



EXISTING PROVIDER MODIFICATION DATA COLLECTION FORM AND INSTRUCTIONS

Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/masshealth

This form can be used only by existing MassHealth providers to modify the Primary User information for an existing service location. MassHealth will accept only one Provider ID/Service Location (PID/SL) per Data Collection form (DC form). If you are submitting a provider enrollment application and want to initially establish a Primary User for a brand-new service location, please use the “Provider Enrollment Data Collection Form and Registration Instructions” at www.mass.gov/RegisterMassHealthProvider.

The Primary User is the person in your organization who is responsible for managing access to your organization’s data on the Provider Online Service Center (POSC). This includes the creation and inactivation of users’ accounts and password resets. The Primary User manages subordinate IDs for all other users within your organization and authorizes access for business partners, such as billing agencies.

Please note: All users can update the following information online via the “Manage My Account – Update Profile” feature in the Users Virtual Gateway account: Name (First/Last), Email Address, Phone Number, PIN, and Date of Birth. It is important to ensure that access to your data is securely managed by the Primary User. All fields marked with an asterisk (*) are required fields that must be completed by the submitter. Incomplete and handwritten forms will be rejected. Only one PID/SL per DC form will be accepted. No more than five separate DC forms per request will be accepted.

Provider Name*

Request Type (Please see the instructions on the back of this form for a description of the request types.):

Replace the current Primary User with a new Primary User Email address update (only if user is unable to update online) Deactivate a Primary User

Provider ID/Service Location*

Existing Primary User’s Last Name (Provide existing user information if known.)

Existing Primary User’s First Name

Primary User’s Existing User ID

New Primary User’s Last Name*

New Primary User’s First Name*

New Primary User’s Middle Initial

User-Defined Unique Four-Digit PIN *

Month and Date of Birth* (MM/DD)

New Primary User’s Contact Phone Number*

New Primary User’s Existing Virtual Gateway (VG) User ID* (If the Primary User does not have a VG User ID, please select the check box below to request one.)

Create Virtual Gateway (VG) User ID

Primary User’s Current Business Email address:

Old Email address (must be provided when modifying email address):

Roles* (Please see the instructions on the next page for a description of the roles.): POSC POSC + Hearing Aid Search

Complete this section only if you are replacing the current primary user with a new primary user. If the name and/or the user ID of the existing Primary User is not found in MMIS, or the user ID is not submitted on the form, MassHealth will only assign the Primary User Role to the new Primary User.

I certify that the information on this form and any attached statement that I have provided have been reviewed and signed by me and are 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.

I further acknowledge that I will review and adhere to the Commonwealth’s standards for user access to its systems, including upon initial sign-in, and that my organization will comply with all the Commonwealth’s standards for user access to its systems.

Provider’s Primary User signature

Date

Provider’s signatory

Date

(Only Adobe, Adobe Sign, and DocuSign are acceptable forms of electronic signature. Typed text of a signature is NOT acceptable. Provider’s signatory must be an authorized agent.)

Please submit the completed Modification form to MassHealth at EOHHS-IT-CustomerService.Hancock@mass.gov. It cannot be mailed or faxed. MassHealth will process your request within seven business days.

INSTRUCTIONS TO COMPLETE THE FORM

Complete all required fields within the form. Incomplete forms will be rejected. Complete the optional fields as applicable.

FIELD/Check Box	DESCRIPTION
Provider Name*	Enter the Doing Business As (DBA) name of the provider or organization.
Request Type* Replace the current Primary User with a new Primary User	Select this option to replace the existing Primary User for an existing service location with another Primary User. If the name and/or the user ID of the existing Primary User is not found in MMIS, or the user ID is not submitted on the form, MassHealth will only assign the Primary User Role to the new Primary User.
Email address update	Select this option to update an existing Primary User's email address. (This option will be supported only if the Primary User is unable to update the information via the Manage My Account feature on the Virtual Gateway.)
Deactivate a Primary User	Select this option to deactivate a Primary User's account.
Provider ID/Service Location*	Enter the 10-digit Provider ID/Service Location (PID/SL) of the organization.
Existing Primary User's Last Name	Enter the existing Primary User's last name if known.
Existing Primary User's First Name	Enter the existing Primary User's first name if known.
Primary User's Existing User ID	Enter the existing Primary User's ID if known.
New Primary User's Last Name*	Enter the new Primary User's last name.
New Primary User's First Name*	Enter the new Primary User's first name.
Middle Initial (optional)	Enter the new Primary User's middle initial (if applicable).
User-Defined Unique Four-Digit PIN*	Enter the Primary User's self-defined four-digit Personal Identification Number (PIN).
Month and Date of Birth (MMDD)*	Enter the Primary User's two-digit month and two-digit date of birth.
New Primary User's Contact Phone Number*	Enter the new Primary User's contact phone number.
New Primary User's Existing Virtual Gateway (VG) User ID*	Enter the Primary User's existing Virtual Gateway User ID. (Enter this information only if you selected the option to assign an existing Primary User to your new service location.)
Create VG User ID	If the Primary User does not have a Virtual Gateway ID, please select this check box to request an ID for the Primary User.
Primary User's Current business Email Address	Enter the Primary User's current business email address.
Old Email Address	Enter the old email address of the Primary User.
Roles* POSC	The Primary User will be granted access to assign basic POSC services (Provider Search, Manage Batch Files, Manage Service Authorizations, Manage Correspondence and Reporting, Manage Members, Manage Claims and Payments, and Manage Provider Information) to subordinate users.
POSC + Hearing Aid Search	The Primary User will be granted access to assign basic POSC services to subordinate users, plus the ability to assign access to Hearing Aid Search.
Signature lines	Both the Primary User and the Provider/Organization's signatory MUST sign the form.

