

Medicare Advantage Provider Overview



Overview of Medicare Advantage

Medicare Advantage Product

Offering multiple plan options.

Medical Coverage

Includes Medicare Parts A and B for all plan options.

Prescription Drug Coverage

Most plans include Medicare Part D.

Comprehensive Coverage

Covers all Original Medicare services, plus vision, hearing and dental.

CMS Compliance

Follows guidelines set by the Centers for Medicare & Medicaid Services (CMS).

Member Costs:

Members may be responsible for copayments, deductibles, and coinsurance, depending on the selected plan.

Overview of Medicare Advantage (Continued)

QMBs

Members eligible for both Medicare and Medicaid.

Federal Law

Prohibits Medicare Advantage providers from collecting Medicare Part A and Part B deductibles, coinsurance or copayments from QMB enrollees.

Dual-Eligible Program

Exempts individuals in the QMB program from Medicare cost-sharing liabilities.

Balance Billing

Prohibitions apply regardless of whether the State Medicaid Program is liable to pay the full Medicare cost-sharing amounts.

Overview of Medicare Advantage (Continued)

Providers must **accept the Medicare Advantage payment** as payment in full or bill the State for applicable Medicare cost-sharing for enrollees eligible for both Medicare and Medicaid.

This federal law applies to all Medicare Advantage providers and not just those that accept Medicaid.

Medicare Advantage health providers may not refuse to serve enrollees because they receive assistance with Medicare cost-sharing from a State Medicaid program.

References: 42 CFR §422.504(g)(1)(iii); CMS Managed Care Manual, Chapter 4, Section 10.2.3 & 10.2.5

Overview of Medicare Advantage (Continued)

BSW SeniorCare Advantage HMO

- No out-of-network benefits, except for urgent and emergent care.
- Members must be referred to an in-network provider.

BSW SeniorCare Advantage PPO

- Includes out-of-network benefits with a separate cost-sharing fee schedule.
- Members must be referred to an in-network provider to be eligible for in-network cost sharing.

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 a BSWHP Medical Director, Provider will make referrals and admit Covered Persons only to Participating Providers.

Overview of Medicare Advantage

(Continued)

Contracted Providers

Must coordinate care with BSWHP/BSWIC before referring a member to a non-contracted provider, ensuring members receive medically necessary services covered by their Medicare Advantage plan.

Medicare Advantage Providers

Current providers will be part of both networks, whether located in Central Texas or North Texas.

BSW SeniorCare Advantage

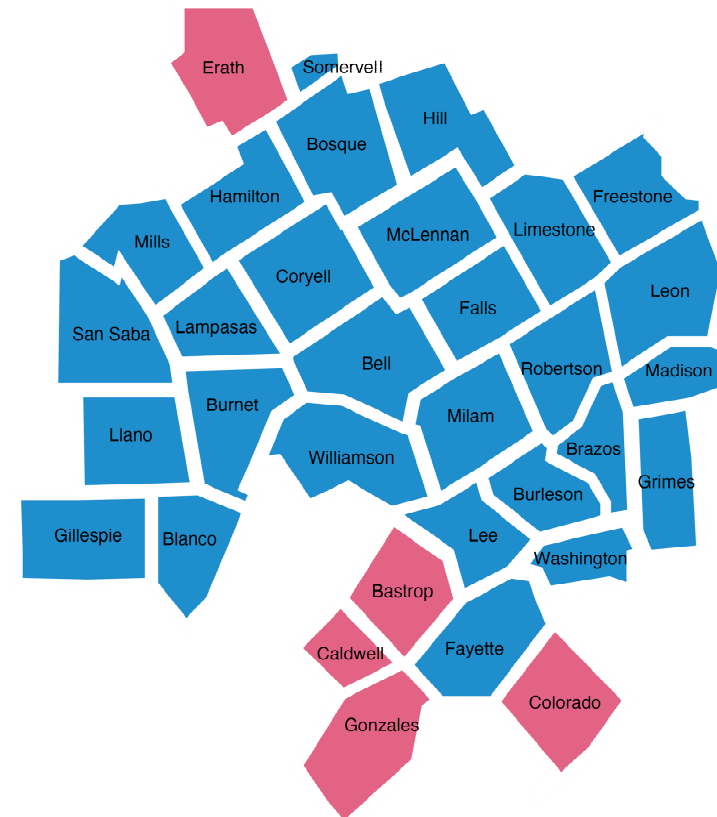
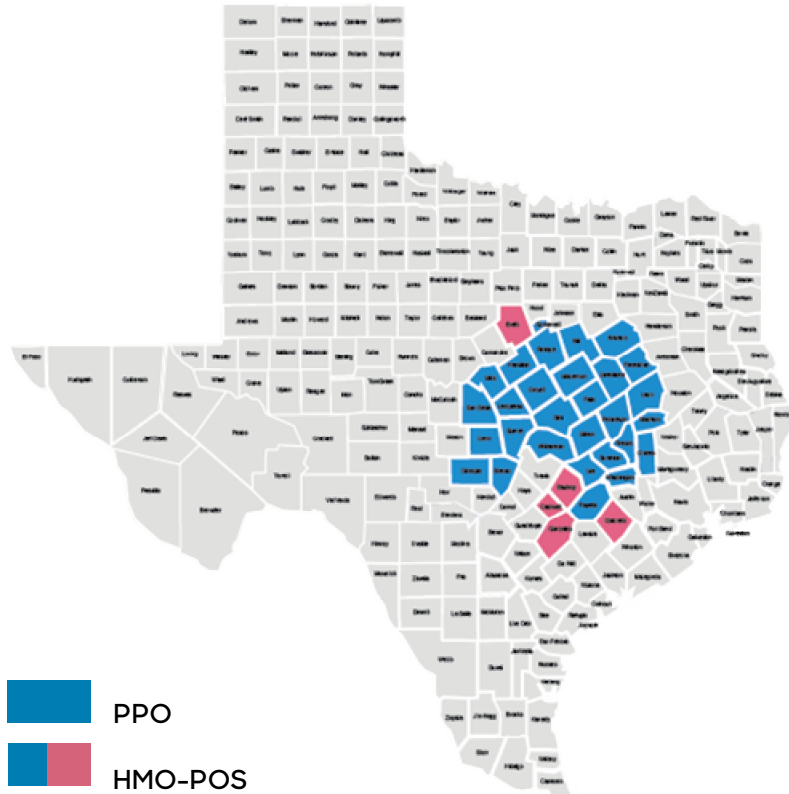
(Central, North and West Texas)

