



Frequently Asked Questions (FAQ)

1. How do I submit a claim for covered services?

For covered services provided by Scott and White Health Plan (SWHP) network providers, members do not have to file a claim. The participating provider will file the claims on your behalf. Just make sure you present your membership ID card at the time of service.

For out-of-network services, the provider or facility will normally submit claims for you. In the rare case that you pay for out-of-pocket network services (typically an emergency visit) and the provider will not submit a claim form to SWHP, you should get a completed CMS 1500 or UB-04 claim form from the provider or facility. Send completed form with proof of payment and an explanation as to why you saw an out-of-network provider or facility to SWHP at the following address:

Scott and White Health Plan
Attn: Pay Me
MS-A4-126
1206 West Campus Drive
Temple, TX 76502

2. How do I obtain information about a participating providers?

You may review our network of providers online using our "Find a Provider" tool or by calling Customer Advocacy at (800) 321-7947. To access the Find a Provider tool, visit us at www.swhp.org. Click on the menu at the top left of the screen. Then click on Provider Search in the drop down menu. To find additional information about a provider such as the medical school attended and residency completion, visit the Texas Medical Board web site at https://public.tmb.state.tx.us/HCP_Search/searchinput.aspx.

3. How do I obtain primary care services, including points of access?

SWHP is an open access health plan. You are not required to select a primary care provider (PCP). If you do select one, to make a routine appointment, contact your PCP's office. You may access any of our contracted PCPs. For a list of all providers, visit us at www.swhp.org and click on the menu at the top left of the screen. Then click on Provider Search in the drop down menu.

4. How do I obtain specialty care, behavioral health care, and hospital services?

All non-emergency medical care must be provided by Scott and White Health Plan (SWHP) network providers. SWHP does not require a referral through the SWHP provider network to access specialty care and behavioral health care; however, the specialty care or behavioral health care provider from which you wish to seek care may require a referral from your SWHP primary care provider. Check with their office to find out if they require a referral. For a non-life-threatening behavioral health emergency, you should go to the nearest emergency room for emergency care.

5. How do I obtain care after normal business hours?

Scott and White Health Plan members that are ill or injured can contact the nurse advice line at (877) 505-7947. The nurse advice line is staffed 24 hours a day, every day of the year. Our nurse-line staff can give you information about how to take care of yourself at home or can help determine if an appointment, an urgent care visit, or an emergency room visit is most appropriate for your symptoms. It is free, completely voluntary, and confidential. However, this service is not meant to replace a doctor's care.

We also have several after-hours and urgent care clinics available. To find an after-hours or urgent care clinic, visit us at www.swhp.org and click on the menu at the top left of the screen. Then click on Provider Search in the drop down menu.

6. Does SWHP cover emergency medical care? How do I obtain emergency care? When do I call 911?

Scott and White Health Plan (SWHP) covers medically necessary emergency care, whether or not you are in the SWHP service area. Emergency care is defined as Health Care Services provided in a hospital emergency facility, freestanding emergency medical care facility, or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in:

- Placing his or her health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

In all emergency situations, you are encouraged to call 911 or seek care with the nearest SWHP-approved provider. However, if a local network provider is not available, go to the nearest emergency room for treatment. Medically necessary emergency care will be covered by SWHP. If you are hospitalized as a result of the emergency, you should contact the SWHP Health Services Division within 24 to 48 hours of hospital admission at (888) 316-7947. Coverage for continued treatment is assured when approval is obtained from the SWHP through the Health Services Division. Emergency care in a hospital emergency room requires a co-payment, which will be waived if hospital admission occurs within 24 hours.

7. What types of services are available outside the SWHP service area?

Scott and White Health Plan (SWHP) always covers urgent and emergency care services, regardless of your location. If necessary, you may be eligible for coverage of non-emergency services outside the SWHP service area if referred by your SWHP provider and approved by SWHP. For more information, view your Evidence of Coverage (EOC) document or call us at (800) 321-7947.

8. How do I voice a complaint?

Scott and White Health Plan (SWHP) is dedicated to addressing your complaints and resolving them promptly. If there is ever a time when you are not satisfied with the performance of SWHP or one of its providers, you should contact Customer Advocacy at (800) 321-7947. All complaints are documented and thoroughly investigated. SWHP encourages your input and will not discriminate against you, refuse coverage, or engage in any other retaliation if you choose to file a complaint or request an appeal of a decision.

SWHP's definition of a complaint is an oral or written expression of dissatisfaction. SWHP responds to oral and written complaints in the same manor and informs you of a resolution within 30 calendar days of receipt of the complaint.

9. How do I appeal a decision that adversely affects coverage, benefits, or my relationship with the organization?

Scott and White Health Plan's (SWHP) definition of an appeal is a request for SWHP to reverse a previous adverse (denial) decision. You have the right to appeal a previous adverse (denial) decision and present written or oral information in support of your request to reverse the previous decision. You have the right to request an independent review appeal of a previous adverse (denial) decision. If you request an independent review appeal, SWHP will coordinate and pay for an appeal to an independent review organization in the event the decision rendered was an Adverse Determination (denial of coverage based on medical necessity determination) to the complainant and the request was presented to SWHP within 180 days of the previous decision. For more information on your appeal rights or to initiate an appeal, please contact Customer Advocacy at (800) 321-7947.