

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.5-1
	Transmittal Letter ALL-165	Date 05/26/09

Part 5. Claim Status and Payment

The claim status inquiry functionality in the Provider Online Service Center allows you to verify the status of a claim submitted to MassHealth for services provided. This is conducted through the HIPAA transaction sets 276/277 or through direct data entry (DDE) panels.

- **Pharmacy claims** – For retail and 340B pharmacy claims, refer to the POPS Billing Guide for information about claim status (claim response formats).
- **All other claims** – MassHealth reports claim status and payment information through the 276/277 transaction and through its remittance advices (RAs).

For information about checking the status and correcting claims for retail pharmacy claims, refer to the POPS Billing Guide, the related 835 Companion Guide, and/or the 835 transaction (remittance advice displayed as a PDF file allowing you to save it on your system for future reference).

Dental providers can check claim status with the third-party administrator for dental claims.

Verifying Claim Status

The 276/277 HIPAA-compliant electronic transaction is the standard for claim-status inquiries to determine if a claim is paid, denied, or suspended. Through the 276/277 transaction, claim status can be verified 24 hours a day, seven days a week using the Provider Online Service Center at www.mass.gov/masshealth/providerservicecenter.

After MassHealth processes a claim, providers can upload a 276 batch file and download the 277 response for the status of the claim through the Provider Online Service Center at www.mass.gov/masshealth/providerservicecenter. The status is also available on the MassHealth-issued remittance advice (RA). The 276/277 transaction provides fast and accurate information about the status of a claim.

Direct Data Entry (DDE)

Providers can enter the information for a single claim on the Search for Claims panel (276). In return, they will receive a Claims Search Results response (277).

To use the DDE panels on the Provider Online Service Center, the claim submitter must be a MassHealth trading partner with a valid user ID and password. If you do not have a user ID and password, contact EDI Support (see Appendix A).

Claim Status Reporting

Claim status is reported through the 276/277 transaction and the RA issued by MassHealth.

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 two forms: the 835 electronic RA, and the downloadable PDF RA, which is available online.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.5-2
	Transmittal Letter ALL-165	Date 05/26/09

835 Remittance Advice

The 835 RA can be downloaded from the Provider Online Service Center by a provider who has a signed Trading Partner Agreement (TPA) on file with MassHealth. 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 MassHealth Web site or by contacting [MassHealth Customer Service](#) using the contact information in Appendix A of your MassHealth provider manual.

PDF Remittance Advice

The RA in PDF format also displays information about claim status, although it appears in a format that is unique to MassHealth. You will be able to review, download, or print the PDF RA on the Provider Online Service Center at www.mass.gov/masshealth/provider-service-center. Generally, claims appear on an RA within 30 days of receipt by MassHealth (with the exception of Medicare crossover claims that are forwarded by the Medicare intermediary).

For more information about the PDF RA, review the MassHealth Guide to the Remittance Advice for Paper Claims and Electronic Equivalents. This document is 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 the guide to remittance advice 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 payments 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 All Provider Manuals	Subchapter Number and Title 5. Administrative and Billing Instructions	Page 5.5-3
	Transmittal Letter ALL-165	Date 05/26/09

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](#).

<p style="text-align: center;">Commonwealth of Massachusetts MassHealth Provider Manual Series</p> <p style="text-align: center;">All Provider Manuals</p>	<p style="text-align: center;">Subchapter Number and Title 5. Administrative and Billing Instructions</p>	<p style="text-align: center;">Page 5.5-4</p>
	<p style="text-align: center;">Transmittal Letter ALL-165</p>	<p style="text-align: center;">Date 05/26/09</p>

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