

# Healthfirst Provider Portal

## Quick Reference Guide

### Accessing the Portal

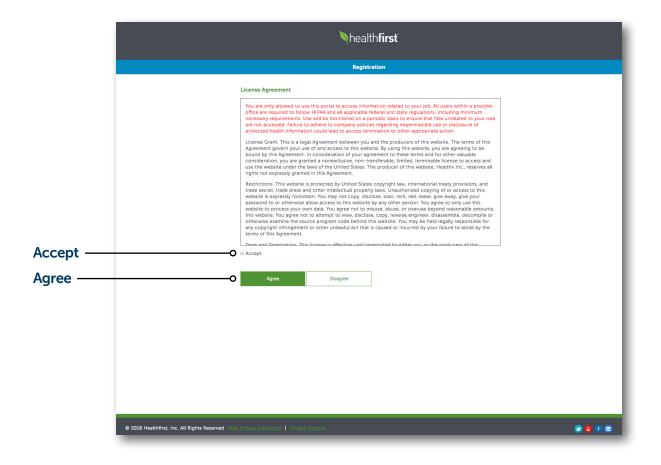
Access the Healthfirst Provider Portal 24/7 at HFProviderPortal.org.

#### Registration

**1** To begin the registration process, visit **HFProviderPortal.org** and click **Create your account**.

healthfirst			
Provider Secure Login			
Welcome to the New Provider Portal Your session has timed out. Returning User Login Username			
Password <u>Forgot Username/Password?</u>			
<b>Reminder</b> : Username and password from the old portal is not valid on this portal. You must create a new account, see below steps outlined. Please note this site is best viewed using Google			
New to the Portal? Create your account <u>Account Creation Guide</u>			
	Provider Secure Login         Welcome to the New Provider Portal         Your session has timed out.         Defension Defension Login         Nername         Password         Forgot Username/Password?         Sign In         Reminder: Username and password from the old portal is not valid on this portal. You must create a new account, see below steps outlined.         Desername is best viewed using Google chome or Microsoft Edge.         Dew to the Portal?		

2 Please read the License Agreement carefully, including the privacy statement highlighted in red, and select **Accept** and **Agree**.



#### **Registration** (Continued)

**3** Enter the requested information and click **Continue** after each step.

#### PLEASE NOTE:

Each provider and staff member should register their own account credentials. Usernames must be unique and not previously used for any Healthfirst Provider Portal account.

Submitter name should be the name of the person completing the registration.

	Nhealth <b>first</b>		
	Tha	rovider Registration ank you for taking the time to register. This process lps keep our portal secure.	
	sut	Go Back bmilter First Name*	
	Sut	bmitter Last Name*	
	Prin	mary Practice / Facility Name*	
	Prir	mary Contact Phone*	
	Prin	mary Contact Email Address*	
	Pro	ovider Tax Identification Number (TIN)*	
		oxxoox aim Number*	Must Be a Paid Claim
Continue —	o	st be a claim paid within the last 180 days. Continue Cancel next: Create Login Credentials (step 2 of 4)	(processed within the past 180 days)
	© 2019 Healthfirst, Inc. All Rights Reserved. Web Protect Statement   Protect I	Natices	<b>9 8 1</b> 8

	Nhealth <b>first</b>			
	Registration			
	ſ	Go Back		
		Jsername *		
	[			
		All current account holders must create a new username Portal Email Address*		
		Confirm Portal Email Address*		
	[			
	1	Password *		
		Confirm Password *		
		Password requires at least: • 8 characters • 1 letter		
		*1 number *1 special character!#\$%6*@~^\?/		
	S	ecurity Question 1* Select Question		
	2	security Question 2*		
		Select Question •		
	[			
		Select Question 3*		
Continue				
Continue —	O	Continue Cancel Jp next: Select Provider Role (step 3 of 4)		
	2018 Healthfirst, Inc. All Rights Reserved Web Privacy Statement   Privacy	y Notices	9 B f 🗈	
	Registration		Registration	
			Go Back	
	Go Back		Submitter First Name:	
	Provider Type *		Submitter Last Name: Submitter E-Mail Address:	
	Select •		Contact Phone: TIN: Username:	
Continue —	Continue Cancel Up next: Review (step 4 of 4)	Continue ——•		

#### Passwords

- Your password will be assigned once you complete the new-user registration.
- A valid claim within 180 days is needed to create a Provider Portal account.
- You must reset your password every 60 days.
- Your password becomes inactive if unused for 90 days.
- You will have a unique username as a measure of security.
- In case you forget your username/password, you will be able to reset it using the Forgot Username/Password link.
- If you participate in the Healthfirst Quality Incentive Program (HQIP) and are updating your Provider Portal username, you will need to update your access to the Quality Application, also known as Quality APP. Please contact your Network Account Manager to assist with your request.

