

Accessing and Registering Instructions for Office Staff, Professional Practitioners & Facilities

Provider Portal User's Guide

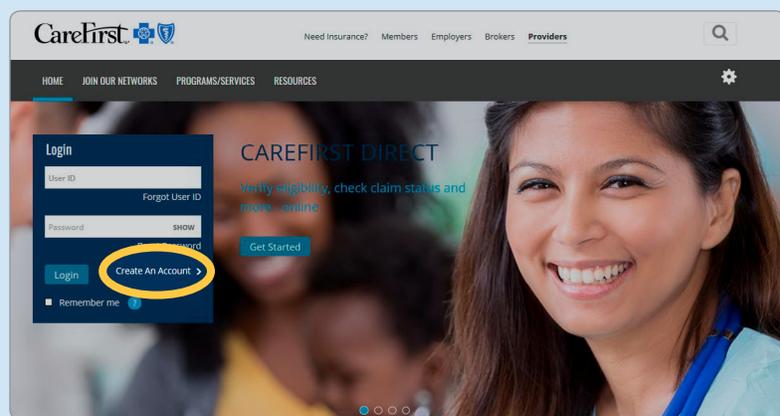
Accessing and Registering

Instructions for Office Staff in Professional Practices

Registering for access to CareFirst's Provider Portal takes only minutes and saves you valuable time with your patients. This guide walks through the steps for professional practices (office staff and practitioners) and for facilities to access and register in the Provider Portal.

To begin the registration process, visit provider.carefirst.com.

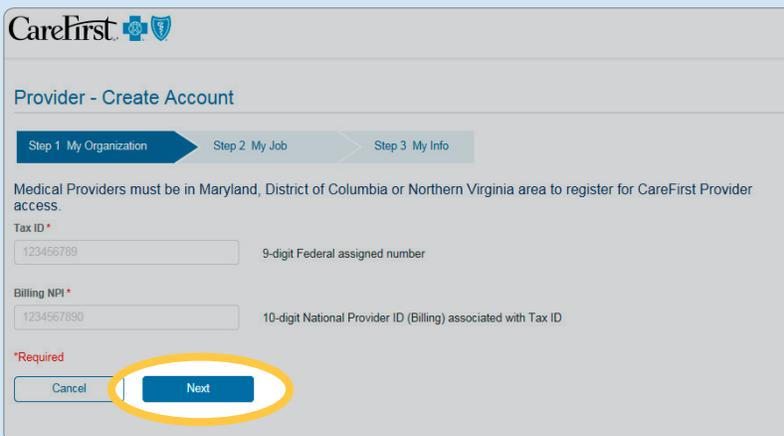
Click on *Create an Account*.



Step 1—My Organization

You will need your Tax Identification Number (TIN) and Billing National Provider Identifier (NPI) to register.

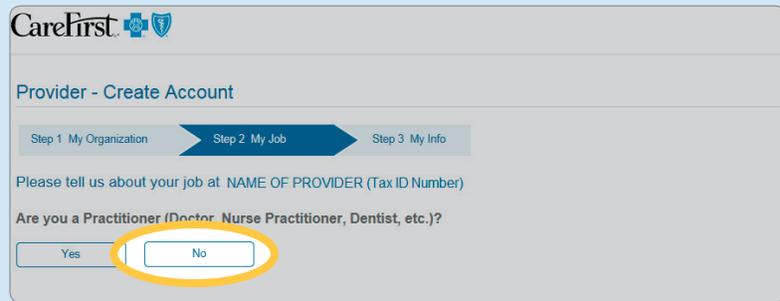
Once you enter that information, click *Next*.



Accessing and Registering

Step 2—My Job

If you are not a practitioner, click on *No*.



