**SUD 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 Programs/Sites employee will need records access**:

|  |  |  |
| --- | --- | --- |
| **Select User Group Option:**Program Directors and Supervisors may select more than one option. | **User Group Permissions** | **Appropriate Staff for this Group** |
| [ ]  | **SUD Clerical Admin** | Allows access to create:SUD Request for Service, Level of Care Determination, Financial Determination, ASAM Worksheet, SUD Admissions, Initial and Reauthorization Requests | Select One Option:[ ] Clerical support staff performing data entry.[ ] Clinical staff, prior to ASAM Continuum training completion, can be allowed this level of access if a new hire verification form is attached. |
| [ ]  | **SUD Clinical**\*[New Hire Verification Form and ASAM Continuum training certificate required](https://healthwest.net/wp-content/uploads/2021/09/New_Hire_Employee_Verification_Form.pdf). | Allows access to create:* All SUD Clerical Admin functions
* ASAM Continuum
 | ASAM Continuum trained clinicians that are credentialed as a SATS or SATP. |
| [ ]  | **SUD OTP** | Allows additional access to:* Face Sheet, ASAM Worksheet, CANS Assessment
 | Add on option for SUD Clerical Admin and SUD Clinical staff working at contracted Opioid Treatment Programs |
| [ ]  | **Claims Data Entry/Claims EDI Submissions** | Access to the system for billing purposes* Adjudicate claim batches to check for errors
* Enter a claim and submit using HCFA-1500 or UB-04
* View authorizations for my organization
* View payments, EOBs and remittance advices
* Upload 837 claim file into PCE and view 835 response file
 | Billing staff |
| [ ]  | **Rendering Provider**\*[New Hire Verification Form must be attached](https://healthwest.net/wp-content/uploads/2021/09/New_Hire_Employee_Verification_Form.pdf) | None – Rendering providers will not have a user ID or access to Latitude 43.  | Staff who provide service encounters submitted under their name and NPI number such as Physicians/Medical Staff, Case Managers and Recovery Coaches. |

**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