****

# MASSHEALTH

# Robotics Processing Automation (“Bots”)

# Stage II Registration Form

## Introduction

Providers, business partners, and relationship entities must complete the registration process to receive authorization to submit transactions using Robotics Processing Automation (RPA) technology/tools (bots) on the MassHealth Medicaid Management Information System (MMIS) Provider Online Service Center (POSC). The RPA Stage II form is the second stage of the two-stage approval process to use bot technology tools to execute transactions on the (POSC). Include only a single Stage I approval number per Stage II form. The signed RPA Agreement must be submitted with this form.

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

Name of Organization

Stage I Approval #

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

If more than one PID/SL associated with the Stage I approval # listed is being requested for Stage II approval, please list all PID/SLs. Please note: Only the PID/SLs identified in Stage I can be requested for approval in Stage II. Organizations may request Stage II approval for a subset of the approved Stage I PID/SLs, if necessary.

[ ]  Please select the check box if all contact information listed in the Stage I Registration form remains the same. Complete the remainder of this section only if the contact information, alternative contact information, or the primary user associated with the Stage I Registration Form has changed.

## Baseline Information

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. Within the following POSC Transactions Table, please list the Stage I approved transactions for which you are seeking Stage II approval to implement. Please note: MassHealth will approve only up to five POSC bot transactions per PID/SL. Please complete the entire row for each entry. Add more rows as needed:

**Column A:** Enter the Provider ID Service Location (PID/SL) that was approved by MassHealth in Stage I. If you were approved for multiple PID/SLs that will submit up to five POSC transactions each, please include each PID/SL for which you are seeking Stage II approval in this column.

**Colum B:** Select the POSC transactions approved by MassHealth in Stage I for which you are seeking Stage II approval. Identify which transaction will be performed under each PID/SL from the dropdown list. If the transaction you were approved for is not listed in the dropdown, please select "Other" from the dropdown list.

**Column C:** Include any "Other" transaction approved by MassHealth in Stage I for which you are seeking Stage II approval.

**Column D:** Confirm the time of day that the bot will be used—e.g., Business hours, 9 am-5 pm; Off hours (overnight).

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

**Column F:** Enter the date that each bot transaction was implemented.

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

## POSC Transactions Table

| **A** | **B** | **C** | **D** | **E** | **F** | **G** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 transactions per week** | **Implementation Date** | **RPA Tool/ 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–5 pm)****Off Hrs. (overnight)****Business Hrs./Off Hrs.****Off Hrs./Business Hrs.** |   |   |   |  |
|   |   |   |   |   |   |   |  |
|  |  |  |   |  |  |   |  |
|  |  |  |   |  |  |   |  |
|  |  |  |   |  |  |   |  |

2. Please provide the appropriate System Design Document (SDD), or other similar documentation, for each POSC bot transaction for which you are seeking approval. Please ensure that the documentation includes the following.

* A detailed process flow that identifies the full end-to-end activity of the bot and that includes every POSC screen that the bot will engage during the execution of the transaction.
* A list of successfully executed test scenarios for each transaction that each bot will perform on the POSC. At a minimum, the test scenarios must cover the full end-to-end activity of the bot and address each screen accessed by the bot; this includes ensuring compliance with Section 2 of the MassHealth RPA Agreement. Compliance with Section 2 of the RPA Policy may also be demonstrated by documenting that the specific bot transaction is compliant with each aspect of Section 2.

If you have any questions about how to complete this form, please contact MassHealth at Functional.coordination@mass.gov.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***MassHealth Use Only:*** |   |   |    Date: |  |
| Approved/Denied/Pended: |  |  |  |
| Explanation:  |  |
|  |  |  |  |  |  |  |