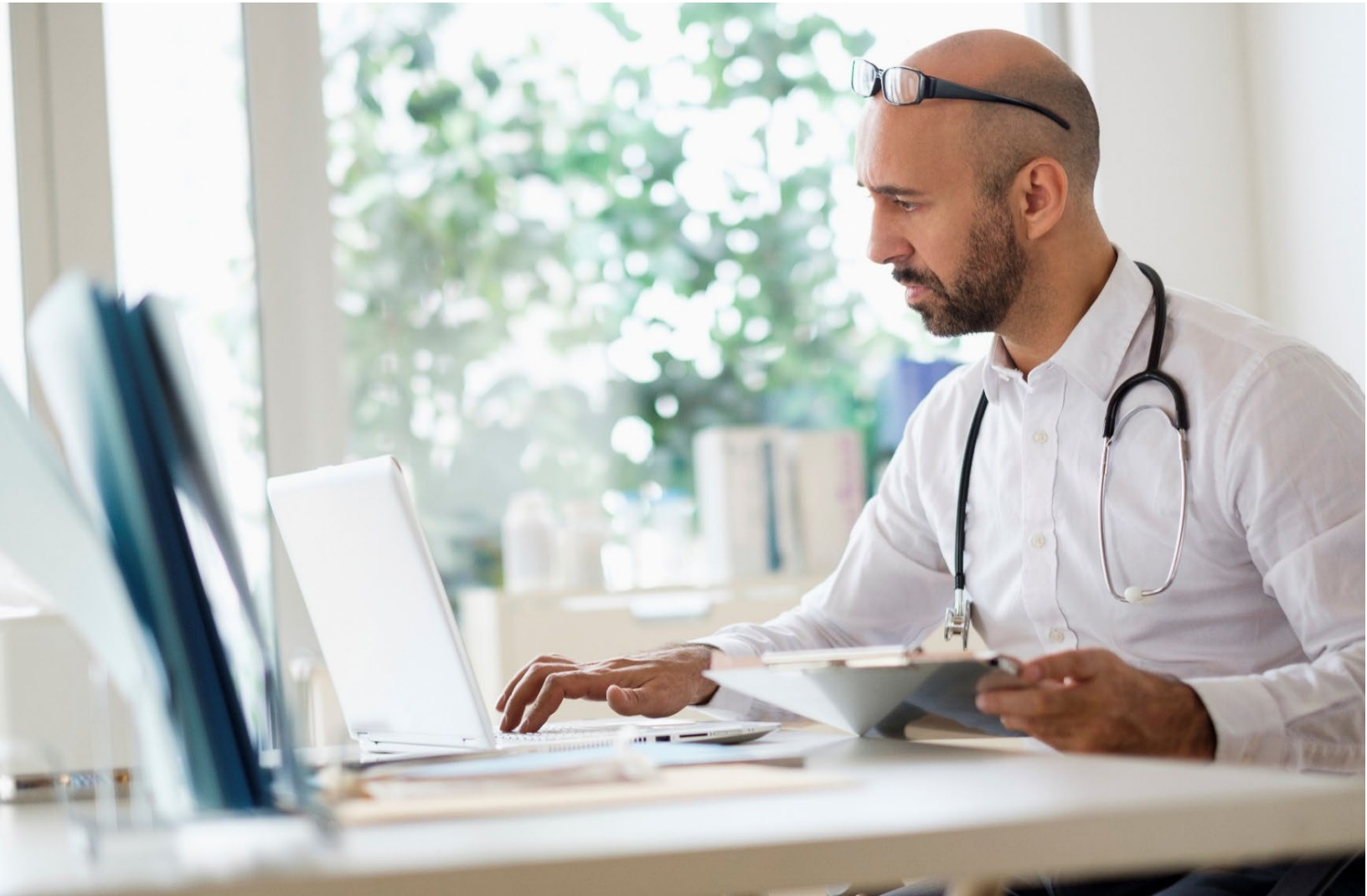


Registration & Maintenance Guide for Medical Providers & Facilities



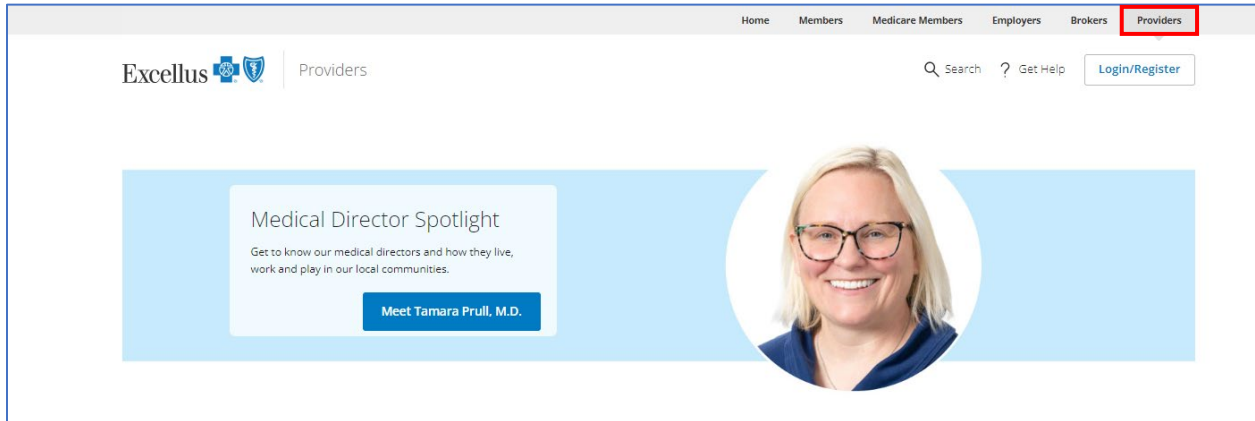
A nonprofit independent licensee