Registration & Maintenance Guide for Medical Providers & Facilities





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Univera Healthcare Provider Portal

The Univera Healthcare website (<u>UniveraHealthcare.com</u>) contains an area that is dedicated to the various types of providers who participate in our network. This area, called the Provider portal, can be located by selecting **Providers** at the top of our Home page.



The provider home page is viewable to all users, and includes information such as how to join our network and links to our corporate medical, credentialing, and drug policies.

The Frequently Asked Questions tile provides answers to common questions such as how to register, log in, and manage staff access to the secure portion of the provider portal.



Secure Portion of the Provider Portal

The secure portion of the provider portal includes proprietary information that can only be viewed by participating practices, hospitals, facilities and their staff who have completed their provider portal registration.

Registering for the Provider Portal

From the provider portal home page click on the **Login/Register** button or go to **Provider.UniveraHealthcare.com/login**.



When the following screen appears, click on **Register & Create an Account**.

	Home Members Medicare Members Employers Brokers Providers
Providers	
Provider Login Username Password Log In Forgot Username? Forgot Password?	Create an Account Check eligibility and benefits for members Review claim status and request claim adjustments View fee schedules, policies, and guidelines View fee schedules, policies, and guidelines Not a participating provider? See Join Our Network. Register & Create an Account



Click on I Provide Medical Care and click Continue when the box appears.

Depending on the type of medical provider, there is an option to register for a Hospital, Group Practice, or Facility, or Individual Practice.



Individual Practice

If you are a provider or administrator of a private practice, are self-employed, or help support an independent medical professional, click on the **Create Your Account** box found under the Individual Practice tile.

When the Individual Practice Registration page appears, enter the information in all fields, check the box to agree to the Privacy Policy, check I'm not a robot, and click **Submit**.

	Home	Members	Medicare Members	Employers	Brokers	Providers				
Providers			Q Search	? Get He	p Log	in/Register				
<< Return to Previous Page										
Individual Practice Registration										
An administrator of your practice must complete and return this form. We will then create a "master account" w authorized staff at your practice have access to health plan information for your patients.	here an administrator v	vill be responsibl	e for managing staff access. I	Unly						
Required Field										
NPI *										
10 digit National Provider Identifier										
Univera Provider ID										
Provider's Name *										
First and Last name										
Last Four Digits of Provider's SSN *										
Federal Tax Identification Number *										
Also known as Employer Identification Number										
User's Name										
First and Last name										
User's Email Address *										
Do you already have a web account for this group? *										
Username										
5-8 numbers or letters, no symbols										
1st Choice for Username										
5-8 numbers or letters, no symbols										
2nd Choice for Username										
5-8 numbers or letters, no symbols										
We are committed to protecting the privacy of our members. By requesting access to our online service center	, you agree that:									
 You and your employees will use this information only in the delivery of patient care and will keep such info Information concerning any member, employee, group and/or patient will not be released to any third part 	ormation confidential, ir y not entitled to such in	accordance with formation nor m	h law. ade accessible to persons hav	ving no						
legitimate reason to know such information. • You and your employees will keep the User IDs and Passwords in a secure location to prevent unauthorize	d access.									
 It an employee leaves your organization, you will log in and delete the employee's account so that he or she Any breach of confidentiality by you or any of your employees will be grounds for immediate revocation of 	access to this system.									
*										
I'm not a robot										
Submit Reset Cancel										

You will receive two emails within seven business days. One email will include the assigned username and the other a temporary password.

You will be asked to change the password during your first login.

Once the password is changed, you will be logged in and will be directed to the provider portal home page. The registered user's name will be located at the top right hand corner of the page.



Hospitals, Group Practices, and Facilities

If you are a provider or administrator who is part of a single or multi-specialty group practice, hospital or health care facility that provides specialized diagnostic services, the facility must be registered first.

When the Web Registration page appears, enter the information in all required fields notated with an asterisk *, check the box to agree to the Web Site Privacy and Confidentiality agreement, check I'm not a robot, and click **Submit**.

