

# Access Administrator Registration Form Completion Instructions

#### **General Information**

- This form is used to create or amend a CPAR Access Administrator (AA) account for someone authorized by one or more primary providers to manage their CPAR panel requests and CPAR user access to submitted panel data and reports.
- The CPAR AA and CPAR users are affiliates of the provider (custodian) under the *Health Information Act* (HIA). Providers are responsible for the actions of their affiliates.

#### **eForm Completion**

- Always download and save a new copy of the eForm to your computer to ensure you are working from the current version.
- Open and fill in the downloaded eForm. Do not try to fill in the form directly in your browser as the eForm may not display correctly in some browsers.
- The eForm is a PDF smart form that will display new fields based on information entered into previous sections. Please type all required information into the form. Save the completed form on your computer or local network before printing for signatures.
- Click the Reset Form button to remove any data entered and start again if needed.
  NOTE: Clicking Reset Form will remove any data already entered on the eForm.
- Completed forms must be faxed to the eHealth Services team at 1-844-630-0877.
  DO NOT EMAIL FORM.

# Type of Request for CPAR AA

Choose the type of request needed. Only one type can be selected on the same request form.

- **Register new** Choose this option to register a new CPAR AA for the first time.
- Amend existing Choose this option to amend an existing CPAR AA in order to add

authorizations for providers/panels, update personal/contact information, or change token type for remote access.

 Remove provider/panel authorization – Choose this option to remove a CPAR AA role for a provider or panel where the panel will remain active but supported by another AA in the Facility. This option allows an AA to remove a single panel while still supporting other active panels.

Once authorization of the CPAR AA is removed for the provider/panel, this person will no longer be authorized to submit panel requests or CPAR user requests for the removed provider/panel(s).

**NOTE:** If a panel is being **Terminated** (e.g., clinic is closing, or primary provider for this panel has left the practice and is not being replaced), please use the **Panel Request Form** and select **Terminate Panel**. By requesting to terminate a panel, the AA rights to the panel will also be terminated.

Terminate CPAR AA Role – Choose this option when the CPAR AA role is no longer required for this person (e.g., this person has changed to a different role in the clinic or is no longer working at the clinic). Once the role is terminated, this person will no longer be authorized to submit panel requests or CPAR user requests for any providers.

Please ensure that a replacement CPAR AA is assigned for the facility and provider(s) by completing and submitting a CPAR AA form requesting the registration of a new CPAR AA if required.

NOTE

Terminating the role CPAR AA does not affect access to any other applications (e.g., Alberta Netcare Portal [ANP]). If the CPAR AA will not need continued access to any Alberta Health or AHS applications, please be sure to return any hard token that has been issued to this person.

 Comments (as applicable) – Comment field can be used to clarify the request. For



example, "Name Change" can be indicated here.

# **CPAR AA Information Section**

- All fields displayed are mandatory unless otherwise noted directly on the form.
- **Primary Work Address** is the medical practice, clinic name or office site which the CPAR AA considers their place of employment or primary worksite.
- Email should be an email address that is not shared with any other site staff, as this email address may be used to send information intended only for the CPAR AA's use.
- Fields displayed with an asterisk (\*) are optional but should be entered if known.
- Secret Question/Answer Verification fields used by the AHS Service Desk to confirm the AA's identity when providing assistance over the phone. Please create a question and provide an answer that only the CPAR AA would know.

#### Amend a CPAR AA Section

Choose the type of change(s) required. Multiple selections are allowed. The eForm will display the sections applicable to the type of amendment(s) selected.

- Add Provider/Panel Authorization Choose this option to add a provider and panel to an existing CPAR AA. Multiple providers and panels can be added on the same request.
- Change Personal Information or Remote Access – Choose this option to change the CPAR AA's name, email address or other contact information, and/or to request a replacement token for the CPAR AA.
- Add Program/Roster Authorization Choose this option if the existing CPAR AA will now start administering user accounts for access to roster data in CPAR, for a

clinic participating in capitation-based Alternative Relationship Plan.

#### **CPAR Remote Access Section**

The Remote Access Section is mandatory for CPAR AAs.

Users have a choice between hard tokens (physical device) and soft tokens (software issued to the user's mobile device (smartphone).

Users must meet the soft token prerequisites before selecting soft token. Click on the eForm soft token prerequisites button to view those requirements.

- Provision New Token Choose this option when registering a new CPAR AA who does not already have a token for access to other AH applications such as ANP or H-Link.
  - Select the desired type of token.
- Replace Token Hard Token Broken Choose this option to replace a lost token, or a hard token that is not working (e.g., expired token).
- Replace Token Change Token Type Choose this option if an existing AA wishes to switch the type of token (hard or soft) being used. Select the Token Type based on the token you want to change to. Remember to return the hard token when the soft token is activated, if changing from hard token to soft token.
- Existing Token Hard Choose this option if the user already has a hard token for other AH applications such as ANP or H-Link. Enter the existing hard token serial number.
- Existing Token Soft Choose this option if the user already has a soft token.
- **Deactivate Token** Choose this option only if the CPAR AA account is being terminated. Return the hard token if one has been issued.

For lost/stolen hard tokens or a lost/stolen device that a soft token is on, please contact RSA Remote Token Support **IMMEDIATELY** at **1-844-542-7876**. Return hard tokens to the following address if they are no longer in use, broken, or have been replaced:

#### **RSA Remote Token Support**

CN Tower 16th floor, 10004-104th Ave Edmonton, AB T5J 0K1

#### **Facility Authorizations Section**

This section is mandatory when registering a new CPAR AA, or when adding provider authorizations to an existing CPAR AA.

List each facility that the CPAR AA will represent for the provider(s) who are now authorizing this CPAR AA. Additional facilities can be added as needed by clicking the + button in this section.

- Facility Name is the name of the family practice or clinic where care is delivered to the paneled patients by the provider(s) that the CPAR AA will represent.
- Facility Billing ID Number is the facility ID number used for reporting and billing (not the Facility Key/WDFA used for ANP access).

# **Facility Information Section**

This section is mandatory when you are removing a provider or panel authorizations from an existing CPAR AA.

- Facility Name is the name of the family practice or clinic where care is delivered to the paneled patients by the provider(s) that the CPAR AA will represent.
- Facility Billing ID Number is the facility ID number used for reporting and billing (not the Facility Key/WDFA used for ANP access).

If authorization for all providers at this facility is to be removed for the CPAR AA please select "Yes."

# Provider and Panel Authorization Section

This section is mandatory when registering a new CPAR AA, or when adding provider authorizations to an existing CPAR AA.

Under each facility, list each provider that is now authorizing this person as their CPAR AA.

- Provider Legal Last Name and Legal First Name are required and should be entered as they appear on the provider's professional license. Preferred First Name can be entered if the provider is typically known by a different first name.
- Practitioner ID is required.
- Day of birth and month of birth are also required to ensure the provider is correctly identified and assigned for this CPAR AA.
- **Panel Name** is a meaningful name used by the primary provider and CPAR Panel Administrator to uniquely identify the panel when working with CPAR information and reports. Panel Name is required.
  - If the provider and panel are being set up for the first time in CPAR, a CPAR Panel Request Form must be submitted along with the CPAR AA request in order to register the panel for submissions.
- Panel Number is required only for an existing panel that has already been set up in CPAR for submissions.

Additional providers can be listed by clicking the + button in this section.

Each provider listed must sign the printed form to authorize this person as their CPAR AA.

 If a provider practices at more than one facility, they must be listed and must sign under each facility to authorize the CPAR AA for the facility/provider combination.

#### **Provider Information Section**

This section is to be completed when removing a CPAR AA's authorization.

- Provider Legal Last Name and Legal First Name are required and should be entered as they appear on the provider's professional license. Preferred First Name can be entered if the provider is typically known by a different first name.
- Practitioner ID is required.
- If removing an additional facility for the CPAR AA, please select the + button to add the additional facility that is to be removed for the CPAR AA.

#### **Program Request Section**

This section only applies if the CPAR AA is representing a clinic that is actively participating in a capitation-based Clinic Alternative relationship plan. This is mandatory if the CPAR AA is being authorized to grant and manage user access to CPAR for Clinical Alternative Relationship Plan roster administration.

Program ID, Program Name and Name of Authorized Representative are required.

Additions or changes to this section must be signed by the Program's Authorized Representative.

# **Program Authorization Removal**

This section is to be filled out only if the CPAR AA is representing a clinic that is actively participating in a capitation based Clinical Alternative Relationship Plan and authorization is to be removed.

Program ID, Program Name and Name of Authorized Representative are required.

#### Authorization Sections (CPAR AA, Provider and/or Primary Custodian Authorization) – see relevant request type below:

Register New: Authorization must be provided by the CPAR AA. The CPAR AA is required to review the agreement information listed and sign the form agreeing to the responsibilities of the role for the facilities and providers they are authorized for. This signature is collected in the "CPAR AA Authorization" section.

**Amend Existing:** Authorization must be provided by the CPAR AA. The CPAR AA is required to review the agreement information listed and sign the form agreeing to the responsibilities of the role for the facilities and providers they are authorized for. This signature is collected in the "CPAR AA Authorization" section.

#### **Remove Panel/Provider Authorization:**

Authorization must be provided by both the CPAR AA as well as the Primary Custodian. The Primary Custodian is duly authorized on behalf of all custodians at the facility authorizing the termination of the CPAR AA for the facilities and providers in their organization. These signatures are collected in the "CPAR AA Authorization" and the "Provider Authorization" sections.

**Terminate CPAR AA Role**: Authorization must be provided by the Primary Custodian. The Primary Custodian is duly authorized on behalf of all custodians at the facility authorizing the termination of the CPAR AA for the facilities and providers in their organization. This signature is collected in the "Primary Custodian Authorization" section.

#### Alberta Health eHealth Services Quality Assurance Consultant (QAC) Section

For processing use only. Please do not enter any information in this section.