VIP Account Enrollment
Electronic Death Registration System (EDRS)

A Guide for Burial Agents
&
City/Town Clerks

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 and configure burial agents 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).

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 Five VG/VIP Forms

Three forms are needed to establish an account in the Commonwealth’s Virtual Gateway, and two forms are 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-board-of-health-burial-agent-.html

Four 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>5. 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>
<tr>
<td>4. Sub Organization Form – with BOH designation letter (VG)</td>
<td></td>
</tr>
</tbody>
</table>
Virtual Gateway Services Agreement

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.
Cities and Towns who will act as Burial Agents already have accounts with the Virtual Gateway and do not need to fill this form out.

In these cases Cities/Towns will use the Sub Organization form and need to procure a letter from the local Board of Health designating the City/Town Clerks office the Burial Agent.
VG Services Agreement

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

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

- Name of Authorized Representative (usually the ...)
- Name of Organization Represented
- Address of Organization
VG Services Agreement

Then, in Section 11:

- Enter the legal name of the Board of Health
- 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
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.
• Are in managerial or responsible positions in your organization.

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 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).
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

**Terms and Conditions for Access or Use of the Massachusetts Department of Public Health’s Vital Information Partnership System and Electronic Vital 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 acknowledgement 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 vital records reporting.

<table>
<thead>
<tr>
<th>USER NAME</th>
<th>Kevin Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>Office Manager</td>
</tr>
<tr>
<td>EMPLOYER</td>
<td>Beverly Board of Health</td>
</tr>
<tr>
<td>FUNERAL HOME LICENSE TYPE</td>
<td>NA</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>508-999-9993</td>
</tr>
<tr>
<td>EMAIL</td>
<td><a href="mailto:KS@BROA.com">KS@BROA.com</a></td>
</tr>
</tbody>
</table>
VIP – User Agreement

All Burial agents will choose the third option:

“A city or town clerk or the Boston Registrar, boards of health or other government agencies or an employee of said agencies whose job responsibilities include vital registration, administration of vital records or the collection, tabulation and reporting of vital statistics to MDPH RVRS”

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.
There are three “sections” of this Excel spreadsheet that will be covered individually.
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>MI</th>
<th>Last Name</th>
<th>(Personal Identification Number)</th>
<th>MMDD of Birth</th>
<th>Work Email Address</th>
<th>Work Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin</td>
<td></td>
<td>Smith</td>
<td>8955</td>
<td>0525</td>
<td><a href="mailto:KS@BBOH.com">KS@BBOH.com</a></td>
<td>508-999-9999</td>
</tr>
</tbody>
</table>
User Request Form

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

Board of Health Users

- Burial Agent Group
  - Confirms/Rejects Death certification, Issue burial permits.

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

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

Leave Org ID blank, unless your organization already has a VG account

<table>
<thead>
<tr>
<th>Access Administrator Name</th>
<th>Organization Full Name</th>
<th>Beverly Board of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin Smith</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:KS@BBOH.com">KS@BBOH.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access Administrator Email Address</td>
<td>Organization ID Number</td>
<td>Date 8-13-2013</td>
</tr>
<tr>
<td>781-999-9999</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sub Organization Form

The Sub Organization Form is used when a City or Town clerk's office takes on the duties of the burial agent. A sub organization is created to take on the duties of the burial agent.
Sub Organization Form

The following slides will split the Sub Organization Form into three sections to better view the fields.

Section 3 is not used in creating a Sub Organization.
Enter the organizational ID and Name that was used when completing the Virtual Gateway Services Agreement

<table>
<thead>
<tr>
<th>Select One</th>
<th>Organization Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Organization</td>
<td>Organization ID</td>
</tr>
<tr>
<td>Delete Organization</td>
<td>23304</td>
</tr>
<tr>
<td>Modify Organization*</td>
<td>YourCity/TownOfficeName</td>
</tr>
<tr>
<td>Organization Name</td>
<td></td>
</tr>
<tr>
<td>Organization AKA Name</td>
<td></td>
</tr>
<tr>
<td>Parent Organization</td>
<td></td>
</tr>
</tbody>
</table>
VIP Sub – Org Request Form

Select Add Organization and list the Organization ID and name of the sub organization.
VIP Sub – Org Request Form

Enter the contact information and address of the parent organization

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 YourAddress</td>
<td>Yourcity</td>
<td>MA</td>
<td>09999</td>
<td>555-555-5555</td>
<td></td>
</tr>
</tbody>
</table>

Parent Organization Information

Sub Organization Information

Email completed Organization Management Form to VIPProjectTeam@MassMail.State.MA.US
Questions? Contact 617-740-2639

also note the information that is being modified in the "What Is Being Modified" cell.
VIP Sub – Org Request Form

Enter the contact information and address of the Sub organization

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 YourAddress</td>
<td>Yourcity</td>
<td>MA</td>
<td>09999</td>
<td>555-555-5555</td>
<td></td>
</tr>
</tbody>
</table>

Parent Organization Information

<table>
<thead>
<tr>
<th>Sub Organization Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 SubOrgAddress</td>
</tr>
</tbody>
</table>

Questions? Contact 617-740-2639

also note the information that is being modified in the "What Is Being Modified" cell.
Sub Organization Form

Once complete the access administrator will email the form to the vip-accounts@state.ma.us
Burial Agent Designation Letter

The Burial Agent Designation Letter is required when a city or town clerks office will be acting as the Board of Health Burial Agent. All that is required is a letter from the BOH attesting to the fact the City/Towns Clerk office will be performing said duties.
Burial Agent Designation Letter

In the example the Town of Burlington Board of Health is authorizing the Town Clerk to act as agent for the Board of Health in issuing Burial Permits for the town.

This Letter would then be mailed to Registry of Vital Records and Statistics ATTN: VIP Team
150 Mt. Vernon Street, 1st Floor
Boston, MA 02125-3105
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

- Two Excel spreadsheets are to be e-mailed to RVRS by the Access Administrator:
  Vip-accounts@state.ma.us

  4. User Request Form
  5. Sub Organization Form with Board of Health designation letter
Submission Checklist

- VG Services Agreement *(Mail original paper to RVRS)*
  - Required for each organization accessing VIP and/or the EDRS
  - Cities and Towns acting as Burial Agent should already have accounts

- 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

- Sub Organization Form *(Access Administrator emails to RVRS)*
  - To be filled out when a City or Town Clerks office will act as the Burial Agent
  - Sent electronically by Access Administrators email
  - Burial Agent Designation letter to be drafted by your local Board of Health

5/8/2015

Registry of Vital Records and Statistics, Massachusetts Department of Public Health
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)