**EOHHS Data Warehouse Access Request Form**

***User this form for requesting access to EOHHS Data Warehouse COGNOS, SAS, SFTP or Database.***

**All requestors:**

Requestors are strongly encouraged to consult with their legal or privacy department prior to submitting the request. Incomplete forms will be returned resulting in delays.

**How to submit an access request?**

1. Fill all sections in page 2 & 3 of this document (**EOHHS Data Warehouse Access Request Form**), sign and save the document as Last\_Name\_FirstName\_FormName\_Date.pdf (Example: Smith\_Mary\_DW\_Access\_Request\_05252018.pdf).
2. Fill the ‘**Security Request**’ form (Form Location: <http://eohhs-web.ehs.govt.state.ma.us/IT/itforms.asp>), sign and save the form as Last\_Name\_FirstName\_FormName\_Date.pdf (Example: Smith\_Mary\_SecurityRequest\_05252018.pdf).
3. Review ‘**EOHHS Privacy Office Data Protection Policy and Procedures (DPPP)**’ (Form Location: <http://eohhs-web.ehs.govt.state.ma.us/IT/itforms.asp>) and sign the ‘Privacy Training Affirmation Statement’ at the bottom of the DPPP document.
4. Email the above 3 documents along with any other applicable security documents to EHS Help Desk at [EHS-DL-ITRequests@MassMail.State.MA.US](mailto:EHS-DL-ITRequests@MassMail.State.MA.US). Email must come from the supervisor/approver’s account, or the form will be returned.

**What happens next?**

1. Request will go through the security process and get assigned to the appropriate resource at DW.
2. The DW resource will create an account and send the requestor an e-mail confirmation.

**Note for Cognos access:**

1. Cognos access will be granted only after Virtual Gateway ID is created by the Security/VG teams.
2. Email confirmation for Cognos access is sent to requestor through the Virtual Gateway email.

**Note for Database Direct Access or SAS access:**

1. For obtaining DW database direct access or SAS access, requestors must have working knowledge of SQL, SAS and/or the data within the tables. Requestors without this level of knowledge should seek access to Cognos rather than to the database.
2. Oracle Client is required for database direct access. Contact the Help Desk at [EHS-DL-ITRequests@MassMail.State.MA.US](mailto:EHS-DL-ITRequests@MassMail.State.MA.US). to get the Oracle Client installed.
3. Business Requestors only need access to the production database. They do not need access to DEV/QA/REP/OS.
4. The Data Warehouse team will submit a request to EOTSS to open the firewall for the listed IP/PC.   
   NOTE: Firewall must have been opened by EOTSS in order for access to be available.

