Baylor Scott & White Health Plan

Provider Self-Service Portal

Table of Contents

Baylor Scott & White Provider Logos

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

BaylorScott&White Health Plan

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 ↗

Medicare Advantage or BSWH Employee Plan

Providers with Medicare Advantage or BSWH Employee Plan patients with Baylor Scott & White Health Plan (BSWHP) coverage. User Guide

LOG IN/CREATE ACCOUNT ↗ | ER/ED BENEFITS VERIFICATION ↗

Covenant Health Advantage (Medicare)

*Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWHP) coverage. User Guide

LOG IN/CREATE ACCOUNT ↗ | ER/ED BENEFITS VERIFICATION ↗

Scott&White HEALTH PLAN RIGHTCARE

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 ↗

FirstCare HEALTH PLANS

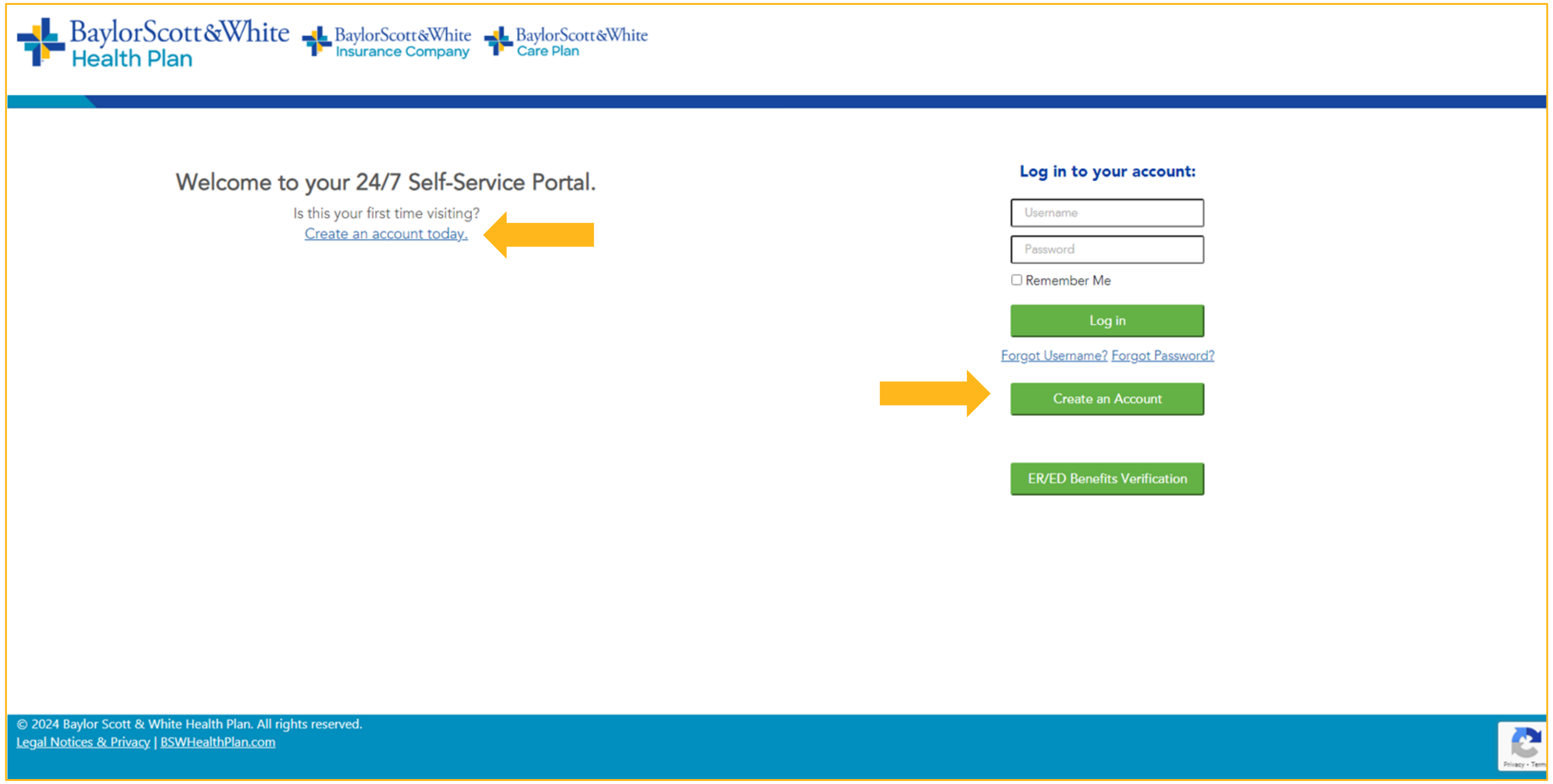
Medicaid STAR/CHIP - FirstCare

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

LOG IN/CREATE ACCOUNT ↗ | ER/ED BENEFITS VERIFICATION ↗

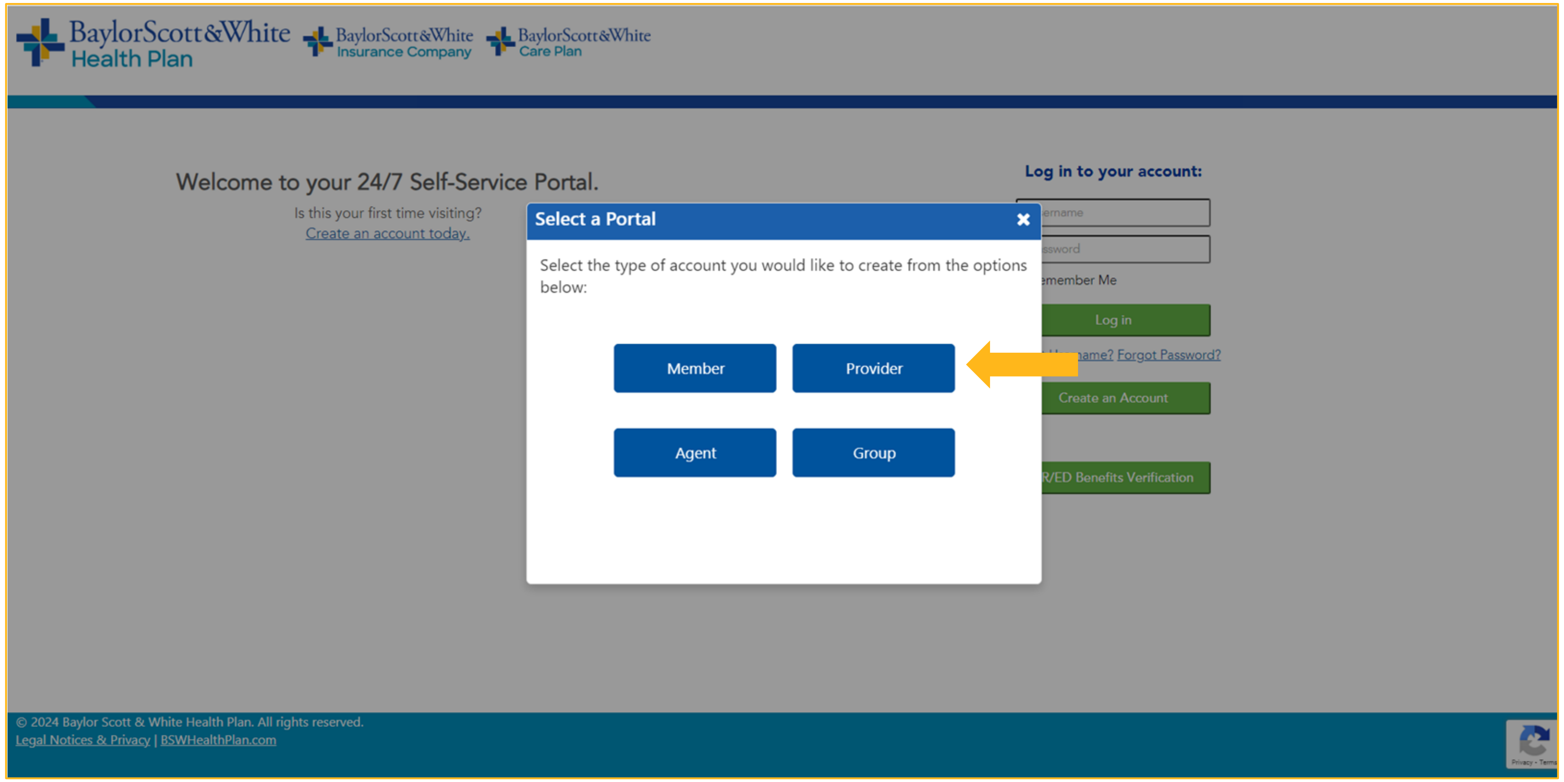
Move your cursor over the image to select your patient's coverage and gain access to the appropriate Provider Portal.

Create Account



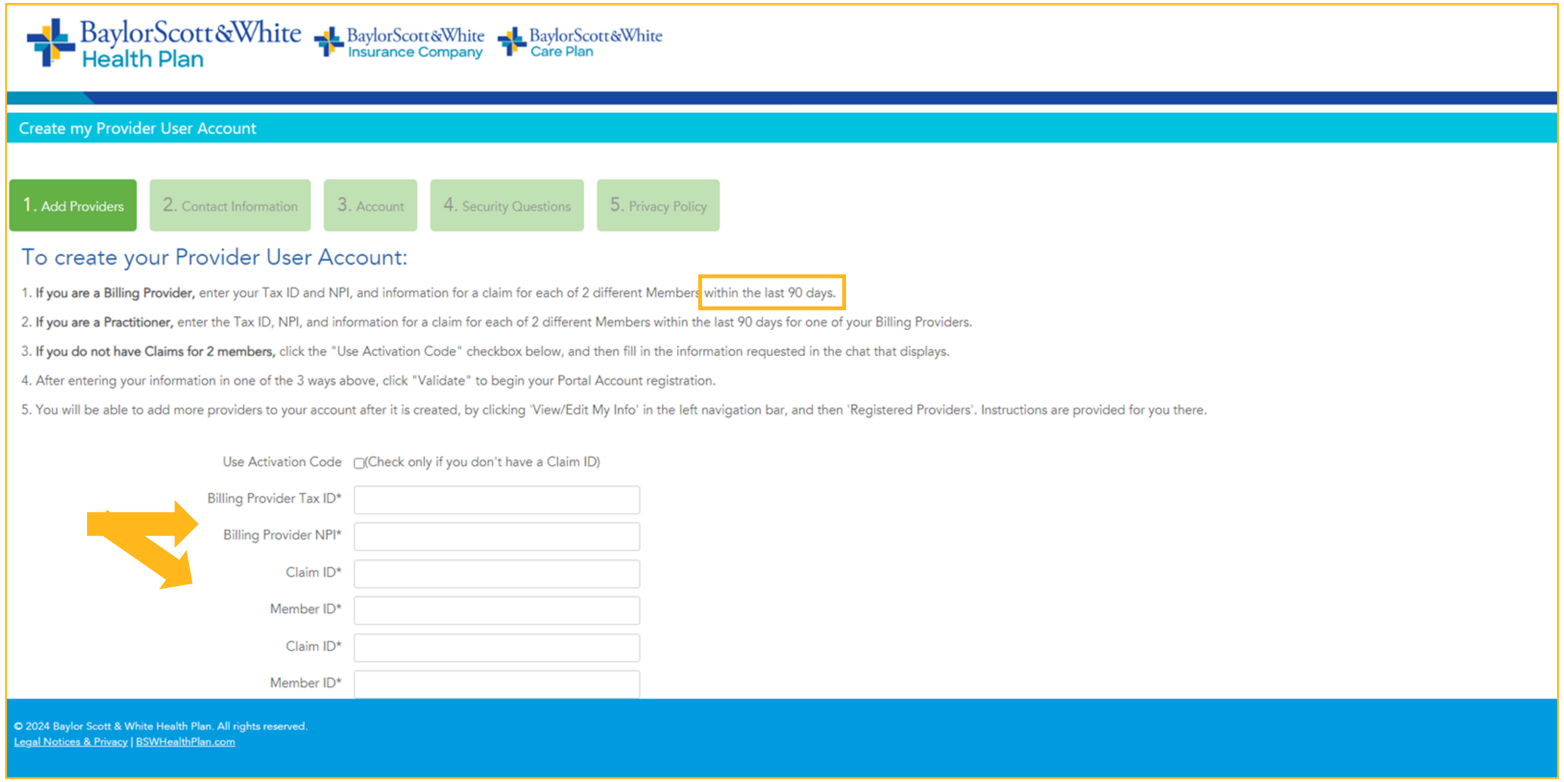
Choose the link or the button to create an account.

Create Account – Select Provider



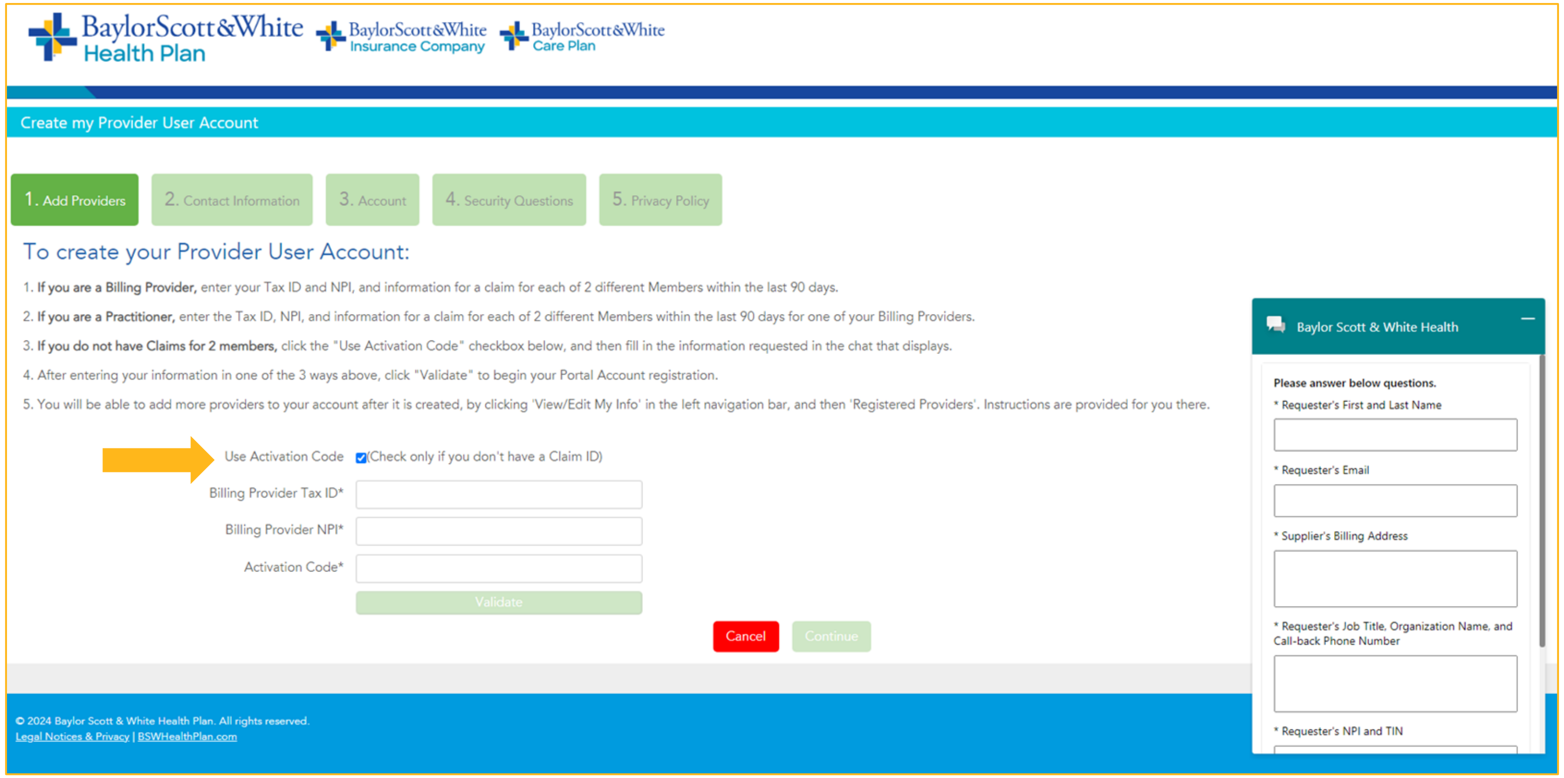
Select the “Provider” button to continue registration.

Start Registration using Claim/Member ID



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



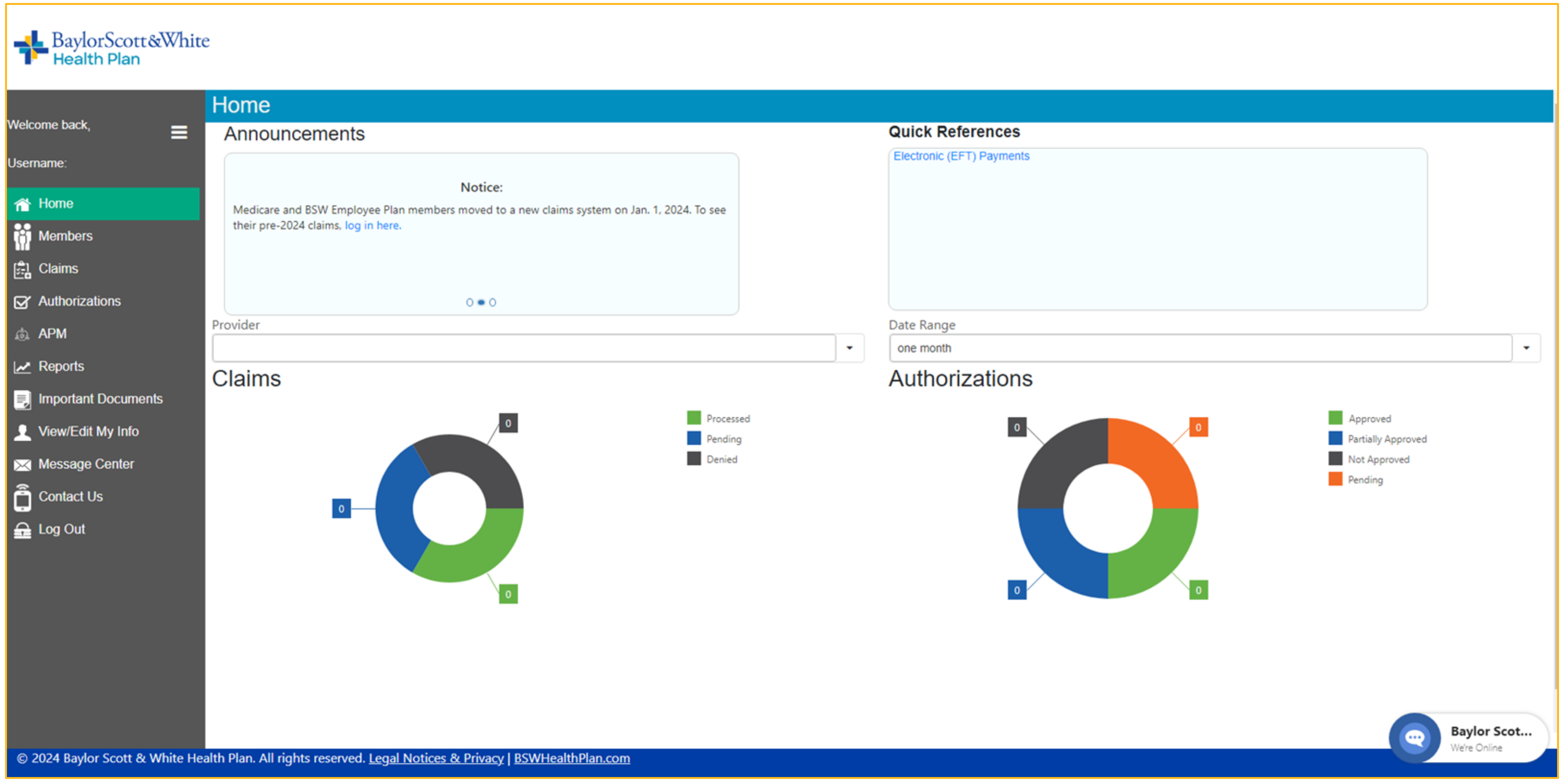
If you do NOT have the claim information, you must obtain an Activation Code. (See the following slide.) Enter the same Billing Provider Tax ID and NPI you used for the Activation Code, and then enter the Activation Code here to continue with your registration

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:

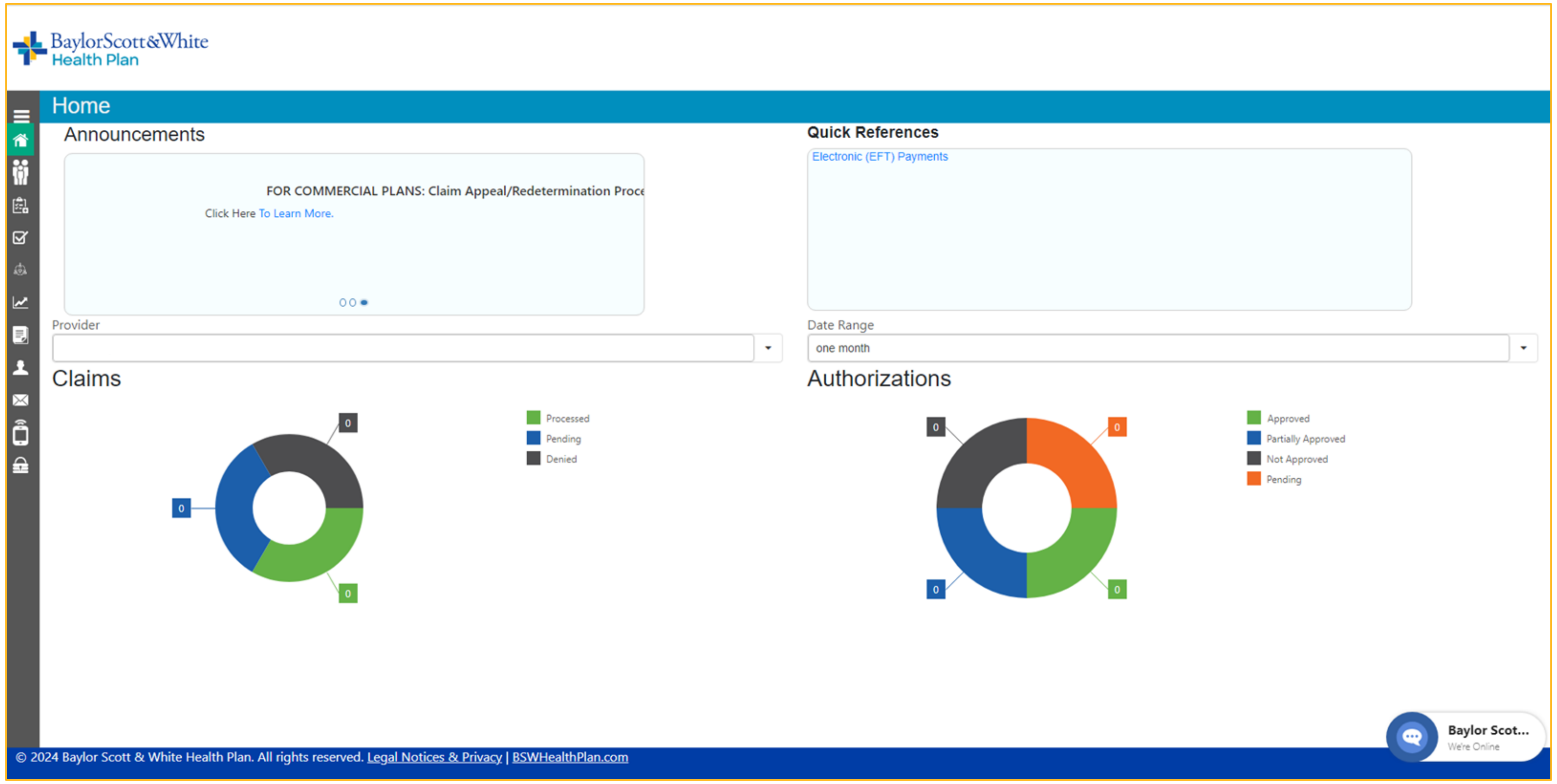
- First and last name
- Email address
- Billing address
- Job title
- Name of organization
- Phone number
- Group NPI
- Tax ID number

Dashboard

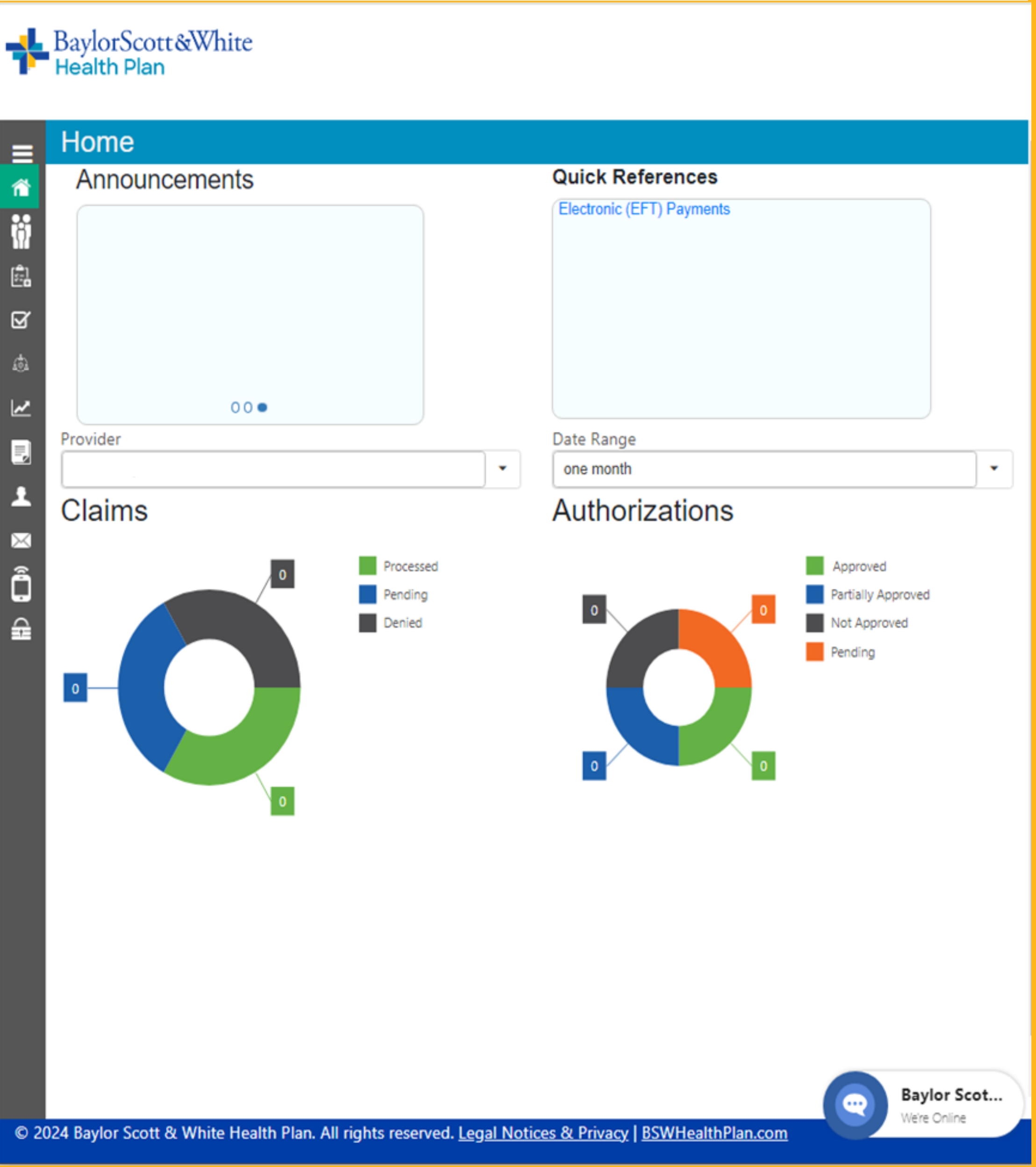


Upon log-in, the Provider Dashboard displays, which includes a quick one-month summary, important announcements, and reference links

Collapsed Navigation Bar



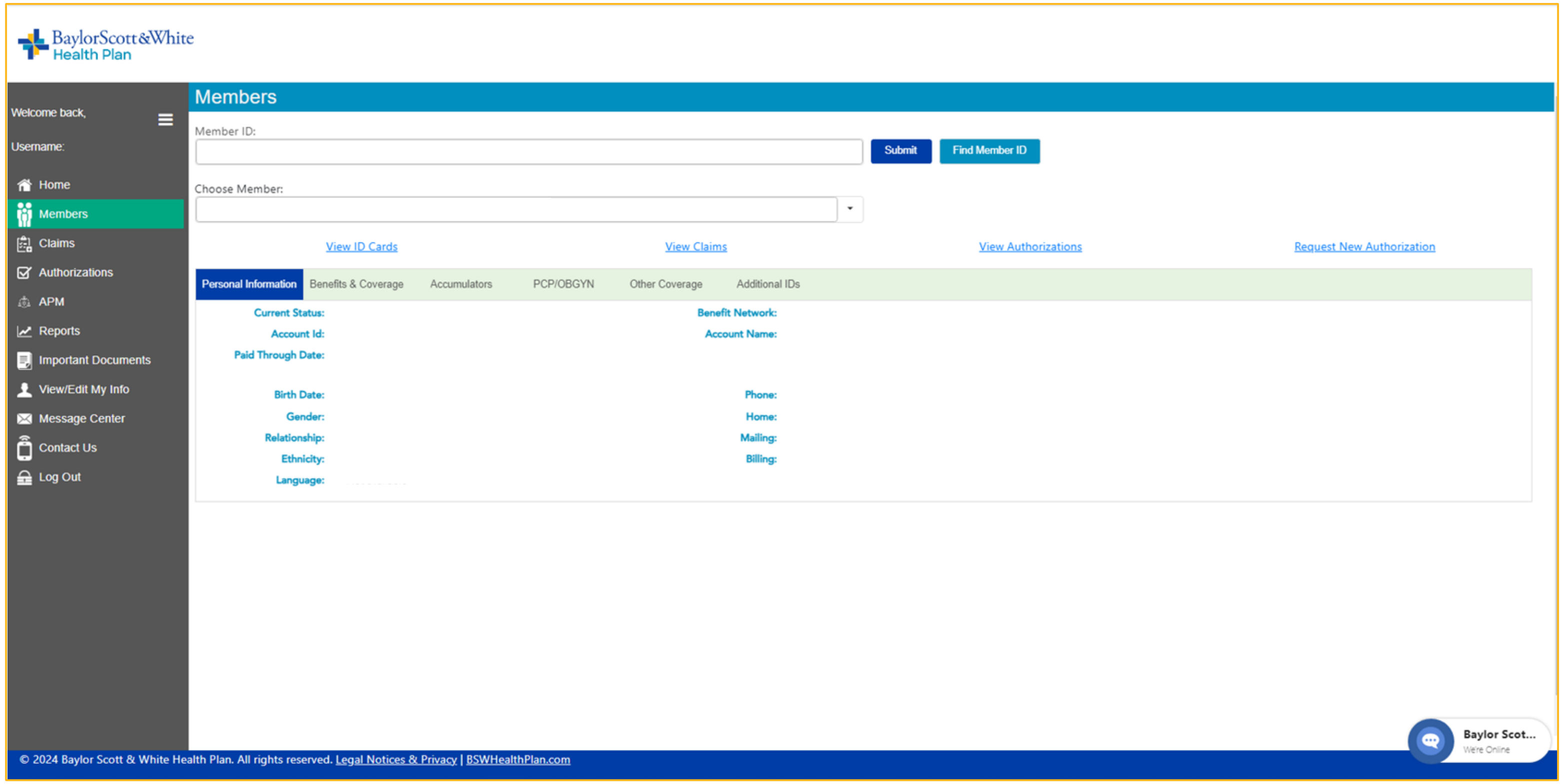
Click the "hamburger" icon to provide more viewing space.



