



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

# Enterprise Privacy Policy Engine (EPPE)



**Contractor Approval Workflow  
Training Module - Update Sub-  
Contracting Organization(s)**

# Training Topics

## Training Topics in This Module

- EPPE Application Access Prerequisites
- Basic Information About EPPE
- Update/Amend
  - Sub-Contracting Organization(s)
- EPPE Help Desk Information

# 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

The screenshot shows the EPPE interface. At the top, the CMS.gov logo and 'My Enterprise Portal' are visible. The user is logged in as 'Charlotte Webb' and has access to 'My Apps', 'Help', and 'Log Out'. The main heading is 'Enterprise Privacy Policy Engine'. On the left, a navigation menu includes options like 'EPPE Home', 'DUA(s)', 'New / Re-Use', 'Update / Amend' (highlighted), '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', and 'Exit EPPE'. The main content area displays a 'Welcome to EPPE' message, explaining that EPPE streamlines the process of requesting data from CMS via an online Data Use Agreement (DUA). It lists goals such as reducing processing time, transitioning from paper-based to automated processes, and providing a 100% traceable record of CMS data disclosures. Training materials are also mentioned, including 'Contractor Approval Workflow'. The version number 'Version 27.1' is noted in the bottom right of the main content area.

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 | <a href="#">View</a> |
| CONT-2018-54153 | NORTH CAROLINA STATE UNIVERSITY | Taraji Henson | 2-21-2018    | Approved | <a href="#">View</a> |

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 |   |
|--|-----------|---------|---|
| CCWBN - 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 <a href="#">Download</a> |

[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 Approval Version

DUA Life Cycle

MAIN INFORMATION

Edit

DUA Number : CONT-2018-52679  
DUA Customer Type : Contractor  
DUA Request Type : URGENT 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 : 18A-11IM-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 |
| BRIAN REICH  | AA35        | NORTH CAROLINA STATE UNIVERSITY |

Showing 1 to 2 of 2 entries

EXISTING DATA FILE DESCRIPTIONS

Edit

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

Showing 1 to 5 of 5 entries

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

NEW DATA FILE DESCRIPTIONS

Edit

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

Showing 0 to 0 of 0 entries

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

EXISTING DATA FILE DESCRIPTIONS Edit

| Date File Description                                    | From Year | To Year |  |
|--|-----------|---------|--|
| PDE22 - 20% PRESCRIPTION DRUG EVENT DATA                 | 2010      | 2018    |  |
| PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (10+ 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

| Date 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

| Date 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 <a href="#">Download</a> |

Comments :  2000 characters remaining (2000 maximum)

Save Cancel Update Previous Next

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: Subcontractor Organization(s)

Update DUA Request

DUA Number : CONT-2018-54153

**REVIEW**

Updated DUA Request [View Approved Version](#)

**DUA Life Cycle** 🟢

**MAIN INFORMATION** [Edit](#)

|                            |                                 |
|----------------------------|---------------------------------|
| DUA Number :               | CONT-2018-54153                 |
| DUA Customer Type :        | Contractor                      |
| DUA Category :             | 42 - CMS PROGRAMS               |
| DUA Request Type :         | UPDATE DUA                      |
| DUA Status :               | In Progress                     |
| Expiration Date :          | 06-30-2018                      |
| Requested Date :           | 02-21-2018                      |
| Requester :                | Taraji Henson                   |
| Requester's Email :        | fakepcnrc@gmail.com             |
| Requester's Phone Number : | (800) 555-1212                  |
| Last Updated By :          |                                 |
| Organization Name :        | NORTH CAROLINA STATE UNIVERSITY |
| Project Name :             | Extend Test                     |

**CMS Contact (COR)**

|                 |                     |
|-----------------|---------------------|
| First Name :    | Taraji              |
| Last Name :     | Henson              |
| Email Address : | fakepcnrc@gmail.com |
| Phone Number :  | (800) 555-1212      |

**Contract Information**

|                                |            |
|--------------------------------|------------|
| Contract Number :              | CONT1234   |
| Task Order Number :            | TO-123456  |
| Contract Period - Start Date : | 01-04-2017 |
| Contract Period - End Date :   | 06-30-2018 |

**SUBCONTRACTOR ORGANIZATION(S)** [Edit](#)

Select the **Edit** button associated with the **Sub-contractor Organization(s)** section to make changes.

# DUA Requester – Update/Amend

## Edit DUA: Subcontractor Organization(s)

### Update DUA Request

**ORGANIZATION(S)**

*Required fields are marked with an asterisk (\*).*

Your Organization :      **NORTH CAROLINA STATE UNIVERSITY**

Do you wish to add/remove a sub-contracting organization(s) for this DUA request?

YES  NO

1. Editable **Organization(s)** section.
2. In this example, the Approved DUA being updated shows the original selections:
  - The **No** button was selected to answer the question ***“Do you wish to add/remove a sub-contracting organization(s) to this DUA request?”***.

# DUA Requester – Update/Amend

## Edit DUA: Subcontractor Organization(s)

### Update DUA Request

**ORGANIZATION(S)**

*Required fields are marked with an asterisk (\*).*

Your Organization :      NORTH CAROLINA STATE UNIVERSITY

Do you wish to add/remove a sub-contracting organization(s) for this DUA request?

YES  NO

1. You can perform the following actions:
  - **Select** the **Yes** button to add sub-contracting organization(s) to the table.
2. Select the **Save** button after adding sub-contracting organization(s).

# DUA Requester – New Contractor DUA Request

## Add Sub-Contracting Organization

**New / Re-Use DUA Request**

**ORGANIZATION(S)**

*Required fields are marked with an asterisk (\*).*

Your Organization : **NORTH CAROLINA STATE UNIVERSITY**

Do you wish to add/remove a sub-contracting organization(s) for this DUA request?

YES  NO [?](#)

Use the Sub-Contracting Organization (autocomplete search field) to select an organization and then click **Add** button to add the sub-contracting organization to the DUA Request. Repeat the process to add additional sub-contracting organizations to the DUA Request. If the organization is not located in the search list, select **Cannot Locate Organization** link. The selected sub-contracting organizations on the DUA request are shown in the table.

Select Sub-Contracting Organization \*:

university of north carolin| [Cannot locate the Organization? ?](#)

- UNIVERSITY OF NORTH CAROLINA
- UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL
- UNIVERSITY OF NORTH CAROLINA - GREENSBORO
- UNIVERSITY OF NORTH CAROLINA (UNC)
- UNIVERSITY OF NORTH CAROLINA - CHARLOTTE
- UNIVERSITY OF NORTH CAROLINA

| Sub-Contracting Organization Name | Action |
|-----------------------------------|--------|
|-----------------------------------|--------|

Selected Sub-Contracting Orgar

[Save](#) [Quit](#) [Previous](#) [Next](#)

1. Answer **Yes** to select a **Sub-contracting Organization**
2. Enter the **Sub-Contracting Organization** name
3. Select the sub-contracting organization from the drop-down list.
4. Select **Add**

**Note:** You must select the organization from the list.

# DUA Requester – New Contractor DUA Request

## Sub-Contracting Organization Displays in Table

New / Re-Use DUA Request

**ORGANIZATION(S)**

*Required fields are marked with an asterisk (\*).*

Your Organization : **NORTH CAROLINA STATE UNIVERSITY**

Do you wish to add/remove a sub-contracting organization(s) for this DUA request?

YES  NO [?](#)

Use the Sub-Contracting Organization (autocomplete search field) to select an organization and then click **Add** button to add the sub-contracting organization to the DUA Request. Repeat the process to add additional sub-contracting organizations to the DUA Request. If the organization is not located in the search list, select **Cannot Locate Organization** link. The selected sub-contracting organizations on the DUA request are shown in the table.

Select Sub-Contracting Organization \*:

[Cannot locate the Organization? ?](#)

**Add**

Selected Sub-Contracting Organizations

|   | Sub-Contracting Organization Name | Action                 |
|---|-----------------------------------|------------------------|
| 1 | UNIVERSITY OF NORTH CAROLINA      | <a href="#">Remove</a> |

**Save** **Quit** **Previous** **Next**

1. After selecting the **Add** button, the **Sub-Contracting Organization** is added to the selection table.
2. Select **Next**

**Note:** You can select the **Remove** link to remove the sub-contracting organization 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 <a href="#">Download</a><br>Extra_Notes_for_DUA.docx <a href="#">Download</a> |

Comments :

2000 characters remaining (2000 maximum)

Save Cancel Updates Previous Next

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

# 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 clauses 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 an 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](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://nrc.nist.gov/publications/nsp/spec200/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://nrc.nist.gov/publications/nsp/spec800-53.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](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, findings, 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 or less, 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 are 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 determinations 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\\_i\\_services\\_operations@hhs.gov](mailto:ams_i_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 risk of harm 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 Breach, Loss, or Disclosure of any individual employed or affiliated with, or knowledge and verify 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 to or for the benefit of another person, or received 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 accept 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: HENRIK@CAROLINA.EDU  
Requestor's Phone Number: (803) 555-1212  
Client Institution: NORTH CAROLINA STATE UNIVERSITY  
Organization Name: NORTH CAROLINA STATE UNIVERSITY  
Project Name: Student Test

**EMS Contact (COR)**

First Name: ERIC  
Last Name: HENRIK  
Email Address: HENRIK@CAROLINA.EDU  
Phone Number: (803) 555-1212

**Contract Information**

Contract Number: CONT 2018  
Task Order Number: 001110000  
Contract Period - Start Date: 01-04-2017  
Contract Period - End Date: 06-30-2018

**CUSTOMER BY USERS**

| User Name | Role  | Organization                    |
|-----------|-------|---------------------------------|
| ERIC      | ADMIN | NORTH CAROLINA STATE UNIVERSITY |

**EXISTING DATA FILE DESCRIPTIONS**

| File Description  | Start Year | End Year |
|---|------------|----------|
| FILE 01 - 2018 PRE-SUBSCRIPTION ONLINE EVENT DATA           | 2018       | 2018     |
| FILE 02 - 2018 PRE-SUBSCRIPTION ONLINE EVENT SURVEY ANSWERS | 2018       | 2018     |
| FILE 03 - 0% PART B-CARROLL COUNTY COLLEGE                  | 2018       | 2018     |

**RELEASE DATA FILE DESCRIPTIONS**

| File Description   | Start Year | End Year |
|--|------------|----------|
| FILE 01 - 2018 PRE-SUBSCRIPTION ONLINE EVENT DATA (13 ANSWERS) | 2018       | 2018     |
| FILE 02 - 0% PART B-C TO 2018 CONTRACTUAL FILE                 | 2018       | 2018     |

**NEW DATA FILE DESCRIPTIONS**

| File Description  | Start Year | End Year |
|---|------------|----------|
| FILE 01 - CURRENT CONTRACTUAL LATE FEE SCHEDULE LAMERD FILE   | 2018       | 2018     |
| FILE 02 - CURRENT CONTRACTUAL LATE FEE SCHEDULE NATIONAL FILE | 2018       | 2018     |

**DOCUMENTS**

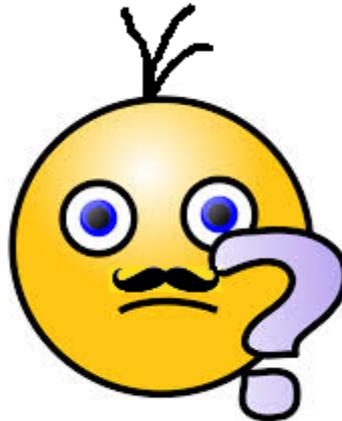
| Document                   | Updated Files   |
|----------------------------|---|
| 1. INFORMATION ACQUISITION | Information Acquisition Data - Contractual<br>Data - Answer, An. Event, Event - Contractual |

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](mailto:eppe@cms.hhs.gov)