of the Blue Cross Blue Shield Association

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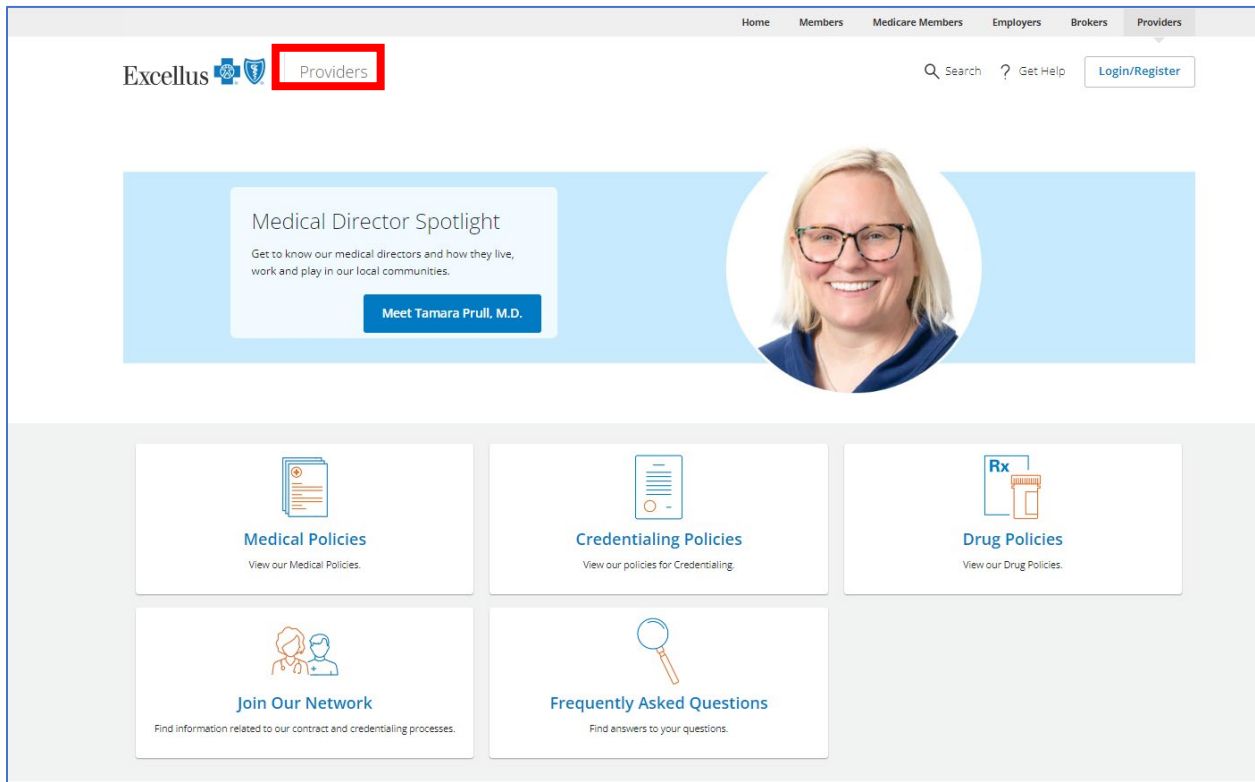
Excellus BlueCross BlueShield Provider Portal

