

# PROVIDER PORTAL

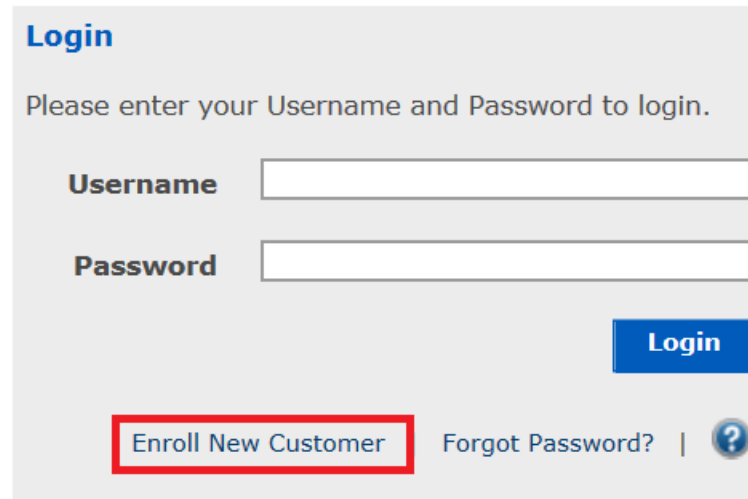
## *SELF-ENROLLMENT Module*

# ACCESSING THE PROVIDER PORTAL

There are two ways to access the Provider Portal.

- Go directly to [deancare.com/providerportal](https://deancare.com/providerportal)
- Go to Provider's Home page on [deancare.com](https://deancare.com) and select the Provider Portal hyper link located under the Provider Resources section.

# ENROLL NEW CUSTOMER



The screenshot shows a login interface with the following elements:

- Login** (header)
- Please enter your Username and Password to login. (instruction)
- Username** (label) and a text input field.
- Password** (label) and a text input field.
- Login** (button)
- Enroll New Customer** (link, highlighted with a red box)
- Forgot Password? | ? (links)

To begin the enrollment process, select **Enroll New Customer** located at the bottom left corner of the Login screen.

# Provider Self-Enrollment PRE-REGISTRATION

## Provider Self-Enrollment

### Pre-Registration

Pre-register for self enrollment by completing the form below. You will receive an e-mail with instructions on how to complete the process. Please make sure that your junk mail filters are configured to allow inbound email from [officeewsupport@emdeon.com](mailto:officeewsupport@emdeon.com). If you do not receive an email with the subject Enrollment Request in short order, please check to see if it may be filed in your junk mail folder.

\*Email Address

\*Organization Tax ID



People with malicious intentions sometimes use automated programs to attack ordering systems. To counteract this practice we ask that you type in the displayed word before we process your enrollment request. If you don't see an image, make sure your browser is set to display images and try again. If you're not sure what the word is, make your best guess. If you're incorrect, you'll get a chance to try again

\*Security Word

Submit

Reset

# PRE-REGISTRATION

Complete the required fields.

Email Address

Requires a valid email address

Organization Tax ID

Requires a valid Tax ID

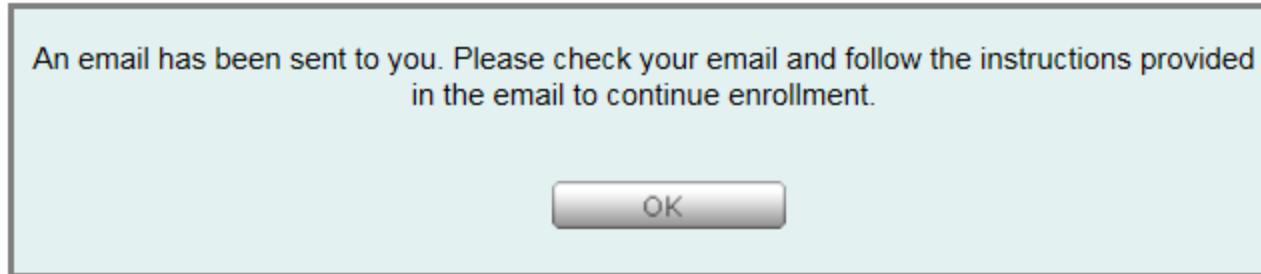
Security Word

Enter appropriate Security word

To continue click the **Submit** button.

