

IVR and Provider Portals for member information

Interactive Voice Response System (IVR)*

- ▼ Benefit details - except Skilled Nursing Facility (SNF)
- ▼ Claims status - up to one year from date of service
- ▼ Deductible and out-of-pocket maximum
- ▼ Claims filing address
- ▼ Eligibility

Health Plan	IVR Phone Number
Baylor Scott & White Health Plan	800.655.7947
RightCare (Medicaid)	855.897.4448
FirstCare STAR	800.431.7798

Provider Portal

- ▼ Benefit details
- ▼ Claims status
- ▼ Deductible and out-of-pocket maximum
- ▼ Eligibility
- ▼ Authorization request forms
- ▼ Provider registrations (add contracted providers)
- ▼ Claim denial reason codes
- ▼ Member network benefit information
- ▼ Reimbursement rates by code
- ▼ Authorization requirements by code

*No registration required

Depending on your patient, the Provider Portal will vary. The correct portal is shown on the back of the patient (member) ID card or can be found at Provider.BSWHealth.com. You may also find the provider portal address for your patients in the chart below.

Member	Payer ID	Letters in Member ID	Portal	Claims Address
Baylor Scott & White Health Plan				
RIGHTCARE MEDICAID	74205		rightcare.firstcare.com/Web/	RightCare from Scott and White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
BAYLOR SCOTT & WHITE HEALTH EMPLOYEE PLAN	94999		swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
MARKETPLACE	94999	BSW	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
COMMERCIAL GROUPS	94999		swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	MCR	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
COVENANT HEALTH ADVANTAGE HMO	94999	MCR	swhpprovider.firstcare.com/Web/	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
FirstCare Health Plans				
STAR MEDICAID	94999		my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
CHIP	94999		my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
MARKETPLACE (no longer offered as of 12/31/23)	94999	HIM	my.firstcare.com/Web/	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342