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

RIGHTCARE

RightCare Provider Self-Service Portal

Lunch and Learn

Agenda

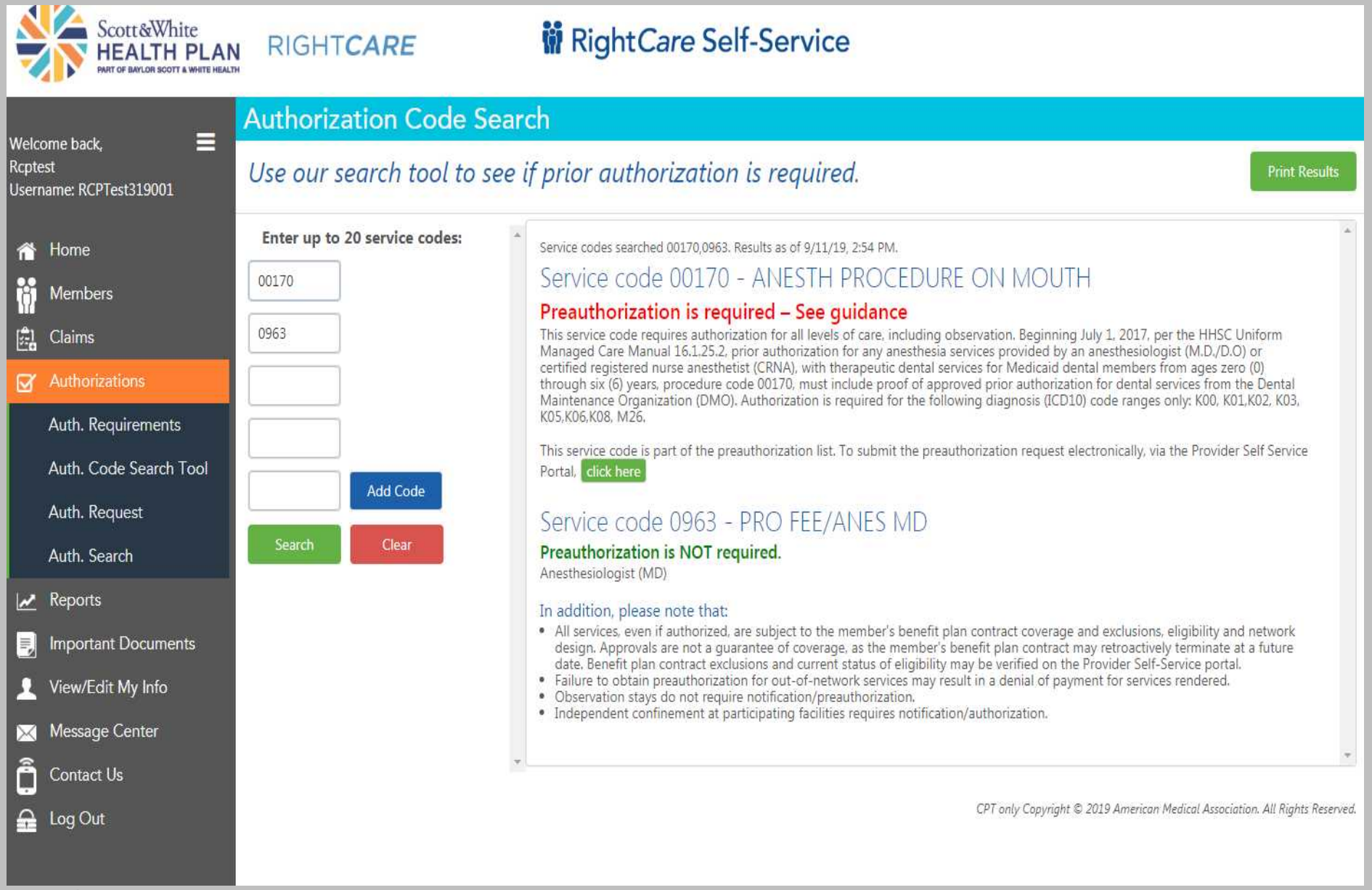
- Introduction
  - The purpose of today's training session is three fold: To **Provide**, **Educate**, and **Remind** the provider community of information and tools available to through the **Right*Care* Self-Service Provider Portal**, found at rightcare.firstcare.com.

