




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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MassHealth
All Provider Bulletin 187
April 2009

TO: All Providers Participating in MassHealth
FROM: Tom Dehner, Medicaid Director 
RE: **NewMMIS Implementation Schedule**

Preparation for NewMMIS

What you need to do now...

- Complete the e-Learning Provider Online Service Center (POSC) courses and any other applicable courses.
- Transition your paper billing from MassHealth-proprietary claim forms to industry-standard CMS-1500 and UB-04 claim forms, as applicable.
- Start submitting claims with your national provider identifier only (except for atypical providers described in [All Provider Bulletin 181](#)).
- Submit outstanding account receivables and get claims paid.

What you should have already done...

- Received your provider registration letter containing your provider ID/service location (PID/SL) number and PIN and registered on the POSC. If you have not received this letter, contact MassHealth Customer Service at 1-800-841-2900.
- Determined which staff will need access to the POSC and what functions they will perform and begun to create your subordinate IDs.
- Determined which entities should have access to your provider information within the POSC.
- Submitted your HIPAA batch transaction tests according to the testing schedule before NewMMIS implementation, if applicable.
- Begun to collect new member ID numbers. Please refer to [All Provider Bulletin 176](#) for more information.

Important Dates...

- **March 23, 2009** – Registration opened for the POSC.
- **March 26, 2009** – Last day MassHealth accepted HIPAA comprehensive test files for the current (legacy) system.
- **March 31, 2009** – Last day MassHealth accepted any first NewMMIS HIPAA comprehensive test files from a billing entity. All other “first” test files submitted after March 31, will be processed after implementation.
- **May 1, 2009** – Last day MassHealth will accept paper claims submitted on proprietary claim forms. (See page 3 for more details.)
- **May 8, 2009** – Last day to submit prior authorizations through the Automated Prior Authorization System. (See *Service Authorization* section, page 5, for more details.)
- **May 15, 2009** – Last day MassHealth will accept electronic claim submissions to the Customer Web Portal, including claims using Provider Claims Submission Software (PCSS).
- **May 18, 2009** – Last day MassHealth will approve NewMMIS HIPAA test files before implementation.
- **May 23, 2009** – The Recipient Eligibility Verification System shuts down. Please refer to [All Provider Bulletin 184](#).
- **May 26, 2009** – **Implementation day**

This bulletin describes the activities that will occur in April and May 2009, and the tasks providers must perform in preparation for the **May 26, 2009, implementation of NewMMIS.**

This bulletin applies to all providers, except dental providers who are not oral or maxillofacial surgeons. Dental providers who are not oral or maxillofacial surgeons must contact the MassHealth Dental Customer Service Center at 1-800-207-5019 if they have any questions about MassHealth.

Providers are strongly encouraged to visit the NewMMIS Web page at www.mass.gov/masshealth/newmmis to get the latest information about NewMMIS implementation. MassHealth updates this Web page frequently and recommends that providers check it regularly for new information.

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Provider Registration

Before you can use the Provider Online Service Center (POSC) to perform any of the operations described in this bulletin, you must register for access to the POSC. The POSC will offer providers a secure location to perform a variety of transactions, such as checking member eligibility, requesting service authorizations, submitting claims, and updating your provider profile. Before you can use the POSC, you must set up your primary user identification (ID) number and password. MassHealth recommends that you complete your primary user registration as soon as possible. Registration for the POSC is now open. MassHealth issued the [Provider Online Service Center Guide for the Primary User](#) to help primary users understand how to use the POSC. To download the guide, go to www.mass.gov/masshealth/newmmis, then click on Register for and Access the POSC. The automated registration process will be available until August 2009.

Providers must also create the appropriate security profiles for office staff and coordinate any linkages with affiliated offices, other entities, and third-party vendors, as applicable. Failure to do so will prevent these relationship entities from performing designated tasks specific to your organization, potentially affecting payment. Therefore, please complete the account registration as soon as possible.

The instructions for registering for a primary user ID are conveyed in the provider PIN registration letter that was mailed on February 23, 2009, to the doing business as (DBA) address of every MassHealth provider. To help you identify the letter, the following message was printed in red across the bottom of the envelope.

MassHealth NewMMIS – Critical Information Enclosed. Please Read!

If you would like to view a sample of this letter, which contains instructions for registering your primary user ID in the POSC, go to www.mass.gov/masshealth/newmmis and click on Register for and Access the POSC.

Starting on **May 26, 2009**, providers who have registered their primary user ID will be able to modify their provider file information through the POSC.

**Recipient Eligibility
Verification System
(REVS) Services**

The following are important dates and milestones in the transition of member eligibility verification services and claim status reporting to NewMMIS.

On **May 23, 2009**, the Recipient Eligibility Verification System (REVS) Help Desk will be shut down. Providers must contact MassHealth Customer Service if they have any questions about verifying eligibility using the POSC.

