

The Special Enrollment process is required for Eligible Professionals (EPs) who are **actively** seeing Medicaid patients, but who are either not enrolled with MassHealth or have an inactive status in the Medicaid Management Information System (MMIS). All EPs must be recognized in MMIS in order to participate in the Medicaid EHR Incentive Payment Program. The Special Enrollment process is typically required for the following EPs:

- Nurse Practitioners
- Psychiatric Clinical Nurse Specialist
- Certified Nurse Midwives
- Physicians affiliated with a Community Health Center
- Medical Residents\*
- Limited License Dentists

The documents included in the Special Enrollment Packet are listed below. Click the orange hyperlinks to access the forms. Please return all required documents **within 7 calendar days**.

## Special Enrollment Packet

The following documents are required for all Special Enrollments. For EPs who are reassigning payment to their organization, these documents can be emailed to MeHI at [masehr@masstech.org](mailto:masehr@masstech.org).

### ✓ [Data Collection Form](#)

This online fillable form identifies the primary user for your organization and establishes their user ID and password. The primary user will have access to MAPIR via the Provider Online Service Center (POSC) and can create subordinate IDs for other users within your organization.

### ✓ [Limited Provider Agreement](#) (Updated to include Psychiatric Clinical Nurse Specialists)

This online fillable form is a contract for enrollment with MassHealth for the purposes of participating in the Medicaid EHR Incentive Payment Program. Be sure to complete ALL fields in this form unless otherwise indicated.

### ✓ [Copy of Provider's License](#)

A copy of the provider's current medical license is necessary to complete the Special Enrollment process. Expired licenses cannot be accepted. Please be sure to scan and email a clear, legible copy of the provider's license.

For EPs who wish to receive payment directly (not reassigning payment to their organization), the additional documents below are required. Because the EFT requires a wet signature, in these cases, the complete Special Enrollment packet must be mailed to MeHI.

### ✓ [Electronic Funds Transfer \(EFT\)](#)

This online fillable form authorizes MassHealth to deposit funds directly into the provider's bank account. This document must be accompanied by a voided check or a bank letter with the EP's name listed. Please note that this form requires a wet signature and therefore cannot be accepted by email.

### ✓ [W9 Form](#)

This is the Massachusetts W9 Form, Request for Taxpayer Identification Number and Certification. You can partially complete this form online. The Social Security Number, Employee Identification Number and DUNS must be completed by hand.

*\*Please note that only organizations with an approved Resident Proposal on file may attest for their Residents.*