Comagine Health's Provider Portal Registration Packet

PROVIDER PORTAL OVERVIEW

Comagine Health offers a web-based application which allows Healthcare Organizations to submit requests for authorization via the internet. All submitted information is confidential. The system uses a delegated security model. To submit requests for authorization via the web, all users must first be registered.

REGISTRATION PROCESS

An Executive is required to sign an agreement on behalf of the Healthcare Organization. Each Healthcare Organization must designate at least one Provider Portal Administrator. The Provider Portal Administrator(s) shall serve as the point of contact for the Healthcare Organization. Additional responsibilities include, but are not limited to, completing the registration process for the Healthcare Organization, and managing Provider Portal User accounts.

HOW TO REGISTER FOR COMAGINE HEALTH'S PROVIDER PORTAL

To begin the registration process for your healthcare organization, complete the appropriate registration forms and email, fax, or mail them to Comagine Health.

EMAIL	FAX	MAIL
lferguson@comagine.org arosales@comagine.org	877-200-9047	P.O. Box 243609 Anchorage, AK 99524-3609

EXECUTIVE

An executive with the authority to bind your healthcare organization must:

- Complete and sign the Executive Agreement for the Appointed Provider Portal Administrator (p. 3).
- Submit signed agreement to your Provider Portal Administrator.

The Executive does not need to complete a Provider Portal User Registration Form.

PROVIDER PORTAL ADMINISTRATOR

If you are the designated Comagine Health Provider Portal Administrator for your healthcare organization, you will need to:

- Complete and sign the Provider Portal Administrator Agreement (p. 5).
- Be listed as the Appointed Provider Portal Administrator on the Executive Agreement (p. 3).
- Complete a Provider Portal Administrator Registration Form (p. 6).

Email, fax, or mail these completed Provider Portal Administrator forms to Comagine Health (refer to page 1).

The Provider Portal Administrator will be notified via email when the registration process is complete. Logon information, including a temporary password, will be provided. The first time a Provider Portal Administrator accesses the Provider Portal, they will be prompted to change the original password.

The Provider Portal Administrator's responsibilities include:

- Serve as the primary point of contact at your healthcare organization.
- Collect and store all Provider Portal User Agreements and all Provider Portal User Registration Forms and make them available to Comagine Health upon request.
- Set up individual users in the system.
- Verify the identity of associated individual physicians and users.
- Confirm registration of other Provider Portal Administrators.
- Monitor Provider Portal usage at your healthcare organization to ensure that users maintain proper security and confidentiality procedures.
- Reset passwords when needed.

EXECUTIVE AGREEMENT

I _____ authorize _____
Printed Name of Executive — Printed Name of Appointed Provider Portal Administrator

to be the Comagine Health Provider Portal Administrator for _____
Printed Name of Healthcare Organization

I understand that he/she will be responsible for the following:

- Serving as the/a primary point of contact at my Healthcare Organization.
- Authorizing, activating, and terminating Provider Portal User accounts.
- Verifying the identity of associated individual physicians and users.
- Monitoring Provider Portal usage at my Healthcare Organization to ensure that users maintain proper security and confidentiality procedures and only use the Provider Portal for appropriate purposes.
- Establishing appropriate administrative, technical, and physical safeguards to protect the
- confidentiality of the information accessed through Comagine Health's Provider Portal
- Resetting Provider Portal User passwords when needed.

I understand that, as a security measure, I may be contacted by Comagine Health to verify my position within the healthcare organization represented herein, and to confirm the name of the Provider Portal Administrator I have designated.

Signature of the Executive: _____

Title of the Executive: _____

Date: _____

Submit Signed Agreement to Provider Portal Administrator

PROVIDER PORTAL ADMINISTRATOR AGREEMENT

To ensure the integrity, security and confidentiality of information maintained in Comagine Health's Provider Portal, and, to permit appropriate disclosure and use of data permitted by law, every delegated Provider Portal Administrator must enter into this Agreement with Comagine Health.

As the Provider Portal Administrator for the healthcare organization:

- The Provider Portal Administrator agrees that this is a non-transferable, non-exclusive limited right to use Comagine Health's Provider Portal to maintain, update and support the use of User IDs for the healthcare organization.
- The Provider Portal Administrator shall determine who in the Healthcare Organization should have access to Comagine Health's Provider Portal based upon the legitimate business need for those individuals to have access to the information contained on the Portal. Prior to authorizing access to Provider Portal Users, the Provider Portal Administrator will verify the potential user's identity using reasonable methods such as viewing a driver's license or company-issued picture identification.
- The Provider Portal Administrator shall authorize, control, and monitor access/usage of Comagine Health's Provider Portal and ensure that all registered users sign a Provider Portal User Agreement.
- The Provider Portal Administrator shall not disclose, release, reveal, show, sell, rent, lease, or loan his/her User ID and password to any other individual.
- The Provider Portal Administrator shall inform registered users that the sharing of User IDs and passwords is strictly prohibited.
- The Provider Portal Administrator shall notify Comagine Health immediately upon discovery of any incident (actual or potential) that places the security or privacy of Protected Health Information (as defined by 45 C.F.R. § 160.103) or other personal information at risk. This includes, but is not limited to, the belief that any User ID and/password has been compromised.
- The Provider Portal Administrator shall immediately terminate the User IDs and passwords of Provider Portal Users who leave the Healthcare Organization or who no longer require access to the Provider Portal, such as a change in job responsibilities or termination of employment.
- The Provider Portal Administrator shall establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the information accessed through Comagine Health's Provider Portal.
- The Provider Portal Administrator shall not release any files or other information derived from the use of Comagine Health's Provider Portal to unauthorized parties.

PROVIDER PORTAL ADMINISTRATOR AGREEMENT CONTINUED

- Comagine Health's Provider Portal is intended to enable users to disclose and use confidential patient data to submit requests for authorization of health care services to the extent permitted by law. At all times during the term of this Agreement and any time thereafter, the Provider Portal Administrator is expected to comply with all laws directly or indirectly applicable that govern the requesting, gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of confidential patient information. The Provider Portal Administrator is responsible for ensuring that his/her use of the Provider Portal and performance as a Provider Portal Administrator conforms with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act and otherwise, and its implementing regulations (collectively "HIPAA").
- The Provider Portal Administrator shall ensure Provider Portal Users are directed to the appropriate training materials.
- The Provider Portal Administrator acknowledges that his/her Healthcare Organization is responsible for obtaining and maintaining all patient consents and all other legally necessary permissions required or advisable to disclose, process, retrieve, transmit, and view the patient information that is transmitted stored, or received by the application.
- The Provider Portal Administrator acknowledges that the knowing and willful release of Protected Health Information under false pretenses may subject the Provider Portal User to certain criminal, administrative, and/or civil penalties pursuant to HIPAA.

By signing this Agreement, the Provider Portal Administrator, as a representative of the Healthcare Organization, agrees to abide by all provisions set forth herein, and acknowledges having received notice of the potential criminal, administrative or civil penalties for violation of the terms of this Agreement.

Name of the designated Provider Portal Administrator: _____
(Please print)

Signature of the designated Provider Portal Administrator: _____

Title of the designated Provider Portal Administrator: _____

Date: _____

*Submit **Signed Executive Agreement** AND **Signed Provider Portal Administrator Agreement** AND **Completed Provider Portal Administrator Registration Form** to Comagine Health. Maintenance of all other signed documents and completed forms is the responsibility of the Provider Portal Administrator.

PROVIDER PORTAL ADMINISTRATOR REGISTRATION FORM

Note: All fields marked with * must be completed to obtain approval.

*Application Date: _____ *Select Plan: _____

*Last Name of the Provider Portal Administrator: _____

*First Name of the Provider Portal Administrator: _____

Middle Name or Initial: _____ Suffix (MD, RN, etc.): _____

*Facility/Group Name: _____

*Job Title: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone (with extension): _____ *Fax: _____

*E-Mail Address: _____ *Facility Tax ID Number: _____

*Facility Medicaid/Insurance ID: _____

***Security Question (answer only one below)**

City of Birth: _____

Pet's Name: _____

Mother's Maiden Name: _____

Submit Completed Registration Form to Comagine Health.

PROVIDER PORTAL USER AGREEMENT

To ensure the integrity, security and confidentiality of information maintained in Comagine Health's Provider Portal, and to permit disclosure and use of data to submit requests for authorization of health care services to the extent permitted by law, every delegated Provider Portal User must agree to abide by the terms outlined in this Agreement.

- The Provider Portal User shall not disclose, release, reveal, show, sell, rent, lease, or loan his/her User ID and password to any other individual. The Provider Portal User shall access and use information on the Comagine Health Provider Portal only to disclose and use confidential patient data to submit requests for authorization of health care services and to the extent permitted by law.
- The Provider Portal User shall abide by administrative, technical, and physical safeguards in place to protect the confidentiality of the information accessed through Comagine Health's Provider Portal.
- The Provider Portal User shall not release any files or other information derived from the use of Comagine Health's Provider Portal to unauthorized parties.
- Comagine Health's Provider Portal is intended to enable Provider Portal Users to enter and store confidential patient information and to transmit such patient information to Comagine Health. The Provider Portal User is responsible for ensuring his/her use of the Provider Portal conforms with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act and otherwise, and its implementing regulations (collectively "HIPAA"). Provider Portal User shall use reasonable efforts to request or disclose only the minimum amount of Protected Health Information (as defined by 45 C.F.R. § 160.103) necessary in accordance with HIPAA. At all times during the term of this Agreement and any time thereafter, the Provider Portal User shall comply with all applicable state and federal laws that govern the requesting, gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of confidential patient information.
- The Provider Portal User acknowledges that the impermissible obtaining, using, or disclosing of Protected Health Information may subject the Provider Portal User to certain criminal, administrative, and/or civil penalties pursuant to HIPAA.

By signing this Agreement, the Provider Portal User agrees to abide by all provisions set forth herein, and acknowledges having received notice of the potential criminal, administrative or civil penalties for violation of the terms of this Agreement.

Name of the Provider Portal User: _____

Signature of the Provider Portal User: _____

Title of the Provider Portal User: _____ Date: _____

Submit Signed Agreement to Provider Portal Administrator.

PROVIDER PORTAL USER REGISTRATION FORM

Note: All fields marked with * must be completed to obtain approval.

*Application Date: _____ *Select Plan: _____

*Last Name of the Provider Portal User: _____

*First Name of the Provider Portal User: _____

Middle Name or Initial: _____ Suffix (MD, RN, etc.): _____

*Facility/Group Name: _____

*Job Title: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone (with extension): _____ *Fax: _____

*E-Mail Address: _____ *Facility Tax ID Number: _____

*Facility Medicaid/Insurance ID: _____

***Security Question (answer only one below)**

City of Birth: _____

Pet's Name: _____

Mother's Maiden Name: _____

Signature of the Provider Portal User: _____

Date: _____

Submit Completed Form to Provider Portal Administrator.