

Ohio Department of Medicaid
ELECTRONIC SYSTEM (7102) ACCESS REQUEST

This form is a supplement to the ODM 07078 ("Ohio Department of Medicaid Code of Responsibility") and is necessary for access to the 7102 Electronic System.

Applicant Information

Name	User ID	ODJFS Office/County Agency/Contractor	County
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<p>Appropriate Role <i>(Please select only one)</i></p> <p><input type="checkbox"/> County Case worker</p> <p><input type="checkbox"/> County Supervisor/Coordinator</p> <p><input type="checkbox"/> State Unit Staff</p> <p><input type="checkbox"/> State Staff View Only</p> <p><input type="checkbox"/> State Manager</p>	<p>Request Access</p> <p><input type="checkbox"/> Online "Changes in Medicaid Health Care Coverage Date and Medicare (ODM 07102) Access."</p>
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County Department of Job and Family Services Supervisor		
Print Name	Signature	Date

CDJFS Local Security Coordinator/ Program Administrator Approval		
Print Name	Signature	Date

Ohio Department of Medicaid Point of Contact Approval		
Print Name	Signature	Date

Access to the Early Adopter System

URL via the ODJFS Inner web: <https://buyinformedicare.ohio.gov>

USER IDs: The Buy-In User ID is the same as the User's Novell ID.

Passwords: Please note that the 7102 Electronic System password is synchronized with the Novell/GroupWise password.