Responsive / Mobile Friendly

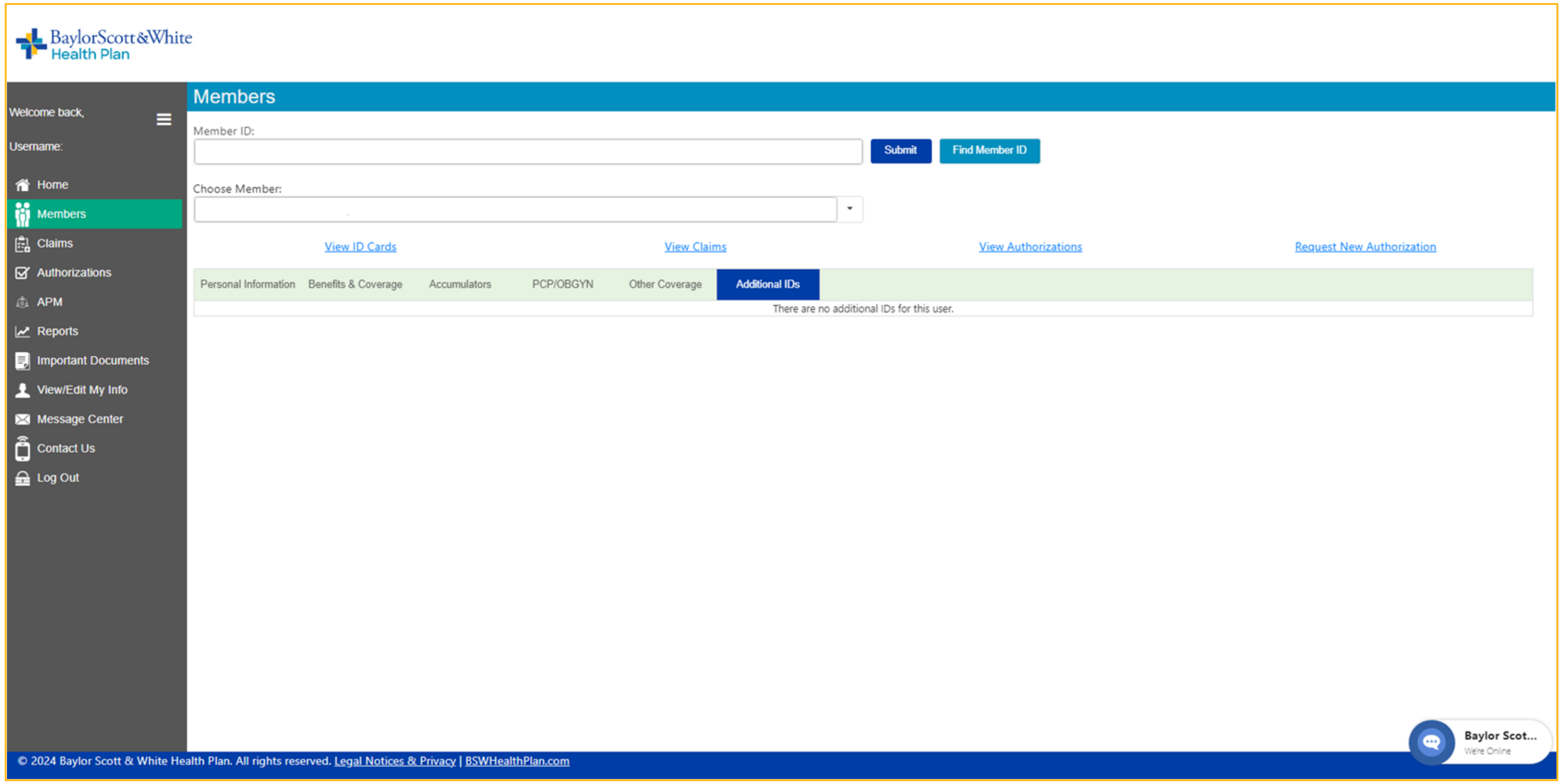
The Provider Portal is a responsive web app, automatically adjusting the display to fit the size of the user's device. This is an iPad view of the Landing Page.

Member Information



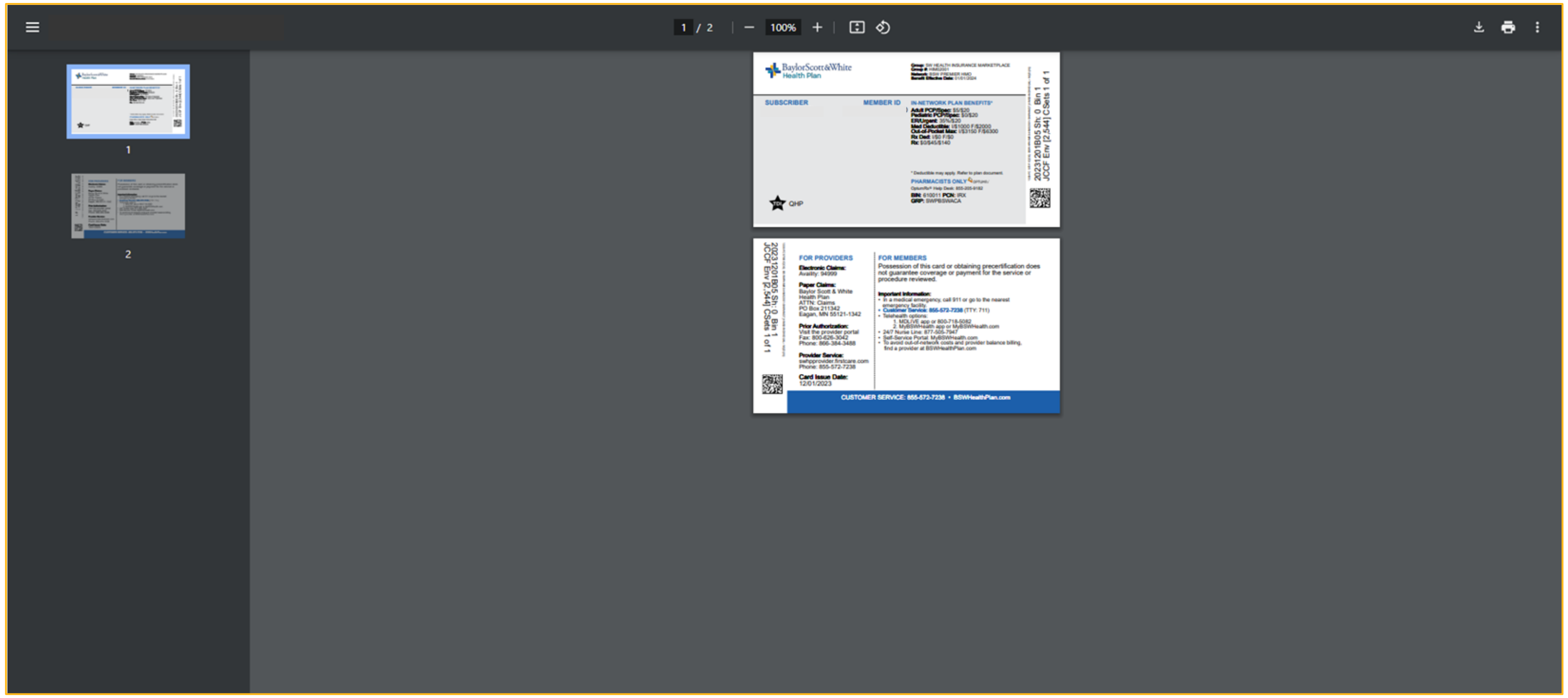
The Members page allows you to verify eligibility and plan benefits, view the member's ID card, look up auth and claims status, see provider selections, and more.

Member with Additional IDs



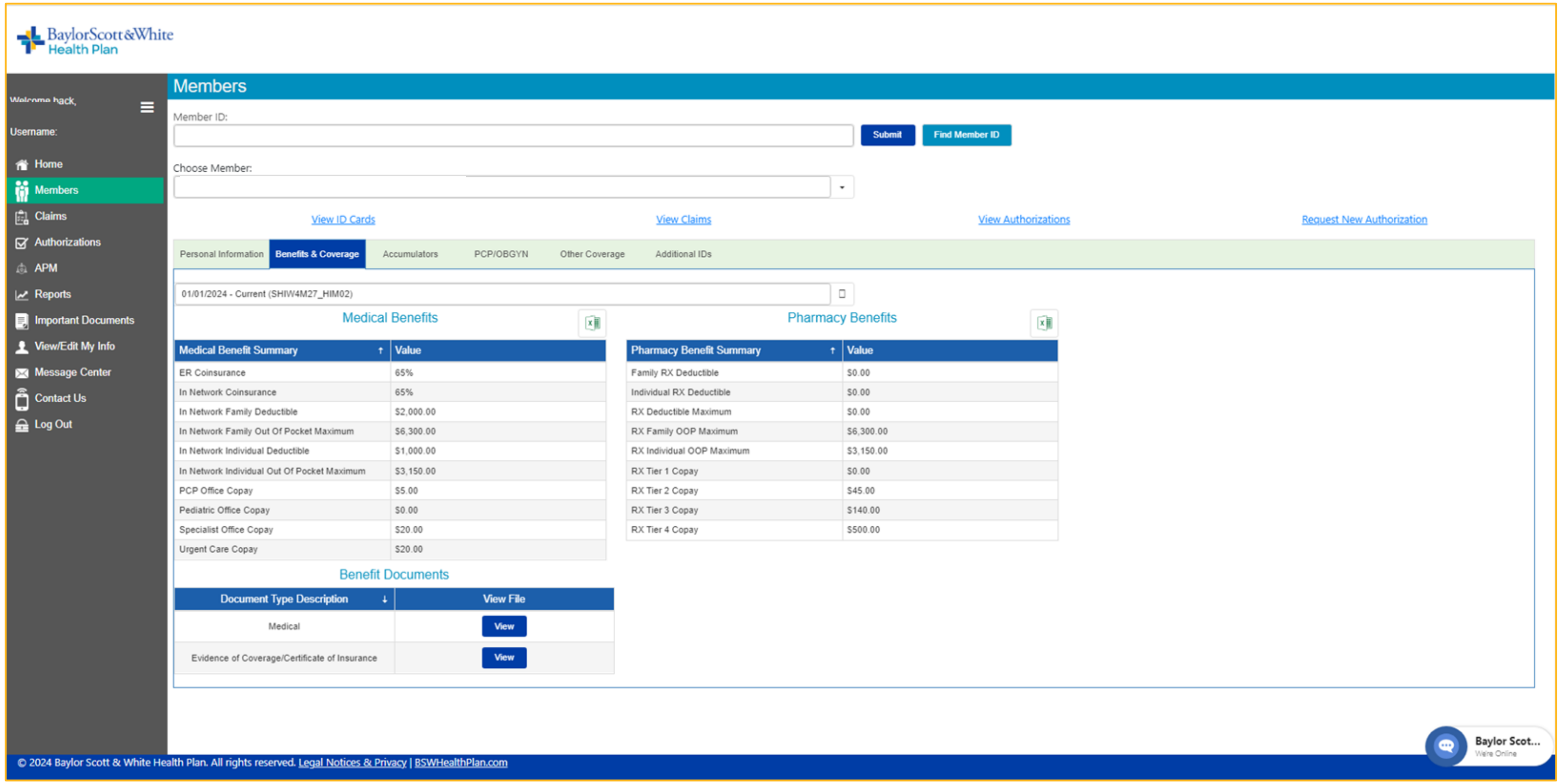
Providers are alerted when Members have additional FirstCare active or terminated IDs. The IDs can be viewed on the "Additional IDs" tab.

Member ID Cards



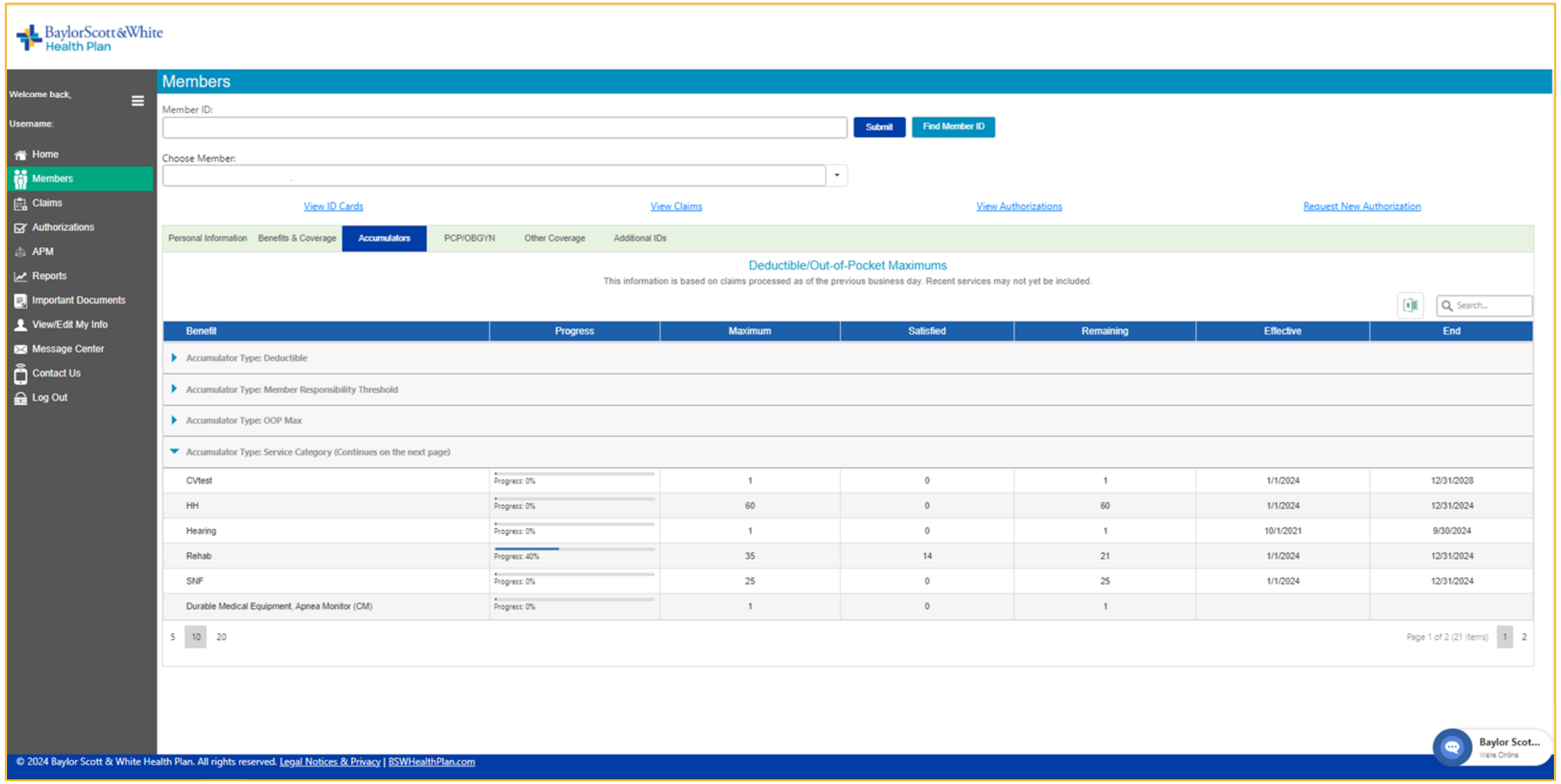
Easily view, download, and print Member ID cards.

Member Benefits



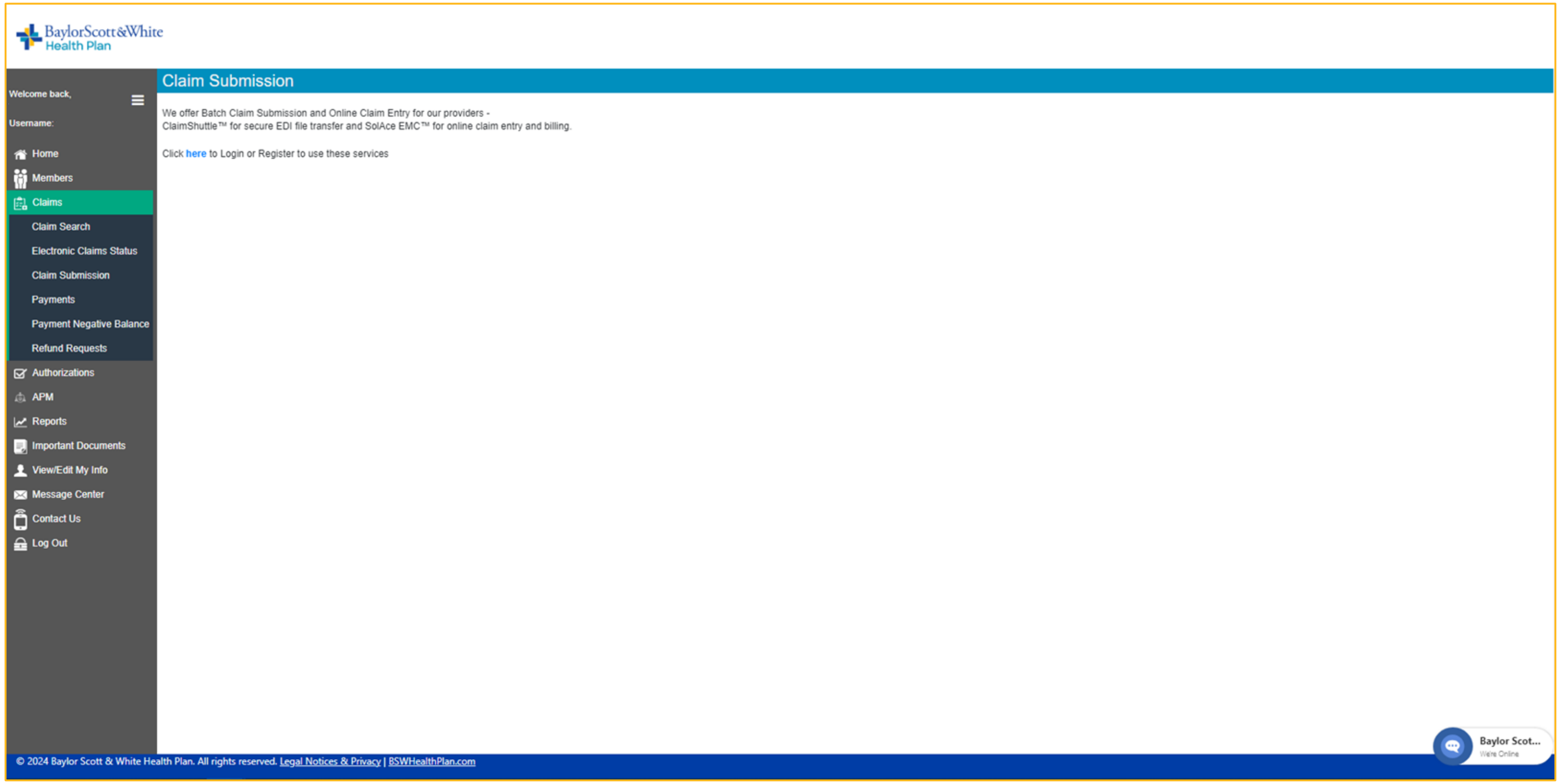
Members' current Benefits & Coverage display here, as well as the option to view past benefits & coverage using the dropdown.

Member Accumulators



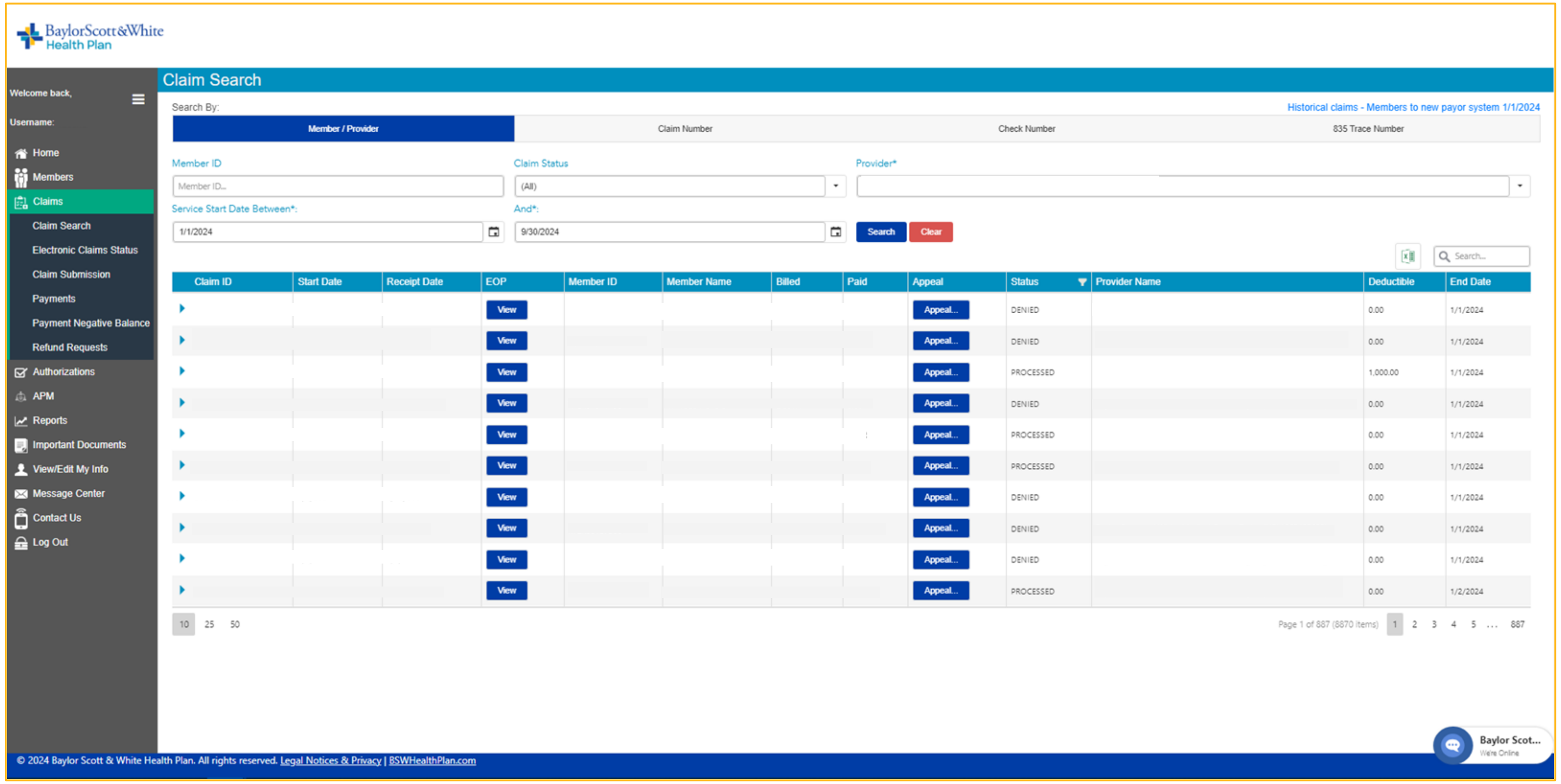
Check the status of a Member’s Deductible, OOP Max, or Service Category Accumulators. Click the down arrows to see all the details.

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.

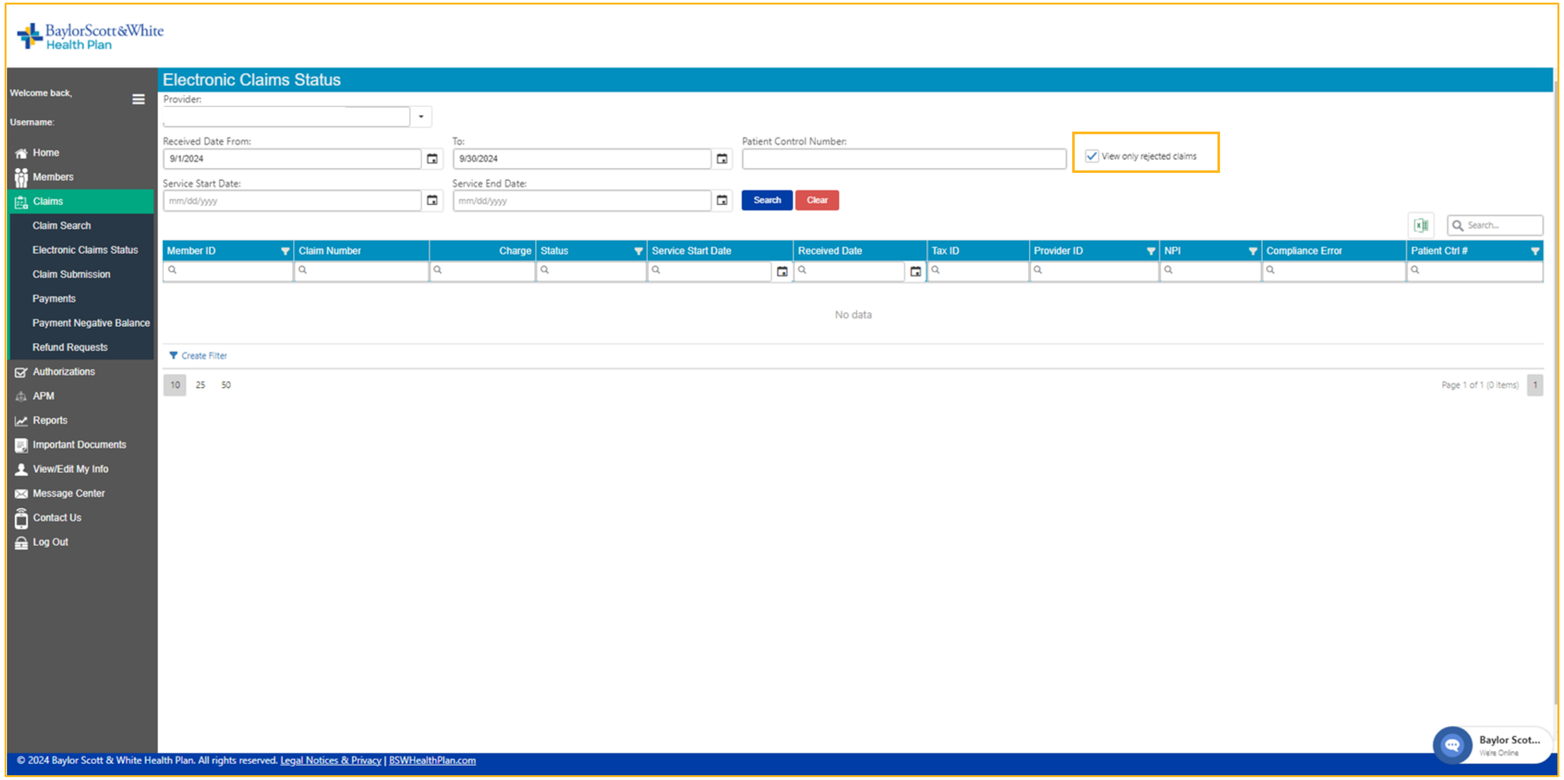
Electronic Claims Status



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

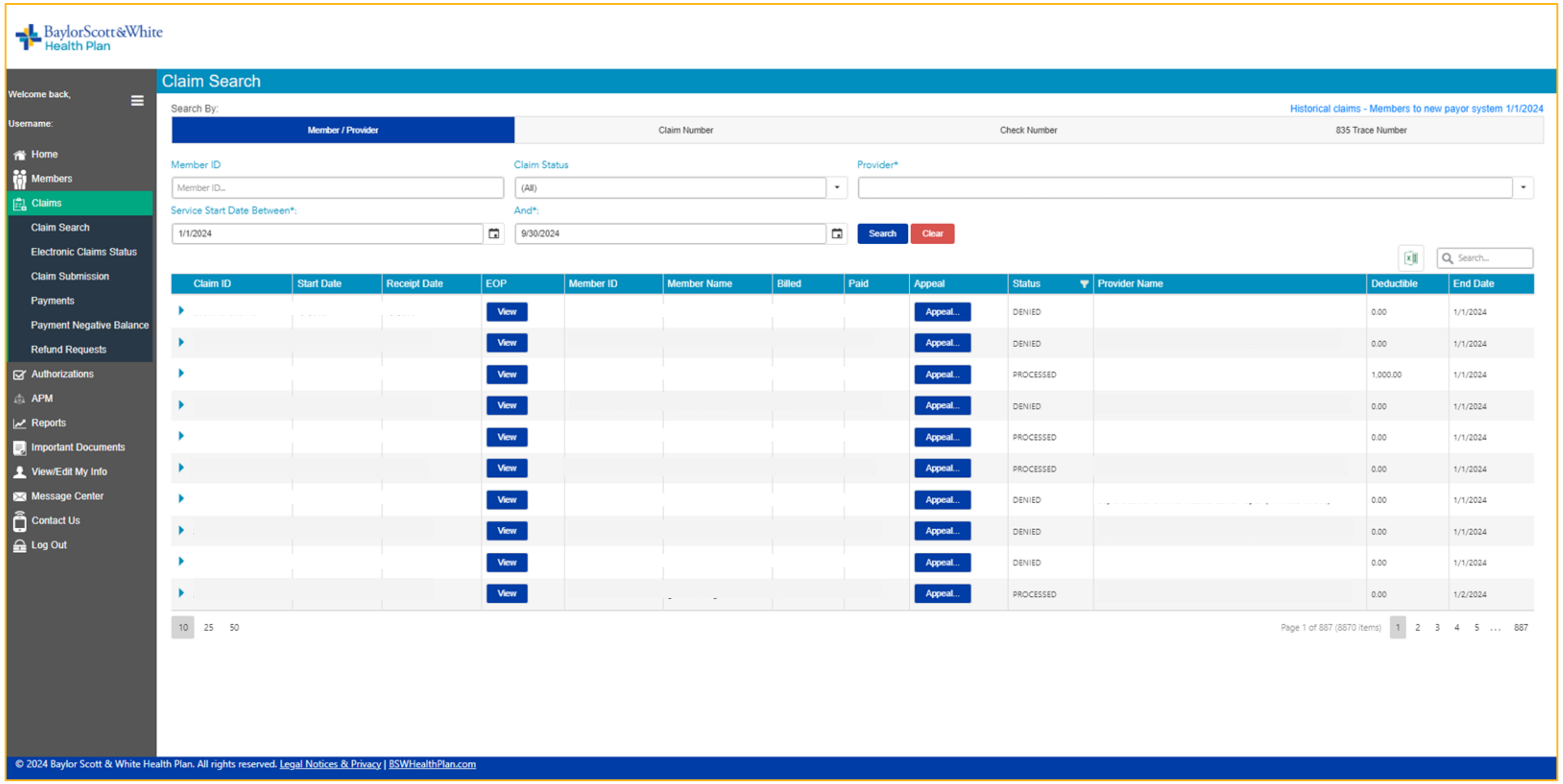
The "Rejected" claims require you to review and re-submit before they will be submitted for processing.

