# **Registration Guide**

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### Introduction

Welcome to the OneHealthPort Single Sign-On (SSO)! The OneHealthPort SSO offers healthcare professionals a secure way to access information from all participating health plans and organizations by signing in once using a single Digital ID consisting of a User ID (or Subscriber ID) and password. There are three key operating principles for the OneHealthPort SSO:

- Self-administration: organizations manage their own OneHealthPort accounts.
- **Delegated responsibility**: organizations accept responsibility for issuing and terminating digital credentials for their workforce.
- **Simplified access for authorized individuals**: Administrators ensure that authorized Subscribers receive the correct digital credentials, use the system properly, and can quickly access only their own organization's data. This helps protect patient privacy, manage risk, and simplify workflows.

### Prepare for Registration

Follow these steps to ensure a smooth registration process.

#### Designate an Authorized Administrator

Each organization must designate a OneHealthPort Administrator. This is the person who will complete the registration process and must be authorized to agree to the terms and conditions of enrolling with OneHealthPort.

The Administrator will go through an identity verification process when registering by answering 3-5 personal questions through a third-party database. For example, based on public property records the Subscriber might be asked multiple choice questions about places they have lived. OneHealthPort does not see, collect, or store any of the information the Subscriber enters or any of the information in the third-party database. This information is only accessible to the independent third-party. Once the Subscriber identity is successfully verified the Subscriber will continue with the online registration process.

**Note:** There must be one Administrator for each organization during registration; the initial Administrator can add an additional Administrator once the organization registration is confirmed.

The Administrator manages the OneHealthPort account for their organization. The Administrator has responsibilities that relate to protecting patient privacy, minimizing risk for provider organizations, and simplifying access to participating sites for individual OneHealthPort Subscribers.

The responsibilities of a OneHealthPort Administrator are to:

- Create Unique Subscriber Accounts
  - Nominate staff to be Subscribers
    - Establish each Subscriber's role and access
- Manage Subscriber Accounts
  - Reset passwords and re-send activation codes
  - Update profile information and roles
  - o Affiliate an existing Subscriber

- Add or remove Subscribers to your organization
- Manage roles and access levels for Subscribers in your organization

#### Manage Organization Administration

- o Add or remove Administrators
- o Establish a backup or co-Administrator
- $\circ \quad \mbox{Maintain your organization's contact information}$
- Maintain all information including affiliations (Tax IDs and other data) and sub-organizations in an accurate and timely fashion
- Verify the identity of all Subscribers of your organization for OneHealthPort digital credentials
- $\circ$   $\;$  Review change notification emails for your organization

Once your registration is accepted, you can access the Administrator Guide by logging in to your Administrator Account and downloading the Administrator Guide at the bottom of the page. <u>identity.onehealthport.com/OHPIdentity/Admin/OrgAdmin.aspx</u>. The guide has screen shots and stepby-step instructions on how to manage your organization's OneHealthPort account.

### Receive Emails from OneHealthPort

Ensure your systems can accept emails from OneHealthPort by adding *noreply@onehealthport.com* to your safe email address list. This is how we'll communicate with you.

#### Provide a Unique Email Address

You must have a unique email address for the person registering. Not only does the Administrator register the organization, but they also register themselves as a Subscriber (user). We require that all Subscribers have a unique email address that contains their name or initials in the email address. Our security policy does not allow sharing accounts or generic emails like frontdesk@onehealthport.com or billing@onehealthport.com for Subscribers.

### Provide Organization Information

Be prepared to provide the following information about the organization.

- ✓ Legal Business Name
- ✓ Business Type (select the closest description of your organization or services from the dropdown)
- ✓ Business address and telephone number
- ✓ If you have an NPI you can provide that information, but it is not required to register
- ✓ TIN

**Note**: TIN information is shared with each website you access through the Single Sign-On for the site to determine what the user can see and do. The TIN is also shared in reports and other business processes and is treated as business data for the organization not Personally Identifiable Information (PII). While your Social Security Number (SSN) is considered PII when reported as an SSN, it may not be treated as PII when reported as your TIN. The OneHealthPort Security Service strongly recommends the use of a registered Tax ID to reduce the risk of identity theft for individual identities.

