

# KP HealthConnect™ Online Affiliate

2022



**REGISTRATION  
GUIDE**

03/25/22

## Registration Guide



We're excited to introduce a new service to you, our valued external providers!

**Kaiser Permanente Online Affiliate (KP Online Affiliate)** offers you "read" access to the electronic medical and claim records of Kaiser Permanente members for whom you provide care. This new feature allows you to deliver a greater continuity of care to our members.

**KP Online Affiliate** is the most recent addition to KP HealthConnect™, our comprehensive and integrated electronic health record. KP HealthConnect™ links our members securely to their health care teams, personal health information, and the latest medical knowledge.

### Purpose of the Registration Guide

This registration guide has a three-fold purpose:

- Walk through the steps of activating your **KP Online Affiliate** account
- Show you how to use the basic functionalities of **KP Online Affiliate**
- Explain what kinds of information you can access with **KP Online Affiliate**



### What types of information can I access with KP Online Affiliate?

**KP Online Affiliate** is unlike any program of its kind, combining elements of claims and referral tracking\* with instant and secure access to the health records of your Kaiser Permanente patients.

With **KP Online Affiliate**, you can:

- View member eligibility and benefits
- View referrals/authorizations (for contracted providers)\*
- View and print Explanation of Payment (EOP) statements
- View patient medical records (for contracted providers)\*
- View Claim Status (KP Claim number, service date, received date, billed amount, allowed amount, check number, etc.)
- Take actions on a claim:
  - ✓ file a dispute/appeal
  - ✓ respond to a KP request for information (RFI)
  - ✓ proactively submit claim supporting documentation

\* Clinical features not available in all regions

# ACTIVATING YOUR ACCOUNT

While signing up for your KP Online Affiliate account involves only a few steps, activating an account may take some time as several approvals and communication happen behind the scenes.

You are an important part of extending excellence in patient care to our members. We appreciate your patience with this process.

## What to expect

There are three steps in activating an account:

- 1 Registering as an Individual User/Administrator
- 2 Verifying the User's Identity
- 3 Logging In with the User ID and Password

## Registering as an Individual User/Administrator

New User Registration involves two steps:

1. Registration (entering of the User's specific information)
2. Verifying Identity (ensuring the User's information and identity are accurate)

To start the registration process:

1. Launch Internet browser (*Internet Explorer, Google Chrome and Safari* are supported browsers)
2. Type [providers.kaiserpermanente.org](https://providers.kaiserpermanente.org) into the address line (or click the link if viewing online) to go to the **Community Provider Portal (CPP)**
3. Press **ENTER**, the CPP home page appears
4. Select your provider region from the dropdown list
5. For all provider regions (except WA), click **Online Affiliate** located in menu bar on left
6. For all provider regions (except WA), click **Registration** in the activity menu on the bottom left
7. Under "Registration" click on the appropriate **Select registration type** option (see Figure 1)

Registration ①—②

Select registration type

I am an **individual user**, needing to register for access

I am an **administrator**, needing to register for access

OR

I am a **returning user**, looking for user ID

I am a **registered user**, and need to **activate** account

Continue

Figure 1

**Individual User:** An individual person needing to request access to Online Affiliate.

**Administrator:** A person needing to register for access to Online Affiliate deemed as the point of contact for a provider/vendor group and has authority to initiate access for other people in the group. If approved for Administrator access, this individual will have the capability to initiate user registration requests for others in their group via a bulk load process.

**Registered User (needing to activate):** A person whose registration was initiated by an administrator for their provider/vendor group and received an email with the subject "Please complete your registration."

# ACTIVATING YOUR ACCOUNT

## Registering as an Individual User/Administrator (continued)

### Registration Screen

8. Complete the following sections:

- A. Personal information
- B. Work information
- C. Provider associations and access request (page 5)
- D. User Supervisor or Provider Group Administrator information (page 6)
- E. Review (page 7)

A. Personal information (Figure 2)



The screenshot shows a web form titled "Registration" with a sub-section "Personal information". The form includes the following fields: "First name" (Jane), "Last name" (Smith), "Date of birth" (10/09/1965), and "Last 4 digits of Social Security Number" (5578). There are numbered callouts 1 and 2 in the top right corner of the form area.

Figure 2

B. Work information (Figure 3)



The screenshot shows the "Work information" section of the registration form. It includes the following fields: "Work email" (test-email@kp.org), "Verify work email" (test-email@kp.org), "Work phone" ((555) 555-1212) and "Extension" (789), "Department" (Department name), "Work address" (123 West Elm Street), "City" (Anytown), "State" (CA), and "Zip code" (90000).

Figure 3

# ACTIVATING YOUR ACCOUNT

## Registering as an Individual User/Administrator (continued)

### Registration Screen

#### C. Provider associations and access request

- For both the **License or Certification** and **Access type/job role** dropdown menus, if you select **Other**, you will then have a text field to type in more specific information. (Figure 4)

**Provider associations and access request**

If you are an individual provider, please use your most recent NPI. For administrators and other employees who require access to more than one provider's claims information for performance of their work, please use the Tax ID number associated with your employer or organization.

After you submit, your request will be reviewed. Once your association is approved you will see it in the table below. You may add as many provider associations as necessary.

**Select areas:** Select the area where you primarily provide services to Kaiser Permanente members

CA-Northern     CA-Southern     Colorado     Hawaii  
 Georgia     Maryland/Virginia/DC     Oregon/SW Washington

**Tax ID**    **Provider name**    **NPI**  
123456789    Health Center West    optional

**Job title** (i.e. billing clerk, radiologist)  
Nurse

**License or Certification**  
RN

**Access type / job role**  
Clinical (includes administrative)

**Confirm and Add**

Figure 4

- Figure 5 below provides an example of an approved association. (**Note:** There may be a delay in loading the provider name after entering the Tax ID number.)

**Provider associations and access request**

If you are an individual provider, please use your most recent NPI. For administrators and other employees who require access to more the one provider's claims information for performance of their work, please use the Tax ID number associated with your employer or organization.

After you submit, your request will be reviewed. Once your association is approved you will see it in the table below. You may add as many provider associations as necessary.

