Communicate Connect  
HCO Account Request- HIway 2.0 Migration

Communicate Connect is a secure and scalable managed device that simplifies connection to the secure messaging network to send and receive encrypted healthcare information

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

The Communicate Connect device will be delivered to this address.

|  |  |
| --- | --- |
| Legal Organization Name | **Executive Office of Health and Human Services** |
| 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).  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.  Health care organization that treats protected health information with the privacy and security equivalent to those required by HIPAA. |
| Address | **100 Hancock Street**  **Quincy, MA 02171** |
| Main Telephone for the HCO | **617-658-8585** |
| Preferred Direct Email Domain | **Name Your Domain *direct.hiwayland.masshiway.net***    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)  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. |

|  |  |
| --- | --- |
| HCO Representative | **Name of your Representative Johnnie Hiway**  *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 johnnie.hiway@state.ma.us** |
| Representative’s Telephone Number | **Country code - Area code - Phone number 617-585-8848** |

# Technical Contact

The main point of contact for any questions regarding the deployment or configuration of the device or local network.

|  |  |
| --- | --- |
| Name | **Name of the technical contact Daniel Laferty** |
| Title | **Title of the technical contact CIO** |
| Telephone | **Country code - Area code - Phone number 617-958-9494** |
| Email Address | **Email address for notifications Daniel.laferty@state.ma.us** |

# Network Settings

These details are required to configure the Communicate Connect device.

|  |  |
| --- | --- |
| Device Network IP | **IP address for network interface 192.37.112.24** |
| Network Netmask | **Netmask 255.255.255.0** |
| Network Gateway | **Gateway IP address 192.37.1.1** |
| DNS Servers | **IP addresses of your DNS servers 10.10.1.1 or 10.10.1.2** |
| Preferred Port for connection to HIE | 9010  443 |

# Message Transport

The Connect device manages bi-directional communication and encryption with the Orion Health™ Communicate system through a number of pre-defined interfaces. Organizations may utilize more than one interface for sending messages, but must choose a single interface for receiving messages.

## Sending Messages

Please select **one or more** interface options for sending messages. NOTE: MULTIPLE SECTIONS ARE COMPLETED FOR SAMPLE PURPOSES ONLY

### Network Directory

The directory-based options use a single directory as the root directory for all available interfaces. The root directory must be located on an accessible network share, and will be mounted when the device starts. The device will require read, write, delete and directory permissions on the share.

A number of sub-directories will be created in this location upon first use.

|  |  |
| --- | --- |
| Mounted Directory | **Network mount location \\fileshareserver01\landfile** |
| Username | **Username hiway2** |
| Contact Person | **Name and phone number of a person who can provide the password. Daniel Laferty 617-958-9494** |

### FTP Client

|  |  |
| --- | --- |
| FTP Server IP | **IP address 192.37.144.74** |
| FTP Port | **Port number 22** |
| Username | **Username hiway2** |
| Contact Person | **Name and phone number of a person who can provide the password. Daniel Laferty 617-958-9494** |
| Path to Read from |  |

### HTTP

### Web Services

### IHE Cross Enterprise Document Reliable Interchange (XDR)

## Receiving Messages (Please select only one Option below)

Please select **only one** interface option for receiving messages. NOTE: MULTIPLE SECTIONS ARE COMPLETED FOR SAMPLE PURPOSES ONLY

### Network Directory

The directory-based options use a single directory as the root directory for all available interfaces. The root directory must be located on an accessible network share, and will be mounted when the device starts. The device will require read, write, delete and directory permissions on the share.

A number of sub-directories will be created in this location upon first use.

|  |  |
| --- | --- |
| Mounted Directory | **Network mount location \\fileshareserver01\landfile** |
| Username | **Username hiway2** |
| Contact Person | **Name and phone number of a person who can provide the password. Daniel Laferty 617-958-9494** |

### FTP Client

If an FTP server is used to send messages, the same server must be used to receive messages.

|  |  |
| --- | --- |
| FTP Server IP | **IP address 192.37.144.74** |
| FTP Port | **Port number 22** |
| Username | **Username hiway2** |
| Contact Person | **Name and phone number of a person who can provide the password. Daniel Laferty 617-958-9494** |
| Path to Write to |  |

### HTTP

To receive incoming messages from the device using the HTTP interface, an HTTP server must be configured to listen for an HTTP POST from the device.

|  |  |
| --- | --- |
| HTTP URL | **For example, http://servername:port/messages** |

### Web Services

To receive incoming messages from the device using the web service interface, implement the SendDocument web service method on a server, as defined in the API documentation.

|  |  |
| --- | --- |
| Web Service URL | **For example, http://servername:port/messages** |

### IHE Cross Enterprise Document Reliable Interchange (XDR)

To receive incoming messages from the device using the XDR interface, implement the XDR web service method on a server, as defined in the IHE documentation.

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| --- | --- |
| Web Service URL | **For example, http://servername:port/messages** |

**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.*

|  |  |
| --- | --- |
| **First Name** | **Johnnie** |
| **Middle Name** | **Kurt** |
| **Last Name** | **Hiway** |
| **Title** | **Sr. Consultant** |
| **Email Address** | **johnnie.hiway@state.ma.us** |
| **Phone Number** | **617-585-8848** |
| **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  **Current** |
| **First Name** | **Patty** |
| **Middle Name** | **Melody** |
| **Last Name** | **Participant** |
| **Title** | **Business Analyst** |
| **Email Address** | **Patty.participant@state.ma.us** |
| **Phone Number** | 617-686-4858 |
| **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  **Current** |

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

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