



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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New Number: 603-271-9200

NICHOLAS A. TOUMPAS
COMMISSIONER

January 14, 2013

Re: Getting Ready for New MMIS System Implementation

Dear NH Medicaid Provider:

The Department's new Medicaid Management Information System (MMIS) will "go-live" on **April 1, 2013**. The MMIS is the system that the Department relies on for its enrollment of NH Medicaid providers, for the processing of Medicaid fee for service claims received from NH Medicaid providers and trading partners, and for issuing NH Medicaid claims payments. The primary purpose of this letter is to:

- Provide official notification of the transition,
- Give you key dates so that you can best plan for the transition,
- Give you key instructions on preparing for the transition

We will "go-live" on April 1st, 2013 with the new system called the NH MMIS Health Enterprise System, referred to as Health Enterprise. The new system will be implemented, maintained and operated by the new fiscal agent, Xerox (formerly known as ACS).

The existing NH Medicaid claims system called the NH AIM System will retire in March 2013. NH AIM was implemented in 1994 and has been maintained and operated by our current fiscal agent HP (formerly known as EDS). This includes retiring the use of HP's Provider Electronic Solution software that is used by providers for eligibility inquiries and for submitting claims to the HP/NH AIM system.

The Department is working closely with both HP and Xerox to make the transition as smooth and as least disruptive as possible. We are transferring your historical data from NH AIM to Health Enterprise, so that it will be there when Health Enterprise starts processing claims on April 1st. We have processes in place for the hand-off of paper records, incoming mail, etc. as we transition between our two fiscal agents.

The steps that the Department must take to retire the older NH AIM system and to switch over to the new Health Enterprise system will impact you. There are steps you must take to prepare for the shut-down of NH AIM. There are additional steps that you must take to ensure that you and/or your provider organization are ready for the start-up of the Health Enterprise system. We ask that you monitor this and future communications regarding this transition and take all requested action.

Upcoming Communications:

During the next three months leading up to April 1, 2013 you will receive a series of communications about preparing for the shut-down of the NH AIM system and for the "go-live" of the Health Enterprise MMIS. These communications will be issued through the Department, but may be mailed, posted, and/or delivered by HP and/or Xerox. They will include web postings, remittance advice Banner Messages, newsletters and bulletins. Please pay attention to these communications and take the steps necessary to best prepare you and/or your organization.

Preparing for last days and final processing on the NH AIM System:

HP and the Department will distribute information about the schedule of events leading to the eventual retirement of NH AIM, including final dates for the submission of enrollment application updates, prior authorizations, claims and adjustments, and financial payment cycle processing. More specific detail will be forthcoming, but the following dates/events are confirmed:

| | |
|----------------|---|
| March 1, 2013 | Last day for the submission of paper claims to HP |
| March 8, 2013 | Last day for the submission of electronic and Provider Electronic Solution claims to HP Last day for the submission of adjustments and prior authorizations to HP |
| March 15, 2013 | Last regular financial cycle in NH AIM by HP; processing all claims received March 2, 2013 through the March 8, 2013 deadline |
| March 22, 2013 | Final financial cycle run in NH AIM by HP, processing most remaining paper and suspended claims received by March 8 deadline that were not processed for March 15, 2013 |
| March 29, 2013 | Last paid date for payments from March 22, 2013 financial cycle run |

Enforcement of the early March deadlines for claims submission to the NH AIM system will lead to a period of time during which you will not be able to submit claims to the NH AIM system and you must wait for the Health Enterprise system to go-live. This period of time will be referred to now and in future communications as the “blackout period.” Because you cannot submit claims during the blackout period, you could experience a gap in the receipt of regular claims payments. The Department is informing you in advance so that you can take the steps necessary to keep your billing as current as possible and to plan ahead for managing payments during the last few weeks of March and the first weeks in April.

The NH Medicaid Program recognizes that the blackout period may pose a hardship on some providers. It is our goal to avoid an interruption of services as a result of this transition. We are analyzing the feasibility of making transition payments to some providers to assure that services continue during the blackout period. Additional information will be forthcoming.

Getting ready for the Health Enterprise MMIS “Go-Live” and Start-up:

The Health Enterprise MMIS will be available and will begin to process transactions on Monday, April 1, 2013. In order for you and/or your provider organization to be ready to use the Health Enterprise system on day one, you will need to have:

1. One or more provider re-enrollment applications approved,
2. Your provider organization set up on the system with appropriately assigned user privileges,
3. Reviewed the processes, forms, and formats required by the Health Enterprise system to ensure that your submissions are accepted.

If you are a provider that uses a Trading Partner, including a clearinghouse or billing agent to submit/receive electronic transactions on your behalf, you will need to make sure that your clearinghouse or billing agent has submitted an approved trading partner application.

The Health Enterprise System is being rolled-out in three phases: 1.) Provider Re-enrollment Phase, 2.) Provider Plus" Phase and 3.) Implementation Phase.

The **Provider Re-enrollment Phase** of the Health Enterprise implementation went live on **December 17, 2011**. All active NH Medicaid providers must complete and submit a re-enrollment application with the Health Enterprise system. The re-enrollment application must be approved in advance of April 1st so that providers are able to submit claims to the new Health Enterprise MMIS when it goes live. All Trading Partners must submit and have an approved enrollment application. Actions required during the Provider Re-enrollment Phase are to:

1. Prepare, submit, and get your Provider Re-Enrollment application(s) approved;
2. Ensure that your clearinghouse or billing agent has submitted its trading partner application;
3. Complete #1 and #2 (if applicable) prior to February 15th to prepare for next phase.

If you do not have an approved provider re-enrollment application, any of your claims submitted to the new Health Enterprise MMIS for dates of service after April 1, 2013 will deny. Please take action.

The next phase of the Health Enterprise system implementation, referred to as "**Provider Plus**" Phase will begin on **February 25, 2013**. With Provider Plus, the following will occur:

1. Approved re-enrolled Providers will receive letters containing their log-in credentials;
2. Providers will log-in to the new Health Enterprise MMIS to set up their provider organization;
3. Organization Administrators can designate user access privileges for authorized users;
4. Providers can begin to create claim templates if they intend to submit claims online; and
5. Review new billing manuals for the potential for any changes to billing with the new MMIS.

"Go-Live" on **April 1, 2013** is the start of the final **Implementation Phase**. "Go-Live" represents the complete transition of processing from the old system to the new system. It represents,

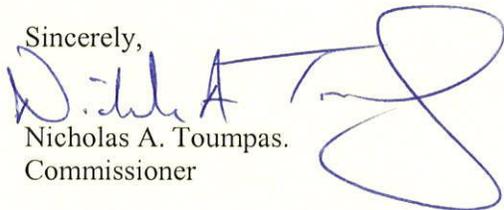
- the shut-down of all processing on the HP NH AIM system; and
- the start of NH Medicaid claims and payment processing on the new system

The new Health Enterprise system will process its first financial cycle on 4/5/2013 with a paid date of 4/12/2013. Checks and EFT payments will be issued following 4/12/2013.

The Department, Xerox and HP are all committed to effecting as successful a transition as possible and to keeping you informed. We are striving to minimize the impact to you and to be ready to support you through this process. We appreciate your willingness to work with us and your effort to get your provider organization as ready as possible as we approach March 2013.

If you have any questions specific to the schedule of activities related to the retiring of the current NH AIM system, please contact the HP Provider Relations Unit at 1-800-423-8303 (NH & VT only) or (603) 224-1747. If you have any questions about the implementation of the new Health Enterprise MMIS please contact the Xerox Provider Relations Unit at 1-866-291-1674 or (603)-223-4774.

Sincerely,


Nicholas A. Toumpas.
Commissioner

Key Points
Getting ready for the new MMIS Implementation

Health Enterprise MMIS is going live on April 1, 2013:

Provider Re-enrollment

- All currently active NH Medicaid Providers who intend to continue to provide services and to submit claims after 4/1/2013 must re-enroll with the new Health Enterprise MMIS
- Complete and submit your re-enrollment application online by February 15th, 2013 so that it can be reviewed and approved prior to 4/1/2013

Provider Plus

- After 2/25/2013, the new Health Enterprise System will issue a letter to all approved re-enrolled providers that will contain the log-in credentials for your organization administrator
- Provider Organizational Administrators can log-in to Enterprise to set up the access rights for staff in your provider organization that will use Enterprise to check eligibility, submit service authorizations, submit online claims, and/or access your remittance advice online.
- Providers who elect to submit claims using Enterprise's online claims submission capabilities can begin to create claim templates to facilitate the submission of their claims.
- Review the new Billing Manual for your provider type so that you are current with the billing policies of the Department

Implementation – Go-Live 4/1/2013

- Beginning 4/1/2013, if you do not have an approved re-enrollment application, you will not be ready to use the online capabilities of Enterprise and any claims you submit to Enterprise for dates of service 4/1/2013 and later will deny.
- Enterprise will begin to process claims on 4//2013 and the first financial cycle will be run on Enterprise on 4/5/2013 with a paid date of 4/12/2013.

NH AIM will be retiring on March 31, 2013:

January 2013

- DHHS will communicate plan for possible transition payments to certain providers

February 2013

- Take the steps necessary to ensure that your requests for prior authorizations and your claims billing to HP/NH AIM are caught up and are as current as possible

March 2013

- Be aware of final processing deadlines and “black-out” periods, including:
 - 3/1 – last day for paper claims submissions
 - 3/8 last day for electronic claims, prior authorizations, claims adjustment submissions
 - 3/15 last major financial cycle from NH AIM with paid date of 3/22
 - 3/22 last financial cycle from NH AIM with paid date of 3/29
- Prepare for gap in regular claims payment for final weeks of March and early April
- Transition payments to certain providers issued

April 2013

- NH AIM System is retired – all system processing is transitioned to Enterprise MMIS