

# BSWHP Provider Portal

*Online Tool to Check Member  
Eligibility/Benefits, Claim Status, and So  
Much More!*



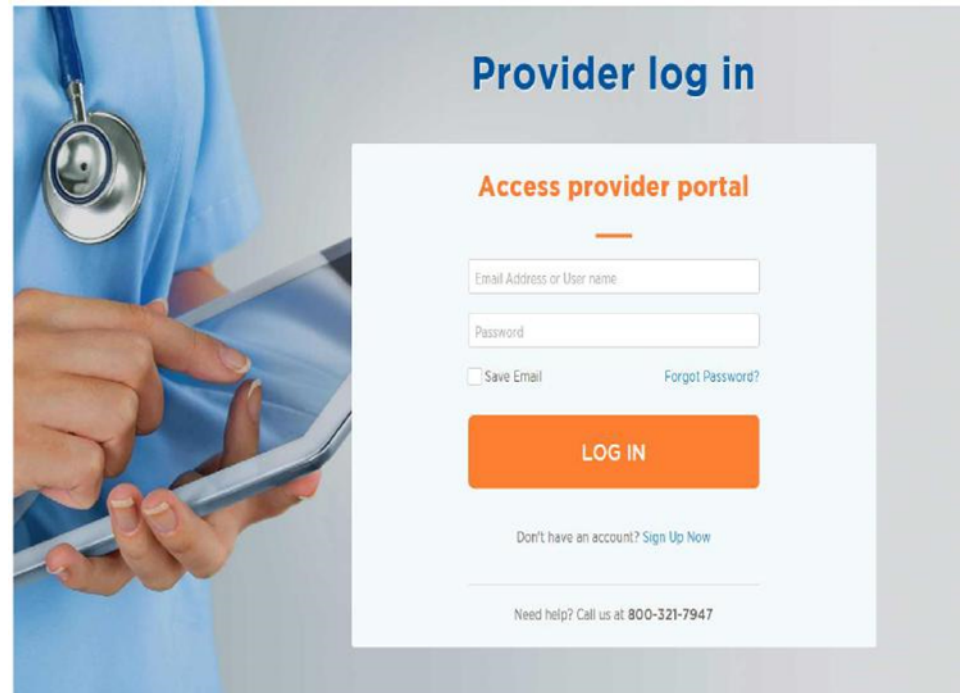
# Tools and Features

## BSWHP Portal allows you to:

- Verify Eligibility and Benefits
- Check Claim Status
- **New Security Enhancements** - Add Additional Providers to an Existing Registration (using individual NPIs, two different claims and member ID numbers)
- Look Up Reimbursement Rates by Code
- **Improved Feature** – Look Up Codes to Determine Prior Authorization Requirements
- View Explanation of Claim Denial Codes
- Register as a Group Provider
- Submit Prior Authorization Request Forms
- Submit Case Management Referral Forms

# Log in or Register

- If you are currently registered to use the portal, enter your Email Address and Password.
- If you are not registered, click on **Sign Up Now**.



# Provider Sign Up

- Fill in all fields and click on **Next**.  
*Note that all fields are required.*
- If the Tax ID and/or NPI entered match what BSWHP has you setup and the claims match the rendering provider that you are registering, your registration will be automatically approved, and you will have immediate access to the portal.
- If you do not have two claim numbers to register, please call the IVR at 800-655-7947 for basic claims, benefits, and member eligibility.