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Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

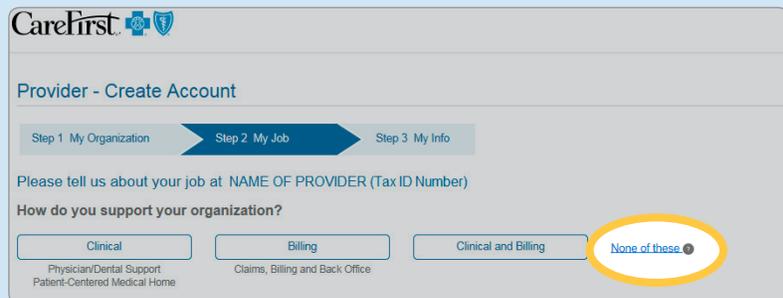
Please tell us about your job at NAME OF PROVIDER (Tax ID Number)

Are you a Practitioner (Doctor, Nurse Practitioner, Dentist, etc.)?

Yes No

Indicate how you support your organization by clicking on the appropriate option, *Clinical*, *Billing*, or the option for both *Clinical and Billing*.

Note: If you do not have any of these roles, click on *None of these* and you will be taken to Step 3.



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Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

Please tell us about your job at NAME OF PROVIDER (Tax ID Number)

How do you support your organization?

Clinical
Physician/Dental Support
Patient-Centered Medical Home

Billing
Claims, Billing and Back Office

Clinical and Billing

None of these

Accessing and Registering

If you selected, *Clinical* or *Clinical and Billing*, you will be taken to this screen. (If you selected *Billing* you will go directly to Step 3.)

From here, you will enter the name(s) of the practitioner(s) you support in the field provided. After typing a few characters, results will appear.

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Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

Please tell us about your job at NAME OF PROVIDER (Tax ID Number)

Find the names of the practitioner(s) that you support in the below list

i By selecting the name of the practitioner(s) that you support, you will receive enhanced features: Clinical Member alerts and CareFirst reminders related to your Organization.

Start typing a name in the box below. After a few characters, results will appear. You can select up to 50 Practitioners.

The practitioners name is not listed. **i**

***Required**

You are able to select up to 50 practitioners. Click on the as needed to continue to add the practitioners you support.

You can also delete a practitioner you may have added by mistake by clicking on the X next to their name.

When you have added all the practitioners you support, click *Next*.

Note: By selecting the name of the practitioner(s) you support, you will receive enhanced features such as Clinical Member alerts and CareFirst reminders related to your organization. If you do not need to see any of this information for your practitioners, you can skip this step by selecting *The practitioners name is not listed* and click *Next*.

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Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

Please tell us about your job at NAME OF PROVIDER (Tax ID Number)

Find the names of the practitioner(s) that you support in the below list

i By selecting the name of the practitioner(s) that you support, you will receive enhanced features: Clinical Member alerts and CareFirst reminders related to your Organization.

Start typing a name in the box below. After a few characters, results will appear. You can select up to 50 Practitioners.

Provider Name

The practitioners name is not listed. **i**

***Required**

Step 3—My Info

Complete all required fields.

Important Note:

Your email address must be unique (Duplicate email addresses not allowed.) for the Tax ID and not contain any of the following:

- info@
- sales@
- admin@
- webmaster@

Check the box for *Text* and/ or *Email* to receive CareFirst information electronically. This will enable you to stay current with any important news and patient information from CareFirst.

Click *Next* to continue.

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Provider - Create Account

Step 1 My Organization Step 2 My Job **Step 3 My Info**

Please tell us about your info at NAME OF PROVIDER (Tax ID Number)

First Name *

Last Name *

User ID * User ID must contain a minimum of 8 characters and may contain letters and numbers, but no special characters.

Password *

Confirm Password *

Email Address * Unique email address for this Tax ID. Email must not contain info@, sales@, admin@ or webmaster@ or any of the following

Confirm Email Address *

Address 1 *

Address 2

City *

State *

Zip *

Phone Number Extension

Consent for Electronic Communications *

CareFirst BlueCross BlueShield wants to help you manage your communications with us by offering you electronic communications. Instead of paper delivery, you can receive emails, text messages and/or mobile calls regarding your CareFirst patients by providing your email address and/or phone number and consent below.

