

LMS NAVIGATOR REGISTRATION FORM

Lead Organization

Tribal

Submitted By:



washington
healthplanfinder

click. compare. covered.

RETURN TO: navigator.lms@wahbexchange.org

	Partner Agency - Indicate which partner agency by using the drop down list	Role 1, Role 2 or Role 4	Email Address	First Name	Last Name	Address 1	Address 2	City	State	Zip	County	Phone Number	First Language	Second Language	Navigator, CAC or TRIBAL	* 4-n-1 Attestation	* Background Check	Unsearchable
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FIELD	DESCRIPTION	PURPOSE	REQUIRED
Column B	Partner Agency	Navigators partner agency name (If you do not see the partner agency name listed contact LMS Administrator)	Yes
Column C	Role	ROLE 1 - WAH or Medicaid ROLE 2 - Most commonly used; navigators; CAC's ROLE 4 - TRIBAL only	Yes
Column D	Email Address	Navigators email address (we upload the email address please double check this for accuracy)	Yes
Column E	First Name	Navigators first name	Yes
Column F	Last Name	Navigators Last Name	Yes
Column G	Address 1	Physical street address of navigator	Yes
Column H	Address 2	Secondary address for navigator	No
Column I	City	City	Yes
Column J	State	State	Yes
Column K	Zip Code	Zip Code	Yes
Column L	County	County	Yes
Column M	Phone Number	Phone number where navigator will be located	Yes
Column N	First Language	Navigators most commonly used language	Yes
Column O	Second Language	Secondary language used by navigator	Yes
Column P	Nav, CAC or TRIBAL	Drop down list - indicate the title of new hire	Yes
Column Q	4-n-1 Attestation	This document needs to be received by the Lead Org prior to submitting the paperwork to LMS Administrator (If this field is empty we will not accept it)	Yes
Column R	Background Check	This document needs to be received by the Lead Org prior to submitting the paperwork to LMS Administrator (If this field is empty we will not accept it)	Yes
Column S	Unsearchable	Do you want the navigator to be searchable in the HPF	Yes