



HPHConnect for Providers

*Instructions for Completing
the Registration Paperwork and
the Online Registration Process*

***For Third Party Administrators &
Billing Agencies Only***

March 2013

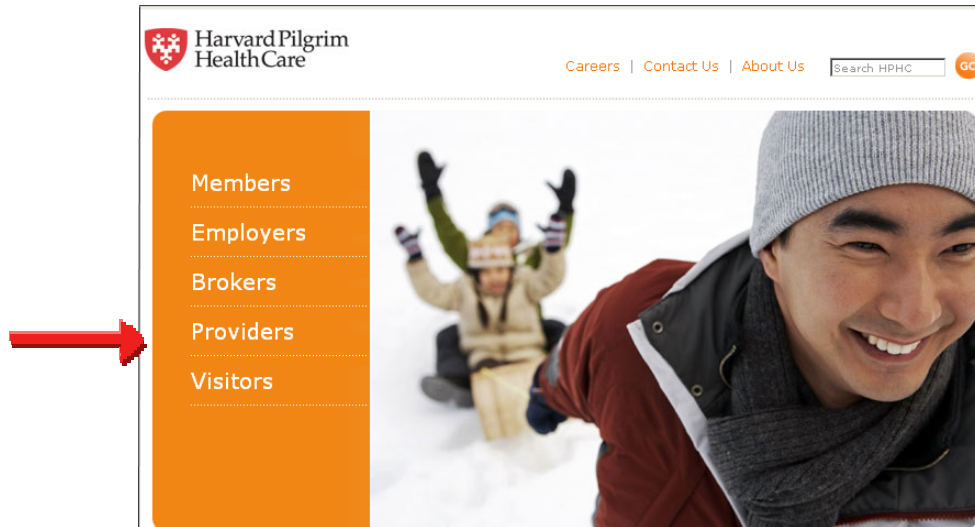
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Complete the Registration Paperwork

Access the
Harvard
Pilgrim
Website

Go to the following URL: <https://www.harvardpilgrim.org>
This will open the Home page for the Harvard Pilgrim website.



Click on the **Providers** link on the left side of the screen. This will open the Providers home page of the website.



Click on the **Sign Up for HPHConnect** link on the left side of the screen.

Continued on next page

Complete the Registration Paperwork, Continued

Download the Registration Packet

Billing Agencies and Third Party Representatives:

View complete instructions for registering: [Third party administrators and billing agencies](#).

1. Download and complete the [Enrollment Form](#) (2 pages). Completed as the Billing Agency or Third Party Representative.
2. Download and complete [Privacy and Security Agreement](#) (6 pages). Completed as the Billing Agency or Third Party Representative.
3. Download and complete the [Identification of Third Party Representative Form](#) (1 page).
4. Complete the [online registration process](#) as the Billing Agency or Third Party Representative.

Please note: You will need to print your User Agreement(s) during this process. The User Agreement(s) must be signed and completed and sent to Harvard Pilgrim Health Care.

These form must be completed and sent to Harvard Pilgrim Health Care.

The Registration Packet includes the following documents:

- 2-page *HPHConnect for Providers Enrollment Form*
- 1-page *Identification of Third Party Representative Form*
- 17-page *Privacy and Security Agreement*

HPHConnect for Providers Enrollment Form

The *HPHConnect for Providers Enrollment Form* is a two-page document on which you will supply information about the providers for which you require access. This may include:

- Organization name
- Tax identification number(s)
- Provider name
- NPI

This form must be completed and submitted with the completed *HPHConnect* registration documents.

Continued on next page

Complete the Registration Paperwork, Continued

HPHConnect for Providers Identification of Third Party Representative Form

The *HPHConnect for Identification of Third Party Representative Form* is a one-page document on which you will supply information about the providers for which you require access as a Third-Party Administrator or Billing Agency. This includes:

- Your Organization name
- Contact information (Name, Phone number, Email address)
- Provider name(s)
- Provider Tax identification number(s)
- Provider Contact information (Name, Phone number, Email address, Mailing address)

A form must be completed for each provider organization you will represent. The document must include the signature of the provider organization to be complete. Submit all applicable *Identification of Third-Party Representative Form(s)* with the completed *HPHConnect* registration documents.

Page 1 of the Privacy & Security Agreement

On page 1 you will need to fill out the group name, type and address.

