

Third Party Administrator (TPA) Transition

Provider Education



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

Impact to Provider Operations



Changes for RightCare

- **Effective 11/1/2019, RightCare will utilize FirstCare Health Plans as the TPA for Medicaid.**
- Changes are specific to updates to Provider Materials, Process, & Provider Portal
 - Paper Claims Submission – Address change
 - New Provider Portal
 - Prior Authorization List – less burdensome requirements
 - Interactive Voice Response (IVR) System
 - Call tree options have changed
 - Multiple Explanation of Payments (EOPs)
 - Dependent upon date of service of claim
 - Electronic Funds Transfer (EFT)
 - Enrollment through Change Healthcare
 - EFT Requests received after 09/30/19 will not be processed to avoid payment delays. Providers can submit requests directly to Change Healthcare on 11/1/19.
 - Member ID Cards
 - Updated to add Payor ID

Impact to Provider Operations



Claims Address

- Paper claims submitted to new PO Box
- New claims address included in Provider Manual



Provider Portal

- Consolidation of three portals into one (new URL)
- Additional enhanced features



Interactive Voice Response (IVR)

- Routing options in IVR have changed.



Prior Authorization List

- Updated list will be published on provider website.
- Providers will not have to request a new PA on 11/1 for open PA's.



Electronic Funds Transfer (EFT)

- New registration will be handled via Change Healthcare. Providers currently enrolled in EFT prior to 11/1/19 may not have to re-register with Change Healthcare.



Explanation of Benefits (EOB)

- Providers will receive 2 EOBs for claims submitted pre and post implementation.



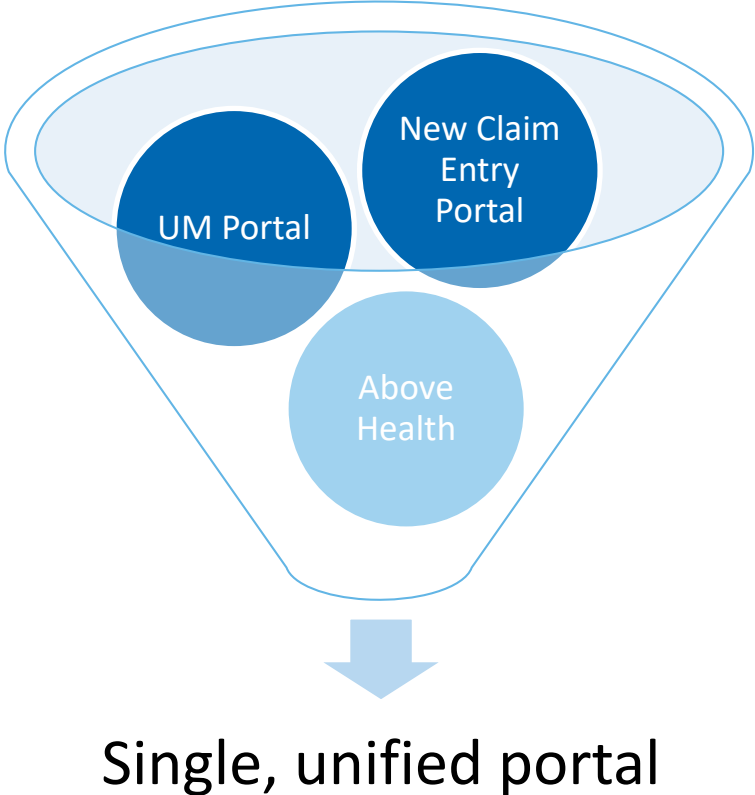
ID Cards

- Members will receive new cards
- Images of the member ID cards will be updated in the Provider Manual

Provider Portal Changes

Provider Portal Changes

- Moving from three separate provider portals to one portal
- Enhanced views and easier navigation
- All inclusive Provider Portal
 - Member Eligibility
 - Claim Search
 - Claim Appeals/Redeterminations (NEW Feature)
 - Authorizations
 - Provider Panel Roster
 - Texas Health Steps report (NEW Feature)



Provider Portal: Member View

Updates

- **Now includes:** ID Card Image, View Authorizations, and Authorization request.
- **Easier access** to claim status, PCP/OBGYN, and other insurance coverage.

