













AHCCCS IOC FTP Server Registration and Report Access

Fredreaka Graham, AHCCCS/DCAIR Community Affairs Liaison



FTP Server - IOC Reports/Documents

- **Special Assistance Report** Available the 25th day of the month.
- SMI Appeal results for Special Assistance members Available upon occurrence.
- SMI Grievance Investigation and decision letters for Special Assistance members Available upon occurrence.
- Any documentation formally requested via the IOC Request for Information Process.



FTP Server Registration

To request access to the FTP server an IOC member must complete two forms, to request these forms please email IOCIQUIRIES@AZAHCCCS.GOV:

- 1. The Electronic Data Exchange Request Form
- Section I Check Add User box and define users data access needs
- Section II Entity name, Entity Submitter ID, User name and individual email address, street address, telephone
- Section IV Type of data being exchanged
- Section V Check Affirmation Attached check box
- 2. The External User Affirmation Statement



FTP Server - Electronic Data Form

I. Requested Data E	xchange Access (Check	azahcecs.gov" or print and fax to: 602-252-2163 k all that apply)	
Request to: 🔲 Add	d User 🔲 Delete User	☐ Change User	
Data Access: Upl			Date://
II. EFT User - Tradi	ng Partner User Inform	nation (Health Plan / Program Contracto	r/Vendor/Other)
Entity Name:	1	Submitter ID(s):	(See 1 on instructions)
E-Mail Address: Service Account Contact	ct E-Mail Address:		
Street Address:		City, State, Zip:	
Telephone:		IP Address:	
User First Name		Phone:	
User Last Name:		Last four of SSN:	
service account will be r last four numbers of the Trading Partner Authori Name:	returned through the EFT SSN, and an email addr ization: (Entity point of Position:	you must include a source IP address. A ust I server. All individual accounts must also in ress. Any request received without this inform contact (Security Liature) for all Electronic Da Email Address: ity point of contact for all technical issues) Final Address:	clude a first and last name, t action will not be processed.
III. Data Exchange Su Submitter Name:	abmitterInformation	Operates on behalf of one or more Tradi	ng Partners)
Street Address:		City, State, Zip:	
Phone:		FAX:	
E-Mail Address:			
Contact Person:		Phone:	
Technical Representativ	rec .	Phone:	
V. Data Exchange In	formation Types / AHC	CCCS Information Owner Authorization (Check all that apply)
Type of data to exchang	se: 🖾	Type of data to exchange:	
Other		Other:	
AHCCCS Data Owner:		AHCCCS Data Owner:	
	mation to be completed		
			188
V. User Affirmation			
V. User Affirmation Each individual accessing	ng AHCCCS computer s		lation Statement.
V. User Affirmation Each individual accessin Fax all Affirmation Stat	ng AHCCCS computer s tements to : 602-252-216	3 Attention: ISD Data Security	ation Statement.
V. User Affirmation Each individual accessin Fax all Affirmation Stat Affirmation Statement: Note: Any new individu	ng AHCCCS computer s tements to : 602-252-216 Attached ual account requests rece	3 Attention: ISD Data Security On File oved without an Affirmation Statement will n	ot be processed.
V. User Affirmation Each individual accessing Fax all Affirmation Stat Affirmation Statement: Note: Any new individual Note: All passwordress	ng AHCCCS computer s tements to : 602-252-216 Attached ual account requests rece et requests should be refe	Attention: ISD Data Security On File ived without an Affirmation Statement will n ared to AHCCCS ISD Customer Support at (ot be processed.
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V. User Affirmation Each individual accessis Fax all Affirmation State Affirmation Statement: Note: Any new individual Note: All password rese VI. AHCCCS ISD Inf. User ID:	ng AHCCCS computer s tements to : 602-252-216 Attached ual account requests rece et requests should be refe formation (To be comp Password:	33 Attention: ISD Data Security On File On File ived without an Affirmation Statement will neared to AHCCCS ISD Customer Support at (pleted by AHCCCS personnel) Date: _/_/	tot be processed. 602) 417-4451 To Prod://
V. User Affirmation Each individual accessing Fax all Affirmation State Affirmation Statement: Note: Any new individual Note: All password reset VI. AHCCCS ISD Inf.	ng AHCCCS computer s tements to : 602-252-216 Attached ual account requests rece et requests should be refe formation (To be comp Password:	3 Attention: ISD Data Security On File On File ived without an Affirmation Statement will named to AHCCCS ISD Customer Support at (pleted by AHCCCS personnel)	tot be processed. 602) 417-4451 To Prod://

Section I – Check Add User box and define users data access needs

Section II – Entity name (AzSH IOC), Entity Submitter ID (Not Applicable), User name and individual email address, street address, telephone

Section IV – Type of data being exchanged (IOC Documents)

Section V – Check Affirmation Attached check box



FTP Server - Affirmation Statement

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EXTERNAL USER AFFIRMATION STATEMENT

I understand that all users who have access to the AHCCCS computer network and data are bound by applicable laws, rules and AHCCCS directives, including but not limited to, AHCCCS Administrative Policies and Procedures, AHCCCS Privacy and Security Policies (HIPAA), ARS 13-2316, ARS 41-770, and ARS 38-448.

Use of AHCCCS Data:

- I will share (i.e., verbal, hardcopy, electronic) AHCCCS data only with people who are authorized to receive the data.
- I will only access/add/change/copy/delete AHCCCS data related to my assigned job duties.
 I will never use AHCCCS data for non-work related purposes.

Logon IDs and Passwords:

- I will never use another person's AHCCCS Logon ID and password.
- I will never ask another person to reveal his/her AHCCCS Logon ID and password.
- I will never reveal my AHCCCS Logon ID and password to anyone, at any time.
- I understand that no one else may use my AHCCCS Logon ID and password and that I am responsible for all actions taken with my Logon ID.

Use of State Resources:

- I will use state equipment in a legal and ethical manner.
- I understand that the use of equipment provided by the agency is subject to monitoring.

Use of Software:

- I will not download or install computer software. Only ISD Network Services has the authority to install and license software.
- Unless authorized, I do not have the right to copy, change or distribute computer software or its related documentation.

Misuse of Equipment, Software or Data:

- I understand that if I become aware of any misuse of AHCCCS equipment, software or data I
 must promptly notify AHCCCS ISD Customer Support at 602-417-4451.
- I understand that AHCCCS will take appropriate action to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced.
- I understand that the misuse of AHCCCS equipment, software or data may result in

prosecution or disciplinary action if I am an employee of another state agency.

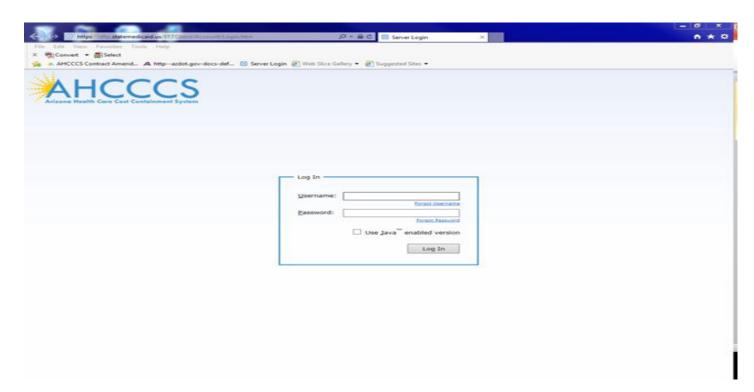
My signature below confirms that I have read and understood this form. I accept responsibility for adhering to all applicable laws, rules, and AHCCCS directives. Failure to sign this statement will mean that I will be denied access to AHCCCS data, computer equipment, and software.

Print Legal Name of User (Last, First, M.I.)	Signature	Date

02-002F Rev. 1-1-08 The Affirmation
Statement must
be submitted with
the request form.



