

Completing the HLTH 7190 - Health Sector Compensation Information System (HSCIS) Registration Agreement

Completion of the HLTH 7190 - Health Sector Compensation Information System (HSCIS) Registration Agreement is required in order to obtain access to the HNFile and HSCIS v2 web-sites used to submit HSCIS information. After submitting the completed form (via the Submit button at the bottom of the form), the applicant (once approved) will receive a digital certificate, user-id, and password for accessing the required services.

Please read the terms and conditions in the top half of the form and ensure you are in agreement before completing the remainder of the form and submitting the agreement. Questions regarding the Registration Agreement should be directed to the Ministry of Health HSCIS Support, HLTH.HscisSupport@gov.bc.ca.

Access Type Section:

HSCIS provides two web services for submission of data:

1. **HNFILE** is to be used by those employers who have an automated payroll system which provides a HSCIS extract. In this service, the employer runs an application to produce the extract file, then submits the entire file via the HNFILE site to HSCIS on a quarterly basis, for processing. Payroll vendors who provide a HSCIS extract include ADP, Avanti Software Inc., Blaeberry Solutions, Comvida, Eclipsys, GoldCare, ISM, NOW Solutions (formerly Ross), Ormed (Presto), Payworks and Quadrant HR. Meditech users can produce the extract using their ReportWriter module in the data format of HSCIS.
2. **HSCIS Data Entry** is a separate web service, which is available to those employers who do not have an automated payroll system, or whose payroll provider does not have a HSCIS extract available. In this service, the employer 'signs on' to a secure web site, then enters their HSCIS data manually.

NOTE: Only one (1) of these services may be selected for a given site. Please select the one which best matches your situation.

Organization Information Section

(All mandatory fields are denoted by *)

Legal Name of Organization:

This is the name by which the agency is known legally, or the body which has contracting authority. (i.e., the name for corporate entity registered at Register of Companies.)

Operating Name of Organization:

Provide the agency/organization's commonly known name.

Address, City, Postal Code, Province:

This is the address of the site/facility where services are provided

Is this address also the Organization's Head Office Address?:

Select either Yes or No. If No, fill in the Organization Address in the additional fields that appear.

Organization Phone Number (include area code):

Provide the phone number for the site/facility.

Web Address or Corporate Email Address:

Provide the organization's web address or corporate email address for general inquiries.

Who contracts with your Organization to provide health services?

Select from the drop-down menu which Health Authority your organization contracts with. If "Other" is selected then provide additional information in the field that appears.

Is Organization an HEABC member?:

Select Yes or No as to whether your organization is a member of the Health Employers Association of British Columbia (HEABC). More information about HEABC can be found at <http://www.heabc.bc.ca/Page11.aspx>

Health Care Services Provided (select all that apply):

Select from the list of services that apply to your organization.

Organization Structure:

Select from the drop-down menu which organization structure applies to your organization.

[Signing Authority Information](#)

(All mandatory fields are denoted by *)

Name:

Please provide the name of the Authorized Signing Officer or legal representative of the organization *applying for registration*.

Job Title:

Provide the title of the Authorized Signing Officer.

Email Address:

Provide the email address where the Authorized Signing Officer may be reached.

Phone Number (include area code):

Provide the phone number at which the Authorized Signing Officer may be reached.

[Primary Access Administrator Information](#)

(All mandatory fields are denoted by *)

Name:

Please provide the name of the Primary Access Administrator.

Job Title:

Provide the title of the Primary Access Administrator.

Email Address:

Provide the email address where the Primary Access Administrator may be reached.

Phone Number (include area code):

Provide the phone number at which the Primary Access Administrator may be reached.

Employer Name (if different from organization name):

If the employer of the Primary Access Administrator is different than the organization applying for HSCIS registration on this form then provide the employer's legal name.

HSCIS User 1 Information

(All mandatory fields are denoted by *)

Name:

Please provide the name of the HSCIS User 1.

Job Title:

Provide the title of the HSCIS User 1.

Phone Number (include area code):

Provide the phone number at which the HSCIS User 1 may be reached.

Email Address:

Provide the email address where the HSCIS User 1 may be reached.

Employer Name (if different from organization name):

If the employer of the HSCIS User 1 is different than the organization applying for HSCIS registration on this form then provide the employer's legal name.

Additional HSCIS Role (if applicable):

Select this if the HSCIS User 1 is also the Secondary Access Administrator.

HSCIS User 2 Information (if applicable)

- Same fields as for HSCIS User 1.

Form Submission

Check to have a copy CC'd to you (submitter):

Check this box to have a copy of this completed form emailed to the email address that you provide in the field that appears once this box is checked.

Submitting the Form:

Once you have completed the form, click on the Submit button. The form will be automatically emailed to the Ministry of Health HSCIS Support Team for review and approval.

You will notified when the registration is complete. Typical processing time is 1-2 weeks.