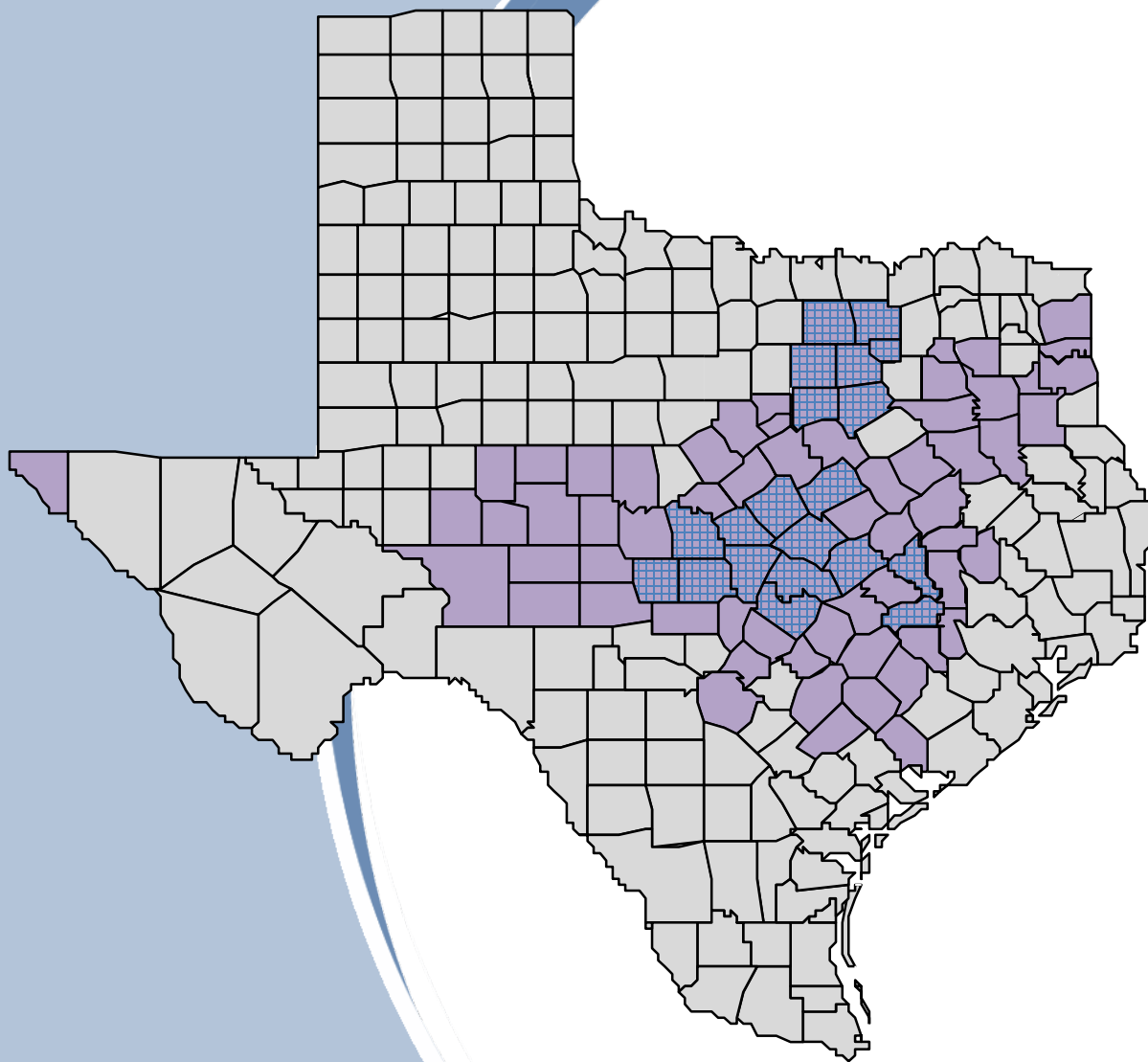


Commercial Provider Orientation

Scott and White Health Plan





Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH



Scott and White Health Plan was established in 1982 to support the residents and physicians of Central Texas.

Today we serve 230,000 members in 80 counties across Texas through 130 Hospitals and over 17,000 Providers.

SWHP serves Commercial, Medicare and Medicaid populations.

-  Scott and White Health Plan footprint
-  Baylor Scott & White Health System footprint

COMMERCIAL



HMO

- SWHP offers HMO plans for individuals and families, small groups, large groups, and TPA/ASO accounts
- Utilizes the SWHP network with no out-of-network (OON) benefits; OON providers are not covered except in an emergency

PPO

- SWHP offers PPO plans for individuals and families, small groups, large groups, and TPA/ASO accounts
- Utilizes the ICSW network with OON benefits; OON providers are covered, but at a higher cost share for members

