MANAGED CARE ORGANIZATION
PROVIDER ACCESS AGREEMENT

Section 1- User Information		
Name	Email address	Utahid (not email)
Employer	Office	Job Title
Street Address	City/State/Zip	Work phone
Supervisor Name	Supervisor email	Supervisor phone

Section 2- Application Access Information		
Request Date	Effective Date	Expiration Date (If temp access)
C3 Profiles Provider Domain Name:	PROVIDER ☐ EXT Claims Inquiry-Provider ☐ EXT CM MCO Provider Access *eligibility inquiry, view 834, HRA* ☐ EXT EDI Analyst *view HIPAA response/ack, upload HIPAA files, view TPN information* ☐ EXT MCO Restriction Team Access *eligibility inquiry, view 834, communication messaging*	ADMIN ☐ EXT MCO Provider User Administrator (requires additional approval in Section 4 below)
Justification for access		

Section 3- Security Agreement Approvals
Supervisor Approval- *I attest the requested access is appropriate and necessary for this individual to perform assigned job duties. I understand training on system use is the supervisor's responsibility. I agree to promptly report any changes in this employee's job duties which impact system use to our PRISM account administrator.* Supervisor Signature: Date:
User Acknowledgement- *I agree to comply with the PRISM Access Agreement (located at https://medicaid.utah.gov/become-medicaid-provider) and agree the requested access is appropriate for my use.* User Signature: Date:

Section 4- Account Administrator Agreement/Approval
User Acknowledgement _____ (   ) *I acknowledge the Provider Account Administrator profile is considered privileged access for the purpose of user management and includes other security duties such as, but not limited to, maintaining appropriate access documentation and performing activity reviews.* Management Approval _____ (   ) *I authorize this individual to serve as the PRISM account administrator for my organization.*

Questions to managedcaredata@utah.gov