# Bridgeview Web Tool and Revised MnCHOICES

# User Access Request Form

As a contracted Care Coordination Delegate, every individual accessing the Bridgeview Company’s web tool and R-MnCHOICES must have their own user account created. The Manager/Supervisor must complete this form. This access request serves as your notification of new staff to your Partner Relations Consultant.

For any changes to current users (name/contact info/email/role) submit a new form identifying the changes. For bulk global changes refer to the last page.

**Email completed form to** **Partner.Relations@bluecrossmn.com** **and** **Secureblue.Enrollment@bluecrossmn.com**

|  |
| --- |
| **Bridgeview Access/Role Definitions:** |
| **Delegate Representative:** Full access to Delegate agency dashboard reports and data entry abilities (includes entering HRA info, creating service agreements, submit edit requests and update care coordination assignments). \*Support Staff access has been eliminated and has been combined to this role.**Care Coordinator:** Limited access for individual Care Coordinator to access and enter their own HRAs, service agreements and submit edit requests.* User access request for Care Coordinators may be submitted prior to receiving an UMPI# from DHS:
* Indicate "pending" in the UMPI# text field, Bridgeview will assign a temporary UMPI #.
* **Upon receipt of DHS UMPI, report the permanent UMPI to** Secureblue.enrollment@bluecrossmn.com
* For non-care coordinator staff, leave the UMPI field blank.
* UMPI number updates can be sent directly to Secureblue.enrollment@bluecrossmn.com.
* Registration may take up to 10 business days. Once processed, the user will receive an email from carecoordinator.noreply@bluecrossmn.com with a link to activate their account.
* Please activate within 24 hours of receipt. After 24 hours the link will no longer work, you will need to contact the BCBS Help Desk at 1-800-333-1758 to have access issued again.
* Bridgeview - Inactive users are deactivated 12 months from the last log in date.
 |
| **Revised MnCHOICES Access** |
| * The form must include the user’s PW/X1 ID, TrainLink ID & Handling MN Information Securely Info training dates.
* If requesting access to Revised MnCHOICES, requestor must include roles needed.
* Registration may take up to 10 business days.
* The Partner Relations Team will reach out to the requestor once the access request has been processed by DHS.
* Once processed, **new users** will receive an email from DoNotReply@mnchoices.org to activate their account. Please activate within 24 hours of receipt. After 24 hours the temp password will expire, you will need to reach out to your PR Consultant to request access again.
* **User requests for “Add Blue Plus Agency” access will not receive an account creation and/or temp password email.**
 |

|  |  |
| --- | --- |
| **Requesting Manager/Supervisor Information** (Required for all request types) | **Delegate Agency:**       |
| Manager/Supervisor Name:       Supervisor MnCHOICES Logon ID:       Email:       |
| Requesting access for yourself? [ ]  Yes [ ]  No | If yes, complete “Request access for direct report #1” with your info below. |
| **Are you requesting a bulk change for your agency? i.e., email change for existing users [ ]  Yes [ ]  No. If yes, see last page.** |

|  |
| --- |
| **Requesting access for direct report** |
| First Name:       Middle Initial:       Last Name:       Staff Title:       |
| Email:       Ph:       Fax:       UMPI#/Provider Type# (if pending, enter pending):       |
| **Experience & Skills (Initial Requests Only)** |
| [ ]  Social Worker [ ]  Nurse [ ]  DHS county merit qualifiedHow many years of experience as a CC (for any plan)?      Additional skillsLanguages spoken:      [ ]  Cultural competency [ ]  Mental health [ ]  Geriatric expertise [ ]  FFS experience [ ]  Non-EW waiver CM [ ]  Financial worker experience |
| **Type of Bridgeview Access Request** \*Select N/A if BV access is not needed | [ ]  N/A [ ]  Add [ ]  Remove [ ]  Edit Existing UserPrevious Name or email (if applicable)      Effective date: <DATE> |
| **Level of Bridgeview access Requested** | [ ]  Delegate Rep/Support staff [ ]  Care CoordinatorIf the Care Coordinator level is selected, will they be entering their own assessments and/or service agreement into Bridgeview?[ ]  Yes [ ]  No |
| **Does this individual need access or access changes to R-MnCHOICES:**\*Select N/A if not requesting access/changes for Revised MnCHOICES  | [ ]  N/A[ ]  R-MnCHOICES If user requires access to Revised MnCHOICES continue applicable sections below. |
| **User’s Logon ID** (MMIS/MnCHOICES) (X1 or PW):       | **User’s Train Link ID:**       |
| **Type of Revised MnCHOICES Access Needed**\*If this is for an existing user with a name or email change, do not complete the fields below. | [ ]  Add New User [ ]  Edit Existing User - Previous Name or email (if applicable)      [ ]  Deactivate User [ ]  Offboard User (only select offboard if left agency)[ ]  Reactivate User [ ]  Add Blue Plus Agency Combo (has existing non-Blue Plus access) |
| **Blue Plus Revised MnCHOICES Roles Needed**\*Refer to DHS MnCHOICES Help Center for a list of roles and permissions. ***The* *Care Coordinator and Certified Assessor must be the same person, except for members on other HCBS waivers. Select both roles for Care Coordinators.*** | [ ]  Agency Report [ ]  MnCHOICES Mentor [ ]  Care Coordinator [ ]  Rate Staff [ ]  Certified Assessor\* [ ]  Support Staff [ ]  Delegate Supervisor [ ]  MnCHOICES Interagency Contact Point MICP (when available) \*Prior to requesting Certified Assessor, must have all trainings completed. |
| **\*Required for R- MnCHOICES: Handling MN Info Securely Training Dates** (must have training role set to “County Worker” in user settings for required trainings to populate and must be completed annually).  |
| * \*Data Security and Privacy <Completion Date>
* \*Managing Security Information Problems <Completion Date>
* \*How to Protect Information <Completion Date>
* \*Federal Tax Information <Completion Date>
* \*Social Security Administration \*Information <Completion Date>
* \*Protected Health Information <Completion Date>
* \*Data Security for County Staff and Assistors <Completion Date>
* Data Protection for Supervisors <Completion Date>
 |

|  |
| --- |
| ***Use section below for any bulk global changes ONLY (i.e., change in email naming convention)*** |
| **User First and Last Name** | **User Login ID (PW/X1 ID)** | **Previous Email** | **New Email** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |