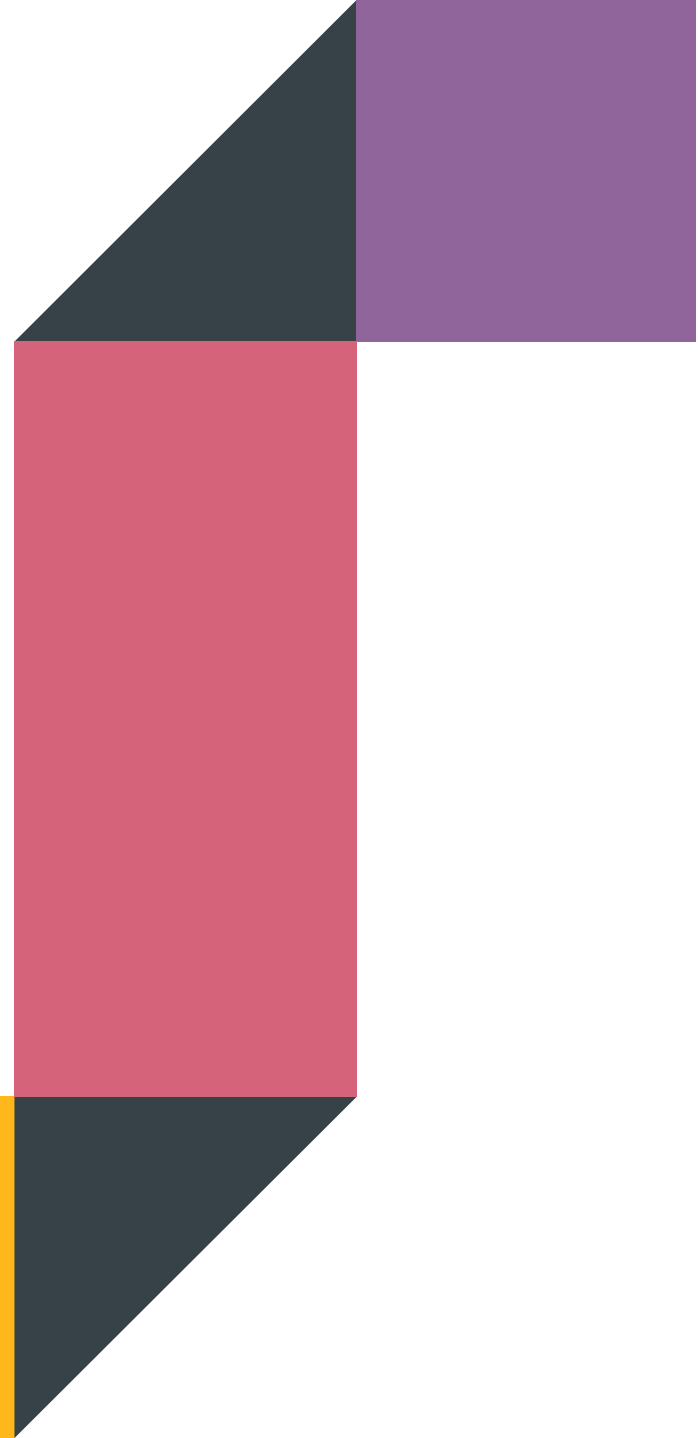


Commercial Provider Overview



ABOUT BAYLOR SCOTT & WHITE HEALTH PLAN

Part of the Baylor Scott & White Health family, Baylor Scott & White Health Plan began operations in January 1982 and now covers nearly 500,000 members, with a service area covering 171 counties in North, Central and West Texas.