HARVARD PILGRIM HEALTH CARE, INC. PRIVACY AND SECURITY AGREEMENT

THIS PRIVACY AND SECURITY AGREEMENT is made effective as of _____
(the "Effective Date") by and among Harvard Pilgrim Health Care, Inc., and Harvard Pilgrim
Health Care of New England, Inc., both Massachusetts corporations,
93 Worcester Street, Wellesley, MA (together, hereinafter "HPH"),
_____, a
_____, [insert type of entity]

Please fill in the available lines with
the following information:
Today's Date
Entity / Organization Name
Entity / Organization Type
Entity / Organization Mailing Address

Continued on next page

Complete the Registration Paperwork, Continued

**Page 8 of the
Privacy &
Security
Agreement**

On page 8 you will need to have a person that holds signatory authority for the group:

- Sign under the *Contractor* section on the *Signature* line
- Print their name on the *Printed Name* line
- Print their title on the *Title* line and
- Print the name of the group on the *Name of Provider Group* line.

HARVARD PILGRIM HEALTH
CARE, INC. and
HARVARD PILGRIM HEALTH
CARE GROUP, INC.

Do not sign here

By: _____

Deborah A. Norton
SVP IT and Operations
Chief Information Officer

Under Contractor
section:
Sign
Print name of signator.
Print Title of signator.

[CONTRACTOR]

Signature: _____

Printed Name: _____

Title: _____

Name of Provider Group (if Contractor is a Business Associate):

Complete the Online Registration

Online Registration Process

Click on the *online registration process* link. This will direct you to the HealthTrio Connect web site, Harvard Pilgrim Health Care *User Information* registration screen.




User Information

The *User Information* screen is where the office manager or main office contact, who is completing the registration process, must enter his/her information. Fields marked with a red asterisk (*) are required.

- As the registrant, you will create your own **Username**, which must contain a *minimum* of five characters and a *maximum* of 20. If the Username entered is taken, you will receive an error message with suggestions of similar user names that are available. You can either select one of the suggested names or enter a different user name to see if that is available.
- You will also need to create your own **Password**. Passwords are case sensitive. They must be at least 8 characters long and contain a mix of upper-case and lower-case characters as well as a mix of letters and numbers, for example, *FlowerPot1*.
- When creating a **Password Reminder**, it cannot contain any part of the password. For the above password example, *FlowerPot1*, you could not use the words *flower* or *pot* in your **Password Reminder**. You could use "*tulip container one*".
- The **Security Question** and **Security Answer** are used if you need to call the help desk to have your password reset.

Continued on next page

Complete the Online Registration, Continued

"#1 Commercial Health Plan in America for the fourth consecutive year."

User Information

If you are an existing user of the Connect system [click here to login](#).

First Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>
Title *	<input type="text"/>
E-Mail *	<input type="text"/>
Confirm E-Mail *	<input type="text"/>
Office Phone *	<input type="text"/>
Office Fax *	<input type="text"/>
Clinician	<input type="checkbox"/> Check this box if you are a clinician
User Name *	<input type="text"/>
Password *	<input type="password"/>
Confirm Password *	<input type="password"/>
Password Reminder *	<input type="text"/>
Security Question *	<input type="text"/>
Security Answer *	<input type="text"/>
Local Admin	<input checked="" type="checkbox"/> As the primary registrant, you are automatically a local admin

* Indicates a required field.

Welcome to HPHConnect for Providers! And thank you for taking the first step in obtaining an HPHConnect account. If you've not already done so, please go to HarvardPilgrim.org to obtain your HPHConnect Registration package.

Please note: the HPHConnect registration should be completed by the Office Manager or Main Office Contact.

Helpful Information:
All contact information must be valid - e.g., phone numbers, fax number, etc.

User ID Requirements: The User ID must contain a minimum of five characters and a maximum of 20.

Password requirements:
Passwords are case sensitive; they must be at least 8 characters long and contain a mix of upper-case and lower-case characters as well as a mix of alpha and numeric characters. For example: FlowerPot1

Password Reminder Question:
Cannot contain the password.

Local Admin: is the account administrator. They are responsible for adding and deleting Users for the account.

When you have completed all required fields, click **Next**. This will open the **Office Information** screen.

Continued on next page

Complete the Online Registration, Continued

Office Information

On the **Office Information** screen, enter the organization information. Fields marked with a red asterisk (*) are required.

The **Organization Name** should be the legal name of the provider, group, facility or entity. Billing agencies should register using the billing agency name

The screenshot shows the "Office Information" registration screen for Harvard Pilgrim Health Care. At the top left is the Harvard Pilgrim Health Care logo and the text "#1 Commercial Health Plan in America for the fourth consecutive year." The main heading is "Office Information" with a sub-instruction: "Enter the name and address of your office." The form contains several input fields: "Organization Name *" (required), "Tax ID", "Address *" (required), "City *" (required), "State *" (required, dropdown menu), and "Zip Code *" (required). Below the fields are "Cancel", "Back", and "Next" buttons. A note at the bottom left states "* Indicates a required field." On the right side, there is explanatory text: "Organization Name: The legal name of the Provider, Group, Facility or Entity." and "Billing Agencies should register using the Billing Agency name." At the bottom center is the "powered by HealthTrio LLC" logo.

