

To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



MassHealth New Charter School Training and Resource Guide

October 13, 2005

Agenda

- Customer Service Team (CST)
- Important Self-Service Options
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- Health Insurance Portability and Accountability Act (HIPAA)
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Customer Service Team

The **MassHealth Customer Service Team (CST)** is here to help with:

- **Billing and Policy Questions**
- **Provider Training and Outreach**
- **Provider Enrollment**
- **HIPAA Transactions support**
- **EDI general support**

Contact us:

1(800) 841-2900

Correspondence via mail:

MassHealth Customer Service

Attn: Claims, Provider Enrollment, or other correspondence

P.O. Box 9118 (75 Sgt. William B. Terry Drive)

Hingham, MA 02043



Important Self-Service Options

- **Provider Library** of MassHealth publications includes Bulletins, Transmittal Letters, Message Text, and billing tip fliers.
(www.mass.gov/masshealth)
- Eligibility and Claims Status through **REVS** (www.massrevs.eds.com)
- Electronic **claim submission** through www.mass.gov/masshealth.
- Electronic **Remittance Advice**
- Electronic Fund Transfer **EFT**
- **PCSS** Provider Claims Submission Software
- There is PCSS training available for providers.

Options for submitting claims

- **Electronic File** Submission through www.mass.gov/masshealth
- **CD- ROM** or **Diskette**
- Software called **PCSS** (Provider Claim Submission Software)
 - Can be downloaded from www.mass.gov/masshealth.
- Paper Claim / Invoice Forms

Providers are encouraged to submit claims electronically.

Benefits include:

- Improved cash flow
- Reduce administrative costs.

Currently 202 State municipalities submit claims electronically.
144 of those providers submit through a vendor.



Health Insurance Portability and Accountability Act of 1996

- Requires the Department of Health and Human Services to follow national standards for electronic health care transactions and national identifiers for providers, health plans and employers.
- Addresses the security and privacy of health related data.

Guides Available:

Implementation Guide specifies the required data elements.

- Available at www.wpc-edl.com/hipaa

Companion Guide outlines MassHealth specific data elements that will be required when submitting electronic claims.

- Available at www.mass.gov/masshealth

Electronic Transactions

- **837P Professional Health Care Claim**
 - Allows providers to submit direct service claims to MassHealth
- **997 Acknowledgement of receipt**
- **835 Health Care Payment and Remittance Advice**
 - Assists providers in reconciling their accounts
- **270/271 Eligibility Verification Inquiry and Response**
 - Allows providers to verify member eligibility
- **276/277 Claim Status Inquiry and Response**
 - Allows providers to check the status of claims

Trading Partner Agreement

Establishes an agreement between the provider and the Executive office of Health and Human Services:

- Both parties will take all necessary steps to ensure that all electronic transactions between them conform with the HIPAA regulations.
- The TPA is in place to ensure the privacy and security of the health insurance information held by and shared between the Provider and MassHealth.

TPA is necessary:

- To participate in any type of electronic transaction with MassHealth.
- Allows a provider to access REVS.

Recipient Eligibility Verification System

Upon the completion of the TPA each provider receives an ID and password allowing them to access REVS.

REVS:

- A tool which assists providers in verifying the eligibility of a member.
- REVS also allows the provider to check on the status of adjudicated claims.
- The system is available 24 hours a day, seven days a week.
- REVS offers easy access to the most current and complete member eligibility information (as of 9/1/05 goes back 13 months).

Two automated solutions available:

- WebREVS located at <https://www.massrevs.eds.com>
- REVS PC – for information call the REVS Help Desk at 1-800-462-7738

Submitting Paper Claim Form 9

Field #	Field Name	Required Conditional Blank	Description
1	Provider's Name, Address & Telephone Number	R	Enter your name, address and telephone number(s)
2	Pay To Provider No.	R	Enter your seven (7) digit MassHealth Provider No.
3	Billing Agent No.	C	If claims are submitted by a billing intermediary enter the seven digit No. assigned by Medicaid.
4	Prior Authorization No.	B	Leave item blank.
5	Servicing Provider Name	B	Leave item blank.
6	Servicing Provicing Provider No.	B	Leave item blank.
7	Referring Provider's Name	B	Leave item blank.
8	Referring Provider's No.	B	Leave item blank.
9	Member's Name	R	Enter the members name
10	Member ID No.	R	Enter the ten (10) digit member ID number. Do not use the card number.
11	Date of Birth	R	Enter the member's date of birth MMDDYY
12	Sex	R	Enter the member's gender
13	Other Insurer	B	Leave item blank.

Submitting Paper Claim Form 9

14	Patient Account No.	C	If you see more than one client, this field can be important to identify the claim in case of an error.
15	Place of Service	R	Enter "01".
16A	Is Member Being Treated As A Result Of An Accident?	R	Check the appropriate box.
16B	If Yes, Type &	C	If 16A is checked as "yes", this field is required. Enter the appropriate code from the list below. 1 - Automobile related 2 - Employment related 3 - Other
16C	Date of Accident	C	If 16A is checked "yes", enter the date of the accident
17	Is Member being treated as a result of PGH screening.	C	Check "yes" if the student is being treated as a result of a referral made by the student's primary care provider.
18	L.O.F	B	Leave item blank.
19	Patient Status	B	Leave item blank.
20	Discharge Date	B	Leave item blank.
21	Diagnosis Code	B	Leave item blank.
22	Diagnosis Name	B	Leave item blank.
23	Diagnosis Code	B	Leave item blank.
24	Diagnosis Name	B	Leave item blank.

Submitting Paper Claim Form 9

25	Line	R	Each letter refers to one of the 10 claim lines. This letter will appear as the last character of the claim's transaction control number (TCN).
26	Date of Service	R	<p>Single Dates of Service. Enter mm/dd/yy into the "From" column. Leave the "To" column blank.</p> <p>Consecutive Dates of Service. Enter the first date of service into the "From" column and the last date of service into the "To" column.</p> <p><i>Do not bill for weekends, sick days, vacations, or holidays unless the recipient is in a residential placement, and was present in school. Consecutive date of service on each claim line should not exceed "31".</i></p>
27	Description of Service	C	No entry required. If used, enter a brief description.
28	Procedure Code-Modifier	R	Enter the appropriate procedure code. If applicable, enter the appropriate modifier as well.
29	Treat. Rel. to Diag.	B	Leave item blank.
30	Treat. Rel. to Fam. Pl.	B	Leave item blank.
31	Units of Service	R	Enter the appropriate number of days or units billed. The number of days in this field must match the number of days in the span of dates in Item 26.
32	Usual Fee	R	Enter the designated rate assigned to the service. If billing for consecutive dates of service, multiply the number of days by the designated rate.
33	Other paid amount	B	Leave item blank.
34	Emerg. Serv.	B	Leave item blank.

Submitting Paper Claim Form 9

35	Remarks	B	Leave item blank.
36	Total Usual Fee	C	No entry required. To complete this item for your records, calculate and enter the sum of amounts entered in Item 32.
37	Total Other Paid Amount	C	No entry required. To complete this item for your records, calculate and enter the sum of amounts entered in Item 33.
38	Authorized Signature	R	The claim form must be signed by the provider or by the individual designated to certify the information entered is correct. <i>Signatures other than handwritten (those by stamp, typewriter or data-processing equipment) are acceptable.</i>
39	Billing Date	R	Enter mm/dd/yy of the day on which the claim form is completed. The billing date may not precede any of the dates of service entered on the claim.
40	Adjustment – Resubmittal	C	Enter an “X” only when required according to the instructions for correcting a claim.
41	Former Transaction Control Number (TCN)	C	When required, enter the 10-digit TCN assigned to the original claim. The TCN can be found on the Remittance Advice the at listed the original claim as <i>Paid</i> or <i>Denied</i> .
42	For Office Use Only	B	Leave item blank.

Transaction Control Number (TCN)

The **TCN** is assigned to each claim line adjudicated by MassHealth and appears on the remittance advice. Once a TCN is assigned it remains with the claim indefinitely.

- Allows the provider to track claims.
- Used to reference original claims during claim adjustments and, in certain circumstances, during claim resubmittals.

