NewMMIS Job Aid: Submit a Residential Care Home Claim

This job aid reviews the process of submitting an electronic institutional claim in the Provider Online Service Center (POSC) for residential care homes. For specific billing information, refer to the relevant Residential Care Home Billing Guide for the UB-04.

This job aid describes how to submit a single institutional claim using the POSC.

Access Enter Single Claim

From the Provider Online Service Center home page:

1. Click **Manage Claims Payments**.
2. Click **Enter Single Claim**. The **Claim Templates** panel is displayed.

On the **Claim Templates** panel:

3. Click **Institutional Claim**. The **Billing Information** panel is displayed.

Billing Information: Enter Billing and Resident Information

On the **Billing Information** panel:

4. Select the **Type of Bill** from the drop-down list.
5. Select the **Billing Provider ID** from the drop-down list. This is the 10-digit identification number/service location code assigned to the residential care home by the MassHealth claims processing system.
6. Enter the **Member ID** for the claim. This is the resident's 12-digit identification number.
7. Enter the **Patient Account #**. If you use an account number to identify and track your residents, enter this account number in this field.
8. Enter the resident's name in the **Last Name** and **First Name** fields.
9. In the **DOB** field, enter the resident's date of birth.
10. Select the resident's **Gender** from the drop-down list.
11. In the **Member Address 1** field, enter the resident's street address (the street address of the residential care home in which the resident lives).
12. Enter the resident's **City**, **State**, and **Zip code** in their respective fields. (These are the city, state, and zip code for the residential care home in which the resident lives.)

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Billing Information: Enter Provider and Benefit Information

On the **Billing Information** panel:

13. In the **Attending Phys Last Name** and **Attending Phys First Name** fields, enter the name of the attending physician associated with the claim.

14. Enter the **Attending Phys NPI** (national provider identifier).

    Note: When submitting a POSC claim, this field should always be set to **Yes**.

15. In the **Assignment of Benefits** drop-down list, select whether or not the resident authorizes benefits to be paid to the residential care home.

    Note: When submitting a POSC claim, this field should always be set to **Yes**.

16. Select the **Claim Filing Indicator** from the drop-down list.

    Note: When submitting a POSC claim, this field should always be set to **MC-Medicaid**. (The actual payer is the Massachusetts Department of Transitional Assistance (DTA), but the Commonwealth uses the MassHealth claims payment system to process claims on behalf of DTA.)

17. Select the **Release of Information** from the drop-down list.

Service Information: Enter Service Information

On the **Service Information** panel:

18. In the **From Date** and **Through Date** fields, enter the date range for the claim.

19. Select the **Patient Status** from the drop-down list.

20. Select the **Admit Source** from the drop-down list.

21. Enter the **Admission Type** from the drop-down list.

22. Enter the **Admission Date**. Enter the date of the resident's initial admission to the residential care home or the date of the most recent readmission following a three-day hospital stay.

Claims Charges: Enter the Claim Charges

On the **Claims Charges** panel:

23. Enter the **Total Charges** for the claim.

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Extended Services: Enter Occurrence Information *(applicable only if entering* **MLOA—Medical Leave** *and* **NMLOA—Non-Medical Leave** *information)*

24. Click the **Extended** Services tab.

On the **List of Occurrences** panel:

25. Click **New Item**. The **Occurrence Code Detail** panel is displayed.

On the **Occurrence Code Detail** panel:

26. Select **the Occurrence Code** from the drop-down list.

27. In the **From** and **To** fields, enter the date range for the occurrence code for the claim.

28. Select the **Type** of occurrence from the drop-down list.

29. Click **Update** to save the Occurrence information.

On the **List of Values** panel

30. Click **New Item**. The **Value Code Detail** panel is displayed

On the **Occurrence Code Detail** panel:

31. Select the **Value Code** from the drop-down list.

32. In the **Value** field, enter the value of the claim.

33. Click **Update** to save the Value information.

ICD Version: Specify the ICD Version

On the **ICD Version** panel:

34. Click the **ICD-9** or **ICD-10** button to indicate the version of ICD codes being submitted.

List of Diagnoses: Enter Diagnosis Information

On the **List of Diagnoses** panel:

35. Click **New Item**. The **Diagnosis Code Detail** panel is displayed.

On the **Diagnosis Code Detail** panel:

36. Enter the **Diagnosis Code**. This is the ICD-CM code that describes the resident's principal diagnosis. Refer to the NUBC Instruction Manual for code values.

37. Select the **Type** of diagnosis code from the drop-down list.

38. Click **Update** to save the diagnosis code information.

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Enter Procedure Information *(Repeat for each detail line.)*

39. Click the **Procedure** tab.

On the **List of Institutional Services** panel:

40. Click **New Item**. The **Institutional Service Detail** panel is displayed.

On the **Institutional Service Detail** panel:

41. Enter the **Revenue Code**.

42. Enter the number of **Units** for the claim. This is the number of days for the claim.

43. Select the **Units of Measurement** from the drop-down list.

44. Enter the **Charges** for the claim.

45. Click **Add**.

Confirm Claim

46. Click the **Confirmation** tab.

On the **Confirmation** panel:

47. Verify that the claim information is correct.

48. Once you have ensured the claim is correct, click **Submit**.

49. Review the adjudicated claim results as identified on the confirmation page. Verify the claim status.

Explanation of Benefits (EOB) Codes

On the **Explanation of Benefits (EOB)** panel:

50. Review any EOB codes that may appear. If the claim status is denied, correct any errors and resubmit the claim.

51. Click **Close**.