

# HEALTH NET FEDERAL SERVICES

## TRICARE T2017 West Web Content/Information Warehouse Access Request Form

### Authorized Government User

Email completed form to [Analytical.Services@healthnet.com](mailto:Analytical.Services@healthnet.com) or via fax # (844)-731-1168.

Complete Section I for all requests and subsequent sections based upon type of access required.

#### SECTION I: General Information

<u>Type of Request:</u> <input type="checkbox"/> Initial <input type="checkbox"/> Modify <input type="checkbox"/> Delete	
<u>Date:</u>	<u>User ID:</u> (for Account Modifications and Deletions)
<u>Name:</u> (Last, First, MI)	<u>Last 4 Digits of SSN:</u>
<u>Organization:</u>	<u>Title and Grade/Rank:</u>
<u>Office E-mail Address:</u>	<u>Office Phone Number:</u>
<u>Office Mailing Address:</u>	
<p><b>User Agreement:</b> I accept the responsibility for the information to which I am granted access and will not exceed my authorized level of system access. I will not further disclose beneficiary information except as needed for treatment, payment or healthcare operations. When required by the HIPAA Privacy Rule, the Privacy Act of 1974, DoD Privacy Program (DoD 5400.11-R), the TRICARE Operations Manual or other state/federal privacy regulations, I will obtain the beneficiary's authorization prior to retrieving beneficiary information. I will use professional judgment when accessing beneficiary information and comply with minimum necessary access requirements. I understand that my access may be revoked or eliminated for non-compliance with privacy or security policies. I accept responsibility to safeguard the information from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the data will be monitored as part of managing the system, protecting against unauthorized access and verifying system security. My access information will not be shared with or used by another person at any time.</p> <p>I agree to notify the Health Net Federal Service point of contact identified above in writing when access is no longer required. Unless otherwise identified, this authorization will expire upon termination or expiration of the T2017 West Contract: HT9402-16-C-0002.</p>	
<u>User Signature:</u> <small>If you cannot sign with your CAC, please explain why.</small>	<u>Date:</u>
I agree to notify the Health Net Federal Service point of contact identified above in writing when access to PHI/PII is no longer required. Unless otherwise identified, this authorization will expire upon termination or expiration of the West Region Contract HT9402-10-C-0002	
<u>User Photo ID Type</u> (i.e. CAC Card, Driver's license, Government ID):	
<u>User Photo ID Number:</u>	
<p><b>Supervisor Approval:</b></p> <ol style="list-style-type: none"> <li>1. My signature below certifies that this user requires access as requested, is cleared to view protected health information or personally identifiable information, including sensitive information and has received appropriate privacy and security training.</li> <li>2. I agree to notify Health Net Federal Service <u>in writing</u> when access is no longer required for this user by emailing <a href="mailto:Analytical.Services@healthnet.com">Analytical.Services@healthnet.com</a>.</li> <li>3. I have verified the identity of the person identified in Section I.</li> </ol>	
<u>Supervisor Name:</u> (First, MI, Last)	<u>Title:</u>
<u>Supervisor Signature:</u> <small>If you cannot sign with your CAC, please explain why.</small>	<u>Date:</u>
<u>Email:</u>	<u>Phone:</u>
<p><b>Facility Point of Contact (FPOC):</b> I certify that I have verified the user's identification. I have been authorized within my facility's T2017 Contract's MOU/Assessment to perform this function. (The designated FPOC is found in Appendix C of the MOU. Only the designated individual(s) may sign.)</p>	
<u>FPOC Name:</u> (First, MI, Last)	<u>Title:</u>
<u>FPOC Signature:</u> <small>If you cannot sign with your CAC, please explain why.</small>	<u>Date:</u>

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**SECTION II: Information Warehouse**

Protected Health Information (PHI) or Personally Identifiable Information (PII) Access: (See Section III on Page 3 for list of PHI/PII identifiers)

- Select only one level
- Level 0 – No Restrictions (may view all PHI/PII)
- Level 1 – Semi Restricted (may view city/ZIP code, dates, diagnosis & procedure information only)

For Level 0, please provide explanation as to why access to specific PHI/PII is required:

Data Access Requirement: (See Sections IV and V on Pages 3 and 4 for a description of Subject Areas)

