# Healthix

**EXCHANGING INFORMATION
TO TRANSFORM PATIENT CARE**

## Guide to Completing the User Provisioning Form.

## Welcome!

At Healthix, we want to ensure that our customers have the tools they need to be successful users of the health information exchange, understand their roles and responsibilities, and have helpful resources available to them. This guide is for Authorized User Managers (AUM) of Healthix.

**Please note the following prior to filling out the form:**

Failure to fill out the UPF exactly as indicated will result in:

- Users NOT being provisioned.
- Longer turnover time for your request.
- Delayed access to patient data.

**QUESTIONS? We are here to help**

Contact your Relationship Manager or Customer Support

## Authorized User Managers (AUM)

All AUMs should have been designated, trained and attested prior to completing and submitting this User Provisioning Form (UPF).

- Designation: https://healthix.org/designate-aum/

- Training: https://healthix.org/aum/

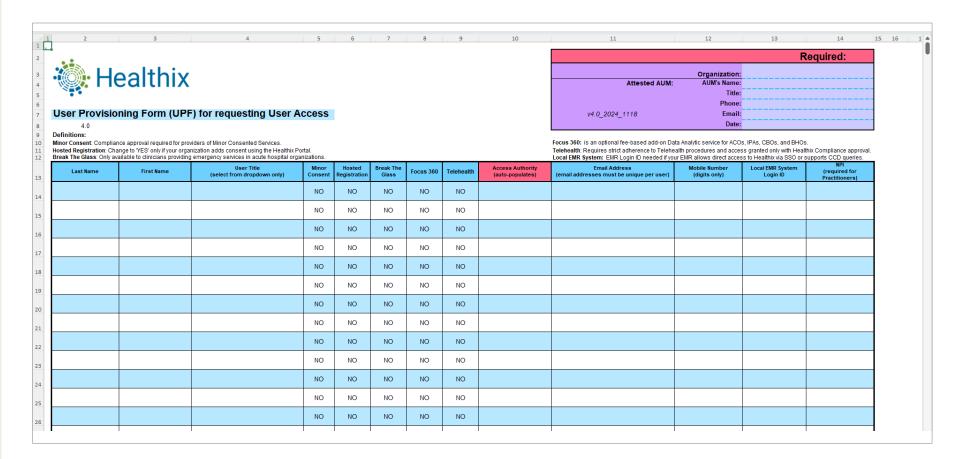- Attestation: https://healthix.org/aumrole/

# Completing the User Provisioning Form
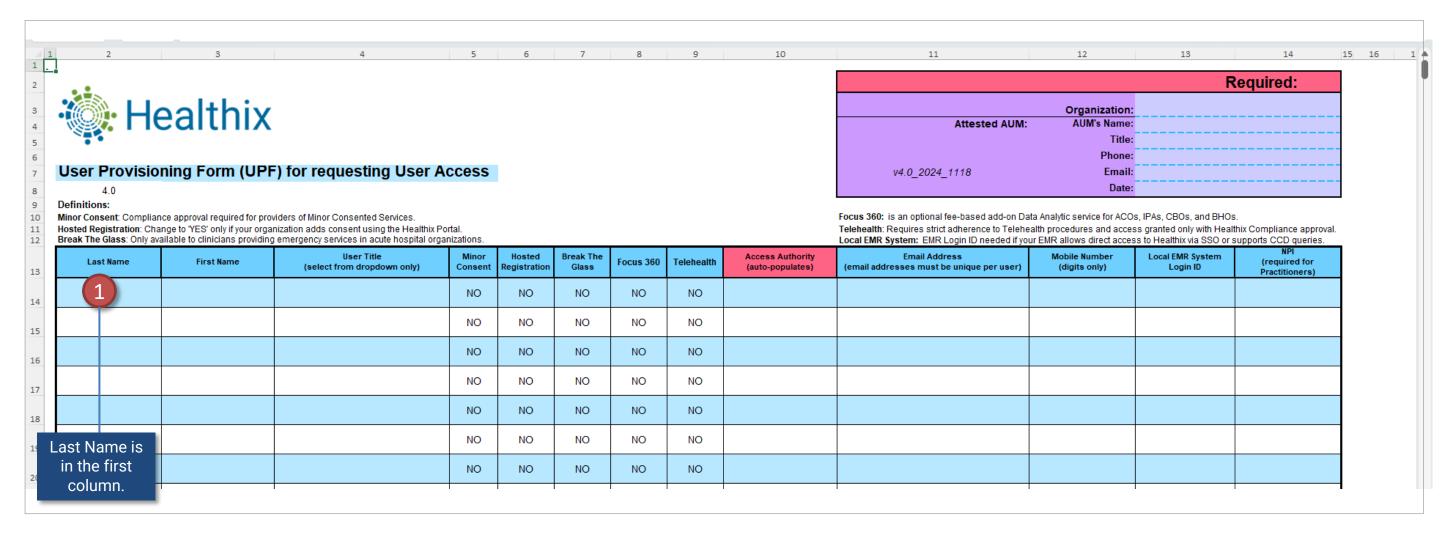
**Requirements:**

- Only designated AUMs are allowed to fill out and submit the form.

- The form can only be submitted from the AUM's email address.

- The form is an Excel file and must be completed, saved and submitted as an Excel file. We pull data directly from the file.

- No handwritten or PDFs will be accepted.

- Please complete the green section at the top of this form prior to submitting.

- Do not abbreviate any entries.

## IMPORTANT

Do not reuse OLD User Provisioning Forms. Always download the most recent version from our website and complete in Excel.

To download the most recent UPF visit: https://healthix.org/aum/
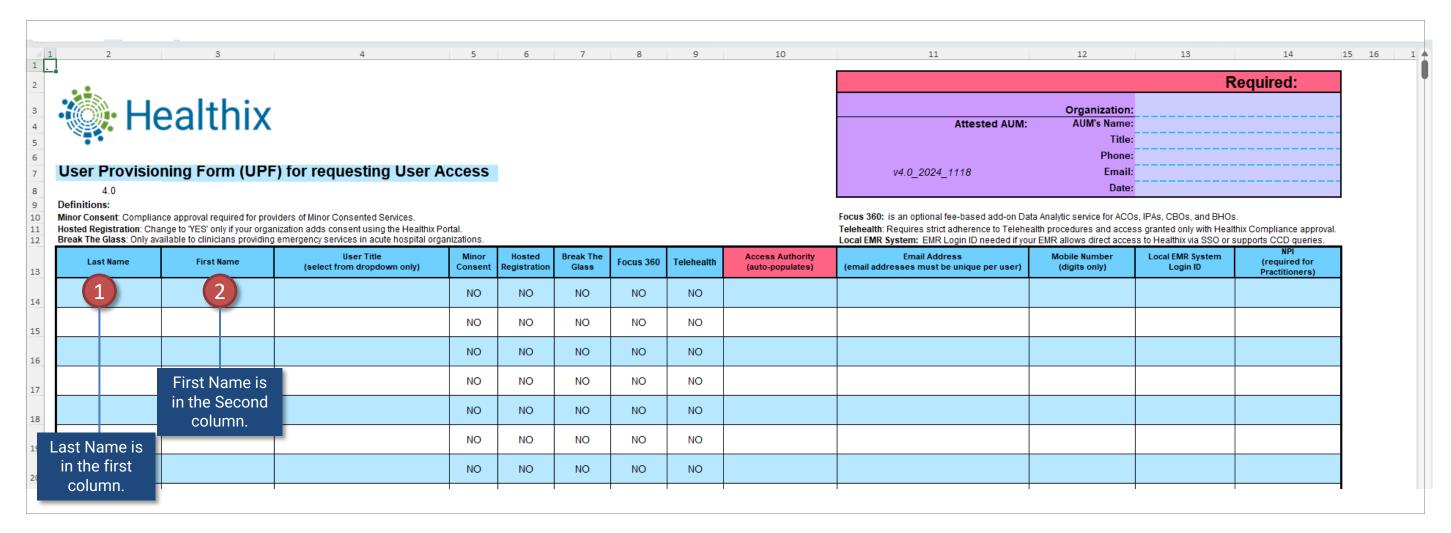
# Completing the User Provisioning Form



**Step 1**

Confirm "Last Name" is entered in the first column.

Do not abbreviate any entries.

# Completing the User Provisioning Form



**Steps 1 & 2**

Confirm "Last Name and First Name" are in the correct order.

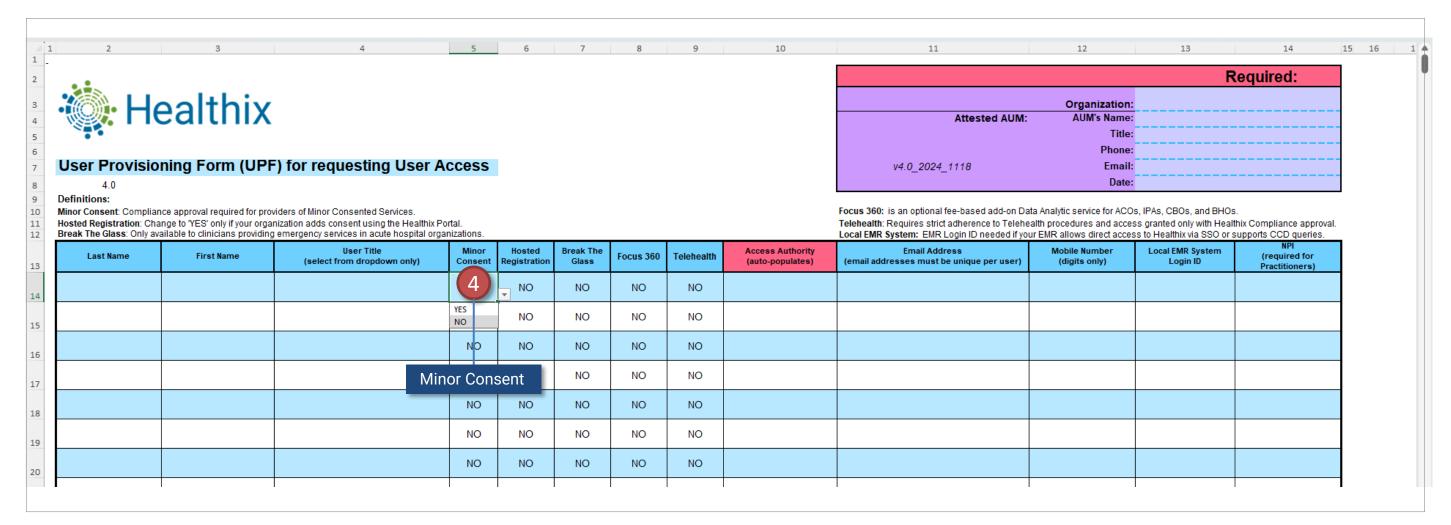Do not abbreviate any entries.

# Completing the User Provisioning Form



Note: Click in the first light blue row to get the drop-down arrow.

You can only select from options in the drop-down menu.

Choose an option that best corresponds to your title. If your specific title is not available, kindly select the closest equivalent option.

TIP
You can continue to use the drop-down menu with each column and row that needs to be filled out.

# Filling Out the User Provisioning Form



The Minor Consent role is only for pediatric practices that provide minor consented services.

Providers of minor consented services can be added to the practitioner's user account so that they can obtain a one-time consent override from a minor patient.

**Note:** Minor consent requires additional training and auditing. Please contact your Relationship Manager for additional information if you are unsure if this role applies to you.

TIP
You can continue to use the drop-down menu with each column and row that needs to be filled out.

# Filling Out the User Provisioning Form



Hosted Registration is a tool for consent entry on the Healthix Portal.

This does not apply to everyone who collects patient consent, only to those who enter consent in the Portal.

Each staff member that is collecting patient consent must have their users identified by selecting "yes".

**Note:** Hosted Registration requires additional training and auditing.

TIP
You can continue to use the drop-down menu with each column and row that needs to be filled out.

Break the Glass functionality is only permitted for providers in a Hospital for emergency patient care, allowing one time access to authorized providers.