Tax ID	Provider name	NPI	Areas	Job title	License or certification	Access type / job role
837210694	Community Hospital	999999999	CA - Northern	Physician	MD	Clinical (includes administrative)

**Tax ID**    **Provider name**    **NPI**  
required    required    optional

**Select areas:** Select the area where you primarily provide services to Kaiser Permanente members

CA - Northern     CA - Southern     Colorado     Hawaii  
 Georgia     Maryland/Virginia/DC     Oregon/SW Washington

Figure 5

# ACTIVATING YOUR ACCOUNT

## Registering as an Individual User/Administrator (continued)

### Registration Screen

#### D. User Supervisor or Provider Group Administrator information

For Kaiser Permanente compliance purposes, we need to have the following information for the individual who has the authority to validate a user's need to have continued access on a regular basis. (Figure 6)

The form is titled "User Supervisor or Provider Group Administrator information" and contains the following fields:

- First name**: required text input field.
- Last name**: required text input field.
- Work email**: required text input field.
- Verify work email**: required text input field.
- Work phone**: required text input field, with a sub-label "e.g. (999) 999-9999".
- Extension**: optional text input field.
- Same as work address above
- Work address**: required text input field.
- City**: required text input field.
- State**: required dropdown menu.
- Zip code**: required text input field.

A "Submit and continue" button is located at the bottom left of the form.

Figure 6

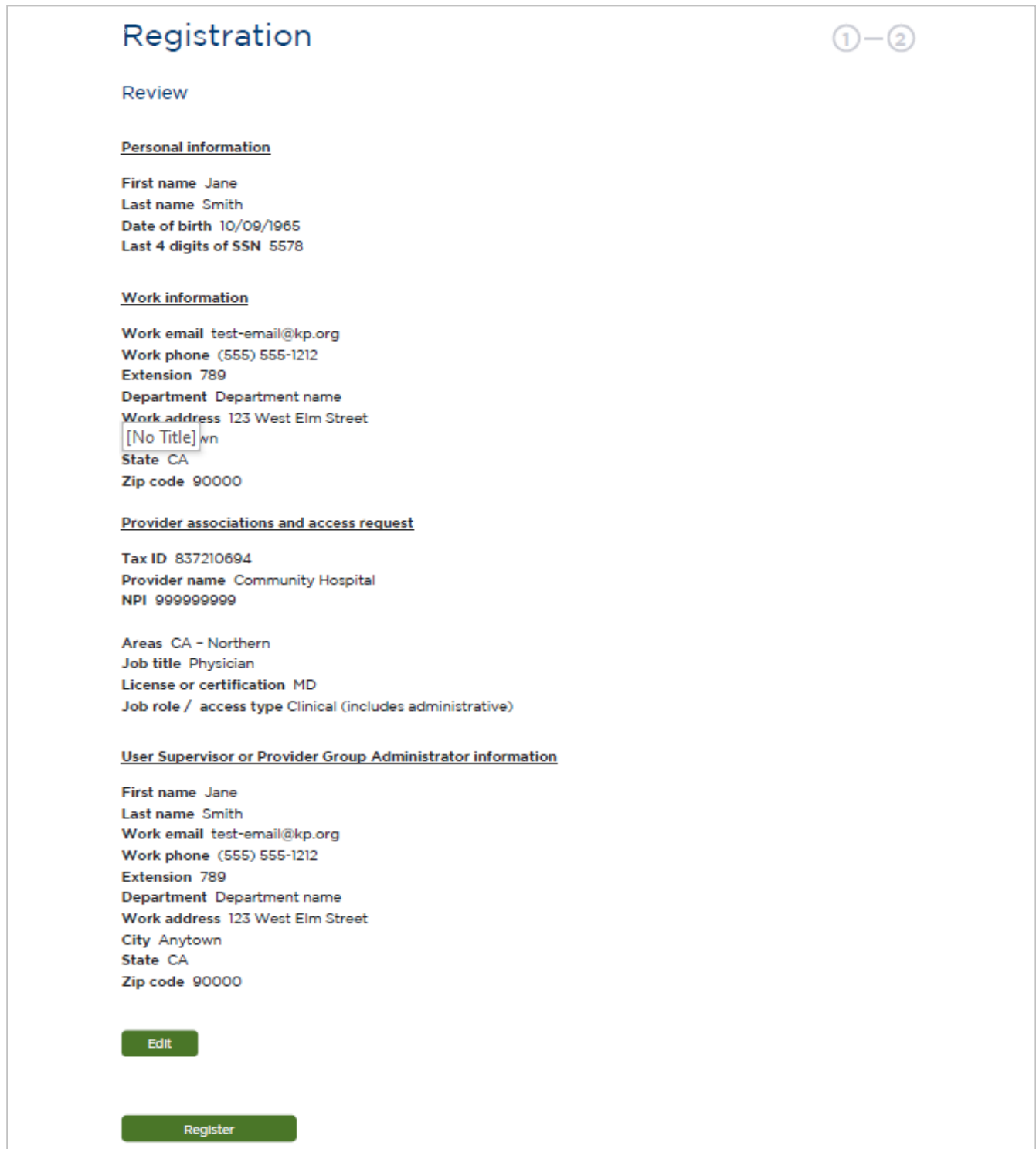
# ACTIVATING YOUR ACCOUNT

## Registering as an Individual User/Administrator (continued)

### Registration Screen

#### E. Review

Double check all previously entered information. If any corrections need to be made, press the **Edit** button and make the necessary changes. Once complete, click on the **Register** button to continue to the next step in the registration process. (Figure 7)



The screenshot shows a 'Registration' screen with a progress indicator '1-2' in the top right. The main heading is 'Registration' and the sub-heading is 'Review'. The form is organized into several sections:

- Personal information:** First name Jane, Last name Smith, Date of birth 10/09/1965, Last 4 digits of SSN 5578.
- Work information:** Work email test-email@kp.org, Work phone (555) 555-1212, Extension 789, Department Department name, Work address 123 West Elm Street, [No Title] vn, State CA, Zip code 90000.
- Provider associations and access request:** Tax ID 837210694, Provider name Community Hospital, NPI 999999999, Areas CA - Northern, Job title Physician, License or certification MD, Job role / access type Clinical (includes administrative).
- User Supervisor or Provider Group Administrator information:** First name Jane, Last name Smith, Work email test-email@kp.org, Work phone (555) 555-1212, Extension 789, Department Department name, Work address 123 West Elm Street, City Anytown, State CA, Zip code 90000.

