



MASSHEALTH MMIS POSC USER ACCOUNT CREATION AND ALIGNMENT FORM

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

This form can be used **ONLY** by the primary user of an actively enrolled MassHealth provider. It can be used only to request that MassHealth create and merge a Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) account with an existing Virtual Gateway (VG) user ID that currently facilitates access to a separate and distinct non-MMIS VG-hosted application (e.g., Department of Public Health system; Enterprise Invoice/Service Management [EIM/ESM]).

The form **CANNOT** be used to merge **public My Account Page (MAP) accounts** with any other VG-hosted business application. MAP accounts are personal accounts and should never be associated with a user's work email or merged with any other VG-hosted business application. They must remain separate. If the MAP account is no longer needed, please contact VG at **(800) 421-0938** to have it disabled.

Please note: All sections marked with an asterisk (*) are required fields and must be completed by the submitter. Incomplete and handwritten forms will be rejected.

SUBMITTER (PRIMARY USER) INFORMATION

First name	Last name	Phone number
Email address		<input type="checkbox"/> If the user and submitter are the same, please check this box.

USER INFORMATION

Input the user's information that requires an MMIS account to be created and/or merged.

First name*	Last name*	Date of birth (MM/DD)*
Email address*		Provider identification/service location (PID/SL)
Personal identification number (PIN)*		

Please check off the VG application(s) that you currently have.

- ☐ Disability and community services programs
- ☐ Enterprise Invoice Management/Enterprise Service Management Module
- ☐ Health care services
- ☐ Home and Community Services Information System/Department of Developmental Services (HCSIS/DDS) Application
- ☐ Management Immunization Information System (MIIS)
- ☐ Veterans' services
- ☐ Other

Provide comments/additional information to explain the request.

Please submit this completed form to MassHealth at Functional.Coordination@mass.gov. It can't be mailed or faxed. MassHealth typically processes Creation and Alignment Form requests within seven business days. The end user will receive an email when it's completed. If the end user isn't the primary user, they'll need to communicate with each other, as there will not be a notification to the primary user.

FOR EOHHS USE ONLY: Please create a provider incident ticket.