

Developmental Disabilities Division

Provider Portal Account Registration



State of Hawaii, Department of Health Developmental Disabilities Division 6/1/2021

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Provider Portal User Instructions

Logging In to the Provider Portal for the First Time

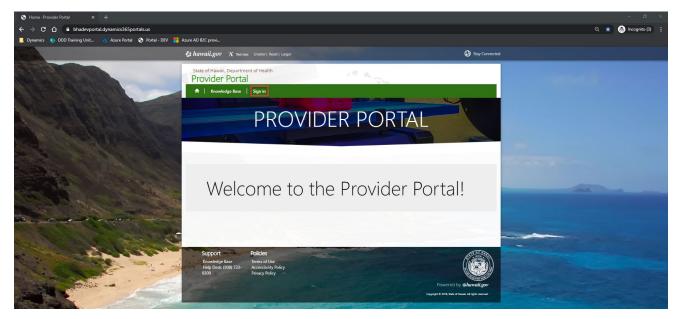
Due to the confidential data submitted online, DDD requires all rendering providers to submit the following information in advance to create a user's Provider Portal account:

- First Name
- Last Name
- Employer-associated Email Address

When logging in to the Provider Portal (<u>https://bhaprod.dynamics365portals.us</u>) for the first time, your identity will be confirmed via Email Address.

NOTE To complete account registration, your **Employer-associated Email mailbox** and **Cell Phone** <u>need to both be</u> <u>immediately accessible</u>.

In the browser, go to the Provider Portal (<u>https://bhaprod.dynamics365portals.us</u>), and click on Sign in.



Under the Sign in with an external account section, click on Multifactor Authentication (MFA).

State of Hawaii, Dep Provider Po	partment of Health	19 Aurora
A Knowledge B		
Sign in Register	Redeem invitation	
Sign in with a local ac	count	Sign in with an external account
* Username		Multifactor Authentication (MFA)
* Password		
	Remember me?	
	Sign in Forgot your password?	

You will be taken to the Portal Registration website.



Email Address	
Email Address	
Password Forgot your password?	
Password	

Don't have an account? Sign up now

Click on Sign up now.

Sign in with your existing account			
Email Address			
Email Address			
Password Forgot your password?			
Password			
Sign in			
Don't have an account? Sign up now			

Enter in your *Employer-associated Email Address* (that was submitted previously to DDD), then click *Send verification code*.

Email Address
Email Address
Send verification code
New Password
New Password
Confirm New Password
Confirm New Password
First Name
First Name
Last Name
Last Name
Create Cancel

You will be sent a verification code to the Employer-associated Email Address you provided in the previous screen. Check your Inbox (or Spam) for an email from **Microsoft on behalf of State of Hawaii Connect** with the subject line, **State of Hawaii Connect account email verification code**.

From: Microsoft on behalf of State of Hawaii Connect <msonlineservicesteam@microsoftonline.com> Subject: State of Hawaii Connect account email verification code</msonlineservicesteam@microsoftonline.com>			
	Verify your email ac	ldress	
	Thanks for verifying your	account!	
	Your code is: 074502		
	Sincerely, State of Hawaii Connect		



TE The Verification Code is only active for ten minutes, so the above steps must be done in succession _ immediately.

If the code is expired, you will receive an error. To receive a new code, click on *Send a new code*.

That code is exp Email Address	ired. Please request a new code.		
		83	
Verification code			
675321			
Verify code	Send new code		

Using the numerical code from the email you received, enter it into the *Verification code* box, then click *Verify code*. In the example below, the code from the email was 074502.

	Email Address	
	Verification code 074502	
	Verify code Send new code	
	New Password	
1	New Password	٩
	Confirm New Password	
	Confirm New Password	٩
	First Name	
	First Name	
	Last Name	
	Last Name	
	Create Cancel	

After clicking on Verify code, the screen will change to the one displayed below. Enter in a **New Password** and enter it again to **Confirm New Password**.

Email Address		
and participation of		
Change e-mail		
New Password		
New Password		
Confirm New Password		
First Name		
First Name		
Last Name		
Last Name		
Create Cancel		

NOTE

The password must be between 8 and 64 characters.

The password must have at least 3 of the following:

- a lowercase letter
- an uppercase letter
- a digit
- a symbol

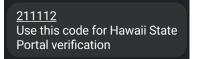
Enter in your *First Name* and *Last Name*. It needs to match EXACTLY what has been submitted to DDD. Click on *Create*.

Email Address		
and pattern appendix on		
Change e-mail		
New Password		
••••••		
Confirm New Password		
••••••		
First Name		
First Name		
Last Name		
Last Name		
Create Cancel		

Enter in the *Phone Number* in the format of *###-####*, then click **Send Code**. Please note that the Phone Number needs to be associated to a mobile phone that you have in hand and has the capability to receive text messages.

Enter a number phone to auther		can send a coo	de via SMS
Country Code United States (+	.1)		~
Phone Number Phone number			
Send Code	Call Me	Cancel	
/			

You will receive a text message like below momentarily. In this example, 211112 is the verification code.

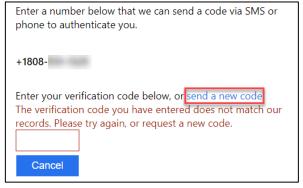


Enter in the verification code you received in the text message, then click Verify Code.

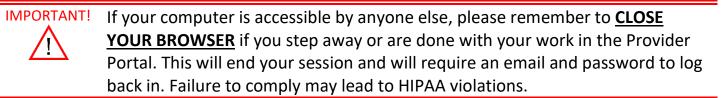
Enter a number phone to auther		an send a code via SMS or
+1808		
Enter your verifi 211112	cation code belo	ow, or send a new code
Verify Code	Cancel	

NOTE The Verification Code is only active for ten minutes, so the above steps must be done in succession immediately.

If the code is expired, you will receive an error. To receive a new code, click on **send a new code**.



The page will automatically log you in to the Provider Portal. Your session will be active for 24 hours, so you may not be required to log back in during that time.



State of Hawaii, Department of Health Provider Portal	1ª 4.	
↑ Customers - Messages		voices + +
ome > Profile		
Profile		
	you make on the site. The Email Address and Phone number are re Your Organization is required, and a Title is o posts.	will be displayed alongside any comments, forum posts, or ideas
Profile	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are re Your Organization is required, and a Title is of	will be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site.
	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are refyour Organization is required, and a Title is of posts. Your Information	will be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site. pptional. They will be displayed with your comments and forum
Security	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are refyour Organization is required, and a Title is of posts. Your Information	will be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site. pptional. They will be displayed with your comments and forum
Security Set password	The First Name and Last Name you provide tyou make on the site. The Email Address and Phone number are reformed and a Title is of posts. Your Information First Name *	will be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site. optional. They will be displayed with your comments and forum Last Name * Business Phone
Profile Change Email Manage External Authentication	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are re Your Organization is required, and a Title is of posts. Your Information First Name *	will be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site. optional. They will be displayed with your comments and forum

NOTE If for some reason, instead of being automatically logged in to the Provider Portal, you are redirected to a
 Sign in failed message, please <u>disregard this message</u>, and click on Sign in.

State of Hawaii, Departm Provider Porta		10 4	
↑ Knowledge Base	Sign in		
Sign in failed. ◆3 Sign in -			
Support Knowledge Base Help Desk: (808) 733- 9309	Policies Terms of Use Accessibility Policy Privacy Policy		
			Powered by Ghawaii.gov
			Copyright © 2018, State of Hawaii. All rights reserved.

Click *Multifactor Authentication (MFA)*.

	C: hawaii.gov X Text star: Smaller Reset Larger	Stay Connected	
	State of Havail, Department of Health Provider Portal I Knowledge Base Sign in	18 day	
	Dsign in Register Rederm invitation Sign in with a local account	Sign in with an external account	
	*Usename *Password Demember me?		
	Support Policies Nowledge bize tems of tice Nobeck (000) 733- Access-bithy Policy 9398 nava Policy		
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You should now be logged in to the Provider Portal.

State of Hawaii, Department of Health Provider Portal	1ª K	100 m
A Customers - Messages		nvoices - -
ome > Profile		
Profile		
	Please provide some information about your The First Name and Last Name you provide	
0	The First Name and Last Name you provide you make on the site.	e will be displayed alongside any comments, forum posts, or ideas
	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are n	
9	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are in Your Organization is required, and a Title is posts.	e will be displayed alongside any comments, forum posts, or ideas required but will not be displayed on the site.
Profile	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are a Your Organization is required, and a Title is posts. Your Information	e will be displayed alongside any comments, forum posts, or ideas required but will not be displayed on the site. optional. They will be displayed with your comments and forum
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Security	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are a Your Organization is required, and a Title is posts. Your Information	e will be displayed alongside any comments, forum posts, or ideas required but will not be displayed on the site. optional. They will be displayed with your comments and forum
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Profile Security Set password Change Email Manage External Authentication	The First Name and Last Name you provide you make on the site. The Email Address and Phone number are t Your Organization is required, and a Title is posts. Your Information First Name *	e will be displayed alongside any comments, forum posts, or ideas required but will not be displayed on the site. e optional. They will be displayed with your comments and forum

Logging In to the Provider Portal

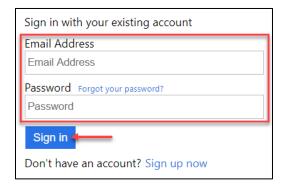
After you register your Provider Portal account, you will be able to log in regularly by going to the **Provider Portal** (<u>https://bhaprod.dynamics365portals.us</u>), and clicking on *Sign in*.



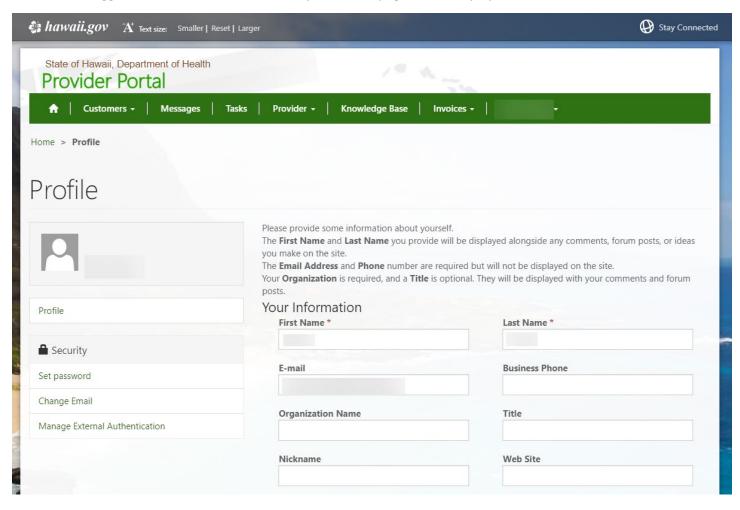
If you are not automatically logged into the Provider Portal, you will be directed to this page. Under the **Sign in with an external account** section, click on *Multifactor Authentication (MFA)*.

State of Hawaii, Dep Provider Pc		1ª the second
↑ Knowledge E	iase Sign in	
Sign in Register	Redeem invitation	
Sign in with a local ac	count	Sign in with an external account
* Username		Multifactor Authentication (MFA)
* Password		
	Remember me?	
	Sign in Forgot your password?	

Enter in your Employer-associated Email Address and Password, then click Sign in.



You are now logged into the Provider Portal, and your Profile page will be displayed.



Resetting Your Password

If you forgot your password, go to the **Provider Portal** (<u>https://bhaprod.dynamics365portals.us</u>), and click on *Sign in*.



Under the Sign in with an external account section, click on *Multifactor Authentication (MFA)*.

State of Hawaii, Dep Provider Po		19 4
↑ Knowledge B	ase Sign in	
Sign in Register	Redeem invitation	
Sign in with a local ac	count	Sign in with an external account
* Username		 Multifactor Authentication (MFA)
* Password		
	□ Remember me?	
	Sign in Forgot your password?	

Click on Forgot your password?

Sign in with your existing account
Email Address
Email Address
Password Forgot your password?
Password
Sign in
Don't have an account? Sign up now

Enter in the *Email Address* your Portal account is registered under, then click *Send verification code*.

	Verification is	necessary. P	lease click Send button.			
I	Email Address					
	Email Address					
	Send verification code					
	Continue	Cancel				

You will be sent a verification code to the Email Address you provided in the previous screen. Check your Inbox (or Spam) for an email from **Microsoft on behalf of State of Hawaii Connect** with the subject line, **State of Hawaii Connect** account email verification code.

