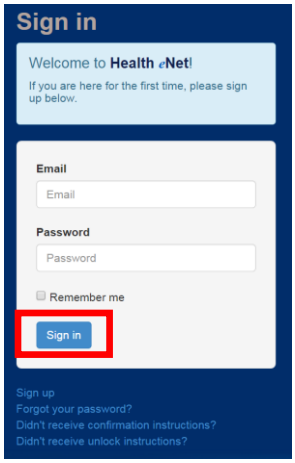
Health *e*Net Step-By-Step Registration Instructions

Step 1 Create User Account (Anyone completing Step 2 or 3)
Step 2 Complete Participation Agreement (Signatory)
Step 3 Complete Registration (Provider or Office Manager)

Step 1 Create User Account (Anyone completing Step 2 or 3)

1) **Click on URL https://healthenet-register.hawaiihie.org/**

2) **Select "Sign-Up"**



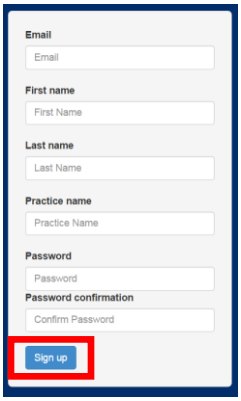
3) **Enter required information**

   a) **Email address (Where you will receive a confirmation email to activate the account)**

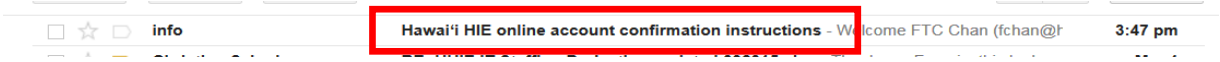
   b) **First Name, Last Name, Practice Name**

   c) **Password**

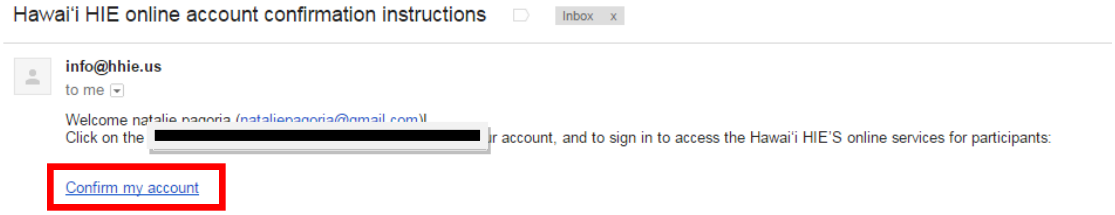
4) **Select Sign-Up**



5) **Check your email**



6) **Select the link in your confirmation email**

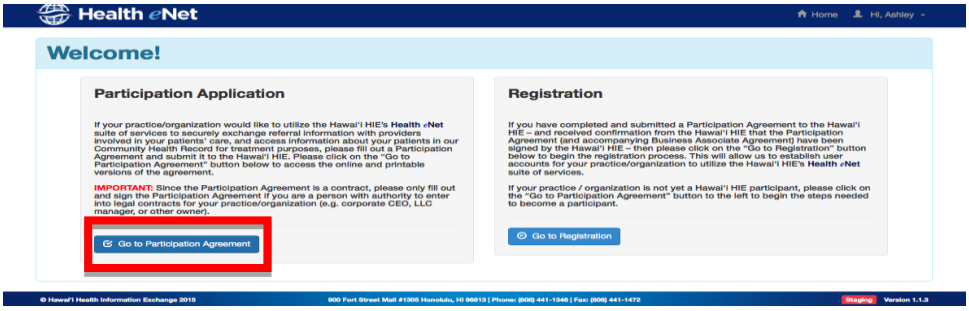


7) **Log-in through the link in your email to complete activation of your account**

Step 2 Complete Participation Agreement (Signatory Only)

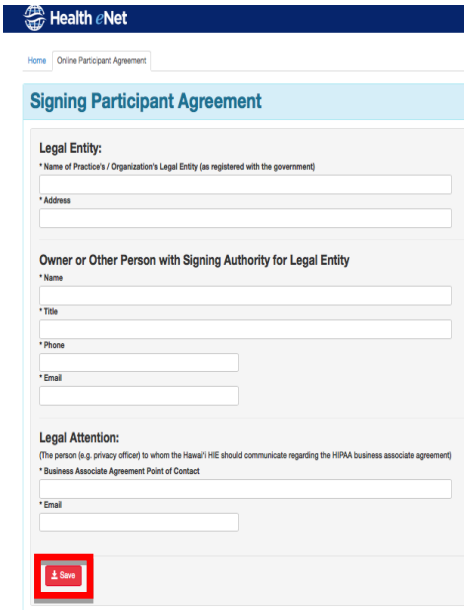
1) **Log-in to https://healthenet-register.hawaiihie.org/**