Select the information you would like to receive:

Password reset and account verification	<input type="checkbox"/>	<input type="checkbox"/>
Provider and Physician Administrative Newsletters	<input type="checkbox"/>	<input type="checkbox"/>

Terms of use *

I have read and accept the **Terms Of Use**

By checking the "I have read and accept the Terms of Use", you agree to abide by these terms. That means

You are solely responsible for maintaining the confidentiality of your user ID and password. You will not share your user ID and password with anyone else. You will not invade the privacy of, or obtain the identity of, any other user of the Provider Portal site.

I'm not a robot

reCAPTCHA

Previous **Next**

Accessing and Registering

You will receive an account confirmation message alerting you to check your email to complete the process of updating your account.

Note: You will have 24 hours to confirm your email address and complete the account creation process.

Important Note:

Once you create your account, you will automatically receive access to the following:

- Eligibility and Benefits
- Claims Status and Claims Inquiry (IASH)
- Referrals and Authorizations

If you need additional access, you can request it directly from *Settings* or contact your office administrator for assistance.

Provider - Create Account

Check your email (emailaddress@company.com) account for a message from CareFirst, which includes a link to validate your new account and sign in.
You have 24 hours to confirm your email address and complete the account creation process.

Step 1: Check your Email
Email Sent
Go to your Email Account emailaddress@company.com

Step 2: Confirm Email
CONFIRM EMAIL
Click on the Confirm Email Button

Step 3: Login
Login with your UserID and Password to Complete your Account

Note: CareFirst is unable to approve these access requests; they can only be approved by an internal designee.

Once you have confirmed your email and logged in to your account, you will receive a notification that access has been successfully created.

The user account then must be approved by your organization's administrator. Once approved, the account will become operational. You will receive an email when the administrator responds to your request.

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ACCESS REQUEST

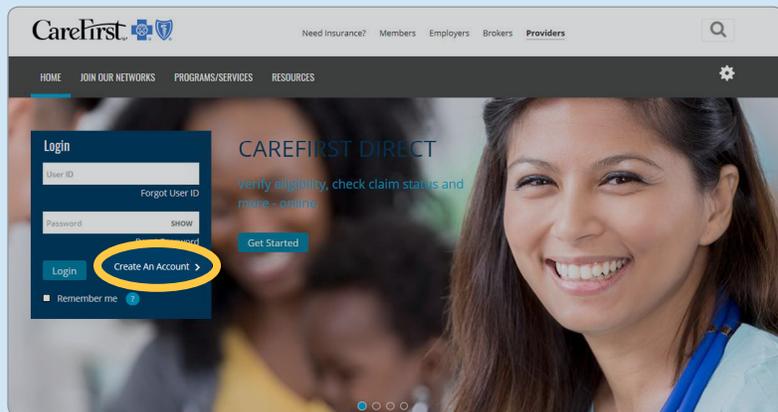
The access request was successfully created. Your request has been submitted to your organization's Administrator. You will receive an email response once the Administrator responds to your request.

Accessing and Registering

Instructions for Professional Practitioners (Doctors, Nurses, Mental Health Providers, etc.)

To begin the registration process, visit provider.carefirst.com.

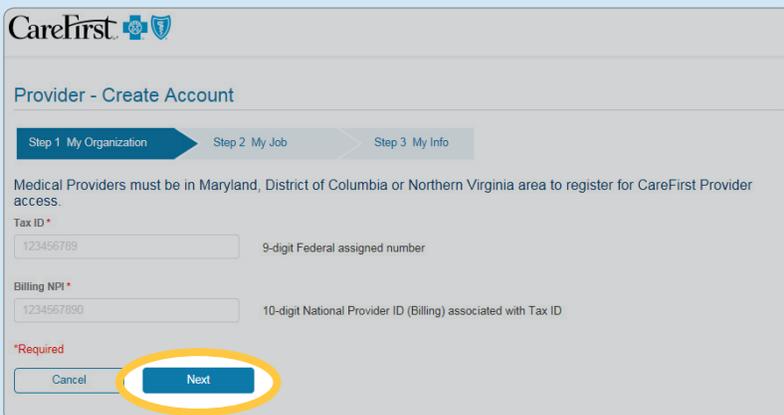
Click on *Create an Account*.