- Provider Portal Demo and Updates
  - Member Eligibility, Benefits, ID Card
  - Claims Search
  - Appeals Process
  - Authorizations
  - Portal Account Maintenance

- Question & Answer Session

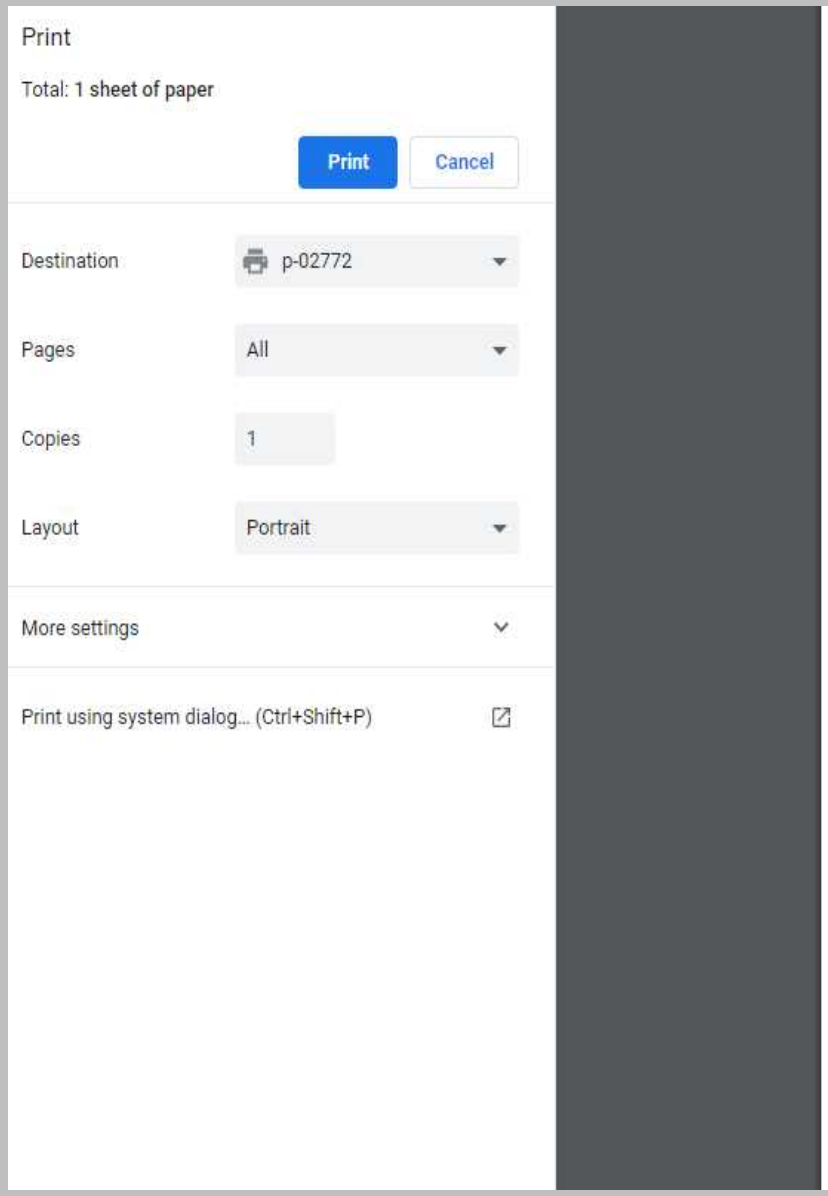
Confidential. Do not distribute without appropriate permission.

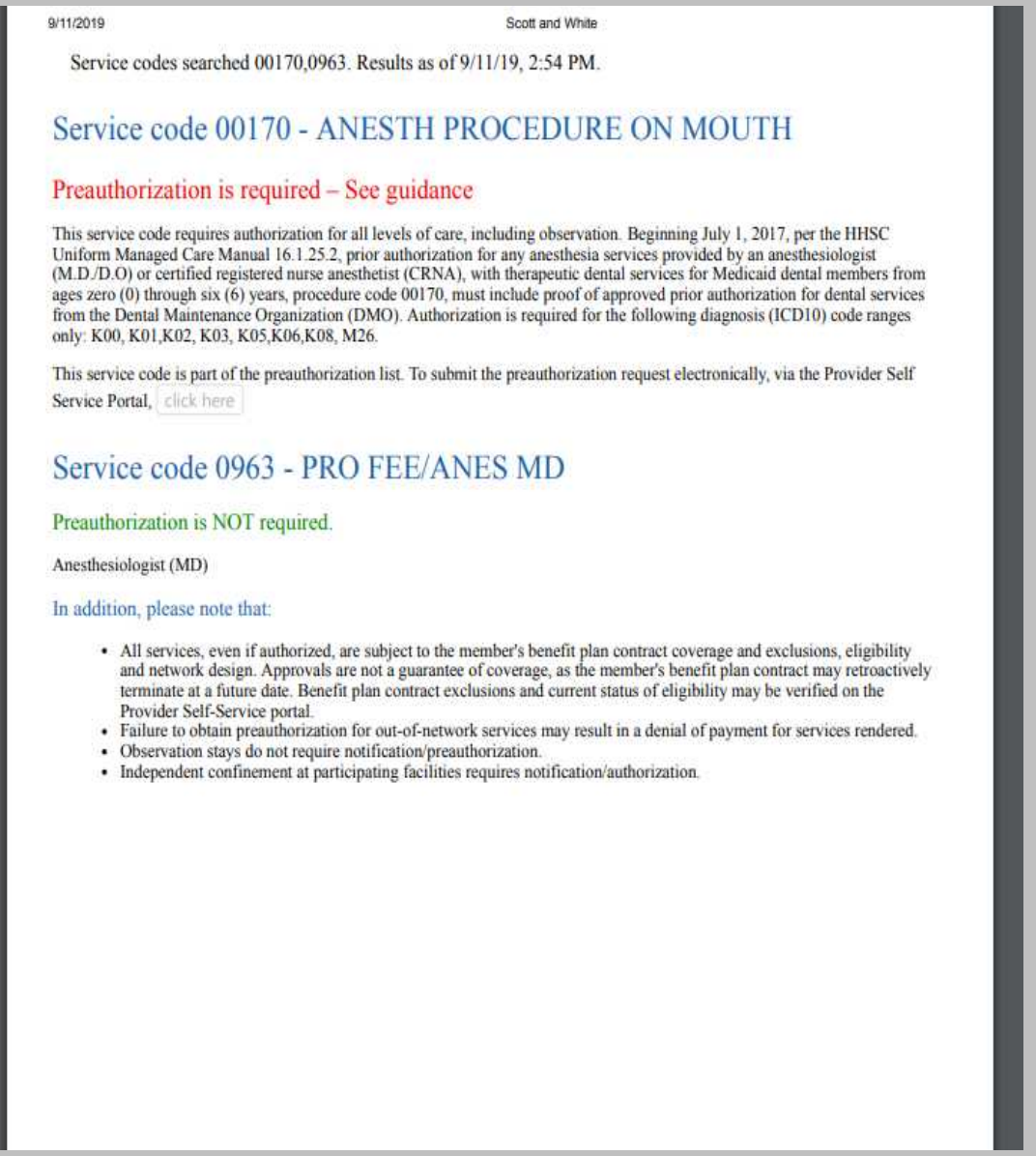
Authorizations – Authorization Code Search



