



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

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**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 **RightCare Self-Service Provider Portal**, found at [rightcare.firstcare.com](https://rightcare.firstcare.com).
- Provider Portal Demo and Updates
  - Member Eligibility, Benefits, ID Card
  - Claims Search
  - Appeals Process
  - Authorizations
  - Portal Account Maintenance
- Question & Answer Session

# Authorizations – Authorization Code Search



RIGHTCARE

RightCare Self-Service

Welcome back,  
Rcptest  
Username: RCPTTest319001



Home

Members

Claims

✓ Authorizations

Auth. Requirements

Auth. Code Search Tool

Auth. Request

Auth. Search

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## Authorization Code Search

Use our search tool to see if prior authorization is required.

Print Results

Enter up to 20 service codes:

Add Code

Search

Clear

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.

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# Authorizations – Print Auth Code Search Results


## Print

Total: 1 sheet of paper

Print

Cancel

Destination

 p-02772 ▼

Pages

All ▼

Copies

1

Layout

Portrait ▼

More settings ▼

Print using system dialog... (Ctrl+Shift+P)



9/11/2019

Scott and White

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# Authorization Request – Terminated Member



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## Authorization Request

Welcome back,  
[redacted]  
Username: [redacted]

- Home
- Members
- Claims
- Authorizations**
- Auth. Requirements
- Auth. Code Search Tool
- Auth. Request
- Auth. Search
- Reports
- Important Documents
- View/Edit My Info
- Message Center
- Contact Us
- Log Out

Start Request

Member ID\*

Terminated Member Id verified: [redacted]

**AUTHORIZATION DATE MUST BE BEFORE XX/XX/XXXX**

Ordering Provider\*

OR

Search for Practitioners\*

Please note: We now allow the selection of all in-network SWHP providers as ordering providers instead of groups.  
If the ordering Provider cannot be located, please fax your request to <insert #> (Medical), <insert #> (DME), or <insert #> (Behavioral Health).

Date of Service \*

Authorization Type\*

Service Code\*

Validate Information

# Authorization Request – Start Request



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## Authorization Request

1. Start Request

2. Contact Details

3. Authorization Details

Member ID\*

Active Member Id verified:

Ordering Provider\*

OR

Search for Practitioners\*

Please note: We now allow the selection of all in-network RightCare providers as ordering providers instead of groups.

If the ordering Provider cannot be located, please fax your request to <insert #> (Medical), <insert #> (DME), or <insert #> (Behavioral Health).

Date of Service \*

Authorization Type\*

Service Code\*

Validate Information

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Continue

# Authorization Request – Contact Details



RIGHTCARE

Welcome back,

Username:



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Reports



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Log Out

## Authorization Request

1. Start Request ✓

2. Contact Details

3. Authorization Details

How would you like to be contacted about this authorization?

Contact Name\*

John Smith

Phone Number\*

(512)-222-4222

Fax Number\*

(512)-222-2223

Mailing Address\*

jsmith@me.com

City\*

Austin

State\*

TX

Zip Code\*

78729

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Next

# Authorization Request – Authorization Details



RIGHTCARE

1. Start Request ✓

2. Contact Details ✓

3. Authorization Details

Welcome back,

Username:



Home



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## New DME Authorization Request

Member

DOB: Apr 24, 1985

Status: Active

Ordering Provider

Servicing Provider

Provider NPI\*

Facility NPI\*

Facility TIN

Diagnosis Code(s)\*

Primary Procedure Code

Additional Procedure Code(s)

Requested Level of Care \*

Priority \*

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Submit

# MCG Cite AutoAuth

Authorization Request - Code Detail

## Authorization Code Detail

Detail for: CPT/HCPCS 69930

Code Attributes

Requested Units: 1

### Additional Information

\*Start date: 3/21/2017 m/d/yyyy

\*End Date: 3/21/2017 m/d/yyyy

Modifier:

Additional Modifier:

\*Approved Count Unit of Measure: Units

Back

Next

- Your procedure code will appear in the upper left hand corner once routed to MCG (if multiple codes were submitted on the RightCare 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

# MCG Cite AutoAuth

## Authorization Request Review

Auto-Authorization : **EPS-00027412**

Request Type : **Outpatient Services**

Request Status : **NoDecisionYet**

⊕	Patient :	<input type="text"/>	Name :	<input type="text"/>	Date of Birth :	<input type="text"/>
⊕	Auto-Authorization : EPS-00027412					
⊕	Requesting Provider :	<input type="text"/>	Name :	<input type="text"/>		
⊕	Rendering Provider :	<input type="text"/>	Name :	<input type="text"/>		
⊕	Place of Service :	<input type="text"/>	Name :	<input type="text"/>	Date of Service :	4/6/2017
⊕	Procedure Code :	69930 <small>Primary</small>	Code Type :	CPT/HCPCS	Requested Units :	1

Attach File

Document Clinicals

Name	Description	Date
No files associated with this episode		

Submit Cancel Request Back

CareWebQI Version: 8.7 Content Version: 20.2  
14/07/2016

- 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

# MCG Cite AutoAuth

## Authorization Request Clinical Indication - CPT (69930)

### Guideline: Cochlear Implant

The procedure is/was needed for appropriate care of the patient because of **(Select All that apply)**:

☐ Adult, as indicated by ...

☐ Infant or child and ...



Back

Next

## Authorization Request Clinical Indication - CPT (69930)

### Guideline: Cochlear Implant

The procedure is/was needed for appropriate care of the patient because of :

Adult, as indicated by **(Select All that apply)**

☒ Initial unilateral cochlear implant and ...

☐ Sequential (second) cochlear implant, as indicated by ...



Back

Next

CareWebQI Version: 8.7 Content Version: 20.2

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

# MCG Cite AutoAuth

## Auto Authorization Response

Auto-Authorization : EPS-00027412

Request Type : Outpatient Services

Request Status : Pended

Patient :	Name :	Date of Birth :
Auto-Authorization : EPS-00027412		
Requesting Provider :	Name :	
Rendering Provider :	Name :	
Place of Service :	Name :	Date of Service : 4/6/2017
Procedure Code : 69930 <small>Primary</small>	Code Type : CPT/HCPCS	Requested Units : 1      Status : Pended

[Cancel Request](#) [Return To Episode Overview](#)

### DISCLAIMERS :

#### CPT/HCPCS (69930):

▶ This request has been pended for medical necessity review.

CareWebOI Version: 8.7 Content Version: 20.2

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

# MCG Cite AutoAuth

## Authorization Request Review

Auto-Authorization : EPS-00027412


Request Type : Outpatient Services

Request Status : NoDecisionYet


Patient :	██████████	Name :	ZUNIGA MARTINA	Date of Birth :	5/16/1988
Auto-Authorization :	EPS-00027412				
Requesting Provider :	██████████	Name :	██████████		
Rendering Provider :	██████████	Name :	██████████		
Place of Service :	101301700-00	Name :	General Social Work	Date of Service :	4/6/2017
Procedure Code :	69930 <small>Primary</small>	Code Type :	CPT/HCPCS	Requested Units :	1
				<a href="#">Edit Documentation</a>	<a href="#">Remove Documentation</a>

*This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.*

Attach File



Name	Description	Date
No files associated with this episode		



Submit

[Cancel Request](#) [Back](#)

- 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 RightCare Provider portal where additional authorizations may be submitted if desired

# Authorization Request – Submission Confirmation



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## **Authorization submitted.**

New Episode ID: EPS-00079770

Episode Status: Pending



# Questions?

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## Contact Us

### SWHP Provider Relations Representative Territory Map

### Service Areas

- Claudia Santilan (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)





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**Thank you for your participation.**