

PASSWORD/LOGIN ACCESS APPLICATION HEALTH PLAN MANAGEMENT SERVICES HEALTH PLAN ENROLLMENT SYSTEM

Please complete the application below. It will enable us to process your request for a login and password required to get into the web-based Health Plan Management Services (HPMS) Enrollment System. It will take approximately four business days for us to assign a password and login. After we have completed your request, we will send you two consecutive emails that contain your login and password. Please feel free to contact member services at 1-866-291-8691 if you have any further questions.

PLEASE FILL IN COMPLETELY – PRINT OR TYPE CLEARLY

_____ Organization/Company Name	_____ Plan A Group # (if primary care provider)	
_____ First Name	_____ Last Name	
_____ Address		
_____ City	_____ State	_____ Zip Code
_____ County(s)	_____ E-mail	
_____ Phone (including area code)	_____ Fax #	

Eligibility Search **Online Reports**

HP Enrollment* HP Admin* HP Roster*
 *For authorized users only

As a user of the HPMS Enrollment System, I accept and agree to the following:

- I will handle information or documents obtained through the HPMS Enrollment System in a confidential manner.
- I will restrict my use of the HPMS Enrollment System to accessing information and generating documentation only as necessary to properly conduct the administration and management of my duties as they relate to HPMS Enrollment System.
- I will not furnish information or documentation obtained through the HPMS Enrollment System to individuals for personal use nor to any individuals not directly involved with the conduct of my duties as they relate to the HPMS Enrollment System.
- I will not alter or falsify any document or data obtained through the HPMS Enrollment System.
- I will not attempt to copy all or part of the database or the software used to access the HPMS Enrollment System in any unauthorized fashion.
- I will carefully safeguard my access privileges and password for the HPMS Enrollment System and will not permit the use of my access privileges to any other person.
- I will report any threat of violation of the HPMS Enrollment System security.
- I will strive to enter accurate and timely data into the HPMS Enrollment System.
- I will comply with any Ingham County and/or Health Plan technology policy.

I have read the above security agreement. I understand this information, and I agree to comply with the above provisions. Further, I understand any violation of these provisions may result in termination of access privileges and/or recommendation for prosecution.

User Signature: _____ Date: _____

**Please Fax Back To:
(517) 394-4674 Attention: Carolyn Redman**

Office Use:

User Name: _____

Password: _____