# **Dean Health Plan**

**Provider Portal Registration User Guide** 

September 2020

#### Dean Health Plan Provider Portal

The secure Dean Health Plan Provider Portal allows users 24/7 access to resources and selfservice applications to simplify everyday tasks, promote efficiencies in business, and streamline electronic transactions.

Individuals need to self-register in order to create a Provider Portal account. Once a Portal account is created and verified, users can access information and perform tasks specific to their assigned Portal role(s). This Provider Portal Registration User Guide details the registration process to create individual and organization Provider Portal accounts.

Google Chrome is recommended for optimum performance when using the Provider Portal.

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# I. Access the Provider Portal

Access the Dean Health Plan Provider Portal directly at <u>https://provider.deancare.com/</u>.

**Note:** At no point during the registration process can you go back to a previous screen. If information needs to be corrected, you will be required to restart the registration process. Please verify all information is correct before continuing to the next screen.

# II. Create An Account

To begin registration, click **Sign up** at the bottom of the *Log In* page.

		Please select your account type
A member of SSM Health	Before creating your ac best fits your organizat	count, know which customizable account setup option ion's business needs.
F YOU HAVE NOT LOGGED INTO YOUR ACCOUNT SINCE JULY 15, 2020, CLICK ON THE "NEED HELP SIGNING IN?" LINK FOUND BELOW, THEN CLICK THE "FORGOT	O Individual	Select to register a new individual user under an existing Organization account on the Provider Portal
PASSWORD?" LINK TO FOLLOW THE INSTRUCTIONS.	Organization	Select to register your Organization for the first time
sampleprovider@email.com	NPI	TIN
Password	1234567890	00-1234567
	To safeguard acces	s to data, registration will be finalized at the health
Remember me	plan. Expect to rece two business days	ive a communication regarding your access within of this request.
LOG IN		CONTINUE
Need help signing in?	-	
Don't have an account? Sign up	Already have an accoun Google Chrome is recor	it? Log in Instead. mmended for optimum performance.

There are two registration options:

- **Individual** for new individual users registering to have access to an existing Provider Portal account for an organization.
- **Organization** for an organization registering to create a new Provider Portal account.

#### Тір

An Organization account must be registered before Individual users can register.

All individual users registering to gain access to an existing Organization account must register with the same Tax ID and NPI that was used when the Organization account was created. If either the Tax ID or NPI do not match, a new account will be created for the organization.



# **III.** Organization Registration

To register as an organization, select **Organization** as your account type and enter the most commonly billed National Provider Identifier (NPI) and Tax Identification Number (TIN) that your Organization uses when conducting business. (All Organization registration should be completed using an Organizational NPI rather than a professional NPI.) Then, click **Continue**.

elect to register a new individual user under an disting Organization account on the Provider ortal
elect to register your Organization for the first me
TIN
123456789
a, registration will be finalized at the health immunication regarding your access within equest.
CONTINUE

If you are registering as a new user under an existing Organization account, refer to the **Individual Registration** section of this user guide (see page 6).

## Тір

If an Organization account has already been registered with the NPI and TIN entered, the following message will appear:

17712 : An existing Organization was matched for the given NPI and TIN. Please select individual to continue to register as a Individual with this Organization.

Please verify the NPI and TIN are correct. If so, please register as an Individual, or correct the information and proceed.



Complete the brief *Questionnaire* for your Organization and click **Continue**. The selected information will be used to populate the Organization information on the next screen. If any of the information does not appear correct, the information can also be updated on the next screen.

Plea	ise select your most recent address:
0	132 SAMPLE LANE
0	999 PROVIDER DR
0	456 DOCTOR AVE
0	321 PHYSICIAN BLVD
Plea	ise select your name:
0	DOCTORS OFFICE INC
0	HELP HOSPITAL INC
0	HELPFUL PHYSICIANS LLC
0	HEADS SHOULDERS KNEES AND TOES CLINIC
Plea	ase select your primary taxonomy:
0	123456789X DOCTORS OFFICE
0	111X222333 PROFESSIONAL SERVICES
0	999Q12345X MEDICAL PROFESSIONAL
0	987654XX01 HEALTH SERVICES
Plea	ase select Doing Business As:
0	PROFESIONAL DOCTOR OFFICE
0	HELPFUL HOSPITAL
0	HELPFUL PHYSICIAN NETWORK
0	HSKT CLINIC

#### Тір

This information is pulled directly from the National Provider Registry. If none of the options are accurate, please select whichever is most appropriate. This information can be updated on the next screen, and will not impact Portal functionality.



#### **Organization Enrollment**

The Organization Name, Doing Business As, and all address fields on the *Organization Enrollment* screen will be prepopulated from the Questionnaire. Update these fields as desired, enter the Business Phone and Email, and click **Continue**.

Organization Name		Doing Busine	ess As		
SAMPLE PROVIDER, INC.		SAMPLE PR	OVIDER CLIN	IIC	
		Address Line Two			
123 SAMPLE ST		STE 101			
City		State		Zip	
EXAMPLE		EX		12345	
Business Phone					
123	456		7890	)	
Email 🕐	Primary NPI	rimary NPI		Primary TIN	
portaluser@email.com	1184232670		98732	1654	
	CON				

Clicking **Continue** will complete the Organization registration. You will then be directed to complete the Individual registration. The Individual registration portion must also be completed in order to setup your user access.

**Note:** The Organization registration information is not saved until the Individual registration is completed. If the web browser is closed or you encounter an error prior to completing Individual registration, you will need to re-register beginning with the Organization registration.

#### Тір

The information in any of the Organizational Enrollment fields (except for NPI and TIN) can be manually changed if it does not match how you want it to be displayed in the Portal.



#### **Individual Registration** IV.

For registrants continuing the registration process from the Organization Registration, the primary NPI and TIN will be prepopulated on the Individual Enrollment screen.

All other registrants will register as an Individual (see page 3). Select Individual as your account type and enter the NPI and TIN that were registered for the Organization. Then, click **Continue** to move to the Individual Enrollment screen.

First Name	Last Name				
Sample	Provider				
Phone			( Tip		
123 456	7890	XXXX	If you ar		
Email Address - Login ID	Job Title		an Indivi		
portaluser@email.com	Provider		Organiza		
You must verify your email addres			yet regis		
and the second se	ou must verify your email address				
Send Code Enter email code he	rify				
Send code Enter email code he 1) Click the send code button.	e	Ve	Organiza		
Send Code Enter email code he 1) Click the send code button. 2) Then retrieve the code sent to th	e email address above.	Ve	Organiza before y		
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Send Code Enter email code he 1) Click the send code button. 2) Then retrieve the code sent to th 3) Enter the code before pressing v Opt In/Out for Electronic Communi	e email address above. erify button. cations	Ve	Organiza before y an indivi believe t		
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Send Code Enter email code he 1) Click the send code button. 2) Then retrieve the code sent to th 3) Enter the code before pressing v Opt In/Out for Electronic Communi Opt In Primary NPI 1013338425 The first registered user under a Administrator. By selecting this, yo Site Administrator.	e email address above. erify button. cations Primary TIN 963963963 h organization will automatically be sel u are agreeing that you will become th	ve ected as the initial S s organization's initi	Organiza before y an indivi believe t an accou your Org verify th match th used for		
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stering as under an that has not you will be mplete the egistration n register as lf you is already eated for tion, please and NPI hat were egistration

Enter First Name, Last Name, (work) Phone, (work) Email Address and Job Title. The Primary NPI and Primary TIN will be prepopulated and cannot be changed.

The email address entered on the Individual Enrollment screen should be a work email address. It will be your provider portal username/login ID, and will need to be validated before proceeding.



Once the email address has been entered, click **Send Code** which will send a six-digit code to the email address provided. A message will appear above this field once email with the code has been sent.

	and Marked as 2003
The first registered user under an Administrator. By selecting this, you lite Administrator.	organization will automatically be selected as the initial Site I are agreeing that you will become this organization's initial
013338425	963963963
Primary NPI	Primary TIN
Opt In	2
I) Enter the code before pressing ve Opt In/Out for Electronic Communic	vify button. cations
<ol> <li>Click the send code button.</li> <li>Then retrieve the code sent to the</li> </ol>	e email address above.
Send Code Enter email code her	e Verity
Email has been sent. Please check.	yaur inbox,

Copy or enter the emailed code into the field next to the Send Code button and click **Verify**. Once verified, you will receive a green confirmation notice above this field.

