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 UMMS Office of Management (UMMS 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 <u>NOT</u> 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.

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[1] A <u>Supplemental Agreement </u>is an ISA or other agreement between MassHealth and UMMS entered into under Section 1.2 of the Administrative Services ISA. The <u>Omnibus Agreement</u> documents the University Investment (UI), which is the amount negotiated annually by UMMS and MassHealth for porjects 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 sarah.ricardi@state.ma.us 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.

iv. See workflow titled "EOHHS – UMMS 6-STEP SYSTEMS ACCESS PROCESS" for additional information.

Executive Office of Health and Human Services
Management Information Systems - Security Operations
UMMS Security Access Request Form

- Use this form to request new or modified system access for a UMMS workforce member performing activities for MassHealth (user). Complete a separate form for each user. If seeking access for 10 or more users, the information required by this form may be inputted in a single excel spreadsheet (contact the EOHHS Security Office).

- If user is seeking access to PII (including DOR, IRS, SSA or other third party data), this form must be accompanied by the related Minimum Necessary Documentation Form (Minimum Necessary Form), as approved by the MassHealth and UMMS business/project leads and filed with the EOHHS/MassHealth Privacy Office.

- **See the instructions accompanying this form for complete information.** Once completed, this form must be emailed to the designated CWM Business Unit Requestor who must forward it to Uits.as@umassp.edu.

- The Uits Security Manager must complete the Certification and e-mail the completed form (and all related documents) to the EHS System Security Helpdesk.

Last Name:	First Name:	MI:
UMMS Business Unit: If Other specify:	DOB (MMDD):	UMMS Employee ID (last 4 digits):
Telephone: Ext:	Email:	Type of Request:

ACCESS REQUESTED					
Non-Virtual Gateway Application Requests:					
MA 21	☐ DOR-ACCS	☐ EMBR	☐ MCA-GRP	☐ MCD-GRP	☐ PRO-GRP
	☐ SSA-ANQY	☐ SSA-Update	☐ SVES-INQY	☐ SVES-Update	☐ SVO-GRP
hCentive* [Roles TBD]			☐ Direct Data Warehouse* (*Complete attached User ID Form for Data Warehouse Database or Linux/HP Server*)		
Virtual Gateway Access Requests:			Virtual Gateway ID (if assigned):		
Data Warehouse - Cognos Roles			NewMMIS Roles:		
MAP [Roles TBD]					
Other:					
Identify other system access requested:					

Access to hCentive or the Data Warehouse (direct) requires additional actions, forms and/or approvals

BUSINESS JUSTIFICATION/APPROVALS:
Business Justification/Program Approval: See the Minimum Necessary Form (MND Form #_____) accompanying this request for the business justification for the requested PII and system access (see Sections 3, 6, 7 and 8).
MassHealth Privacy Office/Legal Approval: The MassHealth Privacy Office/Legal Department approves access to the PII described in Section 6 of the Minimum Necessary Documentation Form; access to DOR, IRS, SSA or other third party data is approved only to the extent indicated in Section 9 of the Minimum Necessary Form.

TRAININGS/OTHER ACCESS REQUIREMENTS:		
☐ Privacy & Security Training (*for access to any PII/PHI*)	☐ DOR Training (*for access to any DOR data*)	☐ IRS Training (*for access to any IRS data (aka FTI)*)

	Executive Office of Health and Human Services
EOHHS DW	**User ID Form for Data Warehouse Database or Linux/HP Server** *For UMMS Workforce Performing Activities for MassHealth Only*

Instructions:

- Use this form to request DW Database or Server access only. This is NOT for Cognos access
- Please fill a separate form for each user/account.
- Please type information directly into this form.
- This form must be accompanied by a completed System Access Request Form and a copy of the Minimum Necessary Documentation Form (Minimum Necessary Form) that was completed and filed with the EOHHS Privacy Office in connection with the activity for which access is being requested. UMMS must send the forms to the EHS Help Desk by email. All three forms must be attached to the same email.
- Please save the form as Last Name_FirstName_Date.Doc.

PS: 1 - Before you can access the database, the Oracle Client must be installed and the TNS Names file must be saved to your desktop. Please contact Help Desk to get Oracle Client installed on your desktop.

PS: 2 – Business users need access only to the production database. They do not need access to Dev/QA/REP or OS.

I. ACCOUNT USER INFORMATION

FIRST NAME**:**   MIDDLE INITIAL: LAST NAME:

TITLE: EMAIL:

PHONE: LOCATION: DEPARTMENT:

DATABASE ACCOUNT NEEDED IN *:	☒ **PROD** ☐ DEV ☐ QA ☐ REPLICATION
OS ACCOUNT NEEDED ON DB SEVER ** :	☐ PROD ☐ DEV ☐ QA ☐ REPLICATION

MODEL ACCOUNT ID(model after an existing peer account, if applicable)

List of User Roles/Privileges (optional if you provide the model account above):

*BUSINESS JUSTIFICATION FOR DATABASE ACCOUNT (what specific PHI does this user need to access to? Please describe the user's job functions that require access to this PHI): *See the attached Minimum Necessary Documentation Form*

(Sections 3, 6, 8 and 9).

BUSINESS JUSTIFICATION FOR LINUX/HP OS ACCOUNT (what specific PHI does this user need to access to? Please describe the user's job functions that require access to this PHI): ***See the attached Minimum Necessary Documentation Form (Sections 3, 6, 8 and 9).*

II. <mark>**AUTHORIZATION SIGNATURE FOR ACCESS TO THE DATA WAREHOUSE**</mark>

THE FOLLOWING SIGNATURE IS <u>**REQUIRED**</u> **PRIOR TO SUBMITTING REQUEST. Responsibility for rights granted to user per EOHHS Data Security Policies. I hereby certify that I am the supervisor or approver for the above individual and all the information I am providing is accurate and complete.**

SUPERVISOR: Print Name_____

Title _____   Phone _____   Date:

III.   **EOHHS PRIVACY OFFICE APPROVAL**

The EOHHS Privacy Office approves the user's access to the PHI/PII listed in Section 6 of the attached Minimum Necessary Form (subject to the User's completion of all applicable trainings, as indicated on the UMMS System Access Request Form.

<mark>*Uits:*</mark>

CERTIFICATION: By typing my name below, I hereby certify that I am UMMS' duly authorized data security manager and that all of the information in this form is accurate and complete to the best of my knowledge.	
Name:	Email Address:
Date:	Phone Number: