

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 interface. On the left is a navigation menu with categories: Home, Members, Claims, Authorizations, Reports, Important Documents, View/Edit My Info, Message Center, and Contact Us. The main content area is titled 'Home' and includes a 'Provider' dropdown menu and a 'Date Range' dropdown set to 'one month'. There are two donut charts: 'Claims' and 'Authorizations'. The 'Claims' chart shows 0 Pending (blue), 0 Processed (green), and 0 Denied (grey). The 'Authorizations' chart shows 0 Partially Approved (blue), 1 Approved (green), 0 Not Approved (grey), and 0 Pending (orange). Below the charts are sections for 'Announcements' and 'Quick References'.

Status	Count
Processed	0
Pending	0
Denied	0

Status	Count
Approved	1
Partially Approved	0
Not Approved	0
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 'myScott&White Self-Service' interface. The main heading is 'Authorization Request'. Below this, there are 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), and Ordering Provider* (dropdown menu). To the right of the Ordering Provider* field is a search box labeled 'Search for Practitioners*' with a magnifying glass icon and the text 'Provider NPI...'. A 'Validate Information' button is located at the bottom left of the form area. The footer of the page 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. On the left is a navigation menu with options: Home, Members, Claims (sub-menu: 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:
- Patient Control #: _____
- End Date: _____
- Paid Amount: _____
- Charge: _____
- Network: _____
- Provider Name: _____
- Date of Birth: _____
- Claim Number: _____
- Status: _____

Below these fields is a section titled 'Reason for Appeal' with a list of reasons, each with a checkbox:

- 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)

There is a text input field below the 'Other' option. To the right of the list is an 'Attachments' section with the text: 'Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL. Maximum file size 20 MB)'. Below this is a dashed box containing a 'Select file' button and the text 'or Drop file here'. Below the attachments section is a text area with the instruction: '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.'

At the bottom of the form, there is a note: '*Requires an attachment be submitted'. Below the note is a message: 'An Appeal Reason is required to appeal a Claim.' At the very bottom are two buttons: 'Submit Appeal' (green) and 'Cancel' (red).

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.