



## Suspense Edits for Long Term Care Claims

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### *Member Eligibility Suspense Edits*

This document provides information that will enable long term care (LTC) providers to prevent and resolve claims that suspend for member eligibility. MassHealth has compiled this reference to illustrate the reason behind the issue (suspense reason/edit code), the resulting action performed by the system (system resolution), actions that providers can take to prevent a claim from suspending, and corrective actions to take to resolve a suspended claim (provider action). This document also includes MassHealth resources to help you find the reference, policy, and information needed online to both prevent and resolve suspended claims.

#### **Edit 2001 (Member ID Number Not on File)**

##### ***Suspense Reason***

The claim suspends because the member ID number submitted is not on file. This is a recycle edit and will recycle for 14 days.

##### ***System Resolution***

If the member ID is still not on file after 14, days the claim will deny for Edit 7705 (Final Edit Member Not on File).

##### ***Provider Action***

Validate the member ID number on the claim. Check for the member ID error using the POSC. If the member ID is incorrect on the claim, refer to your MassHealth provider manual in Subchapter 5, Part 6 for the correction and resubmittal instructions. If correct, contact the MassHealth enrollment Center (MEC) to check the status of the application.

##### ***Recommended Best Practice MassHealth Resources to Access***

- *Nursing Facility Manual-Subchapter 5, Part 6*
- *Nursing Facility Manual-Appendix B (List of regional MECs)*

#### **Edit 2003 (Member Ineligible on Detail Date of Service-Header)**

##### ***Suspense Reason***

The claim suspends because the member is not eligible on the date of service. This is a recycle edit and will recycle for 14 days.

##### ***System Resolution***

If the member is still not eligible on the date of service after 14, days the claim will deny for Edit 7711 (Final Edit Member Not Eligible-Detail).

##### ***Provider Action***

Check the claim for date of service errors. Verify the member's eligibility using the POSC. Contact the MEC for their area to check the status of the member application and enrollment dates.

***Recommended Best Practice MassHealth Resources to Access***

*Nursing Facility Manual-Appendix B (List of regional MECs)*

**Edit 2802 (No Benefit Program for Member Found)**

***Suspense Reason***

The claim suspends because there is no benefit program indicated on the file for the member for the date of service. This is a recycle edit and will recycle for 14 days.

***System Resolution***

If the member's file is not updated to include benefit information, the claim will deny for Edit 7711 (Final Edit Member Not Eligible-Detail).

***Provider Action***

Check the claim for date of service errors. Verify the member's eligibility using the POSC. Contact the MEC for their area to check the status of the member application and enrollment dates.

***Recommended Best Practice MassHealth Resources to Access***

*Nursing Facility Manual-Appendix B (list of regional MECs)*

**General MassHealth Resources**

1. Confirm MassHealth requirements in your provider manual. From the POSC, click on the Provider Manuals link in the Publications panel on the right of the screen. MassHealth provider manuals can also be accessed from the Provider Library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).
2. Verify member eligibility from the POSC. Click on Manage Members, then on Eligibility.
3. Check the regulations for your provider type. Click on MassHealth Regulations in the Publications panel on the MassHealth Web site ([www.mass.gov/masshealth](http://www.mass.gov/masshealth)).

For more information, contact HIPAA Support at MassHealth Customer Service by e-mail at [hipaasupport@mahealth.net](mailto:hipaasupport@mahealth.net) or by phone at 1-800-841-2900.