Job Aid: Submit a Residential Care Home Claim

This job aid describes how to submit a single Residential Care Home institutional claim in the Provider Online Service Center (POSC). For specific billing information, refer to the Residential Care Home Billing Guide for the UB-04.

Note: Fields with an asterisk are required fields and must be completed to proceed to the next panel.

Access Enter Single Claim

From the **POSC** home page:

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

On the **Claim Templates** panel:

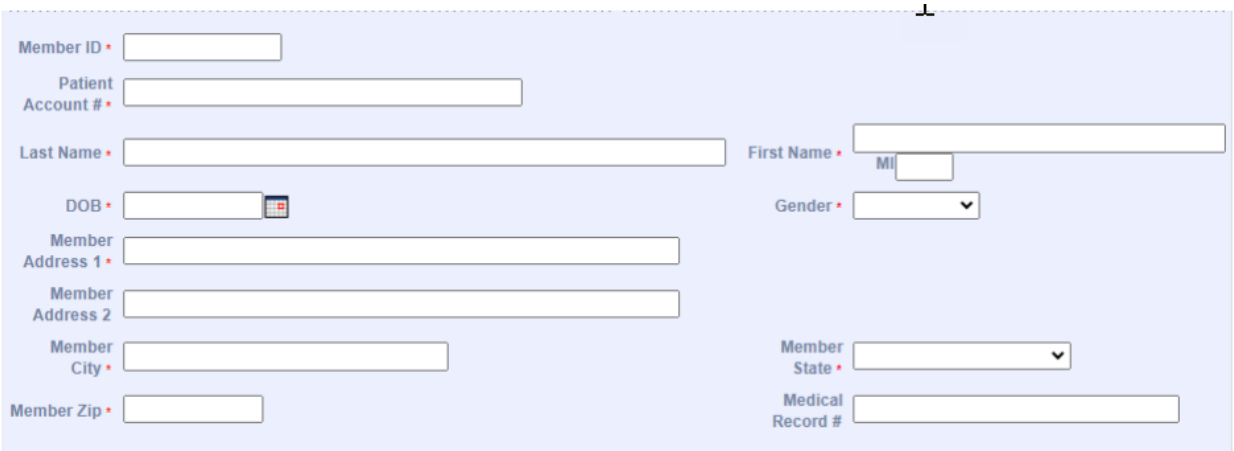
3. Click **Institutional Claim**. The **Billing Information** panel displays.

Billing Information: Enter Billing and Resident Information

On the **Billing Information** panel:

4. Select the **Type of Bill*** from the dropdown list.
5. Select the **Billing Provider ID*** from the dropdown list. This is the 10-digit identification number/service location code assigned to the residential care home by MassHealth.

6. Enter the **Member ID*** for the claim. This is the resident's 12-digit member 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 dropdown list.
11. In the **Member Address 1*** field, enter the street address of the residential care home in which the resident lives.
12. Enter the resident's **City***, **State***, and **ZIP code*** for the residential care home in which the resident lives.

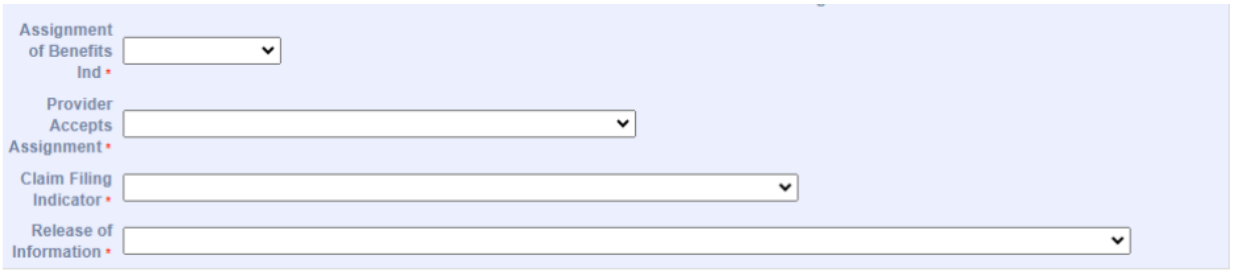


Billing Information: Enter Provider and Benefit Information

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 number).

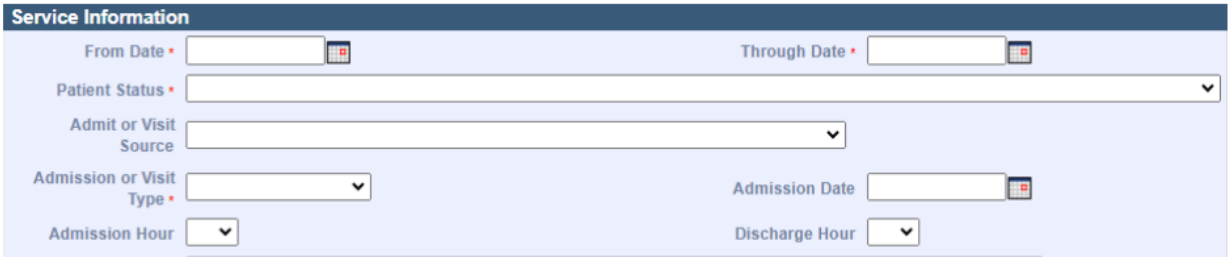
15. In the **Assignment of Benefits Ind*** dropdown list, select whether the resident authorizes benefits to be paid to the residential care home.
16. Select the appropriate value in the **Provider Accepts Assignment*** dropdown list.
17. Select the **Claim Filing Indicator*** from the dropdown list.
18. Select the **Release of Information*** from the dropdown list.



Service Information: Enter Service Information

On the **Service Information** panel:

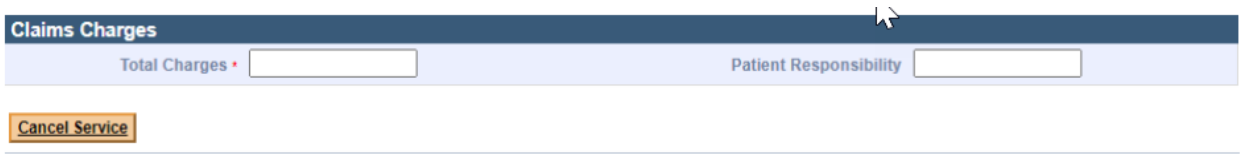
19. In the **From Date*** and **Through Date*** fields, enter the date range for the claim.
20. Select the **Patient Status*** from the dropdown list.
21. Select the **Admit or Visit Source** from the dropdown list.
22. Enter the **Admission or Visit Type*** from the dropdown list.
23. Enter the **Admission 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:

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



Extended Services: Enter Occurrence Information

Note: This section is applicable only if entering MLOA—Medical Leave and NMLOA—Non-Medical Leave information.

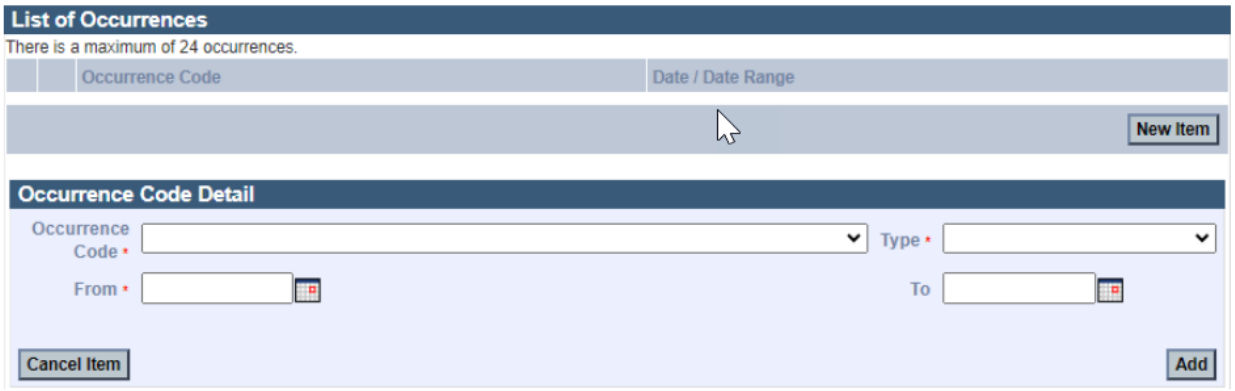
25. Click the **Extended Services** tab.

On the **List of Occurrences** panel:

26. Click **New Item**. The **Occurrence Code Detail** panel displays.

On the **Occurrence Code Detail** panel:

27. Select the **Occurrence Code*** from the dropdown list.
28. Select the **Type*** of occurrence from the dropdown list.
29. In the **From*** and **To** fields, enter the date range for the occurrence code for the claim.
30. Click **Add** to save the Occurrence information. Repeat steps 26–30 to add more occurrences.



On the **List of Values** panel:

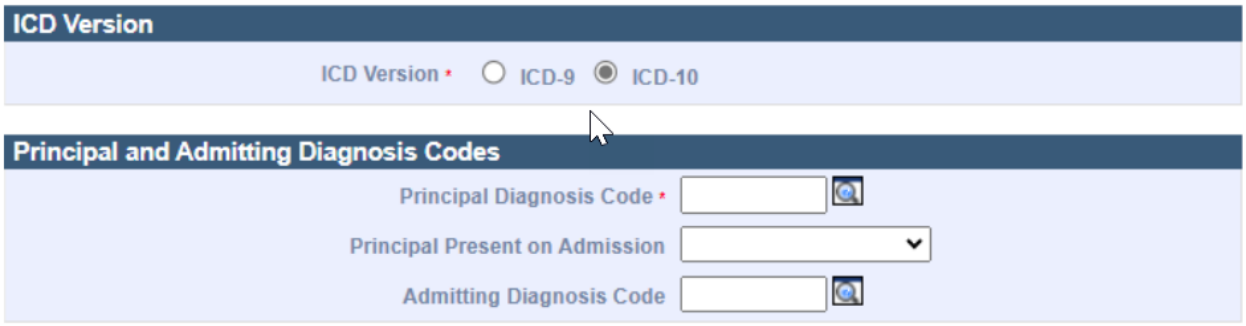
31. Click **New Item**. The **Value Code Detail** panel displays.

On the **Value Code Details** panel:

32. Select the **Value Code*** from the dropdown list.
33. In the **Value*** field, enter the value.
34. Click **Add** to save the Value information. Repeat steps 31–34 to add more values.

ICD Version: Specify the ICD Version

35. On the **ICD Version*** panel, the radio button will default to ICD-10.
36. On the **Principal and Admitting Diagnosis Codes** panel:
37. Enter the **Principal Diagnosis Code***.
38. Enter **Principal Present on Admission** from the dropdown menu.
39. Enter the **Admitting Diagnosis Code**.



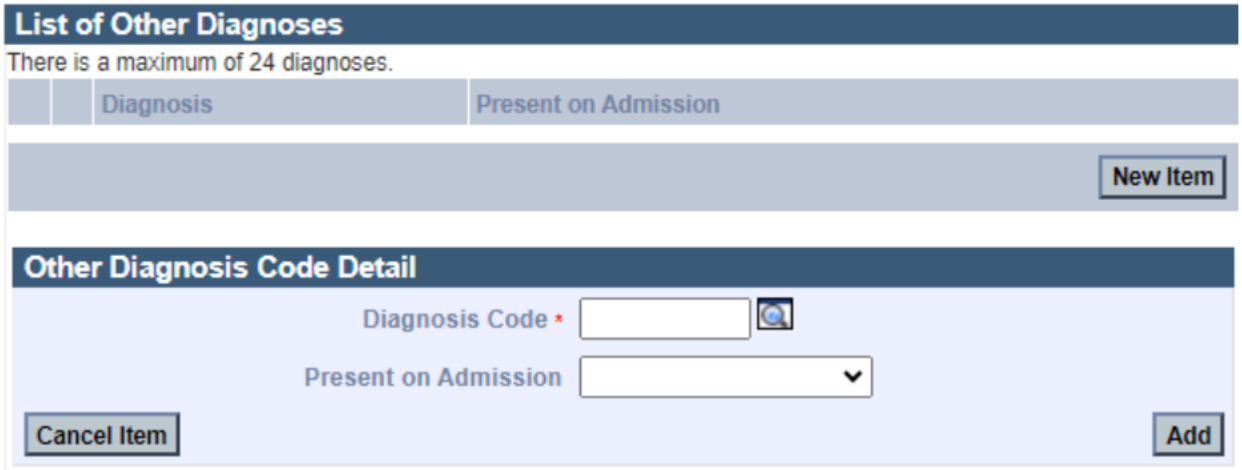
List of Diagnoses: Enter Diagnosis Information

On the **List of Diagnoses** panel:

40. Click **New Item**. The **Diagnosis Code Detail** panel displays.

On the **Diagnosis Code Detail** panel:

41. 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.
42. Select the **Type** of diagnosis code from the dropdown list.
43. Click **Add** to save the diagnosis code. Repeat steps 41–43 to add more diagnosis codes.