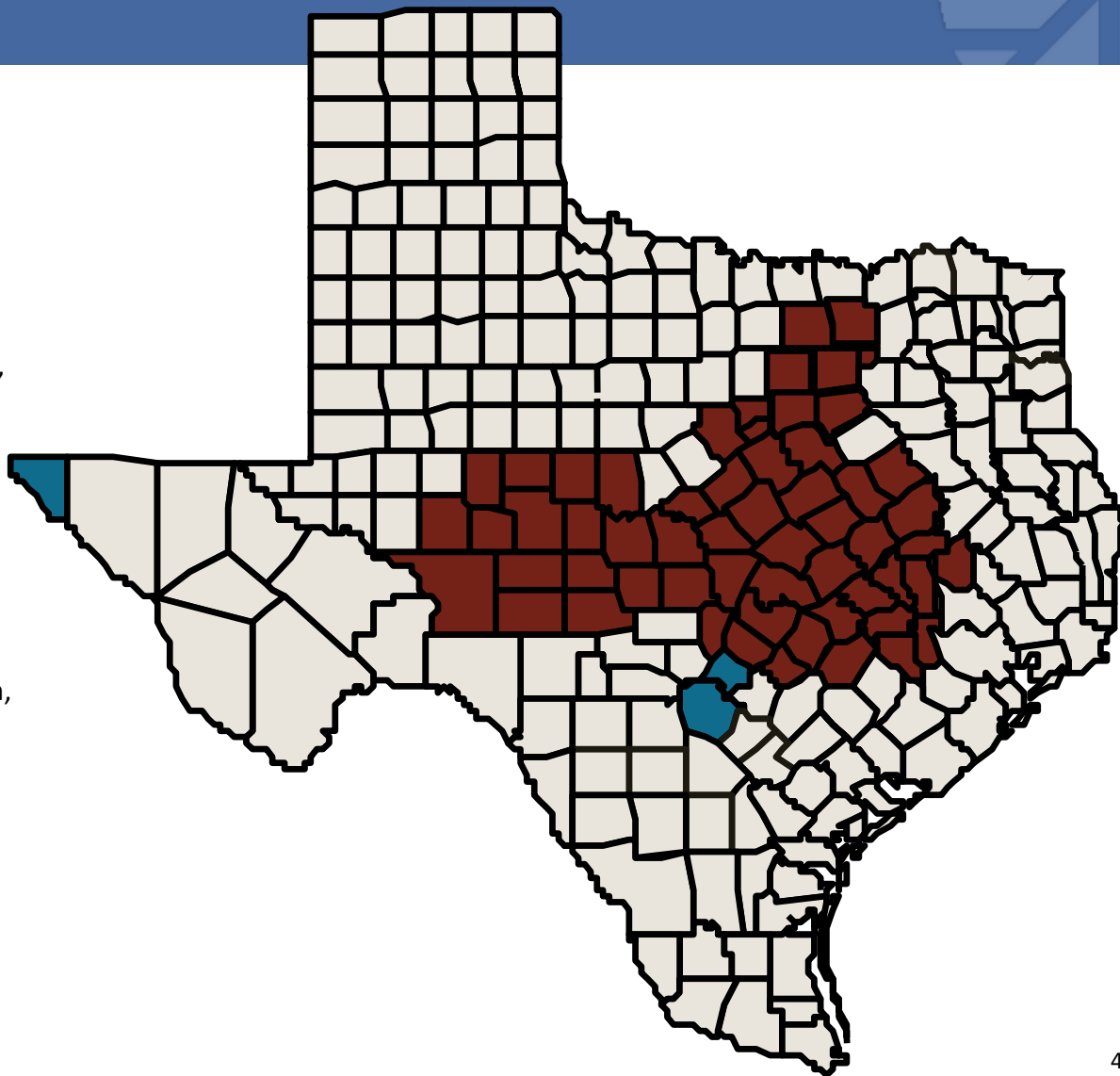
Baylor Scott & White Preferred HMO/PPO

- BSW Preferred (BSWQA participation/decisions) independent of Tiers (HR decisions)

COMMERCIAL HMO SERVICE AREA

61 Counties:

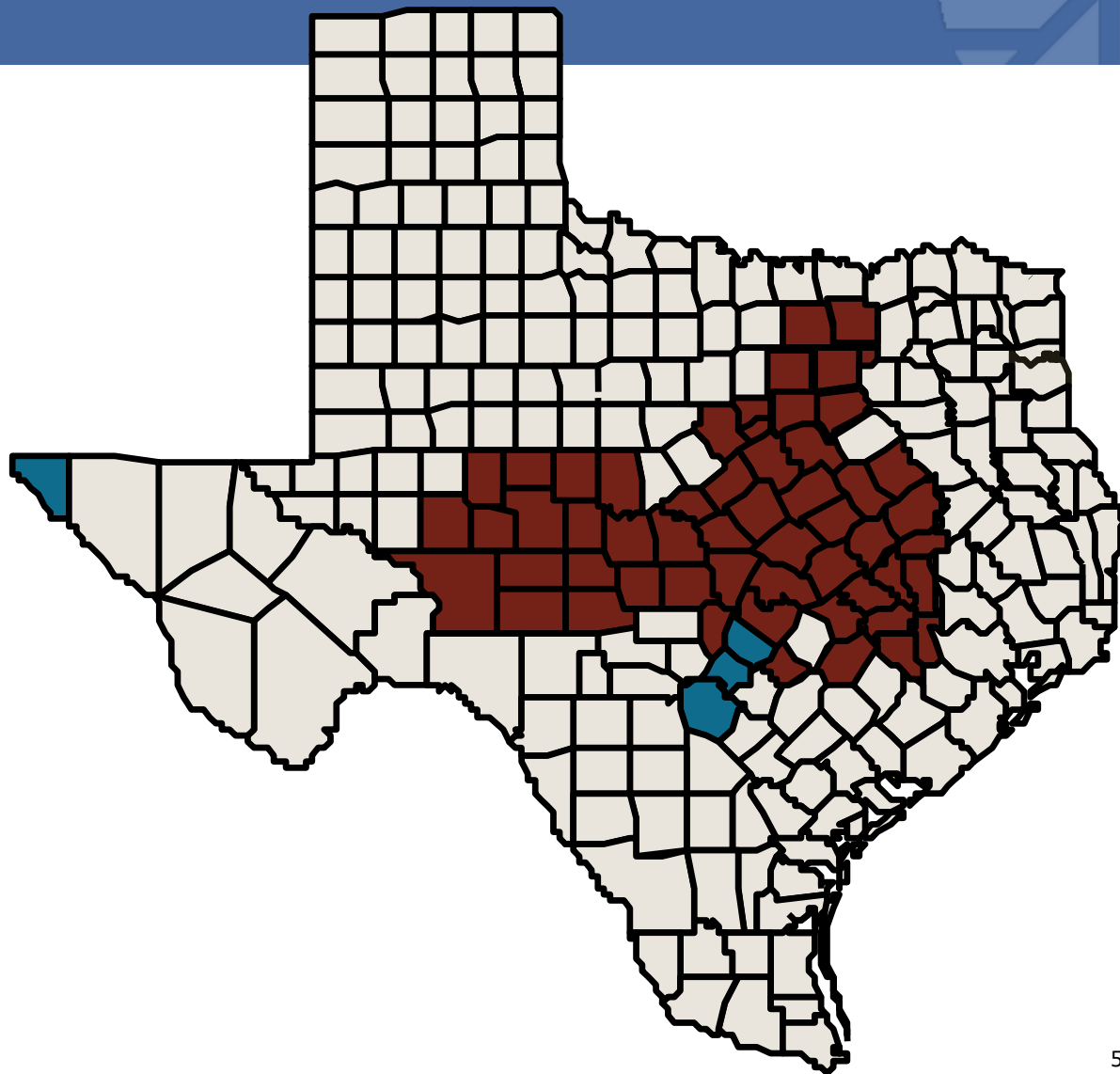
Austin, Bastrop, Bell, Bexar, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coke, Coleman, Collin, Comal, Concho, Coryell, Crockett, Dallas, Denton, Ellis, El Paso, Erath, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Irion, Johnson, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McCulloch, McLennan, Menard, Milam, Mills, Reagan, Robertson, Rockwall, Runnels, San Saba, Schleicher, Somervell, Sterling, Sutton, Tarrant, Tom Green, Travis, Walker, Waller, Washington, and Williamson