Detailed Benefit Information

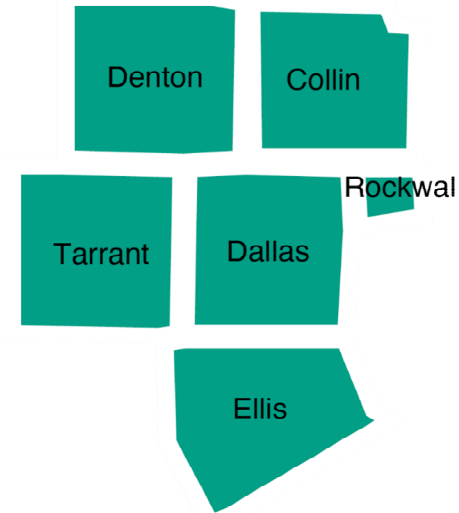
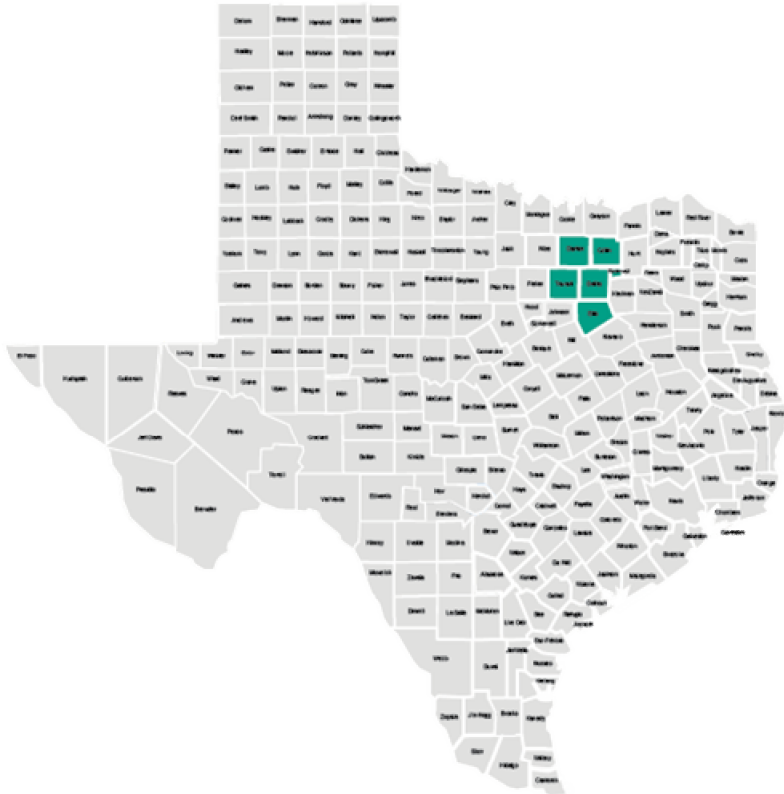
for each plan is located on the website:

BSWHealthPlan.com/IndividualsFamilies/Pages/Medicare.aspx

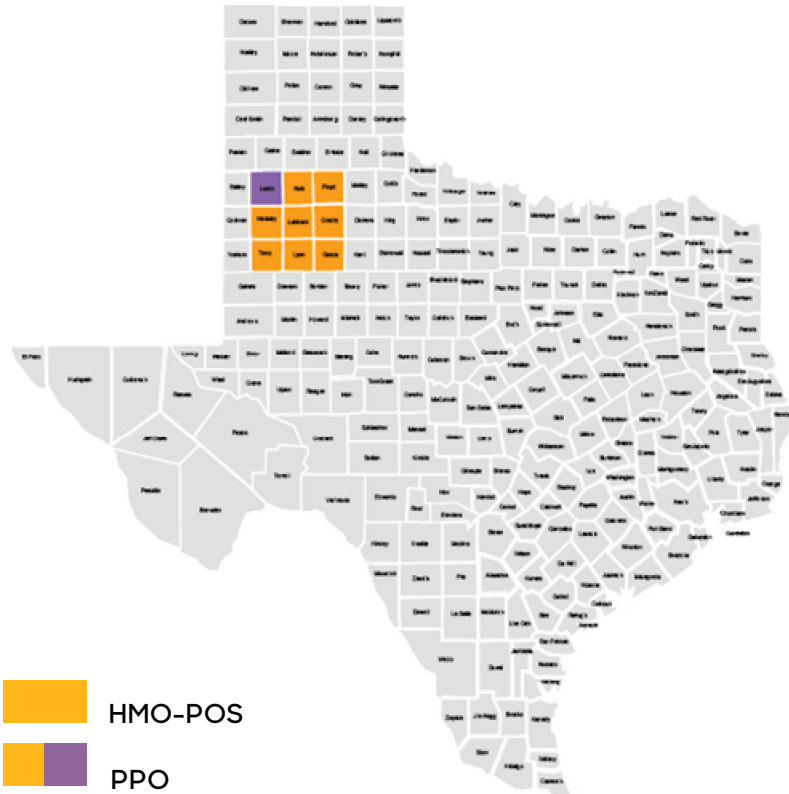
Central Texas Service Area



North Texas HMO-POS and PPO Service Area



West Texas Service Area



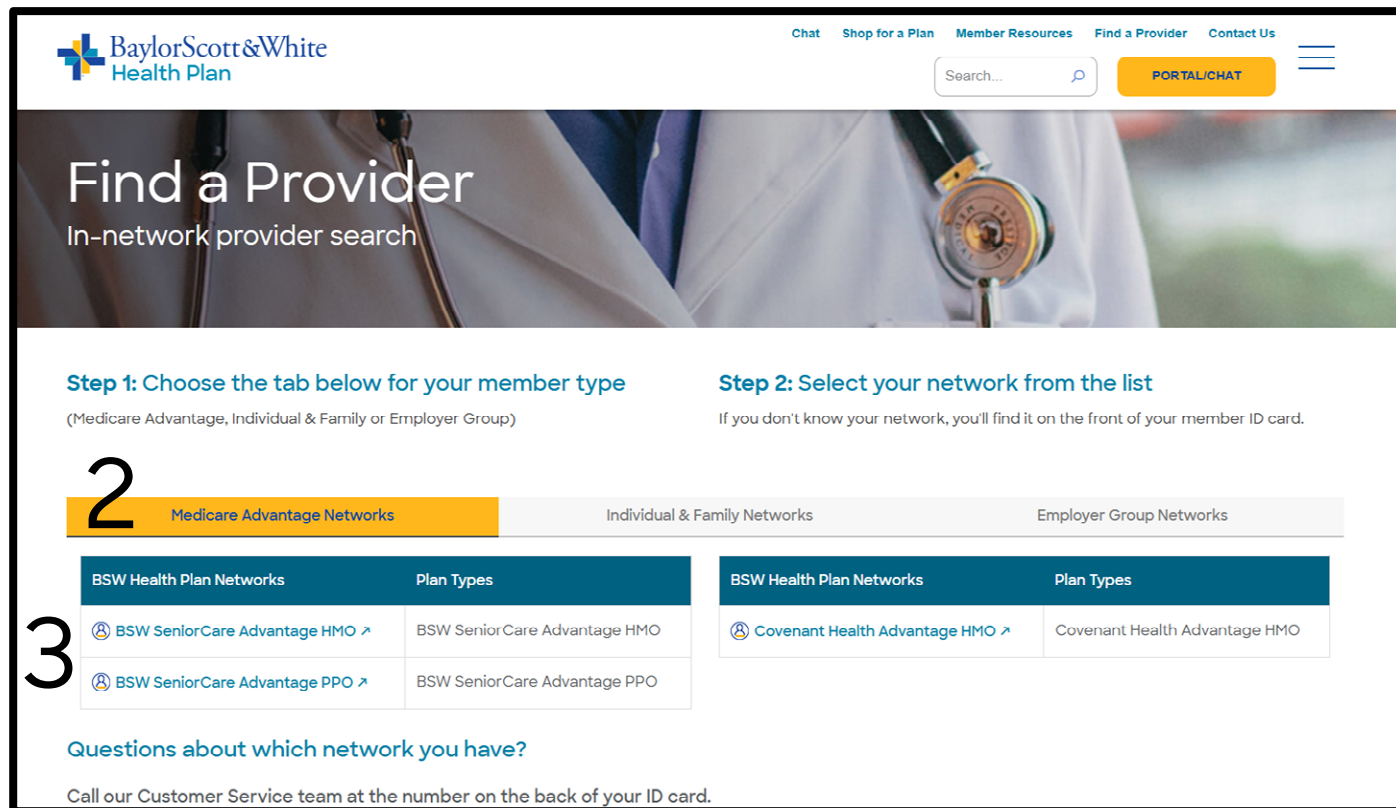
Lamb	Hale	Floyd
Hockley	Lubbock	Crosby
Terry	Lynn	Garza



Find a Provider

1. Go to
BSWHealthPlan.com/FindProvider
2. Click on the “Medicare Advantage Networks” tab.
3. Choose your network from the chart and start your search.


1



The screenshot shows the 'Find a Provider' page on the BSW Health Plan website. The header includes the BSW logo, navigation links (Chat, Shop for a Plan, Member Resources, Find a Provider, Contact Us), a search bar, and a 'PORTAL/CHAT' button. The main heading is 'Find a Provider' with the subtitle 'In-network provider search'. Below this, there are two steps: 'Step 1: Choose the tab below for your member type' and 'Step 2: Select your network from the list'. Step 1 has three tabs: 'Medicare Advantage Networks' (highlighted), 'Individual & Family Networks', and 'Employer Group Networks'. Step 2 shows two tables of networks. The first table lists 'BSW SeniorCare Advantage HMO' and 'BSW SeniorCare Advantage PPO'. The second table lists 'Covenant Health Advantage HMO'. At the bottom, there is a link for 'Questions about which network you have?' and a note to call the Customer Service team.

Baylor Scott & White
Health Plan

Chat Shop for a Plan Member Resources Find a Provider Contact Us

Search...  [PORTAL/CHAT](#)



Find a Provider


In-network provider search

Step 1: Choose the tab below for your member type
(Medicare Advantage, Individual & Family or Employer Group)

Step 2: Select your network from the list
If you don't know your network, you'll find it on the front of your member ID card.

2 Medicare Advantage Networks Individual & Family Networks Employer Group Networks

BSW Health Plan Networks	Plan Types
 BSW SeniorCare Advantage HMO	BSW SeniorCare Advantage HMO
 BSW SeniorCare Advantage PPO	BSW SeniorCare Advantage PPO

BSW Health Plan Networks	Plan Types
 Covenant Health Advantage HMO	Covenant Health Advantage HMO

3

[Questions about which network you have?](#)

Call our Customer Service team at the number on the back of your ID card.

Find a Provider, cont.

The search tool will automatically populate with the member type and plan name you chose. You can search by provider name, location and/or specialty.

