

2025 Provider Reference Guide

Helpful provider information:

Claim payment/refunds

Interactive Voice Response (IVR)

Websites and provider portals

Pharmacy resources

Prior Authorization

Sample ID cards



Helpful Plan Information

	Commercial & Medicare	Medicaid
Website Resources	<ul style="list-style-type: none"> • BSWHP Provider Home Page • BSWHP Provider Manual & Training • BSWHP Provider Search Tool • Add Provider to Existing Contract • Provider Change of Address • Modify Existing Contract (Rates, add Products, update TIN, etc.) • Provider Termination • Update Medicaid/Medicare Number(s) • Join Our Network • Update Provider Name 	<ul style="list-style-type: none"> • RightCare Provider Home Page • FirstCare Provider Home Page • RightCare Provider Manual • FirstCare Provider Manual • RightCare Provider Search Tool • FirstCare Provider Search Tool • Add Provider to Existing Contract • Provider Change of Address • Update Provider Name • Modify Existing Contract (Rates, add Products, update TIN, etc.) • Provider Termination • Update Medicaid/Medicare Number(s) • Join Our Network
Claims/Eligibility Verification	<p>Please visit Provider.BSWHealth.com to determine the appropriate portal for claims and eligibility verification.</p> <p>Eligibility Verification Line (IVR Line): 800.655.7947</p>	<p>Provider Portal RightCare FirstCare</p> <p>Customer Service RightCare Medicaid: 855.897.4448 FirstCare CHIP: 877.639.2447 FirstCare STAR Medicaid: 800.431.7798</p>
Claims Filing	<p>Electronic Clearinghouse Availability Initial Filing Deadline Commercial/Medicare and ASO: 95/365 days from date of service</p> <p>Corrected Filing Deadline Commercial: 90 days from original paid date or EOB Medicare and ASO: 365 days from the date of service</p> <p>Baylor Scott & White Health Plan ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>More Information Claim Submission Guidelines Electronic Filing Paper Filing</p>	<p>Electronic Clearinghouse Availability Initial Filing Deadline 95 days from date of service Corrected Filing Deadline 120 days from the date of disposition</p> <p>RightCare from Scott and White Health Plan ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>FirstCare Health Plans ATTN: Claims P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>More Information Claim Submission Guidelines</p>
Claim Appeals/Redeterminations	<p>Filing Deadline Commercial and ASO 90 days 1 year (out-of-state providers)</p> <p>Medicare Advantage 65 days (Non-Contracted Providers) 120 days (Contracted Providers)</p> <p>Baylor Scott & White Health Plan ATTN: Provider Claims Redetermination P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>Electronic Filing Paper Filing</p> <p>Commercial BSWH Provider Claim Review Line – 833.542.8355 NON-BSWH Provider Claim Review Line – 833.542.8179 Providers can call the Claim Review line for claim appeals/redeterminations. This line is ONLY for Commercial claims, including BSWH Employee Plan Claims.</p> <p>Medicare Advantage: Please submit redeterminations via the provider portal or mail. Paper Filing Electronic Filing</p>	<p>Filing Deadline 120 days from the original determination date</p> <p>Scott and White Health Plan ATTN: RightCare P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>Electronic Filing Paper Filing</p> <p>OR</p> <p>Scott and White Health Plan ATTN: FirstCare P.O. BOX 211342 Eagan, MN 55121-1342</p> <p>Electronic Filing Paper Filing</p> <p>Medicaid: Please submit redeterminations through the provider portal or via mail.</p>

