

Provider Self-Service Portal

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Baylor Scott & White Provider Logos

The logos below will help you identify what provider portals to utilize.

Move your cursor over the image to select your patient's coverage and gain access to the appropriate Provider Portal.




Commercial or Individual/Family Marketplace

Providers with Commercial or Individual/Family Marketplace patients with Baylor Scott & White Health Plan (BSWHP) coverage. [User Guide](#)

LOG IN/CREATE ACCOUNT ↗

ER/ED BENEFITS VERIFICATION ↗




Medicaid STAR - RightCare

Providers with Medicaid STAR patients with RightCare by Scott and White Health Plan (SWHP) coverage. [User Guide](#)

LOG IN/CREATE ACCOUNT ↗

ER/ED BENEFITS VERIFICATION ↗



Medicaid STAR/CHIP - FirstCare

Providers with Medicaid STAR and CHIP patients with FirstCare Health Plans (FirstCare) coverage. [User Guide](#)

LOG IN/CREATE ACCOUNT ↗

ER/ED BENEFITS VERIFICATION ↗



Create Account

Baylor Scott & White Health Plan **Baylor Scott & White Insurance Company** **Baylor Scott & White Care Plan**

Welcome to your 24/7 Self-Service Portal.

Is this your first time visiting?
[Create an account today.](#)

Log in to your account:

Username

Password

☐ Remember Me

Log in

[Forgot Username?](#) [Forgot Password?](#)

Create an Account

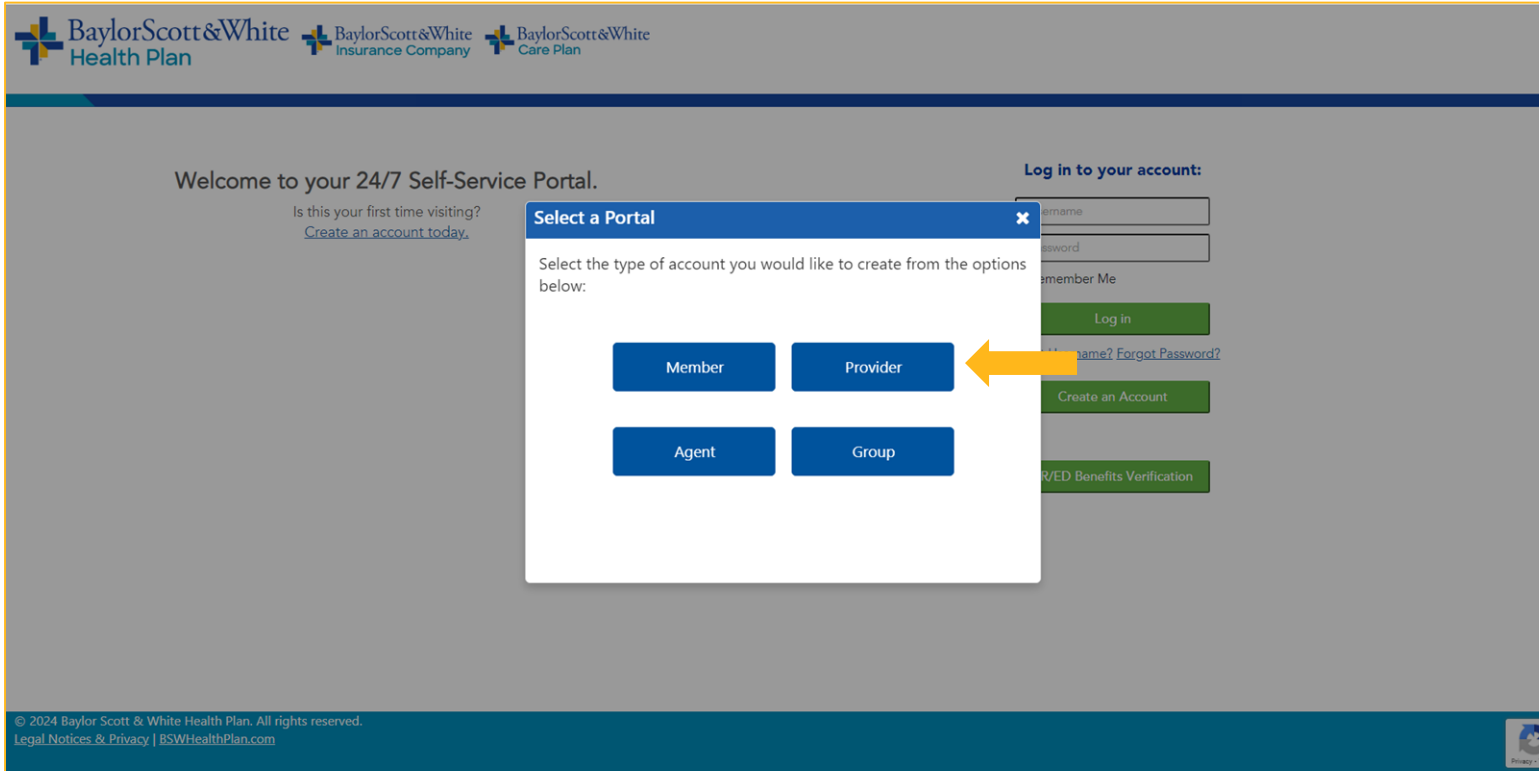
ER/ED Benefits Verification

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Choose the link or the button to create an account.



Create Account – Select Provider






The screenshot displays the Baylor Scott & White Health Plan self-service portal. At the top, there are three logos: Baylor Scott & White Health Plan, Baylor Scott & White Insurance Company, and Baylor Scott & White Care Plan. The main heading reads "Welcome to your 24/7 Self-Service Portal." Below this, a link asks "Is this your first time visiting? [Create an account today.](#)". A "Log in to your account:" section contains input fields for "Username" and "Password", a "Remember Me" checkbox, and a "Log in" button. Below the login section are links for "Forgot Username?", "Forgot Password?", "Create an Account", and "R/ED Benefits Verification". A "Select a Portal" dialog box is open in the center, with the text "Select the type of account you would like to create from the options below:". It contains four buttons: "Member", "Provider", "Agent", and "Group". An orange arrow points to the "Provider" button. The footer includes the copyright notice "© 2024 Baylor Scott & White Health Plan. All rights reserved." and a link to "Legal Notices & Privacy | BSWHealthPlan.com".

Select the “Provider” button to continue registration.



Start Registration using Claim/Member ID



Create my Provider User Account

1. Add Providers

2. Contact Information

3. Account

4. Security Questions

5. Privacy Policy

To create your Provider User Account:

1. If you are a Billing Provider, enter your Tax ID and NPI, and information for a claim for each of 2 different Members within the last 90 days.


2. If you are a Practitioner, enter the Tax ID, NPI, and information for a claim for each of 2 different Members within the last 90 days for one of your Billing Providers.

3. If you do not have Claims for 2 members, click the "Use Activation Code" checkbox below, and then fill in the information requested in the chat that displays.

4. After entering your information in one of the 3 ways above, click "Validate" to begin your Portal Account registration.

5. You will be able to add more providers to your account after it is created, by clicking 'View/Edit My Info' in the left navigation bar, and then 'Registered Providers'. Instructions are provided for you there.

Use Activation Code ☐ (Check only if you don't have a Claim ID)



Billing Provider Tax ID*

Billing Provider NPI*

Claim ID*

Member ID*

Claim ID*

Member ID*

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To self-register, please provide a Billing Provider's Tax ID(with dash) and NPI, along with two different Member IDs and Claim IDs from claims submitted within the last 90 days



Start Registration using Activation Code

Create my Provider User Account

1. Add Providers 2. Contact Information 3. Account 4. Security Questions 5. Privacy Policy

To create your Provider User Account:

1. If you are a **Billing Provider**, enter your Tax ID and NPI, and information for a claim for each of 2 different Members within the last 90 days.
2. If you are a **Practitioner**, enter the Tax ID, NPI, and information for a claim for each of 2 different Members within the last 90 days for one of your Billing Providers.
3. If you do not have **Claims for 2 members**, click the "Use Activation Code" checkbox below, and then fill in the information requested in the chat that displays.
4. After entering your information in one of the 3 ways above, click "Validate" to begin your Portal Account registration.
5. You will be able to add more providers to your account after it is created, by clicking "View/Edit My Info" in the left navigation bar, and then "Registered Providers". Instructions are provided for you there.

Use Activation Code ☒ (Check only if you don't have a Claim ID)

Billing Provider Tax ID*

Billing Provider NPI*

Activation Code*

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Please answer below questions.

* Requester's First and Last Name

* Requester's Email

* Supplier's Billing Address

* Requester's Job Title, Organization Name, and Call-back Phone Number

* Requester's NPI and TIN

If you do NOT have the claim information, you must obtain an Activation Code. (See the following slide.) Enter the same Billing Provider Tax ID and NPI you used for the Activation Code, and then enter the Activation Code here to continue with your registration



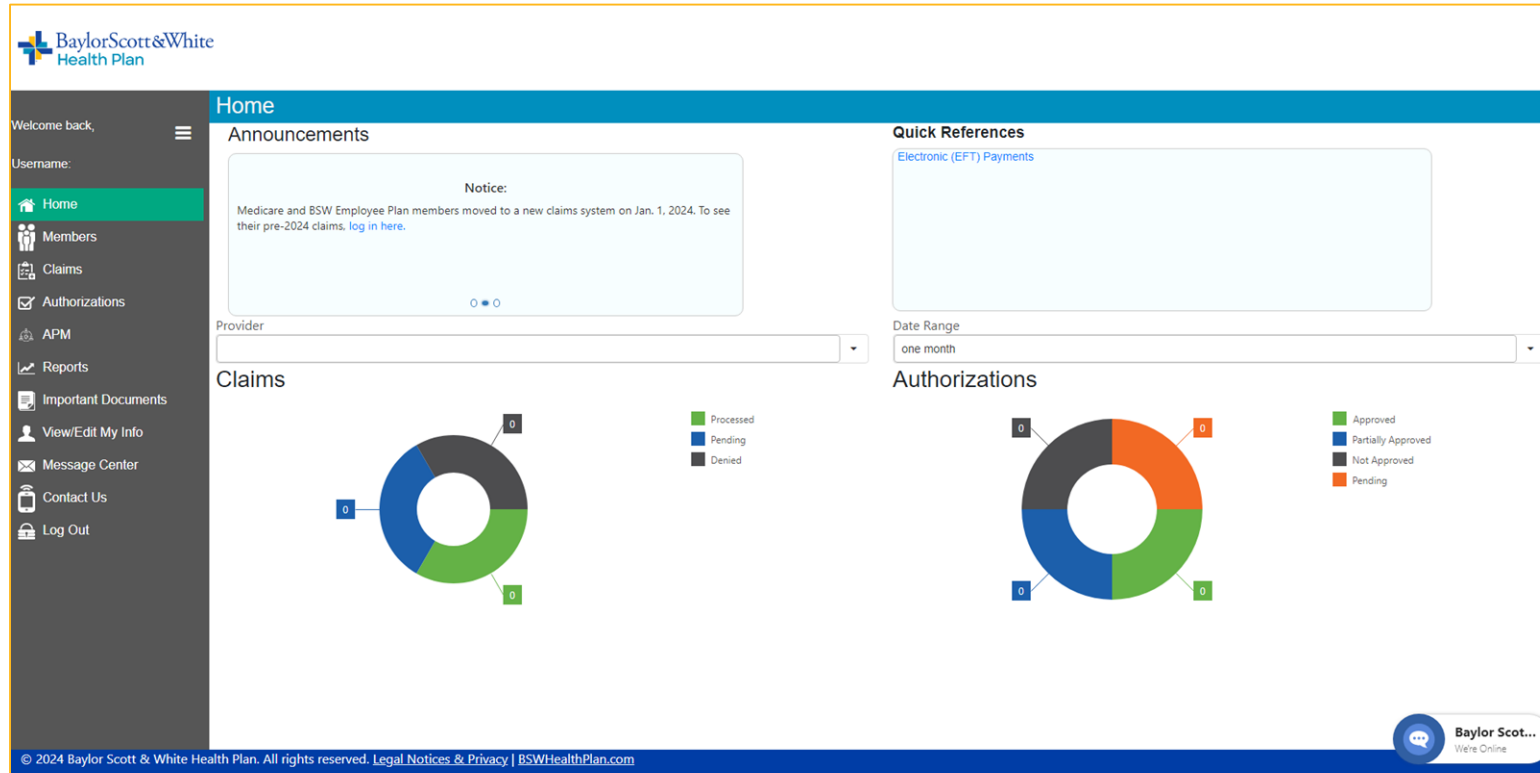
Obtain an Activation Code

If you do NOT have the claim information, an activation code is required. To obtain an activation code, click **Use Activation Code**, and contact us by chatbot. Please include the following information:

- First and last name
- Email address
- Billing address
- Job title
- Name of organization
- Phone number
- Group NPI
- Tax ID number



Dashboard



Upon log-in, the Provider Dashboard displays, which includes a quick one-month summary, important announcements, and reference links



Collapsed Navigation Bar

The screenshot shows the Baylor Scott & White Health Plan dashboard. On the left, a vertical navigation bar is collapsed, showing only a hamburger menu icon at the top and several icons below. The main content area has a blue header with the text "Home". Below the header, there are two main sections: "Announcements" and "Quick References". The "Announcements" section contains a light blue box with the text "FOR COMMERCIAL PLANS: Claim Appeal/Redetermination Process" and a link "Click Here To Learn More.". The "Quick References" section contains a link "Electronic (EFT) Payments". Below these sections, there are two donut charts. The left chart is titled "Claims" and has a legend with three categories: "Processed" (green), "Pending" (blue), and "Denied" (grey). The right chart is titled "Authorizations" and has a legend with four categories: "Approved" (green), "Partially Approved" (blue), "Not Approved" (grey), and "Pending" (orange). Both charts show zero counts for all categories. At the bottom of the dashboard, there is a footer with the text "© 2024 Baylor Scott & White Health Plan. All rights reserved. Legal Notices & Privacy | BSWHealthPlan.com" and a "Baylor Scot... We're Online" button.