		Home	Members	Medicare Members	Employers	Brokers	Providers
HEALTHCARE	Providers			Q Search	? Get Help	Logi	n/Register
	<< Return to Previous Page						
	Hospitals, Group Practices, and Facilities Web Registra	tion					
	An administrator of your hospital, group practice, or facility must complete and return this form. We will then create a " managing staff access.	master accou	int" where an adr	ninistrator will be responsi	ble for		
	'Required Field						
	Type of Facility * O Hospital Group Practice Facility						
	Request Type * O New Provider Organization - New Administrator Existing Provider Organization - New Administrator Existing Provider Organization - Delete Administrator						
	User ID 1st Choice *						
	5-20 characters, no symbols, special characters, or spaces						
	User ID 2nd Choice *						
	5-20 characters, no symbols, special characters, or spaces						
	Your Name *						
	First and Last Name						
	Phone Number *						
	###-######						
	Email Address *						
	Facility or Business Name *						
	e.g. Rochester Group						
	Federal Tax Identification Number *						
	Also known as Employer Identification Number						
	NPI *						
	10 digit National Provider Identifier						

Continued to next page

Street Address 1 *	
Street Address/P.O. Box	
Street Address 2	
Apartment/Suite/Unit/Building/Floor	
City *	
State*	
Choose an Option	
Zip Code *	
5 digit zip code	
Authorized Requestor's Name *	
First and Last Name	
Authorized Requestor's Phone Number	
###-###-####	
Authorized Requestor's Email Address	
Excellus BlueCross BlueShield is committed to protecting the privacy of our members. By requesting acce	ss to our online service center, you agree that:
You and your employees will use this information only in the delivery of patient care and will keep such info	ormation confidential, in accordance with law.

 Information concerning any member, employee, group and/or patient will not be released to any third party not entitled to such information nor made accessible to persons having no legitimate reason to know such information.

•You and your employees will keep the User IDs and Passwords in a secure location to prevent unauthorized access.

•If an employee leaves your organization, you will log in and delete the employee's account so that he or she no longer has access.

•Any breach of confidentiality by you or any of your employees will be grounds for immediate revocation of access to this system.

*

I agree to the Web Site Privacy and Confidentiality Agreement

l'm not a	robot	reCAPTCHA Privacy " Terma	
Submit	Reset	Ca	ncel

Links marked with an (external site) icon indicate you're leaving UniveraHealthcare.com. The information you're accessing may not be provided by Univera Healthcare.

Language Assistance and Non-Discrimination Notice

English | Español | 中文 | Русский | Kreyðl Ayisyen | 한국어 | Italiano | العربية | वाश्वा | Polski | العربية | Français | العربية | Tagalog | ελληνικά | shqiptar

You will receive two emails within seven business days. One email will include the assigned username and the other a temporary password.

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Authorized Users and Managing Staff Access

Employees authorized to access patient information, can be managed in the Resources section of the portal. To view, add or delete authorized users, click **Resources** and select **Manage Staff Access.**

Providers	Q
Home Eligibility & Benefits	V Claims & Payments V Authorizations V Prescription Drugs V Policies & Guidelines V Resources A
Resources	Deveties Management
News and Updates	Credentialing and Re-Credentialing
Clinical and Quality Resources Telehealth Resources	Manage Staff Access
Behavioral Health Resources	Attestations & Certifications
Prescription Drug Resources	Frequently Asked Questions
Accountable Cost and Quality Agreem	ent Consolidated Appropriations Act Toolkit
Meet our Medical Directors	

When the page opens, all authorized users and their role will be listed.

