

Instructions for UMMS Access to MassHealth PII and/or Systems

When UMMS requires access to MassHealth data and/or a MassHealth system to perform an activity for MassHealth, a Minimum Necessary Documentation Form and/or one or more System Access Request Forms must be completed and submitted to appropriate parties following these instructions.

- **Minimum Necessary Documentation Form (Minimum Necessary Form)**
 - a. **When to use the Minimum Necessary Form:** Anytime UMMS requires access to protected health information or other personally identifiable information belonging to MassHealth (PII) in order to perform an activity for MassHealth pursuant to an ISA, the Omnibus Agreement [USA Funding], or otherwise pursuant to section 2 of the Interdepartment Service Agreement between MassHealth and UMMS.¹
 - b. **Purpose of the Minimum Necessary Form:** To facilitate UMMS' access to such PII and to satisfy MassHealth's obligation under the HIPAA Privacy Rule (45 CFR 164.514(d)(3)(ii)) with respect to limiting disclosures of PII to the minimum amount reasonably necessary to accomplish the purpose of the activity.
 - c. **How to use the Minimum Necessary Form:**
 - i. The MassHealth and UMMS business/project leads (or their designees) should work together to complete the Form. The completed form (as agreed to by the MassHealth and UMMS leads) must be emailed to the MassHealth Privacy Office/Legal Department (MH PO)(sarah.ricardi@state.ma.us) and the Office of Management (OOM) (UMMSDataAccessRequests@umassmed.edu). ***The Subject Line should reflect "MND"*** The MH and UMMS business/project leads must be copied on the email with an indication that both are in agreement with the completed form.
 - ii. ***MH Privacy Office Approval of the form is NOT required*** unless UMMS requires access to sensitive third party data (e.g., DOR, SSA or IRS data). If access to such data is required, after confirming that access is appropriate, a MH PO representative will initial section 9 of the form and return it to the MassHealth and UMMS leads.
 - iii. If the scope of the activity later changes or it is later determined that the activity requires additional access to PII, the form should be updated and re-circulated per the above instructions. When updating the form for a change in the scope of data required, it is not necessary to update section 7 that lists the users when the form was initially submitted.

¹ A Supplemental Agreement is an ISA or other agreement between MassHealth and UMMS entered into under Section 1.2 of the Administrative Services ISA. The Omnibus Agreement documents the University Investment ("UI"), which is the amount negotiated annually by UMMS and MassHealth for projects mutually beneficial to UMMS and MassHealth. Any requests other than pursuant to an ISA or Omnibus agreement should be discussed with the Office of Management.

- d. **Other:** If a UMMS workforce member needs new or modified access to a MassHealth information system (MH system) to complete the activity, a UMMS System Access Request Form must also be completed (instructions below).
- e. **Naming Convention:** Each Minimum Necessary Documentation Form shall be named and referenced as: Name of UMMS project lead_Name of Activity or ISA_Date form submitted. For example: RPerro_Provider Mapping_7.8.15. If the Minimum Necessary Form is subsequently amended, it should be named: RPerro_Provider Mapping_7.8.15A1
- **UMMS System Access Request Form (System Access Form)**
 - a. **Purpose of the System Access Form:** To request new or modified access to a MH System and to provide the EHS Security Office and other appropriate EHS IT staff with the information necessary to grant such access.
 - b. **When to use the System Access Form:** Anytime a UMMS staff member requires new or modified access to a MH system for purposes of performing an activity for MassHealth.
 - c. **How to use the System Access Form:**
 - i. The Supervisor of a UMMS staff member requiring access (User) should complete the SAR form. Every SAR form must reference the minimum necessary documentation (MND) form number.
 - If it is a new ISA or USA project the MND form must be submitted to the MH PO and UMMSDataAccessRequests@umassmed.edu prior to the submission of the SAR form.
 - ii. The Supervisor, or designee, shall send the completed SAR form to the designated Business Unit Requestor (this is typically the DSA or backup) to review to ensure completion. The designated Business Unit Requestor will submit the SAR to Uits.as@umassp.edu for submission to EOHHS. Uits will only accept submission from the designated Business Unit Requestor(s). Uits will check for an approved MND number and completion of required training and will forward the request to the System Support Help Desk (SystemsSupportHelpdesk@MassMail.State.MA.US).
 - iii. The Help Desk, in collaboration with the EHS Security Office and other EHS IT staff, follows internal procedures to grant the requested access.

**Minimum Necessary Documentation Form
For Activities performed by UMMS for MassHealth**

This Minimum Necessary Documentation Form ("*Minimum Necessary Form*") must be completed to document any activity performed by UMMS for MassHealth ("*MH*") under:

- An ISA or other agreement between MassHealth and UMMS entered into under Section 1.2 of the Administrative Services ISA (a "*Supplemental Agreement*");
- Omnibus FFP Authorization Agreement between MassHealth and UMMS ("*Omnibus Agreement*"); or
- Section 2 of the Interdepartmental Service Agreement for Administrative Services between MassHealth and UMMS ("*Administrative Services ISA*").

if UMMS requires access to personally identifiable information belonging to MH ("*PII*") in order to accomplish the activity.