2) **Select "Go to Participation Agreement"**

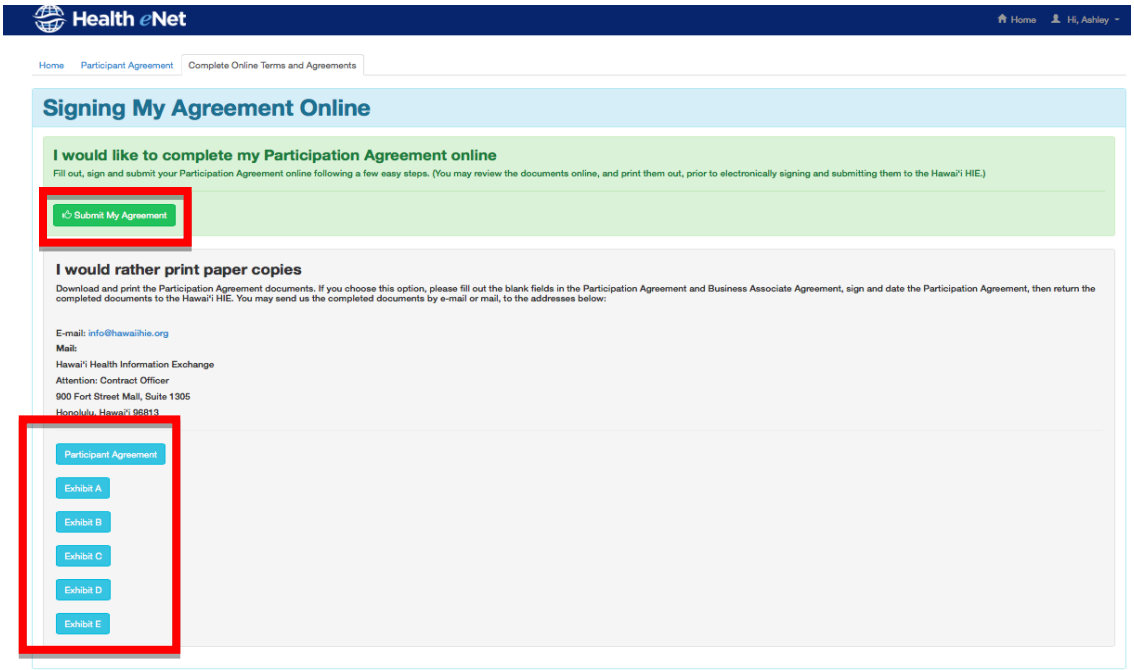


3) **Read the instructions and explanation of the process and select "Start filling out Participation Agreement".**

4) Enter all required information and select "Save"

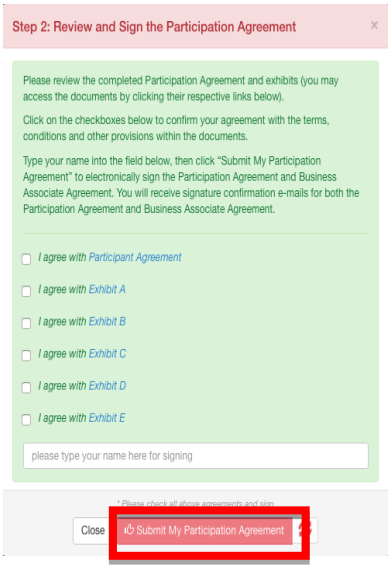


5) Electronically sign your Participation Agreement by selecting "Submit My Agreement" OR if you would rather print you may download and print the individual copies

