

HEALTH NET FEDERAL SERVICES  
T-2017 TRICARE-West Medical Management Access Request Form

Authorized Users: Government

**INSTRUCTIONS:**

- Complete Sections I, II and III for access applicable for job duties and authority. All sections are mandatory. All pages must be returned.
- DMIS information must be completed where requested. Each DMIS must be listed separately or the document will be returned. See reminder: **\*EACH DMIS must be listed separately.**
- Incomplete forms will be returned without processing.
- FAX completed form to **1-833-243-1004** or email to [MMWebReportServices@hnfs.com](mailto:MMWebReportServices@hnfs.com).

**SECTION I: GENERAL INFORMATION**

DATE: _____	USER ID: <u>If new, Completed by HNFS Only</u>
NAME (Last, First, MI): _____	Last 4 Digits of SSN: _____
Organization: _____	Job Title/Reason for Access: _____
OFFICE Email Address: _____	OFFICE Phone Number: _____
OFFICE Mailing Address: _____	_____

**SECTION II: SYSTEM ACCESS**  
TYPE OF REQUEST:  Initial  Modify  Delete

- MTF Capability Tool – VIEW ONLY
- MTF Capability Tool – View and Update **\*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
- CareRadius – Medical Management System – Authorizations/Referrals
- Medical Management System – Right of First Refusal (ROFR) **\*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_



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**PROGRAMS**

- Case Management
- Disease Management
- Medical Management Dashboard **\*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
- MTF Provider Connect – Patient View **\*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
- Medical Management System – TRICARE Prime Remote (TPR) Active Duty Review

**REPORTS**

- MTF Referral and Authorization Activity **Report \*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
- The MTF Inpatient Admission Notification **Report \*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
- Purchased Care MTF Prime Enrolled Inpatient **Report \*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_



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- Clearly Legible Report (CLR) Tracking Report **\*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
- M410 Adjudicated Referral/Claim Report **\*EACH DMIS must be listed separately.**
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_
  - DMIS Number \_\_\_\_\_ DMIS Name \_\_\_\_\_

**SYSTEM ACCESS DESCRIPTIONS**

**MTF Capability Tool – View Only:** This option provides read-only access to the report containing DMIS level ROFR criteria. ROFR criteria include beneficiary enrollment category, age, sex, gender and any applicable restrictions at a specialty and service level. The report has printer-friendly capability.

**MTF Capability Tool – View and Update:** This option provides read and write access to the tool containing DMIS level ROFR criteria. ROFR criteria include beneficiary enrollment category, age, sex, gender and any applicable restrictions, at a specialty and service level. MTF personnel with authority to direct changes to capability and capacity can add and delete specialties and services from a specified list.

**Medical Management System (MMS) – Authorization and Referrals:** This option provides access to information on referrals and authorizations. Searches can be performed by beneficiary name or ID, authorization number, tracking number or UIN.

**Medical Management System (MMS) – Right of First Refusal (ROFR):** This option allows access to referrals and authorizations routed to the MTF for ROFR consideration. Users will be able to electronically accept, decline or communicate with the Referral and Authorization Operations Center (RAOC) staff.

**Medical Management System (MMS) – Programs:** This option provides access to individual programs within MMS. Beneficiary program records including assessments, care plans and notes managed by Health Net Federal Services are included where available. Searches can be performed by beneficiary name or ID. ACCESS TO PROGRAMS DOES NOT PROVIDE ACCESS TO THE MMS FOR AUTHORIZATIONS AND REFERRALS.

**Medical Management Dashboard:** This option offers access to an online tool that provides summary and detailed information on Prime beneficiaries enrolled in any of the Case Management and Chronic Care/Disease Management programs. It allows the user to filter, sort and print the information for the selected beneficiary population.

**MTF Provider Connect – Patient View:** Available from the Government Portal of [www.tricare-west.com](http://www.tricare-west.com), this tool allows the government user to access patient-specific gaps in care for their specific Prime beneficiary population.



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**Medical Management System – TRICARE Prime Remote (TPR) Active Duty Review:** This option allows access to referrals and authorizations routed to MMSO for fitness for duty review. Users will be able to electronically complete the fitness for duty review and communicate with the Health Net Federal Services staff.

**MTF Referral and Authorization Activity Report:** This option provides access to a daily report containing information on finalized MTF referrals and authorizations.

**MTF Inpatient Admission Notification Report:** This option provides access to a daily report containing information on Prime beneficiaries admitted to civilian hospitals.

**Purchased Care MTF Prime Enrolled Inpatient Report:** This option provides real time information about beneficiaries admitted to inpatient facilities. Information is available the same day the managed care contractor is aware of the admission. The report will be available for the duration of the admission and maintained for 90 days from the date of the discharge. The MTF will be able to obtain authorizations, admissions, concurrent review and discharge clinical information.

**Clearly Legible Report (CLR) Tracking Report:** This option provides MTFs and eMSMs with referral information needed to follow up with civilian providers to obtain consult reports for patients referred out of the MTF for specialty care.

**M410 Adjudicated Referral/Claim Report:** This option provides MTFs and eMSMs with claims information needed to follow up with civilian providers to obtain consult reports for patients referred out of the MTF for specialty care.

**SECTION III: MANDATORY SIGNATURES, AGREEMENTS AND VERIFICATIONS**

**User Agreement:**

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.

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 T-2017 West Contract: HT9402-16-C-0002.

User Signature: \_\_\_\_\_

Date: \_\_\_\_\_

User Name Print (First, MI, Last): \_\_\_\_\_

User Date of Birth: \_\_\_\_\_

**Supervisor Approval:**



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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.
2. I agree to notify Health Net Federal Service in writing when access is no longer required for this user by emailing [MMWebReportServices@healthnet.com](mailto:MMWebReportServices@healthnet.com).
3. I have verified the identity of the person identified in Section I.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Print) (First, MI, Last): \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Facility Point of Contact (POC):**

I certify that I have verified the user's identification. I have been authorized within my facility's T-2017 Contract's MOU/Assessment to perform this function.

POC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POC Name (Print) (First, MI, Last): \_\_\_\_\_ Title: \_\_\_\_\_

User Photo ID Type (i.e. CAC Card, Driver's license, Government ID): \_\_\_\_\_

User Photo ID Number: \_\_\_\_\_