

Provider Portal Reference Guide

Individual/Family Marketplace or Medicaid STAR and CHIP members with FirstCare Health Plans (FirstCare) coverage



Registration and access

To access the FirstCare Health Plans Provider Self-Service Portal, complete the self-directed registration process:

1. Go to the login page at my.FirstCare.com and select the **Create an account today!** link or **Create an Account** button and choose **Provider** from the popup selector.
2. Follow the instructions to register using a recently processed Claim ID and Member ID for the claim.
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.

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Home | Members | Claims | Authorizations | Reports | Important Documents | View/Edit My Info | Message Center | Contact Us | Log Out

Home

Provider: [Dropdown] | Date Range: [one month]

Claims

Category	Count
Processed	0
Pending	0
Denied	0

Authorizations

Category	Count
Approved	2
Partially Approved	0
Not Approved	1
Pending	0

Announcements

Quick References

- Provider News
- STAR & CHIP Provider Information
- Authorization Information
- Case Management/Disease Management Referrals
- Important Forms
- Electronic (EFT) Payments



Requesting an authorization

1. Select **Authorizations** and then choose **Auth. Request** from the options.
2. Enter the Member ID number and ordering provider, along with the date of service, authorization type and service code.
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 the 'Authorization Request' form in the FirstCare Health Plans system. The form is titled 'Authorization Request' and has three tabs: '1. Start Request' (active), '2. Contact Details', and '3. Authorization Details'. The form fields include:

- Member ID* (text input)
- Authorization Type* (dropdown menu)
- Service Code* (text input)
- Date of Service* (calendar icon)
- Ordering Provider* (dropdown menu)
- Search for Practitioners* (text input with search icon)

A 'Validate Information' button is located at the bottom left of the form.



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.

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Claim Appeal

Member Name: _____ Member ID: _____ Start Date: _____ Paid Date: _____
Provider NPI: _____ Patient Control #: _____ End Date: _____ Paid Amount: _____
Enter a Provider NPI... Charge: _____ Network: _____
Provider Name: _____ Date of Birth: _____
Claim Number: _____ Status: _____

Reason for Appeal

Indicate the reason for Appeal:

- Provider information updated
- Member eligibility updated
- Authorization updated
- Denied in error
- EOB Attached (COB Claim)*
- Corrected/Replaced Claim
- Resubmission with Proof of Authorization/Referral*
- Resubmission with Proof of Timely Filing*
- Other (specify reason below)

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.

*Requires an attachment be submitted

An Appeal Reason is required to appeal a Claim.

Submit Appeal Cancel

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.