

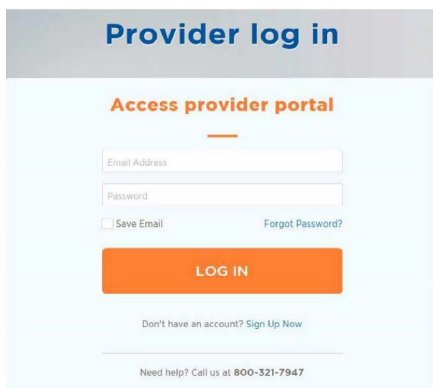
Provider Portal Reference Guide for BSW SeniorCare Advantage and BSWH Employees



Registration and access

To access the Baylor Scott & White Health Plan Provider Self-Service Portal, complete the self-directed registration process:

1. Go to the login page at portal.swhp.org/providerportal and select “Sign Up Now.”



The screenshot shows the 'Provider log in' page. At the top, it says 'Provider log in' in blue. Below that is 'Access provider portal' in orange. There are two input fields: 'Email Address' and 'Password'. Below the 'Password' field is a checkbox for 'Save Email' and a link for 'Forgot Password?'. A large orange button labeled 'LOG IN' is centered below the fields. At the bottom, there is a link 'Don't have an account? Sign Up Now' and a footer note 'Need help? Call us at 800-321-7947'.

2. To register, use two different Member ID numbers and claim numbers that were processed under the same rendering provider NPI and Tax ID number.
3. If you do not have two claim numbers to register, please call the IVR at **800.655.7947** for basic claims, benefits, and member eligibility.

Note: If you already have access to the Provider Portal and need to add new users, go to **View/Edit My Info** and **Registered Providers**.



Getting help

Our Provider Relations Team is here for you. Contact us at PRSupport@BSWHealth.org or [click here](#) to find the contact information for your Provider Relations Representative.




Navigation

Simply select the activity/function you wish to access from the left navigation bar. For example, to access claims-related information, click on Claims.

Answers at your fingertips




ELIGIBILITY AND BENEFITS



SEARCH CLAIMS



FEE LOOK UP



PRE-AUTH CHECK

Claim Search

Date of Service Range (required) to Narrow Search (optional) ⓘ

Claim Results

Displaying first 100 claims only. To search specific claims, please select/add more filters in search criteria.

PDF

Date of Service	Member	Claim No.	Patient Control No.	Provider	Total Billed	Plan Paid	Patient Responsibility	Claim Status

After you obtain your claim search results, you can click on the 12-digit alphanumeric number listed under the **Claim No.** column to see Claim Detail Information.

<p>MEMBER</p> <p>JANE DOE</p> <p>SWHP Member No. 0123456789 Patient Control No. 987654321098 Dates of Service 01-JAN-99 – 01-JAN-99</p>	<p>PROVIDER</p> <p>JOHN DOE</p> <p>Group OB/GYN ASSOC. NPI 1234567890 Address 123 SCOTT LN. Town, TX 12345.</p>	<p>STATUS</p> <p>Denied</p>
---	--	---

SERVICE DETAILS

[REQUEST REDETERMINATION](#)

Date of Service	Procedure Code	Procedure	Status	EX Code	Total Billed	Plan Paid	Patient Responsibility
04/08/2019	59400	OB CARE ANTEPARTUM VAG DLVR \& POSTPARTUM	Denied ⓘ	BU ⓘ	\$6,502.35	\$0.00	\$0.00

EX CODE BU : DENIED DUE TO REBUNDLING

Code edit denial for reimbursement was bundled into other procedures.

RESOLUTION : Refer to CMS Guidelines for separate reimbursement.



Requesting an authorization

1. Select **PriorAuth Form** from the options.
2. Enter the requested information.
3. Click **Validate Information** and then **Continue** to fill out the contact information related to the authorization.
4. Once the Contact Information has been added, click **Continue** to provide all necessary details regarding the authorization.
5. Click **Submit**.

The screenshot shows a web interface for a provider account. On the left is a navigation menu with the following items: Home, Member Search, Claim Search, EX Code List, Fee Look up, Pre-Auth Code Lookup, HSD Referral Form, **PriorAuth Form** (highlighted), Oncology Analytics, eviCore, and Medication Authorization. The main content area is titled 'Authorization Request' and includes the subtitle 'PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES'. Below this, it says 'Section 1 Start Request'. There are three dropdown menus: 'Admission Type' with 'Select...' text, 'Request Type' with 'Select...' text, and 'Authorization Type' with 'Select...' text.

Submitting a claim redetermination

1. Perform a claim search to find the claim or claim line to be appealed.
2. Click on **Request Redetermination**.
3. Enter the information on the **Reasons for Redetermination** and attach any supporting files (optional, except for Reasons with an asterisk).
4. Click **Submit**.

CLAIM
Redetermination Request

MEMBER SWHP Member No.: Patient Control No.: Dates of Service:	PROVIDER Group: NPI: Address:	REDETERMINATION CONTACT (required) Name: _____ Email: _____ Phone: (____) _____ Ext. _____
--	---	--

Reasons for redetermination (required)

Select at least one reason:

<input type="radio"/> Timely Filing	<input type="radio"/> COB
<input type="radio"/> Code Edits	<input type="radio"/> Refund Request Dispute
<input type="radio"/> Authorization	<input type="radio"/> Overpayment/Refund Request
<input type="radio"/> Reimbursement Rates	<input type="radio"/> Overpayment/Recoupment Request
<input type="radio"/> Payment Policy	<input type="radio"/> Other

Describe your reason* (Max 1000 characters)

Attach supporting documentation (optional)

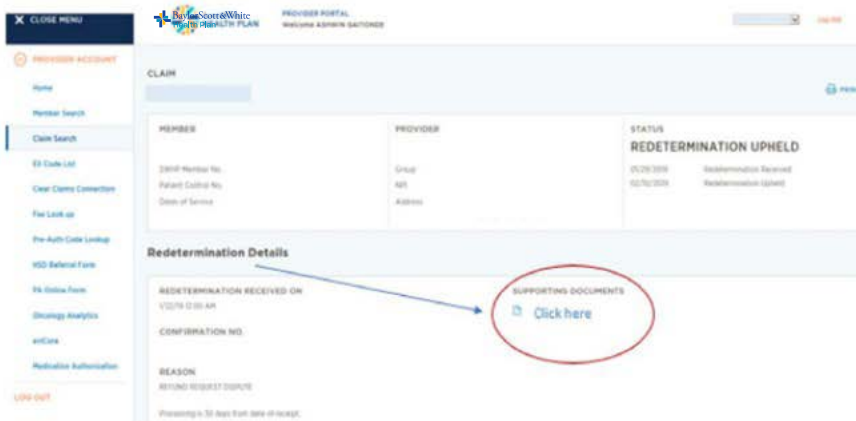
Drag & Drop File Here or [Browse Files](#)

SWHP SWHP Member ID# 1001

ATTACHED DOCUMENTS
No documents attached. Please add any supporting documents.

SUBMIT CANCEL

After your submission is complete, a confirmation number will be provided to track the appeal. To locate the redetermination resolution letter, click the hyperlink in the claims screen.



The screenshot shows the 'CLAIM' details for a redetermination. The status is 'REDETERMINATION UPHELD'. Under 'Redetermination Details', there is a 'SUPPORTING DOCUMENTS' section with a 'Click here' link circled in red. A blue arrow points from the 'Redetermination Details' header to the 'Click here' link.

