

# **Provider Self-Service Portal**

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Baylor Scott & White Provider Logos

The logos below will help you identify what provider portals to utilize.

BaylorScott&White	Commercial or Individual/Family Marketpl	ace									
	tt & White Health	🗐 User Guid									
	LOG IN/CREATE ACCOUNT >	ER/ED BENEFITS	VERIFICATION >								
	Medicare Advantage or BSWH Employee I	Plan									
	LOG IN/CREATE ACCOUNT >       ER/ED BENEFITS VERIFICATION >         Medicare Advantage or BSWH Employee Plan       Image: Court Plan (BSWHP) coverage.         Providers with Medicare Advantage or BSWH Employee Plan patients with Baylor Scott & White Health Plan (BSWHP) coverage.       Image: Covenant Health Advantage (Medicare)         *Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWHP) coverage.       Image: Covenant Health Advantage (Medicare)         *Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWHP) coverage.       Image: Covenant Health Advantage (Medicare)         *Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWHP) coverage.       Image: Covenant Health Advantage Medicare)         *Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWHP) coverage.       Image: Covenant Health Advantage Medicare)         *Covenant Health Advantage members with Baylor Scott & White Health Plan (SWHP) coverage.       Image: Covenant Health Advantage Medicare)         *Covenant Health Advantage members with Baylor Scott & White Health Plan (SWHP) coverage.       Image: Covenant Plantage         Medicaid STAR Patients with RightCare by Scott and White Health Plan (SWHP) coverage.       Image: Covenant Plantage         LOG IN/CREATE ACCOUNT >       Image: Covenant Plantage       Image: Covenant Plantage         LOG IN/CREATE ACCOUNT >       Image: Covenant Plantage       Image: Covenant Plantage         LOG IN/CREATE ACCOUNT >       Image: Covenant P										
	LOG IN/CREATE ACCOUNT A	ER/ED BENEFITS	VERIFICATION >								
	Covenant Health Advantage (Medicare	Family Marketplace s with Baylor Scott & White Health I User Guide ER/ED BENEFITS VERIFICATION > WH Employee Plan is with Baylor Scott & White Health I User Guide ER/ED BENEFITS VERIFICATION > tage (Medicare) ealth Plan (BSWHP) coverage. I User Guide ER/ED BENEFITS VERIFICATION > RightCare White Health Plan (SWHP) coverage. I User Guide ER/ED BENEFITS VERIFICATION >									
	*Covenant Health Advantage members with Baylor Scott & White Health Plan (BSWH	P) coverage.	📑 User Guid								
	LOG IN/CREATE ACCOUNT *	ER/ED BENEFITS VERIFICATION >									
Scott &White	Medicaid STAR - RightCare										
NET OF SECTION OF SECTION AND A SECTION OF S	Providers with Medicaid STAR patients with RightCare by Scott and White Health Plan	(SWHP) coverage.	🗐 User Guid								
	LOG IN/CREATE ACCOUNT >	ER/ED BENEFITS	VERIFICATION >								
	Medicaid STAR/CHIP - FirstCare										
MART OF EARLIER SOUTH & MINISTER HEALTH	Providers with Medicaid STAR and CHIP patients with FirstCare Health Plans (FirstCare	e) coverage.	🔋 User Guid								

Move your cursor over the image to select your patient's coverage and gain access to the appropriate Provider Portal.

### **Create Account**



Choose the link or the button to create an account.

# **Create Account - Select Provider**



Select the "Provider" button to continue registration.

# Start Registration using Claim/Member ID

HEALTH PLANS	iii myFirstCare Self-Service
Create my Provider User Account	
1. Add Providers 2. Contact Informat	tion 3. Account 4. Security Questions 5. Privacy Policy
<ol> <li>If you are a Billing Provider, enter your Tai If you are a Practitioner, enter the Tax ID, If you do not have a Claim ID, click the "U</li> </ol>	x ID and NPI, and information for a <mark>claim within the last 90 days.</mark> NPI, and information for a claim wit <del>hin the last 90 days for one of</del> your Billing Providers. se Activation Code* checkbox below, and then contact your Provider Relations Representative here to obtain the code.
2. Click "Validate" to begin your Portal Acco	unt registration.
3. You will be able to add more providers to	your account after it is created, by clicking 'View/Edit My Info' in the left navigation bar, and then 'Registered Providers'
4. If you need further assistance with your re Use Activation Code (Check Billing Provider Tax ID* Billing Provider NPI* Claim ID* Member ID*	gistration, contact your Provider Relations Representative here.  only if you don't have a Claim ID)  Validate Cancel Continue
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Self-register using a Billing Provider's Tax ID and NPI, plus a Claim ID and Member ID from a claim submitted within the last **90 days**.

# Start Registration using Activation Code

FirstCare HEALT PLANS PART OF BALLOR SOUTH & WHITE HEALTH
Create my Provider User Account
1. Add Providers     2. Contact Information     3. Account     4. Security Questions     5. Privacy Policy
To create your Provider User Account:
<ol> <li>If you are a Billing Provider, enter your Tax ID and NPI, and information for a claim within the last 90 days.</li> <li>If you are a Practitioner, enter the Tax ID, NPI, and information for a claim within the last 90 days for one of your Billing Providers.</li> <li>If you do not have a Claim ID, click the "Use Activation Code" checkbox below, and then contact your Provider Relations Representative here to obtain the code.</li> </ol>
2. Click "Validate" to begin your Portal Account registration.
3. You will be able to add more providers to your account after it is created, by clicking 'View/Edit My Info' in the left navigation bar, and then 'Registered Providers'
4. If you need further assistance with your registration, contact your Provider Relations Representative here. Use Activation Code   Check only if you don't have a Claim ID) Billing Provider Tax ID* Billing Provider NPI* Activation Code*
Validate
Cancel Continue
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If you do NOT have the claim information, you must obtain an Activation Code. (See the following slide.) Enter the same Billing Provider Tax ID and NPI you used for the Activation Code, and then enter the Activation Code here to continue with your registration

# **Obtain an Activation Code**

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
- Email address
- Billing address
- Job title
- Name of organization
- Phone number
- Group NPI
- Tax ID number

# Dashboard



Upon log-in, the Provider Dashboard displays, which includes a quick one-month summary, important announcements, and reference links

# **Collapsed Navigation Bar**



Click the "hamburger" icon to provide more viewing space.



### Responsive / Mobile Friendly

The Provider Portal is a responsive web app, automatically adjusting the display to fit the size of the user's device. This is an iPad view of the Landing Page.

# **Member Information**

F				蘭 myFirs	tCare Sel	f-Service		
	<b></b>	Members						
Welc	ome back, 🔤	Member ID:						
Usen	name:			Submit Find	Member ID			
ñ	Home	Choose Member						
ţ,	Members		-					
剧	Claims	Vie	w ID Cards	View C	<u>laims</u>	View A	uthorizations	Request New Authorization
Ø	Authorizations	Personal Informat	ion Benefits & Coverage	Accumulators	PCP/OBGY	N Other Coverage	Additional IDs	
2	Reports	Current Status:	Active		Benefit	FirstCare Select Plus HMO		
	Important Documents	Account Id:		Accou	Network: int Name:			
Ľ	View/Edit My Info							
$\boxtimes$	Message Center	Birth Date:	Mala		Home:			
Ô	Contact Us	Relationship:	Self		Billing:			
	Log Out	Phone:						
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The Members page allows you to verify eligibility and plan benefits, view the member's ID card, look up auth and claims status, see provider selections, and more.

# Member with Additional IDs

		If-Service	myFirstCare Sel	Ŵ	
				Members	
			Find Member ID	Member ID: Submit This member has additional IDs. See "Additional IDs" tab below.	Welcome pack, = Username:
				Choose Member:	Members
thorization	Request New Authorization	View Authorizations	View Claims	View ID Cards	Authorizations
		Other Coverage Additional IDs	s PCP/OBGYN O	Personal Information Benefits & Coverage Accumulato	Keports     Important Documents     View/Edit My Info     Message Center     Contact Us
				l rights reserved. <u>Legal Notices &amp; Privacy   FirstCare.com</u>	© 2019 FirstCare Health Plans. A
th	Request New Auth	View Authorizations           Other Coverage         Additional IDs	Find Member ID         View Claims         s       PCP/OBGYN         Or	Submit This member has additional IDs. See "Additional IDs" tab below. Choose Member: View ID Cards Personal Information Benefits & Coverage Accumulato Member ID Account Status Active Inactive	Image: Second state st

Providers are alerted when Members have additional FirstCare active or terminated IDs. The IDs can be viewed on the "Additional IDs" tab.

### Member ID Cards



Easily view, download, and print Member ID cards.

# **Member Benefits**

HEALTH PLANS	-		蘭 myFirstCare S	Self-Service		
PART OF BAYLOR SCOTT & WHITE HEALTH	Members					
Welcome back. 🗮 Username:	Member ID:	Submit	Find Member ID			
👚 Home	Choose Member:					
Members	·	]				
🔛 Claims	View ID Cards		View Claims		View Authorizations	Request New Authorization
Authorizations	Personal Information Benefits & Coverage	Accumulators	PCP/OBGYN	Other Coverage	Additional IDs	
🛃 Reports						
🗐 Important Documents	07/01/2018 - Current (LC8PH2D1_4806) •					
View/Edit My Info	Medica	l Benefits		x		
🔀 Message Center	Medical Benefit Summary 1	Value				
a Contact Us	Diagnostic Copay	\$250.00				
	ER Copay	\$400.00				
	In Network Coinsurance	80%				
	In Network Family Deductible	\$2,000.00				
	In Network Family Out Of Pocket Maximum	\$7,000.00				
	In Network Individual Deductible	\$1,000.00				
	In Network Individual Out Of Pocket Maximum	\$3,500.00				
	PCP Office Copay	\$25.00				
	Pediatric Office Copay	\$0.00				
	Specialist Office Copay	\$55.00				
	Urgent Care Copay	\$50.00				
	Pharmad	y Benefits		I		
	Pharmacy Benefit Summary	Value				
	Family RX Deductible	\$0.00				
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Members' current Benefits & Coverage display here, as well as the option to view past benefits & coverage using the dropdown.

### **Member Accumulators**

	-	蘭 myFirst0	Care Self-Service				
PART OF BAYLOR SCOTT & WHITE HEALTH	Members						
Welcome back, ==	Member ID:	Find Member ID					
☆ Home Members	Choose Member:						
📰 Claims	View ID Cards	View Claims		View Authoriz	ations	Request New Au	uthorization
☑ Authorizations I Reports	Personal Information Benefits & Coverage Accumulators	PCP/OBGYN Othe	r Coverage Additional IDs				
Important Documents	This informat	Dedu ion is based on claims proc	Ictible/Out-of-Pocket N ressed as of the previous busine	<b>Aaximums</b> ess day. Recent service	es may not yet be included.	x	Q Search
🔀 Message Center	Benefit	Progress	Maximum	Satisfied	Remaining	Effective	End
Contact Us	Accumulator Type: Deductible						
Log Out	Accumulator Type: OOP Max						
	<ul> <li>Accumulator Type: Service Category (Continues on the next p</li> </ul>	age)					
	Service 01996	Progress: 0%	1	0	1	3/22/2019	3/22/2019
	Adult Physical (CM)	Progress: 0%	1	0	1	7/1/2018	6/30/2019
	Cardiovascular Disease Testing (CM)	Progress: 0%	200.00	0.00	200.00	7/1/2014	6/30/2019
	Chiropractic Services, Spinal Manipulation (CM)	Progress: 0%	35	0	35	7/1/2018	6/30/2019
	Digital Breast Tomosynthesis (CM)	Progress: 0%	1	0	1	7/1/2018	6/30/2019
	Durable Medical Equipment, Apnea Monitor (CM)	Progress: 0%	1	0	1		
	Durable Medical Equipment, CPAP (CM)	Progress: 0%	1	0	1		
	5 10 20					Page	1 of 2 (21 items) 1 2

Check the status of a Member's Deductible, OOP Max, or Service Category Accumulators. Click the down arrows to see all the details.

# **Electronic Claims Submission**

PAF	HEALTH PLANS	iii myFirstCare Self-Service
		Claim Submission
User	iome back, 🔤	We offer Batch Claim Submission and Online Claim Entry for our providers - ClaimShuttle™ for secure EDI file transfer and SolAce EMC™ for online claim entry and billing.
睂	Home	Click here to Login or Register to use these services
Ö	Members	
Ē.	Claims	
	Claim Search	
	Electronic Claims Status	
	Claim Submission	
	Payments	
	Payment Negative Balance	
	Refund Requests	
Ø	Authorizations	
2	Reports	
Ę	Important Documents	
L	View/Edit My Info	
$\boxtimes$	Message Center	
Ô	Contact Us	
•	Log Out	
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Most providers use a thirdparty service or clearinghouse for electronic claims submissions. A small number, however, submit claims electronically through our portal.

# **Electronic Claims Status**

F	HEALTH PLANS					Ŵ	myFirstCa	re Self-Se	ervice						
	_	Electro	nic Claims	s Statu	IS										
Welc	ome back, 📃	Provider:													
User	name:					•									
~		Received Da	te From:		To:			Patient C	ontrol Numb	er:					
	Home	6/4/2019			6/14/2019		Ċ.					View only rejected claims			
Ĩ	Members	Service Start	t Date:		Service End	Date:									
計	Claims	mm/dd/yyyy	ý		mm/dd/yyy	у	Ċ.	Search	Clear						
	Claim Search												x	Q Search	
	Electronic Claims Status	Mom 💌	Claim			Service	Received		Provi 🛡						Patient T
	Claim Submission	ID	Number	Charge	Sta 🝸	Start Date	Date	Tax ID	ID	NPI	•	Compliance Error			Ctrl #
	Payments	Q	٩	٩	٩	۹ 🗖	۹ 🖬	Q	Q	٩		٩			Q
	Payment Negative Balance			44,869.51	Accepted	07/02/2018	06/04/2019								
	Refund Requests			44,869.51	Accepted	07/02/2018	06/06/2019								
⊠	Authorizations			23,042.05	Accepted	10/30/2018	06/08/2019								
~	Reports			6,046.76	Accepted	11/22/2018	06/05/2019								
	Important Documents			71,560.17	Rejected	11/27/2018	06/06/2019					NDC was invalid or missing for date of service	2		
	View/Edit My Info			14,992.07	Accepted	11/30/2018	06/06/2019								
	Mossage Center			51.000.00	Detected	01/04/2010	05/12/2010					Coordination of Benefits (COB) Payer Paid An required when there is a Claim Check or Rem	iount (2320 ittance Dat	), AMT) is e, (2330B,	
	message Center			21,003,96	Rejected	01/04/2019	00/12/2019					DTP) present or the Line Adjudication Inform present.	ation (2430	, SVD) Loop	
	Contact Us			6,778.66	Accepted	01/05/2019	06/12/2019								
	Log Out			2,785.76	Accepted	01/13/2019	06/13/2019								
				2,785,76	Accepted	01/13/2019	06/06/2019								
©	2019 FirstCare Health Plans. Al	l rights reserv	ved. <u>Legal Notice</u>	s & Privacy	FirstCare.	<u>com</u>	00,00,2019						_		

View the status of your electronically submitted claims, including the reason (compliance error) for any rejections. The "Accepted" claims have been submitted for processing.

The "Rejected" claims require you to review and resubmit before they will be submitted for processing.

# Electronic Claims Status - Rejected Claims Only

F							👹 m	yFirstCa	are Self-Ser	vice				
	OF BAYLON SCOTT & WHITE HEALTH	Electron	ic Claims S	Status										
Weld	ome back, 🔤	Provider:												
User	name:					•								
~	Home	Received Date	From:		To:				Patient Cont	ol Number	:			
	Members	6/4/2019			6/14/201	19								
W (A)		Service Start D	ate:		Service Er	nd Date:				-				
24	Claims	mm/dd/yyyy			mm/dd/j	/YYY			Search	Clear				
	Claim Search												X	Search
	Electronic Claims Status	Member <b>T</b>	Claim	Charge	Sta 🔻	Service Start	Received	Tax ID	Provi	NPI	Compliance Error			Patient 🔻
	Claim Submission	טו	Number			Date	Date							Ctrl #
	Payments	Q	Q	Q	۹	۵ 🗖	۵ 🗖	Q	Q	Q	Q			Q
	Payment Negative Balance			71,560.17	Rejected	11/27/2018	06/06/2019				NDC was invalid or mi	issing for date of service		
	Refund Requests			51,669.96	Rejected	01/04/2019	06/12/2019				Coordination of Benef Claim Check or Remitt (2430, SVD) Loop pres	fits (COB) Payer Paid Amount (2320, AMT tance Date, (2330B, DTP) present or the l sent.	I) is required when ther Line Adjudication Inform	e is a nation
	Authorizations			11,543.54	Rejected	03/31/2019	06/04/2019				NDC was invalid or mi	issing for date of service		
2	Reports			25,769.53	Rejected	04/08/2019	06/07/2019				NDC was invalid or mi	issing for date of service		
	Important Documents			54,905.44	Rejected	05/01/2019	06/08/2019				NDC was invalid or mi	issing for date of service		
Ŀ	View/Edit My Info			54,905.44	Rejected	05/01/2019	06/06/2019				NDC was invalid or mi	issing for date of service		
$\boxtimes$	Message Center			67,317.35	Rejected	05/09/2019	06/04/2019				NDC was invalid or mi	issing for date of service		
ĥ	Contact Us			65,650.87	Rejected	05/10/2019	06/05/2019				NDC was invalid or mi	issing for date of service		
	Log Out			1,791.44	Rejected	05/15/2019	06/08/2019				Contract DOB Not on	File		
-				68,516.17	Rejected	05/21/2019	06/04/2019				NDC was invalid or mi	issing for date of service		
		T Create Filte	r											
		10 25 5	0										Page 1 of	2 (17 items) 1 2
0	2019 FirstCare Health Plans A	ll rights reserved	Legal Notices &	Privacy   Fi	rstCare.cor	m								

You have the option to view only the rejected claims. This enables you to remediate and re-submit quickly.

# Grid Global Search (Claims, Auths, etc.)

F							蘭 myFi	rstCare Self-Se	ervice						
Welo	ome back.	Me	mber ID			Claim Sta	tus		P	rovider*					
Liser	namet	M	ember ID			(AII)			•						-
USCI1		Ser	vice Start Date Be	tween*:		And*:									
Â	Home	3/	11/2019			4/11/201	9			Search	Clear			_	
Ň	Members												X	4	$\otimes$
剧	Claims		Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status 🔻	Provider Name	Deduc	End Date
	Claim Search	•	20190313P0 <mark>4</mark> 822	3/12/2019	3/13/2019	View		HERNANDEZ,	319.15	0.00	Appeal	DENIED	đ	0.00	
	Electronic Claims Status							IRINIDAD							
	Claim Submission	*	20190318P00204	3/14/2019	3/18/2019	View	5497	LOPEZ, JOSIAH	314.14	18 <mark>4</mark> .60	Appeal	PROCESSED	48.	0.00	
	Payments	•	20190318P00198	3/13/2019	3/18/2019	View		MARTINEZ, NEHIMIAH	315.60	18 <mark>4</mark> .60	Appeal	PROCESSED	48 02	0.00	
	Payment Negative Balance	•	20190318P00329	3/13/2019	3/18/2019	View		MARTINEZ, EDWARD	37 <mark>4</mark> .60	18 <mark>4</mark> .60	Appeal	PROCESSED	46	0.00	
	Refund Requests	•	20190318P003 <mark>4</mark> 6	3/13/2019	3/18/2019	View	447	WHITE, ELSA	<mark>44</mark> 9.60	18 <mark>4</mark> .60	Appeal	PROCESSED		0.00	
	Authorizations		20400240000225	2/12/2010	2/10/2010	No.		RAMIREZ,		10 50		2200000000		0.00	
	Reports		20190318P00335	3/13/2019	3/18/2019	view		MAKAYLA	449.62	182.60	Appear	PROCESSED		0.00	
	Important Documents	•	20190319P0 <mark>4</mark> 65 <mark>4</mark>	3/18/2019	3/19/2019	View	<mark>4</mark> 26	GONZALES, BRAXTON	37 <mark>4</mark> .60	18 <mark>4</mark> .60	Appeal	PROCESSED		0.00	
1	View/Edit My Info	•	20190319P0 <mark>4</mark> 670	3/17/2019	3/19/2019	View		PEREZ, ANTONIO	75.00	0.00	Appeal	DENIED		0.00	
$\boxtimes$	Message Center	•	20190319004664	3/15/2019	3/19/2019	View	547	CLAYSON MELL	298.8	18/160	Appeal	PROCESSED		0.00	
	Contact Us		2013031310_000	5/15/2015	5/15/2015				2.50.0	100.00	repear	TROCESSED		0.00	
	Log Out	•	20190319P0 <mark>4</mark> 665	3/15/2019	3/19/2019	View	528186335	ADYEN	<mark>424</mark> .60	18 <mark>4</mark> .60	Appeal	PROCESSED		0.00	
		10	25 50									Pa	ge 1 of 68 (671 items) 1 2 3	4 5	. 68
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Here's a tip to search the entire grid of any grid in the portal: Using the search field above the grid, type in one or more numeric and/or alphabetic characters and hit Enter or the spyglass icon.

# Claim Search by Provider/Member

F							<b>iii</b> m	yFirstCare Self	-Service	е					
PAF	T OF BAYLOR SCOTT & WHITE HEALTH	Clai	m Search												
llsen	ame:	Sear	rch By:												
/3211			Men	nber / Provide	ər		Clair	n Number			Che	eck Number		835 Trace N	lumber
11 •••	Home	Men	nber ID			Claim S	tatus			Provider	*				
Ň	Members	Me	mber ID			(All)			•						•
翻	Claims	Serv	rice Start Date Be	etween*:		And*:				_					
	Claim Search	3/1	1/2019		Ċ	4/11/2	019			Search	Clear				
	Claim Submission					1	I					1		x	<b>Q</b> , Search
	Payments		Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status 🔻	Provider Name		Deduct End Date
	Payment Negative Balance	•	20190313P00271	3/11/2019	3/13/2019	View			298.79	184.60	Appeal	PROCESSED			0.00
	Refund Requests		20190313P00222	3/11/2019	3/13/2019	View			298.79	184.60	Appeal	PROCESSED			0.00
ব	Authorizations	•	20190313P04821	3/12/2019	3/13/2019	View			340.66	184.60	Appeal	PROCESSED			0.00
~	Reports		20190313P04813	3/12/2019	3/13/2019	View			298.84	184.60	Appeal	PROCESSED			0.00
	Important Documents	•	20190313P04824	3/12/2019	3/13/2019	View			298.84	184.60	Appeal	PROCESSED			0.00
	Message Center	•	20190313P04801	3/11/2019	3/13/2019	View			424.60	184.60	Appeal	PROCESSED			0.00
ŝ	Contact Us		20190315004885	3/12/2019	3/15/2019	View			184.60	0.00	Appeal	DENIED			0.00
â	Log Out		20190315F04005	5/12/2019	5/15/2015	view			104.00	0.00	Арреа				0.00
		*	20190318P00333	3/13/2019	3/18/2019	View			349.60	184.60	Appeal	PROCESSED			0.00
		•	20190318P00351	3/14/2019	3/18/2019	View			298.84	184.60	Appeal	PROCESSED			0.00
		•	20190319P03569	3/15/2019	3/19/2019	View			185.24	96.79	Appeal	PROCESSED			0.00
		10	25 50										Page 1 of 68 (672 item:	5) 1 2 3	3 4 5 68
0	2019 FirstCare Health Plans. All	riahts	reserved. Legal N	lotices & Pr	ivacy   FirstCa	ire.com								_	

From the Claims page, you can search for claims by Member ID, Provider, claim number, check number, status, and DOS.

NOTE that the default date range is 1 month. Maximum date range is any 12-month timespan

# **Claim Lines - Denied Reason**

F									蘭 myFirst	Care Se	lf-Service	9								
Welco	ome back, 🛛 🗮	Sear	rch By:	Member /	Provi	der			Claim Nur	nber			Check	Number			835 T	race Number		
Usern	ame: <b>Bandara</b>	Men	nber ID				Claim	Statu	IS			Provider*								
Â	Home	Me					(All)				•									•
ţij	Members	Serv	vice Start D	ate Betw	een*	:	And*:													
- [*]	Claims	2/1	16/2018			Reason								×						
	Claim Search				L.	Code 🔻	Responsi	T	Description					T			x	<b>Q</b> Searc		
	Electronic Claims Status		Claim ID	t S D	tar Pat∉	EXIL			IL DENY / RESUB AMOUNT.	MIT WITH F	RIMARY CAP	RIER'S EOE	3 or primary f	PAID	Pro	ovider Name		Deduc	End Date	
	Claim Submission	•	18094XPS0	058 2/	(20,	EXIL	Supplier Responsibility		IL DENY / RESUB AMOUNT.	MIT WITH F	RIMARY CAP	RRIER'S EOE	3 or primary f	PAID				0.00		
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	Important Documents		Line Item	Start Date	Þ	iagnosis	Proce C	.ha	(Count)	Status	Keason	P	Location			Processed Date	Indicator	(s)/Modi	End Date	
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© 2	019 FirstCare Health Plans. All	l rights	reserved. <u>l</u>	<u>egal Not</u>	ices 8	<u>k Privacy</u>	FirstCare.com	1												

Claims can be expanded to show line detail with a single click of the arrow next to the Claim ID. For each claim line, Providers can view status and get a full description of the reason for any denials.

You can also, by clicking the "View" buttons on a claim line, view details about the Diagnosis codes and the Indicators & Modifiers.

# **EOPs and Electronic Remittance Advice**

e					👹 m	yFirstCare Self	-Servic	е					
Claim	Search												
Search I	By:												
	Mem	ber / Provide	r		Clair	n Number			Ch	eck Number		835 Trace I	Number
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a												X	<b>Q</b> Search
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ance 20	190313P00271	3/11/2019	3/13/2019	View			298.79	184.60	Appeal	PROCESSED			0.00
▶ 20 <sup>-</sup>	190313P00222	3/11/2019	3/13/2019	View			298.79	184.60	Appeal	PROCESSED			0.00
► 20 <sup>-</sup>	190313P04821	3/12/2019	3/13/2019	View			340.66	184.60	Appeal	PROCESSED			0.00
▶ 20 <sup>-</sup>	190313P04813	3/12/2019	3/13/2019	View			298.84	184.60	Appeal	PROCESSED			0.00
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▶ 20 <sup>-</sup>	190315P04885	3/12/2019	3/15/2019	View			184.60	0.00	Appeal	DENIED			0.00
201	190318P00333	3/13/2019	3/18/2019	View			349.60	184.60	Appeal	PROCESSED			0.00
▶ 201	190318P00351	3/14/2019	3/18/2019	View			298.84	184.60	Appeal	PROCESSED			0.00
201	190319P03569	3/15/2019	3/19/2019	View			185.24	96.79	Appeal	PROCESSED			0.00
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Providers can view EOPs and associated remittance information from the Claim Search page by locating the claim and clicking the View button in the EOP column.

# Claim Appeal - Medicaid & Medicare

F	HEALTH PLANS	iii myFirstCare Self-Service
Welco	ome back,	Claim Appeal
Userr	Home Members Claims	Member Name:     Member ID:     Start Date:     5/17/19     Paid Date:     5/28/19       Provider NPI:     Patient Control #:     End Date:     5/17/19     Paid Amount:     \$95.14       Provider Name:     Date of Birth:     7/27/2003     Charge:     \$2,578.97     Network:     Medicaid Lubbock       Claim Number:     Status:     PROCESSED     Vertication     Vertication     Vertication
	Claim Search Electronic Claims Status Claim Submission Payments Payment Negative Balance Refund Requests	Indicate the reason for Appeal:       Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL. Maximum file size 20         Provider information updated       MB)         Member eligibility updated       Select file         Denied in error       Select file         EOB Attached (COB Claim)*       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.
	Authorizations Reports Important Documents View/Edit My Info Message Center Contact Us Log Out	Resubmission with Proof of Authorization/Referral*         Resubmission with Proof of Timely         Filing*         Other (specify reason below)         *Requires an attachment be submitted         An Appeal Reason is required to appeal a Claim. If you want to review or edit Claim Lines, please do so BEFORE clicking the "Submit Appeal"         Submit Appeal         Cancel
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Claims can be appealed by clicking the "Appeal" button from the Claim Search grid.

# Claim Appeal – Claim Lines

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name:	Member N	ame:	Membe	ID:		Start I	Date: 5	/17/19		Paid Date: 5/	28/19		
Hama	Provider N	PI:	Patient	Control #:		End D	Date: 5/	17/19		Paid Amount:	\$95.14		
nome	Provider Na	ame:	Date of	Birth: 7/27/20	003	Charg	je: \$2,5	78.97		Network: Me	dicaid Lubbock		
Members	Claim Num	ber:	Status:	PROCESSED									
Claims	Reason f	or Appeal	Claim Lines										
Claim Search												Add	Claim Line
Electronic Claims Status	Line	Start				Unite				Processed	Indicators (	End	
Claim Submission	Item	Date	Diagnosis	Procedure	Charge	(Count)	Status	Paid	Location	Date	Modifiers	Date	
Payments	1	5/17/19	S83.92XA, S89.92XA, X50.0XXA, Y92.39, Y93.02		4.00	2	PAID	0.43		5/27/19		5/17/19	Edit
Payment Negative Balance	2	5/17/19	\$83.92XA, \$89.92XA, X50.0XXA, Y92.39,	73562	1,095.56	1	PAID	38.01		5/27/19	LT, TC	5/17/19	Edit
Refund Requests			Y93.02										Lun
Authorizations	3	5/17/19	S83.92XA, S89.92XA, X50.0XXA, Y92.39, Y93.02	99283	1,479.41	1	PAID	56.70		5/27/19		5/17/19	Edit
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Important Documents	button. Se	elect the "C	Claim Lines" tab above.	to review or	edit Claim	Lines, piease	ao so i	DEFORE	clicking	ne Submit A	ppear		
View/Edit My Info	Submit /	Appeal	Cancel										
Message Center													
Contact Us													

The "Claim Lines" tab displays, providing the option to edit the line(s) or add new line(s).

# Claim Appeal – Edit Claim Lines

FirstCare	Edit Claim Line	×				
HEALTH PLANS	Line Item: Start Date: End Date:	Processed Date:				
_ Claim Appeal	2 5/17/2019 5/17/2019	5/27/2019				
	Diagnosis Codes:					
Jsername: Member Name:	\$83.92XA,\$89.92XA,X50.0XXA,Y92.39,Y93.02,		laid Date: 5	(28/19		
Home Provider NPI:	Procedure Codes:		letwork: Me	edicaid Lubbock		
Provider Name:	73562					
	Charge: Paid: Units:	Status:	_			
Claim Soarch	1095.56 38.01 1	PAID	•			
	Indicators / Modifiers:		_		Add Claim Line	
Electronic Claims Status	LT, TC	8	<ul> <li>Processed</li> </ul>	Indicators /	End	
Claim Submission Item Date Di	Location:		Date	Modifiers	Date	
Payments 1 5/17/19 S8	Select a location		5/27/19		5/17/19 Edit	
Payment Negative Balance	Save Delete Cancel		5/27/19	LT TC	5/17/19	
Refund Requests			5/2//17	EI, IO	Edit	
Authorizations 3 5/17/19 St			5/27/19		5/17/19 Edit	
Reports						- -
An Appeal Reason is req	anou to appear a blann n Joa nant to ronon or bare blann an	, prodoo do oo oe, one one		Appeal"		
button. Select the "Claim	1 Lines" tab above.					
Submit Appeal	incel					
Message Center						
Contact Us						
🔒 Log Out						
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A popup form enables full editing of a claim line.

# **Claim Appeal – Submission Confirmation**

F		iii myFirstCare Self-Service
Welc	ome back,	Claim Appeal
User	name: <b>Hanne</b> Home	Member Name:         Member ID:         Start Date:         5/17/19         Paid Date:         5/28/19           Provider NPI:         Patient Control #:         End Date:         5/17/19         Paid Amount:         \$95.14           Provider Name:         Date of Birth:         7/27/2003         Charge:         \$2,578.97         Network:         Medicaid Lubbock
İ		Claim Number: Status: PROCESSED
_ 🛱		Reason for Appeal Claim Lines
	Claim Search Electronic Claims Status Claim Submission Payments Payment Negative Balance	Indicate the reason for Appeal:       Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL Maximum file size 20 MB)         Provider information updated       Amber eligibility updated         Authorization updated       Appeal Request Submitted         Authorization updated       Your Appeal has been submitted and will be processed shortly. Your request id is 3324223         EOB Attached (COB Claim)*       Itional supporting
	Refund Requests Authorizations Reports Important Documents View/Edit My Info Message Center Contact Us Log Out	Corrected/Replaced Claim Appeal to enter an additional service Authorization/Referral* Resubmission with Proof of Timely Filing* Other (specify reason below) *Requires an attachment be submitted An Appeal Reason is required to appeal a Claim. If you want to review or edit Claim Lines, please do so BEFORE clicking the "Submit Appeal" button. Select the "Claim Lines" tab above. Submit Appeal Cancel
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Once you submit the appeal, a popup will show you the confirmation of your submission.

You can also go to Message Center/My Messages to see your Claim Appeal submission ID.

# Claim Review Request - Commercial & Baylor Employee

HEALTH PLANS						蘭 myFirst(	Care Self-	Service					
AT OF BAYLOR SCOTT & WHITE HEALTH	Claim Search												
ey	Search By:												
		Member / Prov	rider			Claim Number				Check Number	835 Tr	ace Number	
Home	Member ID			C	laim Status			Provider*					
Members	Member ID				(All)			Baylor Sc	ott and White Medica	Center Temple (NP)	1477516466)		
Claims	Service Start Date Betw	een*:		Δ	nd*:								
Claim Search	9/1/2023				3/22/2024		C	Search	Clear				
Electronic Claims Status												X	Q Search
Claim Submission	Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status	Provider Name	Deductible	End Date
Payments Payment Necative Balance	20230923001599	9/3/2023	9/23/2023	View	626524404	RASBERRY, AMI	23,927.88	4,077.38	Appeal	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/4/2023
Refund Requests	20230911003548	9/6/2023	9/11/2023	View	HIM107966000	Mills, Christine	1,191.34	121.68	Contact Us	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/6/2023
Authorizations	20230911003571	9/6/2023	9/11/2023	View	626524404	RASBERRY, AMI	325.00	39.78	Appeal	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/6/2023
APM Panasta	20230912007836	9/8/2023	9/12/2023	View	730174189	DONALDSON, CHLOE	186.46	37.87	Appeal	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/8/2023
Important Documents	20230923002043	9/11/2023	9/23/2023	View	HIM106277200	rogers, nicole	22,188.71	8,631.00	Contact Us	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/11/2023
View/Edit My Info	20230917000215	9/12/2023	9/17/2023	View	527892702	Renfro, Melissa	325.00	39.78	Appeal	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/12/2023
Message Center	20230923001710	9/12/2023	9/23/2023	View	HIM106252101	Louis, Valerie	395.57	101.81	Contact Us	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/12/2023
Contact Us	20231004000997	9/12/2023	10/4/2023	View	HIM105881800	Williams, Douglas	355.40	200.15	Contact Us	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/12/2023
	20231022000364	9/12/2023	10/22/2023	View	605831862	NELSON, LAMANI	325.00	39.78	Appeal	PROCESSED	Baylor Scott and White Medical Center Temple (NPI:1477516466)	0.00	9/12/2023

**Livet**Care

A Claim Review Request will be available via the Provider Service Center at 833.542.8179 which includes detailed claim analysis, realtime adjustments on most claims and quick follow-up rather than submitting through the provider portal.

# **Claim Payments**

F				Ŵ	myFirstCare Self-	Service			
Welc		Claim Paymen	ts						
User	name:	Search By:	Supplier		8	335 Trace Number		Check Number	
睂	Home	Supplier*							
ij	Members			•	View only payments wi	th negative balance			
副	Claims	Payment Between*:		And*:			_		
	Claim Search	10/09/2018		04/09/2019		Search	Clear		
	Electronic Claims Status								
	Claim Submission							x	Q Search
	Payments	🔻 835 Trace Number	Check Number 🛛 🔻	Payment Status 🛛 🔻	Payment Date 🔻	▼ Payment Amount	Negative Balance Amount	Recoupment Amount	View Claims
	Payment Negative Balance	٩	Q	Q	۹ 🖬	۹	۹	۹	
	Refund Requests	1812060	1116603	Issued	4/8/2019	\$21.19	\$0.00	\$0.00	View Claims
Ø	Authorizations	1812069	72317	Issued	4/8/2019	\$56.08	\$0.00	\$0.00	View Claims
	Reports	1812309	1116539	Issued	4/8/2019	\$264.10	\$0.00	\$0.00	View Claims
L	View/Edit My Info	1810420	1336540	Issued	4/5/2019	\$41.08	\$0.00	\$0.00	View Claims
×	Message Center	1810434	1336650	Issued	4/5/2019	\$62.43	\$0.00	\$0.00	View Claims
	Contact Us	1811345	610742	Issued	4/5/2019	\$6,830.20	\$477.61	\$0.00	View Claims
35		1810014	74856	Issued	4/5/2019	\$369.20	\$107.92	\$0.00	View Claims
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The Claim Payments page displays a Supplier's payments for the requested date range.

### **Claims Payments - Negative Balance**

First				i	myFirstCare Self-	Service			
Welcome back,		Claim Payments							
Username		scalaroji	Supplier		8	35 Trace Number		Check Number	
A Home		Supplier*		•	View only payments with ne	gative balance			
Members		Payment Between*:		And*:					
Claim Sea	arch	10/11/2018		04/11/2019		Search Clea			
Electronic Claim Sub	: Claims Status omission								Q Search
Payments		▼ 835 Trace Number	Check Number 🛛 🔻	Payment Status 🛛 🔻	Payment Date 🛛 🔻	Payment Amount	Negative Balance Amount	Recoupment Amount	View Claims
Payment N	Negative Balance	٩	۹	٩	۹ 🗖	۹	Q	۹	
Refund Re	equests	1748146	1319458	Issued	1/4/2019	\$182.47	\$0.00	\$0.00	View Claims
Authorizat	tions	1748600	592091	Issued	1/4/2019	\$3,225.61	\$4,445.77	\$0.00	View Claims
Reports	Desurrents	1748761	591988	Issued	1/4/2019	\$4,524.50	\$477.61	\$0.00	View Claims
View/Edit	: My Info	1745675	72119	Issued	1/1/2019	\$361.96	\$107.92	\$0.00	View Claims
🔀 Message	Center	1746203	1318640	Issued	1/1/2019	\$138.30	\$0.00	\$0.00	View Claims
Contact U	Js	1746900	591328	Issued	1/1/2019	\$361.96	\$0.00	\$0.00	View Claims
		1746998	591611	Issued	1/1/2019	\$361.96	\$0.00	\$180.98	View Claims
		1746919	591669	Issued	1/1/2019	\$2,171.76	\$4,445.77	\$0.00	View Claims
		1746983	591586	Issued	1/1/2019	\$3,438.62	\$477.61	\$0.00	View Claims
		1745618	1114699	Issued	12/31/2018	\$230.53	\$0.00	\$0.00	View Claims
		▼ Create Filter							
		10 25 50					Page 21 of	42 (412 items) 1 19	20 21 22 42

*If the Supplier has any Negative Balance amounts, they display in blue text.* 

# **Claim Payments - View Claims**

F	HEALTH PLANS						蘭 myF	FirstCare S	elf-Serv	ice						
Mala	ana kasta 🛛 🚍	Clai	m Search													
weic		Sear	ch By:													
User	name:		Mem	ber / Provide	r		Claim	Number			(	Check Number				
ñ	Home	835	Trace Number*													
Ĭ	Members	181	12060			Search	Clear									
剧	Claims													X	Q Search	
	Claim Search		Claim ID	Start	Receipt	FOR	Member ID	Member	Pillod	Paid	Appeal	Status =	Provider Name		Deduc	End
	Electronic Claims Status			Date	Date	EOF	Memberib	Name	Dilled	гац	Арреа	Status	r rovider Name		Deduc	Date
	Claim Submission		20190404P00402	3/21/2019	4/4/2019	View			134.64	21.19	Appeal	PROCESSED			0.00	
	Payments		20190404P00405	3/7/2019	4/4/2019	View			134.64	0.00	Appeal	PROCESSED			58.84	
	Payment Negative Balance	10	25 50												Page 1 of 1 (2 it	ams) 1
	Refund Requests		23 30												age for f(210	
Ø	Authorizations															
<u>~</u>	Reports															
	Important Documents															
1	View/Edit My Info															
	Message Center															
Õ	Contact Us															
	Log Out															
©	2019 FirstCare Health Plans. A	Il rights	reserved. <u>Legal N</u>	Notices & Pi	<u>ivacy</u>   <u>First(</u>	<u>Care.com</u>										

Click on the green "View Claims" button on the "Claim Payments" grid to see the claims included in that payment.

### **Claims Payments - Negative Balance Report**

F	HEALTH PLANS		iii myF	FirstCare Self-Servic	e		
Wala	ama haak 🔳	Payment Nega	tive Balance				
Useri	name:	835 Trace Number	Search				
Â	Home	825 Trace Number			Total Original N	legative Balance:	
ţ,	Members	1746998			180.98		
(清)	Claims	Payment Number:			Total Amount A	pplied To Negative Balance:	
	Claim Search	591611 Supplier Name:			180.98 Total Remaining	g Negative Balance:	
	Electronic Claims Status				0		
	Claim Submission						
	Payments	Receivables					
	Payment Negative Balance						X Search
	Refund Requests	Receivable II	D Receivable Claim ID	Negative Ba	lance	Applied to Negative Balance	Remaining Balance
☑	Authorizations	- 75070	6 20180917P06728	S	180.98	\$180.98	\$0.00
<u>~</u>	Reports	Applied To Negative Ba	30/6				
	Important Documents	Applied to Negative ba	ance				x
Ŧ	View/Edit My Info	Member ID	Member Name Patient	t Account Number	Payment Date	Recouped On Claim ID	Recouped Amount
$\bowtie$	Message Center				1/1/2019	20181227P00830	\$180.98
Ô	Contact Us						
4	Log Out						
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The full details of a selected negative balance claim display here when you click the blue negative balance amount in the Payments grid or click the left nav "Payment Negative Balance" tab and enter an 835 Trace Number.

# **Claims Refund Requests**

PAR	HEALTH PLANS		蘭 myF	FirstCare Self-Service				
Welc	ome back, 🛛 🗮	Refund Request Lette	ers					^
User	name:	Search By: Supplier	•			•		
Â	Home	Sent Date Between**	And*·					
Ĭ	Members	09/19/2019	12/19/2019	Search	Clear			
副	Claims				_			
	Claim Search						X	Q Search
	Electronic Claims Status	Correspondence ID T	Supplier ID 🛛 🔻	Supplier Name	•	Requested On	<b>T</b>	View Letter
	Claim Submission	Q	Q	Q		Q		
	Payments	24263653				11/22/2019		View Letter
	Payment Negative Balance	23895828				10/25/2019		View Letter
	Refund Requests	22554520				0/07/0010		View Letter
Ø	Authorizations	25551550				9/2//2019		View Letter
<u>~</u>	Reports	23479182				9/20/2019		View Letter
Ð	Important Documents	▼ Create Filter						
Ł	View/Edit My Info	10 25 50					1	Page 1 of 1 (4 items) 1
$\bowtie$	Message Center							
Ô	Contact Us							
4	Log Out							
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Refund Request Letters are quickly and easily viewable from the portal's "Refund Request Letters" page

### **Claims Refund Request Letter**

d05b97fc-8914-4de0-ab59-685ac7d1873a		1/2		_	¢	Ŧ	ē
	HEALTH PLANS 12940 N. Hwy 183, Austin, TX 78750	30194951860 138722341	J4CC [4,260] 1 of 1	,			
	Forwarding Service Requested						
	վՍ  ՍԱդրիվրկ  ՎլիԱ   Վ  ԽԱ   Վ  ԽԱլլուվերգի ************************************	ղկիսով 750 ւն	9/23/2019				
	Dear	:					
	FirstCare Health Plans has issu the next page. The overpayment	ed payment(s) to you in error for the t was due to receipt of a corrected cla	indicated service(s) on aim.				
	We are requesting a refund from amount payable to FirstCare He processing of this payment. Pay this letter.	n you in the amount of \$31.68. Pleas alth Plans, and include a copy of this ment must be received within 45 cale	e send a check for this letter to expedite endar days of the date on				
	In the event a refund is not rece overpayment amount from your	ived within 45 calendar days of this r next claim payment.	equest, we will deduct the				
	<ul> <li><u>What are your next steps?</u></li> <li><u>RECOUPMENT</u>: If you sending us a check for the sendence of the sendence</li></ul>	prefer that FirstCare proceed with re he refund amount, please check this	coupment, rather than box:				
	<ul> <li>APPEAL PROCESS: If submit a written appeal letter. Please include a c</li> </ul>	you disagree with the overpayment a regarding the refund request within 4 copy of this letter to expedite your req	mount identified, you may 5 calendar days of this juest.				
	<ul> <li>MAILING ADDRESS: A addressed to: FirstCare Health Plans Attn: Claims Recovery P.O. Box 211342 Eagan, MN 55121</li> </ul>	JI written communications regarding∶ s y Unit	this notice should be				#
	If you have any questions, pleas CService@FirstCare.com or cal	se send an email to FirstCare Custon II <b>1-800-884-4901</b> (Monday - Friday, ≬	ner Service at 3 a.m. to 5 p.m. CT).				+
	Sincerely						

Refund Request Letters can be viewed and printed or downloaded to a pdf file.

### Service Code Search for Authorizations

F		î	myFirstCare Self-Service
Wele	ama kadu 🛛 🗖	Authorization Code Search	
Userr	name: <b>Carlos</b>	Use our search tool to see if pi	ior authorization is required. Print Results
	Home Members Claims Authorizations Auth. Requirements Auth. Code Search Tool Auth. Request Auth. Search Auth. Search Meports Important Documents View/Edit My Info Message Center Contact Us Log Out	Enter up to 20 service codes: 00170 0963 Add Code Search Clear Service Service Service Service Service This se Units se Units se Units se Service FirstCa Name Service This se Units se Units se Units se Service This se Units se Service This se Units se Service This se Units se Service	Codes searched 00170,0963. Results as of 2/21/19, 1:13 PM. A code searched 00170,0 - ANESTH PROCEDURE ON MOUTH Statistical of the equires authorization for all levels of care, including observation. Beginning July 1, 2017, per the HHSC m Managed Care Manual 16.125.2, prior authorization for any anesthesia services provided by an anesthesiologist 0.0) or certified registered nurse anesthesits (CRNA), with therapeutic dental services for Mecicaid dental members ges zero (0) through six (6) years, procedure code 00170, must include proof of approved prior authorization of dental stronges zero (0) through six (6) years, procedure code 00170, must include proof of approved prior authorization of dental stronges zero (0) through six (6) years, procedure code 00170, must include proof of approved prior authorization of dental stronges zero (0) through six (6) years, procedure code 00170, must include proof of approved prior authorization of dental stronges of the prior dental stronges of the following diagnosis (ICD10) code only: K00, K01, K02, K03, K05, K06, K08, M26. Note code is part of the FirstCare preauthorization list. To submit the preauthorization request electronically, via the reprovider Self Service Portal. <b>Circe Code 0963 - PRO FEE/ANES MD Monaged Carce Service</b> preauthorization and current status of eligibility and york york (0). <b>Witten dust. Benefit plan</b> contract coverage and exclusions, eligibility and york design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively initiate at a future date. Benefit plan contract coverage and exclusions, eligibility and york design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively initiate at a future date. Benefit plan contract exclusions and current status of eligibility may be verified on the FirstCare participating facilities requires notification/authorization. <b>With eligibility and york with designed plan</b>
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Search up to 20 codes at a time to see if prior authorization is required. Results can be printed, and new auth requests started directly from the search page.

# Authorizations – Print Auth Code Search **Results**

FirstCare



Service codes searched 00170,0963. Results as of 2/21/19, 1:13 PM ervice code 00170 - ANESTH PROCEDURE ON MOUTH reauthorization is required - See guidance his service code requires authorization for all levels of care, including observation. Beginning July 1, 2017, per the HHSC

niform Managed Care Manual 16.1.25.2, prior authorization for any anesthesia services provided by an anesthesiologist M.D./D.O) or certified registered nurse anesthetist (CRNA), with therapeutic dental services for Medicaid dental members from ges zero (0) through six (6) years, procedure code 00170, must include proof of approved prior authorization for dental services rom the Dental Maintenance Organization (DMO). Authorization is required for the following diagnosis (ICD10) code ranges nly: K00, K01,K02, K03, K05,K06,K08, M26.

his service code is part of the FirstCare preauthorization list. To submit the preauthorization request electronically, via the irstCare Provider Self Service Portal, click here

### ervice code 0963 - PRO FEE/ANES MD

reauthorization is NOT required.

nesthesiologist (MD)

2/21/2019

### n addition, please note that:

- · All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively terminate at a future date. Benefit plan contract exclusions and current status of eligibility may be verified on the FirstCare Provider Self-Service portal.
- Failure to obtain preauthorization for out-of-network services may result in a denial of payment for services rendered. Observation stays do not require notification/preatthorization.
   Independent confinement at FirstCare participating facilities requires notification/authorization.

1/1

Results can be downloaded and saved as a PDF or printed directly to a printer

### **Authorizations Search**

FirstCare					蘭 myFirstCa	re Self-Serv	ice							
	Authorization	n Search												
Welcome back, ==	Search By: Provider		•							•				
👚 Home	Authorization Status:			Service Start Date Be	etween*:		And*:							
Members	(All)		•	8/1/2017			3/1/2018				Searc	ch Clear		
🛱 Claims												Export	X	2 Search
Authorizations	Authorization #	Member ID	Member	Referring     Provider	T Status T	Print	Authorization Type	Diagnosis	Received	▼ Start	Ŧ	End	Alt. Aut	h # Admission Type
Auth. Requirements	Q	Q	Q	Q	Q		Q.		Q	<b>:</b> 0		a 🕻	<b>)</b> Q	Q
Auth. Code Search Tool	→ EPS-00096056				Approved	Print	Authorization from MCG	View	1/30/2018	1/29/2018	3	5/30/2018		Outpatient
Auth. Search	▶ EPS-00095583				Approved	Print	Authorization from MCG	View	1/24/2018	1/29/2018	3	7/29/2018		Outpatient
🛃 Reports					Approved	Print	Authorization from MCG	View	12/13/2017	12/23/201	17	3/26/2018		Outpatient
Important Documents	→ EPS-00088265				Not Approved	Print	Authorization from MCG	View	10/27/2017	10/27/201	17	4/26/2018		Outpatient
View/Edit My Into					Partially Approved	Print	Authorization from MCG	View	10/17/2017	10/16/201	17	4/13/2018		Outpatient
Contact Us	▶ EPS-00085710				Not Approved	Print	Authorization from MCG	View	9/29/2017	10/12/201	17	4/12/2018		Outpatient
Log Out	> EPS-00085712				Not Approved	Print	Authorization from MCG	View	9/29/2017	10/12/201	17	4/12/2018		Outpatient
	→ EPS-00085711				Partially Approved	Print	Authorization from MCG	View	9/29/2017	10/12/201	17	2/18/2018		Outpatient
	> EPS-00086125				Approved	Print	Authorization from MCG	View	10/4/2017	10/11/201	17	12/22/2017		Outpatient
	> EPS-00086769				Partially Approved	Print	Authorization from MCG	View	10/11/2017	10/10/201	17	4/10/2018		Outpatient
	▼ Create Filter													
	10 25 50												Page 1 of	2 (11 items) 1 2
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Search for and view authorizations by Provider, Auth ID, Member ID, Auth Status, and Service Date.

NOTE that the default date range is 1 month prior to 1 month after today's date.

Maximum date range is any 12-month timespan.

## **Authorization – Print Authorization**

			1/1					¢	Ŧ
FirstCa	re Health Plans	5			Auth	orization			
Membe	er Name:		I	Member ID	:				
Author	ization #: EPS-000	87272		Status	Partially App	proved			
Author	ization Type: Auth	orization from MC	G I	Alt. Auth #	EPS-000872	272			
Referri	ng Provider:		Admis	ssion Type	Outpatient				
Receiv	ed: 10/17/2017	Start: 10/1	6/2017	End:	04/13/2018				
Service Code	Description	Service Provider	Units/Days	Start	End	Status			
Referral	Speech Therapy (RF)		1	10/16/2017	04/13/2018	Approved			
Referral	Speech Therapy (RF)		1	10/16/2017	04/13/2018	Unnecessary			
92524	Behavioral and qualitative analysis of voice and resonance		52	10/16/2017	04/13/2018	Approved			
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		52	10/16/2017	04/13/2018	Approved			
	Treatment of swallowing			10/16/2017	04/12/2018	Amound			
	FirstCa Member Author Author Referri Receive Service Code Referral Referral 92524	FirstCare Health Plans         Member Name:         Authorization #: EPS-000         Authorization Type: Auth         Referring Provider:         Referring Provider:         Received: 10/17/2017         Service Code       Description         Referral       Speech Therapy (RF)         Referral       Speech Therapy (RF)         92524       Behavioral and qualitative analysis of voice and resonance         92507       Treatment of speech, language, voice disorder; individual	EirstCare Health Plans         Member Name:         Authorization #: EPS-00087272         Authorization Type: Authorization from MC         Referring Provider:         Received: 10/17/2017         Start: 10/17         Service Code       Description         Service Code       Description         Referral       Speech Therapy (RF)         Referral       Speech Therapy (RF)         92524       Behavioral and qualitative and resonand	FirstCare Health Plans         Member Name:       Authorization #: EPS-00087272         Authorization Type: Authorization from MCG       Authorization Type: Authorization from MCG         Referring Provider:       Admis         Received: 10/17/2017       Start: 10/16/2017         Service Code       Description         Service Code       Description         Referral       Speech Therapy (RF)         1       Referral         Speech Therapy (RF)       1         1       Speech Therapy (RF)       1 </td <td>FirstCare Health Plans         Member Name:       Member ID         Authorization #: EP5-00087272       Status         Authorization Type: Authorization from MCG       Alt. Auth #:         Authorization Type: Authorization from MCG       Alt. Auth #:         Referring Provider:       Admission Type:         Received: 10/17/2017       Start: 10/16/2017         Service Code       Description       Service Provider       Vaits/Days         Service Code       Description       Service Provider       Vaits/Days       Start         Referral       Speech Therapy (RF)       1       10/16/2017       Referral       Speech Therapy (RF)       1       10/16/2017         Variant Speech, Imaging: voice, and resonand resona</td> <td>FirstCare Health Plans       Authorization         Member Name:       Member ID:         Authorization #: EPS-00087272       Status: Partially Appertially Appertial Authorization Type: Authorization from MCG         Authorization Type: Authorization from MCG       Alt. Auth #: EPS-00087272         Referring Provider:       Admission Type: Outpatient         Received: 10/17/2017       Start: 10/16/2017       End: 04/13/2018         Service Code       Description       Service Provider       1       10/16/2017       04/13/2018         Referral       Speech Therapy (RF)       1       1       10/16/2017       04/13/2018         Variation of speech, language, voice and second management of speech has a second management of speech, language, voice and second management of speech, language, voice and second managemen</td> <td>FirstCare Health Plans       Authorization         Member Name:      </td> <td>FirstCare Health Plans       Authorization         Member Name:       Member ID:         Authorization #: EPS-0008727       Status: Partially Approved         Authorization Type: Authorization from MCG       Alt. Auth #: EPS-0008727         Keferring Provider:       Authorization Type: Authorization from MCG         Referring Provider:       Admission Type: Outpatient         Received:       10/16/2017       Multison         Service Code       Service Provider       Intison Type: Authorization from MCG         Service Code       Notify (Authorization from MCG       Authorization from MCG         Member Discover and the service from MCG       Member Discover and the service from MCG         Member Discover and from MCG       Member Discover and the service from MCG         Referring Provider:       Admission Type: Outpatient         Referring Service Member Discover and the service from MCG       Member Discover and the service from MCG         Service Code       Network from MCG       Network from MCG         Service Code       Network from MCG       Member Discover and the service from MCG         Member Discover and the service from MCG       Member Discover and the service from MCG         Member Discover and the service from MCG       Member Discover and the service from MCG         Member Discover and the service from MCG       Member Disc</td> <td>FirstCare Health Plans       Authorization         Member Name:       Member ID:         Authorization #: EP5-00087272       Status: Partially Approved         Authorization Type: Authorization from MCG       Alt. Auth #: EP5-00087272         Keferring Provider:       Admission Type: Outpatient         Received:       10/16/2017         Kerrier Logech Therapy (RF)       1         Althorization and qualitative research researc</td>	FirstCare Health Plans         Member Name:       Member ID         Authorization #: EP5-00087272       Status         Authorization Type: Authorization from MCG       Alt. Auth #:         Authorization Type: Authorization from MCG       Alt. Auth #:         Referring Provider:       Admission Type:         Received: 10/17/2017       Start: 10/16/2017         Service Code       Description       Service Provider       Vaits/Days         Service Code       Description       Service Provider       Vaits/Days       Start         Referral       Speech Therapy (RF)       1       10/16/2017       Referral       Speech Therapy (RF)       1       10/16/2017         Variant Speech, Imaging: voice, and resonand resona	FirstCare Health Plans       Authorization         Member Name:       Member ID:         Authorization #: EPS-00087272       Status: Partially Appertially Appertial Authorization Type: Authorization from MCG         Authorization Type: Authorization from MCG       Alt. Auth #: EPS-00087272         Referring Provider:       Admission Type: Outpatient         Received: 10/17/2017       Start: 10/16/2017       End: 04/13/2018         Service Code       Description       Service Provider       1       10/16/2017       04/13/2018         Referral       Speech Therapy (RF)       1       1       10/16/2017       04/13/2018         Variation of speech, language, voice and second management of speech has a second management of speech, language, voice and second management of speech, language, voice and second managemen	FirstCare Health Plans       Authorization         Member Name:	FirstCare Health Plans       Authorization         Member Name:       Member ID:         Authorization #: EPS-0008727       Status: Partially Approved         Authorization Type: Authorization from MCG       Alt. Auth #: EPS-0008727         Keferring Provider:       Authorization Type: Authorization from MCG         Referring Provider:       Admission Type: Outpatient         Received:       10/16/2017       Multison         Service Code       Service Provider       Intison Type: Authorization from MCG         Service Code       Notify (Authorization from MCG       Authorization from MCG         Member Discover and the service from MCG       Member Discover and the service from MCG         Member Discover and from MCG       Member Discover and the service from MCG         Referring Provider:       Admission Type: Outpatient         Referring Service Member Discover and the service from MCG       Member Discover and the service from MCG         Service Code       Network from MCG       Network from MCG         Service Code       Network from MCG       Member Discover and the service from MCG         Member Discover and the service from MCG       Member Discover and the service from MCG         Member Discover and the service from MCG       Member Discover and the service from MCG         Member Discover and the service from MCG       Member Disc	FirstCare Health Plans       Authorization         Member Name:       Member ID:         Authorization #: EP5-00087272       Status: Partially Approved         Authorization Type: Authorization from MCG       Alt. Auth #: EP5-00087272         Keferring Provider:       Admission Type: Outpatient         Received:       10/16/2017         Kerrier Logech Therapy (RF)       1         Althorization and qualitative research researc

You can print an individual authorization by clicking on the "Print" button in the authorizations grid.

### Authorization Requirements – Link to FirstCare.com



Clicking "Auth. Requirements" in the left nav bar immediately opens the FirstCare Authorization Information page on a separate browser tab.

### Authorization Requirements – Link to RightCare.com



Clicking "Authorizations" in the left nav bar immediately opens the RightCare Authorization Information page.

### Authorization Requirements – Link to BSWHP.com



Clicking "Medical Authorization Requests" on the top navigation bar immediately opens the BSWHP Authorization Information page.

# **Authorization Request - Terminated Member**

HEALTH PLANS	iii myFirstCare Self-Service	The Authorization Request i					
Welcome back.	Authorization Request         1. Start Request         2. Contact Details         3. Authorization Details	process, with validations along the way.					
<ul> <li>Members</li> <li>Claims</li> <li>Claims</li> <li>Authorizations</li> <li>Auth. Requirements</li> <li>Auth. Code Search Tool</li> <li>Auth. Request</li> <li>Auth. Search</li> <li>Muth. Search</li> <li>Important Documents</li> <li>View/Edit My Info</li> <li>Message Center</li> <li>Contact Us</li> <li>Log Out</li> </ul>	DNE Date of Service *  I2/16/2019  Member ID*  Member ID*  Check here if this is part of a clinical trial Primary Service Code* Additional Service Code(s)  0002M  Ordering Provider*  Search for Practitioners*  Ordering Provider to fail In-retwork providers as ordering growders instead of groups. If the ordering Provider cannot be located, please fax your request to 800-248-1852 (Medical), 800-431-7738 (DME), or 512-233-5949 (Behavioral Health).  Velidate Information	Member ID and Status is the first validation. Illustrated here is a Terminated member, and guidance for authorization request date.					
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### **Authorization Request – Start Request**

	iii myFirstCare Self-Service	Once the Member is verified,
Welcome back,	Authorization Request         1. Start Request O         2. Contact Details	request is part of a clinical
A Home	Authorization Type*	trial.
Members Claims Authorizations	DME  Date of Service *  12/16/2019	Enter the remaining
Auth. Requirements Auth. Code Search Tool Auth. Request Auth. Search	Member ID*     Active Member Id verified:          ✓ Check here if this is part of a clinical trial         Additional Service Code(s)           Primary Service Code*         Additional Service Code(s)	Click the green "Validate Information" button.
<ul> <li>Important Documents</li> <li>View/Edit My Info</li> <li>Message Center</li> <li>Contact Us</li> <li>Log Out</li> </ul>	Ordering Provider*       Search for Practitioners*         Ordering Provider*       OR         Please note: We now allow the selection of all in-network 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 512-233-5949 (Behavioral Health).         Validate Information       Service code 00460 - Flt3 gene itd variants quan         Preauthorization is required – See guidance       This service code requires authorization for all levels of care, including observation.	The service code validation informs you whether authorization is required or not, based on the Primary Service Code.
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button.

### **Authorization Request – Contact Details**

HEALTH PLANS		ŧ	i myFirstCare Self-S	vice	Enter the Contact Details of
PART OF BAYLOR SCOTT & WHITE REALTH	Authorization Requ	lest			the person entering the
Welcome back,					authorization request
Username:	1. Start Request 🤡	2. Contact Details 🛛	3. Authorization Details		addition izadion in equest.
☆ Home	How would you like to be contact	ted about this authorization?			
Members	Contact Name*				
Claims	John Smith				
✓ Authorizations	Phone Number*	Fax Number*			
Auth. Requirements	(512)-222-2222	(514)-222-222	3		
Auth. Code Search Tool	Mailing Address*				
Auth. Request	BSWHHealthRulesTest@BSWHealth.	org			
Auth. Search	City*	State*	Zip Code*		
Larred Reports	Austin	TX	78888		
Jimportant Documents					
🤨 View/Edit My Info	Back Next				
Message Center					
Contact Us					
Log Out					
© 2019 FirstCare Health Place A	I rights reconved Logal Notices 914	Privacy   FirstCare.com			
© 2019 FirstCare Health Plans. A	rights reserved. <u>Legar Notices &amp; r</u>	rivacy [ristcare.com			

# **Authorization Request – Authorization Details**

HEALTH PLANS	iii myFirstCare Self-Service	Complete the Authorization
Welcome back, 🛛 🗮	Authorization Request	Details and submit.
Username: ▲ Home	New DME Authorization Request	
Members	Member     DOB: Apr 24, 1985     Status: Active       Ordering Provider     - (NPI:     )	
Auth. Requirements Auth. Code Search Tool	Servicing Provider Provider NPI* Q Provider NPI	
Auth. Request Auth. Search	Facility NPI*       Q     Facility NPI	
Important Documents	Facility TIN	
Message Center	Diagnosis Code(s)*           Q         Enter diagnosis code	
슐 Log Out	Service Code(s)       0046U,00170, 9006F       Requested Level of Care *     Priority *	
	Back Submit	
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# Authorization Request – Submission Confirmation



Once you complete the final details in MCG, you will receive a Confirmation, including Episode ID and current status.

# **Panel Reports**

F		W myFirstCare Self-Service									
	<b>-</b>	Panel Rep	orts								
Welc		Provider*									
Userr	name:					- Submit					
睂	Home	Panel reports are	typically ava	illable for viewing by the 4th day of t	he month.						
i iii	Members						x	<b>Q</b> Searc	h		
E.	Claims	T Month	Year	Туре 🔻	Filename						
Ø	Authorizations	03	2019	Roster-Add-Change		_03-2019_Roster-Add-Change_PCP_CHIP_ALL.pdf					
~	Reports	03	2019	Roster-Add-Change		_03-2019_Roster-Add-Change_PCP_MEDICAID_ALL.pdf					
	Panel Reports	02	2019	Roster-Add-Change		_02-2019_Roster-Add-Change_PCP_CHIP_ALL.pdf					
	Tawas Haalth Stops	02	2019	Roster-Add-Change		_02-2019_Roster-Add-Change_PCP_MEDICAID_ALL.pdf					
	Texas Health Steps	01	2019	Roster-Add-Change		_01-2019_Roster-Add-Change_PCP_CHIP_ALL.pdf					
	Important Documents	01	2019	Roster-Add-Change		_01-2019_Roster-Add-Change_PCP_MEDICAID_ALL.pdf					
1	View/Edit My Info	12	2018	Roster-Add-Change		_12-2018_Roster-Add-Change_PCP_CHIP_ALL.pdf					
$\bowtie$	Message Center	12	2018	Roster-Add-Change		_12-2018_Roster-Add-Change_PCP_MEDICAID_ALL.pdf					
â	Contact Us	11	2018	Roster-Add-Change		_11-2018_Roster-Add-Change_PCP_CHIP_ALL.pdf					
		11	2018	Roster-Add-Change		_11-2018_Roster-Add-Change_PCP_MEDICAID_ALL.pdf					
	Log Out	10 25 50				Page 1 of 8 (74 items)	1 2	3 4 5	6 7 8		
		_									
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You also have access to reports through the Provider Portal, including Panel Reports and THSteps Reports. Both display in easily-understood searchable grids.

### **Texas Health Steps Reports**

F	HEALTH PLANS				👹 mj	yFirstCare Se	If-Service					
	<b>-</b>	Texas He	alth Steps	;								
Welc	ome back, 🔤	Provider*										
Usen	name:						- Submit					
Â	Home									Exp	ort	Q Search
ţ,	Members	Member ID	Last Name	First Name	Status T	BirthDate	Address	City	State	ZIP	Phone #	Last Updated
<u></u>	Claims				Overdue			Seminole	ТХ	79360		5/6/2018
Ø	Authorizations				Overdue			Lubbock	ТХ	79411		5/29/2018
<u>~</u>	Reports				Overdue			Shallowater	тх	79363		11/7/2018
	Panel Reports				Overdue			Lubbock	ТХ	79415		11/11/2018
	Texas Health Steps				Overdue			Lubbock	ТХ	79412		11/27/2018
	Important Documents				Overdue			Lubbock	ТХ	79415		5/1/2018
1	View/Edit My Info				Overdue			Lubbock	ТХ	79411		11/18/2018
	Message Center				Overdue			Slaton	ТХ	79364		11/19/2018
Ā	Contact Us				Overdue			Lubbock	TX	79414		5/14/2018
	Log Out				Overdue			Odessa	TX	79761		5/6/2018
		Create Filter										
		10 25 50									Page	of 2 (13 items) 1 2
0	2019 First⊂are Health Plans ∆	Il rights reserved	Legal Notices &	Privacy   FirstCare	com							

For both Panel Reports and THSteps Reports, only the Providers on this portal account who actually have the reports are included in the dropdown.

### **Important Documents - Special Filter**

	- in the image of									
Walsoma bask	Important Documents									
Username:					Export	Q Search				
i Home	Document Title	Document Type	Product T	Process Category	Region	Language 🔻 🔻				
Members	٩	Q Training	Q	Q	٩	Q				
W Laims	2018 Clinical Practice Guideline Update - Letter & Summary	Training	(all)	(all)	(all)	English				
	2018 Clinical Practice Guideline Update - List of Sources & Links	Training	(all)	(all)	(all)	English				
Authorizations	3rd Annual Migrant Health Resource Conference	Training	(all)	(all)	(all)	English				
🛃 Reports	April 2018 In and Out of Network Authorization Provider Training	Training	(all)	Pre-authorization and Appeals	(all)	English				
🗐 Important Documents	August 2018 - Behavioral Health and Cultural Competency	Training	(all)	(all)	(all)	English				
All Documents	August 2018 - Cultural Competency Training	Training	(all)	(all)	(all)	English				
Appeals and Complaints Manuals	August 2018 Lunch & Learn - Behavioral Health	Training	(all)	(all)	(all)	English				
Provider News	CHIP Perinatal Basics	Training	(all)	(all)	(all)	English				
Training HEDIS	December 2018 Medical Transportation Program and Pharmacy	Training	(all)	(all)	(all)	English				
View/Edit My Info	February 2019 Claim Basics PowerPoint	Training	(all)	(all)	(all)	English				
	T Create Filter									
Contact Us	10 25 50				Page 1 o	f 3 (22 items) 1 2 3				
🔒 Log Out										

The documents grid allows you to easily search for needed documents. A set of pre-filtered selections is available on the left nav bar for the most frequently requested documents.

# My Info - Change Email

HEALT H PLANS	i i i i i i i i i i i i i i i i i i i	nyFirstCare Self-Service	
Welcome back.	myFirstCare Account		* *
Username:	Change Email	Change Password	Change Security Questions
A Home	Current Email:		
Members			
Claims	New Email:		
Authorizations	New Email Address		
🛃 Reports	Confirm Email:		
Jmportant Documents	Confirm Email Address		
View/Edit My Info			
myFirstCare Account	Submit		
Registered Providers			
🔀 Message Center			
Contact Us			
🔒 Log Out			
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View/Edit My Info is for maintaining your Self-Service Portal Account. On the illustrated tab here, you can manage your email address

# My Info - Change Password

F	HEALTH PLANS	🗑 m	/FirstCare Self-Service		
Welco	ome back 🗧	myFirstCare Account			A
Userr	name:	Change Email	Change Pass	word	Change Security Questions
Â	Home	Current Password:			
ţ,	Members			Show Password	
<u>ا</u>	Claims	New Password:			
Ø	Authorizations			Show Password	
<u>~</u>	Reports	Password length must be at least 8 characters and cont	ain an upper case and a		
Ę	Important Documents	lower case letter, a number, and one of the following s `~!@#\$%^&*()_+=[]{}\;'",./<>?	becial characters		
1	View/Edit My Info	Confirm Password:			
	My Account			Show Password	
	Registered Providers	Submit			
$\boxtimes$	Message Center				
Ô	Contact Us				
₽	Log Out				
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Here you can update your password, with guidelines provided.

# My Info - Portal Account Security Questions

HEALTH PLANS	iii myFirstCare Self-Service									
Welcome back	myFirstCare Account		*							
Username:	Change Email	Change Password	Change Security Questions							
🎢 Home	Security Questions									
Members	Question:									
🔁 Claims	What is your mother's maiden name?	<ul> <li>Type my own</li> </ul>								
Authorizations	Answer:									
🛃 Reports		8								
Important Documents	Question:									
View/Edit My Info	What was your childhood phone number w/ area code?	<ul> <li>Type my own</li> </ul>								
My Account	Answer:									
Registered Providers		8								
🔀 Message Center	Submit									
Contact Us	_									
🔒 Log Out										
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Change your Security Questions here. Select a question from the dropdown or create your own.

# My Info - Portal Account Registered Providers

F				iii myFirstCare Self-Service				
Mol	somo bask	Regist	ered Providers					
User	name:	Tax ID:		75-2428911 -				
Â	Home		Changes Dundo	+ Add Providers				
ĬĬ	Members	To <b>HIDE</b> one	or more Providers from you	r account, select one or more checkboxes below, then click the 'Save (	Changes' button.		XII Q	
(fil	Claims	i Hide	Provider ID	V Name		Tax ID	Provider Type	-
Ø	Authorizations	(	Q		Q	Q	Q	<u> </u>
<u>~</u>	Reports		SUP000000912	Covenant Childrens Hospital (NPI:1437171568)	1437171568	75-2428911	Ē	
	Important Documents		PRC0000033148	BARTON, CHARLES DOWNY - Covenant Childrens Hospital	1760567853	75-2428911		
1	View/Edit My Info		PRC0000017182	Skelton, Jonathan D - Covenant Childrens Hospital	1396847919	75-2428911		
	My Account		PRC0000036838	Brodbeck, Joel Todd - Covenant Childrens Hospital	1851337067	75-2428911		
	Registered Providers		PRC000007217	Britton, Carl Lee - Covenant Childrens Hospital	1164506572	75-2428911		
$\boxtimes$	Message Center	✓	PRC0000074367	Pomeroy, Brian James - Covenant Childrens Hospital	1932341526	75-2428911		
Ő	Contact Us	~	PRC0000025345	LOWDER, THOMAS JAY - Covenant Childrens Hospital	1588674709	75-2428911		
	Log Out	✓	PRC0000019421	Roberts, Richard A - Covenant Childrens Hospital	1447444971	75-2428911		
			PRC0000026114	Ranne, Richard - Covenant Childrens Hospital	1609829431	75-2428911	M	
			PRC0000004167	Pandya, Yogesh Jeshankar - Covenant Childrens Hospital	1093779167	75-2428911	æ	
		10 25	50			Page 1 of 6 (54 ite	ms) 1 2 3 4 5	6
						10ge 1010 (04 he		~

Here you can maintain the **Registered Providers on** your account, choosing which ones you want to see on the dropdowns throughout the other pages, such as Home Page, Claims, Authorizations, etc. Practitioners for a Tax ID are defaulted to being hidden when the account is first created.

# My Info – Add/Hide Providers from View – Dropdowns Before

H E A			iii myFirstCare Self-Service												
	. –	Claim Sea	rch												_ €
Welcome ba	ack, =	Search By:													
Username:		, in the second s	Member / Provider			Claim Number Check Number 835 Trace								r	
👚 Hom	e	Member ID			Claim St	Claim Status Provider*									
Mem	nbers	Member ID			(All)	(All)  Covenant Childrens Hospital (NPI:1437171568)								•	
🛃 Clain	ns	Service Start Da	ate Between*:	And*:				Covenant C	nildrens Hospital	I (NPI:1437171568	)				
Clain	n Search	5/14/2019		6/14/20	19		Covenant Hospital Levelland (NPI: 1043328222)								
Elect	ronic Claims Status				Covenant Hospital Levelland (NPI: 1225146400)						))				
Clain	n Submission	Claim ID Start Date		Receipt	EOP	Member ID	Member	Bille Covenant Hospital Plainview (NPI: 1073580726)							
Paym	ients		Dutt	batt					Covenant H	ospital Plainview	(NPI:1174630198	)			
Paym Pofiu	nent Negative Balance	<b>&gt;</b>	5/14/2019	5/21/2019	View			1,47	47 Covenant Medical Center (NPI:1033272497)						
		•	5/14/2019	5/21/2019	View			2.46	Covenant Medical Center (NPI:1578624169)						
Repo	orts								Covenant Medical Center (NPI:1760543342)						
	ortant Documents	<b>&gt;</b>	5/14/2019	5/21/2019	View			7,49	Covenant M	edical Center (N	IPI:1972517365)				
🗹 View	/Edit My Info				_				Covenant S	ecialty Hospital	(NPI:1013941780)				
📉 Mess	sage Center	<b>*</b>	5/15/2019	5/22/2019	View			3,574	114.22	Appear	PROCESSED	(NPI:1437171568)	0.00	5/15/2019	
Cont	act Us	Þ	5/15/2019	5/23/2019	View			650.2	288.33	Appeal	PROCESSED	Covenant Childrens Hospital (NPI:1437171568)	0.00	5/15/2019	
Log (	Out	<b>}</b>	5/17/2019	5/23/2019	View			5,519	9.91 1,038.2	8 Appeal	PROCESSED	Covenant Childrens Hospital (NPI:1437171568)	221.72	5/17/2019	Ţ
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lere is the dropdown before dits

# My Info – Add/Hide Providers from View

HEALTH PLANS												
Mal		Regist	ered Providers									
Welcome back, E		Tax ID:	[	75-2428911 🔹								
n	Home	E Sava	Chapters D Hade	+ Add Desuidare								
ñ	Members		a or more Providers from your	T Add Ploviders	a Changes' button							
(fil	Claims		Tax ID	Provider Type								
Ø	Authorizations	_ nide	Q.			Q						
~	Reports		SUP000000912	Covenant Childrens Hospital (NPI:1437171568)	1437171568	75-2428911	r B					
5	Important Documents		PRC0000033148	BARTON, CHARLES DOWNY - Covenant Childrens Hospital	1760567853	75-2428911						
2	View/Edit My Info		PRC0000017182	Skelton, Jonathan D - Covenant Childrens Hospital	1396847919	75-2428911						
	My Account		PRC0000036838	Brodbeck, Joel Todd - Covenant Childrens Hospital	1851337067	75-2428911						
	Registered Providers		PRC0000007217	Britton, Carl Lee - Covenant Childrens Hospital	1164506572	75-2428911						
	Message Center		PRC0000074367	Pomeroy, Brian James - Covenant Childrens Hospital	1932341526	75-2428911						
	Contact Us		PRC0000025345	LOWDER, THOMAS JAY - Covenant Childrens Hospital	1588674709	75-2428911	<b>.</b>					
	Log Out		PRC0000019421	Roberts, Richard A - Covenant Childrens Hospital	1447444971	75-2428911	<b>B</b>					
			PRC0000026114	Ranne, Richard - Covenant Childrens Hospital	1609829431	75-2428911	æ					
			PRC0000004167	Pandya, Yogesh Jeshankar - Covenant Childrens Hospital	1093779167	75-2428911	<b>B</b>					
		10 25	50			Page 1 of 6 (54 item	ns) 1 2 3 4 5 6					

1. To HIDE providers from your dropdowns, check the checkbox in the left-hand column. To ADD them, UNclick the checkbox.

> The "Save Changes" and the "Undo" buttons will activate. Notice the red note helps guide you about what to do. "Undo" reverses all the changes you've just made.

2. Select the "Save Changes" button.

You will get a popup asking you to confirm whether you really want to do that? If you say yes, it will be accepted

3. Log out and log back in to see the changes.

# My Info – Add/Hide Providers from View

	Register	Registered Providers										
Username:	Tax ID:											
A Home	E Save Cha	E car Granne D thete had Breiden										
Members	To HIDE one or	more Providers from vo	ur account, select one or more checkboxes below, then click the 'Save Char	nges' button.								
	Hide	Provider ID	Vame Vame	NPI	▼ Tax ID	Provider Type						
Authorizations	Q	Trovider ib				Q						
Reports		SUP0000000912	Confirmed	568	75-2428911							
Important Documents		PRC0000033148	Thank you. Your provider selections have been saved.	353	75-2428911							
View/Edit My Info		PRC0000017182	IMPORTANT: To view the updated list of providers you will need to log out	and log in again.	75-2428911							
My Account		PRC0000036838	Close	)67	75-2428911							
		PRC000007217	uniton, can cec - covenant emilarena nospital	104500572	75-2428911							
Message Center		PRC0000074367	Pomeroy, Brian James - Covenant Childrens Hospital	1932341526	75-2428911							
Contact Us		PRC0000025345	LOWDER, THOMAS JAY - Covenant Childrens Hospital	1588674709	75-2428911	<b>.</b>						
Log Out		PRC0000019421	Roberts, Richard A - Covenant Childrens Hospital	1447444971	75-2428911	B						
		PRC0000026114	Ranne, Richard - Covenant Childrens Hospital	1609829431	75-2428911	<b>.</b>						
		PRC0000004167	Pandya, Yogesh Jeshankar - Covenant Childrens Hospital	1093779167	75-2428911	B						
	10 25 5	0			Page 1 of 6 (54 in	tems) 1 2 3 4 5 6						

Confirmation that your changes are saved.

# My Info – Add/Hide Providers from View

HEALTH PLANS			蘭 myFir	stCare Self-Service				
Welcome back.	Regist	tered Providers	;					
Username:	Tax ID:		75-2428911	•				
A Home	Save	e Changes 🏷 Undo	+ Add Providers					
Members	To HIDE on	e or more Providers from you	r account, select one or more checkbox	es below, then click the 'Save Char	nges' button.		x Q	
Claims	Hide	Provider ID	▼ Name	Ŧ	NPI	Tax ID	Provider Type	e <b>T</b>
Authorizations		۹	Q		۹	Q	Q	
Reports		SUP000000912	Covenant Childrens Hospital (NPI:	437171568)	1437171568	75-2428911	Ē	
Important Documents		PRC0000007217	Britton, Carl Lee - Covenant Childre	ens Hospital	1164506572	75-2428911	ß	
View/Edit My Info		PRC0000025345	LOWDER, THOMAS JAY - Covenan	Childrens Hospital	1588674709	75-2428911	<b>"</b>	
My Account		PRC0000033148	BARTON, CHARLES DOWNY - Cove	enant Childrens Hospital	1760567853	75-2428911	· Barris and a second s	
Registered Providers		PRC0000017182	Skelton, Jonathan D - Covenant Ch	ildrens Hospital	1396847919	75-2428911	<b>.</b>	
Message Center		PRC0000036838	Brodbeck, Joel Todd - Covenant Cl	ildrens Hospital	1851337067	75-2428911	<b>B</b>	
Contact Us		PRC0000040039	Majors, Caroline Tam - Covenant C	hildrens Hospital	1922086172	75-2428911	8	
Log Out		PRC0000029289	Shauf, Leslie R - Covenant Children	is Hospital	1679669089	75-2428911	æ	
		PRC0000038075	Johnson, Lara Wiggins - Covenant	Childrens Hospital	1881608040	75-2428911	<b>.</b>	
		PRC000020361	GOLDTHORN, JANE F - Covenant (	Childrens Hospital	1477516201	75-2428911	æ	
	10 25	50				Page 1 of 6 (54 it	ems) 1 2 3	4 5 6
	_							

Here is the view when you log back in. Providers chosen to display in the dropdowns have been moved to the top of the list. All the others remain hidden.

