

Government User Access Request

www.tricare-west.com

(Authorized government users only)



Please complete all sections and return to Health Net Federal Services, LLC (HNFS) via fax: 1-844-787-9889

Type of Request	<input type="checkbox"/> Initial <input type="checkbox"/> Modification <input type="checkbox"/> Deletion			Date:
Last Name	First:		Middle Initial:	
Title and Grade/Rank				
DMIS	PGBA system RACF ID, if known:			
Agency	<input type="checkbox"/> BCAC/DCAO	<input type="checkbox"/> JAG	<input type="checkbox"/> TRO	<input type="checkbox"/> DHA-GL, USCG & USPHS
	<input type="checkbox"/> DHA	<input type="checkbox"/> MTF	<input type="checkbox"/> TRICARE Advocate or HBA	<input type="checkbox"/> Other
Office Mailing Address				
Office Phone Number	Office Fax Number	Last Four Digits of SSN		
Email Address				
Access Required	<input type="checkbox"/> Eligibility, Claim Status, EOBs, OHI		<input type="checkbox"/> Omni (TRO Customer Service and BCAC/DCAOs)	
	<input type="checkbox"/> Authorization and Referral Status	<input type="checkbox"/> Call Monitoring (TRO Customer Service)	<input type="checkbox"/> Active Duty Workload Tool	
Active Duty Claims	Will you be working on active duty claims? <input type="checkbox"/> Yes <input type="checkbox"/> No (This only applies to those who work the claims inventory. It does not apply to supervisors.)			
<p>User Agreement: I accept the responsibility for the information to which I am granted 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) or the TRICARE Operations Manual, I will obtain the beneficiary's authorization prior to retrieving beneficiary information. I will use professional judgment when accessing beneficiary information. I understand that my access may be revoked or terminated 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 security problems. I understand I will submit this form to delete access when access to this information is no longer required.</p>				
I agree to notify the HNFS point of contact identified above in writing when access is no longer required. Unless otherwise identified, this authorization will expire upon termination or expiration fo the West Region Contract.				
User Signature				Date
Supervisor Approval	Signature certifies that this user requires access as requested, is cleared to view protected health information or personally identifiable information, including sensitive diagnosis, and has received appropriate privacy and security training. Signature also certifies a new form will be submitted to delete access for the government user when access is no longer required.			
Supervisor Last Name	Supervisor First Name			
Title and Grade/Rank				Supervisor Email
Supervisor Phone Number	Supervisor Signature	Date		
<h2>Required Access Descriptions</h2> <p>Eligibility, Claim Status, EOBs, OHI – Applicant will be granted access to the following options for a beneficiary:</p> <ul style="list-style-type: none"> • Eligibility • Claim status • Explanation of Benefits • View other health insurance details <p>Omni – (TRO Customer Service and BCAC/DCAOs) – Applicant will be granted access to the Customer Contact Management system for the TRICARE West beneficiary and provider interactions.</p> <p>Authorization and Referral Status – Applicant will be granted access to check the status of the authorizations or referrals on the HNFS West Region website.</p> <p>Call Monitoring (TRO Customer Service) – Applicant will be granted access to real-time remote and on-site call monitoring capabilities.</p> <p>Active Duty Workload Tool – Applicant will be granted access to the HNFS secure West Region web application. The active duty information includes the following features:</p> <ul style="list-style-type: none"> • Active Duty Workload • Active Duty Reports • Preventive Services • Claim Status • Change Web Contact Information 				