

Provider Portal Reference Guide



Registration & Access

To access the FirstCare 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. That's all you'll need to proceed with your self-guided registration.
- 3 **If you do not have a claim, an activation code is required.** To obtain an activation code, you will need to click the **here** link and call your Provider Relations Representative.

Please have the following information on hand:

- First and last name
- Billing address
- Group NPI
- Name of organization
- Job title
- Group tax ID number
- Email address
- Phone Number
- Name of group

- 4 Click the **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, simply follow the same steps above once logged into your account at **View/Edit My Info and Registered Providers**.



Getting Help

Our Provider Relations Team is here for you. Please contact us at prsupport@bswhealth.org or by calling one of the numbers below:

- FirstCare Amarillo area: 1-806-321-7947
- FirstCare Lubbock, Waco and all other areas: 1-806-784-4380



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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myFirstCare Self-Service

Home
Members
Claims
Claim Search
Electronic Claims Status
Claim Submission
Payments
Payment Negative Balance
Authorizations
Auth. Requirements
Auth. Code Search Tool
Auth. Request
Auth. Search
Reports
Panel Reports
Texas Health Steps
Important Documents
All Documents
Appeals and Complaints
Manuals
Provider News
Training
HEDIS
View/Edit My Info
My Account
Registered Providers
Message Center
My Messages
Send a Message
Contact Us
Log Out

Home

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

Claims

| Status | Count |
|-----------|-------|
| Processed | 0 |
| Pending | 0 |
| Denied | 0 |

Authorizations

| Status | Count |
|--------------------|-------|
| Approved | 2 |
| Partially Approved | 0 |
| Not Approved | 1 |
| Pending | 0 |

Announcements

Attention FirstCare Hospitals—Concurrent Review Fax Number Update

We encourage all of our providers to utilize our FirstCare Provider Self-Service portal to submit new inpatient authorization requests, including clinical information. In order to streamline our processes —effective immediately, please submit all inpatient clinical information to 800-248-1852. The following fax number will be deactivated: 806-403-1660.

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Quick References

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

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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 displays the 'myFirstCare Self-Service' portal. The main heading is 'Authorization Request'. The interface includes a left-hand navigation menu with options like Home, Members, Claims, Authorizations (highlighted), Auth. Requirements, Auth. Code Search Tool, Auth. Request, Auth. Search, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area features 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), and Search for Practitioners* (text input with a search icon). A 'Validate Information' button is located below the form. A note at the bottom of the form states: 'Please note: We now allow the selection of all in-network FirstCare providers as ordering providers instead of groups. If the ordering Provider cannot be located, please fax your request to: 800-248-1852 (Medical), 800-431-7738 (DME), or 512-233-5949 (Behavioral Health).' The footer contains the copyright notice: '© 2019 FirstCare Health Plans. All rights reserved. Legal Notices & Privacy | FirstCare.com'.



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 screen image of **Claim Appeal** window.

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myFirstCare Self-Service

Claim Appeal

Member Name: _____ Member ID: _____ Start Date: _____ Paid Date: _____
 Provider NPI: _____ Patient Control #: _____ End Date: _____ Paid Amount: _____
 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)

*Requires an attachment be submitted

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

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.

An Appeal Reason is required to appeal a Claim.

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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**.