Please read the instructions accompanying this form for additional information.

1. Identify UMMS business/project lead, title and business unit: _____
2. Identify MassHealth business/project lead and title: _____
3. Describe the activity/activities requiring access to PII (the "*Activity*"): _____
4. Identify the basis for the Activity:
 - ISA (attach a copy/reference the ISA) _____
 - Omnibus Agreement (USA funding)
 - Other (Consult with OCR before filing if selecting other) _____
5. If the Activity is being conducted under the Omnibus Agreement, identify the area(s) that such Activity falls under (see Omnibus Agreement for description of activity areas):
 - Clinical expertise and management
 - Data analytics and programming as needed for data extraction, analysis and interpretation
 - Payment reform policy
 - 1115 waiver supports
 - Behavioral health and LTSS integration supports
 - Operations
 - Finance and strategy

6. Describe the PII that UMMS must access in order to perform the Activity (the "*Required Data*") by completing all applicable sections below or attaching a separate document that defines or describes the Required Data. ***The Required Data must be limited to the minimum amount necessary to accomplish the purpose of the Activity. This is a guide. If you attach specific data elements you do not need to complete this section.***
 - a. *Population:* Describe the population for which data must be accessed, including relevant limitations/parameters (e.g., age/DOB, eligibility/enrollment status, benefit type, diagnosis, etc.).
 - b. *Data Types/Fields.* For the population described above, describe the data that must be accessed in order to perform the activity.
 - i. *Eligibility/Enrollment Data:* Describe eligibility/enrollment data that must be accessed (if any).
 - ii. *Demographic Data:* If applicable, describe eligibility/enrollment data that must be accessed (if any).
 - iii. *Claims/Encounter Data:* Describe the claims/encounter data required (if any), including relevant inclusion/exclusion criteria (e.g., claim type (medical, dental and/or pharmacy), length of stay, date of service, billing provider zip code, primary diagnosis code, etc.), and limitations on fields required.

iv. *Other:* Describe other required data (if any).

c. *Personal identifiers:* For the required data (as described above), indicate whether access to any direct or indirect personal identifiers is required. (Direct and indirect identifiers include name, SSN, street address, MassHealth ID no.; DOB, admission date, service date, discharge date, etc.)

7. Indicate how UMMS staff intends to access the Required Data: *please complete each subsection (a) – (e)*

a. UMMS user(s) requesting **new** access to a MassHealth system: Yes: ___ No: ___
Name of system(s) _____

b. UMMS users requesting **updated/modified** access to a MassHealth system: Yes: ___ No: ___
Name of system(s): _____

If you answered yes to (a) or (b), a System Access Request Form must be completed for each user requesting new or updated/modified system access. No individual user names are required on this form. University IT Services (UITS) must submit this form and the completed System Access Request Forms to the EHS System Support Help Desk. See the instructions accompanying this form for more information.

c. Current UMMS user requesting authority to use existing system access credentials to access the Required Data for the Activity: Yes: ___ No: ___

Name: _____ System _____

d. Request for MassHealth to create a data extract

Yes: ___ No: ___

See instructions accompanying this form for more information.

e. Requesting authority to use **existing data extract for a new use**

Yes: ___ No: ___

If yes, identify the existing data extract. _____

8. If you answered yes to 7(a), (b) or (c) and are requesting new or modified system access or authorization to use existing system access credentials to access the Required Data, describe why system access rather than an extract is necessary/appropriate: _____

9. Indicate whether access to sensitive third party data is required:* *check all that apply*

- SSA-provided data
- DOR-provided data
- IRS-provided data (aka FTI)
- Other data received through the Federal Data Services Hub via the HIX/hCentive from a federal agency or entity (e.g., SSA, IRS, CMS, DHS) in connection with determining eligibility for MH or Connector programs
- Other data received from another third party or agency that is or may be subject to “heightened” privacy or security restrictions: _____

**Access to sensitive third party data requires MH Privacy Office or Legal Department approval (to be evidenced by an appropriate PO/legal representative initialing below)*

Approved by: _____	_____	_____
(name/ title of representative approving access)	(type initials)	(date of approval)

10. Certification of MassHealth and UMMS Business/Project Leads

The MassHealth and UMMS business/project leads must initial and date this form, below. In doing so, each certifies that, to the best of his/her knowledge, the information contained in this Minimum Necessary Form is accurate and complete, the Required Data is the minimum necessary to accomplish the Activity, and, if applicable, access to a MH system by UMMS staff (as described in Section 7) is necessary and appropriate.

UMMS business/project lead or ISA manager: _____

(type initials)

(insert date of approval)

MassHealth business/project lead or ISA manager: _____

(type initials)

(insert date of approval)

This form must be emailed to the MH Privacy Office/Legal Department sarah.ricardi@state.ma.us and the UMMS Office Management UMMSDataAccessRequests@umassmed.edu. **No approval of this form or access to the Required Data is required** unless UMMS requires access to sensitive third party data (see section 9, above).

PLEASE READ THE INSTRUCTIONS ACCOMPANYING THIS FORM FOR COMPLETE INFORMATION.

11.06.18