



Kaiser Permanente Colorado Online-Affiliate Provider Enrollment Package





Kaiser Permanente (KP) Online-Affiliate Provider Enrollment Instructions

Dear Provider,

Thank you for expressing interest in KP Online-Affiliate (OLA), a web-based program which allows external providers to read only access to KP HealthConnect which is KP’s electronic medical record.

There are three steps to Activate OLA.

1. Sign and return the attached KP Online-Affiliate Provider Entity Agreement

A signed Provider Entity Agreement pertaining to use of the websites and its content is required to participate. Only one (1) Provider Entity Agreement per participating provider entity (group or facility) is necessary. Please complete the information on page eight (8) and arrange for a senior executive to sign the document and return via email to KP-CO-OnlineAffiliate@kp.org

Designate an Administrator (Point of Contact) for KP Online Affiliate

The Administrator may periodically receive communications from KP and will also be responsible for notifying KP at KP-CO-OnlineAffiliate@kp.org if any users leave your entity.

- Entity Name: _____
- KP Online Affiliate Administrator Name: _____
- KP Online Affiliate Administrator Contact Information: _____

Address: _____
(Street Address)

(City, St, Zip)

Phone: (___) _____ - _____

Fax: (___) _____ - _____

Email Address: _____

3. Individual User Enrollment

As soon as your Agreement and Administrator information are received and processed, KP will send email instructions to the Administrator regarding how users will enroll using an automated online enrollment process. Each individual user will be responsible for their own enrollment process. The process generally takes three to four weeks to complete.

There are two types of access available: Clinical Access and Administrative Access (Benefits-Eligibility and Claim Status Online). Based upon whether a user has a medical clinical license or certification, KP will determine the type of access granted based upon our access guidelines.

KAISER PERMANENTE
KP CONTRACTOR AFFILIATE WEB SITES
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Authorized Signatory Date

Printed Name

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Provider's Legal Entity Name

Provider's Tax ID

Provider Recipient and Address for Notices under this Agreement:

* * * * *

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