## Provider Lookup

**ALL VALUES ARE REQUIRED**

NPI #:

Tax ID:

*Enter a claim and member number for a claim associated with this provider*

Claim #1:

Member #1:

*Enter a second claim and member number for a claim associated with this provider (must be different member)*

Claim #2:

Member #2:

*Enter the first and last name of the person requesting access*

First Name:

Last Name:

**Next**

[Go back to provider login](#)

# Forgot Password or Account Locked

## What should I do if I forgot my password?

- To reset your password, click on **Forgot Password**.
- Enter your email address that you used to register for the portal, then click **Reset**.
- A new password will be sent to the email address we have on file for you. *(If you do not see an email from us, be sure to check your spam folder.)*

## What should I do if I am locked out of my account?

- If you have been locked out, it is usually because you had too many unsuccessful login attempts. To unlock your account, please contact BSWHP Provider Service Center Escalations via:
  - Email: [PRSupport@BSWHealth.org](mailto:PRSupport@BSWHealth.org)
    - *Include your name, Tax ID, NPI, username/email address, and phone number in your email*

# Forgot Password or Account Locked

The image shows a sequence of two web pages. The first page is titled "Provider log in" and "Access provider portal". It features input fields for "Email Address" and "Password", a "Save Email" checkbox, and a "Forgot Password?" link circled in red. Below these is a large orange "LOG IN" button. The second page is titled "Forgot Password" and "Please enter your email address". It has an "Email Address" input field, a "RESET" button, and a "Back to log in page" link. A blue arrow points from the "Forgot Password?" link on the first page to the "Forgot Password" page. Both pages include a footer with the text "Your privacy is safe with us. To see how we protect your information check out our Privacy Policy." and "Need help? Call us at 800-321-7947".

**Provider log in**

**Access provider portal**

Email Address

Password

Save Email

[Forgot Password?](#)

**LOG IN**

Don't have an account? [Sign Up Now](#)

Need help? Call us at 800-321-7947

Your privacy is safe with us. To see how we protect your information check out our [Privacy Policy](#).

**Forgot Password**

**Please enter your email address**

Email Address

**RESET**

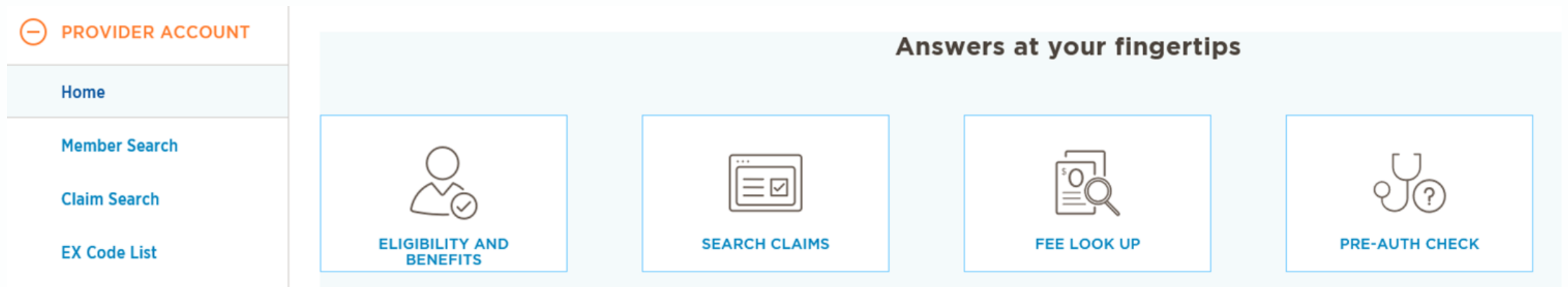
[Back to log in page](#)

Need help? Call us at 800-321-7947

Your privacy is safe with us. To see how we protect your information check out our [Privacy Policy](#).

# Accessing BSWHP Provider Portal

- Go to: [BSWHealthPlan.com](https://BSWHealthPlan.com)
- Below is a screen shot of many of the tools available within the portal to assist you with your administrative processes.



# Adding Providers to Existing Registration

While logged in and adding additional providers to the provider portal to check claims status, benefits, and member eligibility, the following information must be entered for each additional user:

- NPI#
- Tax ID #
- Claim #1
- Member #1
- Claim #2
- Member #2
- First and Last name

Please note: The claim numbers and member numbers must be unique. You will not be allowed to register without two unique members and claims.