Confidential. Do not distribute without appropriate permission.

Authorizations – Print Auth Code Search Results





9/11/2019 Scott and White

Service codes searched 00170,0963. Results as of 9/11/19, 2:54 PM.

Service code 00170 - ANESTH PROCEDURE ON MOUTH

Preauthorization is required – See guidance

This service code requires authorization for all levels of care, including observation. Beginning July 1, 2017, per the HHSC Uniform 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 ages zero (0) through six (6) years, procedure code 00170, must include proof of approved prior authorization for dental services from the Dental Maintenance Organization (DMO). Authorization is required for the following diagnosis (ICD10) code ranges only: K00, K01,K02, K03, K05,K06,K08, M26.

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

Service code 0963 - PRO FEE/ANES MD

Preauthorization is NOT required.

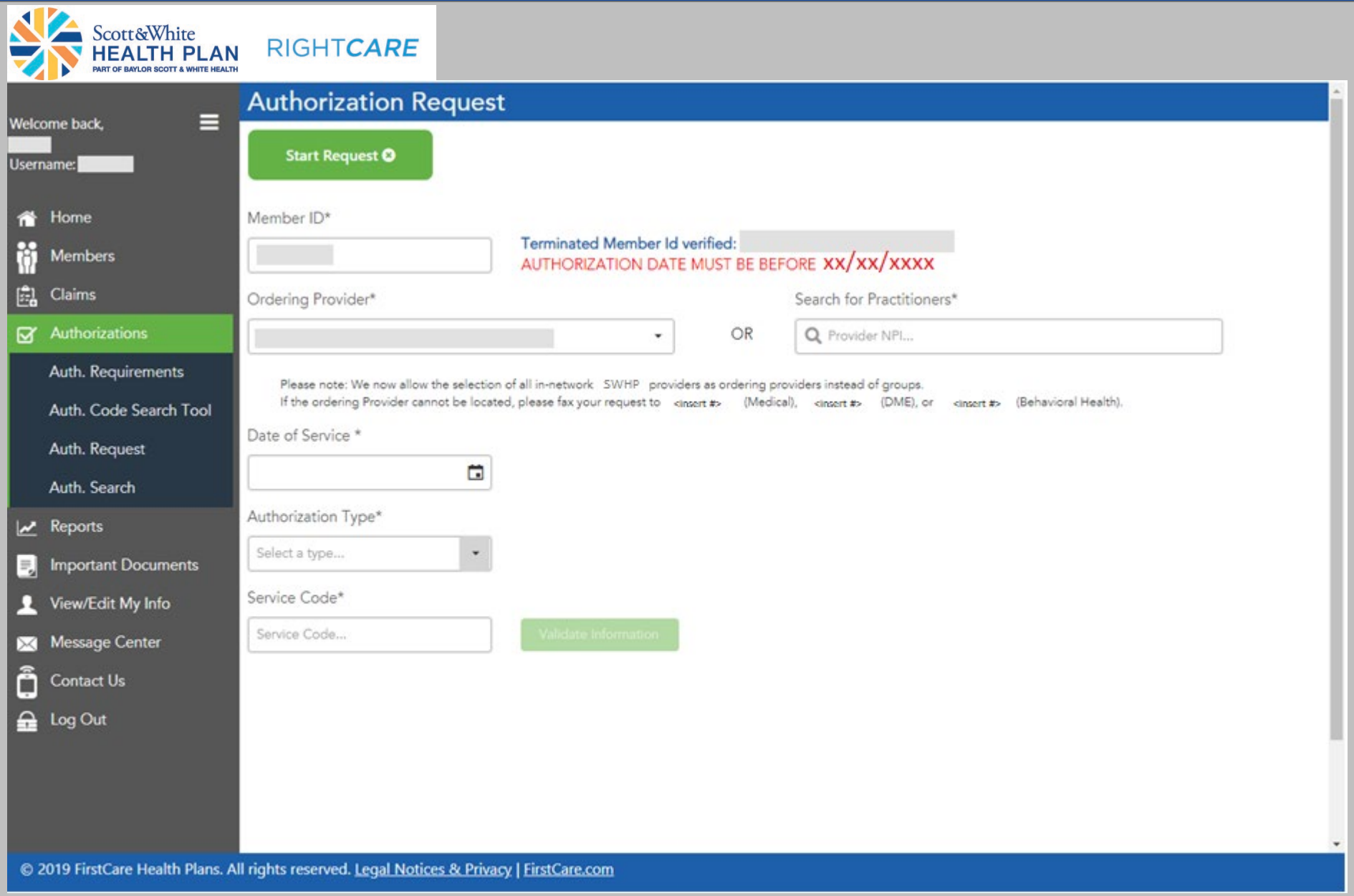
Anesthesiologist (MD)

