# aetna

# **AETNA BETTER HEALTH®**

# Provider secure web portal registration form

Thanks for your interest in registering for the Aetna Better Health secure web portal. We're committed to protecting your privacy. During the registration process, you'll fill out specific information about you. We won't disclose any of the information you provide to us to any outside parties, except to manage the health plan or when we think the law may require it.

# **Registration instructions**

- 1. Fill out the information below and sign the attached agreement.
- 2. Fax your completed form and attached agreement to 1-860-607-7485.

If you have questions, contact your provider services representative at 1-866-638-1232.

# **Your information**

Contracted provider name:			
Provider office name:			
Provider tax ID no:			
Provider group NPI:			
Provider primary specialty:			
Address:			
City:		Zip:	
Phone:	Fax:		

# **Primary representative information**

You must also designate a **primary representative** from their office (see Provider Web Portal Agreement attached for a full definition). If necessary, the **primary representative** can add authorized representatives within their office to their account.

Name:		
Phone:		
Email address	at	work:
Date of birth:		
Your signature		
Signature:		
Print Name:		
Provider Group Administrator or	Contracted Physician	
Date:		

Important: You must also sign and submit the Provider's Web Portal Agreement on the next page with your completed form in order to complete your registration. Thank you.

# \* \* IMPORTANT NOTICE \* \*

You may use this Web portal service only if you agree to the terms and conditions below. You indicate that you understand and agree to follow the terms and conditions by registering to use this Web portal service. If you do not agree to these terms and conditions, you may not use or register use the Web portal service.

# **Provider's Web Portal Agreement**

# Introduction

This Provider's Web Portal Agreement (this "Agreement") contains the terms and conditions that govern use of this Web portal service by a Provider (as defined below) for access to information on Aetna Better Health member eligibility, claims payments and prior authorization. Schaller Anderson, an Aetna Company, maintains this site as Aetna's Medicaid Business Unit and as part of its administration of Aetna Better Health.

# Definitions

In this Agreement, the words:

- "Authorized Representative" means a person that Provider has authorized to use the Web portal service under this Agreement on Provider's behalf.
- "Primary Representative" means the Authorized Representative in the Provider's office who has responsibility for adding, deleting and maintaining the names of the Provider's Authorized Representatives within the Internet site supporting the Web portal service.
- "Administrator" means Schaller Anderson, an Aetna Company, and any owners, affiliates or direct or indirect subsidiaries.
- "Plan" means Aetna Better Health and any owners, affiliates or direct or indirect subsidiaries.
- "Provider" means the person or entity with which Aetna Better Health contracts to provide medical services or supplies to Aetna Better Health enrollees.
- "Service" means the Web portal service under this Agreement and the Web site that supports it.

# Use of the Web Portal Service

The Service provides access to information on Plan member eligibility, claims payments and prior authorization through the Internet. Provider shall use the Service solely in connection with its health care services to members of Plan. The Primary Representative and each Authorized Representative shall use the Service solely in the course and scope of employment or agency with Provider. Provider, the Primary Representative and each Authorized Representative shall use the Service solely in the course and except to the following:

- 1. The terms and conditions of this Agreement; and
- 2. The applicable provisions of Provider's contract with Plan to provide health care services to Plan members (the "Provider Contract"). The applicable provisions of the Provider Contract include, but are not limited to, use and disclosure of protected health information under the HIPAA Privacy Standards, member eligibility verification, utilization management standards within Plan policies and the provider manual, and timelines for submission and resubmission of claims.
- 3. In the event of a conflict between a term and condition under this Agreement and a provision under the Provider Contract, the former shall govern.

Provider shall require the Primary Representative and each Authorized Representative to (1) keep confidential and not disclose the Provider's Service password to any person except Provider or the Primary Representative; (2) use

www.aetnabetterhealth.com/pennsylvania PA-12-05-04 the Service solely in connection with Provider's health care services to members of Plan and within the course and scope of employment or agency with Provider; and (3) use the Service pursuant to the terms and conditions of this Agreement.

Upon the Provider or Primary Representative learning that an Authorized Representative has violated (1), (2) or (3) or no longer works for or represents Provider, Provider shall immediately revoke such person's authority to use the Service. Upon the Provider learning that the Primary Representative has violated (1), (2) or (3) or no longer works for or represents Provider, Provider shall immediately revoke such person's authority to use the Service. Provider shall also notify Plan when it has revoked the Primary Representative's or an Authorized Representative's authority to use the Service for any other reason. Provider shall revoke the Primary Representative's or an Authorized Representative's or an Authorized Representative's authority to use the Service if directed to do so by Administrator.