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**Recipient Eligibility
Verification System
(REVS) Services**
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On **May 23, 2009**, providers will be able to use the POSC, if they have registered, to submit 270 HIPAA transactions and member eligibility requests via direct data entry (DDE). Providers will also be able to submit 270 HIPAA transactions system to system using the Healthcare Transaction Services (HTS). REVS will not accept 270 HIPAA transactions and member eligibility requests as of May 23, 2009.

On **May 23, 2009**, the new Automated Voice Response (AVR) system will begin taking member eligibility calls. The phone number for the AVR (1-800-554-0042) is the same number as the AVR system used under the current (legacy) system. Providers will be required to register with the POSC before they can use the AVR.

On **May 23, 2009**, providers may begin using the updated Eligibility Verification System (EVSpC) software for batch eligibility transactions. For your convenience and to ensure that providers have installed their software well before implementation, MassHealth will make EVSpC available for download at www.mass.gov/masshealth/newmmis approximately 30 days before NewMMIS implementation. Please note, however, that providers should continue to use REVSpc software (the previous version) until May 23, 2009, at which time the EVSpC software (the new version) will become available. The old versions of REVSpc will not be valid for use effective May 23, 2009.

On **May 24, 2009**, providers will be able to use the POSC, if they have registered, to submit 276 HIPAA transactions and claim-status requests via DDE. Providers will also be able to submit 276 HIPAA transactions system to system using the HTS. REVS will not accept 276 HIPAA transactions and claim-status requests as of May 24, 2009.

Claims Processing

The following are important dates and milestones for the transition of claims submission to, and processing by, NewMMIS.

Paper Claims

May 1, 2009, is the last day MassHealth will accept paper claims and paper adjustments submitted on proprietary claim forms in the current (legacy) system. Any paper claims adjustments and paper claims submitted on proprietary claim forms received after May 1, 2009, will be returned unprocessed with a cover letter explaining why they are being returned.

Effective **May 4, 2009**, all paper claims and paper claim adjustments must be submitted on the industry-standard CMS-1500 or UB-04 claim forms, as applicable. In addition, all claims must contain a national provider identifier (NPI), except for claims submitted by "atypical providers," that is, providers who are not required to obtain an NPI. See [All Provider Bulletin 181](#) for more information about the NPI requirement for NewMMIS and exceptions to it.

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Claims Processing
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Effective **May 4, 2009**, paper claims must contain the new 12-digit member identification (ID) number. See the applicable MassHealth billing guides on the MassHealth Web site at www.mass.gov/masshealth/newmmis for more information about completing and submitting claims.

May 26, 2009, is the date of the last remittance advice generated under the current (legacy) system.

Electronic Claims

March 31, 2009, was the last day claim attachment forms (CAFs) were generated in the current (legacy) system. Claims that require documentation should be submitted on paper with the appropriate paper attachment until NewMMIS implementation. Any electronic claims submitted before NewMMIS implementation that require an attachment will be denied. NewMMIS will not generate CAFs. Instead, providers will be able to submit electronic attachments via direct data entry (DDE).

On **May 15, 2009**, MassHealth will accept the last claims using Provider Claims Submission Software (PCSS). After this date, PCSS will be terminated and all electronic batch claims must be submitted through the POSC. PCSS users should download the new Service Pack 1 for Upgrade 1.98 by **April 15, 2009**, to allow PCSS to function during the period between April 15 and May 15, 2009. Refer to www.mass.gov/masshealth/pcss for installation instructions.

Effective **May 16, 2009**, MassHealth will no longer accept electronic claims for processing in the current (legacy) MMIS. On **May 16, 2009**, providers may begin submitting electronic claims as batch submissions, or system to system using HTS, either directly or using a vendor from the Approved Vendor List. Electronic claims submitted between May 16 and May 25, will be held for processing until implementation on May 26, 2009. Effective May 29, 2009, providers will be able to submit claims via DDE (single claim submissions), if they have registered for the POSC.

Claims that were originally denied by MassHealth in the current (legacy) system cannot be corrected (modified) as a DDE claim. However, providers may submit claims that are within 90 days of the date of service as an original claim using DDE.

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Claims Processing
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Transitional Accommodations

To ease transition to NewMMIS, MassHealth will allow providers to use existing referral numbers and 10-digit member IDs used in the current (legacy) system on claims submitted after implementation for a limited period of time. In addition, providers may use their old prior authorization (PA) numbers until the units expire. You will be notified in advance of any changes to this approach. Please note that while you may submit the current 10-digit member ID on claims, MassHealth will provide the 12-digit member ID on all outbound responses, including remittance advices and eligibility verifications. Providers may submit paper and electronic claims using the 10-digit legacy member ID. However, providers submitting DDE claims through the POSC will be required to use the 12-digit member ID, without exceptions.

Providers who are billing claims that require a PCC referral number that was issued in the current (legacy) MMIS must list the PCC referral number on the claim. **Remember to add two leading zeros** to the PCC referral number when submitting your claims for services with a PCC referral number from the current (legacy) system. PCC referrals will not be converted from the current (legacy) system and must be submitted on the claim.

