

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.

Submitting the Form

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

Send Via Fax

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. Information provided must match the provider file in MES.

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 or Ordering, Prescribing, or Referring Providers 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.



HOW TO COMPLETE THE PRIMARY ACCOUNT HOLDER (PAH) REQUEST FORM

October 2024

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 and disclosed individual in MES. Examples include but are not limited to the Individual Provider, Owner (CEO), or other Officer of the Company.</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>



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 have anyone listed in MES as a disclosed and authorized individual. Who can sign the PAH Request Form?

Answer: In addition to the PAH Request Form, a request should be sent on company letterhead to add the individual(s) as authorized and disclosed individuals in MES. The following information must be included:

- Provider's individual or business name
- Servicing address and Group NPI/ SL, if applicable
- API, NPI, or SL Identifier
- Specific details of the update/change to include date of birth and social security number for the individuals to be added as authorized and disclosed.

The request should be signed by the Individual Provider, Owner, or other Company Official and be the same signature on the PAH Request Form. The authenticity of the signer will be verified prior to adding individuals to MES and processing the PAH Request.

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 Request Form](#). Access the PAH form from the [Provider Popular Downloads](#). 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.

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. Only general information can be provided unless speaking with a disclosed individual on file in MES.

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 5 business days for a response. Ensure that you provide all requested information. If the form is completed incorrectly, please allow an additional 5 business days to review and approve the corrected submissions.

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.