



## Provider Portal Guide

### Registration:

- 1) Visit Universal Healthcare IPA Website to access the Provider Portal:  
<https://universalhealthcareipa.com/>
- 2) Click on "For Providers" section.



- 3) Click on "Provider Portal". This will automatically direct you to the Provider Portal.

### FOR PROVIDERS

The Universal Healthcare IPA provider portal will allow you to easily access:

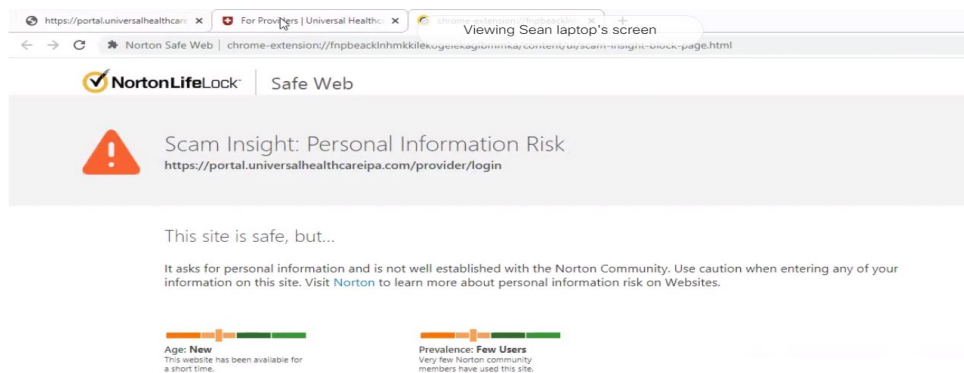
- Verify patient eligibility
- Submit and check status of authorization requests
- Submit and check claims status
- Provider Network
- Download forms

For provider portal training please see the video above or call our provider relations department at (661) 695-5990

Provider Portal Access

**PROVIDER PORTAL (CLICK HERE)**

If an antivirus message pops up (see example below) you will need to add this website to your "White list". If not done automatically, select continue with website option.





## 4) Choose "Click here to create account"

Please Login ×

**Username**

**Password**

**Log in**

[Forgot your Username or Password?](#)

[Click here to check member eligibility.](#)

[Click here to create an account](#)



## 5) Complete this section and click verification registration: UHC IPA will provide you with a PIN number. \*Please check with your Supervisor for the appropriate phone number to use when registering.

### Web Access Portal

Your Connection to your health benefits administrator

### Create New Account

**Tax ID**

**NPI Number**

**ZIP Code**

**PIN Number**

**Phone Number**

 +1

**E-mail address**

**Verify Registration**



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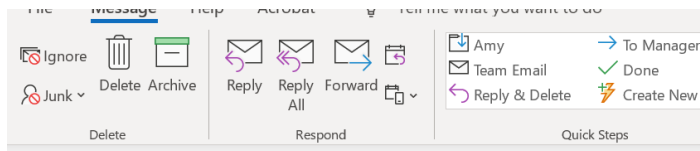
8501 Brimhall Rd., Bldg 100, Bakersfield, CA 93312

- 6) After you verify your registration, you will be prompted to create a username and password. Please make note of your information for future use and do not share your username and/or password with others.

The screenshot shows a web portal titled "Setup New Username And Password". It includes a welcome message: "Welcome to your benefits web portal. Use the form below to setup your account". The form has three input fields: "Username", "New password", and "Confirm new password". A blue "Save Password" button is at the bottom.

Note to Self: Don't forget to write your username and password down! 😊

- 7) After successfully completing your registration you should receive a confirmation email.



Welcome to your NOVUS health portal.



noreply@datagenix.com  
To: Olivia Cooper

Welcome to your NOVUS health portal.  
This email confirms your successful sign-up and initial login to your health portal.

You can access your NOVUS health portal at any time by going to:  
<https://portal.universalhealthcareipa.com>

To ensure there are no issues, please log out and log back in. If you have any questions or issues please contact the Provider Relations Department at (661) 695-5990.



## Information Updates:

1. To update your Provider information, click on “Update my details” from the Provider Dashboard Menu.

### Provider Dashboard

	Member Eligibility
	Claims
	Preauthorizations
	Documents
	Update my details
	Submit Authorization/Referral
	Submit Single Claim
	Submit EDI Claims Files
	EDI Submission History



2. You will have access to update any field in white such as address, phone, fax. An email will be sent to UHC IPA for review and approval.

### Provider Name

	First Name
	Universal Urgent Care and Occupational Medicine, Inc.

