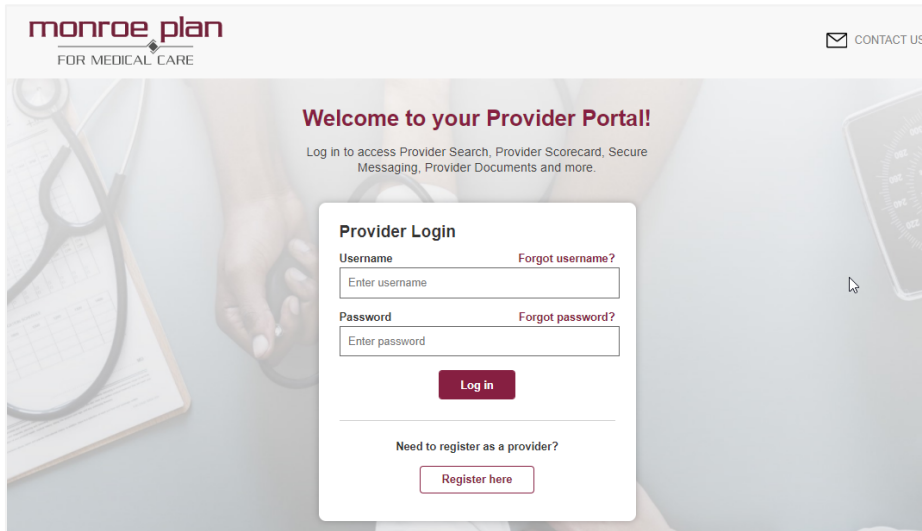


Please use this link for the MPMC portal:
<https://monroeplan.healthtrioconnect.com/app/index.page>

1. From the *Provider Login* page, click **Register here**.



2. The *User Information* screen displays.
3. Enter first and last name, email, and office phone. The Provider will also need to create a username and password, and select security questions. Click **Next** when finished to advance to the *Office Information* screen.

To make the registration process as quick and easy as possible, please be sure to:

- ✓ **Complete all required fields. If a field title is followed by an *, it is a required field and must be filled out to proceed.**
- ✓ **Use the recommended User Name format: mpmc.FirstName.LastName**
 - This distinct format will avoid multiple retries due to selecting a more standard user name that is already in use.
- ✓ **Fulfill the Password Requirements:**
 - **Must be a minimum of 12 characters and**
 - **Must contain all three of the following: 1 capitalized letter, 1 number, and 1 special character**
 - **Consider creating a password “logic” for your practice if you are adding users beyond yourself eg: ABCDpractice01\$ (primary user) then ABCDpractice02\$ (second user) etc..**
- ✓ **Format Phone Numbers properly: (Area Code) xxx-xxxx.**

For questions regarding registration, please contact ProviderRelations@monroeplan.com

4.

User Information

If you are an existing user of the Connect system please login. [Click here to start your session.](#)

First Name *

Middle Initial

Last Name *

Title

E-Mail *

Confirm E-Mail *

Office Phone *

Example: (555) 555-5555

Extension #

Example: 123456

Office Fax

Example: (555) 555-5555

Clinician Check this box if you are a clinician

User Name *

Password *

Confirm Password *

Security Question 1 *

Security Answer 1 *

Your answer may not contain your username.

Security Question 2 *

Security Answer 2 *

Your answer may not contain your username.

Security Question 3 *

Security Answer 3 *

Your answer may not contain your username.

Local Admin As the primary registrant, you are automatically a local admin

* Indicates a required field.

For questions regarding registration, please contact ProviderRelations@monroepian.com

Provider Registration

- In the *Office Information* page, enter the organization name, tax ID, and address of the provider office. Click **Next** when finished.

Office Information

Enter the name and address of your office.

Organization Name *

Tax ID *

Payer Identification Value 1

Payer Identification Value 2

Payer Identification Value 3

Address *

City *

State *

Zip Code *

- If the user wished to create log-in's for providers, select *Yes* and click **Next** to create accounts for those providers. If not, select *No* and click **Next**.

Additional Providers

Are there any additional providers that you represent?

Yes *

No *

* Indicates a required field.

For questions regarding registration, please contact ProviderRelations@monroepian.com

- a. In the *Add Additional Providers* screen, search for and select a provider.

Add Additional Providers

Search for your provider:

Search For *
Provider

Search By *

Search Text *

Search

Cancel **Back** **Next**

* Indicates a required field.

- b. In the search results, select the provider(s) and click **Add**.

Add Additional Providers

Search for your provider:

Search For *
Provider

Search By *
Name

Search Text *
small

Search

Search Results

Organization Name	Office Address
<input type="checkbox"/> Small, David	550 Harrison Street, Suite I, Syracuse, NY 13202
<input type="checkbox"/> Small, David	90 Presidential Plaza, 2nd Floor, Syracuse, NY 13202
<input type="checkbox"/> Smallman, Bettina	6620 Fly Road, Suite 300, East Syracuse, NY 13057
<input type="checkbox"/> Smallman, Bettina	750 East Adams Street, Syracuse, NY 13210

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Add

Cancel **Back** **Next**

* Indicates a required field.

