Harvard Pilgrim Health Care

HPHConnect for Providers

HPHConnect for Providers
Completing the Registration Paperwork and the Online Registration Process

For Third Party Administrators & Billing Agencies Only

November 2017

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Complete the Registration Paperwork

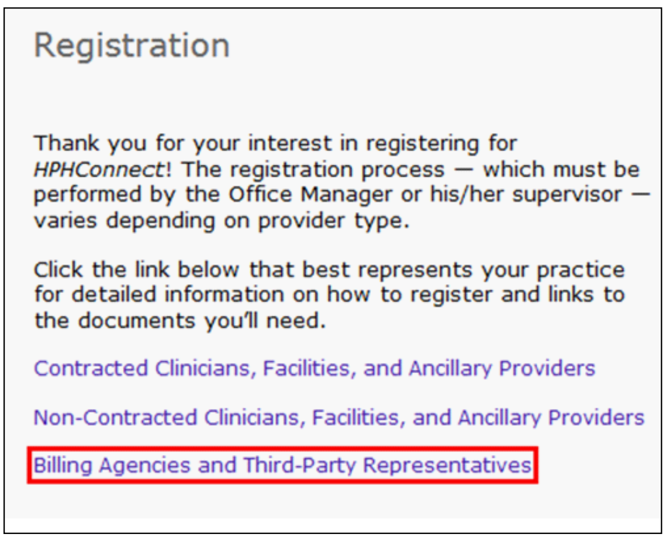
Access the Harvard Pilgrim Website

Go to the following URL: *www.harvardpilgrim.org/providers*.

This will open the Providers Home page of the Harvard Pilgrim website.

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

Select link for Billing Agencies and Third-Party Representatives



The Registration documents includes the followiing:

- 2-page *HPHConnect* for Providers Enrollment Form
- 1-page Identification of Third Party Representative Form
- 6 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)

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 that you require access as a Third-Party Administrator or Billing Agency. This includes:

- Provider organization name(s)
- Provider organization tax identification number(s)

IDENTIFICATION OF PROVIDER THIRD-PARTY REPRESENTATIVE	
Provider Organization Name:	
Provider Organization TIN:	

- Your Third Party Representative Information — Third party company name & mailing address, contact name & title, phone number and email address.

Third Party Representative Information				Authorizations	
Third Party Company Name & Mailing Address	Contact Name & Title	Contact Phone Number	Contact eMail Address	EDI Solutions	*HPHConnect* Access
				Y ☐ N ☐	Y ☐ N ☐

- Provider contact information box to be signed and completed by the provider organization only (Third party access, date, provider signature, name, title, phone number, email address, mailing address.)

Third Party Access	Are you granting the third party representative access to your entire TIN?	Y ☐ N ☐
Date		
Authorized Provider Organization Signature		
Print Name		
Title		
Phone		
Email Address		
Mailing Address		

Harvard Pilgrim cannot release or provide ANY Provider information to a Third-Party unless this form is completed.

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.

(continued)

Complete the Registration Paperwork, *continued*

Page 1 of the Privacy & Security Agreement

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

HARVARD PILGRIM HEALTH CARE, INC.
PRIVACY AND SECURITY AGREEMENT

THIS PRIVACY AND SECURITY AGREEMENT ("Agreement") is made effective as of _______________, 20___ (the "Effective Date") by and between Harvard Pilgrim Health Care, Inc., a Massachusetts corporation with a place of business at 93 Worcester Street, Wellesley, MA (hereinafter "HPHC") and ______________________________ [entity name], a ____________________ [type of entity] with a place of business at ______________________________________ [entity location] (hereinafter "Contractor")

Page 6 of the Privacy & Security Agreement

Please complete the top of Page 6 with the Privacy Officer Contact Information

Privacy Officer Name: ______________________________
Mailing Address: ______________________________
Phone Number: ______________________________
E-mail Address: ______________________________

On the bottom of page 6 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
- Fill in today's date on the "Date" line.
- The Harvard Pilgrim Health Care, Inc. section can be left blank

CONTRACTOR

Signature: ______________________
Printed Name: ______________________
Title: ______________________
Date: ______________________

HARVARD PILGRIM HEALTH CARE, INC. (HPHC USE ONLY)

