

# FAQs:

## Navigating Your Bywater Health Plan

### **When should I reach out to Bywater Customer Service?**

Members can reach Bywater Customer Service Monday through Friday from 8am – 8pm EST. We are available to check on claim status, provide coordination of benefit and accident letter information, eligibility concerns, and benefit explanation.

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### **I have a Bywater Health Plan, so why is Cigna on my card and how does my provider verify eligibility?**

Bywater members use Cigna's network of providers, with their health benefits plan administered by Bywater. This means you have access to Cigna's In-Network providers and pricing. Cigna is listed on your ID card so providers are aware of the partnership and also for claim submission details. Sometimes this confuses providers, causing them to rely on the Cigna insurance website to verify eligibility.

Providers are advised in red print on your ID cards to contact Bywater at 1-800-337-0792 to verify eligibility. If you encounter this situation, please advise the provider to contact Bywater, not Cigna.

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### **What is Coordination of Benefits (COB) and why is it important to complete and return to Bywater?**

The COB letter ensures the appropriate benefit plan is applied if there is more than one insurance plan in place. If there is no additional insurance plan, we need to know that too. Having a completed COB form on file expedites claims submitted for spouses and dependents. If we do not have one on file claims are not paid until one has been received.

## How does the precertification process work?

Precertification is required prior to accessing certain procedures, treatment, testing, durable medical equipment, etc. This process is initiated when your provider's office calls Bywater at 800-377-0792. Bywater then connects your provider with Cigna's precertification department. Cigna requires that members meet specific criteria, submitted by your provider, prior to making a determination. **It is essential that at least 48 - 72 hours is allowed for this process.** In some cases, precertifications are denied due to missing information. At this point your provider may choose to complete a peer-to-peer review or appeal the denial. In these instances, more time will be required to complete this process prior to treatment. Bywater does not have the ability to make or change determinations made by Cigna.

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## What is the Bywater Member Portal and how do I get access?

The Bywater Member portal is a great resource for members to see claims information. After logging in, use the link provided on the homepage to find Cigna In-Network providers, request ID cards, and view Explanation of Benefits (EOB). See the included instructions sheet for registration.

### Where can I find my registration code to log into the Bywater Member Portal?

**Your registration code is your member ID with the numbers "01" added at the end, no space or dash in-between.** Spouses and dependents over the age of 18 need to register separately.

### What if I can't find my claim listed on the Portal?

If you are looking at your claims and can't find the date of service listed, your provider may not yet have submitted the claim to Bywater for adjudication. Providers have up to 365 days to submit claims for payment, and sometimes they do not have accurate insurance information for proper submission for payment. Before calling Bywater for support, be sure to check any statements you receive in the mail and ensure your provider has your correct Bywater Insurance information.

**For other questions and support, please email [support@choosebywater.com](mailto:support@choosebywater.com) or call 1.800.337.0792.**