Step 1—My Organization

You will need your TIN and NPI Billing to register.

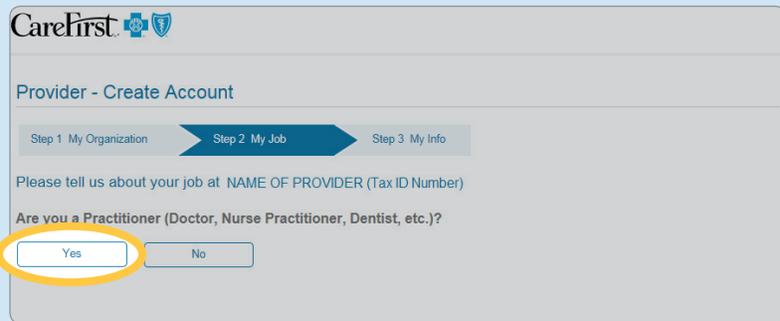
Once you enter that information, click *Next*.



Accessing and Registering

Step 2—My Job

Since you are a practitioner, click on **Yes**.



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Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

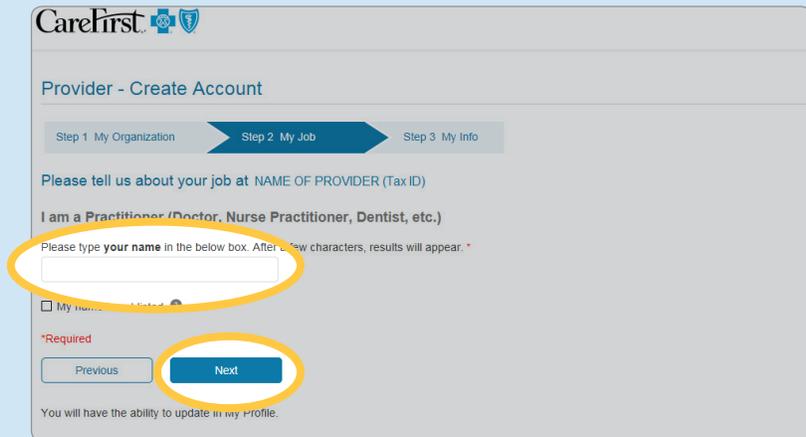
Please tell us about your job at NAME OF PROVIDER (Tax ID Number)

Are you a Practitioner (Doctor, Nurse Practitioner, Dentist, etc.)?

Yes No

Type your name in the field provided. After a few characters results will appear.

When you locate your name, select it, and click **Next**.



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Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

Please tell us about your job at NAME OF PROVIDER (Tax ID)

I am a Practitioner (Doctor, Nurse Practitioner, Dentist, etc.)

Please type **your name** in the below box. After a few characters, results will appear. *

My name is listed in the directory

*Required

You will have the ability to update in my Profile.

Step 3—My Info

Complete all required fields.

Important Note:

Your email address must be unique (Duplicate email addresses not allowed.) for the Tax ID and not contain any of the following:

- info@
- sales@
- admin@
- webmaster@

Check the box for *Text* or *Email* to receive CareFirst information electronically. This will enable you to stay current with any important news and patient information from CareFirst.

Click *Next* to continue.

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Provider - Create Account

Step 1 My Organization > Step 2 My Job > Step 3 My Info

Please tell us about your info at NAME OF PROVIDER (Tax ID Number)

First Name *
Provider First Name

Last Name *
Provider Last Name

User ID *
User ID must contain a minimum of 8 characters and may contain letters and numbers, but no special characters.