5 005 217 38 A

- Character 1 = century (2005).
- Characters 2 – 4 = Julian day of the calendar year (005 is January 5).
- Characters 5 – 7 = batch number (in electronic claims character 5 is an alpha).
- Characters 8 – 9 = sequence number in batch.
- Character 10 = claim detail line letter number (A = 1, B = 2, etc).

Billing Timeline

30-45 days

- Claims process and appear on Remittance Advice in approximately 30-45 days. Please allow this amount of time before rebilling to avoid duplicate claim errors.

2 years

- Claims must be received within 2 years from the date of service.

Error code 889, “Fiscal Year Closed”

- Claims received after the 2 year deadline will receive an error code 889, “Fiscal Year Closed”. These claims will no longer be considered for payment.

Remittance Advice (RA)

The RA is utilized by providers in order to reconcile their account with MassHealth.

(Please refer to the handout which offers an item-by-item explanation of the RA)

- Paper claims will appear on remittance advice in approximately 30 – 45 days.
- When submitting claims electronically providers can access their remittance advice (835) through www.mass.gov/masshealth.
- Reference the Remittance Advice Message Text for updates and information pertaining to claims processing and policy.
 - Message text can be accessed through the Provider Library located on www.mass.gov/masshealth.

Top 5 Denials for State Municipalities

246 - *Recipient ineligible on service date.*

Resolution: To avoid this error always verify student eligibility prior to or on the date of service via REVS.

135 - *Modifier required.*

Resolution: Please refer to Bulletin 9 for the latest revisions to the service codes. All required modifiers and descriptions are listed. Bulletins can be accessed through the Provider Library on www.mass.gov/masshealth.

595 - *Duplicate Service (same type of service on a previous bill date)*

Resolution: Refer to regulations and service limitations. You may also contact MassHealth Provider Services at 1-800-325-5231 if you require additional assistance.

103 – *Duplicate claims*

Resolution: Processing timelines are 30-35 days. Please be sure to track suspended claims and use your account reconciliation process.

484 – *Coverage is buy-in / subsidy only*

Resolution: To avoid this error always verify student eligibility prior to or on the date of service via REVS.

Corrective Action for Claims

Denied

Verify the error code, make any necessary corrections and re-bill.

Suspended

You are not required to take any action. The suspended claim will appear on a subsequent RA as “Paid” or “Denied”.

(claims may suspend to allow time for the Recipient Eligibility and/or other files to be updated)

Incorrectly Paid

Follow the *Adjustment* Procedure:

- Submit one claim line per claim form
- Make all necessary corrections
- Check the adjustment box at the bottom of the new claim form.
- Enter the most recent “Paid” TCN in the Former TCN box of the new claim form.

Over Payment

Should request a *void*.

- Circle the claim line to be voided on a photocopy of the RA. Send the photocopy and a signed letter authorizing the void. If you submit electronically, you may also submit your voids electronically.

Electronic Funds Transfer (EFT)

EFT offers direct deposit of your payments.

Benefits include:

- Payments are deposited into your account every Monday.
- Reduces problems due to lost, stolen or misdirected checks
- No more undeliverable mail

To apply, download the appropriate forms from www.mass.gov/masshealth and mail to:

MassHealth
Attn: Provider Enrollment
P.O. Box 9118
Hingham, MA 02043
Or fax: 617-988-8974

Provider Claim Submission Software (PCSS)

PCSS is a claims processing system which is offered **free of charge** and can be easily downloaded from **website**.

www.mass.gov/masshealth/pcss

(may be sent on a CD)

- Produces HIPAA compliant electronic claims.
- Created with a familiar Windows “look and feel”.
- Field level edit validation and automatic code validation.
(25% less errors with comparison to paper claims)
- Maintains claim payment history.
- Performs system backup/restore.

Provider File Integrity

- Any change in your relationship with MassHealth must be communicated immediately in order to maintain accurate information on your provider file.
 - **Addresses for:** *legal entity, doing business as, check and remittance and informational mailing*
 - **Telephone numbers**
 - **Licensure and certifications**
- All updates must be submitted in writing to:
MassHealth
Attn: Provider Enrollment and Credentialing
PO Box 9118
Hingham, MA 02043
or faxed to 617-988-8974
(Include your MassHealth provider number on all correspondence)

Contact Information

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