Break the Glass requires additional training and auditing. Please contact your Relationship Manager for additional information if you are unsure this role applies to you.
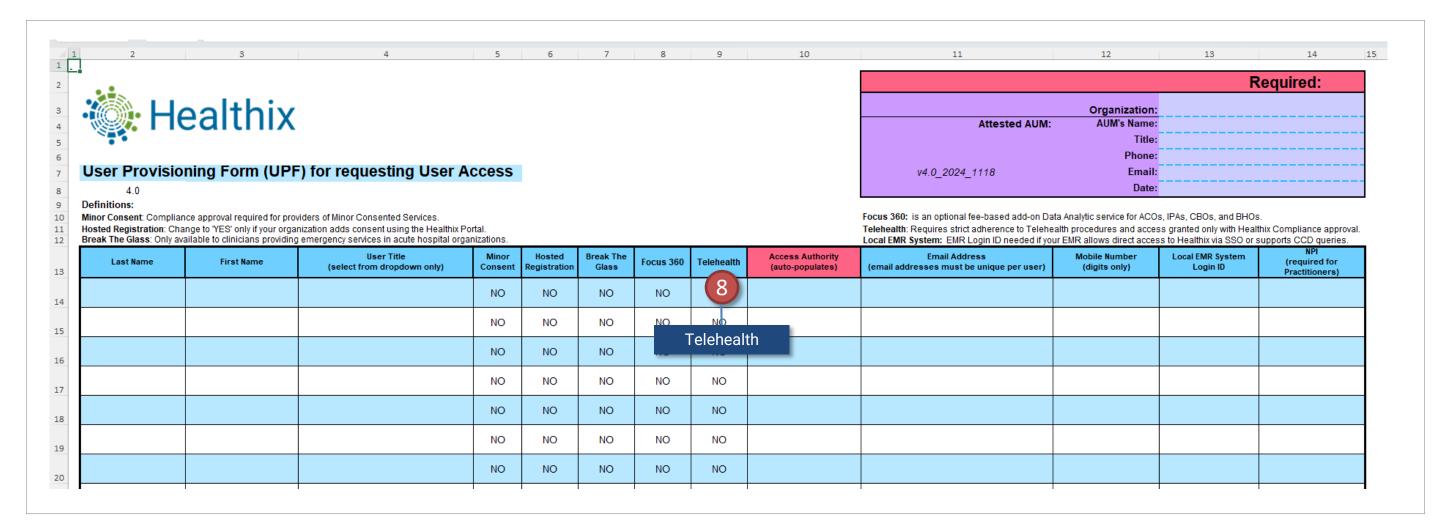
TIP
You can continue to use the drop-down menu with each column and row that needs to be filled out.

Focus 360° access is only given to users of CBO, IPA, ACO, BHO and FQHC facilities who have Focus 360° integrations.

Focus 360° requires additional training and auditing. Please contact your Relationship Manager for additional information if you are unsure this role applies to you.

**TIP**
You can continue to use the drop-down menu with each column and row that needs to be filled out.

# Filling Out the User Provisioning Form



Telehealth access is a specific user role that will allow one time access based on verbal consent obtained during a telehealth encounter.
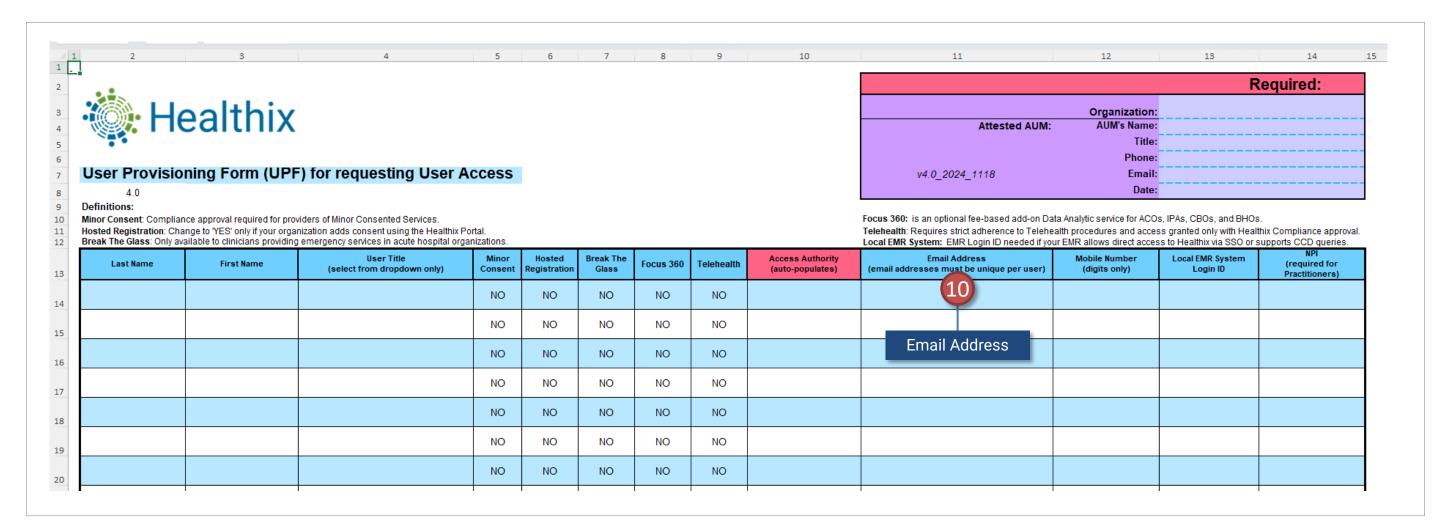
Users being given this role are required to complete specialized training to ensure they understand permitted use cases for this type of access.