To remove the information entered click the **Reset** button.

After clicking Submit, a box will be displayed indicating to check your email for further instructions. Select the OK button.



You will receive an email from [officenotify@emdeon.com](mailto:officenotify@emdeon.com) indicating receipt of the enrollment request. The email will be sent to the email address entered on the Pre-registration form and will contain a direct link to complete the enrollment.

 *Please note: If you do not receive an email, there is a possibility it went to your junk email.*

# **ENROLLMENT NOTIFICATION**

Thank you for your enrollment request. Please follow the link below to complete your enrollment.

**<https://officemail.emdeon.com/SelfEnrollment/Enrollment.aspx?>**

If you have not resumed your enrollment within 3 days, your request will be deleted.

You will need to start the process from the beginning if you still wish to obtain an account after your request is deleted.

# Provider Self Enrollment REGISTRATION

Registration continues with the completion of detailed information.

Organization

Primary  
Contact

Provider Info



# ORGANIZATION

## Provider Self-Enrollment

Organization

Primary Contact

Provider Info

Add the organization information for your primary office, clinic, agency, or hospital, then click **Next**.

\*Organization Name

\*Organization Tax ID  ☐ Atypical Provider

\*Address Line 1

Address Line 2

\*City

\*State  ▼

\*Zip/Postal Code

Next

Complete the data fields on the form under the **Organization** tab. The data fields marked with a red asterisk (\*) are required.

**\*Organization Name**

**\*Organization Tax ID**

-This will automatically prepopulate from the Pre-registration form.

-**Atypical Provider** pertains to providers who do not provide healthcare, such as taxi services, home and vehicle modifications, and respite services.

*Please note: If the provider in the organization does not have an NPI, select the Atypical Provider box.*

**\*Address Line 1**

**\*City**

**\*State**

**\*Zip/Postal Code**

Then select the **Next** button located on the bottom right corner of the form.

# PRIMARY CONTACT

Complete the data fields on the form.

The data fields marked with a **red** asterisk (\*) are required.

Then select the **Next** button located on the bottom right corner of the form.

**Provider Self-Enrollment**

Organization Primary Contact Provider Info

Add the primary user to be the designated contact and serve as the site administrator for your organization, then click **Next**.

\*User Name

\*First Name

\*Last Name

\*SSN (Last 4 Digits)

\*Date of Birth

\*Phone

Fax

\*Security Question #1 --Select--

\*Security Question #1 Answer

\*Security Question #2 --Select--

\*Security Question #2 Answer

Previous Next

## **\*User Name**

*If the selected user name already exists, a message will be prompted indicating to try another user name.*

## **\*First Name**

## **\*Last Name**

## **\*SSN (Last 4 Digits)**

*Please note: This is used to identify the user and can consist of any four digit number. Example: Last four digits of the user's phone extension.*

## **\*Date Birth (00/00/0000)**

*Please note: This is used to identify the user and can consist of any date of birth sequence number, as long as it is 18 years or older.*

## **\*Phone**

## **\*Security Question & Answer #1**

## **\*Security Question & Answer #2**

# PROVIDER INFO

Complete the data fields on the form.

The data fields marked with a **red** asterisk (\*) are required.  
Then select the **Finish** button located at the bottom of the form.

**Provider Self-Enrollment**

Organization Primary Contact **Provider Info**

Add each provider within your organization using the **Add Provider** form below, then click **Finish** when done.

