

Revalidation Instruction Sheet

In order to comply with Section 6401 of the Affordable Care Act (ACA), MassHealth providers must complete a revalidation process. Detailed steps are below.

◇ First, however, providers should ask the Primary User for the Provider Online Service Center (POSC) to grant Subordinate Access to the person responsible for revalidation. If you do not have a Primary User for the POSC, please complete a Data Collection Form (DCF). (See below for link.) For password resets, call the Virtual Gateway Customer Service Center at 1-800-421-0938.

STEPS FOR REVALIDATION

- 1) Log onto the Provider Online Service Center (POSC).**
 - Confirm that the information in your provider file is accurate and up-to-date.
 - Make any necessary changes.
- (2) Upload** any necessary documentation.
- (3) Certify that you have reviewed the information** in the provider file, and that it is true and accurate, by signing the Attestation Form.
- (4) Upload the following document to the Attachments panel on the POSC.**
 - Federally Required Disclosures Form (FRDF)

You can find detailed instructions on the POSC by using the job aid listed in “Useful Links,” below.

- (5) Complete optional documentation (below) with a “wet” signature (original, signed in blue ink) and mail it to the MassHealth Provider Revalidation Unit, PO Box 121205, Boston, MA 02112-1205.**

- Electronic Funds Transfer (EFT) Enrollment/Modification Form -- *If making changes to current bank information or changing Legal Name/Address, payment is received via a paper check.*

And

- Massachusetts Substitute W-9 (MA W-9) — *Complete only if submitting an EFT (above).*

◆ Please include your Provider Identification/Service Location (PID/SL) number on the documents.

Useful Links

Data Collection Form (DCF): www.mass.gov/eohhs/docs/masshealth/provider-services/forms/posc-dc.pdf

Electronic Funds Transfer (EFT): www.mass.gov/eohhs/docs/masshealth/provider-services/forms/eft-1.pdf

FAQs: <http://www.mass.gov/eohhs/docs/masshealth/provlibrary/provider-revalidation-faq.pdf>

Federally Required Disclosure (FRD): www.mass.gov/eohhs/docs/masshealth/provider-services/forms/pe-frd.pdf

JOB AID: www.mass.gov/eohhs/docs/masshealth/provider-services/mmis-job-aid-revalidation-posc.pdf

MA W-9: www.mass.gov/eohhs/docs/masshealth/ma-w9.pdf

POSC: <https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop>

Revalidation Requirements Reference Guide:

<http://www.mass.gov/eohhs/docs/masshealth/provlibrary/revalidation-quick-guide.pdf>

Tutorial: <http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/provider-revalidation.html>