# Electronic Data Exchange Request Form

Email completed Electronic Data Exchange Request form and Affirmation Statement to bbb[AHCCCSDataExchange@azahcccs.gov](../AHCCCSDataExchange@azahcccs.gov) or print and fax to: 602-252-2163 Attention: ISD Data Security

Note: If you are a provider going through a clearinghouse for your 835, 837, 270, 275 or 276 files, you do not need to complete this Electronic Data Exchange Request Form. Please contact your clearinghouse for assistance.

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| **I. Electronic Data Exchange Account Request (Check all that apply)** | |
| Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_  Data Type:  EDI Data (for 835/837/270)  Non-EDI Data (for large attachments or PHI data only)  Account Type:  Add User  Change User  Delete User  Add Service Account  Change Service Account  Delete Service Account | |
| **II. SFTP AHCCCS ID or Folder Name (Required)**  Please indicate the folder name you are requesting access to, example 123456 or ABCXYZ. Any request received without this information will not be processed. | |
| AHCCCS ID or Folder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **III. SFTP Trading Partner Information (Health Plan / Program Contractor / Vendor / Other)** | |
| Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **IV. SFTP User Information**  All individual accounts must include a first and last name, and an email address. Any individual users request received without this information will not be processed. | |
| User First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| User Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| User E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **V. SFTP Service Account Information (if requested)**  This section does not need to be completed if not requesting a service account. | | | |
| **Note:** If this is for an **automated service account**, you must include a source IP address. A username and password for the service account will be returned via automated email through the SFTP server. | | | |
| Service Account Contact E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | IP Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Trading Partner Technical Representative: (Entity point of contact for all technical issues) | | | |
| Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **VI. Trading Partner Approvals** | | | |
| Trading Partner Security Authorization: (Entity contact *(Security Liaison)* for all Electronic Data Exchange requests) | | | |
| Name: | Position: | Email Address: | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **VII. User Affirmation Statement Requirement** | | | |
| Each individual user accessing AHCCCS computer systems is required to read and sign an Affirmation Statement.  <https://www.azahcccs.gov/PlansProviders/Downloads/ISD/ExternalUserAffirmationStatement.pdf>  Affirmation Statement:  Attached  On File  **Note:** Any new individual account requests received without an Affirmation Statement will not be processed. All password reset requests should be referred to AHCCCS ISD Customer Support at (602) 417-4451 | | | |

## Instructions

### Electronic Data Exchange Account Request

The type of data to be exchanged (EDI or Non-EDI) as well as the account type (User or Service Account) and action (Add, Change, or Delete) should be defined here.

Please also indicate the date of the request.

### SFTP AHCCCS ID or Folder Name (Required)

The AHCCCS ID or Folder Name would indicate the name of the folder you are requesting access to. Any request received without this information will not be processed.

### SFTP Trading Partner Information

Indicates the Trading Partner name, address, and primary phone number.

### SFTP User Information

Defines the user information required to build the individual user account. The account name and password for the user account will be returned via automated email through the SFTP server to the User E-Mail Address provided. Any individual user request received without this information will not be processed.

### SFTP Service Account Information (if requested)

If this request is for an automated service account, you must include a static public IP address. Service account requests cannot be processed without this information. An account name and password for the service account will be returned via automated email through the SFTP server to the Service Account Contact E-Mail Address provided. Please indicate the Technical Representative who will be the point of contact for all technical issues.

### Trading Partner Approvals

Completed by the Trading Partner Security Liaison. Provides approval from the Trading partner for the user account or service account being requested.

### User Affirmation Statement Requirement (Required)

A signed Affirmation Statement must accompany each request to add a new SFTP user or Trading Partner. The Affirmation Statement outlines the applicable laws and AHCCCS directives that must be observed when accessing AHCCCS computer systems and data. Any new individual account requests received without an Affirmation Statement will not be processed. Please reference the [AHCCCS – External User Affirmation Statement](https://www.azahcccs.gov/PlansProviders/Downloads/ISD/ExternalUserAffirmationStatement.pdf) (https://www.azahcccs.gov/PlansProviders/Downloads/ISD/ExternalUserAffirmationStatement.pdf).

## Version History

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| **Date** | **Change** | **Revision** | **Approved by** |
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