If you want to make changes to another Tax ID on your account, select that Tax ID at the top of the page and repeat the process.

# My Info – Add/Hide Providers from View – Dropdowns After

HEALTH PLANS					蘭 myFirs	stCare Self-S	Service		Here is
	Claim Searc	h							the ear
Welcome back, =	Search By:								
Username:	Men	nber / Provider			Claim N	lumber		Check Number 835 Trace Number	
👚 Home	Member ID			Claim Sta	atus			'rovider*	
Members	Member ID			(All)	(All)			Covenant Childrens Hospital (NPI:1437171568)	
🚉 Claims	Service Start Date Between*:			And*:				Counnant Childrone Hoenital (NDI-1427171568)	
Claim Search	5/14/2019		ä	6/14/201	19			Covenant Criticiteris Hospital (NPI: 10/3328223)	
Electronic Claims Status	Electronic Claims Status							Covenant Hospital Levelland (NPI: 1043520222)	
Claim Submission	Claim ID	Start	Receipt	FOP	Member ID	Member	Bill	Covenant Hospital Levenand (NFI: 1223140400)	
Payments		Date	Date			Name		Covenant Hospital Plainview (NPI:1174630198)	
Payment Negative Balance	•	5/14/2019	5/21/2019	View			1,67	Covenant Medical Center (NPI:1033272497)	
Refund Requests	•	5/14/2019	5/21/2019	View			1,49	Covenant Medical Center (NPI:1578624169)	
Authorizations	•	5/15/2019	5/22/2019	View			2,80	Covenant Medical Center (NPI:1760543342)	
Reports		5 (14/2010	5 (22 (2010	View			1.0	Covenant Medical Center (NPI:1972517365)	
Important Documents	·	5/14/2019	5/22/2019	view			1,47	Covenant Specialty Hospital (NPI:1013941780)	
View/Edit My Info	•	5/15/2019	5/22/2019	View			4,60	LOWDER, THOMAS JAY - (NPI: 1588674709)	
Message Center	•	5/15/2019	5/22/2019	View			3,17	Britton, Carl Lee - (NPI: 1164506572)	
Contact Us	•	5/14/2019	5/22/2019	View			1,47	1.41 56.70 Appeal PROCESSED Covenant Uniforms 0.00 5/14/2019	
Log Out		E /1E /2010	E /22 /2010	View			650	Respective Covenant Childrens	
		5/15/2019	5/25/2019	View			650.	Hospital (NPI:1437171568) 0.00 5/15/2019	
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lere is the dropdown after he edits

# My Info - Add Providers to My Portal Account via Claim / Member ID

F			in myFirstCare Self-Service
Welc	ome back. 🛛 🗮	Add Provider(s) to my Us	ser Account
Useri	hame: Home Home Members Claims Authorizations	To add a Provider to your act 1. If you are a Billing Provider, enter your Ta If you are a Practitioner, enter the Tax ID, If you do not have a Claim ID, click the "U code. 2. Click the 'Add Provider' button and wait 3. If you need assistance, contact your Prov	COUNT: ax ID and NPI, and information for a claim within the last 90 days. NPI, and information for a claim within the last 90 days for one of your Billing Providers. Use Activation Code" checkbox below, and then contact your Provider Relations Representative here to obtain the for confirmation. <i>i</i> der Relations Representative here
	Reports	Use Activation Code	(Check only if you do not have a Claim ID)
Ð	Important Documents	Billing Provider Tax ID*	52-222222
1	View/Edit My Info	Billing Provider NPI*	1234567890
	myFirstCare Account Registered Providers	Claim ID* Member ID*	
	Message Center Contact Us Log Out		Add Provider Clear Done
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Clicking the "Add Provider" button on the Registered Providers page brings you to a page just like the one you used to create your account. Add a Billing Provider using a recent (submitted within the last 90 days) claim and the claim's Member ID.

# My Info - Add Providers to My Portal Account via Activation Code

F	HEALTH PLANS		iii myFirstCare Self-Service
Welc	ome back 🗧	Add Provider(s) to my Us	ser Account
Useri Contraction Useri Contraction Useri Contraction Useri Useri Useri Useri Contraction	name: The second s	<ol> <li>To add a Provider to your act</li> <li>If you are a Billing Provider, enter your Tr If you are a Practitioner, enter the Tax ID, If you do not have a Claim ID, click the "I code.</li> <li>Click the 'Add Provider' button and wait</li> <li>If you need assistance, contact your Prov</li> </ol>	COUNT: ax ID and NPI, and information for a claim within the last 90 days. ), NPI, and information for a claim within the last 90 days for one of your Billing Providers. Use Activation Code" checkbox below, and then contact your Provider Relations Representative here to obtain the for confirmation. vider Relations Representative here
~	Reports	Use Activation Code	Check only if you do not have a Claim ID)
E,	Important Documents	Billing Provider Tax ID*	52-222222
1	View/Edit My Info	Billing Provider NPI*	1234567890
	myFirstCare Account Registered Providers	Activation Code*	
í∝ Ô	Message Center Contact Us		Add Provider
	Log Out		Clear Done
©	2019 FirstCare Health Plans. A	All rights reserved. <u>Legal Notices &amp; Privacy   F</u>	irstCare.com

If you have no way of providing a recent claim ID/Member ID, you may use an Activation Code, illustrated here. To obtain the code, follow the instructions in the next slide.

# **Obtain an Activation Code**

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
- Email address
- Billing address
- Job title
- Name of organization
- Phone number
- Group NPI
- Tax ID number

# My Info - Add Providers to My Portal Account

F	HEALTH PLANS		iii myFirstCare Self-Service
Weld	rome back.	Add Provider	(s) to my User Account
User	name: Home Home Members Claims Authorizations	To add a Provid 1. If you are a Billing Pr If you are a Practitio If you do not have a code. 2. Click the 'Add Provid 3. If you need assistand	ler to your account: ovider, enter your Tax ID and NPI, and information for a claim within the last 90 days. ner, enter the Tax ID, NPI, and information for a claim within the last 90 days for one of your Billing Providers. Claim ID, click the "Use Activation Code" checkbox below, and then contact your Provider Relations Representative here to obtain the ler' button and wait for confirmation. se, contact your Provider Relations Representative here
	Reports Important Documents View/Edit My Info myFirstCare Account Registered Providers	Us Billin Bill	Confirmed X Thank you. The provider you entered is now associated with your Portal user account. IMPORTANT: To access the new Provider(s) you will need to log out and log in again.
			Member ID* Add Provider Clear Done
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After your entries have been verified, hit the "Done" button, and you will receive a confirmation message. You must log out and log back in for the provider to be added to your account.

# Message Center - My Messages

HEALTH PLANS		iii myFirstCare Self-Service											
	My M	essage	5										
Welcome back,						_							
Username:	30 days	90 days	All Open From:	11/13/2019	To To	. 12	/13/2019 🖬 Submit						
😤 Home								X	Q Search				
Members		Charlen -	C		Constant Data	Do much Courses	Description		Reference	-			
		Status <b>Y</b>	Summary	Ť		Request Source Y	Description	Ť	Number				
Claims	Q	٩	۹		۹ 🖬	۹	۹		Q				
Authorizations	3496940	Open	10.30.19/		12/13/2019	Broker Portal	10.30.19/ /404		20191104P03383				
🛃 Reports	3496545	Closed	Botox Injections / 01012019 /	/ IN	12/12/2019	Phone	Botox Injections / 01012019 /	INN					
Important Documents	3496406	Open	DOS 09/19/2019/	/ \$45	12/12/2019	Broker Portal	DOS 09/19/2019/	/ \$45	20191001P01459				
View/Edit My Info	3496014	Open	Request to Appeal Claim		12/12/2019	Portal	Corrected/Replaced Claim. See attachme	ent for details	20191003P00927				
	3496009	Open	Request to Appeal Claim		12/12/2019	Portal	Provider information updated. See attac	nment for details	20191002P04791				
Message Center	3495713	Closed	6/4/2019/	/\$5,520	12/12/2019	Phone	6/4/2019/ (\$5,5	20	20190620P02009				
My Messages	3495674	Open	Request to Appeal Claim		12/12/2019	Portal	Provider information updated. See attac	hment for details	20191127P03117				
Send a Message	3495646	Open	Request to Appeal Claim		12/12/2019	Portal	Corrected/Replaced Claim. See attachme	ent for details	20190923P02347				
Contact Us	3495633	Open	Request to Appeal Claim		12/12/2019	Portal	Provider information updated. See attac	hment for details	20191002P04507				
	3495555	Closed	6-13-2019 /	/ 204.00	12/12/2019	Phone	6-13-2019 / / 2	204.00	20190701P00197				
	T Create	Filter											
	10 25	50					Page 1 of 48 (479	items) 1 2	3 4 5	48			
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	- Inginis resi	<u>cegur</u>											

The Message Center allows Providers to view a record of online and telephone communications with the Provider, including Claim Appeal and Auth Request submissions, filtered by date range.

# Message Center - Send Message

We come back   We mane:   We make:   We make:   Cains:   We kadde:   <	HEALTH PLANS PART OF BAYLOR SCOT & WHITE HEALTH	iii myFirstCare Self-Service
Wername:   Image:   Image:<	Welcome back, 🛛 🗮	Send A Message
<ul> <li>Home</li> <li>Home</li> <li>Members</li> <li>Claims</li> <li>Claims</li> <li>Cuthorizations</li> <li>Peports</li> <li>Peports</li> <li>Peports</li> <li>Vew/Edit My Info</li> <li>Message Center</li> <li>My Messages</li> <li>Send a Message</li> <li>Contact Us</li> <li>Ing Out</li> <li>Select file or Drop file here</li> <li>Select file or Drop file here</li> </ul>	Username:	Message Type*
Members   Important Documents   ✓ NewsZdit My Info   ✓ Nessage Center   My Messages   Send a Message   O Contact Us   Iog Out	A Home	Select
<ul> <li>Claims         <ul> <li>Claims             <li>Authorizations             <li>Reports             <li>Important Documents             <li>View/Edit My Info             <li>View/Edit My Info             <li>Send a Message</li></li></li></li></li></li></li></ul></li></ul>	Members	SIU - Medical Records Upload
✓ Authorizations   ✓ Reports   ✓ Important Documents   ✓ Vew/Edit My Info   ✓ Message Center   My Messages   Send a Message   Send a Message   Contact Us   ✓   Log Out   Submit Clear Submit Clear	🔁 Claims	
<ul> <li>✓ Reports</li> <li>✓ Important Documents</li> <li>✓ View/Edit My Info</li> <li>✓ Message Center</li> <li>My Messages</li> <li>Send a Message</li> <li>Contact Us</li> <li>✓ Log Out</li> </ul> Select file <ul> <li>or Drop file here</li> </ul> Select file <ul> <li>or</li></ul>	Authorizations	
<ul> <li>Important Documents</li> <li>View/Edit My Info</li> <li>Message Center</li> <li>My Messages</li> <li>Send a Message</li> <li>Contact Us</li> <li>Log Out</li> </ul>	🛃 Reports	
✓ View/Edit My Info   ✓ Message Center   My Messages   Send a Message   Contact Us   Log Out   Submit Clear	Important Documents	Attachments (File Types: WORD DOCUMENT, PDF, TXT, or EXCEL. Maximum file size 20 MB)
Message Center   My Messages   Send a Message   Contact Us   Log Out    Submit Clear	👤 View/Edit My Info	Select file or Drop file here
My Messages         Send a Message         Contact Us         Log Out             Submit	🔀 Message Center	
Send a Message         Contact Us         Log Out             Submit	My Messages	
Contact Us Cog Out Submit Clear	Send a Message	
Log Out         Submit	Contact Us	
Submit Clear	🔒 Log Out	
		Submit Clear
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From the Message Center, Providers can send a message to FirstCare regarding Overpayment or SIU – Medical Records. Note that the size limit for a single attachment is 20 MB. Multiple 20 MB files can be uploaded at once.

# **Contact Us**



"Contact Us" on the top right navigation bar points you to the Provider Relations Page for Contact and other useful information.