network care, including Emergency/Urgent Care.

BSWQA ID card samples

Members covered through direct-to-employer (DTE) agreements and network aggregator agreements (Centivo and WebTPA) through Baylor Scott & White Quality Alliance (BSWQA) use the BSW Premier HMO network. These employer clients have the BSW Premier network displayed on their cards in various formats, similar to those shown below.

IMPORTANT NOTE: These employers do not offer insurance coverage through Baylor Scott & White Health Plan, and the Baylor Scott & White Health Plan employer portals are not applicable to members who carry these cards. Cards are shown below simply due to the use of the BSW Premier network and your education as a provider.

BSW Premier HMO *change cards*

CENTIVO. Low Deductible Care Plan

<p>MEMBER INFO YOLANDA SAMPLE Member ID: ATTSI900003</p>	<p>MEMBER COSTS</p> <p>Primary Care: \$0 copay Specialist: \$50 copay Urgent Care: 10% coins. after ded. ER: 10% coins. after ded. Deductible: \$1,000 Ind./\$2,000 Fam. Out-of-Network: Not covered Out-of-Pocket Max: \$5,000 Ind./\$10,000 Fam. Out-of-Network: Not covered</p> <p><small>REMEMBER: Referrals from your Primary Care Team are required for most specialist care.</small></p>
<p>PLAN INFO</p> <p>Group ID: ATTSI Network: BSW</p>	<p>NETWORK INFO</p> <p>CENTIVO </p>

<p>SUPPORT</p> <p>Centivo Member Care: 833-759-0128 Centivo Member Portal: my.centivo.com Provider Support: 833-759-0128 Provider Locator Website: my.centivo.com Virtual Primary Care as PCP: 407-606-7943</p> <p>EAP by Lyra: 844-901-1062 Lyra Website: att.lyrahealth.com Your Personal Healthcare Team: 800-374-1009</p>	<p>ELIGIBILITY</p> <p>To confirm eligibility, verify benefits or check the status of a claim, go to provider.centivo.com.</p> <p>PRE-CERTIFICATION</p> <p>Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, please call 833-759-0128.</p> <p>Possession of this card or obtaining pre-certification does not guarantee coverage for the service or procedures reviewed.</p>
<p>MEDICAL CLAIMS SUBMISSIONS</p> <p><i>Claims for American Specialty Health providers:</i> Send Chiro, Acu, PT and OT claims electronically via ASHLink</p> <p><i>Claims for all other providers:</i> Electronic Payer ID: 45564 Mail: P.O. Box 211681, Eagan, MN 55121</p>	<p>For Chiro, Acu, PT and OT: </p> <p>For services pre-approved by Centivo only: </p>

Administered by

Prism Electric
 Group #: 2024PE
 Member: JOHN SAMPLE
 Member ID: SMPL0001
 Plan: PPO

For Baylor Scott & White providers visit my.bswhealth.com
 For Aetna providers visit www.aetna.com/asa

Rx Bin: 610011
 PCN: IRX
 Rx Group: PRISM24
 Pharmacy Questions: Call 1-800-710-9341

For Members with Benefits or Eligibility questions: Members call 855-205-1787 or visit my.bswhealth.com
 For Providers Benefits/Eligibility/Claims/Pre-Certification questions: Providers call 855-205-2426 or visit www.webtpa.com

Submit Claims to: WebTPA - PO Box 99906- Grapevine, TX 76099-9706 Payer ID #75261

Members: Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (pre-certification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).

Providers: Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, call the number shown on this card.

Notice: Possession of the card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. We encourage you to use a PCP as a valuable resource and personal health advocate.

TelaDoc - www.teladoc.com - 800-835-2362