

Provider Portal Reference Guide



Registration & Access

To access the 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. 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, 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 1-800-321-7947.



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.

Scott & White HEALTH PLAN PART OF BAYLOR SCOTT & WHITE HEALTH **RIGHTCARE**

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

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

Claims

Status	Count
Processed	0
Pending	0
Denied	0

Authorizations

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

Announcements

Attention RightCare Hospitals—Concurrent Review Fax Number Update

We encourage all of our providers to utilize our RightCare Provider Self-Service portal to submit new inpatient authorization requests, including clinical information. In order to streamline our processes —effective immediately, please submit all inpatient clinical information to 800-248-1852. The following fax number will be deactivated: 806-403-1660.

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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 displays the 'RightCare Self-Service' portal for Scott & White Health Plan. The main heading is 'Authorization Request'. The interface includes a navigation sidebar on the left with options like 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. The main content area shows a three-step process: 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 a 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 RightCare 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 855-359-9652 (Behavioral Health)'. The footer contains copyright information for 2019 Scott & White Health Plan.



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 **Claim Appeal** window.

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Claim Appeal

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: _____

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)

*Requires an attachment be submitted

Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL. Maximum file size 20 MB)

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.

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**.