



COMMUNITY PROVIDER USER ID AND SYSTEM ACCESS REQUEST

Action Requested

Add New User ID Delete User ID System Access Only-User ID Previously Assigned

Community Provider Information (Please Print)

FEIN #: _____

Provider Name: _____

User Information

Last Name: _____ First Name: _____

Full Work Address: _____

Work e-Mail Address: _____

Work Telephone: _____ DHS ID, if assigned: _____

User System Access Requested

To Be Completed for all Transactions Except "Delete User ID":

I understand that the use of the IDHS systems, software, programs, data, manuals, and facilities is intended for and may only be used for the purpose of accomplishing the official business of the Illinois Department of Human Services. I understand that Illinois statute and IDHS policy prohibit disclosure or discussion of any confidential IDHS information without proper written authorization. I understand that I am personally responsible for all usage under my User ID and I agree not to give my User ID or password to anyone. I further understand that system usage is logged and my access to use the system may be denied or revoked by IDHS.

User Signature: _____ Date: _____

Approval Signatures (required)

Provider Executive Director: _____ Date: _____

MH/DD/ASA/HCD Authorization: _____ Date: _____

To Be Completed by IDHS/MIS/BSPQA

BSPQA Coordinator: _____ Date: _____



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Instructions for Completion

An accurately completed request form describes your specific needs and helps facilitate the processing of your request in a more efficient and timely manner.

Action Requested:

Select the type of request:

Add New User ID - requests a DHS user ID be assigned to an individual not having such an ID

Delete User ID - requests a DHS user ID be removed from accessing the provider's information

System Access Only - requests authority be granted for access to provider's information to a user processing a current DHS User ID

Community Provider Information

Enter the information for the community provider.

Note: Provider Satellite is a two-digit satellite code assigned to your location by DHS Region/ Central Office personnel . Use of this code is uncommon.

User Information

Enter the information for the individual requesting a User ID.

Note: If a User ID has been previously assigned to the individual, enter the DHS User ID, otherwise leave this area blank.

User System Access Requested:

FTP - access allows the user to submit/retrieve applicable data files.

e-RIN access allows the user to request RIN assignments for individuals receiving service from the community provider.

Mobius View - Direct access allows the user on-line viewing of reports generated by the DHS-Provider Claims Section. Access will be restricted to reports for the community provider entered.

SIS On-line - access allows the user to utilize the DMH On-line System.

DMH Jail Link - access allows the user to cross-match information between DMH and jail facilities.

MedScreen - access allows the user to utilize the DMH Medicaid Screening Tool.

User Signature and Date:

Signing the form indicates the user agrees to abide by the conditions outlined in the security disclosure statement.

Approval Signature Section:

All requests must be signed by the Provider Executive Director and an authorized individual within DHS. MIS SPQA has been provided a complete list of all individuals within DHS authorized to approve access. All requests are checked against this list before being processed.

To Be Completed by IDHS/MIS/Bureau of Security, Planning and Quality Assurance (SPQA):

This area will be completed by MIS SPQA once the request has been processed. Leave this area blank.