Broker Portal
Access Form

hpi

Group Health Plan Name: _____ **Group Number:** _____

Introduction

Health Plans, Inc. (HPI) is pleased to offer your Group's Third Party Representatives access to HPI's Broker Portal.

- – For the purpose of this form, *Third Party Representatives* refers to specific subcontractors you wish to grant access to the portal, which may contain Protected Health Information (PHI).
- – Only Third Party Representatives with a legitimate need to access PHI to provide support services to you in managing your GHP may be named as Third Party Representatives, and may be granted such authority. Such subcontractors are your GHP's Business Associates, as defined by the Health Insurance Portability and Accountability Act (HIPAA).
- – In accordance with HIPAA, your GHP must execute a Business Associate Agreement with each Third Party Representative *prior* to the Third Party Representative gaining access to PHI.

To grant access, submit this form to HPI. HPI requires that a signed *Identification of Third Party Representative* form accompany this request, or be on file with HPI, which specifically names the entity that employs the individuals listed below.

Third Party Representatives

Third Party Representative (entity) Name: _____

Third Party Representative (entity) Address: _____

Please grant the following Third Party Representative(s) access to HPI's Broker Portal, including access to the level of PHI indicated:

1 Associate Name: _____ Email Address: _____

   Title: _____ Organization: _____

   Reports: ☐ PHI redacted *or* ☐ Full Reports
   Enrollment: ☐ View Only (census) *or* ☐ View, Edit and Add Records* ☐ View Claims & Accumulators

2 Associate Name: _____ Email Address: _____

   Title: _____ Organization: _____

   Reports: ☐ PHI redacted *or* ☐ Full Reports
   Enrollment: ☐ View Only (census) *or* ☐ View, Edit and Add Records* ☐ View Claims & Accumulators

3 Associate Name: _____ Email Address: _____

   Title: _____ Organization: _____

   Reports: ☐ PHI redacted *or* ☐ Full Reports
   Enrollment: ☐ View Only (census) *or* ☐ View, Edit and Add Records* ☐ View Claims & Accumulators

4 Associate Name: _____ Email Address: _____

   Title: _____ Organization: _____

   Reports: ☐ PHI redacted *or* ☐ Full Reports
   Enrollment: ☐ View Only (census) *or* ☐ View, Edit and Add Records* ☐ View Claims & Accumulators

Only applicable if there is no EDI feed.