**Medicaid Analytics Performance Portal (MAPP)**

**MAPP Gatekeeper Add/Remove Request**

Please use this form to add or remove a MAPP Gatekeeper for your organization. Completed forms must be emailed to MAPP Customer Care Center [mapp-customercarecenter@cma.com](mailto:mapp-customercarecenter@cma.com)

You will receive a confirmation once the update has been completed.

1. In the space below, provide contact information for the person submitting this form.

|  |  |
| --- | --- |
| 1. Organization Name & Type (MCP, HH, CMA, LDSS, LGU-SPOA or State entity): |  |
| 1. Organization MMIS Provider ID: (Required for MCP, HH and CMA) |  |
| 1. Full Name: |  |
| 1. Office telephone number: |  |
| 1. E-mail address: |  |
| 1. HCS User ID: |  |

1. In the space below, provide the information for person to be assigned to the MAPP Gatekeeper role. Indicate whether a HH or CMA role, if organization functions as both. **The MAPP Gatekeeper role is limited to two users within the organization**.

|  |  |
| --- | --- |
| 1. Full Name1 |  |
| 1. Office telephone number: |  |
| 1. E-mail address: |  |
| 1. HCS User ID2 |  |

1. In the space below, provide the information for person **to be removed** from the MAPP Gatekeeper role.

|  |  |
| --- | --- |
| 1. Full Name: |  |
| 1. E-mail address: |  |
| 1. HCS User ID: |  |

1Each Health Home must submit an updated Data Use Agreement (DUA) that includes the names of the designated MAPP Gatekeeper.

2This request cannot be processed until the designated person has an active HCS User account.