Electronic Claims Status – Rejected Claims Only



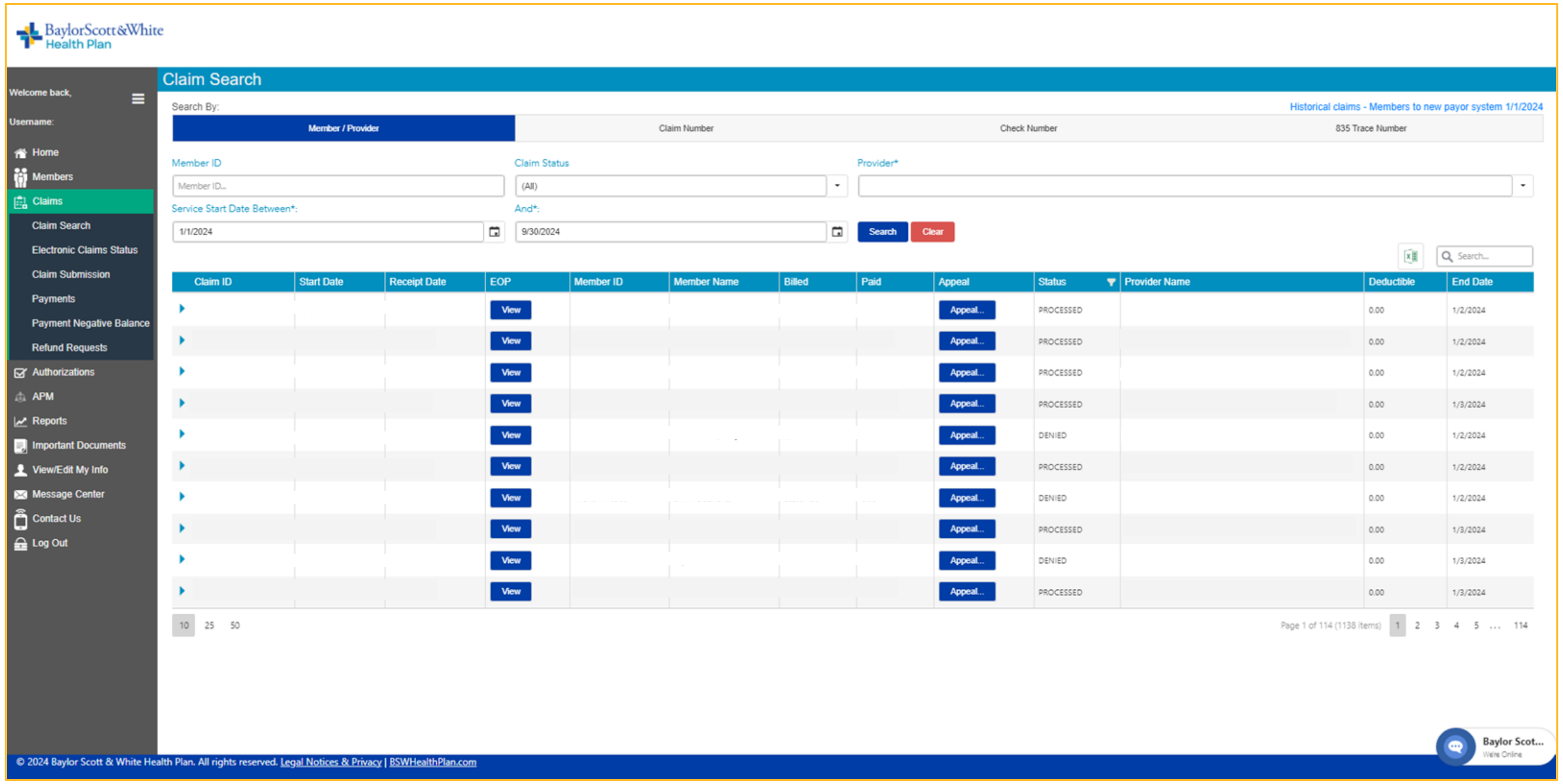
You have the option to view only the rejected claims. This enables you to remediate and re-submit quickly.

Grid Global Search (Claims, Auths, etc.)



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.

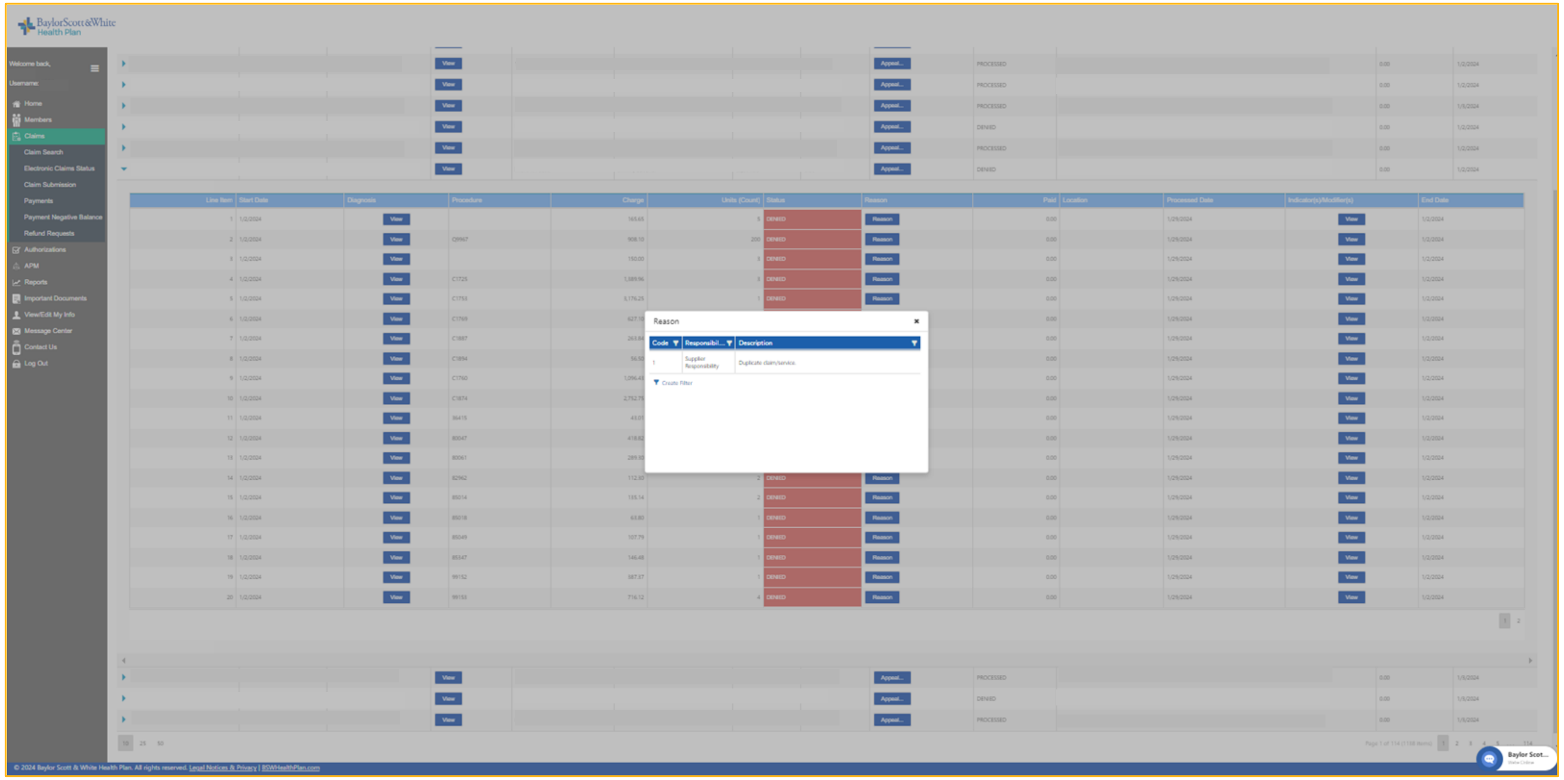
Claim Search by Provider/Member



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

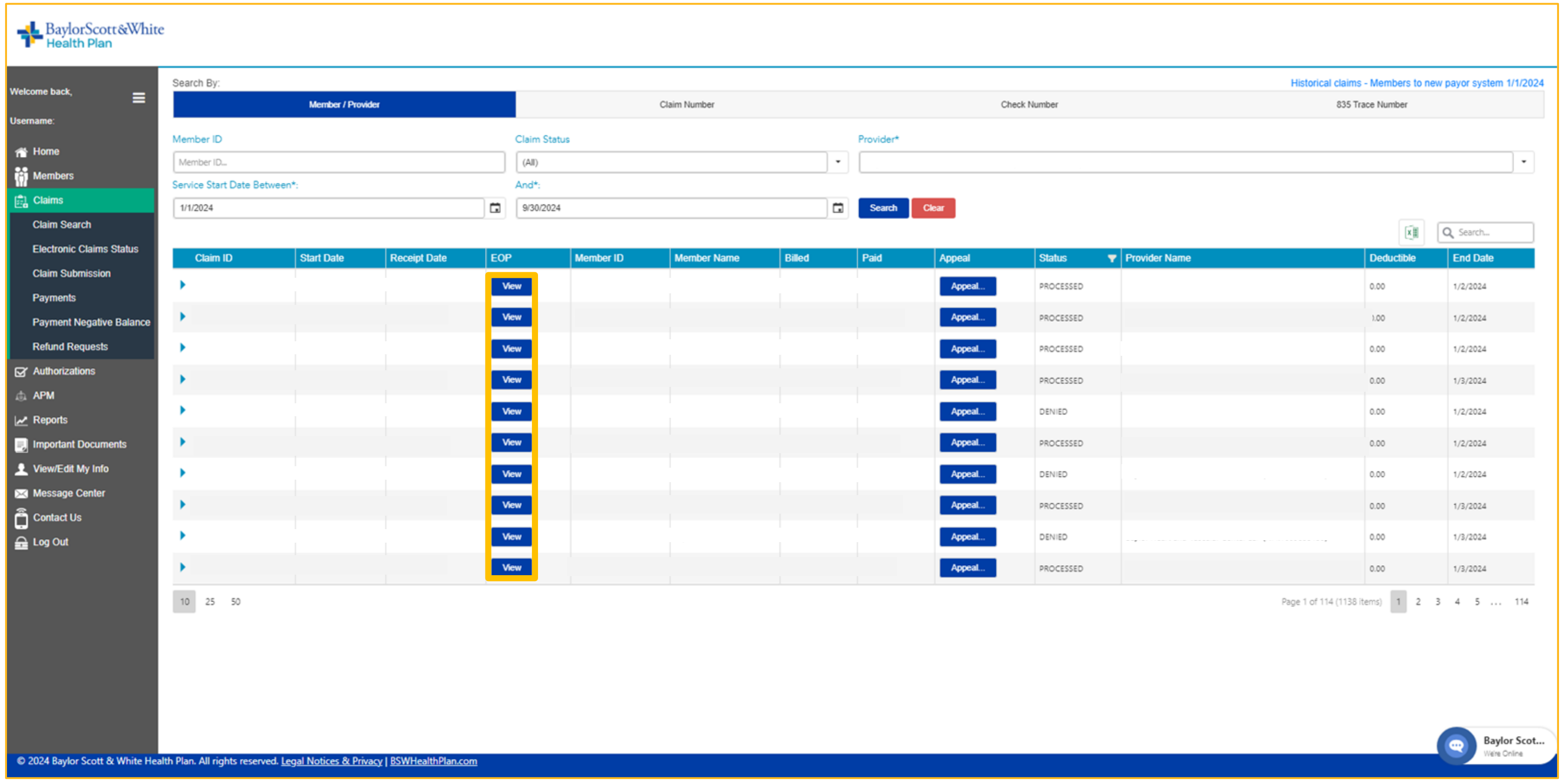
Claim Lines – Denied Reason



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.

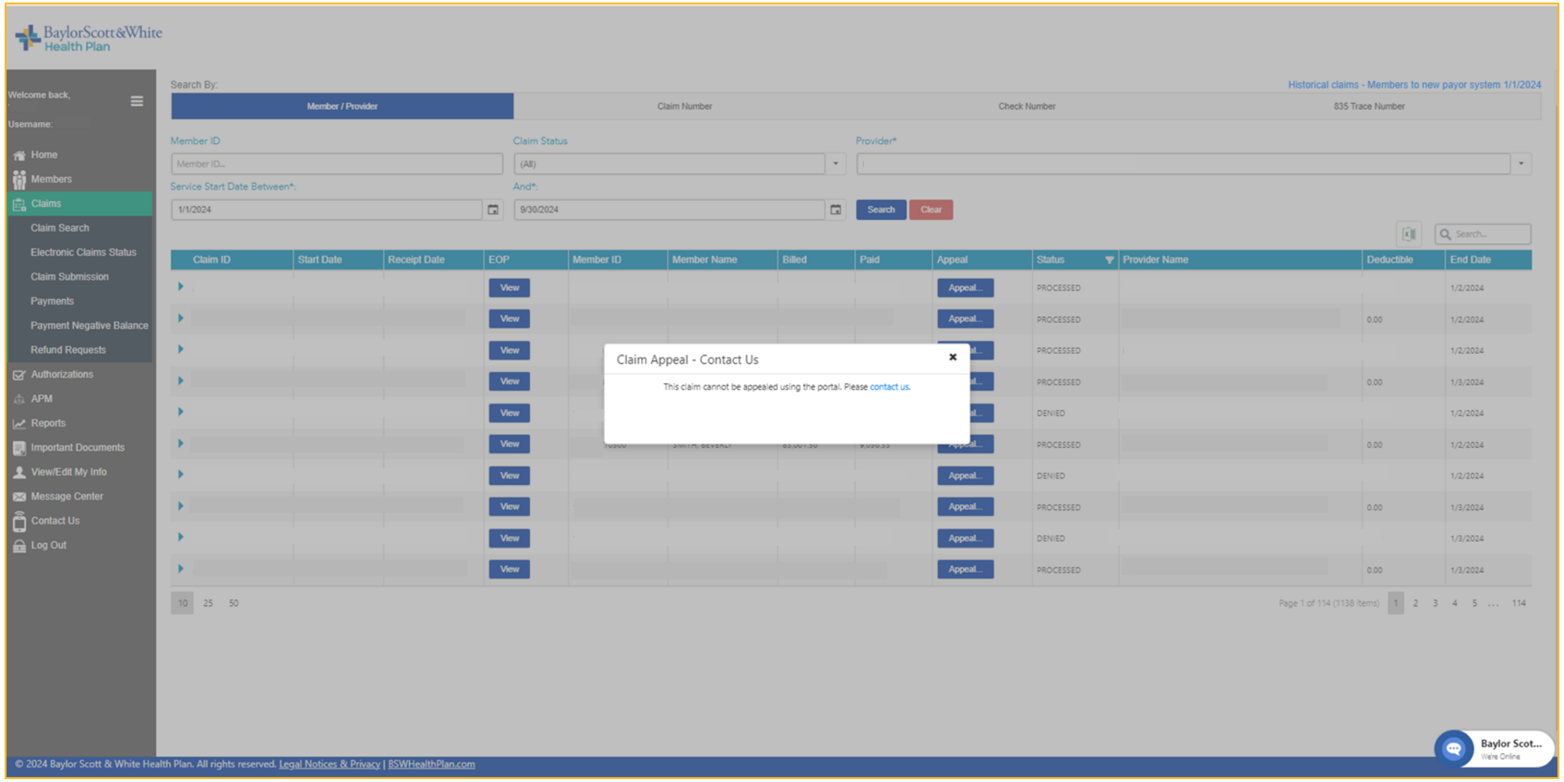
You can also, by clicking the "View" buttons on a claim line, view details about the Diagnosis codes and the Indicators & Modifiers.

EOPs and Electronic Remittance Advice



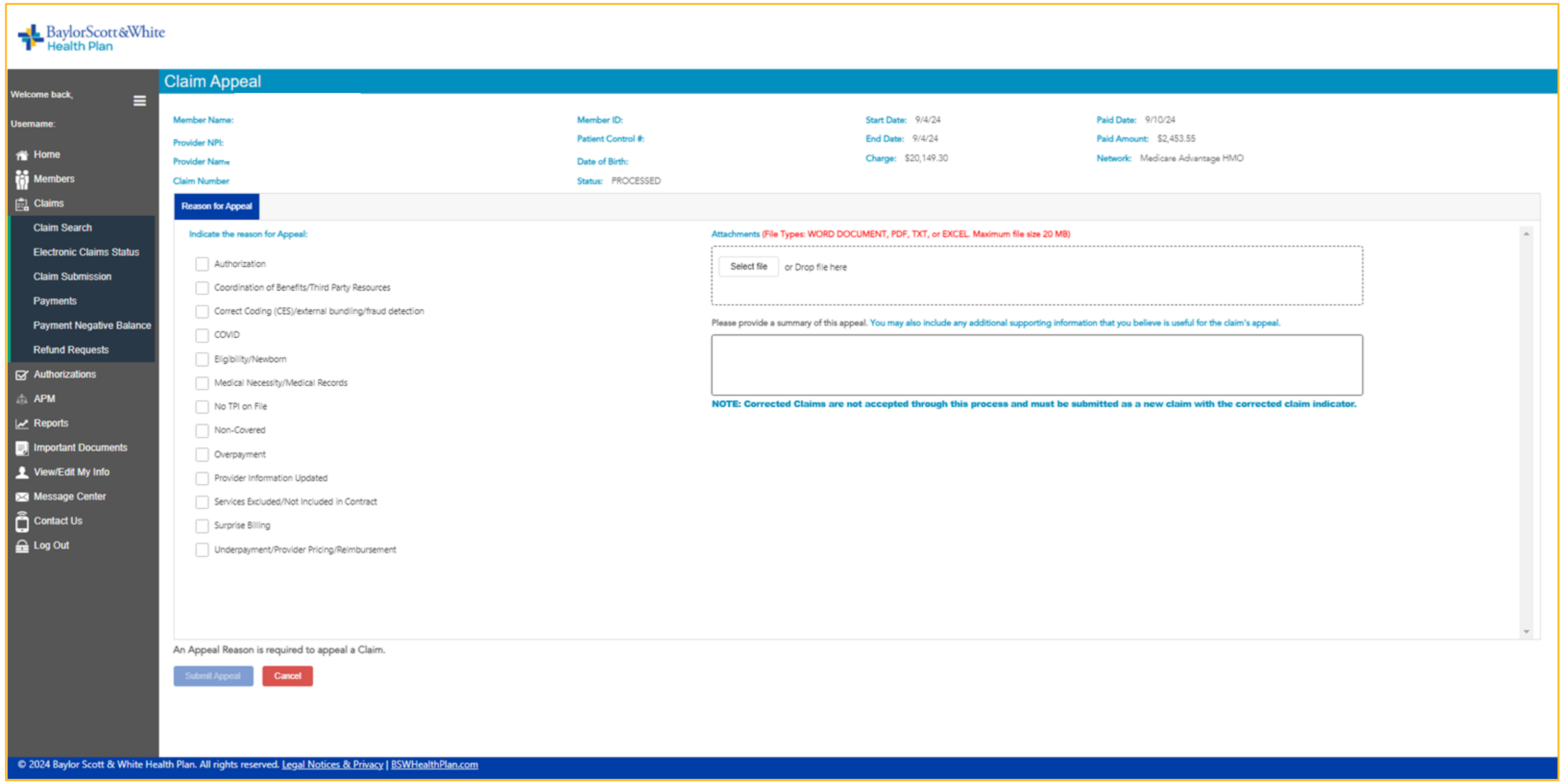
Providers can view EOPs and associated remittance information from the Claim Search page by locating the claim and clicking the View button in the EOP column.

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



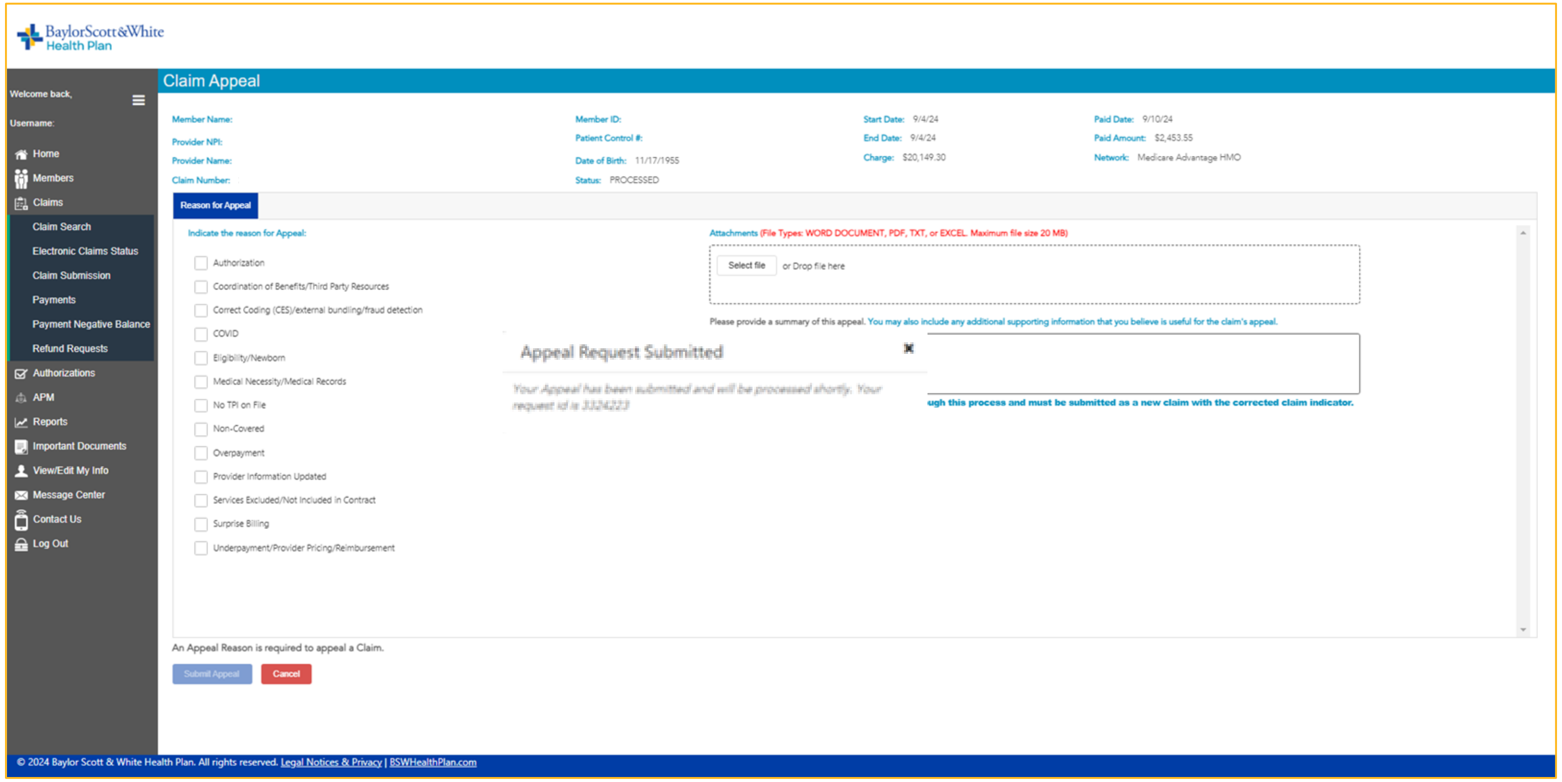
A Claim Review Request will be available via the Provider Service Center at **833.542.8179** which includes detailed claim analysis, real-time adjustments on most claims and quick follow-up rather than submitting through the provider portal.

Claim Redetermination Request – Medicaid & Medicare



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

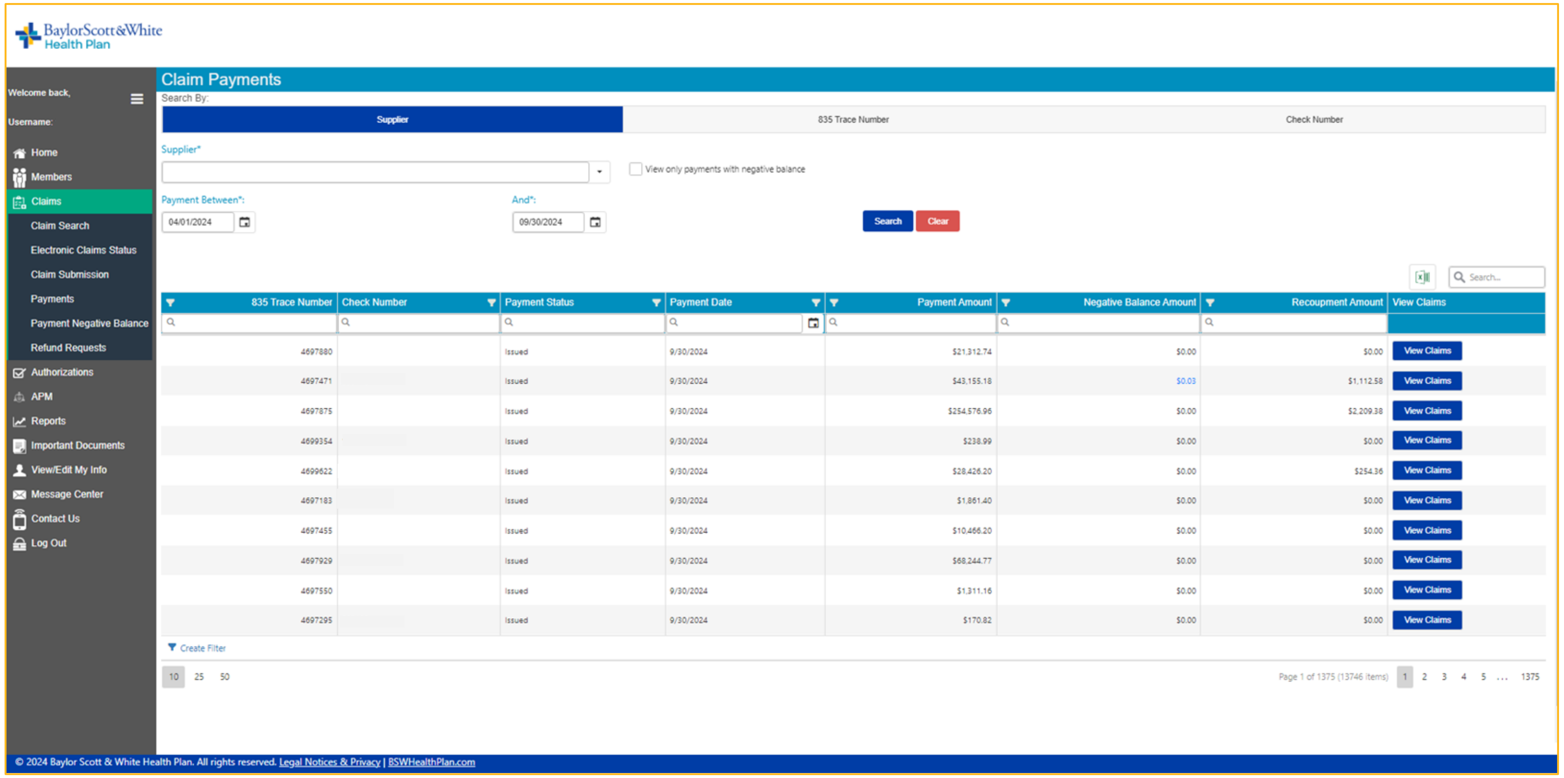
Claim Appeal – Submission Confirmation



Once you submit the appeal, a popup will show you the confirmation of your submission.

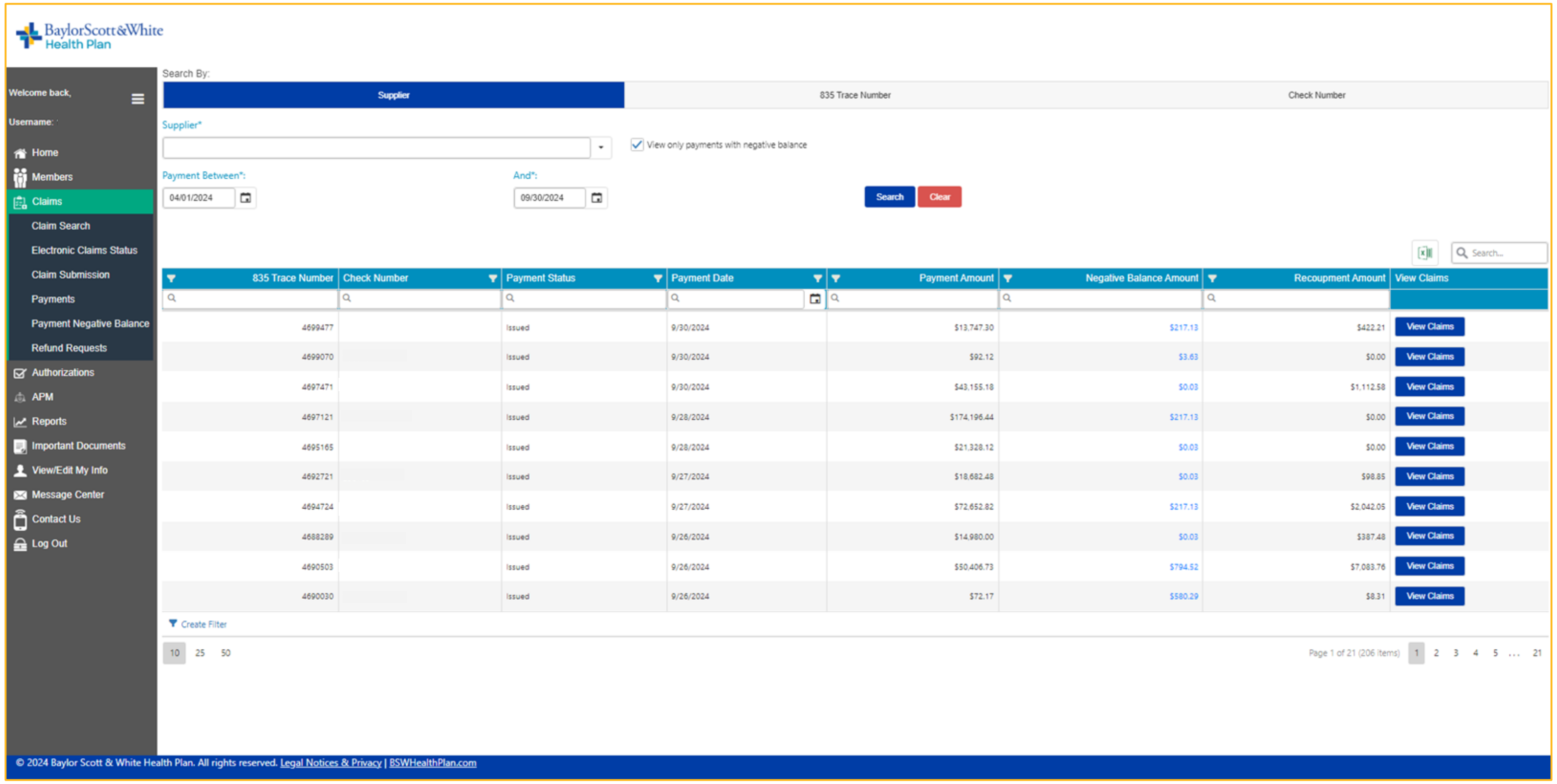
You can also go to Message Center/My Messages to see your Claim Appeal submission ID.