Helpful Plan Information

	Commercial & Medicare	Medicaid
Payment Methods	<p>Providers will be reimbursed through a Virtual Credit Card (VCC) unless they opt out.</p> <p>To opt out of VCC, select Automatic Clearinghouse (ACH) or Electronic Funds Transfer (EFT), contact: ECHO Health 888.837.2945 Register with ECHO Health.</p>	<p>Providers will receive Virtual Credit Card unless they enroll in EFT by registering with ECHO Health.</p> <p>Register with ECHO Health.</p>
Refund Requests	<p>Mail Refund Requests PO Box 840523 Dallas, TX 75284-0523</p>	<p>Medicaid/CHIP Refund Request Mail Refund Requests PO Box 211342 Eagan, MN 55121-1342</p>
Medical Benefit Prior Authorization	<p>PA List and Request Form BSWHP Health Services Division 888.316.7947 or 254.298.3088 PA look-up tool (Link contains information regarding eviCore and Oncology Analytics)</p>	<p>RightCare PA List and Request Form FirstCare PA List and Request Form RightCare PA Portal Request FirstCare PA Portal Request Medical Management Phone: 855.691.7947 Fax: 800.292.1349 Behavioral Health Management Phone: 855.395.9652 Fax: 844.436.8779</p>
Pharmacy Resources	<p>Pharmacy Services Drug Coverage Requests and Pharmacy PA Criteria Prescription Drug Lists</p>	<p>RightCare Pharmacy Information FirstCare Pharmacy Information Prescribing Providers 877.908.6023 Pharmacy Providers 877.908.6023</p>
BSWHP Contact Information	<p>Provider Service Center 800.655.7947 Customer Advocacy Group-based: 844.633.5325 Marketplace 855.572.7238 RightCare Medicaid: 855.897.4448 FirstCare CHIP: 877.639.2447 FirstCare STAR Medicaid: 800.431.7798 BSW SeniorCare Advantage: 866.334.3141 (TTY 711) Covenant Health Advantage: 833.442.2405 (TTY 711) For Pregnant Women and Birth to 1 Year of Age: HPMaternityCaseManagement@BSWHealth.org For Children 1 to 20 years: CaseManagement@BSWHealth.org For Behavioral Health Related Cases: HPBHCaseManagement@BSWHealth.org Find Your Provider Relations Rep</p>	

IVR and Provider Portals for Member Information

Interactive Voice Response System (IVR)*

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

Health Plan	IVR Phone Number
Baylor Scott & White Health Plan	800.655.7947
RightCare STAR Medicaid	855.897.4448
FirstCare STAR Medicaid	800.431.7798
FirstCare CHIP	877.639.2447

Provider Portal

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

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



Member	Payer ID	Portal	Claims Address
RIGHTCARE STAR MEDICAID	74205	RightCare.FirstCare.com/Web/	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
FIRSTCARE STAR MEDICAID / CHIP	94999	My.FirstCare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
INDIVIDUAL / COMMERCIAL	94999	Provider.BSWHealthPlan.com/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	Provider.BSWHealthPlan.com/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
COVENANT HEALTH ADVANTAGE	94999	Provider.bswhealthPlan.com/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342

*No registration required

Medicare ID card samples

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

Medicare Advantage (BSW SeniorCare Advantage)

JOHN SAMPLE
Member No.: SMPL0001
 Health Plan: (80840) 7588667718
 RX BIN: 610770
 RX PCN: CRXMD
 RX Group: BSWCARE

HMO-POS
 Benefit Effective Date:
 Group No.:
 PCP/Spec:
 ER/Urgent:

Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.

CMS

FOR PROVIDERS

Electronic Claims:
 Availability: 94999

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

Prior Authorization:
Medical Benefit
 Visit the provider portal
 Fax: 800-626-3042
 Phone: 888-316-7947
Pharmacy Benefit
 Phone: 833-502-3340

Provider Service:
 Provider.bswhealthplan.com
 Phone: 800-655-7947

Pharmacy Help Desk:
 Phone: 844-230-9357


FOR MEMBERS

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

Important Information:



- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 866-334-3141** (TTY: 711)
- Self-Service Portal: MyBSWHealth.com
- 24-Hour Nurse Advice: 877-505-7947
- Virtual Care: MyBSWHealth.com or MyBSWHealth app
- To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com
- Pharmacy Benefit Prior Authorization: 833-502-3340

Card Issue Date:
 09/11/2024

 **Capital Rx**

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

Medicare Advantage (Covenant Health Advantage)

JOHN SAMPLE
Member No.: SMPL0001
 Health Plan: (80840) 7588667718
 RX BIN: 610770
 RX PCN: CRXMD
 RX Group: BSWCARE

HMO
 Benefit Effective Date:
 Group No.:
 PCP/Spec:
 ER/Urgent:

Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.

CMS

FOR PROVIDERS

Electronic Claims:
 Availability: 94999

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

Prior Authorization:
Medical Benefit
 Visit the provider portal
 Fax: 800-626-3042
 Phone: 888-316-7947
Pharmacy Benefit
 Phone: 833-502-3340

Provider Service:
 Provider.bswhealthplan.com
 Phone: 833-442-2405

Pharmacy Help Desk:
 Phone: 844-230-9357


FOR MEMBERS

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

Important Information:


- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 833-442-2405** (TTY: 711)
- Self-Service Portal: Covenant.BSWHealthPlan.com
- 24-Hour Nurse Advice: 806-300-8670
- Virtual Care: Covenant.BSWHealthPlan.com
- To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/find-provider
- Pharmacy Benefit Prior Authorization: 833-502-3340