Baylor Scott & White Health Plan

Home

Announcements

FOR COMMERCIAL PLANS: Claim Appeal/Redetermination Process
Click Here To Learn More.

Quick References

Electronic (EFT) Payments

Provider

Date Range

one month

Claims

Processed
Pending
Denied

Authorizations

Approved
Partially Approved
Not Approved
Pending

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We're Online

Click the “hamburger” icon to provide more viewing space.



Home

Announcements

Quick References

Electronic (EFT) Payments

Provider

Date Range

one month

Claims

Authorizations

Processed

Pending

Denied

Approved

Partially Approved

Not Approved

Pending

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Responsive / Mobile Friendly

The Provider Portal is a responsive web app, automatically adjusting the display to fit the size of the user's device. This is an iPad view of the Landing Page.



Member Information

BaylorScott&White

Health Plan

Welcome back,

Username:

Home

Members

Claims

Authorizations

APM

Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Members

Member ID:

Submit

Find Member ID

Choose Member:

[View ID Cards](#)

[View Claims](#)

[View Authorizations](#)

[Request New Authorization](#)

Personal Information

Benefits & Coverage

Accumulators

PCP/OBGYN

Other Coverage

Additional IDs

Current Status:

Account Id:

Paid Through Date:

Birth Date:

Gender:

Relationship:

Ethnicity:

Language:

Benefit Network:

Account Name:

Phone:

Home:

Mailing:

Billing:

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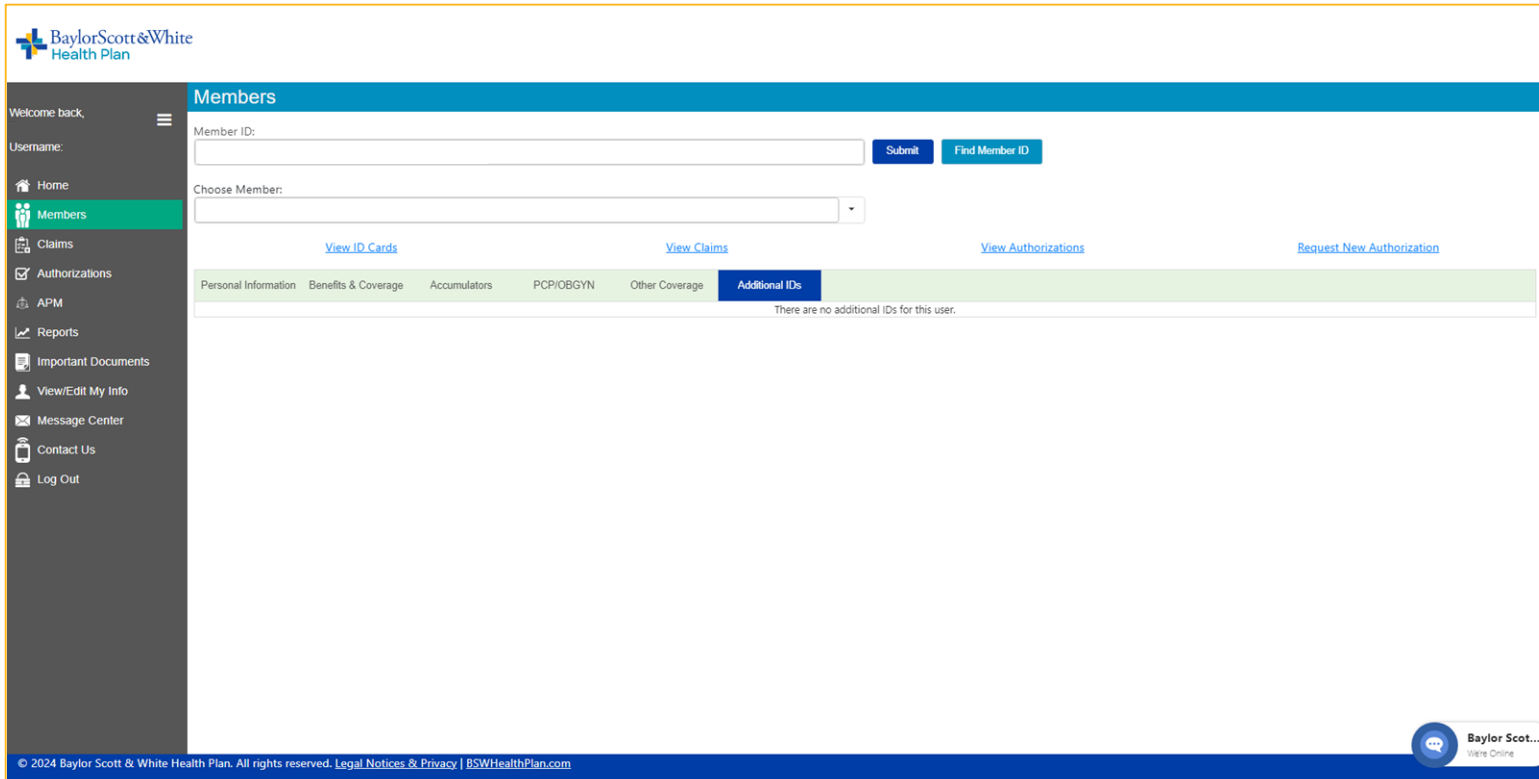
Baylor Scot...

View Online

The Members page allows you to verify eligibility and plan benefits, view the member’s ID card, look up auth and claims status, see provider selections, and more.



Member with Additional IDs

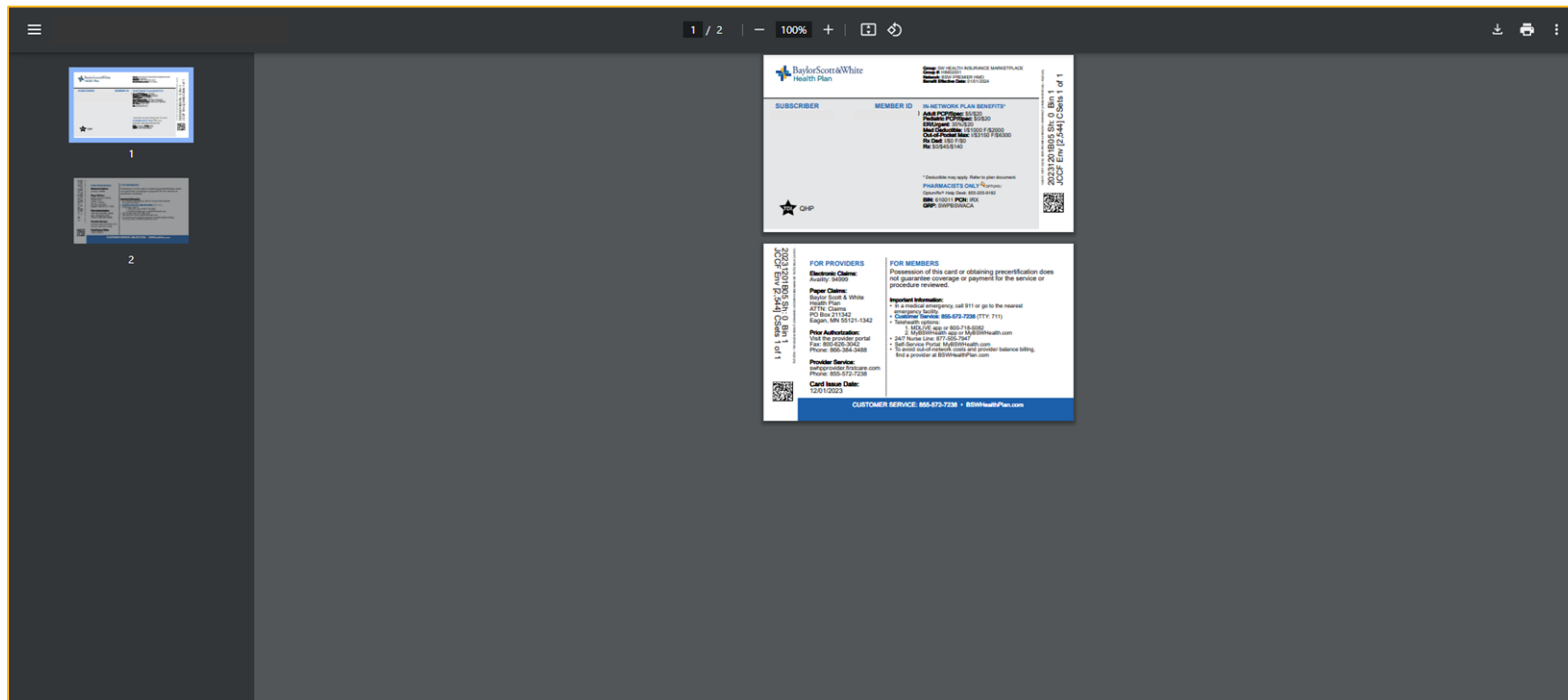


The screenshot displays the 'Members' section of the Baylor Scott & White Health Plan portal. On the left is a dark sidebar with navigation links: Home, Members (highlighted), Claims, Authorizations, APM, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area has a blue header with the 'Members' title. Below this, there is a 'Member ID:' input field with a 'Submit' button and a 'Find Member ID' button. A 'Choose Member:' dropdown menu is also present. Below the dropdown are four links: 'View ID Cards', 'View Claims', 'View Authorizations', and 'Request New Authorization'. A horizontal tab bar contains 'Personal Information', 'Benefits & Coverage', 'Accumulators', 'PCPI/OBGYN', 'Other Coverage', and 'Additional IDs' (which is selected and highlighted in blue). Below the tabs, a message states: 'There are no additional IDs for this user.'

Providers are alerted when Members have additional FirstCare active or terminated IDs. The IDs can be viewed on the “Additional IDs” tab.



Member ID Cards



Easily view, download, and print Member ID cards.



Member Benefits

Members' current Benefits & Coverage display here, as well as the option to view past benefits & coverage using the dropdown.

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Health Plan

Welcome back,

Username:

Home

Members

Claims

Authorizations

APM

Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Members

Member ID:

Submit

Find Member ID

Choose Member:

View ID Cards

View Claims

View Authorizations

Request New Authorization

Personal Information

Benefits & Coverage

Accumulators

PCP/OBGYN

Other Coverage

Additional IDs

01/01/2024 - Current (SHW4M27_HIM02)

Medical Benefits

Pharmacy Benefits

Medical Benefit Summary	Value
ER Coinsurance	65%
In Network Coinsurance	65%
In Network Family Deductible	\$2,000.00
In Network Family Out Of Pocket Maximum	\$6,300.00
In Network Individual Deductible	\$1,000.00
In Network Individual Out Of Pocket Maximum	\$3,150.00
PCP Office Copay	\$5.00
Pediatric Office Copay	\$0.00
Specialist Office Copay	\$20.00
Urgent Care Copay	\$20.00

Pharmacy Benefit Summary	Value
Family RX Deductible	\$0.00
Individual RX Deductible	\$0.00
RX Deductible Maximum	\$0.00
RX Family OOP Maximum	\$6,300.00
RX Individual OOP Maximum	\$3,150.00
RX Tier 1 Copay	\$0.00
RX Tier 2 Copay	\$45.00
RX Tier 3 Copay	\$140.00
RX Tier 4 Copay	\$500.00

Benefit Documents

Document Type Description	View File
Medical	<div>View</div>
Evidence of Coverage/Certificate of Insurance	<div>View</div>

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Member Accumulators

Check the status of a Member's Deductible, OOP Max, or Service Category Accumulators. Click the down arrows to see all the details.

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Health Plan

Welcome back,

Username:

Home

Members

Claims

Authorizations

APM

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Important Documents

View/Edit My Info

Message Center

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Log Out

Members

Member ID:

Submit

Find Member ID

Choose Member:

View ID Cards

View Claims

View Authorizations

Request New Authorization

Personal Information

Benefits & Coverage

Accumulators

PCP/OBGYN

Other Coverage

Additional IDs

Deductible/Out-of-Pocket Maximums

This information is based on claims processed as of the previous business day. Recent services may not yet be included.

Search

Search...

Benefit	Progress	Maximum	Satisfied	Remaining	Effective	End
▶ Accumulator Type: Deductible						
▶ Accumulator Type: Member Responsibility Threshold						
▶ Accumulator Type: OOP Max						
▼ Accumulator Type: Service Category (Continues on the next page)						
CVest	<div>Progress: 0%</div>	1	0	1	1/1/2024	12/31/2028
HH	<div>Progress: 0%</div>	60	0	60	1/1/2024	12/31/2024
Hearing	<div>Progress: 0%</div>	1	0	1	10/1/2021	9/30/2024
Rehab	<div>Progress: 40%</div>	35	14	21	1/1/2024	12/31/2024
SNF	<div>Progress: 0%</div>	25	0	25	1/1/2024	12/31/2024
Durable Medical Equipment, Apnea Monitor (CM)	<div>Progress: 0%</div>	1	0	1		

5

10

20

Page 1 of 2 (21 items)

1

2

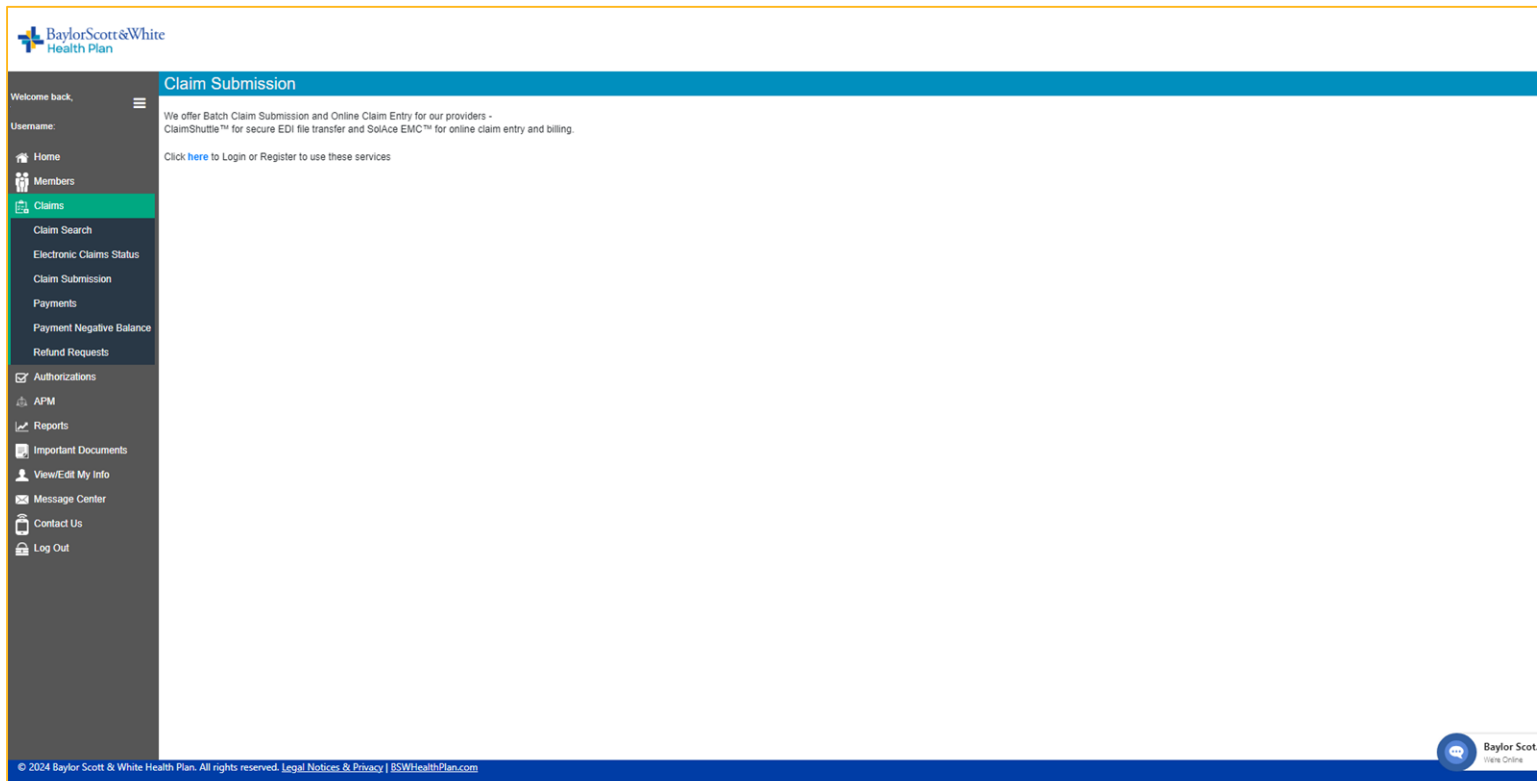
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Health Plan

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Electronic Claims Submission



Most providers use a third-party service or clearinghouse for electronic claims submissions. A small number, however, submit claims electronically through our portal.



Electronic Claims Status

Welcome back,

Username:

Home

Members

Claims

Claim Search

Electronic Claims Status

Claim Submission

Payments

Payment Negative Balance

Refund Requests

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Log Out

Claim Search

Search By:

Member / Provider

Claim Number

Check Number

835 Trace Number

Historical claims - Members to new payor system 1/1/2024

Member ID

Claim Status

Provider*

Member ID:

(All)

Service Start Date Between*

And*

1/1/2024

9/30/2024

Search

Clear

Search...

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status	Provider Name	Deductible	End Date
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		1,000.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		0.00	1/2/2024

10 25 50

Page 1 of 887 (8870 Items) 1 2 3 4 5 ... 887

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Baylor Scot...


View Online

View the status of your electronically submitted claims, including the reason (compliance error) for any rejections. The “Accepted” claims have been submitted for processing.

The “Rejected” claims require you to review and re-submit before they will be submitted for processing.



Electronic Claims Status – Rejected Claims Only

 **Electronic Claims Status**

Welcome back, Username:

Provider:

Received Date From: To: Patient Control Number:


Service Start Date: Service End Date: Search Clear

☒ View only rejected claims

Member ID	Claim Number	Charge	Status	Service Start Date	Received Date	Tax ID	Provider ID	NPI	Compliance Error	Patient Ctr #
No data										

10 25 50 Page 1 of 1 (0 items) 1

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 **Baylor Scot...**
[View Online](#)

You have the option to view only the rejected claims. This enables you to remediate and re-submit quickly.



Grid Global Search (Claims, Auths, etc.)

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Health Plan

Welcome back,

Username:

Home

Members

Claims

Claim Search

Electronic Claims Status

Claim Submission

Payments

Payment Negative Balance

Refund Requests

Authorizations

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Log Out

Claim Search

Search By:

Member / Provider

Claim Number

Check Number

835 Trace Number

Historical claims - Members to new payor system 1/1/2024

Member ID

Claim Status

Provider*

Member ID:

(All)

Service Start Date Between:

1/1/2024

And:

9/30/2024

Search

Clear

Search...

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status	Provider Name	Deductible	End Date
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		1,000.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	DENIED		0.00	1/1/2024
▶			View					Appeal...	PROCESSED		0.00	1/2/2024

10 25 50

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Here’s a tip to search the entire grid of any grid in the portal: Using the search field above the grid, type in one or more numeric and/or alphabetic characters and hit Enter or the spyglass icon.



Claim Search by Provider/Member

Welcome back,

Username:

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Message Center

Contact Us

Log Out

Claim Search

Search By:

Member / Provider

Claim Number

Check Number

Historical claims - Members to new payor system 1/1/2024

635 Trace Number

Member ID

Claim Status

Provider*

Member ID...

(All)

Service Start Date Between*

And*

9/1/2024

9/30/2024

Search

Clear

Search...

Claim ID	Start Date	Receipt Date	EQP	Member ID	Member Name	Billed	Paid	Appeal	Status	Provider Name	Deductible	End Date
>			View					Appeal...	PROCESSED		0.00	1/2/2024
>			View					Appeal...	PROCESSED		0.00	1/2/2024
>			View					Appeal...	PROCESSED		0.00	1/2/2024
>			View					Appeal...	PROCESSED		0.00	1/3/2024
>			View					Appeal...	DENIED		0.00	1/2/2024
>			View					Appeal...	PROCESSED		0.00	1/2/2024
>			View					Appeal...	DENIED		0.00	1/2/2024
>			View					Appeal...	PROCESSED		0.00	1/3/2024
>			View					Appeal...	DENIED		0.00	1/3/2024
>			View					Appeal...	PROCESSED		0.00	1/3/2024

10 25 50

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1 2 3 4 5 ... 114

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Visit Online

From the Claims page, you can search for claims by Member ID, Provider, claim number, check number, status, and DOS.

NOTE that the default date range is 1 month. Maximum date range is any 12-month timespan



Claim Lines – Denied Reason

Line Item	Start Date	Diagnosis	Procedure	Charge	Units (Allowed)	Status	Reason	Paid	Location	Processed Date	Indicator/Modificator	End Date
1	1/1/2024			100.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
2	1/1/2024		09907	100.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
3	1/1/2024			100.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
4	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
5	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
6	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
7	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
8	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
9	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
10	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
11	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
12	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
13	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
14	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
15	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
16	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
17	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
18	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
19	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024
20	1/1/2024		C7725	1,000.00	1	DENIED		0.00	0.00	1/1/2024		1/1/2024

Claims can be expanded to show line detail with a single click of the arrow next to the Claim ID. For each claim line, Providers can view status and get a full description of the reason for any denials.

You can also, by clicking the “View” buttons on a claim line, view details about the Diagnosis codes and the Indicators & Modifiers.



EOPs and Electronic Remittance Advice

Search By: Member / Provider Claim Number Check Number 855 Trace Number

Member ID: (All) Claim Status: Provider*

Service Start Date Between*: 1/1/2024 And*: 8/30/2024 Search Clear

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status	Provider Name	Deductible	End Date
▶			View					Appeal...	PROCESSED		0.00	1/2/2024
▶			View					Appeal...	PROCESSED		1.00	1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/3/2024
▶			View					Appeal...	DENIED		0.00	1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/2/2024
▶			View					Appeal...	DENIED		0.00	1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/3/2024
▶			View					Appeal...	DENIED		0.00	1/3/2024
▶			View					Appeal...	PROCESSED		0.00	1/3/2024

Page 1 of 114 (1138 Items) 1 2 3 4 5 ... 114

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Providers can view EOPs and associated remittance information from the Claim Search page by locating the claim and clicking the View button in the EOP column.



Claim Review Request – Commercial (Individual Family, Marketplace, ASO, Employer Group) & Baylor Employee

Search By: Member / Provider Claim Number Check Number 835 Trace Number

Member ID Claim Status Provider*
Member ID... (All) ...
Service Start Date Between*: 1/1/2024 And*: 9/30/2024 Search Clear

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status	Provider Name	Deductible	End Date
▶			View					Appeal...	PROCESSED			1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/3/2024
▶			View					Appeal...	DENIED			1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/2/2024
▶			View					Appeal...	DENIED			1/2/2024
▶			View					Appeal...	PROCESSED		0.00	1/3/2024
▶			View					Appeal...	DENIED			1/3/2024
▶			View					Appeal...	PROCESSED		0.00	1/3/2024

Page 1 of 114 (1138 items) 1 2 3 4 5 ... 114

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A Claim Review Request will be available via the Provider Service Center at **833.542.8179** which includes detailed claim analysis, real-time adjustments on most claims and quick follow-up rather than submitting through the provider portal.



Claim Redetermination Request – Medicaid & Medicare

The screenshot displays the 'Claim Appeal' interface for the Baylor Scott & White Health Plan. On the left is a navigation sidebar with links: Home, Members, Claims, Claim Search, Electronic Claims Status, Claim Submission, Payments, Payment Negative Balance, Refund Requests, Authorizations, APM, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area is titled 'Claim Appeal' and contains a form for submitting an appeal. At the top of the form, there is a header bar with the plan logo and a 'Welcome back,' message. Below this, the form is divided into sections. The first section, 'Member Information', includes fields for Member ID, Member Name, Start Date, End Date, Paid Date, Paid Amount, Network, Charge, and Status. The second section, 'Reason for Appeal', features a list of checkboxes for selecting the reason for the appeal: Authorization, Coordination of Benefits/Third Party Resources, Correct Coding (CES)/external bundling/fraud detection, COVID, Eligibility/Newborn, Medical Necessity/Medical Records, No TPI on File, Non-Covered, Overpayment, Provider Information Updated, Services Excluded/Not Included in Contract, Surprise Billing, and Underpayment/Provider Pricing/Reimbursement. To the right of these checkboxes is an 'Attachments' section with a file upload button and a text area for providing a summary of the appeal. A note at the bottom of the form states: 'An Appeal Reason is required to appeal a Claim.' At the very bottom of the page, there is a footer with the copyright notice: '© 2024 Baylor Scott & White Health Plan. All rights reserved. Legal Notices & Privacy | BSWHealthPlan.com'.

Claim Appeal

Member ID: 9/4/24
Member Name: 9/4/24
Start Date: 9/4/24
End Date: 9/4/24
Paid Date: 9/10/24
Paid Amount: \$2,453.55
Network: Medicare Advantage HMO
Charge: \$20,149.30
Status: PROCESSED

Reason for Appeal

Indicate the reason for Appeal:

- ☐ Authorization
- ☐ Coordination of Benefits/Third Party Resources
- ☐ Correct Coding (CES)/external bundling/fraud detection
- ☐ COVID
- ☐ Eligibility/Newborn
- ☐ Medical Necessity/Medical Records
- ☐ No TPI on File
- ☐ Non-Covered
- ☐ Overpayment
- ☐ Provider Information Updated
- ☐ Services Excluded/Not Included in Contract
- ☐ Surprise Billing
- ☐ Underpayment/Provider Pricing/Reimbursement

Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL. Maximum file size 20 MB)

Select file or Drop file here

Please provide a summary of this appeal. You may also include any additional supporting information that you believe is useful for the claim's appeal.

NOTE: Corrected Claims are not accepted through this process and must be submitted as a new claim with the corrected claim indicator.

An Appeal Reason is required to appeal a Claim.

Submit Appeal Cancel

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Claims can be appealed by clicking the “Appeal” button from the Claim Search grid.



Claim Appeal – Submission Confirmation

The screenshot shows the 'Claim Appeal' submission confirmation page for the Baylor Scott & White Health Plan. The page has a blue header with the company logo and name. A left sidebar contains navigation links: Home, Members, Claims, Claim Search, Electronic Claims Status, Claim Submission, Payments, Payment Negative Balance, Refund Requests, Authorizations, APM, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area is titled 'Claim Appeal' and displays member information: Member Name, Provider NPI, Date of Birth (11/17/1955), Claim Number, Member ID, Patient Control #, Start Date (9/4/24), End Date (9/4/24), Charge (\$20,149.30), Paid Date (9/10/24), Paid Amount (\$2,453.55), and Network (Medicare Advantage HMO). Below this, there's a 'Reason for Appeal' section with a list of checkboxes for reasons like Authorization, Coordination of Benefits, Correct Coding, COVID, Eligibility, Medical Necessity, No TRI on File, Non-Covered, Overpayment, Provider Information Updated, Services Excluded, Surprise Billing, and Underpayment. To the right of these checkboxes is an 'Attachments' section with a file upload button and a text area for a summary of the appeal. A large green box with a checkmark and the text 'Appeal Request Submitted' is prominently displayed in the center. Below this, a message states: 'Your Appeal has been submitted and will be processed shortly. Your request id is 3324222'. At the bottom, there's a note: 'An Appeal Reason is required to appeal a Claim.' with 'Submit Appeal' and 'Cancel' buttons.

