**DCO Provider Latitude 43 User Account Form**

**Instructions:**

1. A Manager or Supervisor must complete this form to request access, change, or deactivate employees.
2. Once completed, please send via e-mail to contracts@healthwest.net

[ ]  New Account Request [ ]  Change Request [ ]  Deactivate Employee

**Organization Name:**       **Date**:

Employee Name:       E-mail Address:

NPI:       [NPPES NPI Registry (hhs.gov)](https://npiregistry.cms.hhs.gov/)

**Provider EHR locations/programs employee will access**:

|  |  |  |
| --- | --- | --- |
| **Select User Group Option:**Program Directors and Supervisors may select more than one option. | **User Group Permissions** | **Appropriate Staff for this Group** |
| [ ]  | **DCO Case Holder/Claims** | Allows access to:* Records Access
* View SOH client files
* View and Use of Calendar
* Perform Data Entry
 | Clerical support staff performing data entry, viewing assessments, and calendars.Clinical staff providing services to HealthWest consumers. **\*Clinical staff must also fill out A252 DCO Provider Credentialing Packet and Submit with this form to contracts@healthwest.net** |
| [ ]  | **Contract Provider Billings**(Provider Claim Data Entry, Claim EDI Submissions and DCO Case Holder/Claims) | Allows access to create:* Enter claims
* Adjudicate claim batches
* View authorizations for my organization
* View payments, EOBs and remittance advices
 | Billing Staff |
| [ ]  | **Decentralized Initial Evaluation**(CMH Access Clinician and CMH Stabilizer) | Allows access to create:* Initial Evaluation Workflow
 | HealthWest Trained and approved decentralized access clinician.**\*Clinical staff must also fill out A252 DCO Provider Credentialing Packet and Submit with this form to contracts@healthwest.net** |

**SUPERVISORY APPROVAL**

User’s Supervisor: By signing this form, I approve the access request and certify that this user requires access to be added or changed (as indicated in this form) to perform their job duties. I agree to notify HealthWest when employee access approvals need to be updated or discontinued (position change, end of employment).

Supervisor: \*

[ ]  \*I understand that checking this box constitutes my official signature.

**For HealthWest Use Only**

Complete and return this form to the requesting provider as verification.  Maintain in Provider Contracts file.

[ ]  Latitude 43 Setup/Update/Deactivation Complete

Provider Employee Username (if not rendering provider):

[ ]  Denied - Additional Information Needed:

HealthWest Staff:

Printed Name Date