In 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 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/preauthorization.
- Independent confinement at participating facilities requires notification/authorization.

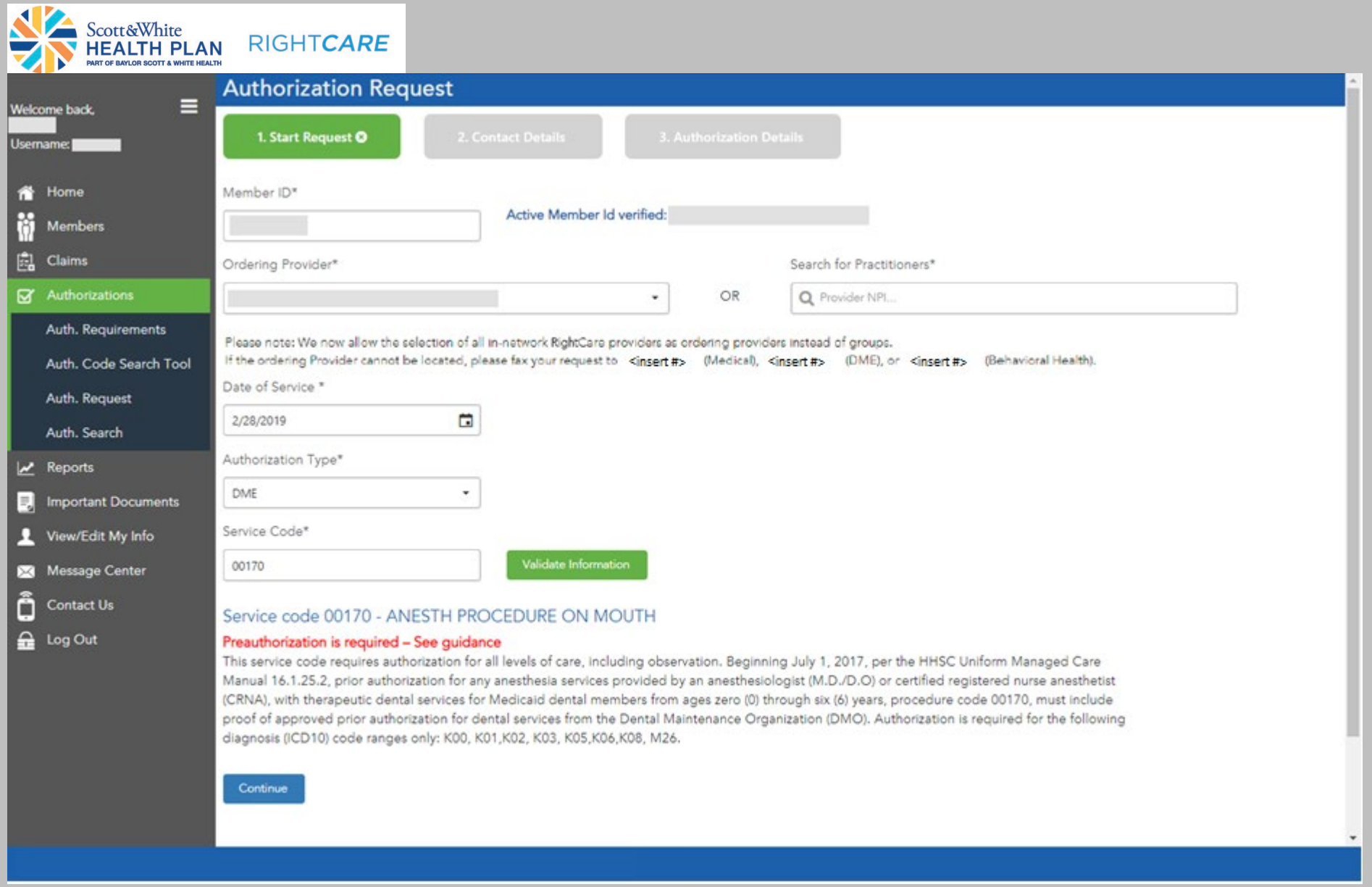
Confidential. Do not distribute without appropriate permission.

Authorization Request – Terminated Member



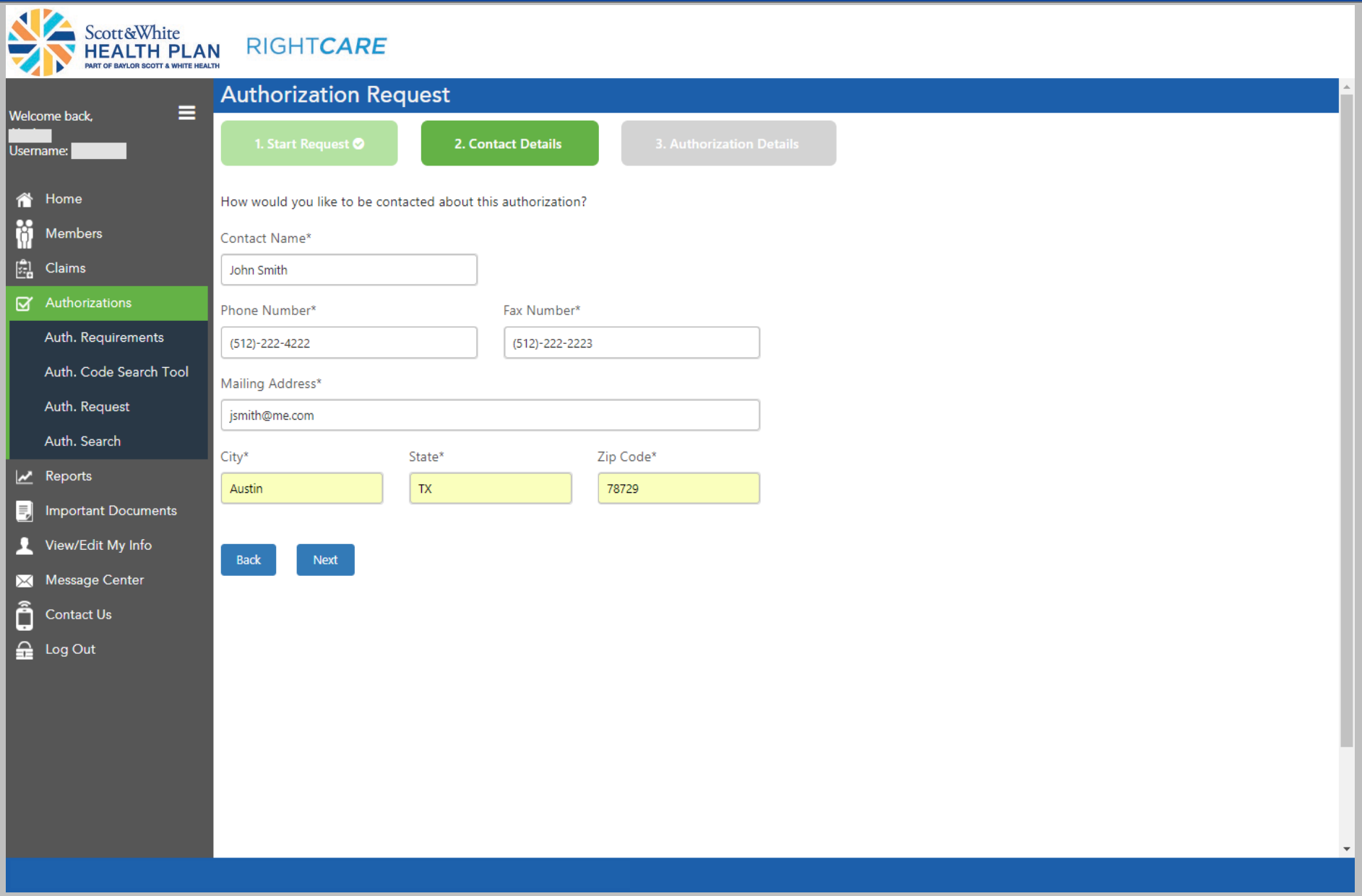
Confidential. Do not distribute without appropriate permission.

Authorization Request – Start Request



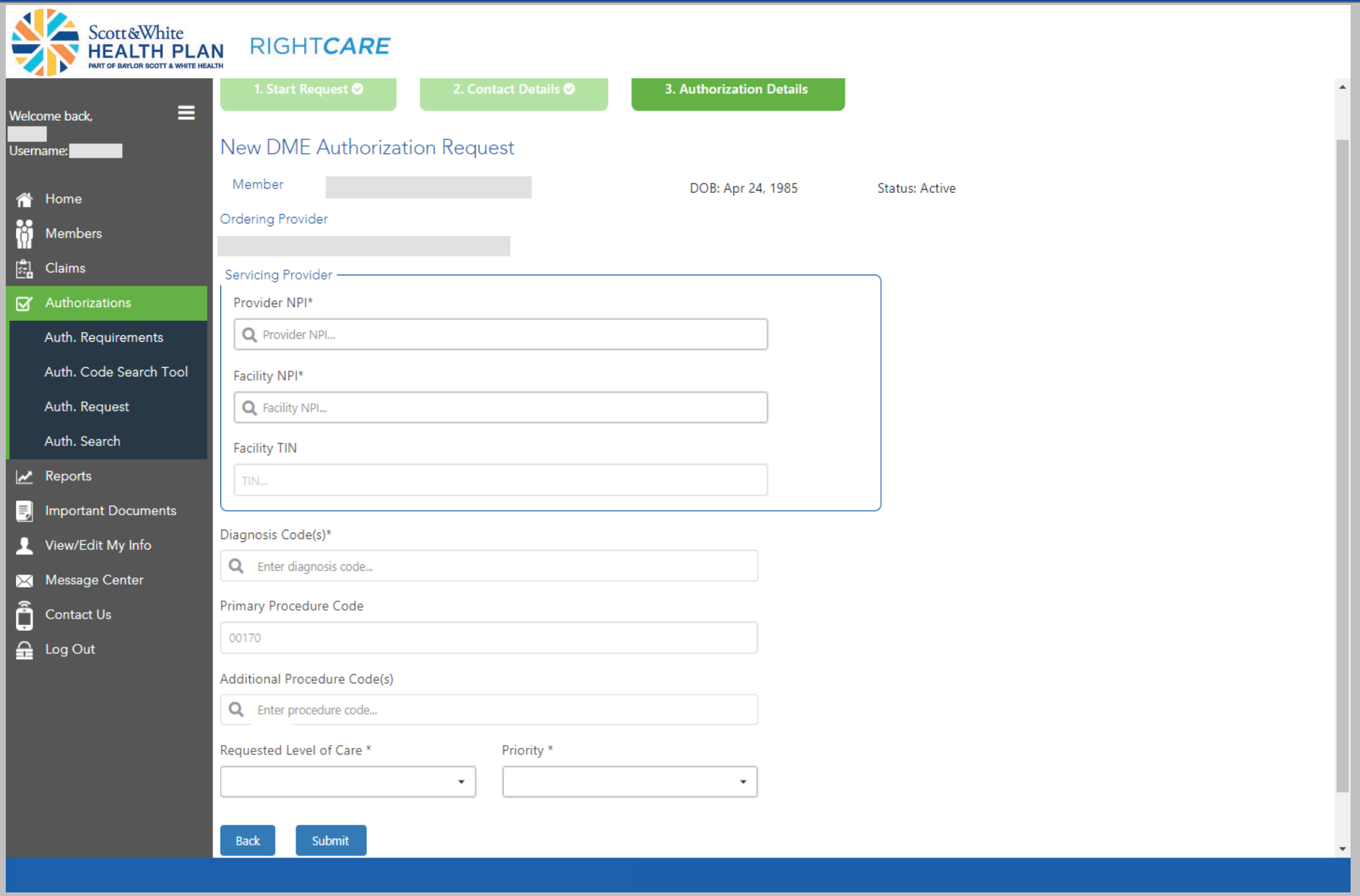
Confidential. Do not distribute without appropriate permission.

Authorization Request – Contact Details



Confidential. Do not distribute without appropriate permission.