### Address

	Address Line 1
	Address Line 2
	Bakersfield
	CA
	7850 White Lane, E-200
	93309

3. All other fields that need updates, such as TIN, NPI, Name, Provider add, change or terminations etc., will need to be submitted to the Provider Relations Department via messages option. Click on “Messages” in top right corner.





Dashboard



Messages



Settings



Log out

## Messages

Compose

Compose

To

Claim

▼

Subject

Claim

Provider Relations

Administration

Authorizations

Choose Files

No file chosen

Attachment

Choose Files

No file chosen

Message

Message

Close

Send Message

Please be sure to attach any supporting documentation if applicable.

**Eligibility: Checking eligibility prior to seeing Member is critical. Authorization does not guarantee payment.**

1. Complete all fields and click "Verify Membership"

### Member Eligibility Verification

ENTER "MEMBER ID" AND ANY COMBINATION OF 2 ADDITIONAL FIELDS

Member Id

Member Id

First Name

First Name

Last Name

Last Name

Date of Birth


Date of Birth


Verify Membership



2. If Member has active coverage you will see a green circle. If member is not active you will see a red circle. To view Member details, click on blue icon.



Member ID	Member Name	Relation	Group	Status	
A87066223-00	GREWAL, VICKIE	MEMBER	HEALTHNET MEDI-CAL	<span style="color: green;">●</span>	



3. Member Details include:
  - a. Demographic information
  - b. Effective Date
  - c. Eligibility History
  - d. Health Plan Name
  - e. Benefit Plan Summary
4. Options to print or PDF proof of eligibility verification.

<a href="#">Copy</a>	<a href="#">CSV</a>	<a href="#">Excel</a>	<a href="#">PDF</a>	<a href="#">Print</a>
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Member ID	Member Name
A87066078-00	LAURINO, AURELIANO

## Authorizations:

1. Choose Submit Authorization/Referral section from Provider Dashboard menu.

### Provider Dashboard

 Member Eligibility
 Claims
 Preauthorizations
 Documents
 Update my details
 Submit Authorization/Referral
 Submit Single Claim
 Submit EDI Claims Files
 EDI Submission History





## 2. Complete Member Information

Patient Information - All fields are required to continue

Member ID	<input type="text" value="Member ID"/>
First Name	<input type="text" value="First Name"/>
Last Name	<input type="text" value="Last Name"/>

## 3. After completing Member information, you will be prompted to complete the requested information.

\*Provider Information will automatically default to the Provider you are logged in under. Please uncheck box to choose a different Provider from the drop-down menu.

### Provider Information

☒ Same as Requesting Physician

Treating Physician	<input type="text" value="Universal Urgent Care and Occupational Medicine, Inc."/>
Provider Contact #	<input type="text" value="(661)587-2468"/>
NPI #	<input type="text" value="1346646775"/>
Provider Tax Id	<input type="text" value="465474617"/>
Address	<input type="text" value="7850 White Lane, E-200,Bakersfield"/>

- Priority Status
- Type of Service
- Type of Illness
- Visit Type
- DX Code(s)
- Requested DOS
- Requested # of Visits
- Procedure Codes (CPT, HCPCS)
- Units



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**Request Information**

All fields labeled with an asterisk (\*) are dynamic dropdowns. Begin typing and select an option from the dropdown list that appears

Priority	--Select--	Diagnosis Code 1*	
Type of Service	--Select--	Diagnosis Code 2*	
Type of Illness	--Select--	Diagnosis Code 3*	
Visit Type	--Select--	Diagnosis Code 4*	

**Services Requested / Condition**

All fields marked with (\*) are mandatory.

Requested Date of Service\*

Requested # of Days\*

Requested # of Visits\*

Symptoms

**Requested Services**

Procedure Codes Requested (CPT/HCPCS, or Similar)	Units	Requested Amount	Approved Amount
	Units	Charges	

4. Supporting Documentation. You will have the option to upload supporting documentation such as progress notes, pictures, test results, etc. After you finish uploading, click finish.

[Submit New Preauthorization Request](#)

Aureliano Laurino A87066078-00

HealthNet Medi-Cal Plan 1 Effective 03/01/2014

Preauth #2009290001 Received

Reset Form

Upload your supporting documentation here

+ Add File

Click "Add File" or drop files here to upload

Finish



5. After successfully completing the authorization requirements, you will receive status information and a Pre-Authorization #.





