# EXTERNAL USER ACCESS REQUEST FORM

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| **ISD Security MD2800**  NOTE: A Modified Form WILL NOT Be Accepted. All NEW requests must be accompanied by a completed User Affirmation Statement (Form 02-002F) |
| **I. Effective Date** \_\_\_\_ /\_\_\_\_ /\_\_\_\_ |
| **II. System Access Requirements:**  Mainframe/PMMIS:  New User  Change User  Delete User  Network:  New User  Change User  Delete User |
| **III. User Information:**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  (Last) ( First ) ( MI )  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultant  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **IV.** **Mainframe Access Requirements:**  Group # Worker-ID Type Site Control D  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (PMMIS Mainframe Report Access)  E/C Adj Lvl: L=\_\_\_\_\_\_\_\_\_\_\_ Health Plan ID(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mainframe/PMMIS User ID*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 numbers of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(for all new mainframe users)** |
| **V. Network Access Requirements:**  Fortis:  Group Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HEA plus:  Group Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    SharePoint:  Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Cognos:  Universe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Universe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Other Application(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **VI. Security Administration**  Authorized By: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Received: \_\_\_\_\_\_\_\_\_\_ Completed: \_\_\_\_\_\_\_\_\_\_\_ Notified: \_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Instructions for External User Access Request Form

### EffectiveDate

#### Enter the effective date of the request in format mm/dd/yy.

### System Access Requirements

#### System Access: Check the box(s) for the system access that is being requested and type of account action being requested. Mainframe and Network may be checked if access to both systems is being requested or affected. For Mainframe, complete sections III and IV; For Network complete sections III and V.

### User Information

#### Enter the Name, Title, Phone, and E-Mail for the user that the account access is being requested. Your middle initial is required for network sign-on ID’s.

### Mainframe Access Requirements

#### Group#: Enter the PMMIS Group Name for the requested access

#### Worker ID: If required, enter either the valid case number provided by the supervisor, or the users first and last initial and the last four digits of the user SSN

#### Type: If required, enter the correct two-digit Type code from the PMMIS Type Code Table

#### Site: If required, enter the correct three-digit Site code from the PMMIS Site Code Table

#### E/C Adjudication Level: If required, enter the valid two-digit code (01-99)

#### Health Plan ID: Enter the valid six-digit Health Plan ID(s)

#### Mainframe User ID: If the access of a current user is being Changed or Deleted, the requester should enter the user’s logon ID

#### Last four numbers of SSN: This is required for all New Mainframe access requests. It is used as identity verification for password resets.

### Network Access Requirements

#### Fortis, HEAPlus, SharePoint: Check the box for each application being requested and enter the requested Group Name or Site Name.

#### Cognos: Check the box to request Cognos access and indicate the Universe(s) being requested.

#### Other Applications: Indicate any access requested to other applications that are not listed.

### Security Administration

#### Completed by the AHCCCS Security Administrator.

## Version History

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| Date | Change | Revision | Approved by |
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