



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

RIGHTCARE

Provider Portal Reference Guide

for RightCare Members

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 **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**.

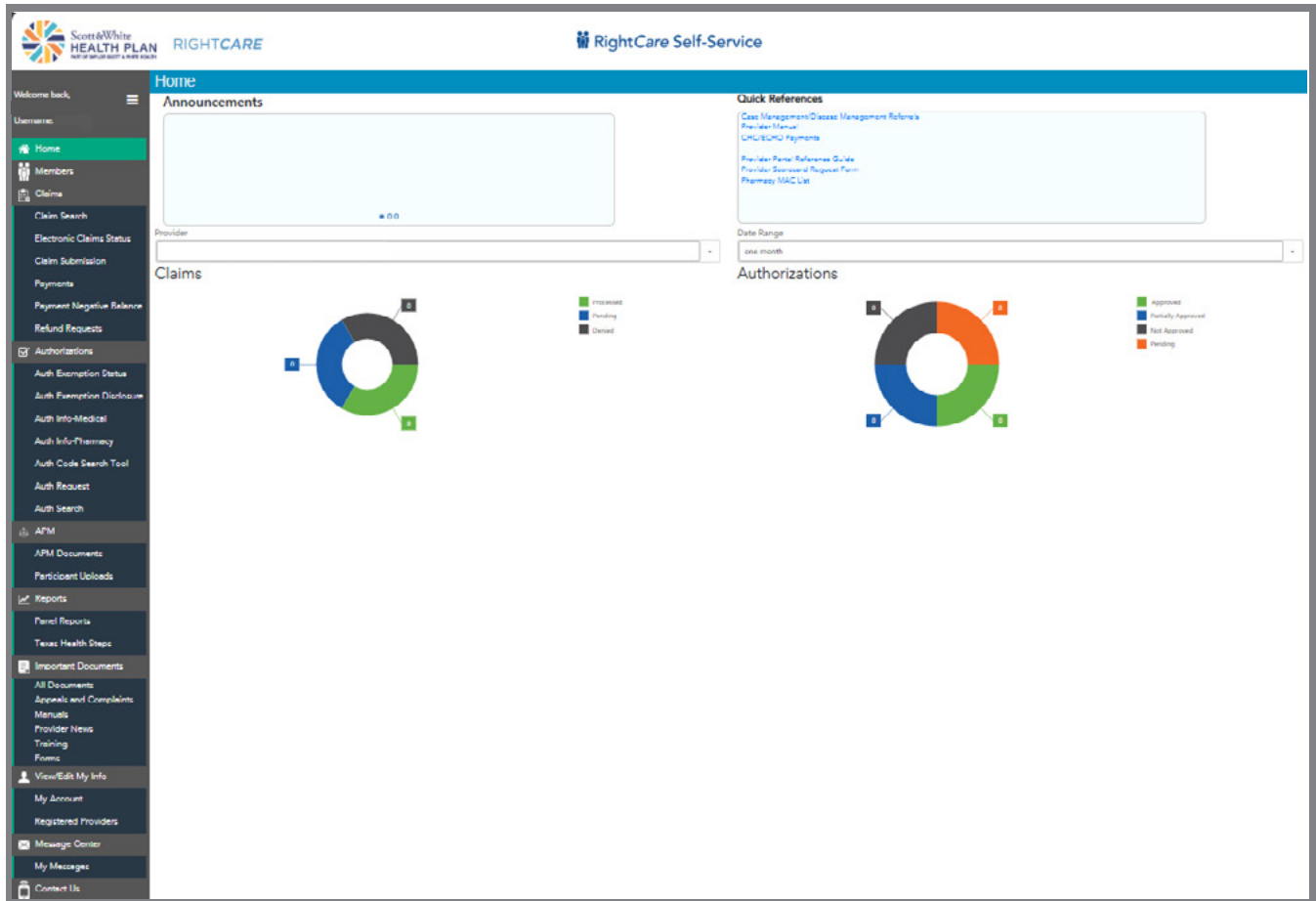
Getting help

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

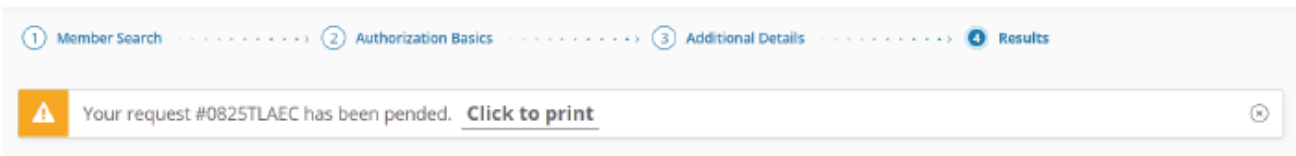
Simply select the activity/function you wish to access from the left navigation bar. For example, to access claims-related information, click on **Claims**.

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.



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 screen image of the **Claim Appeal** window.

The screenshot shows the 'Claim Appeal' window in the RightCare Self-Service portal. The header includes the Scott & White Health Plan logo and the 'RIGHTCARE' brand name. The main content area is titled 'Claim Appeal' and contains a form for submitting an appeal. On the left, there is a sidebar with navigation links: Home, Members, Claims, Claim Search, Electronic Claims Status, Claim Submission, Payments, Payment Negative Balance, Refund Requests, Authorizations, APM, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main form area includes fields for Member Name, Member ID, Start Date, Paid Date, Provider NPI, Patient Control #, End Date, Paid Amount, Provider Name, Date of Birth, Charge, Claim Number, and Status. Below these fields, there is a section for 'Reason for Appeal' with a list of checkboxes for various reasons: Authorization, Coordination of Benefits/Third Party Resources, Correct Coding (CER/external bundling/fraud detection), Connected Claim, Eligibility/Reason, Medical Necessity/Medical Records, No TPI on File Denial, Non-Covered (do not appeal if authorization not obtained; no retro auth considered), Overpayment, Services Excluded/Not Included in Contract (do not appeal if medical necessity; no retro auth considered), and Surprise Billing. To the right of the checkboxes, there is a text area for 'Attachments' with a file upload button and a note about file types and size. Below the attachments section, there is a text area for '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 are 'Submit' and 'Cancel' buttons. The footer of the page contains copyright information for 2023 Baylor Scott & White Health Plan.

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.