Card Issue Date:
 09/11/2024

 **Capital Rx**

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

Marketplace ID card sample





SUBSCRIBER
 JOHN SAMPLE

DEPENDENTS
 JANE SAMPLE
 JIMMY SAMPLE

MEMBER ID
 SMPL0001

IN-NETWORK PLAN BENEFITS*
 Adult PCP/Spec: /
 Pediatric PCP/Spec: /
 ER/Urgent: /
 Med Deductible:
 Out-of-Pocket Max:
 Rx Ded:
 Rx:

FOR PHARMACISTS  **Capital Rx**
 Pharmacy Help Desk: 855-205-9182
 BIN: 610852 PCN: CHM
 GRP: BSWEXC

 **QHP**

FOR PROVIDERS

Electronic Claims:
 Availability: 94999

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

Prior Authorization:
Medical Benefit
 Visit the provider portal
 Fax: 800-626-3042
 Phone: 888-316-7947
Pharmacy Benefit
 Phone: 833-502-3339

Provider Service:
 Provider.bswhealthplan.com
 Phone: 855-572-7238

FOR MEMBERS

Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.

Important Information:

- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 855-572-7238** (TTY: 711)
- 24/7 Nurse Line: 877-505-7947
- Self-Service Portal: MyBSWHealth.com
- To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com
- Pharmacy Benefit Prior Authorization: 833-502-3339



Card Issue Date:
 09/10/2024

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

Medicaid ID card samples

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



RightCare STAR

STAR/Medicaid

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

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

Important Information/Información Importante


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

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

NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by RightCare from Scott & White Health Plan for STAR/Medicaid services. For Medical Prior Authorization or UM questions, call 1-855-691-7947. The Medical UM FAX number is 1-800-292-1349.
 For Behavioral Health Prior Authorization or UM questions, call 1-855-395-9652.
 The Behavioral Health UM FAX number is 1-844-436-8779.
 Submit Claims to: RightCare from Scott & White Health Plan
 P.O. Box 211342 Eagan, MN 55121-1342 Payer ID: 74205
 Prescription Drug Information (Navitus): 1-877-908-6023
 BIN: 610602 PCN: MCD GROUP: SWH
www.RightCare.SWHP.org

REV 07/22

FirstCare STAR





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

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

Effective Date (Fecha efectiva):
Network (Red):
 Vea el dorso para obtener información adicional.

PHARMACISTS ONLY
 Navitus: 877-908-6023
 BIN: 610602 PCN: MCD GRP: FCH

FOR PROVIDERS

Electronic Claims:

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

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

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

Card Issue Date:
 08/02/2023

FOR MEMBERS

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

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

PARA MIEMBROS

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

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

FirstCare.com/STAR

FirstCare CHIP



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

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

Effective Date (Fecha efectiva):
Network (Red):
 Vea el dorso para obtener información adicional.

COPAYS (Copagos)
Office Visit (Visita de la oficina):
Inpatient Admission (Admisión hospitalaria):
Emergency Room (Sala de emergencias):
Rx Generic/Rx Brand (Rx genérico/c/a/Rx marca):

PHARMACISTS ONLY
 Navitus: 877-908-6023
 BIN: 610602 PCN: MCD GRP: FCH




FOR PROVIDERS

Electronic Claims:

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

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

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

Card Issue Date:
 08/02/2023

FOR MEMBERS

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

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

PARA MIEMBROS

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




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

FirstCare.com/CHIP

Group ID card samples

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



BSW Access PPO

		Group #: Network: Benefit Effective Date:	
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	In-Network Plan Benefits* Adult PCP/Spec: / Pediatric PCP/Spec: / ERM/urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:	
DEPENDENTS JANE SAMPLE JIMMY SAMPLE	Out-of-Network Plan Benefits* Adult PCP/Spec: / Pediatric PCP/Spec: / ERM/urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:		
FOR PHARMACISTS  Capital Rx Pharmacy Help Desk: 855-205-9182 BIN: 610852 PCN: CHM GRP: BSWCOM			

BSWHP PROVIDERS Electronic Claims: Availity: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Medical Benefit Visit the provider portal Fax: 800-626-3042 Phone: 888-316-7947 Pharmacy Benefit Phone: 833-502-3339 Provider Service: Provider.bswhealthplan.com Phone: 844-633-5325	FOR MEMBERS Possession of this card does not guarantee coverage. Important Information: <ul style="list-style-type: none"> In a medical emergency, call 911 or go to the nearest emergency facility. Customer Service: 844-633-5325 (TTY: 711) 24/7 Nurse Line: 877-505-7947 Self-Service Portal: MyBSWHealth.com Find a Provider: BSWHealthPlan.com Pharmacy Benefit Prior Authorization: 833-502-3339 UnitedHealthcare Providers (UHSS*) Website: uhss.umn.com Phone: 888-830-0179 Medical Claims: EDI # 39026, UHSS, PO Box 30783 Salt Lake City, UT 84130-0783 UHSS* Grp#: Medical services rendered within the BSW Area refer to BSWHP. Medical services rendered outside of the BSW Area refer to UHSS*. *UnitedHealthcare Shared Services Card Issue Date: 09/10/2024
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Members using our BSW Access PPO network have this card. Note the UnitedHealthcare (UHC) Options PPO Network logo in the top right corner. Members have access to the UHC network outside the BSW Health Plan service area. Filing information for UHC providers is also included on the back of the card.




BSW Employee Plan

		BSWH Employee Medical Plan
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	EQA IN-NETWORK MEDICAL Primary: \$35 Specialist: \$50 Urgent: \$35 Emergency: \$500 waived if admitted Medical Ded (Ind): \$750 Medical Ded (Fam): \$1,500 OOP Max (Ind): \$4,500 OOP Max (Fam): \$9,000 IN-NETWORK PHARMACY  rightway BIN: 610862 PCN: RWRX Group: 50070 Generic: \$5* / \$12** Preferred: \$35* / \$50** Non-Preferred: Lesser of \$50* / \$75*** or 50%
DEPENDENTS JANE SAMPLE JIMMY SAMPLE	*After \$100 Individual Rx Deductible. **BSWH pharmacies. ** Other contracted pharmacies.	

PROVIDERS Electronic Claims: Availity: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 Provider Service: Provider.bswhealthplan.com Phone: 800-655-7947 Pharmacist Services: 888-665-1992	MEMBERS <ul style="list-style-type: none"> Medical Member Services: 844-843-3229 (TTY:711) Self-Service Portal: MyBSWHealth.com Find a Provider: BSWHealthPlan.com/BSWH 24/7 Nurse Line: 800-724-7037 Pharmacy Member Services: 866-987-5735 Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility. Card Issue Date: 10/18/2024
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This sample represents the BSW Employee EQA plan, as indicated by “EQA” on the front of the card. PPO, SEQA and HDHP card versions vary slightly. BSW Employee Plan ID cards do not display a medical group number, as it is not necessary to process the claim.

BSW Employee Out-of-State Plan

		BSWH Employee Medical Plan	
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	LIVE WELL PREMIUM IN-NETWORK MEDICAL Primary: \$45 Specialist: \$60 Urgent: \$45 Emergency: \$500 + 20% waived if admitted Medical Ded (Ind): \$2,000 Medical Ded (Fam): \$4,000 OOP Max (Ind): \$5,000 OOP Max (Fam): \$10,000 IN-NETWORK PHARMACY  rightway BIN: 610862 PCN: RWRX Group: 50070 Generic: \$7 Preferred: \$40 Non-Preferred: Lesser of \$60 or 50%	




PROVIDERS UnitedHealthcare Shared Services UHSS Grp#: 78-800258 Website: uhss.umn.com Phone: 888-830-0179 Medical Claims: EDI # 39026, UHSS PO Box 30783 Salt Lake City, UT 84130-0783 Pharmacist Services: 888-665-1992	MEMBERS <ul style="list-style-type: none"> Medical Member Services: 844-843-3229 (TTY:711) Self-Service Portal: MyBSWHealth.com Find a Provider: BSWHealthPlan.com/BSWH 24/7 Nurse Line: 800-724-7037 Pharmacy Member Services: 866-987-5735 Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility. Card Issue Date: 10/18/2024
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The BSW Employee Plan also includes Live Well plans, which are for employees living outside of Texas. Live Well Premium and Live Well HDHP plans are both based on the United Healthcare Options PPO network. The plan type is distinguished clearly above the network benefits section, as shown in the red circle above.

