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**MASSHEALTH**  
Robotics Processing Automation (“Bots”)  
Stage I Registration Form

## Introduction

Providers, trading partners, and relationship entities must complete the registration process to receive authorization to submit transactions using Robotics Processing Automation (RPA) technology and tools (bots) on the MassHealth Medicaid Management Information System (MMIS) Provider Online Service Center (POSC). The RPA Stage I Registration Form is the first stage of the two-stage approval process to use bot technology tools to execute transactions on the POSC.

Please ensure that all sections of this form are completed before submission.

## Baseline Information

Name of Organization

Organization's Provider ID/Service Location (PID/SL)

Contact's Full Name

Contact's Position Title

Contact's Email

Contact's Phone Number

Alternative Contact's Full Name

Alternative Contact's Email

Alternative Contact's Phone Number

Organization's Primary User's Full Name:

(The Primary User is the individual responsible for managing access to the POSC for your organization, such as a systems administrator.)

1. Please identify the names of the RPA tool or product your organization will use to facilitate bot use on the POSC:

2. Within the POSC Transaction Table that follows, please provide details for every transaction that each bot will perform on the POSC. Please note: MassHealth strongly recommends that each bot perform a single POSC transaction (e.g., submit a claim or submit a referral) per session. MassHealth will approve only up to five POSC bot transactions per PID/SL. Organizations may request approval for multiple PID/SLs. Please complete the entire row for each entry. If you are requesting more than 10 transactions, please complete an additional form.

**Column A:** Enter the PID/SL. If you are requesting approval for multiple PID/SLs that will each submit up to five POSC transactions, please include each PID/SL in Column A.

**Colum B:** Select the POSC transaction that will be performed under each PID/SL from the dropdown list. If the transaction for which you are seeking approval is not listed, please select “Other” from the dropdown list. This includes requests for a bot to perform more than one sequential transaction per session *(e.g., check eligibility, and then enter a claim to complete the full transaction).*

**Column C:** Include any "Other" identified transactions the bot may perform on the POSC.

**Column D:** Identify the time of day the bot will be used--e.g., Business hours, (9 am–5 p.m.); Off hours (overnight).

**Column E:**  Identify the average number of transactions that the bot will perform each week—e.g., 100 Claims Submitted per week.

**Column F:** Identify the RPA tool or product that each PID/SL will use on the POSC for each requested transaction.

## POSC Transaction Table

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** |
| **PID/SL** *(1 PID/SL per bot)* | **POSC Transaction** *(select applicable transaction)* | **Enter any “Other” transaction as applicable** *(e.g., remittance advice)* | **Select the time of day the bot will be used** *(during work/off hours)* | **Average # of transact-ions per week** | **RPA Tool or Product** |
| *123456789A* | *Prior Authorization Submission* |  | *Standard Business Hours (9AM-5PM)* | *50* | *Product Name* |
|  | **Choices for cells in this column:**  **Member Eligibility**  **Claims Submit/Inquiry**  **PA-Submit/Inquiry**  **Referral-Submit/Inquiry**  **Other** |  | **Choices for cells in this column:**  **Business Hrs 9 am–5pm**  **Off Hrs. (overnight)**  **Business Hrs./Off Hrs.**  **Off Hrs./Business Hrs.** |  |  |
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3. When do you intend to implement the POSC transactions associated with each RPA product listed in column F? Please identify your target implementation timelines (date range) in the following table for each RPA product. If the implementation timeline varies for transactions associated with a single RPA tool, document the separate timelines below and the relevant transaction in the Implementation Date/Comments column.

## Table

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RPA Tool/Product** | **Design** | **Development/ Configuration** | **Testing** | **Implementation Date/  Comments** | |  | |
| *Product Name* | *7/1/22-8/1/22* | *8/2/22-8/15/22* | *8/16/22-9/1/22* | *9/15/2022* | |  | |
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If you have any questions about how to complete this form, please contact MassHealth at [Functional.coordination@mass.gov](mailto:Functional.coordination@mass.gov).

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| ***MassHealth Use Only:*** | | | |  |
| Approved/Denied/Pended: | Date: | Stage I #: |  |  |
| Explanation: | | | | |