Claim Appeal

Member Name: [Redacted] Member ID: [Redacted] Start Date: 9/4/24 Paid Date: 9/10/24
Provider NPI: [Redacted] Patient Control #: [Redacted] End Date: 9/4/24 Paid Amount: \$2,453.55
Date of Birth: 11/17/1955 Charge: \$20,149.30 Network: Medicare Advantage HMO
Claim Number: [Redacted] Status: PROCESSED

Reason for Appeal

Indicate the reason for Appeal:

- ☐ Authorization
- ☐ Coordination of Benefits/Third Party Resources
- ☐ Correct Coding (CES)/external bundling/traud detection
- ☐ COVID
- ☐ Eligibility/Newborn
- ☐ Medical Necessity/Medical Records
- ☐ No TRI on File
- ☐ Non-Covered
- ☐ Overpayment
- ☐ Provider Information Updated
- ☐ Services Excluded/Not Included in Contract
- ☐ Surprise Billing
- ☐ Underpayment/Provider Pricing/Reimbursement

Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL. Maximum file size 20 MB)

Select file or Drop file here

Please provide a summary of this appeal. You may also include any additional supporting information that you believe is useful for the claim's appeal.

Appeal Request Submitted

Your Appeal has been submitted and will be processed shortly. Your request id is 3324222

ugh this process and must be submitted as a new claim with the corrected claim indicator.

An Appeal Reason is required to appeal a Claim.

Submit Appeal Cancel

Once you submit the appeal, a popup will show you the confirmation of your submission. You can also go to Message Center/My Messages to see your Claim Appeal submission ID.



Claim Payments

The Claim Payments page displays a Supplier's payments for the requested date range.

BaylorScott&White

Health Plan

Welcome back,

Username:

Home

Members

Claims

Claim Search

Electronic Claims Status

Claim Submission

Payments

Payment Negative Balance

Refund Requests

Authorizations

APM

Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Claim Payments

Search By:

Supplier

835 Trace Number

Check Number

Supplier*

☐ View only payments with negative balance

Payment Between*: 04/01/2024

And*: 09/30/2024

Search

Clear

Search...

835 Trace Number	Check Number	Payment Status	Payment Date	Payment Amount	Negative Balance Amount	Recoupment Amount	View Claims
4697880		Issued	9/30/2024	\$21,312.74	\$0.00	\$0.00	View Claims
4697471		Issued	9/30/2024	\$43,155.18	\$0.03	\$1,112.58	View Claims
4697375		Issued	9/30/2024	\$254,576.96	\$0.00	\$2,209.38	View Claims
4699354		Issued	9/30/2024	\$238.99	\$0.00	\$0.00	View Claims
4699622		Issued	9/30/2024	\$28,426.20	\$0.00	\$254.36	View Claims
4697183		Issued	9/30/2024	\$1,861.40	\$0.00	\$0.00	View Claims
4697455		Issued	9/30/2024	\$10,466.20	\$0.00	\$0.00	View Claims
4697929		Issued	9/30/2024	\$68,244.77	\$0.00	\$0.00	View Claims
4697550		Issued	9/30/2024	\$1,311.16	\$0.00	\$0.00	View Claims
4697295		Issued	9/30/2024	\$170.82	\$0.00	\$0.00	View Claims

Create Filter

10 25 50

Page 1 of 1375 (13746 Items)

1 2 3 4 5 ... 1375

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Claims Payments – Negative Balance

Baylor Scott & White Health Plan

Welcome back, Username: []

Home Members **Claims** Claim Search Electronic Claims Status Claim Submission Payments Payment Negative Balance Refund Requests

Authorizations APM Reports Important Documents View/Edit My Info Message Center Contact Us Log Out

Search By: Supplier 835 Trace Number Check Number

Supplier* [] View only payments with negative balance

Payment Between*: 04/01/2024 And*: 09/30/2024 Search Clear

Search...

835 Trace Number	Check Number	Payment Status	Payment Date	Payment Amount	Negative Balance Amount	Recoupment Amount	View Claims
4699477		Issued	9/30/2024	\$13,747.30	\$217.13	\$422.21	View Claims
4699070		Issued	9/30/2024	\$92.12	\$3.63	\$0.00	View Claims
4697471		Issued	9/30/2024	\$43,155.18	\$0.03	\$1,112.58	View Claims
4697121		Issued	9/28/2024	\$174,196.44	\$217.13	\$0.00	View Claims
4695165		Issued	9/28/2024	\$21,328.12	\$0.03	\$0.00	View Claims
4692721		Issued	9/27/2024	\$18,662.48	\$0.03	\$98.85	View Claims
4694724		Issued	9/27/2024	\$72,662.82	\$217.13	\$2,042.06	View Claims
4688289		Issued	9/26/2024	\$14,980.00	\$0.03	\$387.48	View Claims
4690503		Issued	9/26/2024	\$50,406.73	\$794.52	\$7,083.76	View Claims
4690030		Issued	9/26/2024	\$72.17	\$580.29	\$8.31	View Claims

Create Filter

10 25 50 Page 1 of 21 (206 Items) 1 2 3 4 5 ... 21

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If the Supplier has any Negative Balance amounts, they display in blue text.



Claim Payments – View Claims

Click on the blue “View Claims” button on the “Claim Payments” grid to see the claims included in that payment.

BaylorScott&White

Health Plan

Welcome back,

Username:

Home

Members

Claims

Claim Search

Electronic Claims Status

Claim Submission

Payments

Payment Negative Balance

Refund Requests

Authorizations

APM

Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Claim Payments

Search By:

Supplier

835 Trace Number

Check Number

835 Trace Number

4697929

Search

Clear

Search...

835 Trace Number	Check Number	Payment Status	Payment Date	Payment Amount	Negative Balance Amount	Recoupment Amount	View Claims
4697929		Issued	9/30/2024	\$68,244.77	\$0.00	\$0.00	View Claims

Create Filter

10

25

50

Page 1 of 1 (1 item)

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Claims Payments – Negative Balance Report

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Health Plan

Welcome back,

Username:

Home

Members

Claims

Claim Search

Electronic Claims Status

Claim Submission

Payments

Payment Negative Balance

Refund Requests

Authorizations

APM

Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Payment Negative Balance

835 Trace Number

Search

835 Trace Number:

4699477

Payment Number:

168218

Supplier Name:

Total Original Negative Balance:

217.13

Total Amount Applied To Negative Balance:

422.21

Total Remaining Negative Balance:

217.13

Receivables

Search...

Receivable ID	Receivable Claim ID	Negative Balance	Applied to Negative Balance	Remaining Balance	
1951329		\$4.91	\$1.05	\$0.00	
Applied To Negative Balance					
Member ID	Member Name	Patient Account Number	Payment Date	Recouped On Claim ID	Recouped Amount
1951329			9/30/2024		\$1.05
1951328					\$0.00
1951302					\$0.00
1949579					\$0.00
1949578					\$0.00

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Click the blue negative balance amount in the Payments grid, or the 'Payment Negative Balance' tab to enter the 835 Trace Number from an EOP to view the full details of a negative balance claim.

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Claims Refund Requests

BaylorScott&White

Health Plan

Welcome back,

Username:

Home

Members

Claims

Claim Search

Electronic Claims Status

Claim Submission

Payments

Payment Negative Balance

Refund Requests

Authorizations

APM

Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Refund Request Letters

Search By:

Supplier

Sent Date Between:

07/01/2024

And:

10/01/2024

Search

Clear

Search...

Correspondence ID	Supplier ID	Supplier Name	Requested On	View Letter
73613000			9/30/2024	View Letter
73756001			9/30/2024	View Letter
73613000			9/30/2024	View Letter
73756001			9/30/2024	View Letter
73613000			9/30/2024	View Letter
73756001			9/30/2024	View Letter
73613000			9/30/2024	View Letter
73756001			9/30/2024	View Letter
73613000			9/30/2024	View Letter
73756001			9/30/2024	View Letter
73613000			9/30/2024	View Letter
73756001			9/30/2024	View Letter

Create Filter

10 25 50

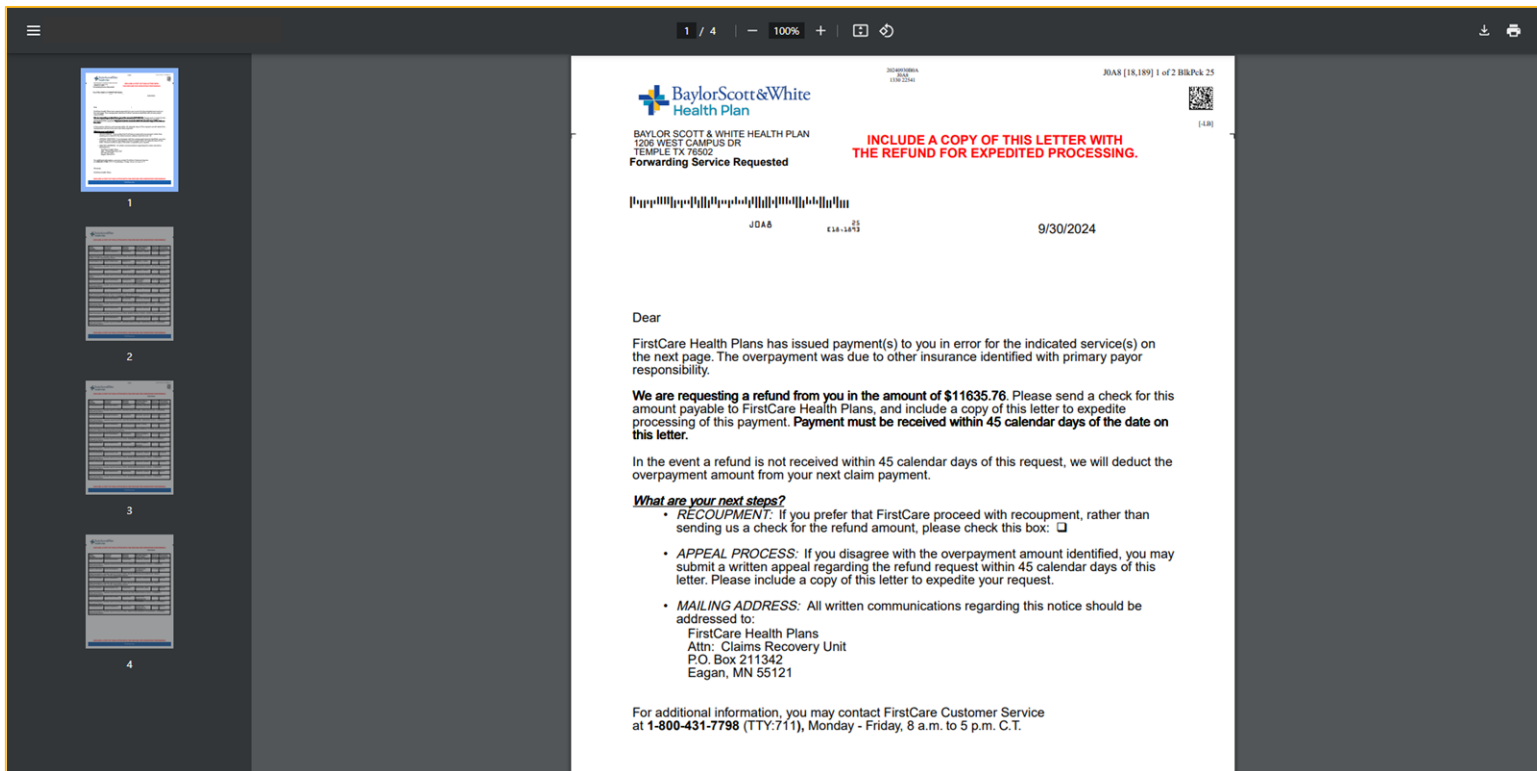
Page 1 of 476 (4775 Items) 1 2 3 4 5 ... 476

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Refund Request Letters are quickly and easily viewable from the portal’s “Refund Request Letters” page

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Claims Refund Request Letter



Refund Request Letters can be viewed and printed or downloaded to a pdf file.



Service Code Search for Authorizations

The screenshot shows the 'Authorization Code Search' interface. On the left is a dark sidebar with navigation links: Home, Members, Claims, Authorizations (highlighted), Auth Exemption Status, Auth Exemption Disclosure, Auth Info-Medical, Auth Code Search Tool, Auth Request, Auth Search, APM, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area has a blue header with the Baylor Scott & White Health Plan logo and the title 'Authorization Code Search'. Below the header, a blue bar contains the text 'Use our search tool to see if prior authorization is required.' and a 'Print Results' button. The search area includes a text input field with '00170' and a '0963' button. Below this is an 'Add Code' button and a 'Search' button. The search results are displayed in a scrollable box. The first result is for 'Service code 00170 - ANESTH PROCEDURE ON MOUTH', stating that preauthorization is required for all lines of business and providing a link to guidance. The second result is for 'Service code 0963 - PRO FEE/ANES MD', stating that preauthorization is not required. A disclaimer at the bottom of the results box states that all services are subject to the member's benefit plan contract coverage and exclusions.

Authorization Code Search

Use our search tool to see if prior authorization is required.

Enter up to 20 service codes:

00170

0963

Add Code

Search

Clear

Service codes searched 00170,0963. Results as of 10/1/24, 12:04 PM.

Service code 00170 - ANESTH PROCEDURE ON MOUTH

For ALL Lines of Business Preauthorization is required – See guidance

PA required for anesthesia with dental procedures.

This service code is part of the preauthorization list. To submit the preauthorization request electronically, via the Provider Self Service Portal, [click here](#)

Service code 0963 - PRO FEE/ANES MD

Preauthorization is NOT required.

