MassHealth
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Data Collection Form and Registration Instructions

FOR HOME- AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS AND MONEY FOLLOWS THE PERSON DEMONSTRATION

MMIS allows providers to conduct day-to-day business with MassHealth electronically, via the Provider Online Service Center (POSC), the Eligibility Verification System software (EVSpc), and the Automated Voice Response (AVR) system. All users need a user ID and password to access these systems.

Please identify a primary user for your organization. The primary user (account administrator) will be the person in your organization who will be responsible for the creation and inactivation of users' accounts and password resets.

Please complete this form to obtain a user ID and password for the primary user to access the POSC, EVSpc, and AVR. Once the primary user is registered, the primary user will need to create subordinate IDs for all other users within your organization and authorize access for your business partners, such as billing agencies.

Provider name _____ **Provider ID or application tracking number (ATN)** _____

Primary user's last name _____ **Primary user's first name** _____ **Middle initial** _____

Month and date of birth (MMDD) _____ **User-defined unique four-digit PIN (Required)** _____ **Work zip code** _____

Work e-mail address _____ **Existing Virtual Gateway user ID (if applicable)** _____

Contact phone number _____

Check one: ☐ MassHealth provider ☐ Provider applicant

Provider type: ☐ HCBS Waiver ☐ Money Follows the Person Demonstration

I certify that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Provider's signature (signature and date stamps, or the signature of anyone other than the provider, are not acceptable) _____ **Date** _____

The above data can be sent by e-mail to MassHealth Customer Service at ProviderNetwork@umassmed.edu.
You can also mail or fax this form to the following address and fax number.

University of Massachusetts Medical School Disability and Community Services
HCBS Provider Network Administration Unit
333 South Street
Shrewsbury, MA 01545-4169
Fax: 774-455-5102

Upon receipt of this completed form, MassHealth will manually create a user ID and a password. The Virtual Gateway will then send the user ID and password to the primary user at the e-mail address provided on this form.

After receiving the user ID and password, the primary user must take the following steps.

- **Change the password**. Once the primary user has registered, he or she must go to the Virtual Gateway at https://gateway.hhs.state.ma.us/authn/index.jsp to change the password. A series of "I forgot my password" questions under the "Manage My Profile - Authentication Questions" tab must be answered before the password can be changed.

- **Assign and link subordinate IDs**. Once registered, the primary user must create a user account for each individual user in the organization needing access to the POSC, and give permission to share data with other entities who conduct business on their behalf. The primary user can also link an individual user who already has a user ID, to a new provider, by selecting the "Administer Account" link.

- **Assign an alternate primary user**. It is suggested that the primary user assign a backup primary user with all of the privileges of the primary user to perform the above steps in the primary user's absence. MassHealth recommends that primary users assign users only the access they need and not grant every user full access.

- **Primary user changes**. Providers must notify MassHealth of any changes to the primary user.

Your user ID and password will give you access to the POSC. You will also need these credentials to access the AVR and the EVSpc software to verify member eligibility.

When using the POSC, you will need your provider ID and service location number (PID/SL) to view reports, remittance advices, letters, direct data entry (DDE), and Health Insurance Portability and Accountability Act (HIPAA) transactions. MassHealth will mail the PID/SL to you separately.

Waiver Service Providers: Please include your MMIS PID/SL on your batch transactions. If you are an atypical provider (that is, you are not required to have an NPI), please include your PID/SL on your batch transactions.

If you have any questions about this registration process, please contact the HCBS Provider Network Administration Unit at 1-855-300-7058.