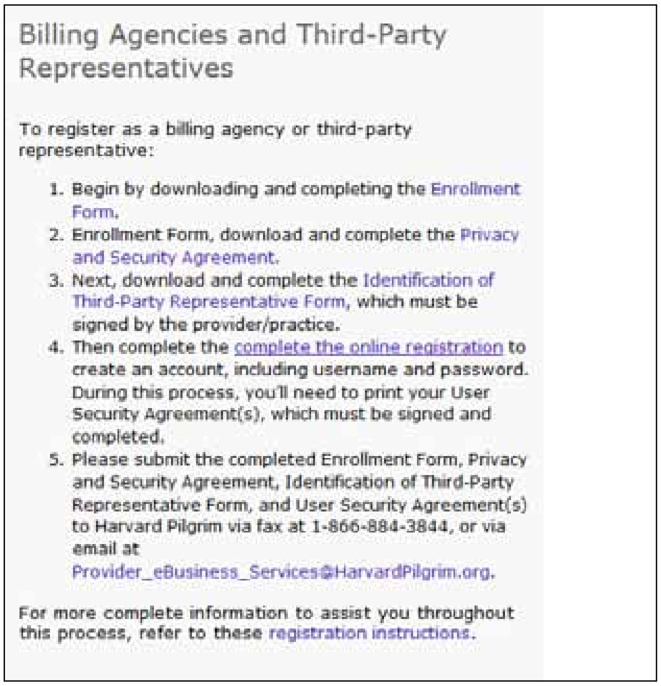
Signature: ______________________
Printed Name: ______________________
Title: ______________________
Date: ______________________

(continued)

Complete the Registration Paperwork, *continued*

Online Registration Process

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



Billing Agencies and Third-Party Representatives

To register as a billing agency or third-party representative:

1. Begin by downloading and completing the Enrollment Form.
2. Enrollment Form, download and complete the Privacy and Security Agreement.
3. Next, download and complete the Identification of Third-Party Representative Form, which must be signed by the provider/practice.
4. Then complete the complete the online registration to create an account, including username and password. During this process, you'll need to print your User Security Agreement(s), which must be signed and completed.
5. Please submit the completed Enrollment Form, Privacy and Security Agreement, Identification of Third-Party Representative Form, and User Security Agreement(s) to Harvard Pilgrim via fax at 1-866-884-3844, or via email at Provider_eBusiness_Services@HarvardPilgrim.org.

For more complete information to assist you throughout this process, refer to these registration instructions.

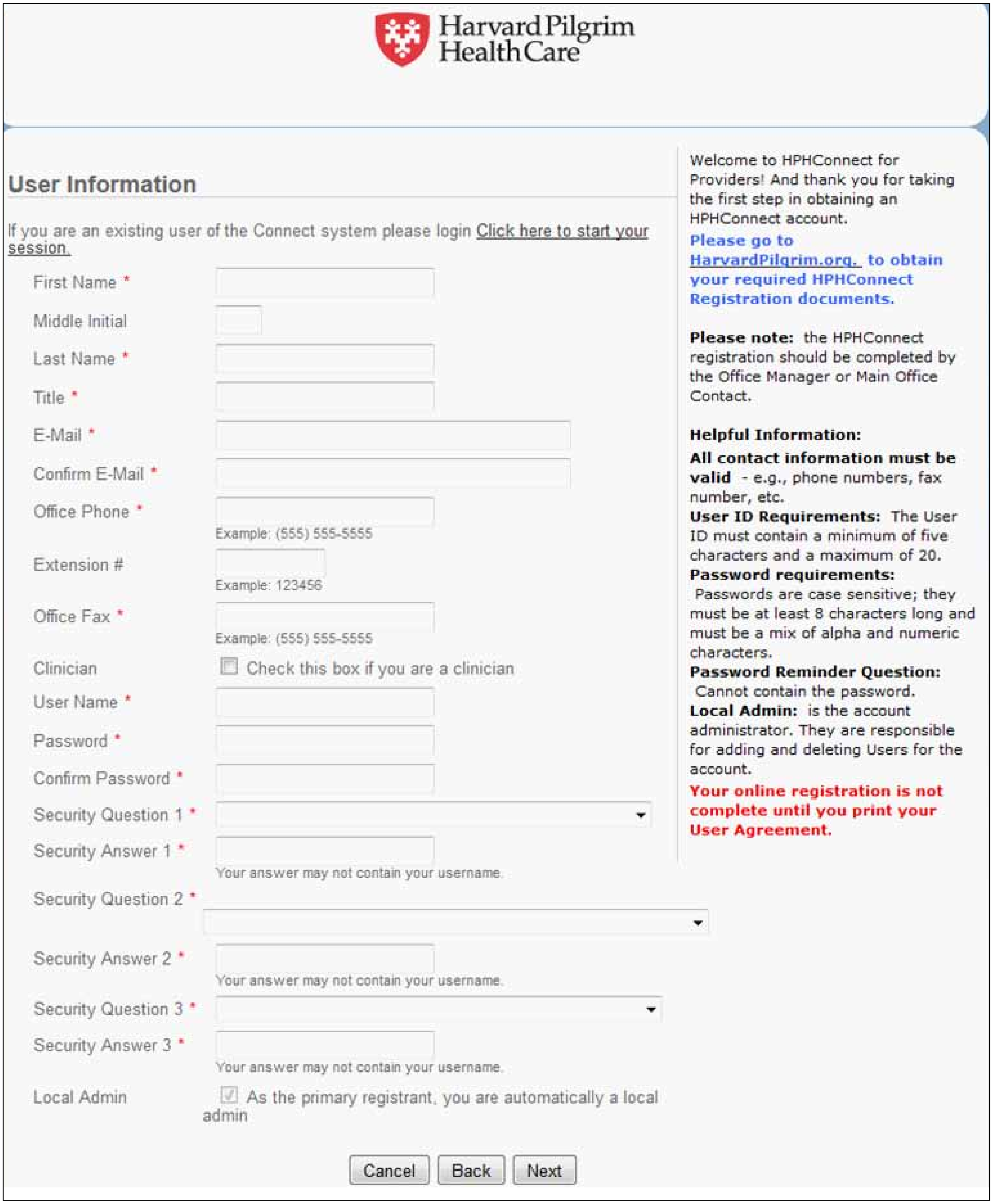
User Information

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.
- The security questions and security answers are used if you need to call the help desk to have your password reset.

(continued)

Complete the Online Registration



Harvard Pilgrim Health Care

User Information

If you are an existing user of the Connect system please login Click here to start your session.

First Name *

Middle Initial

Last Name *

Title *

E-Mail *

Confirm E-Mail *

Office Phone *

Example: (555) 555-5555

Extension #

Example: 123456

Office Fax *

Example: (555) 555-5555

Clinician — Check this box if you are a clinician

User Name *

Password *

Confirm Password *

Security Question 1 *

Security Answer 1 *

Your answer may not contain your username.

Security Question 2 *

Security Answer 2 *

Your answer may not contain your username.

Security Question 3 *

Security Answer 3 *

Your answer may not contain your username.

Local Admin — As the primary registrant, you are automatically a local admin

Cancel | Back | Next

Welcome to HPHConnect for Providers! And thank you for taking the first step in obtaining an HPHConnect account.

Please go to HarvardPilgrim.org. to obtain your required HPHConnect Registration documents.

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 must be a mix of alpha and numeric characters.

Password Reminder Question: Cannot contain the password.

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

Your online registration is not complete until you print your User Agreement.

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

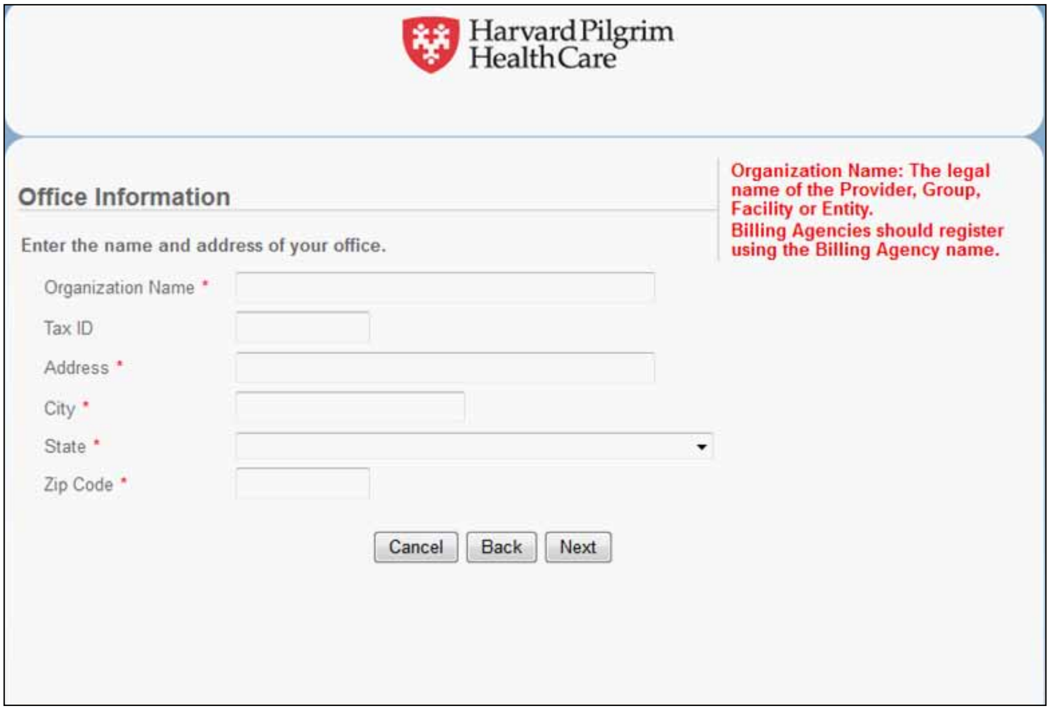
(continued)

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.



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

Register Additional Users

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

Keep in mind, you can also add additional users later once your account has been confirmed.

If	Then you will be routed to this screen
Yes	*Additional User Information*
No	*Registration Summary*

(continued)

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.

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.

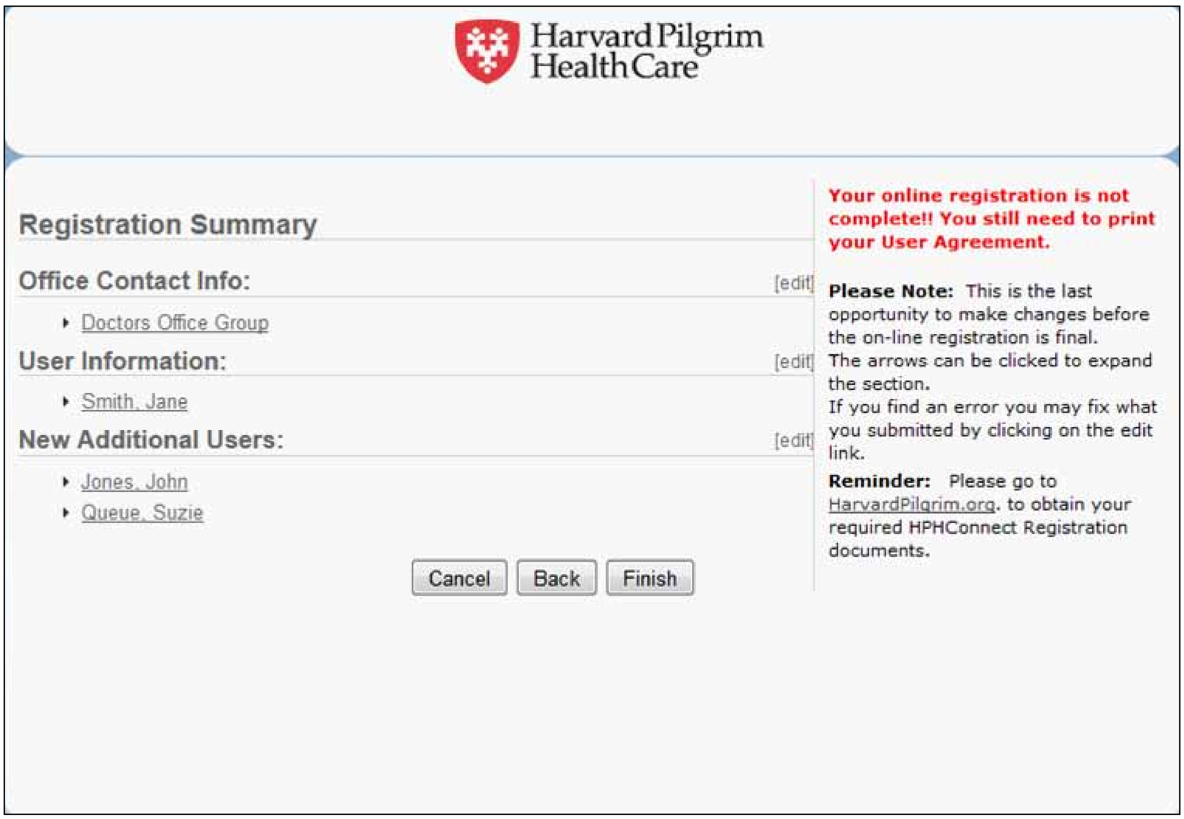
(continued)

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.



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Complete the Online Registration, *continued*

Print Security Agreements

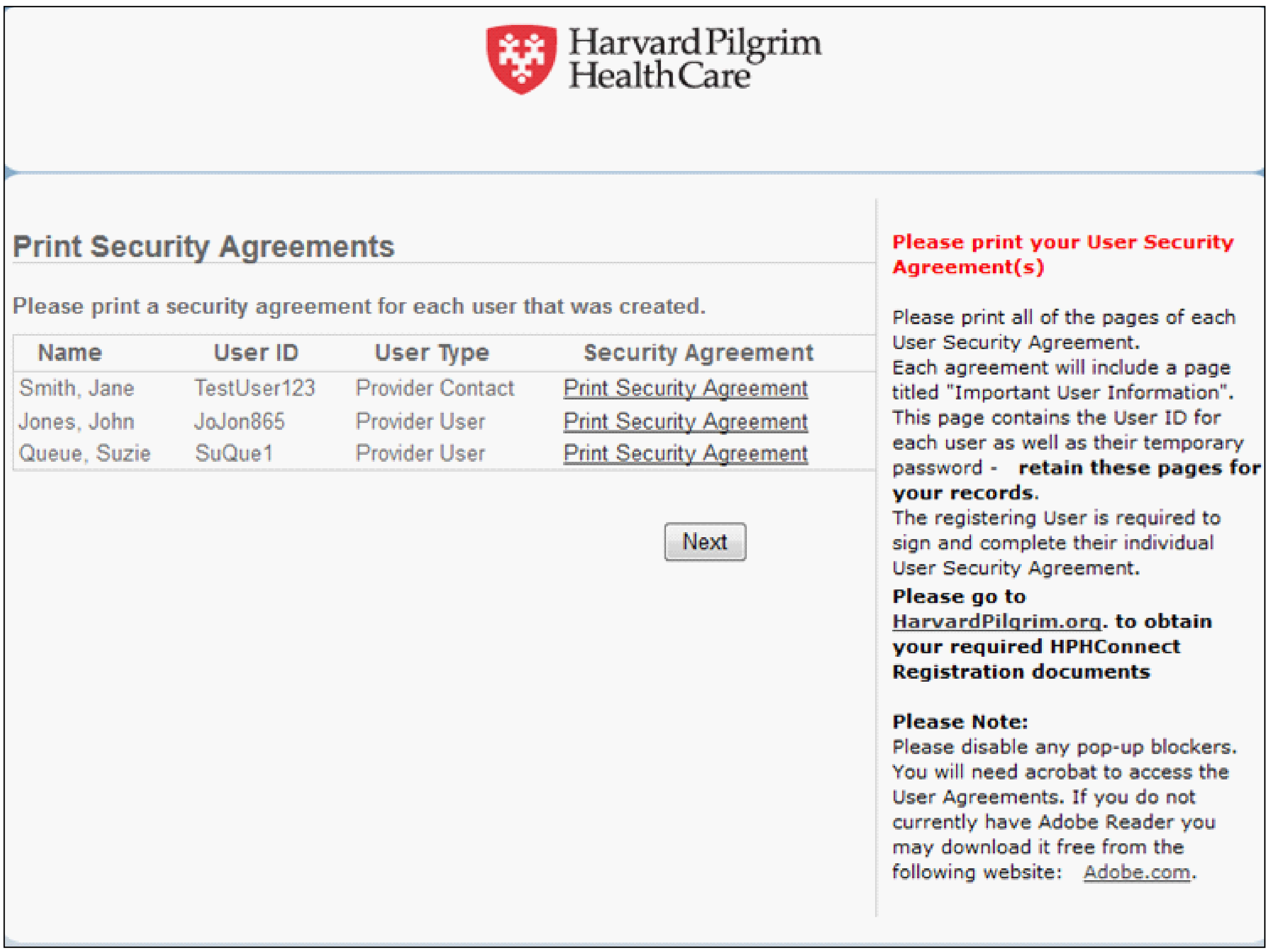
On the *Print Security Agreements* screen, you will need to print the Important User Information Page for each user you have added. When you click on the link beside the user's name, the Adobe Acrobat document will open in a new window.

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

This page contains the User ID for each user as well as their temporary password (see example on page 11). You should retain each user's Important User Information page for your records.

All pages of the User Agreement will need to be printed, signed and completed for the roles of Office Manager, Clinician, or Clinician Designee-Office Manager only.

When you have printed all of the User Agreements or important user information pages, click on "Next." This will open the *Registration Complete* screen.



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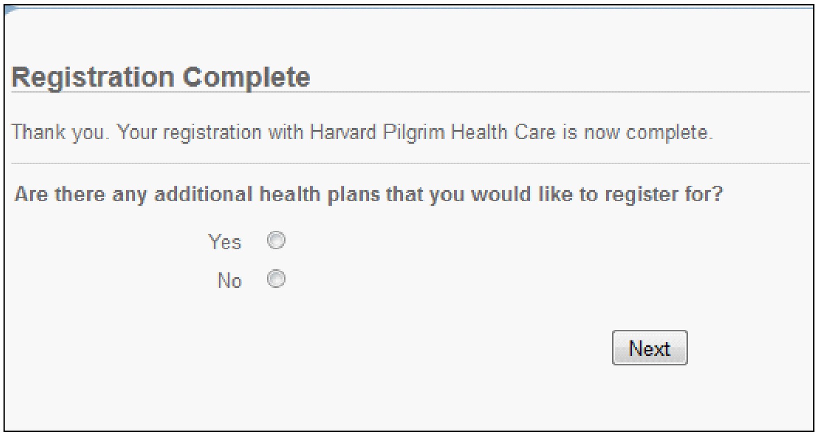
Complete the Online Registration, *continued*

Registration Complete

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



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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 *connect*. 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	TestUser123	**********	Main Office 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 *connect*. 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	CQHITWAAYO	User

(continued)

Finish the Registration Process, *continued*

The User Agreements

Have each user requesting a role of Office Manager, Clinician or Clinician Designee-Office Manager only, sign their User Agreement and select what level of access they require. You will need to return the completed last page of each User Agreement to Harvard Pilgrim for these users.

User Name: Jane Smith

______________________ ______________________
User Signature Date

____
Provider Organization

Doctors Office Group

Administrator Confirmation Code: 10063195741

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
	Office Manager	Member Eligibility, Claims, Reports, Referrals and Authorizations, *HPHConnect* Administration
	Back Office	Member Eligibility, Claims, Reports, Referrals and Authorizations
	Front Office	Member Eligibility, Reports, Referrals and Authorizations
	Clinician with Individual Harvard Pilgrim Provider ID Number(s)	Member Eligibility, Claims, Reports, Referrals and Authorizations, Medication Management
	Clinician Designee - Office Manager	Member Eligibility, Claims, Reports, Referrals and Authorizations, Medication Management, *HPHConnect* Administration **Note: Access for Clinician Designee is only available to clinician practices. HPHC intervention is required to select this User Role type.**
	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.**

(continued)

Finish the Registration Process, *continued*

Documents to fax to Harvard Pilgrim

At this point, you need to fax or e-mail your registration documents to Harvard Pilgrim, which should include:

- *HPHConnect* for Providers Enrollment Form.
- Pages 1 through 6 of the Privacy and Security Agreement: signed and completed.
- The last page of each User Agreement: signed and completed (only for the roles of Office Manager, Clinician and Clinician Designee–Office Manager).
- Identification of Third Party Representative Form.

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

or

Email these documents to: *Provider_eBusiness_Services@point32health.org.*