Anesthesiologist (MD)

In addition, please note that:

- All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively terminate at a future date. Benefit plan contract exclusions and current status of eligibility may be verified on the Provider Self-Service portal.
- Failure to obtain preauthorization for out-of-network services may result in a denial of payment for services rendered.
- Observation stays do not require notification/preauthorization.
- Independent confinement at participating facilities requires notification/authorization.

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Search up to 20 codes at a time to see if prior authorization is required. Results can be printed, and new auth requests started directly from the search page.



Authorizations – Print Auth Code Search Results

Service code 00170 - ANESTH PROCEDURE ON MOUTH

For ALL Lines of Business Preauthorization is required – See guidance

PA required for anesthesia with dental procedures.

This service code is part of the preauthorization list. To submit the preauthorization request electronically, via the Provider Self Service Portal, [click here](#)

Service code 0963 - PRO FEE/ANES MD

Preauthorization is NOT required.

Anesthesiologist (MD)

In addition, please note that:

- All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively terminate at a future date. Benefit plan contract exclusions and current status of eligibility may be verified on the Provider Self-Service portal.
- Failure to obtain preauthorization for out-of-network services may result in a denial of payment for services rendered.
- Observation stays do not require notification/preauthorization.
- Independent confinement at participating facilities requires notification/authorization.

Destination

Save as PDF

Pages

All

Layout

Portrait

More settings

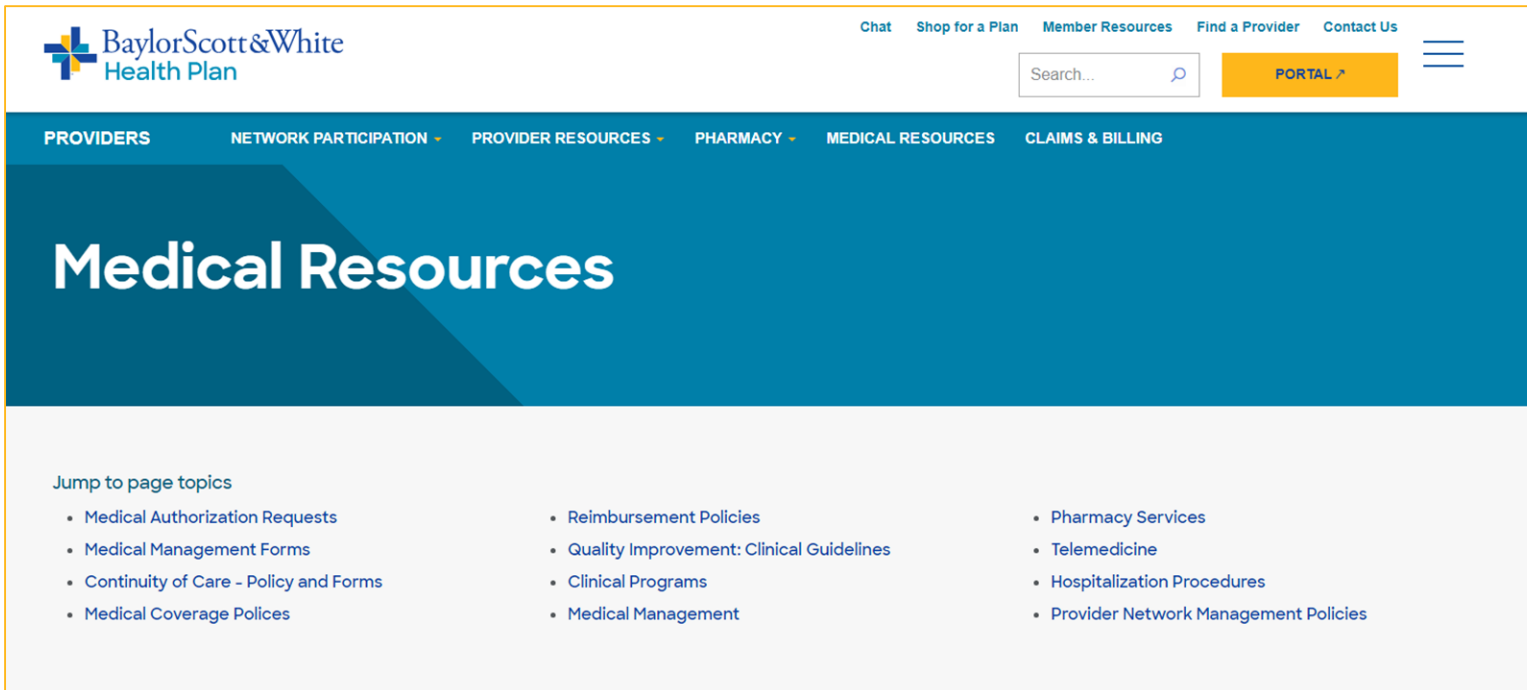
Save

Cancel

Results can be downloaded and saved as a PDF or printed directly to a printer



Authorization Requirements – Link to BSWHP.com



The screenshot displays the Baylor Scott & White Health Plan website. The top navigation bar includes links for Chat, Shop for a Plan, Member Resources, Find a Provider, and Contact Us. A search bar and a PORTAL button are also present. Below the navigation bar, a blue banner features the text "Medical Resources". Underneath the banner, a section titled "Jump to page topics" lists various resources in three columns:

- Medical Authorization Requests
- Medical Management Forms
- Continuity of Care - Policy and Forms
- Medical Coverage Policies
- Reimbursement Policies
- Quality Improvement: Clinical Guidelines
- Clinical Programs
- Medical Management
- Pharmacy Services
- Telemedicine
- Hospitalization Procedures
- Provider Network Management Policies

Clicking “Medical Authorization Requests” on the top navigation bar immediately opens the BSWHP Authorization Information page.



Authorization Request – Start Request

The screenshot displays the Baylor Scott & White Health Plan user interface. On the left sidebar, the 'Authorizations' menu item is highlighted with a red circle. The main content area is titled 'Home' and includes an 'Announcements' section with a notice about Medicare and BSW Employee Plan members moving to a new claims system on Jan. 1, 2024. Below the announcements are two donut charts: 'Claims' and 'Authorizations'. The 'Claims' chart shows 0 Processed, 0 Pending, and 0 Denied. The 'Authorizations' chart shows 0 Approved, 0 Partially Approved, 0 Not Approved, and 0 Pending. A 'Quick References' section on the right contains a link for 'Electronic (EFT) Payments'.

Click “Authorizations” from the menu options



Authorization Request

Baylor Scott & White Health Plan

Welcome back,
 Username:

- Home
- Members
- Claims
- Authorizations
- Auth Exemption Status
- Auth Exemption Rescission
- Auth Exemption Disclosure
- Auth Info-Medical
- Auth Code Search Tool
- Auth Request**
- Auth Search
- APM
- Reports
- Important Documents
- View/Edit My Info

Home

Announcements

Notice: Medicare and BSW Employee Plan members moved to a new claims system on Jan. 1, 2024. To see their pre-2024 claims, [log in here](#).

Quick References

[Electronic \(EFT\) Payments](#)

Provider:

Date Range:

Claims

0 Processed
0 Pending
0 Denied

Authorizations

0 Approved
0 Partially Approved
0 Not Approved
0 Pending

Select “Auth Request” from the Authorization menu to start a new authorization request.



Authorization Request

Baylor Scott & White Health Plan

Welcome back,
 Username:
 Home
 Members
 Claims
 Authorizations
 Auth Exemption Status
 Auth Exemption Rescission
 Auth Exemption Disclosure
 Auth Info-Medical
 Auth Code Search Tool
 Auth Request
 Auth Search
 APM
 Reports
 Important Documents
 View/Edit My Info
 Message Center
 Contact Us

Authorization Request

Admission Type*
 Outpatient

Request Type*
 Prior Authorization

Authorization Type*
 Other Outpatient Services

Member ID*
 Active Member Id verified:

Requested Start*
 9/27/2024

Requested End Date*
 11/1/2024

Primary Service Code*
 81432

Additional Service Code(s)
 Enter procedure code...

Requesting Provider*
 OR
 Search for Practitioners*
 Provider NPI...

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Baylor Scot...
 View Online

Complete all required fields marked with an asterisk (*), by selecting the drop-down arrow to the right of the fields.

The Requesting Provider field can be selected from the drop-down arrow or by selecting the magnifying glass to search for practitioners.

Make sure the authorization is for the correct type(i.e. if it's for mental health, the request should specify for mental health and not outpatient).



Authorization Request – Authorization Details

Search for requesting and servicing provider and facility information by selecting the magnifying glass button. To ensure information is accurate, it's highly suggested to use the provider's NPI instead of name.

Enter the Servicing provider and facility tax ID number. The Tax ID format must include a dash as the example in the following format 12-3456789

Once all required information is entered, select the "Validate Information" button.

Prior authorization requirements regarding the code requested will populate.

Select "Continue"

Guiding Care Single Sign-on will occur and route to the Guiding Care authorization request page.



Authorization Request

Member Search

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

Request for expedited services should be faxed or called in to the following:
RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-248-1852; (P) 800-884-4905
Medicare, ASO, and Commercial: (F) 800-626-3042; (P) 888-316-7947

Important message: Requests for Drugs
Prior authorization requests for **services** and **drugs** obtained under the **medical benefit** (e.g. drug will be billed on a medical claim by a provider) are processed by BSWHP Health Services Division.
Health Services Department (HSD) does **not** process prior authorization requests for **drugs** obtained under the **pharmacy benefit** (i.e. prescription drug benefit).
For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit** visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

*First Name *Last Name Date of Birth *Member ID

First Name Last Name MM/DD/YYYY

Find Member Clear

Member ID	Family ID	Member ID :	First Name	Last Name	Date of Birth
Phone Number		Primary Insurance	N/A	Secondary Insurance	N/A
				Address	I Bryan, TX, 77802

Member Information will feed from the initial member details provided.

Click on the box with member details populated to continue authorization request.

For URGENT requests the authorization will need to be faxed or called in (Please see contact numbers above).



Authorization Request

Altruista HEALTH

External Links Welcome Portal User

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

Female • Year(s), 10 Month(s), 25 Day(s) • DOB: Family ID: Member ID:

Request for expedited services should be faxed or called in to the following:
RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-248-1852; (P) 800-884-4905
Medicare, ASO, and Commercial: (F) 800-626-3042; (P) 888-316-7947

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For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Eligibility Select an eligibility

Filter by
☒ Active Eligibility ☐ Inactive Eligibility

Line of Business	Medicare Advantage	Code	Medicare Advantage	Status	Active
Account	Medicare Advantage HMO	Product	Medicare Advantage HMO	Benefit Plan	H8142002_00_BSWMA
Code		Code	Medicare Advantage HMO	Start Date	01/01/2024
		Code	H8142002_00_BSWMA	End Date	12/31/2099

Additional Details

Benefit Network Name	Default Benefit Network	Benefit Plan ID	N/A	Business Segment	Fully Funded
Experience Category	N/A	Financial LOB	N/A	Product Short Name	N/A

powered by

Ensure “Active Eligibility” is selected on the radio button options.

Member’s plan information includes the plan name, network, and effective dates.



Authorization Request

altruista HEALTH

External Links Welcome Portal User

Prior authorization requests for **services** and **drugs** obtained under the **medical benefit** (e.g. drug will be billed on a medical claim by a provider) are processed by BSWHP Health Services Division. Health Services Department (HSD) does **not** process prior authorization requests for **drugs** obtained under the **pharmacy benefit** (i.e. prescription drug benefit). For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Eligibility Select an eligibility

Filter by ☒ Active Eligibility ☐ Inactive Eligibility ☐ View Full Eligibility

Line of Business	Medicare Advantage	Code	Medicare Advantage	Status	Active
Account	Medicare Advantage HMO	Product	Medicare Advantage HMO	Benefit Plan	H8142002_00_BSWMA
Code		Code	Medicare Advantage HMO	Start Date	01/01/2024
		Code	H8142002_00_BSWMA	End Date	12/31/2099

Select

Outpatient-Air Transportation

Outpatient-Durable Medical Equipment

Outpatient-Eating Disorder

Outpatient-Genetic Testing

Outpatient-Home Health

Select

default Benefit Network

Benefit Plan ID N/A

Business Segment Fully Funded

Financial LOB N/A

Product Short Name N/A

Next Reset Cancel

Select the category of the services being requested.

Click “Next” once the service category is selected.



Authorization Request

The screenshot shows the Altruista Health Authorization Request form. The form is titled "Sub company: SCOTT & WHITE Health Plan". It contains several sections with required fields marked with an asterisk (*). Annotations include orange circles around the "Referred By Provider Name" and "Serving Provider" NPI dropdowns, and orange arrows pointing to the "Referred By Provider Phone", "Serving Phone", "Place Of Service", "Diagnosis Code", "Procedure Code", "From Date", "To Date", "Unit Type", and "Req." fields. A blue circle highlights the "plus" button next to the "Diagnosis Code" field, and another blue circle highlights the "plus" button next to the "Req." field. The "Next" button at the bottom is also circled in orange.

Altruista HEALTH

External Links Welcome Portal User

Sub company: SCOTT & WHITE Health Plan

* Authorization Type
Outpatient-Genetic Te...

* Referred By Provider Name
NPI Scott Blattman

* Referred By Provider Phone
254-724-2111

* Referred By Provider Fax
254-724-2111

* Referred By Provider Name & Serving Provider are same

* Serving Provider
NPI Scott Blattman

* Serving Phone
254-724-2111

* Serving Fax
254-724-2111

* Place Of Service
73 - Outpatient

Diagnosis Description
Encounter for screening for genetic and chromosomal anomalies

* Diagnosis Code
Z13.7

Primary Diagnosis

Procedure Description
Hereditary breast cancer-related disorders (eg, hereditary breast cancer)

* Procedure Code
81432

* From Date
09/27/2024

* To Date
11/01/2024

* Unit Type
Visits

* Req.
1

Primary Procedure

Save as Draft Next Reset Cancel

Complete all required fields by either selecting from the drop down selections, search functions, or free text options.

To ensure information is accurate, it's highly suggested to use the provider's NPI instead of name.

Add additional diagnosis or procedure codes by selecting the "plus" button on the right hand side of these areas.

Make sure the authorization is for the correct type(i.e. if it's for mental health, the request should specify for mental health and not outpatient)..



Authorization Request

Add the point of contact name and the provider/facilities name

altruista HEALTH

External Links Welcome Portal User

Female • Year(s), 10 Month(s), 25 Day(s) • DOB: Family ID Member ID

Collapse

Request for expedited services should be faxed or called in to the following:

RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-248-1852; (P) 800-884-4905
Medicare, ASO, and Commercial: (F) 800-626-3042; (P) 888-316-7947

Important message: Requests for Drugs

Prior authorization requests for **services** and **drugs** obtained under the **medical benefit** (e.g. drug will be billed on a medical claim by a provider) are processed by BSWHP Health Services Division.
Health Services Department (HSD) does **not** process prior authorization requests for **drugs** obtained under the **pharmacy benefit** (i.e. prescription drug benefit).
For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Portal Auth Contact Form Reset

* 1. Contact Name and Provider/Facility:

Contact Name and Provider/Facility:

Next Cancel

powered by



Authorization Request

altruista HEALTH

External Links Welcome Portal User

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

Female Year(s), 10 Month(s), 25 Day(s) DOB: Family ID : MCR Member ID : MCR

Request for expedited services should be faxed or called in to the following:
RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-248-1852; (P) 800-884-4905
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For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Portal Auth Contact Form Reset

* 2. Contact Fax:

Contact Fax:

powered by

Previous Next Cancel

Add your fax number for any contact needed by the Health Plan



Authorization Request

Request for expedited services should be faxed or called in to the following:

RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-749-1852; (P) 800-884-4905
...care, ASO, and Commercial: (F) 800-626-3042; (P) 888-316-...

Important message: Requests for Drugs

Prior authorization requests for **services** and **drugs** obtained under the **medical benefit** (e.g. drug will be billed on a medical claim by a provider) are processed by BSWHP Health Services Division. Health Services Department (HSD) does **not** process prior authorization requests for **drugs** obtained under the **pharmacy benefit** (i.e. prescription drug benefit). For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Portal Auth Contact Form Reset

* 3. Contact Phone:

Contact Phone:

555-555-0001

Previous Next Cancel

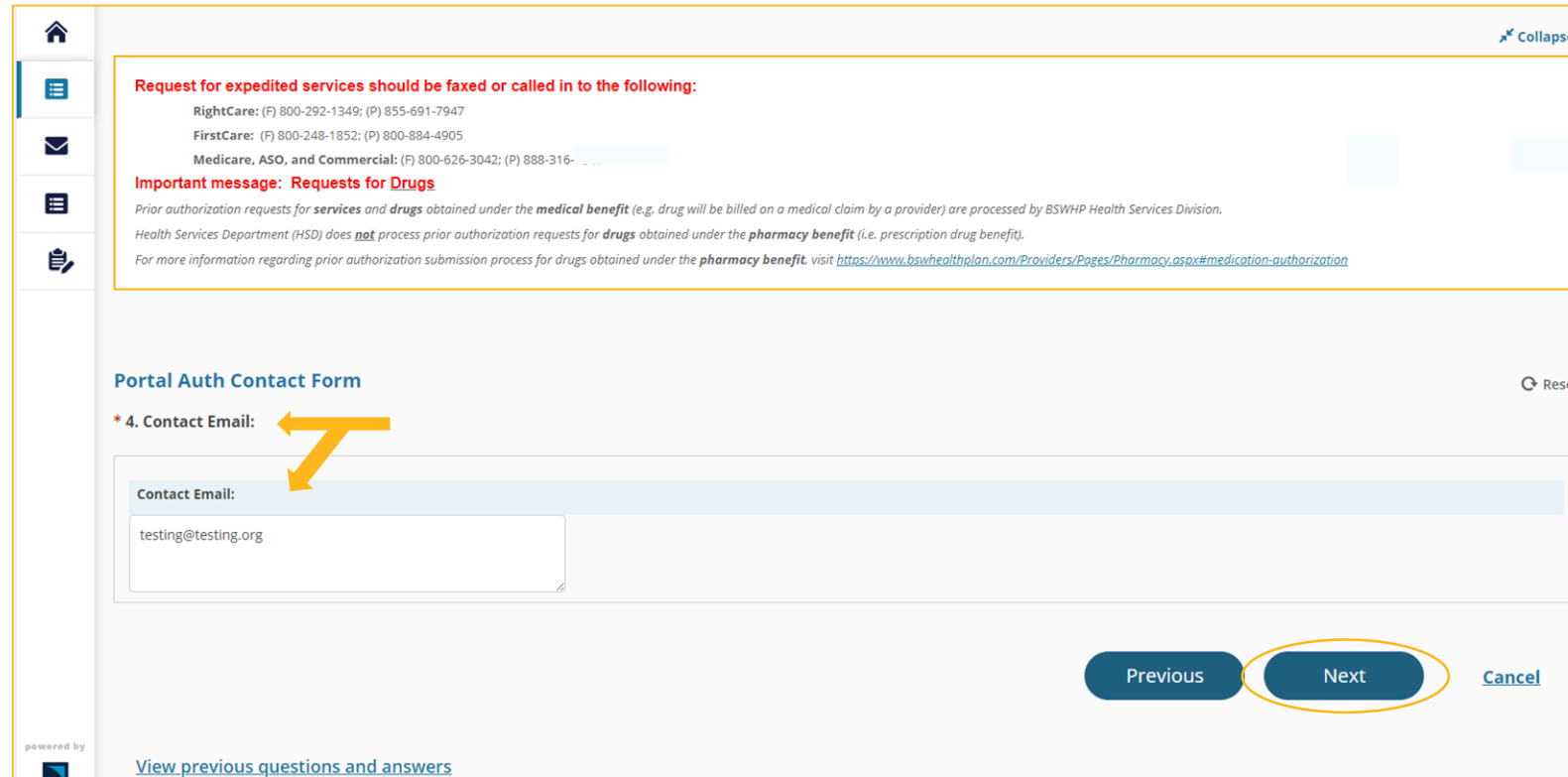
powered by

[View previous questions and answers](#)

Add your phone number for any contact needed by the Health Plan



Authorization Request



Request for expedited services should be faxed or called in to the following:

RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-248-1852; (P) 800-884-4905
Medicare, ASO, and Commercial: (F) 800-626-3042; (P) 888-316-...

Important message: Requests for Drugs

Prior authorization requests for **services** and **drugs** obtained under the **medical benefit** (e.g. drug will be billed on a medical claim by a provider) are processed by BSWHP Health Services Division. Health Services Department (HSD) does **not** process prior authorization requests for **drugs** obtained under the **pharmacy benefit** (i.e. prescription drug benefit). For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Portal Auth Contact Form

* 4. Contact Email:

Contact Email:

testing@testing.org

Previous Next Cancel

powered by

[View previous questions and answers](#)

Add your email for any contact needed by the Health Plan



Authorization Request

Altruista HEALTH

External Links Welcome Portal User

Additional Details

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

Female 10 Month(s), 25 Day(s) DOB: Family ID : MC Member ID : MCR

Collapse

Request for expedited services should be faxed or called in to the following:

RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-248-1852; (P) 800-884-4905
Medicare, ASO, and Commercial: (F) 800-626-3042; (P) 888-316-7947

Important message: Requests for Drugs

Prior authorization requests for **services** and **drugs** obtained under the **medical benefit** (e.g. drug will be billed on a medical claim by a provider) are processed by BSWHP Health Services Division. Health Services Department (HSD) does **not** process prior authorization requests for **drugs** obtained under the **pharmacy benefit** (i.e. prescription drug benefit). For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Portal Auth Contact Form Reset

* 5. IMPORTANT INFORMATION

Please attach all documents necessary to review your request for medical necessity. Lack of submission can cause a delay in the review process. If unable to attach at this time, please fax to 800-626-3042.

powered by

Previous Next Cancel

Review important information then click next.



Authorization Request

The screenshot shows the Altruista Health portal interface. On the left is a sidebar with navigation icons. The main content area contains a header with the Altruista Health logo, 'External Links', and a 'Welcome Portal User.' message. Below the header is a large text box with the following content:

Request for expedited services should be faxed or called in to the following:
RightCare: (F) 800-292-1349; (P) 855-691-7947
FirstCare: (F) 800-248-1852; (P) 800-884-4905
Medicare, ASO, and Commercial: (F) 800-626-3042; (P) 888-316-7947

Important message: Requests for Drugs
Prior authorization requests for **services** and **drugs** obtained under the **medical benefit** (e.g. drug will be billed on a medical claim by a provider) are processed by BSWHP Health Services Division.
Health Services Department (HSD) does **not** process prior authorization requests for **drugs** obtained under the **pharmacy benefit** (i.e. prescription drug benefit).
For more information regarding prior authorization submission process for drugs obtained under the **pharmacy benefit**, visit <https://www.bswhealthplan.com/Providers/Pages/Pharmacy.aspx#medication-authorization>

Below this text box is a blue heading: **Providers/Facilities must submit medical records with authorization requests.** An orange arrow points from this heading to a large text input area labeled 'Add Note' with an information icon. Below the text area is a link 'Add Attachments' with an information icon, also pointed to by an orange arrow. At the bottom right, there are two buttons: 'Submit' (highlighted with an orange oval) and 'Cancel'.

Add notes to your authorization request in the box as noted

Add attachments such as medical records and any additional documentation to support the authorization request.

Select Submit to finalize your authorization submission.



Authorization Request - Status

The screenshot displays the Baylor Scott & White Health Plan member portal. The left sidebar contains a menu with the following items: Home, Members, Claims, Authorizations, Auth Exemption Status, Auth Exemption Disclosure, Auth Info-Medical, Auth Code Search Tool, Auth Request, **Auth Search** (highlighted with a red circle), APM, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area is titled 'Home' and includes an 'Announcements' section with a notice about Cardiac Prior Authorization Requirements effective 11/01/2024. Below this is a 'Claims' section with a donut chart showing 0 Processed, 0 Pending, and 0 Denied claims. To the right is a 'Quick References' section with a link to 'Electronic (EFT) Payments'. Below that is an 'Authorizations' section with a donut chart showing 0 Approved, 0 Partially Approved, 0 Not Approved, and 0 Pending authorizations. A 'Provider' dropdown menu and a 'Date Range' dropdown menu (set to 'one month') are located above the charts. The footer includes copyright information for 2024 Baylor Scott & White Health Plan and a 'Baylor Scot... We're Online' status indicator.

Select Authorizations

Select Auth Search from the menu options



BaylorScott&White

Health Plan

Home

Members

Claims

Authorizations

Auth Exemption Status

Auth Exemption Disclosure

Auth Info-Medical

Auth Code Search Tool

Auth Request

Auth Search

APM

Authorization Search

Search By:

Provider

Authorization Status:

(All)

Service Start Date Between*:

8/30/2024

And*:

11/9/2024

Search

Clear

Search...

Authorization #	Member ID	Member Name	Referring Provider	Status	Print	Authorization Type	Diagnosis	Received	Start	End	Alt. Auth #	Admission Type
1007MKG9X				Approved	Print	Authorization from Guiding Care	View	10/7/2024	11/6/2024	5/5/2025		Outpatient

☒ [Authorization #] Contains '1007MKG9X'

Clear

102550

Page 1 of 1 (1 items)

1

You will click on the “print” button to generate the prior authorization details in a letter format. The letter will populate in a separate internet window.

You can view your prior authorization details in the chart above if you do not want to generate a download/printable copy of the authorization details.

0ce28d0d-788e-430c-b7ed-efe41a11c86c

1 / 1100%+

Authorization

Member Name:

Member ID:

Authorization #:

Authorization Type:

Referring Provider:

Received:

1007MKG9X

Status:

Approved

Alt. Auth #:

1007MKG9X

Authorization from Guiding Care

Outpatient

10/07/2024

Start:

11/06/2024

End:

05/05/2025

Service Code	Description	Service Provider	Units/Days	Start	End	Status
Referral	Event Services Medicare (RF)		180	11/06/2024	05/05/2025	Approved
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid		2	11/06/2024	12/06/2024	Approved

Panel Reports

BaylorScott&White

Health Plan

Welcome back,

Username:

Home

Members

Claims

Authorizations

APM

Reports

Panel Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Panel Reports

Provider*

Submit

Panel reports are typically available for viewing by the 4th day of the month.

Month

Year

Type

Filename

09

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.xlsx

08

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.xlsx

07

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.xlsx

06

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.xlsx

05

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.xlsx

04

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.xlsx

03

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.xlsx

02

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.pdf

01

2024

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.pdf

12

2023

Roster-Add-Change

Roster-Add-Change_PCP_MEDICAID_ALL.pdf

10

25

50

Page 1 of 6 (56 items)

1

2

3

4

5


6

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You also have access to Panel Reports which display in easily-understood searchable grids.



Important Documents – Special Filter

 **Important Documents**

Welcome back,
 Username:

[Home](#)
 [Members](#)
 [Claims](#)
 [Authorizations](#)
 [APM](#)
 [Reports](#)
 [Important Documents](#)
 [All Documents](#)
 [Appeals and Complaints](#)
 [Manuals](#)
 [Provider News](#)
 [Training](#)
 [Forms](#)
 [View/Edit My Info](#)
 [Message Center](#)
 [Contact Us](#)
 [Log Out](#)

Document Title	Document Type	Product	Process Category	Region	Language	Effective Date
CHIP COVID-19 co-pays to resume, changes to TRS and more	News	Commercial	(all)	(all)	English	8/9/2024
Change Healthcare cybersecurity issue	Document	Commercial, Medicare	(all)	(all)	English	3/4/2024
HPV vaccination best practices & BSWHP Medical Coverage/Prior Auth updates	Document	Commercial, Medicare	Benefits, Pre-authorization and Appeals	(all)	English	3/4/2024
Introducing GuidingCare	Document	Commercial, Medicare, Self-Funded	Pre-authorization and Appeals	(all)	English	3/4/2024
Reminder: Step Therapy added to Prior Authorization for VEGF inhibitors	Document	Commercial, Medicare	Pre-authorization and Appeals	(all)	English	3/4/2024
Mental Health Check In Tool Education	Document	Commercial	(all)	(all)	English	10/19/2023
Mental Health Check In Tool Education	Document	Commercial	(all)	(all)	Spanish	10/19/2023
Asthma Assessment and Management Guideline	Hedis	(all)	(all)	(all)	English	5/27/2021
COPD Assessment and Management Guidelines	Hedis	(all)	(all)	(all)	English	5/27/2021

10 25 50 Page 1 of 2 (18 items) 1 2

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The documents grid allows you to easily search for needed documents. A set of pre-filtered selections is available on the left nav bar for the most frequently requested documents.



My Info – Change Email

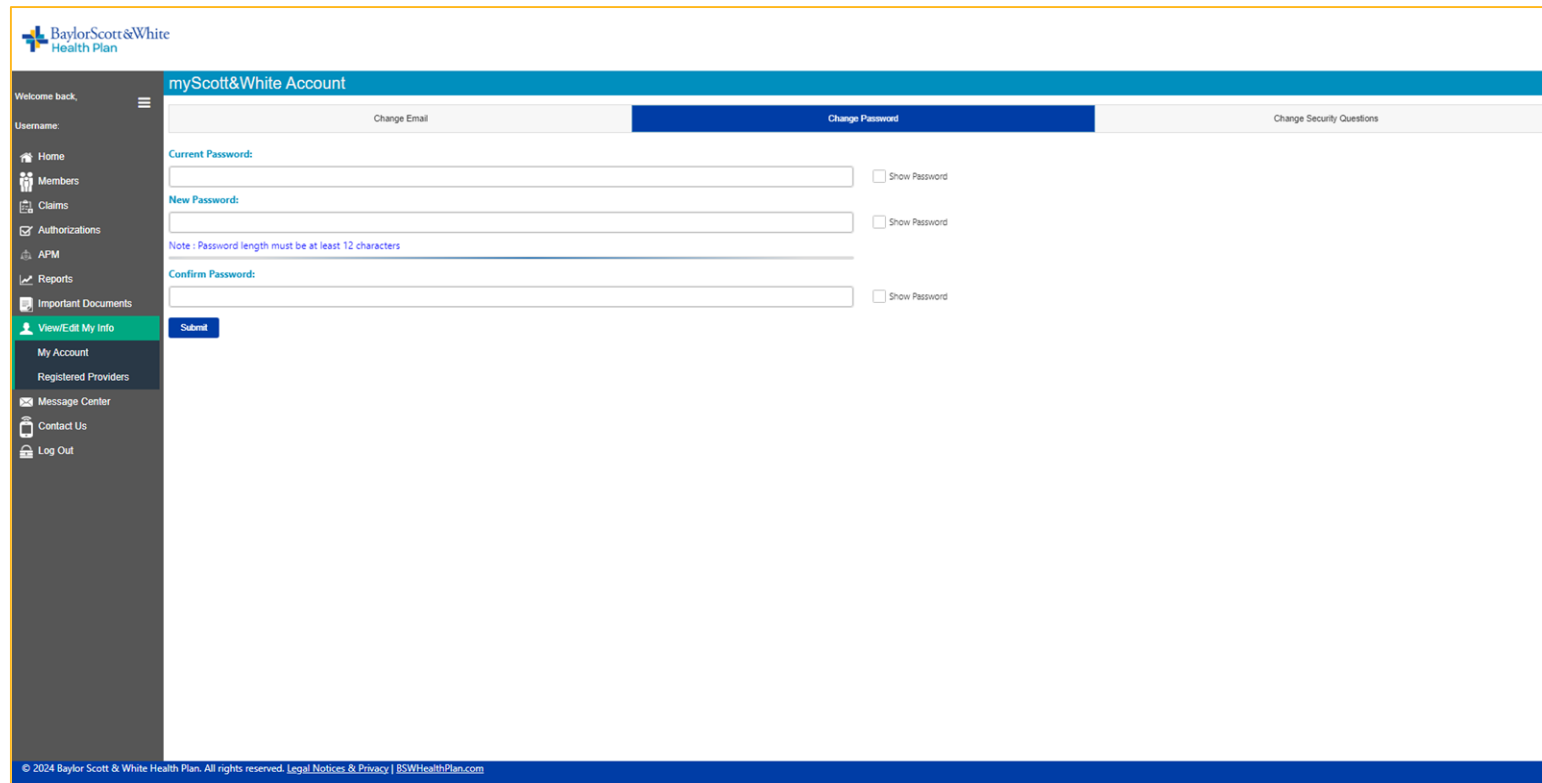
The screenshot shows the 'myScott&White Account' interface. At the top, there's a blue header with the Baylor Scott & White Health Plan logo and a navigation bar with tabs: 'Change Email' (highlighted in blue), 'Change Password', and 'Change Security Questions'. Below the header, the 'Change Email' section contains three input fields: 'Current Email:', 'New Email:', and 'Confirm Email:'. Each field has a placeholder text 'New Email Address...'. A 'Submit' button is located below the 'Confirm Email' field. On the left side, there's a dark grey sidebar with a 'Welcome back, Username:' label and a list of navigation links: Home, Members, Claims, Authorizations, AFM, Reports, Important Documents, View/Edit My Info (highlighted in green), My Account, Registered Providers, Message Center, Contact Us, and Log Out. At the bottom of the page, there's a blue footer with the copyright notice: '© 2024 Baylor Scott & White Health Plan. All rights reserved. Legal Notices & Privacy | BSWHealthPlan.com'.

View/Edit My Info is for maintaining your Self-Service Portal Account.

On the illustrated tab here, you can manage your email address



My Info – Change Password



The screenshot displays the 'myScott&White Account' interface. A left-hand navigation menu includes links for Home, Members, Claims, Authorizations, APM, Reports, Important Documents, View/Edit My Info (highlighted), My Account, Registered Providers, Message Center, Contact Us, and Log Out. The main content area features three tabs: 'Change Email', 'Change Password' (selected), and 'Change Security Questions'. The 'Change Password' tab contains three input fields: 'Current Password:', 'New Password:', and 'Confirm Password:'. Each field has a 'Show Password' checkbox to its right. A blue note below the 'New Password' field states: 'Note : Password length must be at least 12 characters'. A blue 'Submit' button is located at the bottom left of the form area. The footer contains the copyright notice: '© 2024 Baylor Scott & White Health Plan. All rights reserved. Legal Notices & Privacy | BSWHealthPlan.com'.

Here you can update your password with the guidelines provided.



My Info – Portal Account Security Questions

The screenshot displays the 'myScott&White Account' interface. At the top, there are three tabs: 'Change Email', 'Change Password', and 'Change Security Questions', with the latter being the active tab. Below the tabs, the 'Security Questions' section is visible. It contains two question entries. The first question is 'In what city did you meet your significant other?' with a dropdown menu and a checkbox for 'Type my own'. The second question is 'In what city or town was your first job?' with a similar dropdown and checkbox. Each question has an 'Answer:' field below it. A 'Submit' button is located at the bottom of the form. On the left side, there is a navigation menu with options like Home, Members, Claims, Authorizations, APM, Reports, Important Documents, View/Edit My Info (highlighted), My Account, Registered Providers, Message Center, Contact Us, and Log Out. The footer contains copyright information for 2024 Baylor Scott & White Health Plan.

Change your Security Questions here. Select a question from the dropdown or create your own.



My Info – Portal Account Registered Providers

Registered Providers

Username:

[Save Changes](#) [Undo](#) [+ Add Providers](#)

To HIDE one or more Providers from your account, select one or more checkboxes below, then click the 'Save Changes' button.

	Provider ID	Name	NPI	Tax ID	Provider Type
<input type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					

10 25 50


Page 1 of 2 (18 items) 1 2

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Here you can maintain the Registered Providers on your account, choosing which ones you want to see on the dropdowns throughout the other pages, such as Home Page, Claims, Authorizations, etc. Practitioners for a Tax ID are defaulted to being hidden when the account is first created.



My Info – Add/Hide Providers from View – Dropdowns Before Edits

 **Claim Search**

Welcome back,
 Username:
 Home
 Members
 Claims
 Claim Search
 Electronic Claims Status
 Claim Submission
 Payments
 Payment Negative Balance
 Refund Requests
 Authorizations
 APM
 Reports
 Important Documents
 View/Edit My Info
 Message Center
 Contact Us
 Log Out

Search By:
 Member / Provider
 Claim Number
 Check Number
 835 Trace Number


Member ID
 Member ID...
 Claim Status
 (All)
 Service Start Date Between*:
 9/10/2024
 And*:
 10/10/2024

Provider*
 Scott and White Clinic Bryan
 Scott and White Clinic Bryan College Station
 Scott and White Hospital Brenham
 Scott and White Memorial Hospital
 Surgical Institute
 Surgical Institute
 Guerrero, Victor C
 Peters, James D
 Katzen, Kenneth
 Dye, Sally
 Kwon, Cliffe
 Bennett, Jasmyr D
 Hampton, Chelsea L
 Tyler MD, Mathew Alexander
 Ray, Michael
 Adair MD, John

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name
No data					

10 25 50

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 **Baylor Scot...**
 Were Online

Here is the dropdown before edits



My Info – Add/Hide Providers from View

Registered Providers

Save Changes Undo Add Providers

To HIDE one or more Providers from your account, select one or more checkboxes below, then click the 'Save Changes' button.

	Provider ID	Name	NPI	Tax ID	Provider Type
<input type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>					
<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>					

Page 1 of 2 (18 items)

1. To HIDE providers from your dropdowns, check the checkbox in the left-hand column. To ADD them, UNclick the checkbox.

The “Save Changes” and the “Undo” buttons will activate. Notice the red note helps guide you about what to do. “Undo” reverses all the changes you’ve just made.

2. Select the “Save Changes” button.

You will get a popup asking you to confirm whether you really want to do that? If you say yes, it will be accepted

3. Log out and log back in to see the changes.



My Info – Add/Hide Providers from View

Registered Providers

Tax ID:

[Save Changes](#) [Undo](#) [+ Add Providers](#)

To HIDE one or more Providers from your account, select one or more checkboxes below, then click the 'Save Changes' button.

	Provider ID	Name	NPI	Tax ID	Provider Type
<input type="checkbox"/>	SUP000006644	Baylor Family Medical Center at Riverside			
<input type="checkbox"/>	PRC000017365	Peters, James D.			
<input type="checkbox"/>	PRC0000027735	Katzen, Kenneth			
<input checked="" type="checkbox"/>	PRC0000047513	Berzinskas, Egle			
<input checked="" type="checkbox"/>	PRC0000350801	Harvey, Ruth T.			
<input checked="" type="checkbox"/>	PRC0000427010	Reyna, Guadalupe			
<input checked="" type="checkbox"/>	PRC0000428981	Nivens, Jamie A - HealthTexas Proider Network			
<input checked="" type="checkbox"/>	PRC0000446993	Cunningham, Mara L - HealthTexas Proider Network			
<input checked="" type="checkbox"/>	PRC0000480919	Tindall, Cathy A - HealthTexas Proider Network			
<input checked="" type="checkbox"/>	PRC0000504974	Kelly, Lisa - HealthTexas Proider Network			

10 25 50

Page 1 of 2 (19 items) 1 2

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[Baylor Scot...](#)
We're Online

Confirmation that your changes are saved.



My Info – Add/Hide Providers from View

Registered Providers

Tax ID:

[Save Changes](#) [Undo](#) [+ Add Providers](#)

To HIDE one or more Providers from your account, select one or more checkboxes below, then click the 'Save Changes' button.

	Provider ID	Name	NPI	Tax ID	Provider Type
<input type="checkbox"/>	SUP000006644	Baylor Family Medical Center at Riverside			
<input type="checkbox"/>	PRC0000017365	Peters, James D - HealthTexas Provider Network			
<input type="checkbox"/>	PRC0000027735	Katzen, Kenneth L - HealthTexas Provider Network			
<input checked="" type="checkbox"/>	PRC0000047513	Berzinskas, Egle E - HealthTexas Provider Network			
<input checked="" type="checkbox"/>	PRC0000350801	Harvey, Ruth T - HealthTexas Provider Network			
<input checked="" type="checkbox"/>	PRC0000427010	Reyna, Guadalupe - HealthTexas Provider Network			
<input checked="" type="checkbox"/>	PRC0000428981	Nivens, Jamie A - HealthTexas Provider Network			
<input checked="" type="checkbox"/>	PRC0000446993	Cunningham, Mara L - HealthTexas Provider Network			
<input checked="" type="checkbox"/>	PRC0000480919	Tindall, Cathy A - HealthTexas Provider Network			
<input checked="" type="checkbox"/>	PRC0000504974	Kelly, Lisa - HealthTexas Provider Network			

Page 1 of 2 (19 items) 1 2

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Here is the view when you log back in. Providers chosen to display in the dropdowns have been moved to the top of the list. All the others remain hidden.

If you want to make changes to another Tax ID on your account, select that Tax ID at the top of the page and repeat the process.



My Info – Add/Hide Providers from View – Dropdowns After Edits

Here is the dropdown after the edits

BaylorScott&White

Health Plan

Welcome back,

Username:

Home

Members

Claims

Claim Search

Electronic Claims Status

Claim Submission

Payments

Payment Negative Balance

Refund Requests

Authorizations

APM

Reports

Important Documents

View/Edit My Info

Message Center

Contact Us

Log Out

Claim Search

Search By:

Member / Provider

Claim Number

Check Number

835 Trace Number

Historical claims - Members to new payor system 1/1/2024

Member ID

Member ID...

Claim Status

(All)

Provider*

Service Start Date Between*: 9/10/2024

And*: 10/10/2024

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name
No d					

10 25 50

Scott and White Clinic

Scott and White Clinic

Scott and White Clinic Bryar

Scott and White Clinic Bryan College Station

Scott and White Hospital Brenhan

Scott and White Memorial Hospital

Surgical Institute

Surgical Institute

Guerrero, Victor C

Dye, Sally

Kwon, Cliffe

Bennett, Jasmiry D

Hampton, Chelsea L

Tyler MD, Mathew Alexander

Ray, Michael

Adair MD, John

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Baylor Scot...

Were Online



My Info – Add Billing Providers to My Portal Account via Claim / Member ID

Baylor Scott & White Health Plan

Welcome back, [Username]

Add Provider(s) to my User Account

To add a Provider to your account:

1. If you are a Billing Provider, enter your Tax ID and NPI, and information for a claim for each of 2 different members within the last 90 days.
2. If you are a Practitioner, enter the Tax ID, NPI, and information for a claim for each of 2 different members within the last 90 days for one of your Billing Providers.
3. If you do not have a Claim ID, click the "Use Activation Code" checkbox below, and then fill in the information requested in the chat that displays.
4. After entering your information in one of the 3 ways above, click the "Add Provider" button and wait for confirmation.

☒ Use Activation Code ☐ (Check only if you do not have a Claim ID)

Billing Provider Tax ID*

Billing Provider NPI*

Claim ID*

Member ID*

Claim ID*

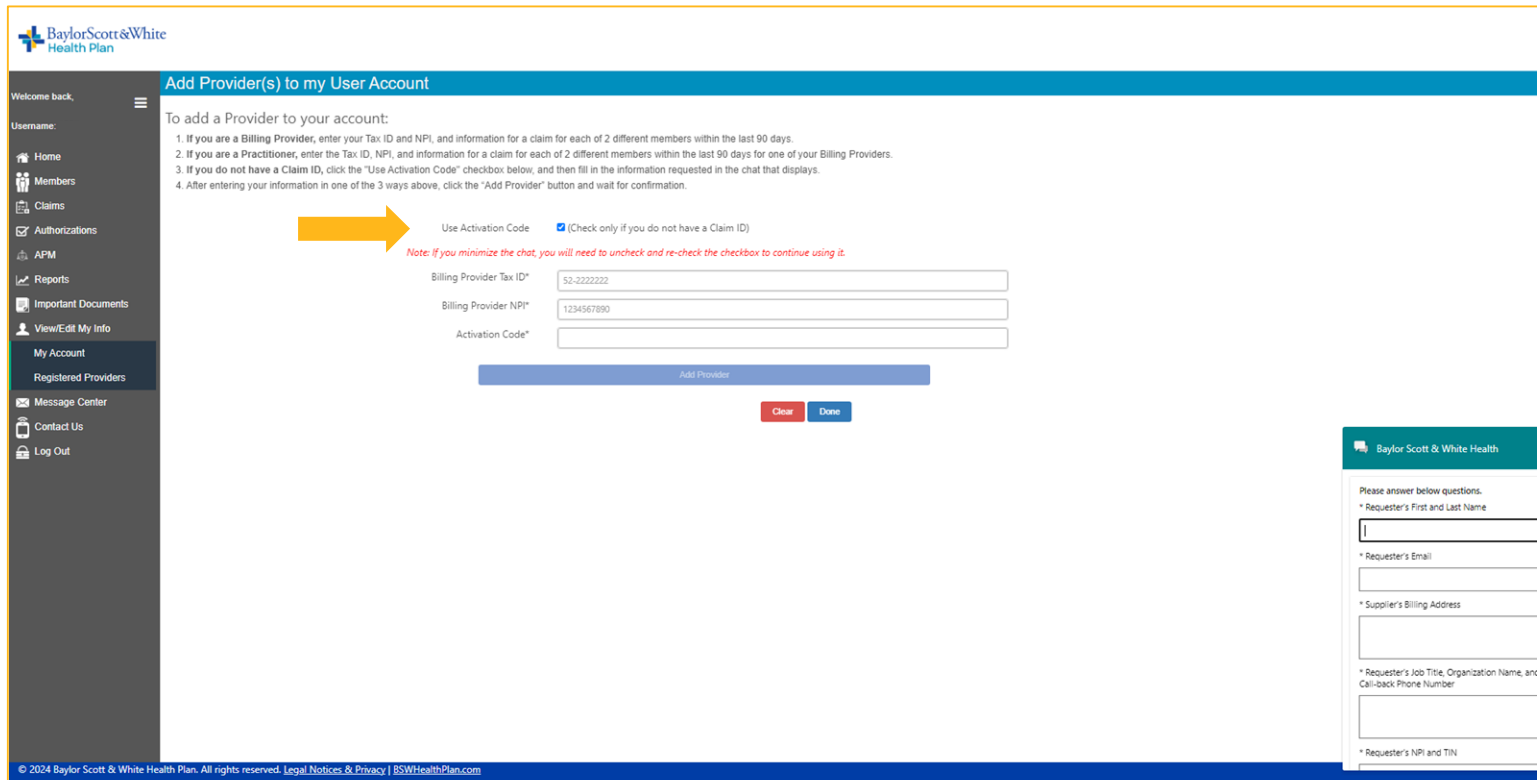
Member ID*

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Clicking the “Add Provider” button on the Registered Providers page brings you to a page just like the one you used to create your account. Add a Billing Provider using recent (submitted within the last 90 days) claims and Member IDs.



My Info – Add Providers to My Portal Account via Activation Code



Baylor Scott & White Health Plan

Welcome back, [Username]

Add Provider(s) to my User Account

To add a Provider to your account:

1. If you are a Billing Provider, enter your Tax ID and NPI, and information for a claim for each of 2 different members within the last 90 days.
2. If you are a Practitioner, enter the Tax ID, NPI, and information for a claim for each of 2 different members within the last 90 days for one of your Billing Providers.
3. If you do not have a Claim ID, click the "Use Activation Code" checkbox below, and then fill in the information requested in the chat that displays.
4. After entering your information in one of the 3 ways above, click the "Add Provider" button and wait for confirmation.

☒ Use Activation Code (Check only if you do not have a Claim ID)

Note: If you minimize the chat, you will need to uncheck and re-check the checkbox to continue using it.

Billing Provider Tax ID*

Billing Provider NPI*

Activation Code*

Chat Window:

Baylor Scott & White Health

Please answer below questions.

* Requester's First and Last Name

* Requester's Email

* Supplier's Billing Address

* Requester's Job Title, Organization Name, and Call-back Phone Number

* Requester's NPI and TIN

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If you have no way of providing recent claim/Member IDs, you may use an Activation Code, illustrated here. To obtain the code, follow the instructions in the next slide.



Obtain an Activation Code

If you do NOT have the claim information, an activation code is required. To obtain an activation code, click **Use Activation Code**, and contact us by chatbot. Please include the following information:

- First and last name
- Email address
- Billing address
- Job title
- Name of organization
- Phone number
- Group NPI
- Tax ID number



My Info – Add Providers to My Portal Account

Baylor Scott & White Health Plan

Welcome back, [Username]

Add Provider(s) to my User Account

To add a Provider to your account:

1. If you are a **Billing Provider**, enter your Tax ID and NPI, and information for a claim for each of 2 different members within the last 90 days.
2. If you are a **Practitioner**, enter the Tax ID, NPI, and information for a claim for each of 2 different members within the last 90 days for one of your Billing Providers.
3. If you do not have a **Claim ID**, click the "Use Activation Code" checkbox below, and then fill in the information requested in the chat that displays.
4. After entering your information in one of the 3 ways above, click the "Add Provider" button and wait for confirmation.

☐ Use Activation Code ☐ (Check only if you do not have a Claim ID)

Note: If you minimize the chat, you will need to uncheck and re-check the checkbox to continue using it.

Billing Provider Tax ID*
Billing Provider NPI*
Claim ID*
Member ID*
Claim ID*
Member ID*

Confirmed

Thank you. The provider you entered is now associated with your Portal user account.

IMPORTANT: To access the new Provider(s) you will need to log out and log in again.

Add Provider

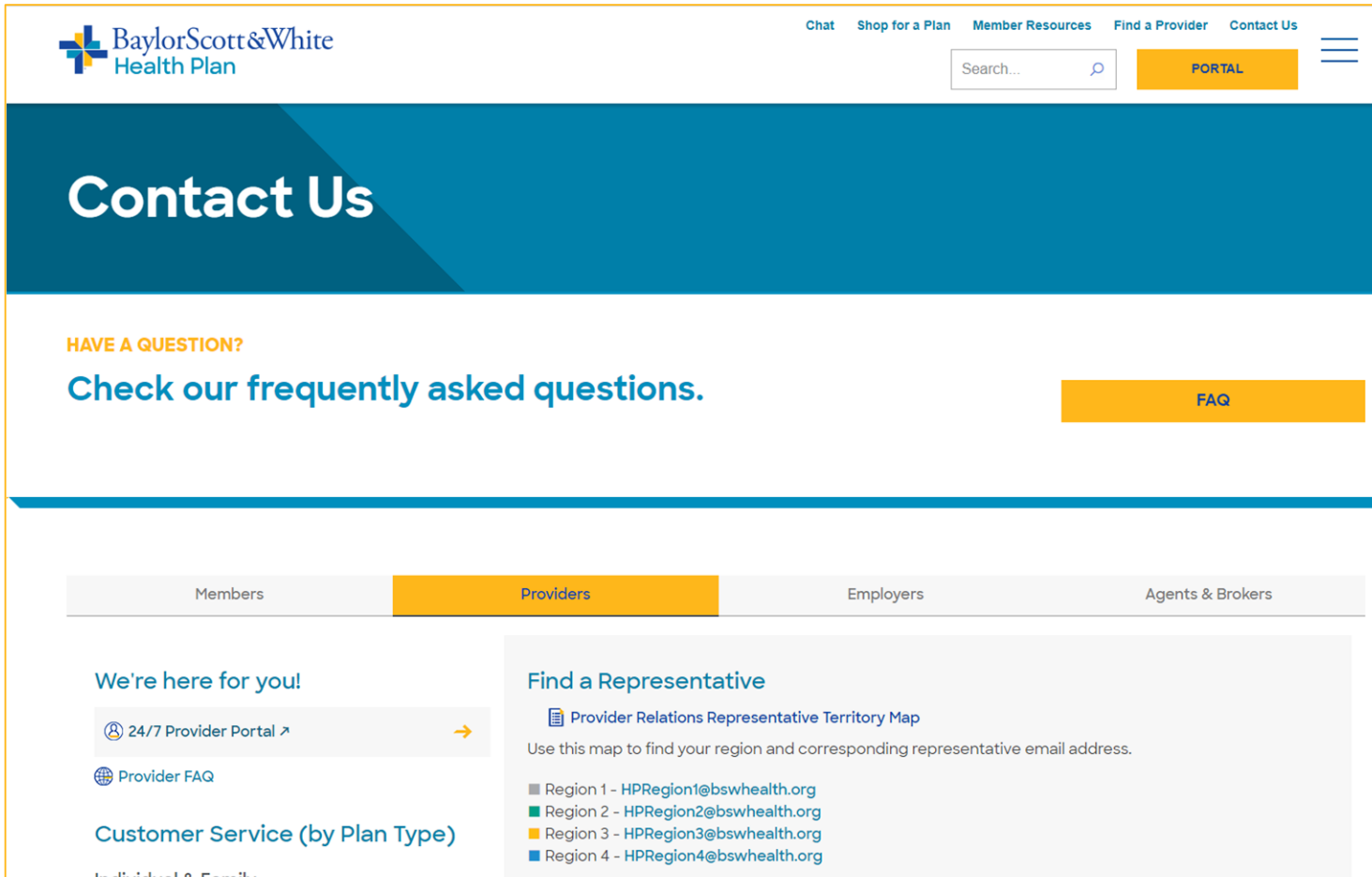
Clear Done

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After your entries have been verified, hit the “Done” button, and you will receive a confirmation message. You must log out and log back in for the provider to be added to your account.



Contact Us



The screenshot shows the 'Contact Us' page for Baylor Scott & White Health Plan. The top navigation bar includes links for Chat, Shop for a Plan, Member Resources, Find a Provider, and Contact Us. A search bar and a 'PORTAL' button are also present. The main header features the 'Contact Us' title. Below this, there is a section for 'HAVE A QUESTION?' with a link to 'Check our frequently asked questions.' and an 'FAQ' button. A horizontal menu below the header has tabs for 'Members', 'Providers' (which is highlighted), 'Employers', and 'Agents & Brokers'. The 'Providers' section contains two main areas: 'We're here for you!' with links to '24/7 Provider Portal' and 'Provider FAQ', and 'Find a Representative' which includes a 'Provider Relations Representative Territory Map' and a list of regional email addresses.

Baylor Scott & White Health Plan

Chat Shop for a Plan Member Resources Find a Provider **Contact Us**

Search... **PORTAL**

Contact Us

HAVE A QUESTION?
Check our frequently asked questions. **FAQ**

Members **Providers** Employers Agents & Brokers

We're here for you!

- 24/7 Provider Portal →
- Provider FAQ

Customer Service (by Plan Type)

Find a Representative

Provider Relations Representative Territory Map

Use this map to find your region and corresponding representative email address.

- Region 1 - HPRegion1@bswhealth.org
- Region 2 - HPRegion2@bswhealth.org
- Region 3 - HPRegion3@bswhealth.org
- Region 4 - HPRegion4@bswhealth.org

“Contact Us” on the top right navigation bar points you to the Provider Relations Page for Contact and other useful information.

