## **Instructions to Electronic File Transfer/Secured File Transfer Protocol (EFT/SFTP)**

Each new and/or current individual who are requesting access to the Acute Care/CRS RFP data must complete

- 1) The Electronic Data Exchange Request Form and;
- 2) The External User Affirmation Statement and;
- 3) Email these forms to <a href="mailto:AHCCCSDataExchange@azahcccs.gov">AHCCCSDataExchange@azahcccs.gov</a> or fax to 602-252-2163, Attention: ISD Data Security.

## **Electronic Data Exchange Request Form:**

http://www.azahcccs.gov/commercial/Downloads/ISD/ElectronicDataExchangeForm.doc

Section I – Check 'Add User' box and define Data Access needs for the user (both upload and download) Section II – Entity Name aka AHCCCS Contractor/Health Plan Name, Entity Submitter ID aka AHCCCS Contractor/Health Plan ID number (*submitter ID not needed for entities not currently under contract*), User name and Individual email address, Street address, and Telephone. The IP address not necessary Section III – not necessary

Section IV - Type of data being exchanged: Acute Care/CRS RFP Data

Section V – Check Affirmation Attached check box

## **External User Affirmation Statement:**

http://www.azahcccs.gov/commercial/Downloads/ISD/ExternalUserAffirmationStatement.pdf

In addition, AHCCCS is requesting each Offeror to send a list of those individuals who will need access to the Acute Care/CRS RFP data subfolders "DataSupplementFiles" and "CapitationandProposalSubmission" and a separate list of those individuals who will need access to the subfolder "InformationTechnology(IT)SystemDemonstrationFiles" and "InformationTechnology(IT)SystemDemonstrationSubmission" on the EFT/SFTP to Celia Rodriguez at Celia.Rodriguez@azahcccs.gov.

Once the list of users and all forms have been completed and received, AHCCCS will take the steps necessary to ensure the users have access to the EFT/SFTP. If assistance is needed, contact Celia Rodriguez via email at Celia.Rodriguez@azahcccs.gov.