



## Data Collection Form and Registration Instructions

NewMMIS 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 will be the person in your organization who will be responsible for the creation and inactivation of users' accounts and password resets. MassHealth will manually create the user ID and password for the primary user.

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.

<b>Provider name</b>		<b>Provider number or application tracking number (if applicable):</b>
<b>Primary user's last name:</b>	<b>Primary user's first name:</b>	<b>Middle initial:</b>
<b>Month and date of birth (MMDD):</b>	<b>Unique four-digit PIN number (user defined):</b>	<b>Work zip code:</b>
<b>Work e-mail address:</b>		<b>Existing Virtual Gateway user ID (if applicable):</b>
<b>Contact phone number:</b>		<b>Check one:</b> <input type="checkbox"/> Existing provider <input type="checkbox"/> Provider applicant
<b>Provider type:</b> <input type="checkbox"/> MCO <input type="checkbox"/> Nursing facility <input type="checkbox"/> PACE <input type="checkbox"/> SCO <input type="checkbox"/> Billing agency <input type="checkbox"/> 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.		
<b>Provider's signature</b> (signature and date stamps, or the signature of anyone other than the provider, are not acceptable):  _____ <b>Date:</b> _____		

Please use this form to submit your request for a primary user ID and password. The data can be sent by e-mail to MassHealth Customer Service at [PINregistrationsupport@mahealth.net](mailto:PINregistrationsupport@mahealth.net). You can also fax or mail this form to the following address and fax number.

MassHealth  
P.O. Box 9118  
Hingham, MA 02043  
Fax: 617-988-8904

Upon receipt of this completed form, MassHealth will manually create a user ID and a password. You will then receive an e-mail from the Virtual Gateway that will display your primary user ID and password. The e-mail will be sent to the e-mail address you have provided on this form.

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When you receive the primary 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 his or her 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 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. Select the “Administer Account” link to begin this process.

Your user ID and password will give you access to the POSC. You will also need your user ID and password to access the AVR and to use the EVSpc software to verify member eligibility.

When using the POSC, you will also need your NewMMIS provider ID and service location number (PID/SL) to view reports, remittance advices, letters, direct data entry (DDE), and HIPAA transactions. MassHealth will mail the NewMMIS 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 NewMMIS PID/SL on your batch transactions.

If you have any questions about this registration process, please contact MassHealth Customer Service at 1-800-841-2900, or by e-mail at [providersupport@mahealth.net](mailto:providersupport@mahealth.net).