



NON-DHEC REQUEST FOR USER ACCESS
Verification of Citizenship for Medicaid Eligibility (VCME)
Birth Data Exchange Engine (BEE) First Sound, Birth Defects, and FIMR Modules
(All Fields Required)

*****To Be Completed by User*****

Today's Date:
User ID: (See instructions)
User's Name: (First) (Middle) (Last) (Suffix)
Please provide one form of identification:
Driver's License (State/#) Other: (Document name and number)
Name of Employer:
Primary County of Employment:
Business Tel #: (Area Code) (Number)
Official Email Address:
Supervisor's Name:
Supv. Tel #: (Area Code) (Number) Supv. Email:

Check the box or boxes that best describes your job functionality and system/module for which access is being requested:

VCME BEE Module BEE User Role
DHHS Verification Staff Birth Defects Admin Read/Write Genetics Center Read Only
DHHS Administrator First Sound Admin Read Only Genetics Consultant Read Only
Other Agency/Organization: FIMR User Read/Write Other
List Other User Read Only List
List Audiologist Read/Write

Specific Location(s) Where Access Is Being Requested:

I attest to the accuracy of the above information:
Signature of Employee: Date:

*****To Be Completed By Supervisor Only*****

Yes No PHSIS "Memorandum of Understanding Concerning Confidentiality of Information" signed by User and attached?
All users must have a criminal records checks completed within at least two (2) years of access request.
Yes No Has user been resident of South Carolina for minimum of five (5) years?
Yes No If yes, SLED check on file and findings cleared by DHEC?
Yes No If no, national criminal records search on file and any findings cleared by DHEC?
Yes No Identification of user verified by supervisor?

I attest to the accuracy of the above information and necessity for access to system/module and job functionality checked.
Signature of Supervisor: Date:

*****For DHEC Security Administrators Only*****

Reviewed and Approved
User Added
Access Terminated

- I. Instructions for Completing 'Non-DHEC Request for User Access, Verification of Citizenship for Medicaid Eligibility (VCME) & Birth Data Exchange Engine (BEE) First Sound, Birth Defects, and FIMR Modules.
- II. Purpose: The BEE System is a statewide, confidential, computerized database of Public Health information that contains vital events information for people born on or after January 01, 1915 in South Carolina that allows limited access to program specific information for public health surveillance or verification of citizenship for Medicaid, pursuant to 42 U.S.C. 1396b (x). BEE is secured by user identification and password. An individual password is required for each user to access the BEE. Access is controlled by PHSIS and is restricted to authorized users for specific surveillance or approved program purposes. The form serves to request access to system by individual users and to provide the information necessary to activate a user account.
- III. Item by Item Instructions (All fields are required)

The requesting user provides the following information:

 - Today's Date – Enter the month, day and year user access form is completed.
 - User ID – The user ID is the first six (6) letters of user's last name and the first name initial and the middle name initial. If user last name is less than six (6) letters, user ID will be the user's last name and the first name initial and the middle name initial.
 - User's Name – Enter the full legal name as it appears on the payroll check you receive from your employer. If no middle name, enter 'None'.
 - Form of Identification – Check the box indicating the type of identification being furnished and enter the full identification number (including zeros).
 - Name of Employer – Enter the full name of the user's headquarters.
 - Primary County of Employment – Enter county where your headquarters is located.
 - Business Tel # - Enter the area code, the seven (7) telephone number and the extension number (if applicable) where user can be reached during regular business hours (8:30 am – 5:00 pm).
 - Official Email Address – Enter your official agency email address where you receive business emails.
 - Supervisor's Name – Enter the name of your immediate supervisor.
 - Supervisor's Tel # - Enter the area code, the seven (7) digit telephone number and the extension number (if applicable) where supervisor can be reached during regular business hours (8:30 am – 5:00 pm).
 - Supervisor's Email – Enter the primary work email address that can be used to reach your supervisor.
 - Type of Access – Check the box that best describes your job functionality and the system/module requested. If you have questions about which box to check consult with your supervisor or the system administrator.
 - Specific Locations – Enter the specific name of the location or locations that access is being requested.
 - Signature of Employee and Date – The legal signature of the employee requesting access and the date (MM/DD/YYYY) that the user access form was signed must be entered.

The User's supervisor as listed completes the following information.

 - PHSIS 'Memorandum of Understanding Concerning Confidentiality of Information' signed by User and Attached? Yes/No – Enter a checkmark in the appropriate box. User form will NOT be accepted if unmarked or 'No' is marked.
 - Has user been resident of South Carolina for minimum of five (5) years? Yes/No – Enter a checkmark in the appropriate box. User form will NOT be accepted if left blank.
 - If, Yes, SLED check on file and findings cleared by DHEC? Yes/No – Enter a checkmark in the appropriate box. User form will NOT be accepted when 'No' is checked.
 - If No, national criminal records search on file and any findings cleared by DHEC? Yes/No – Enter a checkmark in appropriate box.
 - Identification of user verified by supervisor? Yes/No – Enter a checkmark in the appropriate box. User form will NOT be accepted if left blank of 'No' is marked.
 - Signature of Supervisor and Date – The legal signature of the supervisor named under 'To Be Completed By User' must be entered. Enter the date (MM/DD/YYYY) the immediate supervisor signed the user access form.

DHEC Security Administrator completed the following information.

 - Reviewed and Approved (Initials/Date) – The security administrator who reviews the form for acceptability must enter his/her initials and the date (MM/DD/YYYY) user form accepted.
 - User Added (Initials/Date) – The system administrator that enters the user information in the system/module must enter his/her initials and the date (MM/DD/YYYY) user information entered.
 - Access Terminated (Initials/Date) – The security administrator who terminates access will must enter his/her initials and the date (MM/DD/YYYY) that access was terminated.
- IV. Office Mechanics and Filing
 - Properly executed 'Request for User Access' form should be forwarded to "PHSIS Security Officer" at DHEC/PHSIS, 2600 Bull Street, Columbia SC 29201.
 - 'Request for User Access' forms will NOT be processed if required information is omitted or has been altered.
 - The designated staff person for user groups will receive notification via email by a PHSIS security administrator when accounts are activated or when additional data is required before activation can occur.
 - Forms will be retained by PHSIS in a secured fireproof cabinet as long as the user account is active.