



06/19/2020

Important Announcement - Update

Commercial Health Plan Integration

Scott and White Health Plan (SWHP) is transitioning to a new claims system in a phased approach that will affect Texas A&M (TAMU) and Health Plus members starting **7/01/2020**. All claims for date of service 7/01/2020 and after for TAMU and Health Plus members will be processed in the new claims system.

Administrative changes, starting 7/1/2020:




- **Paper Claims Filing**
For dates of service 07/01/2020 and after, paper claims should be submitted to:
Scott and White Health Plan
PO Box 211342
Eagan, MN 55121-0800
- **Electronic Claims**
The Availity Payor ID will be 94999.
- **Electronic Funds Transfer (EFT)**
New registration will be handled via Change Healthcare. Providers currently enrolled in EFT prior to 07/01/20 will **not** have to re-register with Change Healthcare.
- **Important Phone Numbers**
The Health Services Department phone number for prior authorization requests is 866-384-3488. This may be a change for some providers.
- **Customer Service Number**
The new Customer Service phone number for inquiries regarding TAMU and Health Plus members is 844-633-5325. Members will receive new ID cards that show the new phone number.
- **Provider Portals**
The new provider portal address will be swhpprovider.firstcare.com. Members will receive new ID cards that show the new provider portal address. For members whose claims are not yet being processed in the new claims system, please continue to use portal.swhp.org/providerportal. You will receive notice as groups transition to the new claims system.

• **Provider Relations Contacts**




Your Provider Relations Team can be located here:

<https://swhp.org/Portals/0/Files/Forms/ProviderNews/SWHP-Provider-Relations-Representative-Territory-Map.pdf>

Sample TAMU ID Cards


 <p>INSURANCE COMPANY OF Scott & White <small>PART OF BAYLOR SCOTT & WHITE HEALTH</small></p>		
<p>Group: ICSW FAMILY INDIVIDUAL Group #: Network: Benefit Effective Date:</p>		
<p>SUBSCRIBER John Sample DOB: 00/00/0000</p>	<p>MEMBER ID 0000000000</p>	<p>IN-NETWORK PLAN BENEFITS Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: * Deductible: Rx: *</p>
<p>DEPENDENTS Jane Sample Jack Sample Jill Sample James Sample Julie Sample Joe Sample Jackie Sample</p>	<p>0000000000 0000000000 0000000000 0000000000 0000000000 0000000000 0000000000</p>	<p>*Deductible may apply</p> <p>PHARMACISTS ONLY  Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWIC</p>
<p> Major Medical Policy</p>		

<p>FOR PROVIDERS Electronic Claims: Availability: 94999</p> <p>Paper Claims: Scott and White Health Plan PO Box 211342 Eagan, MN 55121</p> <p>Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488</p> <p>Provider Portal: swhpprovider.firstcare.com</p> <p>Card Issue Date: 07/01/2020</p>	<p>FOR MEMBERS Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.</p> <p>Important Information:</p> <ul style="list-style-type: none"> • In a medical emergency, call 9-1-1 or go to the nearest emergency facility. • Customer Service: 844-633-5325 (TTY/TDD: 7-1-1) • 24/7 Nurse Line: 877-505-7947 • Self-Service Portal: swhpmember.firstcare.com • To avoid out-of-network costs and provider balance billing, find a provider at swhp.org
<p>CUSTOMER SERVICE: 844-633-5325 • swhp.org</p>	


 <p>INSURANCE COMPANY OF Scott & White <small>PART OF BAYLOR SCOTT & WHITE HEALTH</small></p>		
<p>Group: ICSW SINGLE INDIVIDUAL Group #: Network: Benefit Effective Date:</p>		
<p>SUBSCRIBER John Sample DOB: 00/00/0000</p>	<p>MEMBER ID 0000000000</p>	<p>IN-NETWORK PLAN BENEFITS Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: * Deductible: Rx: *</p>
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<p> Individual</p>		


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<p>CUSTOMER SERVICE: 844-633-5325 • swhp.org</p>	

