



Centers for Medicare & Medicaid Services
eXpedited Life Cycle (XLC)

Enterprise Privacy Policy Engine (EPPE)



**Contractor Approval Workflow
Training Module - Update DUA
Existing Data Files**

Training Topics

Training Topics in This Module

- EPPE Application Prerequisites
- Basic Information About EPPE
- Update/Amend DUA
 - Existing Data File Descriptions
- Basic Information About EPPE

EPPE ACCESS PREREQUISITES

EPPE Access Prerequisites

CMS Enterprise Portal Access, IDM Credentials, and EPPE Access

- Obtain access to the CMS Enterprise Portal
 - Access CMS Portal
 - <https://portal.cms.gov/>
 - Obtain Identity Management (IDM) Credentials, Multi-Factor Authentication (MFA) and EPPE Access
 - <https://www.cms.gov/files/document/eppeidm.pdf>

Basic Information About EPPE

Icons Used Throughout the EPPE System



A red asterisks denotes that a field is required to be entered.



The question mark icon when selected will display field specific help.

UPDATE/AMEND A DUA

DUA Requester – Update/Amend

EPPE Menu

CMS.gov | My Enterprise Portal My Apps Charlotte Webb Help Log Out

Enterprise Privacy Policy Engine

Logged in as: DUA REQUESTER

- EPPE Home
- DUA(s)**
 - New / Re-Use
 - Update / Amend**
 - Close
 - Extend
- My DUA(s)**
 - Un-Finished
 - Submitted
 - Pending Action(s)
 - Approved
 - Expired
 - Closed
 - Denied
- Re-Assign DUA(s)**
 - Change Contact
 - Ad Hoc Request
- Search**
 - DUA Search
- My Access**
 - Manage Access
- My Preference(s)**
 - Email Preference
- Exit EPPE

Welcome to EPPE

EPPE is an application that streamlines the process of requesting data from the Centers for Medicare & Medicaid Services (CMS) via an online Data Use Agreement (DUA).

Goals:

- Reduce the amount of time to process a DUA.
- Transition from a paper-based to an automated process.
- Provide a 100% traceable record of CMS data disclosures.

Training Materials: Visit the EPPE web page on cms.gov, to download [Training Slide Decks](#) for the following:

- Contractor Approval Workflow.

Version 27.1

Select the **Update / Amend** option on the DUA(s) menu to display a list of Approved DUAs that can be updated.

DUA Requester – Update/Amend

List of DUAs Eligible to Update

DUA

UPDATE DUA
PLEASE SELECT ONE OF THE DUA TO UPDATE

Search:

DUA Number	Organization	Requester	Request Date	Status	
CONT-2018-53372	NORTH CAROLINA STATE UNIVERSITY	Taraji Henson	1-5-2018	Approved	View
CONT-2018-54153	NORTH CAROLINA STATE UNIVERSITY	Taraji Henson	2-21-2018	Approved	View

Showing 1 to 2 of 2 entries Previous Next

1. A list of Approved DUAs displays.
2. Select the **View** link or **Search** for the DUA to update.

Note: If there are multiple pages of Approved DUAs, the **Previous** and **Next** buttons become enabled for scrolling through the listing.

DUA Requester – Update/Amend

DUA Displays

MY DUA

Print DUA

DUA Life Cycle

MAIN INFORMATION

DUA Number : CONT-2018-52679
DUA Customer Type : Contractor
DUA Status : Approved
Expiration Date : 03-01-2019
Requested Date : 10-12-2018
Requester : Charlotte Webb
Requester's Email : cwebb@fesi.com
Requester's Phone Number : (240) 214-6588 Ext:null
Last Updated By :
Organization Name : NORTH CAROLINA STATE UNIVERSITY
Project Name : Testing

CMS Contact (COR)

First Name : Stoney
Last Name : Johnson
Email Address : yvette.singleary@newwave.io
Phone Number : (443) 555-5555

Contract Information

Contract Number : HHA.HHM-2081
Task Order Number :
Contract Period - Start Date : 03-01-2018
Contract Period - End Date : 03-01-2019

