

Provider Portal Overview for Providers and Office Personnel



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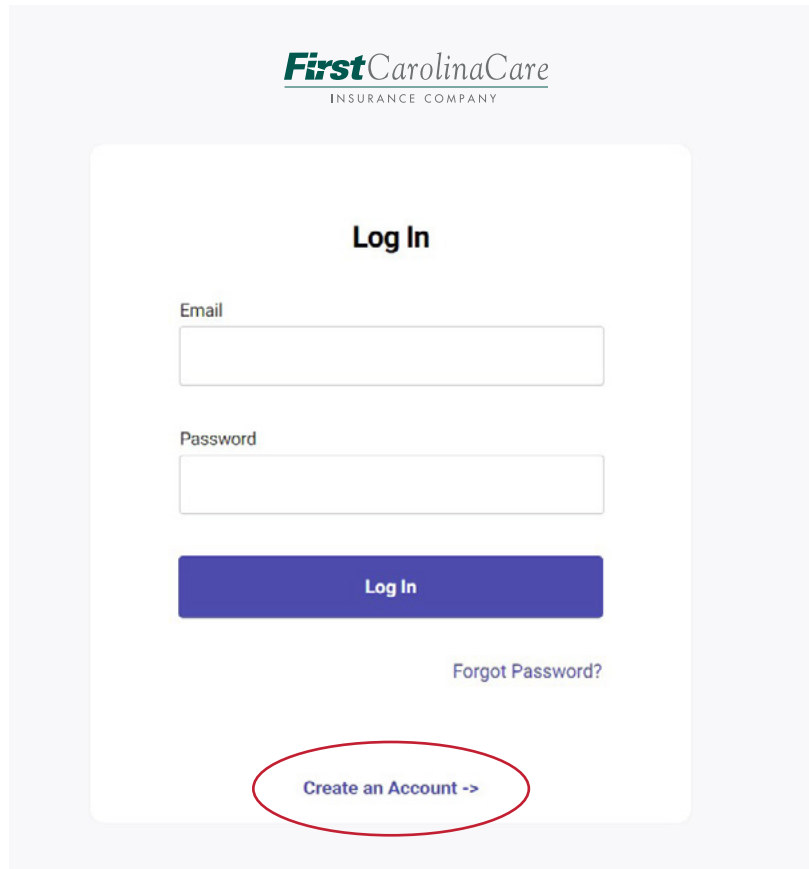
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Registration

You can also register by going directly to FirstCarolinaCare.com/Providers and choosing Create an Account.



The image shows a web page for First Carolina Care Insurance Company. At the top, the company logo is displayed. Below the logo, the heading "Log In" is centered. Underneath the heading, there are two input fields: "Email" and "Password". Below these fields is a blue button labeled "Log In". To the right of the button, there is a link that says "Forgot Password?". At the bottom of the form, there is a link that says "Create an Account ->", which is circled in red.

First Carolina Care
INSURANCE COMPANY

Log In

Email

Password

Log In

[Forgot Password?](#)

[Create an Account ->](#)

Registration

From there, you'll choose the type of account you're creating. You should choose the Health Care Professional tab from the menu. Then choose your role, provider or office personnel.

We will only approve you for a provider account if you're actually the doctor providing care. If you work in an office for a provider, you must choose office personnel, or your account won't be approved, and you'll have to start the registration process over.

If you're a provider already contracted with us, you should never choose Prospective Provider Request. That is for providers interested in joining our provider network, not providers already working with us.

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HOME CONTACT


Registration

Tell us who you are

Member	Register now to: <ul style="list-style-type: none">• Access all your authorizations and claims• Review a member's coverage• Walk through our preauthorization process• Find announcements, forms, and resources• Give office personnel the access they need <p>If you're a doctor bringing patients care:</p> <p>Request Provider Access Prospective Provider Request</p> <p>If you work in a doctor's office to support a doctor:</p> <p>Request Office Personnel Access</p>
Personal Representative	
Employer Group	
Health Care Professional	
Broker	

Registration

Follow the on-screen directions to set your contact information and password. Once you hit the Create Account button on this page, you'll be sent to the Confirm Email page.