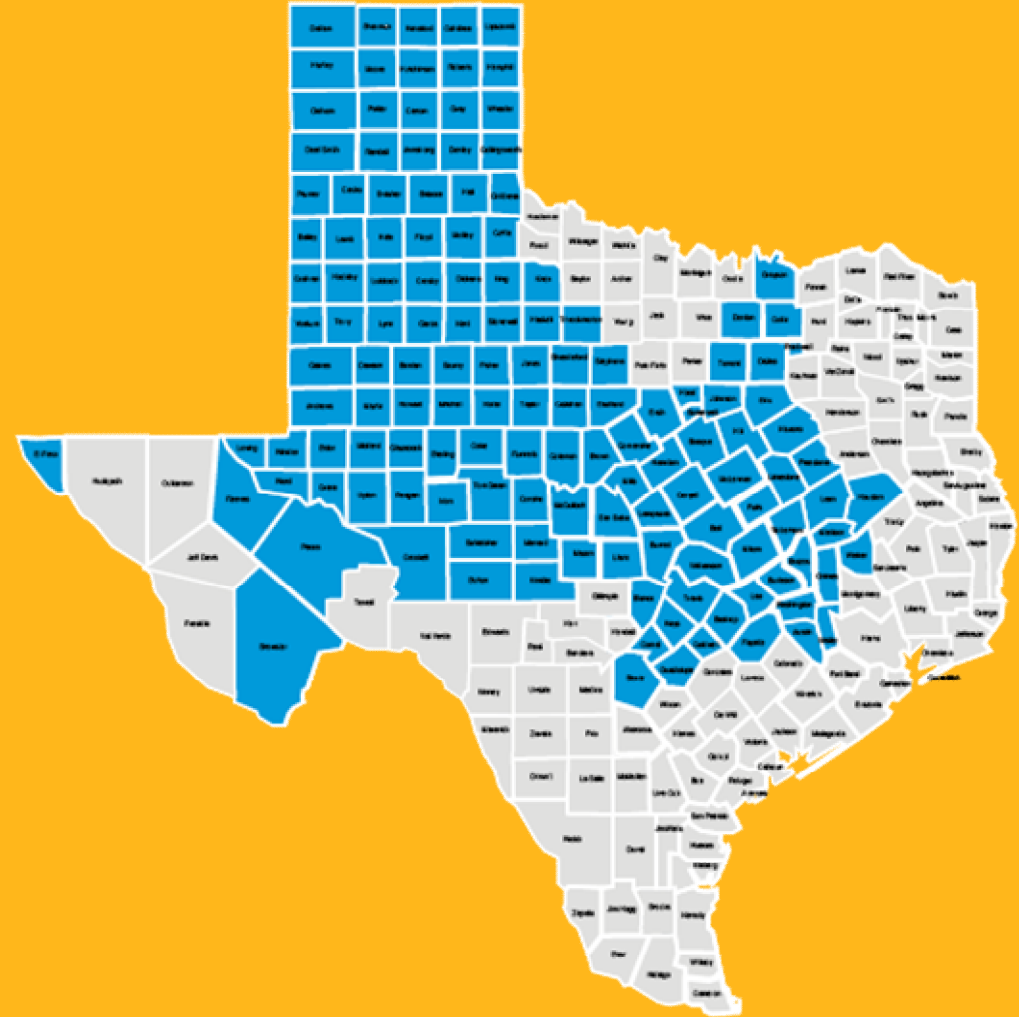
We work with more than 36,000 providers and 4,000+ facilities in Texas to provide a high-level continuum of care, every day.

Our Provider Relations Team is here for you, no matter where you're located. If you have questions or need support, visit the Contact Us on our website and view the [Provider Relations Representative Territory map](#) to find the right contact. You'll also find contacts and other important information in this overview, that will help you as you provide care for Baylor Scott & White Health Plan members.

BSW PLUS Service Area

141 Counties:

Andrews, Armstrong, Austin, Bailey, Bastrop, Bell, Bexar, Blanco, Borden, Bosque, Brazos, Brewster, Briscoe, Brown, Burleson, Burnet, Caldwell, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collin, Collingsworth, Comal, Comanche, Concho, Coryell, Cottle, Crane, Crockett, Crosby, Dallam, Dallas, Dawson, Deaf Smith, Denton, Dickens, Donley, Eastland, Ector, El Paso, Ellis, Erath, Falls, Fayette, Fisher, Floyd, Freestone, Gaines, Garza, Glasscock, Gray, Grayson, Grimes, Guadalupe, Hale, Hall, Hamilton, Hansford, Hartley, Haskell, Hays, Hemphill, Hill, Hockley, Hood, Houston, Howard, Hutchinson, Irion, Johnson, Jones, Kent, Kimble, King, Knox, Lamb, Lampasas, Lee, Leon, Limestone, Lipscomb, Llano, Loving, Lubbock, Lynn, Madison, Martin, Mason, McCulloch, McLennan, Menard, Midland, Milam, Mills, Mitchell, Moore, Motley, Navarro, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Robertson, Rockwall, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Somervell, Stephens, Sterling, Stonewall, Sutton, Swisher, Tarrant, Taylor, Terry, Throckmorton, Tom Green, Travis, Upton, Walker, Waller, Ward, Washington, Wheeler, Williamson, Winkler and Yoakum.





