

**DEPARTMENT OF HUMAN SERVICES MMIS FORM
FOR MANAGED CARE ORGANIZATIONS TO REQUEST ACCESS
TO ENTER LONG TERM CARE SCREENING DOCUMENTS**

X = select	Action Requested
	Request a new Logon ID
	Re-issue a Logon ID
	Change MMIS User information
	Delete Logon ID

Effective Date (if other than current): _____

Care Coordinator/Health Service Coordinator Information

Last Name:		
First Name:	MI:	
Position/Title:		
Current or Previous MMIS Logon ID? ("X"):	Yes:	No:
Business Phone Number:		
Business Email Address:		
Business Address:		
City:	Zip Code:	
Managed Care Organization Name:		
Care System Name (if applicable):		
Supervisor's Name:		
Requested Access ("X")	MSHO & MSC:	SNBC:

Note: Other than Care System Name, all fields are required. Incomplete requests will be returned unprocessed.

Additional Information / Special Instructions:
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DHS Managed Care MMIS Security Contacts:

Rob Landwehr
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