Enter Procedure Information

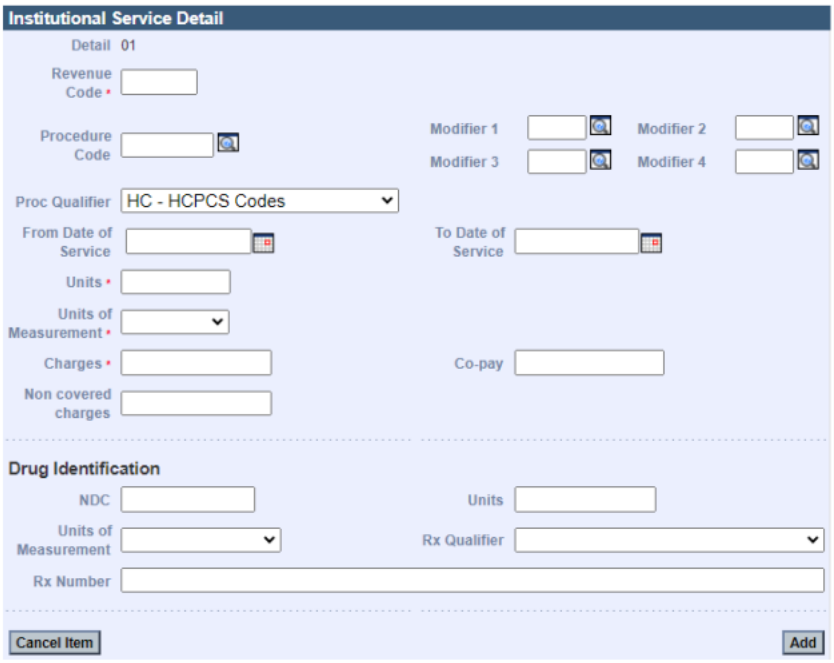
44. Click the **Procedure** tab.

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

45. Click **New Item**. The **Institutional Service Detail** panel displays.

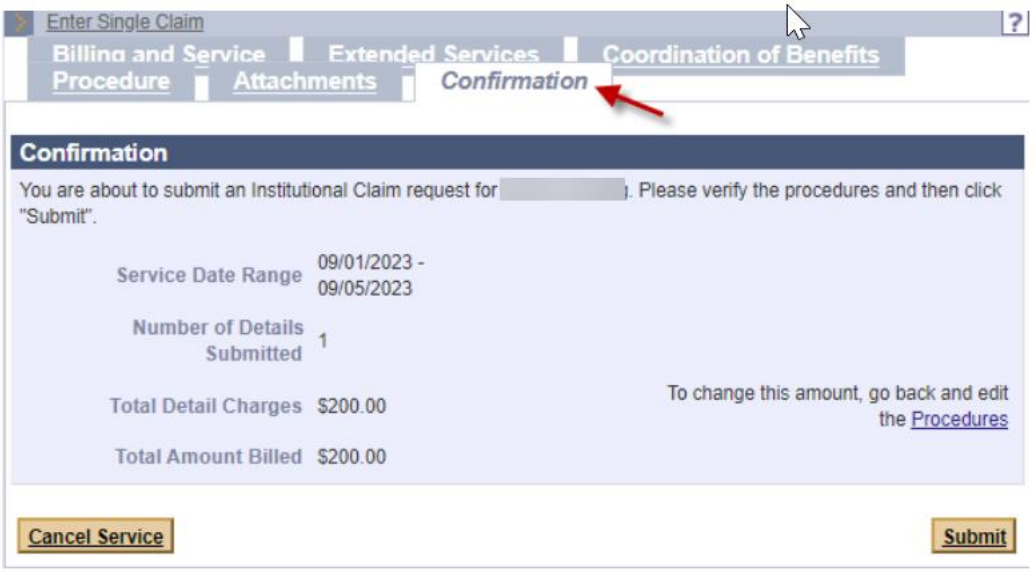
On the **Institutional Service Detail** panel:

46. Enter the **Revenue Code***.
47. Enter the number of **Units*** for the claim. This is the number of days for the claim.
48. Select the **Units of Measurement*** from the dropdown list.
49. Enter the **Charges*** for the claim.
50. Click **Add**. Repeat steps 45–50 to add more claim lines.



Confirm Claim

51. Click the **Confirmation** tab.
52. Verify that the claim information is correct.
53. Once you have verified the claim is correct, click **Submit**.



54. 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:

55. Review any EOB codes that may appear. If the claim status is denied, correct any errors and resubmit the claim.
56. Click **Close**.