

# NC\*Notify V4 Enrollment Form for Payers

All fields must be complete to process enrollment.

## Organization Information

Organization Name	
Organization Address	
Organization Phone	
Organization Type	<input type="checkbox"/> LME/MCO <input type="checkbox"/> Health Plan/Payer
Medicaid Region	<input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 <input type="checkbox"/> Region 6

## Contact Information

Contact Type Name & Title	Contact Name	Contact Phone	Contact E-mail
<b>NC*Notify Primary Contact</b> The primary contact will receive notifications from the NC HIEA regarding system updates and outages.			
<b>Technical Administrator</b> The technical administrator will be the contact for project implementation and ongoing support.			

## Member Panel: Frequency and Size of Patient Panel Submission and Updates

(Panels should be submitted at least once every 90 days)

Please choose from the following options how frequently panels will be updated. At a minimum, quarterly updates of the member panel must be provided to NC HealthConnex for this service to ensure active care relationships.	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Number of members anticipated in each panel  <hr style="width: 20%; margin: auto;"/>	

## Notifications Delivery

Please choose from the following options how frequently you would like to receive notifications.

- Near Real Time    Daily    Weekly  
 Monthly    Quarterly

## Technical Information

How would you like to send member panels?

- Direct Secure Message (DSM)    Secure File Transfer Protocol (SFTP)

How would you like to receive member alerts?

- Same method as above    Near Real Time Alerts    Flat File

\*\*Near Real Time Alerts require a TLS Connection. The NC HIEA technical team will send a TLS Connection form to the technical administrator initiate this process.

(If using DSM, proceed to Table 2)

Table 1: For SFTP users

SFTP Technical Details	
Sending Static IP Address (External IP Address of Server connecting to SAS FTP Server) If you are unsure, please use this link to verify: <a href="https://www.whatismyip.com/ip-address-lookup/">https://www.whatismyip.com/ip-address-lookup/</a>	
IP Address	
CIDR Block	

Table 2: For Direct Secure Message users

Do you already have a DSM Address?
<input type="checkbox"/> Yes, Our DSM address is:
<input type="checkbox"/> No. Requesting that the NC HIEA creates and assigns a DSM address at no cost to the enrolling organization.

## Third Party Organization Information

If a third-party organization, like an Accountable Care Organization or a Clinically Integrated Network, will be providing the patient panel and receiving the alerts on your behalf, please list that organization's information here. **Please note:** To ensure both parties are HIPAA compliant, confirm there is a Business Associate Agreement in place between you and the third-party organization.

Third Party Organization Name:

Contact Name:

Contact Email:

Contact Phone:

Will this third-party organization be submitting your patient panels?

Yes  No

Will this third-party organization also be receiving your notifications?

Yes  No

### **Substance Use Disorder Treatment Facilities:**

When an entity provides substance use disorder treatment services, the NC HIEA requires confirmation of whether that entity is covered by 42 CFR Part 2 ("Part 2 Program"). Such entities may still receive access to the NC HealthConnex clinical portal; however, **the NC HIEA cannot provide the NC\*Notify service to an entity that *only* provides substance use disorder services and is covered by 42 CFR Part 2.** If only one or a few providers or units within a general medical facility or entity are considered Part 2 Programs, then the main facility may still be allowed to participate in NC\*Notify.

### **Please check one box below (required):**

- This organization does not provide substance use disorder treatment services and/or is not covered by 42 CFR Part 2.
- Only one or more providers or units within the general medical facility within the entity are Part 2 Programs.
- My entire organization is considered a Part 2 Program.

**Justification of Patient List**

Participants enrolled in the NC\*Notify service (or a Participant’s designated third-party specified above) must use their judgment, based on their health care expertise, to provide NC HealthConnex with a member list that only includes information related to members for whom they can reasonably expect that the majority of encounters will be relevant to their care and/or care coordination of that patient.

**Attestation**

By signing this form, I attest on behalf of \_\_\_\_\_ (“Enrolling Organization”) that:

- ✓ I am authorized by the to submit this form on behalf of my organization and make these attestations;
- ✓ Enrolling Organization has Business Associate Agreement with the third-party organization identified above (if applicable);
- ✓ Enrolling organization will not reroute or disclose NC\*Notify alerts to Health Care Providers who are not Workforce members of its organization, including third party NC HealthConnex Participants;
- ✓ Enrolling Organization shall not use NC\*Notify feature to deny claims or to rate its members;
- ✓ Enrolling Organization I and/or the third party listed in this form will utilize the patient data received from NC\*Notify for the Permitted Purposes defined in the NC HIEA Participation Agreement, and in a manner consistent with state and federal laws; and
- ✓ Enrolling Organization will indemnify and hold NC HIEA harmless for disclosing notifications to my organization and/or the third party listed in this enrollment form.

**Participant Representative:**

**NC HIEA Representative:**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_