MO HealthNet CyberAccess™ Checklist

HCBS/CDS

Practice Name (full legal name of your company)	
Site Name (business name at this location)	
NPI #	
Address	
City	
State	
Zip	**County**
Phone	
Fax	
Contact E-mail address	
Contact person and title	

1. **Please list any affiliated business(es) in addition to the main company listed above:**

Business Name	Address	City	State	Zip	NPI Number

2. **Does business have internet access and a PC with adequate specs as described below?** ☐Y ☐N

CyberAccess System Requirements

Minimum Requirements	
System Area	**Description**
CPU	800 MHz. Intel Pentium or comparable
RAM	512 MB or higher
Hard Disk	20 MB of available hard disk space
Operating System	Windows XP Professional or higher
Display	Monitor size : 17 inch Screen Resolution : 1024 x 768
Peripherals	Mouse or other pointing device
Internet Access	High-speed data connection to the Internet. No use of proxy servers or other caching network devices between workstations and CyberAccess.
Browser	**Internet Explorer 7.0 through 11**
Viewer	Adobe Reader - latest version

3. **Do you have an IT Department or staff at your location?** ☐Y ☐N

4. **Who will be the Cyber Access Practice Administrators? (Need at least 2, please)**

Business Name	Last Name	First Name	Middle Initial	Job Title	E-mail Address

5. **Employees needing CyberAccess accounts and the Business(es) they need to access:**

Business Name	Last Name	First Name	Middle Initial	Job Title	Email Address