

**Application for Access to CMS Computer Systems
(Form CMS-20037)**

Drug Data Reporting for Medicaid (DDR)

Instructions for completing CMS Form 20037

To access the Drug Data Reporting for Medicaid, a CMS UserID is required. To obtain a CMS UserID you must complete the Application for Access to the Centers for Medicare and Medicaid Services (CMS) Computer Systems, Form CMS-20037. The following are instructions on completing the form.

Please Note: The process of obtaining a CMS UserID takes up to 30 days.

A pre-populated Form CMS-20037 is attached for your use.
A non-populated version of this form is available and it can be downloaded from the web site, <http://www.cms.hhs.gov/informationsecurity> under CMS UserIDs.

You must complete the following items on the Form CMS-20037:

Section 1 Type of Request

Check *New (Issue a CMS UserID)*

(This has been pre-populated on the attached)

Section 2 User Information

Check "*Other*" and enter "*Medicaid Drug Manufacturers*"

(This has been pre-populated on the attached)

Enter First Name, Middle Initial and Last Name

Enter your Company/Organization/ Department Name

Enter Mailing Address (include suite/mailstop)

Enter City, State and Zip Code

Enter Office Telephone, Company Telephone (if different) and

E-mail Address

Note: Do not enter the following information:

If CMS Employee Section

If Onsite at CMS Location Section

Section 3 Workload Information – **Do Not Enter This Information**

Section 4 Required Accesses

Check *Connect* and enter "*DDR_P*"

(This has been pre-populated on the attached)

Section 5 Justification

Enter: "*To request a CMS UserID and request access to the Drug Data Reporting for Medicaid (DDR_P) for labeler code(s)*"

(This statement has been pre-populated on the attached)

Enter: List every NDC1 (i.e., Labeler code) that you are the technical contact.

Section 6 Approvals - **Do Not Enter This Information**

Privacy Act Statement (last page)

Enter Printed Name

CMS UserID – **Do Not Enter This Information**

Enter Social Security Number

Sign and Date the form

Submit the original, signed Application for Access to CMS Computer Systems form to the CMS Central Office:

Centers for Medicare and Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard
Mail Stop S3-13-15
Attention: Drug Rebate Program
Baltimore, MD 21244-1850

EUA WorkFlow Request No. _____

APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS

1. TYPE OF REQUEST *(Check only one):*

- | | |
|--|--|
| <input checked="" type="checkbox"/> NEW <i>(Issue a CMS UserID)</i>
<input type="checkbox"/> CONNECT/DISCONNECT
<i>(Add/remove access authorities)</i> | <input type="checkbox"/> CERTIFY <i>(Due date: ___/___/___)</i>
<input type="checkbox"/> CHANGE USER INFORMATION <i>(Note new info)</i>
<input type="checkbox"/> DELETE <i>(Remove CMS UserID from all CMS systems)</i> |
|--|--|

USERID			
<i>(Capital Letters)</i>			

2. USER INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> CMS Employee
<input type="checkbox"/> Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using HPMS Only
<input type="checkbox"/> Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using Other Systems
<input type="checkbox"/> CITIC Contractor
<input type="checkbox"/> Program Safeguard Contractor
<input type="checkbox"/> Medicare Contractor/Intermediary/Carrier
<input type="checkbox"/> Contractor (non-Medicare contract with CMS)
<input type="checkbox"/> Researcher
<input type="checkbox"/> Quality Improvement Organization
<input type="checkbox"/> End-Stage Renal Disease Network
<input type="checkbox"/> State Agency (State of _____)
<input type="checkbox"/> Federal Govt – Baltimore HR Center | <input type="checkbox"/> Federal Govt – Centers for Disease Control & Prevention
<input type="checkbox"/> Federal Govt – Commission Corps
<input type="checkbox"/> Federal Govt – Dept of Health & Human Services
<input type="checkbox"/> Federal Govt – HHS – OMHA
<input type="checkbox"/> Federal Govt – Dept of Justice
<input type="checkbox"/> Federal Govt – Dept of Veterans Affairs
<input type="checkbox"/> Federal Govt – Government Accountability Office
<input type="checkbox"/> Federal Govt – General Services Administration
<input type="checkbox"/> Federal Govt – Internal Revenue Service
<input type="checkbox"/> Federal Govt – Office of General Counsel
<input type="checkbox"/> Federal Govt – Office of Inspector General
<input type="checkbox"/> Federal Govt – Railroad Retirement Board
<input type="checkbox"/> Federal Govt – Social Security Administration
<input type="checkbox"/> Federal Govt – Other: _____
<input checked="" type="checkbox"/> Other: Medicaid Drug Manufacturers |
|---|---|

First Name <i>(As you want it published)</i>	MI	Last Name <i>(As you want it published)</i>
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Company/Organization/Department Name _____

