* = Required Field

SmartCareMCO Board 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. Any questions pertaining to this form or user accounts in SmartCareMCO should be directed towards 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.

(IMPORTANT: Third Party staff persons (e.g., Clearinghouse staff) should choose the User Staff Type "Contract Staff.")

*Board Name | *Date Requested | *Form Type | *User Staff Type

USER INFORMATION

*User First Name | User Middle Name | *User Last Name | Suffix

*User Office Phone No. | User Mobile No. (Req. for SMS) | *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 board director approval; Use board director information for Supervisor Information fields.)

*Supervisor First Name | Supervisor Middle Name | *Supervisor Last Name | Suffix

*Supervisor Phone No. | *Supervisor Email Address

*Supervisor Job Title

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, their permissions are combined.

*Security Roles

☐ **Clinical Access** (Approve authorizations, view claims-related data and client information, view provider information, and view reports)

☐ **Enrollment Access** (Create/sign enrollments, view claims-related data and client information, view provider information, and view reports) (*This role is limited to Boards that complete their own enrollments.*)

☐ **Executive Access** (View Remittance Advices, view claims-related data and client information, view provider information, and view reports)

☐ **Fiscal Access** (View Remittance Advices, view claims-related data and client information, view provider information, and view reports)

*SmartCareMCO 2 Factor Authentication Preference (Note: User Mobile No. is required if selecting SMS.)

◉ **Email** (DEFAULT: Upon each login, a 2FA code will be sent to the User's Email Address.)

○ **SMS** (Upon each login, a 2FA code will be sent to the User's Mobile No.)

*Remote Access

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

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

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

*PartnerSolutions Report Portal Account (Note: If account already exists, select "Yes.")
(https://starkmhar.sharepoint.com/sites/PartnerSolutionsReportPortal)

○ **Yes**, create a Report Portal account for this user in addition to a SmartCareMCO account.

○ **No**, do not create a Report Portal Account for this user.

*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 SmartCare 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 board director approval; Supervisor Signature should be signed by the board director listed in Supervisor Information.

*User Signature | *User Signature Date | *Supervisor Signature | *Supervisor Signature Date