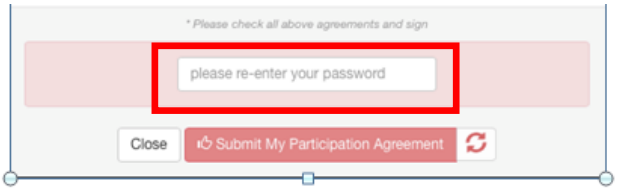


6) Review the completed Participation Agreement and Exhibit

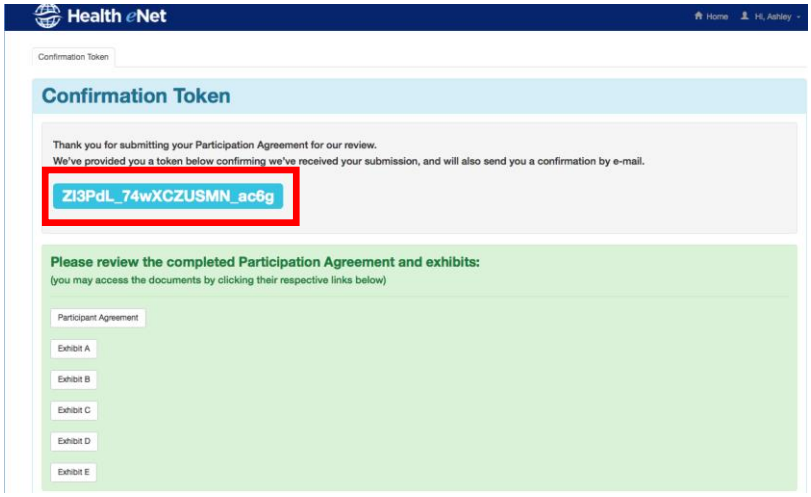
Check each box, type your name and select "Submit My Participation Agreement"



7) Enter password and select "Submit My Participation Agreement"



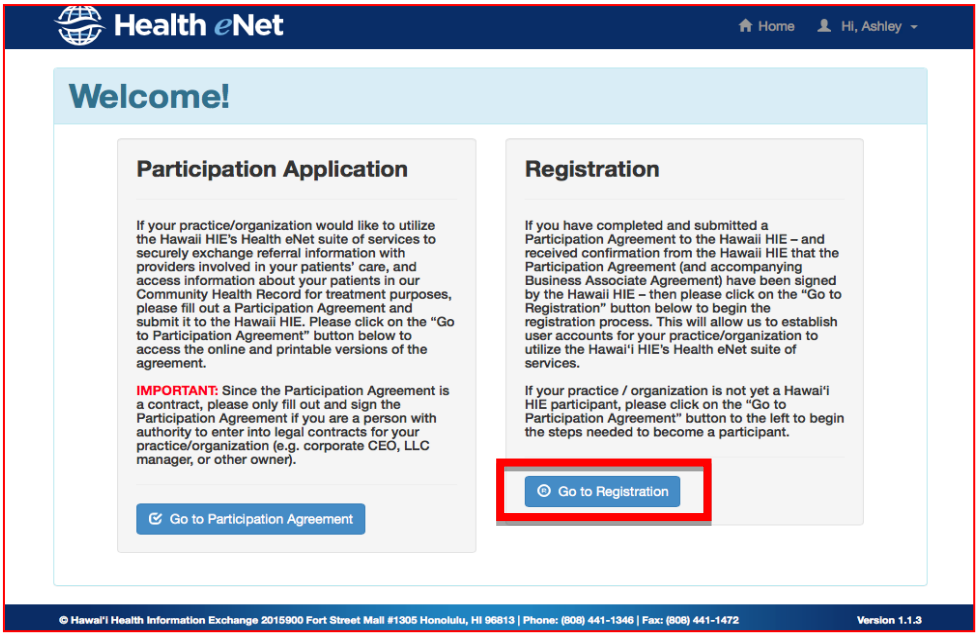
8) A confirmation email will be sent including a confirmation token



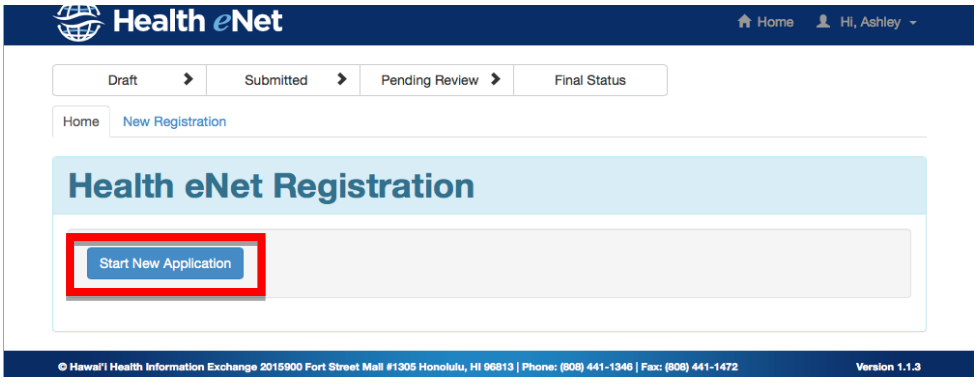
Step 3 Complete Registration (Provider or Office Manager)

