VIP Account Enrollment
Electronic Death Registration System (EDRS)

Medical Certifiers of Death Certificates and Private Practices

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 certifiers of cause of death, private practices and private practice 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 Enrolling Medical Facilities where deaths frequently occur and the Medical data Entry Staff.

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: http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/dmoa/vitals/edrs/vip-edrs-medical-certifiers.html

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

<table>
<thead>
<tr>
<th>Just one per certifier:</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>
The three-page VG Services Agreement defines the terms by which your organization will be granted access to the Commonwealth’s Virtual Gateway.

The certifier should sign the Services Agreement.

Submit one form per certifier. This is the first EHS application to require certifiers to enroll in the VG as if an organization, the PMP, MIIS and other applications did not create VG accounts for you, so these forms must be completed at this time.
Virtual Gateway Services Agreement

The certifier should fill out and sign this form.

These forms will create a single organization account with the Virtual Gateway that can be used to tie all of your EHS applications together.

Private Practices will not fill out VG forms but will have each certifier in the practice complete forms for themselves and their medical data entry staff.
VG Services Agreement

This form should be read and completed by the certifier

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

- Name of Authorized Representative
- Name of Organization Represented
- Address of Organization; Use the primary business address that you wish to appear on the death certificate. This address can be changed at any time by emailing vip@state.ma.us
Then, in Section 11:

- Enter the name of the certifier and title
- Enter the Medical License Number in the FEIN or Tax ID line
- Original Signature of the Certifier (not a stamp)
- Printed Name of the Certifier
- Title of the Certifier
- Date signed
Access Administrator Designation

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.
- This should be the certifier
- Submit only one form per organization.
Request “Vitals Information Partnership (VIP)” in the VG Business Services line.

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

- This form allows for the designation of up to three administrators, but certifiers should just list themselves.
- Check “designate” for new access administrators (or “remove” if a previously identified individual will no longer serve in that role).
Access Administrator Designation Form

<table>
<thead>
<tr>
<th>Legal Organization Name</th>
<th>Trevor Hall, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>20 Cabot St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Beverly, MA 01915</td>
</tr>
<tr>
<td>Phone Number</td>
<td>508-999-9999</td>
</tr>
<tr>
<td>Fax Number</td>
<td>508-999-9998</td>
</tr>
</tbody>
</table>

**Access Administrator Profile Information**

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

**Access Administrator Profile Information**

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

- Name of the certifier as it should appear on the death certificate
- Skip Doing Business As
- Medical License Number of the certifier
- Original Signature of Certifier (not a stamp)
- Printed Name of Certifier
- Title of the Certifier
- 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.
- Certifiers must fill out one form for themselves and must submit one form for each medical data entry staff member of your private practice who will need EDRS access.
- 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

Terms and Conditions for Access or Use of the Massachusetts Department of Public Health’s Vitals Information Partnership System and Electronic Vitals Records

This VIP User Agreement must be signed by all individuals who seek authorization to use the Vital Information Partnership System (VIP), which application is owned and controlled by the Massachusetts Department of Public Health (MDPH) Registry of Vital Records and Statistics (RVRS) and under the supervision of the State Registrar.

The VIP has been designed to allow individuals, as authorized by the State Registrar and consistent with his instructions, to use VIP to perform one or more of the following functions:

- enter data elements required for and associated with the reporting of birth, fetal death and death occurrences and associated data elements required by MDPH for administrative, research and statistical purposes under M.G.L. c.111 § 24B into an electronic statewide vital records data base owned and controlled by RVRS;
- register births and deaths in the statewide vital records data base;
- enter data elements required for voluntary acknowledgment of parentage into the statewide vital records data base;
- record voluntary acknowledgment of parentage in the statewide vital record data base;
- amend records maintained in the statewide vital records database; and
- issue certified copies of vital records from the statewide vital records data base.

For purposes of this Agreement, the term Confidential Data means: any individually identifiable data, including but not limited to medical and demographic data that: 1) establishes or reveals the identity of the data subject or is readily identified with the data subject, including, but not limited to, name, address, telephone number, social security number, health identification number, or date of birth, or 2) provides a reasonable basis to believe that the data could be used, either alone or in combination with other information, to identify a data subject. Confidential Data includes any personal data required for or associated with birth and death reporting and registration and voluntary acknowledgment of parentage under applicable state and federal law. In addition for purposes of this Agreement, Confidential Data includes any information required to be supplied for the purpose of a Business Associate under HIPAA.

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

- Full Name
- User’s Title
- Name of Employer is the Certifier name (you can put the private practice title in parenthesis)
- Funeral Home License Not Applicable
- Contact Telephone Number
- Contact Email

<table>
<thead>
<tr>
<th>USER NAME</th>
<th>Trevor Hall, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>EMPLOYER</td>
<td>Trevor Hall, MD (North Shore Medical Center)</td>
</tr>
<tr>
<td>FUNERAL HOME LICENSE TYPE</td>
<td>N/A</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>508-999-9993</td>
</tr>
<tr>
<td>EMAIL</td>
<td><a href="mailto:TH@thhospital.com">TH@thhospital.com</a></td>
</tr>
</tbody>
</table>
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 by each individual certifier and sent from their Access Administrator email account.

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

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Section 2</th>
<th>Section 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>E-Mail PII</td>
</tr>
<tr>
<td>Middle Initial</td>
<td>MI</td>
<td>First Name ID</td>
</tr>
<tr>
<td>Last Name Initial</td>
<td>LN</td>
<td>Given Name ID</td>
</tr>
<tr>
<td>MMDDYY</td>
<td>MMDDYY</td>
<td>MMDDYY</td>
</tr>
<tr>
<td>Work Address</td>
<td>Work Phone</td>
<td>Email Address</td>
</tr>
</tbody>
</table>
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
User Request Form

Type an “X” in the appropriate VIP Role column that corresponds with each user row.

- Medical Certifier Users
  - Begin and update death certificates and enter medical information
  - Able to print forms and search for records
  - Certify records

- 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.
User Request Form

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

**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

**PLEASE SUBMIT ONE FORM PER EMAIL**

Questions? Call the EOHHS Virtual Gateway Customer Service

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

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**User Request Form**

<table>
<thead>
<tr>
<th>Access Administrator Name</th>
<th>Organization Full Name</th>
<th>Trevor Hall, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trevor Hall, MD</td>
<td></td>
<td>Trevor Hall, MD</td>
</tr>
</tbody>
</table>

**TH@thhospital.com**

<table>
<thead>
<tr>
<th>Access Administrator Email Address</th>
<th>Organization ID Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>781-999-9999</td>
<td></td>
<td>8-13-2013</td>
</tr>
</tbody>
</table>

Leave 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: 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 certifier 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

- 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

- If your private practice has three doctors who will certify and two staff members who will create records and print forms. The doctors must submit all agreements above. The staff must complete the VIP User Agreement Forms one time, and must be listed on each of the doctors’ User Request Form as medical data entry staff. The EMPLOYER field on the VIP User Agreement would list all three doctors as well.
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)