



## **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 their computer.
- 2) Enter all the required information on the form and affix Manager/Supervisor signature (handwritten forms will not be processed).
- 3) **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, report the permanent UMPI to Bridgeview.
  - For non-care coordinator staff, leave the UMPI field blank.
- 4) Include a desktop fax or central fax number for each user access request.
- 5) Return the completed form to the Bridgeview Company and the Partner Relations Team via email: [Bridgeview.-.serviceagreements@bluecrossmn.com](mailto:Bridgeview.-.serviceagreements@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 [Bridgeview.-.serviceagreements@bluecrossmn.com](mailto:Bridgeview.-.serviceagreements@bluecrossmn.com) directly. Inactive users are deactivated 12 months from last log in date

**Requesting Manager/Supervisor Contact Info:**

Manager/Supervisor Name: Phone Number:  
Fax 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  Effective Date:  
Level of Access Requested: Delegate Representative/Support Staff  Care Coordinator   
Staff Name: Staff Title: Fax number:  
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  Effective Date:  
Level of Access Requested: Delegate Representative/Support Staff  Care Coordinator   
Staff Name: Staff Title: Fax number:  
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  Effective Date:  
Level of Access Requested: Delegate Representative/Support Staff  Care Coordinator   
Staff Name: Staff Title: Fax number:  
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:**  
[Bridgeview.-.serviceagreements@bluecrossmn.com](mailto:Bridgeview.-.serviceagreements@bluecrossmn.com) and  
[Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com)