



Commonwealth Care Alliance® (CCA) Provider Portal Registration Process

**A step by step guide for CCA contracted providers
to register and use the provider portal**

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1. CCA Provider Portal – Provider Registration Process

Welcome to the Commonwealth Care Alliance (CCA) provider portal managed by HealthTrio. Please follow the step-by-step guide below to register for the portal.

Registration for existing HealthTrio connect account holders

You will still need to register through the CCA provider portal. During registration your existing HealthTrio connect account information will be pre-populated.

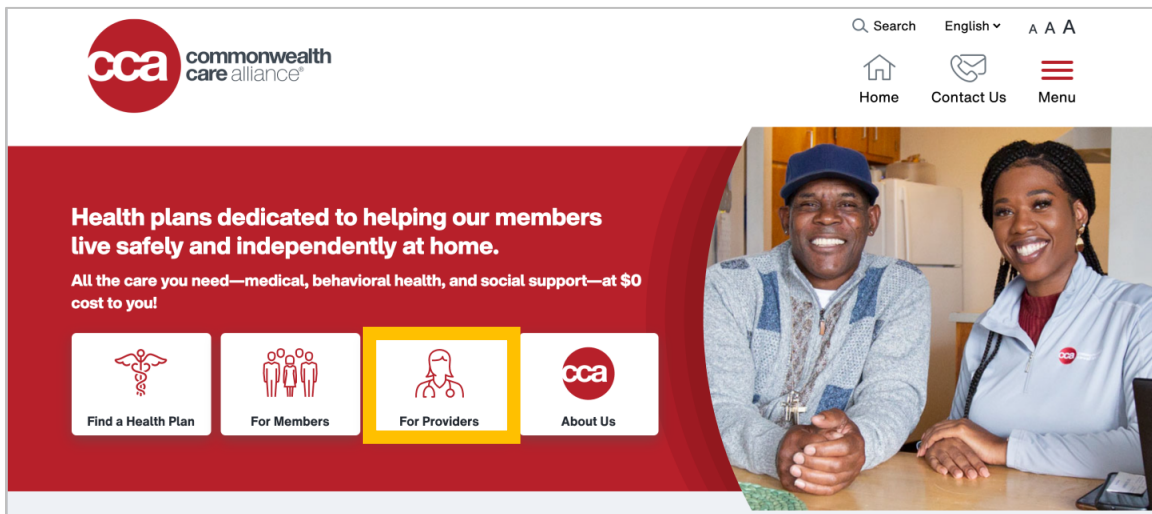
New Registration

If you do not have an existing HealthTrio connect account, you will need to create a new account for the CCA provider portal.

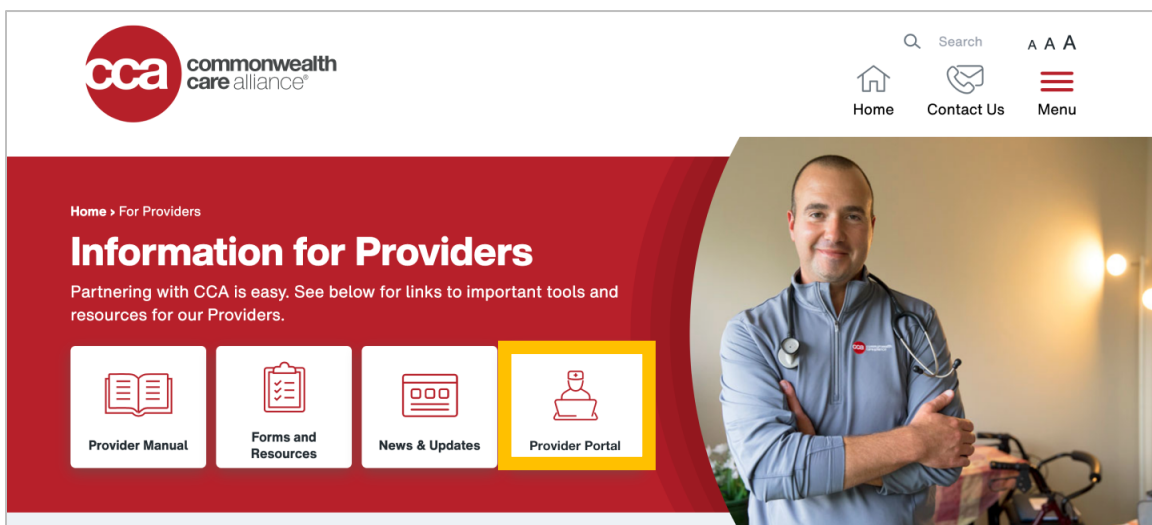
2. How to Register

- **Prior to beginning the registration**, please have the most recent CCA Explanation of Payment (EOP) available, “Check Number” and corresponding “Payment Amount” to assist with the validation process.
- **Only individuals with administrative responsibilities** (typically office administrators), should register via this process. Additional users may be added or removed by the administrator once access has been established.

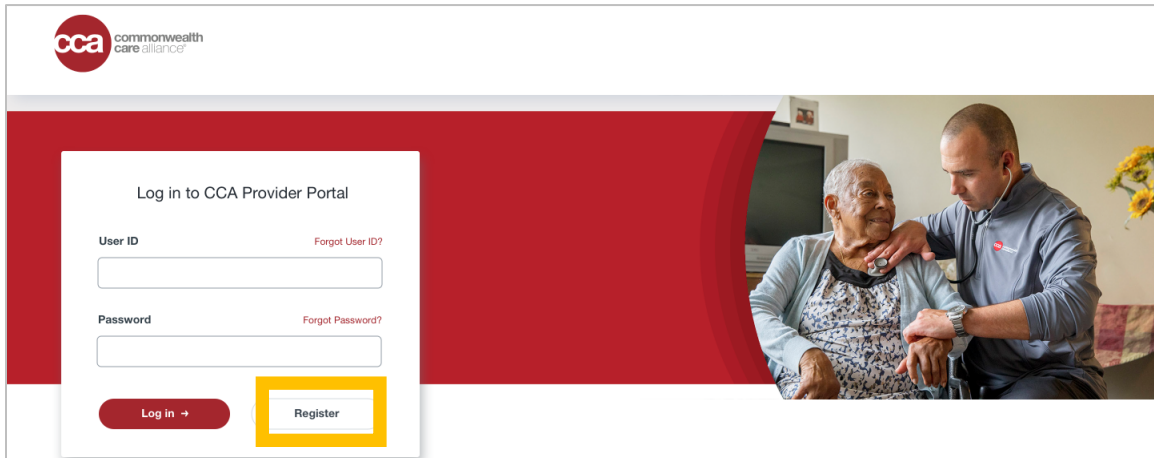
1. Visit <http://www.commonwealthcarealliance.org/>
2. Click “For Providers”



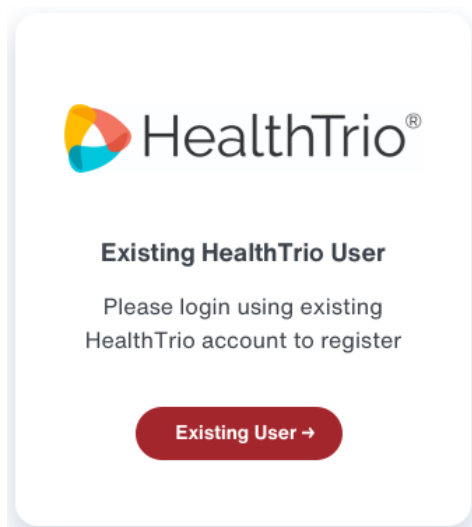
3. Click “Provider Portal”