COMMERCIAL PPO SERVICE AREA

59 Counties:

Austin, Bell, Bexar, Blanco, Bosque,
Brazos, Burleson, Burnet, Caldwell,
Coke, Coleman, Collin, Comal, Concho,
Coryell, Crockett, Dallas, Denton, Ellis, El
Paso, Erath, Falls, Fayette, Freestone,
Grimes, Hamilton, Hays, Hill, Hood,
Irion, Johnson, Kimble, Lampasas, Lee,
Leon, Limestone, Llano, Madison,
Mason, McCulloch, McLennan, Menard,
Milam, Mills, Reagan, Robertson,
Rockwall, Runnels, San Saba, Schleicher,
Somervell, Sterling, Sutton, Tarrant, Tom
Green, Travis, Waller, Washington, and
Williamson



BAYLOR SCOTT & WHITE PREFERRED HMO SERVICE AREA

16 Counties:

Bell, Brazos, Burnet, Collin, Coryell,
Dallas, Denton, Ellis, Lampasas, Llano,
McLennan, Rockwall, San Saba, Tarrant,
Washington, and Williamson

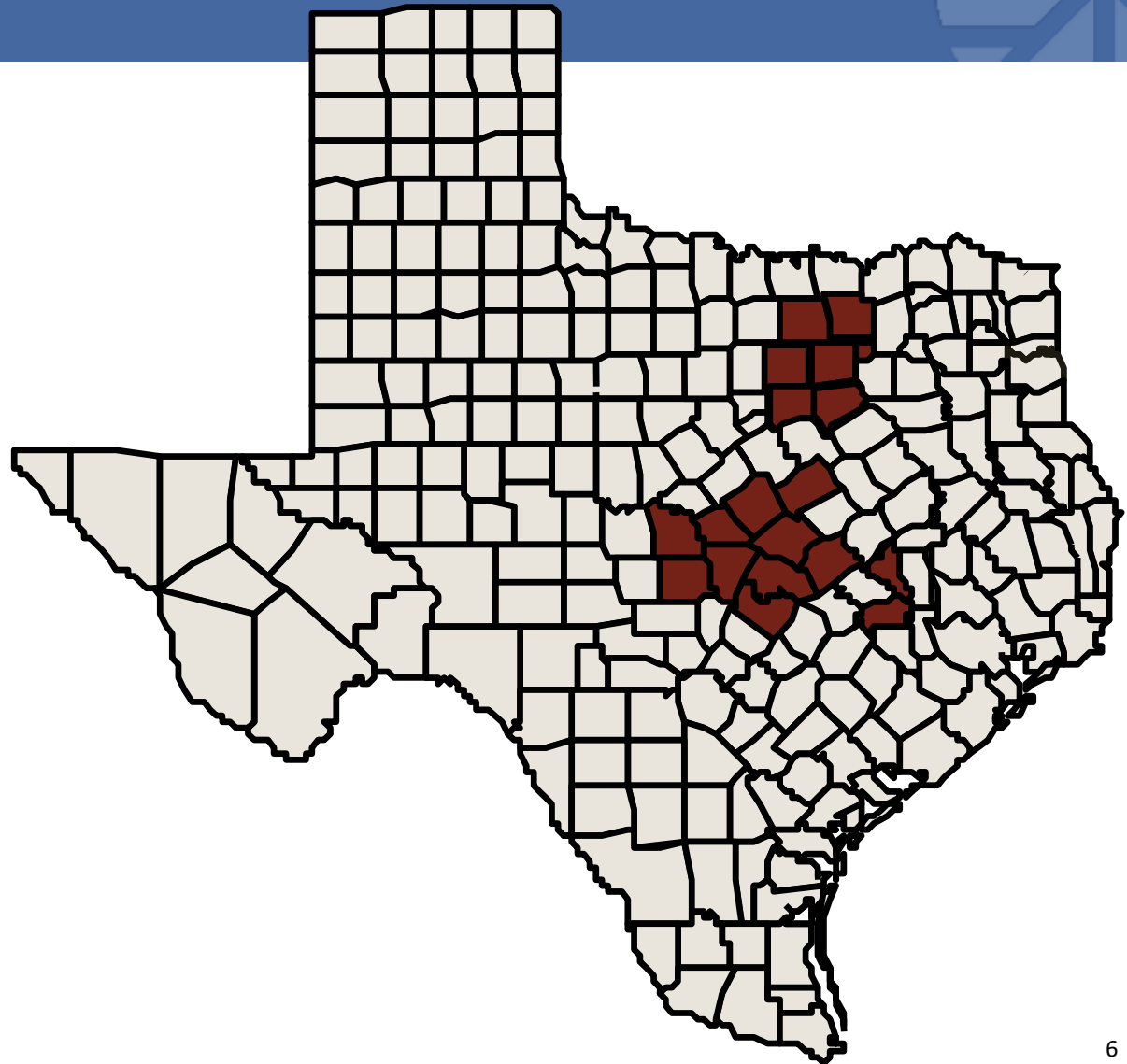
& 3 Partial Counties

(only for the following zip codes):

Johnson - 76009, 76028, 76031, 76035,
76036, 76044, 76049, 76050, 76058,
76059, 76063, 76084

Travis - 78613, 78615, 78621, 78634,
78641, 78642, 78645, 78652, 78653,
78654, 78660, 78664, 78669, 78681,
78701, 78702, 78703, 78704, 78705,
78712, 78721, 78722, 78723, 78724,
78725, 78726, 78727, 78728, 78729,
78730, 78731, 78732, 78733, 78734,
78735, 78736, 78737, 78738, 78739,
78741, 78742, 78744, 78745, 78746,
78748, 78749, 78750, 78751, 78752,
78753, 78754, 78756, 78757, 78758,
78759

Milam - 76523, 76577, 76518, 76534,
76569



BAYLOR SCOTT & WHITE PREFERRED PPO SERVICE AREA

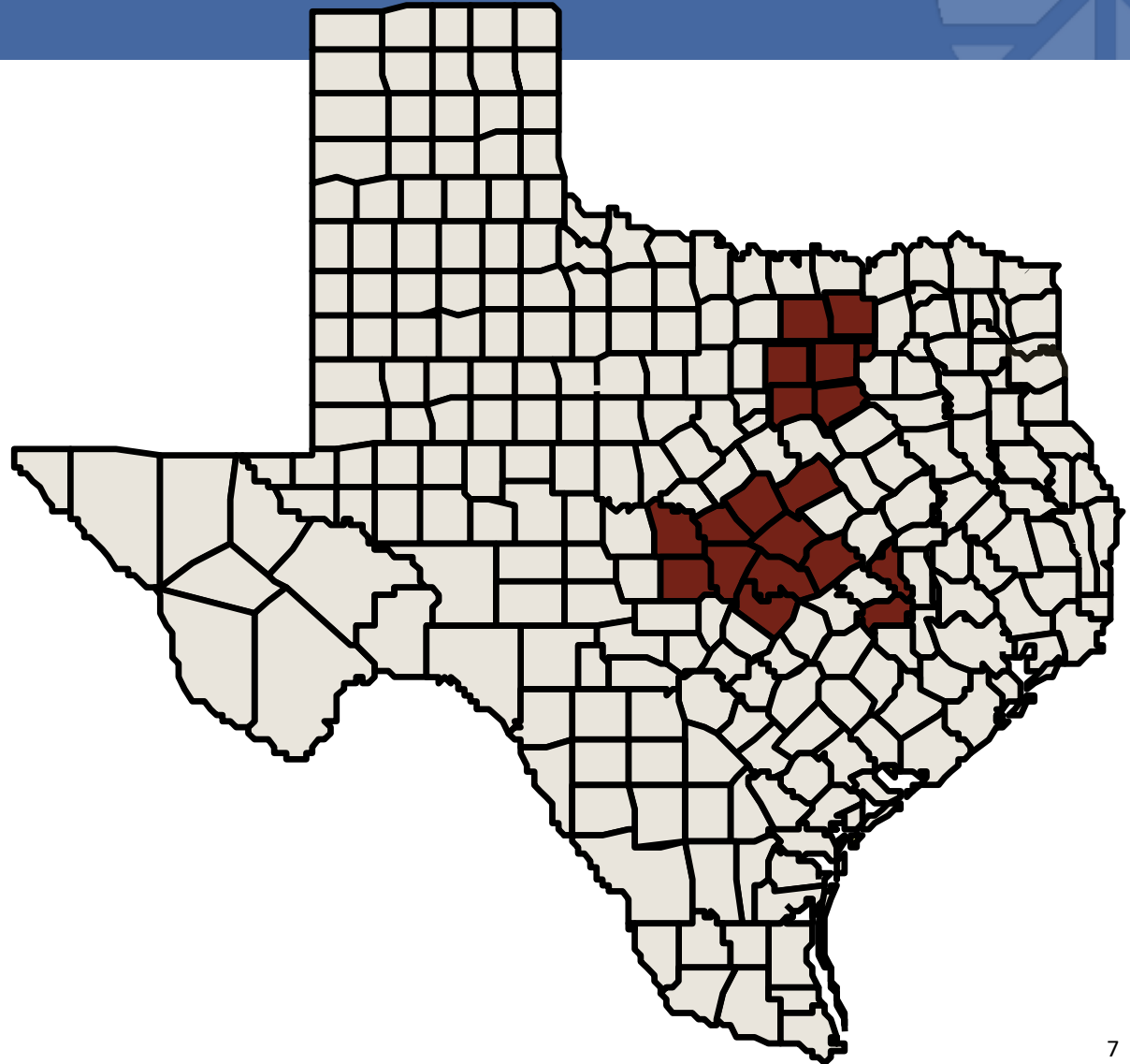
17 Counties:

Bell, Brazos, Burnet, Collin, Coryell,
Dallas, Denton, Ellis, Lampasas, Llano,
McLennan, Milam, Rockwall, San Saba,
Tarrant, Washington, and Williamson

+ 2 Partial Counties (for the following
zip codes):

Johnson - 76009, 76028, 76031, 76035,
76036, 76044, 76049, 76050, 76058,
76059, 76063, 76084

Travis - 78613, 78615, 78621, 78634,
78641, 78642, 78645, 78652, 78653,
78654, 78660, 78664, 78669, 78681,
78701, 78702, 78703, 78704, 78705,
78712, 78721, 78722, 78723, 78724,
78725, 78726, 78727, 78728, 78729,
78730, 78731, 78732, 78733, 78734,
78735, 78736, 78737, 78738, 78739,
78741, 78742, 78744, 78745, 78746,
78748, 78749, 78750, 78751, 78752,
78753, 78754, 78756, 78757, 78758, 78759



COMMERCIAL MEMBER ID CARDS (INDIVIDUAL)

HMO BRONZE 7500



HMO

JOHN DOE
 Member No.: 12345678900
 Group No.:
 RX BIN:
 RX PCN:
 RX Group:
 RX Copy:


Issue Date:
 Network:
 Primary:
 Specialist:
 Urgent:
 Emergency:

HMO Network - Indiv/Family

Member No. Member Name
 12345678900 JOHN DOE
 12345678901 JANE DOE
 12345678902 JACKSON DOE

123

EPO BRONZE 7500



EPO

JOHN DOE
 Contract No.: 123456789
 Group No.:
 RX BIN:
 RX PCN:
 RX Group:
 RX Copy:

Issue Date:
 Network:
 Primary:
 Specialist:
 Urgent:
 Emergency:

EPO Network - Indiv/Family

Member No. Member Name
 12345678900 JOHN DOE
 12345678901 JANE DOE
 12345678902 JACKSON DOE

123

Short-Term



Short Term Medical Plan

JOHN DOE
 Contract No.: 123456789
 Group No.:
 RX BIN:
 RX PCN: 00570000
 RX Group:

RX Copy:
 PPO
 Issue Date:
 Emergency:
 Urgent:

Member No. Member Name
 12345678900 JOHN DOE
 12345678901 JANE DOE
 12345678902 JACKSON DOE

Above copies are for in-network benefits. For questions concerning out-of-network benefits, additional copies, and for membership eligibility verification, please visit swhp.org. This card is for identification purposes only and does not guarantee membership or coverage.

