

Provider Portal Reference Guide

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 Provider.BSWHealthPlan.com and select the **Create an Account** button and choose **Provider** from the popup selector.
2. Follow the instructions to register using two recently processed Claims and Member IDs.
3. If you do not have a claim, an activation code is required. To obtain an activation code, click **Use Activation Code**, and contact us by chatbot. Please include the following information:
 - First and last name
 - Job title
 - Group NPI
 - Email address
 - Name of organization
 - Tax ID number
 - Billing address
 - Phone number
4. Click **Use Activation Code** checkbox, and enter your code in the **Activation Code** field to proceed with your registration. Your entire group will be added automatically; once inside your account you can un-hide those you want to see.

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**.

NOTE: This example shows all of the navigation bar options open for display purposes only. These will not display unless you click on the section header.

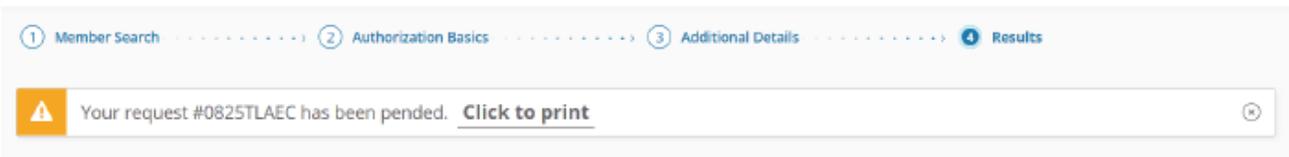
The screenshot displays the provider portal interface for Baylor Scott & White Health Plan. The left navigation bar is expanded, showing various options. The main content area is divided into several sections:

- Announcements:** A notice regarding the transition to a new claims system on Jan. 1, 2024.
- Quick References:** A section for Electronic (EFT) Payments with a search bar and a date range filter set to 'one-month'.
- Claims:** A donut chart showing the status of claims for the selected provider (Los Barrios Unidos Community Clinic Inc). The chart indicates 131 processed claims, 0 pending, and 11 denied.
- Authorizations:** A donut chart showing the status of authorizations. The chart indicates 0 approved, 0 partially approved, 0 not approved, and 0 pending.

At the bottom of the page, there is a footer with copyright information and a logo for Baylor Scott & White.

Requesting an authorization

1. Select **Authorizations** and then choose **Auth. Request** from the options.
2. Select the **Admission, Authorization, and Request Types**. Enter Member ID number along with the dates of service, service code and ordering/servicing provider information.
3. Select **Continue**, then proceed with the prompts to provide additional details and attach any necessary documents related to the authorization.
4. Once completed, a system-generated authorization number lets you know the status of the authorization. Select the **Click to Print** link to produce a printer-friendly/downloadable version of the authorization details



For additional details please see the [GuidingCare Authorization Portal User Guide](#).

Authorization Search

1. Select **Authorizations** and then choose Auth. Search from the options.
2. Search for and view authorizations by Provider, Auth ID, Member ID, Auth Status, and Service Date.

NOTE: The default date range is 1 month prior to and 1 month after the current date. Maximum date range is any 12-month timespan.

Appealing a claim

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

Appealing a claim (cont.)

See below for an image of the **Claim Appeal** screen.

Baylor Scott & White Health Plan

Claim Appeal

Welcome back, [User Name]

Member Name: [Input Field] Member ID: [Input Field] Start Date: 8/26/24 Paid Date: 9/3/24
Provider NPI: [Input Field] Patient Control #: [Input Field] End Date: 8/26/24 Paid Amount: [Input Field]
Provider Name: [Input Field] Date of Birth: [Input Field] Charge: [Input Field] Network: Medicare Advantage HMO
Claim Number: [Input Field] Status: PROCESSED

Reason for Appeal

Indicate the reason for Appeal:

- Authorization
- Coordination of Benefits/Third Party Resources
- Correct Coding (CES)/external bundling/fraud detection
- COVID
- Eligibility/Newborn
- Medical Necessity/Medical Records
- No TPI on File
- Non-Covered
- Overpayment
- Provider Information Updated
- Services Excluded/Not Included in Contract
- Surprise Billing
- Underpayment/Provider Pricing/Reimbursement

Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL. Maximum file size 20 MB)

Select file or Drop file here

Please provide a summary of this appeal. You may also include any additional supporting information that you believe is useful for the claim's appeal.

NOTE: Corrected Claims are not accepted through this process and must be submitted as a new claim with the corrected claim indicator.

An Appeal Reason is required to appeal a Claim.

After your submission is complete, a reference number will be provided to track your appeal. Notation of the appeal will also be documented in the Message Center.