

EXHIBIT A



COMMONWEALTH of VIRGINIA *Department of Medical Assistance Services*

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BUSINESS ASSOCIATE DATA SECURITY PLAN

- 1. State the nature of the requesting organization's relationship with DMAS.**
- 2. Provide the name of the Business Associate's designated Information Security Officer, including full name, address, phone number and fax number. State the individual's relation to the business function.**
- 3. Provide the names and position designations of all individuals who will have access to the data at or for the Business Associate.**
- 4. State the exact purpose(s) for which data will be used.**
- 5. Describe the format (e.g., tape, paper, disk) in which the Business Associate envisions receiving the required data from DMAS.**
- 6. Describe the medium within the Business Associate's organization upon which the data will be stored (e.g., will the data be on a mainframe; cloud-based, on a mobile device or thumb drive, etc., will the data be accessible to many users through a network on the Internet or on an Intranet?)**
- 7. Describe the provisions the Business Associate is taking to physically safeguard DMAS data in whatever form it has been provided or created. As part of the Business Associate Data Security Plan for DMAS, the Business Associate must include a copy of any security plan, security policies, or security procedures currently in effect within the organization.**

Reviewed and Updated January 2013

Division of Budget and Contract Management and Office of Compliance and Security

Page 1 of 2

EXHIBIT A

8. **Identify all individuals (or entities) to whom the data will be distributed as a result of the business function.**
9. **Describe through what mechanisms and in what format the Business Associate proposes to make final work products available to DMAS.**
10. **Summarize, within the Business Associate Data Security Plan, the data retention and disposal requirements that exist in the Contract or Agreements with DMAS. If the Business Associate is subject to any other retention requirements, those requirements should be included in the Business Associate Data Security Plan.**
11. **Provide a statement of acknowledgement in the Business Associate Data Security Plan that all DMAS data, no matter how manipulated or summarized remains the property of DMAS.**
12. **Describe the provisions the Business Associate is taking to ensure continuity of service to DMAS in the event of an emergency or other catastrophic event causing Business Associate business interruption (where applicable).**
13. **Note the existence of any insurance or bonds carried by the Business Associate, which would protect the Business Associate and DMAS from contingent liability in the use of the data. Otherwise, provide a statement in the Business Associate Data Security Plan if no such insurance coverage exists.**

Attachments:

Enclosed are additional documents including Policies and Procedures in order to meet the guidelines of the Data Security Plan.

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Division of Budget and Contract Management and Office of Compliance and Security

Page 2 of 2