Health Partner Order Portal (HPOP)

For COVID-19 Therapeutics

Initial Access, Setup, User Account Creation, and Basic Inventory Reporting



Created by the FDOH Bureau of Preparedness and Response

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Logging in to the Health Partner Provider Portal (HPOP)

The Florida Department of Health will work with the US Department of Health and Human Services (HHS) to setup provider user accounts. When a user account is created, the user will receive an email from <u>vpop-no-reply@cdc.gov</u>, containing a registration link that should be good for 72 hours. Click on the registration link to be taken to a screen to set up your password and two-factor authorization (TFA). TFA can be setup using either an authentication app on your mobile phone or using your email. You will see a screen like the one below, with instructions for downloading and using an authentication app, or a link at the bottom to set up TFA using email instead. Follow the directions to proceed with logging in.





Initial Account Setup

Upon successfully signing in you will see the landing page for your facility. It will look similar to this, with your facility name at the top left of the screen. The page has sections for logging Inventory, tracking orders, and maintaining your facility data, among others.

Apps 📕 Mail - Clay, Adam 🔉 PF 🔇 PROD-Special Need 🔇 TEST - Special Nee	📀 ESS 🚺 ReadyOp 🚾 CDC COVID Data Tr » 📃 Other bookmarks 🛛 📰 Reading list		
Oracle HPoP - Provider Portal	Partner: Florida 🕜 Help ~ 💭 Feedback र्रे adam.clay@flhealth.gov ~		
Your Facility Name : Therapeutic			
Show All Therapeutic Orders Therapeutic Inventory Receiving Address / Hours Co	ontacts External Partners Therapeutics My Feedback News		
Please review the following before Therapeutic ordering is available: Address Verified	Therapeutic Address needs verification		
▼ Therapeutic Orders	Provider Details Receiving Address / Hours Support Information		
No orders submitted	Provider Details		
Therapeutic Inventory	Name Your Facility Name		
	Federal PIN State PIN National Provider Identifier (NPI) FLA00011		
	Provider Type [19] Public health provider – public health clinic		
	Alternative ID Non-Public Provider No		

When you log in for the first time, you must enter your facility/provider licensure information, and verify your delivery address and receiving hours.

Entering Licensure Information

To enter your licensure information:

1. Click the tab titled "Provider Details"

Oracle HPoP - Provider Portal	Partner: Florida	
Your Facility Name : Therapeutic		
Show All Therapeutic Orders Therapeutic Inventory Receiving Address / Hours Co	ntacts External Partners Therapeutics My Feedback News	
Please review the following before Therapeutic ordering is available: Address Verified	Therapeutic Address needs verification	ļ
Therapeutic Orders	Provider Details Receiving Address / Hours Apport Information	
No orders submitted	Provider Details	
Therapeutic Inventory	Name Your Facility Name	rovide
	Federal PIN State PIN National Provider Identifier (NPI) FLA00011	
	Provider Type [19] Public health provider – public health clinic	
	Alternative ID Non-Public Provider No	

The "Maintain Provider Information" screen will open.

Aaintain Provider Information	(
Name Your Facility Name	Setting(s) where this location will administer products (select all that apply) * [1] Child care or day care facility [2] College, technical school, or university
Federal PIN State PIN FLA00011 National Provider Identifier (NPI	[3] Community center [4] Correctional/detention facility
Provider Type [19] Public health provider – public health clinic	 [5] Health care provider office, health center, medical practice, or outpatient clinic [6] Hospital (i.e., inpatient facility)
Alternative ID Non Public No Provider?	 [7] In home [8] Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)
Approximate number of patients/clients routinely served	[9] Pharmacy [10] Public health clinic (e.g., local health department)
(Enter "0" if the location does not serve this age group.)	[11] School (K – grade 12) [12] Shelter
Number of children 18 years of age and Unknown	[13] Temporary or off-site vaccination clinic – point of dispensing (POD)

Scroll down to find the fields for License and License Expiration Date at the bottom left of the screen.

Therapeutic Categories Monoclonal Antibody Antiviral Monoclonal Antibody Sp License License	[11] Racial and ethnic minority groups [12] Tribal communities [13] People who are incarcerated/detained [14] People living in rural communities
Status ACTIVE	 [15] People who are underinsured or uninsured [16] People with disabilities [17] People with underlying medical conditions* that are risk factors for severe COVID-19 illness [18] Other people at higher risk for COVID-19
Cancel	Apply Changes

Enter an appropriate license number and expiration date; it could be either a prescriber license or a Florida issued license to receive and store medication. If you have a question about what license to use contact: covid.therapeutics@flhealth.gov.

IMPORTANT: Once you have entered the required information, you must click the "Apply Changes" button to save the data.

Therapeutic Categories Monoclonal Antibody Antiviral Monoclonal Antibo	[11] Racial and ethnic minority groups [12] Tribal communities
License Expira 1234567890	 [13] People who are incarcerated/detained [14] People living in rural communities [15] People who are underinsured or uninsured [16] People with disabilities [17] People with underlying medical conditions* that are risk factors for severe COVID-19 illness [18] Other people at higher risk for COVID-19
Cancel	Apply Changes

Verifying Receiving Address and Delivery Hours

To Verify your receiving address and delivery hours:

- 1. Click the tab titles "Receiving Address/Hours
- 2. Click the "Add Address" button (If no Address has yet been entered), **or** the "Edit" button if there is an existing address.

Oracle HPoP - Provider Portal	Partner: Florida ③ Help ~ 💭 Feedback 오 adam.clay@flhealth.gov ~
Your Facility Name : Therapeutic	Contacts External Partners Therapeutics My Feedback News
Please review the following before Therapeutic ordering is available: Address Verified	Therapeutic Address needs verification
Therapeutic Orders	< rovider Details Receiving Address / Hours Support Information
No orders submitted	Receiving Address / Hours
Therapeutic Inventory	2 Add Address
	4052 Bald Cypress Way Tallahassee LEON FL 32399
	row(s) 1 - 1 of 1

The "Maintain Address" screen will open. Check the box that says "Therapeutic" at the top of the screen. Click in any field to Enter/edit any of the address and contact information as necessary. Required fields are marked with a red corner

riorida

This address will receive inventory for	the following Modules:
✓ Therapeutic	
Address Type	
Physical Address	Hub Address
Address1 4052 Bald Cypress Way	Address2
City County Tallahassee	State Code Zip Florida 32399
Loading Dock capable of handling 53' trailers	2
Special Delivery Instructions	
Receiving Email	

Scroll down to enter/edit the receiving hours. For each day that packages can be received, click in the appropriate "From" or "To" column to set the correct hours. If packages can be received around the clock, select "Yes" in the "All Hours" column and the hours will automatically set as midnight to midnight.

Monday 09:00 AM 05:00 PM Tuesday 09:00 AM 12:00 PM 01:00 F Wednesday Yes 12:00 AM 12:00 AM 02:30 F Thursday 09:00 AM 05:00 PM 03:30 F 03:30 F	m the distribution center
Monday 09:00 AM 05:00 PM Tuesday 09:00 AM 12:00 PM 01:00 F Wednesday Yes 12:00 AM 12:00 AM 02:30 F Thursday 09:00 AM 05:00 PM 03:30 F 03:30 F	om2 To2
Tuesday 09:00 AM 12:00 PM 01:00 F Wednesday Yes 12:00 AM 12:00 AM 02:30 F Thursday 09:00 AM 05:00 PM 03:30 F	
Wednesday Yes 12:00 AM 12:00 AM 02:30 F Thursday 09:00 AM 05:00 PM 03:30 F	
Wednesday Yes 12:00 AM 12:00 AM 03:00 P Thursday 09:00 AM 05:00 PM 03:30 P 04:00 F	05:00 PM
Thursday 09:00 AM 05:00 PM 04:00 P	
00000	
Friday 09:00 AM 05:00 PM 04:30 P	1
Saturday 05:30 F	1
Sunday 06:00 F 06:30 F	

IMPORTANT: Once you have verified the address and delivery hours, you MUST check the box at the bottom right that says "Receiving Address &Hours Verified". Then click the button at the bottom right of the screen, which may say "Create" or "Apply Changes".

Sunday	
When editing To and From values 12:00 am at the top of the list re However, 12:00 am at the bottom of the list represents 24:00.	epresents 00:00.
	Receiving Address & Hours Verified
Cancel	Create
	Receiving Address & Hours Verified
	Apply Changes



Reporting Inventory

Providers are required to report daily the therapeutic doses administered and the doses available since the previous day's reporting.

Reporting is done in the "Therapeutic Inventory" section on the facility landing page.

Oracle HPoP - Provider Portal	Partner: Florida	a 🕐 Help 🗸		2 adam.clay@flhealth.gov $^{\sim}$
Your Facility Name : Therapeutic				
Show All Therapeutic Orders Therapeutic Inventory Receiving Address / Hours Contacts	External Partners Therapeuti	cs My Feedbac	< News	
Therapeutic Orders	Therapeut	c Address v	erified	
No orders submitted				
Therapeutic Inventory	Provider Details	Receiving Ad	dress / Hours	Support Information
	Receiving Address / H	ours		Œ
	🗠 Physical	d Cypress Way LEON FL 32399		T

You can click the "Show All" tab to display the "Therapeutic Inventory" section along with all of the other sections on the landing page, or Click the "Therapeutic Inventory" tab to bring up only that section.

Your Facility Name : Therapeutic		
▼ Thera _k putic Orders	urs Contacts External Partners Therapeur	
No orders submitte	Provider Details Receiving Addres	
	Receiving Address / Hours	
	Physical 4052 Bald Cypress Way Tallahassee LEON FL 32399	

Click the Arrow next to the heading to display the reporting table.

Courses Administered	l and Available (since last	reported)	Transfers
ourses Administered and	d Available (since last re	eported)	Save Therapeutic Courses
Therapeutic	Courses Administered	Courses Available	History
Evusheld (0310-7442-02)			
Molnupiravir [Qty 24] (000			
Paxlovid (0069-1085-30)			

- 1. Double click in a field to enter the number of course administered or available *since the last report*.
- 2. Then click the button that says "Save Therapeutic Courses"



The system will flash a message saying "Changes Saved" at the top right of the screen, and the numbers you entered will be saved.



Adding and editing Contacts/User Accounts

Your facility's Point of Contact names and contact information are entered and maintained in the "Contacts" section. You can click the "Show All" tab to display the "Contacts" section along with all of the other sections on the landing page, or click the "Contacts" tab to bring up only that section. **Creating a new Contact will create a HPOP user account for that person**. The list of Contacts thus doubles as the list of HPOP user accounts for your facility.



In the Contacts section, existing Contacts will be displayed with their phone numbers and email addresses. Whichever contact has been designated as the Primary Contact is also displayed here. You have the option of adding a new contact or editing existing ones.

•	Your Facility Name : Therapeutic					
	Show All Therapeutic Orders Therapeutic Inventory Receiving Address / Hours	Contacts				
	Contacts					
	Adam Clay (Primary Contact) Phone: (850) 245-4691 Email: adam.clay@flhealth.gov					
	Stephanie Anspaugh-Naples T Phone: (727) 249-5731 Email: sanspaug@usf.edu					

To add a contact and create a new user account, click the "Add Contact" button.

Your Facility Name : Therapeutic					
Show All Therapeutic Orders	Therapeutic Inventory	Receiving Address / Hours	Contacts		
Contacts			_		
Adam Clay (Primary Contact) Phone: (850) 245-4691 Email: adam.cl	ay@fiheaith.gov	Add Contac	t		
Stephanie Anspaugh-Naples Phone: (727) 249-5731 Email: sanspau	ıg@usf.edu				

Enter the contact's email address and click Create.

/ (Prima)	ry Contact)		
245-4691	Add Contact	(\mathbf{x})	
Anspau 249-5731			
243-3131	Email ar @gmail.com		
	Cancel	Create	

Provider Contact						(\mathbf{x})
Email a ^^@gmail.com					Active Yes	
First Name John			Last Name Smith			
Primary Contact * Title						
Phone number, Phone Extension,	, and Fax will only acce	pt numeri	c input.			
Phone (555) 123-4567	Phone		Extension	Fax (555) 555-5555		
Modules *						
Address						
Address Line 1 4052 Bald Cypress Way			Address Line 2			
City Tallahassee	County		State Fl		Zip Code 32311	
Cancel				Create and	Create Another	Create

If the contact is going to be the Primary Contact for your facility, click the "Primary Contact" designator.

First Name John	Last Name Smith			
Primary Contact * Title				
Phone number, Phone Extension, and Fax will only accept numeric	input.			

IMPORTANT: Be sure to check the box that allows the new user to access the Therapeutics Module

(555) 123-4567	te extension (55
Modules *	•
Address	
Address Line 1	Address Line 2



Once you have entered all of the required contact information, click the "Create button" at the bottom right of the screen. You can also click the "Create and Create Another" button if you want to create another new contact.

Tallahassee	county	FI	32311
Cancel		Create ar	nd Create Anouner

The system will create the new contact and return you to the landing page. The new user will receive an email with a link to activate their new account.

Editing an Existing Contact/User Account

Access the Contacts section as described on page 9. Click on the name of the contact you wish to edit.

Show All Therapeutic Orders	Therapeutic Inventory	Receiving Address / Hours	Contacts
Contacts		Œ	
John Smith (Primary Contact) Phone: (555) 123-4567 Email: ai	@gmail.com		
Stephanie Anspaugh-Naples Phone: (727) 249-5731 Email: sanspau	g@usf.edu		
Adam Clay Phone: (850) 245-4691 Email: adam.cla	y@fihealth.gov		

Edit the Provider Contact information as necessary, then click the "Apply Changes" button at the bottom right of the screen to save your changes.

Provider Contact					×	
Email a @gmail.com						
First Name John			Last Name Smith			
Primary Contact *	Primary Contact * Title					
Phone number, Phone Extension	, and Fax will only acce	ept numeri	c input.			
Phone (555) 123-4567	Pho		Fax (555) 555-5555		55-5555	
Modules *						
Address Address Line 1 4052 Bald Cypress Way			Address Line 2			
City Tallahassee	County LEON		State FL		Zip Code 32311	
Cancel Disable Contact			-		Apply Changes	

Inactivating a Contact/User Account

Access the Contacts section as described on page 9. Click on the name of the Contact you wish to inactivate.



Click the "Disable Contact" button at the bottom left of the screen.

4052 Bald Cypress Way		Address Line 2	
County LEON	State FL	Zip Code 32311	
		Apply Changes	
	County LEON	County LEON FL	

Click OK top confirm that you wish to delete the Contact.

hone Exte		×
57	Would you like to perform this delete action?	5555
utic		Cancel OK

The account will remain in your contact list but will be labelled "Inactive". You can reactivate a user account by opening it as described above and clicking the "Activate Contact" button that is now found at the bottom right of the Provider Contact screen.