\*Tax Id  [Copy From Organization](#)

\*Tax Id Type ☒ Employer ID ☐ SSN

\*National Provider ID (NPI)

Payer Assigned ID

\*Organization or Last Name  ☐ Facility or Hospital

First name

Middle Initial

Credentials (e.g., MD,RN)

\*Specialty Search  Select Specialty

TAX ID	NPI	First Name	Last Name	Actions
No Provider(s) added.				

## \*Tax ID

Information from the previous page can be imported by selecting the [Copy From Organization](#) link.

## \*Tax ID Type

Select Employer ID or SSN

## \*National Provider ID (NPI)

## \*Organization or Last Name

## \*Specialty

- Select the specialty that best applies.
- The **Search** option will assist with finding a specialty. It allows the user to manually enter a word or phrase then select from the specialty drop down list.
- The **Add Provider** button will complete the setup for one provider.
- The **Reset** button will reset the fields to allow for multiple entries.

# SELF ENROLLMENT COMPLETE

## **ENROLLMENT MESSAGE**

Once the setup is complete, a message will be displayed that details the User ID, Password and Login page link.

Review the information then select the OK button located at the bottom of the Enrollment Message box.

## **EMAIL CONFIRMATION**

An email is sent to the primary contact, Provider Portal Super User (Site Administrator), with the user ID and a link to the login page.

# ENROLLMENT MESSAGE

## Enrollment Message

Congratulations! Your user account has been created and is ready for use. To access your account please use

User ID: primary/user

Password: [Temporary *Password*]

Login Page:

<https://office.emdeon.com/vendorfiles/Dean.htm>.

**PLEASE MAKE A NOTE OF THIS PASSWORD AS IT WILL NOT BE PROVIDED TO YOU AGAIN.**

If you lose your password, select the I Forgot My Password link from the Login Page to reset it.

OK



# EMAIL CONFIRMATION



Your user account has been created and is ready for use.

To access your account please use

User ID: *Primary User 123*

Login Page:

<https://office.emdeon.com/vendorfiles/Dean.htm>


*If you lose your password, select the I Forgot My Password link from the Login page to reset it.*

# Initial Login

Upon the completion of the Self-Enrollment, the user can login into the Provider Portal,

<https://office.emdeon.com/vendorfiles/Dean.htm>,

using the *temporary password* provided in the Enrollment Message.



The diagram illustrates the login process. A blue box labeled "Temporary Password" has a blue arrow pointing to the "Password" input field of a login form. The login form is titled "Login" and contains the following elements:

- Login** (Title)
- Please enter your Username and Password to login.
- Username** (Label) and a text input field.
- Password** (Label) and a text input field.
- Login** (Button)
- Enroll New Customer | Forgot Password? | ? (Footer links)

# Change Password

After logging in with a temporary password, the user will be prompted to select a new password and enter security information.

## Step 1 - Enter password information

### The rules for the new password:

The new password must be between 8 and 30 characters;  
It must contain upper and lower case letters and at least 2 non-alphabetic characters;  
It cannot use the previously used passwords, or minor variations of previously used passwords;  
Your user ID or name cannot be used as part of the new password.

\* Old Password

\* New Password

\* Verify new password

## Step 2 - Enter security information

### Instructions:

If either or both security questions are not complete, please select a question and provide its answer. The questions must differ. This information will be used to help you log in if you ever forget your password. Your email address will be used to send instructions.

\* Email

\* Security Question 1

\* Security Question 2

\* Security Question 1 Answer

\* Security Question 2 Answer

Save Changes

Reset

# ***Step 1-Enter password information***

\*Old Password

\*New Password

\*Verify New Password

## ***Rules for the new password:***

- The new password must be between 8-30 characters
- It must contain upper and lower case letters and at least two non-alphabetic characters
- It cannot use the previously used passwords or variations of previously used passwords
- Your user ID or name cannot be used as part of the new password



HIPAA guidelines prohibit users from sharing login information.

## ***Step 2-Enter security information***

The data fields marked with a red asterisk (\*) are required.

