VIP Account Enrollment
Electronic Death Registration System (EDRS)

Medical Facilities such as Hospitals and Medical Data Entry Staff

Vitals Information Partnership (VIP) System
Registry of Vital Records and Statistics (RVRS)
Massachusetts Department of Public Health
April 2015
Objectives

This overview will present information about the forms necessary to enroll facilities where deaths occur and the medical data entry staff in the:

- Commonwealth’s Virtual Gateway (VG) portal and
- Registry of Vital Records and Statistics’ (RVRS) Vitals Information Partnership (VIP) Electronic Death Registration System (EDRS)
- Please note that there are separate instructions for the Medical Certifiers and private medical practices. This presentation does not cover the steps to enroll as a certifier of death certificates

By the end of this session, you will have the basic information needed to successfully:

- Complete your organizational and individual VG and VIP enrollment forms
- Submit your VG and VIP enrollment forms to RVRS
The Four VG/VIP Forms

Three forms are needed to establish an account in the Commonwealth’s Virtual Gateway, and another form is needed to customize your access to the VIP EDRS.

If you do not already have the VG/VIP forms, you can download them here:

– Three of these forms need to be completed just once for each organization.
– Only one form needs to be completed by each user.

<table>
<thead>
<tr>
<th>Just one per organization:</th>
<th>One for each individual user:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Virtual Gateway (VG) Services Agreement</td>
<td>4. VIP User Agreement (VIP)</td>
</tr>
<tr>
<td>2. Designation of Access Administrator Agreement (VG)</td>
<td></td>
</tr>
<tr>
<td>3. User Request Form (VG)</td>
<td></td>
</tr>
</tbody>
</table>
VIP Account Enrollment

The three-page VG Services Agreement defines the terms by which your organization will be granted access to the Commonwealth’s Virtual Gateway.

A person authorized to sign legal agreements for your organization should read and sign the Services Agreement.

Submit only one form per organization. If you are a birth hospital, you likely have a VG Services Agreement and do not need to fill out another.
Virtual Gateway Services Agreement

Hospitals and other medical facilities should have an authorized signatory for the organization fill out and sign this form.
VG Services Agreement

This form should be read and completed by the person that has authority to sign on behalf of the Medical Facility.

At the top of page 3 (“To Entity”), enter:

- Name of Authorized Representative
- Name of Organization Represented
- Address of Organization
VG Services Agreement

Then, in Section 11:

- Enter the legal name of the Organization
- Enter the FEIN or Tax ID # of the organization
- Original Signature of Representative (not a stamp)
- Printed Name of Representative
- Title of the Representative
- Date signed
The Access Administrator Designation Form lists (or removes) the primary and secondary individuals that:

- Authorize and request new user accounts
- Request account deactivations when employees leave or transition into non-VIP roles.
- Are in managerial or responsible positions in your organization to know who should have access to the EDRS.
- Submit only one form per organization.
Access Administrator Designation Form

Request “Vitals Information Partnership (VIP)” in the VG Business Services line.

Enter the Legal Name, Address, and Phone/Fax numbers for the organization (as they appear on the VG Services Agreement).
Enter the Name, Email, and Work Phone Number for each access administrator designated by the organization representative.

- This form allows for the designation of up to three administrators.
- RVRS recommends at least two to prevent delays during times of emergency or transitions.
- Check “designate” for new access administrators (or “remove” if a previously identified individual will no longer serve in that role).
Access Administrator Designation Form

Executive Office of Health and Human Services
Virtual Gateway
Access Administrator Designation Form

Vitals Information Partnership (VIP)

Legal Organization Name: Memorial Hospital
Street Address: 20 Cabot St
City, State, Zip Code: Beverly, MA 01915
Phone Number: 508-999-9999 Fax Number: 508-999-9998

Access Administrator Profile Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trevor Hall</td>
<td><a href="mailto:TH@thhospital.com">TH@thhospital.com</a></td>
<td>508-999-9997</td>
</tr>
</tbody>
</table>

Access Administrator Profile Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Trusted Worker</td>
<td><a href="mailto:JTW@thhospital.com">JTW@thhospital.com</a></td>
<td>508-999-9996</td>
</tr>
</tbody>
</table>

This form must be reviewed and signed by the Representative that signed the VG Services Agreement as well as by each named access administrator.
After reading the guidelines on page 2, enter information about the organization and authorized representative exactly as it appears on the VG Services Agreement:

- Legal name of the organization
- Skip Doing Business As
- FEIN or Tax ID # of the organization
- Original Signature of Representative (not a stamp)
- Printed Name of Representative
- Title of the Representative
- Date signed

Do not mail to EOHHS. Submission instructions will be presented later.
The VIP user agreement describes the terms and conditions for use of the VIP system.

- Each person who will use the VIP system must read and sign a user agreement -- including the access administrators. Users may not share accounts.

- Each user will identify their functional role and agree to the terms and conditions stated on this agreement.

