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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01477 (02/2017) | **STATE OF WISCONSIN** |
| **Wisconsin Medicaid ProgramNursing Home Cost Report Website User Request** |
| **INSTRUCTIONS:** Return completed form to Gregory.Leighty@dhs.wisconsin.gov.  |
| **FACILITY / CHAIN CONTACT FOR WEBSITE ACCESS REQUESTS** – This individual decides who should have access to submit and review cost report information for an individual facility or group of facilities under centralized management. |
| **Facility / Chain Name** |       |
| **First Name** |       |
| **Last Name** |       |
| **Title** |       |
| **Email Address** |       |
| **Phone Number** |    -   -     |
| **User Type** (single or multiple facility) |       |
| **POP ID Numbers Associated with Your Organization** |       |
| **ADDITIONAL USER** |
| **Facility Name** (if multiple facility, list all facility names) |       |
| **First Name** |       |
| **Last Name** |       |
| **Title** |       |
| **Email Address** |       |
| **Phone Number** |    -   -     |
| **User Type** (single or multiple facility) |       |
| **POP ID Numbers Associated With This User\*** |       |
| **INDIVIDUAL USER** |
| **Facility Name** (if multiple facility, list all facility names) |       |
| **First Name** |       |
| **Last Name** |       |
| **Title** |       |
| **Email Address** |       |
| **Phone Number** |    -   -     |
| **User Type** (single or multiple facility) |       |
| **POP ID Numbers Associated With This User\*** |       |

* If the user is given **single facility permissions**, then that user can submit a cost report for only the **single** POP ID that the user selected. That user will be able to see only cost report information specific to that individual POP ID.
* \*If the user is given **multiple facility permissions**, then that user could submit a cost report for **any** POP ID associated with that chain. That user will be able to see **all** cost report information for **every** POP ID associated with that chain.
* \*There is no other option for a nursing home user. A user cannot be given access, for example, to three out of five POP IDs controlled by a chain.
* Identify any **accounting or consulting organizations** that should be allowed to submit cost reports on behalf of the facility or group of facilities. **Approval from the facility or chain is required** before an organization can access a facility’s cost report.
* Attach additional copies of this form to add more users.