

APS CareConnection® User Access Request Form

Fax completed form to APS Healthcare at 1-800-762-1639. You will receive your user name and password via email within five business days.

Requestor's Personal Information

Last Name: _____

First Name: _____ Middle Init: _____

E-mail Address: _____

Requestor's Phone Number: _____

Please choose a role for you log-on. Only one role can be requested

Role Type Requested: Delegate
 Direct Service Provider
 Utilization Manager

Agency Information

Agency Name: _____

Medicaid ID: _____

Agency Street Address: _____

City _____ State: _____ Zip Code: _____

Agency Phone Number: _____ Fax: _____

Supervisor Name: _____

Provider Medicaid ID Information

Location Name: _____ Medicaid ID: _____

Location Name: _____ Medicaid ID: _____

Location Name: _____ Medicaid ID: _____

Signatures

I agree that all information is correct and accurate to the best of my knowledge. By submitting this request, I agree to adhere to all security and privacy requirements when using this system, as mandated by HIPAA.

Requestor Signature: _____ Date: _____

Internal Use Only:

UID: _____ Create Date: _____ Notify Date: _____

APS Employee Name: _____

Profile definitions:

Delegate

AUTHORIZATION REQUESTS:

- Enter request form for any provider ID under user's organization
- View designated responsible request forms (resp. user defaults to the creator)
- Update viewable request forms until it has been submitted to UM
- Copy any request form under user organization that has been processed and has at least 1 open service (i.e. not closed or denied)
- Discharge applicable requests in user view scope

Direct Service Provider:

AUTHORIZATION REQUESTS:

- Enter request form for any provider ID under user's organization
- View and search for request forms that they generated.
- Update viewable request forms until it has been submitted to UM (or submitted to APS if DSP role is configured to submit to APS in user organization profile)
- Copy any request form that they created and that has been processed and has at least 1 open service (i.e. not closed or denied)

Discharge requests that they created

Utilization Manager

AUTHORIZATION REQUESTS:

- Enter request form for any provider ID under user's organization
- View all request forms under user organization
- Update viewable request forms until it has been submitted to APS
- Copy any request form under user organization
- Discharge requests entered under user organization
- Submit Recipient ID for 'Courtesy Review Authorized pending Recipient ID' for applicable requests in user view scope

Users will need to have a profile setup before the submit button will be visible.

When they do not have "Submit to APS" rights, they are only able to submit treatment plans to a utilization manager