Claim Payments



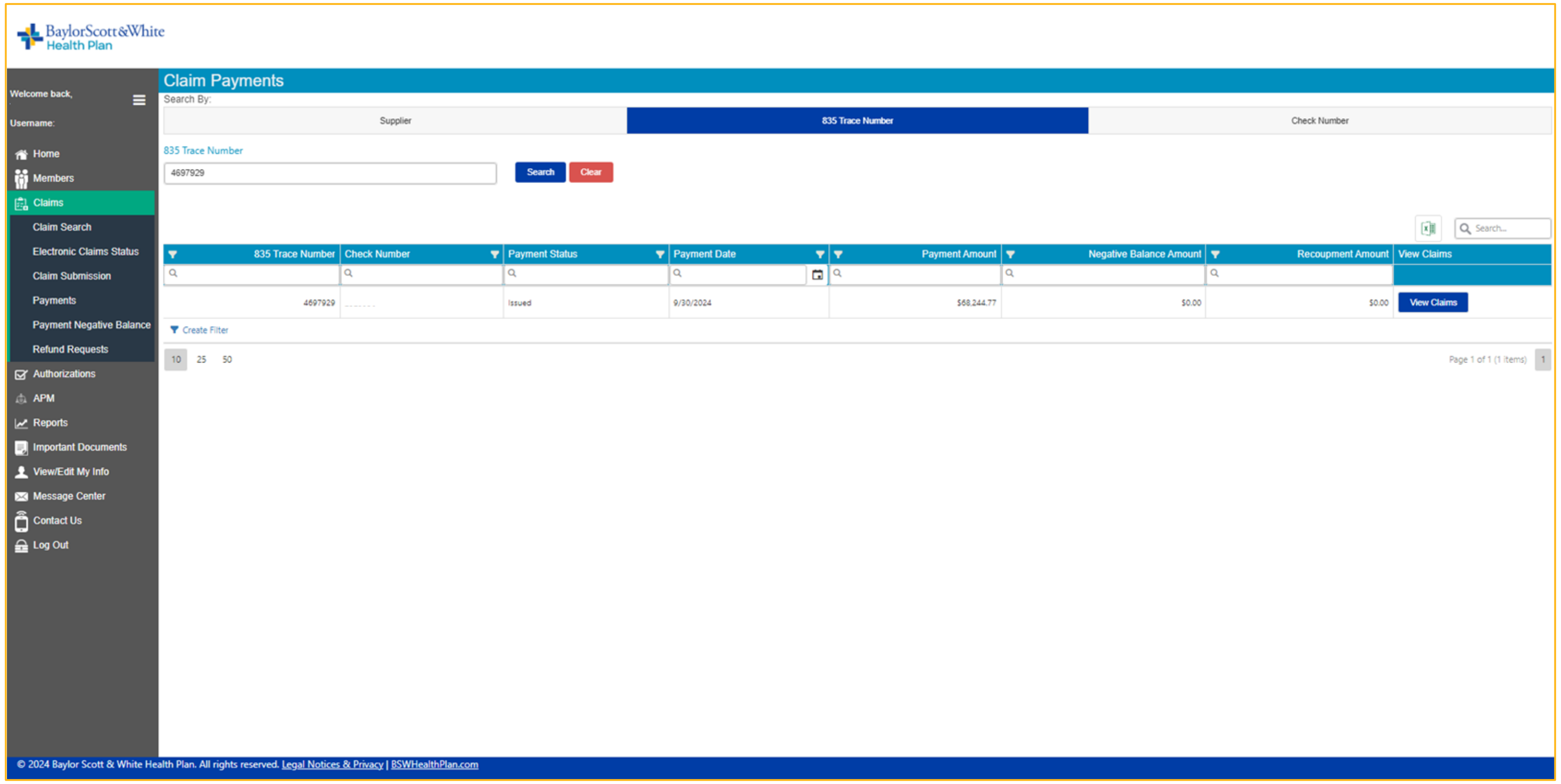
The Claim Payments page displays a Supplier's payments for the requested date range.

Claims Payments – Negative Balance



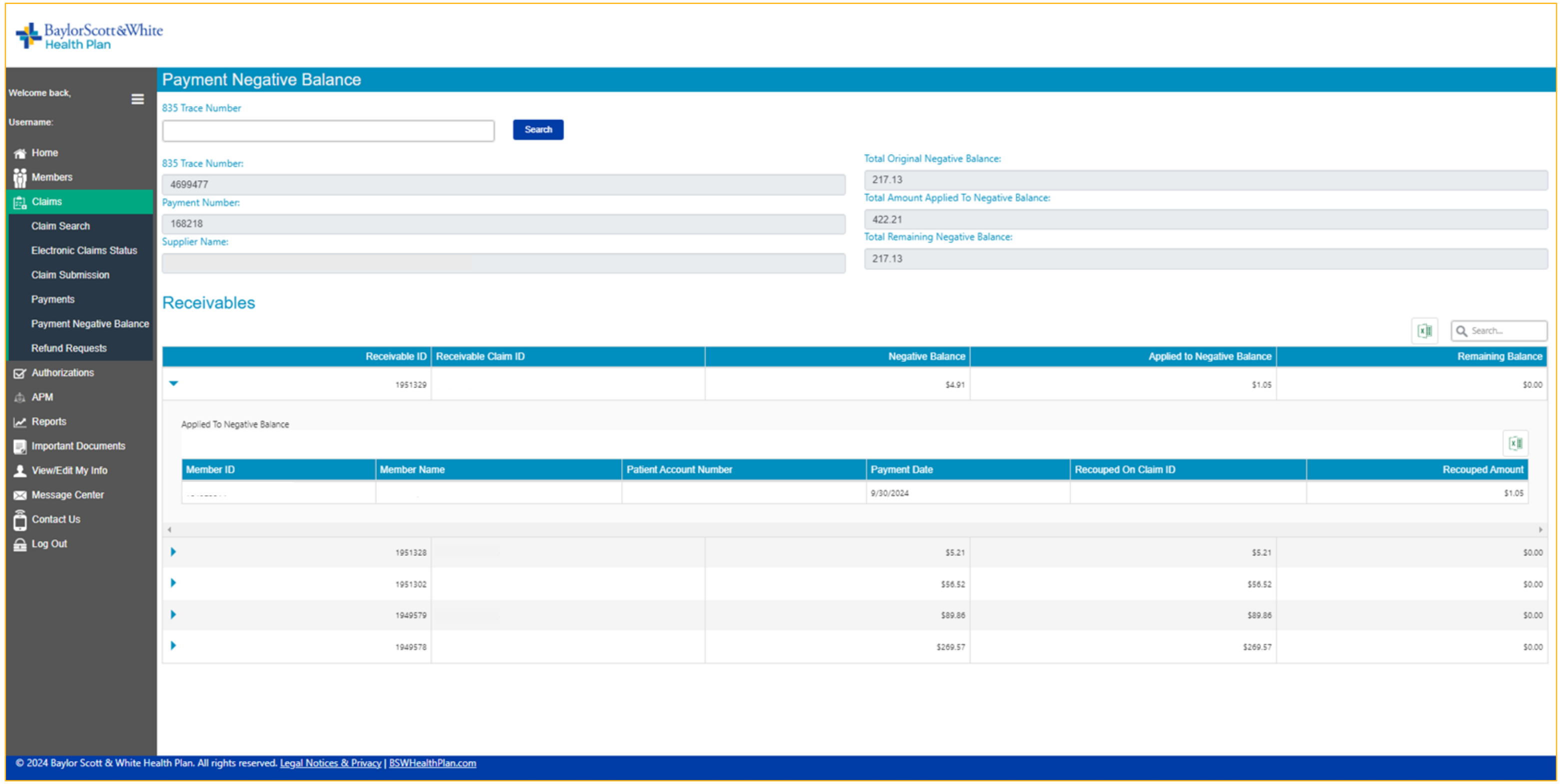
If the Supplier has any Negative Balance amounts, they display in blue text.

Claim Payments – View Claims



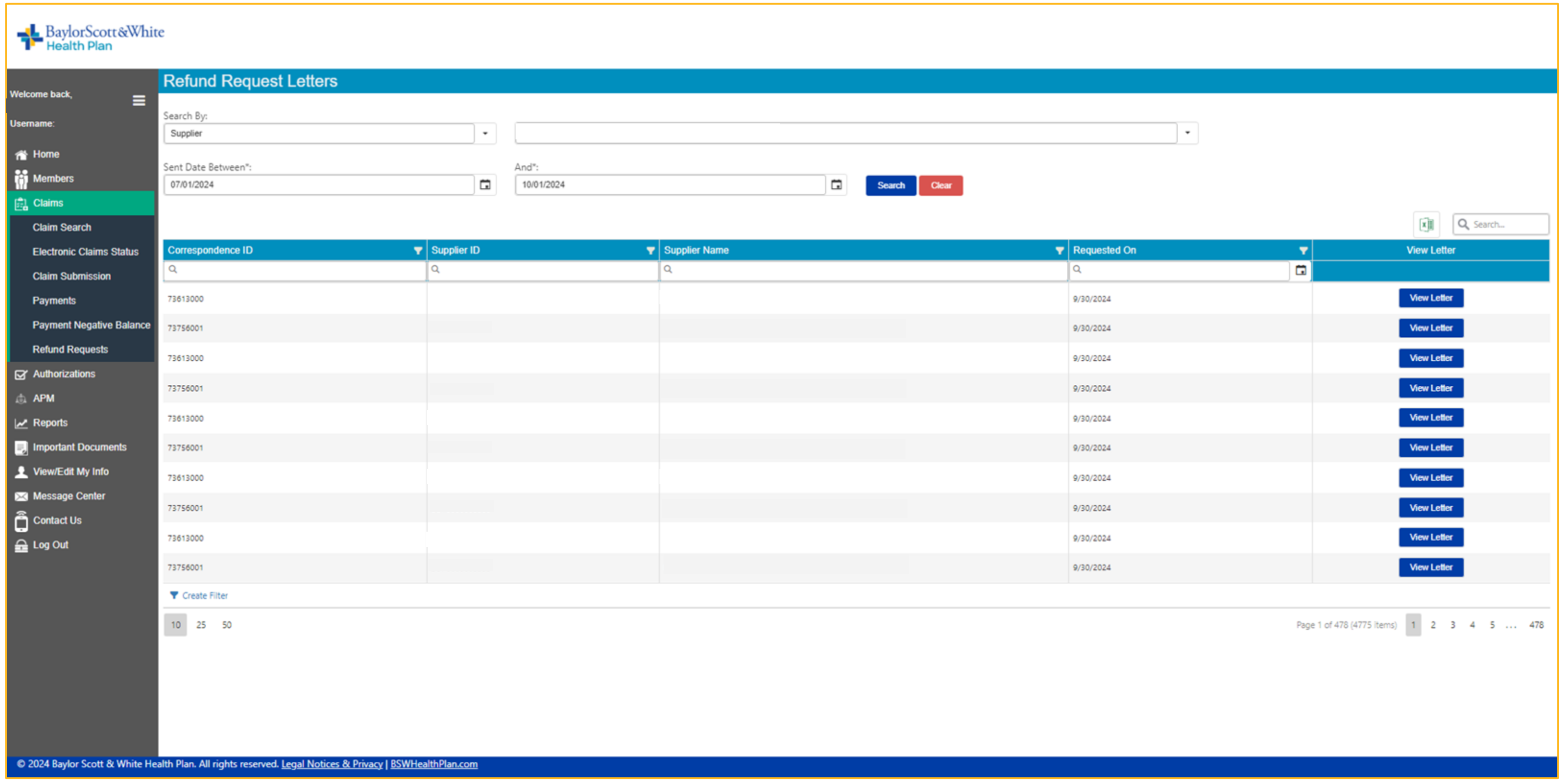
Click on the blue "View Claims" button on the "Claim Payments" grid to see the claims included in that payment.

Claims Payments – Negative Balance Report



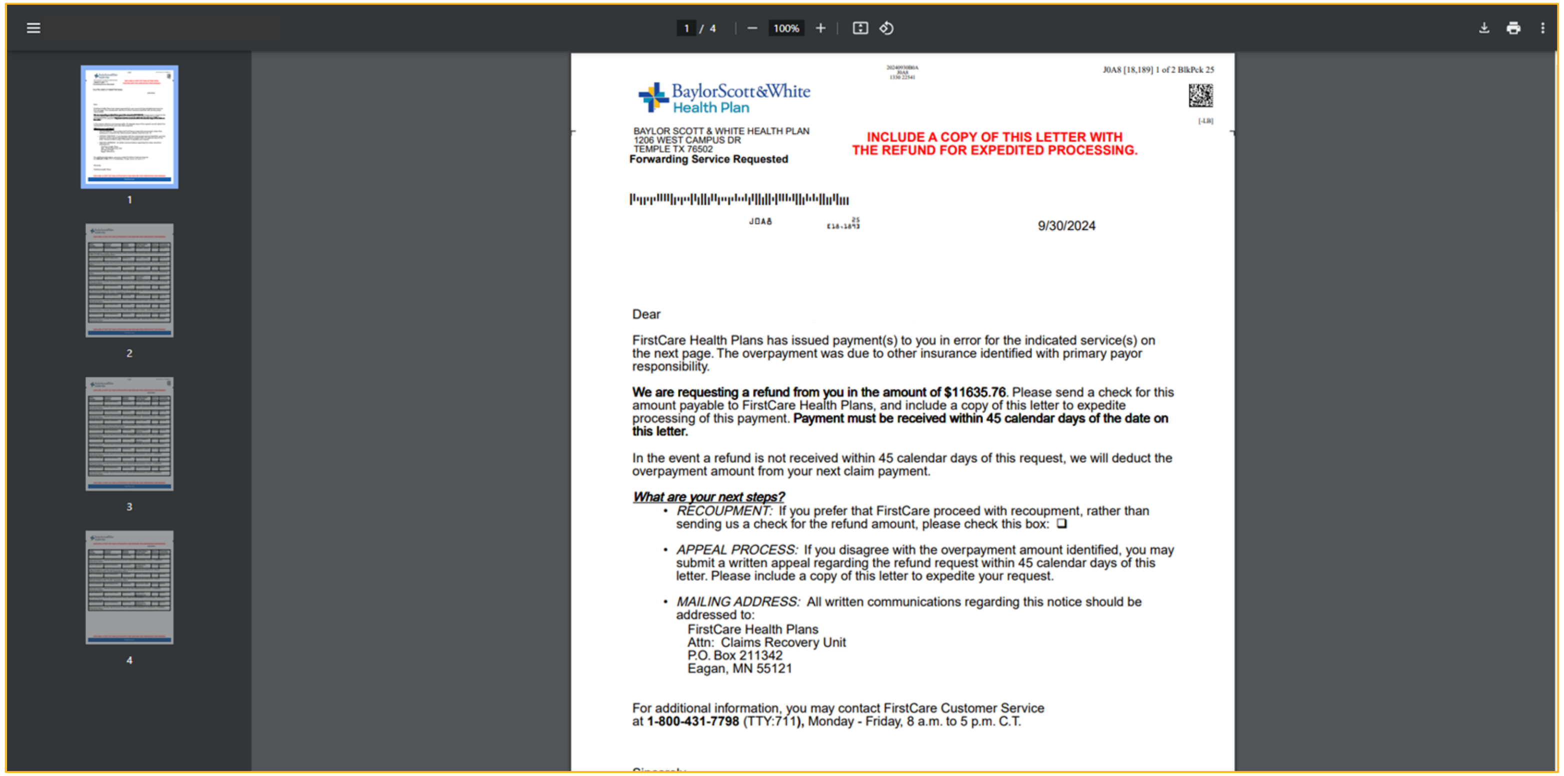
Click the blue negative balance amount in the Payments grid, or the 'Payment Negative Balance' tab to enter the 835 Trace Number from an EOP to view the full details of a negative balance claim.

Claims Refund Requests



Refund Request Letters are quickly and easily viewable from the portal's "Refund Request Letters" page

Claims Refund Request Letter



J0A8 [18,189] 1 of 2 BlkPck 25

BaylorScott&White Health Plan

BAYLOR SCOTT & WHITE HEALTH PLAN
1206 WEST CAMPUS DR
TEMPLE TX 76502
Forwarding Service Requested

INCLUDE A COPY OF THIS LETTER WITH THE REFUND FOR EXPEDITED PROCESSING.

J0A8

9/30/2024

Dear

FirstCare Health Plans has issued payment(s) to you in error for the indicated service(s) on the next page. The overpayment was due to other insurance identified with primary payor responsibility.

We are requesting a refund from you in the amount of $11635.76. Please send a check for this amount payable to FirstCare Health Plans, and include a copy of this letter to expedite processing of this payment. **Payment must be received within 45 calendar days of the date on this letter.**

In the event a refund is not received within 45 calendar days of this request, we will deduct the overpayment amount from your next claim payment.

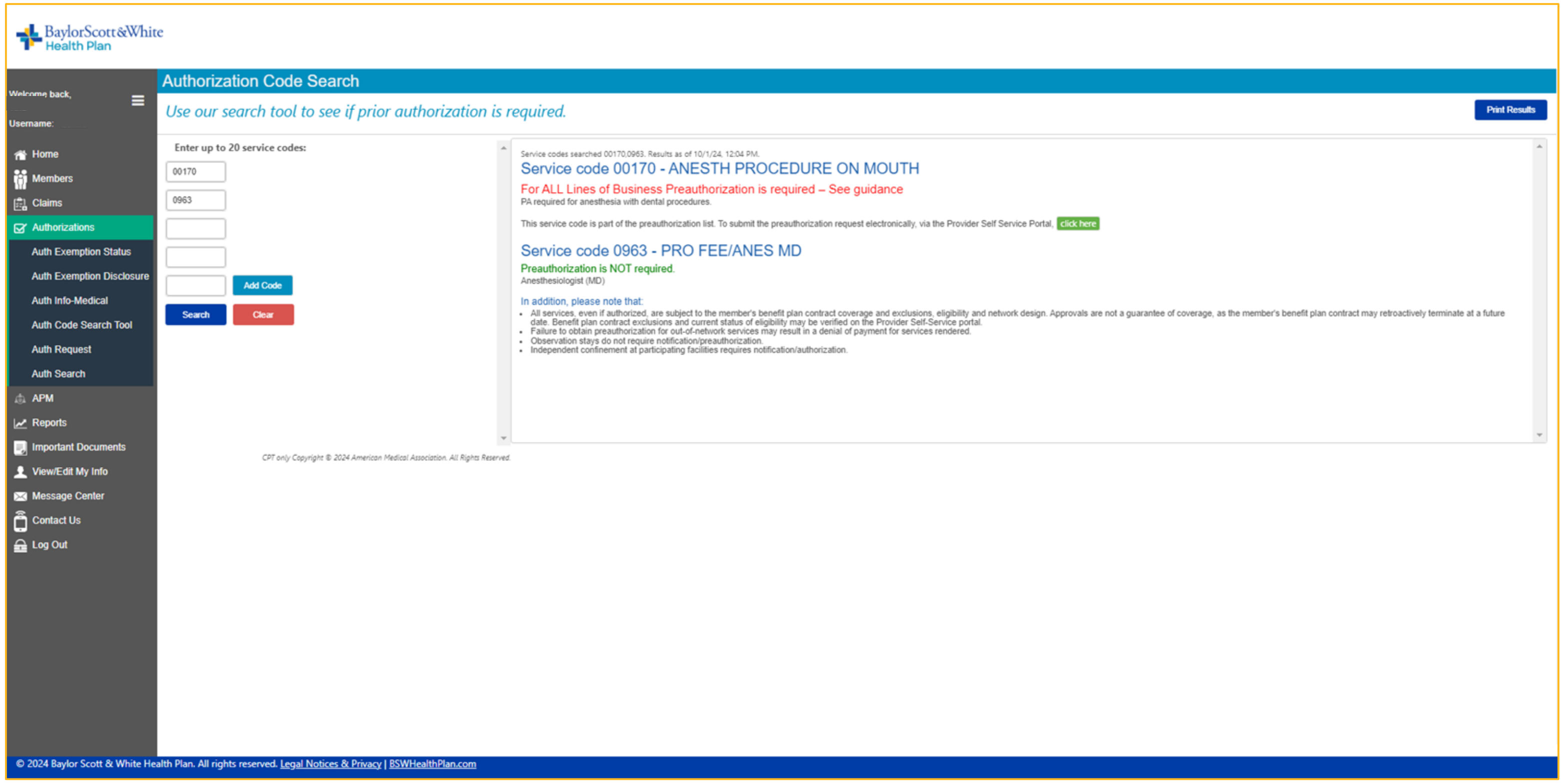
What are your next steps?

- *RECOUPMENT:* If you prefer that FirstCare proceed with recoupment, rather than sending us a check for the refund amount, please check this box: ❑
- *APPEAL PROCESS:* If you disagree with the overpayment amount identified, you may submit a written appeal regarding the refund request within 45 calendar days of this letter. Please include a copy of this letter to expedite your request.
- *MAILING ADDRESS:* All written communications regarding this notice should be addressed to:
  FirstCare Health Plans
  Attn: Claims Recovery Unit
  P.O. Box 211342
  Eagan, MN 55121

For additional information, you may contact FirstCare Customer Service at **1-800-431-7798** (TTY:711), Monday - Friday, 8 a.m. to 5 p.m. C.T.

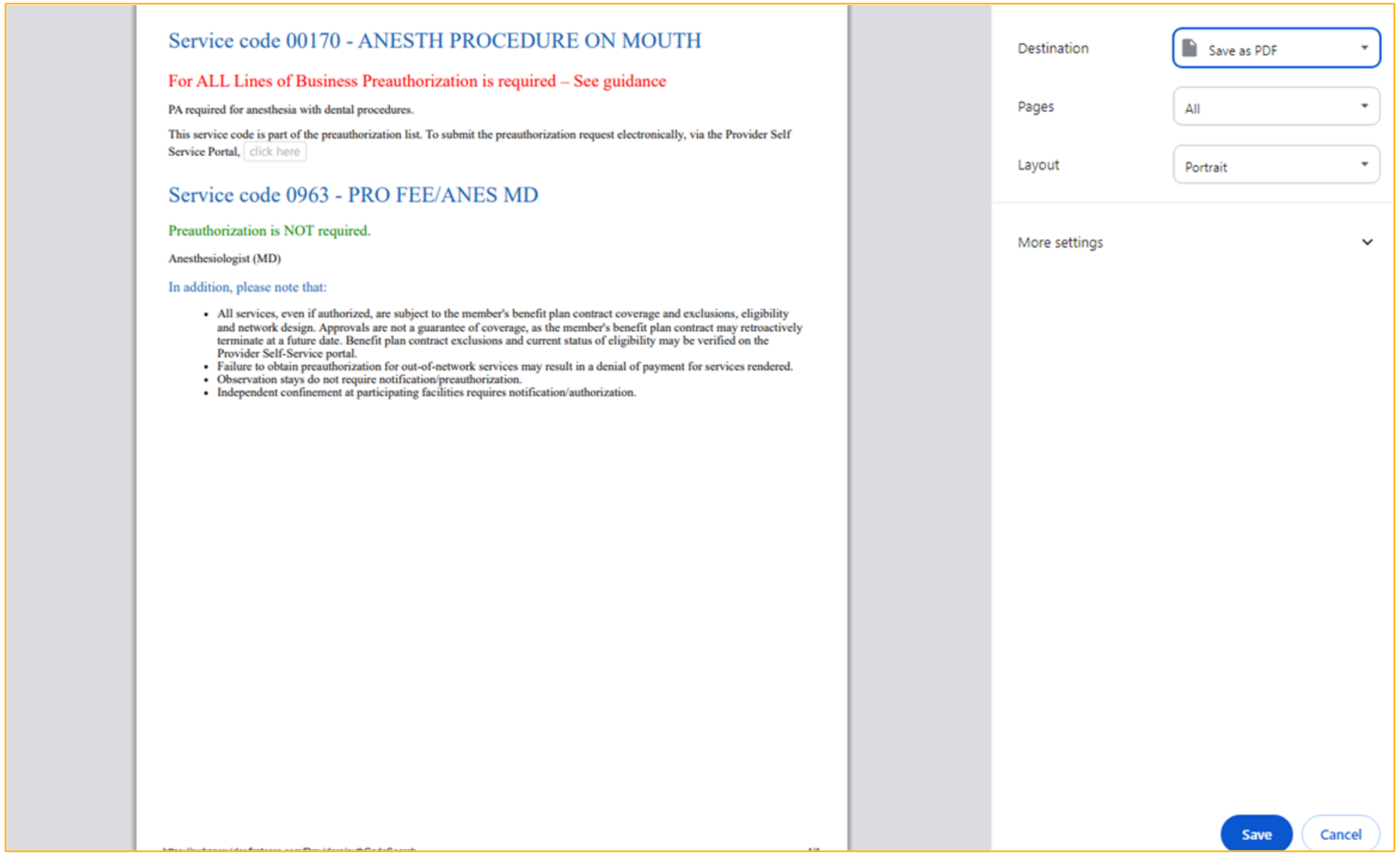
Refund Request Letters can be viewed and printed or downloaded to a pdf file.

Service Code Search for Authorizations



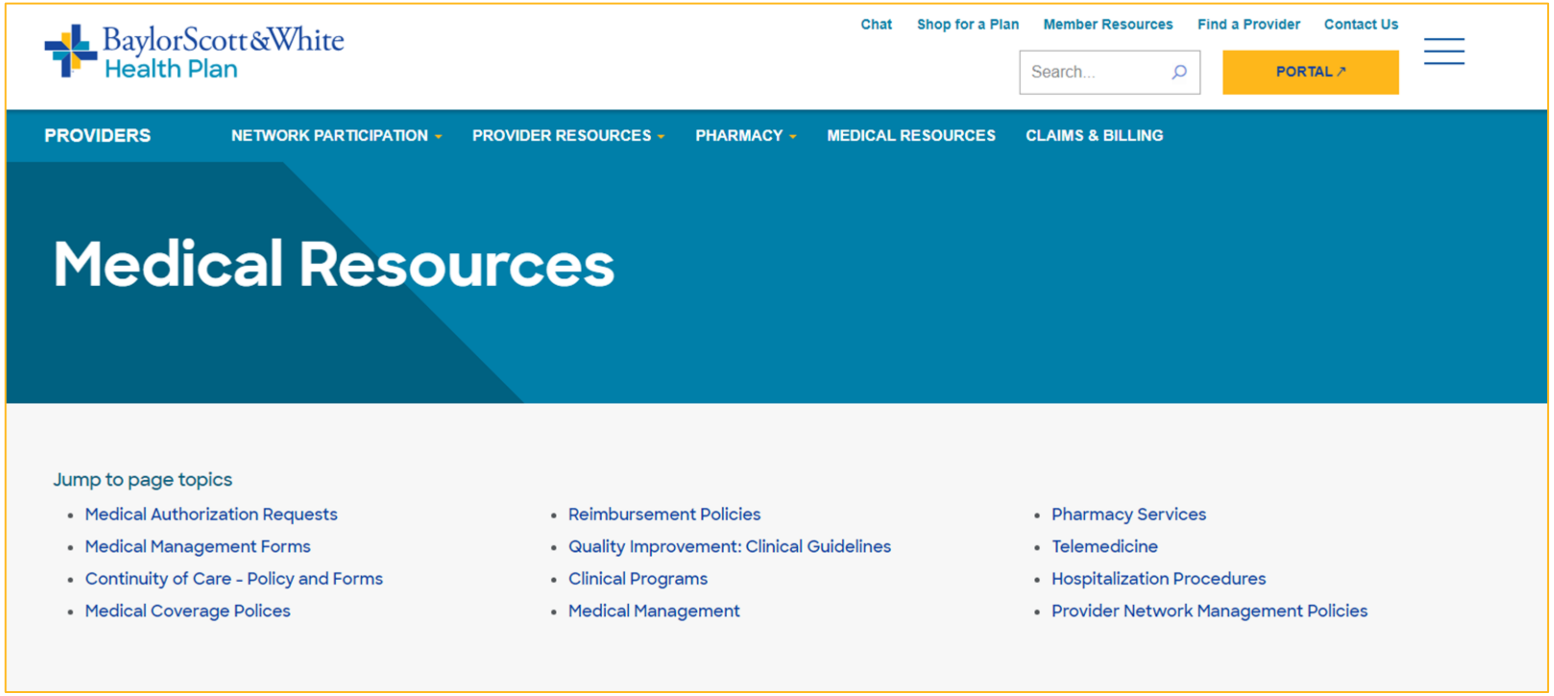
Search up to 20 codes at a time to see if prior authorization is required. Results can be printed, and new auth requests started directly from the search page.

Authorizations – Print Auth Code Search Results



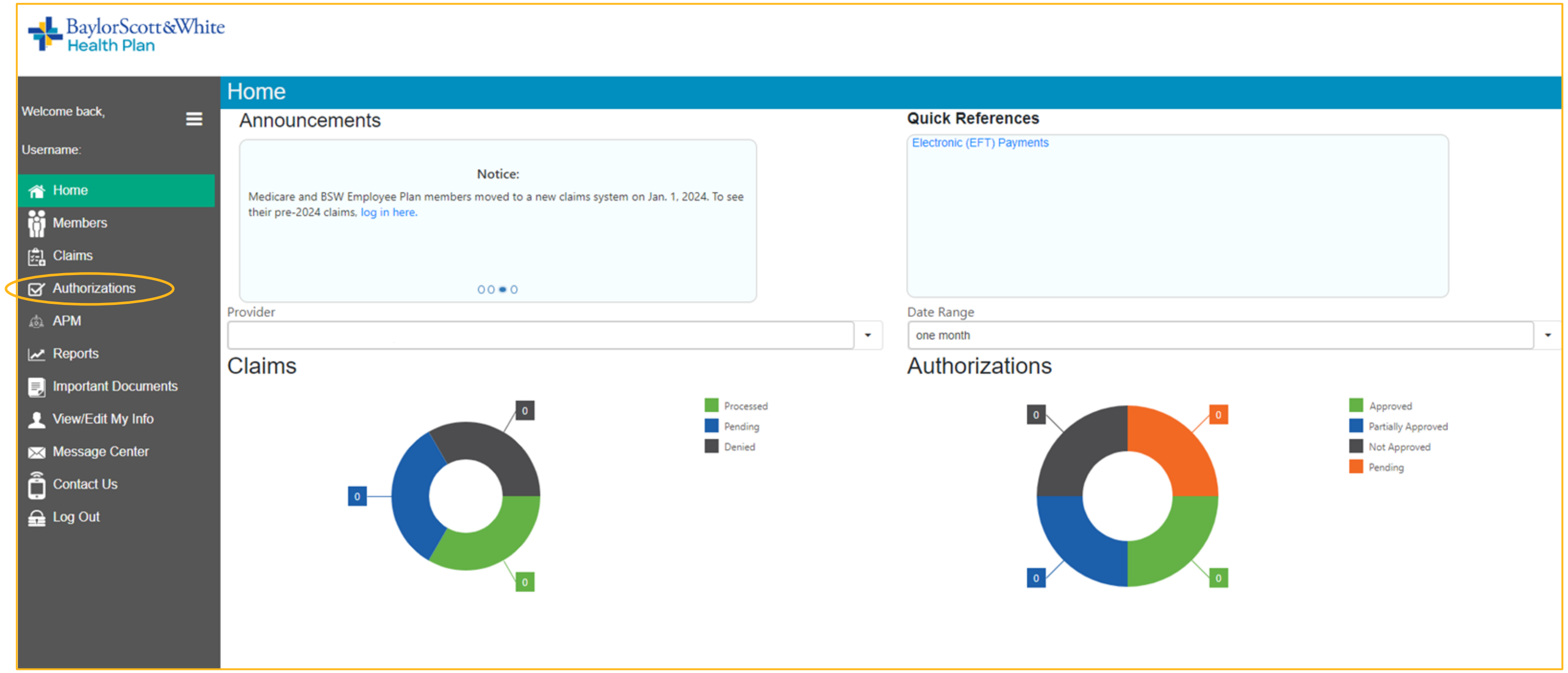
Results can be downloaded and saved as a PDF or printed directly to a printer

Authorization Requirements – Link to BSWHP.com



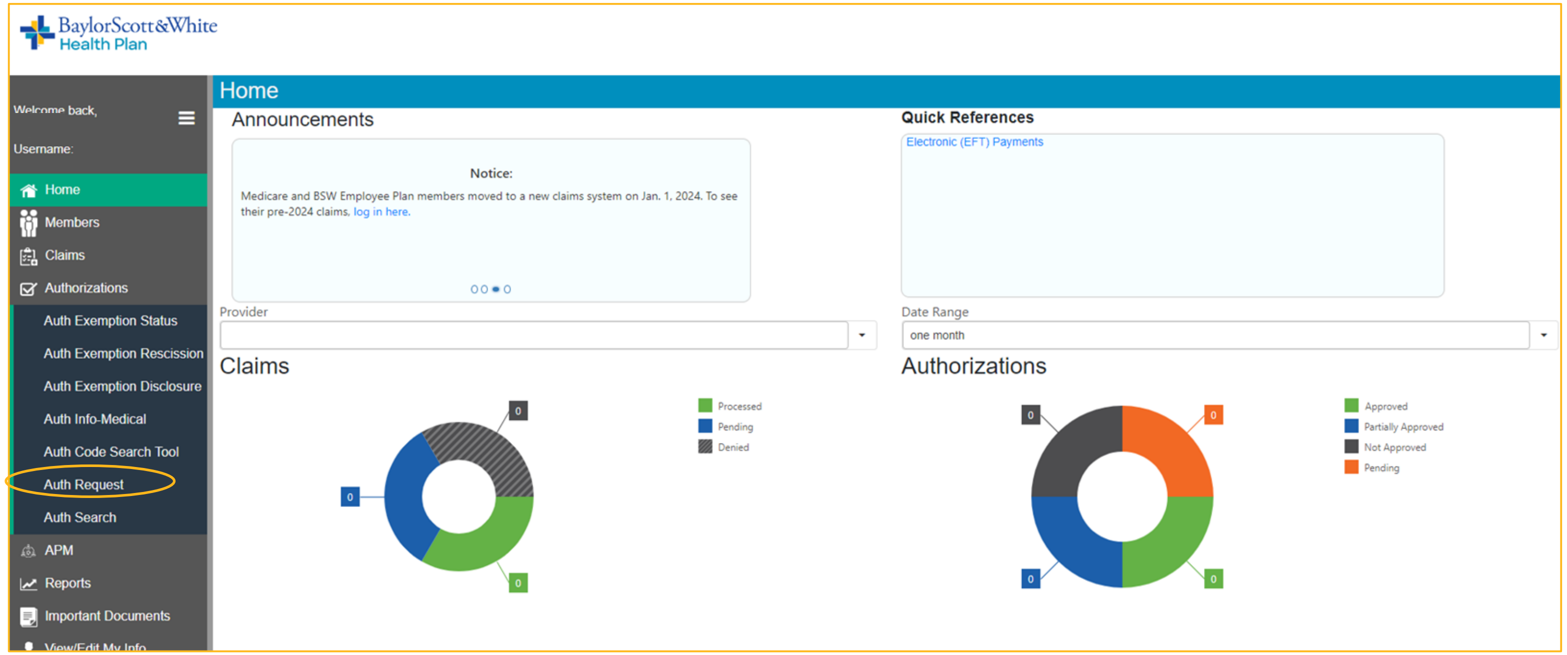
Clicking “Medical Authorization Requests” on the top navigation bar immediately opens the BSWHP Authorization Information page.

Authorization Request – Start Request



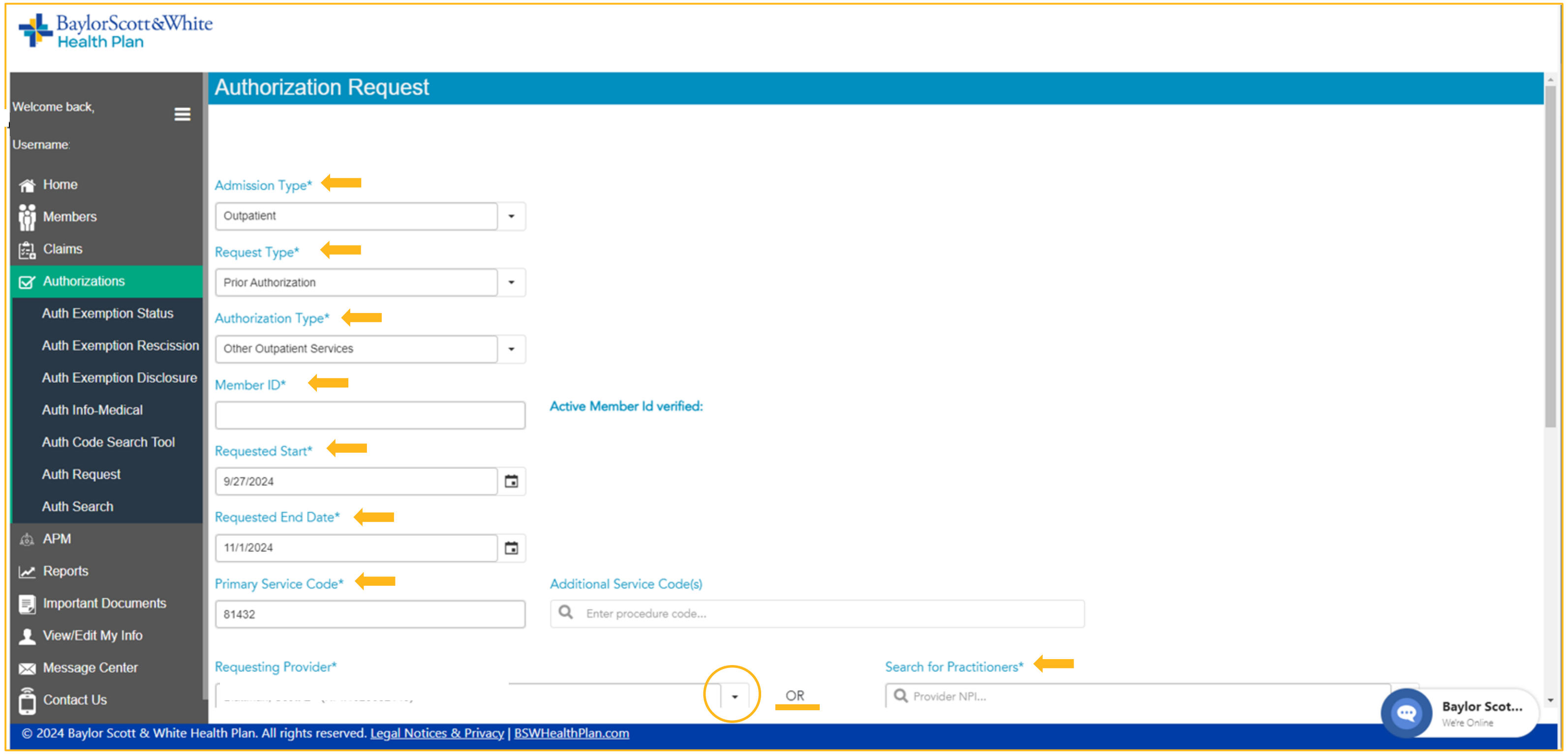
Click “Authorizations” from the menu options

Authorization Request



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

Authorization Request

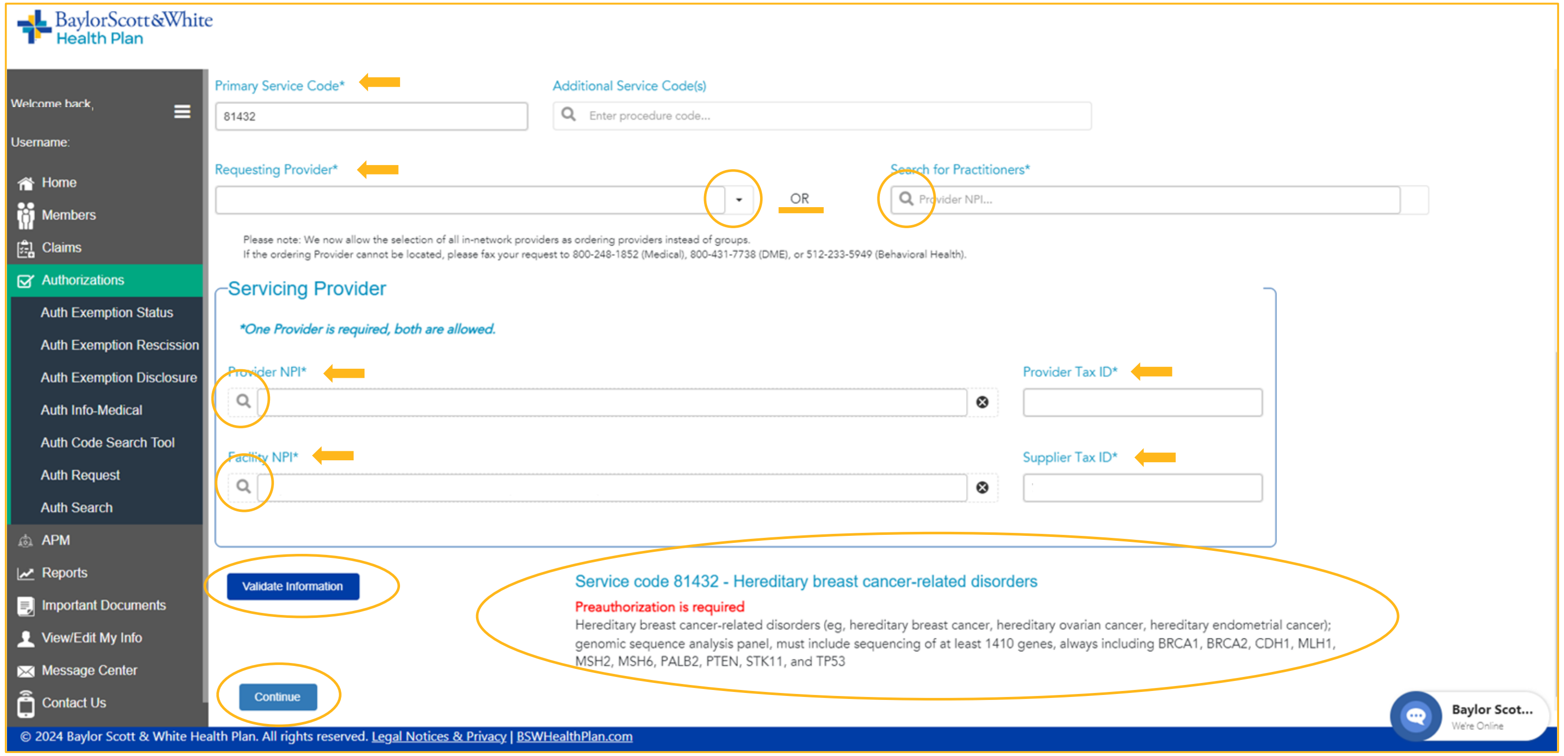


Complete all required fields marked with an asterisk (*), by selecting the drop-down arrow to the right of the fields.

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

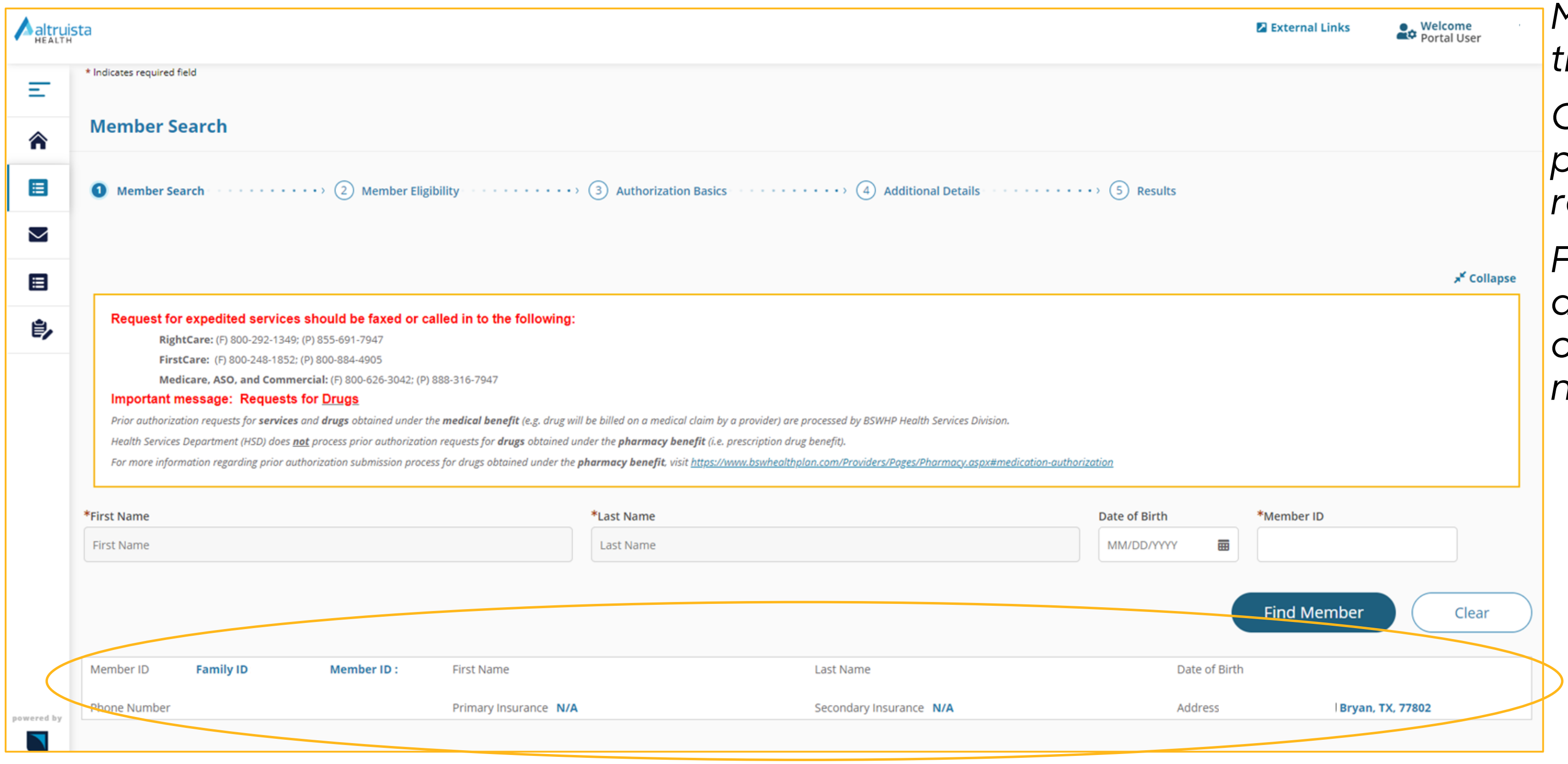
Once all required information is entered, select the "Validate Information" button.

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

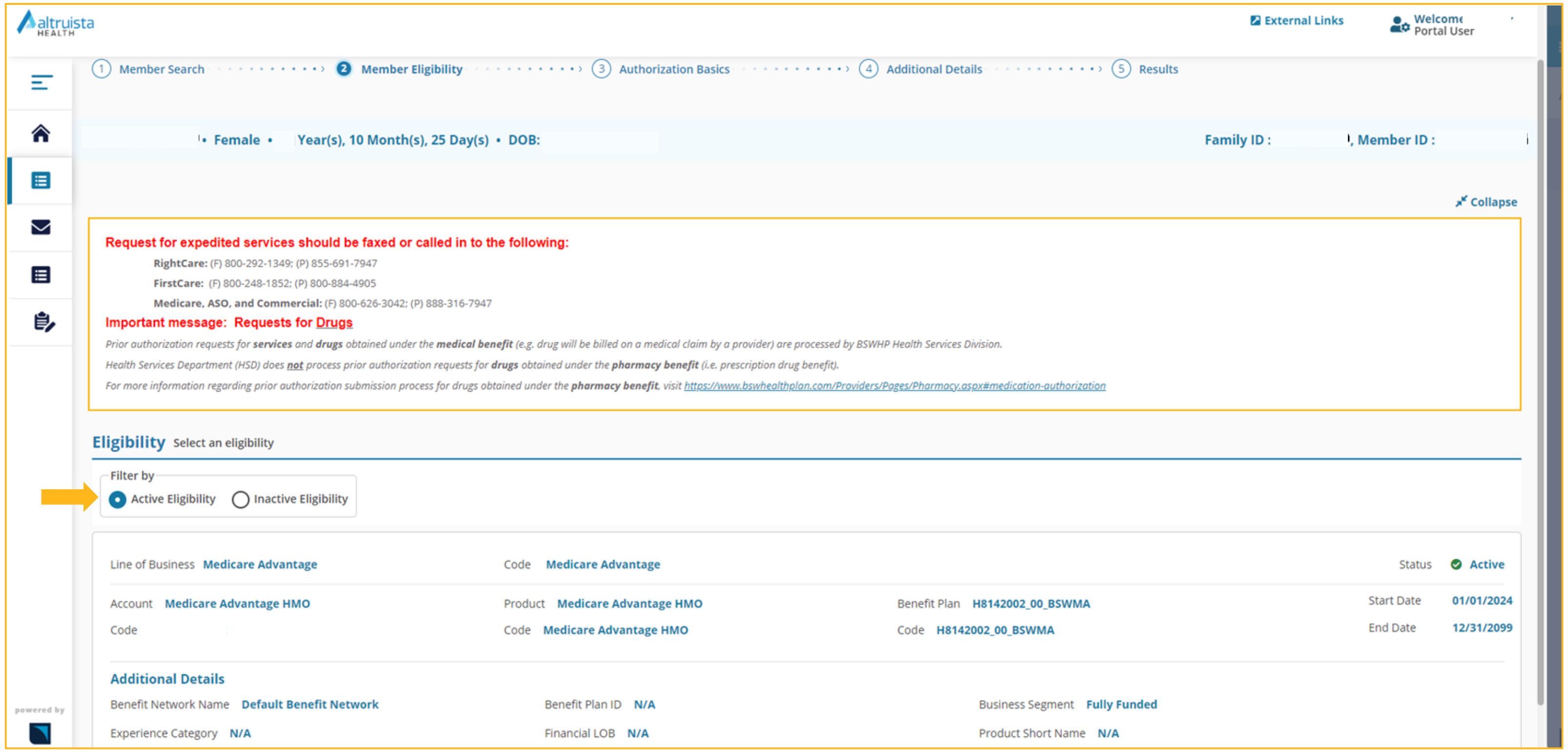


Member Information will feed from the initial member details provided.

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).

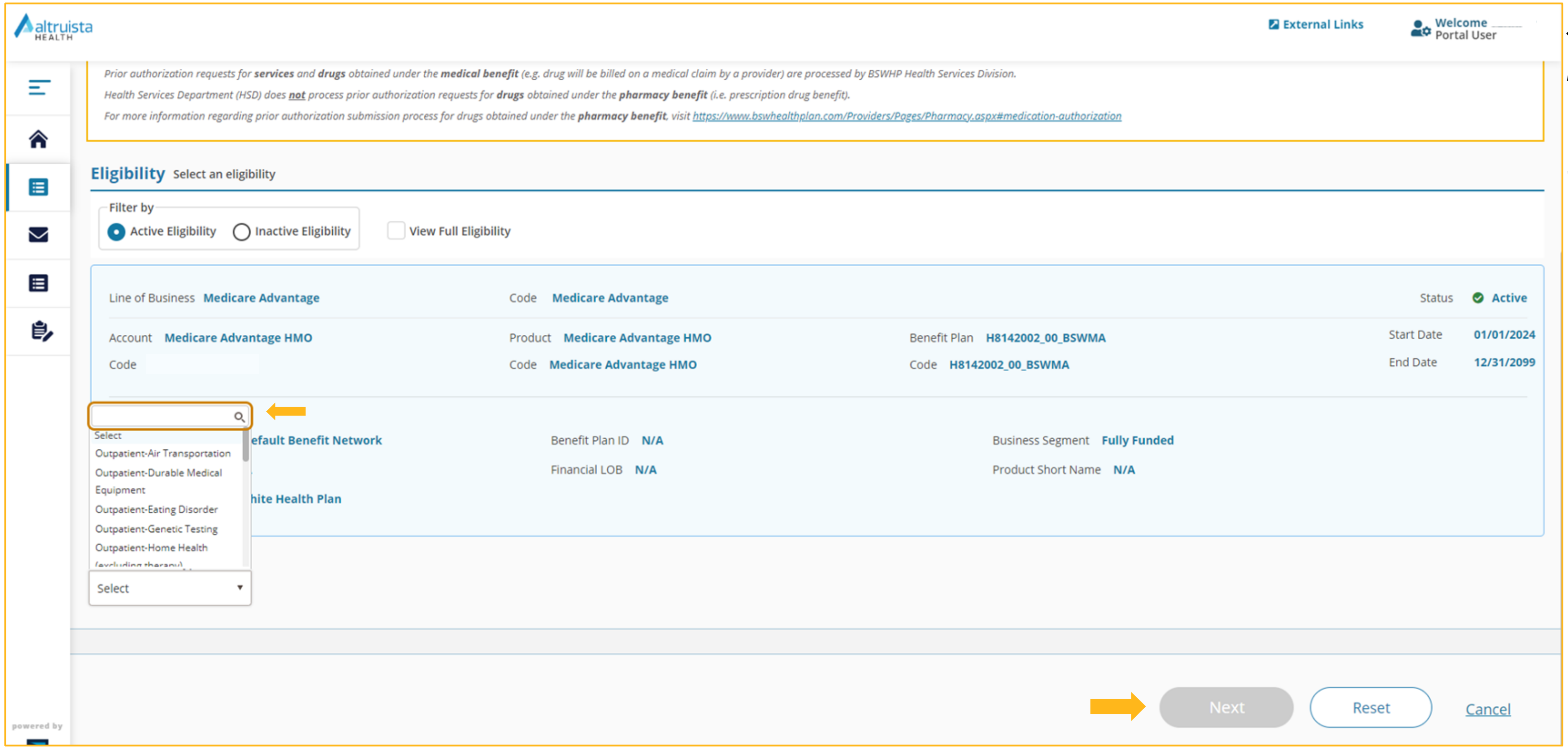
Authorization Request



Ensure "Active Eligibility" is selected on the radio button options.

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

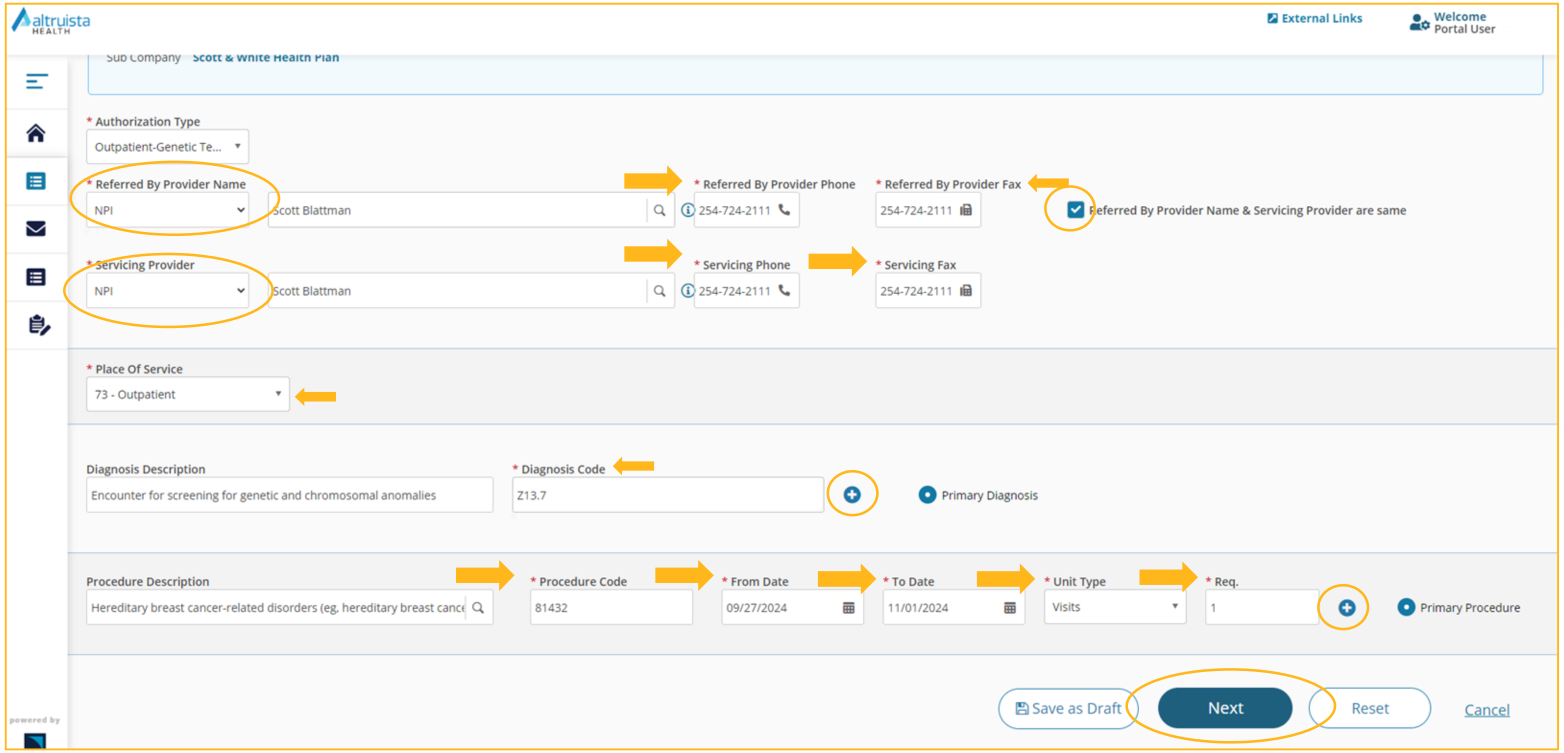
Authorization Request



Select the category of the services being requested.

Click "Next" once the service category is selected.

Authorization Request



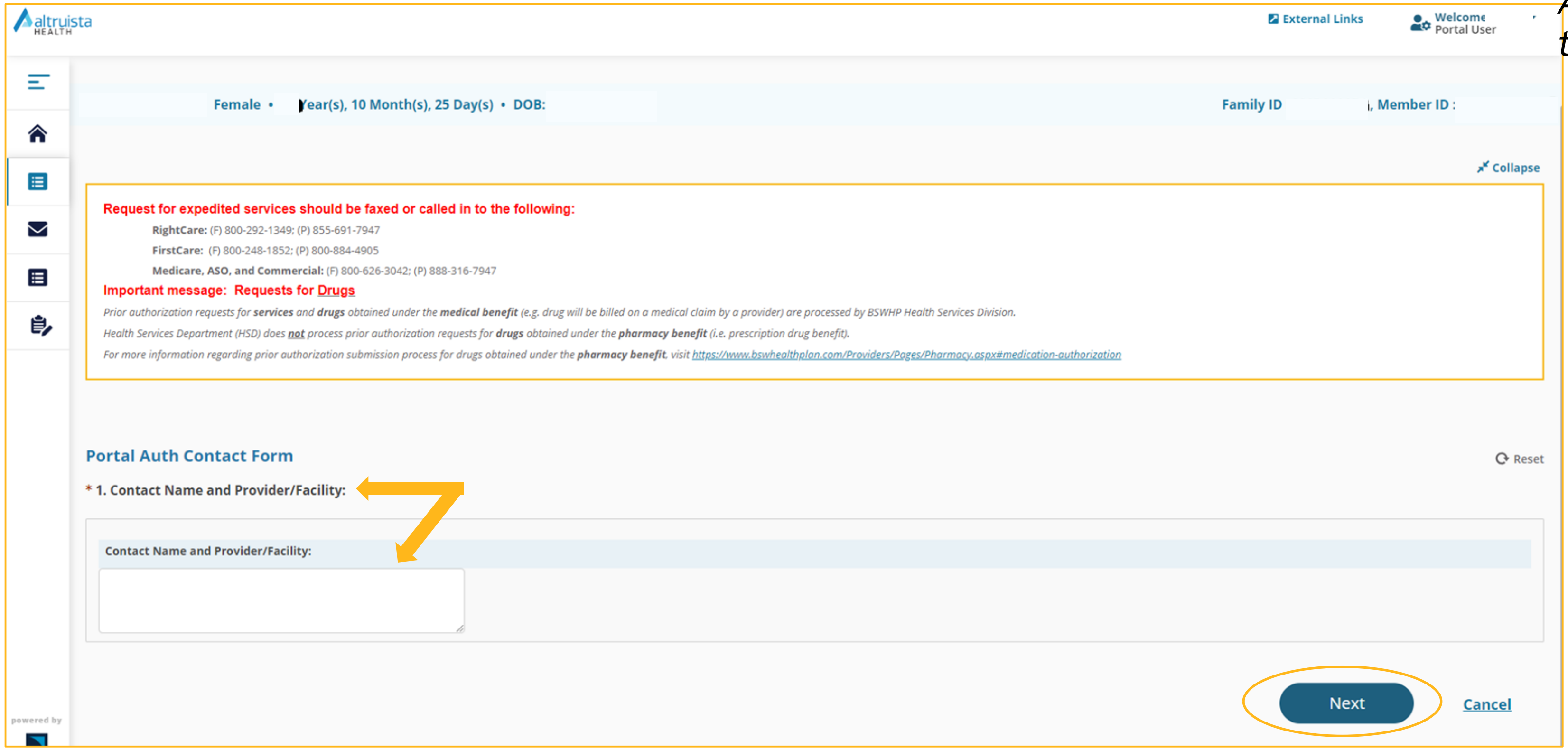
Complete all required fields by either selecting from the drop down selections, search functions, or free text options.

