

# Blue Access for TEXAS Employers - External Access Request Form

To ensure a timely security process, please follow the steps outlined below. Incomplete forms will be returned to the marketing representative via inter-office mail.

## SECTION ONE – Client Information – To be completed by Marketing Representative

- Complete the client's information
- Provide the client's BlueSTAR account number – this will be used as the User ID

## SECTION TWO – Security Roles / Permissions – To be completed by Marketing Representative

- Mark the appropriate security role(s) that should be assigned to the user.

## SECTION THREE – External User Information – To be completed by Delegated Administrator

- This area is to be completed by Employer/Group.
- The Delegated Administrator must be an employee of the group.
- Last four digits of SSN and mother's maiden name are used by the Blue Access Help Desk to reset the user's password
- User **MUST** sign the form – unsigned forms will be returned to the marketing rep via inter-office mail
- The Authorizing Representative must be an officer or other duly authorized representative of the Employer/Group.

## INTERNAL USE ONLY

- DPO signature is required – below is a list of the designated Divisional Privacy Officers
  - TX - Marketing Administration – Donna Otto (backup: Edward Renteria)
  - TX – NMA Dallas – Edward Renteria
  - TX – NMA Houston – Caryn Ayers
  - TX – Midwest Region – Pat Sims & Lynda Ulcak
  - TX – Northeast Region – Edward Renteria & Terri Botvidson
  - TX – Southeast Region – Lisa Barfield
  - TX – West Region – Joan Markham

## Delegated Administrator Security Roles / Permissions

- **Employer Delegated Admin Access – The Delegated Administrator MUST be employed by the account. All groups will be assigned this access.** The Delegated Administrator will be allowed to give other users access to the Employer Portal.
- **Employer Inquiry User – All groups will be assigned this access.** This role will allow the user to view basic account information, no data entry allowed.
- **Employer BARS User – Only check this box for groups that are currently on Blue Star and billed through the BARS system.**
- **Employer Maintenance User –** This role allows the user to maintain the account's membership online. **AEP accounts are not allowed access to this function.**
- **Employer Online Payment User:** User is allowed to enter/maintain account's banking information, request payment amount and submit payment. **Available to Premium Bill Accounts ONLY.**
- **Employer Report User – Please refer to current reporting policy to determine eligibility.** This role to allow the user to view and download reports within the Employer Portal.

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Please indicate:  New User     Existing User - Update Security Roles     New User – Replacing original delegated admin

## SECTION ONE - Client Information: This information must be completed by the Marketing Representative

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

BCBSTX Account Number (BlueSTAR Account #) \_\_\_\_\_

## SECTION TWO - This area is to be completed by the Marketing Representative

**Employer Delegated Admin Access:** Assigns employer portal access to other users. Delegated admin must be employee of Employer/Group

**Employer Inquiry User:** Allows user to view information, no data entry allowed

**Employer BARS User:** User has access to BARS information

**Employer Maintenance User:** Allows the user to maintain the account's membership online

**Employer Online Payment User** – Allows user to enter/maintain account's banking information, request payment amount and submit payment

**Employer Report User:** Allows user to view and download customer reports

## SECTION THREE - External User Information: MUST BE AN EMPLOYEE OF THE GROUP

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Office E-mail Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

This ID is for your usage to conduct business for/with HCSC. **UNAUTHORIZED USE OF THIS ID IS PROHIBITED.** Your signature acknowledges full responsibility for the use of this ID. Sharing of this ID is prohibited. The entity executing this authorization as Employer/Group will indemnify and hold harmless HCSC against any and all claims, demands, suits or other forms of liability that may arise out of or by reason of any actions taken or not taken by or against HCSC in reliance upon the furnished authorization.

**I have read and understand the above policy.**

**Delegated Administrator's Signature** \_\_\_\_\_

**Important Note:** To the extent this Employer/Group is authorized to receive Protected Health Information (PHI) from HCSC and PHI is accessible through the Employer Portal, the Authorized Representative for Employer/Group, by signing this document is granting permission for Delegated Administrator to access PHI through the Employer Portal. Employer/Group Authorized Representative understands that the Delegated Administrator, in that role, may also authorize others to review any PHI on the Employer Portal and it is the responsibility of the employer/group to ensure that the authorized recipients have had training on the appropriate safeguards to protect PHI.

**I am an Authorized Representative of the Employer/Group and have read and understand the above information.**

**Authorized Representative for Employer/Group:**

Printed Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BCBS INTERNAL USE ONLY

Marketing Rep's Printed Name: Veronica Cena    Date: \_\_\_\_\_

DPO Printed Name: \_\_\_\_\_

DPO Signature: \_\_\_\_\_    Date: \_\_\_\_\_