

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.

FirstCare
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

Home

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

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

Claims

- Processed: 0
- Pending: 0
- Denied: 0

Authorizations

- Approved: 2
- Partially Approved: 1
- Not Approved: 0
- 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* (text input with a calendar icon), Ordering Provider* (dropdown menu), and Search for Practitioners* (text input with a search icon). A 'Validate Information' button is located at the bottom left of the form. The left sidebar contains a navigation menu with options: 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.



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.