**Aureliano Laurino** A87066078-00  
HealthNet Medi-Cal Plan 1 Effective 03/01/2014  
 **Preauth #2009290001** Received  
 1 Documents Attached

Submission saved successfully

Preauthorization number #2009290001

Preauthorization status PENDING

[Print Submission Confirmation](#)

[Start New Preauth Submission](#)

## Claims:

1. Choose Claims option from Provider Dashboard Menu.

### Provider Dashboard

- Member Eligibility
- Claims**
- Preauthorizations
- Documents
- Update my details
- Submit Authorization/Referral
- Submit Single Claim
- Submit EDI Claims Files
- EDI Submission History





## 2. Enter Member and DOS information and click search.

### Claims

<b>First Name</b>	<b>Last Name</b>	<b>DOB</b>
<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="text" value="DOB"/>
<b>Member ID</b>	<b>From Date of Service</b>	<b>To Date of Service</b>
<input type="text" value="Member"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
<b>Batch #</b>	<b>From Date Paid</b>	<b>To Date Paid</b>
<input type="text" value="Batch"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
<b>Claim #</b>	<b>Invoice #</b>	<b>Check #</b>
<input type="text" value="Claim"/>	<input type="text" value="Invoice"/>	<input type="text" value="Check"/>
<b>Voucher #</b>	<input type="button" value="Search"/>	
<input type="text" value="Voucher"/>		

## 3. After entering data, claims information will be displayed.

### Claims

[✕ Clear Search](#)

Use the filter textbox below to search for specific claims in the listed results.  
The filter will instantly search all of the displayed columns for the phrase entered in the filter textbox.  
To clear the search and view all available results again simply delete all of the text in the filter textbox.  
To view the details of a claim, click on the icon below "View EOB"

Copy

CSV

Excel

PDF

Print

Search:

Send Message	Claim #	Member	Service Date	Type	Provider	Status	Charges	Amount Paid	Paid Date	Voucher Number	View EOB
	200930597	AASBY, NAOMI X0353057	09/01/2020	Medical	Lauren Allen	Received	\$100.00	\$0.00			
	200930594	AASBY, NAOMI X0353057	09/01/2020	Medical	Lauren Allen	Received	\$1,000.00	\$0.00			
	200930593	AASBY, NAOMI X0353057	09/04/2020	Medical	Lauren Allen	Received	\$100.00	\$0.00			
	200930595	AASBY, NAOMI X0353057	09/04/2020	Medical	Lauren Allen	Received	\$100.00	\$0.00			
	200930596	AASBY, NAOMI X0353057	09/01/2020	Medical	Lauren Allen	Received	\$100.00	\$0.00			

Showing 1 to 5 of 5 entries

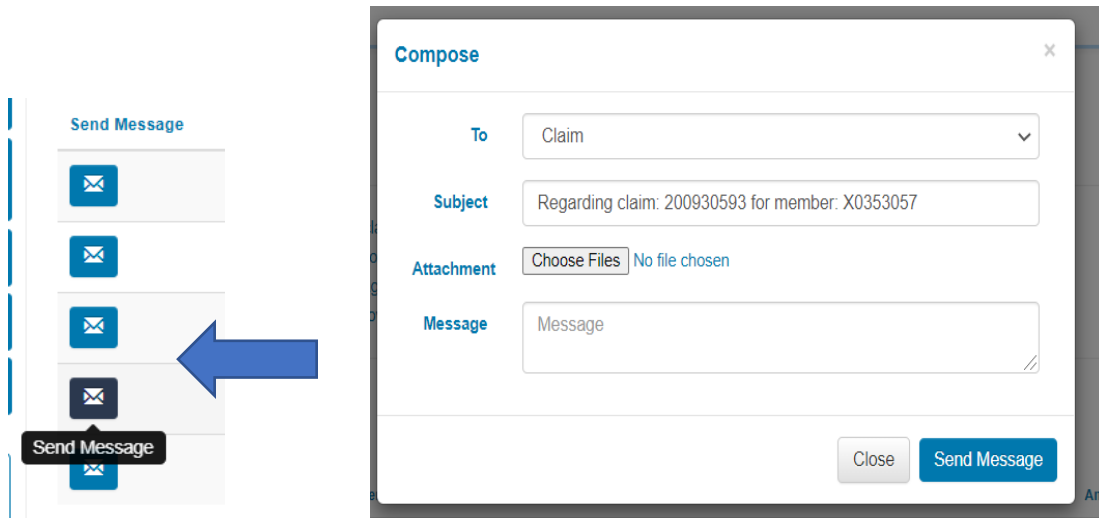
[Previous](#) [1](#) [Next](#)



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You will have the capability to reach out to our Claims Team directly with any questions or to send additional documentation;



If you have any questions please feel free to contact Olivia Cooper or Melanie Tubberville at (661) 695-5990 or via email [ocooper@universalhealthcarems.com](mailto:ocooper@universalhealthcarems.com) [mtubberville@universalhealthcarems.com](mailto:mtubberville@universalhealthcarems.com)