The Excellus BCBS website (www.ExcellusBCBS.com) contains an area that is dedicated to the various types of providers we partner with. This area, called the Provider portal, can be located by selecting [Providers](#) at the top of our Home page.



The Provider public home page 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.

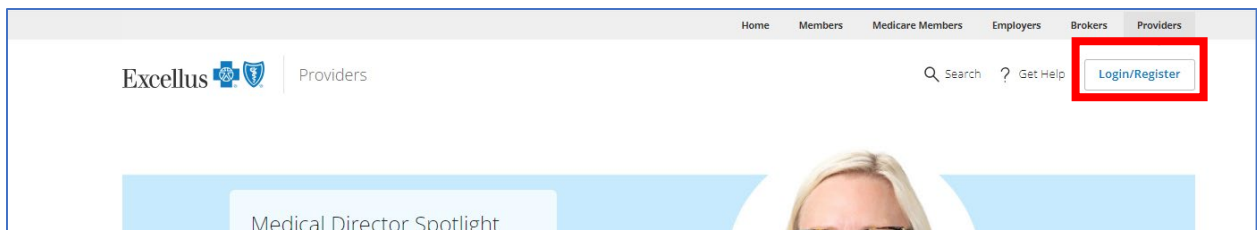


Secured Portion of the Provider Portal

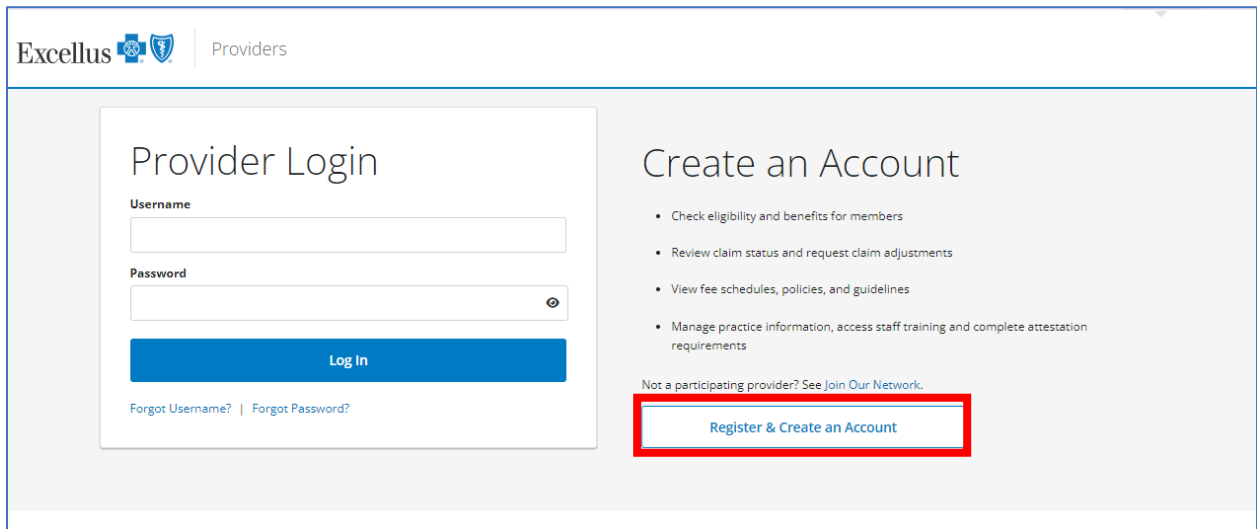
The secured portion of the Provider portal includes proprietary information that can only be viewed by participating individual practices, hospitals, group practices, and facilities and their staff who are registered with Excellus BCBS.

