WellSky Home Health CAHPS Portal Access Request

Please use this form to add / change users to the WellSky HHCAHPS File Upload site at https://subscribers.fazzi.com. Please be sure to notify WellSky immediately of any changes by sending us a new form. All users have the ability to upload monthly files, and will receive a monthly file email reminder.

Agency Name: ______________________________

Address: ______________________________
City: State: Zip:

Office phone number: ______________________________ CCN/CMS Provider No. (6-digits): ______________

EMR/Clinical Software: ______________________________

Person filling out this form: ______________________________ Title: ______________

Add person: ☐ Main contact ☐ Secondary contact ☐ Add'l contact

Remove person: ☐ No longer with agency ☐ Does not need access

Name: ______________________________

Title: ______________________________

Email: ______________________________

Best phone no. to reach you: ______________________________

For communication purposes, this person will:

☐ Run reports

Add person: ☐ Main contact ☐ Secondary contact ☐ Add'l contact

Remove person: ☐ No longer with agency ☐ Does not need access

Name: ______________________________

Title: ______________________________

Email: ______________________________

Best phone no. to reach you: ______________________________

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Please complete and return via email to:
cahpsteam@wellsky.com
Phone: 1-800-379-0361