CMS NET ACCOUNT REQUEST

Submit Form: Fax: (916) 440-5346 or
Scan and email: cmshelp@dhcs.ca.gov

Questions? Contact the CMS Net Help Desk
(866) 685-8449 or cmshelp@dhcs.ca.gov

This form is to request CMS Net system access activation, modification or deletion for State, county and local program staff supported by the CMS Branch. When the "Add" option is selected the user will be assigned a new User ID and temporary password. The form is also to be used to request modification or deactivation of a user ID. Please type or print legibly. All fields marked with an asterisk (*) are required.

County*: _____

Select One*	Security Level (default access leave blank)	Name (Last, First)* and Email*	Credentials	Phone* (999)999-9999	Alternate County
☐ Add ☐ Modify ☐ Delete	☐ County System Admin ☐ Co System Admin-Plus ☐ MTP Add/Modify/Review ☐ SAR EPSDT ☐ SAR Override				
☐ Add ☐ Modify ☐ Delete	☐ County System Admin ☐ Co System Admin-Plus ☐ MTP Add/Modify/Review ☐ SAR EPSDT ☐ SAR Override				
☐ Add ☐ Modify ☐ Delete	☐ County System Admin ☐ Co System Admin-Plus ☐ MTP Add/Modify/Review ☐ SAR EPSDT ☐ SAR Override				
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☐ Add ☐ Modify ☐ Delete	☐ County System Admin ☐ Co System Admin-Plus ☐ MTP Add/Modify/Review ☐ SAR EPSDT ☐ SAR Override				
☐ Add ☐ Modify ☐ Delete	☐ County System Admin ☐ Co System Admin-Plus ☐ MTP Add/Modify/Review ☐ SAR EPSDT ☐ SAR Override				

Representative's Name (Print)*: _____ Phone*: _____

Representative's Name (Signature)*: _____ Date*: _____

INSTRUCTIONS

County*:	The name of the county submitting request.
Select One*:	
Add:	Select check box if this request is for account activation.
Modify:	Select check box if this request is for account modification.
Delete:	Select check box if this request is for account deactivation.
Security Level:	Use only if user needs more than the default access.
County System Admin	Confidentiality Oath required:

http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs9093.pdf.

User can:

1. Add, deactivate or reactivate users
2. Reset user passwords
3. Modify/assign user security profiles
4. Modify/Reauthorize Cancelled SAR
5. Modify historical referral/transfer dates
6. Edit permanently assigned case numbers
7. End Date Healthy Families Plans

Co System Admin-Plus — Confidentiality Oath required:

http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs9093.pdf.

User can perform all above County System Administrator capabilities plus:

8. Correct program eligibility dates
9. Correct client eligibility closures/denials
10. Access transaction tracking to determine who last updated a particular record

MTP Add/Modify/Review — User can create and modify Patient Therapy Record (PTR), create and modify PTR batches, and review PTR.

SAR EPSDT — User can approve Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Service Authorization Request (SAR) and CCS Supplemental Services (SS) authorizations for "Categories that Require State Approval". Do not assign this security role without approval from the State CMS Branch.

1. Approve-Yes or Approve-No for EPSDT-SS and CCS-SS SAR
2. Can enter a negotiated price for procedure codes that do not have a price on the procedure master file.

SAR Override — User can override SAR business rules (Program and Client Eligibility cannot be overridden):

1. Age 21 restrictions
2. End dated procedure codes
3. Procedure codes with a pend/deny indicator of T or D
4. One year limitation on SAR service dates
5. Age 19 restrictions for orthodontia
6. Length of stay at inpatient hospital
7. Can manually enter a National Drug Code (NDC) to pay for Brand Name drugs

Name (Last, First)* and Email*:	Type user's last name, then user's first name and user's email address.
Credentials:	Type the user's credentials in abbreviated form.
Phone*:	Type user's phone number, including area code (and extension if applicable) in format (999)999-9999.
Alternate County:	Type the county the user is employed by (if different from the county submitting the request). Example: Courtesy case management between counties.
Representative's Name (Print)*:	The name of person submitting request. Representative must be a State CMS Branch manager, California Children's Services (CCS)/CMS Administrator, CMS Net County System Admin, or CMS Net County System Admin-Plus.
Phone*:	Type the representative's phone number, including area code (and extension if applicable) in format (999)999-9999.
Representative's Name (Signature)*:	Signature of representative.
Date*:	Date account request was signed by the representative.