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.

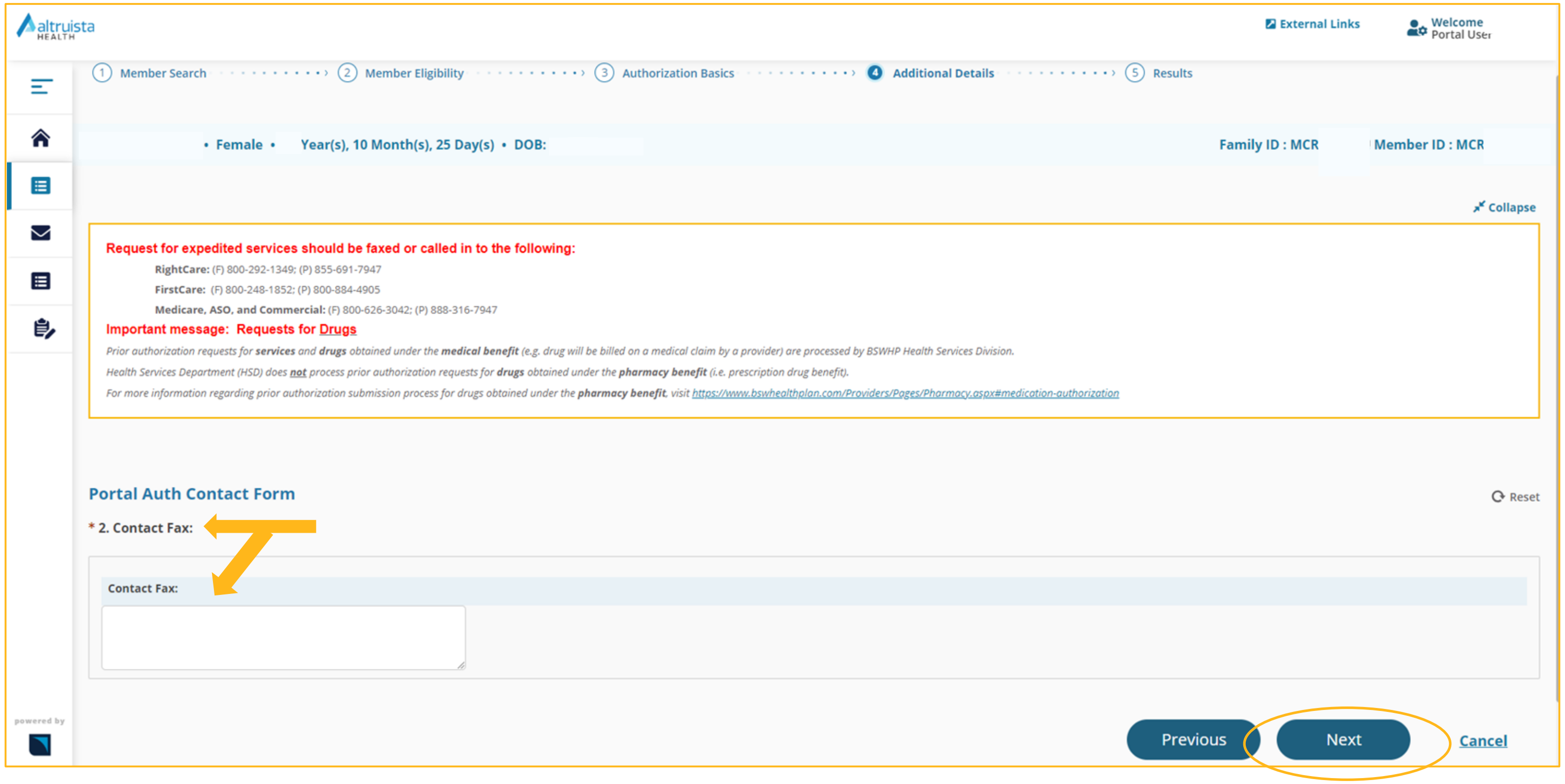
Make sure the authorization is for the correct type(i.e. if it's for mental health, the request should specify for mental health and not outpatient)..

Authorization Request



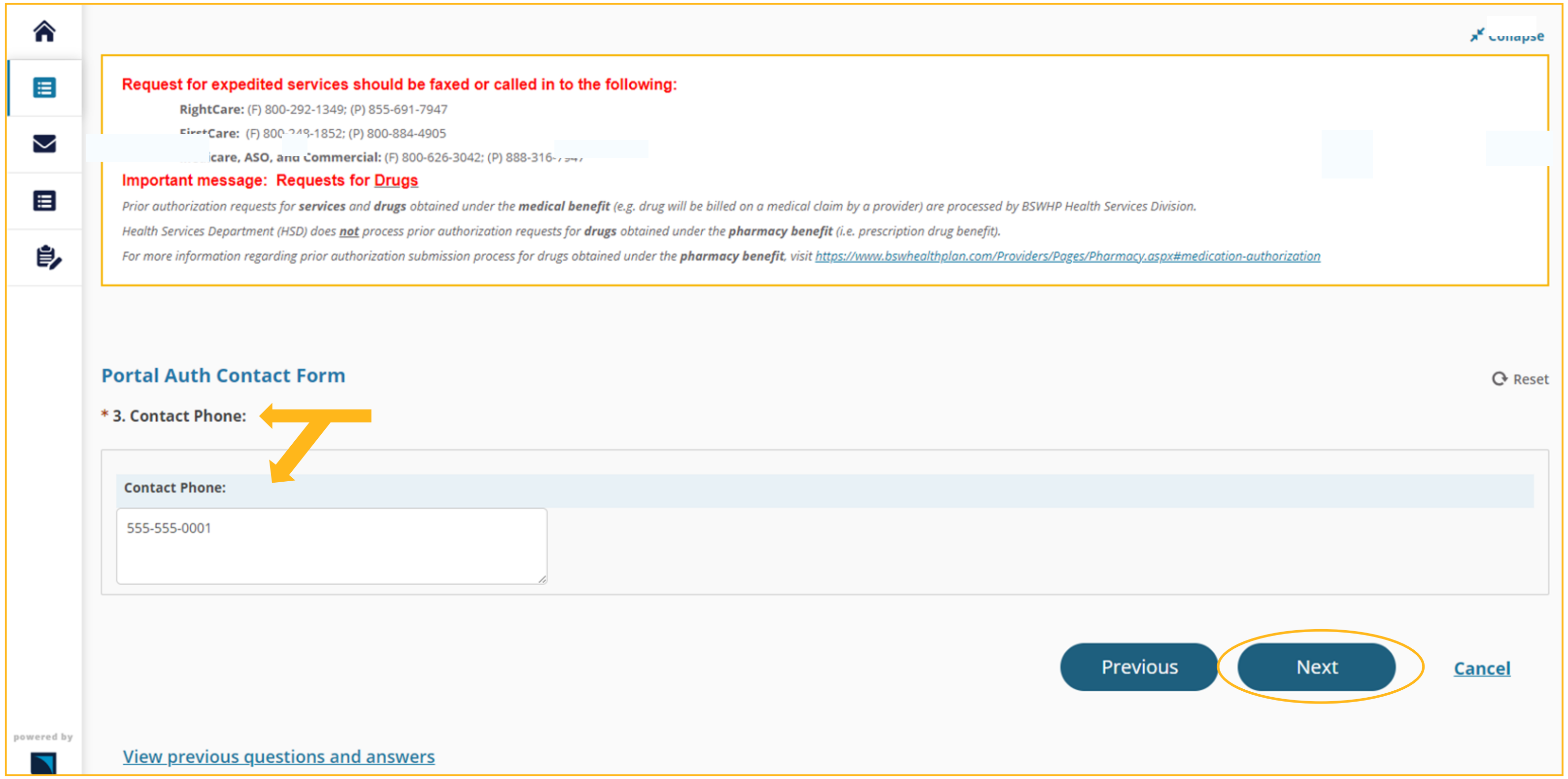
Add the point of contact name and the provider/facilities name

Authorization Request



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

Authorization Request


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

...care, 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

* 3. Contact Phone:

Contact Phone:

555-555-0001

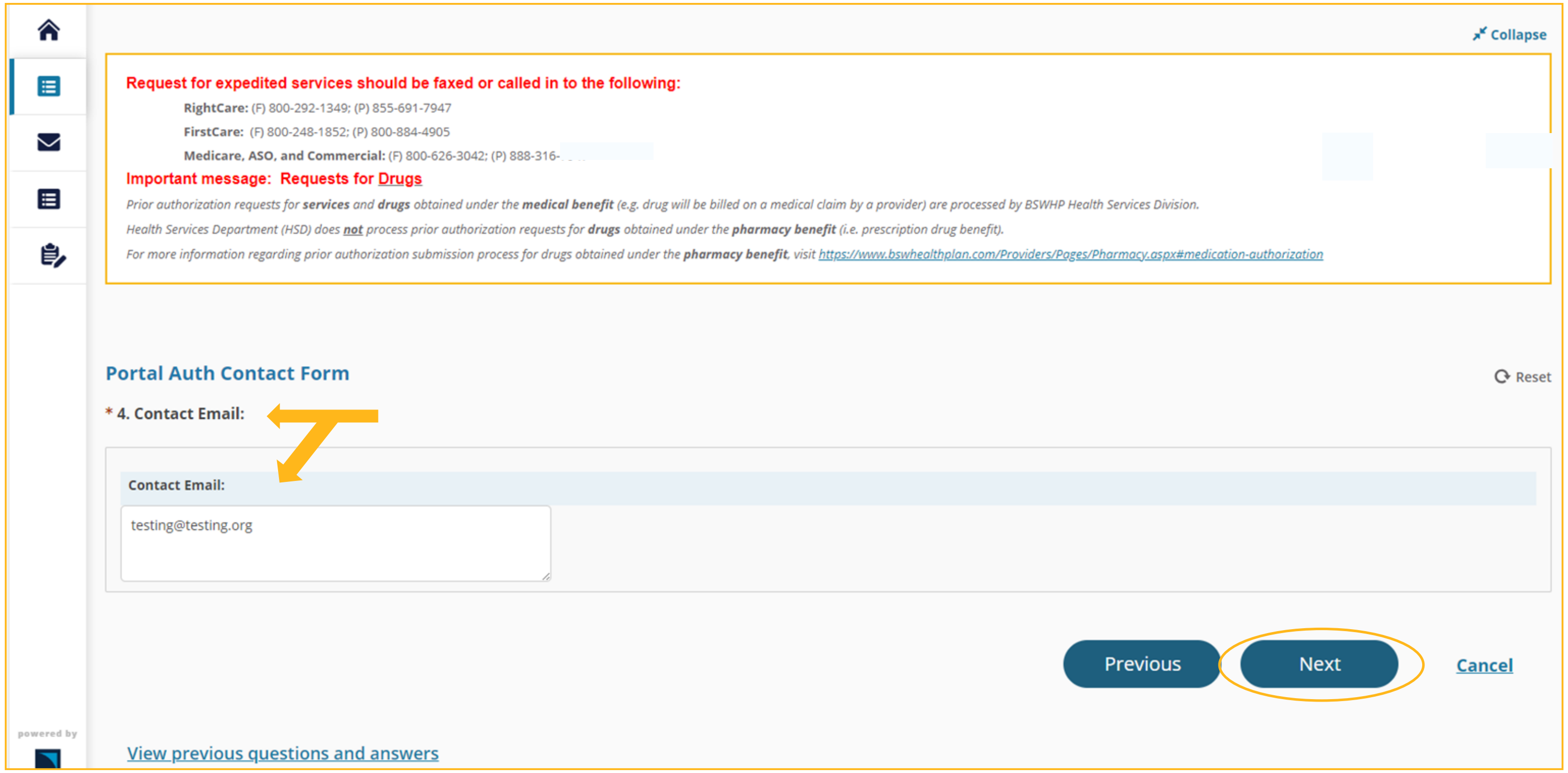
Previous | Next | Cancel

View previous questions and answers

powered by

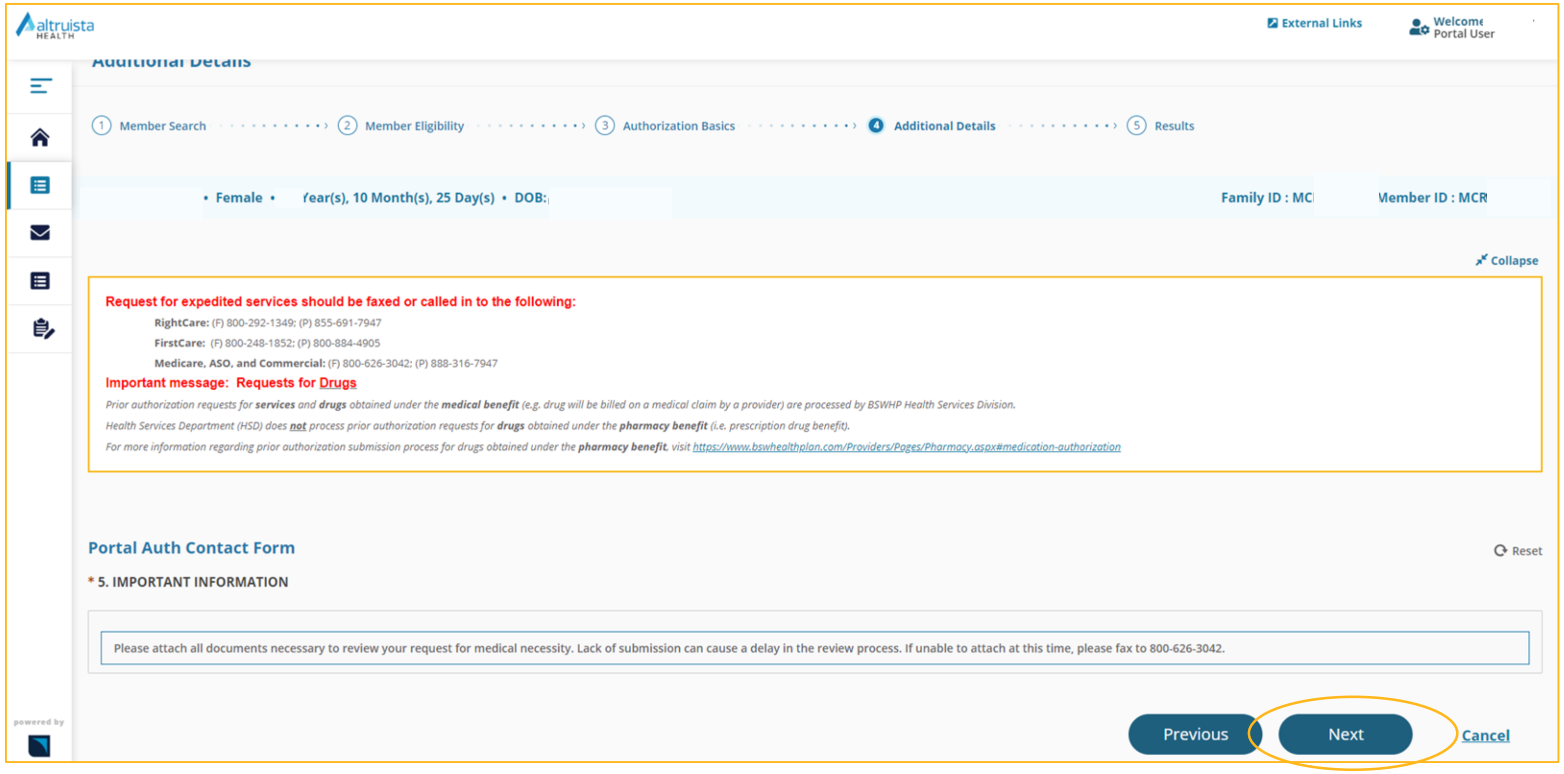
Add your phone number for any contact needed by the Health Plan

Authorization Request



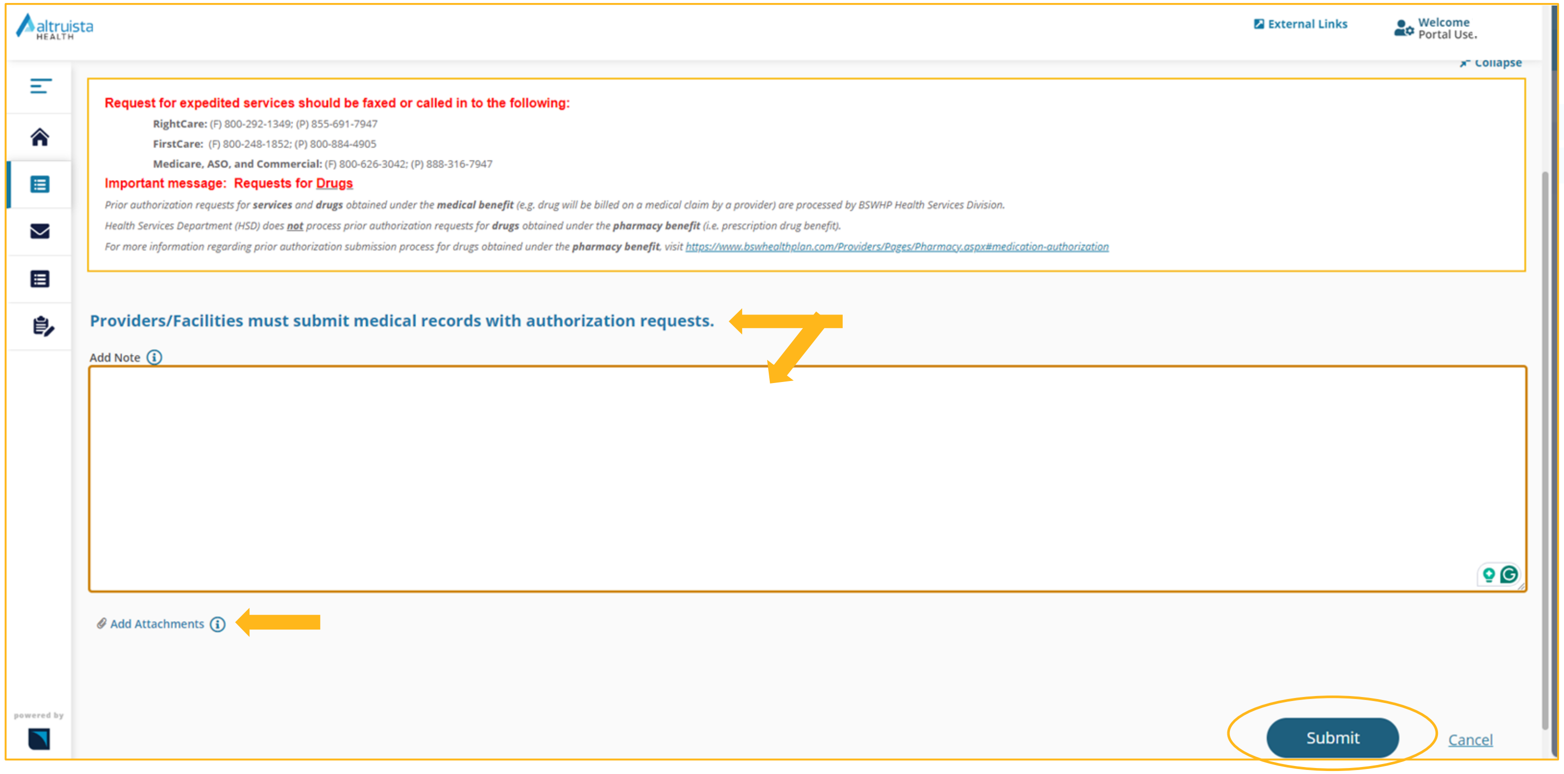
Add your email for any contact needed by the Health Plan

Authorization Request



Review important information then click next.

Authorization Request

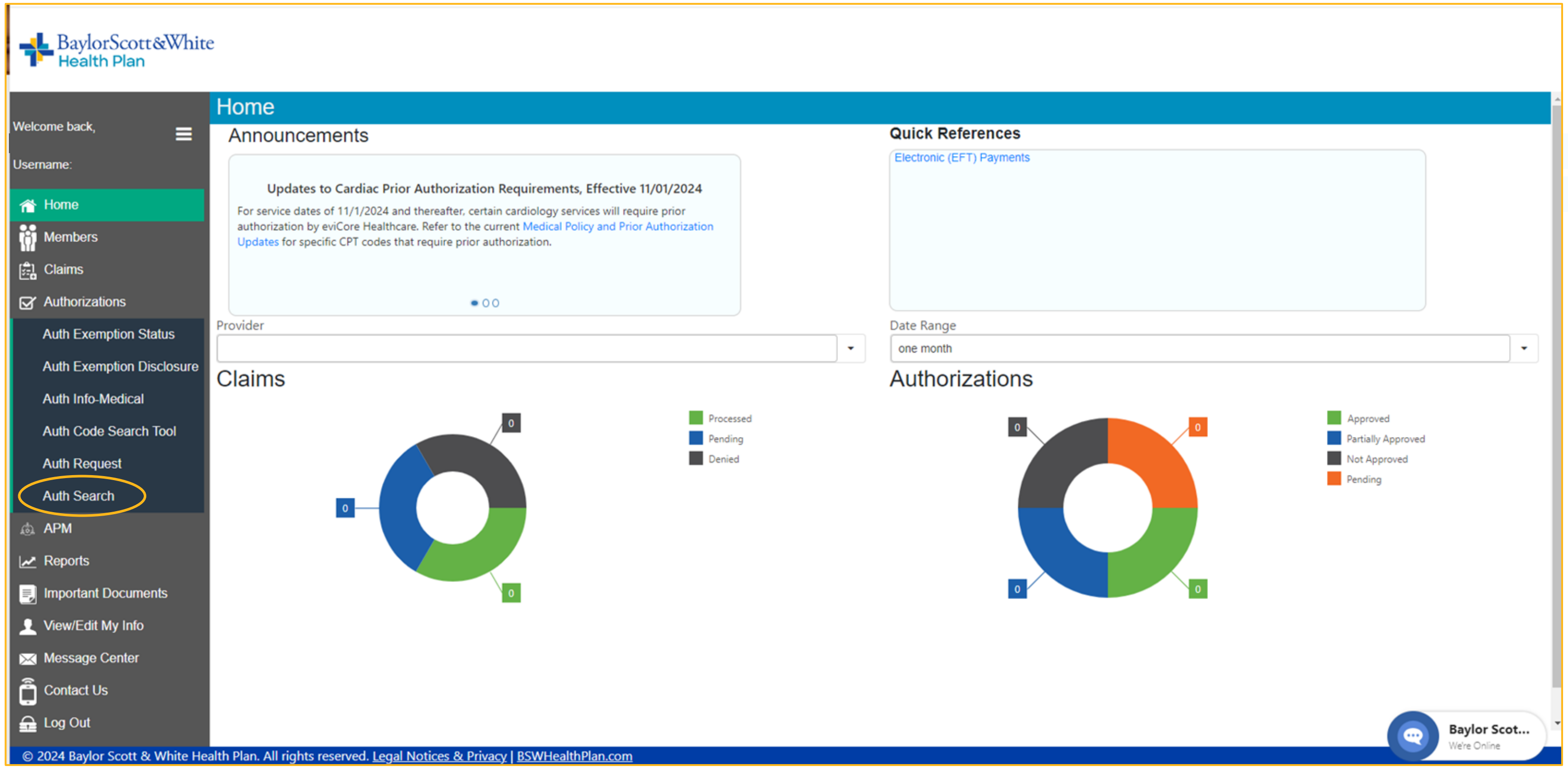


Add notes to your authorization request in the box as noted

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

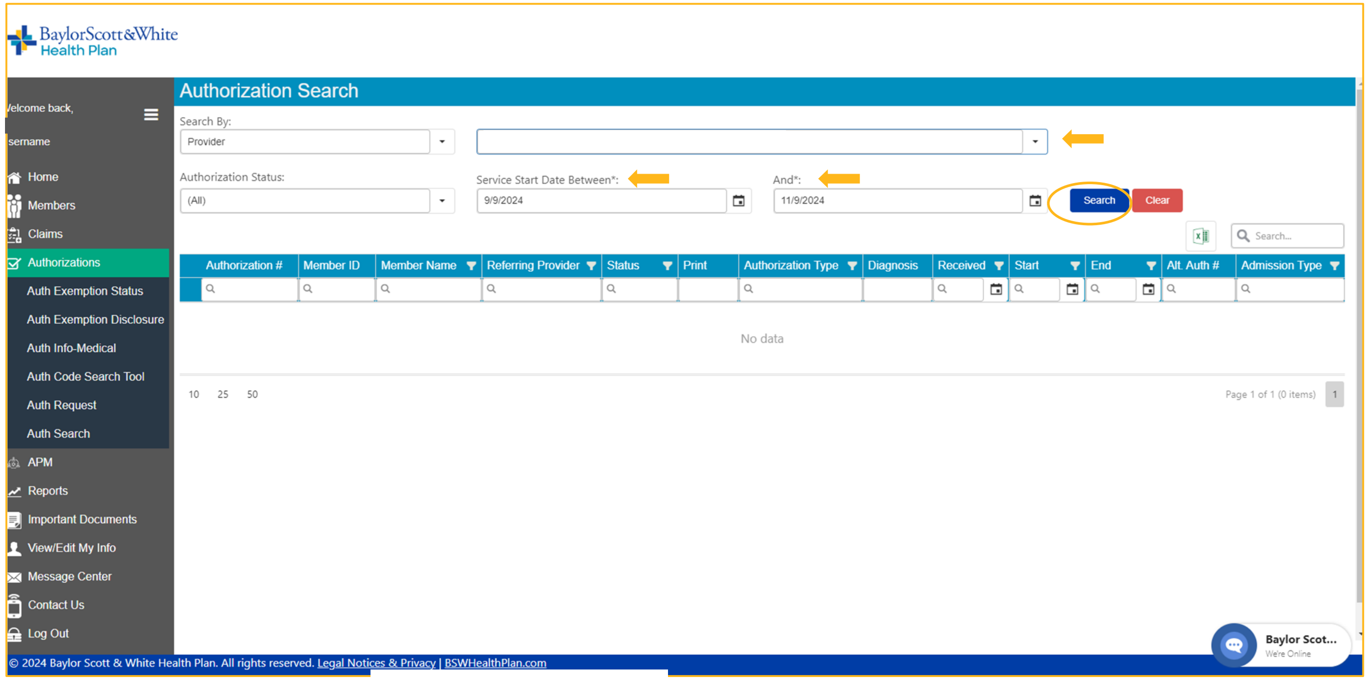
Select Submit to finalize your authorization submission.

Authorization Request - Status



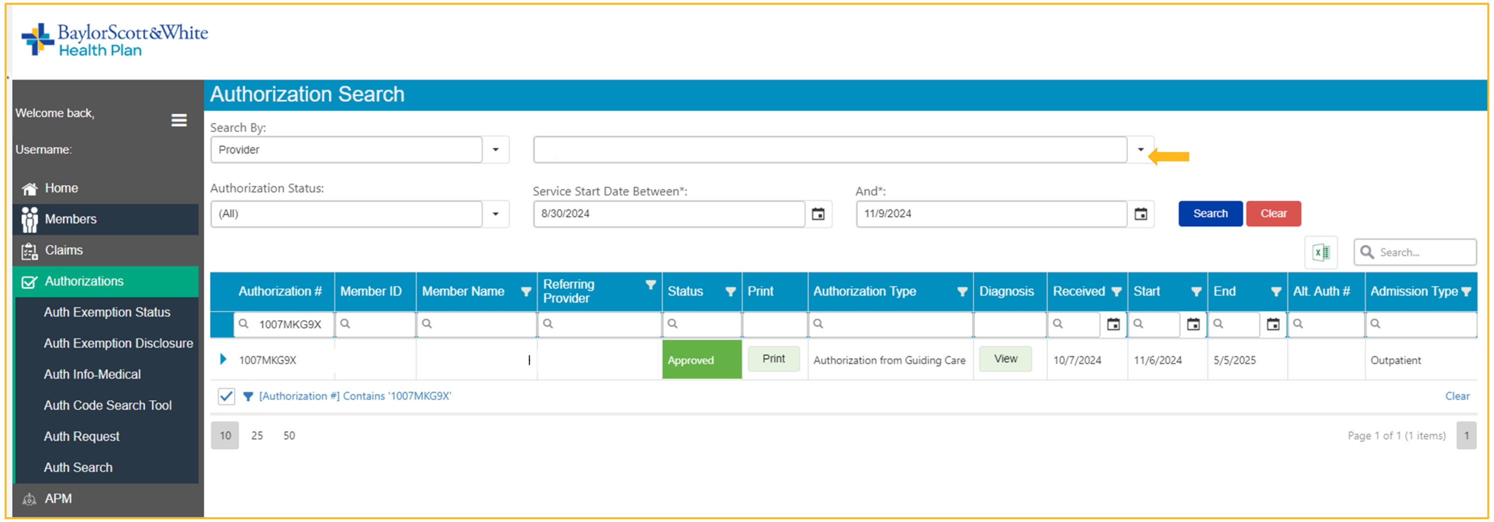
Select Authorizations

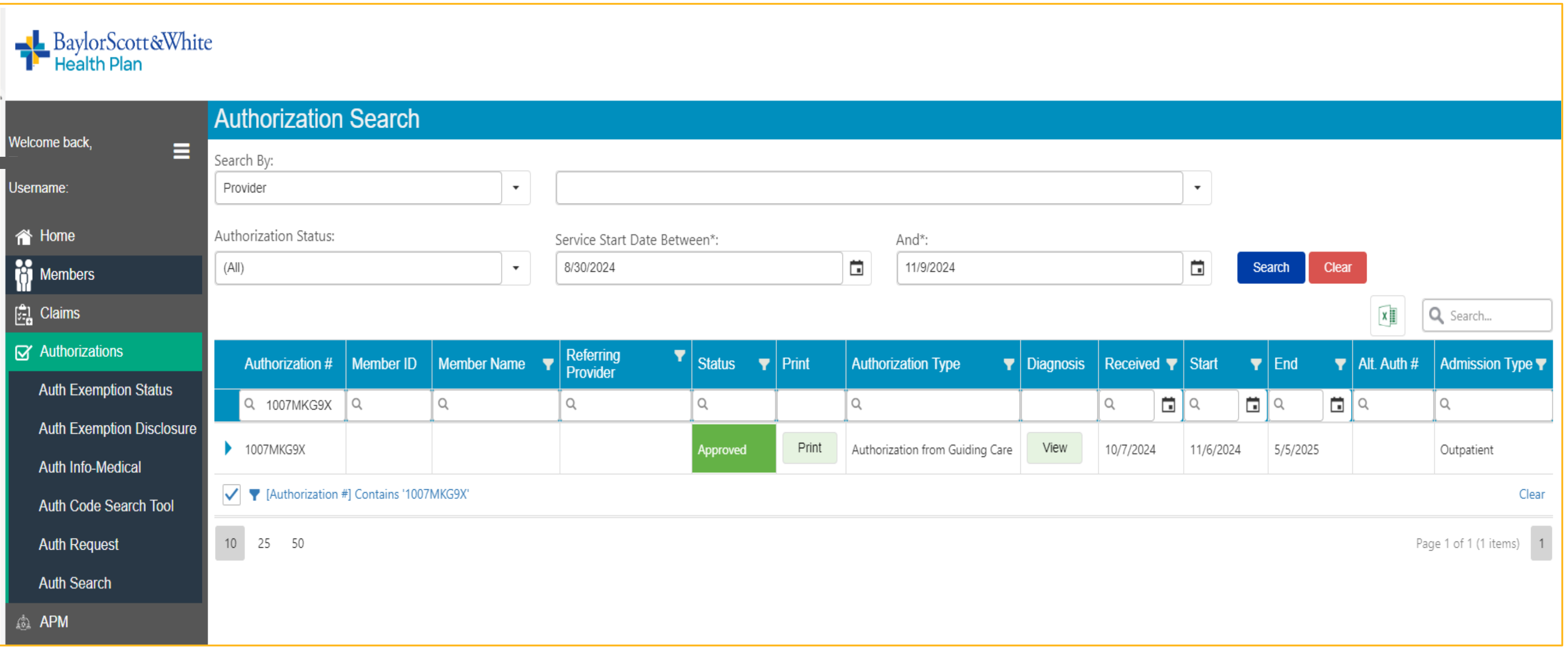
Select Auth Search from the menu options



To view all prior auths for a specific provider: Select the appropriate provider, enter the date range of the authorization, and select search.

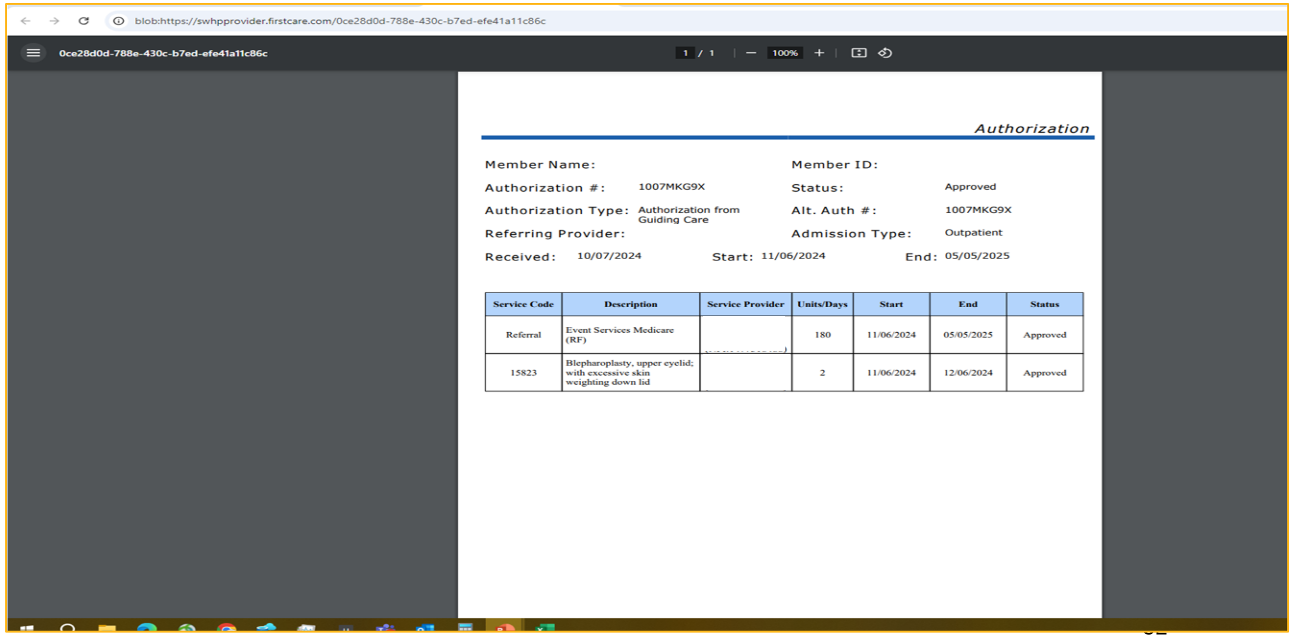
To view a specific auth for a specific provider : Select the appropriate provider, enter date range of the provider, enter date range of the authorization, enter the authorization number, and select search.



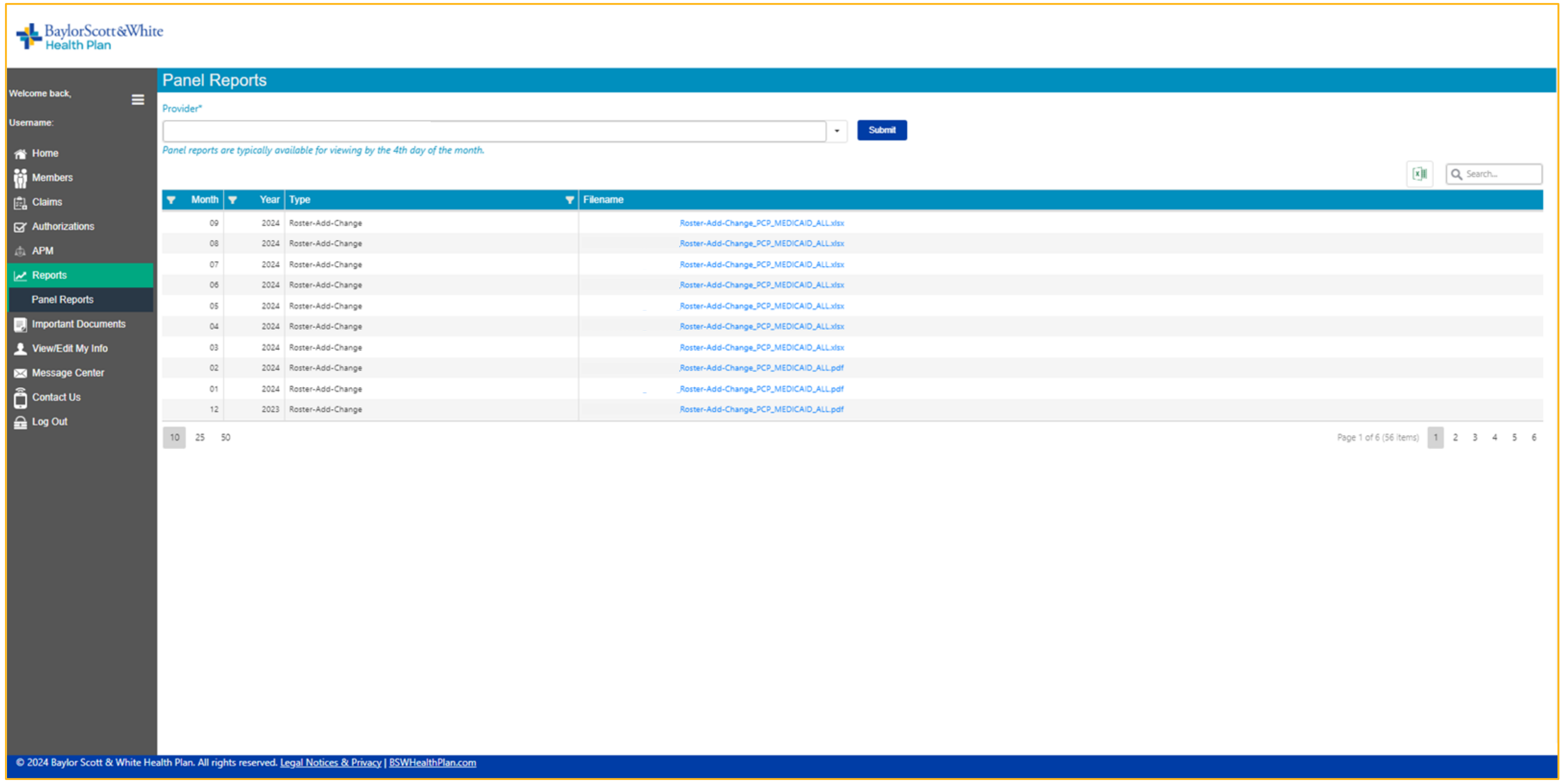


You will click on the "print" button to generate the prior authorization details in a letter format. The letter will populate in a separate internet window.

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.

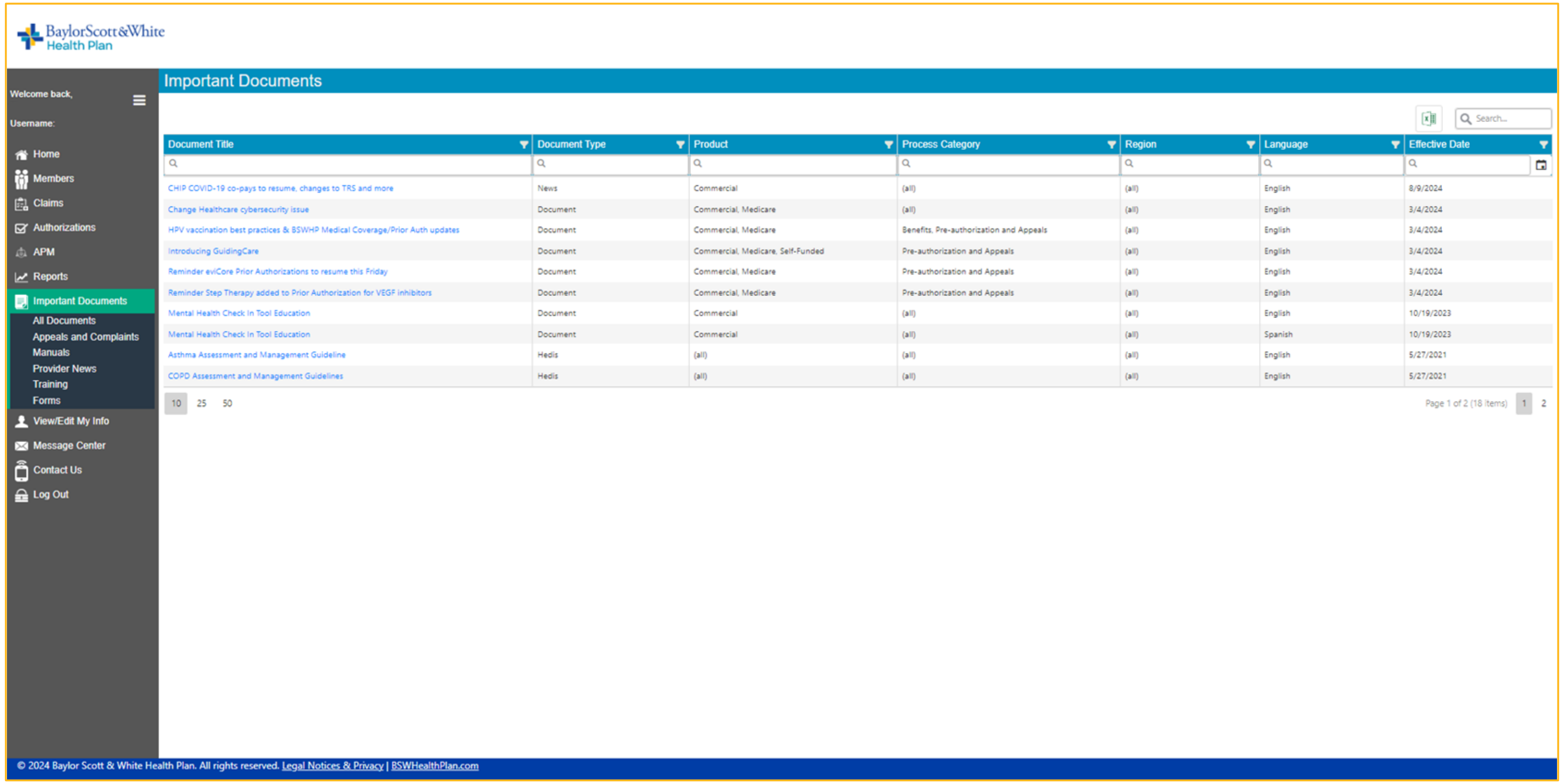


Panel Reports



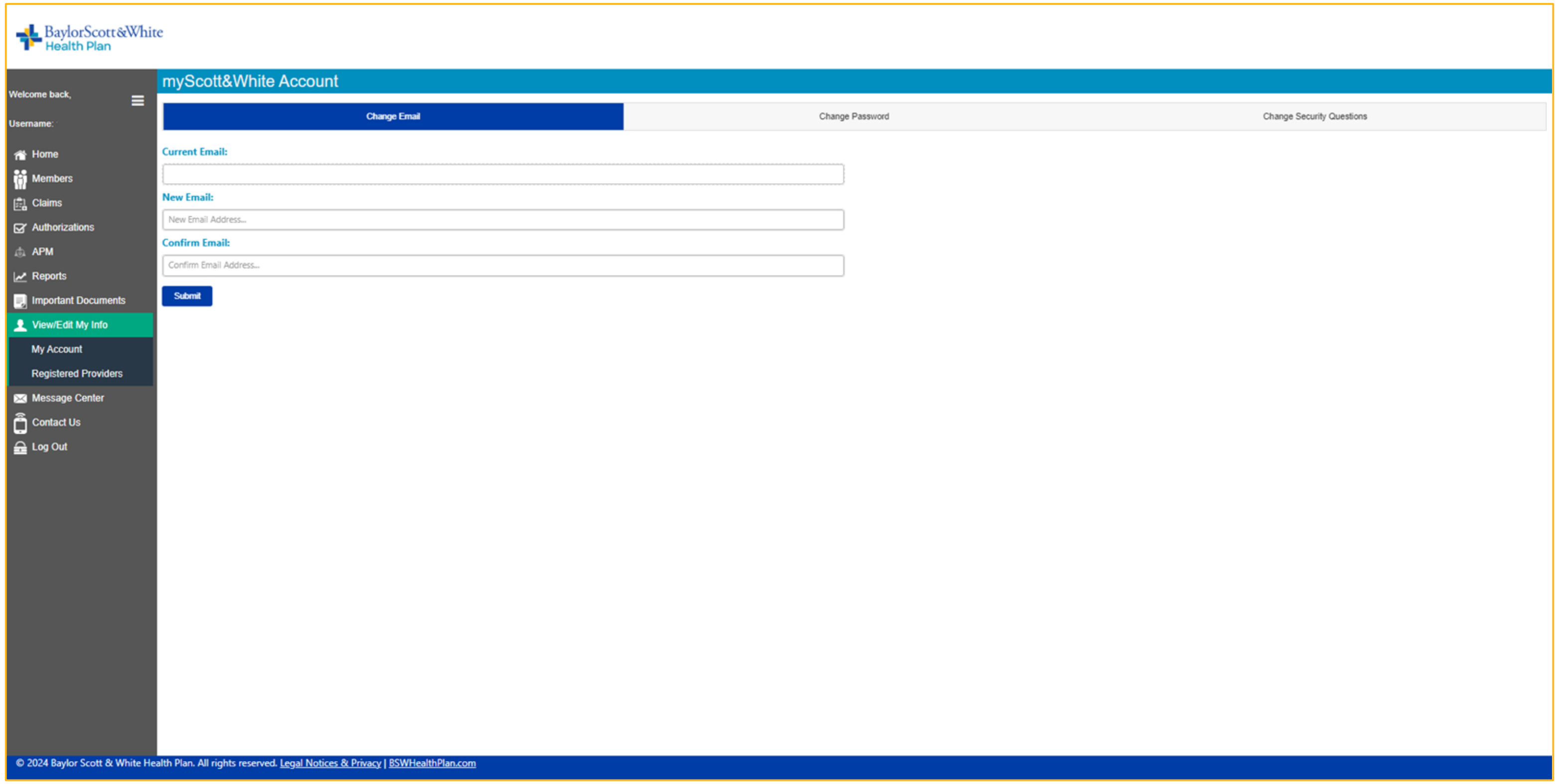
You also have access to Panel Reports which display in easily-understood searchable grids.

Important Documents – Special Filter



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.

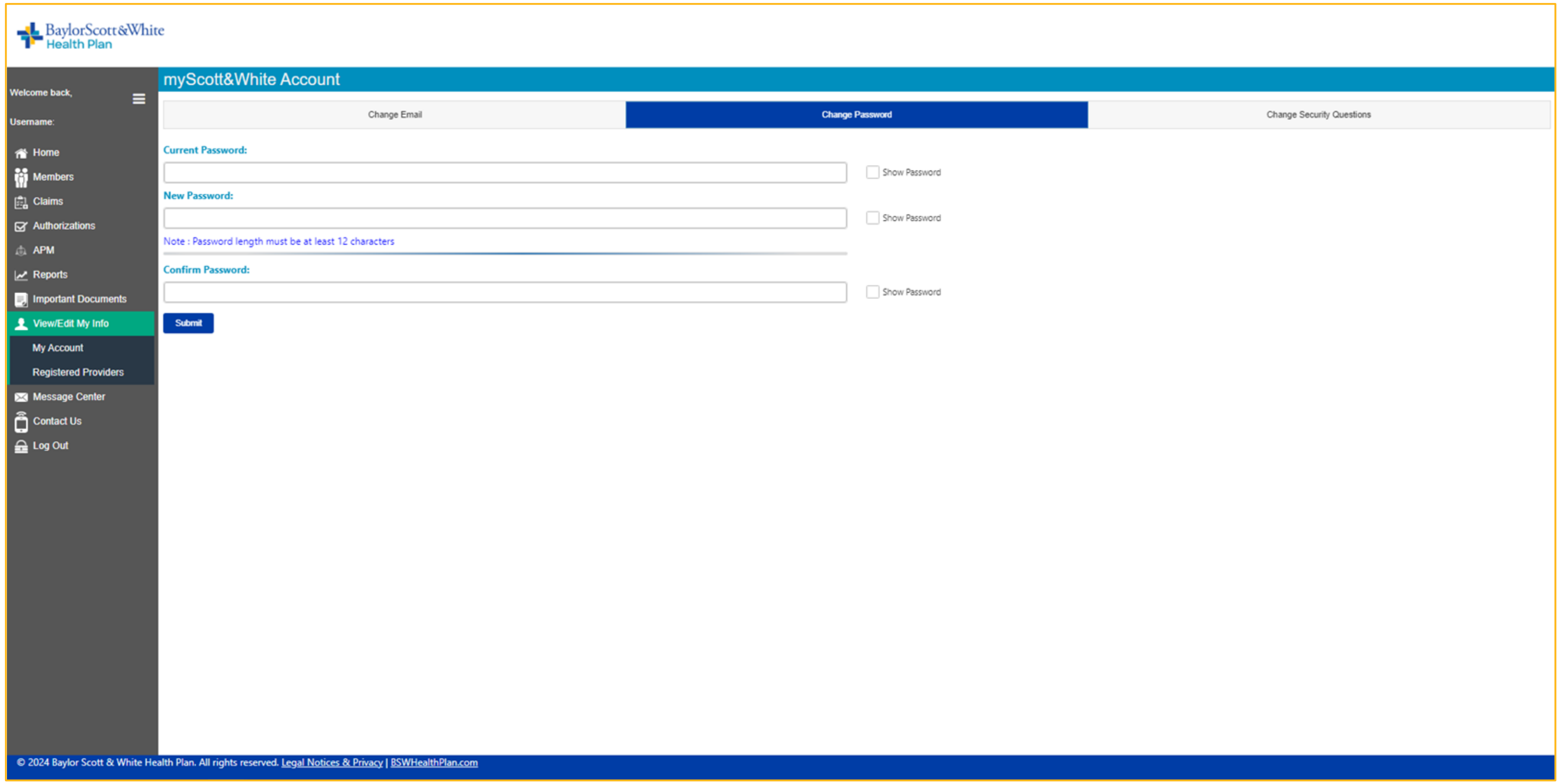
My Info – Change Email



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

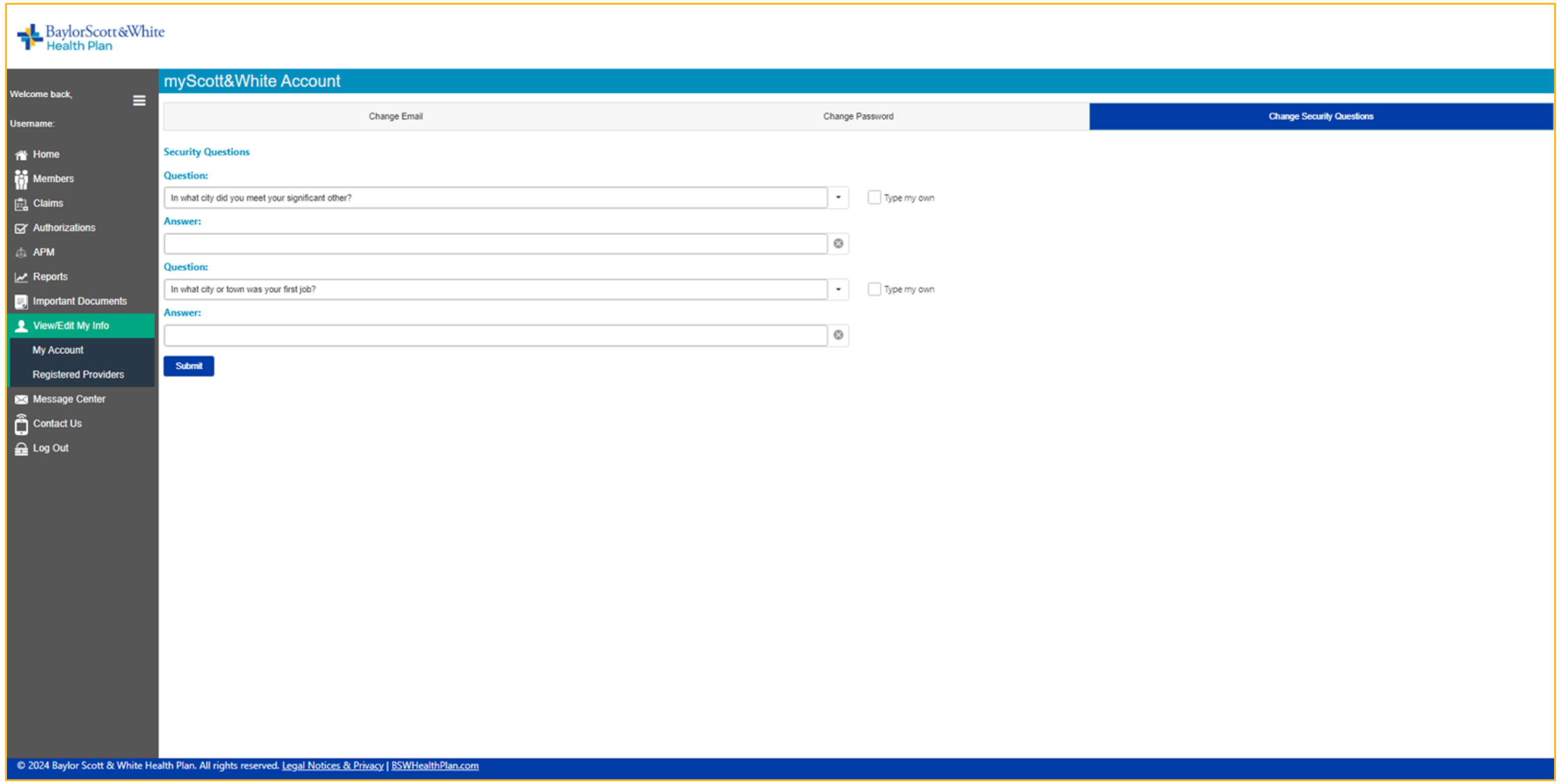
On the illustrated tab here, you can manage your email address

My Info – Change Password



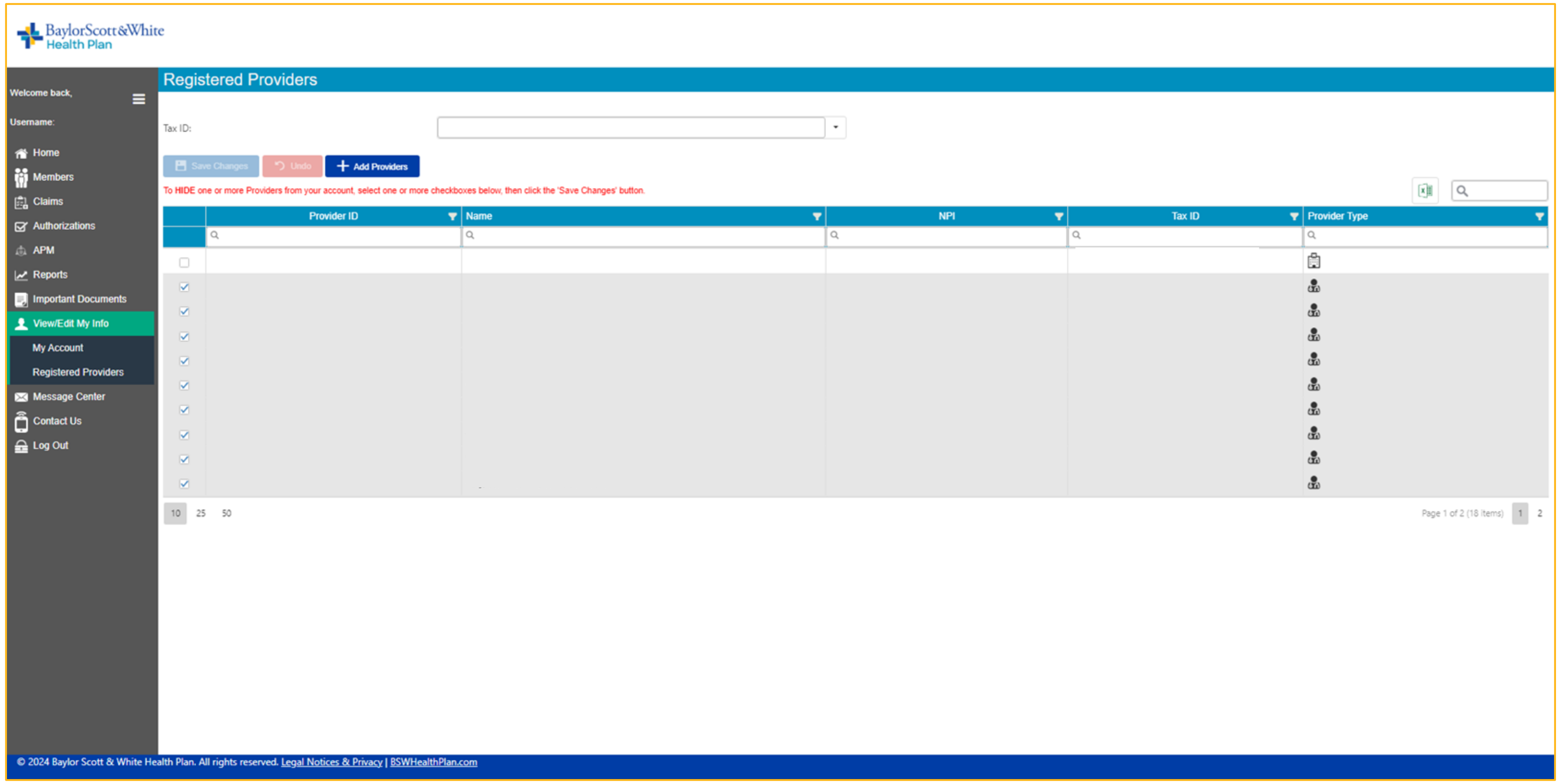
Here you can update your password with the guidelines provided.

My Info - Portal Account Security Questions



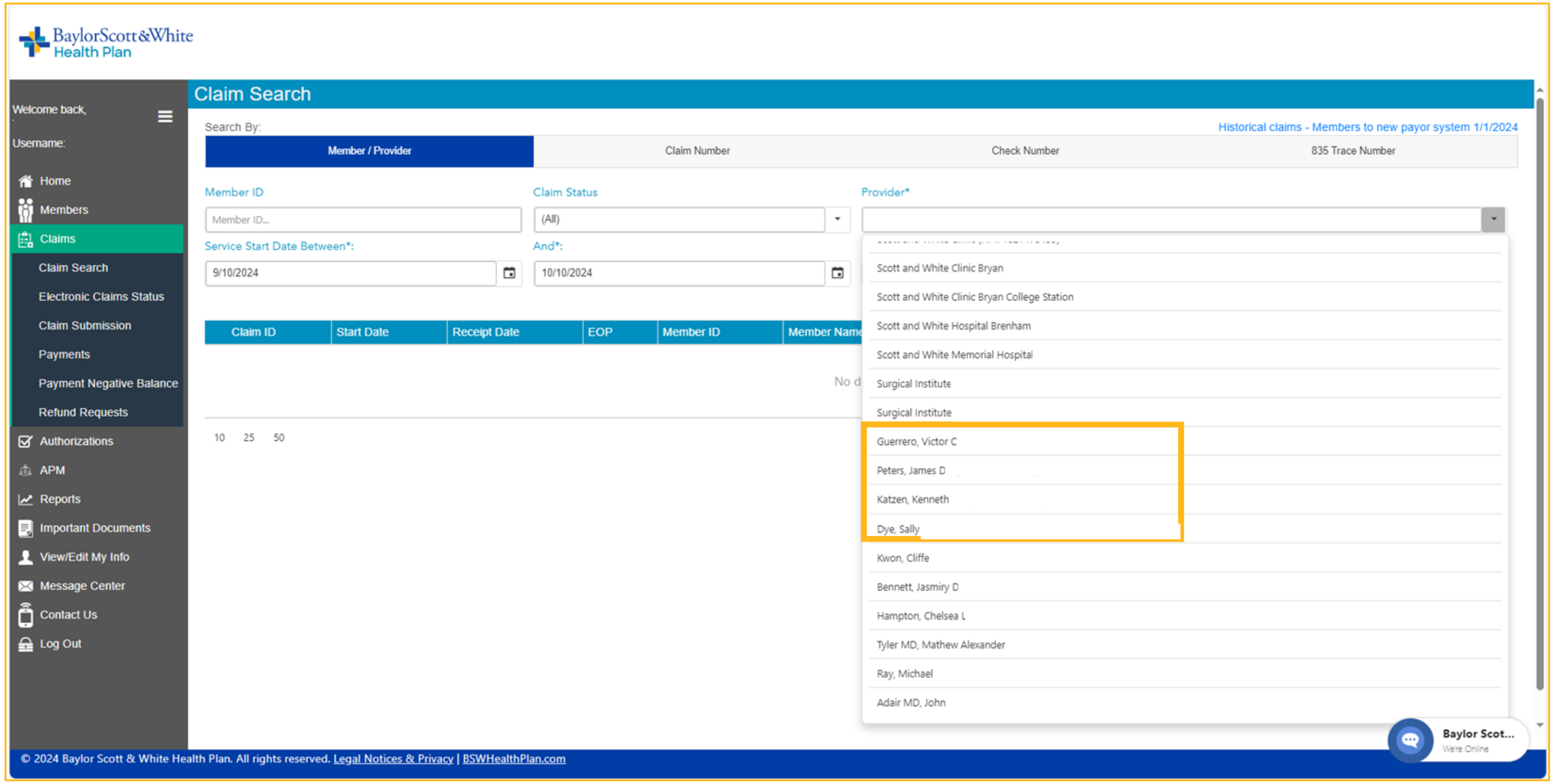
Change your Security Questions here.
Select a question from the dropdown or create your own.

My Info - Portal Account Registered Providers



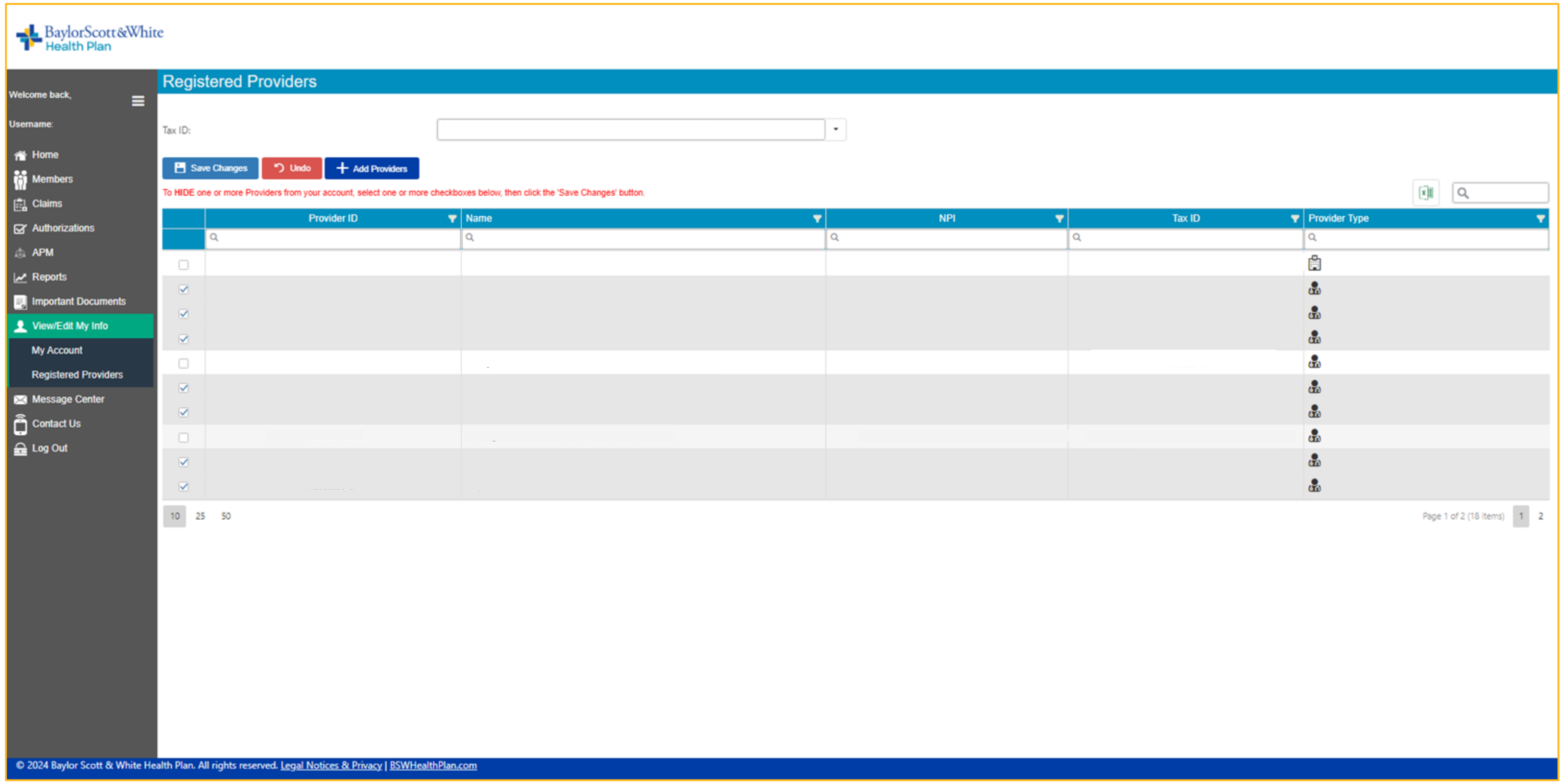
Here you can maintain the Registered Providers on your account, choosing which ones you want to see on the dropdowns throughout the other pages, such as Home Page, Claims, Authorizations, etc. Practitioners for a Tax ID are defaulted to being hidden when the account is first created.

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



Here is the dropdown before edits

My Info – Add/Hide Providers from View



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

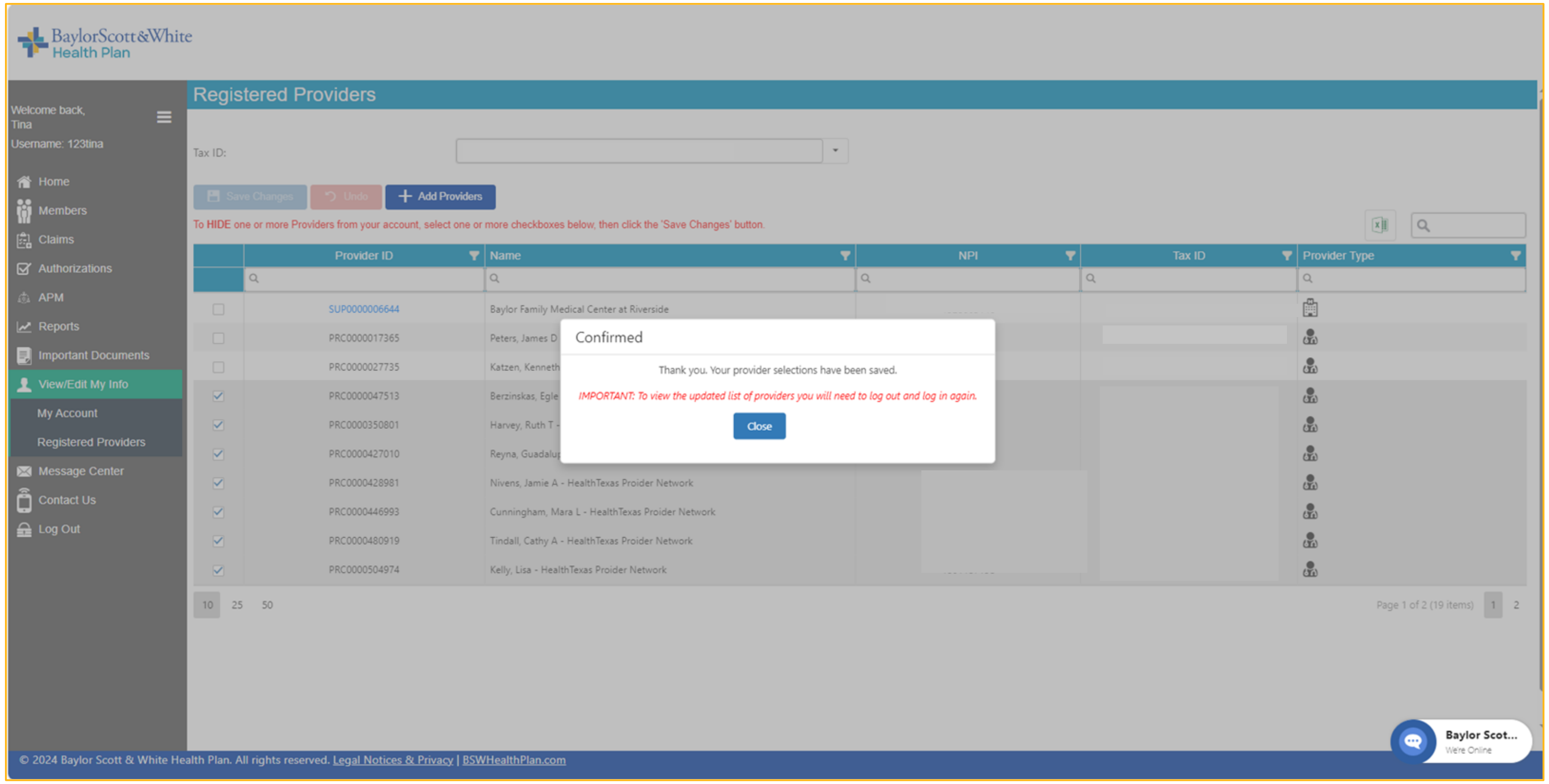
   The "Save Changes" and the "Undo" buttons will activate. Notice the red note helps guide you about what to do. "Undo" reverses all the changes you've just made.

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

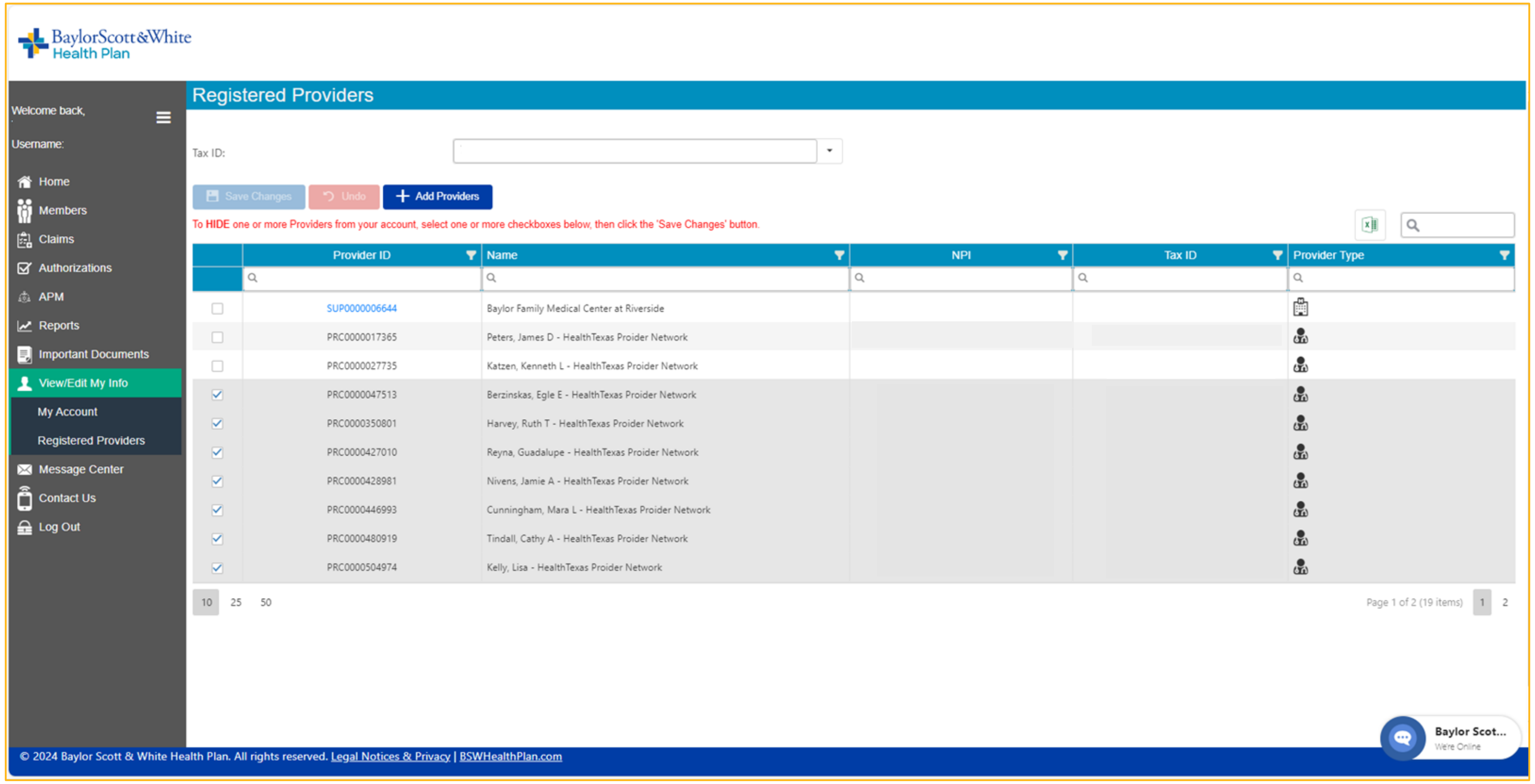
3. Log out and log back in to see the changes.

My Info – Add/Hide Providers from View



Confirmation that your changes are saved.

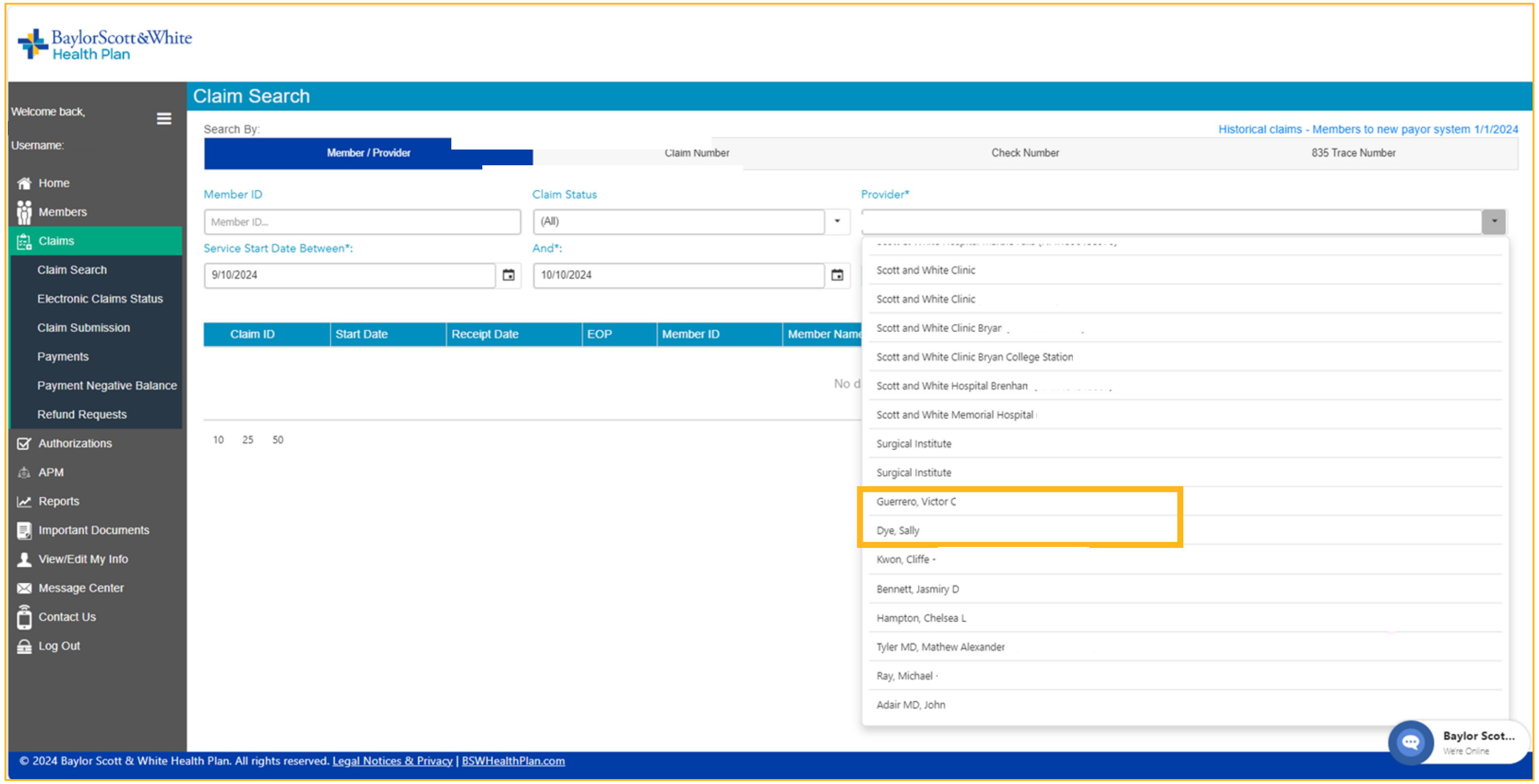
My Info – Add/Hide Providers from View



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.

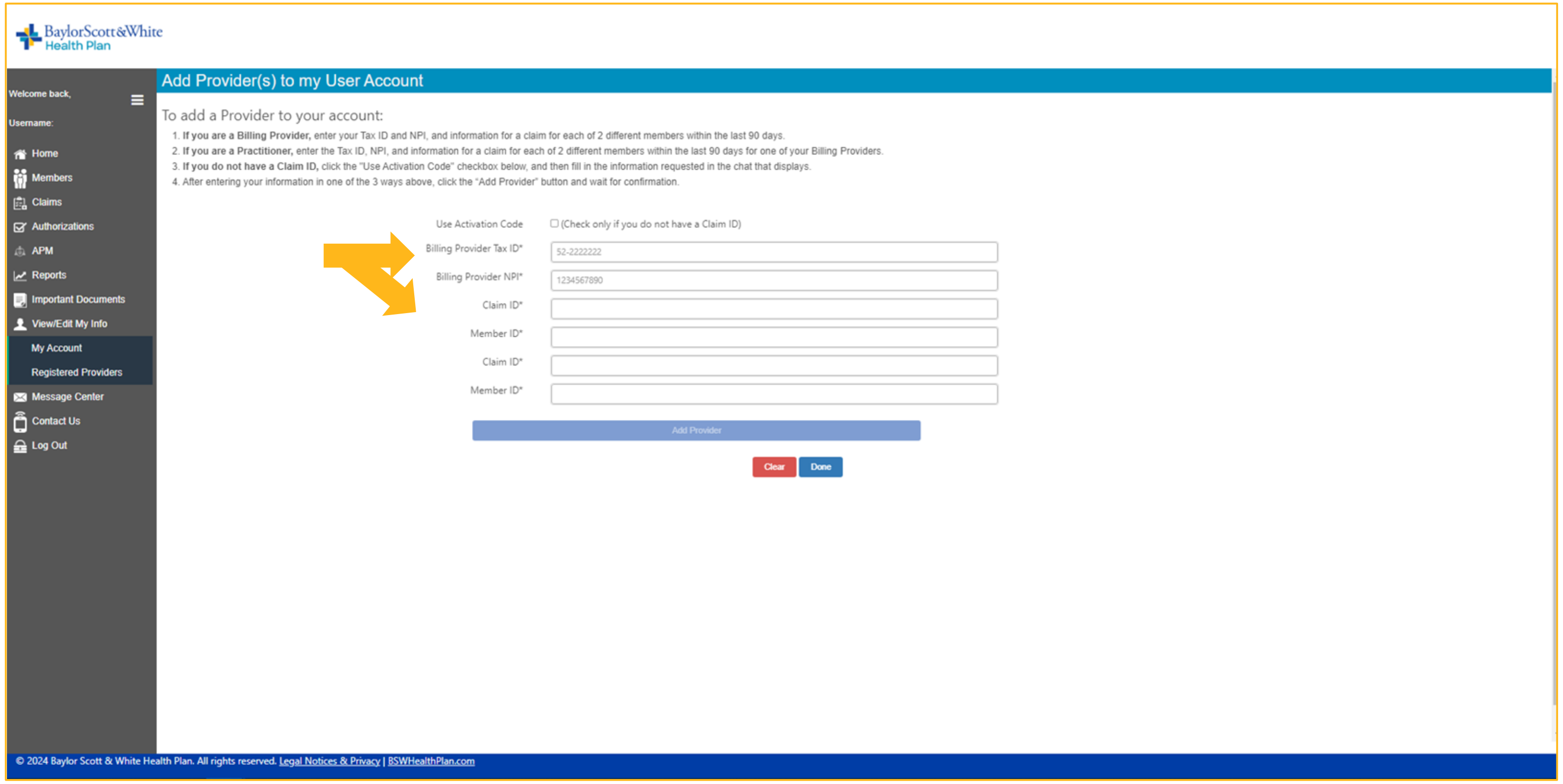
If you want to make changes to another Tax ID on your account, select that Tax ID at the top of the page and repeat the process.

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



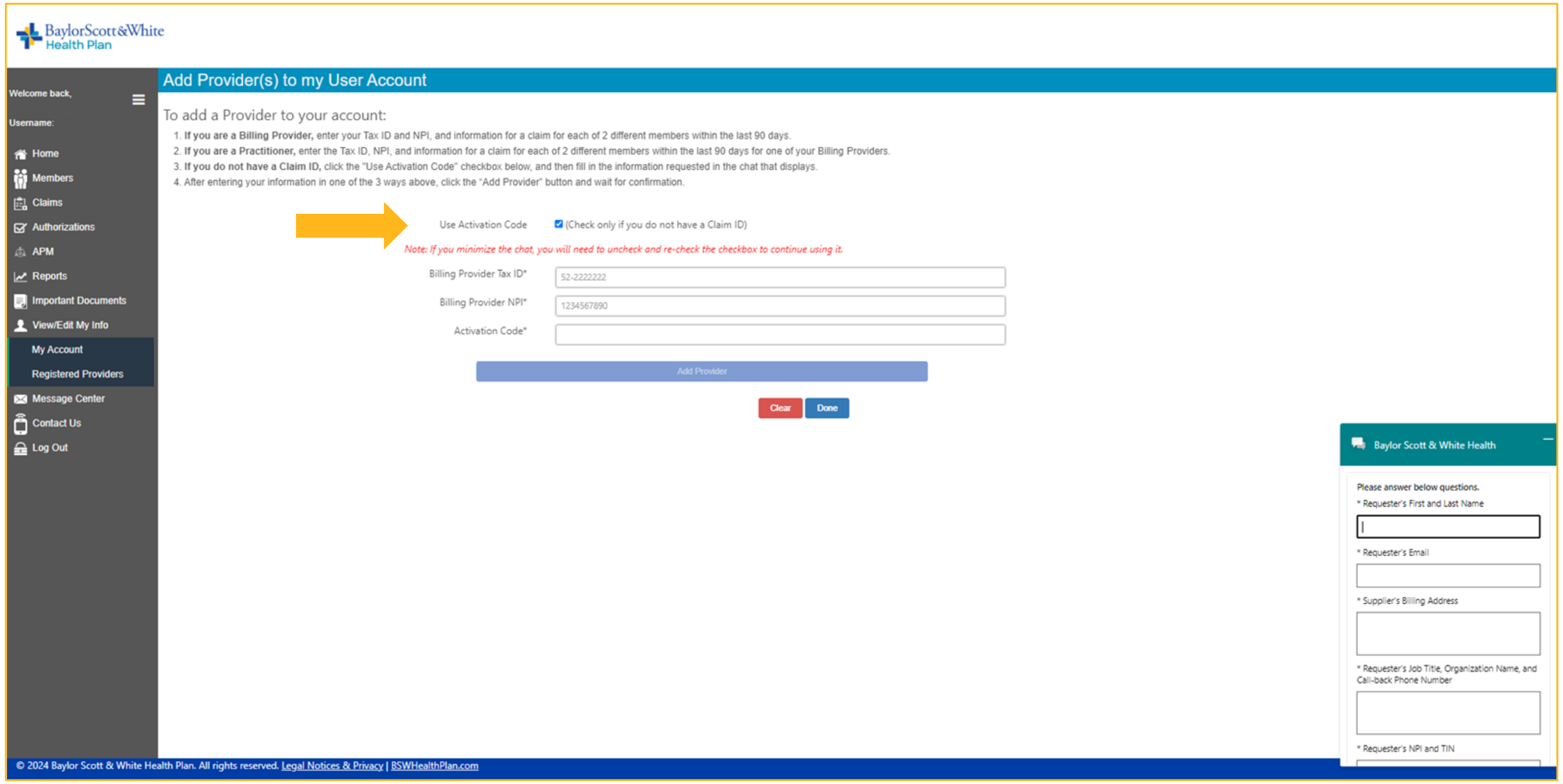
Here is the dropdown after the edits

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



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



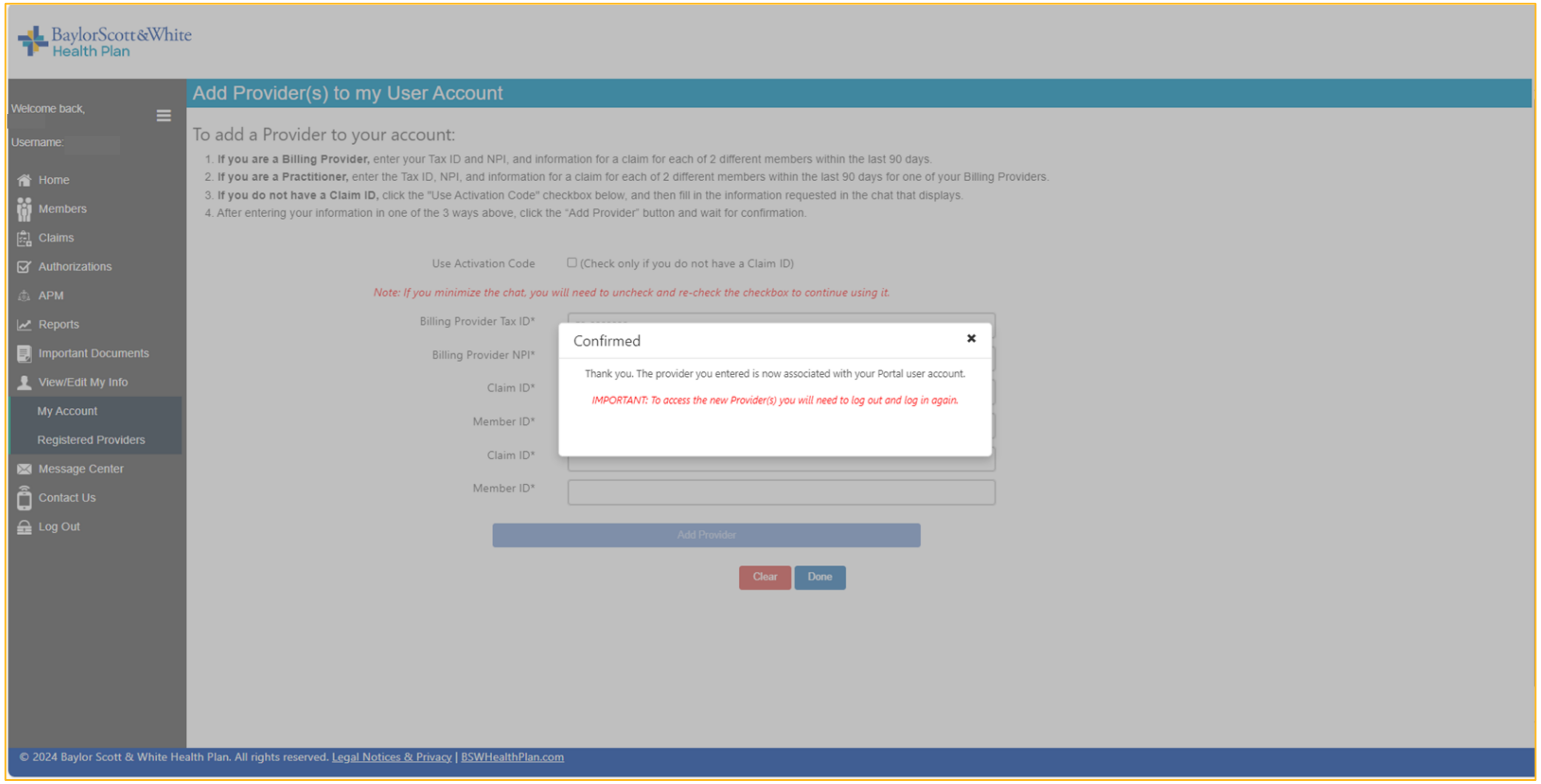
If you have no way of providing recent claim/Member IDs, you may use an Activation Code, illustrated here.
To obtain the code, follow the instructions in the next slide.

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:

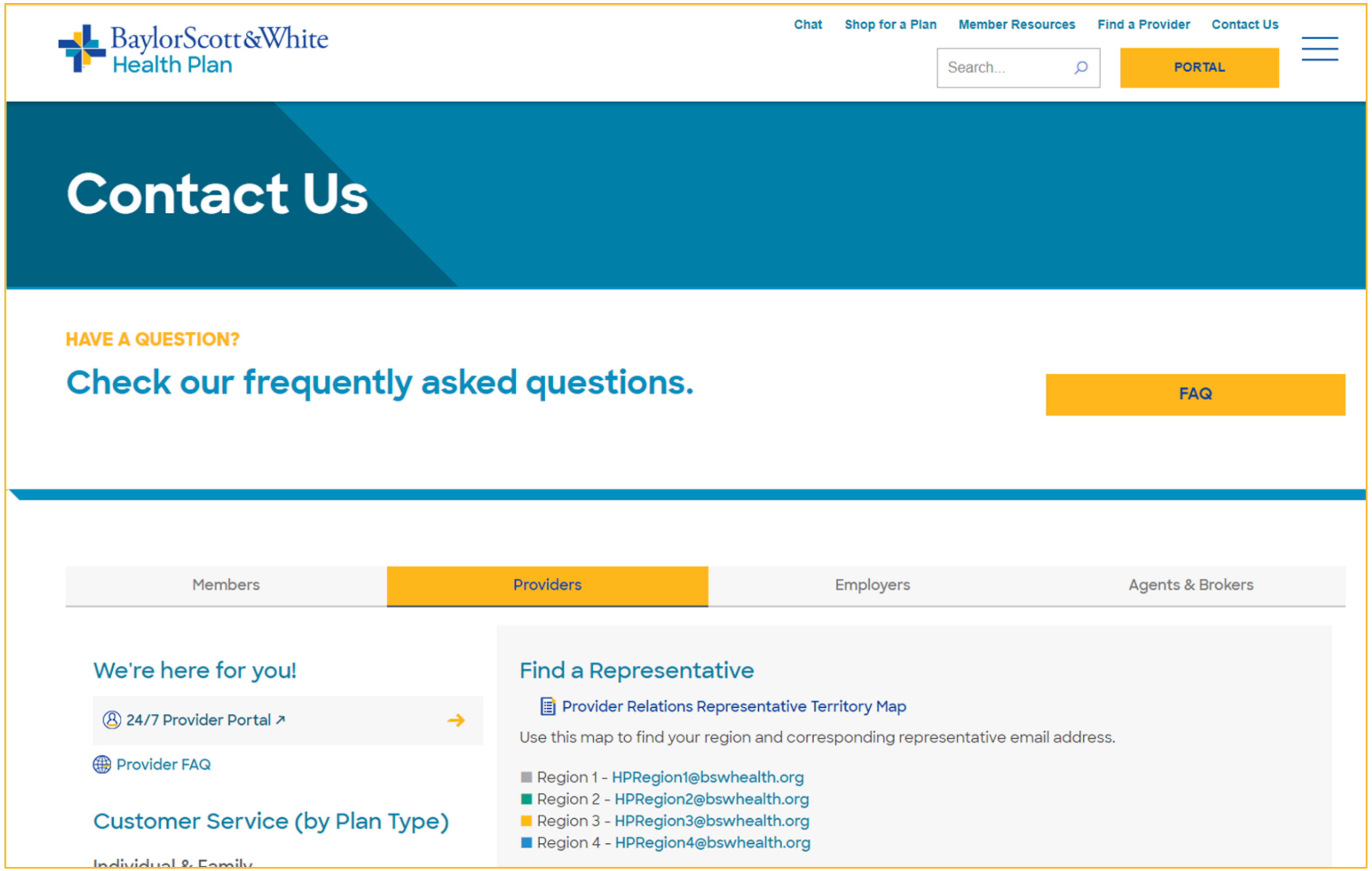
- First and last name
- Email address
- Billing address
- Job title
- Name of organization
- Phone number
- Group NPI
- Tax ID number

My Info - Add Providers to My Portal Account



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



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