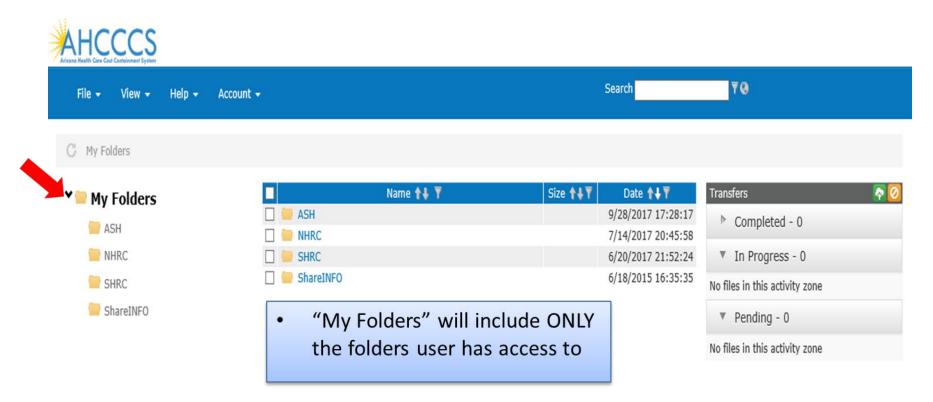
FTP Server Login Screen



Enter
"username"
and
"password"
and click
LOG IN

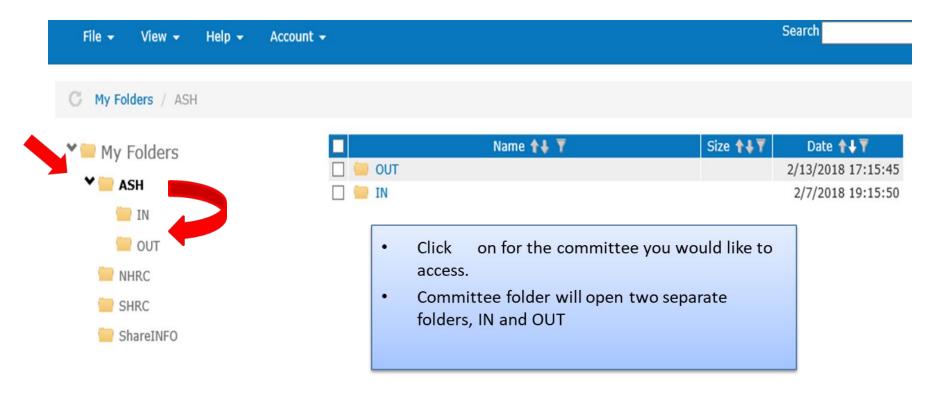


Folders



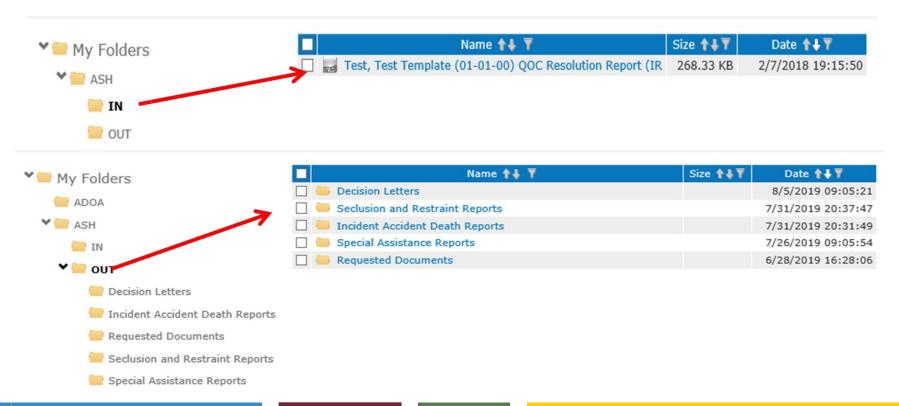


Folder Access





IN and OUT Folders





Open a File





Double click on the file you would like to open.

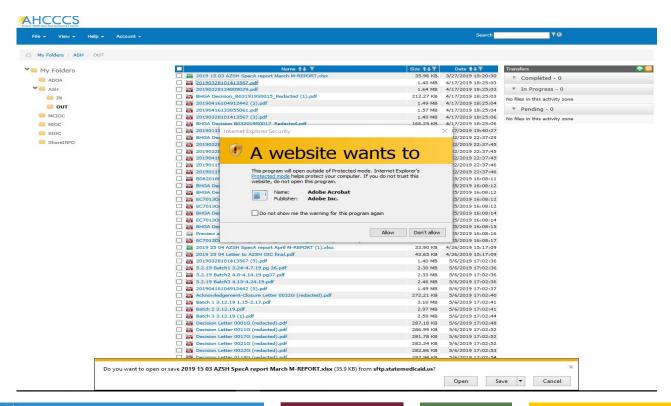
Pop up at the bottom of the page will appear.

Two options are given, open or save.

Click on open.



Accessing Deliverable

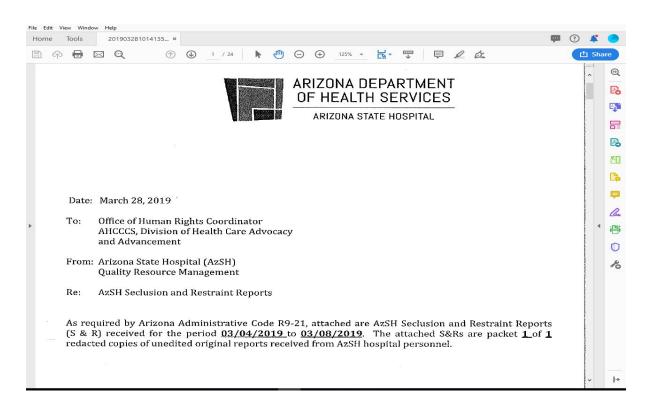


Internet Explorer Security pop up

Select Allow to completely open the document



Example document



The document selected will open up as shown here.



Resources

- Link to FTP Server log in page:
- https://sftp.statemedicaid.us/EFTClient/Account/Login.htm
- Help Desk
 - 602-471-4451
 - <u>ISDCustomerSupport@azahcccs.gov</u>



Additional Resources

- Arizona Administrative Code, R9-21-101.B.13 and R9-21-301.C.1 & 2 www.azsos.gov/public services/Title 09/9-21.htm
- Arizona Revised Statutes: http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp
- AHCCCS AMPM 320 R
 https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap30 0.pdf
- AHCCCS AMPM 962
 https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/962
 https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/962
 https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/962
 https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/962
- Office of Human Rights Webpage
 www.azabeces.gov/AHCCCS/HealthcareAdvocacy



Thank You.

