




Commonwealth of Massachusetts
Executive Office of Health and Human Services
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MASSHEALTH
TRANSMITTAL LETTER GAFC-3
July 2007

TO: Group Adult Foster Care Providers Participating in MassHealth

FROM: Tom Dehner, Medicaid Director 

RE: *Group Adult Foster Care Manual* (Revised Billing Instructions)

As announced in All Provider Bulletin 164 (May 2007), MassHealth has modified its paper claim forms to include fields for your national provider identifier(s) and taxonomy code(s), when instructed by MassHealth. All other fields remain the same. The new claim forms became effective May 23, 2007. You must use these new claim forms for all paper submissions. If you need to rebill, resubmit, or adjust a claim that was originally submitted on an old claim form, you must prepare a new claim using the revised claim form, and otherwise follow the claim correction procedures according to the billing instructions in Subchapter 5 of your provider manual.

MassHealth has updated its billing instructions for paper claims to include instructions for completing the revised claim form. We are also providing these instructions in a new way as described in this transmittal letter.

General Instructions in Subchapter 5 of Your Provider Manual

The billing instructions that are contained in Subchapter 5 of your MassHealth provider manual have been revised so that they apply to all providers. This letter transmits revisions to Part 3 (Billing MassHealth) and Part 5 (Claim Status and Payment) of the general billing instructions that apply to all providers. Part 3 describes the options for submitting claims—either electronically or on paper claim forms. Part 5 describes in general terms what you receive from MassHealth after you submit your claims. This includes a general description of the electronic transaction and the paper remittance advice, depending on how you submit your MassHealth claims. Part 5 also describes your options for receiving payment.

Claim-Form-Specific Instructions on the Web

In addition to the general all-provider instructions in Subchapter 5 of your MassHealth provider manual, MassHealth has begun posting to its Web site freestanding claim-form-specific instructions. For each type of claim form, MassHealth will post two documents:

- instructions for billing on paper claims to MassHealth; and
- a guide to the MassHealth remittance advice and its electronic equivalents.

These guides contain the detail you will need to bill MassHealth using paper claim forms. If you bill your claims electronically, you should refer to the [MassHealth companion guides](#), which are also on the MassHealth Web site. To locate these freestanding guides on the Web, go to www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters.

E-mail Alerts

You can sign up to receive an e-mail notification when we update the freestanding billing guides. Go to the MassHealth Billing Guides for Paper Claim Submitters Web page and click on the link to sign up.

Questions

If you have any questions about the information in this transmittal letter or if you would like information about billing your MassHealth claims electronically, 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.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Group Adult Foster Care Manual

Pages 5.3-1, 5.3-2, and 5.5-1 through 5.5-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Group Adult Foster Care Manual

Pages 5.3-1 through 5.3-8 and 5.5-1 through 5.5-12 – transmitted by Transmittal Letter GAFC-1

Commonwealth of Massachusetts MassHealth Provider Manual Series Group Adult Foster Care Manual	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.3-1
	Transmittal Letter GAFC-3	Date 07/01/07

Part 3. Billing MassHealth

Electronic Claims

Electronic submission of claims is the most efficient, cost-effective, and accurate method of submitting claims for MassHealth payment. Electronic claims, on average, contain 25% fewer errors, and are processed faster than paper claims, due to reduced data-entry errors and the elimination of mailing and handling times.

Pharmacy Claims

All MassHealth retail and 340B pharmacy claims must be submitted electronically via the Pharmacy Online Processing System (POPS). Affiliated Computer Services (ACS) operates POPS under the general framework of standards and protocols established by the National Council for Prescription Drug Programs (NCPDP). Pharmacy providers must work with their switch and software vendors to ensure compliance.

For information about pharmacy claim submission, visit www.mass.gov/masshealth/pharmacy, or contact the ACS Help Desk using the information found in Appendix A of your MassHealth provider manual.

Dental Claims

All claims for dental services are handled through the dental third-party administrator. For information about dental claim submission and the MassHealth dental program, visit www.masshealth-dental.net, or contact the third-party administrator at the phone number listed in Appendix A of your MassHealth provider manual.

