Communicate Direct XDR  
HCO Account Request- HIway 2.0 Migration

Communicate Direct XDR supports connection for Electronic Health Record (EHR) and Electronic Medical Record (EMR) systems that have integrated support for the Direct standards

This form should be completed by the Health Care Organization (HCO) Representative that has been identified or will be identified on the Declaration of Identity (DOID) Form for Direct Identity Verification and Authorization as “Applicant”.

# Organization Details

Please fill out a separate form for each organization requesting access to the HIE.

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| Legal Organization Name | **Name of your HCO** |
| HIPAA Compliance | HIPAA Covered Entity A Covered Entity (CE) performs medical services on the patient and has the most trusted access to Protected Health Information (PHI).  HIPAA Business Associate A Business Associate (BA) is someone who a CE uses for services and who needs access to the PHI of the CE’s patients to perform some level of service.  Other HIPAA Entity Health care organization that treats protected health information with the privacy and security equivalent to those required by HIPAA. |
| Address | **Street Address**  **Address Line 2**  **City Postal Code**  **State**  **Country** |
| Main Telephone for the HCO | **Country code - Area code - Phone number** |
| Preferred Direct Email Domain | **Name Your Production Domain**    Mass HIway Direct Address format for the Production Environment: *direct.yourdomain.masshiway.net*  (you can keep your current domain address or provide a new one if you prefer)  **Name Your Non-Production Domain**  Mass HIway Direct Address format for the NON-PROD (STAGE) Environment  *direct.yourdomain.hiwayvalidation.com*  (you can keep your current domain address or provide a new one if you prefer)  Your organization’s domain name must start with **direct** and can only contain letters, numbers, periods and hyphens. Spaces, punctuation and special characters are not permitted. |

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| HCO Representative | **Name of the representative**  The representative is an agent of the HCO, and is responsible for authorizing the Mass HIway and the Orion Health HISP to request Direct certificates on behalf of the HCO and *has been identified or will be identified on the Declaration of Identity (DOID) Form for Direct Identity Verification and Authorization as “Applicant”.*  Direct certificates facilitate the secure interstate and inter-agency sharing of electronic health information. The HCO Representative may be the primary Mass HIway Access Administrator or a designated Officer of the HCO. |
| Representative’s Email Address | **Representative’s email address for notifications** |
| Representative’s Telephone Number | **Country code - Area code - Phone number** |

# Technical Contact

The main point of contact at the HCO for any questions regarding the deployment or configuration of the XDR server and client.

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| Name | **Name of the technical contact** |
| Title | **Title of the technical contact** |
| Telephone | **Country code - Area code - Phone number** |
| Email Address | **Email address for notifications** |

The Technical Contact at the HCO should provide the following information:

# XDR Details

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| XDR Server URL | **Public URL of the SOAP end point for the XDR server** |

# TLS Certificates

To onboard a new Communicate Direct HCO, the public certificate that the XDR server and XDR client will use are required. There are two options for the TLS certificates.

* Orion Health can generate a TLS certificate for your HCO.   
  **OR**
* You provide us the certificates generated by a third-party certificate provider such as DigiCert, Entrust or VeriSign.

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| Option 1 –  Certificate generated by Orion Health | **Please attach your CSR into a word document or text file and submit along with the HCO form.**  Certificate Signing Request (CSR) of the private key that will be used to generate an SSL certificate for the XDR server and client.  To generate a certificate for the HCO, a CSR must be provided. When generating your CSR, specify a key size of 2048 bits or higher. |
| Option 2 –  You provide us the certificate(s) | **XDR Client Certificate**  **CN:** Common Name  **Filename:** Filename  **XDR Server Certificate**  Client and server use the same certificate  **CN:** Common Name  **Filename:** Filename  **Please attach your certificate into a word document or text file and submit along with the HCO form.**  *In the fields provided, please enter:*   * *the* commonname *from the certificate, and* * *the filename of the* certificate   *The XDR client and XDR server can use the same certificate.* |

# Mass HIway Access Administrators

Details of up two employees authorized to act as Access Administrators for your organization. *Access Administrators act as the Participant’s authorized representative, and to serve as the Participant’s point-of-contact with the Mass HIway. The Access Administrator must have express authority to act on behalf of the Participant in all administrative functions related to the Participant’s access to and use of the Mass HIway, including the creation of accounts. One of the Access Administrators may be the HCO Representative. See the Mass HIway Policies and Procedures Section 7 (available at* [*www.masshiway.net*](http://www.masshiway.net)*) for detailed information about the Access Administrator role.*

*Access Administrators must be designated by an authorized Officer of the HCO (“Participant”). If the HCO Administrator completing this form is not an authorized Officer of the HCO, you confirm that the Mass HIway Access Administrators identified in this section have been designated by an authorized Officer of the HCO on behalf of the Participant.*

*If a Participant deems that two Access Administrators are not sufficient to manage its Authorized Personnel, Participant may separately request that the Mass HIway credential additional Access Administrators; such request should contain a detailed rationale for why additional Access Administrators are necessary. The Mass HIway may allow Participants to designate additional Access Administrators at its sole discretion.*

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| First Name | **Your first name** |
| Middle Name | **Your middle name** |
| Last Name | **Your last name** |
| Title | **Your title** |
| Email Address | **Your email address for notifications** |
| Phone Number | **Enter phone number** |
| Provider Type | **Select a value** |
| New or Current Access Administrator | Enter ***New*** if this is a new Access Administrator designation  Enter ***Current*** if this is a previously designated Access Administrator  **New or Current** |

|  |  |
| --- | --- |
| First Name | **Your first name** |
| Middle Name | **Your middle name** |
| Last Name | **Your last name** |
| Title | **Your title** |
| Email Address | **Your email address for notifications** |
| Phone Number | **Enter phone number** |
| Provider Type | **Select a value** |
| New or Current Access Administrator | Enter ***New*** if this is a new Access Administrator designation  Enter ***Current*** if this is a previously designated Access Administrator  **New or Current** |

**Signature of the HCO Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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