

NHP - Remote Access Request

The following account agreement describes the terms and conditions in which NHP offers access to its services. By submitting this form, the vendor and NHP accept the terms and conditions set forth below and assert that the information entered is truthful and correct.

The NHP contact or his or her delegate must submit this form. All fields on page one must be filled out for all requests and all fields on page two for Lan-to-Lan requests.

All Remote Access requests will go through an approval process that includes providing pertinent information to the Information Security Officer, Network teams and performing a vulnerability assessment scan against all systems referenced in the request. The Remote Access request will not be approved until the results of the initial scan have been reviewed the results and any vulnerabilities found on the system have been remediated. Once you have addressed the vulnerabilities, the system will be re-scanned to confirm the remediation.

Associated Policies:

The following NHP IT policies directly affect the operation of the system(s) to which the requested accounts apply.

NHP Policy Defines the policies and procedures for adding Remote Access.

NHP employee contact		Vendor/consultant contact	
Name	Vin Chiachio	Name	
Job Title	Neighborhood Health Plan	Company Name	
Division		Company Loc.	
Phone	617- 772-5736	Phone	
Email	Vincent_Chiachio@nhp.org	Email	
Pager	617-772-5550	Support Line	
Business need/Project		EPHI	Signed BPA
1) Claims/Remittance transmission 2) Eligibility Verification Replaces existing Frame Relay connection.		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IP
Account duration		Date accounts needed	Service Period
<input type="checkbox"/> Support/maintenance year <input type="checkbox"/> Installation			
Sponsor/Manager Approval		Is this a new Vendor?	
		<input type="checkbox"/> New Vendor <input type="checkbox"/> Please add to existing account	
Server level access – Note: Admin or Root rights will not be given - specify access necessary.			
.			
Type of Access	System Specifics		
<input type="checkbox"/> Cisco VPN <input type="checkbox"/> SSL Gateway <input type="checkbox"/> Lan-to-Lan Note: You must fill out page 2 as well for a Lan-to-Lan Tunnel request.	Name of system(s)		
	Host(s) - IP Address of system(s)		
	Application name		
	Peer IP address (for Lan-to-Lan)		
	Services/Ports		
	Scan time window		

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LAN-TO-LAN TUNNEL - TO BE COMPLETED BY VENDOR/BUSINESS PARTNER (FOR LAN-TO-LAN ONLY)

VPN Configuration Parameter	NHP Site	Vendor/Business Partner Site
Hardware Vendor/Model	Cisco ASA 5510	
Software Version	7.1.2	
IKE Phase 1 (ISAKMP)		
Authentication	Pre-shared secret	
Encryption	3DES-168	
Hash Algorithm	MD5	
Key Exchange	DH2	
IKE Phase 2 (IPSEC)		
Protocol/Encrypt/Hash	3DES/MD5	
Security Association Lifetime – Timed Traffic-Volume	Negotiable	
PFS	Disabled	
Compression (LZS)	Off	
Network Information		
Peer Address(es)	VPN: 66.251.53.130	
Network Address Translation	If necessary	
Expected protocol(s) and port(s)	TBD	

Item	Remote Vendor/Business Partner Administrative Contact	Remote Vendor/Business Partner Technical Contact	Vendor/Business Partner Problem Notification Contact	Remote Vendor/Business Partner Escalation Contact
Name				
Title				
Department				
Office Phone				
Mobile Phone				
Pager				
Email				
Preferred Contact Method				

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VENDOR/BUSINESS PARTNER SUPPORT INFORMATION

Item	NHP Technical Contact	NHP Problem Notification Contact	NHP Problem Escalation Contact
Name	David Faulkner	Vincent Chiachio	Bob O'Shea
Title	Network Engineer	Manager e-Business	Telecom Administrator
Department	Information Technology	Information Technology	Information Technology
Office Phone	617-772-5666	617-772-5550	617-772-5609
Mobile Phone	617-543-7560	NA	617-620-1975
Pager	NA	NA	NA
Email	David_faulkner@nhp.org	Vincent_Chiachio@nhp.org	bob_oshea@nhp.org
Preferred Contact Method	E-mail	E-mail	E-mail

Notes:

1. Notification Contact – All problems will initially be reported to this contact where they will be ticketed and assigned to appropriate network staff.
2. Vendor Problem Notification and Escalation Contacts – Need to be reachable during the hours stated in the Service Level Agreement.