All Other MassHealth Claims

With the exception of pharmacy and dental providers (as directed above), all other MassHealth providers interested in submitting claims electronically should contact [MassHealth Customer Service](#) or the provider's software vendor or billing intermediary.

There are several methods of electronic claim submission available, including direct billing, the use of a vendor (billing intermediary or clearinghouse) that submits claims on your behalf, and our free MassHealth Provider Claim Submission Software (PCSS).

Direct Billing

Electronic claims can be submitted directly to MassHealth using the secure Transactions Web site, accessible from www.mass.gov/masshealth. You must go through testing procedures before submitting claims electronically. If you are interested in submitting claims using this method, contact [MassHealth Customer Service](#) using the contact information listed in Appendix A of your MassHealth provider manual, to learn more about testing procedures.

Commonwealth of Massachusetts MassHealth Provider Manual Series Group Adult Foster Care Manual	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.3-2
	Transmittal Letter GAFC-3	Date 07/01/07

Using a Vendor

If you currently submit paper claims through a vendor, [MassHealth Customer Service](#) can assist you and your vendor in the transition to electronic billing. If you do not currently have a vendor, but are interested in using one, we encourage you to view the [MassHealth approved vendor list](#) on the MassHealth Web site to find a vendor or to see if your vendor currently works with MassHealth.

PCSS

Along with facilitating MassHealth billing, the free MassHealth PCSS can capture and retain your provider and patient data and generate simple reports.

To download the software and find additional product information, including the technical specifications to use PCSS, go to www.mass.gov/masshealth/pcss. If you have additional questions after reviewing these resources, contact [MassHealth Customer Service](#) using the information in Appendix A of your MassHealth provider manual.

Additional Resources

More information about electronic billing is available in the [MassHealth companion guides](#), found on the MassHealth Web site in the MassHealth Provider Library.

Paper Claims

Information about which claim forms you should use to bill MassHealth and instructions for completing and submitting paper claim forms to MassHealth are available online at www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters. The instructions should be used along with the MassHealth regulations. The proper completion and submission of claim forms is essential for timely and accurate claims processing and payment.

Commonwealth of Massachusetts MassHealth Provider Manual Series Group Adult Foster Care Manual	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.5-1
	Transmittal Letter GAFC-3	Date 07/01/07

Part 5. Claim Status and Payment

Claim Status

After MassHealth processes a claim, the claim status is reported through the 276/277 transaction in the Recipient Eligibility Verification System (REVS) and on the MassHealth-issued remittance advice (RA).

Pharmacy Claims

For retail and 340B pharmacy claims, refer to the [POPS Billing Guide](#) for information about claim status (claim response formats). See page 5.5-2 for information about MassHealth payment to all providers, including pharmacy providers.

All Other Claims

This section explains how to determine the status of a nonpharmacy claim. See page 5.5-2 for information about MassHealth payment to all providers. MassHealth reports claim status and payment information through the 276/277 transaction and through its paper RAs.

276/277 Transaction

The 276/277 HIPAA-compliant electronic transaction is the standard for claim-status inquiries to determine if a claim is paid, denied, or suspended. Claim status can be verified 24 hours a day, seven days a week through the 276/277 transaction using the claim status system in REVS. REVS can be accessed via the Web (WebREVS), or through REVS PC software. The 276/277 transaction provides fast and accurate information about the status of a claim.

In order to use REVS for the 276/277 transaction, the submitter must be a MassHealth trading partner with a valid user ID and password. If you have questions about REVS or the claim status subsystem, contact the REVS Help Desk (see Appendix A of your MassHealth provider manual). If you do not have a user ID and password, contact EDI Support (see Appendix A).

Remittance Advice

The RA is a helpful tool when reconciling accounts, as it reports the status of a claim submitted to MassHealth. The RA is available in three forms: the 835 electronic RA, the supplemental electronic RA, and the paper RA.