Authorization Request – Authorization Details



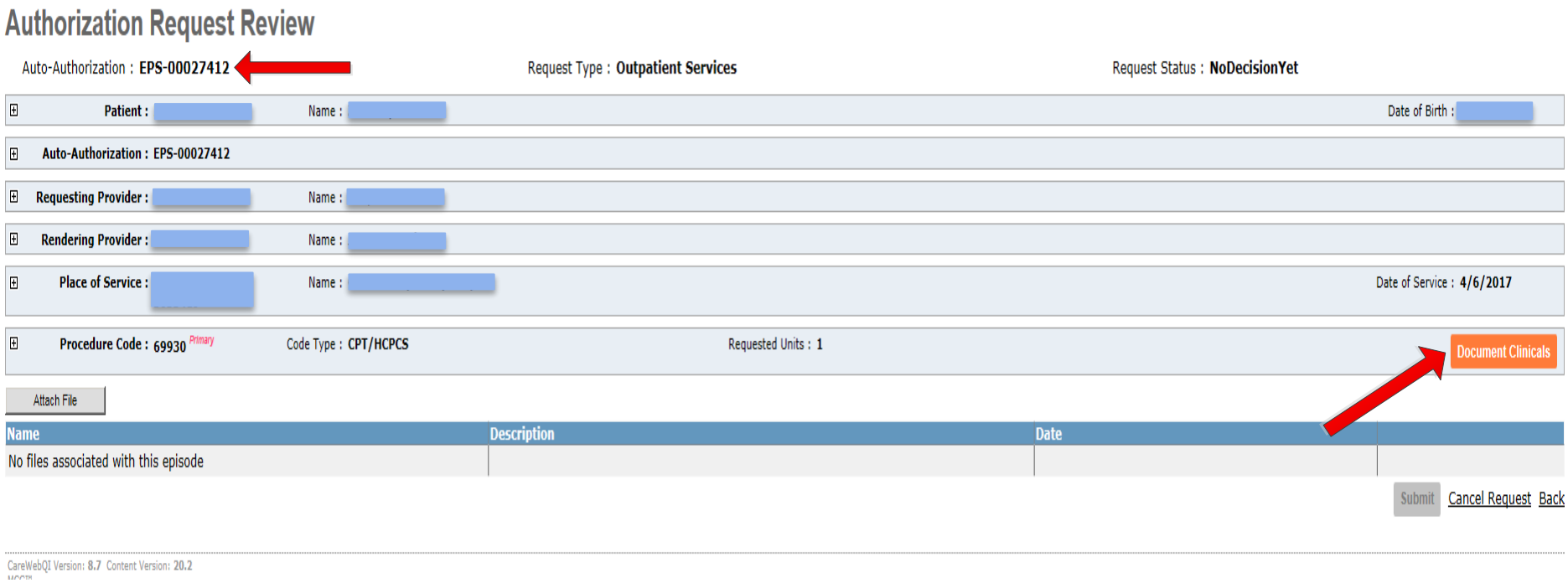
Confidential. Do not distribute without appropriate permission.

MCG Cite AutoAuth

- Your procedure code will appear in the upper left hand corner once routed to MCG (if multiple codes were submitted on the Right*Care* Provider Portal Authorization Request Page they will display in separate boxes)
- Enter the start date, and date, modifiers if applicable, and the approved count of measure
  -Please select “days” in the Approved Count Unit of Measure field when submitting an authorization request for anything other than DME
  -Please select “units” in the Approved Count Unit of Measure field when submitting an authorization request for DME
- Click next to continue

Confidential. Do not distribute without appropriate permission.

MCG Cite AutoAuth



- You may review a summary of the pertinent authorization elements by clicking the boxes containing plus signs on the left of the toolbar
- Click on the Document Clinicals icon located on the right once all information has been verified

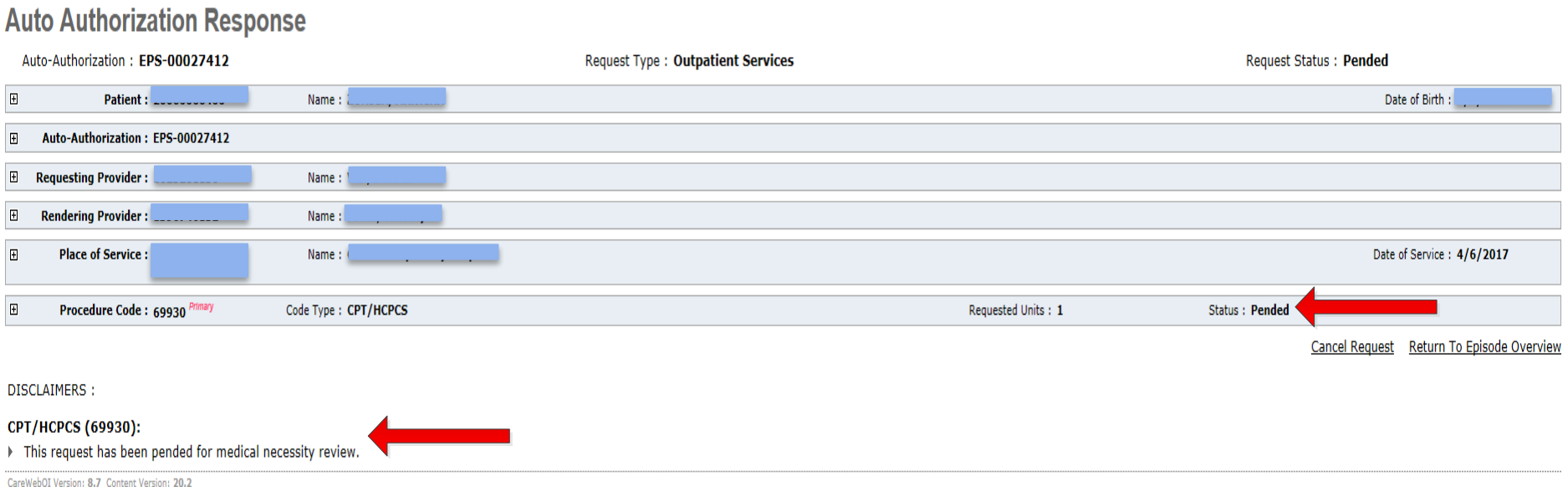
Confidential. Do not distribute without appropriate permission.