Select a Member Type:

Medicare

Select a Plan:

BSW SeniorCare Advantage HMO

Doctor name, facility name, or NPI

In City, County, or Zip Code

Specialty

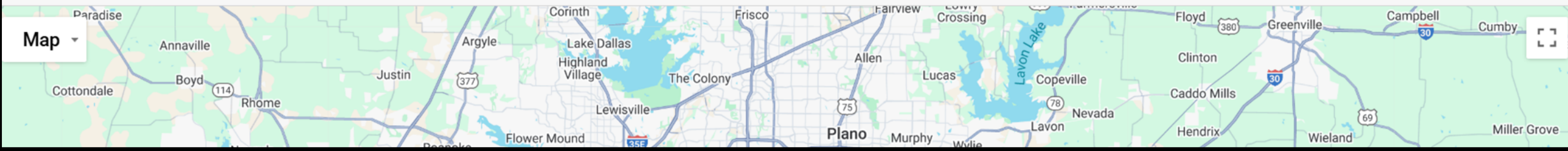
----- All Specialties -----

 **SEARCH**

☐ Advanced Search


* Looking for Pharmacies - [Click here](#), then go to your Plan Name and choose 'Pharmacy Info' to view your network pharmacies.

Map





Medicare Advantage Member ID Cards




BSW SENIORCARE
ADVANTAGE • HMO • POS

JOHN SAMPLE
Member No.: **SMPL0001**
Health Plan: (80840) 7588667718
RX BIN: 610770
RX PCN: CRXMD
RX Group: BSWCARE
Preferred Retail RX:
Standard Retail RX:

HMO-POS
Benefit Effective Date:
Group No.:
PCP/Spec:
ER/Urgent:

Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.


CMS

FOR PROVIDERS

Electronic Claims:
Availability: 94999

Medical Paper Claims:
Baylor Scott & White Health Plan
ATTN: Claims
PO Box 211342
Eagan, MN 55121-1342

Prior Authorization:
Medical Benefit
Visit the provider portal
Fax: 800-626-3042
Phone: 888-316-7947
Pharmacy Benefit
Phone: 833-502-3340

Provider Service:
Provider: bswhealthplan.com
Phone: 800-655-7947

Pharmacy Help Desk:
Phone: 844-230-9357


FOR MEMBERS

Emergency and urgently needed services are covered outside the plan service area. If you require inpatient admission following an emergency, please notify the health plan within 48 hours of emergency services.


Important Information:

- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 866-334-3141 (TTY: 711)
- Self-Service Portal: MyBSWHealth.com
- 24-Hour Nurse Advice: 877-505-7947
- Virtual Care: MyBSWHealth.com or MyBSWHealth app
- To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com
- Pharmacy Benefit Prior Authorization: 833-502-3340

Card Issue Date:
09/11/2024



CUSTOMER SERVICE: 866-334-3141 • BSWHealthPlan.com/Medicare




BSW SENIORCARE
ADVANTAGE • PPO

JOHN SAMPLE
Member No.: **SMPL0001**
Health Plan: (80840) 7588667718
RX BIN: 610770
RX PCN: CRXMD
RX Group: BSWCARE
Preferred Retail RX:
Standard Retail RX:

PPO
Benefit Effective Date:
Group No.:
PCP/Spec:
ER/Urgent:

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FOR MEMBERS

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Medicare limiting charges apply.

Important Information:

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Card Issue Date:
09/11/2024



CUSTOMER SERVICE: 866-334-3141 • BSWHealthPlan.com/Medicare

Baylor Scott & White Health Plan offers HMO and PPO Medicare Advantage plans. These plans provide all the benefits of Original Medicare but may include extra benefits such as vision, hearing, fitness, and dental, depending on the plan.

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



[Chat](#) [Shop for a Plan](#) [Member Resources](#) [Find a Provider](#) [Contact Us](#)

PORTAL



Welcome to Baylor Scott & White Health Plan

Health plans and resources to serve Texans Better.

MEDICARE ADVANTAGE PLANS
HMO and PPO plans.

INDIVIDUAL & FAMILY PLANS
ACA Marketplace plans and more.

TOOLS FOR PROVIDERS
Helping you provide the best care.

EMPLOYER GROUP PLANS
Options for organizations of all sizes.

MEDICAID & CHIP PLANS
RightCare and FirstCare products.

TOOLS FOR AGENTS & BROKERS
Supporting you and your clients.