Password *
Confirm Password *

Email Address *
xyz@gmail.com
Unique email address for this Tax ID. Email must not contain info@, sales@, admin@ or webmaster@ or any of the following

Confirm Email Address *
xyz@gmail.com

Address 1 *
Address 2
City *
State *
Zip *

Phone Number
Extension

Consent for Electronic Communications *

CareFirst BlueCross BlueShield wants to help you manage your communications with us by offering you electronic communications. Instead of paper delivery, you can receive emails, text messages and/or mobile calls regarding your CareFirst patients by providing your email address and/or phone number and consent below.

Select the information you would like to receive:

Password reset and account verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider and Physician Administrative Newsletters	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Terms of use *

I have read and accept the **Terms Of Use**

By checking the "I have read and accept the Terms of Use", you agree to abide by these terms. That means

You are solely responsible for maintaining the confidentiality of your user ID and password. You will not share your user ID and password with anyone else. You will not invade the privacy of, or obtain the identity of, any other user of the Provider Portal site.

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reCAPTCHA

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Important Note:

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- Claims Status and Claims Inquiry (Inquiry Analysis and Control System— IASH)
- Referrals and Authorizations

If you need additional access, you can request it directly from *Settings* or contact your office administrator for assistance.

Provider - Create Account

Check your email (emailaddress@company.com) account for a message from CareFirst, which includes a link to validate your new account and sign in.
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Step 1
Check your Email
Email Sent
Go to your Email Account
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Confirm Email
CONFIRM EMAIL
Click on the Confirm Email Button

Step 3
Login
Login with your UserID and Password to Complete your Account

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Once you have confirmed your email and logged in to your account, you will receive a notification that access has been successfully created.

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CareFirst

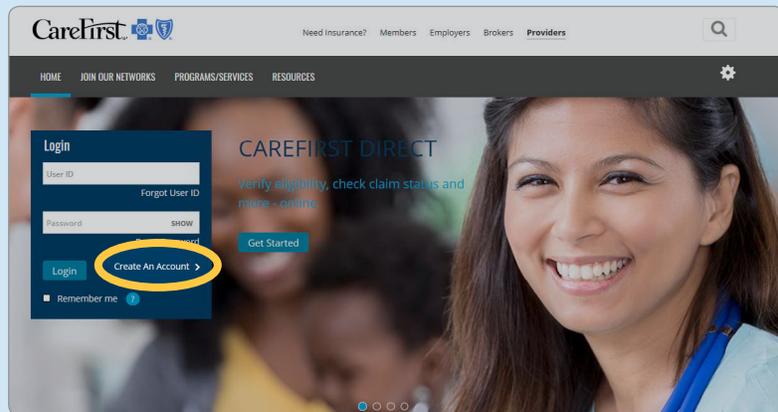
ACCESS REQUEST

The access request was successfully created. Your request has been submitted to your organization's Administrator. You will receive an email response once the Administrator responds to your request.

Accessing and Registering Instructions for Facilities

To begin the registration process, visit provider.carefirst.com.

Click on *Create an Account*.



Step 1—My Organization

You will need your TIN and Billing NPI to register.

Once you enter that information, click *Next*.

A screenshot of the CareFirst 'Provider - Create Account' page. The page has a header with the CareFirst logo and navigation links. Below the header, there is a progress bar with three steps: 'Step 1 My Organization', 'Step 2 My Job', and 'Step 3 My Info'. The 'Step 1 My Organization' step is currently active. The main content area contains a message: 'Medical Providers must be in Maryland, District of Columbia or Northern Virginia area to register for CareFirst Provider access.' Below this message, there are two input fields: 'Tax ID *' with the value '123456789' and a label '9-digit Federal assigned number', and 'Billing NPI *' with the value '1234567890' and a label '10-digit National Provider ID (Billing) associated with Tax ID'. At the bottom of the form, there are two buttons: 'Cancel' and 'Next'. The 'Next' button is circled in yellow.

