EXISTING PROVIDER MODIFICATION DATA COLLECTION FORM INSTRUCTIONS

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

The "Existing Provider Modification Data Collection 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 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.

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. We do not allow encrypted emails. They will not be opened.

INSTRUCTIONS TO COMPLETE THE FORM

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

FIELD	DESCRIPTION
Provider Name*	Enter the Doing Business As (DBA) name of the provider or organization.
Provider ID/Service Location*	Enter the 10-digit Provider ID/Service Location (PID/SL) of the organization. This is NOT the NPI. The provider ID is 9 numbers followed by a letter that designates the service location. e.g. 110000123A

REQUEST TYPE

Check Box	DESCRIPTION/WHEN TO USE
Replace primary user	Check this box to replace the current primary user with a new primary user. This should only be used when there are no current, active primary users established for the organization as primary users can complete this function.
Establish a primary user	Check this box to establish a primary user when there are not any active primary users associated with the PID/SL.
Unlink a primary user	Check this box to unlink a user from a PID/SL that does not have an active primary user or is the final primary user.

EXISTING PRIMARY USER INFORMATION

Existing primary user Information (Required when the request is to replace, establish or update a primary user. If replacing the primary user, this user will no longer have primary user access.)

FIELD	DESCRIPTION
First Name	Enter the user's first name (cannot be generic)
Last Name	Enter the user's last name (cannot be generic)
VG User ID	Enter the current User ID.

NEW PRIMARY USER INFORMATION (Required to replace or establish a Primary User)

FIELD	DESCRIPTION
First Name	Enter user's first name (cannot be generic)
Last Name	Enter user's last name (cannot be generic)
Middle Initial	Enter user's middle initial
VG User ID	Enter current User ID, NOT the email address. If the user does not currently have a VG ID, please complete the entire next section of this form. You can find your VG User ID at the top of the POSC, after the Welcome sign.
Phone Number	Enter user's phone number
POSC – Hearing Aid Search	Check this box if the primary user also needs to have the ability to assign access to Hearing Aid Search.
Month and Date of Birth (MMDD)	Enter the primary user's two-digit month and two-digit day of birth. The year of birth is NOT needed. This field is used to identify users when they call the Virtual Gateway or MassHealth.
User-Defined Unique Four-Digit PIN	Enter the primary user's self-defined four-digit Personal Identified Number (PIN). This field is used to identify users when they call the Virtual Gateway or MassHealth.

NEW PRIMARY USER WITHOUT CURRENT VG USER ID (all of this information MUST be completed to acquire a user ID)

FIELD/CHECK BOX	DESCRIPTION
Check Box if VG ID is needed	Check here if New primary user does not currently have a VG User ID (section below must then be completed)
Month and Date of Birth (MMDD)	Enter the primary user's two-digit month and two-digit day of birth. The year of birth is NOT needed.
User-Defined Unique Four-Digit PIN	Enter the primary user's self-defined four-digit Personal Identified Number (PIN).
Email Address	Enter the primary user's email address. This should be the primary email address for the user as it will be used to access the Virtual Gateway and it cannot be a shared email address. Email addresses must be updated ASAP as soon as possible. VG email addresses cannot be forwarded as security protocols will not allow MFA to function appropriately. There are times that emails will be sent out to this email address and it is imperative that the email is received appropriately. It should not be a generic email account.
Signature lines	Both the primary user and the Provider/Organization's signatory MUST sign the form. These are the ONLY fields that handwriting is allowed; however, official electronic signatures are also allowed. The official electronic signatures that are accepted include Adobe, Adobe Sign, and DocuSign. Typed text of a signature is NOT acceptable. Provider's signatory must be an authorized agent.

Roles that will be assigned to the primary user	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.

IMPORTANT INFORMATION

The primary user must ensure there is 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. No more than two users per PID/SL will be allowed to have access to function as a primary user and backup primary user.

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 "primary user and backup user" functions. Only two users per PID/SL will be allowed to have access to this role.
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.
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 unlinked 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. 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 leave an organization, that organization must immediately identify and assign a replacement. This can be done by one of two methods:

1. The remaining primary user will be able to assign the new primary user/backup primary user the "Primary User and Backup User" role. The role can also be removed from users that no longer need it.
2. Completing the Existing Provider Modification Data Collection (POSC-DC-PM) Form at www.mass.gov/RegisterMassHealthProvider and submitting it to MassHealth at 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 accurately maintained.
- Your user ID and password will give you access to the POSC. You will also need these credentials to access the Interactive Voice Response (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.