When you have completed all required fields, click **Next**. This will open the **Register Additional Users** screen.

Continued on next page

Complete the Online Registration, Continued

Register Additional Users

On the *Register Additional Users* screen, select **Yes** or **No** and click **Next**.

If	Then you will be routed to this screen
Yes	<i>Additional User Information</i>
No	<i>Registration Summary</i>

Harvard Pilgrim HealthCare "#1 Commercial Health Plan in America for the fourth consecutive year."

Register Additional Users

Would you like to add additional users to your registration?

Yes

No

* Indicates a required field.

Cancel Back Next

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If you have additional users that require access they will require their own log in. Please add them here.


If you do not want to add additional users select the Yes bubble and click Next. If you do not want to add additional users select the No bubble and click Next.

Continued on next page

Complete the Online Registration, Continued

Additional User Information To add additional staff as Users you will need to complete **User Information** for each person. Fields marked with a red asterisk (*) are required.

The system will automatically create a valid User ID and a *temporary* password for each additional user. You will retrieve this information as part of the last step of the online registration.



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Additional User Information

First Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>
Title *	<input type="text"/>
E-Mail *	<input type="text"/>
Confirm E-Mail *	<input type="text"/>
Office Phone *	<input type="text"/>
Office Fax *	<input type="text"/>
Clinician	<input type="checkbox"/> Check this box if the user is a clinician.
Local Admin	<input type="checkbox"/> Check this box if the user is a local admin.

* Indicates a required field.

Helpful Information:

All contact information must be valid - e.g., phone numbers, fax number, etc.

Local Admin: The Local Admin is the account administrator. They are responsible for adding and deleting Users for the account.

User name and password will be provided later in the registration for all of the additional users.

Complete the required fields and click **Add User**. Repeat this process for each user that you want to add.

When all your additional users have been added, click on **Next**.

Note: Users will appear at the bottom of the screen as they are added.

Complete the required fields and click **Add User**. Repeat this process for each user that you want to add. When all your additional users have been added, click on **Next**. This will open the **Registration Summary** screen.

Continued on next page

Complete the Online Registration, Continued

Registration Summary

The **Registration Summary** lists the office and user(s) that you have entered.

- If you wish to make corrections,
 - Click on the **[edit]** link beside the information to access the appropriate screen
 - Enter the correction
 - Click on **Finish** to resume the registration process.
- If you are satisfied with the accuracy of the information on this screen, click on **Next**. This will open the **Print Security Agreements** screen.



Harvard Pilgrim HealthCare "#1 Commercial Health Plan in America for the fourth consecutive year."

Registration Summary

Office Contact Info: [edit]

▸ [Doctors Office Group](#)

User Information: [edit]

▸ [Smith, Jane](#)

Additional Users: [edit]

▸ [Queue, Suzie](#)

▸ [Jones, John](#)

▸ [Souris, Michael](#)



Here, you have the opportunity to review the information you have submitted for your organization and for each User.

The arrows can be clicked to expand the section.

If you find an error you may fix what you submitted by clicking on the edit link.

Please Note: This is the last opportunity to make changes before the on-line registration is final.

The arrows can be clicked to expand the section.

If you find an error you may fix what you submitted by clicking on the edit link.

Continued on next page

Complete the Online Registration, Continued

Print Security Agreements

On the **Print Security Agreements** screen, you will need to print the *User Agreements* for each User you have added. When you click on the link beside the user's name, the Adobe Acrobat document will open in a new window.

Note: if you have a Pop Up Blocker enabled you will need to turn it off to print the User Agreement(s).

Print all of the pages of each User Agreement. This will include a page titled *Important User Information*. This page contains the User ID for each user as well as their temporary password (see example on page 14). You should retain each user's *Important User Information* page for your records.

When you have printed all of the User Agreements, click on **Next**. The **Registration Complete** screen will open.

Harvard Pilgrim HealthCare "#1 Commercial Health Plan in America for the fourth consecutive year."

Print Security Agreements

Please print a security agreement for each user that was created.

Name	User ID	User Type	Security Agreement
Souris, Michael	MiSou2	Provider Contact	Print Security Agreement
Jones, John	JoJon8	Provider User	Print Security Agreement
Queue, Suzie	SuQue1	Provider User	Print Security Agreement
Smith, Jane	j.smith@drsoffice.co	Provider Contact	Print Security Agreement

[Next](#)

Each User is required to sign and complete their individual User Agreement.

Please print all of the pages of each agreement.

Each agreement will include a page titled "Important User Information". This page contains the User ID for each user as well as their temporary password - retain these pages for your records.

Have each User sign their User Agreement on page 2 and select what level of access they require on page 3. You will need to return pages 2 and 3 of each User Agreement. Contact information is available on the next screen.

Please Note:

Please disable any pop-up blockers.

You will need acrobat to access the User Agreements. If you do not currently have Adobe Reader you may download it free from the following website: Adobe.com

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Continued on next page

Complete the Online Registration, Continued

Registration Complete

Your online registration is now complete. Click on **Next** to exit the online registration program.



The screenshot shows a registration completion page for Harvard Pilgrim Health Care. At the top left is the Harvard Pilgrim Health Care logo, a red shield with a white cross. To its right is the text "Harvard Pilgrim HealthCare" and a quote: "#1 Commercial Health Plan in America for the fourth consecutive year." Below this is a horizontal line. Underneath the line, the heading "Registration Complete" is followed by the text "Thank you. Your registration with Harvard Pilgrim Health Care is now complete." Another horizontal line follows. Below this line is the question "Are there any additional health plans that you would like to register for?" with two radio button options: "Yes" and "No". A "Next" button is located to the right of the "No" option. At the bottom center is the logo for "powered by HealthTrio LLC", which includes a colorful circular icon.

Finish the Registration Process

The User Agreements

Page one of the User Agreement is the *Important User Information* page. You should retain a copy of this page for your records.

1. The Main Office contact's User Agreement displays the User ID created by the user during the online registration process. The Password, created by the User, is suppressed.

IMPORTANT USER INFORMATION			
The user identified below is now registered with HealthTrio <i>connect</i> . As the main office contact, please provide the new user with his or her user ID and temporary password. Please note, the new user ID will not be activated until it is confirmed by the applicable health plan.			
User Name	User ID	Password	Office Security
Jane Smith	j.smith@drsoffice.co	*****	Provider Contact

2. The User Agreement of each additional user displays the system-generated User ID and temporary password. The user will need this information to sign into the system as an authorized user.

IMPORTANT USER INFORMATION			
The user identified below is now registered with HealthTrio <i>connect</i> . As the main office contact, please provide the new user with his or her user ID and temporary password. Please note, the new user ID will not be activated until it is confirmed by the applicable health plan.			
User Name	User ID	Password	Office Security
Suzie Queue	SuQue1	ED8920035D	Provider User

Continued on next page

Finish the Registration Process, Continued

The User Agreements (continued)

Have each User sign their User Agreement and select what level of access they require. You will need to return pages 2 and 3 of each User Agreement to Harvard Pilgrim.

Page 2 (bottom portion) of the User Agreement:

User Name:	
User Signature	Date
Provider Organization	

Page 3 of the User Agreement:

Administrator Confirmation Code:

The following information must be completed before the signed User Agreement is forwarded to Harvard Pilgrim:

Check ('X') the User Role Required for this User

Check One ('X')	User Role	Functions
<input type="checkbox"/>	Office Manager	Member Eligibility, Claims, Reports, Referrals and Authorizations, <i>HPHConnect</i> Administration
<input type="checkbox"/>	Back Office	Member Eligibility, Claims, Reports, Referrals and Authorizations
<input type="checkbox"/>	Front Office	Member Eligibility, Reports, Referrals and Authorizations
<input type="checkbox"/>	Clinician with Individual Harvard Pilgrim Provider ID Number(s)	Member Eligibility, Claims, Reports, Referrals and Authorizations, Medication Management
<input type="checkbox"/>	Clinician Designee - Office Manager	Member Eligibility, Claims, Reports, Referrals and Authorizations, Medication Management, <i>HPHConnect</i> Administration Note: Access for Clinician Designee is only available to clinician practices. HPHC intervention is required to select this User Role type.
<input type="checkbox"/>	Clinician Designee - Back Office	Member Eligibility, Claims, Reports, Referrals and Authorizations, Medication Management Note: Access for Clinician Designee is only available to clinician practices. HPHC intervention is required to select this User Role type.

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Finish the Registration Process, Continued

Documents to fax to Harvard Pilgrim

At this point, you need to fax to Harvard Pilgrim your registration packet, which should include:

- *HPHConnect for Providers Enrollment Form*
- Pages 1 through 8 of the *Privacy and Security Agreement*: signed and completed.
- Pages 2 and 3 of each *User Agreement*: signed and completed.
- *Identification of Third Party Representative Form*.

Fax these documents to: **1-866-884-3844**

Or

Email these documents to:

Provider_eBusiness_Services@HarvardPilgrim.org
