

# 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](https://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](mailto: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**

**Authorizations**

**Announcements**

**Quick References**

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

Status	Count
Processed	0
Pending	0
Denied	0

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



## 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 main steps: 1. Start Request (highlighted in green), 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 at the bottom left of the form. The left sidebar contains navigation options: 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.



## 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.

**FirstCare**  
HEALTH PLANS  
PART OF BAYLOR SCOTT & WHITE HEALTH

**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.