3M[™] Health Information Systems (3M HIS) Dashboards

Step-by-Step User Guide to Accessing Your Dashboards



Legal disclaimer: The 3M™ Health Information System contains information from records protected by federal and state law, including 42 CFR Part 2, which prohibit unauthorized use and disclosure of this information. You shall make no further disclosure of this information without the specific, written, and informed authorization of the individual to whom it pertains, or as otherwise permitted by applicable law. A general authorization for the disclosure of medical or other information is not sufficient for the release of this information. Unauthorized use or disclosure of this information is subject to legal sanctions under applicable federal and state law.

Step 1: Fill out the attached form completely to receive your sign-on credentials.

Section I: Date of request: Enter today's date so we can ensure you receive your credentials in a timely manner.

Section II: Tell us which kind of user you are. Are you a **new user** or an **existing user** who needs to update your information? Please check the box that applies. Check "Existing user requesting deletion" if you no longer require dashboards, and the AmeriHealth Caritas approver will advise the partner account administrator to discontinue your access.

Section III: Your information: Fill in this information completely. As the requester or user, you will be the person given access to the dashboards, and you are required to include your signature with the information you provide in this section. Your email address will be your user ID. To help ensure that we are continuing to protect our members' information, AmeriHealth Caritas is unable to approve access requests for users with publicly available email addresses (e.g., Gmail, Yahoo, Comcast). Email addresses must be controlled by the group, practice, or hospital provider.

Section IV: Approver information: A credentialed network provider from your office or facility will need to approve the users in your office or facility by providing his or her signature in this section. This information is required to ensure that protected health information (PHI) is protected. **Your form will be returned to you if this section is left empty**.

Section V: Your group, hospital group, or physician ID: This information is required to ensure that no PHI-related information is disclosed to unauthorized user(s). In the space provided, please add any additional groups to be assigned to your email. Please ensure that your group ID(s) are accurate.

Section VI: The dashboard(s) you want to see: Please note this is a universal form and not all dashboards are available for all plans. If you have questions regarding which dashboards are available for your plan, contact your account executive.

Section VII: Under which role are you requesting access? Integrated delivery system (IDS), physician group, or physician? Please check the box that applies.

Section VIII: If you need single sign-on so that you may access your dashboards from NaviNet, please provide your NaviNet User ID.

Section IX: AmeriHealth Caritas user access approver: This will be completed by the AmeriHealth Caritas associate who is responsible for approving your user request.

Step 2: Send us your completed form.

After you complete this form, sign, scan, and email or fax it to the person below:

Please email this completed form to	at			
	Name		Email	
or fax it to	·			
Please use the subject line "3M Dashbo	ard"			

Step 3: Look for the 3M HIS request confirmation with sign-up information in your email.

You will receive a service notification email from noreply@3Mhis.com entitled "PM Portal Registration Confirmation" and a separate email with your temporary password.

You will then need to create a new password.

Step 4: Complete the sign-up process to access your dashboards.

You must have Internet Explorer 11 or above or the two most recent major releases of Chrome or Firefox to access 3M HIS.

Please contact 3M HIS Support at **3MAcctMgmt@mmm.com or** call **1-800-435-7776**, and select option 7 to discuss upgrading Internet Explorer or for other browser options.

When you've created a new password, click on the link in the email or go to the secure provider portal at **https://pmportal.3mhis.com** to sign in on the login page.



3M™ Health Information Systems (3M HIS) Dashboards AmeriHealth Caritas User Access Request Form

Complete this form to receive your credentials to access your dashboards. A completed form is required for each user. Please email this completed form to _____ or fax it to _____ Please use the subject line "3M Dashboard." Section I Date: Section II — Which kind of user are you? Please check one. □ New user □ Existing user updating information □ Existing user requesting deletion Section III — Please fully complete the below requester or account information. Name: Organization: Job title or role: Street address, city, state, ZIP: Phone: Fax: Email: Your email address will become your user ID. To help ensure that we are continuing to protect our members' information, AmeriHealth Caritas is unable to approve access requests for users with publicly available email addresses (e.g., Gmail, Yahoo, Comcast). Email addresses must be controlled by the group, practice, or hospital provider.

Section IV — Group, practice, or hospital approver information (required).

Your request must be approved by a credentialed network provider.

Signature of requesting user (required):

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Name:	Title:
Email:	Phone:
Signature of approver (required):	

3M HIS Dashboards

AmeriHealth Caritas User Access Request Form



Your email address:					
Section V — Specify you	ır type of p	oractice.			
Physician group or hospital group	Grou	Group name:			
	Grou	Group ID:			
Physician	Phys	Physician name:			
	Phys	Physician ID:			
Additional groups associ	ciated with	this user request			
Please provide information	for access to	additional group IDs	associated with your	r tax ID.	
Group name		Group number		Group ID number	
Section VI — Which das	hboards w	ould you like to acc	ess?		
☐ Medical home dashboard	d 🗆 Ou:	ality Enhancement Pro	gram (OEP) dashbo	ard ☐ Shared savings dashboard	
☐ Behavioral health dashb		all dashboards are av			
			·		
Section VII — Under wh	ich role are	you requesting acc	cess?		
☐ Integrated delivery syste	em (IDS)	☐ Physician group	☐ Physician		
Section VIII — Do you ne	eed single s	sign-on from NaviNo	et?		
NaviNet User ID:					
For internal use only					
Section IX — AmeriHea	lth Caritas	user access approv	er (required)		
Name:			Plan name:		
Signature of approver:					

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