Submit one form for each individual user.
VIP User Agreement

On page 1, each user will enter the following information:

- Full Name
- User’s Title
- Name of Employer
- Funeral Home License Not Applicable to a Medical Data Entry Staff
- Contact Telephone Number
- Contact Email

USER NAME: Trevor Hall
TITLE: Director of Patient Services
EMPLOYER: Memorial Hospital
FUNERAL HOME LICENSE TYPE: N/A
TELEPHONE: 508-999-9993
EMAIL: TH@thhospital.com
VIP – User Agreement

All Medical Personnel will choose the 2nd option:

“An employee or contractor of a Massachusetts medical facility, physician’s or medical examiner’s office that is mandated by state law to report births, fetal deaths, deaths, acknowledgments of parentage and confidential data to MDPH RVRS and whose job responsibilities are directly related to such reporting.”

After the form is read, understood and completed, the user must sign and date the agreement.

- The signature must be an original signature, not a stamp.
User Request Form (URF)

The User Request Form is an Excel spreadsheet that must be completed electronically and emailed personally by the Access Administrator.

Each new VG user request (or deactivation request) is listed on this one form.

Form information also assigns specific functionality to each user’s VIP account.

Submit one form per organization.
User Request Form

There are three “sections” of this Excel spreadsheet that will be covered individually.
User Request Form

Complete electronically on the Excel spreadsheet (not on paper). Fields will wrap automatically; you do not need to adjust fields to fit your content.

Enter:

Name(s) of each user

1. User-selected 4-digit PIN for each user
   - (PIN cannot be 0000 or 1234)
2. Month and Day of Birth for each user
   - (e.g. May Twenty-fifth = 0525)
3. Work Email for each user
4. Work Phone # for each user

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Number</th>
<th>Month of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin</td>
<td>Smith</td>
<td>8955</td>
<td>0525</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:KS@BBOH.com">KS@BBOH.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>508-999-9999</td>
</tr>
</tbody>
</table>
Type an “X” in the appropriate VIP Role column that corresponds with each user row.

Medical Certifier Users

- Medical Data Entry Group
  - Begin and update death certificates and enter medical information but cannot certify.
  - Able to print forms and search for records

Select option to add, modify, or deactivate existing user accounts.
The Access Administrator must now:

- Complete the Access Administration Info
- Save the document as shown on the form
- Email the spreadsheet to VIP Project team email

### User Request Form

**Instructions:**
1. All non-role fields are required.
2. Fill in form, put an "X" in the column with the requested action.
3. Save document as YourOrganizationName_MMDDYY.
4. Email completed form to:
   - [vip-accounts@state.ma.us](mailto:vip-accounts@state.ma.us)

**PLEASE SUBMIT ONE FORM PER EMAIL**

Questions? Call the EOHHS Virtual Gateway Customer Service

- PHONE 800-421-0938
- TTY 617-847-6578

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Association</th>
<th>Organization Full Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trevor Hall</td>
<td><a href="mailto:TH@thhospital.com">TH@thhospital.com</a></td>
<td>Memorial Hospital</td>
<td></td>
</tr>
<tr>
<td>Access Administrator Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access Administrator Email Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access Administrator Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td>8-13-2013</td>
</tr>
</tbody>
</table>

Leaves Org ID blank, unless your organization already has a VG account.
Where to Send Completed Forms

- Three paper forms are to be mailed to RVRS (not VG):
  1. Virtual Gateway (VG) Services Agreement
  2. Designation of Access Administrator Agreement
  3. VIP User Agreement

  Registry of Vital Records and Statistics
  ATTN: VIP Enrollment Forms
  150 Mt. Vernon Street, 1st Floor
  Dorchester, MA  02125-3105

- An Excel spreadsheet to be e-mailed to RVRS by the Access Administrator:

  vip-accounts@state.ma.us

  4. User Request Form
Submission Checklist

- VG Services Agreement (Mail original paper to RVRS)
  - Required for each organization accessing VIP and/or the EDRS

- Designation of Access Administrator (Mail original paper to RVRS)
  - Required to establish and maintain access to the VIP and/or EDRS
  - Select a backup Administrator to ease future transitions and gaps in service

- VIP User Agreement (Mail original paper to RVRS)
  - Each individual person who will be accessing the VIP and/or EDRS is required to agree to the terms and conditions of the VIP system.
  - SHARING ACCOUNTS IS NOT ALLOWED

- User Request Form (URF) (Access Administrator emails to RVRS)
  - Form to be used to request/alter users access to the EDRS and Virtual Gateway
  - To be emailed by the Access Administrator from the email account on file with the Virtual Gateway
Questions?

Your questions are welcome and appreciated. Please email: Vip-accounts@state.ma.us

Please enroll soon – account activations may take up to six weeks.

We look forward to your participation in the Vitals Information Partnership (VIP) Electronic Death Registration System (EDRS)