PROVIDER ENROLLMENT DATA COLLECTION FORM AND REGISTRATION INSTRUCTIONS

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

APPLICATION TRACKING NUMBER (ATN)					

MassHealth providers can use this form to establish a primary user for providers (or service location). The form must be submitted with your MassHealth provider enrollment application. If you need to make any changes for a provider that is already enrolled with MassHealth, please do NOT use this form. Instead, complete the "Existing Provider Modification Data Collection Form (POSC-DC-PM)" at www.mass.gov/RegisterMassHealthProvider.

Providers can conduct day-to-day business with MassHealth electronically through the Provider Online Service Center (POSC), point-to-point connectivity, and MassHealth's Interactive Voice Response (IVR) system. All users are required to have a user ID and password to access these systems. Please use this form to identify a primary user (account administrator) for the applicant. The primary user will be the person responsible for managing access for the applicant or the organization's data on the POSC, including the creation and unlinking of users' accounts.

Please complete this form to get a user ID and password for a new primary user, or to assign an existing user as the primary user. In either scenario, once the primary user is registered, that person must

- create subordinate IDs for all other users and link existing users within the organization;
- authorize access for business partners, such as billing agencies; and
- assign a backup primary user to perform primary user responsibilities in their absence.

Please note: It is important to ensure that access to your data is securely managed by the primary user. To confirm the primary user assignment, please select one of the two following options:

To confirm the Primary User Assignment, please select one of the two following options:

☐ Assign an existing user to be the primary user for this new service location. (Complete sections 1 and 2 below.)

☐ Establish a new primary user for this new service location. (Complete sections 1 and 3 below.)

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

Section 1: Provider name and type (Check one box):

*Applicant (provider) name
*Check applicable roles ☐ PACE /SCO/One Care ☐ Hearing aid search ☐ Homeless medical respite (Provider Type PT88 only) ☐ Billing agency ☐ All others

Section 2: Assign an existing user for this new service location. Provide existing user information (Do NOT use if filling out Section 3)

*First name	*Last name	*VG user ID

Section 3: Establish a new primary user to this new service location. (Do NOT use if filling out Section 2)

** Please note that the e-mail address must be unique to the primary user and not a shared account

*First name	*Last name	*VG user ID
*Email of the primary user listed above**		
*Month & date of birth (MM/DD)	*User-defined four-digit PIN	

I certify that the information on this form and, any attached statement, 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.

Primary user's signature _____ Date _____ Provider's signatory _____ Date _____

Print Clear

(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.)

Return your completed form by fax or mail to MassHealth. It cannot be emailed. MassHealth will process your request within seven business days.

Fax: (617) 988-8974 **Mail:** Provider Enrollment and Credentialing
PO Box 278,
Quincy, MA 02171-0278

INSTRUCTIONS TO COMPLETE THE FORM

Complete all required sections and fields within the form. Complete the optional fields as applicable.

FIELD/Check Box	DESCRIPTION
Establish a primary user for this new service location	Select this option if you are establishing an initial Primary User for this new service location.
Assign an existing primary user to this new service location	Select this option if you want to assign an existing Primary User that currently manages other service locations to also manage this new service location.
Provider's name	Enter the Doing Business As (DBA) name of the provider or organization listed on the application.
Primary user's last name	Enter the primary user's last name.
Primary user's first name	Enter the primary user's first name.
Middle initial (optional)	Enter the primary user's middle initial (if applicable).
Month and date of birth (MMDD)	Enter the primary user's two-digit month and two-digit date of birth.
User-defined unique four-digit PIN	Enter the primary user's self-defined four-digit Personal Identification Number (PIN).
Work Zip	Enter the primary user's work location zip code.
Primary user's current business email address	Enter the primary user's current business email address. This must be a unique email address for the primary user and cannot be a shared email address.
Existing Virtual Gateway user ID (optional)	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.)
Primary user's phone number	Enter the primary user's phone number.

Signatures: Both the primary user and the provider or organization's signatory MUST sign the form.

IMPORTANT NEXT STEPS

Once MassHealth approves your application, they will create a user ID for the initial primary user established for the PID/SL. The Virtual Gateway will then send notification of the user ID to the primary user at the email address provided on this form.

Please note: Existing primary users assigned to a new service location will NOT receive a new user ID or notification. After access is given, the primary user must take the following steps immediately.

- Ensure that your multifactor authentication (MFA) is set up appropriately. It is recommended to choose two methods of authentication. The user will also be prompted to review and accept the Virtual Gateway's Terms and Conditions.
- Assign an alternate 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.
- Create 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 grant the appropriate permissions. The primary user can also grant permission to other entities that conduct business on the organization's behalf. This is accomplished by linking the user ID of staff within the other entity's organization to the appropriate PID/SL and assigning the POSC services the user will be able to perform. 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.

Please note: In accordance with the "Virtual Gateway 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 anyone. Each user is prompted to agree to the VG Terms and Conditions upon initial signin 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, including using another person's user ID and overtyping it with your information. Any user who violates the VG Terms and Conditions will be subject to termination of their user ID.

PRIMARY USER RESONSBILITIES - 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.
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 disabled so that they can no longer view, submit, or receive information on behalf of your organization.
7. Subordinates are only linked 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 leaves an organization, that organization must immediately identify a replacement primary user, complete the "Existing Provider Modification Data Collection Form" (POSC-DC-PM)" at www.mass.gov/RegisterMassHealthProvider, and submit 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 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.

Users may access the MassHealth Data Collection Form Frequently Asked Questions (FAQ).

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.