Verify your email address Thanks for verifying your account! Margare is 199322	From: Microsoft on behalf of State of Hawaii Connect <msonlineservicesteam@microsoftonline.com> Subject: State of Hawaii Connect account email verification code </msonlineservicesteam@microsoftonline.com>				
		Verify your email address			
		Thanks for verifying your	account!		
Your code is: 305232		Your code is: 305232			
Sincerely, State of Hawaii Connect		3 .			

Using the numerical code from the email you received, enter it into the *Verification code* box, then click *Verify code*. In this example, the code from the email was 305232.

	Verification code has been sent to your inbox. Please copy it to the input box below. Email Address				ру	
	Verification coc	le				
	305232					
	Verify code		Send n	ew code		
/	Continue	С	ancel			

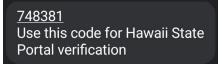
Click on *Continue*.

E-mail address Email Address	s verified. You can now continue.
Change e-m	ail
Continue	Cancel

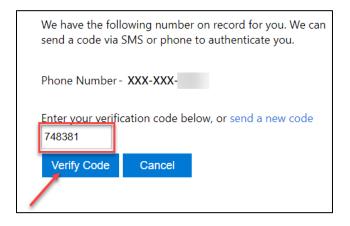
After verifying the last four digits of your mobile phone number, click on Send Code.



You will receive a text message like below momentarily. In this example, 347251 is the verification code.



Enter in the verification code you received in the text message.



NOTE The Verification Code is only active for ten minutes, so the above steps must be done in succession immediately.

If the code is expired, you will receive an error. To receive a new code, click on **send a new code**.

Enter a number below that we can send a code via S phone to authenticate you.	MS or
+1808-	
Enter your verification code below, or send a new co The verification code you have entered does not ma records. Please try again, or request a new code.	

Enter in a *New Password*, and retype to *Confirm New Password*, then click *Continue*.

New Password			
Confirm New Pas	sword		
Continue	Cancel		_

You will be logged in to the Provider Portal.

State of Hawaii, Department of Health Provider Portal	1ª 4.	3.0
↑ Customers - Messages	Tasks Provider + Knowledge Base Inv	voices
Home > Profile		
Profile		
	you make on the site. The Email Address and Phone number are red	vill be displayed alongside any comments, forum posts, or ideas
Profile	The First Name and Last Name you provide v you make on the site. The Email Address and Phone number are red Your Organization is required, and a Title is o posts. Your Information	vill be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site. ptional. They will be displayed with your comments and forum
Profile	The First Name and Last Name you provide w you make on the site. The Email Address and Phone number are rea Your Organization is required, and a Title is o posts.	vill be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site.
Profile Security	The First Name and Last Name you provide w you make on the site. The Email Address and Phone number are rea Your Organization is required, and a Title is o posts. Your Information First Name *	vill be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site. ptional. They will be displayed with your comments and forum
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Security Set password	The First Name and Last Name you provide w you make on the site. The Email Address and Phone number are rea Your Organization is required, and a Title is o posts. Your Information First Name *	vill be displayed alongside any comments, forum posts, or ideas quired but will not be displayed on the site. ptional. They will be displayed with your comments and forum

NOTE If for some reason, instead of being automatically logged in to the Provider Portal, you are redirected to a
 Sign in failed message, please <u>disregard this message</u>, and click on Sign in.

State of Hawaii, Departme		12 4	
↑ Knowledge Base	Sign in		
Sign in failed.			
Support	Policies		ATT OF THE
Knowledge Base Help Desk: (808) 733-	Terms of Use Accessibility Policy		
9309	Privacy Policy		
			Powered by <i>Ghawaii.gov</i>
			Copyright © 2018, State of Hawaii. All rights reserved.

Click Multifactor Authentication (MFA).

State of Hawaii, Dep		1ª the second se
↑ Knowledge B	ase Sign in	
Sign in Register	Redeem invitation	
Sign in with a local ac	count	Sign in with an external account
* Username		Multifactor Authentication (MFA)
* Password		
	Remember me?	
	Sign in Forgot your password?	

Enter in your *Email Address* and newly reset *Password*, then click *Sign in*.

Sign in with your existing account
Email Address
Email Address
Password Forgot your password? Password
Sign in the second s
Don't have an account? Sign up now

You should now be logged in to the Provider Portal.