# Provider Portal - Registration

Last Updated: March 2014

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## Section 1: Registration Process Overview

### 1.    *Provider Portal Overview*

The Telligen, Inc. ("Telligen") Provider Portal is a web application which allows healthcare providers ("Provider(s)") to submit requests for prior authorization. Authorized providers are also able to utilize the Telligen Provider Portal to view status, and receive correspondence regarding the result of authorization requests subject to the Provider Portal Terms of Use.

### 2.    *Registration Process Overview*

The Telligen Provider Portal utilizes a delegated security model, which requires:
- The Provider executive to submit a signed registration agreement on behalf of his/her organization.
- The Provider Executive to designate Security Administrator(s) for the organization.
- Provider-designated Security Administrator(s) must submit a notarized registration form approved by the executive leader.
- A registered Security Administrator(s) to be the point of contact for the organization and is responsible for managing Provider User Accounts and adding or removing any Provider Users as required to support the organization.
- The Security Administrator agree to the responsibilities associated with the Security Administrator role and must provide signature agreeing to the terms and conditions of using the Telligen Provider Portal.
- All Provider Users will be required to accept the Provider Portal Terms of Use prior to initial login.
- Completion/attestation of the following sections:
   - **Section 3** – Executive Agreement
   - **Section 4** – Security Administrator Agreement
   - **Section 5** – Security Administrator Registration Form
- All completed registration forms must be sent to:

**Telligen**
**206 S 13<sup>th</sup> St, Suite 100**
**Lincoln, NE 68508**

- Registrations will be processed within 5-7 business days from receipt.

## Section 2: Roles and Responsibilities

### 1. *Provider Executive*

- The Provider Executive Agreement shall be signed by a duly authorized representative of your organization permitted to bind your organization to the terms and conditions of this agreement.
    - o Signing the Provider Executive Agreement provides approval for the Provider-designated Security Administrator to administer users and serves as the point of contact for your organization.

### 2. *Provider-Designated Security Administrator*

- The Provider-designated Security Administrator ("Security Administrator") must sign the Security Administrator Agreement and registration forms. Once the Security Administrator has completed the registration process, the Security Administrator may add additional staff users for your organization.
- General responsibilities of Security Administrator's include (see the Security Administrator Agreement for a full list of responsibilities):
    - o Set up Staff Users in the system.
    - o Ensure organization has security administrators for purposes user administration at all times (Example: if Security Administrator leaves the organization, ensure the organization executive identifies a new security administrator and that administrator is registered)
    - o Monitor usage at your organization to ensure that users maintain appropriate security and confidentiality procedures and reset passwords when needed.
    - o Serve as the primary point of contact at your organization for information regarding the Telligen Provider Portal.
    - o The Security Administrator will be notified when their registration process is complete and will be given logon information with his/her initial password. The Security Administrator (at the time of their first access of the system) will be prompted to change this password.

# Section 3: Provider Executive Agreement

*The Provider Executive Agreement must be completed and signed by a duly authorized representative of your organization permitted to bind your organization to the terms and conditions of this agreement to approve registration of users for the Telligen Provider Portal, including Provider Security Administrator(s) and Provider Users for submission of Prior Authorization requests.*

I _____
authorize _____to be the Provider Portal Security Administrator for Telligen, Inc. ("Telligen")'s Provider Portal on behalf of _____(*Provider Organization Name ("Provider")*), located at _____.  The following providers are associated with this Provider Organization and are included in this authorization (list all individual NPIs and/ Medicaid IDs associated with this provider organization).

| Provider Name(s) | Provider NPI (s) | Provider Medicaid ID(s) |
| --- | --- | --- |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that the Provider Portal Security Administrator designated will be responsible for the following:
- Setting up and managing Provider user accounts for individual users in the system.
- Verifying the identity of individual physicians and users in Provider's facility.
- Monitoring Provider's Telligen Provider Portal usage to ensure that users maintain proper security and confidentiality procedures and resetting user passwords when needed.
- Serving as Provider's primary point of contact for information regarding the Telligen Provider Portal.

