



ALOHACARE

ALOHACARE PROVIDER SECURE WEB PORTAL - AC ONLINE

AC Online is AlohaCare's secure provider web portal located on our website www.alohacare.org. Providers or their designated Users are provided access to the following information:

Member Eligibility:

- Effective and Renewal date of Member's Coverage
- Verify an AlohaCare Member's Primary Care Provider
- Verify whether a member has Third Party Liability Coverage

Claims:

- Verify claim submissions received by AlohaCare for processing for Medical and Pharmacy Services
- Review the status of a claim

Document Uploads:

- Upload documents such as Credentialing Applications, EFT Forms, Medical Records, and Provider Forms

Provider References:

- Access provider manuals and fee schedules for AlohaCare's Lines of Business

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

Primary Care Provider Reports:

- Roster of Assigned Members
- Member Attribution, Gaps in Care & Gaps in Coding Reports.
- HEDIS and other Quality Improvement Reports, including Provider Score Cards

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

- Provide oversight to monitor and maintain access of assigned Users within your practice or group
- Add new Users or delete inactive Users
- Unlock or disable user status
- Update User access and permissions
- Reset User password

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:

- Please complete the form legibly in its entirety, and be sure form is signed and dated.
- Each AC Online account requires its own pay-to NPI and Tax ID.
- You will receive registration confirmation and login information within 7 – 10 business days from the date of receipt of a completed registration form via secured email from AlohaCare.



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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:

Provide oversight, monitor, and maintain access of assigned Users. Maintaining assigned User access includes, Adding or Deleting assigned User access, updating User access depending upon the roles and responsibilities of that User, and Re-setting User password.

If there is no Administrator reflected in the field 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	Email	Phone Number	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