PRISM User Access Request Form for Providers

Utah Department of Health, Division of Medicaid and Health Financing

Section 1 - User Information		
Name	Email address	Utah-ID
Employer	Department/Office	Job Title
Street Address	City/State/Zip	Work phone #
Supervisor Name	Supervisor email	Supervisor phone #

Section 2 - Access Information	☐New ☐Change ☐Suspend ☐Remove *(check one)*		
Request Date	Effective Date		Expiration Date (If temp access)

Requested Access (R3 Profiles)	EXT PROVIDER
	
	☐ Credentialing Specialist
	☐ EDI Team
	☐ File View Only
	   (Provider inquiry)
	☐ Upload Files Only
		PROVIDER HER
		
		☐ Incentive Specialist
		   (eMIPP system admin)
			PROVIDER SECURITY
			
			☐ Account Administrator*

Justification for access			

Section 3 - Security Agreement/Approvals
User Acknowledgement- I agree to comply with the Utah Department of Health, Division of Medicaid and Health Financing PRISM Access Agreement (located at medicaid.utah.gov/prism) and all other policies that are appropriate to the system profile assigned for my use. ☐ _____ (check box and initial only if applicable) *I additionally acknowledge the system administrator access 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.* * User Signature: Date:

Section 4 - Security Tracking for Provider System Admin	☐ scanned form uploaded to PRISM
Completed by	Date Completed
Reviewed by	Date Reviewed
Security Notes	