At the bottom of the form, there are two buttons: 'Edit' and 'Register'.

Figure 7

# ACTIVATING YOUR ACCOUNT

## Verifying the User's Identity

### Verify Identity Screen

Kaiser Permanente uses technology to match your personal mobile phone number, and/or Knowledge-Based Authentication (KBA), utilizing information from publicly-accessible records to verify the user's identity.

To initiate this process:

- Simply fill out the **Verify identity** information
- Enter the **Security Check** code
- Accept the **Kaiser Permanente End User Agreement** by checking the appropriate box

(See Figure 8)

#### Note:

Be sure the Home address being typed matches the billing address for the mobile phone number being entered. If the address matches, the Verification Code/PIN number will be sent to your cell phone via text message to enter in the field shown in Figure 9 below.

If the home address does not match the billing address, the User will go through the verification process (see page 9).

**Verify identity** ✓ 2

We need to ask you a few questions about yourself to continue setting up your secure access.

The questions use information from public records. Your answers will be verified by an independent company and your identity will remain secure. We do not review the questions or answers or get copies of this information.

**Name**  
Jane Smith

**Mobile phone number**  
e.g. (999) 999-9999

**Home address**

**Home city**  **Home state**  **Home zip code**

**Sign on information**

**Password**

**Confirm password**

**Security check**

[Get a new code](#)

**Enter the characters you see above**

**Terms and conditions**

You must accept [Kaiser Permanente End User Agreement](#) to use this website

I have read the Terms and Conditions and agree to the terms stated

Figure 8

**KAISER PERMANENTE**

**Verify Code** ✓ 2

Please enter the verification code received on your mobile phone.

[Sign on](#)

[Quick access](#)

[Privacy](#)

[Terms and conditions](#)

Figure 9



# ACTIVATING YOUR ACCOUNT

## Verifying the User's Identity (continued)

### Verify Identity Screen

**Note:**

When creating the user password, follow these Online Affiliate password guidelines. (Figure 10)

**Password requirements:**

- Must be at least 8 characters
- Must NOT be longer than 30 characters
- Must contain at least 1 uppercase character
- Must contain at least 1 lowercase character
- Must contain at least 1 numeric character
- Must NOT match or contain user ID
- Must NOT contain your first and last name
- Must NOT be one of 5 previous passwords
- Must NOT contain special characters and spaces

Figure 10

In case the mobile phone number matching was unsuccessful, the user will then be presented with three questions, taken from publicly-accessible records. (Figure 11)

The screenshot shows a 'Verify identity' screen with a green checkmark and a '2' in a circle in the top right corner. The screen contains three questions, each with radio button options:

- Based on your background, in what county is 3580 Calle Mireya Court?**
  - Ben Hill
  - Emanuel
  - Macon
  - Stewart
  - I have never been associated with this address
- Which of the following vehicles have you recently owned or leased?**
  - 1999 Oldsmobile Cutlass
  - 2000 Audi A6
  - 2001 Bmw 3 Series
  - 2007 Toyota Fj Cruiser
  - I have never been associated with any of these vehicles
- Which of the following colleges have you attended?**
  - Chowan College
  - Goldey-beacom College
  - Rockland Community College
  - Warner Pacific College
  - None of the above

A green button labeled 'Submit and continue' is located at the bottom of the form.

Figure 11

# ACTIVATING YOUR ACCOUNT

## Verifying the User's Identity (continued)

### Verify Identity Screen

If submission is successful, you will see the Confirmation message shown in Figure 12 below. If not, you will be referred to a regional Kaiser Permanente representative for further assistance. See the [List of Email Contacts by Region](#) on page 18 for contact information.

**Note:** You will see two green checkmarks that replace the "1" and "2" on the top right. This indicates completion of both registration steps. (Figure 12)

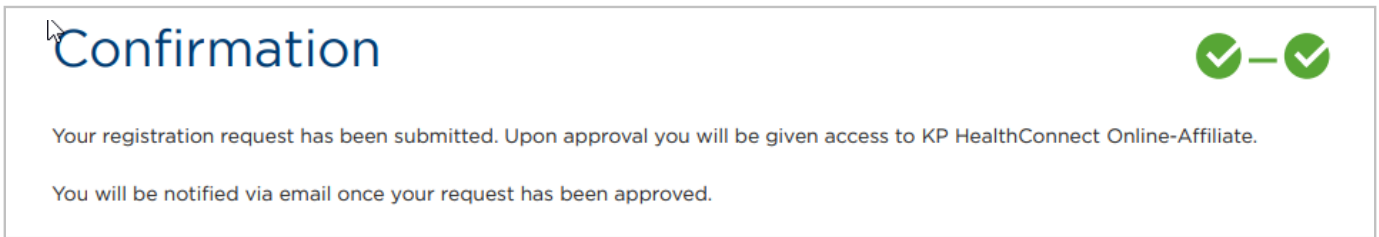


Figure 12

## Logging In with the User ID and Password

### Sign On Screen

Once approved as a new user, you will receive an email containing your **User ID** (may be referred to as "NUID" by Kaiser Permanente staff), which is a unique alphanumeric identifier consisting of one letter followed by six numbers (i.e., A123456 or Z987654).

Enter the User ID and Password you created during the registration process in order to log in to the Portal. (Figure 13)

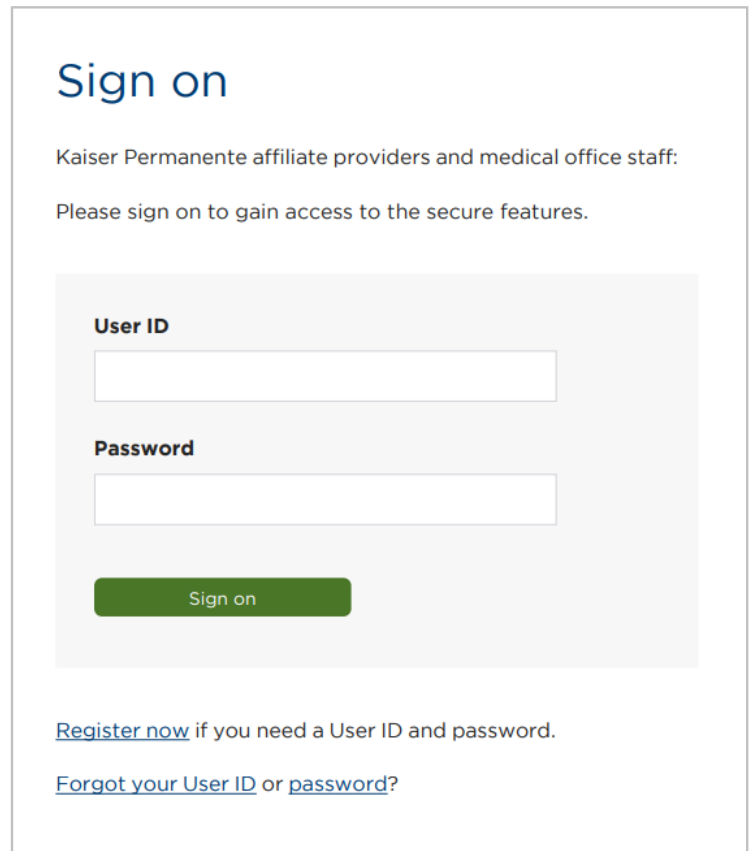


Figure 13

# MANAGING YOUR ACCOUNT INFORMATION

## Profile

Users can manage account information and edit as needed. Simply navigate to the [Profile](#) page by clicking the [Profile](#) link under the **My account** menu, then click the [Edit](#) button to make changes. **Note:** Once clicked, the [Edit](#) button changes to [Done](#) (shown below in Figure 14). Click on [Done](#) to save changes.

The screenshot shows the 'Profile' page with a 'Done' button highlighted in red. The page is divided into three main sections: Personal information, Work information, and Supervisor information. Each section contains several input fields for text, email, phone, and address. On the right side, there is a 'My account' menu with 'Profile' highlighted in red, along with other links like 'Bulk user registration', 'Provider associations and access', 'Security', 'Quick access', 'Regional portal links', 'Privacy', and 'Terms and conditions'.

Figure 14

## Provider Associations and Access

To modify provider associations and access, click on the [Provider associations and access](#) link from the **My account** menu. New provider associations can be added by filling in the fields shown below in Figure 15. If the user wants to remove access to an existing provider, simply click on the [Remove](#) button (also shown below).

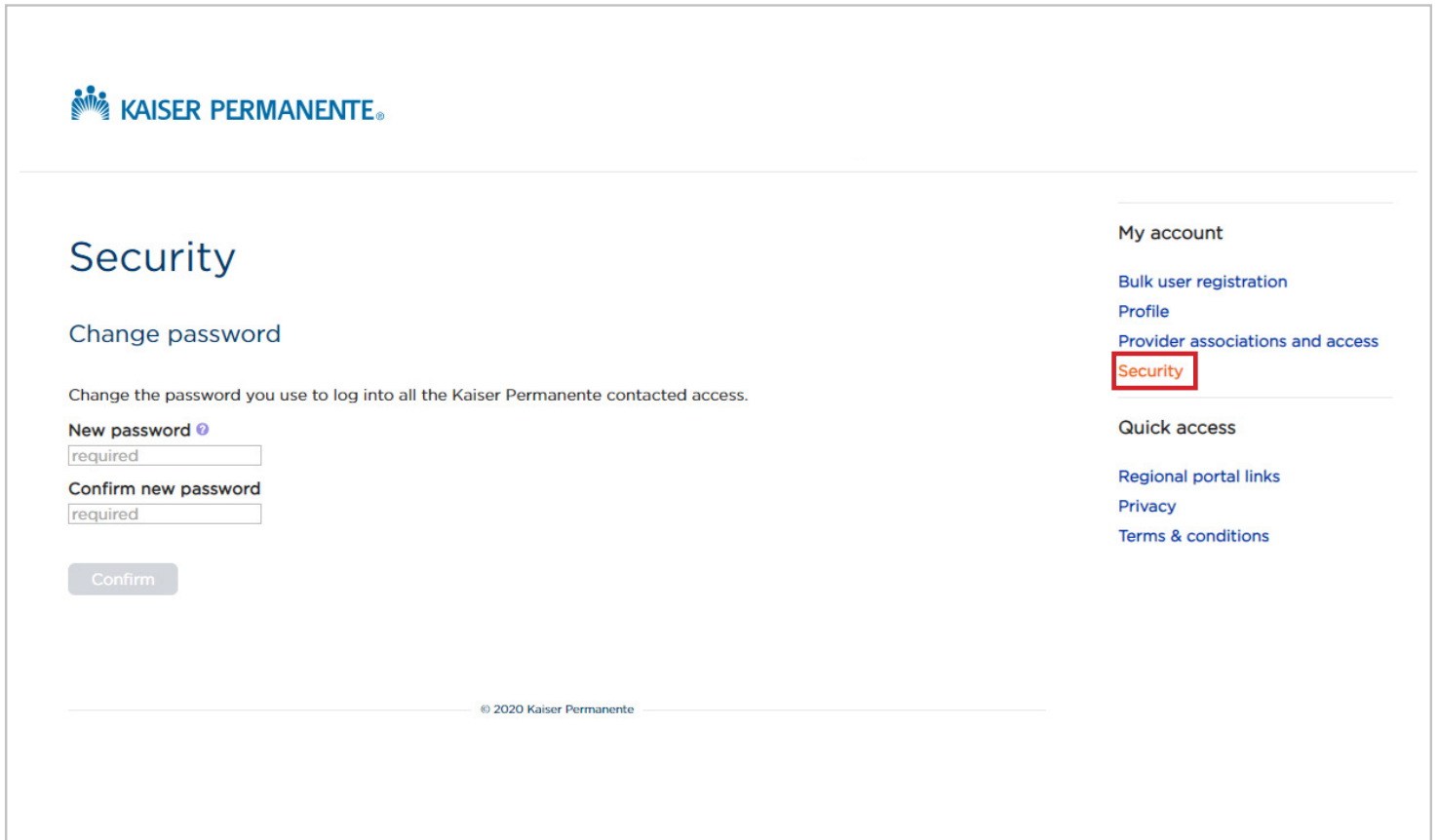
The screenshot shows the 'Provider associations and access' page. It includes instructions for individual providers and administrators. A form is highlighted with a red border, containing fields for 'Select areas', 'Tax ID', 'Provider name', 'NPI', 'Job title', 'License or certification', and 'Access type / job role'. Below the form is a 'Submit' button. At the bottom, there is a table of 'Active associations and access' with a 'Remove' button next to it.