Group ID card samples

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




BSW Premier HMO

		Group: Group #: BSW Premier HMO Benefit Effective Date:
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	IN-NETWORK PLAN BENEFITS* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		FOR PHARMACISTS  Capital Rx Pharmacy Help Desk: 855-205-9182 BIN: 610852 PCN: CHM GRP: BSWCOM
		

FOR PROVIDERS Electronic Claims: Availability: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Medical Benefit Visit the provider portal Fax: 800-626-3042 Phone: 888-316-7947 Pharmacy Benefit Phone: 833-502-3339 Provider Service: Provider.bswhealthplan.com Phone: 844-633-5325	FOR MEMBERS Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Important Information: <ul style="list-style-type: none"> In a medical emergency, call 911 or go to the nearest emergency facility. Customer Service: 844-633-5325 (TTY: 711) 24/7 Nurse Line: 877-505-7947 Self-Service Portal: MyBSWHealth.com To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com Pharmacy Benefit Prior Authorization: 833-502-3339 Card Issue Date: 09/10/2024
CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com	

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




BSW Plus HMO

		Group: Group #: BSW Plus HMO Benefit Effective Date:
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	IN-NETWORK PLAN BENEFITS* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		FOR PHARMACISTS  Capital Rx Pharmacy Help Desk: 855-205-9182 BIN: 610852 PCN: CHM GRP: BSWCOM
		

FOR PROVIDERS Electronic Claims: Availability: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Medical Benefit Visit the provider portal Fax: 800-626-3042 Phone: 888-316-7947 Pharmacy Benefit Phone: 833-502-3339 Provider Service: Provider.bswhealthplan.com Phone: 844-633-5325	FOR MEMBERS Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Important Information: <ul style="list-style-type: none"> In a medical emergency, call 911 or go to the nearest emergency facility. Customer Service: 844-633-5325 (TTY: 711) 24/7 Nurse Line: 877-505-7947 Self-Service Portal: MyBSWHealth.com To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com Pharmacy Benefit Prior Authorization: 833-502-3339 Card Issue Date: 09/10/2024
CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com	

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

BSW Plus PPO

		Group: Group #: BSW Plus PPO Benefit Effective Date:
SUBSCRIBER JOHN SAMPLE	MEMBER ID SMPL0001	In-Network Plan Benefits* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx: Out-of-Network Plan Benefits* Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS JANE SAMPLE JIMMY SAMPLE		FOR PHARMACISTS  Capital Rx Pharmacy Help Desk: 855-205-9182 BIN: 610852 PCN: CHM GRP: BSWCOM
		

FOR PROVIDERS Electronic Claims: Availability: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Medical Benefit Visit the provider portal Fax: 800-626-3042 Phone: 888-316-7947 Pharmacy Benefit Phone: 833-502-3339 Provider Service: Provider.bswhealthplan.com Phone: 844-633-5325	FOR MEMBERS Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Important Information: <ul style="list-style-type: none"> In a medical emergency, call 911 or go to the nearest emergency facility. Customer Service: 844-633-5325 (TTY: 711) 24/7 Nurse Line: 877-505-7947 Self-Service Portal: MyBSWHealth.com To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com Pharmacy Benefit Prior Authorization: 833-502-3339 Card Issue Date: 09/10/2024
CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com	

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


BSWQA ID card samples

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

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

BSW Premier HMO

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

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

 Prism Electric Group #: 2024PE Member: JOHN SAMPLE Member ID: SMPL0001 Plan: PPO	Administered by    Aetna Signature Administrators® PPO For Baylor Scott & White providers visit my.bswhealth.com For Aetna providers visit www.aetna.com/asa  Rx Bin: 610011 PCN: IRX Rx Group: PRISM24 Pharmacy Questions: Call 1-800-710-9341
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For Members with Benefits or Eligibility questions: Members call 855-205-1787 or visit my.bswhealth.com For Providers Benefits/Eligibility/Claims/Pre-Certification questions: Providers call 855-205-2426 or visit www.webtpa.com Submit Claims to: WebTPA - PO Box 99906- Grapevine, TX 76099-9706 Payer ID #75261
Members: Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (pre-certification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states). Providers: Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, call the number shown on this card.
Notice: Possession of the card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. We encourage you to use a PCP as a valuable resource and personal health advocate. TelaDoc - www.teladoc.com - 800-835-2362

IVR and Provider Portals for member information

Interactive Voice Response System (IVR)*

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

Health Plan	IVR Phone Number
Baylor Scott & White Health Plan	800.655.7947
RightCare STAR Medicaid	855.897.4448
FirstCare STAR Medicaid	800.431.7798
FirstCare CHIP	877.639.2447

Provider Portal

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

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

Member	Payer ID	Portal	Claims Address
Baylor Scott & White Health Plan			
RIGHTCARE STAR MEDICAID	74205	rightcare.firstcare.com/Web/	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
INDIVIDUAL / COMMERCIAL	94999	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
FirstCare Health Plans			
STAR MEDICAID / CHIP	94999	my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342

*No registration required