



Government Programs & HMO Online Access - Request Form

Please fill out this form on your computer. Please refrain from handwritten entries.
Once finished, please email this document, as an attachment, to your security officer for approval.

Note: The security officer at the medical group must identify which reports each user should have access and if you have multiple sites, which sites.

Step 1: Medical Group Information

Medical Group/IPA Name: _____ Medical Group # _____ (3 digit MG #)
Address _____
City: _____ State: _____ Zip Code: _____

Step 2: External User Information

I have a sign on for Eligibility I have a sign on for Claims
Last name: _____ First Name: _____ MI: _____
Title: _____ Phone Number: _____ (numbers only) Fax Number: _____
Work Email Address: _____
Mother's Maiden Name: _____ Last 4 Digits of SSN: _____
HMO Login ID: IL1.MGP: _____
Your group number, last name and first initial (Example: 123.smithj)

**This ID is for your usage to conduct business for/with BCBSIL. UNAUTHORIZED USE OF THIS ID IS PROHIBITED.
Your initials acknowledges full responsibility for the use of this ID. Sharing of this ID is prohibited.**

Initial that you have read and agree to the above statement: _____ Date: _____

Who else should Portal Access notify when request is completed?

Name: _____ Phone: _____ Email Address: _____

Step 3: Roles Requested (For Security Officer at MG/IPA to complete) - check all that apply

- | | |
|------------------------------------|---|
| Eligibility Only | Claims: 095 Group Approval Report (HMO Risk) PDC Report/039 Report (MG Risk Claims) |
| BCBSIL IPA Access Portal (MXOcare) | Financial & Eligibility |
| Versend | HMO Reporting/Encounter Data Upload |
| PCS Portal | |

List Medical Group Number(s): _____
(in ascending order)

Medical Group Security Officer Name, please print: _____ Date: _____

Medical Group Security Officer Signature: _____
(Electronic Signature Instructions on page 2)

MEDICAL GROUP SECURITY OFFICER

Please email this electronically signed and saved form in this original fillable PDF file format using your keyboard by holding the control key (Ctrl) and clicking on the appropriate link below:

- For Government Programs **and** HMO-IPA: govproviders@bcbsil.com
- For Government Programs **only**: govproviders@bcbsil.com
- HMO and Medicare Advantage IPA's **only**: HMOAccessRequestForm@bcbsil.com

Internal Use: (Role Required)

Blue Access for Providers:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical Group Base Report | <input type="checkbox"/> Medical Group Multi-site Report | <input type="checkbox"/> Medical Group Financial Report |
| <input type="checkbox"/> Medical Group – Group Approval Report | | |

Manager Approval: _____ Date: _____

DSO Approval: _____ Date: _____



Sign with a new digital ID

1. Open the PDF and choose Tools > Sign & Certify > Sign Document. If you don't see the Sign & Certify panel, see the instructions for adding panels at [Task panes](#).
2. If a dialog box appears, read the information and then click OK.
3. Drag your pointer to create a space for the signature.
4. Select A New Digital ID I Want To Create Now from the Add Digital ID dialog box.
5. In the Add Digital ID dialog box, select a storage location for the digital ID.
6. Type a name, e-mail address, and other personal information for your digital ID. When you certify or sign a document, the name appears in the Signatures panel and in the Signature field.
7. (Optional) To use Unicode values for extended characters, select Enable Unicode Support, and then specify Unicode values in the appropriate boxes.
8. From the Use Digital ID For menu, choose whether you want to use the digital ID for signatures, data encryption, or both.
9. Type a password for the digital ID file. For each keystroke, the password strength meter evaluates your password and indicates the password strength using color patterns.
10. Confirm your password, and click Finish.