



## 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 through 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 responsible for creating and inactivating users' accounts and resetting passwords.

Please complete this form to get a user ID and password for the primary user to access the POSC, EVSpC, and AVR. Once you register the primary user, 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 confirm that the information on this form and any statement that I attached has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that if I make false statements, leave out important information, or try to hide any significant details in this document, I may face civil penalties or criminal charges.

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 email to MassHealth Customer Service at [ProviderNetwork@umassmed.edu](mailto:ProviderNetwork@umassmed.edu).

**You can also mail or fax this form to the following address and fax number.**

ForHealth Consulting at UMass Chan 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 email address provided on this form.

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

- 1. Change the password.** Once the primary user has registered, they must go to the Virtual Gateway at [Executive Office of Health and Human Services-Virtual Gateway \(state.ma.us\)](https://ExecutiveOfficeofHealthandHumanServices-VirtualGateway.state.ma.us) 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.
- 2. 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 those users 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.
- 3. Assign an alternate primary user.** The primary user should assign a backup primary user who has the privileges of the primary user to act in the primary user’s absence. MassHealth recommends that the primary user and the backup assign users the specific access they need to do their job and not grant every user full access.
- 4. 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.

<sup>1</sup> To apply 130 CMR 450.000 to this Provider Agreement, the term “provider” as referenced in those regulations must include MFP Demonstration providers.