

# Colorado SDAC User Access Request Form

## Access Form Instructions

Access to the Colorado SDAC tools, including the Treo Analytics MPA/PPA tools used with the Data Repository and the Web Portal Dashboard, must be governed by a fairly strict access policy to ensure that no Medicaid Client PHI is inappropriately distributed to the wrong parties. Please follow these instructions to complete this form.

**Treo Solutions**  
1660 Lincoln Street  
Suite 1410  
Denver, CO 80264  
**Phone: 855-319-8448**  
**[helpdesk@coloradosdac.com](mailto:helpdesk@coloradosdac.com)**  
**[www.coloradosdac.com](http://www.coloradosdac.com)**

### Instructions:

- If you are requesting RCCO, PCMP or PCP level access, please complete all information requested on the form, and submit it to the RCCO-based Access Approver for their review and approval.
- If you are a designated RCCO-based Access Approver, please ensure that all pertinent information about the person for whom you are requesting access is complete. Then input your name in the digital signature slot, and send a scanned copy of the form to the SDAC Help Desk at [helpdesk@coloradosdac.com](mailto:helpdesk@coloradosdac.com).
- If you are a HCPF employee desiring access, please complete all information and send a scanned copy of the form to the SDAC Help Desk at [helpdesk@coloradosdac.com](mailto:helpdesk@coloradosdac.com).

Access credentials will only be granted to those who have been appropriately approved.

All requests for access at the RCCO or HCPF State-wide level will be forwarded by the SDAC to HCPF for their approval.

# Colorado SDAC User Access Request Form

Please complete the following form and submit back to the Colorado SDAC helpdesk. To complete the form you must provide your signature.

Treo Solutions  
1660 Lincoln Street  
Suite 1410  
Denver, CO 80264

Phone: 855-319-8448  
helpdesk@coloradosdac.com  
www.coloradosdac.com

Date of Request: \_\_\_\_\_

New User     Modify User     Delete User

Modify Name     Modify Organization     Modify E-mail Address     Modify Role  
 Modify Phone Number     Modify Address     Modify Clinic/Practice/Group Name     Modify NPI/ID

## User Access Requirement

HCPF (Role 1)     RCCO (Role 2)     Billing Provider (Role 3)     Rendering Clinician (Role 4)

## Requester/User Account Information

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(will be the user id) \_\_\_\_\_  
RCCO:  Job Title/Role: \_\_\_\_\_

Role 3 Billing Provider Only    Medicaid Billing ID     NPI

Role 4 Both Clinician & Billing Provider    Medicaid Billing ID     NPI

## Approver/Designee Information

### RCCO Approval

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
RCCO Approval: \_\_\_\_\_ Signature: \_\_\_\_\_

### HCPF Approval

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
HCPF Approval: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Form