

# SmartCareMCO Provider Account Request/Change Form



Instructions: This form must be used to open, close, or otherwise modify a web-based SmartCareMCO account administered by PartnerSolutions. Please note that no account may be opened, closed, or modified without the proper authentication and required signatures. The completed form should be emailed to [SmartCareSupport@StarkMHAR.org](mailto:SmartCareSupport@StarkMHAR.org). Any questions pertaining to this form or user accounts in SmartCareMCO should be directed towards [SmartCareSupport@StarkMHAR.org](mailto:SmartCareSupport@StarkMHAR.org).

In signing this form, the user understands and agrees to comply with the following as a condition of accessing and using SmartCareMCO and other PartnerSolutions resources:

- Users may only use and access the system in accordance with state and federal laws.
- Client information in SmartCareMCO is protected by state and federal confidentiality laws, and users are required to comply with applicable laws protecting the privacy and security of client information.
- All access must be authorized. An account may not, under any circumstances, be used or accessed by anyone other than for whom it was originally created. Users are required to protect their access codes from unauthorized access. Unauthorized access to and/or use of SmartCareMCO is a violation of state and federal law.
- It is the responsibility of the requesting organization to have the appropriate agreements in place with any Contract Staff requesting access to SmartCareMCO.
- Non-compliance of any requirements for access or use of SmartCareMCO shall result in immediate termination of access privileges and may result in employment, civil, and/or criminal penalties.

\*Agency/Employer Name

\*Form Type

Note: If your Agency does not have a UPI, "X" the No UPI checkbox and skip all UPI fields. (IMPORTANT: Third Party staff persons (e.g., Clearinghouse staff) should choose the User Staff Type "Contract Staff.")

\*UPI #1      \*UPI #2      \*UPI #3      \*UPI #4      \*UPI #5      \*UPI #6      \*Date Requested      \*User Staff Type

No UPI

## USER INFORMATION

\*User First Name      User Middle Name      \*User Last Name      Suffix

\*User Phone No.      \*User Fax No.      \*User Email Address

\*Job Title      Existing SmartCareMCO Username (If applicable)

## SUPERVISOR INFORMATION

Note: If you are a director and/or have no direct supervisor, "X" the No Direct Supervisor checkbox and skip all other fields in the Supervisor Information section, as well as the Supervisor Signature and Supervisor Signature Date fields in the Signature section. (IMPORTANT: Contract Staff require provider director approval; Use provider director information for Supervisor Information fields.)

\*Supervisor First Name      Supervisor Middle Name      \*Supervisor Last Name      Suffix      \*Supervisor Phone No.

\*Supervisor Job Title      \*Supervisor Email Address      Please see above note under Supervisor Information.

No Direct Supervisor

## SECURITY PERMISSIONS

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, those permissions are combined.

\*Security Roles ("X" all that apply; Select at least one option)

\*Remote Access

**Claims Processor Access** (837 Import, Batch Claim Uploads, 835 Export and RA's, Claims, My Reports and Client QuickLinks; Submit billing, view claims-related data and client information, and view reports)

**Yes**, allow for this user to be able to access SmartCareMCO from any network (e.g., user's home).

**Clinical Access** (Claims, My Reports, and Client QuickLinks; Request authorizations, view claims-related data and client information, and view reports)

**No**, limit this user's account to only be able to access SmartCareMCO from a pre-approved network (e.g., user's workplace).

**CQI Access** (Claims and Client QuickLinks; View claims-related data and client information)

\*Static IP Address(es) (**DO NOT SKIP THIS FIELD**)  
(Note: If unknown, please visit <https://whatismyipaddress.com/>.)

**Enrollment Access** (Client QuickLinks; Enroll clients, and view client information)

**Executive Access** (Claims, My Reports, and Client QuickLinks; View claims-related data and client information, and view reports)

\*PartnerSolutions Helpdesk Ticket System Account (Note: If account already exists, select "Yes." (<https://partnersolutions.jitbit.com/helpdesk/User/Login>))

**Yes**, create a Helpdesk Ticket System account for this user in addition to a SmartCareMCO account.

**No**, do not create a Helpdesk Ticket System account for this user.

## SIGNATURES

Signatures must be handwritten rather than electronically signed. (IMPORTANT: Contract Staff require provider director approval; Supervisor Signature should be signed by the provider director listed in the Supervisor Information section.)

\*User Signature

\*User Signature Date

\*Supervisor Signature

\*Supervisor Signature Date