### Add Provider

**Provider NPI Number:**

**Provider Tax ID:**

Enter a claim and member number for a claim associated with this provider

**Claim #1:**

**Member #1:**

Enter a second claim and member number for a claim associated with this provider (must be different member)

**Claim #2:**

**Member #2:**



# Member Eligibility/Benefits

- Select **Eligibility and Benefits** on the dashboard and the *Members Search Criteria* page will display.
- Enter at least 2 fields in the search criteria.
- Click **Search** to display the results

PROVIDER ACCOUNT

Home

Member Search

Claim Search

EX Code List

## Member Search Criteria

\* Must enter at least 2 fields in search criteria



Enter member number

Enter member DOB

Enter member SSN

SEARCH

Please enter member information to verify member eligibility and benefits

# Check Claim Status

- Select **Search Claims** listed under **Home** on the dashboard and the *Claim Search Criteria* page will display.
- Enter the required information in the search criteria.
- Click **Search** to display the results

## Answers at your fingertips



### Claim Search

Date of Service Range (required)  to  Narrow Search (optional) ⓘ

### Claim Results

*Displaying first 100 claims only. To search specific claims, please select/add more filters in search criteria.*

PDF ↓ EXCEL ↓ Keyword Filters  View All Claim Status

Date of Service	Member	Claim No.	Patient Control No.	Provider	Total Billed	Plan Paid	Patient Responsibility	Claim Status
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# Check Claim Status

- After you obtain your claim search results, you can click on the 12-digit alphanumeric number listed under the **Claim No.** column to see *Claim Detail Information*.

<b>MEMBER</b> <b>JANE DOE</b> SWHP Member No. 0123456789 Patient Control No. 9876543A21098 Dates of Service 01-JAN-99 – 01-JAN-99	<b>PROVIDER</b> <b>JOHN DOE</b> Group OB/GYN ASSOC NPI 1234567890 Address 123 SCOTT LN. Town, TX 12345.	<b>STATUS</b> <b>Denied</b>
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## SERVICE DETAILS

[REQUEST REDETERMINATION](#)

Date of Service	Procedure Code	Procedure	Status	EX Code	Total Billed	Plan Paid	Patient Responsibility
04/08/2019	59400	OB CARE ANTEPARTUM VAG DLVR \& POSTPARTUM	Denied ⓘ	BU ⓘ	\$6,502.35	\$0.00	\$0.00

**EX CODE BU : DENIED DUE TO REBUNDLING** ✕

Code edit denial for reimbursement was bundled into other procedures. ←

**RESOLUTION :** Refer to CMS Guidelines for separate reimbursement.

# Claim Denial Codes

- The *EX Code List* is a catalog of all claim denial codes and their definitions.
- Select **EX Code List** under **Home** on the dashboard and the *EX Code List* page will display

Code Number	Description	Action
13	MEMBERS AGE IS NOT VALID FOR PROCEDURE	DENY
1A	BRS PROCESS SUCCESSFUL	PAY
1B	REPRICING SUCCESSFUL	PAY
1C	CLAIM CHECK DENIED PROCEDURE	DENY
1D	DENY - ADA CODE NO LONGER VALID	DENY
1E	INAPPROPRIATE BILATERAL CODING	DENY
1F	INVALID COSURGEON / ASSISTANT	DENY

# Submitting a Claim Redetermination

## Definition

- The review of a previously adjudicated / processed claim at the request of a provider to assess if the original determination/decision was correct or should be reversed based on additional information not previously available during the original determination. More information available on the BSWHP website at: [BSWHealthPlan.com](https://www.bswhealthplan.com)

## Process

- Allows you the option to submit the *Claim Redetermination Request Forms* electronically through the provider portal.
- Providers or inquiring parties will have only one (1) opportunity to submit a redetermination request on a claim. Multiple requests submitted on a single claim will not be processed and will be returned as “previously reviewed.”
- Provider should attach any pertinent supporting documentation i.e. retro authorization, proof of timely filing, surgical notes, office visit notes, pathology reports, and/or medical records.
- Requests for Redeterminations must be submitted within 90 days from the original determination date. (120 days for Medicare Advantage Claims; 1 year for out-of-state providers).