Please contact Scott & White Health Plan Health Services Department toll free at 800-364-3400 for pre-authorization requests (including Behavioral Health and Second Opinions). If you require inpatient admission following an emergency, please notify SWHP within 48 hours of emergency services.

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

Plan Information/provider list: swhp.org Nurse Advice Line: 877-805-7947
 Customer Service: 800-321-7947 OptumRx Help Desk: 855-205-9102

Notice To Providers:
 Verify benefits and eligibility at portal.swhp.org/providerportal or 800-321-7947

Please send claims and related correspondence to:
 Scott & White Health Plan | Avelity Payer ID 00030
 Attn: Claims PO Box 21800, Eagan, MN 55121-0800
 254-290-3000 or 800-321-7947




Please contact Scott & White Health Plan Health Services Department toll free at 800-364-3400 for pre-authorization requests (including Behavioral Health and Second Opinions). If you require inpatient admission following an emergency, please notify SWHP within 48 hours of emergency services.

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

Plan Information/provider list: swhp.org Nurse Advice Line: 877-805-7947
 Customer Service: 800-321-7947 OptumRx Help Desk: 855-205-9102

Notice To Providers:
 Verify benefits and eligibility at portal.swhp.org/providerportal or 800-321-7947

Please send claims and related correspondence to:
 Scott & White Health Plan | Avelity Payer ID 00030
 Attn: Claims PO Box 21800, Eagan, MN 55121-0800
 254-290-3000 or 800-321-7947




PLEASE HAVE THIS CARD AVAILABLE AT ALL TIMES

Notify Insurance Company of Scott & White (ICSW) within 48 hours after an emergency requiring hospitalization. Out-of-network benefits will be paid based upon ICSW's allowed amount.

NOTICE TO ALL PROVIDERS: - To verify benefit and eligibility information, visit <https://portal.swhp.org/providerportal> or call 800-321-7947.

Pharmacy Assistance: 800-728-7947
24 Hour Nurse Advice Line: 877-805-7947

Please send claims and related correspondence to:
INSURANCE COMPANY OF SCOTT AND WHITE
 PO Box 21800 Eagan, MN 55121-0800
 800-321-7947



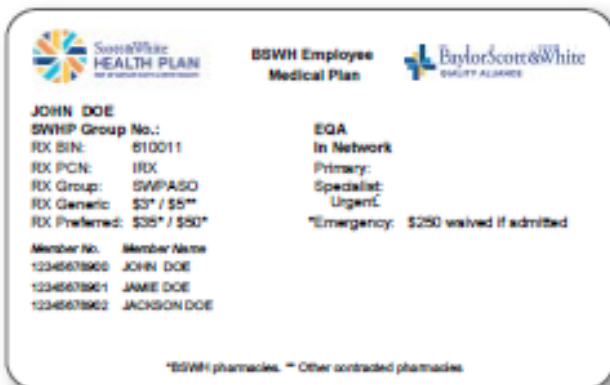
NOTE: The Individual and Family HMO and EPO plans are offered only off the Federally Facilitated Marketplace ("Exchange").

COMMERCIAL MEMBER ID CARDS (GROUP)

Scott and White Health Plan works with employers to create plans that meet their needs. The following samples show common variations among group ID cards.



Sample ID card for groups with out-of-area coverage.
Notice the MultiPlan and PHCS logos.



Sample ID card for BSW Employee Plan.
Notice the MultiPlan and BSW Quality Alliance logos.



COMMERCIAL MEMBER ID CARDS (GROUP – CONT'D)

Insurance Company of SCOTT & WHITE
A Division of American Family Life Insurance Company

Network Cigna PPO

JOHN DOE
SWHP Group No.:
RX BIN: 017010
RX PCN: 05190000
RX Group: 0738445
RX Copy: 58535/\$70

PPO
IN NETWORK / OUT-OF-NETWORK:
Primary: \$30 / 50%*
Specialist: \$50 / 50%*
Urgent: \$75 / \$100
Emergency: \$250

Member No. Member Name
12345678900 JOHN DOE
12345678901 JAMIE DOE
12345678902 JACKSON DOE

*Deductible may apply
CIGNA Group No. 5212790
TDR

Please contact Scott & White Health Plan Health Services Department toll free at 844-833-5322 for pre-authorization requests (including Behavioral Health). If you require inpatient admission following an emergency, please notify SWHP within 48 hours of emergency services.

NOTICE: Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed.

Find a provider at MyCigna.com Nurse Advice Line: 877-505-7947
Members call: 800-321-7947 Member/Pharmacist Help Line: 800-325-1404

Notice To Providers
Verify benefits and eligibility at portal.lawhp.org/providerportal or 800-321-7947

Medical Claims Address: Scott & White Health Plan | Availity Payer ID 88030
Attn: Claims PO Box 21800
Eagan, MN 55121-0800
Benefits are not insured by Cigna or affiliates

Pharmacy Claims Address: Connecticut General Life Insurance Company
Pharmacy Service Center | P.O. Box 188053
Chattanooga, TN 37422-8053

AWHP FROM HOME CARE

Sample ID card for groups that have an added level of network access through Cigna.

ID cards for those members display the Cigna logo.

Scott & White CARE PLANS

BSW Preferred HMO Network

ERS
Eagan, MN 55121-0800

JOHN DOE
Member No.: 12345678900

Issue Date: Variable03
Group No.: Variable04

Primary: Variable06
Specialist: Variable07
Urgent: Variable08
Emergency: Variable09

RX BIN: Variable11
RX PCN: Variable12
RX Group: Variable13
RX Copy: Variable13

Member No. Member Name
12345678900 JOHN DOE
12345678901 JAMIE DOE
12345678902 JACKSON DOE

FrontbottomLive!
FrontbottomLive2
www.ers.lawhp.org
TDR

Please contact Scott & White Health Plan Health Services Department toll free at 866-384-3488 for pre-authorization requests (including Behavioral Health and Second Opinions). If you require inpatient admission following an emergency, please notify SWHP within 48 hours of emergency services.

