

## **Ongoing Maintenance of the Health Care Facility Reporting System**

The Department of Public Health recognizes that on-going change in key personnel is inevitable. It is the facility's responsibility (and not that of DPH) to ensure continuity and to meet the facility's reporting obligations.

Once initial enrollment in the on line incident reporting system has been established, it is the responsibility of the Facility Administrator to maintain the continuity of the reporting process. DPH strongly recommends that all facilities maintain a secondary "back up" *Access Administrator* to help ensure this continuity and keep a written record of the enrollment and on going maintenance process to guide future users. DPH hopes this additional information will assist in that process.

What to do if:

1. The *Access Administrator* leaves.

- A) The "back up" *Access Administrator* would "deactivate" the former *Access Administrator* from HCFRS by completing a URF (User Request Form) and list that individual by name and placing "Xs" in the columns on the far right of the form "deactivating" that person from HCFRS and from the Virtual Gateway. This form is emailed to the Virtual Gateway and a copy of this form provided to the DPH contact for HCFRS.
- B) A new Section 1 HCFRS Facility User Agreement Form would be completed by the Facility Administrator (only they can do this) designating a new *Access Administrator* and a new Section 2 HCFRS Authorized User form completed by the *Access Administrator*. These forms would be emailed to the DPH contact for HCFRS.
- C) A new Appendix A - Designation of Access Administrator form would be prepared by the Facility Administrator indicating the choice of a new *Access Administrator* and mailed to DPH (this document must be an original) for forwarding to the Virtual Gateway.  
DPH will notify the new *Access Administrator* when to submit a URF (User Request Form) to the Virtual Gateway to add himself/herself as a user of HCFRS. The Virtual Gateway will then contact this new user (usually within 7-10 days with a User I.D. and a temporary password for access to the system.

2. A *User* (on-line reporter) needs to be replaced

- A) If an authorized *User* leaves and is being replaced by another *User*, the facility's *Access Administrator* or in their absence the back-up, would submit a new Section 2 HCFRS Authorized User Agreement form by email to the DPH contact for HCFRS.
- B) The *Access Administrator* or in their absence the back-up would then complete a URF (User Request Form) listing the *User* who left and placing "Xs" in the columns on the right side of the form to "deactivate" that person from HCFRS

and from the virtual gateway. They would place the name of the new *User* on the next line and "Xs" placed in the columns marked "Medical Facility User" and "New User". This form should then be emailed to the Virtual Gateway and a copy sent by email to the DPH contact for HCFRS.

### 3. The facility's name/ownership changes.

A) The *Access Administrator* or their back-up should submit a short email note to the Virtual Gateway indicating that the email addresses for all users have changed and accompanied by an attached URF (User Request Form). The URF should contain the updated email addresses for each user and placing an "X" in the "modification" block for each user's name. A copy of the URF should also be provided to the DPH contact for HCFRS.

B) The Facility Administrator should then prepare a new Appendix A-Designation of Access Administrator Form and a new Appendix B - EOHHS Virtual Gateway Services Agreement Form with the new facility name and all other requested information.

**NOTE:** As with your enrollment, the name you place on this form is how the Virtual Gateway will recognize the facility. This is the name that must always appear on any URF (Users Request Form) submitted in the future to the Virtual Gateway. Any deviation from this new name will cause the document (URF) to be rejected. These forms (Appendices A&B) must be originals and be mailed to DPH along with a very brief letter on facility letterhead stating that the name has changed and bearing the signature of the Facility Administrator.

The mailing address for DPH is:

HCFRS Enrollment  
DPH/Health Care Quality  
99 Chauncy St., 3<sup>rd</sup> Floor  
Boston, MA 02111

The email address for the virtual Gateway is:

[virtualgatewayhelpdeskfaxes@massmail.state.ma.us](mailto:virtualgatewayhelpdeskfaxes@massmail.state.ma.us)

The email address for DPH HCFRS enrollment is:

HCQHCFRSenrollment@state.ma.  
us

Information on how to submit an incident using HCFRS, including training videos, is available at: <http://www.mass.gov/eohhs/provider/reporting-to-state/abuse-neglect/health-care-facilities/forms-and-web-based-reporting.html> or by going to the DPH website and clicking on the "Provider" tab following the links to "Forms and Applications"; "Health Care Quality"; and "Reporting Incidents in Healthcare Facilities".

You will find links to four training videos at the bottom of the "Forms and Web Based reporting" webpage.