IMPORTANT INFORMATION

Immediately assign an alternative Primary User: The Primary User must assign a backup Primary User to perform Primary User responsibilities in the Primary User's absence. The Primary User must NOT grant every user full access to the POSC features. The Primary User must assign access only to those specific users who need that access to perform their functions.

Please note: In accordance with the Virtual Gateway (VG) Terms and Conditions, all MassHealth providers, trading partners, and relationship entities that have been assigned a User ID and Password to access the VG-hosted MMIS Provider Online Service Center (POSC) and connectivity methods are solely responsible for the use of that User ID and must not share it with any other individual. Each user is prompted to agree to the VG Terms and Conditions upon initial sign-in on any Commonwealth VG-hosted application (for example, MMIS). Job aids related to logging on to the VG and resetting a forgotten password can be found at the Virtual Gateway login help for providers and state agency staff page. Sharing User IDs is a violation of the policy. Any user who violates the VG Terms and Conditions will be subject to termination of their User ID.

PRIMARY USER RESPONSIBILITIES — ONGOING MAINTENANCE

The Primary User within each organization is responsible for managing users' access to the organization's information in the POSC. This includes all information data entered or exchanged with MassHealth via the POSC and its connectivity methods. It is imperative that the Primary User accurately maintain access to the POSC and ensure the following.

- 1) Only the backup primary may be granted access to perform "manage subordinate accounts" functions. Any other user account with this permission must be modified to remove it to ensure that no other user has access to modify user accounts for the organization.
- 2) Each user/relevant staff member within the organization is notified of the Primary User and backup administrator, the role of the Primary User, and the organization's protocols related to User ID access and password resets.
- 3) Each person who requires access is assigned a unique User ID. Sharing User IDs is not allowed.
- 4) Do not create more than one User ID per person. Only one User ID per user is allowed.
- 5) Each user is told that they are responsible for the use of the User ID and must not share it with anyone else.
- 6) User IDs for staff that no longer work for the organization, or affiliates that no longer perform functions on behalf of the organization, are promptly deactivated so that they can no longer view, submit, or receive information on behalf of your organization.
- 7) Subordinates are linked only to the PID/SL that they are entitled to access or to perform POSC functions.
- 8) Passwords are reset for subordinate users.
- 9) Establish and maintain a quarterly, semi-annual, or annual review and alignment of all user access to safeguard the organization's MassHealth information.

If the Primary User and assigned backup leaves an organization, that organization must immediately identify a replacement Primary User, complete the Existing Provider Modification Data Collection (POSC-DC-PM) Form at www.mass.gov/RegisterMassHealthProvider, and submit it to EOHHS-IT-CustomerService.Hancock@mass.gov to officially notify the agency of the change.

KEY REMINDERS

- You, the Primary User, are the gatekeeper of your organization's information in the POSC. Please ensure that access to that information is timely and accurately maintained.
- Your User ID and password will give you access to the POSC. You will also need these credentials to access the IVR system to verify member eligibility.
- When using the POSC, you will need your provider ID and service location number (PID/SL) to view reports, remittance advice, letters, direct data entry (DDE), and Health Insurance Portability and Accountability Act (HIPAA) transactions. MassHealth will mail the PID/SL to you separately.
- Please remember that you must submit your national provider identifier (NPI) on HIPAA batch transactions. If you are an atypical provider (that is, not required to have an NPI), please include your PID/SL on your batch transactions.

MassHealth will process your modification request in five to seven business days. If you have any questions about the registration process, please email PEC@Maximus.com. For general questions, you may contact MassHealth by email at provider@masshealthquestions.com. Please note: These email boxes are only for general questions. They are not secure. Please do not send documents to these email boxes or include any personal health information (PHI) or personally identifiable information (PII). You may also call (800) 841-2900, TDD/TTY: 711.