Registering for the Provider Portal

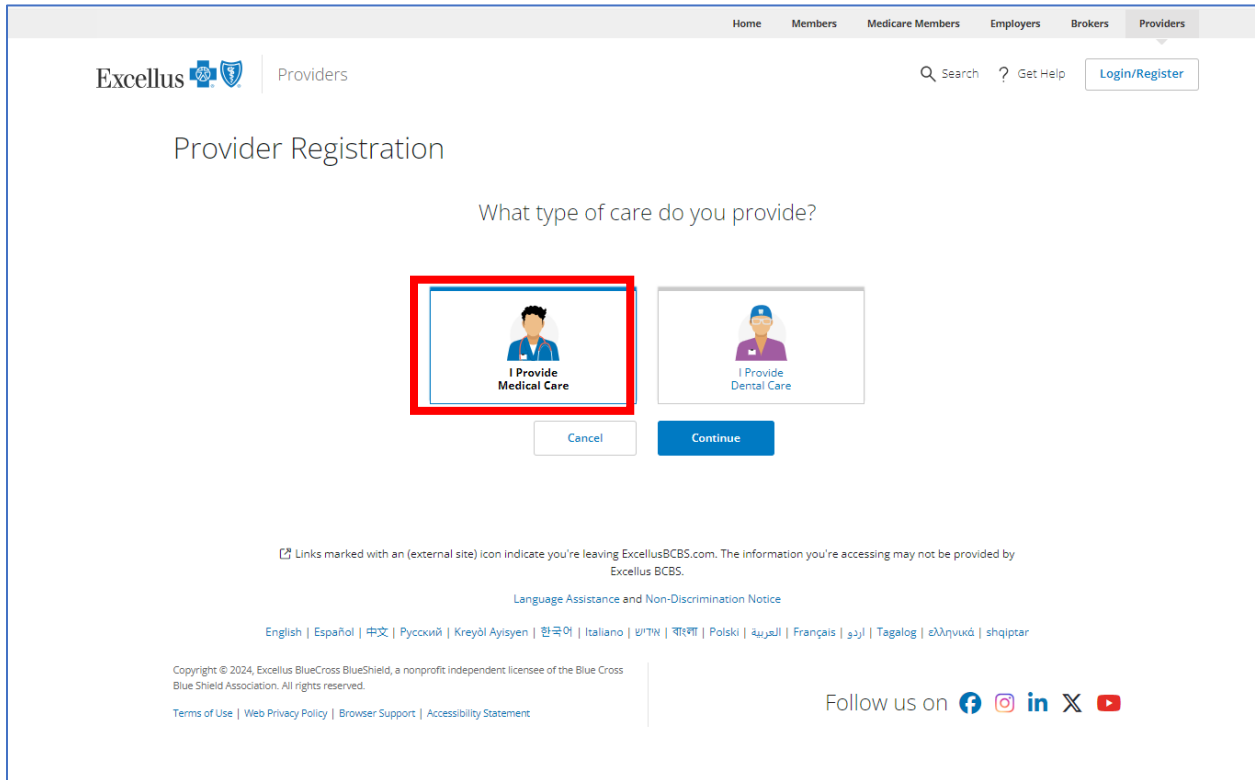
From the [Provider](#) home page click on the [Login/Register](#) tile, [Register Your Account](#) tile, or go to Provider.ExcellusBCBS.com/login.



