CHANGE HEALTHCARE

SFTP TSO ID REQUEST FORM

Date:

Name: Vendor Submitter ID: Contact Name:

Contact Phone: Contact Fax: Email:

Confirmation of your SFTP TSO's can be delivered by Email or Fax. Please allow 1 -2 days to receive your confirmation. This is for SFTP VENDOR ONLY.

Password Requirements:

- Must consist of 10 characters only
- Must consist of both Alpha (Letter) & (Numeric) Number
- No consecutive characters ex: AAA, BBB or 1111, 2222 can be used
- No consecutive keyboard characters (Alpha) Letters or (Numeric) Numbers on keyboard can be used ex: adfg or jklm.
- At least one special character (! @ *)
- No underscore
- The word "Client" cannot be used.
- Must contain at least one uppercase Alpha

Password Rejection:

- Three letter month abbreviation (MAR APR etc)
- Two digit number of the current month (01 for Jan, 02 for Feb, etc)
- More than three identical characters in a row (aaa, bbb etc)
- More than two consecutive characters of a table of characters located near each other on the keyboard(includes all numbers and common usages like ASDF, QWERTY)
- The character string ETIC (Do not use ETIC as part of the password)

Provider Name	Provider Tax id	SFTP TSO (Change Healthcare only

EMAIL TO enrollmentcentral@changehealthcare.com or FAX TO 615-885-3713