



東北醫療中心

North East Medical Services MSO

Provider Portal User Access Form

(A) Background

Organization/
Provider Name:

NPI

Tax ID

User First Name:

User Last Name:

Existing User? (Please Circle) YES NO

(B) What would you like to do?

Request / Verify Status of
Authorization

Submit / Verify Status of Claim

Download remittance advice

***NOTE: Eligibility must be verified with Health Plan**

(C) User Role – Select one from the following List:

Staff (Read Only)

IT Administrator (Read Only)

Manager (Read Only)

Provider (Read Only)

(D) User Personal Details

Title

Department

Contact Phone #

Email

Fax #

Effective Date

(E) User Acceptance of Terms of Use I accept the Provider Portal Responsibilities and Terms and Conditions (see overleaf) attest that the above details are correct.

Name (Please print)

Signature

Date

(F) Organization Authorized Manager or Delegate Approval (Users DO NOT sign own form, unless sole proprietor)

I approve this request and verify that these details are correct.

Full Name (Please print)

Signature

Date

Contact Number / E-mail

Organization Address

Organization City / State

Zip Code

⇒ Please send form via fax to 415-233-4891 or e-mail to MSOEDI@nems.org

NEMS MSO Use Only

Received By/Date

Approved By/Date

Processed By/Date

USER NAME:

**USER ACCESS
TERMINATION**

Last Activity Date

Deactivation Date

NEMS MSO Provider Portal User Access Form Instructions

The **Provider Portal User Access Form** allows a NEMS MSO network or approved non-network provider or vendor to access authorization, claim, or download copy of remittance advice. Below are instructions on how to complete the appropriate boxes on the Form.

Box	Requirements
(A) Background	You must complete all fields and select either Yes or No for the "Existing User Question" or your form will be rejected. The NPI and Tax ID of the Provider or organization are required.
(B) What would you like to do?	Select the check box to the right of the best option. If all check boxes remain empty the form will be rejected.
(C) User Role	At least one role must be selected. If no roles are selected the form will be rejected.
(D) Personal Details	Complete these details if you are a new user, you wish to change your personal details or reset your password.
(E) User Acceptance of Terms of Use	The Terms of Use are outlined below. This section must be completed unless a user is being removed.
(F) Organization Authorized Manager Officer or Delegate Approval (Users DO NOT sign your own form)	Please ensure all fields are completed. The address must be a street address, <u>not</u> a Post Office Box. If any of these boxes are left blank, it will delay system access. This section must be signed by someone in a position of authority in the organization.
Submission and Contact	Email: MSOEDI@nems.org Fax: 415-233-4891 Phone: 415-352-5186

Your Privacy

NEMS MSO is collecting your personal information on this form in order to authorize Providers and delegates (provider staff or authorized business associate) to access the MSO Provider Portal. Any personal information you provide to NEMS will be kept confidential and secure. You can ask to see what personal information (if any) NEMS MSO holds about you at any time and can seek correction of that information if it is wrong.

NEMS MSO will use your personal information to authorize Providers and delegates (provider staff or business associate) to access the Provider Portal. One of the consequences of failure to provide all the information requested is that your access will be delayed or not authorized.

The NEMS MSO will not use any of your personal information for any other purpose, or disclose your personal information to any other organizations or individuals, unless authorized or required by law or you provide your consent to do so.

Provider Portal User Responsibilities

It is the responsibility of all NEMS MSO approved providers and delegates to ensure that the NEMS MSO Provider Portal is properly secured and controlled. All Users have a responsibility to ensure:

Access Privileges - Employees or Business Associates of Provider must only access information that they have been authorized to use. No attempts are to be made to bypass or defeat the security systems nor to obtain the use of privileges issued to other contracted employees of Providers (e.g. never use/share another person's User ID, never disclose your password). Individuals are personally responsible for any computer processing performed under their User ID. Should security breaches of this type occur, the offending User ID(s) will be suspended pending an investigation. Access will be monitored by NEMS MSO and NEMS IT Department. Manager or proprietor who authorizes user access is held responsible for the conduct of their user(s), and must ensure compliance with HIPAA Privacy and Security and HITECH Act.

Confidentiality of Passwords – Personal passwords including challenge questions are regarded as sensitive and must be protected from disclosure and compromise.

Software Security -The copyright of software and the integrity of system configurations and software must not be violated.

Data Transmission Security - Only approved medium may be used to transmit data, including the use of encryption where required.

Terms and Conditions of Use

These are a summary of the relevant terms and conditions for access to the Provider Portal. Any unauthorized and intentional access, destruction, alteration, addition or impediment to access or usefulness of protected health information stored in any computer in the course of system use is an offense which may attract a substantial penalty, including imprisonment.

User access termination – NEMS reserves the right to terminate User access for any reason without prior notification. User access can be deactivated when there has been no activity for ninety (90) consecutive days.

Promoting efficient, effective and ethical use of IT resources – use of the NEMS MSO's computing facilities for unauthorized purposes including illegally accessing a computing service, downloading or distribution of inappropriate, undesirable or offensive material may result in prosecution.

Reporting Lapses of Security – Any known or suspected attempts to breach the User Responsibilities specified above must be reported immediately to the NEMS MSO Helpdesk at 1-415-352-5186

Provider Portal Helpdesk ♦ Phone 1-415-352-5186 ♦ Email MSOEDI@nems.org