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| **Data Warehouse Access Request Form (Page 1 of 2)**  **REQUESTOR INFORMATION:**  **Note: Provide the name of the PC or server where the database connections is established from. Static IP is required.** | | | | | | | | | | | | | | | |
| FIRST NAME: | |  | | | | | | LAST NAME: | | | |  | | | |
| TITLE: | |  | | | | | | EMAIL: | | | |  | | | |
| PHONE: | |  | | | | | | LOCATION: | | | |  | | | |
| AGENCY: | |  | | | | | | DEPARTMENT: | | | |  | | | |
| PC/MACHINE NAME\*: | |  | | | | | | IP ADDRESS\*: | | | |  | | | |
| ARE YOU MASSHEALTH EMPLOYEE? (Yes/No): If ‘No’, EOHHS privacy office approval is required in section **VI** of this form. | | | | | | | | | | | | | | | |
| Requestors’ Employer name:…………………………………………..  Contractor/consultant  Employee  Other…………..  Describe project for which access is being requested:  Identify agreement(s) governing project/access (attach copies to transmittal email): | | | | | | | | | | | | | | | |
| **II. ACCESS REQUESTED (complete only the applicable areas in this section)** | | | | | | | | | | | | | | | |
| ***DW COGNOS ACCESS*** | | | | Please select which of the following subject areas are required to perform the requestor’s job function(s): | | | | | | | | | | | |
| Member  Claims  Managed Care Organization  Provider  EFMR  Prior Authorization  Other:……………………………… | | | | | | | | | | | |
| ***DW DB DIRECT ACCESS*** | | | | DATABASE ACCOUNT NEEDED IN:  DW PROD  Other: …………………………………. | | | | | | | | | | | |
| MODEL ACCOUNT ID (model after an existing peer account, if applicable): …………………………………… | | | | | | | | | | | |
| LIST OF USER ROLES or PRIVILAGES NEEDED (required when model account name not provided): ……................... | | | | | | | | | | | |
| ***SAS ACCESS*** | | | | SAS SERVER NAME:  MH Analytics Server | | | | | | | SAS USER GROUP NAME:  SASMPH  SASDPH  OSAP  Other: ………… | | | | |
| SAS SERVER NAME:  DW SAS Server | | | | | | | SAS USER GROUP NAME:  DWINF  DWBA  Other: ………… | | | | |
| ***DW SFTP ACCESS*** | | | | TYPE OF THE ORGANIZATION:  MCO ACO SCO  CP  CSA  Other. Specify …………………….. | | | | | | | | | | | |
| ACCESS IS NEEDED TO WHICH FOLDER(S)? …………………………………………………..    🞎 This is a new folder 🞎 This is an existing folder | | | | | | | | | | | |
| WHAT ACCESS LEVEL IS NEEDED FOR THE ABOVE FOLDER(S)?  Read-only  Read & Download Read, Download & Upload  Read, Download, Upload & Overwrite  Full access (restricted access)  Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Data Warehouse Access Request Form (Page 2 of 2)** | | | | | | | | | | | | | | | |
| **III. BUSINESS JUSTIFICATION/AUTHORITY TO ACCESS REQUESTED DATA** | | | | | | | | | | | | | | | |
| **a) What specific data does this requestor need access to?** | | | | | | | | | | | | | | | |
| **b) Please describe the requestor’s job function(s) that require this access:** | | | | | | | | | | | | | | | |
| **d) Does this request include access to Hub Data? (Yes / No)**  If ‘Yes’, EOHHS privacy office approval is required in section **VI** of this form. | | | | | | | | | | | | | | | |
| **e) Requestor has reviewed, signed and submitted the following docs:** (requestor can’t get the access without signing these documents)  🞎 EOHHS data protection policy and procedures *(send us signed document in PDF format).*  🞎 Rules of Behavior (*required only if requesting access to Hub Data*) | | | | | | | | | | | | | | | |
| **IV. REQUESTOR SIGNATURE**  THE FOLLOWING SIGNATURE IS REQUIRED PRIOR TO SUBMITTING REQUEST. Responsibility for rights granted to requestor per EOHHS Data Security Policies. I hereby certify that I am the above named requestor, requires data warehouse database access in order to perform my authorized job function(s) as described above, and all other information I am providing in this form is accurate and complete. | | | | | | | | | | | | | | | |
| REQUESTOR | | | Signature: | | | |  | | | Print Name: | | | | |  |
| Title: | | | |  | | | Phone: | | | | |  |
| Date: | | | |  | | | Email: | | | | |  |
| **V. AUTHORIZATION SIGNATURE**  THE FOLLOWING SIGNATURE IS REQUIRED PRIOR TO SUBMITTING REQUEST. Responsibility for rights granted to requestor per EOHHS Data Security Policies. I hereby certify that I am the supervisor (or a designee or other authorized approver) of the above named requestor, the requestor requires data warehouse database access in order to perform his or her authorized job function(s) as described above, and all other information I am providing in this form is accurate and complete. | | | | | | | | | | | | | | | |
| SUPERVISOR/  AUTHORIZED APPROVER | Signature: | | | | |  | | | Print Name: | | | |  | | |
| Title: | | | | |  | | | Phone: | | | |  | | |
| Date: | | | | |  | | | Email: | | | |  | | |
| **VI. EOHHS PRIVACY OFFICE REVIEW AND APPROVAL** (Privacy approval is required for all non-Masshealth users)  EOHHS privacy office reviewed and approved the requested access. | | | | | | | | | | | | | | | |
| EOHHS PRIVACY OFFICE | | | Signature: | |  | | | | | Print Name: | | | |  | |
| Title: | |  | | | | | Phone: | | | |  | |
| Date: | |  | | | | | Email: | | | |  | |