**\*Email**

**\*Security Question 1**

**\*Security Question 1 Answer**

**\*Security Question 2**

**\*Security Question 2 Answer**

After completing both ***Step 1-Enter password information*** and ***Step 2-Enter security information***, select **Save Changes** and the end User License Agreement will be prompted.

## End User License Agreement

After logging in using the temporary password, the **End User License Agreement** will be displayed. The user has two options, Accept or Decline the terms and conditions.



### End User License Agreement

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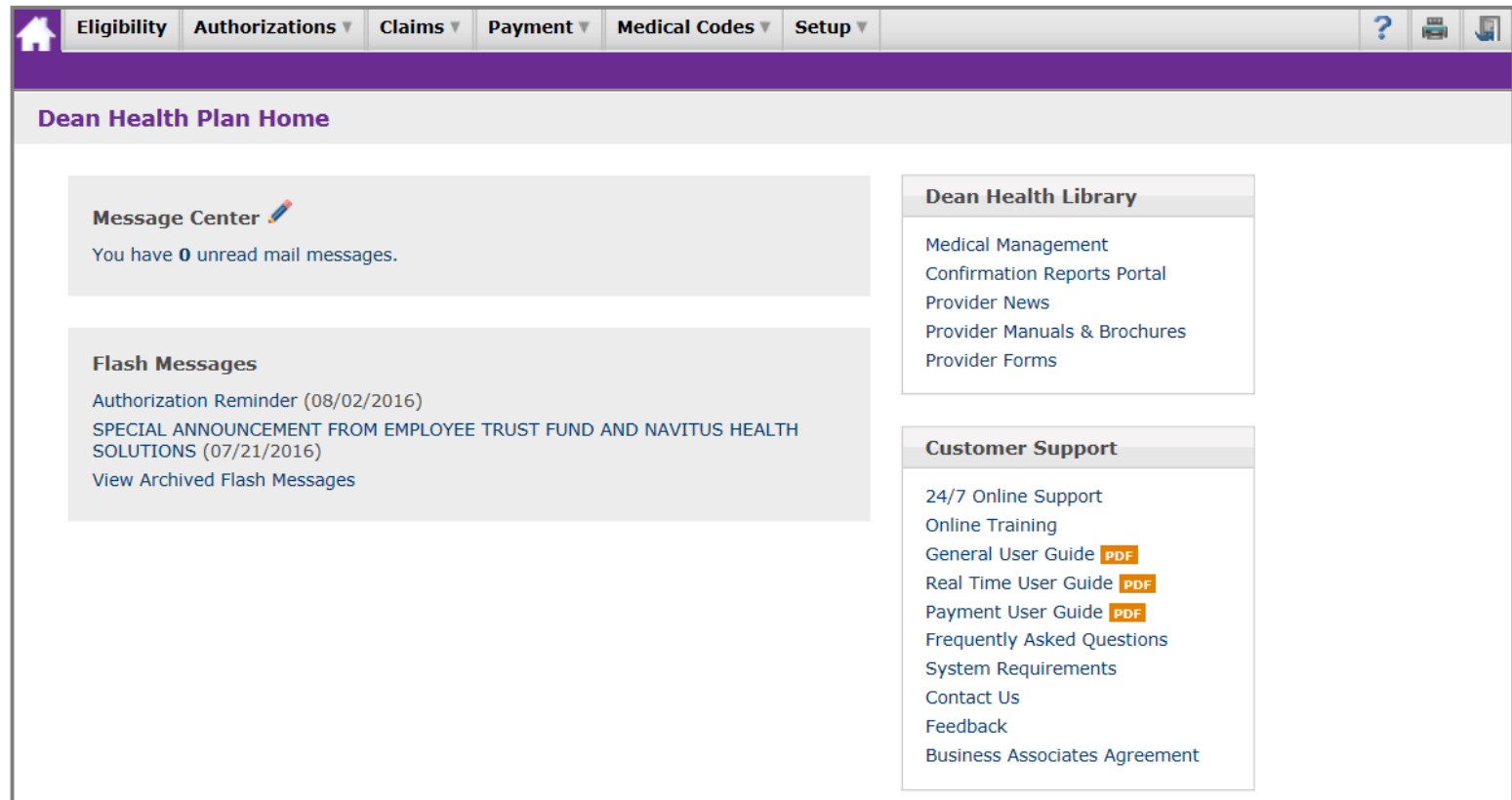
This is a binding agreement ("**Agreement**") between Envoy LLC, an Emdeon company ("**We**", "**Us**", or "**Our**") and you and your provider organization (individually and/or collectively "**You**" or "**Your**") which governs Your use of the Emdeon Services Web Site and all services ("**Services**") made available to You through the Emdeon Services Web Site by Us and/or third parties. "Site" as used in this Agreement means the Emdeon Services Web Site, the Content, and the Services. Subject to the terms and conditions of this Agreement, we will provide you with the specific services selected by You which shall be specified in the applicable Subscription Form (the "**Subscription Form**") utilized in connection with the Emdeon Service(s) selected by You.

