



ALOHACARE PROVIDER SECURE WEB PORTAL - AC ONLINE

AC Online is a provider web portal designed just for you at www.alohacare.org, you can log in and will be provided access to the following information:

Member Eligibility

- Verify member's eligibility
- Primary Care Provider
- Identify whether the member has TPL Coverage
- Primary Care Providers have the ability to access their Primary Care Provider Rosters, HEDIS and other AlohaCare Quality Improvement Reports

Claims

- Verify claim submissions
- Look up a claim you billed and track its status

Request for Prior Authorization and Notification

- Submit a request for prior authorization or notification online
- Look up a request for prior authorization or notification and track its status

Administrative Access (Designated Administrator)

Administrative Access is given to a primary user authorized by a Provider, Group or Facility to perform the following functions:

- Add new user accounts
- Delete user accounts
- Change a user's access in the portal
- Reset and change user passwords

Administrative Access is provided to the individual reflected on the Designated Administrator section of the form.

Register for an AC Online Account

The AC Online Registration Form is available on our website or you may request the form by contacting Provider Relations on Oahu at (808) 973-1650 or toll-free 888-875-4979. Complete the form and fax to (808) 973-0811.

Important Information:

- ***Each AC Online account requires its own pay-to NPI and Tax ID.***
- ***You will receive registration confirmation and login within 7 - 10 business days from the date of receipt of a completed registration form.***



AC Online Registration Form

Please Type or Print Clearly

Registration Information

Provider/Group/Facility Name: _____

Physical Address: _____ City: _____ Zip: _____

Office Manager or Administrator: _____

Contact Phone Number: _____ Facsimile: _____

Federal Tax ID#: _____ Pay to NPI: _____

Designated Administrator

Administrative Access is given to a primary user authorized by a Provider, Group or Facility to perform the following:

Add/Delete User Accounts, Change a user's access in the portal, and Re-set or change passwords

Administrative Access is automatically given to a new Provider or to the Administrator reflected on the form. If there is no Administrator reflected in the fields below, the administrative access will automatically default to the Provider.

Last Name, First Name	Title/Position	Email	Contact Phone Number

Users

List all persons in your office who will access AC Online

(Please use additional copies of this form if you will have more authorized users.)

Last Name, First Name	Title/Position	Email	Claim Access (Y/N)	Referral Access (Y/N)

I authorize the above users to access AC Online for my/our patients. I agree that the users listed above will abide by AlohaCare's Confidentiality Policy, Federal and State regulations applicable to patient privacy, and the confidentiality requirements stated in the Provider Manual. Any violations of these policies, regulations, or requirement may result in loss of privileges, termination of rights, and/or fines. The violations may also be reported to the proper Federal and State regulatory agencies.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Fax completed form to (808) 973-0811
AlohaCare - Attention: Provider Relations Department