

Provider Portal Reference Guide

Medicaid STAR members with RightCare by Scott and White Health Plan (SWHP) coverage



Registration and access

To access the Scott and White Health Plan RightCare Provider Self-Service Portal, complete the self-directed registration process:

1. Go to the login page at RightCare.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.

The screenshot displays the MyScott&White Self-Service portal interface. On the left is a vertical navigation bar with the following categories and items:

- 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

The main content area is titled "Home" and includes a "Provider" dropdown menu and a "Date Range" dropdown menu set to "one month".

Two donut charts are displayed:

- Claims:** A donut chart showing the status of claims. The legend indicates: Processed (green), Pending (blue), and Denied (grey). The chart shows 0 Pending, 0 Processed, and 0 Denied.
- Authorizations:** A donut chart showing the status of authorizations. The legend indicates: Approved (green), Partially Approved (blue), Not Approved (grey), and Pending (orange). The chart shows 2 Approved, 0 Partially Approved, 1 Not Approved, and 0 Pending.

Below the charts are two sections:

- Announcements:** A placeholder area with a "000" indicator.
- Quick References:** A list of links including: Provider News, STAR & CHIP Provider Information, Authorization Information, Case Management/Disease Management Referrals, Important Forms, and 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 'myScott&White Self-Service' interface. The main heading is 'Authorization Request'. The form is divided into three steps: '1. Start Request' (active), '2. Contact Details', and '3. Authorization Details'. The 'Start Request' step includes the following fields:

- Member ID*: Member ID...
- Authorization Type*: Select a type...
- Service Code*: Service Code...
- Date of Service*: [Calendar icon]
- Ordering Provider*: Select...
- Search for Practitioners*: Provider NPL...

A 'Validate Information' button is located at the bottom of the form. The footer contains the text: '© 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 the **Claim Appeal** window.

The screenshot shows the 'Claim Appeal' interface. At the top left is the Scott & White Health Plan logo, and at the top right is the 'myScott&White Self-Service' logo. A left-hand navigation menu includes: Home, Members, Claims (with sub-items: 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 with the following fields: Member Name, Member ID, Start Date, Paid Date, Provider NPI (with a text input field 'Enter a Provider NPI...'), Patient Control #, End Date, Paid Amount, Provider Name, Date of Birth, Charge, and Network. Below these is a 'Reason for Appeal' section with a list of 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) with a text input field. To the right of the checkboxes is an 'Attachments' section with file type restrictions (WORD DOCUMENT, PDF, TXT, or EXCEL) and a 20 MB limit, featuring a 'Select file' button and a 'Drop file here' area. Below the attachments is a text area for a summary of the appeal. At the bottom of the form are 'Submit Appeal' and 'Cancel' buttons. A note at the bottom states: 'An Appeal Reason is required to appeal a Claim.'

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.