#### Important Note for Billing Agencies:

Our security policy requires a staff person from the provider organization to register their organization with OneHealthPort. Requests from billers to register the provider organization will be denied.

A billing organization must also register their organization and Tax ID to OneHealthPort with their organization name and TIN representing the billing company itself.

Once both organizations are approved and active, the Organization Administrator from the provider organization can affiliate the biller to their organization account.

This policy ensures the provider organization has complete control of their OneHealthPort account and manages users accessing their account and Tax ID. For example, if at any point the provider organization chooses not to use the billing service, they can remove the billing Subscriber affiliations from their account, disabling the billing company access.

### Organization Registration Instructions

The authorized Administrator will start by visiting <u>onehealthport.com/sso/register-your-organization</u> and clicking on "Register".



# Next, read the registration inforamtion on the page and click "Continue" to acknowledge you are authorized to proceed.

Organization Registration Please read the registration information below		<i>One</i> HealthPort
Organization Registration Process		
Welcome to OneHealthPort. On this page you will begin the process of getting a OneHealthPort sec- visit most often. To successfully complete this process, you must be the person your On The responsibilities and privileges of the OneHealthPort Administrator or then complete your own registration as a OneHealthPort Subscriber (all If you are <b>not</b> designated as the Administrator of your Org	ure Digital ID for you and your Organization. With this Digital ID you an ganization has designated to be the OneHealthPort Administrator. As th are described here. You should be prepared on behalf of your Organizal II Administrators are also registered as Subscribers). anization, please close this page now and ask the appropria	nd your colleagues can more easily access the local online healthcare sites you ne OneHealthPort Administrator you will manage your Organization's account, tion to agree to the terms and conditions of enrolling in OneHealthPort. You will ate person in your Organization to complete the registration.
This site will walk you through a simple step-by-step process to registe 1. Create Profiles - you will be asked to provide basic informatio 2. Sign Agreements - you will prove terms and conditions for you 3. Verify Identity - you will provide the necessary information to 4. Confirm Registration - you will receive confirmation that you OneHealthPort within 72 hours that your Organization and indiv	r your Organization with OneHealthPort and provide you with a OneHe n about yourself and your Organization. How we protect the privacy of and your Organization to become enrolled with OneHealthPort and you complete the identity verification process to have your identity verifies have been registered, and you will create your OneHealthPort passwor idual Digital ID have been activated and you can begin to use the Digit	althPort Digital ID. Following are the four steps you must complete. the information you share can be reviewed <u>here</u> . J will be asked to agree to these terms online. d by One+lathPort. d. Once you've completed these four steps you will receive notification from tai ID to simplify your work at local on-line healthcare web sites.
		Continue

# Accept the Terms of Use. It is important to download each agreement, read carefully and then click "Agree & Continue".

Organization Agreement Please click Agree & Continue to confirm this acknowledgment	<i>One</i> He	althPort			
Terms Of Use					
Enrolling your Organization with OneHealthPort carries certain responsibilities to protect the privacy and confidentiality of personal health information and minimize risk for yours. All OneHealthPort Organizations, Subscribers and Relying Party Sites are united in a trusted community for the benefit of all members. The Participating Organization this trusted community. Please read the Participating Organization Agreement below. If you wish, you can also read all the terms and conditions below. Once you are satisfi agreement, you can click on "Approve" if you agree to all of the terms and conditions of the Participating Organization Agreement. To continue with the registration process, Organization Agreement. If you do not agree, click "Reject" and your registration process will be terminated.	participating healthcare org Agreement makes your O ed that you understand the , you must agree to the Pai	janizations like rganization a part of e terms of the rticipating			
Participating Organization Agreement					
The "Participating Organization" orders the following "Services" from OneHealthPort:					
SERVICES - Include use of the OneHealthPort System ("System") to facilitate the secure exchange of healthcare and other information electronically through use of identity include "Delegated Registration Privileges" which give Participating Organization control of, and responsibility for, confirming the identity of your employees and agents. This submitted and accepted, and the Participating Organization acknowledges that it is subject to OneHealthPort's Participating Organization Terms in effect from time-to-tue, and regulations, including without limitation the Health Insurance Portability and Accountability Act of 1996, as it is amended, and to such additional privacy and security pr adopt from time to time. Please click "Agree & Continue" to confirm this Agreement.	management and authenti Agreement is effective as compliance with applicable vlicles and rules of use as C	ication. Services of the date it is U.S. and state laws DneHealthPort may			
Reference Documents: Organization Agreement (PDE) Participation Organization Terms (PDE) Subscriber Agreement (PDE) OHP Privacy Policy Role and Responsibilities of the Administrator (PDE)					
During the registration process, please do not click your browser "Back", "Forward", "Refresh" or "Reload" buttons as this may cause issues with your registration and you will have to start again.					
	Cancel	Agree & Continue			

#### Select your organization's business type from the drop-down menu.

ganization I se enter the inform	nformation nation below that describes the Organization you are r	egist	ering	<i>One</i> Healt	hPa
anization Information					
Legal Business Name:*	Legal Business Name		Doing Business As:	DBA Name	
Business Type:*	Business type of Organization	-	National Provider Identifier (NPI):	NPI	2
Address Line 1:*	Naturopath/Acupuncture	-	Address Line 2:	Suite, unit, building, floor, etc	
City:*	Nurse Practitioner Nursing Home		State:*	State Abbreviation	-
Zip:*	Pharmacy				
Contact Phone:*	Radiology/Diagnostics		Contact E-Mail:		
	Residential Treatment Center			Only used by OneHealthPort if needed for support.	
Web Site URL:			Fax Number:	() <u>-</u>	
	Please include http:// or https:// in the URL			Only used by OneHealthPort if needed for support.	
				Cancel Co	ntinue

#### Next, enter your TIN(s) for your organization.

TINs Values for Organization Manage Assigned Tax IDs for this Organization.	<i>One</i> HealthPort
Tax Identification Entry	
Your Organization's Tax ID is an important identifier. It is important to list all the Tax IDs that belong to your Organization. The following is a list of Tax IDs associated with this Organization. To add a new one, click "Add New Tax ID", to delete an existing of Add New Tax ID Add New Tax ID When at least one Tax Identification Number has been entered for this Organization, the "Continue" button will become enabled to section.	one, click the icon next to the Tax ID. allow you to continue to the Subscriber Registration
	Cancel Continue

### Subscriber Registration Instructions

Once you've completed the organization registration information, you'll automatically be taken to the Subscriber registration portion. Here you'll provide information about yourself to complete your OneHealthPort account.

To start the Subscriber registration, enter your demographic information and click "Continue". Please provide your work address in the address field.

**Note:** You must provide a unique email address for this portion of the registration. Fields with an asterisk are required.

ase enter your	Subscriber information below.		<i>One</i> HealthPor
emographic Informat	tion		
In order to registe As the first Subsci The responsibilitie	er your Organization for OneHealthPort, you must also register as a Su riber for your Organization, you will be the OneHealthPort Administrato es and privileges of the OneHealthPort Administrator are described <u>her</u>	bscriber and get your own Digital ID or. g and the privacy policy related to th	), ne information you enter can be reviewed <u>here</u> .
Salutation:	Dr., Miss, Mr., Ms., etc	First Name:*	Enter your first name
Middle Name:	Enter your middle name or initial	Last Name:*	Enter your last name
Suffix:	Select a suffix or leave empty	Year of Birth:*	Enter your birth year in YYYY format.
Primary E-Mail:*	Enter your primary E-Mail address	Alternate E-Mail:	Enter your secondary E-Mail address
Job Title:	Enter your job title	Gender:*	Select your gender
Address Line 1:*	Enter your street address of physical location	Address Line 2:	Suite, unit, building, floor, etc
City:*	Enter your City	State:*	Enter your State abbreviation
Zip:*	Enter your Zip Code	Phone Number:*	()
Mobile Number:	()	Accept SMS for Mobile Number:	
			Cancel Continue

