



## Provider Portal Administration Registration Help

Welcome to the New UCare Provider Portal. This guide will help you to register an administration account which will allow you access to your UCare member information. The new Provider Portal also offers the ability to send secure messages to our Provider Assistance Center, view your claims, EOPs, Authorizations, and Roster Data. As an Administration user you will be responsible for issuing and maintaining each individual user account access.

New administrator access will be approved by the Provider Network Management Department.

Before beginning the administration registration process, you will need the following information.

- A valid email address at your clinic or facility.
- Your clinic's address including zip code.
- Your clinic's provider ID, Tax ID, NPI or UMPI number.

To begin the registration process, follow these steps outlined below:

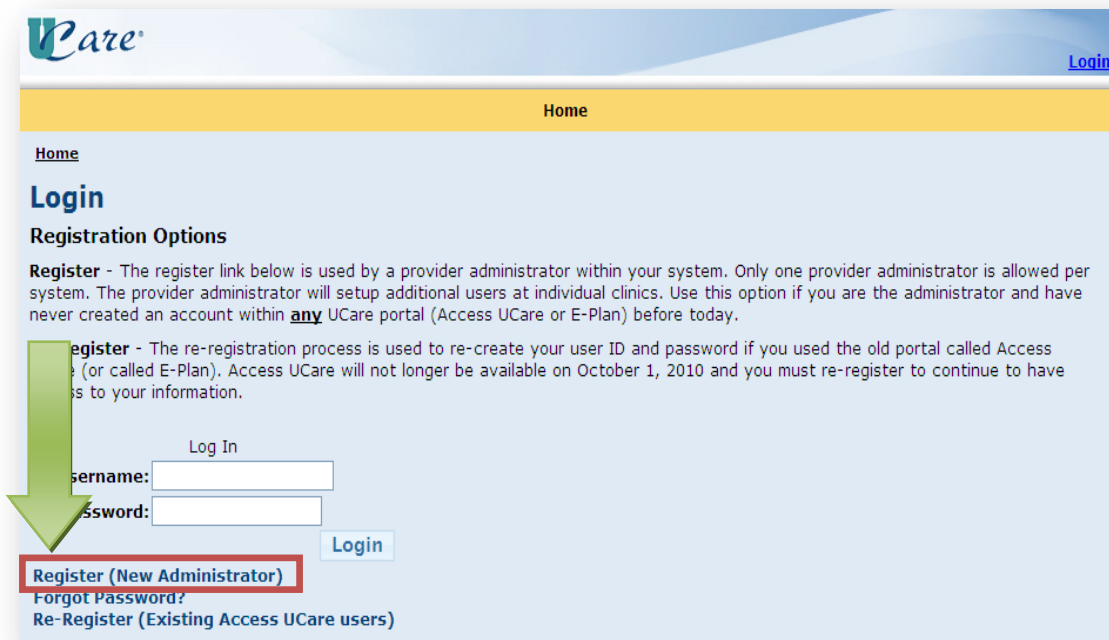
1. Go to <http://www.ucare.org> and select Providers at the bottom of the page.



2. Select the Access UCare link image in the upper right hand corner of the page. This graphic may be different at time of launch.



3. Select **Register (New Administrator)** link to begin the process.



4. Use the form below to setup your account. This is page 1 of 2 for creating your account. After you complete the form, click "**Create User**" and then "**Continue**" to proceed to the next page. **Note: This form should only be completed by providers who have not been setup with Access UCare. If you currently have access to Access UCare, you will need to re-register.**

### Provider Portal Registration

Use the form below to setup your account. This is page 1 of 2 for creating your account. After you complete the form, click "**Continue**" to proceed to the next page. **Note: This form should only be completed by providers who have not been setup with Access UCare. If you currently have access to Access UCare, you will need to re-register.**

Provider Admin User Registration  
Please type a username using at least 6 alpha/numeric characters

**Username**

Please type a password using at least 6 alpha/numeric characters

**Create Password**

**Confirm Password**

**Email Address**

**Confirm Email Address**

**Password Question**

Answers are case-sensitive.

**Password Answer**

[Create User](#)

Create a unique username and password that you will use to access the portal. If you had a user ID in the old system click the link to re-register.

5. After selecting **Create User**, the following message will appear. The **Create User** button will change to **Continue**. Select **Continue**.

[Continue](#)

**Complete: Your username and password have been successfully created, but your account is not yet active. The registration process can take up to 5-7 business days. Please click continue to fill out the registration form.**

6. This is page 2 of 2 for creating your account. **ALL FIELDS ARE REQUIRED except you may enter either a NPI/UMPI OR UCare Provider Number.**

7. The next step will require you to scroll your window down. Read the Agreement and click the **I Agree** box, then click **Complete**.

**By submitting the form below, you validate that all the above information is accurate. You also agree to the *UCare Provider Web Portal User Agreement*.**

**User Agreement**

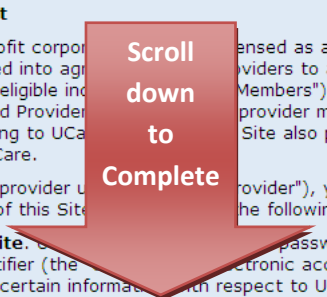
UCare is a nonprofit corporation licensed as a health plan by the State of and which has entered into agreements with providers to arrange for the delivery of health care services to eligible individuals (the "Members"). UCare has established this web site ("Site") called Provider Portal. The provider may electronically obtain access to information relating to UCare Members. The Site also permits a provider to send information to UCare.

As a contracted provider user ("Provider"), you the Provider agree that your access and use of this Site is subject to the following terms and conditions.

**Access to the Site.** The Provider shall provide a password (the "Password") and a unique user identifier (the "User ID") for electronic access to the Site which shall permit Provider to view certain information with respect to UCare Members, including the following: eligibility information regarding a UCare Member, claim information and status with respect to claims for payment Provider has made for health care services rendered to UCare Members, payment and remittance information with respect to such claims, and authorization and referral information for the provision of health care services to UCare Members. Access to this information shall be conditioned upon Provider's entry of

I Agree

**Complete**



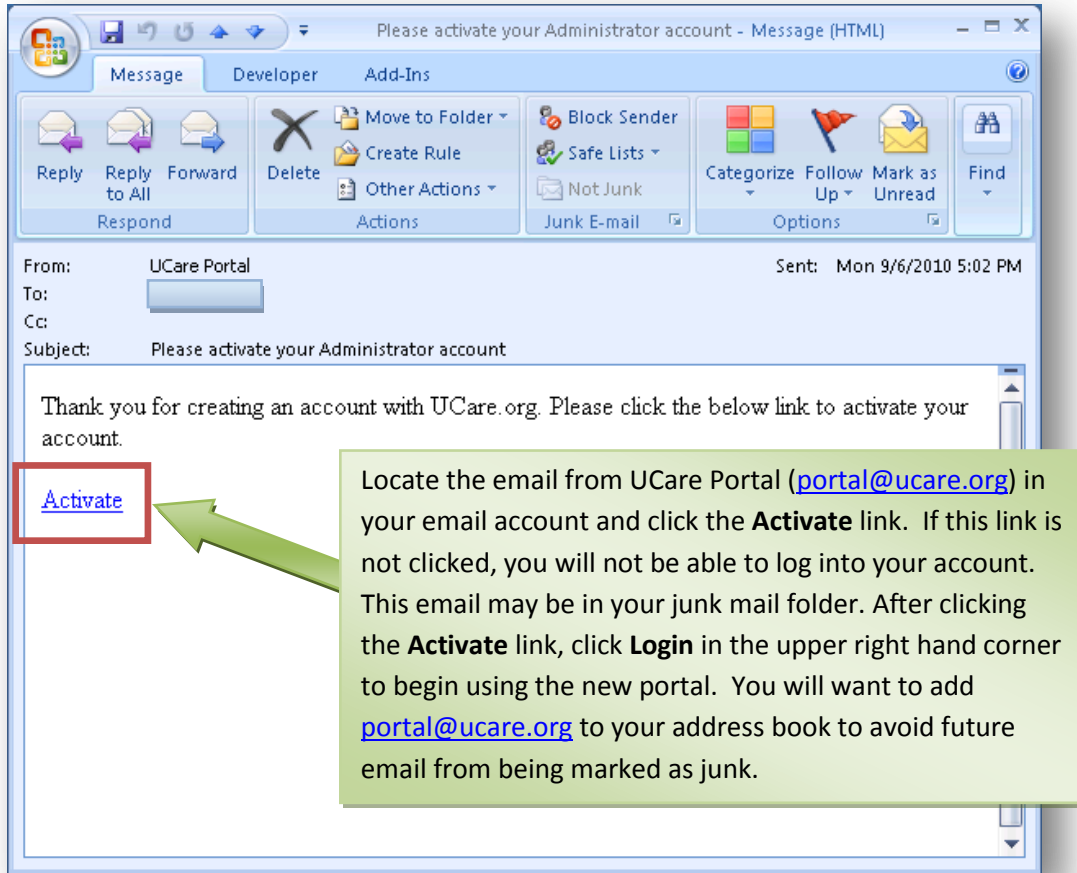
- After clicking **Complete**, the following page will be displayed. Your registration has been sent to our Provider Network Management Department for review.

**Thank you**

Your registration has been sent to our Provider Network Management Department for review. In the meantime, please check your e-mail account for an activation e-mail from [portal@ucare.org](mailto:portal@ucare.org). You must click the Activate link in this e-mail.

You may have also received an e-mail which would allow you to complete the registration process if you were interrupted.

- Check your e-mail account for an activation e-mail from [portal@ucare.org](mailto:portal@ucare.org). Please allow up to 5-7 days to process. You must click the Activate link in this e-mail.
- You will also receive an e-mail which will allow you to complete the registration process if you were interrupted while completing the required fields.



11. After clicking on the activate link, you will be directed to the portal. The login link is in the upper right hand corner.

