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**MassHealth  
All Provider Bulletin 173  
March 2008**

**TO:** All Providers Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director   
**RE:** **NewMMIS Implementation Schedule for Member, Provider, and Claims Functions**

**Introduction**

**Important Note:** This bulletin does not apply to dental providers. Dental providers should contact the MassHealth Dental Customer Service Center at 1-800-207-5019 if they have any questions about MassHealth. Information about NewMMIS for dental providers will be forthcoming from Doral.

**MassHealth is pleased to announce that its new Medicaid Management Information System (NewMMIS) will be implemented on September 29, 2008.** As described in previous provider bulletins, NewMMIS will provide a host of new automated solutions that will impact the way you conduct business with MassHealth. Providers will be able to perform many of their day-to-day transactions with MassHealth electronically.

It is important for providers to be prepared for the operational changes and transition activities NewMMIS will bring. A number of significant transition activities will occur between now and implementation. This bulletin outlines the high-level time frames and transition activities that will take place for **member, provider, and claims functions**. A future bulletin will outline transition activities for service authorizations (including prior authorization, preadmission screening, and referrals), managed care, and eligibility verification (including all current Recipient Eligibility Verification System (REVS) services).

All transition activities will be described in greater detail and with more specificity at upcoming training sessions and in future bulletins, so that providers know what they should do at any given point in the transition to NewMMIS. Refer to [All Provider Bulletin 172](#) for more information about the approach MassHealth is taking to training providers about NewMMIS. For information about specific NewMMIS training sessions, go to [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis).

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**Timeline**

The transition activities described in this bulletin are listed in general time frames counting down toward implementation.

**180 Days Before Implementation**

MassHealth will make preliminary drafts of materials available to providers so that they can begin to make modifications to their practice-management systems and databases. This will enable providers to ensure that their systems are ready to generate and submit HIPAA transactions or paper claims to NewMMIS.

- MassHealth will post draft companion guides for the 270/271, 276/277, 820, 834, 835, 837I, and 837P transactions on its Web site at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis).
- MassHealth will post draft billing guides for the UB-04 and CMS-1500 paper claim forms on its Web site at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis).

**100 Days Before Implementation**

MassHealth will conduct a pilot of NewMMIS with up to 30 participating providers and entities. The pilot participants will be able to test all Web services and submit and receive test transactions through the Provider Online Service Center.

**90 – 75 Days Before Implementation**

- MassHealth will post final versions of the companion guides and billing guides on its Web site.
- MassHealth will begin to accept test batches of HIPAA transactions from trading partners.

**60 – 45 Days Before Implementation**

- MassHealth will issue new 10-character provider IDs to all providers. As stated in [All Provider Bulletin 172](#), most providers will continue to use a national provider identifier (NPI) to submit claims and other HIPAA transactions to MassHealth. Refer to [All Provider Bulletin 172](#) for an overview of how the new provider ID/service location will be used within NewMMIS.
- MassHealth will send login instructions for the NewMMIS Provider Online Service Center to providers. The instructions will enable providers to log into the Provider Online Service Center when it becomes available 30 days before implementation.
- MassHealth will send the last current paper provider enrollment application to providers for completion and begin sending NewMMIS paper provider enrollment applications to providers for completion.
- MassHealth will begin issuing new, individual MassHealth ID cards to all members. The MassHealth ID cards will contain a new 12-digit member ID number.

**Timeline**  
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- MassHealth will send the last claim attachment forms (CAFs) to providers. (NewMMIS replaces the CAF process with electronic attachment functionality.) Issuing the last CAFs 60 days before implementation gives providers enough time to process outstanding CAFs.

**30 Days Before Implementation**

- Providers will be able to log into the NewMMIS Provider Online Service Center to receive their user IDs and passwords. Once logged in, providers will be able to assign subordinate IDs to their staff, link to other service locations, and link billing intermediaries to their accounts to allow the intermediaries to submit transactions on their behalf.
- MassHealth will accept the last paper claim adjustments and voids for processing in the current system.
- MassHealth will accept the last Medicare/Medicaid crossover claims for processing in the current system.

**20 – 10 Days Before Implementation**

- MassHealth will accept the last MassHealth-proprietary claim form nos. 4, 5, 7, 9, and 10 for processing in the current system.
- MassHealth will begin accepting the industry-standard paper claim forms UB-04 and CMS-1500 for processing in NewMMIS. While the UB-04 and its predecessor, the UB-92, have been used by hospitals to bill MassHealth for many years, nursing facilities, home health agencies, and other providers will use the UB-04 for the first time to bill MassHealth.
- MassHealth will accept the last claims submitted via the Provider Claims Submission Software (PCSS).
- MassHealth will accept the last electronic batch claims into the current system.
- MassHealth will accept the last Management Minutes Questionnaires (MMQs) for processing in the current system.

**Seven Days Before Implementation**

- MassHealth will resolve all claims that are in a suspended status in the current system.
- MassHealth will accept the first electronic batch claims in NewMMIS.

**Implementation Day**

- The NewMMIS Provider Online Service Center will be available to providers.
- The current system will be shut down.

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***Timeline  
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- The Recipient Eligibility Verification System (REVS) will be shut down and replaced by verification via direct data entry (DDE) and batch submissions in the Provider Online Service Center. However, REVSpc and the interactive voice response (IVR) will continue to be available to providers after NewMMIS is implemented.
- MassHealth will issue the last remittance advices generated by the current system.
- MassHealth will issue the last supplemental electronic remittance advices generated by the current system. NewMMIS will not issue supplemental electronic remittance advices.

**Seven Days After Implementation**

MassHealth will begin accepting claims submitted via DDE through the Provider Online Service Center.

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***NewMMIS Web Page***

MassHealth posts information about NewMMIS on its Web site. As additional information and material become available, MassHealth updates the Web page to provide a single source for all information that providers will need for the implementation. You can visit the page directly at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis). Please add this page to your favorites (“bookmark” this page) on your Web browser.

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***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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