Sample Health Plus ID Cards



Group: Standard HMO Rx Family P1 Ind
Network:
Benefit Effective Date:

SUBSCRIBER	MEMBER ID	IN-NETWORK PLAN BENEFITS
John Sample DOB: 00/00/0000	00000000000	Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: Deductible:
DEPENDENTS		PHARMACISTS ONLY 
Jane Sample	00000000000	Pharmacy Help Desk: 855-205-9182
Jack Sample	00000000000	BIN: 610011 PCN: IRX
Jill Sample	00000000000	GRP: SWPBSWHP
James Sample	00000000000	
Julie Sample	00000000000	
Joe Sample	00000000000	
Jackie Sample	00000000000	



FOR PROVIDERS
Electronic Claims:
Availity: 94999

Paper Claims:
 Scott and White Health Plan
 PO Box 211342
 Eagan, MN 55121

Prior Authorization:
 Visit the provider portal
 Fax: 800-626-3042
 Phone: 866-384-3488

Provider Portal:
swhprovider.firstcare.com


Card Issue Date:
 07/01/2020

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 9-1-1 or go to the nearest emergency facility.
- **Customer Service:** 844-633-5325 (TTY/TDD: 7-1-1)
- 24/7 Nurse Line: 877-505-7947
- Self-Service Portal: swhpmember.firstcare.com
- To avoid out-of-network costs and provider balance billing, find a provider at swhp.org

CUSTOMER SERVICE: 844-633-5325 • swhp.org



Group: Standard HMO NoRx Family P1 Ind
Group #:
Network:
Benefit Effective Date:

SUBSCRIBER	MEMBER ID	IN-NETWORK PLAN BENEFITS
John Sample DOB: 00/00/0000	00000000000	Adult PCP/Spec: Pediatric PCP/Spec: Emergency Room: Deductible:
DEPENDENTS		
Jane Sample	00000000000	
Jack Sample	00000000000	
Jill Sample	00000000000	
James Sample	00000000000	
Julie Sample	00000000000	
Joe Sample	00000000000	
Jackie Sample	00000000000	



FOR PROVIDERS
Electronic Claims:
Availity: 94999

Paper Claims:
 Scott and White Health Plan
 PO Box 211342
 Eagan, MN 55121

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 Phone: 866-384-3488

Provider Portal:
swhprovider.firstcare.com

Card Issue Date:
 07/01/2020

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- **Customer Service:** 844-633-5325 (TTY/TDD: 7-1-1)
- 24/7 Nurse Line: 800-724-7037
- Self-Service Portal: swhpmember.firstcare.com
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CUSTOMER SERVICE: 844-633-5325 • swhp.org



Group: Standard HMO NoRx Single P1 Ind
 Group #:
 Network:
 Benefit Effective Date:

SUBSCRIBER
 John Sample
 DOB: 00/00/0000

MEMBER ID
 0000000000

IN-NETWORK PLAN BENEFITS

Adult PCP/Spec:
 Pediatric PCP/Spec:
 Emergency Room: *
 Deductible:

*Deductible may apply.

DEPENDENTS

Jane Sample	0000000000
Jack Sample	0000000000
Jill Sample	0000000000
James Sample	0000000000
Julie Sample	0000000000
Joe Sample	0000000000
Jackie Sample	0000000000



FOR PROVIDERS

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Group: Standard HMO Rx Single P1 Ind
 Group #:
 Network:
 Benefit Effective Date:

SUBSCRIBER
 John Sample
 DOB: 00/00/0000

MEMBER ID
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IN-NETWORK PLAN BENEFITS


Adult PCP/Spec:
 Pediatric PCP/Spec:
 Emergency Room: *
 Deductible:

Rx: *

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DEPENDENTS

Jane Sample	0000000000
Jack Sample	0000000000
Jill Sample	0000000000
James Sample	0000000000
Julie Sample	0000000000
Joe Sample	0000000000
Jackie Sample	0000000000

PHARMACISTS ONLY 
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 BIN: 610011 PCN: IRX
 GRP: SWPBSWHP



FOR PROVIDERS

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Paper Claims:
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