CUSTODIAN/DESY USERS

Search:

User Name	EUA User Id	Organization
Aditi Pathak		NORTH CAROLINA STATE UNIVERSITY
BRIAN REICH	AA35	NORTH CAROLINA STATE UNIVERSITY

Showing 1 to 2 of 2 entries Previous Next

DATA FILE DESCRIPTIONS

Data File Description	From Year	To Year
CCWBEN - CHRONIC CONDITION WAREHOUSE-BENEFICIARY SUMMARY FILE	2014	2018
CCWSD - CCW 5% PART D FILE	2014	2018
CCWIP - CHRONIC CARE WAREHOUSE 100% INPATIENT SAF	2014	2018
CCWCAR - CHRONIC CONDITION WAREHOUSE-CARRIER	2014	2018
CCWOME - CHRONIC CONDITION WAREHOUSE-DURABLE MEDICAL EQUIPMENT	2014	2018

Showing 1 to 5 of 6 entries Previous Next

DOCUMENTS

Document	Uploaded Files
1 SIGNATURE ADDENDUM	Signature_Addendum.docx Download

Update

1. The **My DUA** screen displays.
2. Select the **Update** button.

DUA Requester – Update/Amend

DUA Review Screen Displays

Update DUA Request
DUA Number : CONT-2018-52679
REVIEW
Updated DUA Request [View Approved Version](#)

DUA Life Cycle [View Approval Version](#)

MAIN INFORMATION [Edit](#)

DUA Number : CONT-2018-52679
DUA Customer Type : Contractor
DUA Request Type : UPDATE DUA
DUA Status : In Progress
Expiration Date : 03-01-2019
Requested Date : 10-12-2018
Requester : Charlotte Webb
Requester's Email : cwebb@text.com
Requester's Phone Number : (240) 214-6988 Ext:null
Last Updated By :
Organization Name : NORTH CAROLINA STATE UNIVERSITY
Project Name : Testing

CMS Contract (COR)
First Name : Stonoy
Last Name : Johnson
Email Address : yvette.singletary@ncsu.edu
Phone Number : (443) 595-9935

Contract Information
Contract Number : FBA-FIM-2001
Task Order Number :
Contract Period - Start Date : 03-01-2018
Contract Period - End Date : 03-01-2019

SUBCONTRACTOR ORGANIZATION(S) [Edit](#)

CUSTODIAN/DESY USERS [Edit](#)

User Name	EMA User Id	Organization	
Aditi Pathak		NORTH CAROLINA STATE UNIVERSITY	Edit
BRIAN REICH	AA35	NORTH CAROLINA STATE UNIVERSITY	Edit

Showing 1 to 2 of 2 entries [Previous](#) [Next](#)

EXISTING DATA FILE DESCRIPTIONS [Edit](#)

Data File Description	From Year	To Year	
COWBEN - CHRONIC CONDITION WAREHOUSE BENEFICIARY SUMMARY FILE	2014	2018	Edit
COWSD - COW 5% PART D FILE	2014	2018	Edit
COWIP - CHRONIC CARE WAREHOUSE 100% INPATIENT SAF	2014	2018	Edit
COWCAR - CHRONIC CONDITION WAREHOUSE CARRIER	2014	2018	Edit
COWDME - CHRONIC CONDITION WAREHOUSE DURABLE MEDICAL EQUIPMENT	2014	2018	Edit

Showing 1 to 5 of 5 entries [Previous](#) [Next](#)

RE-USE DATA FILE DESCRIPTIONS [Edit](#)

Data File Description	From Year	To Year	
No data available in table			

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

NEW DATA FILE DESCRIPTIONS [Edit](#)

Data File Description	From Year	To Year	
No data available in table			

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

DOCUMENTS [Edit](#)

Document	Uploaded Files
1 SIGNATURE ADDENDUM	Signature_Addendum.docx Download

Comments : 2000 characters remaining (2000 max/entry)

[Save](#) [Cancel Update](#) [Previous](#) [Next](#)

1. The **Update DUA Request Review** screen displays on this slide with the following editable sections:

- **Main Information**
- **Subcontractor Organization(s)**
- **Custodian/DESY Users**
- **Existing Data File Descriptions**
- **Re-use Data File Descriptions**
- **New Data File Descriptions**
- **Documents**
- **Comments**

2. The second half is displayed on the next slide.

DUA Requester – Update/Amend

DUA Review Screen Displays

The screenshot displays the 'Update DUA Request' review screen. It is divided into several sections:

- EXISTING DATA FILE DESCRIPTIONS:** A table with columns 'Data File Description', 'From Year', and 'To Year'. It lists three entries: PDE22 - 20% PRESCRIPTION DRUG EVENT DATA (2010-2018), PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (10+ VARIABLES) (2010-2018), and PDECF5 - 5 % PART D CHARACTERISTICS FILES (2010-2018). Each entry has a green 'edit' icon. Below the table is a pagination bar showing 'Showing 1 to 3 of 3 entries' and 'Previous', 'Next' links.
- RE-USE DATA FILE DESCRIPTIONS:** A table with the same columns as above, but it is empty with the message 'No data available in table'.
- NEW DATA FILE DESCRIPTIONS:** A table with the same columns as above, also empty with the message 'No data available in table'.
- DOCUMENTS:** A table with columns 'Document' and 'Uploaded Files'. It contains one entry: 'SIGNATURE ADDENDUM' with the file 'Signature_Addendum.docx' and a 'Download' link.
- Comments:** A text input field with a character count: '2000 characters remaining (2000 maximum)'. Below it are 'Save', 'Cancel Update', 'Previous', and 'Next' buttons.

The second half of the **Update DUA Request** Review screen is displayed here with the following editable sections:

- Existing Data File Descriptions
- Re-use Data File Descriptions
- New Data File Descriptions
- Documents
- Comments

DUA Requester – Update/Amend

Edit DUA: Existing Data Files

EXISTING DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year	
PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	2010	2018	+
PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (16+ VARIABLES)	2010	2018	+
PDECF5 - 5% PART D CHARACTERISTICS FILES	2010	2018	+

Showing 1 to 3 of 3 entries Previous Next

RE-USE DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year
No data available in table		

Showing 0 to 0 of 0 entries Previous Next

NEW DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year
No data available in table		

Showing 0 to 0 of 0 entries Previous Next

DOCUMENTS Edit

Document	Uploaded Files
1 SIGNATURE ADDENDUM	Signature_Addendum.docx Download

Comments : 2000 characters remaining (2000 maximum)

Save Cancel Update Previous Next

Select the **Edit** button associated with the **Existing Data File Descriptions** section.

DUA Requester – Update/Amend

Edit DUA: Select Existing Data Files

Update DUA Request

DUA Number : CONT-2018-54153

UPDATE DATA FILE(S) SELECTION

<input type="checkbox"/> Select All	Data File Description	Extraction Percent	From - To Year	
<input type="checkbox"/>	PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	100%	2010 - 2018	<input checked="" type="checkbox"/>
<input type="checkbox"/>	PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (16+ VARIABLES)	100%	2010 - 2018	<input checked="" type="checkbox"/>
<input type="checkbox"/>	PDECF5 - 5 % PART D CHARACTERISTICS FILES	100%	2010 - 2018	<input checked="" type="checkbox"/>

Showing 1 to 3 of 3 entries Previous Next

Add selection to Update DUA request

Selected Data File Descriptions

Data File Description	Extraction % / Cohort	From Year	To Year	Privacy Level	Status	Action
No data available in table						

Showing 0 to 0 of 0 entries Previous Next

Done

1. The **Update Data File(s) Selection** section becomes editable.
2. Select the **Data File(s)** that need editing.
3. Select the **Add selection to Update DUA request** button.

DUA Requester – Update/Amend

Edit DUA: Edit Existing Data Files

Update DUA Request

DUA Number : CONT-2018-54153

UPDATE DATA FILE(S) SELECTION

<input type="checkbox"/> Select All	Data File Description	Extraction Percent	From - To Year	
<input checked="" type="checkbox"/>	PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (16+ VARIABLES)	100%	2010 - 2018	
<input checked="" type="checkbox"/>	PDEC5 - 5 % PART D CHARACTERISTICS FILES	100%	2010 - 2018	

Showing 1 to 2 of 2 entries Previous Next

[Add selection to Update DUA request](#)

Selected Data File Descriptions

Data File Description	Extraction % / Cohort	From Year	To Year	Privacy Level	Status	Action
PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	100%	2010	2018	IDENTIFIABLE	NOT_UPDATED	Edit Remove

Showing 1 to 1 of 1 entries Previous Next

[Done](#)

1. The selected **Data File** moves to the update table below.
2. The **Status** of the data file reflects **Not Updated**.
3. Select **Edit** to change any of the data file attributes.
4. Select the **Remove** link to remove the file from the update table.

Note: **Remove** does not delete the file from the system. It will only remove the file from the update table below and place it back in the list of data files to be selected above.

DUA Requester – Update/Amend

Edit DUA: Existing Data File(s) Data File Extraction Attributes

Data file information

1. Data file extraction 2. Custodians 3. Shipping Information

Data File Description : PDE22 - 20% PRESCRIPTION DRUG EVENT DATA

Data File Extraction % / Cohort * : ?

From * : ?

To * : ?

Quarter(s) :

State(s) (If applicable) :

Selected Multiple From and To Year

ID	FROM YEAR	TO YEAR	QUARTER	Extraction % / Cohort	STATES	STATUS	ACTION
1	2010	2017		100%		Approved Year(s)	Remove

1. The **Data file extraction** tab on the **Data file information** screen displays with the original file information.
2. You can add additional years , quarters, and states to the file if applicable.
3. Select the **Add** button.
4. Select the **Next** button.

DUA Requester – Update/Amend

Edit DUA: Existing Data File(s) Custodians

Data file information

1. Data file extraction 2. Custodians 3. Shipping Information

Selected Custodian Locations and Custodians

Id	Organization	Custodian Location	Custodians	Email	Phone
1	UNIVERSITY OF NORTH CAROLINA	P.O. BOX 250, SAXAPAHAW, North Carolina, 27340, USA	1. ADEWOLE ADAMSON	1. test@eppe.com	1. (919) 843-7092
2	NORTH CAROLINA STATE UNIVERSITY	STATISTICS DEPARTMENT 2311 STINSON DRIVE, RALEIGH, North Carolina, 27695, USA	1. MONTSERVAT FUENTES	1. test@eppe.com	1. (919) 515-1921

Previous Next

1. In this example, the **Custodians** tab on the **Data file information** screen displays with the **Custodian** information from the file on the Approved DUA. This information is view-only.
2. Select the **Next** button.

DUA Requester – Update/Amend

Edit DUA: Edit Existing Data File(s) Shipping Information

Data file information

1. Data file extraction | 2. Custodians | **3. Shipping Information**

Data File Description : PDE22 - 20% PRESCRIPTION DRUG EVENT DATA

Required fields are marked with an asterisk (*).

Access Method * : DIRECT ACCESS SHIPPING BOTH DIRECT ACCESS AND SHIPPING ?

Data Dissemination System * : CCW/VRDC x

System * : SHIPPING INFORMATION

Data Shipping Location * : Choose Shipping Location... Add New Location ?

Primary Recipient * : Choose Recipient... ?

Carrier : Select an Option ?

Add

Selected Shipping Details

Id	Shipping Location	Recipient	Carrier	Carrier Account Number	Action
1	31 Rock Quarry Road, Raleigh, North Carolina, 27610, USA	Taraji Henson			Remove

Previous **Finish**

1. The **Shipping Information** tab on the **Data file information** screen displays with the file's original shipping information.
2. Make changes if needed. You can make the following changes:
 - **Remove** existing Shipping Details from the table.
 - Change the **Access Method**.
 - Change the **Data Disseminating System**.
 - Change/Add the **Data Shipping Location**.
 - Change the **Primary Recipient**.
 - Change/Add **Carrier**.
3. Select the **Finish** button.

DUA Requester – Update/Amend

Edit DUA: Existing Data File(s) Attribute Updates Completed

Update DUA Request

DUA Number : CONT-2018-54153

UPDATE DATA FILE(S) SELECTION

<input type="checkbox"/> Select All	Data File Description	Extraction Percent	From - To Year	
<input type="checkbox"/>	PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (16+ VARIABLES)	100%	2010 - 2018	
<input type="checkbox"/>	PDECF5 - 5 % PART D CHARACTERISTICS FILES	100%	2010 - 2018	

Showing 1 to 2 of 2 entries Previous Next

[Add selection to Update DUA request](#)

Selected Data File Descriptions

Data File Description	Extraction % / Cohort	From Year	To Year	Privacy Level	Status	Action
PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	100%	2010	2018	IDENTIFIABLE	UPDATED	Edit Remove

Showing 1 to 1 of 1 entries Previous Next

[Done](#)

1. The **Update Data File(s) Selection** screen redisplay.
2. The file **Status** changed to **Updated**.
3. If multiple data files were selected, edit the attributes and ensure each file's status is changed to **Updated**.
4. Select the **Done** button.

Note: You can select the **Remove** link to remove files from the table.

DUA Requester – Update/Amend

Edit DUA: Add Comments

EXISTING DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year	
PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	2010	2018	⊕
PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (10+ VARIABLES)	2010	2018	⊕
PDECFS - 5 % PART D CHARACTERISTICS FILES	2010	2018	⊕

Showing 1 to 3 of 3 entries Previous Next

RE-USE DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year	
PDE15 - 5% PRESCRIPTION DRUG EVENT DATA (1-15 VARIABLES)	RE-USE 2010	2018	⊕
XWALK7 - OCW BENE ID TO SSN CROSSWALK FILE	RE-USE 2010	2014	⊕

Showing 1 to 2 of 2 entries Previous Next

NEW DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year	
LABCAR - CLINICAL DIAGNOSTIC LAB FEE SCHEDULE CARRIER FILE	2010	2018	⊕
LABNAT - CLINICAL DIAGNOSTIC LAB FEE SCHEDULE NATIONAL FILE	2010	2018	⊕

Showing 1 to 2 of 2 entries Previous Next

DOCUMENTS Edit

Document	Uploaded Files
1. SIGNATURE ADDENDUM	Signature_Addendum.docx Download Extra_Notes_for_DUA.docx Download

Comments :

2000 characters remaining (2000 maximum)

Save Cancel Update Previous Next

1. All updates of the DUA are complete.
2. Enter any applicable **Comments** (optional).
3. Select the **Next** button.

Note: Selecting the **Cancel Update** button will not save the changes made and the DUA will retain its current approved version.

DUA Requester – Update/Amend

Edit DUA: Terms and Conditions

Update DUA Request

DUA Number - CONT-2018-54153

TERMS & CONDITIONS

This Agreement covers the requesting organization's ("you/your") receipt and use of data from the Centers for Medicare & Medicaid Services ("CMS"), a component of the U.S. Department of Health and Human Services ("HHS"). This Agreement covers the CMS data files you requested and the corresponding purposes for their use, as specified in the Enterprise Privacy Policy Engine ("EPPE") system.

CMS agrees to provide you with the data files specified in the DUA Request, which reside in a CMS Privacy Act System of Records ("SOR"). In exchange, you agree to: (a) pay any applicable fees; (b) use the data only for purposes that support your study, research, or project, as specified in the DUA Request, which CMS has determined to be valuable in helping CMS monitor, manage, and improve the Medicare and Medicaid programs and/or services provided to beneficiaries; and (c) to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and any applicable laws, including the Privacy Act (5 U.S.C. 552a) and Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) (45 C.F.R. Subpart C, Parts 160 and Part 164, Subparts A and E). This Agreement is intended to: (a) secure data that reside in a CMS Privacy Act SOR; (b) ensure the integrity, security, and confidentiality of information maintained by CMS; and (c) permit appropriate disclosure and use of such data as permitted by law.