Commercial

- BSWHP Plans
 - HMO plans for individuals, families, small groups, and TPA/ASO accounts
 - Exclusively uses the BSWHP network with no out-of-network (OON) coverage (except in emergencies)
- BSWIC Plans
 - PPO plans with OON benefits
 - Access to the BSWIC network, with OON providers covered at a higher cost share
- BSWCP Plans
 - HMO plans for large groups
- BSW Preferred Plans
 - BSWQA participation/decisions independent of Tiers (HR decisions)



BSWHealthPlan.com

A valuable resource for providers to access information on:

Claims &
Billing

Forms &
Guides

Prior
Authorizations

Quality
Improvement

Provider
Services

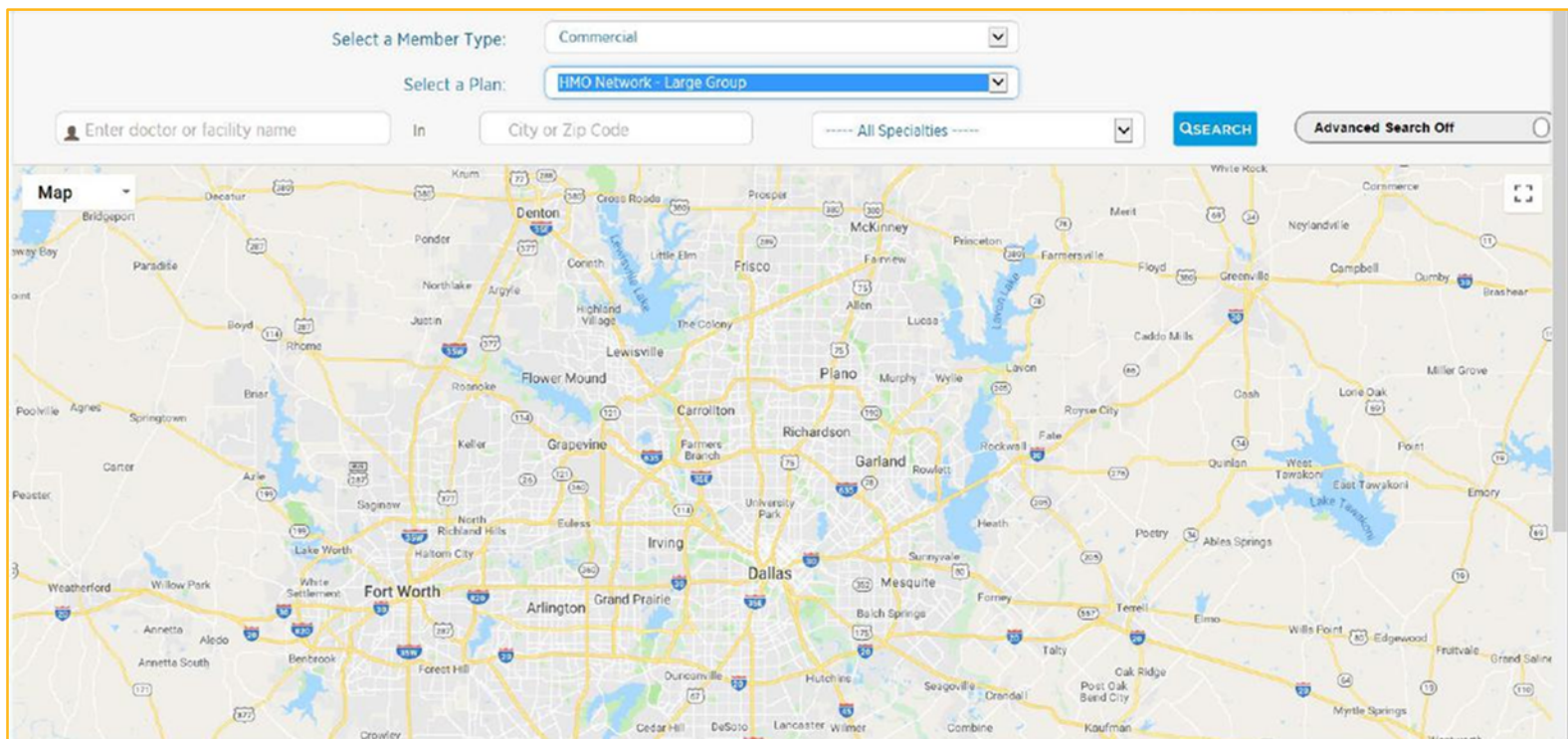
Policies

Resources

Member
Eligibility &
Benefits



“Find a Provider” Search Tool



[BSWHealthPlan.com](https://www.BSWHealthPlan.com)



PROVIDER CONTRACTING AND SERVICES

Visit [BSWHealthPlan.com](https://www.bswhealthplan.com) for the following forms:

- Join Our Network Form
- Add Provider to Existing Contract
- Provider Change of Address
- Modify Existing Contract
- Terminate Provider Contract
- Update Provider Name
- Update Medicaid/Medicare Number(s)

PROVIDER PORTAL

Eligibility & Claims Management

- Verify Member Eligibility & Benefits
- Check Claims & Payment Status
- View Claim Denial Codes
- Search Claims by Check Number
- Manage Negative Balances

Prior Authorization

- Submit Prior Authorization Requests
- Check Prior Authorization Exemption Status
- Lookup Codes for Prior Authorization Requirements
- Add Providers to Existing Registration

The screenshot displays the Baylor Scott & White Health Plan Provider Portal interface. It is organized into three main sections, each with a dark blue header and a white content area. Each section includes a description of the plan type, a 'LOG IN/CREATE ACCOUNT' button in a yellow box, and an 'ER/ED BENEFITS VERIFICATION' button in a white box with a blue border. A 'User Guide' icon is also present in each section.

- Commercial or Individual/Family Marketplace:** Providers with Commercial or Individual/Family Marketplace patients with Baylor Scott & White Health Plan (BSWHP) coverage.
- Medicare Advantage or BSWH Employee Plan:** Providers with Medicare Advantage or BSWH Employee Plan patients with Baylor Scott & White Health Plan (BSWHP) coverage.
- Covenant Health Advantage (Medicare):** *Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWHP) coverage.
- Medicaid STAR - RightCare:** Providers with Medicaid STAR patients with RightCare by Scott and White Health Plan (SWHP) coverage.
- Medicaid STAR/CHIP - FirstCare:** Providers with Medicaid STAR and CHIP patients with FirstCare Health Plans (FirstCare) coverage.





Claims and Billing

Electronic Claims

- BSWHP strongly encourages electronic claim submissions
- Accepts direct Electronic Data Interchange (EDI) submissions or through Availity Clearinghouse
- Submit electronic claims to Payer ID: 94999
- For details visit: [BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx](https://www.bswhealthplan.com/Providers/Pages/Claims-Billing.aspx)

Paper Claims

- Accepted on UB-04 or CMS 1500 forms
- All forms must be typed (handwritten forms not accepted)
- Faxed claims are not accepted
- Mail paper claims to:

Baylor Scott & White Health Plan

ATTN: Claims Department

PO Box 211342 Eagan, MN 55121-0800



Claims and Billing (continued)

Claims Processing Times

- BSWHP follows Texas Department of Insurance (TDI) regulations
- Electronic claims processed within 30 days
- Paper claims processed within 45 days
- Electronic billing is encouraged for faster payment

Rejected Claims

- **Electronic Claims:** Review clearinghouse rejection reports for details on returned claims
- **Paper Claims:** Rejected claims are returned with a paper rejection letter
- Providers are encouraged to address rejected claims promptly and resubmit within the filing deadline



Redeterminations

Definition

- A claim redetermination is a review of a previously processed claim at the request of a provider to determine if the original decision should be reversed based on new information that was unavailable during the initial review. More information available on the BSWHP website at: [BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx#file-redetermination-how](https://www.bswhealthplan.com/Providers/Pages/Claims-Billing.aspx#file-redetermination-how)

Process

- Please contact the Claim Review Line at 833.542.8179 for real-time adjustments on most claims, which includes detailed claim analysis and quick follow-ups.
- Providers or inquiring parties will have only one (1) opportunity to submit a redetermination request on a claim. Multiple requests on a single claim will not be reprocessed.
- Requests for Redeterminations must be submitted within 90 days from the original determination date. (1 year for out-of-state providers).



Appeals and Complaints

Appeals

- A request for reconsideration of an adverse determination related to medical services, such as a prior authorization request, made by the provider on behalf of the member or by the member themselves.
 - Please contact the Provider Service Center at 800.321.7947 or 254.298.3000 to initiate the appeals process, or by mailing the request to the address provided below.

Complaints

- An expression of dissatisfaction by the member or provider.
 - Formal complaints must be submitted in writing by the provider and mailed to the A&G department. Verbal complaints are not accepted.

Baylor Scott & White Health Plan
Attention: Appeals & Grievances.
1206 West Campus Drive
Temple, TX 76502



Provider Payment Options via Change Healthcare

Virtual Credit Card (VCC)

- Providers can receive payment by processing it as a credit card, with funds available immediately. Fees may apply.
- If payment is not accepted within 90 days, a paper check will be mailed.
- Providers must opt out if they prefer a different payment method.

To opt-out: Contact Change Healthcare at 866-506-2830 (Select Option 1).

To select ACH/EFT: Visit www.changehealthcare.com\EFT

Electronic Funds Transfer (EFT)

- Payments are directly deposited into the provider's bank account, typically 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 and Recoupments)

- BSWHP is dedicated to identifying and resolving accounting issues efficiently.
- Proper documentation helps reduce errors, leading to quicker payments.
- Retractions/recoupments may occur 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:

BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx#file-redetermination-how



Account Reconciliation (Returned and Refund Checks)

Returned Checks

If a BSWHP check is returned for adjustment, provide all necessary documentation with an explanation for the returned payment. Include the following:

- Copy of the Explanation of Payment (EOP)
- Copies of prior payments
- Any other supporting documentation explaining the payment discrepancy

Refund Checks

For BSWHP member claims, providers should send refund checks to:

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

IN-NETWORK REFERRALS

- BSWHP members must be referred to an in-network provider.
- BSWHP 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 certain plans, absent an Emergency or approval of a 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 BSWHP website at:
BSWHealthPlan.com/Pages/Provider.aspx

COORDINATION OF BENEFITS (COB)

Definition:

- Standards set by the National Association of Insurance Commissioners (NAIC) to determine the payment responsibility when a member is covered by two or more health insurance policies.

Purpose

- COB standards identify which plan pays primary and which pays secondary when there is duplicate coverage.

Compliance

- Fully insured plans follow Texas Department of Insurance (TDI) COB requirements.

BSWHP Coordination:

- BSWH coordinates benefits for covered services with other plans according to state law.

For more information on COB visit:

[BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx#cob](https://www.BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx#cob)

Quality Improvement (QI) Program

- BSWHP is committed to providing the highest quality of care that is accessible and affordable for our members.
- “Triple Aim” Goal: Improve affordability, quality, and member 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 BSWHP website at:
BSWHealthPlan.com/Providers/Pages/Medical.aspx#quality-improvement-guidelines



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. It includes 95 measures across 7 domains of care.
- BSWHP 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 BSWHP website at: [BSWHealthPlan.com](https://www.BSWHealthPlan.com)

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

- NCQA Accreditation is a comprehensive evaluation of health plans based on clinical and consumer experience measures.
- Standards are developed with input from 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 BSWHP website at: [BSWHealthPlan.com](https://www.bswhealthplan.com)

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

CapitalRx

Pharmacy network utilized by BSWHP (excluding Medicaid)
Processes pharmacy claims for Commercial, Marketplace, ASO & Steady Fund Plan

Rightway

Pharmacy network utilized by BSWHP (excluding Medicaid)
Processes pharmacy claims for BSW Employee Plan
BSWHP Prescription Drug Lists (Formularies), Medication Authorizations & Exceptions

Located on the BSWHP website at:

[BSWHealthPlan.com/Providers/Pages/Pharmacy.aspx](https://www.BSWHealthPlan.com/Providers/Pages/Pharmacy.aspx)



FRAUD, WASTE AND ABUSE (FWA)

Providers are essential in preventing FWA by:

- Identify methods of preventing FWA
- Report FWA
- Correct FWA

BSWHP 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: HPComplianceDepartment@BSWHealth.org
- Call Compliance Helpline: 1.866.245.0815
- Visit Website: BSWHealthPlan.com
- 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
Health Services	888.316.7947	800.626.3042	
Pharmacy	800.728.7947		PrescriptionServices@bswhealth.org
Compliance	800.321.7947		HPCompliance@BSWHealth.org
Customer Advocacy	800.655.7947		
Provider IVR	800.655.7947		
Change Healthcare(to opt out of Virtual Credit Card/VCC)	855.886.2830 option 1		