GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

TO: DC Hospital Providers

FROM: Claudia Schlosberg, JD
              Senior Deputy Director and State Medicaid Director

DATE: JUL 2 3 2015

SUBJECT: Changes to the New Process to Submit Notification of Newborns to Enroll in DC
              Medicaid and Citrix Access Instructions

The purpose of this transmittal is to inform DC Hospital Providers that the Department of Health Care Finance (DHCF) will only accept and process enrollment of babies born to Medicaid mothers electronically via Citrix. DHCF will no longer accept mail or fax notifications.

The effective date of this new process has changed from July 1, 2015 to August 17, 2015 to allow providers time to complete and submit the Citrix Application form. Effective August 17, 2015, all birth notifications must be submitted to ESA electronically, via Citrix, from hospitals and birthing centers. It is imperative to have a unified reporting process to minimize any delays in processing and for prompt enrollment of these children into DC Medicaid by ESA.

All D.C. Medicaid provider hospitals and birthing centers must have access to Citrix to submit newborn information to ESA. Attached is a copy of the Information Security Application. Each hospital and birthing center will need to provide an Information Security Application for each staff person who will be using the Citrix system. Each hospital and birthing center will have fifteen (15) calendar days, from the date of this transmittal, to submit the Information Security Application. Please forward a completed copy of the Information Security Application via email to Krysta' Lynn Ricard at Krysta-Lynn.Ricard@dc.gov. Once the Information Security Application is received, please allow five (5) business days for processing and for login credentials to be provided.

All birth logs must be scanned and uploaded to the folder entitled "Birth Notifications" in the Citrix server. From there ESA will receive notification of the upload and will process the birth

verifications as usual. Only birth notifications submitted through Citrix will be reviewed and processed by ESA.

If you have any questions about this transmittal please contact Krysta' Lynn Ricard at <u>Krysta-lynn.Ricard@dc.gov</u> or at (202) 442-9475. You can also contact Danielle Lewis at <u>Danielle.Lewis@dc.gov</u> or at (202) 442-9052.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF TECHNOLOGY OFFICER

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INFORMATION SECURITY APPLICATION

REMOTE ACCESS\VPN REQUEST FORM   Control Number: IS-DHS

**PLEASE NOTE: REMOTE\VPN ACESS SERVICES ARE RESTRICTED TO DISTRICT GOVERNMENT BUSINESS ONLY; ALL REQUEST MUST HAVE AGENCY MANAGEMENT APPROVAL PRIOR TO RECEIVING ACCESS PRIVILIGES

Requestor Instructions: Carefully read the items described on this form and fill in the appropriate sections required for processing application. All completed applications should be submitted to District of Columbia Department of Human Services, Income Maintenance Administration program sponsor electronically or via email for review and final approval.

Management Approval: *This request must be submitted for review to the Distirct of Columbia Department of Human Services, Office of Information Systems within three (3) days of service access. Please forward a completed copy of Information Security Application (ISA) containing original signature electronically or via email to OIShelpdesk@dc.gov . Request can also be mailed to the Department of Human Services, Office of Information Systems; 3919 Benning Road N.E Washington, DC 20019. Attn: OIS Helpdesk*

I. REQUSTOR INFORMATION: (Please Print)

Last Name:_____ First Name:_____ Middle Initial:____

Business\Organizational name: _____

Business Address: _____

State:_____ City\Province:_____ Postal Code:_____

II. ACCESS CLASSIFICATION: (please select access type & affiliation)

☐ CITRIX   ☐ DIALUP\RAS   ☐ WIRELESS   ☐ WEB

☐ PROVIDER   ☐ CLIENT\CONTRACTOR   ☐ AGENCY USER   ☐ OTHER (specify)

III. APPROVALS:

Approving Office\Administration:_____ Program\Sponsor:_____

Approving Official Name:_____ Approving Official Title:_____

Business Justification: _____ Office Phone: _____

Approvers Signature: _____ Date: _____

○ New Secured VPN Access   ○ Secured VPN Termination

By signing this application for remote\VPN system access I acknowledge the guidelines and usage of the Department of Human Services, Remote Access Application Platform (RAAP). I undestand that I am required to use this access solely for the purpose of conducting official business only. I also acknowledge that I may not use, modify or alter any VPN authentication codes, passwords or devices assigned to me by my District Government sponsoring official or District Information Securtiy Officer without consent. I agree to access only those resources for which I have been authorized or delegated to access; and will honor these responsibilities as well as those defined in the District of Columbia policies and procedures guidelines. I further understand that failure to adhere to such responsibilities may result in denial or revoke access to relevant application or network resources. Violators maybe subjected to penalties, which may include disciplinary actions such as employee termination, criminal prosecution and\or other appropriated corrective or legal measures.

Applicant's Signature: _____ Date: _____