1) **Log-in to https://healthenet-register.hawaiihie.org – If you have not already signed up for an account, follow directions in Step 1.**

2) **Select "Go To Registration"**

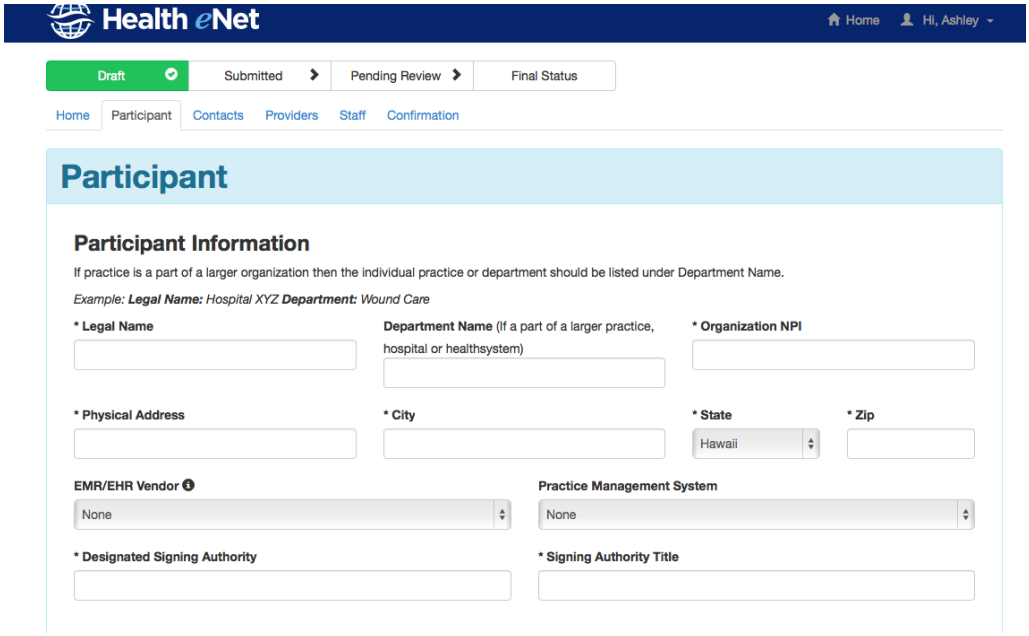


3) **Select "Start New Application"- If you have already started an application select the draft**



4) Enter all Participant Information

***Complete the legal name text box as required. If the practice is a part of a larger organization, then enter the department name in the next box.**



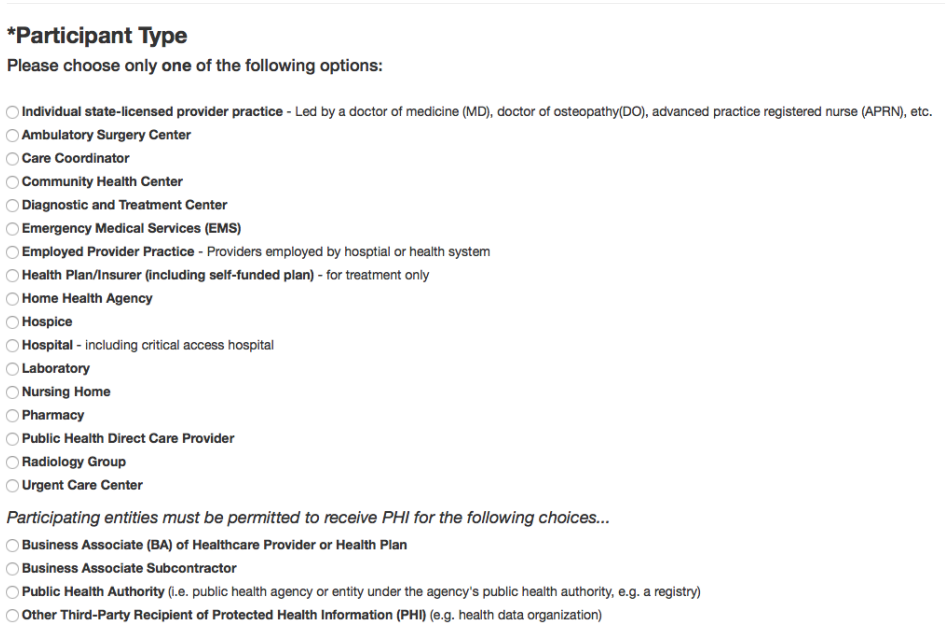
5) Are you registering as a current contractor or part of providing clinical services to: *(select all that apply)*

