COMMONWEALTH OF VIRGINIA

Medicaid Enterprise System (MES) Program

Encounter Processing Solution (EPS)

EDI User Security Access Package

Instructions and forms for
EDI User Security Access Package

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Department of Medical Assistance Services (DMAS)

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INSTRUCTIONS FOR EDI USER SECURITY ACCESS PACKAGE

All Service Center Users who will upload and download EDI files to the DMAS Managed File Transfer (MFT) GoAnywhere Server or access the EPS Web Portal on behalf of Managed Care Organizations (MCO), Administrative Services Only (ASO) or the DMAS Non-Emergency Transportation Broker for all programs/contracts, must complete all three pages of the DMAS EDI User Security Access package. Detailed instructions for each page are outlined in the following sections. Please fill in all highlighted fields.

The Authorized Agent or Authorized Designee from the Service Center EDI Trading Partner Agreement in the EDI Registration Package must sign as the Authorizing Supervisor on page one of the EDI User Security Access package.

NOTE: The Service Center User Agreement from the EDI Registration Package must also be completed and submitted along with the EDI User Security Access package.

Please return completed form via fax at 1-804-786-8992 or email to DMASEDISupport@dmas.virginia.gov.

1.1 Instructions for Page 1 - DMAS Add New MFT GoAnywhere Access REQUEST

Please fill in the following fields with the specified information:

- Date Requested field - Enter the date.
- User First/Last Name and Phone No. field - Enter the first name, last name and business phone number of the User.
- Provide address line - Enter the work address of the User.
- User's Agency Division or Contract/Trading Partner Name field - Enter the Service Center Name.
- Authorizing Supervisor's ***printed*** Name, Phone # and Sign/Date field - The Authorized Agent or Authorized Designee from the Service Center EDI Trading Partner Agreement should print their name and phone number, then sign and date.

1.2 Instructions for Page 2 - Commonwealth Of Virginia VITA and DMAS Information Security Access Use Agreement

Please fill in the following fields with the specified information:

- Employee/Consultant Name field - Print the name of the User.
- Employee/Consultant Signature/Date field - The User should sign and date the form.
- If Consultant/EDI Trading Partner, Provide name of Company field - Enter the Service Center Name.
- If Consultant/EDI Trading Partner, Provide your Company Email Address field - Enter the User's business email.

1.3 Instructions for Page 3 - DMAS Confidentiality and Non-Disclosure Agreement, and Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement

Please fill in the following fields with the specified information:

- Name field - Print the name of the User.
- Signature/Date field - The User should sign and date the form.
- User's Agency Division or Contract Name field – Check the appropriate Contract: CCC Plus, NEMT, Medallion 3 or Medallion 4.

VIRGINIA'S MEDICAID PROGRAM

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Department of Medical Assistance Services

Send completed form to: Office of Compliance and Security, 12th Floor

ADD NEW MFT GoAnywhere Access REQUEST:

Date Requested:	
User is: (check one only):	☐ Classified ☐ Wage ☐ Contractor ☒ EDI Trading Partner
User First/Last Name and Phone No. (print):	

Street Address (COV requires this information): ☐ DMAS 600 E Broad St., Richmond, VA 23219

☒ Other: Provide address:

User's Agency Division or Contract/Trading Partner Name:

Authorizing Supervisor's *printed* Name, Phone # and Sign/Date:

Authorizing [DMAS] EDI Manager/Contract Monitor's printed Name, Phone # and Sign/Date:

(NOTE: Signature indicates review and agreement with requested access for this user.)

SELECT	MFT GoAnywhere Application Access		SELECT	Data Access
	Username			○ List Data Libraries
				○
	Visual Analytics ☐ Yes ☐ No			
	Access via MS Add-ins (Excel, Word, PowerPoint) ☐ Yes ☐ No ○ ☐ Developer ☐ User			○
	Administrator Access Group			
				○
	Admin (provide brief description why needed) Need to transmit EDI files			○ _____
	Model After: **EPS MFT**			○

Security Implemented/Reviewed by:

MFT GoAnywhere Database Administrator (signature/date):

_____

Reviewed by Agency Compliance and Information Security (ISO) (signature / date):

Comments or Notes: **Mail forward to company email address**

Network Access Only - No Email - A602 External Users Security Group

VITA Commonwealth Of Virginia

Virginia Information Technologies Agency (VITA) and Department of Medical Assistance Services (DMAS) Information Security Access Use Agreement (ISA-UA)

As a user of the State's central computer systems, which are operated by the Virginia Information Technologies Agency (VITA), and as a user of the Department of Medical Assistance Services (DMAS) information systems, I understand and agree to abide by the following terms which govern my access to and use of the processing services of VITA and DMAS:

- Access has been granted to me by DMAS as a necessary privilege in order to perform authorized job functions for the agency by which I am currently employed or contracted. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as logon IDs, passwords, user IDs, file protection keys or production read/write keys) for any purposes other than those required to perform my authorized employment functions;
- If, due to my authorized functions, I require access on DMAS' information systems which is not owned by my agency or company, I must obtain authorized access to that information from the owning agency or company and present it to DMAS;
- I will not disclose information concerning any access control mechanisms of which I have knowledge unless properly authorized to do so by my employing agency or company, and I will not use any access mechanism which has not been expressly assigned to me;
- As a DMAS employee, I agree to abide by all applicable Commonwealth of Virginia (COV), VITA (see http://www.vita.virginia.gov/library/default.aspx?id=537#securityPSGs), and additional pertinent employing DMAS policies, procedures and standards (based on VITA policies) which relate to the security of VITA computer systems and the data contained therein;
- Or, as a contract entity with DMAS, I agree to abide by all applicable Commonwealth of Virginia (COV), VITA (see http://www.vita.virginia.gov/library/default.aspx?id=537#securityPSGs), and additional pertinent employing DMAS policies, procedures and standards (based on VITA policies) as defined within the established Business Associate Agreement (BAA) or signed contract with DMAS, as a user requesting this access, which relate to the security of VITA computer systems and the data contained therein;
- If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the applicable, assigned DMAS contract monitor (who is required to report through DMAS' compliance management process for addressing such issues; such compliance management staff will report upwards as required to COV VITA Security), as well as DMAS management;
- By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

Employee/Consultant Name (print below)	Employee/Consultant Signature/Date (below)

If Consultant/EDI Trading Partner, Provide Name of Company (print below)	If Consultant/EDI Trading Partner, Provide your Company Email Address (print below)

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Department of Medical Assistance Services

Office of Compliance and Security

Confidentiality and Non-Disclosure Agreement, and Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement

I understand and agree that as a member of the workforce[1] at the DMAS or as a contractor/trading partner, I have a legal duty to hold in complete confidence any medical, employee, and other confidential work-related information that I see or hear, am exposed to, or come into contact with, in the performance of my duties for DMAS. This information includes, but is not limited to, any names of Medicaid enrollees, facts or other information concerning Medicaid enrollees, facts or other information concerning providers, any information concerning Medicaid application processing or reimbursement, and other work-related information.

SSA Use Acknowledgement:
By signature below, in accordance with the provision of section 1902(a)(7) of the Social Security Act, I hereby certify that the individual named below performs functions directly connected with the establishment of Medicaid eligibility or identification of third party liability resources and that the performance of those functions requires access to the Medicaid system by job function. I further certify that the individual has been informed of the confidentiality provisions of the Social Security Act.

HIPAA Acknowledgement: This includes acknowledging that DMAS is a Covered Entity under the law; understanding the different types of protected health information (PHI) and uses Encryption Methods such as the Encrypt Message button at DMAS when sending email containing PHI (including attachments). An alternate method for encryption is to type **Security:Encrypted** (with the colon) in the title, and the email will be encrypted as long as the email goes outside of the COV-transformed agencies group. Contractors or Trading Partners are also expected to use Encryption when transmitting PHI.

My signature below indicates that I understand the confidential nature of all Medicaid enrollee, employee, and work-related information at DMAS or Medicaid material utilized by a contractor or trading partner, and that I agree to abide by all applicable Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules and regulations, Medicaid confidentiality standards, all Commonwealth of Virginia and Virginia Information Technologies Agency (VITA) information security policies and standards (see page two of this package) as applicable to contractors or trading partners, and all DMAS policies, standards and procedures [applicable to DMAS workforce members] that relate to the security and confidentiality of DMAS data.

Rules of Behavior: I shall not further disclose any DMAS related information of which I have knowledge unless properly authorized to do so by DMAS, and I shall not use any access mechanism which has not been expressly assigned to me for any purpose except those for which the access was granted. I understand that this Agreement and Acknowledgement shall apply to any and all communications both during and following the period of performance of my duties at the DMAS.

Name_____ Signature/Date_____
(print)

User is: (check/circle one only):	☐ Classified Employee ☐ Wage ☐ Contractor ☒ EDI Trading Partner
User's Agency Division or Contract Name:	☐ CCC Plus ☐ DSNP ☐ CDCN ☐ Medallion 4
	☐ Medallion 3 ☐ NEMT

[1] *Workforce* means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity (HIPAA Administrative Simplification, *Regulation Text,* 45 CFR Parts 160, 162, and 164 (Unofficial Version, as amended through February 16, 2006), page 6). For the purposes of this Agreement, "Workforce" includes contractors.

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