#### Next, you'll select your secret questions. Answers are case sensitive.

Password Self-Service Reset Questions Please answer questions for future password self-service reset		<i>One</i> H	lealthPort
Selectable Questions			
The following questions can be used for tasks such as self-service password reset a	d device registration.		
Select Question #1	Enter Answer #1		
Select Question #2	Enter Answer #2		
Select Question #3	Enter Answer #3		
Hide Answers			
		Cancel	Continue

After you've saved the security questions, you will need to verify your email. We'll send an activation code via email. Enter the activation code on the email confirmation screen and click "Continue".

E-Mail Confirmation Confirmation of Subscriber E-Mail	<i>One</i> H	lealthPort
E-Mail Validation		
To verify your email address, you must enter the Activation Code that has been sent to your primary email address scole@onehealthport.com open a new browser window or tab so that this page can remain open while you get the activation code. If you would like us to resend the co change your email address, please <u>Click Hers</u> . Activation Code: * Enter the activation code that was sent to you in e-mail	n. If you use a browser de, please <u>Click Here</u> .	to access email, please If you would like to
	Cancel	Continue

Once you've completed your email verification, you will be taken to identity verification.

**Note:** If you fail the identity verification process, you will need to complete the Notary form available on the registration page at <u>onehealthport.com/sso/register-your-organization</u>

Personal Address Information Enter your home address information below for Identity Verification.		OneH	lealthPort
Home Address			
To protect your patients' privacy and minimize risk for your Organization, it is very important that the before we complete the enrollment process you will be required to verify your identity. Your identity will be verified by interacting on-line with a third party data base OneHealthPort has par your name and home address. You will then be asked a series of questions related to information abor might be asked multiple choice questions about places you have lived. Please note, OneHealthPort does not store any of the information you enter or any of the information third party Organization. If your identity is successfully verified you will continue with the on-line reginstructions on how to verify your identity using an off-line method. You may choose to not use online identity verification by clicking "Off-line Identity Verification" buttor OneHealthPort. To begin the identity verification process, please enter your <b>home address</b> information below: Address Line 1:* Address Line 2:	e Digital ID OneHealthPort is providing rtnered with. To interact with this third out you in the third party database. Fo in the third party database. This infor istration process. If your identity is no n but you will be required to use a <u>not</u>	is assigned to the right     party database you will r example, based on pub rmation is only accessible t successfully verified yo ary form process to confi	berson. For this reason be required to enter lic property records you to the independent a will receive rm your identity with
City:* State:*	▼ Zip:*		
Last 4 bigits of four Social Security Number:			
	Off-Line Identity Verification	Cancel	Continue

### Confirmation

Once you have completed the identity verification, you are all set. We will review your registration request and respond to you within 72 hours. When your registration is approved, we'll send an email with a link and a one-time use Activation Code for you to setup your OneHealthPort account password.

**Note:** The Administrator will not be able to use OneHealthPort until the password process is completed.

Once your registration is accepted, you can access the Administrator Guide by logging in to your Administrator Account and downloading the Administrator Guide at the bottom of the page. <u>identity.onehealthport.com/OHPIdentity/Admin/OrgAdmin.aspx</u>. The guide has screen shots and stepby-step instructions on how to manage your organization's OneHealthPort account.

### Contact and Support Information

If you have questions, please contact the OneHealthPort Help Desk by phone or email at:

Phone:1-800-973-4797 (toll free)Email:escalation@onehealthport.com