1. Use. We hereby grant You a non-exclusive and non-transferable license for the term of this Agreement to use the Services. Your access to and use of the Services is subject to the terms and conditions of this Agreement and any other documentation necessary for Your use of the Services, and is permitted by Us solely for Your internal use and benefit; any other access or use is strictly prohibited. The Services are available to You only if and to the extent We have established connectivity with an insurance company, health maintenance organization, or other payer ("**Payer**"). Access to certain Services may require You to provide Us or certain third parties with additional information.

Accept

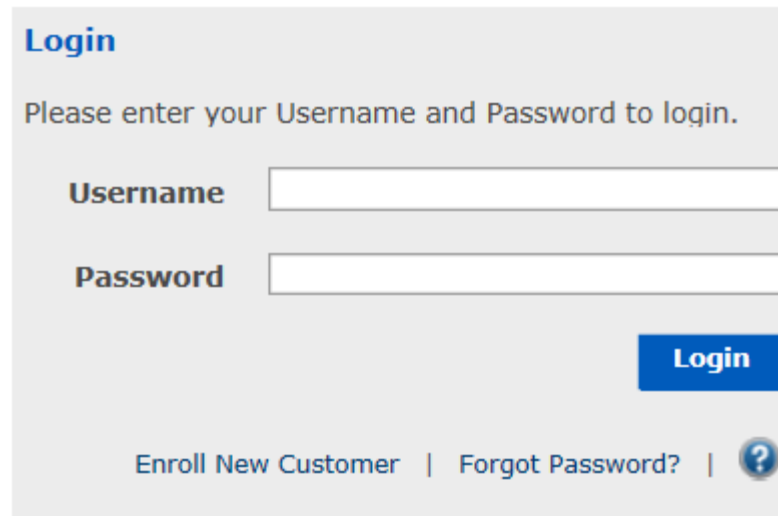
Decline


If the user selects to **Accept** the terms and conditions of the **End User License Agreement**, the user will be redirected to the Dean Health Plan Home page on the Provider Portal.



*Please note: By accepting the terms and conditions of the **End User License Agreement**, the enrollment is complete.*

If the user selects to **Decline** the terms and conditions of the **End User License Agreement**, the user will be redirected to the login page.

A screenshot of a login form. At the top, the word "Login" is written in blue. Below it, a message says "Please enter your Username and Password to login." There are two input fields: "Username" and "Password". To the right of the "Password" field is a blue button with the word "Login" in white. At the bottom, there are three links: "Enroll New Customer", "Forgot Password?", and a question mark icon in a circle.

 Please note: By declining the terms and conditions of the **End User License Agreement**, the enrollment is **NOT** complete.



# THANK YOU.

If you have any suggestions on how we can improve this PowerPoint slide, please send them to [DHP.ProviderNetworkServices@deancare.com](mailto:DHP.ProviderNetworkServices@deancare.com).