Every occurrence of telehealth access use will be audited and monitored by the Healthix Compliance team.

**TIP**
You can continue to use the drop-down menu with each column and row that needs to be filled out.

# Filling Out the User Provisioning Form



**Required:**

Attested AUM:
- Organization:
- AUM's Name:
- Title:
- Phone:
- Email:
- Date:

v4.0_2024_1118

## User Provisioning Form (UPF) for requesting User Access
4.0

**Definitions:**
**Minor Consent:** Compliance approval required for providers of Minor Consented Services.
**Hosted Registration:** Change to 'YES' only if your organization adds consent using the Healthix Portal.
**Break The Glass:** Only available to clinicians providing emergency services in acute hospital organizations.

**Focus 360:** is an optional fee-based add-on Data Analytic service for ACOs, IPAs, CBOs, and BHOs.
**Telehealth:** Requires strict adherence to Telehealth procedures and access granted only with Healthix Compliance approval.
**Local EMR System:** EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

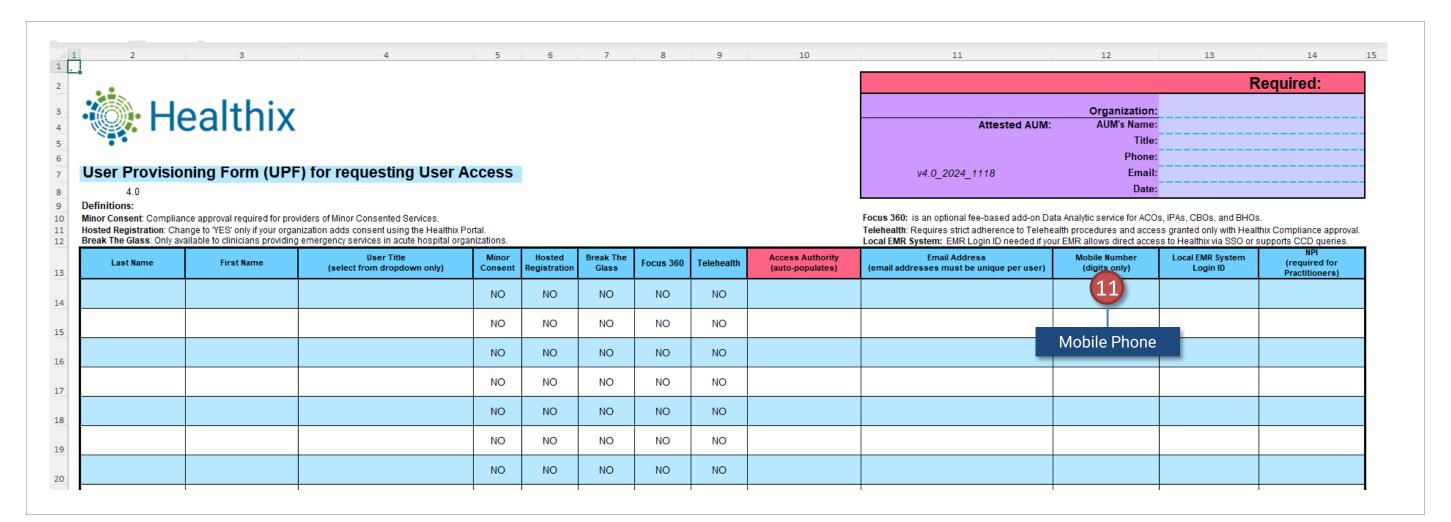| Last Name | First Name | User Title (select from dropdown only) | Minor Consent | Hosted Registration | Break The Glass | Focus 360 | Telehealth | Access Authority (auto-populates) | Email Address (email addresses must be unique per user) | Mobile Number (digits only) | Local EMR System Login ID | NPI (required for Practitioners) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |

**9** — Access Authority

Access Authority is a locked cell; the value will be determined by the user title selected in the third column.