For questions regarding registration, please contact ProviderRelations@monroeplan.com

- c. In the *Add Additional Providers* screen, search for additional providers to add. When finished, click **Next**.

- 7. In the *Registration Summary* screen, review the information. Click **edit**, if changes are needed. Click **Finish** to complete registration.

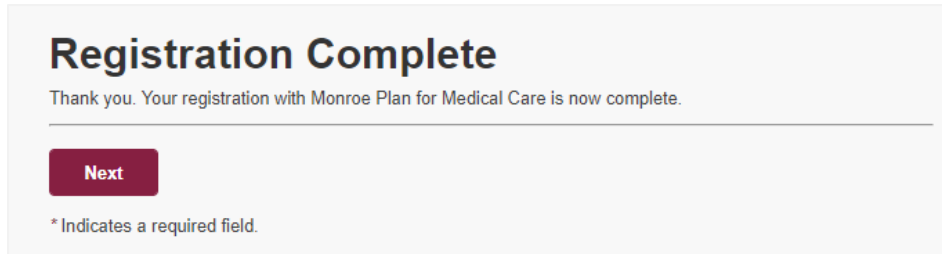
- 8. The *Registration Created* screen displays. It's important to note the user IDs for login. Click **Next**.

Name	User ID	User Type
Jasen, Rebecca	mpmctestprovider46	Provider Contact

For questions regarding registration, please contact ProviderRelations@monroepian.com

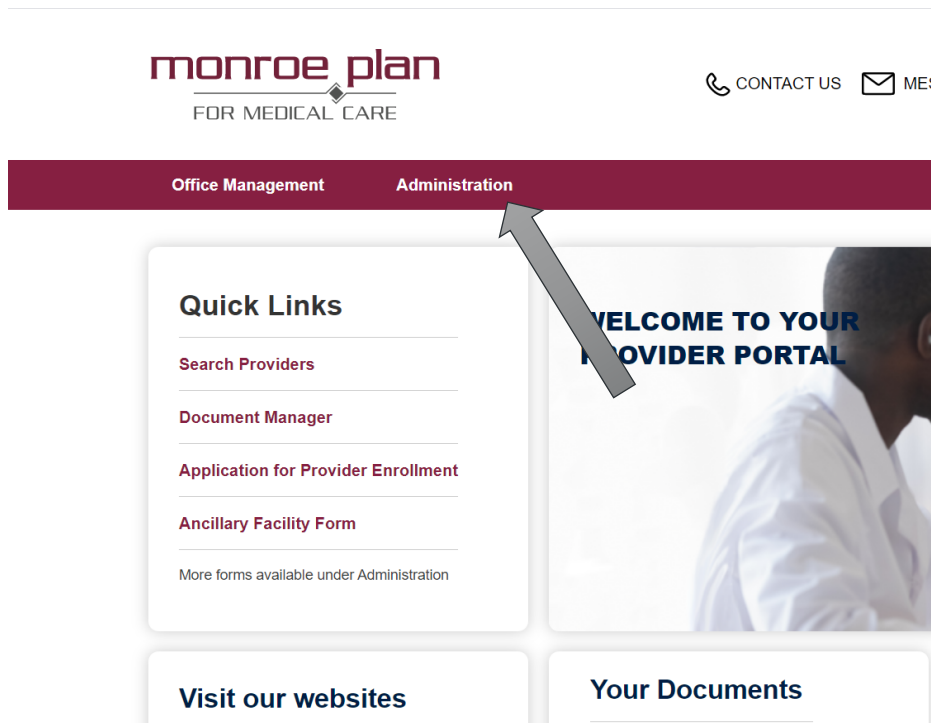
Provider Registration

- Registration is complete. Click **Next** to return to the *Provider Login* screen.
Note: Monroe Plan for Medical Care must confirm registration before the provider can login. Please allow 24 hours turn around time.



Adding Administrative Office Staff

- On Provider log in screen, Click on Administration, then select System Admin



For questions regarding registration, please contact ProviderRelations@monroepplan.com

- 2) Complete all required fields and assign a User Role:
 - a) Local Administration: same access as primary user
 - b) Provider Maintenance: access to all portions; unable to create accounts for others

User Name	Office Security	Company Name	Company ID Number	User ID	Last Login	Validated Through	User Status	User Index
Provider, Test	Main Office Contact	Advanced Ob Gyn Pllc	3760557	mpmc.testprovider01	12/31/2020	06/28/2021	Confirmed	102724629

Add User ←

Add User

* First Name

Middle Initial

* Last Name

* E-mail Address

* Confirm E-mail Address

Title
e.g., Office Manager

* Office Phone

Phone Ext

Office Fax

* Username
This user name is not available. Suggested user names:
1. mpmc.samantha.tobler@2020

* Password
You cannot re-use passwords previously used.

* Confirm Password

Local Administrator:

Click “add” once completed. You are all set!
For questions regarding registration, please contact ProviderRelations@monroepan.com