I agree to abide by the Provider Portal Terms of Use.  I understand that as a security measure I may be contacted in the future by Telligen to verify my position and the designated Provider Staff Users and Security Administrator(s) for my organization. I may also be asked to verify those individuals who have been given access to the Telligen Provider Portal.  I agree to respond in a prompt manner to all inquiries. Any violation of the above may be grounds for immediate termination of this agreement and/or access.

Signature of Provider:

Name: (*Please print*)_____

Signature: _____

Title: _____

Date: _____

# Section 4: Provider Security Administrator Agreement

*The Provider Security Administrator Agreement ("Agreement") must be completed and signed by each security administrator ("Security Administrator") designated by Provider.*

The Telligen Provider Portal is intended to enable users to enter and store confidential patient information and to transmit such patient information to Telligen. In order to ensure the integrity, security and confidentiality of information maintained by the Telligen Provider Portal and Telligen, Inc. ("Telligen"), and to permit appropriate disclosure and use of data permitted by law, The Security Administrator agrees, represents and certifies:

- This is a non-transferable, non-exclusive limited right to use Telligen Provider Portal to maintain, update and support the use of Provider User ("User") IDs on behalf of Provider.
- To comply with the Provider Portal Terms of Use at all times.
- To ensure Users comply with the Provider Portal Terms of Use at all times.
- To determine Users and type of access to the Telligen Provider Portal.
- To authorize, control, monitor, access and use of the Telligen Provider Portal by Users.
- To not disclose, release, reveal, show, sell, rent, lease, loan or grant access to Security Administrator's Telligen Provider Portal User ID and/or password to any individual(s) for any reason.
- To instruct Users to not allow another person to use their User IDs to access the system.
- To notify Telligen immediately of any potential security breaches.
- To notify Telligen in a timely manner (not to exceed 5 business days) to terminate users who leave the organization or who no longer require access to the Telligen Provider Portal.
- To notify Telligen should they believe that their User ID and password have been compromised, to ensure their User ID be inactivated and a new User ID and password be created.
- To establish appropriate administrative, technical and physical safeguards to protect the confidentiality of the information accessed through the Telligen Provider Portal
- To establish user access at the "minimum necessary use" level for the User to accomplish their role and/or responsibility.
- To prohibit the unauthorized disclosure of files or information derived from the use of the Telligen Provider Portal.
- To comply with all laws at all times during the term of this Agreement.
- This agreement is subject to change at any time.

By accepting this agreement the Provider Security Administrator agrees to abide by all provisions set out in this Agreement for protection of the data and acknowledges having received notice of the potential criminal, administrative or civil penalties for violation of the terms of this agreement. Any violation of the above may be grounds for immediate termination of this agreement and/or access pursuant to the Provider Portal Terms of Use.

Provider Security Administrator Signature:

Name: (*Please print*)_____

Signature: _____

Title: _____

Date: _____

# Section 5: Provider Security Administrator Registration Form

| Telligen Provider Portal Security Administrator Registration Form |
|---|
| **\*NOTE:** All fields marked with an asterisk are required and must be completed to obtain approval. |

| Access Request | | | |
|---|---|---|---|
| **\*Request Date:** | **\*First Name:** | Middle Initial: | **\*Last Name:** |

| | |
|---|---|
| \***Business E-Mail Address**: | |
| **\*Job Title:** | |
| \***Business Name**: | |
| **\*Facility Medicaid ID:** | |
| **\*National Provider Identifier (Facility NPI):** | |
| \***Business Address**: | |

| | | | |
|---|---|---|---|
| | | | |
| **Street** | **City** | **State** | **ZIP** |

| \***Work Phone**: ( ) | Extension: | Fax: ( ) |
|---|---|---|

| Signatures Required | |
|---|---|
| **\*Applicant:** | \***Date**: |

\*As The Assigned Notary Public I have used the following **ID** as verification
- ☐  Driver's License
- ☐  Passport
- ☐  Other: _____

**\*Notarized Date:** _____
**Notary Expiration Date:** _____
**\*Notary Public (seal or stamp):**




**\*Notary Signature:** _____