



SmartCareMCO Provider Account Request/Change Form Completion Instructions v2.4

PURPOSE

This document contains instructions related to user account requests from behavioral health providers concerning access to a production SmartCareMCO environment.

INSTRUCTIONS

The SmartCareMCO Provider Account Request/Change 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 SmartCareMCO Provider Account Request/Change Form. Attempting to open the form in any other program, such as an internet browser or email application, will likely result in potential problems or the form being nonfunctional.

All completed SmartCareMCO Provider Account Request/Change 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.

Any questions pertaining to this document, or the provider account request/change process, should be directed towards SmartCareSupport@StarkMHAR.org. In addition, completed forms should be emailed to SmartCareSupport@StarkMHAR.org.

1. **Agency/Employer Name – Required.** Enter the name of the agency or organization where the user submitting the form (hereafter referred to as “the user”) is employed.
2. **Form Type – Required.** Enter whether the form is being completed for the purposes of creating a new user account, updating/correcting information on a currently existing user, or terminating an existing account.

- *Create New Account*: Select if the form is being submitted for a user who needs a new SmartCareMCO account.
 - *Modify Existing Account*: Select if the form is being submitted for a user whose SmartCareMCO account needs changed.
 - *Remove Existing Account*: Select if the form is being submitted for a user whose SmartCareMCO needs terminated. If a user's account is requested to be terminated, only the Agency/Employer Name, User First Name, User Last Name, Existing SmartCareMCO Username, Supervisor First Name, Supervisor Last Name, Supervisor Phone No., Supervisor Email Address, Supervisor Signature, and Supervisor Signature Date fields are required to be completed
3. **UPI #1-#6 – Required for UPI #1 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.
 4. **Date Requested – Required.** Enter the date that the form was sent to PartnerSolutions.
 5. **User Staff Type – Required.** Select whether the form is being submitted for a provider agency staff person or a contract staff person.
 - *Agency Staff*: Select if the user is employed by the submitting 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 SmartCareMCO; Contract Staff require provider director approval.

USER INFORMATION

6. **User First Name – Required.** Enter the user's full, legal first name.
7. **User Middle Name** – Enter the user's full middle name.
8. **User Last Name – Required.** Enter the user's last or family name.
9. **Suffix** – Enter the user's name suffix (e.g., Jr., II, etc.).
10. **User Phone No. – Required.** Enter the phone number at which the user may be reached during normal business hours.
11. **User Fax No. – Required.** Enter the fax number at which the user may be reached during normal business hours.

12. **User Email Address** – **Required**. Enter the user’s professional/work email address.
13. **Job Title** – **Required**. Enter the user’s job title.
14. **Existing SmartCareMCO Username (If applicable)** – **Required only if “Modify Existing Account” or “Remove Existing Account” are selected for Form Type**. Enter the SmartCareMCO username of the user if they already possess one.

SUPERVISOR INFORMATION

15. **Supervisor First Name** – **Required**. Enter the user’s supervisor’s full, legal first name.
16. **Supervisor Middle Name** – Enter the user’s supervisor’s full middle name.
17. **Supervisor Last Name** – **Required**. Enter the user’s supervisor’s last or family name.
18. **Suffix** – Enter the user’s supervisor’s name suffix (e.g., Jr., II, etc.).
19. **Supervisor Phone No.** – **Required**. Enter the phone number at which the user’s supervisor may be reached during normal business hours.
20. **Supervisor Job Title** – **Required**. Enter the supervisor’s job title.
21. **Supervisor Email Address** – **Required**. Enter the user’s supervisor’s professional/work email address.
22. **No Direct Supervisor** – “X” this checkbox if the user is a provider director and/or does not have a direct supervisor. If a user is a provider director, they may skip all other fields in the Supervisor Information section, as well as the Supervisor Signature and Supervisor Signature Date fields in the Signatures section.

SECURITY PERMISSIONS

23. **Security Roles** – **Required**. “X” all of the desired security role checkboxes for the user. Users in SmartCareMCO are assigned specific security roles that define their access in the system, including what screens, QuickLinks, and features that they are able to use or view. Users can be assigned more than one role at a time. If a user belongs to more than one role, their permissions are combined.
 - *Claims Processor*: “X” if the user is to have the following permissions.
 - 837 Import, Batch Claims Upload, and Generate 835 access
 - View-only claims-related data
 - View-only client information
 - *Clinical*: “X” if the user is to have the following permissions.

- Request authorizations access
 - View-only claims-related data
 - View-only client information
 - View reports
 - *CQI*: “X” if the user is to have the following permissions.
 - View-only claims-related data
 - View only client information
 - *Enrollment*: “X” if the user is to have the following permissions.
 - View-only client information
 - *Executive*: “X” if the user is to have the following permissions.
 - View-only for everything that their staff can see, except without 837 Import, Batch Claims Upload, and Generate 835 access
24. **Remote Access – Required.** Choose whether the user will be able to remotely access SmartCareMCO from any location, or if they will be restricted to only logging into the system from a pre-approved location.
- *Yes*: Select if the user will be able to remotely access SmartCareMCO from any location, such as their home, a coffeeshop, or any public wireless network.
 - *No*: Select if the user will only be able to access SmartCareMCO from a preapproved location, such as their workplace.
25. **Static IP Address – Required.** Enter the static IP address of the user’s workplace. Consult the local IT professional at the user’s workplace or visit <https://www.whatismyip.com/> if the user is uncertain about how to determine their static IP address.
26. **PartnerSolutions Helpdesk Ticket System Account – Required.** Choose whether a Helpdesk Ticket System account will need to be created for the user in addition to a SmartCareMCO account. The PartnerSolutions Helpdesk Ticket System is used to submit SmartCare-related issues or concerns and can be access at <https://partnersolutions.jitbit.com/helpdesk/User/Login>.
- *Yes*: Select if the user needs a Helpdesk Ticket System account or if the user already holds an active Helpdesk Ticket System account.
 - *No*: Select if the user does not need a Helpdesk Ticket System account.

SIGNATURES

27. **User Signature – Required.** The user’s handwritten signature should go here.
28. **User Signature Date – Required.** Enter the date the user’s signature was signed.
29. **Supervisor Signature – Required only if “Provider Director” is left unchecked.** The supervisor’s handwritten signature should go here.

30. **Supervisor Signature Date – Required.** Enter the date the supervisor's signature was signed.