NCDHHS
NC Medicaid
Division of Health Benefits

MIS
NC MEDICAID INTEGRATION SERVICES

Managed File Transfer
Trading Partner Registration Package

MIS-TPR-REG-001

Document Version 1.2

Publication Version Change Summary

Version	Date	Revision Description	Prepared By:
1.0	04/01/2024	Initial Document	ITD
1.1	05/17/2024	Trading Partner Registration form updated and Contact email ID changed	ITD
1.2	06/07/2024	Email ID added to all the Forms and PBM changed to PBA	ITD

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Attention NCDHHS DHB Managed File Transfer Trading Partners:

Trading Partners of the NC DHHS Department of Health Benefits (DHB) are required to send and receive files electronically. To accomplish this, partners must enroll with the Information Technology Division (ITD) Managed File Transfer (MFT) department by completing the enclosed agreements and forms as they relate to your organization.

Please return the completed DHB Medicaid MFT Trading Partner Registration Package by email to: **MISmftSupport@dhhs.nc.gov**.

After the forms are received and approved, the NCMIS MFT Team will send an email with the Trading Partner Number.

If additional assistance is needed, please email your questions to MISmftSupport@dhhs.nc.gov.

Regards,

North Carolina Department of Health and Human Services
Information Technology Division (ITD)
NCMIS MFT Support Team

1 MFT ENROLLMENT FORMS WITH INSTRUCTIONS

1.1 Instructions for MFT Trading Partner Agreement

Trading Partners that need to submit electronic transactions directly to the Department of Health Benefits (DHB) must complete the MFT Trading Partner Agreement.

Signature Blocks

The Authorized Agent for the Trading Partner must read, sign, date the agreement, and print the name and title of the Authorized Agent.

NOTE: For Trading Partners, the Authorized Agent must be the Chief Financial Officer (CFO) or other designated personnel.

The Authorized Agent can designate an Authorized Designee to sign for the Authorized Agent. The Authorized Designee must read, sign, date the agreement, and print the name and title of the Authorized Designee.

NOTE: Either the Authorized Agent or the Authorized Designee can sign as the Trading Partner Authorized Agent on the additional agreements.

IMPORTANT: The Trading Partner Operational Information form must be filled out and sent with the MFT Trading Partner Agreement.

2 MFT TRADING PARTNER AGREEMENT

The conditions for the submission of electronic transactions to the Department of Health Benefits are as follows:

1. The Trading Partner agrees to abide by the policies and procedures of the Department of Health Benefits Services.
2. The Trading Partner is not to be considered an agent of the Department of Health Benefits. The Trading Partner is recognized as an electronic transaction preparation service and any agreement of participation between providers and the Department of Health Benefits is not affected by this agreement.
3. The Trading Partner must promptly notify the Department of Health Benefits of any changes to the information submitted in this MFT Trading Partner packet.
4. The agreement may be terminated with a thirty-day written notice by either party.
5. The agreement becomes effective when it is executed by both parties and may be amended only in writing and similarly executed.

3 INSTRUCTIONS FOR MFT TRADING PARTNER INFORMATION

Trading Partners that need to submit electronic transactions directly to the Department of Health Benefits (DHB) must complete the MFT Trading Partner Operational Information.

3.1 MFT Trading Partner Information

Enter the name and NPI or API of the organization that will be submitting electronic transactions. Enter the name, email, and phone number of the person to contact in case of any questions or problems.

NOTE: Test files must be submitted and processed successfully for each type of transaction selected before the Trading Partner can submit files in production.

After all applicable forms have been received and processed successfully, the DHB MFT department will issue an MFT Trading Partner ID and send notification to the Trading Partner.

NCMIS-FRM-MFT01

NCMIS - MFT Trading Partner Registration

Please return completed and signed form to MISmftSupport@dhhs.nc.gov

Trading Partner Name:			
Business Contact Name:			
Phone:		**Email:**	
Technical Contact Name:			
Phone:		**Email:**	
Module/Health Plan: (select only one)	☐ BIO ☐BIDP ☐EPS ☐HO ☐HIE ☐NIO ☐ NCA ☐ NCT ☐ PBA ☐ PDM/CVO ☐ PHP(Standard) ☐PIHP ☐TP (Tailored Plan) ☐ Tribal ☐Other		
NPI/API: (if any)			
Effective Start Date:			
Signature of Trading Partner Authorized Agent:		**Date:**	

To be filled out by DHHS

MFT Trading Partner ID:	**MFT Trading Partner Short Name:**
MFT SFTP ID:	**MFT SFTP Org ID:**
Signature of DHB Representative:	
Signature of MFT Coordinator:	

4 MFT TRADING PARTNER SFTP ACCOUNT AGREEMENT

Trading Partners must complete the MFT Trading Partner SFTP Service Account Agreement to receive a system-to-system Service Account for uploading and downloading MFT files to the NC DHHS Managed File Transfer (MFT) Server.

After the Service Account has been successfully established, the DHB MFT Department will notify the contact and communicate the Service Account information. The password will be sent in a separate email. If public key authentication is requested, the public key information will be sent in a separate email.

4.1 MFT Trading Partner Information Instructions

Trading Partner Name: Name of the organization submitting the electronic transactions.

Trading Partner ID: The NPI or Atypical ID of the organization submitting the electronic transactions.

MFT Trading Partner ID: Trading Partner ID assigned by the ITD MFT department for a Trading Partner.

MFT Trading Partner Name: Name of the agency that operates the MFT Trading Partner.

Contact First Name: First name of the person at the Trading Partner to be contacted in case of questions or problems.

Contact Last Name: Last name of the person at the Trading Partner to be contacted in case of questions or problems.

Contact Email: Email of the person at the Trading Partner to be contacted in case of questions or problems.

Contact Phone: Phone number of the person at the Trading Partner to be contacted in case of questions or problems.

SFTP Account: Indicate if the Trading Partner is being established for the DEVELOPMENT or TEST or PRODUCTION account. Specify only one of these on a given form. Separate forms must be submitted for each account.

NAT IP Addresses: Enter the NAT IP addresses of the systems that will connect to the DHB Medicaid Managed File Transfer (MFT) Server to upload and download files.

Authentication: Attach the public key.

Signature of Contact: The contact must sign the Trading Partner Service Account Agreement to acknowledge that they will be responsible for maintaining the security of the password and will not share it with anyone that does not have a need to know. The signature can be an electronic signature.

Date: Date that the contact signed the form.

Department: Department that the contact belongs to.

Title: Title of the contact.

Trading Partner Name: Name of the organization submitting the electronic transactions.

Signature of Trading Partner Authorized Agent: The Authorized Agent for the Trading Partner must read and sign the form. The signature can be an electronic signature.

Date: Date the Authorized Agent signed the form.

Printed Name: Name of the Authorized Agent.

NCMIS-FRM-MFT02

NCMIS - MFT SFTP Account Agreement

Please return completed and signed form to MISmftSupport@dhhs.nc.gov

Trading Partner Name:			
MIS MFT Trading Partner ID:			
Technical Contact Name:			
Phone:		**Email:**	
SFTP Account: (select only one)	☐DEVELOPMENT ☐TEST ☐PRODUCTION		
NAT IP List for IP whitelisting			
Authentication: Public Key			

By signing below, I agree that I am responsible for maintaining the security of the password and will not share it with anyone that does not have a need to know:

Signature of Contact:	**Date:**
Department:	**Title:**

By signing below, I certify that the sftp account is for the submission/receipt of files on behalf of the specified MFT Trading Partner.

Trading Partner Name:		
Signature of Trading Partner Authorized Agent:		**Date:**
Printed Name:		

To be filled out by DHHS		
Signature of DHB Representative:		**Date:**
Signature of MFT Coordinator:		**Date:**

5 MFT TRADING PARTNER WEB USER AGREEMENT

The Trading Partner must complete the Trading Partner User Agreement for each Trading Partner User that needs access to the DHB Medicaid Managed File Transfer (MFT) Server for uploading and downloading MFT files.

NOTE: Each user must have their own account. Password sharing is not allowed. If the Trading Partner has multiple users, the Trading Partner must submit a form for each user.

IMPORTANT: All users must also complete the additional forms in the MFT User Security Access Package and submit them along with the MFT Trading Partner User Agreement.

Each user must comply with the state information security policy and NC DHHS information security and compliance policy.