[HOME](#) [CONTACT](#)

1

Create Account

2

Confirm Email

3

Complete Profile

Set up an account with your email address, which will be your login name/ID, and a secure password.

Name

First Name:

Last Name:

Email Address

- This will be your login.
- This is where we'll send you notifications electronically.
- You'll have to confirm this email address to finish registering.
- This email can only be linked to one user account.

Email:

Re-enter Email:

Set Password


- Must be at least 8 characters long.
- Must have at least one upper-case, one lower-case, and one number or special character.
- Can't be your name, email, or contain any version of our name.

Password:

Re-enter Password:

☐ I have read the [Health Alliance Privacy Policy](#) and agree to the terms and conditions.

☐ I'm not a robot



Create Account

Registration

Then, you'll follow the on-screen directions to complete your profile with information like your National Provider ID and submit it to us for approval. Approval should take approximately 7 business days, and you'll get an email when you've been approved.

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HOME CONTACT

Congratulations, you're now signed up! Use your confirmed email address to log in, and stay tuned for email notifications. Thanks!

Complete Your Provider Profile

Providers are the ones bringing patients health care, like doctors and hospitals. If this doesn't sound like you, you might need to set up a [different type of account](#).

To finish setting up your provider profile, complete this page. You can also finish later and [log out now](#).

✓
Create Account

✓
Confirm Email

3
Complete Profile

Provider Information

First Name*
Chad

National Provider ID*

Address*

City*

Business Phone Number

Last Name*
Baylor

Tax ID/TIN* Numbers Only (No Dashes)

State*

Health Alliance Provider ID

Zip*
Example: 91010

☐ We have updated our [User Agreement](#) and [Privacy Statement](#), please review and agree to the terms and conditions.

Submit

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HOME CONTACT

Account Pending Approval

You've finished setting up your provider account, and it's pending approval by the Client Provider Services Admin. This will take approximately 7 days.

Check your email to see if your account has been approved and stay tuned for useful updates and info.

[Log Out](#)

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Announcements

The first time you log in to the provider portal with your new account, you'll end up here. You can see announcements and recent Informed flashes and newsletters from this page. From the very top menu, you can connect to Forms & Resources, your Notifications, the Announcements Page, Contact Information and Account Settings.

From the footer menu, you can also connect to Clinical Guidelines, Member's Rights and Responsibilities and a link to give us website feedback.

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Provider
Forms & Resources Notifications Announcements Contact Account Log Out

Request Preauthorization Authorizations Claims Claim Reprocessing Inquiries Attach To Member

Announcements

Check Informed [if](#) for up-to-date news.

Informed Newsletter

- FLASH: Oxygen at Home Approvals for Medicare Advantage Members with COVID-19 [if](#)
- Carle October Newsletter 2020 [if](#)
- Midwest October Newsletter 2020 [if](#)
- Beid October Newsletter 2020 [if](#)
- Northwest October Newsletter 2020 [if](#)
- FLASH: Provider Resources Has A New Look [if](#)
- Patient Number on Claims [if](#)
- Announcing Hally Health [if](#)
- FLASH: Update - Coverage for COVID-19 Testing [if](#)
- Northwest June Newsletter 2020 [if](#)

Forms & Resources
All Forms & Resources
Policy and Procedures
Clinical Guidelines
Members' Rights and Responsibilities

Contact
Contact Us
Website Feedback
Announcements
Informed Newsletter

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Notice of Commercial Privacy Practices
Notice of Medicare Privacy Practices
Legal Notice and Website Privacy Statement
Code of Conduct
Non-discrimination Notice

We recommend you download Adobe Reader to view all PDF files on this page.

Account Settings

When you choose Account from the very top menu, you'll come to this Account Settings page. From here, you can change your name and the first page you see when you log in, update your preferences or password and request to add an additional type of access role to your account.

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Provider ▼

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Account Settings

Settings

Office Management

Preferences

Display Name

First Name Last Name

When I log in, take me to:
Member Lookup ▼

☐ I would like to receive email notifications when I submit preauthorization forms.