Accessing and Registering

Step 2—My Job

From here, you can begin entering the name(s) of the facilities you support. After typing a few characters, results will begin to appear allowing you to quickly make your selection.

If your facility is not listed, select *My Facility/Institution name is not listed* and click *Next*.

Note: If, based on your Tax ID, you are only associated with one facility, you will go directly to Step 3—My Info.

CareFirst

Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

Please tell us about your job at NAME OF FACILITY (Tax ID Number)

Find the names of the facilities and/or institutions that you support in the below list

Start typing a name in the box below. After a few characters, results will appear. You can select up to 50

My Facility/Institution name is not listed.

***Required**

Previous Next

Once you have located your facility, select it from the drop down and it will appear on your screen.

You can continue to add facilities by clicking on . You can delete a facility you may have added by mistake by clicking on the X next to its name.

You are able to add up to 50 facilities.

When you have added all of your facilities, click *Next*.

CareFirst

Provider - Create Account

Step 1 My Organization Step 2 My Job Step 3 My Info

Please tell us about your job at NAME OF FACILITY (Tax ID Number)

Find the names of the facilities and/or institutions that you support in the below list

Start typing a name in the box below. After a few characters, results will appear. You can select up to 50

Facility Name

My Facility/Institution name is not listed.

***Required**

Previous Next

Step 3—My Info

Complete all required fields.

Important Note:

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CareFirst

Provider - Create Account

Step 1 My Organization Step 2 My Job **Step 3 My Info**

Please tell us about your info at NAME OF FACILITY (Tax ID Number)

First Name *
First Name

Last Name *
Last Name

User ID *
User ID must contain a minimum of 8 characters and may contain letters and numbers, but no special characters.

Password *
Password

Confirm Password *
Confirm Password

Email Address *
xyz@gmail.com
Unique email address for this Tax ID. Email must not contain info@, sales@, admin@ or webmaster@ or any of the following

Confirm Email Address *
xyz@gmail.com

Address 1 *
Address 1

Address 2
Address 2

City *
City

State *
State

Zip *
Zip

Phone Number Extension

Consent for Electronic Communications *

CareFirst BlueCross BlueShield wants to help you manage your communications with us by offering you electronic communications. Instead of paper delivery, you can receive emails, text messages and/or mobile calls regarding your CareFirst patients by providing your email address and/or phone number and consent below.

Select the information you would like to receive:

Password reset and account verification	<input type="radio"/> Email	<input type="checkbox"/> Text
Provider and Physician Administrative Newsletters	<input type="checkbox"/> Email	<input type="checkbox"/> Text

Terms of use *

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I'm not a robot reCAPTCHA

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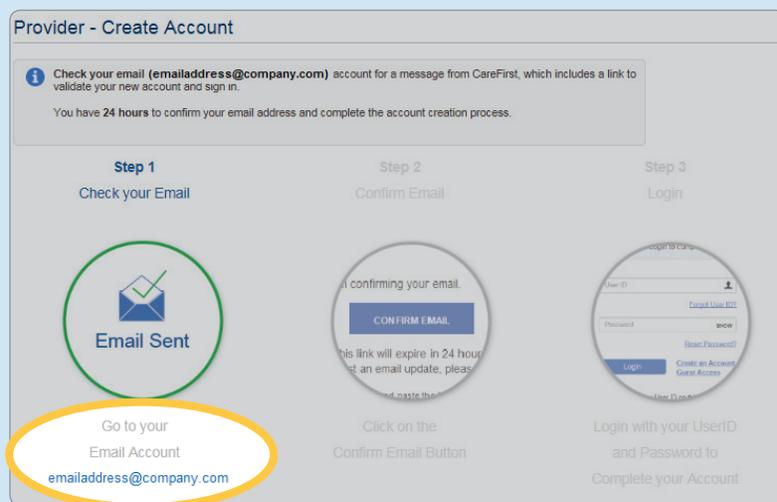
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