1. This Agreement addresses the conditions under which CMS will release and you will obtain, use, reuse, and disclose the CMS data files specified in the DUA Request. This Agreement also pertains to and covers any derivative files which may contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. For all data released under this Agreement, the legal disclosures contained herein supersede any and all agreements between you and CMS, and preempts and overrides any instructions, directions, agreements, or other understandings pertaining to any grant award or prior communication with HHS (or any of its components).

The terms of this Agreement can be changed only by a written modification to this Agreement or through adoption of a new agreement. Any instructions or interpretations issued to you concerning this Agreement or the data specified in the DUA Request are not considered valid unless issued in writing by the appropriate CMS representative associated with the project (e.g. Contracting Officer's Representative/Government Task Leader, Program Office, System Manager, etc.).

2. You agree that CMS retains all ownership rights to the data files specified in the DUA Request, and that you do not obtain any right, title, or interest in any of the data released by CMS.

3. You represent that the data files covered by this Agreement will be used solely for the purposes described in the DUA Request. In releasing the data files, CMS relies upon such representation.

You represent that the facts and statements made in any study, research protocols, or project plans listed in the DUA Request are complete and accurate. You also represent that said study protocols or project plans, which have been approved by CMS or another appropriate entity as CMS may determine, represent the total uses for which you will use the released data files.

You agree not to disclose, use, or reuse the data covered by this Agreement, except: (a) as specified in the Attachment uploaded to the DUA Request; (b) as authorized by CMS; or (c) as otherwise required by law. You also agree not to sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement, unless you receive express permission from CMS.

You affirm that the requested data is the minimum necessary to achieve the purposes covered by this Agreement. You agree that, within your organization and the organization of your agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the specified purposes (i.e., individual's access to the data will be on a need-to-know basis).

4. You agree that you may retain the files covered by this Agreement as well as any derivative files—including those that directly identify individuals, or that directly identify adding firms and/or such firms' proprietary, confidential, or specific bidding information, which in concert with other information can be used to identify individuals—until the End Date specified in the DUA Request. If the purposes covered by this Agreement are completed before the specified End Date, you agree to notify CMS within 30 days of completion of those purposes. Upon such notice or the End Date, whichever occurs sooner, you agree to destroy the data in your possession covered by this Agreement and provide certification of disposition of the files identified in the EPPE system within 30 days. You agree not to retain the files covered by this Agreement or any parts of the files after the notice of disposition, unless the appropriate CMS representative overseeing the project grants written authorization. You acknowledge that the End Date is not contingent on any action by CMS.

You understand that you, or CMS, may terminate this Agreement at any time, for any reason, upon 30 days written notice. Upon notice of termination, CMS will cease releasing the requested data files to you, and will notify you to destroy any data files in your possession. Sections 2, 3, 4, 6, 7, 8, 9, 11, 12, and 13 shall survive termination of this Agreement.

5. You agree to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security requirements established by the following documents:

Office of Management and Budget (OMB), "OMB Circular No. A-130, Appendix III—Security of Federal Automated Information Resources," available at https://www.whitehouse.gov/omb/circulars_a130/a130appendix_iii

National Institute of Standards and Technology (NIST), "Federal Information Processing Standards Publication 200—Minimum Security Requirements for Federal Information and Information Systems," available at <http://csrc.nist.gov/publications/nsp/files/200-FIPS-200-final-march.pdf>

National Institute of Standards and Technology (NIST), "Special Publication 800-53—Security and Privacy Controls for Federal Information Systems and Organizations," available at <http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53rev4.pdf>

CMS Office of Information Services, "Accessible Risk Safeguards, Appendix B—CMSR Moderate Impact Level Data," available at http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/ARS_App_B_CMSR_Moderate.pdf

You acknowledge that the use of unsecured telecommunications, including the internet, to transmit individually identifiable, biometric identifiable, or deducible information derived from the files covered by this Agreement is prohibited. You also agree that the data must not be physically removed, transmitted, or disclosed in any way from or by the site indicated in the DUA Request without written approval from CMS, unless such movement, transmission, or disclosure is required by law.

