



## **Bridgeview Web Tool User Access Request Form**

As a contracted Care Coordination Delegate, every individual accessing the Bridgeview Company's web tool must have their own user account created. The Care Coordination Manager/Supervisor must complete this form to request access for individuals at their agency who require access to the Bridgeview Company web tool to access delegate agency information.

### **Instructions:**

- 1) Manager saves this form to your computer.
- 2) Enter all the required information on the form and affix Manager/Supervisor signature (handwritten forms will not be processed).
- 3) Return the completed form to the Bridgeview Company and the Partner Relations Team via email: [EWProviders@bluecrossmn.com](mailto:EWProviders@bluecrossmn.com) and [Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com)

### **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.

\*This request serves as your notification of new staff to your Partner Relations Consultant. For any changes to previously submitted requests (name/contact/role changes) refer to the Bridgeview Care Coordination User Guide and email your Partner Relations Consultant and [EWProviders@bluecrossmn.com](mailto:EWProviders@bluecrossmn.com) directly. Inactive users are deactivated within 12 months form last log in date.

**Requesting Manager/Supervisor Contact Info:**

Manager/Supervisor Name:

Phone Number:

Email:

UMPI#:

Are you requesting access for yourself? Yes  No

Type of access request: Add  Remove  If yes, provide date:

\*Default access assigned is Delegate Representative

Manager/Supervisor Signature:

Date:

**Requesting Access for direct reports:**

1) Type of access request: Add  Remove  Date:

Level of Access Requested: Delegate Representative/Support Staff  Care Coordinator

Staff Name: Staff Title:

Email: Phone Number: UMPI#:

Will this individual need access to Blue Plus MnSP EW RS Tool:  Yes  No

If yes, do you have a MMIS/MnCHOICES User ID (if known):

**Only complete if requesting multiple requests:**

2) Type of access request: Add  Remove  Date:

Level of Access Requested: Delegate Representative/Support Staff  Care Coordinator

Staff Name: Staff Title:

Email: Phone Number: UMPI#:

Will this individual need access to Blue Plus MnSP EW RS Tool:  Yes  No

If yes, do you have a MMIS/MnCHOICES User ID (if known):

3) Type of access request: Add  Remove  Date:

Level of Access Requested: Delegate Representative/Support Staff  Care Coordinator

Staff Name: Staff Title:

Email: Phone Number: UMPI#:

Will this individual need access to Blue Plus MnSP EW RS Tool:  Yes  No

If yes, do you have a MMIS/MnCHOICES User ID (if known):

**Note:** This form does not complete the process for requesting access to Blue Plus MnSP EW RS Tool. If an individual indicates "YES" to needing Blue Plus MnSP access, the Partner Relations MnSP Team will follow up with the requesting Manager/Supervisor listed above. Refer to the Care Coordination Website MnCHOICES tab for training requirements for Handling MN Information Securely.

**Return completed form to the Bridgeview Company & Partner Relations Team:**

**[EWProviders@bluecrossmn.com](mailto:EWProviders@bluecrossmn.com) and [Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com)**