Provider Account Management

■ Join Our Network Form

- You must be enrolled in Medicare to participate in the Medicare Advantage network.
- BSWHealthPlan.com/Providers/Pages/default.aspx#join

■ Add Provider to Existing Contract Form

- BSWHealthPlan.com/Pages/Add-Provider-Contract-Request.aspx

■ Provider Demographic Update Form

- Physical address change, billing address change, additional locations, phone number, email address
- BSWHealthPlan.com/Pages/Demographic-Update-Form.aspx

■ Modify Existing Contract Form

- Add networks, change of ownership, TIN change, add CPT codes
- BSWHealthPlan.com/Pages/Modify-Existing-Contract.aspx

■ Terminate Provider Contract Form

- BSWHealthPlan.com/Pages/Termination-Provider-Form.aspx

■ Add New Facility

- BSWHealthplan.com/Pages/Add-New-Facility.aspx



BSWHP Provider Portal

- Providers can access the BSWHP Provider Portal at: BSWHealthPlan.com/Pages/ProviderPortal.aspx
- BSWHP Provider Portal can be utilized for the following:
 - Check Member Eligibility & Benefits
 - Check Claims & Payment Status
 - Look up Codes to Determine Prior Authorization Requirements
 - View Explanation of Claim Denial Codes
 - Submit Prior Authorization Request Forms
 - Add Additional Provider to Active Portal Account
 - Add Additional Provider to an Existing Registration (using individual NPI's)
 - Submit Redeterminations

The screenshot displays the BSWHP Provider Portal interface. It features a header with the Baylor Scott & White Health Plan logo. The main content area is divided into three primary sections, each with a dark blue header bar and a light blue body. Each section includes a 'LOG IN/CREATE ACCOUNT' button and an 'ER/ED BENEFITS VERIFICATION' button. Below these are sections for Medicaid STAR - RightCare and Medicaid STAR/CHIP - FirstCare, also featuring login and verification buttons.

- Commercial or Individual/Family Marketplace**
Providers with Commercial or Individual/Family Marketplace patients with Baylor Scott & White Health Plan (BSWHP) coverage. [User Guide](#)
[LOG IN/CREATE ACCOUNT](#) [ER/ED BENEFITS VERIFICATION](#)
- Medicare Advantage or BSWH Employee Plan**
Providers with Medicare Advantage or BSWH Employee Plan patients with Baylor Scott & White Health Plan (BSWHP) coverage. [User Guide](#)
[LOG IN/CREATE ACCOUNT](#) [ER/ED BENEFITS VERIFICATION](#)
- Covenant Health Advantage (Medicare)**
*Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWHP) coverage. [User Guide](#)
[LOG IN/CREATE ACCOUNT](#) [ER/ED BENEFITS VERIFICATION](#)
- Medicaid STAR - RightCare**
Providers with Medicaid STAR patients with RightCare by Scott and White Health Plan (SWHP) coverage. [User Guide](#)
[LOG IN/CREATE ACCOUNT](#) [ER/ED BENEFITS VERIFICATION](#)
- Medicaid STAR/CHIP - FirstCare**
Providers with Medicaid STAR and CHIP patients with FirstCare Health Plans (FirstCare) coverage. [User Guide](#)
[LOG IN/CREATE ACCOUNT](#) [ER/ED BENEFITS VERIFICATION](#)



Provider Claims and Billing

Electronic Claims

BSWHP encourages providers to submit claims electronically.

We accept Direct EDI or Availity Clearinghouse submissions.

Electronic claims to Payer ID: 94999

Details at BSWHP website: [BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx](https://www.BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx)

Paper Claims

BSWHP accepts paper claims filed on UB-04 or CMS 1500 claim forms.

All claim forms must be typed; handwritten or faxed forms are not accepted.

Paper claims can be mailed to:

Baylor Scott & White Health Plan

ATTN: Claims Department

PO Box 211342

Eagan, MN 55121-1342

Details at BSWHP website: [BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx](https://www.BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx)

Provider Claims and Billing (continued)

Claims Processing Times

- Electronic Claims: Processed within 30 days.
- Paper Claims: Processed within 45 days.
- BSWHP encourages electronic claim submission for faster payment.
 - Rejected Claims
 - Electronic Claims
 - Review the clearinghouse rejected claims report to identify the reason for rejection.
- Paper Claims
 - Rejected claims will be returned with a paper rejection letter.
 - Providers are encouraged to work rejected claims in a timely manner and resubmit within the filing deadline of 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 should be reviewed based on additional information not previously available during the original determination. More information available at:

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

Process

- Providers must submit the Provider Claim Redetermination Request Form located at: [BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx](https://www.bswhealthplan.com/Providers/Pages/Claims-Billing.aspx)
- Providers may submit the form electronically through the provider portal.
- Providers or inquiring parties will have only one opportunity to submit a redetermination request. 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 120 days for Medicare Advantage Claims.



Provider Appeals & 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

BSWHP 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.
- Provider will have to opt out of this method if they choose to utilize 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 [ChangeHealthcare.com\EFT](https://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)

- BSWHP 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, please complete a Provider Appeal Request Form located at: BSWHealthPlan.com/Providers/Pages/Claims-Billing.aspx#file-redetermination-how



Account Reconciliation (Returned/Refund Checks)

Returned Checks

- If a BSWHP check is returned for an adjustment, attach all documentation with an explanation for the returned payment.
 - Be sure to 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 BSWHP member claims, providers should send refund checks to the following address to reimburse money owed to BSWHP:

Baylor Scott & White Health Plan

ATTN: Claims Adjustment Department

PO Box 840523

Dallas, TX 75284-0523



Quality Improvement (QI) Program

- Ensures BSWHP 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 BSWHP website at:
BSWHealthPlan.com/providers/Pages/Resources.aspx#provider-manual-training

Healthcare Effectiveness Data and Information Set (HEDIS)

- HEDIS is a tool used by more than 90% of US health plans to measure performance on important dimensions of care and service.
- Altogether, HEDIS consists of 95 measures across seven 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/providers/Pages/Resources.aspx#provider-manual-training



Medicare Star Rating

- What is the Medicare Star Rating System?
- CMS's rating system for evaluating the relative quality of Medicare plans
- All plans are measured on a scale of 1 to 5 stars, with 5 stars representing the highest quality.
- CMS defines the Star Ratings as follows:
 - 5 Stars = Excellent performance
 - 4 Stars = Above average performance
 - 3 Stars = Average performance
 - 2 Stars = Below average performance
 - 1 Star = Poor performance

Improved healthcare and quality for our members = Star Ratings

Emphasis on preventive care and adherence will help to minimize acute care needs and decrease readmission rates.





Medicare Star Rating

What is the impact of higher Star Ratings?

- Richer benefits to our members
- Plans at 5 stars can market and enroll members year-round.
- Improved financial returns

How does a provider impact our Star Ratings?

- Provider performance impacts nearly two-thirds of the Star measures and includes member surveys of provider performance.
- Following is a sample of some items for which CMS measures provider performance:
 - Appropriate medical care
 - Prescription drug management
 - Patient experience
 - Care coordination



Jimmo v. Sebelius Settlement Agreement

- On January 24, 2013, the US District Court for the District of Vermont approved a settlement agreement in the case of Jimmo v. Sebelius. The settlement involves skilled care for skilled nursing facilities (SNFs), home health (HH), inpatient rehabilitation facility (IRF) and outpatient therapy (OPT) benefits.
- The settlement agreement is intended to clarify that when skilled nursing or skilled therapy services are required in order to provide care that is reasonable and necessary to prevent or slow further deterioration, coverage cannot be denied based on the absence of potential for improvement or restoration. Conversely, coverage in this context would not be available when the member's needs can be met safely and effectively through the use of nonskilled personnel.
- The Jimmo v. Sebelius settlement agreement does not change existing Medicare coverage requirements. It only serves to clarify that, in the context of maintenance services, coverage does not turn on the presence or absence of potential for improvement, but on the need for skilled care.
- For detailed information and frequently asked questions, please visit the Centers for Medicare & Medicaid Services (CMS) website at: [CMS.Gov/Medicare/Settlements/Jimmo](https://www.cms.gov/Medicare/Settlements/Jimmo)





Health Services Division (HSD)

HSD includes:

- Medical Directors
- Nurse Managers
- Licensed Clinical Social Workers
- Administrative Staff

Functions handled by HSD include:

- Intake
- Utilization Management Review/Prior Authorizations*
- Case Management/Complex Case Management
- Disease Management

Phone Number: 888.316.7947 or 254.298.3088

Fax Number: 800.626.3042



Pharmacy Services

CapitalRx

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

Rightway

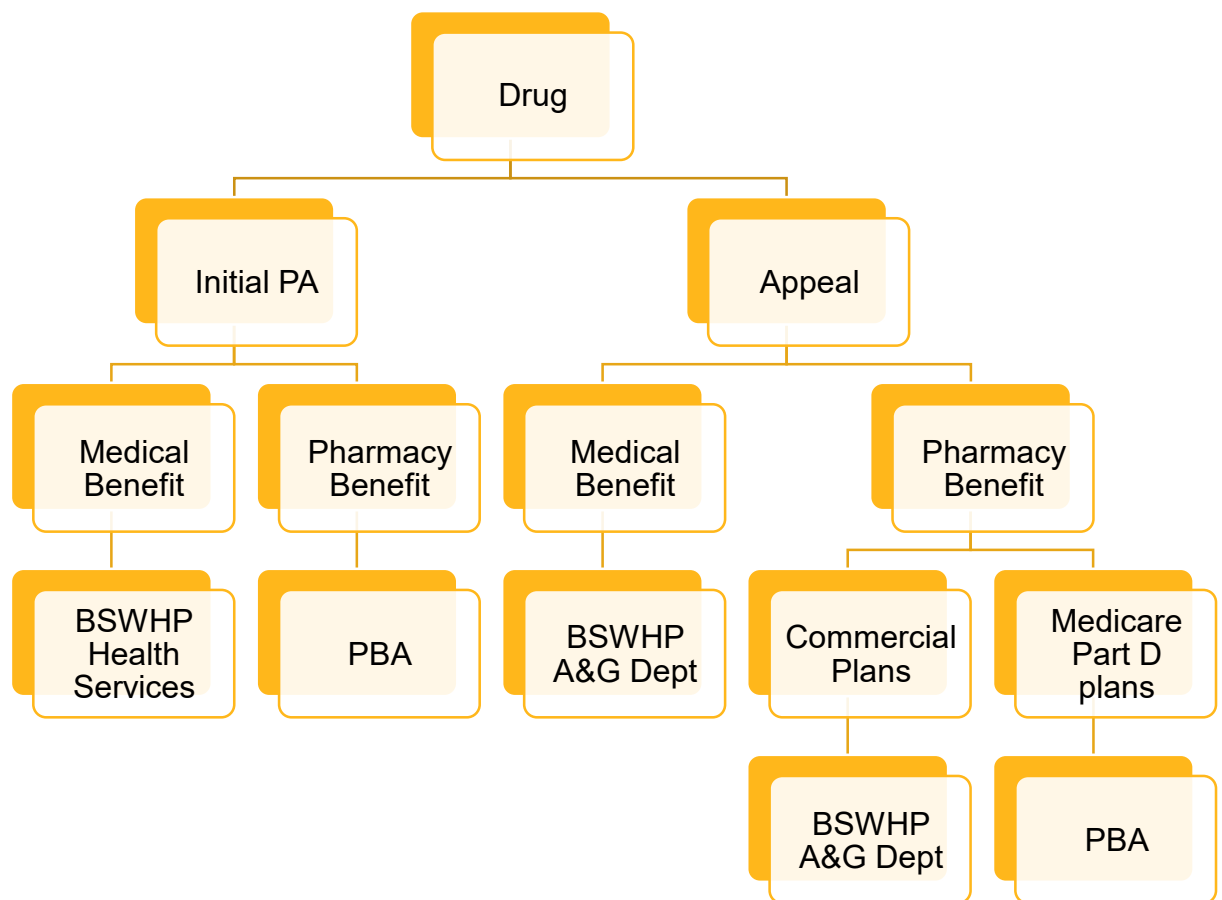
- Pharmacy network utilized by BSWHP (excluding Medicaid)
- Processes pharmacy claims for BSW Employee Plan

BSWHP Prescription Drug Lists (Formularies), Medication Authorizations and Exceptions

- Located on the BSWHP website at: [BSWHealthPlan.com/Providers/Pages/Pharmacy.aspx](https://www.BSWHealthPlan.com/Providers/Pages/Pharmacy.aspx)



Drug PA & Appeal Requests – Review Entities



Fraud, Waste and Abuse (FWA) Training

- CMS requires BSWHP to ensure that our participating providers complete FWA training annually.
- To address this CMS requirement, BSWHP offers FWA training online at:
[BSWHealthPlan.com /prov/resources/fraud-waste-abuse-training](https://BSWHealthPlan.com/prov/resources/fraud-waste-abuse-training)
- Providers are also required to attest that they have completed the FWA training.
- Medicare FWA Training Attestation Form is located online at:
[BSWHealthPlan.com /providers/resources/fraud-waste-and-abuse-training-providers/fraud-waste-and-abuse-training](https://BSWHealthPlan.com/providers/resources/fraud-waste-and-abuse-training-providers/fraud-waste-and-abuse-training)
- BSWHP understands that providers may have already completed FWA training for another Medicare plan or program.
- If that is the case, providers are asked to complete the Medicare FWA Training Attestation Form.

BSWHP Important Contact Information

BSWHP Provider Portal

BSWHealthplan.com/Pages/ProviderPortal.aspx

Health Services Division

Phone: 888.316.7947

Fax: 800.626.3042

Provider IVR

Phone: 800.655.7947

Provider Service Center

Phone: 800.321.7947 or 254.298.3064

Pharmacy Part D Prior Authorizations/Appeals

BSWHealthPlan.com/Providers/Pages/Pharmacy.aspx