

**Security Packet A**  
**AGREEMENT for eMedNY System ACCESS**  
**Instructions for Completion**

1. Please read the Agreement. Your signature indicates acceptance to the terms and conditions of this Agreement.
2. Complete the information requested at the bottom of the Agreement form and sign the Agreement. Please print or type the following information:
  - a) ***Provider Number (All providers and vendors are required to enroll in the Medicaid Program).***  
Enter your eight-digit Medicaid Provider ID Number, which was assigned by the Department of Health at the time of your enrollment in the Medicaid Program.
  - b) ***Provider/Vendor Name***  
Enter the name of the Provider/Vendor that will be subject to the agreement. (Enter the name associated with the Provider ID Number entered above).
  - c) ***Street Address, City, State, Zip***  
Enter the address where you would like to receive correspondence from CSC. Please note that it must be a **Street Address, not a P.O. Box.**
  - d) ***By***  
Print the name of the authorized person who signs the Agreement.
  - e) ***Title***  
Print the title of the authorized person who signs the Agreement.
  - f) ***Date***  
Enter the date on which the Agreement is signed.
3. Mail the completed form to:

**Computer Sciences Corporation**  
**Attn: Provider Enrollment**  
**P.O. Box 4614**  
**Rensselaer, NY 12144**

### AGREEMENT for eMedNY System ACCESS

WHEREAS, the New York State Department of Health (the "Department") and Computer Sciences Corporation ("CSC"), have entered into an agreement whereby CSC provides direct electronic access to MEDICAID eligibility verification, claims submission, and other electronic transactions, for Medical Providers/Vendors and their agents (Provider/Vendor) to the eMedNY System; and

WHEREAS, Provider/Vendor performs certain medical services and/or provides medical supplies for recipients who are eligible for MEDICAID benefits, or performs data processing services for such entities; and

WHEREAS, Provider/Vendor has requested direct electronic access to the eMedNY System;

NOW, THEREFORE, CSC and Provider/Vendor agree as follows:

1. CSC-eMedNY will supply to Provider/Vendor the technical specifications required to establish the link to the eMedNY System (Exhibit A). Provider/Vendor is responsible for all costs associated with complying with such requirements.
2. Provider/Vendor agrees to comply with the system requirements and any additional terms set forth on Exhibit A.
3. After Provider/Vendor has obtained initial access to the eMedNY System, Provider/Vendor agrees to re-test its link to the System in the event:
  - Provider's/Vendor's link is changed or modified in any way, or
  - The technical specifications change in response to Department mandated program changesProvider/Vendor agrees to follow CSC's then current procedures for obtaining such access.
4. Provider/Vendor agrees to pay any hosting charges for any equipment above and beyond the standard interface equipment specified by CSC, including installation, provisioning and utility charges. These charges may be paid in a single one-time charge depending upon the configurations of equipment requested.
5. Provider/Vendor is expected to manage provisioning and management of their respective connections to eMedNY.
6. Provider/Vendor agrees to pay any damages that are caused by, result from, or are in any way attributable to Provider/Vendor, its employees', agents' and independent contractors' negligent use of the eMedNY System, fraud or intentional misconduct or Provider's/Vendors' failure to certify or re-certify its link to the eMedNY System.
7. Provider/Vendor agrees to exercise due diligence in protecting Provider/Vendor systems so that malicious software is not introduced to eMedNY Systems.
8. Provider/Vendor accepts and agrees to comply with the Provisions of this eMedNY Security Agreement.
9. This Agreement shall become effective upon approval by CSC-eMedNY, on behalf of the New York State Department of Health and shall continue thereafter until terminated by either party on 60 days notice in writing.

\_\_\_\_\_  
Provider Number

By: \_\_\_\_\_  
Please print name

\_\_\_\_\_  
Provider/Vendor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

Title: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

Date: \_\_\_\_\_

**AGREEMENT for eMedNY System ACCESS**  
**\*\*EXHIBIT A\*\***

**SYSTEM REQUIREMENTS**

1. Interactive Host-to-Host (CPU-CPU):
  - TCP/IP with Sockets
  - Compliance with eMedNY CPU-CPU Interface Specification
  - Compliance with HIPAA Data Stream Formats
2. Interactive PC-to-Host:
  - Third Party Software:
    - VISA-2 Protocol
    - Compliance with HIPAA Data Stream Formats

**OTHER TERMS**

1. Provider/Vendor shall order the telecommunication lines and equipment necessary to link Provider's/Vendor's system to the eMedNY System. Provider/Vendor will be responsible for monitoring, diagnosing and establishing dial backup on the telecommunication lines and equipment.
2. CSC does not provide consultation services beyond simple installation troubleshooting. For example, we cannot assist with the installation of the operating system or configuration issues involving the Provider's/Vendor's LAN, PC, modem or printer. CSC does not support Provider/Vendor hardware or software.
3. For qualified Providers/Vendors, CSC will provide support for the Medicaid Eligibility, claims submission, and other electronic transaction software supplied by CSC, so long as CSC is the State of New York eMedNY contractor and Provider/Vendor has not altered or modified the software in any way.