Trading Partner Testing

On August 25, 2008, MassHealth began comprehensive NewMMIS trading partner testing with 300 providers. Standard compliance testing for all remaining trading partners began in October 2008, while the current (legacy) MMIS testing ended on **March 26, 2009**. Providers must complete trading partner testing. If you fail to modify and test your systems, there is no guarantee that your organization's batch transactions will be accepted by NewMMIS for production processing. Untested claim submissions are likely to fail, which may result in a number of negative impacts on your business operations.

March 31, 2009, was the last date that MassHealth accepted the first HIPAA comprehensive test files from a submitter in NewMMIS. If you did not submit your first test file to MassHealth by that date, MassHealth cannot conduct comprehensive trading partner testing with your organization until after implementation. However, you may submit a compliance test using our Web site at <https://masshealth2.ehs.state.ma.us/transactions/test/loqon.do>.

May 18, 2009, is the last date that NewMMIS will approve any billing entity for HIPAA compliance testing. Compliance testing is an automated process. Providers will receive their 997 responses when their submission is run through the test environment, and can determine what corrections are needed based on the 997 response. Responses are issued daily. NewMMIS trading partner testing will resume on **June 8, 2009**.

**SCO and PACE
Transactions**

On **May 1, 2009**, the last 820 transactions for Senior Care Options (SCO) and the Program for All-Inclusive Care of the Elderly (PACE) will be processed in the current (legacy) system. NewMMIS will start generating 820 transactions on **June 16, 2009**.

**Long-Term-Care
Pay Cycle**

The May long-term-care (LTC) pay cycle, the last LTC pay cycle processed under the current (legacy) MMIS, will remain as regularly scheduled for the third week of the month. The remittance advice date will be May 19, 2009.

MMQ Transactions

On **May 8, 2009**, the last Management Minutes Questionnaires (MMQs) for nursing facilities can be submitted. MassHealth will not accept hard media MMQs after **May 8, 2009**. MMQs submitted after **May 25, 2009**, must be in a new format. MassHealth will post on its Web site new MMQ layouts and MMQ software shortly.

Service Authorization

Prior Authorization

May 8, 2009, is the last day that prior-authorization (PA) requests can be submitted to MassHealth through APAS (Automated Prior Authorization System). APAS users who currently use the e-fax function will be converted to the new e-fax service on May 11, 2009. Affected providers will be notified directly about the use of this replacement service.

On **May 18, 2009**, providers may begin submitting PA requests through the POSC. PA requests that are needed between May 8 and May 18, must be requested on paper using the revised PA-1 form. This form will be available on the MassHealth Web site on **May 11, 2009**.

The capability to generate a PA number will not exist until May 18, 2009. Providers should ensure that new PA requests or PA requests that are due to expire between May 8 and May 18, 2009, are submitted in a timely manner to avoid a lapse in service.

If an urgent PA request is needed during the period between May 8 and May 18, the provider should contact the PA Unit at 617-451-7087. For drugs that require a PA, contact the MassHealth Drug Utilization Review Program at 1-800-745-7318.

MassHealth is committed to ensuring the timely processing of PAs and continuity of care for its members throughout and after the transition to NewMMIS. MassHealth will issue a separate bulletin about prior authorization under NewMMIS in the near future.

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Service Authorization
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Preadmission Screening

On **May 18, 2009**, providers may begin submitting preadmission screening (PAS) requests via the POSC, if they have registered. Although phone and faxed requests will continue to be accepted, MassHealth strongly encourages providers to use the POSC to request PAS.

MassHealth will issue a separate bulletin about preadmission screening under NewMMIS in the near future.

Remittance Advices

On **May 26, 2009**, the last paper remittance advices (RAs) will be processed in the current (legacy) MMIS. On **May 26, 2009**, the last electronic supplemental RAs will be processed in the current (legacy) MMIS. Electric supplemental RAs will not be generated in NewMMIS.

On **June 2, 2009**, the last electronic RAs (835s) from the current (legacy) MMIS will be posted on the POSC.

In NewMMIS, MassHealth will not mail paper RAs. Providers will have to view, print, or download their RA online through the POSC. On **June 8, 2009**, the first electronic RA (835) from NewMMIS will be posted on the POSC, and will be available for download.

Legacy 835 transactions for the past six months will be moved to the POSC for your convenience. Paper remittance advices produced by the current (legacy) MMIS will not be available on the POSC.

E-Learning

E-Learning (Web-based MassHealth courses you can take from any computer with an Internet connection 24 hours a day, seven days a week) will continue to play an important role in helping your office prepare for NewMMIS. It is strongly recommended that all office staff conducting business with MassHealth take the appropriate e-Learning courses to be prepared for implementation and the changes it will bring.

To register for e-Learning, go to www.mass.gov/masshealth/newmmis and click on Get Trained. More information about e-Learning is available in the October 2008 Feature on the Month, which is accessible from the Information for MassHealth Providers link on www.mass.gov/masshealth.

Questions

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