

Instructions for Primary Account Holder (PAH) Requests or Updates

This form is applicable to primary account holders who need MES Provider Portal access, including individual providers who are currently enrolled in Virginia Medicaid but do not yet have MES credentials.



IMPORTANT: Read the instructions carefully. The required information on this form will be validated prior to any updates being made. If the PAH form is incorrect or incomplete, the PAH form will be returned to you for completion and access will be delayed.

Important Considerations

Consider the following information as you complete this form.

- Complete all required information indicated with an asterisk (*)
- Submit one form for each Entity Tax ID enrolled with DMAS
- Only a single user can be designated the role of PAH for each entity.
- Section A is required.
- Complete Section B if the disclosed individual on file is not current, if you are unsure of the disclosed individual on file, or if the individual is a newly authorized person.

Submitting the Form

Completed PAH forms should be sent to DMAS in one of two ways.

Send Via Fax

Virginia Medicaid Provider Enrollment Services
PO Box 26803
Richmond, VA 23261-6803
804-270-7027 (Fax) or 888-335-8476 (Fax)

Send Via Email

vamedicaidproviderenrollment@gainwelltechnologies.com



Completing the Form

View the following table for descriptions and additional considerations related to the information requested in this form.

Section A

This section is required for PAH form approval.

| Required (Yes/No) | Information Requested | Description |
|-------------------|---|--|
| Yes | Individual or Organization Name | Legal name of the Organization (for Group provider) or Individual Provider |
| Yes | Atypical (API) or National Provider Identifier (NPI) used as a servicing or billing provider | Number used as a servicing or billing provider under the Tax ID |
| Yes | Tax Identification Number (TIN, FEIN, SSN) | Tax Number used to identify the entity enrolled with DMAS NOTE: Submit one form for each Entity Tax ID enrolled with DMAS. |
| Yes | Pay To Address | Mailing address that receives remittance advice NOTE: If you do not know the Pay To Address on file, provide the last two (2) remittance advice amounts for an NPI associated with your Tax Identification Number. NOTE: If you are an Individual within a Group not billing directly, this field is not required. |
| No | Current PAH First and Last Name (PAH being replaced) | First and last name of the current PAH (if known) |
| No | Current PAH Email Address (PAH being replaced) | Email address of the current PAH (if known) |
| Yes | New PAH First and Last Name | First and last name of the new PAH NOTE: One person can be the PAH for multiple Tax IDs. |



| Required (Yes/No) | Information Requested | Description |
|-------------------|--|--|
| Yes | New PAH Email Address | <p>Email address of the new PAH</p> <p>NOTE: Different email addresses are required for each Tax ID; however, one person can be the PAH for multiple Tax IDs.</p> <p>NOTE: PAH or Delegate Emails – An email address already used to access the MES Provider Portal by a PAH or delegate cannot be submitted on a PAH form because it is already associated with a Tax ID.</p> <p>NOTE: Trading Partner Emails – An email address already used for MES credentials to access the Electronic Data Interchange (EDI) Portal cannot be submitted on a PAH form because it is already associated with a MES account that has different security roles.</p> <p>NOTE: Member Emails – An email address already used for MES credentials to access the Appeals Information Management System (AIMS) Portal cannot be submitted on a PAH form because it is already associated with a MES account that has different security roles.</p> |
| No | New PAH Mobile Phone Number for Multi Factor Authentication (MFA) | <p>Mobile phone number of the new PAH (if wanting to use a mobile phone to receive MFA codes)</p> <p>NOTE: This is optional; the PAH email address is the default for MFA. The PAH must have access to this mobile phone to receive the MFA code whenever accessing the system.</p> |
| Yes | Brief description why the PAH needs to be changed | <p>Reason for change</p> <p>EXAMPLE: PAH left the company without transitioning information.</p> |
| Yes | Printed Name | <p>Individual identified as an authorized individual – the Individual Provider, Owner (CEO), or other Officer of Company – in the provider’s enrollment file</p> <p>NOTE: If the disclosed individual on file is not current, if you are unsure of the disclosed individual on file, or if the individual is a newly authorized person, complete Section B of this form.</p> <p>IMPORTANT: If there is any doubt about the authorized name on file, complete Section B of this form.</p> |
| Yes | Title | <p>Job role or title of the authorized individual on file in the provider’s enrollment file</p> |
| Yes | Authorized Signature | <p>Signature of the Authorized Name noted on this form</p> |
| Yes | Date | <p>Date this form was signed</p> |



Section B

At least two of the first three fields must match what is in the provider file for PAH form approval.

| Required (Yes/No) | Information Requested | Description |
|-------------------|--|--|
| Yes | Name of the current financial institution on file for Electronic Funds Transfer (EFT) | Name of the current financial institution associated with the provider’s EFTs NOTE: This field is only applicable to providers who receive payments from DMAS. |
| Yes | Previous Pay to Address (if current address listed above is unknown) | Previous mailing address that received remittance advice |
| Yes | IRS Address | Address on file with the IRS for the tax entity enrolled with DMAS NOTE: Submit one form for each Entity Tax ID enrolled with DMAS. |
| Yes | Name of individual accepting responsibility for the request to grant PAH access (liability) | Current person identified as an authorized individual – the Individual Provider, Owner (CEO), or other Officer of Company – who accepts responsibility for the PAH access request |
| Yes | Printed Name | Individual identified as an authorized individual – the Individual Provider, Owner (CEO), or other Officer of Company – in the provider’s enrollment file NOTE: This person is typically the same person who signed Section A. |
| Yes | Title | Job role or title of the authorized individual on file in the provider’s enrollment file |
| Yes | Authorized Signature | Signature of the Authorized Name noted on this form |
| Yes | Date | Date this form was signed |



PAH Frequently Asked Questions (FAQs)

The following section of this reference guide includes some FAQs related to completing the PAH Request Form.

Prior to Filling Out the PAH Request Form

Question: We do not know who our Primary Account Holder is, how do we find this information?

Answer: For privacy, security, and control reasons, only your PAH can access this information. Please contact the administrative lead or finance office for your organization to determine the PAH for your organization.

Providers who need to assign a primary account holder to their account at the tax identification number level must complete and submit a [PAH change form](#). Please only submit one form. Once the PAH is approved and receives credentials that person can assign delegate administrators and delegate users.

Question: I did not receive my provider portal credentials, what can I do?

Answer: If you did not receive provider portal credentials and you are the designated primary account holder (PAH) for your organization, please submit a PAH update form using the new PAH request form. You can download from here.

If you have additional questions about the form or your portal account access, please contact the PRSS help desk at 888-829-5373.

Question: Who can I call with questions about who our PAH is, or if we need to complete a new PAH request form?

Answer: Beginning on 3/21/2022, you can call the PRSS support number at 888-829-5373. The PRSS team will be available to answer questions regarding provider portal credentials and delegates.

While Filling Out the PAH Request Form

Question: Do I need to have a Primary Account Holder for each tax ID for my organization?

Answer: Yes, Providers must have a Primary Account Holder for each tax ID associated with the provider.

After Submitting the PAH Request Form

Question: How long does it take to process the primary account holder (PAH) request form for provider portal access?

Answer: Please allow 7 to 10 business days for a response. Ensure that you provide all requested information. If the form is completed incorrectly, please allow 7 to 10 business days to review and approve the corrected submission.

Question: I need access to the provider portal to check eligibility and submit claims for my provider. How do I obtain access?

Answer: If you have PRSS provider portal credentials, you may access these functions from the PRSS provider portal. If you do not have provider portal credentials, please contact the primary account holder (PAH) for your organization to grant you access as a delegate. If you are the PAH for your organization and do not have credentials, please submit a PAH request form to obtain provider portal credentials.

Question: Will we need to set up all users (even those who aren't delegated with administrative privileges) in the new MES Provider Portal, or will they be transferred over automatically?

Answer: Only the current, active primary account holder will be transferred to the new system, all users (your Delegates for example) need to be set up. The Primary Account Holder (PAH) must identify and authorize the delegate administrators and/or delegates in the provider portal account. A great resource to help understand this process can be found on the [Provider Training page](#) – look for the *PRSS-118 Introduction to Provider and MCO Portal Delegate Management*.



IMPORTANT: For more FAQs, visit the [MES Provider FAQ](#) page.

Additional Assistance

If you have additional questions about the PAH form or portal account access, contact the PRSS help desk at 888-829-5373.