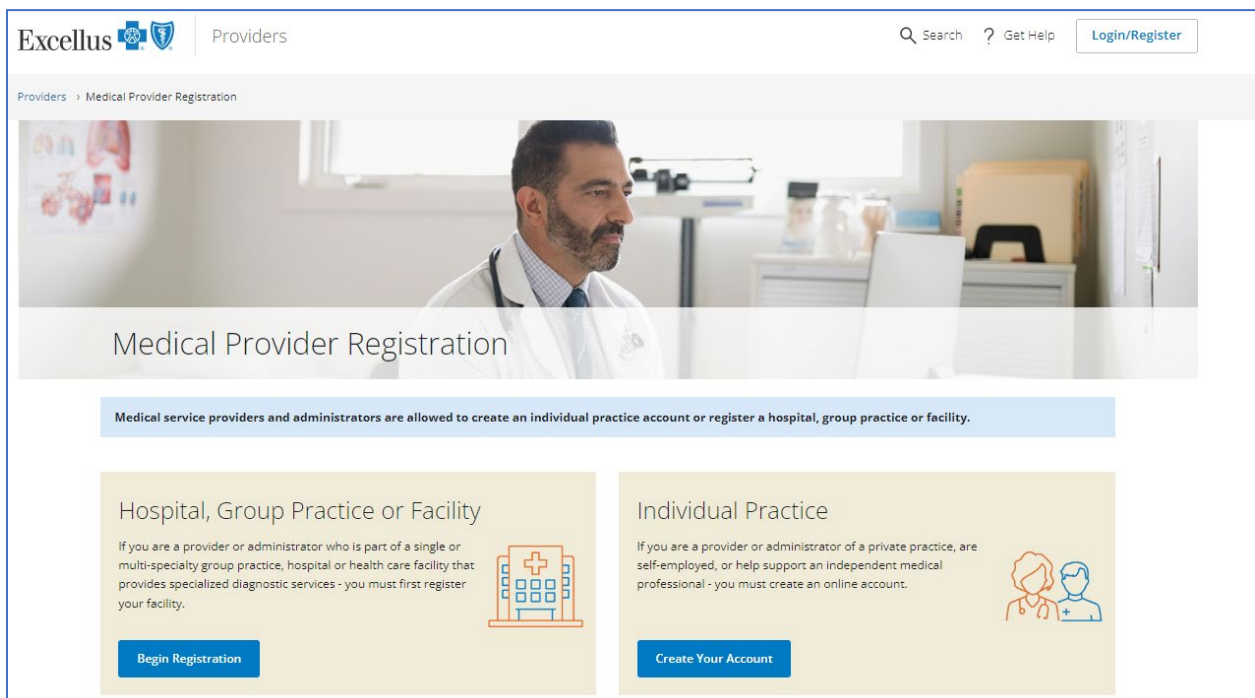
When the following screen appears, click on [Register & Create an Account](#).



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



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

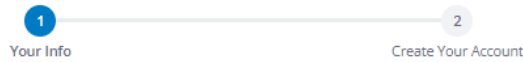


Individual Practice

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 Create an Account 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 Continue.

Create an Account



Please complete the following fields and click "Continue".

Note: You must be an Excellus BlueCross BlueShield participating provider to register for this Web site.

Your Info

*** Required Fields**

Provider Number *
This is your Excellus BlueCross BlueShield P010 or P03 number.


Last Four Digits of your SSN *
Please enter without spaces or dashes.

Tax ID *
Please enter without spaces or dashes.


First Name *

Last Name *

I agree to the [Privacy Policy](#) *

I'm not a robot  [Privacy](#) [Terms](#)


After clicking on continue, the following page appears. Complete the required fields and click on Submit.

Excellus  Providers

Search ? Get Help Login/Register

Providers > Medical Provider Registration > Create an Account

Create an Account



Please complete the following fields and click "Submit"
Note: You must be an ExcellusBCBS participating provider to register for this Web site.

Create Your Account

*** Required Fields**

Username *
Username must be between 5-20 characters.
Special characters or spaces are not allowed.

Password *


Confirm Password *

Enter Password Hint *

Email Address

Secret Question *

Secret Answer *

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

Please note that passwords must be between 8-50 characters, and must contain 2 of the following 4 criteria:

- 1 numeric character
- 1 special character
- 1 uppercase character
- 1 lowercase character

The user will then be directed to the provider portal home page, and the registered name will be located at the top right hand corner of the screen.

Registered Name [Log Out](#)

Excellus Providers Search Get Help

Home Eligibility & Benefits Claims & Payments Authorizations Prescription Drugs Policies & Guidelines Resources

Medical Director Spotlight

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[Meet Mark A. Brown, M.D.](#)

Daily News

- Positron Emission Tomography Non-Oncologic Applications Update Effective August 15, 2024 [View](#)
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- Kidney Transplantation Medical Policy Update Effective August 15, 2024 [View](#)

[View all news and updates](#)

Prior Authorization

Access our Medical, Behavioral Health, Drug Authorization and Step therapy lists and request forms.