# Submitting a Claim Redetermination

<b>MEMBER</b> <b>MEMBER NAME</b> SWHP Member No. 00123456789 Patient Control No. 9876543A21098 Dates of Service 00-MAY-99	<b>PROVIDER</b> <b>PROVIDER NAME</b> Group OB/GYN ASSOC OF DALLAS NPI 1234567890 Address 123 ABC RD.	<b>STATUS</b> <b>DENIED</b>
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## SERVICE DETAILS

[REQUEST REDETERMINATION](#)

Date of Service	Procedure Code	Procedure	Status	EX Code	Total Billed	Plan Paid	Patient Responsibility
04/15/2019	99395 25	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	Approved	H1	\$260.00	\$133.41	\$0.00
04/15/2019	81003 QW	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	Approved	H1	\$10.00	\$3.26	\$0.00

# Viewing a Redetermination

- You can now view the claims redetermination from the provider portal. Simply search for the claim in question. In the claims screen, locate the Redetermination Details. Click the hyperlink under Supporting Documents to locate the redetermination resolution letter.

The screenshot shows the Scott & White Health Plan Provider Portal interface. The user is logged in as ASHWIN GAITONDE. The main content area displays a claim summary with the following details:

MEMBER	PROVIDER	STATUS
SWHP Member No. Patient Control No. Dates of Service	Group NPI Address	<b>REDETERMINATION UPHELD</b> 01/29/2019 Redetermination Received 02/10/2019 Redetermination Upheld

Below the claim summary, the 'Redetermination Details' section is visible. It includes the following information:

- REDETERMINATION RECEIVED ON: 1/22/19 12:00 AM
- CONFIRMATION NO.
- REASON: REFUND REQUEST DISPUTE
- Processing is 30 days from date of receipt.

A red circle highlights the 'SUPPORTING DOCUMENTS' section, which contains a 'Click here' link. A blue arrow points from the 'Redetermination Details' section to this link.

The screenshot shows a 'Provider Redetermination Resolution' letter from Scott & White Health Plan. The letter is dated 01/01/2019 and is addressed to the provider. The letter contains the following information:

**Provider Redetermination Resolution**

01/01/2019

PROVIDERS NAME: ATRU, JANE DOE  
9999 Texas Ave.  
Town, TX 54321

Member Name: JOHN DOE  
Member ID: 0123456789  
Provider Patient Ctrl #: 012345678901  
Date of Service: 01/01/2019  
Claim #: 1234567890

This letter is to notify you of the resolution for the above-referenced claim redetermination. Upon review of your request for redetermination and all associated documentation sent by your office, it was determined that the denial will remain upheld due to the following:

- For review, the recognition is upheld as the provider billed claim 8876543210 with bill type "B Void Prior Claim" and referenced 1234567890.

The original determination is upheld and no further actions will be taken with regards to this claim. Please accept this as our final resolution.

Should you have any questions regarding this determination, please call Customer Service at 1 (800) 321-7947 or (254) 298-3000.

Sincerely,

SWHP Claims Adjustment Department

Doc ID: SP0019032008400641  
INCL: ADC

All products are offered through Scott & White Health Plan and Scott & White Care Plans. Covered PPO and PPO products are offered through Insurance Company of North and South. All are Texas regulated insurance companies. Scott & White Care Plans and Insurance Company of North and South are solely owned subsidiaries of Scott & White Health Plan. These companies do not agree to indemnify or hold harmless Scott & White Health Plan.

# Fee Look-Up

- The *Fee Look Up* tool makes it very easy to get reimbursement estimates for procedure codes.
- The *Fee Look Up* tool is updated on a quarterly basis.
- Select **Fee Look Up** listed under **Home** on the dashboard and the *Fee Look Up Criteria* page will display.
- To use the tool, follow these easy steps:
  - Select the appropriate **Region** from the drop-down.
  - Select the appropriate **Medicare Locality** from the drop-down.
  - Enter a **Procedure Code** in the designated field.
  - If applicable, select the appropriate **Modifier(s)** from the drop-downs. – Click **Look Up** to display results.

