



Helpdesk Ticket Account Request Form Completion Instructions v1.1

PURPOSE

This document contains instructions related to user account requests from county behavioral health boards or behavioral health provider agencies concerning access to the SmartCareMCO and/or NextGen EHR Helpdesk Ticket systems administered by PartnerSolutions.

INSTRUCTIONS

The Helpdesk Ticket Account Request Form is designed to be viewed and completed electronically. However, if the form is completed by hand, it is imperative for the person completing it to print legibly. Handwritten forms should never be completed in cursive script except in the appropriate signature fields.

It is highly encouraged to use a dedicated .pdf reader, such as Adobe Acrobat, Adobe Reader, or Foxit Reader, when opening and using the electronic Helpdesk Ticket Account Request Form. Attempting to open the form in any other program, such as an internet browser, will likely result in potential problems or the form being nonfunctional.

All completed Helpdesk Ticket Account Request Forms must include, at minimum, responses for all of the required fields and their defined values. Required fields should never be left blank or incomplete, nor should any values be submitted for required fields other than the ones outlined in italics in this document.

If completing this form to access the SmartCareMCO Helpdesk Ticket system, the completed form should be emailed as an attachment to SmartCareSupport@StarkMHAR.org. If completing this form to access the NextGen EHR Helpdesk Ticket system, the completed form should be emailed as an attachment to Jill.Cross@StarkMHAR.org. Any questions pertaining to this form or Helpdesk Ticket system user accounts in general should be directed towards SmartCareSupport@StarkMHAR.org or Jill.Cross@StarkMHAR.org respectively.

ACCESS

1. **Which Helpdesk Ticket system are you requesting access to? – Required.** Select whether the form is being completed for access to the SmartCareMCO Helpdesk Ticket system or the NextGen EHR Helpdesk Ticket system. If access to both is required, two separate forms are to be completed for each account.
 - *SmartCareMCO*: Select if the user is requesting access to the SmartCareMCO Helpdesk Ticket system.
 - *NextGen EHR*: Select if the user is requesting access to the NextGen EHR Helpdesk Ticket system.

2. **User Staff Type – Required.** Select whether the form is being submitted for a board/provider agency staff person or a contract staff person.
 - *Agency Staff*: Select if the user is employed by the submitting county behavioral health board or behavioral health provider agency.
 - *Contract Staff*: Select if the user is a third party contracted staff person (i.e., Clearinghouse staff). **Note**: It is the responsibility of the requesting organization to have the appropriate agreements in place with any Contract Staff requesting access to the Helpdesk Ticket system administered by PartnerSolutions; Contract Staff require appropriate provider director or board director approval.

USER INFORMATION

3. **User Full Name – Required.** Enter the user’s full, legal name.
4. **User Email Address – Required.** Enter the user’s professional/work email address.
5. **User Phone No. – Required.** Enter the phone number at which the user may be reached during normal business hours.

ORGANIZATION NAME AND ADDRESS

6. **Organization Name – Required.** Enter the name of the agency or organization where the user submitting the form is employed.
7. **UPI – Required for provider staff only.** Enter the five-digit Unique Provider Identifier(s) of the agency or organization where the user is employed. If the user’s agency or organization uses more than UPI, such as to distinguish between different facility or office locations, enter as many as are applicable to the user’s job functions and responsibilities.
8. **Organization Type – Required.** Choose whether the staff user completing the form is employed by a behavioral health provider agency or by a county behavioral health board.

- *Provider*: Select if the user is employed (or contracted) by a behavioral health provider agency.
 - *Board*: Select if the user is employed (or contracted) by a county behavioral health board.
9. **Organization Address 1 – Required.** Enter the first line of the physical address (e.g., street address) of the agency or organization where the user submitting the form is employed.
 10. **Organization Address 2** – Enter the second line of the physical address of the agency or organization where the user submitting the form is employed (e.g., a suite number when applicable).
 11. **Organization City – Required.** Enter the city of the agency or organization where the user submitting the form is employed.
 12. **Organization State – Required.** Enter the state of the agency or organization where the user submitting the form is employed.
 13. **Organization ZIP – Required.** Enter the ZIP code of the agency or organization where the user submitting the form is employed.

SIGNATURES

14. **User Signature – Required.** The user's handwritten signature should go here.
15. **User Signature Date – Required.** Enter the date the user's signature was signed.