Join Our Network

Find information related to our contract and credentialing processes.

Fee Schedules

Reimbursement information for our participating physicians.

Forms

View and print copies of our most frequently used forms.

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.

The screenshot shows the 'Providers' section of the Excellus website. The navigation bar includes links for Home, Members, Medicare Members, Employers, Brokers, and Providers. The main heading is 'Hospitals, Group Practices, and Facilities Web Registration'. Below the heading, there is a note: 'An administrator of your hospital, group practice, or facility must complete and return this form. We will then create a "master account" where an administrator will be responsible for managing staff access.' The form contains several required fields marked with an asterisk: 'Type of Facility' (radio buttons for Hospital, Group Practice, Facility), 'Request Type' (radio buttons for New Provider Organization - New Administrator, Existing Provider Organization - New Administrator, Existing Provider Organization - Delete Administrator), 'User ID 1st Choice' (text input, 5-20 characters), 'User ID 2nd Choice' (text input, 5-20 characters), 'Your Name' (text input, First and Last Name), 'Phone Number' (text input, ###-###-####), and 'Email Address' (text input).

Facility or Business Name *

e.g. Rochester Group

Federal Tax Identification Number *

Also known as Employer Identification Number

NPI *

10 digit National Provider Identifier

Street Address 1 *

Street Address/P.O. Box

Street Address 2

Apartment/Suite/Unit/Building/Floor

City *

State *

Zip Code *

5 digit zip code

Authorized Requestor's Name *

First and Last Name

Authorized Requestor's Phone Number

###-###-####

Authorized Requestor's Email Address

Excelsus BlueCross BlueShield is 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 information 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

I'm not a robot



reCAPTCHA

Privacy Terms

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

Language Assistance and Non-Discrimination Notice

English | Español | 中文 | Русский | Kreyòl Ayisyen | 한국어 | Italiano | ਪੰਜਾਬੀ | বাংলা | Polski | العربية | Français | اردو | Tagalog | ελληνικά | shqipëtar

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Follow us on

The user will then be directed to the provider portal home page, where there is access to eligibility, benefits, claim information and more. The user's first and last name previously entered will be located at the top right hand corner of the screen.

Excellus Providers User First and Last Name [Log Out](#)

Search ? Get Help

[Home](#) [Eligibility & Benefits](#) [Claims & Payments](#) [Authorizations](#) [Prescription Drugs](#) [Policies & Guidelines](#) [Resources](#)

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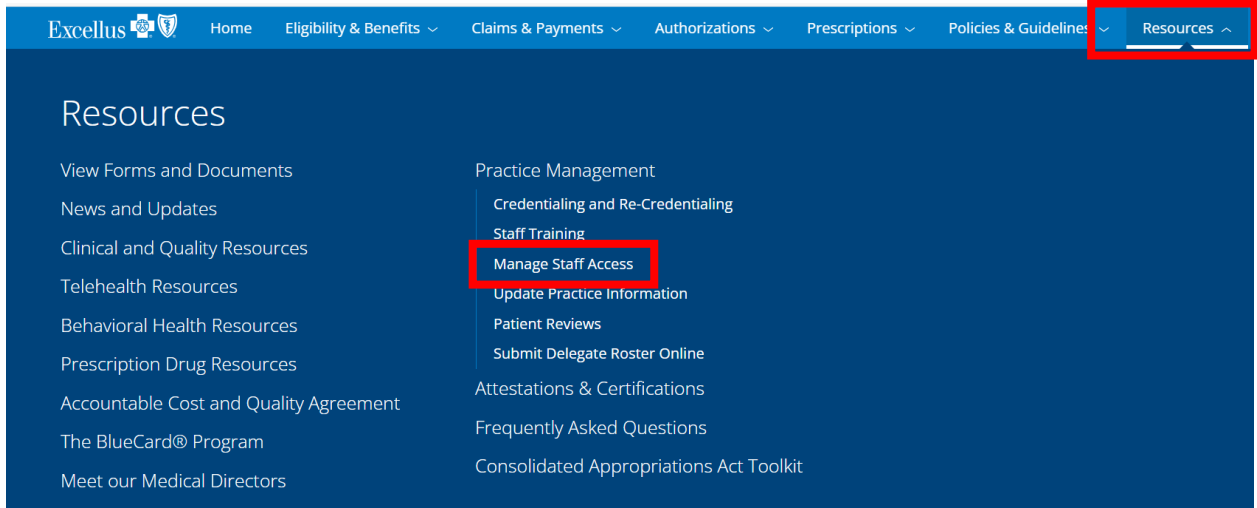
Reimbursement information for our participating physicians.

