



SmartCare Group Access Request Form (ARF)

Request a change for multiple SmartCare users by submitting this ARF to the [MIS help desk and BHS Credentialing](#). This form should only be completed when the requested change will be the same for all the users.

Per California Department of Health Care Services (DHCS) BHIN 22-032, County Behavioral Health Plans (which include Mental Health Plans and DMC-ODS Plans) are required to report data on its network providers using the “274” standard which is an Electronic Data Interchange selected by DHCS to ensure provider network data submitted to DHCS is consistent, uniform, and aligns with national standards. This information is used by DHCS to monitor whether our provider network is adequate to support the estimated need and demand for behavioral health services. Required provider information, inclusive of identifying information, is sent to DHCS on a monthly basis for these purposes.

Change Requested*

*must be the same reason for all users

Request Type*	Start Date/ Effective Date	All claims have been entered for these rendering staff (Terminated clinical staff only)
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* Only for existing users. New users must submit a new user ARF

User Type	Department or Program Name	Optum Department
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List the Programs to be Added Or Removed from the User’s Accounts

Substance Use Disorder (SUD)	Mental Health
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SmartCare User ID	Staff Name	SmartCare User ID	Staff Name
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**SmartCare
User ID**

Staff Name

**SmartCare
User ID**

Staff Name

USER ACCESS AUTHORIZATION

Pursuant to the contractual agreement on file with the County of San Diego and as designated by my corporate office, I am authorizing access as noted above and affirm that I have personally reviewed the County's Summary of Policies with the above User:

Manager/Supervisor Signature

Date Signed

Manager/Supervisor Name and Title