

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.

The screenshot displays the myFirstCare Self-Service portal. The left navigation bar includes options like Home, Members, Claims, Authorizations, Reports, and Important Documents. The main content area features a 'Home' header with filters for 'Provider' and 'Date Range' (set to 'one month'). Below this are two donut charts: 'Claims' (with categories: Processed, Pending, Denied) and 'Authorizations' (with categories: Approved, Partially Approved, Not Approved, Pending). The 'Claims' chart shows 0 Pending and 0 Denied, while the 'Authorizations' chart shows 2 Approved, 1 Partially Approved, and 0 Not Approved. There is also an 'Announcements' section with a notice about concurrent review fax number updates and a 'Quick References' section with links to various provider resources.



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 for 'FirstCare Health Plans, Part of Baylor Scott & White Health'. The user is logged in as Alecia (Username: aclaxton). The main navigation menu on the left includes Home, Members, Claims, Authorizations (selected), 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 'Authorization Request' 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), and Search for Practitioners* (text input with 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 Click the **Claim Lines** tab to view/edit the lines for a claim.
- 5 Return to the **Reason for Appeal** tab to summarize the appeal.
- 6 Click **Submit Appeal**.



Appealing a Claim (cont.)

See below for screen image of **Claim Appeal** window.

The screenshot shows the 'Claim Appeal' page in the myFirstCare Self-Service portal. The page is divided into a left sidebar with navigation options and a main content area. The sidebar includes links for Home, Members, Claims, Claim Search, Electronic Claims Status, Payments, Payment Negative Balance, Claim Submission, Authorizations, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area is titled 'Claim Appeal' and contains a form for submitting an appeal. The form includes fields for Member Name, Member ID, Start Date, Paid Date, Provider NPI, Patient Control #, End Date, Paid Amount, Provider Name, Date of Birth, Charge, and Network. Below these fields are tabs for 'Reason for Appeal' and 'Claim Lines'. The 'Reason for Appeal' tab is active and contains a list of reasons with checkboxes: 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*, and Other (specify reason below). There is also a text input field for the 'Other' reason. To the right of the list is an 'Attachments' section with a file upload button and a 'Drop file here' area. Below the attachments is a text area for providing a summary of the appeal. At the bottom of the form are 'Submit Appeal' and 'Cancel' buttons. A footer note states: 'An Appeal Reason is required to appeal a Claim. If you want to review or edit Claim Lines, please do so BEFORE clicking the "Submit Appeal" button. Select the "Claim Lines" tab above.' The footer of the page includes the copyright notice: '© 2019 FirstCare Health Plans. All rights reserved. Legal Notices & Privacy | FirstCare.com'.

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**.