NOTICE: Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed.

Plan Information/provider list: ers.swhp.org Nurse Advice Line: 877-505-7947
Customer Service: 800-321-7947 OptumRx Help Desk: 855-205-0182

Notice To Providers
Verify benefits and eligibility at portal.lawhp.org/providerportal or 800-321-7947

Please send claims and related correspondence to:
Scott & White Health Plan | Availity Payer ID 88030
Attn: Claims PO Box 21800, Eagan, MN 55121-0800
254-295-3000 or 800-321-7947

OPTUMRx

Sample ID card for a group-specific plan: co-branded with group logo.

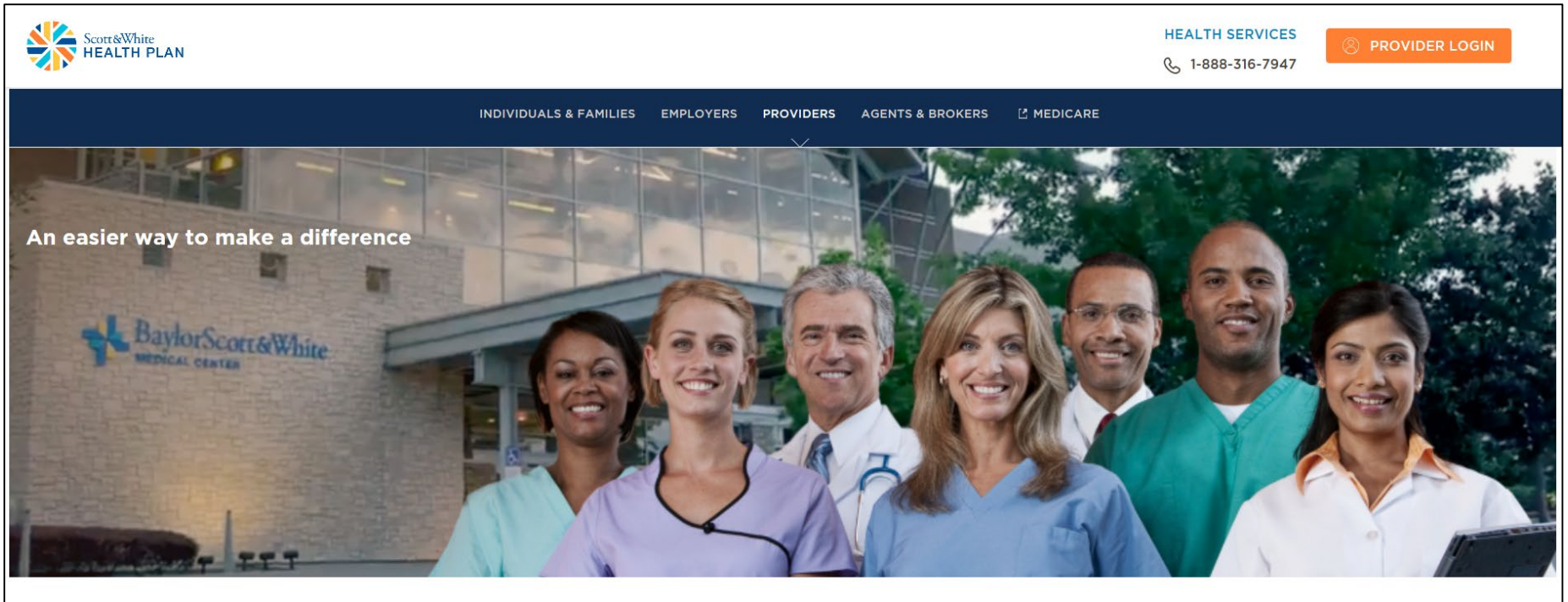
For more information about commercial group products and benefits, visit <http://swhp.org/en-us/plandocs>.

PROVIDER WEBSITE

SWHP.ORG/PROV



Provider-Specific Information: swhp.org/prov



The SWHP website is a valuable resource for providers to obtain information on the following:

- Claims & Billing
- Prior Authorizations
- Provider Services
- Resources
- Forms & Guides
- Quality Improvement
- Policies
- Member Eligibility & Benefits

“FIND A PROVIDER” SEARCH TOOL

Find a Provider Search: <https://portal.swhp.org/#/search>

The screenshot displays the Scott & White Health Plan's "Find a Provider Search" tool. The interface includes a header with the Scott & White Health Plan logo and a "NEED HELP?" link with the phone number 1-800-321-7947. Below the header, there are dropdown menus for "Select a Member Type:" (set to "Commercial") and "Select a Plan:" (set to "HMO Network - Large Group"). A search bar prompts the user to "Enter doctor or facility name" and "City or Zip Code". A "SEARCH" button is prominently displayed, along with an "Advanced Search Off" toggle. The main area of the page is a map of the Dallas-Fort Worth metropolitan area, showing various cities and highways. The map is labeled with "Map" in the top left corner.

