Beth Israel Lahey Health
Performance Network

BILHPN Arcadia Analytics Access Request Form

Please complete this form in its entirety and submit to BILH-ArcadiaAccess@bilh.org.

- Managers/Supervisors should complete Sections 1-5.
- The new user must also sign and date the End User Confidentiality Agreement for Arcadia Analytics.

Note: Requests for termination of Arcadia Analytics user access can also be sent to BILH-ArcadiaAccess@bilh.org.

Section 1 – User Information		
Last Name	First Name	Email Address
Title/Role		
Practice or Organization Name		
Date of Request	Manager Name	Manager Email

Section 2 – Role with BILH Organization
Please indicate what role the user has within the organization

X	Role	X	Role	X	Role
	Care Manager		Social Work		Community Health Worker (CHW)
	Case Manager		Pharmacist		PCP / Health Care Provider
	Practice Staff (Nurse, MA, Front Desk)		Office/Practice Manager		Quality Lead
	Data Analyst		Risk Unit Executive		BILHPN Senior/Executive Management
	Other (Please Specify)				

Section 3 – Clinical User Access Permissions
Access can be granted at the Risk Unit, Pod, Practice or Provider Level.
Please indicate the highest level requested and include name of risk unit(s), pod(s) or practice(s). If All, indicate as such. Use multiple lines if needed.

X	Risk Unit	X	POD	X	Practice	X	Provider

Beth Israel Lahey Health
Performance Network

Section 4 – Additional Application Permissions Indicate additional application permissions below.			
X	**Application**	**Description**	
	Care Manager	Access to utilize and document Care Management tools, including Program Enrollment, Tasks, Assessments, and Care Plans.	
	Export	Allows user to export information from within Arcadia. • *Enabled by default unless otherwise indicated in 'Notes'.*	
	Quality Initiatives	Provides access to Quality Measure Performance Initiatives. • *Access to All will be granted unless individual initiatives are indicated in 'Notes'.*	
	Outreach	Allows user to send outreach messages.	
	Default Attribution	Determines the **default** provider attribution method the user will see in the Global Filter for all measures and reports. User can change the selection in the Global Filters; this only dictates the default setting. ***All users will be set up with Plan Attribution unless otherwise indicated in 'Notes'.*** • Plan Attribution assigns providers to members based directly on assignment data provided by a health plan or other payer. • Clinical Attribution assigns the provider based on the source EHR system, and is sourced directly from the responsible provider element in the EHR. • Functional Attribution assigns the provider who is considered *most responsible* for a patient's care based on a clinically-centered view of care.	
	Desktop	Enables Desktop application within EHR to mirror Arcadia patient summary to view risk and quality gaps at the point of care.	

Section 5 – User Admin Level All users will be granted Regular User Admin Level unless otherwise specified below.			
X	**User Admin Level**	**Description**	**Justification**
	Regular User	Default unless otherwise specified below.	Not Required
Users requiring an Admin level below should have a Justification documented.			
	Group Manager	User can create other end users within that group. If a Group Manager has limited access in terms of the patients or functionality they can access, they can only create users with equivalent or lesser scope of access: a Group Manager cannot create a user who can access hierarchy nodes, data sources, or reports that Group Manager cannot.	
	Client Admin	User can control select application-wide settings including managing multiple care management module settings and configuring widgets. Client Administrators can create and manage user groups and can create and manage group manager and regular users.	
	Care Management Admin	User can control Care Management Module configurations.	

Beth Israel Lahey Health
Performance Network

End User Confidentiality Agreement

I, the undersigned end user of Arcadia Analytics (the "**Application**") agree as follows:

1. I understand that the Application contains Protected Health Information ("**PHI**"), as such term is defined by the Health Insurance Portability and Accountability Act ("**HIPAA**"), and other personally identifiable information ("**PII**") protected under state and federal law.
2. I agree to protect the confidentiality and privacy of all information contained within or accessed through the Application ("**Confidential Information**"), and I will not access or disclose the Confidential Information except as required for the management of patient care or as otherwise required in order to perform my job.
3. If disclosure of Confidential Information is required in order to perform my job, I will only disclose the minimum amount of Confidential Information necessary to achieve the objective at hand and only disclose Confidential Information to (a) employees of my company with business need to know such information, and (b) to representatives of Beth Israel Deaconess Care Organization ("**BILHPN**").
4. I understand that I must obtain BILHPN's written consent prior to making any disclosure (whether verbally or otherwise), that is not expressly permitted in Sections 2 and 3 of this Agreement.
5. I will not share my passwords to the Application with anyone and I will take commercially reasonable steps to protect those passwords from disclosure.
6. I understand that it is my obligation to dispose of printed Confidential Information by using a shredding machine or by depositing the materials in locked shredding bins. Any printed Confidential Information that is retained should be secured in a locked drawer or cabinet.
7. In the event that I make or discover a disclosure of Confidential Information that violates this Agreement, I will report such disclosure within one (1) business day

   to BILHPNComplianceReporting@bidmc.harvard.edu.

I certify that I have read and understand the requirements of this End User Confidentiality Agreement. I understand that BILHPN may terminate my account privileges for any violation of the foregoing terms.

Signature _____ Date _____

Printed Name and Title _____ Company/Practice Name _____