# HEALTH NET FEDERAL SERVICES

## T-2017 TRICARE West Medical Management Access Request Form
### www.tricare-west.com
### Authorized Users: **Government**

**INSTRUCTIONS:**

- Complete Sections I, II and III to request www.tricare-west.com access applicable to job duties and authority. <u>All sections are mandatory</u>. All pages must be returned.
- Identify user as Government Employee, Individual Contractor or Vendor Contractor:
  - Government Employee –an individual in the civil service or member of a uniformed service.
  - Individual Contractor – an individual contracted directly by the Government for specific tasks.
  - Vendor Contractor – an individual or individuals working for a vendor and the vendor is contracted by the Government to provide services. <u>Company name is required</u>.
- DMIS information must be completed where requested. Each DMIS must be listed separately or the document will be returned.
- Incomplete forms will be returned without processing.
- Submit the completed form via fax to 1-833-243-1004 or email to **MMWebReportServices@hnfs.com**.

---

### SECTION I:  GENERAL INFORMATION

**AUTHORIZED USER:** Select the appropriate option below that pertains to new user:

Government Employee        Individual Contractor        Vendor Contractor (Company Name): _____

Date: _____

User ID: HNFS to complete _____

Name (Last, First, MI): _____

Last Four Digits of Social Security Number: _____

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 _____

# HEALTH NET FEDERAL SERVICES
## T-2017 TRICARE West Medical Management Access Request Form
**www.tricare-west.com**

Authorized Users: **Government**

| 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 _____

# HEALTH NET FEDERAL SERVICES
## T-2017 TRICARE West Medical Management Access Request Form
### www.tricare-west.com

Authorized Users: **Government**

☐ 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 _____

☐ W070 – Prime Travel Benefit MTF Attestation **\*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 includes 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 includes 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.

# HEALTH NET FEDERAL SERVICES
## T-2017 TRICARE West Medical Management Access Request Form
### www.tricare-west.com

Authorized Users: **Government**

**MTF Provider Connect – Patient View:** This tool allows the government user to access patient-specific gaps in care for their specific Prime beneficiary population.

**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.

**W070 – Prime Travel Benefit MTF Attestation Report:** This option provides MTFs and eMSMs with a weekly summarization of the approved referrals and authorizations for their enrolled Prime to receive MTF referred civilian specialty care at a distance that is greater than 100 miles from the MTF. This information may serve as an aid to making decisions about the applicability of approving Prime Travel Benefits as per the guidelines in TRICARE Reimbursement Manual Chapter 1, Section 30.

# HEALTH NET FEDERAL SERVICES

## T-2017 TRICARE West Medical Management Access Request Form

**www.tricare-west.com**

Authorized Users: **Government**

---

| 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.

My access information will not be shared with or used by another person at any time. I understand and accept that my use of the date will be monitored as part of managing the system, protecting against unauthorized access and verifying system security. Monitoring includes a quarterly audit for those with Read/Write access and a yearly audit of all users. Access audits will include verification from the designated supervisor that current access is still required. Supervisor failure to respond will result in the account being disabled. All users of CareRadius are required to log in at least every 90 days. Users who do not do so will be disabled.

I agree to notify the Health Net Federal Services 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-002.

User Signature: _____     Date: _____

User Name Print (First, MI, Last): _____     User Date of Birth:_____

### Supervisor Approval:

1.  My signature below certifies 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 Services in writing when access is no longer required for this user by emailing 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. Common Access Card, driver's license, government ID):_____

User Photo ID Number: _____