



q.HMO, & EZNet Access Agreement & User Registration

Please place a ✓ in the box for online portal you would like access to:

What is q.HMO? q.HMO is Arizona Priority Care's (AZPC) new & improved Proprietary software program that will assist you in maximizing your RAF score by facilitating the accurate coding of diagnoses. q.HMO consolidates data from various claim sources to show all diagnoses reported by all providers rendering care to an AZPC patient.

How should you use the q.HMO information? Any provider can start by reviewing the RAF: Revenue 2015 vs. Revenue 2014 module to see what the average RAF score is for the total membership. Clicking on the health plan for the patients will give specific detail on each patient assigned to the practice/group. Any patient with a RAF score of less than .8 represents an opportunity for the physician to conduct an annual comprehensive visit to document all chronic conditions and diagnoses for an improved RAF score in 2014. Remember diagnoses must be restated in a claim each calendar year to count towards a patient's RAF score. RAF scores calculated at the end of the year will establish the basis for AZPC claims reimbursement in the following year.

What is EZ-Net? EZ-Net is an on-line software program that will assist you verifying member eligibility with AZPC; allows you to check status of prior authorizations submitted; as well as check status of claims submitted. **Note: This on-line software program is ONLY compatible with Internet Explorer 9. Please place a ✓ next to your current browser:**

Internet Explorer 9 Safari Google Chrome Firefox Other: _____

Directions: For access to AZPC's q.HMO and EZNet Systems, please complete this form and return it to AZPC's Provider Relations Department via fax at 480-403-8209 or email providerrelations@azprioritycare.com. **Incomplete forms will be returned prior to granting access.**

Please PRINT clearly and completely.

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|--|----------------------------------|-----------------------------------|---------------------------------|
| Requestor First Name: | | Requestor Last Name: | |
| Title: | | Requestor Phone: () | Requestor Fax: () |
| Practice/Provider Name: | | Tax ID# (Required): | |
| Please indicate provider(s) in the group/practice: <i>(MD's, DO's, NP's or PA's)</i> | Provider Name (Required): | | NPI# (Required): |
| | 1.) | | |
| | 2.) | | |
| | 3.) | | |
| | 4.) | | |
| 5.) | | | |
| If additional space is necessary, please attach roster | | | |
| Email Address (email address is <u>Required</u> in order for access to be granted): | | | |

ACCEPTANCE OF ARIZONA PRIORITY CARE'S q.HMO and/or EZNet DATA ACCESS TERMS & CONDITIONS

I understand and accept that being granted access to Arizona Priority Care's on-line application, named q.HMO (HDS) Heritage Medical System and /or EZNet involves my assuming considerable responsibility for maintaining the integrity and security of Arizona Priority Care's data. I am responsible for the privacy and confidentiality of any Arizona Priority Care's data to which I have access. **My signature affixed above certifies that I have read and agree to the terms and conditions stated in the first paragraph and will comply with all requirements as directed by Arizona Priority Care.**

| | |
|---|--------------|
| Requestor Signature (Required): | |
| Manager/Physician of Group Signature (Required): | Date: |

NOTICE: This communication is intended for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, or the employee or the agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, email or facsimile and disregard this form.