Update Preferences

Email Login/Password

Login settings are stored securely through OpenID.

Email: todd.mette@***** - Change

Password: ***** - Change

Recovery Phone Number: Setup

Add Additional Access Role

Get more options and responsibilities by adding another access role.

Broker ▼ Continue

Account Settings

If you choose Office Management from the side menu, you'll come to this page, which lets you update the address for your office location.

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Office Management

Settings

Office Management

Address

Office Name

provider

Office Phone

000-000-0000

Street

street

City

Urbana

State

IL

ZIP

61852

Save Changes

Forms & Resources

All Forms & Resources

Policy and Procedures

Clinical Guidelines

Members' Rights and Responsibilities

Contact

Contact Us

Website Feedback

Announcements

Informed Newsletter

Claims and Claim Reprocessing Inquiries

The Claims tab of the main menu works much like the authorizations page. You can search for claims by their service dates, claim info or the member's info. Your results and their details will appear at the bottom. If you click a result's claim number, you can see more details for that claim.

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Provider

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Claims

Service Date Range:

From:11/5/2019To:11/5/2020

Service Date: mm/dd/yyyy

Claim Information:

Status:All

Claim #: Example: 12345678

Account #: Example: 1234567890

Member Information:

Member #: Example: 94012345678

First Name:

Last Name:

SearchReset

Currently showing claims matching From: 11/5/2019 To: 11/5/2020 Status: All

Print My Results

Previous PagePage 1 of 147Next Page

Results per page10

Status	Claim #	Account #	Member	Group	Provider	Service Date	Billed Amt
						11/2/2020	\$125.00
						11/2/2020	\$270.00
						10/30/2020	\$80.00

Claims and Claim Reprocessing Inquiries

This claim details page shows the status, benefit and service information and the breakdown of what we were billed and paid.

If you have a question about how a claim was processed, use the Create Reprocess Claim Inquiry button to fill out and submit a claim reprocessing inquiry form that’s prefilled with this claim’s details.

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Details for Claim #57121581

CLAIM LIST / #57121581

Create Reprocess Claim InquiryView as PDF

Overview

Primary Service Date:	10/23/2020
Original Received Date	10/26/2020
Complete Date:	10/30/2020
Total Billed Amount:	\$125.00
Total Member Responsibility:	\$25.00

JAMES MAY

94027626501

Age at time of service:	64
Gender:	Male
Group Name:	STATE OF ILLINOIS
Benefit Plan Information:	ST OF IL - BARGAINING (\$65)
Servicing Provider:	Cinnamon, Scott R., MD (047465)
Provider Type:	Adult/Internal Medicine
Benefit Level:	Participating
Place Of Service:	OFF CAMPUS-OUTPATIENT HOSPITAL

Claims Detail

Service and Procedure	Status	Billed, Adjusted	Member Amounts	Other Insurance	Health Alliance
		Billed:	\$125.00	Deductible:	\$0.00

Claims and Claim Reprocessing Inquiries

From the Claim Reprocessing Inquiries tab of the main menu you can search your claim reprocessing inquiries by date, status, reference number, claim number or member number. Your results and their details will appear at the bottom.

If you have a question or disagree with how a claim was processed, you can also request a claim be reprocessed by choosing the New Inquiry button to fill out the claim reprocessing inquiry form.

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Claim Reprocessing Inquiries

New Inquiry

From:

To:

Status:

All

Reference Number:

Claim Number:

Member Number:

Search

Reset

Print My Results

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Next Page >

Results per page 10

Claims and Claim Reprocessing Inquiries

If you chose the Create Reprocess Claim Inquiry button from a claim’s details, this form will be prefilled with that claim’s information. If you were on the Claim Reprocessing Inquiries tab of the main menu, you’ll have to fill out all of this form.

Reminder, you can’t submit corrected claims through the portal.

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Request Preauthorization

Authorizations

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Claim Reprocessing Inquiry

Inquiries

All fields required.

Note: If you're requesting an inquiry for frequency, modifiers, place of service, procedure code, diagnosis code, or any member information, you must resubmit the corrected claim. We cannot reprocess the original.