Tax ID	Provider name	NPI	Areas	Job title	License or certification	Access type / job role
937210694	Community Hospital	999999999	CA - Northern	Physician	MD	Clinical (includes administrative)

Figure 15

## Security

Users can change existing password by navigating to the **Security** page from the **My account** menu. Click on the **?** icon next to **New password** to display password requirements (also in Figure 19 on page 14). Enter a new password that meets the requirements in the **New password** field, then re-enter in the **Confirm new password** field, then click on **Confirm**. (Figure 16)

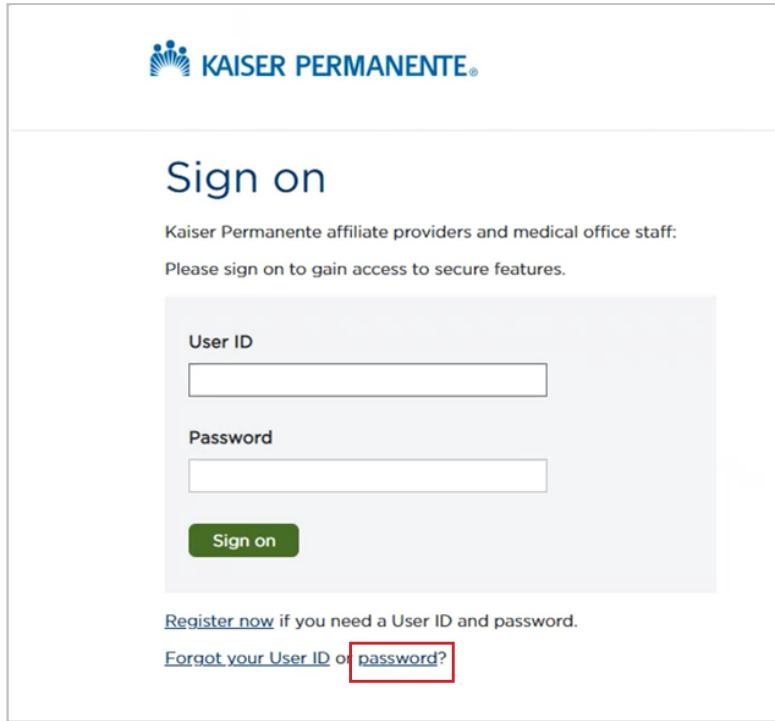


The screenshot displays the Kaiser Permanente 'Security' page. At the top left is the Kaiser Permanente logo. The main heading is 'Security'. Below it is the section 'Change password' with the instruction: 'Change the password you use to log into all the Kaiser Permanente contacted access.' The form includes two input fields: 'New password' with a help icon and a 'required' label, and 'Confirm new password' with a 'required' label. A 'Confirm' button is positioned below the fields. On the right side, a 'My account' menu lists several options: 'Bulk user registration', 'Profile', 'Provider associations and access', and 'Security' (which is highlighted with a red box). Below this menu are sections for 'Quick access' (Regional portal links, Privacy, Terms & conditions) and a footer with the copyright notice '© 2020 Kaiser Permanente'.

Figure 16

# RESETTING THE USER PASSWORD

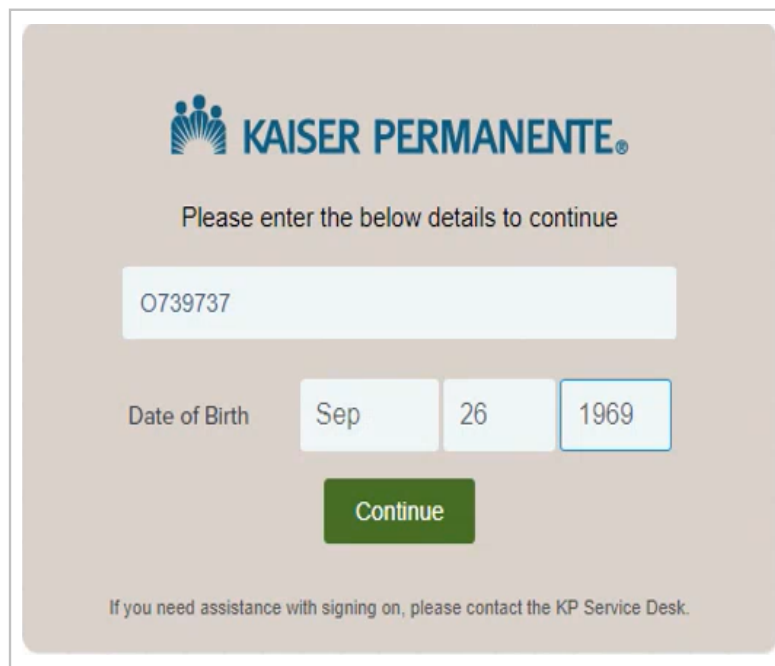
In the event that the user cannot remember the password, a reset process can be initiated by clicking on the [password](#) link at the bottom of the **Sign on** fields (shown below in Figure 17).



The image shows the Kaiser Permanente 'Sign on' page. At the top is the Kaiser Permanente logo. Below it, the heading 'Sign on' is displayed. Underneath, there is a sub-heading: 'Kaiser Permanente affiliate providers and medical office staff: Please sign on to gain access to secure features.' The main form area contains two input fields: 'User ID' and 'Password'. Below these fields is a green 'Sign on' button. At the bottom of the form area, there are two links: 'Register now if you need a User ID and password.' and 'Forgot your User ID or password?'. The 'password?' link is highlighted with a red rectangular box.

Figure 17

Next, enter your **National User ID (NUID)**, and **Date of Birth**. (Figure 18)



The image shows the Kaiser Permanente page for entering NUID and Date of Birth. At the top is the Kaiser Permanente logo. Below it, the text 'Please enter the below details to continue' is displayed. The main form area contains a large input field for the NUID, which contains the value '0739737'. Below this is the 'Date of Birth' section, which consists of three dropdown menus: the first is set to 'Sep', the second to '26', and the third to '1969'. Below these fields is a green 'Continue' button. At the bottom of the form area, there is a note: 'If you need assistance with signing on, please contact the KP Service Desk.'

Figure 18

# RESETTING THE USER PASSWORD

Once the **National User ID** and correct **Date of Birth** have been entered, you will be taken through an **Identity Verification** process that starts with the information shown below in Figure 19.

Check the box next to “I’m not a robot” then click on the **Continue with Identity Verification** button. A visual verification screen should appear.

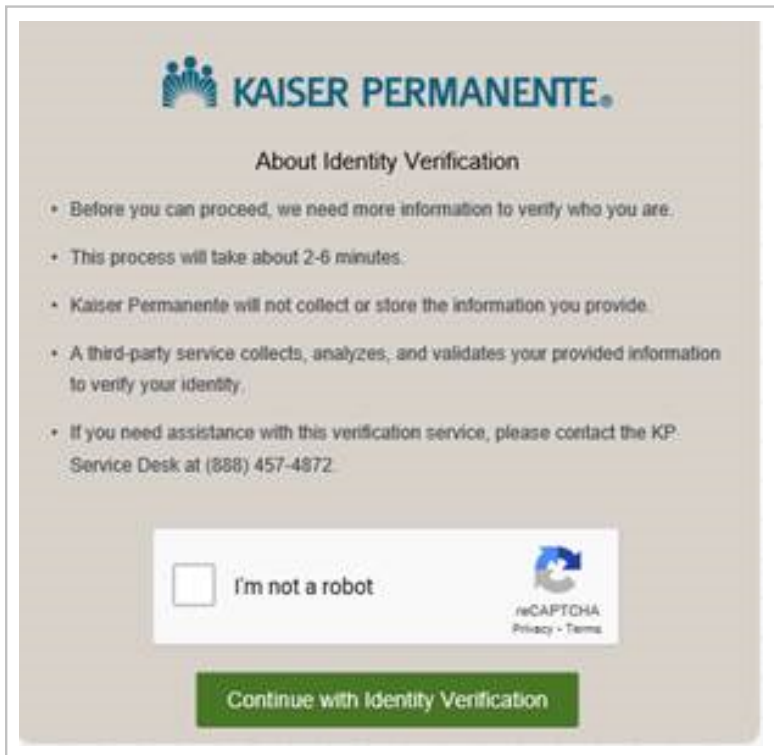


Figure 19

After identity verification is complete, you will need to enter your **Full Name**, **Home Address**, and **Phone** information. (Figure 20)

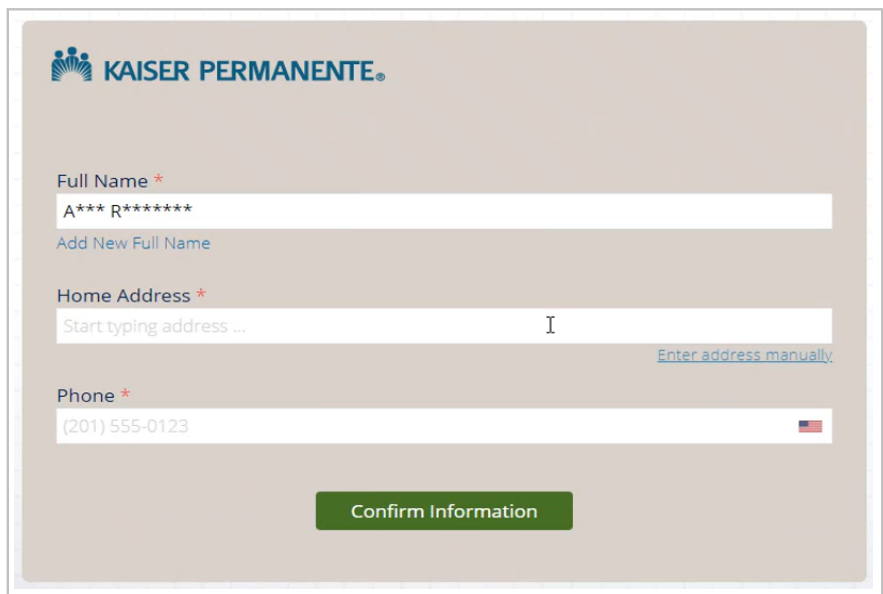
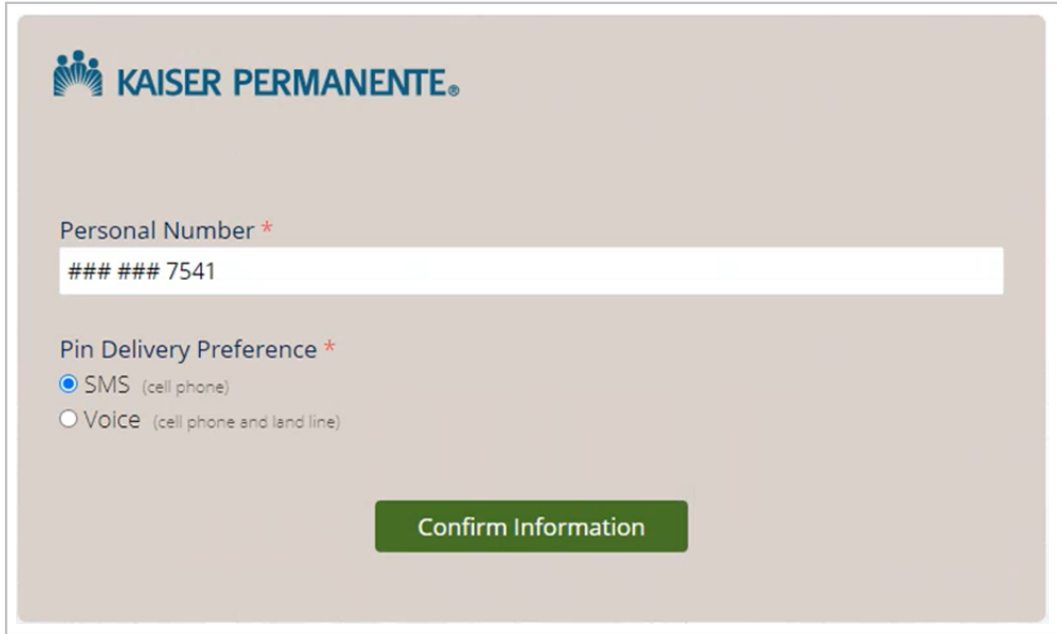


Figure 20

# RESETTING THE USER PASSWORD

For security purposes, the user will be sent a PIN number to proceed with the password reset. You have the option to receive the PIN via SMS text message or by voice to the phone information you entered in the **Personal Number** field. Select your **PIN Delivery Preference**, then click on the **Confirm Information** button. (Figure 21)



The screenshot shows the Kaiser Permanente logo at the top left. Below it is a form with two main sections. The first section is labeled "Personal Number \*" and contains a text input field with the value "### ## 7541". The second section is labeled "Pin Delivery Preference \*" and contains two radio button options: "SMS (cell phone)" which is selected, and "Voice (cell phone and land line)". At the bottom center of the form is a green button labeled "Confirm Information".

Figure 21

Once the PIN number has been received, enter it in the **PIN Sent** field. Click on the **Submit** button. (Figure 22)




The screenshot shows the same Kaiser Permanente form as Figure 21. The "Personal Number" field still contains "### ## 7541". The "Pin Delivery Preference" section now has "Voice (cell phone and land line)" selected. A new text input field labeled "PIN Sent" is highlighted with a red border and contains the value "111111". Below this field is a "Contact Support" link. At the bottom center of the form is a green button labeled "Submit".

Figure 22

# RESETTING THE USER PASSWORD

If the correct PIN was entered, you will be taken to the **Reset Password** screen to enter your new password.

 It is extremely important to note that the password rules displayed on the page (Figure 23) do NOT pertain to Online Affiliate users.

## Password requirements you must follow:

- Must be at least 8 characters
- Must NOT be longer than 30 characters
- Must contain at least 1 uppercase character
- Must contain at least 1 lowercase character
- Must contain at least 1 numeric character
- Must NOT match or contain user ID
- Must NOT contain your first and last name
- Must NOT be one of 5 previous passwords
- Must NOT contain special characters and spaces

Type in your new password on the first field and enter it again on the second field (this is to prevent any potential data entry errors). Click on the **Reset Password** button.

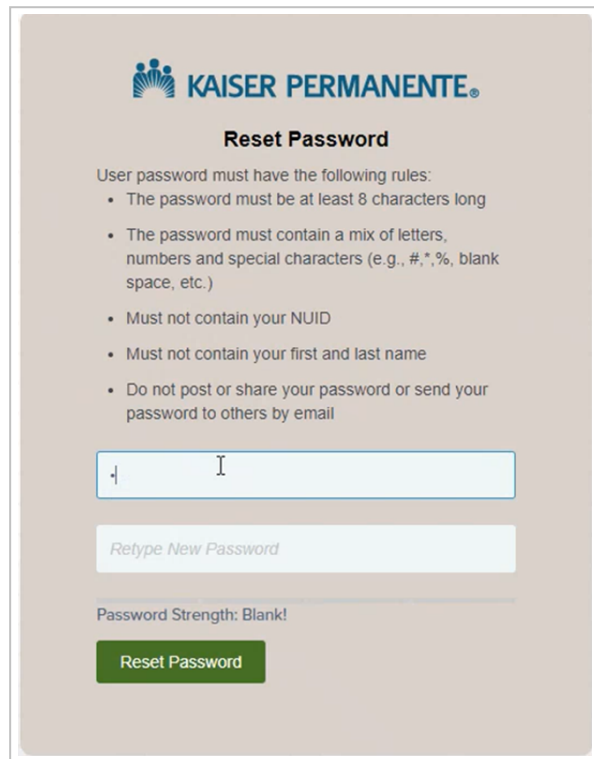


Figure 23

Once the password has been successfully reset, you should see the message as shown in Figure 24.

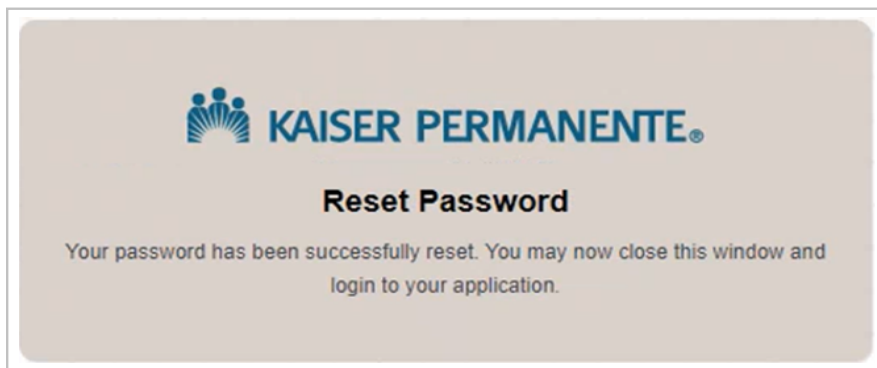


Figure 24



# REGIONAL PORTAL LINKS

Users that have access to multiple KP Online Affiliate regions can access the specific regional Online Affiliate portal by navigating and clicking the **Regional portal links** located on the right side of the page under **Quick access** (as shown below in Figure 25).