- ☐ Queen's Clinically Integrated Network (QCIPN)
- ☐ Hawaii Department of Health (DOH)
- ☐ Castle Health Group (CHG)
- ☐ Hawaii Primary Care Association (HPCA)

6) Registration Type: *(select all that apply)*

- ☐ CHR (Community Health Record)
- ☐ CHR with Referrals
- ☐ Direct Secure Messaging (Standalone)
- ☐ Direct Secure Messaging (Integrated into the CHR)

7) Choose Participant Type



***Participant Type**

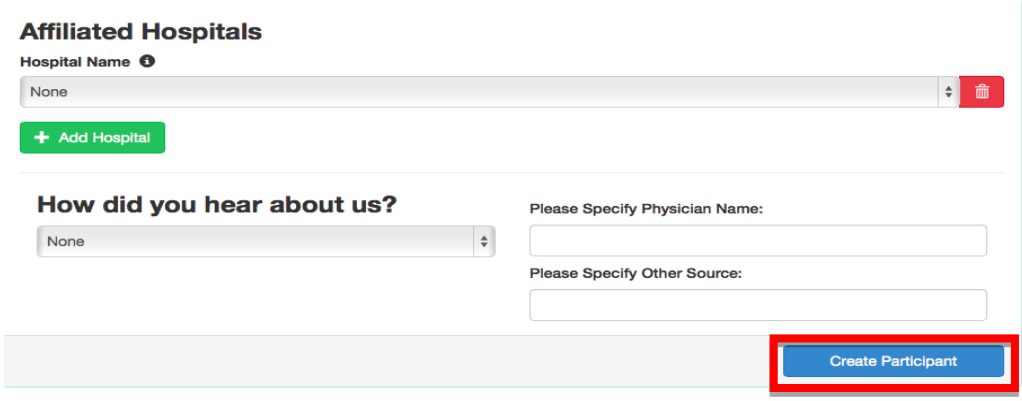
Please choose only one of the following options:

- ○ **Individual state-licensed provider practice** - Led by a doctor of medicine (MD), doctor of osteopathy(DO), advanced practice registered nurse (APRN), etc.
- ○ **Ambulatory Surgery Center**
- ○ **Care Coordinator**
- ○ **Community Health Center**
- ○ **Diagnostic and Treatment Center**
- ○ **Emergency Medical Services (EMS)**
- ○ **Employed Provider Practice** - Providers employed by hosptial or health system
- ○ **Health Plan/Insurer (including self-funded plan)** - for treatment only
- ○ **Home Health Agency**
- ○ **Hospice**
- ○ **Hospital** - including critical access hospital
- ○ **Laboratory**
- ○ **Nursing Home**
- ○ **Pharmacy**
- ○ **Public Health Direct Care Provider**
- ○ **Radiology Group**
- ○ **Urgent Care Center**

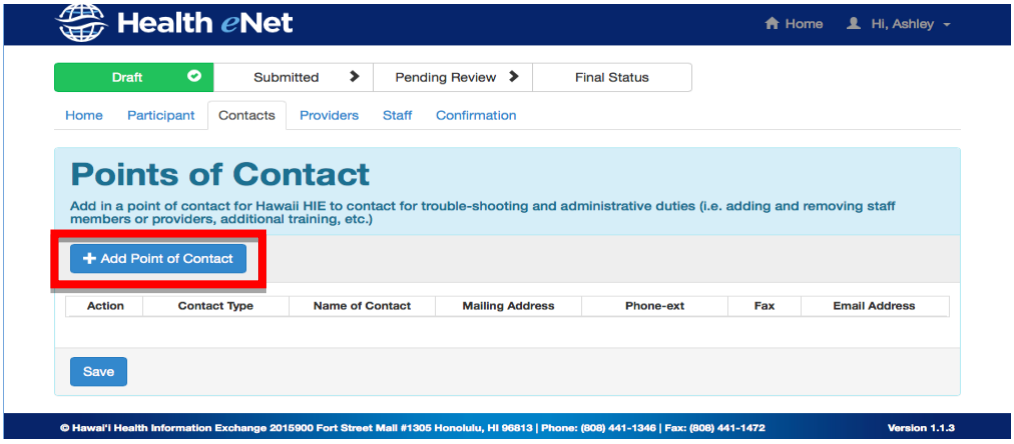
Participating entities must be permitted to receive PHI for the following choices...

- ○ **Business Associate (BA) of Healthcare Provider or Health Plan**
- ○ **Business Associate Subcontractor**
- ○ **Public Health Authority** (i.e. public health agency or entity under the agency's public health authority, e.g. a registry)
- ○ **Other Third-Party Recipient of Protected Health Information (PHI)** (e.g. health data organization)

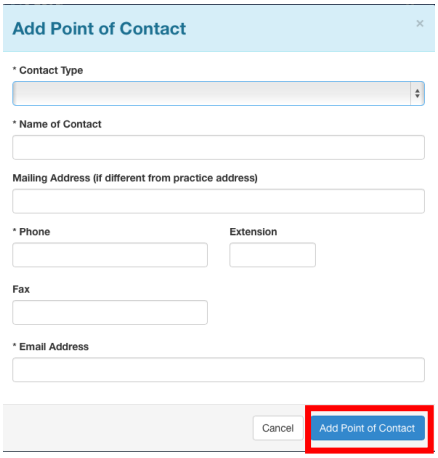
8) Choose affiliated hospitals and select "Create Participant"



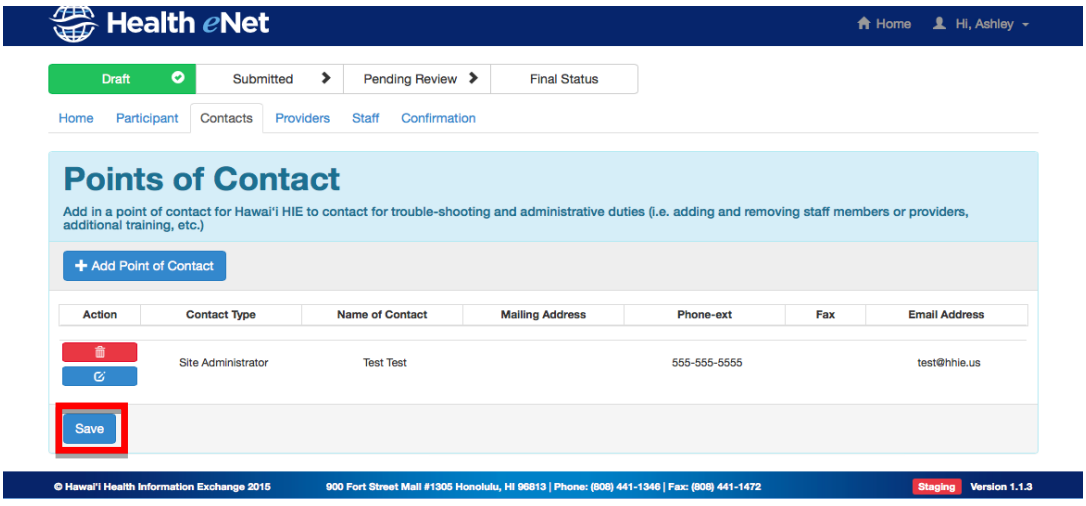
9) **Select "Add Point of Contact"**



10) **Enter required Point of Contact information and select "Add Point of Contact"**

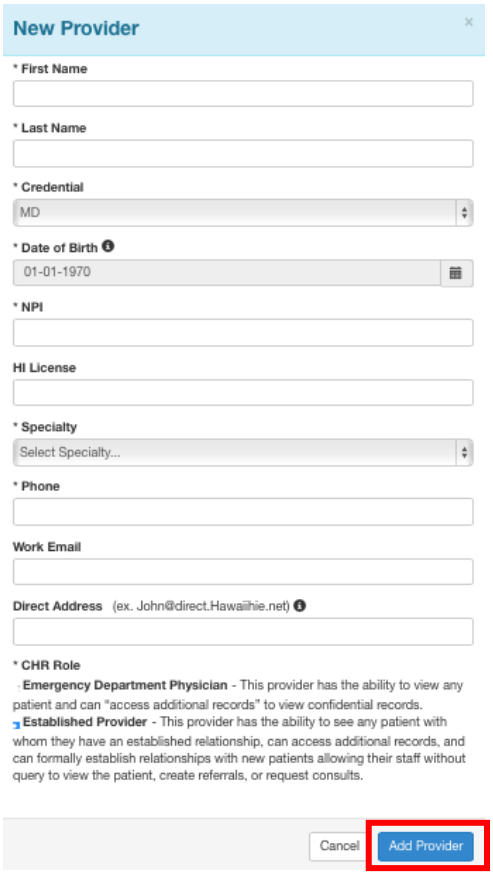


11) **After completing the contacts, click "Save" to advance to the organization's providers information**

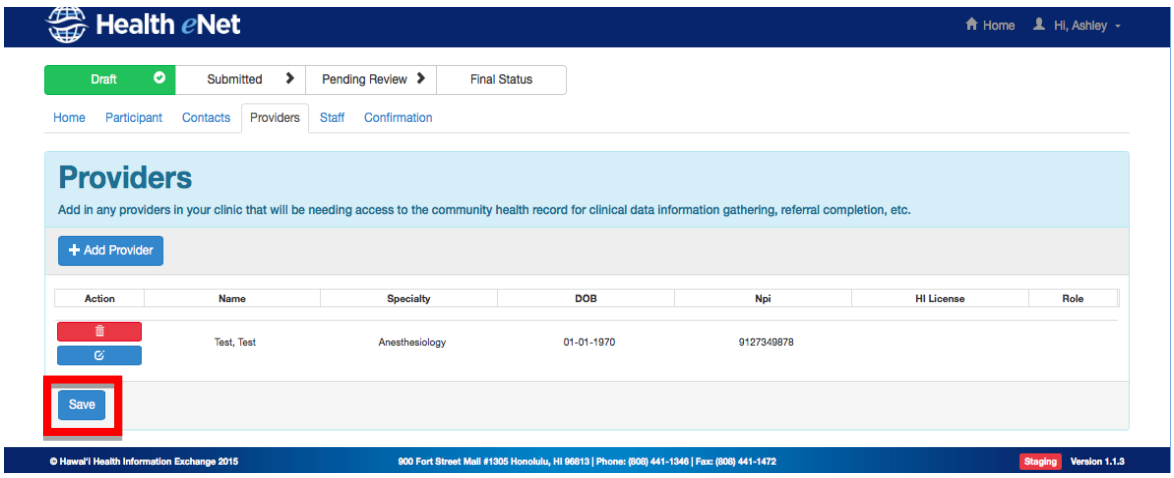


12) Add all practicing providers and complete all provider information.

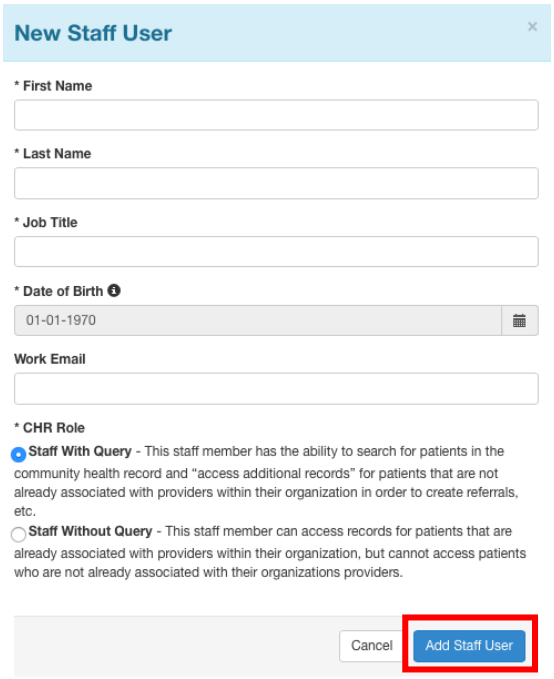
The information allows Hawai'i HIE to verify that all Providers are licensed professionals in good standing and not excluded by CMS or the State of Hawai'i:



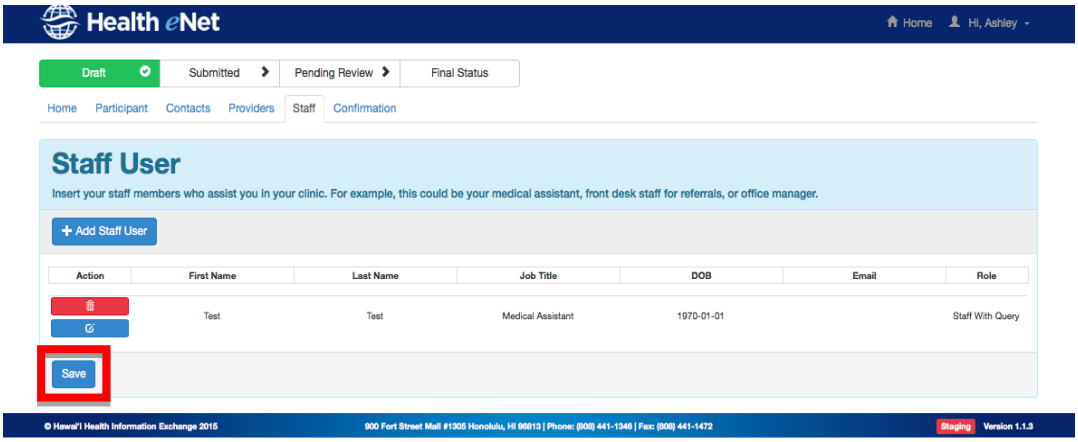
13) Once the providers section is completed, click "Save." This will allow you to proceed so you can add the staff members who will need access.



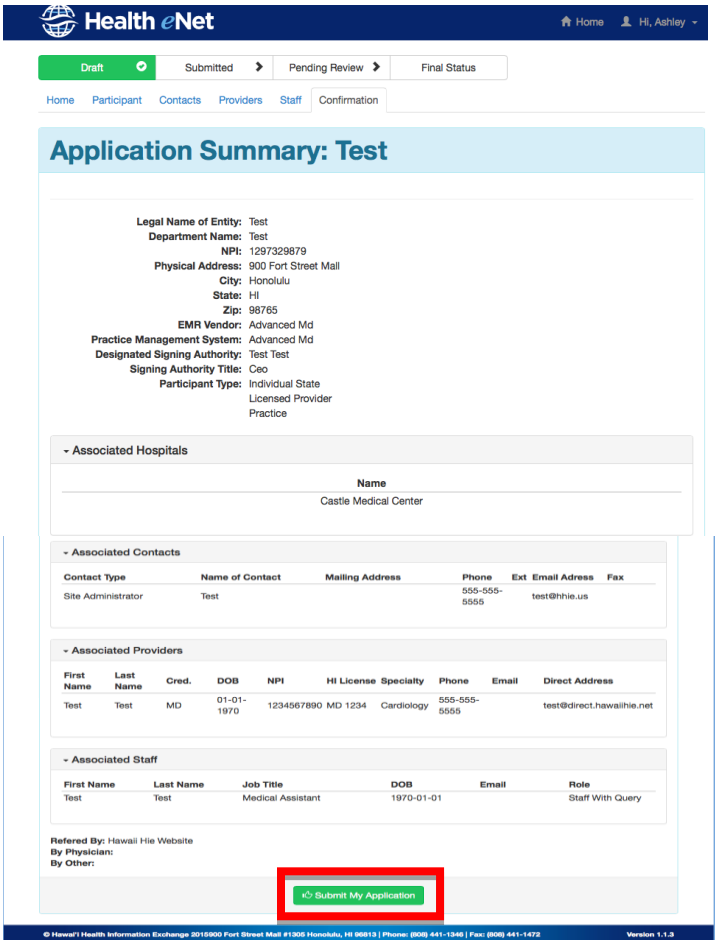
14) **Add all staff users by entering staff information, selecting access role, and clicking "Add Staff User".**



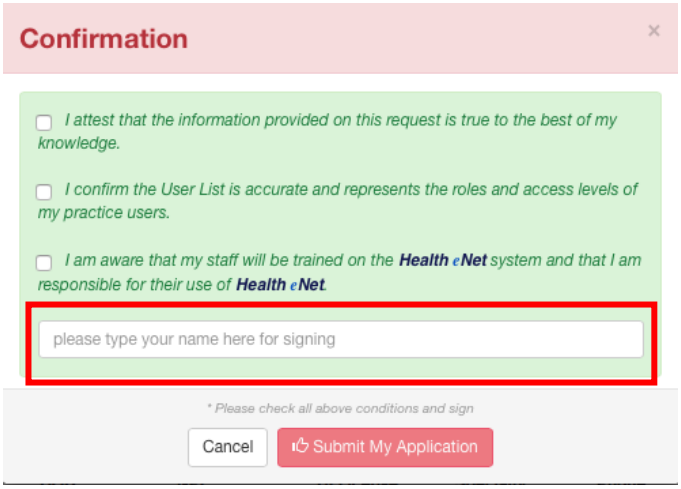
15) **Once you have completed adding staff members, click "Save." You will proceed to the summary of all the information you have entered. Review the materials carefully.**



16) **Carefully verify all information is correct and complete. Once the information has been carefully reviewed, click 'Submit My Application"**



17) **Confirm accuracy of information provided by checking boxes, type in name and select "Submit My Application"**



18) When the information has been successfully submitted, you will return to the home page.