My Contact Information

Your Phone

Your Email

Servicing Provider Information

Provider Name

Provider Tax ID

Claim Information

Member Name

Member Number

Claim Number

Date of Service

Review Inquiry

Reason

Add Comment

Additional Documentation

Choose Files

No file chosen

Submit

Claims and Claim Reprocessing Inquiries

In the Review Inquiry section of this form, you can choose between a coding issue inquiry and a non-coding issue inquiry.

Review Inquiry

Choose the reason that best describes the denial you received. If you're requesting a review of a denied code, include a brief explanation and supporting documentation below.

Reason

Coding Issue Inquiry

Non-Coding Issue Inquiry

Add Comment

Reasons you should choose coding issue inquiry:

- Assistant, team or co-surgeon denial
- Code bundling
- Diagnosis denial
- Duplicate denial
- Global surgery
- Invalid, missing or inappropriate modifier
- Maximum units or frequency of service
- New patient visit denial
- Non-covered procedure denial
- Place of service denial
- Qualifying service not recorded
- Unlisted code denial

Reasons you should choose non-coding issue inquiry:

- Claim not found (claim documentation required)
- COB or worker comp liability (EOB required)
- Description of unlisted
- Incorrect reimbursement
- Meets emergency room criteria
- Non-covered procedure
- Non-duplicate denial
- Proof of authorization (authorization documentation required)
- Timely filing (HA clearinghouse documentation required)

When requesting a review, make sure you include a brief explanation and supporting documentation.

Attach to Member

From Attach to Member in the main menu, you can look up a member by their member number or by their name and date of birth. Results will appear below the search fields for you to choose the member you want to attach to.

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Request Preauthorization Authorizations Claims Claim Reprocessing Inquiries **Attach To Member**

Lookup Member

Member #: OR Last Name: Date of Birth:

Lookup Member

Attach to Member

Once you've attached to a member, you can choose Member Details from the green overview at the top of the page. The Member Detail page includes their personal info, PCP info and plan details. From the side menu, you can also connect to their ID card, formulary, wellness benefits and provider directory.

While you're attached to a member, from this green overview, you can also switch to one of their dependents or the policyholder from that drop-down, and you can also detach from this member there.

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You are currently viewing this page as:

PCP: No Pcp Cpg (NOPCA)
9C - CPG

View Member Details

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Attach To Member

CHAD BEYLER

Member Details

ID Card

Plan Benefits

Prescription Drug List

Wellness Benefits

Provider Directory

Year to Date Spending

Cost Calculator

Durable Medical Equipment List

Medical List

Member Detail

Address

Phone

Additional Phone

Email

Member ID

Date of Birth

Gender

Male

Marital Status

Married

Relationship to Subscriber

Self

Plan Information

Group/Code/Subgroup: CARLE FOUNDATION HEALTH PLAN/

Plan	Plan Type	Entity	Network	Effective
CARLE FOUNDATION HEALTH	P - Medical	CFH	Carle Foundation Hospital Plan	12/3/2019 - no term date

View Plan Data Plan History

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Attach to Member

You can also search all of that member's claims from the Claims tab of the main menu.

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You are currently viewing this page as:

PCP: No Pcp Cpg (NOPCA)
9C - CPG [View Member Details](#) [Detach from Member](#)

[Request Preauthorization](#) [Authorizations](#) **Claims** [Claim Reprocessing Inquiries](#) [Attach To Member](#)

Claims for[Detach from Member](#)

Service Date Range:

From:

12/3/2019

To:

11/5/2020

Service Date:

mm/dd/yyyy

Current Plan Year | 2020 | 2019

Claim Information:

Status:

All

Claim #:

Example: 12345678

Account #:

Example 1234567890

Search

Reset

Currently showing claims matching From: 12/3/2019 To: 11/5/2020 Status: All

No results found for this search criteria.

Attach to Member

You can also search all of that member's claim reprocessing inquiries from the Claim Reprocessing Inquiries tab of the main menu.

The screenshot displays the First CarolinaCare Insurance Company Provider Portal. The top navigation bar includes the company logo, a 'Forms & Resources' link (circled in red), and other links like 'Notifications', 'Announcements', 'Contact', 'Account', and 'Log Out'. Below this is a green banner with the text 'You are currently viewing this page as: [dropdown]' and 'PCP: No Pcp Cpg (NOPCA) 9C - CPG'. A secondary navigation bar contains links for 'Request Preauthorization', 'Authorizations', 'Claims', 'Claim Reprocessing Inquiries' (highlighted), and 'Attach To Member'. The main content area is titled 'Claim Reprocessing Inquiries for [member ID]' and includes a 'Detach from Member' link. It features a search form with fields for 'From:', 'To:', 'Status:' (set to 'All'), 'Reference Number:', and 'Claim Number:'. Below these fields are 'Search' and 'Reset' buttons. A 'New Inquiry' button is also present. The search results area shows 'No results found for this search criteria.'

Forms & Resources

On the Forms & Resources page, found in the top menu or the footer menu, you can connect to important resources like the provider manuals, credentialing forms, drug lists, pharmacy directories and more.

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Provider Forms & Resources

Q Search Materials

Product Line

Choose

Material Type

Clear

Choose selections from the filter drop-downs or search by name to view the available materials. Some selections may not be active until you choose a previous selection.

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Q Search Materials

Product Line

General

Material Type

All

Clear

Forms

★ Prospective Provider Form

★ Provider Addition Form

★ Provider Information Change Form

Compliance - Compliance Attestation Form

Credentialing - CAQH Form - Under Indiana law Indiana providers must use this form for credentialing

Credentialing - Health Alliance Provider Application - For any provider except IL MDs or DOs or DCs and any providers in IN

Credentialing - IA Credentialing Form - For any provider with primary address in IA

Clinical Guidelines

In the footer menu, you can connect to the Clinical Guidelines page.

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Clinical Guidelines

Alcohol and substance use disorders

- ASAM National Practice Guideline For the Treatment of Opioid Use Disorder – Focused Update (2020) [cf](#)
- ASAM National Practice Guideline on Alcohol Withdrawal Management (2020) [cf](#)

Appropriate antibiotic use

- CDC - Centers for Disease Control & Prevention (CDC) – see Antibiotic Prescribing and Use in Doctor's Offices [cf](#)
- Choosing Wisely [cf](#) – see various guidelines re: antibiotic usage
- Infectious Diseases Society of America (IDSA) and SHEA: Guidelines for Implementing an antibiotic stewardship program (2016) [cf](#)
- American Academy of Pediatrics (AAP): Red Book – Antimicrobial stewardship (2018) [cf](#) (requires subscription)

Asthma

- National Heart, Lung, and Blood Institute (NHLBI) - Guidelines for the Diagnosis and Management of Asthma [cf](#)

ADHD

- American Academy of Pediatrics (AAP) - ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescent (2019) [cf](#)

COPD

- 2020 GOLD Report – Global Strategy for Prevention, Diagnosis and Management of COPD [cf](#)

Depression

- American Psychiatric Association (APA) Practice Guideline: Practice Guideline for the Treatment of Patients With Major Depressive Disorder, 3rd edition (2010) [cf](#)
- Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts [cf](#) (2019, Am Psychological Assoc)

Diabetes

- American Diabetes Association - Standards of Medical Care in Diabetes (2020) [cf](#)

Hypertension

- 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/AGS/APHA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines [cf](#)
- European Society of Cardiology (ESC)/European Society of Hypertension (ESH): Guidelines for the management of arterial hypertension (2018) [cf](#)

Osteoporosis

- USPSTF: Osteoporosis to Prevent Fractures: Screening [cf](#) (2018)

Potentially Inappropriate Medication Use in Older Adults

- American Geriatrics Society - 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults [cf](#)

Preventive Care

Useful Websites

- American Academy of Pediatrics [cf](#)
- The Cochrane Collection [cf](#)
- Institute for Clinical Systems Improvement [cf](#)
- National Heart, Lung, and Blood Institute [cf](#)
- United States Preventive Services Task Force [cf](#)
- UpToDate [cf](#)

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