After the user account and privileges are established by ITD personnel, the ITD MFT Department will notify the user.

5.1 NC DHHS Information Technologies Department (ITD) and Department of Health Benefits (DHB) Information Security Access Use Agreement (ISA-UA)

As a user of North Carolina's central computer systems that are operated by the NC DHHS ITD, and as a user of the Department of Health Benefits (DHB), I understand and agree to abide by the following terms which govern my access to and the use of the processing services of NC DHHS & DHB:

- Access has been granted to me by DHB as a necessary privilege to perform authorized job functions for the agency by which I am currently employed or contracted. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as logon IDs, passwords, user IDs, file protection keys or production read/write keys) for any purposes other than those required to perform my authorized employment functions.
- If, due to my authorized functions, I require access to the DHB information systems that are not owned by my agency or company, I must obtain authorized access to that information from the owning agency or company and present it to DHB;
- I will not disclose information concerning any access control mechanisms that I have knowledge of, unless properly authorized to do so by my employing agency or company. I will not use any access mechanism that has not been expressly assigned to me;
- As a contract entity with DHB, I agree to abide by all applicable NC DHHS and DHB security policies accessed in the link below, and additional pertinent employing DHB policies, procedures and standards (based on NC DHHS policies) as defined within the established Business Associate Agreement (BAA) or signed contract with DHB, as a user requesting this access, that relate to the security of NC DHHS ITD computer systems and the data contained therein;

  https://it.nc.gov/documents/statewide-information-security-manual
  https://www2.ncdhhs.gov/info/olm/manuals/dhs/pol-80/man/

- If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the applicable, assigned DHB contract monitor (who is required to report the incident using the DHB compliance management process for addressing such issues, and as such, the compliance management staff will report upwards as required to NC DHHS Security), as well as DHB management;

- By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

5.2 MFT Trading Partner's Web user Access Request Instructions

First Name: First name of the user.

Last Name: Last name of the user.

Email: Email of the user.

Phone: Phone number of the user.

User NCID:

- **Testing:** NCID obtained by the user from https://myncidpp.nc.gov
- **Production:** NCID obtained by the user from https://myncid.nc.gov

Trading Partner Name and ID: The Name of the Trading Partner and ID of the organization submitting the electronic transactions.

MFT Account: Indicate if the Trading Partner is being established for a DEVELOPMENT, TEST, or PRODUCTION account. Specify only one of these on a given form. Separate forms must be submitted for each individual environment.

Signature of User: The user must sign and date the Trading Partner User Agreement to acknowledge that they will not share the password with anyone and understand that access will be revoked if the password is shared. The signature can be an electronic signature.

Date: Enter the date the user signed the form.

Department: Enter the department of the User.

Title: Enter the title of the User.

Trading Partner ID: The Sender ID associated with the Trading Partner for which the user should be able to submit, receive, or view MFT files.

Trading Partner Name: Name of the organization submitting the electronic transactions.

Signature of Trading Partner Authorized Agent: The Authorized Agent for the Trading Partner must read and sign the form. The signature can be an electronic signature.

Date: Date the Authorized Agent signed the form.

Printed Name: Printed name of the Authorized Agent.

Title: Title of the Authorized Agent.

NCMIS-FRM-MFT03

NCMIS - MFT Web User Agreement

Please return completed and signed form to MISmftSupport@dhhs.nc.gov

First Name:			
Last Name:			
Email:		**Phone:**	
User NCID:			
Trading Partner Name and ID:			
MFT Account: (select only one)	☐DEVELOPMENT ☐TEST ☐PRODUCTION		

By signing below, I read and agree with the security policies and also agree that I will not share my password with anyone and understand that my access will be revoked if I do:

Signature of User:	**Date:**
Department:	**Title:**

By signing below, I certify the User is authorized to submit/receive/view files on behalf of the specified Trading Partner. I acknowledge that I will inform the State when this user should no longer have access to the system or the ability to upload or receive files.

Trading Partner ID:		**Trading Partner NAME:**	
Signature of Trading Partner Authorized Agent:			**Date:**
Printed Name:		**Title:**	

To be filled out by DHHS		
Signature of DHB Representative:		**Date:**
Signature of MFT Coordinator:		**Date:**