PROVIDER CONTRACTING AND SERVICES



Join Our Network Form

<http://swhp.org/en-us/prov/services/join>

Add Provider to Existing Contract Form

<https://swhp.org/en-us/prov/add-a-provider-form>

Provider Change of Address Form

<https://swhp.org/en-us/prov/provider-address-change-form>

Modify Existing Contract Form

<https://swhp.org/en-us/prov/modify-existing-contract>

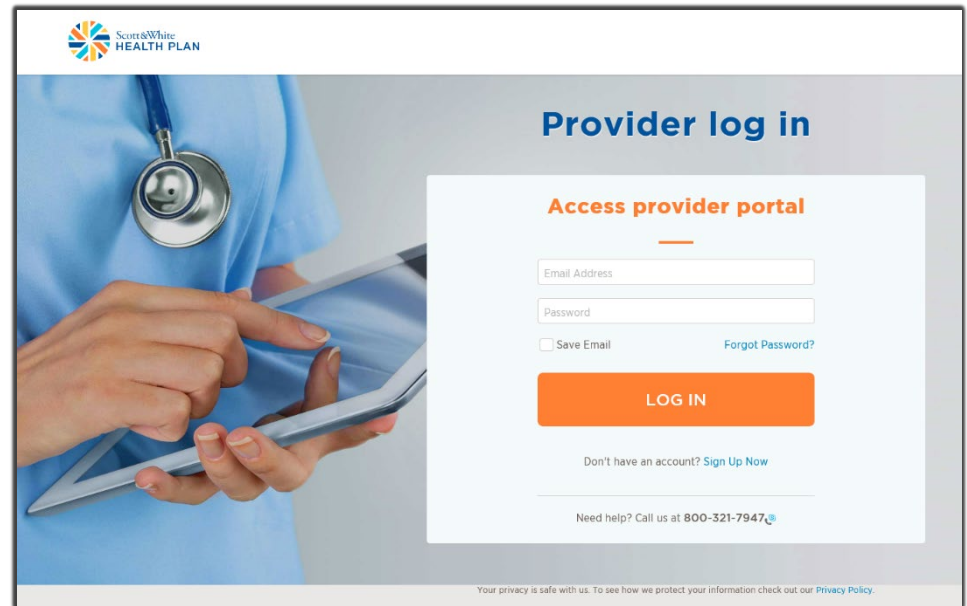
Terminate Provider Contract Form

<https://swhp.org/en-us/prov/terminate-provider-contract-form>

PROVIDER PORTAL

Through the Provider Portal:

- Check member eligibility & benefits
- Check claims & payment status
- Look up codes to determine Prior Authorization requirements
- View claim denial codes
- Search reimbursement codes
- Submit case management referrals
- Submit Prior Authorization requests
- Register as a group provider
- Add provider to an existing registration (using individual NPIs)
- Submit redeterminations



<https://portal.swhp.org/ProviderPortal/#/login/>

CLAIMS AND BILLING



Electronic Claims

- SWHP *strongly* encourages providers to submit claims electronically
- Accept direct Electronic Data Interchange (EDI) submissions or submissions through Availity Clearinghouse
- Electronic claims can be submitted to Payer ID: 88030
- Details at SWHP website: <http://swhp.org/en-us/prov/claims/electronic>

Paper Claims

- SWHP will accept paper claims that are properly filed on UB-04 or CMS 1500 Claims Forms
- All claim forms must be typed; handwritten forms are not accepted
- Faxed claim forms are not accepted

Paper claims can be mailed to: **Scott & White Health Plan**
ATTN: Claims Department
PO Box 21800
Eagan, MN 55121-0800

Additional information: <http://swhp.org/en-us/prov/claims/paper>

CLAIMS AND BILLING (CONT'D)



Claims Processing Times

- SWHP follows the Texas Department of Insurance (TDI) regulation for the processing of claims
- Electronic claims are processed within 30 days; paper claims within 45 days
- SWHP encourages the billing of claims electronically for faster payment

Rejected Claims

- Electronic Claims
 - Providers should review the clearinghouse rejected claims report to determine why the claims were returned to them through their billing system
- Paper Claims
 - Rejected paper claims are returned with a paper rejection letter
 - Providers are encouraged to work rejected claims timely and resubmit within the filing deadline: 365 days for Medicare

REDETERMINATIONS

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 SWHP website at: <http://swhp.org/en-us/prov/claims/resources/appeals>

Process

- Providers must submit the *Provider Claim Redetermination Request Form* located on the SWHP website <http://swhp.org/en-us/prov/claims/resources/appeals>.
- Providers now have 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).

APPEALS AND COMPLAINTS



Appeals

Definition: Provider, on behalf of the member, or Member requests reconsideration of an adverse determination related to a request for medical services such as a prior authorization request.

Complaints

Definition: member or provider expression of any dissatisfaction.

Process

Contact customer service to file an appeal or complaint with a Customer Service Advocacy agent. The agent will route the appeal or complaint to the appropriate area. *Process is the same for appeals and complaints. Customer service phone number (800)321-7947 or (254)298-3000.

PROVIDER PAYMENT OPTIONS



SWHP offers the following payment options through Change Healthcare

- **Virtual Credit Card (VCC)**

- Providers can receive payment by processing it as a credit card; funds are immediately available; fees may be assessed
- If payment is not accepted within 90 days, a paper check will be mailed
- Providers will have to opt out of this method if they choose another payment method
 - To opt-out of the VCC payment method, please contact Change Healthcare at 866-506-2830 – select option 1.
 - To select Automatic Clearinghouse (ACH) or Electronic Funds Transfer (EFT), visit www.changehealthcare.com\EFT

- **Electronic Funds Transfer (EFT)**

- Payments are sent directly to the provider's bank; typically received within 3-5 business days

- **Paper Check**

- A paper check is mailed to the provider's billing or claims payment address on file

ACCOUNT RECONCILIATION (RETRACTIONS/RECOUPMENTS)



SWHP is dedicated to identifying and resolving accounting issues in a timely manner

- Proper documentation will result in error reduction, which will result in quicker payments

- **Retractions/Recoupments:**

Retractions/recoupments are made for various reasons, including:

- Duplicate payment on a procedure
- Incorrect payment on a procedure
- Payment to the wrong provider

To initiate a retraction, complete a *Provider Appeal Request Form* located at:

https://swhp.org/Portals/0/Files/Forms/Providers/Claims%20Forms/ProviderClaimAppealRequestForm_4.pdf

ACCOUNT RECONCILIATION (RETURNED/REFUND CHECKS)



Returned Checks

- If a SWHP check is returned for an adjustment, attach all documentation with an explanation for the returned payment
- Include a copy of the Explanation of Payment (EOP), copies of prior payments, and any other documentation explaining the payment discrepancy

Refund Checks

- For all SWHP member claims, providers should send refund checks to the following address to reimburse money owed to SWHP:

**Scott and White Health Plan
ATTN: Claims Adjustment Department
PO Box 840523
Dallas, TX 75284-0523**

IN-NETWORK REFERRALS



- SWHP members must be referred to an in-network provider.
- SWHP Participating Provider Agreement language:
 - Except in Emergency Care situations, for fully insured and Medicare replacement plans, a pre-condition to a healthcare service or product being a Covered Service may be that the service be provided by a Participating Provider, whether it be an individual or a facility. For such plans, absent an Emergency or approval of an ICSW Medical Director, Provider will make referrals and admit Covered Persons only to Participating Providers.
- To locate an in-network provider:
 - Use online provider search (Find a Provider) located on the SWHP website at: <https://portal.swhp.org/#/search>

COORDINATION OF BENEFITS (COB)



- COB Definition:
 - Standards advocated by the National Association of Insurance Commission (NAIC) that determines the obligation of payers when a member is covered under two or more health insurance policies
 - When there is duplicate coverage, COB standards determine who pays primary and who pays secondary
- SWHP coordinates benefits payable for covered services with benefits payable by other plans consistent with state law.
- More information on COB available on the SWHP website at: <https://swhp.org/en-us/prov/claims/resources/coordination-of-benefits>

QUALITY IMPROVEMENT (QI) PROGRAM



- Ensures SWHP is providing the highest quality of care that is easy to access and affordable to our members
- “Triple Aim” Goal: improving member’s affordability, quality, and experience of care
- Quality programs and improvement projects are designed to improve member outcomes through systematic ongoing measurement, care coordination, and continuous evaluation of results
- For more information on the QI Program, please visit the SWHP website at:
<http://swhp.org/en-us/prov/resources/provider-manual/quality-improvement>

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

- HEDIS is a tool used by more than 90% of U.S. health plans to measure performance on important dimensions of care and service.
- Altogether, HEDIS consists of 95 measures across 7 domains of care.
- SWHP uses HEDIS to measure clinical quality performance and evaluate the following areas of care:
 - Preventive services
 - Treatment of acute illness
 - Management of chronic illnesses
- For more information on HEDIS, please visit the SWHP website at:
<http://swhp.org/en-us/prov/resources/provider-manual/quality-improvement>

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)



- NCQA Accreditation is a comprehensive evaluation of health plans' clinical and consumer experience measures.
- Standards are developed with the help of health plans, providers, insurance customers, unions, regulatory agencies, and consumer groups.
- NCQA's Health Plan Accreditation is considered the industry's gold standard.
- NCQA Accreditation measures 5 areas of performance:
 - Staying healthy
 - Getting better
 - Living with illness
 - Access and service
 - Qualified providers
- For more information on NCQA, please visit the SWHP website at: <http://swhp.org/en-us/prov/resources/provider-manual/quality-improvement>

HEALTH SERVICES DIVISION (HSD)



- **HSD includes:**
 - Medical Directors
 - Nurse Managers
 - Licensed Clinical Social Workers
 - Administrative Staff
- **Functions handled include:**
 - Intake
 - Utilization Management Review/Prior Authorizations*
 - Case Management/Complex Case Management
 - Disease Management
- **Phone:** (888) 316-7947 or (254) 298-3088
- **Fax:** (800) 626-3042

* Prior Authorizations can now be requested through the provider portal.

PHARMACY SERVICES



- OptumRx
 - Pharmacy network utilized by SWHP (*except for Medicaid*)
 - Processes pharmacy claims for SWHP (*except for Medicaid*)
- SWHP Prescription Drug Lists (Formularies)
 - Located on the SWHP website at:
<http://swhp.org/en-us/prov/resources/pharmacy-services/drug-list>
- SWHP Medication Authorizations & Exceptions
 - Located on the SWHP website at:
<http://swhp.org/en-us/prov/auth-referral/medications>
- Contact Information
 - Help Desk Phone Number: 1-844-230-9357

FRAUD, WASTE AND ABUSE (FWA)



Scott and White Health Plan (SWHP) expects providers to play a vital role in fighting against fraud, waste, and abuse (FWA). Healthcare providers are required to know how to correctly: 1) Identify methods of preventing FWA 2) Identify how to report FWA 3) Recognize how to correct FWA.

SWHP Special Investigations Unit (SIU) detects and prevents FWA through claims quality/accuracy assessment, screening for individuals who are excluded from participating in federal healthcare programs, and investigating reports to the compliance helpline.

Efforts include, but are not limited to: prepayment claims editing, post payment claim audits, data analysis and trending, and FWA trainings.

Join efforts to prevent FWA by reporting unethical practices, including concerns about potential member fraud using one of the below reporting options:

- **Contact Compliance Department:** SWHPComplianceDepartment@bswhealth.org
- **Call Compliance Helpline:** 1-866-245-0815
- **Visit Website:** <https://swhp.org/en-us/report-fraud>
- **Mail to:** Attention SIU Department, 1206 West Campus Drive Temple, TX 76502

EXAMPLES OF FRAUD, WASTE AND ABUSE (FWA)



Provider Fraud, Waste and Abuse	Recipient Fraud, Waste and Abuse
Billing for services or items that were never provided	Loaning or using someone else's insurance Identification card
Billing separate claims for services that should be billed together as a single item	Forging or altering a prescription
Billing for services or equipment that are more expensive than what was supplied	Doctor shopping in order to obtain multiple prescriptions
Continuing to bill for home medical equipment after it has been returned	Intentionally receiving unneeded services or supplies
Scheduling unnecessary office visits, X-rays, laboratory or other services	Accepting cash or other bribes for receiving services
Taking payment from another provider in exchange for referring a patient	Re-selling items provided by the regulatory programs
Allowing an unlicensed person to perform treatment and billing as if a qualified individual had performed the service	Deliberately giving incorrect information to receive benefits

IMPORTANT CONTACT INFORMATION



Area	Phone	Fax	Email
Provider Relations	(800) 321-7947 or (254) 298-3064	(254) 298-3044	SWHPPProviderRelationsDepartment@bswhealth.org
Health Services	(888) 316-7947 or (254) 298-3088	(800) 626-3042	
Pharmacy	(800) 728-7947	(254) 298-6110	PRESCRIPTIONSERVICES@bswhealth.org
Compliance Helpline	(866) 245-0815		SWHPComplianceDepartment@bswhealth.org
Customer Advocacy	(800) 321-7947 or (254) 298-3000		
Provider IVR	(800) 655-7947		
Change Healthcare (to opt out of Virtual Credit Card/VCC)	(855) 886-2830 Option 1		