MCG Cite AutoAuth

- Select the applicable criteria for the requested service and click next

Confidential. Do not distribute without appropriate permission.

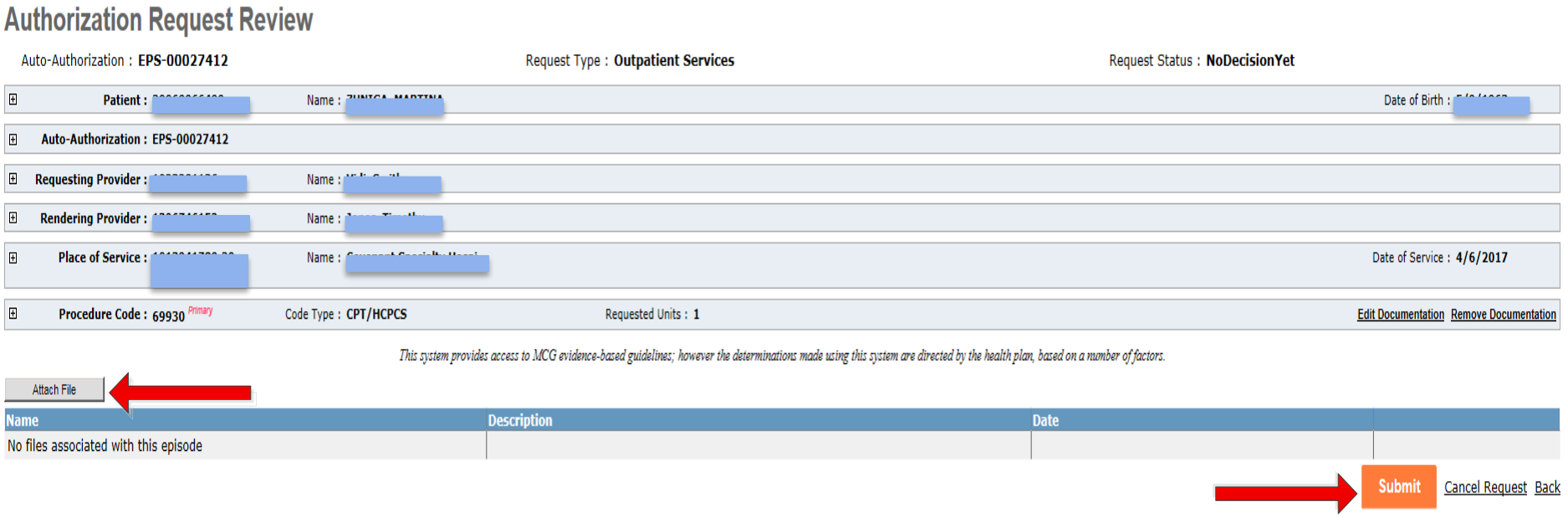
MCG Cite AutoAuth



- Please note the disclaimers; the disclaimers are different for every authorization submitted and house important information regarding your request.

Confidential. Do not distribute without appropriate permission.

MCG Cite AutoAuth



- Next, attach supporting documentation by selecting the “Attach File” option
- The “Submit Request” box, at the bottom of the page, will appear orange once all mandatory fields have been completed
- At this time you may submit your request, cancel the request, or go back to the previous page by selecting back
- If you choose to submit, select the “Submit Request” button
- You will be redirected back to the Right*Care* Provider portal where additional authorizations may be submitted if desired

Confidential. Do not distribute without appropriate permission.

Authorization Request – Submission Confirmation

Authorization submitted.

New Episode ID: EPS-00079770
Episode Status: Pending

Confidential. Do not distribute without appropriate permission.

Questions?

RIGHTCARE

Contact Us

SWHP Provider Relations Representative Territory Map

Service Areas

- Claudia Santillan (214-814-1392)
- Ankur Sharma (254-298-3414)
- Neha Patel (214-617-8992)
- Kelly Weber (817-583-5484)
- Matthew Munoz (254-743-9956)
- Provider Relations (254-298-3064)
- Tiffany Morris (469-800-8962)
- Provider Relations (254-298-3064) (Statewide)

© 2019 Quest Analytics, LLC.

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

RIGHTCARE

Thank you for your participation.