6. You agree to grant physical and/or electronic access to authorized representatives of CMS and/or HHS Office of the Inspector General ("OIG") for inspection of the site indicated in the DUA Request to confirm compliance with the terms of this Agreement.

7. You agree not to disclose direct findings, listings, or information derived from the files covered by this Agreement with or without identifiers if such findings, listings, or information can by themselves or in combination with other data be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if 80, sex, diagnosis and procedure, admission/discharge dates, or date of death. You agree that any use of CMS data in the creation of any document (e.g. manuscript, table, chart, study, report, etc.) concerning the purposes covered by this Agreement—regardless of whether the written product expressly refers to those purposes, CMS, the requested data files, or any data derived from such files—must adhere to CMS' current cell size suppression policy. This policy stipulates that no cell (e.g. admission, discharge, patients, services, etc.) 10 or less may be displayed. Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell 10 or less. You agree to abide by these rules, and therefore, will not be required to submit any written documents for CMS review. If you are unsure whether you meet the above criteria, you may submit your written protocols for CMS review. CMS may withhold approval for publication only if it determines that the format in which data is presented may result in identification of individual beneficiaries.

8. You agree that, absent express written authorization from the appropriate CMS representative associated with the project to do so, you shall not attempt to link records included in the files covered by this Agreement to any other individually identifiable source of information. This includes attempts to link the specified data to other CMS data files, CMS approval of study, research, or project protocols covered by this Agreement that include instruction for the linkage of specific files constitutes express authorization from CMS to link files, but only in the manner described in the protocols.

9. You understand and agree that you may not reuse original and/or derivative data files without prior written approval from the appropriate CMS representative associated with the project.

10. You agree that the Attachments uploaded electronically to the DUA Request are incorporated into this Agreement.

11. You agree that, in the event CMS determines or reasonably believes that you have made or may have made an unauthorized use, reuse, or disclosure of the files covered by this Agreement or another written authorization from the appropriate CMS representative associated with the project, then CMS, at its sole discretion—may require you to: (a) promptly investigate and report to CMS any of your observations regarding all alleged or actual unauthorized use, reuse, or disclosure; (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to any allegations of unauthorized use, reuse, or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses, or disclosures; and/or (e) if requested by CMS, return or destroy the data files covered by this Agreement to CMS, as well as any derivative files containing information from the files released under this Agreement. You understand that as a result CMS' determination or reasonable belief that unauthorized uses, reuses, or disclosures have taken place, CMS may determine a period of time during which you are excluded from access to CMS data.

You agree to report any breach, loss, or unauthorized disclosure of protected health information (PHI) and/or personally identifiable information (PII) from the CMS data files covered by this Agreement to the CMS Action Desk by telephone at (410) 786-2880 or by email notification at ams_its_services_operations@hhs.gov, within 1 hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data files, as defined above, you agree to bear the cost and liability for any breaches of PHI and/or PII from the data files while they are entrusted to you. Furthermore, if CMS determines that the loss or failure requires notification of affected individual persons regarding the security breach and/or other remedies, you agree to carry out these actions without cost to CMS.

12. You acknowledge that criminal penalties under Section 1105(a) of the Social Security Act (42 U.S.C. § 1305(a)), including a fine not exceeding \$10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that is covered by Section 1105 and that are not authorized by regulation or by Federal law. You further acknowledge that criminal penalties under the Privacy Act (5 U.S.C. § 552a)(c)(3) may apply if it is determined that the Responsible Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the files under false pretenses. Any person found to have violated the aforementioned section of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000. Finally, you acknowledge that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that you or any individual employed or affiliated therewith, has taken or concealed the data files, or notified the data knowing that the files had been stolen or concealed. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both, but if the value of such property does not exceed the sum of \$1,000, they shall be imprisoned not more than 1 year, or both.

You acknowledge that in the event of a breach of this Agreement, additional criminal, civil, and/or administrative penalties, assessments, or fines may be determined as applicable by law.