Email Validated Successfully	
Send Code 628043	verty
1) Click the send code button. 2) Then retrieve the code sent to th 3) Enter the code before pressing ve Opt In/Out for Electronic Communic	e email address above. Hify button. cations
Opt in	*
Primary NPI	Primary TIN
1013338425	963963963
The first registered user under an Administrator. By selecting this, you Site Administrator.	organization will automatically be selected as the initial Site a are agreeing that you will become this organization's initial
-	CONTINUE

It may take a few moments for the code to be sent, so please only click **Send Code** once. If it selected multiple times, multiple codes will be sent and only the last code will be valid.

#### **Opt In/Out for Electronic Communication**

After validating the email address, select from the dropdown to either **Opt In** or **Opt Out** for electronic communications. Users who Opt in will receive certain health plan communications electronically from the Health Plan.

Opt In/Out for Electronic Communications	
Opt in	~



#### **Site Administrator**

The first Individual user to register for an organization will automatically become the organization's Site Administrator. You must select the checkbox agreeing to be the organization's initial Site Administrator in order to proceed. Site Administrators are responsible for tasks such: as approving new users, managing individual user access, and adding additional TINs or NPIs to the account.

#### The first registered user under an organization will automatically be selected as the initial Site Administrator. By selecting this, you are agreeing that you will become this organization's initial Site Administrator.

CONTINUE

## Тір

There can be more than one Site Administrator for an organization. Additional Site Administrators can be added after they register, as detailed in the Provider Admin section of the Dean Health Plan Provider Portal User Guide.

If you are registering as an Individual user under an existing Organization account, you will **not** see the Site Administrator checkbox on the Individual Enrollment screen.

Once all the information has been entered on the *Individual Enrollment* screen, click **Continue** to proceed to setup your account security.

#### **Access To Multiple Organization Accounts**

Users now have the ability to obtain access to multiple Organization accounts with just one User ID. However, you need to register as an Individual under each Organization account separately. To do this, complete the Individual registration for the first account in its entirety. Then for all subsequent Organization accounts, register again as an Individual using the applicable TIN and NPI for that Organization account. Once you select Continue on this screen you will see the pop-up pictured below to "merge this registration to your existing account". Selecting **YES** will automatically complete your registration. Once this registration is approved you will have all your portal accounts selectable from a dropdown after login. All accounts can be easily navigated between.

An ac regist	ctive account already exists this email. Would you like to merge your current, tration process to this existing account?	
0	YES	
0	NO	
	CONTINUE	
Aire	edy have an account? Log in instead.	

#### Тір

If you click **No** on the option to merge your accounts, you will be directed to enter a new email address which will create a separate login ID.



#### **Password Setup**

If this is the first time an email address (username) is being registered, you will be directed to setup your Password. Password requirements are visible on the screen, and must be met in order to proceed.

Password Information	
Password	
	۲
Confirm Password	
	۲
<ul> <li>Must be at least 8 characters</li> <li>Must contain at least one Lower case letter</li> <li>Must contain at least one Upper case letter</li> <li>Must contain at least one Number (0-9)</li> <li>Must contain at least one Symbol (e.g., J@\\#\$%()+_*)</li> </ul>	
CONTINUE	

Select the "eye icon" to view the entered password and verify it has been entered as intended. Once satisfied, select **Continue**.

assword	
Provider1!	Ð
onfirm Password	
Provider1!	Ф
Password Complexity Requirements: • Must be at least 8 characters • Must contain at least one Lower case letter • Must contain at least one Upper case letter • Must contain at least one Number (0-9) • Must contain at least one Symbol (e.g. ,1@\\#\$%()+_=)	



#### **Phone Verification**

A valid phone number must be verified prior to completing registration. Select the preferred option to either receive a call or text verification.

Multi Factor Authentication Enrollment
In order to sign in to your account, we use multi-factor authentication, which requires you to provide a cell phone number and/or a number to be able to receive phone calls with a security code from our identity provider
<ul> <li>Enroll SMS (Text) Verification</li> <li>Enroll Voice (Call) Verification</li> </ul>
CONTINUE

Once the verification option is selected, enter the phone number and select **Request Code**.

Multi Factor Authentication Enrollment	
In order to sign in to your account, we use multi-factor authentication number to be able to receive phone calls with a security code from	on, which requires you to provide a cell phone number and/or a our identity provider
<ul> <li>Enroll SMS (Text) Verification</li> <li>Enroll Voice (Call) Verification</li> </ul>	
Enroll In Text(SMS) Verification	
Phone Number	Request Code
Verification Code	Verify Code
CON	TINUE

Enter the code received into the blank field below the phone number and select **Verify Code**. You will receive a successful message in when complete.

Please only click **Send Code** once. If it selected multiple times, multiple codes will be sent and only the last code will be valid.



Aulti Factor Authentication Enrollment	
In order to sign in to your account, we use multi-factor authentication, whic number to be able to receive phone calls with a security code from our iden	n requires you to provide a cell phone number and/or a tity provider
Enroll SMS (Text) Verification	
DEnroll Voice (Call) Verification	
nroll In Text(SMS) Verification	
123-456-7890	Request Code
269925	Verify Code
Text enrolled successfully	
CONTINU	E

#### **Terms & Conditions**

After the phone validation, you will be taken to the last step which is the **Terms & Conditions**. These must be agreed to before registration can be completed. Read through the Terms & Conditions, scroll to the bottom of the page and click **Accept Terms & Conditions** to complete registration.

Single Sign-On and Provider Portal Terms and Conditions
This is a binding agreement("Agreement") between SSM Health Plan, SSM Health Insurance Company, and Dean Health Service Company, LLC (together "We", "Us", or " Our") and you and your provider organization (individually and/or collectively "You" or "Your") which governs Your use of this Web Site ("Site") and all services ("Services") made available to You through this Web Site and Us and/or third parties. During registration on this Site, by clicking on the box that indicates your acceptance and references this Agreement, You agree to the terms of this Agreement. If you are entering into this Agreement on behalf of a company, legal entity, or individual provider, You represent that You have the authority to bind such person or entity and its Affiliates to this Agreement. If you do not have such authority, or if you do not agree with these terms and conditions, you must not accept this Agreement and may not use the Service. This Agreement is effective as of that date that you accept it.
<ol> <li>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. Access to certain Services may require You to provide Us or certain third parties with additional information.</li> </ol>
2. <u>User Access</u> . The Site and Services will be accessible only to persons that have registered to use the Site and that You authorize to access the Site and receive the Services ("Users"). All User information provided to us, including without limitation enrollment information, must be current, accurate, and complete. By clicking on the box that indicates your acceptance and references this Agreement, you accept Our on- line user agreements ("User Agreements") for Our Site and Services. You are responsible for ensuring Users' compliance with the User Agreements, all acts or omissions by Users, and for any damages incurred as a result thereof. You may enable Users by submitting to Us a written request signed by Your authorized representative containing such User information as We may require and the desired access provide access the max approve in writing. You or any of Your authorized representatives may disable
ACCEPT TERMS & CONDITIONS



#### **Registration Completion Confirmation**

Once registration is completed a confirmation message will appear. A confirmation email will also be sent confirming successful registration. **Please be aware this is a confirmation of registration only, and not an approval of access.** 

If both the Organization and Individual registration were just completed, the following confirmation will display:

egistration (	Completed
Your orga	nization's registration is complete!
Please not finalized a access wit	te: To safeguard access to your data, your registration will be t the health plan. You will receive notification regarding your hin two business days of this request.
	ОК

The registration information provided will be reviewed by a Dean Health Plan Administrator. Registrants will receive an email confirmation of their access status within two business days. If any further information is needed, the Dean Health Plan Administrator will call to verify any details in question.

Non-Site Administrators who completed registration as Individuals under existing Organization accounts will need to be approved by the Administrator on the provider portal account. The registration information provided will be reviewed by the Organization's Site Administrator. Once the review is complete, a secure email will be sent to the email address that the registrant provided during registration.

# Тір

If an email confirmation is not received within two business days, check to see if the email was delivered to your junk or spam email box.

- If approved, you will be granted access to the Provider Portal under the login created during registration.
- If access is denied, please contact the Organization Site Administrator with any questions. Individual users cannot be added without the approval of the Organization Site Administrator.

## Thank you, and welcome to the Dean Health Plan Provider Portal!