Forms

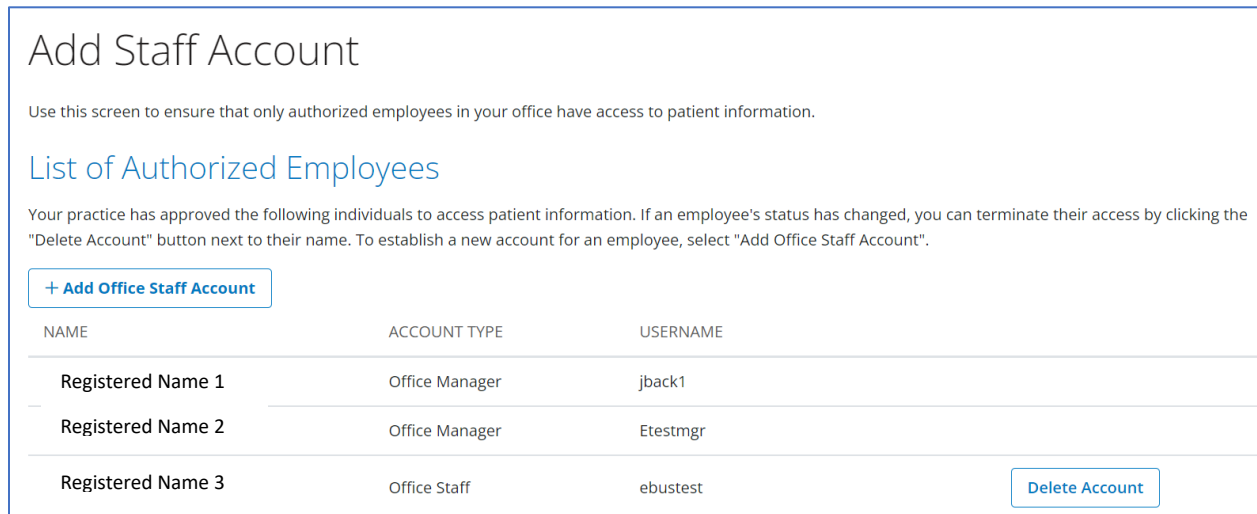
View and print copies of our most frequently used forms.

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.



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



Adding an Additional User

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



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 *

Last Name *

Create Username *
Username must be between 5-20 characters. Special characters or spaces are **not** allowed.

Create Temporary Password *
Passwords **ARE** case sensitive.

Re-enter Password *

The office manager will then 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 then give the username and temporary password to the employee to login.

✔ Registration Successful for 'JoeDoe2024' ! Please notify your employee of their username and temporary password so they can login and complete the registration process. ✕

The employee will then go to the portal, click log in, will enter 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 will click on Continue.

Change Password

Change Password Establish Your Account

1 ————— 2

Update your information in the fields below and click 'Continue'.

Change Your Password

* Required Fields

Current Password: *

Enter a New Password: *

Re-Enter Password: *

New Password Hint: *

I agree to the Privacy Policy *

The user will be prompted to enter his or her email address, to select a security questions and answer, and to submit.

Establish Your Account

* Required Fields

Email Address: *

Yes! I would like to receive important news and updates from Excellus BlueCross BlueShield by e-mail, rather than by mail. For more information on how we protect your e-mail address, view our electronic communications policy.

Security Question: *

Security Answer: *

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 Access

Delete Account

Are you sure you would like to delete the following account?

NAME	ACCOUNT TYPE	USERNAME
Joe Doe	Office Staff	JoeDoe2024

[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 'JoeDoe2024' has been successfully deleted.

Forgot Username or Password

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

Provider Login


Username

Password

[Log In](#)

[Forgot Username?](#) | [Forgot Password?](#)


Click on I provide Medical Care and click on the Continue button when it appears.