Member View

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Welcome back, [Username]

Member ID: [Input]

Choose Member: [Dropdown]

[View ID Cards](#) [View Claims](#) [View Authorizations](#) [Request New Authorization](#)

Personal Information | Benefits & Coverage | Accumulators | PCP/OBGYN | Other Coverage | Additional IDs

Current Status: Active Benefit Network: FirstCare Select Plus HMO

Account Id: [Input] Account Name: [Input]

Birth Date: [Input] Home: [Input]

Gender: Male Mailing: [Input]

Relationship: Self Billing: [Input]

Phone: [Input]

Member View: Benefits

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Welcome back, [Username]

Member ID: [Input]

Choose Member: [Dropdown]

[View ID Cards](#) [View Claims](#) [View Authorizations](#) [Request New Authorization](#)

Personal Information | **Benefits & Coverage** | Accumulators | PCP/OBGYN | Other Coverage | Additional IDs

07/01/2018 - Current (LCSPH201_4808)

Medical Benefits

Provider Portal: Claim Search

Updates

- **Now includes:** Search criteria by Practitioner or Supplier account.
- Practitioner access to claims, EOPs, and the ability to submit Claim Appeals/Redetermination (this feature is **NEW**).
- Supplier account is **NEW** and has access to the above along with the ability to see payments and Negative Balance. They are also able to search by Check Number or the 835 Trace Number which will assist providers in resolving AR issues.

Claim Search by Provider/Member – Practitioner Account

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Bil...	Paid	Appeal	Status	Provider Name	Deduct...	End Date
20190409P03464	3/21/2019	4/9/2019	View			65.00	0.00	Appeal	PROCESSED		0.00	
20190409P03462	3/30/2019	4/9/2019	View			99.00	0.00	Appeal	PROCESSED		89.10	
20190328P04907	3/26/2019	3/28/2019	View			99.00	59.10	Appeal	PROCESSED		0.00	

Claim Search by Provider/Member – Supplier Account

Claim ID	Start Date	Receipt Date	EOP	Member ID	Member Name	Billed	Paid	Appeal	Status	Provider Name	Deduct...	End Date
20190313P000271	3/11/2019	3/13/2019	View			298.79	184.60	Appeal	PROCESSED		0.00	
20190313P000222	3/11/2019	3/13/2019	View			298.79	184.60	Appeal	PROCESSED		0.00	
20190313P004821	3/12/2019	3/13/2019	View			340.66	184.60	Appeal	PROCESSED		0.00	
20190313P004813	3/12/2019	3/13/2019	View			298.84	184.60	Appeal	PROCESSED		0.00	
20190313P004824	3/12/2019	3/13/2019	View			298.84	184.60	Appeal	PROCESSED		0.00	
20190313P004801	3/11/2019	3/13/2019	View			424.60	184.60	Appeal	PROCESSED		0.00	
20190315P004885	3/12/2019	3/15/2019	View			184.60	0.00	Appeal	DENIED		0.00	
20190318P000333	3/13/2019	3/18/2019	View			349.60	184.60	Appeal	PROCESSED		0.00	
20190318P000351	3/14/2019	3/18/2019	View			298.84	184.60	Appeal	PROCESSED		0.00	
20190319P003569	3/15/2019	3/19/2019	View			185.24	96.79	Appeal	PROCESSED		0.00	

Provider Portal: Claim Appeal/Redetermination

Updates

- **NEW:** Providers now have the ability to submit claim appeals/redeterminations electronically.

The screenshot shows the 'Claim Appeal' interface in the Scott & White Health Plan RightCare provider portal. The page has a dark blue header with the title 'Claim Appeal'. Below the header is a navigation sidebar on the left with a 'Welcome back' message and a menu of options including Home, Members, Claims, Claim Search, Electronic Claims Status, Claim Submission, Authorizations, Reports, Important Documents, View/Edit My Info, Message Center, Contact Us, and Log Out. The main content area displays the 'Claim Appeal' form for a specific claim. At the top of the form, there are two tabs: 'Reason for Appeal' (selected) and 'Claim Lines'. The form includes a header section with member and claim details: Member Name, Member ID, Start Date (12/24/18), Paid Date (1/1/19), Provider NPI, Patient Control #, End Date, Paid Amount (\$28.04), Provider Name, Date of Birth (2/6/1974), Charge (\$172.00), Network (Medicaid Lubbock), Claim Number (20181228P02151), and Status (PROCESSED). The 'Reason for Appeal' section contains a list of checkboxes for reasons such as 'Provider information updated', 'Member eligibility updated', 'Authorization updated', 'EOB Attached (COB Claim)*', 'Corrected/Replaced Claim', 'Resubmission with Proof of Authorization/Referral*', 'Resubmission with Proof of Timely Filing*', and 'Other (specify reason below)'. There is also a text input field for 'Other'. To the right of these checkboxes is an 'Attachments' section with a file upload button and a text area for a summary of the appeal. At the bottom of the form, there is a green 'Submit Appeal' button and a red 'Cancel' button. A note at the bottom states: '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.'