HEALTHCARE	Providers							Q Search	? Get Help
	Home Eligibil	lity & Benefits ${\scriptstyle\bigtriangledown}$	Claims & Payments ${\scriptstyle\checkmark}$	Authorizations \sim	Prescription Drugs ${\scriptstyle\checkmark}$	Policies & Guidelines 、	 Resources ~ 		
Providers	ce Management → Mar	nage Staff Access							
Mana	ge Staff A	Access							
Use this screen as an "Office Ma	to ensure that only au anager". When registe	uthorized employees red as an Office Ma	at your practice have ac nager, they will be able to	cess to patient information add or delete staff accord	on. If you wish, you can del unts.	legate this role to your Offic	e Manager by registe	ring them below	
List of A	uthorized E	Employees							
Your practice ha their name. To e	as approved the follow stablish a new accoun	ving individuals to a nt for an employee, s	ccess patient information elect one of the two "Ado	. If an employee's status I Account" buttons belov	has changed, you can term v.	ninate their access by clicking	g the "Delete Accour	t" button next to	
+ Add Office	e Manager Account	+ Add Office St	taff Account						
NAME		ACCOUN	NT TYPE	USERNA	ME				
Mickey Mous	e	Office M	anager	MMouse	2024	Delete Account	:		

Adding an Additional User

To add an additional user, click on the **+ Add Office Staff Account** button.

+ Add Office Staff Account

When the Add Staff Account page appears, enter the additional user's first and last name, create a username and temporary password for that user and click **Submit**.

Add Staff Account	
*Required Fields	
First Name *	First Name
Last Name *	Last Name
Create Username *	Username
	Username must be between 5-20 characters. Special characters or spaces are <i>not</i> allowed.
Create Temporary Password *	Create Password
	Passwords ARE case sensitive.
Re-enter Password *	Re-enter Password
	Submit Cancel

The office manager will be advised that the user has been successfully added and the additional user will be added to the list of authorized employees. The office manager will provide the username and temporary password to the employee to login.

Registration Successful for 'JDOE2024'! Please notify your employee of their username and temporary password so they can login and complete the registration process.

×

The employee will go to the portal and log in using the username and temporary password to sign in. He or she will be prompted to create a new password, to agree to the Privacy Policy, and to click **Submit**.

Change Your Password	
Current Password: *	Enter password
Enter a New Password: *	Enter New Password
Re-Enter Password: *	Re-Enter Password
New Password Hint: *	e.g. It's your moms favorite food!
□ I agree to the Privacy Polic	y *
Submit Cancel	

The user will be prompted to enter his or her email address, to select a security question and answer. Click **Submit**.

		* Required Fields
mail Address: *	e.g. staff@provider.com	
Yes! I would like to e-mail, rather thar our electronic com	receive important news and updates from Excellus BlueCross B by mail. For more information on how we protect your e-mail a munications policy.	lueShield by ddress, view
ecurity Question: *	Childhood hero ~	
ecurity Answer: *		
Submit		

Deleting a User

To delete a user, click the **Delete Account** button to the right of the user's name and the following confirmation will appear:

Manage Staff Acce	SS					
Delete Account	Delete Account					
Are you sure you would like to delete the follow	Are you sure you would like to delete the following account?					
NAME	ACCOUNT TYPE	USERNAME				
Jane Doe	Office Staff	JD2024				
Yes, Delete Cancel						

Click **Cancel** if you do not wish to delete the user.

Click **Yes**, **Delete** to delete the user, and a successful confirmation will appear.

Account 'JD2024' has been successfully deleted.

×

Forgot Username or Password Function

If the user forgot his or her username or password, click on **Forgot Username? Or Forget Password?** on the log in screen.

Provide	r Login
Username	
Password	
	۲
Log	In
Forgot Username? Forgot Password?	

When the Forgot Username or Forgot Password page appears, select **I Provide Medical Care**, and click **Continue**.



Complete the required fields on the page, click **Continue**, and follow the instructions to obtain the username or to reset the password.

	Providers			Q. Searc	h ? Get Hel	p Login/Register	
Providers → Forgot Username							
Forgot	Username						
Step 1: Plea	se complete the following fields						
*Required F	ïelds						
Provider Id	dentification Number: *	e.g. P01000000 This is your billing ID which begins with '000'					
First Name	2:*	e.g. Jane					
Last Name	:*	e.g. Doe					
Back	Continue						
H E A L T H C A R E	Providers				Q Search	? Get Help	.ogin/R
Providers > Forgot Password	Providers				Q Search	? Get Help	ogin/R
Providers > Forgot Password	Providers ot Password				Q Search	? Get Help L	ogin/R
Providers > Forgot Password For gcc Step 1: P	Providers of Password lease complete the following f	elds			Q Search	? Get Help	ogin/R

Account Settings

After logging in to the Provider portal, users can change their password, update their security question, or edit their email address. On the top right-hand side of the provider home page, click on the drop down arrow located to the right of the username and select Account Settings.



Three options will appear:

	R E Pr	oviders						Q Search	? Get Help
	Home	e Eligibility & Benefits 🗸	Claims & Payments $ \sim $	Authorizations \sim	Prescription Drugs $ \sim $	Policies & Guidelines $ \sim $	Resources \sim		
Providers → Account Se	ttings								
Ac	count S	ettings							

Change Your Password	~
Security Question	~
Email Address	~

To change the password, click on the drop-down arrow, enter the current password, enter a new password, re-enter the new password and enter the New Password Hint. Click **Submit**.

HEALT		Prov	iders						Q Search	?
		Home	Eligibility & Benefits $$	Claims & Payments $ \smallsetminus $	Authorizations \sim	Prescription Drugs ${\scriptstyle\checkmark}$	Policies & Guidelines $ \sim $	Resources \sim		
Providers > Acc	count Settings									
	Accoui	nt Se	ttings							
	Change You	ur Password							^	
								* Requ	ired Fields	
	Current Pas	sword*								
	Enter a New	/ Password *								
	Re-enter Pa	ssword *								
	New Passwo	ord Hint *								
	Subi	mit	Cancel							
	Security Qu	Jestion							~	
	Email Addre	ess							~	

You will receive a message advising the password was updated successfully.

Your Password updated Successfully.

To change the security question, click on the drop-down arrow to the right of Security Question. In the Security Question box, click on the drop-down arrow and select a security question. In the Security Answer box, type in the answer, and click **Submit**.

HEALTHCARE Providers				Q Search ? Ge
Home Eligibility &	Benefits v Claims & Payments v	Authorizations \lor Prescription Drugs \lor	Policies & Guidelines $ \sim $	Resources ~
Providers Account Settings				
Account Setting	5			
Change Your Password				<u> </u>
Security Question				· •
				* Required Fields
Security Question*	City that you were born in	~		
Security Answer *	••••			
Submit Car	icel			
Email Address				~

To change the email address, click on the drop-down arrow and click Edit.

Email Address:

		Prov	riders						Q Search	?
		Home	Eligibility & Benefits $$	Claims & Payments $ \sim $	Authorizations \lor	Prescription Drugs $ \sim $	Policies & Guidelines $ \sim $	Resources \sim		
Providers > Acc	count Settings									
	Accour	nt Se	ettings							
	Change You	r Password	ł						~	
Security Question						~				
	Email Addre	ss		_					^	

Edit

Enter the new email address in the Email Address and Confirm Email Address fields and click **Submit**.

		Prov	viders					C	λ Search	?
		Home	Eligibility & Benefits \smallsetminus	Claims & Payments $ \smallsetminus $	Authorizations \sim	Prescription Drugs $ \smallsetminus $	Policies & Guidelines $ \smallsetminus $	Resources \checkmark		
Providers > Acc	count Settings									
	Accoui	nt Se	ettings							
	Change You	ur Passwor	d						~	
	Security Qu	uestion							~	
	Email Addre	ess							^	
								* Required	d Fields	
	Email Address *		E	Email Address						
	Confirm Em	ail Address	•	Confirm Email Address						
	Yes! I wo Privacy F Sub	ould like to r Policy mit	cceive important news and o	updates from Univera Healt	hcare by e-mail, rather t	han by mail. For more infor	mation on how we protect yo	ur e-mail address, viev	vour	