

This QRG will provide an overview of the Provider Portal – New net user registration.



An email is sent to the office manager prior with registration code.1. Enter in the EmblemHealth website URL.

Login Screen will display.





Image: Control of the con
Legal Information   Nondiscrimination Policy   Digital Services Privacy Policy and Terms of Use   Accessibility Statement   Privacy Policy ©xxxx EmblomHealth. Al Rights Recorved.
<ul> <li>Account Lookup page will display.</li> <li>Enter in Tax ID Number and Registration Code. Note: The registration code is within the email with the URL link previously sent. Information must be correct, or an error will display.</li> <li>Click Next.</li> </ul>
Account Lookup PORTAL USER REGISTRATION ACCOUNT LOOKUP
We need to look up your information before you begin. Enter your Tax ID number, and the registration code sent to the primary contact on your account; then click Next to continue.
Tax ID Number * Registration Code *
Having trouble? <u>View our quick guide</u> . Next
Cancel





O Account Lookup	•		
	We need to look up your informa code sent to the prin	PORTAL USER REGISTRATION Account Lookup tion before you begin. Enter your Tax ID number, and the registration hary contact on your account; then click Next to continue.	
	Tax ID Number * 061137531	Registration Code * 14049	
	Havi	ng trouble? <u>View our quick guide</u> . Next Cancel	
E	Email Address V 5. Enter in <b>Email</b> an <b>Note</b> : Make sure tha	erification page will display. nd <b>Verify Email</b> . t email is in proper format or an error will display.	

6. Click Next.



Provider P	ortal – New	Net User	
	C Email Address Ve	• •	
	Please enter your own ema will also use this email	PORTAL USER REGISTRATION <b>Mail Address Verification</b> ill address and not a shared one. We will email you a code address in case you forget your username or need to rese	e for verification. We t your password.
	Email *	Verify email *	
	(	Having trouble? <u>View our quick guide</u> . Previous Next Cancel	

Common Comm
PORTAL USER REGISTRATION Email Address Verification We need to look up your information before you begin. Enter your Tax ID number, and the registration code sent to the primary contact on your account; then click Next to continue.
Email * Verify Email * nrossi@emblemhealth.com nrossiemblemhealth.com
Having trouble? <u>View our quick guide</u> . Previous Next Cancel
<ul> <li>Verification code will be sent to your email.</li> <li>7. Enter Verification Code.</li> <li>Note: If email is incorrect click previous update, and then click Request New Code.</li> </ul>











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Email Address Verification
Email Address Verification
We've sent a code to your email address <b>nrossi@emblemhealth.com</b> ; please enter it below. If you don't see the email, check your spam folder where automated messages sometimes filter.
Verification Code *
If you've entered an incorrect email address, you can
go back and change it; or you can request a new code.
Province
Previous
Cancel
Sector Se
PORTAL USER REGISTRATION Email Address Verification
We've sent a code to your email address <b>nrossi@emblemhealth.com</b> ; please enter it below. If you don't see the email, check your spam folder where automated messages sometimes filter.
Verification Code * 11274
If you've entered an incorrect email address, you can go back and change it; or you can request a new code.
Previous Next
Cancel



Provider Po	rtal – New Net User
Step 5:	<ul> <li>Once Verified, User Information page will display.</li> <li>9. Enter all the required Fields: <ul> <li>First Name, Last Name, Username, Street, City, State, Zip Code.</li> <li>Note: Username must be an email.</li> </ul> </li> <li>10. Click Submit. <ul> <li>Note: If email address is already in use a popup will display to Go Back and re-enter a new email address.</li> </ul> </li> </ul>
	User Information
	PORTAL USER REGISTRATION User Information Complete the details below and click Next to continue. All fields with an asterisk * are required.
	First Name * Amanda     Middle Name     Last Name * Martinez       Mobile (773)123-4567
	Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol. Username * martina&@mskcc.org
	Please enter your office address. If you work out of multiple locations, please enter the primary location address. Street * 160 Water St
	City * State/Province * New York New York Zip Code * Office Number *
	10038 (773) 232-4560 Previous Next Cancel



Company Compan
PORTAL USER REGISTRATION Warning
This email address is already being used. Click the button to go back and enter a new email address.
Go Back Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol.
Username * martina6@mskcc.org Please enter your office address. If you work out of multiple locations, please enter the
primary location address. Street * 160 Water St
City * State/Province * New York New York Zip Code * Office Number * 10038 (773) 232-4560
Previous Next
Cancel







Change Your Password





Provider Po	ortal – New Net User
Step 7:	Once link within email has been selected the Portal User Account Verification page will display. 12. Click <b>Next.</b>
	Portal User Account Verification Portal User Registration Portal User Account Verification
	It looks like there is already an account associated with this email address in our new portal. If you already have access to this portal and want to add a new Tax ID number, click Next to verify your username and password. Otherwise, click Previous to enter a new email address.
	Previous Next Cancel
EF Step 8:	<ul> <li>Verify Username and Password page will display.</li> <li>13. Enter in Username and Password.</li> <li>14. Click Submit. <ul> <li>Note: If information is unable to be validated a pop up will display to Use Different Email or Try Again. If the password is incorrect or forgotten, click the reset it link to reset password.</li> </ul> </li> <li>15. Confirmation page will display, click Done. <ul> <li>Once done the user will be logged into the portal.</li> </ul> </li> </ul>
,	Ser Information Service Servic
	PORTAL USER REGISTRATION Verify Username and Password Enter username and password for your existing account.
	Username * Password * johnsmith@gmail.com *
	Having trouble? <u>View our quick guide</u> . Previous Next Cancel



e	• User Information
	Information
	We were unable to validate your information. If you forgot your password, you can <u>reset it</u> ; otherwise, please go back and use a different email address for your account.
	Use Different Email Try Again
	Having trouble? <u>View our quick guide</u> . Previous Next Cancel
•	Confirmation
	Confirmation
	The new tax id has been added to your portal user account. Visit our <u>portal user guide</u> to learn how to use the portal.
	Done



# M1 – Provider Portal Migrated Legacy User

Quick Reference Guide



User clicks on the Register Button on the provider Portal login page	User fills in the details on the second node – Account Verification and clicks on next User fills in the details on the fills in the f
1. Step 1:	<ul> <li>Enter in CCI webpage URL.</li> <li>Login Screen will display.</li> <li>Click Register. Go to email and click the link to open account information.</li> </ul>
	EmblemHealth Provider Portal  If you have an account with us and it's your first time visiting our new portal, please <u>click</u> here to continue. If you're new, and have a registration code, click Register below to begin. Username *
	Password * Forgot Username Forgot Password Sign In If you haven't received a code or are having trouble, view our quick quide for more information. Register
	organismon and a second se



Registration Link & Code 🗈 👘 Team ×
J CCI Provider Portal to me →
Hello,
Below is the registration link and registration code.
https://connecticare.com/providerportal/registry.weed Imab
To ensure your account's security HOLD infy your identity. Enter the following code where prompted by provider portal
Registration Code: 37%
If you didn't rectange to Your Developer Edition, or you don't recognize this browser or operating system, contact your Your portal admited to the state of the s
Thanks, CCI Provider Portal
Account Lookup page will display. 3. Enter Username and Tax ID Number. 4. Click Next.
OOO
PORTAL USER REGISTRATION Account Lookup We need to look up your information before you begin. Enter your username, and any Tax ID number associated with your account, then click Next to continue.
Username * Tax ID Number * johnsmith@gmail.com 061137531
Having trouble? <u>View our quick guide</u> . Next Cancel



E Step 3:	Account Verification page will display. 5. Answer the security question associate with the account. 6. Click <b>Next.</b>
•	Account Verification
	Please enter the answer to your security question or your pin below to verify your account.
	Having trouble? <u>View our quick guide</u> . Previous Next Cancel
Step 4:	<ul><li>Account Verification page will display.</li><li>7. Enter the pin associate with the account.</li><li>8. Click <b>Next.</b></li></ul>
0	Account Verification PORTAL USER REGISTRATION ACCOUNT Verification
	Please enter the answer to your security question or your pin below to verify your account.
	Having trouble? <u>View our quick guide</u> . Previous Next Cancel







• • • • • • • • • • • • • • • • • • • •		
Email Address Verification		
PORTAL USER REGISTRATION		
Email Address Verification		
We've sent a code to your email address nrossi@emblemhealth.com; please enter it below. If you		
don't see the email, check your spam folder where automated messages sometimes filter.		
Verification Code *		
11274		
If you've entered an incorrect email address, you can		
go back and change it; or you can request a new code.		
Previous Next		
Cancel		
Once Verified, User Information page will display.		
13. Enter all the required Fields:		
First Name, Last Name, Username, Street, City, State, Zip Code,		
Note: Username must be an email		
Step 7: 14 Click Submit		
14. Olick Gublink.		
note: In email address is already in use a popup will display to Go Back and re-enter a new		
e <u>         e                          </u>		
User Information		
PORTAL USER REGISTRATION		
User Information		
Complete the details below and click Next to continue. All fields with an asterisk * are required.		
First Name * Last Name *		
Mobile		
(773)123-4567		
Choose a username that is unique and in the form of an email address(example: name@website.com), including		
Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol.		
Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol. Username *		
Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol. Username * martina6@mskcc.org		
Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol. Username * martina6@mskcc.org		
Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol. Username * martina6@mskcc.org Please enter your office address. If you work out of multiple locations, please enter the		
Choose a username that is unique and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol. Username * martina6@mskcc.org Please enter your office address. If you work out of multiple locations, please enter the primary location address.		
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Choose a username that is unque and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol.         Username * martina6@mskcc.org         Please enter your office address. If you work out of multiple locations, please enter the primary location address.         Street *         160 Water St         City *       State/Province *         New York         Zip Code *       Office Number *         10038       (773) 232-4560		
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Choose a username that is unque and in the form of an email address(example: name@website.com), including the dot (.) and the @ symbol. Username * martina6@mskcc.org  Please enter your office address. If you work out of multiple locations, please enter the primary location address.  Street * 160 Water St  City * New York  Zip Code * 10038 (773) 232-4560		
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o <u> </u>	••	
	User Information	
PORTAL USER REGISTRATION		
Warning		
This email address is already b and enter a new email address	being used. Click the button to go back s	
Go	Back	
Choose a username that is unique and in the form of a the dot (.) and the @ symbol. Username *	an email address(example: name@website.com), including	
martina6@mskcc.org		
Please enter your office address. If you work primary location address.		
Street * 160 Water St		
City * New York	State/Province * New York	
Zip Code * 10038	Office Number * (773) 232-4560	
Previous	Next	
Cancel		













User Information		
Information		
We were unable to validate your information. If you forgot your password, you can reset it; otherwise, please go back and use a different email address for your account.         Use Different Email       Try Again		
Having trouble? <u>View our quick guide</u> . Previous Next Cancel		
Confirmation		
Confirmation		
The pow tay id has been added to your postel your assount		
Visit our <u>portal user guide</u> to learn how to use the portal.		
Done		
EmblemHealth Provider Portal		
If you have an account with us and it's your first time visiting our new portal, please <u>click</u> <u>here to continue</u> . If you're new, and have a registration code, click Register below to begin.		
Username *		
Password *		
Forgot Username Forgot Password		
Sign In		
If you haven't received a code or are having trouble, view our quick quide for more information.		
Register		