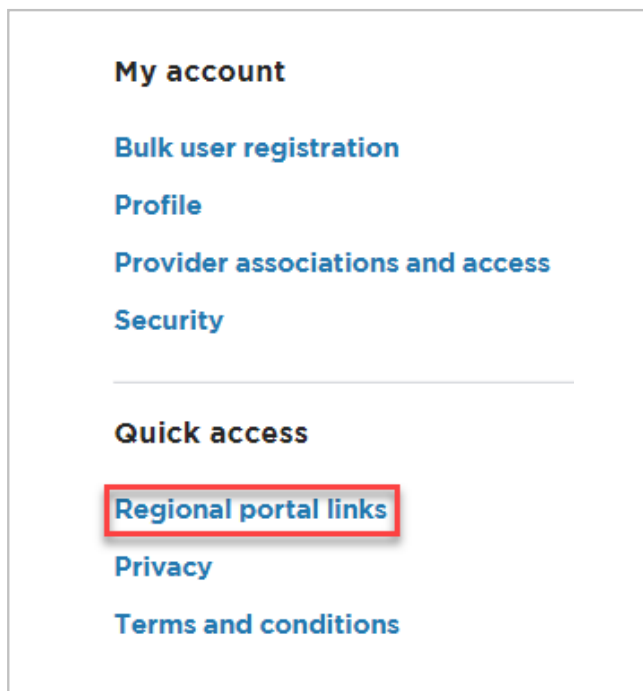


Figure 25

To navigate to a different regional portal, click on the dropdown menu and select the desired region (shown in Figure 26 below).

**Note:** For access to the Northwest region (Oregon and SW Washington), click on the **sign on here** link located on the bottom left of the page (also shown below in Figure 26).

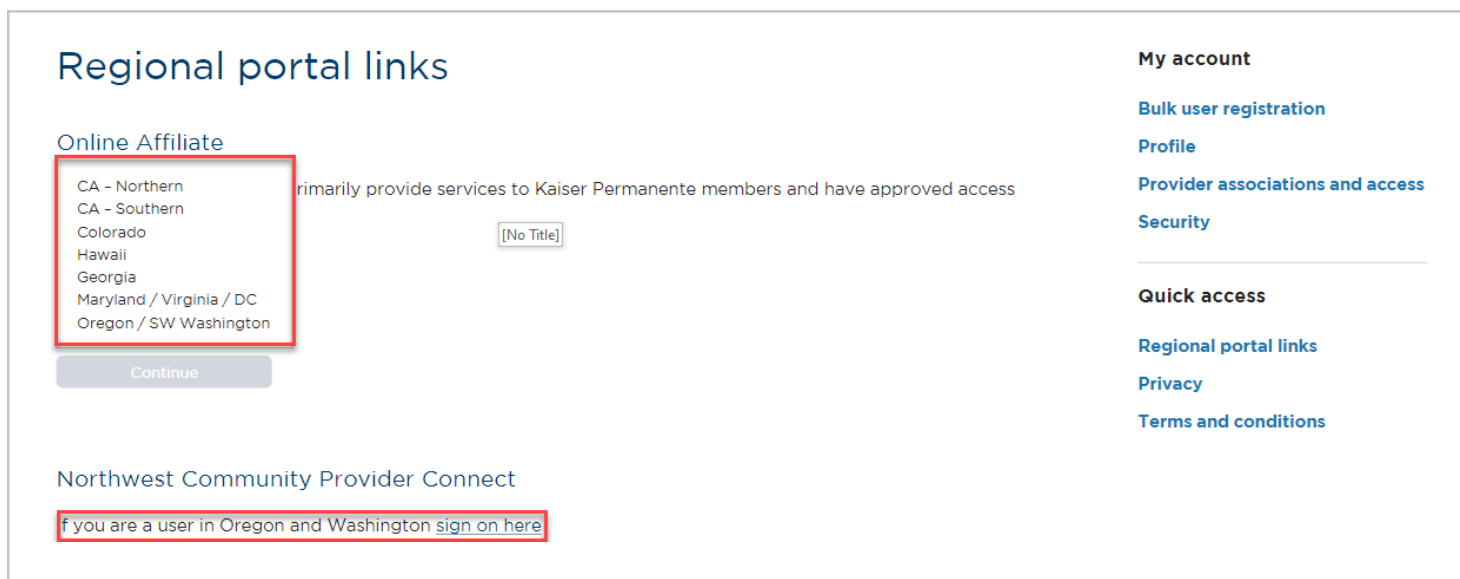


Figure 26

# REGIONAL PORTAL LINKS

## List of Regional Portal Links

These links are for sign-on purposes only. Please access the dropdown list on the [Regional portal links](#) page for the most current information.

REGION	LINK
CA - Northern	<a href="https://epiclink-nc.kp.org/ncal/epiclink">https://epiclink-nc.kp.org/ncal/epiclink</a>
CA - Southern	<a href="https://epiclink-sc.kp.org/scal/epiclink">https://epiclink-sc.kp.org/scal/epiclink</a>
Colorado	<a href="https://epiclink-co.kp.org/cor/epiclink">https://epiclink-co.kp.org/cor/epiclink</a>
Hawaii	<a href="https://epiclink-hi.kp.org/Hawaii/epiclink">https://epiclink-hi.kp.org/Hawaii/epiclink</a>
Georgia	<a href="https://epiclink-ga.kp.org/Georgia/epiclink">https://epiclink-ga.kp.org/Georgia/epiclink</a>
Maryland/Virginia/DC	<a href="https://epiclink.kp.org/MAS/epiclink">https://epiclink.kp.org/MAS/epiclink</a>
Oregon/SW Washington	<a href="https://epiclink-nw.kp.org/northwest/epiclink">https://epiclink-nw.kp.org/northwest/epiclink</a>

## Contact List by Region

Should you need to reach out for assistance, please use the following contact information. Note that this list is subject to change, please refer to the [Regional portal links](#) page for the most current information.

REGION	CONTACT
CA - Northern	Online Affiliate Support Webform
CA - Southern	
Colorado	
Hawaii	
Georgia	
Maryland/Virginia/DC	<a href="mailto:KP-MAS-OnlineAffiliate@kp.org">KP-MAS-OnlineAffiliate@kp.org</a>
Oregon/SW Washington	<a href="mailto:NW-Provider-Relations@kp.org">NW-Provider-Relations@kp.org</a>