

# MO User Account Request Form



**\* indicates a required field.** To assist in the most efficient response to user account action requests, please provide as much of the following information as possible! Please read the Help Text where available, for tips on the correct / best way to complete the form.

**ALL FORMS MUST BE SIGNED!! UNSIGNED FORMS WILL BE RETURNED!! Please Print Legibly in ALL FIELDS**

**NOTE: Please complete as much of the form as possible by typing your responses, date it, print it out, sign it, then scan it and email to appropriate recipient (see email addresses below). DEV and TEST selections are for internal users / partners only!**

Type of request:\*

If Account Termination, when can it be done?      Anytime  
After this time:

Full Name:\*

Win ID or CID (if applicable):\*

Username:

Job Title:\*

Agency:\*

State Employee	Wipro Infocrossing	Conduent
Other		

Department:\*

E-mail:\*

Manager's Name:\*

Mirror Account of: \*      Phone #: \*

Please describe, **in detail**, why you are requesting this access (**this information will be used to ensure that you receive the most appropriate level of access required to perform your job function**):\*

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Select the desired Conduent applications that you would like to request access to, from the selections below:

**CyberAccess Web Application:** CyberAccess

Environment: Production UAT TEST DEV

User Access Level: Administrator Regular User / Staff

Desired modules: Base module  
Case Management Module  
DirectCare Pro (DCPro)  
Health Care Home (HCH)  
Home & Community Based Services (HCBS)  
Care Management (This is for ICMS Lite and Provider Request)  
MO HIN CCD Access  
Pre-certification (DME, Optical, Behavioral Health, Medical Services)

For DME, please indicate either Step 1 or Step 2 provider DME Step 1 Step 2

**CyberAccess Web Application User Roles selection:**

Primary User Role: Client User MedPA Administrator MedPA User  
Non-Prescribing Admin Non-Prescribing User Pharmacy Admin  
Pharmacy User Practice Admin User

DCPro Sub-roles: Pharmacy Admin DC Pro Access: Full Access\*  
Pharmacy User Read Only Access

Pharmacy License (if requesting Full Access)

HCBS Sub-roles: Client User DSADS Admin DSADS Clerical  
DSADS Staff IHSP Admin IHSP Staff  
Physician Admin Physician User Super User

ICMS Lite Sub-roles: Admin Case Payer Case Worker  
Client User MCHC User Provider Access  
Provider Admin Provider Request Super User  
User

**Government Transparency Tool:** GTT

**Server Access Data Project:** SAD \* (Requires a Conduent Contractor ID, and a **CLIENT** domain user account, and access to the Atlanta VPN)

**SmartPA Call Center Application:** SmartPA Call Center **MMIS Clerk ID:**

Environment: Production UAT TEST DEV

Level of Access: Admin Tech Internal Admin

Access to sub-module: Drug Medical

Reports Access: Yes No

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**Direct Inform - Administrator role**      Direct Inform      \* (For internal use only. Regular Direct Inform accounts are self-registered)

Environment:      Production      UAT      TEST      DEV

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**CyberFormance - Level: User Level:**      CyberFormance

Desired options:      FDB-BPF  
CPF  
On-line Profiles  
CyberSearch

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**SharePoint Sites:**      MO Client Repository      \* (Requires a **HISNT** domain user account)

MO CyberAccess Helpdesk (Internal use only)

GHS Team SharePoint (Internal use only)      \* (Requires **AMERICAS** domain user account.)

SLR Team SharePoint (Internal use only)

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**Citrix Applications:**      MO Claim Reporting Tool      \* (Requires a **HISNT** domain user account, and the Citrix Receiver and Citrix Offline Plug-in (ensure both Citrix components are compatible with each other.))

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I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or approval of the requested change, enables me to access the resources, which by law, can and must only be utilized in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension, (2) civil court action, and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

**Digitally signed forms are acceptable.**

**Applicant's Signature:**      **Date:**

**Supervisor's Signature:**      **Date:**

**For fastest processing please email the completed form to the following person(s):**

For MO HealthNet Division, Department of Health and Senior Services (DSDS), Children's Services, Missouri Medicaid Audit & Compliance, and Wipro Infocrossing user account requests: [Rachael.Schmitz@dss.mo.gov](mailto:Rachael.Schmitz@dss.mo.gov) and [Holly.M.Hern@dss.mo.gov](mailto:Holly.M.Hern@dss.mo.gov).

For Conduent internal user account requests:

**CyberAccess (all Environments):** [Jessie.Doughty@conduent.com](mailto:Jessie.Doughty@conduent.com)

**MO SmartPA Call Center and MO CyberFormance:** [Julie.Distler@conduent.com](mailto:Julie.Distler@conduent.com)

**User Account Request Form Maintenance:** [Jessie.Doughty@conduent.com](mailto:Jessie.Doughty@conduent.com) and [Elizabeth.Kaniewski@conduent.com](mailto:Elizabeth.Kaniewski@conduent.com)

**HIST Domain Accounts, SharePoint (MO Client Repository), SAD Project Requests, GTT Tool and MO Claims Reporting Tool:** [Crystal.Wickers@conduent.com](mailto:Crystal.Wickers@conduent.com)

Please CC all of the following for all user account requests: [Caleb.Forrest@conduent.com](mailto:Caleb.Forrest@conduent.com), [Jennifer.Colozza@conduent.com](mailto:Jennifer.Colozza@conduent.com), [Olivia.Rush@conduent.com](mailto:Olivia.Rush@conduent.com), and [Luke.Boehmer@conduent.com](mailto:Luke.Boehmer@conduent.com)