835 Remittance Advice

The 835 RA can be downloaded from the secure MassHealth Web site by a provider who has a signed trading partner agreement (TPA) on file with MassHealth. Testing for this transaction is not required. Format requirements and applicable standard codes are listed in the Implementation Guide, which can be accessed from the HIPAA section of the [Washington Publishing Company \(WPC\)](#) Web site. If you are not able to download this transaction from the MassHealth Web site, contact [MassHealth Customer Service](#) using the contact information listed in Appendix A of your MassHealth provider manual. The [MassHealth 835 Companion Guide](#) provides MassHealth-specific information for the data content, codes, business rules, characteristics of the 835 transaction, technical requirements, and transmission options. The guide is available on the

Commonwealth of Massachusetts MassHealth Provider Manual Series Group Adult Foster Care Manual	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.5-2
	Transmittal Letter GAFC-3	Date 07/01/07

MassHealth Web site or by contacting [MassHealth Customer Service](#) using the contact information in Appendix A of your MassHealth provider manual.

Electronic Supplemental Remittance Advice

The electronic supplemental RA file reports paid, denied, and suspended claims in the MassHealth RA format.

Paper Remittance Advice

The paper RA also displays information about claim status, although it appears in a format that is unique to MassHealth. The paper RA is sent to the “check mailing” address listed on your provider file. Generally, claims appear on an RA within 30 days of receipt by MassHealth (with the exception of Medicare crossover claims forwarded by the Medicare intermediary).

For more information about account reconciliation using the paper RA, review the applicable MassHealth remittance advice and electronic equivalents guide for the claim type on which you bill. These documents are available in the Provider Library on www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters. Both billing instructions and guides to remittance advices and electronic equivalents for each claim type are available from this page.

Payment

MassHealth offers two options for receiving payment for services provided to MassHealth members: electronic funds transfer (EFT) and paper checks. MassHealth strongly encourages providers to choose EFT for payment.

Please note that all payments, whether electronic or paper check, are issued by the Office of the Comptroller. Account reconciliation is the provider’s responsibility. Although MassHealth does not reconcile provider accounts, if you have a claim-related issue, contact MassHealth Customer Service using the information provided in Appendix A of your MassHealth provider manual.

Electronic Funds Transfer (EFT)

EFT is a safe and secure payment method that allows MassHealth to directly deposit payment into a bank account designated by the provider. To receive payment through EFT, you must submit an application with an original signature to MassHealth. It will take approximately 14 business days to start receiving EFT payments after a completed application has been processed. Mail the EFT form to MassHealth Customer Service at the address listed in Appendix A of your MassHealth provider manual. More information is available on the MassHealth Web site at www.mass.gov/masshealth or the VendorWeb site, which can be accessed from <https://massfinance.state.ma.us>.

Commonwealth of Massachusetts MassHealth Provider Manual Series Group Adult Foster Care Manual	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.5-3
	Transmittal Letter GAFC-3	Date 07/01/07

Paper Check

Providers who do not sign up for EFT receive payment through traditional paper checks. Paper checks are sent via U.S. mail and, therefore, may encounter time delays that the electronic methods of payment avoid. Reconciling the RA should be done with a corresponding check stub or transaction notification from the submitter’s financial institution.

If you have additional questions about how to determine the status of a claim or which payment method is best for you, please contact [MassHealth Customer Service](#) using the contact information provided in Appendix A of your MassHealth provider manual.

VendorWeb

[VendorWeb](#) is the Commonwealth’s online source for financial information. Once assigned a vendor code, providers can access information about payments issued to them by the Commonwealth through the VendorWeb site at <https://massfinance.state.ma.us>. For example, providers who receive payment via EFT can view their payment schedules online and download payment histories at their convenience.

Providers receiving payment via paper checks can find their vendor code on their checks. Vendor codes are alpha-numeric, beginning with the letters “VC” followed by a 10-digit number. Vendor codes are not related to your federal tax identification number. If you receive EFT reimbursement, but are unsure of your vendor code, contact [MassHealth Customer Service](#).

Commonwealth of Massachusetts MassHealth Provider Manual Series Group Adult Foster Care Manual	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.5-4
	Transmittal Letter GAFC-3	Date 07/01/07

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