The Centers for Medicare & Medicaid Services (CMS) has mandated that on January 1, 2012, the standards for electronic health care transactions must change from version 4010/4010A1 to version 5010.

Affected Transactions

All electronic health care transactions currently submitted to, or returned from, MassHealth in the 4010/4010A1 version are affected. This includes the following transactions:
- 270/271;
- 276/277;
- 837P;
- 837I;
- 835;
- 997;
- 834; and
- 820.

Additionally, the new 999 Acknowledgement transaction, which replaces the 997 transaction, will be implemented along with the other 5010 changes.

Testing Approach

While MassHealth will not support the submission of 5010 production files before the implementation date of January 1, 2012, we will conduct testing with active submitters (those who have submitted claims within the past three years) before the 5010 implementation date.

(continued on next page)
The following provides a high-level description of each testing phase.

**Beta Testing** – preliminary testing with targeted submitters (selected by MassHealth) who represent a broad spectrum of MassHealth submitters and billing scenarios.

**Vendor Testing** – testing for entities identified as software vendors, clearinghouses, or billing intermediaries.

**Trading Partner Testing** – testing for any submitter not covered in beta testing or vendor testing. Providers who submit claims using a software system should validate that their vendors have completed testing with MassHealth before submitting test files.

MassHealth’s preliminary schedule for testing is as follows.

<table>
<thead>
<tr>
<th>Testing Phase</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta Testing</td>
<td>Second and third quarters of 2011</td>
</tr>
<tr>
<td>Vendor Testing</td>
<td>Third quarter of 2011</td>
</tr>
<tr>
<td>Trading Partner Testing</td>
<td>Third and fourth quarters of 2011</td>
</tr>
</tbody>
</table>

**Other Changes**

Pharmacies and other providers using the Pharmacy Online Processing System (POPS) will receive separate MassHealth communications detailing the migration to the new National Council for Prescription Drug Programs (NCPDP) D.0 telecommunications standards and implementation schedule. MassHealth encourages these providers to contact their software vendor in anticipation of the changes.

Some of the CMS-mandated 5010 changes will also affect how you use the Provider Online Service Center (POSC) and submit paper claims to MassHealth. We will notify you of these changes once we have more detailed information about how these changes will affect you.

Some of the CMS-mandated changes will also affect the 837D transaction (for dental services). Information about these changes will be provided soon from DentaQuest.

Please look for future announcements and updates from MassHealth about the CMS-mandated 5010 changes by monitoring our Web site at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis).
Questions

If you have questions about the status of the 5010 implementation as it relates to your software vendor, clearinghouse, or billing intermediary, please contact them directly to understand their plans and if they will affect you.

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, or fax your inquiry to 617-988-8974.