Mailing Address *(Include Suite/Mailstop)* _____

City	State	ZIP Code
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Office Telephone <i>(include Extension)</i>	Company Telephone <i>(if different)</i>	E-Mail Address
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IF CMS EMPLOYEE Org Name/Admin Code	Are you a Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No
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IF ONSITE AT CMS LOCATION CMS Region/Facility (Check One)

- | | |
|--|---|
| <input type="checkbox"/> R4 (AFC) Atlanta
<input type="checkbox"/> R10 (BLNCH) Seattle
<input type="checkbox"/> CO (CENTRAL) Central Office
<input type="checkbox"/> R5 (CHIICB) Chicago
<input type="checkbox"/> DC (COHEN) DC
<input type="checkbox"/> R6 (DAL1301) Dallas
<input type="checkbox"/> R8 (DENCBS) Denver
<input type="checkbox"/> R7 (FOBKAN) Kansas City | <input type="checkbox"/> DC (HHH) DC
<input type="checkbox"/> R9 (HWTHRN) San Francisco
<input type="checkbox"/> R1 (JFKBOS) Boston
<input type="checkbox"/> R2 (JKJNYC) New York
<input type="checkbox"/> CO (LBDCO) Central Office
<input type="checkbox"/> CO (NORTH) Central Office
<input type="checkbox"/> R3 (PHIPLB) Philadelphia
<input type="checkbox"/> CO (SOUTH) Central Office
<input type="checkbox"/> Other _____ |
|--|---|

Mail Stop	Desk Location
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3. WORKLOAD INFORMATION

Contract Number(s) (for Medicare Advantage/Medicare Advantage with Prescription Drug/Prescription Drug Plan/Cost Contracts — Hxxxx, Sxxxx, etc.)

Carrier Number(s) (for Medicare Contractors/Intermediaries/Carriers — 12345)

Contract and Task Number (for Contractors — CMS-05-0001 : 0001)

Grant Number (for Researchers)

Inter-Agency Agreement Number

4. REQUIRED ACCESSES (See <http://www.cms.hhs.gov/mdcn/online/reqreport.asp> for list of available jobcodes)

<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	Default CMS Employee (standard desktop & network with CMS e-mail acct)	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	Default Non-CMS Employee (standard network access)	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input checked="" type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	DDR_P	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____

5. JUSTIFICATION (If name change, show Old Name =, New Name =)

To request a CMS userID and request access to the Drug Data Reporting for Medicaid (DDR) System for labeler code(s)

6. APPROVALS: (See <http://www.cms.hhs.gov/mdcn/online/signchart.pdf> for approval info)

PROVIDE SIGNATURES BELOW OR APPROVE ONLINE EUA WORKFLOW REQUEST NUMBER REFERENCED ON PAGE 1.

Authorization: We acknowledge that our Organization is responsible for all resources to be used by the person identified above and that requested accesses are required to perform their duties. We have reviewed and verified the workload information supplied is accurate and appropriate. We understand that any change in employment status or access needs are to be reported immediately via submittal of this form or EUA WorkFlow request.

1st APPROVER (CMS Project Officer, CMS Contact, CMS Supervisor, MGIC Contact, etc.)

Printed Name		Telephone Number
CMS UserID	Signature	Date

2nd APPROVER (Not required for CMS employees, BHRC or Commissioned Corps)

Printed Name		Telephone Number
CMS UserID	Signature	Date

APPLICANT: Read, complete and sign next page.

APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS

Printed Name *(As you want it published)*

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Social Security Number

CMS USERID

PRIVACY ACT STATEMENT

The information on page 1 of this form is collected and maintained under the authority of Title 5 U.S. Code, Section 552a(e)(10) (The Privacy Act of 1974). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnish on this form will be maintained in the Individuals Authorized Access to the Centers for Medicare & Medicaid Services (CMS) Data Center Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 59 FED.REG.41329 (08-11-94) and as CMS may establish in the future by publication in the Federal Register.

The Social Security Number (SSN) is used as an identifier in the Federal Service because of the large number of present and former Federal employees and applicants whose identity can only be distinguished by use of the SSN. Collection of the SSN is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary. However, if you do not provide this information, you will not be granted access to CMS computer systems.

SECURITY REQUIREMENTS FOR USERS OF CMS COMPUTER SYSTEMS

CMS uses computer systems that contain sensitive information to carry out its mission. Sensitive information is any information, which the loss, misuse, or unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. CMS maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. CMS records all access to its computer systems and conducts routine reviews for unauthorized access to and/or illegal activity.

Anyone with access to CMS Computer Systems containing sensitive information must abide by the following:

- Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your "electronic signature". This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use CMS data files for unauthorized or illegal purposes.
- Do not use CMS data files for private gain or to misrepresent yourself or CMS.
- Do not make any disclosure of CMS data that is not specifically authorized.
- Do not duplicate CMS data files, create subfiles of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter CMS data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of CMS data files.

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/adverse action up to and including removal from Federal Service, depending upon the seriousness of the offense. In addition, Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system illegally.

If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your component's Information Systems Security Officer.

Applicant's Signature

Date