Excellus  Providers


Providers > Forgot Password

Forgot Password

What type of care do you provide?




I Provide
Medical Care



I Provide
Dental Care

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

Excellus  Providers Search ?

Providers > Forgot Password

Forgot Password

Step 1: Please complete the following fields

** Required Fields*

Username: *

First Name: *

Last Name: *

Forgot Username

Step 1: Please complete the following fields

** Required Fields*

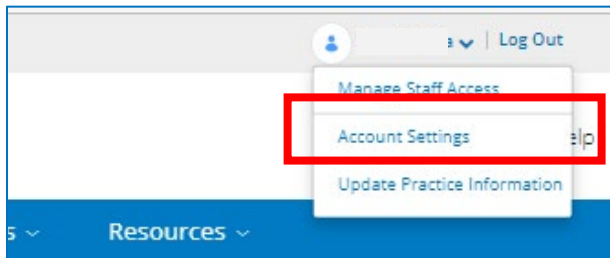
Provider Identification Number: *
This is your Excellus BlueCross BlueShield P010 or P03 Number.

First Name: *

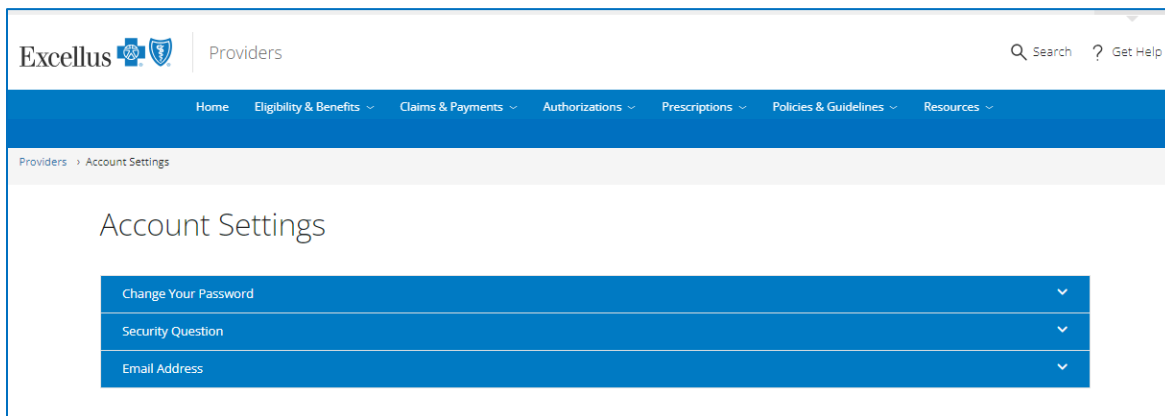
Last Name: *

Account Settings

After logging in to the 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:



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.

The screenshot shows the 'Account Settings' page with a 'Change Your Password' form. The form includes four input fields: 'Current Password *', 'Enter a New Password *', 'Re-enter Password *', and 'New Password Hint *'. A red asterisk and the text '* Required Fields' are visible to the right of the fields. Below the fields are 'Submit' and 'Cancel' buttons. The form is part of a larger account settings interface with other sections like 'Security Question' and 'Email Address' visible below it.

You will receive a message advising the password was 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.

The screenshot shows the 'Account Settings' page with a 'Security Question' form. The form includes a dropdown menu for 'Security Question *' with the text '- Select a Security Question -' and a text input field for 'Security Answer *' with four asterisks. A red asterisk and the text '* Required Fields' are visible to the right of the fields. Below the fields are 'Submit' and 'Cancel' buttons. The form is part of a larger account settings interface with other sections like 'Change Your Password' and 'Email Address' visible above and below it. A red box highlights the dropdown arrow on the right side of the 'Security Question' header.

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

The screenshot shows the 'Account Settings' page for a user with the email 'jdoe@gmail.com'. The page has a blue header with the Excellus logo and navigation links. The 'Email Address' section is highlighted with a red box, and the 'Edit' button is also highlighted with a red box.

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

The screenshot shows the 'Email Address' form. It has a blue header with the text 'Email Address' and an upward arrow. The form contains two input fields for 'Email Address' and 'Confirm Email Address', both containing 'jdoe@yourdomain.com'. There is a checkbox for receiving updates and a 'Submit' button.