Provider Portal: Authorizations

Updates

- Providers will still be able to submit, view, and print authorizations. Submitting the request are now easier and user friendly.
- New features include: Exporting a list of requested authorizations, detailed denial reasons and a code look up tool that assist with determining if an authorization is needed.

Authorizations – Search by Provider

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Welcome back, [Username]

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

Authorization Search

Search By: Provider

Authorization Status: (All)

Service Start Date Between: 8/1/2017 - 3/1/2018

Search Clear

Export

Authorization #	Member ID	Member Name	Referring Provider	Status	Print	Authorization Type	Diagnosis	Received	Start	End	Alt. Auth #	Admission Type
EPS-00096056				Approved	Print	Authorization from MCG	View	1/30/2018	1/29/2018	5/30/2018		Outpatient
EPS-00095583				Approved	Print	Authorization from MCG	View	1/24/2018	1/29/2018	7/29/2018		Outpatient
EPS-00092121				Approved	Print	Authorization from MCG	View	12/13/2017	12/23/2017	3/26/2018		Outpatient
EPS-00088265				Not Approved	Print	Authorization from MCG	View	10/27/2017	10/27/2017	4/26/2018		Outpatient
EPS-00087272				Partially Approved	Print	Authorization from MCG	View	10/17/2017	10/16/2017	4/13/2018		Outpatient
EPS-00085710				Not Approved	Print	Authorization from MCG	View	9/29/2017	10/12/2017	4/12/2018		Outpatient
EPS-00085712				Not Approved	Print	Authorization from MCG	View	9/29/2017	10/12/2017	4/12/2018		Outpatient
EPS-00085711				Partially Approved	Print	Authorization from MCG	View	9/29/2017	10/12/2017	2/18/2018		Outpatient
EPS-00086125				Approved	Print	Authorization from MCG	View	10/4/2017	10/11/2017	12/22/2017		Outpatient
EPS-00086769				Partially Approved	Print	Authorization from MCG	View	10/11/2017	10/10/2017	4/10/2018		Outpatient

Provider Portal: Panel Roster and Texas Health Steps Reports

Updates

- Panel Roster now includes archive data.
- Texas Health Steps Reports is a NEW Feature that informs a provider if a member is due/overdue for the service.

Panel Reports

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Welcome back, [Username]

Provider* [Dropdown] [Submit]

Panel reports are typically available for viewing by the 4th day of the month.

Month	Year	Type	Filename
03	2019	Roster-Add-Change	03-2019_Roster-Add-Change_PCP_CHIP_ALL.pdf
03	2019	Roster-Add-Change	03-2019_Roster-Add-Change_PCP_MEDICAID_ALL.pdf
02	2019	Roster-Add-Change	02-2019_Roster-Add-Change_PCP_CHIP_ALL.pdf
02	2019	Roster-Add-Change	02-2019_Roster-Add-Change_PCP_MEDICAID_ALL.pdf
01	2019	Roster-Add-Change	01-2019_Roster-Add-Change_PCP_CHIP_ALL.pdf
01	2019	Roster-Add-Change	01-2019_Roster-Add-Change_PCP_MEDICAID_ALL.pdf
12	2018	Roster-Add-Change	12-2018_Roster-Add-Change_PCP_CHIP_ALL.pdf
12	2018	Roster-Add-Change	12-2018_Roster-Add-Change_PCP_MEDICAID_ALL.pdf
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

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Texas Health Steps Reports

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Welcome back, [Username]

Provider* [Dropdown] [Submit]

Member ID	Last Name	First Name	Status	BirthDate	Address	City	State	ZIP	Phone #	Last Updated
			Overdue			Seminole	TX	79360		5/6/2018
			Overdue			Lubbock	TX	79411		5/29/2018
			Overdue			Shallowater	TX	79363		11/7/2018
			Overdue			Lubbock	TX	79415		11/11/2018
			Overdue			Lubbock	TX	79412		11/27/2018
			Overdue			Lubbock	TX	79415		5/1/2018
			Overdue			Lubbock	TX	79411		11/18/2018
			Overdue			Slaton	TX	79364		11/19/2018
			Overdue			Lubbock	TX	79414		5/14/2018
			Overdue			Odessa	TX	79761		5/6/2018

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Important Phone Numbers

- Provider Relations (including claims questions)
 - 1-855-TX-RIGHT (1-855-897-4448)
 - 8 a.m. to 5 p.m. Central Time, Monday to Friday (except for state-approved holidays)
- Prior Authorizations and Notifications
 - RightCare: 1-855-691-7947
 - Pharmacy: 1-877-908-6023
 - Behavioral Health: 1-855-395-9652
- Visit the RightCare website for additional information
 - <https://rightcare.swhp.org/en-us/>