



## Data Collection Form and Registration Instructions

MMIS allows providers to conduct day-to-day business with MassHealth electronically, via the Provider Online Service Center (POSC), the Eligibility Verification System software (EVSpC), and the Automated Voice Response (AVR) system. All users need a user ID and password to access these systems.

Please identify a primary user for your organization. The primary user (account administrator) will be the person in your organization who will be responsible for the creation and inactivation of users' accounts and password resets.

Please complete this form to obtain a user ID and password for the primary user to access the POSC, EVSpC, and AVR. Once the primary user is registered, the primary user will need to create subordinate IDs for all other users within your organization and authorize access for your business partners, such as billing agencies.

\_\_\_\_\_  
Provider ID or application tracking number (ATN)

**Comment [BT1]:** Enter the provider's name as submitted on the application

**Comment [BT2]:** If PID or ATN is known enter; if not known leave blank

\_\_\_\_\_  
User-defined unique four-digit PIN (Required) Work zip code field

\_\_\_\_\_  
Primary user's last name Primary user's first name Middle Initial

**Comment [BT3]:** Enter the name of the person who needs access to the POSC

\_\_\_\_\_  
Month and date of birth (MMDD)

**Comment [BT4]:** Required to create the user profile

\_\_\_\_\_  
Work e-mail address Existing Virtual Gateway user ID (if applicable)

**Comment [BT5]:** Needed for questions and notifications

\_\_\_\_\_  
Contact phone number

Check one:  MassHealth provider  ~~Provider applicant~~

**Comment [BT6]:** Unless already enrolled select "Provider applicant"

Provider type:  MCO  Nursing facility  PACE  SCO  Billing agency  EHR Incentive Program  All others

**Comment [BT7]:** Select "All others"

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

\_\_\_\_\_  
(signature and date stamps, or the signature of anyone other than the provider, are not acceptable) Date

**Comment [BT8]:** Must be an original "wet" signature

The above data can be sent by e-mail to the MassHealth Customer Services Center at PINregistrationsupport@mahealth.net. You can also mail or fax this form to the following address and fax number.

MassHealth  
P.O. Box 9162

Canton, MA 02021-5213  
Fax: 617-988-8904

Upon receipt of this completed form, MassHealth will manually create a user ID and a password. The Virtual Gateway will then send the user ID and password to the primary user at the e-mail address provided on this form.

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(over)

After receiving the user ID and password, the primary user must take the following steps.

- **Change the password.** Once the primary user has registered, he or she must go to the Virtual Gateway at <https://gateway.hhs.state.ma.us/authn/index.jsp> to change the password. A series of "I forgot my password" questions under the "Manage My Profile - Authentication Questions" tab must be answered before the password can be changed.
- **Assign 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 give permission to share data with other entities who conduct business on their behalf. 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.
- **Assign an alternate primary user.** It is suggested that the primary user assign a backup primary user with all of the privileges of the primary user to perform the above steps in the primary user's absence. MassHealth recommends that primary users assign users only the access they need and not grant every user full access.
- **Primary user changes.** Providers must notify MassHealth of any changes to the primary user.

Your user ID and password will give you access to the POSC. You will also need these credentials to access the AVR and the EVSp software to verify member eligibility.

When using the POSC, you will need your provider ID and service location number (PID/SL) to view reports, remittance advices, 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 the 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. If you have any questions about this registration process, please contact the MassHealth Customer Services Center at 1-800-841-2900, or by e-mail at [PINregistrationsupport@mahealth.net](mailto:PINregistrationsupport@mahealth.net).