You do not need to complete this field.

| | | Required: |
|---|---|---|
| | Attested AUM: | Organization: |
| | | AUM's Name: |
| | | Title: |
| | | Phone: |
| v4.0_2024_1118 | | Email: |
| | | Date: |

**User Provisioning Form (UPF) for requesting User Access**

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Telehealth: Requires strict adherence to Telehealth procedures and access granted only with Healthix Compliance approval.

Local EMR System: EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

| Last Name | First Name | User Title (select from dropdown only) | Minor Consent | Hosted Registration | Break The Glass | Focus 360 | Telehealth | Access Authority (auto-populates) | Email Address (email addresses must be unique per user) | Mobile Number (digits only) | Local EMR System Login ID | NPI (required for Practitioners) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |
| | | | NO | NO | NO | NO | NO | | | | | |

**10** Email Address

Each user is required to provide an email address that is unique and only accessed by the person getting this user account.

For auditing purposes, our system requires a unique email address for each end user.

Group email addresses are not permitted as per Healthix Policy.

Do not copy and paste information into the spread sheet.

# Filling Out the User Provisioning Form



When entering your number, enter digits only. The addition of parentheses and hyphens will be automated: E.g. (000) 000-0000

A unique mobile number is required for all portal users to allow text based Multi-factor authentication process.

Land lines cannot be provided as a phone number for multi-factor authentication.

# Filling Out the User Provisioning Form



Required for Single Sign-On, CCD/C-CDA query capabilities via EMR.

Local EMR System Logon ID: This is the end user's log in for their local EMR.

National Provider Identification (NPI) is required for all licensed practitioners with credentials MD, DO, or DPM.
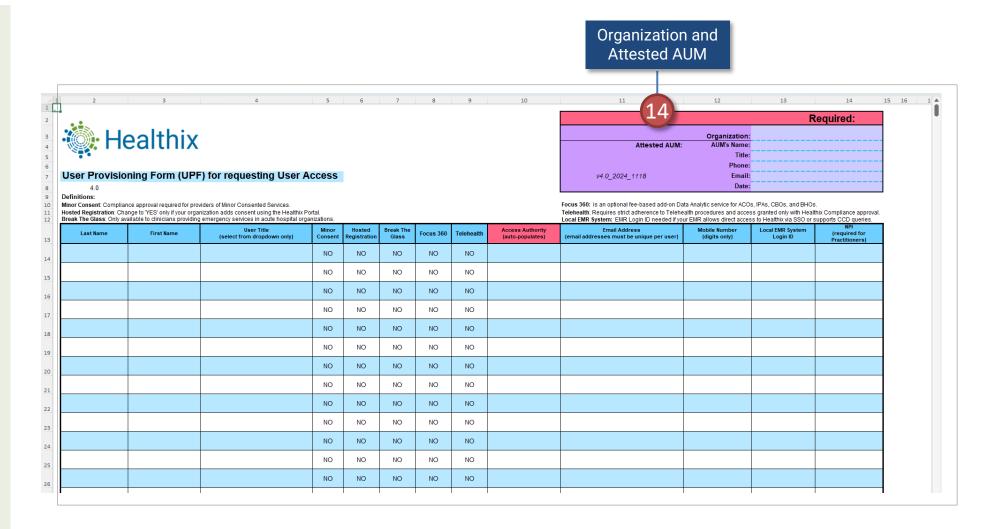
# Submitting the User Provisioning Form

Review:

- Once all required fields are completed, save the file in Excel with the name of your organization, month and year (e.g., SmithMedical_June_2023)

- Send the file via email to your Relationship Manager (no encryption needed).

- You will be contacted by your Relationship Manager if there are errors in the from submitted or for clarification.

- Submitted UPFs will process on average, within one business day.

- Training links for users should be received by email within two business days of the UPF processing.

**COMPLIANCE TIP**

Please remember to share terminated/ resigned employee information with Healthix to cut off access to the portal.



Organization and Attested AUM

The green box/section at the top of this form must be completed prior to submitting the form.

Please review the form and confirm the information is accurate and complete prior to final submission.

Reminder: The form can only be submitted from the AUM's email address.

# Contact information

**Support Tickets**
https://www.healthix.org/contactus/

**Relationship Manager:**
https://www.healthix.org/find-your-account-manager/

www.healthix.org
Call: 1-877-695-4749
Email: CustomerSupport@healthix.org