The screenshot shows a web application interface for a "Fee Schedule Look Up" tool. On the left is a navigation menu with a "PROVIDER ACCOUNT" header and a minus sign icon. The menu items are: Home, Member Search, Claim Search, EX Code List, Fee Look up (highlighted with a blue bar), Pre-Auth Code Lookup, HSD Referral Form, PriorAuth Form, Oncology Analytics, eviCore, Medication Authorization, and LOG OUT. The main content area has a title "Fee Schedule Look Up: Commercial Line of Business and Current Year Contracts ONLY" and a subtitle "Valid ONLY for Dates of Service July 1, 2021 - September 30, 2021". There is an "Instructions" link in the top right. Below the title is a "Fee Look Up Criteria" section with a green plus icon. It contains four input fields: "Select a Region" (dropdown), "Select a Medicare Locality" (dropdown), "Procedure Code" (text input), and "Select Modifier 1" (dropdown). There is also a "Select Modifier 2" (dropdown) field. A blue "LOOK UP" button is positioned below the input fields.



# Fee Look-Up

- Additional Tips:

- You can look up 7 procedure codes at a time using the button located next to the **Procedure Code** field.
- A link to the *Instructions* on how to use the tool are located to the right above the *Fee Look Up Criteria* box.

**Fee Schedule Look Up: Commercial Line of Business and Current Year Contracts ONLY**

Valid ONLY for Dates of Service July 1, 2021 - September 30, 2021

[Instructions](#)

Fee Look Up Criteria

----- Select a Region -----	----- Select a Medicare Locality -----
<input type="text" value="Procedure Code"/>	----- Select Modifier 1 -----
	----- Select Modifier 2 -----

**LOOK UP**

# Pre-Auth Code Look Up

- Medical services, procedures, supplies, and drugs that require prior authorization must be medically necessary and meet BSWHP coverage criteria.
- A prior authorization is needed if you plan to refer a member outside of the BSWHP network.
- You can view the BSWHP Prior Authorization Lists online at:
  - Medical: [BSWHealthPlan.com](https://www.bswhealthplan.com)
  - Medications: [BSWHealthPlan.com](https://www.bswhealthplan.com)
- If you have questions regarding prior authorization requests, please call our Health Services Division at 888-316-7947 or 254-298-3088.

# Pre-Auth Code Look Up

- To help you determine the codes that require a prior authorization, you can use the **Pre-Auth Code Look Up** tool in the provider portal.
- Select **Pre-Auth Code Look Up** listed under **Home** on the dashboard and the *Pre-Authorization Code Look Up* page will display.
- To use the tool, follow these easy steps:
  - Enter a valid **Procedure (CPT) Code** in the designated field.
  - Click **Look Up** to display the results.

The screenshot shows a web interface for a provider portal. On the left is a navigation menu with the following items: PROVIDER ACCOUNT (with a minus sign icon), Home, Member Search, Claim Search, EX Code List, Fee Look up, Pre-Auth Code Lookup (highlighted in blue), HSD Referral Form, PriorAuth Form, Oncology Analytics, eviCore, Medication Authorization, and LOG OUT. The main content area has a light blue background and contains three informational boxes: a light blue disclaimer box, a yellow box stating that prior authorization is required for all services by non-contracted providers, and a red box for Mclane Group (PPO) customers. Below these is a white box titled 'Pre-Authorization Code Look Up' containing a text input field with the placeholder text '\*Enter a code and press "Look Up" to see if it requires pre-authorization' and a blue 'LOOK UP' button. At the bottom of this box is a note for BSWH Employee Plan members and out-of-network providers to contact Cigna for prior authorization requests.

PROVIDER ACCOUNT

- Home
- Member Search
- Claim Search
- EX Code List
- Fee Look up
- Pre-Auth Code Lookup**
- HSD Referral Form
- PriorAuth Form
- Oncology Analytics
- eviCore
- Medication Authorization

LOG OUT

**DISCLAIMER:** All attempts are made to provide the most current information on the Pre-Auth Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. Pre-Auth requirements are also subject to monthly updates, please check back prior to treatment.

Prior Authorization is required for **ALL** SERVICES to be provided by NON-CONTRACTED Providers (except for use of out-of-network benefits in PPO and POS Products, unless required by the Prior Authorization List)

For Mclane Group (PPO), Customer Service Advocacy will validate benefits/eligibility and transfer to Cigna for PA requirements.

**Pre-Authorization Code Look Up**

\*Enter a code and press "Look Up" to see if it requires pre-authorization

**LOOK UP**

**For BSWH Employee Plan ONLY:** If you contract with Cigna (but not Scott & White Health Plan), or if you are an out-of-network provider, please direct prior authorization requests to Cigna by calling (866) 494-4872.

# Case Management Referral Form

- If a member needs medical case management, behavioral case management, or a transplant, you can complete the *Case Management Referral Form* in the provider portal.
- Select **HSD Referral Form** listed under **Home** on the dashboard to access the *Case Management Referral Form*.

The screenshot shows a web interface for the Case Management Referral Form. On the left is a navigation sidebar with a 'PROVIDER ACCOUNT' header and a minus sign icon. The sidebar contains the following menu items: Home, Member Search, Claim Search, EX Code List, Clear Claims Connection, Fee Look up, Pre-Auth Code Lookup, HSD Referral Form (highlighted), PA Online Form, Oncology Analytics, eviCore, and Medication Authorization. At the bottom of the sidebar is a 'LOG OUT' link. The main content area is titled 'Case Management Referral Form' and includes a disclaimer: 'Please do NOT use this form to request prior authorization (PA) for medical services. This form is only used for transplant services. If PA is needed for medical services, please fax the required PA form and fax cover sheet to 1-800-626-3042 or call 1-888-316-7947.' Below the disclaimer is a note: '\*Indicates required field.' The form is titled 'Requester Information' and contains the following fields: Name of Requester, Title of Requester (with a red error message 'Enter Requester Name'), Requester Phone (with a placeholder '( ) - -'), Requester Email (with a placeholder 'e.g. myname@example.org'), Requester Fax (with a placeholder '( ) - -'), Facility Name, NPI #, and Tax ID#.

# Prior Authorization Request Form

- *Prior Authorization Request Form* can be submitted electronically.
- Once the form is completed, it can be submitted electronically.

The screenshot shows a web application interface for a Provider Account. On the left is a navigation menu with the following items: Home, Member Search, Claim Search, EX Code List, Fee Look up, Pre-Auth Code Lookup, HSD Referral Form, **PriorAuth Form** (highlighted), Oncology Analytics, eviCore, and Medication Authorization. The main content area is titled "Authorization Request" and "PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES". Below this, "Section I Start Request" is displayed. The form contains three dropdown menus: "Admission Type" (with "Select..." selected), "Request Type" (with "Select..." selected), and "Authorization Type" (with "Select..." selected).

# Contact Information & Resources

- BSWHP Provider Service Center Escalations:
  - Email: [PRSupport@BSWHealth.org](mailto:PRSupport@BSWHealth.org)
- BSWHP IVR Phone Number: 1-800-655-7947
- BSWHP Customer Service Phone Number: 1-800-321-7947
- BSWHP Website: [BSWHealthPlan.com](https://www.BSWHealthPlan.com)
  - Provider Specific Information: [BSWHealthPlan.com](https://www.BSWHealthPlan.com)
- BSWHP Provider Portal: [BSWHealthPlan.com](https://www.BSWHealthPlan.com)
- BSWHP Find a Provider Search: [BSWHealthPlan.com](https://www.BSWHealthPlan.com)