



## **Maine ASO APS CareConnection® User Access Request Process**

Prior to submitting this form, the Agency/Facility must determine what level of staff can make requests via APS CareConnection®. This decision should be made by Executive Leadership within the Agency/Facility. Submission of this form indicates that approval has been given to allow all listed individuals access to use APS CareConnection® on the Agency/Facility's behalf.

### **Organization Setup (See CareConnection® Organization Setup Form):**

The APS CareConnection® application is designed to support provider "Organizations" within the Authorization process. An "Organization" in APS CareConnection® acts as an umbrella which allows the Agency/Facility to designate the staff members that will be given access to APS CareConnection® to request authorizations for a specified pool of MaineCare Provider IDs. All users under the umbrella of an "organization" will have access to all of the requests that have been submitted to APS Healthcare by the "Organization". An Agency/Facility can have more than one "Organization" within APS CareConnection®. The same MaineCare Provider ID can be attached to more than one "Organization".

### **User Access:**

The APS CareConnection® application is designed to support specific roles in the Authorization process. Each user will be assigned to a specific role. The functionality, presentation of options, access to information and system behavior will be determined by the role a particular user plays. All information in the system is grouped by MaineCare Provider ID within an Agency/Facility. Each user will be assigned to all required MaineCare Provider IDs *within the Agency/Facility* necessary to perform the functions requested. The following defines the two types of user roles currently available within APS CareConnection®.

**Note:** The abilities described below reference the data access and user ability *prior* to a record having been submitted to APS Healthcare for authorization. Once a record has been submitted, it cannot be changed.

### **Roles:**

*Direct Service Provider (DSP) Role* – This role is the primary role in the system. This role enables the user to create new Authorization Requests, Create Utilization Review Registrations, update authorization requests created by the same user, view all authorizations within an Agency's provider network, and copy information from one record to another. The DSP may also submit Requests for Authorization to an Internal



Utilization Manager within their agency; or, if the Agency wishes to allow it, the DSP may submit directly to APS.

*Utilization Manager (UM) Role-* This role has all of the abilities of the DSP role, *and* the ability to access, read and update/modify all un-submitted Authorization requests within an Agency's Provider pool.

It is important to register for the correct role to ensure the appropriate access is granted. If you are unsure of the role to request, please see your Agency's supervisor for guidance.

A user ID will be attached to one or more state assigned MaineCare Provider ID numbers, depending upon what access your Agency and the state will authorize. The following form will allow you to select the pool of MaineCare Provider IDs your User ID will access, and the role that User ID will be assigned. Please select the Provider MaineCare ID(s) for which your Agency/Facility will authorize access. A pool of Provider MaineCare ID(s) must all be within the same Agency/Facility. **If access to multiple "Organizations" is required, a separate form will be necessary for each "Organization", and will result in a separate User ID.**

**Please Note:**

Facilitate signing up multiple staff, an agency/facility may submit a list of the staff, with the following information for each person:

1. User First Name, Last Name, Middle Initial
2. Role Type Requested
3. email address
4. User's Supervisor's Name
5. "Organization" or "organizations" that the User is to have access to.

When submitting a list of staff, this User request form must also be signed by an authorized person of the agency/facility and included.

For smaller numbers of staff, individual User Access Request Forms may be submitted for each person.

The User Access Request form must be signed by your Agency/Facility representative authorizing APS Healthcare to grant system access. Forms submitted without an Authorized Agent signature will not be processed, and access to the system could be delayed.

Please ensure all required information is provided to avoid any delay in the registration process.



**APS CareConnection® User Access Request Form**

Please Fax this form to: 1-866-325-4752

**User Personal Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Role Type Requested: \_\_\_\_\_ Direct Service Provider \_\_\_\_\_ Utilization Manager

User's Supervisor Name: \_\_\_\_\_

Name(s) of "Organizations" User to have Access to:  
\_\_\_\_\_  
\_\_\_\_\_

Attach an additional sheet if more space is needed.

**Agency/Facility Information**

Agency/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

User's Supervisor Name: \_\_\_\_\_

**Authorized Signature**

I agree that all of the 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.

I authorize that this User be allowed access, in APS CareConnection®, as defined on this request form.

**Authorized Agent of the Agency/Facility:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Use Only**

UID: \_\_\_\_\_ Create Date: \_\_\_\_\_ Notify Date: \_\_\_\_\_ Initials \_\_\_\_\_



## Information about User IDs, Passwords, and System Access

### **Requesting a User ID:**

User IDs may only be requested by completing, signing and faxing the **APS CareConnection® User Access Request Form** to the number posted on the top of the form.

Only one user per ID per form may be requested.

The form can be downloaded in PDF Format from the APS CareConnection® website at [www.qualitycareforme.com](http://www.qualitycareforme.com). Adobe Acrobat Reader will be required to view and print the form.

### **User ID and Password Requirements:**

User IDs will be established by APS Healthcare, after receiving and reviewing the **APS CareConnection® User Access Request Form**.

Each user ID will be 8 characters in length and may contain both alpha and numeric characters.

User IDs are case sensitive, and will be created in lower case.

### **Passwords:**

An initial password will be created by APS Healthcare, and assigned to the USER ID. The password must be changed the first time the system is accessed.

Passwords must be a minimum of six positions and maximum of 10 in length.

Passwords must contain one or more numeric values (0-9).

Passwords can only contain alpha (a-z) and numeric values (0-9). No other characters, symbols, spaces, etc. are permitted.

Passwords will automatically expire after 30 calendar days, regardless of activity or number of times the system is activated.

Passwords cannot contain the USER ID within the password.

When changing a password, the password must be different than the current password.

Passwords will be case sensitive.

The current password must always be supplied when creating a new password.



New passwords must be entered into the system twice identically to ensure accuracy. A new password can be created on demand at any time.

**System Access/Performance:**

The system will automatically terminate the active session after 45 consecutive minutes of inactivity. Please keep in mind that because this is a web based system, activity is measured by submitting or saving the record, or by retrieving information from the system. Simply typing within the form without saving, submitting, or retrieving data will be interpreted by the system as inactivity. This is important to know to prevent loss of data.

Five invalid attempts to log into the system will suspend the current session. Closing and re-opening the browser is required before any further attempts to log in are made.

The system uses pop-up windows. In order for the system to function predictably, any pop-up blockers must be disabled.

The system requires Internet Explorer 6.0 or greater, to comply with security components of the system.

Security levels in the browser should be set to "Medium".

The system's speed and response times are directly related to the speed of the connection to the internet. While high speed access is preferred (DSL or Cable modem), dial up speeds will be supported.