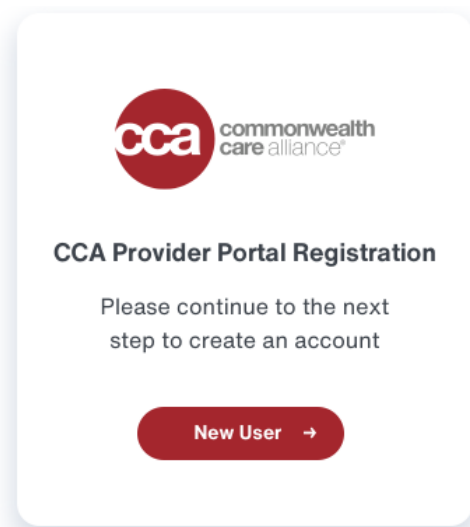
4. Click “Register”



5. Select appropriate user type to begin registration process.



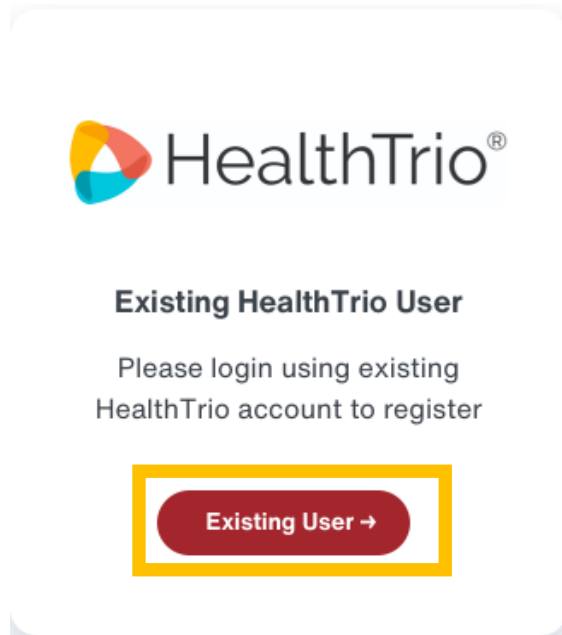
Existing HealthTrio User



New User

3. Registration for Existing HealthTrio connect Account Holders

1. Click "Existing User".



2. Enter your existing HealthTrio connect credentials and click "Log In".

Please log in to continue registration

Username

Password

Cancel

← Back

Log In →

3. Your user information associated with the account will be displayed. Click “Next” to continue.

Registration

User Information

Office Information

Submit

User Information

First Name

Jane

Middle Initial

Last Name

- Doe

Title

Clinician

Email

jane.doe@example.com

Office Phone

(617) 555-5555

Extension

Office Fax

Username

Jane.Doe123

Local Admin



As the primary registrant, you are automatically a local admin

Cancel

← Back

Next →



4. Your office information associated with the account will display. Please enter the required information. Click “Next” to continue.

Registration



Office Information

Organization Name

Jane Doe Health Office

Billing Tax ID / EIN *

Billing NPI *

Check Number *

Check Amount *

Address

1947 Main Street

City

Boston

State

MA

Zip Code

02121

Cancel

← Back

Next →

5. Verify the information on the Registration Summary page:
 - a. If you wish to edit any of the information, click the downward arrow to perform the edits
 - b. If no further edits are necessary, click “Finish”

Registration



Registration Summary

Office Contact Info:

▼

Jane Doe Health Office

[Edit](#)

User Contact Info:

▼

Doe, Jane

[Edit](#)

Cancel

← Back

Finish →

6. Your registration application has been successfully submitted to CCA. You will receive a registration application submission confirmation email.

Registration



Thank you for submitting your registration request. Here are the next steps:

1. CCA will need up to **2 business days** to review your registration request.
2. Once approved, you will receive an email confirmation and will be able to sign-in to the provider portal.
3. You will be required to accept the provider portal terms and conditions the first time you login to the provider portal.

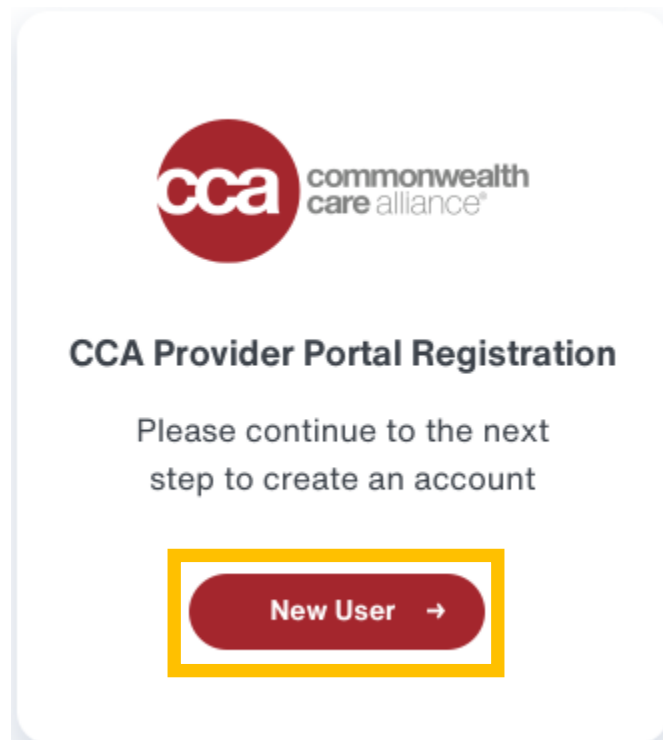
Next →

Need help accessing the portal? Please contact HealthTrios Portal Help Desk at (877) 814-9909 for assistance.

7. CCA will review the completed registration. Once approved, an email confirmation will be sent to the administrator who will then be able to log into the CCA provider portal.

4. New Registration (If You Do Not Have an Existing HealthTrio connect Account)

1. Click “New User”.



2. Fill in all the fields for administrative user and click “Next”.

Registration

User Information

Office Information

Submit

Next Step

Administrator 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

Email *

Confirm Email

Office Phone *

Example: (350) 555-5555

Extension

Example: 12345

Office Fax

Username *

Password *

8 - 64 characters, minimum 1 upper case letter, 1 number and 1 special character (!, @, %)

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

Cancel

Back

Next

3. Search for your office by Tax ID, NPI, or Name.

Registration

User Information

Office Information

Submit

Next Step

Search for your provider office

Search For

Search By

Search Text

Search →

4. Select your office from search result and click “Next”.

Provider Office Search Results

Name	Office Address
<input type="radio"/> Smith, David	123 Main Street, MA, 02135
<input checked="" type="radio"/> Smith, John	314 Main Street, MA, 02135
<input type="radio"/> Smith, Cooke	192 Main Street, MA, 02135

1 - 3 of 3

If your office is not listed, please contact CCA Provider Services at (866) 420-9332

Cancel

← Back

Next →

5. Your selected office information will display. Please enter the required information. Click "Next" to continue.

Registration



Office Information

Enter the following information of your office.

Organization Name	John Smith Health Office
Billing Tax ID / EIN *	
Billing NPI *	
Check Number *	
Check Amount *	
Address	314 Main Street
City	Boston
State	MA
Zip Code	02135

Cancel	← Back	Next →
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6. Verify the information on the Registration Summary page:
 - a. If you wish to edit any of the information, click the downward arrow, perform the edits
 - b. If no further edits are necessary, click “Finish”

Registration



Registration Summary

Office Contact Info:

▼

Jane Doe Health Office

[Edit](#)

User Contact Info:

▼

Doe, Jane

[Edit](#)

Cancel

← Back

Finish →

7. Your registration record has now been created. Please make a note of your User ID, as same would be needed to log into provider portal.

Registration Created



Below are the users that have been created for your registration. Please take note of the User IDs since they will be needed to log into the application.

Name	User ID	User Type
ban, ami	abansal01	Provider Contact

Next →



8. Your registration application has been successfully submitted to CCA. You will receive a registration application submission confirmation email.

Registration



Thank you for submitting your registration request. Here are the next steps:

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Next →

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9. CCA will review the completed registration. Once approved, an email confirmation will be sent to the Administrator who will then be able to log into the CCA provider portal.