If an Authorized Representative's authority is revoked, the Primary Representative shall immediately delete such person's access to the Service following procedures provided by Administrator. If the Primary Representative's authority is revoked, Provider shall immediately delete such person's access to the Service and designate a new Primary Representative following procedures provided by Administrator.

# Changes to the Web Portal Service or This Agreement

Administrator may, at any time, make changes to the Service, the terms and conditions in this Agreement, or any other policies or conditions that govern the use of the Service at any time, with mutual written consent. Provider should review the Service and these terms periodically for any updates or changes.

## **Responsibility for this Site**

Administrator uses reasonable methods to provide accurate and current information on member eligibility, claims payments and prior authorization available through the Service.

#### **Responsibility for the Service**

Neither Plan nor Administrator will be liable for any delay, difficulty in use, computer viruses, malicious code, loss of data, compatibility issues, or otherwise.

## Responsibility, Ownership, License and Restrictions on Use of Materials

As between Plan, Administrator and the Provider, all right, title and interest (including all copyrights, trademarks and other intellectual property rights) in the Service belong to Plan or Administrator. In addition, the names, images, pictures, logos, and icons are proprietary marks that belong to Plan or Administrator. Except as expressly provided below, nothing contained herein shall be construed as conferring any license or right, by implication, estoppel or otherwise, under copyright or other intellectual property rights.

The Provider is hereby granted a nonexclusive, nontransferable, limited license to view and use information retrieved from the Service solely in connection with its health care services to members of Plan. Except as expressly provided above, no part of the information in or about the Service, including but not limited to materials retrieved from it and the underlying code, may be reproduced, republished, copied, transmitted, or distributed in any form or by any means. In no event shall materials from this site be stored in any information storage and retrieval system without prior written permission from Administrator.

Provider's use of this site allows Plan and Administrator to gather certain limited information about the Provider and its usage of the Service. Provider agrees and consents to the use of such information in aggregated form.

## **Site System Integrity**

The Provider may use the Service for normal use in connection with its health care services to members of Plan. The Provider may not use any device, software, routine, or agent to interfere or attempt to interfere with the proper working of the Service. The Provider may not take any action which imposes an unreasonable or disproportionately large load on our infrastructure. The Provider may not disclose or share its password to or with third parties, except an Authorized Representative, or use its password, or allow its password to be used, for any unauthorized purpose. The Provider shall take reasonable precautions to secure its password from any unauthorized use. The Provider may not attempt to log in with a user name or password other than its own.

Continuous, uninterrupted access to the Service is not guaranteed. Numerous actions beyond Administrator's control may interfere with the Service.

# Governing Law; Legal Jurisdiction; and Statute of Limitations

The laws of the State of Pennsylvania govern this Agreement, without regard to conflict of law principals, and the Provider's access to and use of the Service under this Agreement. The Provider submits to the exclusive jurisdiction of the courts in the State of Pennsylvania and waives any jurisdictional venue or inconvenient forum objections to such court.

Before seeking legal recourse for any harm the Provider believes it has suffered from use of the Service, the Provider will give Plan written notice specifying the harm and thirty (30) days to cure the harm after providing such notice. In the event that the Provider believes the Service has irreparably harmed the Provider, the Provider agrees to inform Plan and to give Plan thirty (30) days to cure the harm before initiating any action.

#### **Service Restriction**

Subject to applicable law, Plan and Administrator reserve the right to suspend or deny, in their singular or joint discretion, Provider's access to all or any portion of the Service with or without notice. Provider agrees that any termination of Provider's access to the Service may be effected without prior notice. Provider acknowledges and agrees that Plan or Administrator may immediately bar any further access to the Service. Further, Provider agrees that Plan and Administrator shall not be liable to Provider or any third-party for any termination of Provider's access to the Service.

## **Agreement Termination**

Either party may cancel this Agreement at any time.

Administrator may immediately issue a warning, temporarily suspend, indefinitely suspend, or cancel this Agreement with Provider and Provider's access to the service if, in the sole discretion of Administrator, the Provider breaches this Agreement.

The person(s) signing this Agreement warrants that he or she has full authority to do so and that the signature below binds the Provider, including the Provider's owners, employees, agents and representatives, on whose behalf the person below signs.

Accepted by	1
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Signature: \_\_\_\_\_ Print name:

Date: