



289 Laclair Street • Coos Bay, OR 97420  
Phone 541-269-7400 • Fax 541-266-0141  
Toll Free 800-264-0014 • TTY: 877-769-7400

## Online User Registration

To gain access to Advanced Health's provider website all individual users must be registered with Advanced Health and an Agreement to Access Confidential Client Data **must be signed by the person in your organization who has Administrative Authority to sign contracts on behalf of your organization, and who is willing to accept responsibility on behalf of each registered user accessing the ADVANCED HEALTH OHP website.** Once registered, users may obtain Advanced Health member eligibility information, member's Primary Care Physician (PCP) assignment, referral/prior authorization status, and use the provider directory. Access to certain information may be limited; access to online information will be granted on a "need to know basis" which is determined by the user's job responsibilities in your office.

Attached you will find a copy of the Online User Registration Request and the Agreement. An Online User Registration Request must be completed for each individual user. *The Registration Form must be completed in its entirety and submitted to Advanced Health for approval along with an original/signed copy of the Agreement to Access Confidential Client Data. Contact Advanced Health's IPA & Network Services Administrator at (541) 269-0494 if you have questions regarding these documents.*

\*Please submit the following:

- 1) *W-9 Request for Taxpayer Identification Number and Certification*
- 2) *Online User Registration Request*
- 3) *Agreement to Access Confidential Client Data*

\*Please send the completed forms to:

Advanced Health - Online Services  
Attn: IPA & Network Services Office  
289 Laclair Street  
Coos Bay, OR 97420

Fax to: Ginny at (541) 266-0141  
Via email: [virginia.carocci@advancedhealth.com](mailto:virginia.carocci@advancedhealth.com)

If you have questions regarding the website, you may contact Advanced Health via email at [virginia.carocci@advancedhealth.com](mailto:virginia.carocci@advancedhealth.com).



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## Online User Registration Request

**•Fax Completed Form and W-9 to (541) 266-0141•**

***User Registration will not be granted unless all fields are completed:***

User Name: \_\_\_\_\_  
Last Name First Name MI

Email Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Clinic Name & Address: \_\_\_\_\_  
Clinic Name Street City State/Zip

Job Title: \_\_\_\_\_ Job Responsibilities\*: \_\_\_\_\_

*\*Access to confidential information will be granted based on job responsibilities noted above, and is required in accordance with HIPAA Privacy Regulations*

***Requesting Access for:***

- Access to Eligibility Verification & PCP Assignment
- Access to Referral/Authorizations & Claims Status for Provider(s)

List of Individual Provider(s) that the user needs access to:

Name(s) of provider(s): \_\_\_\_\_

Provider's NPI number(s): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

(Required)

Clinic/Facility NPI Number: \_\_\_\_\_

***Use of the ADVANCED HEALTH Website is subject to the terms and conditions set forth in the "Agreement to Access Confidential Client Data". Users will be de-activated if they have not accessed the website within any 6-month period.***

For ADVANCED HEALTH Use Only:

Clearance/Status \_\_\_\_\_ Notes: \_\_\_\_\_

Onscreen User Name: \_\_\_\_\_ Assigned Password: \_\_\_\_\_

User Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Via:  Email  Fax  Courier  Phone

Completed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## AGREEMENT TO ACCESS CONFIDENTIAL DATA

In accordance with this Agreement, Access to Confidential Client Data is hereby granted by Southwest Oregon IPA, Inc., doing business as ADVANCED HEALTH, to:

**Clinic Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

hereafter referred to as PROVIDER.

### I. TERM

This Agreement shall become effective on the date which all parties have signed, and shall expire, as set forth in Section VII of this Agreement.

### II. PURPOSE

PROVIDER has requested inquiry-only on-line access to the ADVANCED HEALTH client data. This access will be limited to data required for the administration of client benefits under the Oregon Health Plan.