Subject Area	Access Requirement
Web Content Only (Standard reports, Reference Materials, etc.) – <b>Unlimited number of users permitted.</b>	
<b>Data Warehouse Access: LIMITED to 2 individuals per MTF or eMSM.</b> Access to the Data Warehouse allows the user to access the Standard Queries and build their own queries. This access is intended for analysts who need more than the standard Web Content.	
Data Warehouse (Business Objects) Access. (Limited licenses)	
ONLY if Data Warehouse Access was selected, select "Access for each of the Universes (subject areas of the Data Warehouse) needed, below.	
Claims (includes Mart)	
Enrollment/Patient/BIS (includes Mart)	
Provider	
Call Center	
Medical Management	
Government Data (direct care, eligibility, TED, pharmacy, lab)	

IP Address (From your Internet Browser type in [www.whatsmyIP.net](http://www.whatsmyIP.net) and enter the digits after "Your IP Address is."  
 Sample: 112.233.0.0. Or for a range: 112.233.0.0 – 112.233.20.255):

*In the interest of protecting TRICARE data while providing access to authorized users over the Internet, Health Net Federal Services has implemented security controls that restrict web server connections to those from designated network locations. Any IP address must be from a government issued computer or an IP address issued under a government VPN system. More than one address or range of addresses is acceptable as long as they are from government issued devices.*

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**SECTION III: Protected Health Information (PHI)/Personally Identifiable Information (PII)**

The following beneficiary identifiers are considered PHI/PII and access to this information, if available in the Data Warehouse or DataMarts, is only provided on a need-to-know basis:

- ◆ Names
- ◆ Geographic subdivisions smaller than a state including street address, city or county, ZIP code and equivalent geocodes
- ◆ All elements of service dates (except year) for dates directly related to an individual, including birth date, date of service, admission date, discharge date and date of death
- ◆ Telephone numbers including fax numbers
- ◆ E-mail addresses
- ◆ Social Security numbers
- ◆ Medical record numbers
- ◆ Health plan beneficiary numbers
- ◆ Military rank
- ◆ Civilian grade
- ◆ Marital status
- ◆ Race
- ◆ Salary
- ◆ Mother's maiden name
- ◆ Financial information
- ◆ Account numbers
- ◆ Certificate or license numbers
- ◆ Drivers license numbers
- ◆ Voter registration numbers
- ◆ Motor vehicle registration numbers
- ◆ Device identifiers and serial numbers
- ◆ Web Universal Resource Locators (URLs)
- ◆ Internet Protocol (IP) address numbers
- ◆ Biometric identifiers including finger prints, voice prints, full face photographic images and comparable images
- ◆ Any other unique identifying number, characteristic or code

**SECTION IV: Health Net Federal Services Web Content**

Web Content – On the Information Warehouse page of our website [tricare-west.com](http://tricare-west.com), Analytical Services provides:

- High Level Data Summaries and Reports
- Reference Materials
- Repository of Updates and Information Distributed to Government Customers
- Notice of System Alerts

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**SECTION V: Information Warehouse Subject Areas**

**Data Warehouse** – The Health Net Data Warehouse contains a wide range of information including those subject areas discussed below. **Limited licenses are available**

**Claims**

- The Claims DataMart should be used as the primary claim source for trending purposes. Includes the most commonly used fields related to institutional and non-institutional paid and denied claims. Includes net amounts for each claim line after all adjustments have been taken into consideration. The Claims DataMart is updated on a monthly basis.
- The Claims Warehouse contains all fields related to both paid and denied institutional and non-institutional claims. Updated after each payment cycle.

**Enrollment**

- The Enrollment DataMart should be used as the primary enrollment source for trending purposes. Includes month end enrollment counts for each enrollee including Primary Care Manager assignment, ZIP code information, etc. The Enrollment DataMart is updated on a monthly basis.
- The Enrollment/Patient Warehouse contains multiple tables including demographic and PCM information for enrolled beneficiaries, fee information for enrolled beneficiaries and patient-level demographic information for enrolled beneficiaries as well as any West beneficiary with a processed claim. Updated on a daily basis.
- The Beneficiary Information System (BIS) files are focused specifically on beneficiaries with Other Health Insurance (OHI) coverage. Updated on a daily basis.

**Provider** – Contains information network and non-network providers including demographic and specialty information. Updated on a daily basis.

**Contact Tracking** – Contains information on beneficiary and provider contacts, and includes phone calls and correspondence. Updated on a daily basis.

**Medical Management** – This set of files contains information on medical management records including all referrals and authorizations. Updated on a daily basis.

**Government Data** – Contains direct care, eligibility, pharmacy, and TED data for beneficiaries in the West. Updated on a monthly basis.