13. By clicking "Agree," you attest that you are authorized to legally bind the requesting organization listed in the DUA Request, and agree to all the terms specified herein. Furthermore, you agree to abide by all provisions set out in this Agreement and acknowledge having received notice of potential criminal, civil, and/or administrative penalties for violation of the terms of this Agreement.

I agree to the terms and conditions above.

[Previous](#) [Submit](#)

1. The Terms and Conditions agreement screen displays (shown in 2 parts for legibility).
2. Select the I agree to the terms and conditions above check box.
3. Use your browser to print (if applicable).
4. Select the Submit button.

DUA Requester – Update/Amend

Edit DUA: Submitted Message

Update DUA Request [Print DUA](#)

DUA Number: CONT 2018-04100
DUA REQUEST STATUS
Your DUA request CONT 2018-04100 has been submitted for approval. You will receive a follow-up email notification. To view the status of your DUA request, navigate to "My DUA's".

DUA Life Cycle

MAIN INFORMATION

DUA Number: CONT 2018-04100
DUA Candidate Type: CONTINUED
DUA Category: 40 - COR PROGRAMS
DUA Request Type: UPDATED DUA
DUA Status: Submitted
Expiration Date: 06-30-2019
Requestor Date: 02-21-2018
Requestor: ERIC HENRIK
Requestor's Email: eric.henrik@ncsu.edu
Requestor's Phone Number: (919) 955-1212
Client Institution: NC STATE UNIVERSITY
Organization Name: NC STATE UNIVERSITY
Project Name: SASSI Test

EMS Contact (COR)

First Name: Eric
Last Name: HENRIK
Email Address: eric.henrik@ncsu.edu
Phone Number: (919) 955-1212

Contract Information

Contract Number: CONT 2018
Task Order Number: 00110000
Contract Period - Start Date: 01-04-2017
Contract Period - End Date: 06-30-2018

CUSTOMER BY USERS

User Name	Role	Organization
ERIC	ADMIN	NC STATE UNIVERSITY

EXISTING DATA FILE DESCRIPTIONS

File Description	Start Year	End Year
FILE 01 - 2018 PRE SUBSCRIPTION CORRELATION DATA	2018	2018
FILE 02 - 2018 PRE SUBSCRIPTION CORRELATION DATA - UNQUALIFIED	2018	2018
FILE 03 - 2018 PRE SUBSCRIPTION CORRELATION DATA - UNQUALIFIED	2018	2018

RELEASE DATA FILE DESCRIPTIONS

File Description	Start Year	End Year
FILE 01 - 2018 PRE SUBSCRIPTION CORRELATION DATA - UNQUALIFIED	2018	2018
FILE 02 - 2018 PRE SUBSCRIPTION CORRELATION DATA - UNQUALIFIED	2018	2018

NEW DATA FILE DESCRIPTIONS

File Description	Start Year	End Year
FILE 01 - 2018 PRE SUBSCRIPTION CORRELATION DATA - UNQUALIFIED	2018	2018
FILE 02 - 2018 PRE SUBSCRIPTION CORRELATION DATA - UNQUALIFIED	2018	2018

DOCUMENTS

Document	Updated Files
1. INFORMATION ACQUISITION	Information Acquisition Data - Contract Data - Access, Ac. Audit, Audit - Contract

1. The confirmation message displays.
2. Select the **Print DUA** button to print or save the DUA as a PDF.
3. Select the **green plus sign** icon to view the **DUA Life Cycle**.
4. The DUA can be viewed in the **Submitted** queue.
5. The DUA will need to be reviewed and **Approved** by the **COR** and then **Certified** by the **DMT** before it displays in the **Approved** queue.

DUA Requester – Print DUA

Please refer to the **Print DUA** training module for more information on printing your DUA.

EPPE Help Desk Information



EPPE Help Desk Contact Information

Hours of Operation: Monday – Friday 9:00 AM to 6:00 PM EST

844-EPPE-DUA (844-377-3382)

eppe@cms.hhs.gov