### III. SCOPE OF AGREEMENT

Under this Agreement, ADVANCED HEALTH grants limited on-line access to ADVANCED HEALTH client data by the PROVIDER. The use or disclosure of information concerning clients is strictly limited to client eligibility and Information to be used by PROVIDER for the purpose of administering client benefits under the Oregon Health Plan.

### IV. PROVIDERS DUTIES

A. PROVIDER shall safeguard all information to the extent required under the prevailing standards for medical records confidentiality, and all federal and state laws, rules, and regulations regarding the disclosure of client data and information. PROVIDER access and use of ADVANCED HEALTH on-line client data is covered by the Health Insurance Portability and Accountability Act of 1996 and the federal regulations implementing the Act (collectively referred to as HIPAA). PROVIDER agrees to protect individually identifiable health information available from ADVANCED HEALTH on-line access from unauthorized use or disclosure, consistent with the requirements of HIPAA.

- B. PROVIDER shall administer, control, and monitor access and use of the data obtained under this Agreement to ensure that the confidential nature of the information is preserved. PROVIDER is required to ensure that all of its employees, officers, agents and subcontractors are held to the same level of confidentiality standards as the PROVIDER.
- C. PROVIDER shall access on-line client data only for those persons who claim to be eligible for the Oregon Health Plan and who are enrolled in managed care and assigned to ADVANCED HEALTH.
- D. PROVIDER shall not modify, alter, delete or destroy any data which is made available and shall not access data for purposes other than those specifically authorized under this Agreement.
- E. PROVIDER shall allow ADVANCED HEALTH, or its authorized representatives, access to the officers and employees, facilities, and the books and records of the PROVIDER so that ADVANCED HEALTH may verify that the PROVIDER is complying with the terms of the Agreement. Access granted by PROVIDER under this subsection does not relieve the PROVIDER from complying with the terms of his Agreement.

## **V. COSTS**

Costs related to the acquisition of all PROVIDER equipment, software, data lines or connections necessary to access ADVANCED HEALTH on-line client data are the responsibility of the PROVIDER. There will be no cost related to obtaining the data itself.

## **VI. AMENDMENT**

The terms of this Agreement may not be waived, altered, modified, supplemented or amended, in any manner whatsoever, except by written agreement signed by the parties. The parties agree to take such action as is necessary to amend this agreement from time to time as is necessary in order to comply with all federal and state laws, rules and regulations.

## **VII. TERMINATION**

- A. This Agreement may be terminated at any time by mutual consent of both parties, or by either party upon 30 days' notice in writing and delivered by certified mail or in person.
- B. In addition, ADVANCED HEALTH may terminate this Agreement, in whole or in part, effective upon delivery of written notice to the PROVIDER, or at such later date as may be established by ADVANCED HEALTH, if the PROVIDER fails to comply with any of the terms of this Agreement.

- B. Upon termination, PROVIDER shall immediately cease all access and use of ADVANCED HEALTH client data obtained under this Agreement, unless expressly directed otherwise by ADVANCED HEALTH in the notice of termination.
- D. Termination of this Agreement shall have no effect upon the rights and obligations of the parties arising under this Agreement prior to the effective date of termination.
- E. Upon termination, the rights and remedies of ADVANCED HEALTH provided in this section are not exclusive and are in addition to any rights and remedies provided by law or under this Agreement.

**VIII. WRITTEN NOTICE**

All notices regarding this Agreement should be sent to the parties at the following addresses:

**To Advanced Health:**           Advanced Health – Network Services Administrator  
   289 Laclair Street  
   Coos Bay, Oregon 97420

**Provider/Clinic:**               \_\_\_\_\_

  \_\_\_\_\_

  \_\_\_\_\_

  \_\_\_\_\_

**IX. SIGNATURES**

**PROVIDER:**

\_\_\_\_\_  
 Provider/Clinic Name

\_\_\_\_\_  
 Authorized Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

**ADVANCED HEALTH:**

\_\_\_\_\_  
 Authorized Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title