

Provider Portal Reference Guide

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 **Create an Account** button and choose **Provider** from the popup selector.
2. Follow the instructions to register using two recently processed Claims and Member IDs.
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

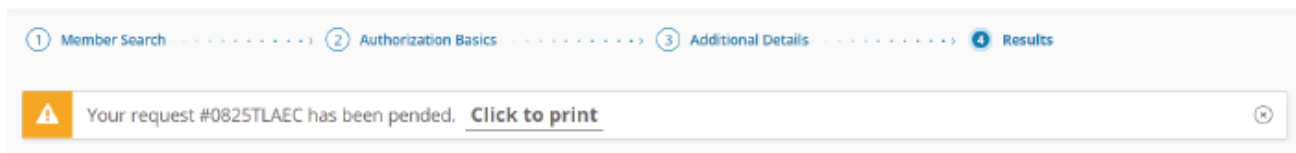
Simply select the activity/function you wish to access from the left navigation bar. For example, to access claims-related information, click on **Claims**.

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 myFirstCare Self-Service portal interface. At the top left is the FirstCare logo with the tagline 'HEALTH PLANS PART OF BAYLOR SCOTT & WHITE HEALTH'. The main header includes 'Home' and 'Announcements'. A left-hand navigation menu lists various services such as Home, Members, Claims, Payments, Authorizations, Reports, and Important Documents. The 'Claims' section is active, showing a donut chart with a legend for 'Processed', 'Pending', and 'Denied'. The 'Authorizations' section also features a donut chart with a legend for 'Approved', 'Partially Approved', 'Not Approved', and 'Pending'. A 'Quick References' dropdown menu is visible, listing links like 'Provider News', 'STAR & CHIP Provider Information', and 'Authorization Information - medical benefits'. A footer at the bottom contains copyright information and a 'Baylor Scott...' logo.

Requesting an authorization

1. Select **Authorizations** and then choose **Auth. Request** from the options.
2. Select the **Admission, Authorization, and Request Types**. Enter Member ID number along with the dates of service, service code and ordering/servicing provider information.
3. Select **Continue**, then proceed with the prompts to provide additional details and attach any necessary documents related to the authorization.
4. Once completed, a system-generated authorization number lets you know the status of the authorization. Select the **Click to Print** link to produce a printer-friendly/downloadable version of the authorization details



For additional details please see the [GuidingCare Authorization Portal User Guide](#).

Authorization Search

1. Select **Authorizations** and then choose Auth. Search from the options.
2. Search for and view authorizations by Provider, Auth ID, Member ID, Auth Status, and Service Date.

NOTE: The default date range is 1 month prior to and 1 month after the current date. Maximum date range is any 12-month timespan.

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 & WRIGHT HEALTH

myFirstCare Self-Service

Claim Appeal

Welcome back, [User Name]

Member Name: [Redacted] Member ID: [Redacted] Start Date: 8/29/24 Paid Date: 9/6/24
Provider NPI: [Redacted] Patient Control #: [Redacted] End Date: 8/29/24 Paid Amount: \$35.10
Provider Name: [Redacted] Date of Birth: 12/14/2021 Charge: \$325.00 Network: Medical/MRSA
Claim Number: [Redacted] Status: PROCESSED

Reason for Appeal

Indicate the reason for Appeal:

- Authorization
- Coordination of Benefits/Third Party Resources
- Correct Coding (CES)/external bundling/fraud detection
- COVID
- Eligibility/Newborn
- Medical Necessity/Medical Records
- No TP on File
- Non Covered
- Overpayment
- Provider Information Updated
- Services Excluded/Not Included in Contract
- Surprise Billing
- Underpayment/Provider Pricing/Reimbursement

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.

NOTE: Corrected Claims are not accepted through this process and must be submitted as a new claim with the corrected claim indicator.

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.