

MEMBER ELIGIBILITY VERIFICATION PROCEDURES

Automated Member Verification System

The phone number for the Automated Member Verification System (AMVS) is:

1-800-655-7947 or 1-254-298-3216

This line will be answered with a greeting welcoming you to the AMVS system. You will then be instructed to enter pertinent information via the keypad on your touch-tone telephone. You will receive instructions on the type and format of data that should be entered. The prompts will be as follows:

- I. Please enter your **NPI Number** - Enter NNNNNNNNNN

- II. You have three choices for verification:
 - 1-Interactive voice verification
 - 2-Verification by return Fax
 - 3-Transfer to a Membership Department AssociatePlease enter the **number** that corresponds to the option you prefer.

- III. A. If you select 1-Interactive voice, you will be instructed to do the following:
 1. Enter the **Subscriber's Contract Number** .
 2. Enter the **Date of Birth** of the Member in Year, Month, Day order.
 3. Enter the **Date of Service** in Year, Month, Day order.
 4. If the member is active, the system will then respond with the following information:
 - a. The Member is valid at the time of service
 - b. The Members coverage
 - c. The Members copay information
 - d. The Members Primary Care Physicians name
 - e. The Verification # is (a system assigned number for audit trail purposes)
 5. If the Member is not active on the date of service, or if the member number is invalid, you will receive the message: The member number is invalid.
 6. You will then be given the following options:
 - a. If you wish to verify another Member, press 1
 - b. If you wish to exit the system now, press *

B. If you select 2-Verification by Fax, you will be instructed to do the following:

1. Enter your **Fax Number** (If you are calling long distance, you must enter 1 + area code + your fax number)
2. Enter the **Subscriber's Contract Number** .
3. Enter the **Date of Birth** of the Member in Year, Month, Day order
4. Enter the **Date of Service** in Year, Month, Day order
5. You will then be given 2 options:
 - a. If you wish to verify another member, press 1
 - b. If you wish to have the verification faxed to you now, press 2
 - c. Once you have pressed 2, you may hang up.

IV. Additional Information

- A. You may press 3 to be transferred to the Membership Department from the Main Menu anytime during the verification process that a problem occurs. The caller will be transferred to a Membership Associate.
- B. Be sure to enter all date information in Year, Month, Day order (6 numbers).
- C. Attached is a sample copy of the form that will be faxed back to you.
- D. If you have problems or questions related to the Automated Verification System, please call the Membership Department at 1-800-321-7947 ext 3175 or 1-254-298-3175.

**Scott & White Health Plan
Automated Member Verification System**

“CHEAT SHEET”

1-800-655-7947 Ext 3216 or 1-254-298-3216

1. NPI # - NNNNNNNNNN
2. For Voice - Enter 1
For Fax - Enter 2
For Membership Department - Enter 3
- 3.a. For Voice - Enter Contract Number
Enter Date of Birth (year, month, day)
Enter Date of Service (year, month, day)
After response, Enter 1 to verify another Member, OR Enter * to exit the system
(hang-up)
- b. For Fax - Enter Fax number
Enter Contract Number
Enter Date of Birth (year, month, day)
Enter Date of Service (year, month, day)
Enter 1 to verify another member OR Enter 2 to have the verification Faxed now
(hang-up)
4. Questions or problems: Call the SWHP Membership Department @ 1-800-321-7947, ext 3175 or 1-254-298-3175.


Member Identification Card


- **PCP** – The Primary Care Provider is not printed on the member ID card. Instead members will receive a letter confirming their PCP selection.
- **Copayments and Deductibles** – Office Visit, Emergency/Urgent Visit, and Prescription copayments are listed on the member ID card. Medical deductibles are not listed.
- **Plan Type** – This field on the ID card indicates the type of medical coverage (HMO, Consumer Choice, Major Medical, Point of Service, High Deductible Health Plan, etc.).
- **Member Names and Numbers** – The member ID card will list the subscriber and up to seven dependents on one card. This eliminates the need for families to carry cards for each dependent of the family.

To prevent a claim rejection, a claim must be filed with appropriate member name and complete eleven digit member ID number. A claim will reject when filing with the nine digit contract number only. It is important to include the member number with the two digit suffix because it identifies the specific individual member. See member ID card example below.

Please access the MyBenefits Provider module at www.swhp.org to confirm member eligibility/benefits and claims status. If you do not have internet access, please call the Customer Service Center at 1-800-321-7947 for assistance.

Scott & White Health Plan does not pay for services rendered to patients who are not eligible for coverage. If you are denied payment for services provided to a non-eligible patient, you may then bill the patient full charges.

 SCOTT & WHITE HEALTH PLAN			
Contract Holder:	John Doe	PCP QV:	\$25
Contract Number:	100111111	ER/URGENT:	\$40/\$100
Group Number:	085000	RX BIN #:	610141
Plan Type:	HMO	RX GROUP:	93078
Issue Date:	9/1/2008	RX COPAY:	\$5;\$25;\$50/50%
Member No.	Member Name	Member No.	Member Name
100111111 00	John Doe	100111111 04	Jack Doe
100111111 01	Jane Doe	100111111 05	Julie Doe
100111111 02	James Doe	100111111 06	Joshua Doe
100111111 03	Jennifer Doe	100111111 07	Jaqueline Doe
<small>For Membership and eligibility information, visit www.swhp.org This card is for identification purposes only and does not guarantee membership or coverage.</small>			
<small>TDI</small>			

<p>PLEASE HAVE THIS CARD AVAILABLE AT ALL TIMES Members are encouraged to consult with their medical group physician in an emergency, if possible. Any member having an emergency necessitating in-patient hospitalization should notify SWHP within 48 hours after such emergency treatment commences.</p> <p>NOTICE TO OUT-OF-AREA HOSPITAL AND MEDICAL PROVIDERS SWHP is only responsible for out-of-area hospital and medical services that are due to accident or emergency illness. In all cases requiring hospitalization, call SWHP at (800) 321-7947 to verify current membership status and to authorize services within 48 hours. All out-of-area services are subject to SWHP's current rules and regulations governing out-of-area coverage.</p> <p style="text-align: center;">SCOTT AND WHITE HEALTH PLAN 2401 South 31st Street, Temple, Texas 76508-0001 (254) 298-3000 or (800) 321-7947 Nurse Advice Line (800) 975-6612</p> 
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