Claims Processing Job Aid for MassBay Wellness Plan

A claims processing job aid is a guide that outlines the necessary steps and lists useful plan-specific directions to submit a claim, or correct a claim already submitted. Below is an example of a job aid for a fictional plan called "MassBay Wellness Plan" that may serve as a template as you develop your own job aids for the plans you are contracted with.

| Plan Info | MassBay Wellness Plan |
|--------------------|--|
| | 1234 State Street |
| | Boston, MA 01010-5555 |
| | www.massbaywellness.com |
| | |
| Claim Submission | 90 days from date-of-service, initial submission |
| Timeline | 60 days from date-of-denial for resubmission |
| Requirements | |
| Customer Service # | 1-800-333-4545 (hit "2" for provider; then "4" for claims) |
| Hours of Operation | Monday – Friday, 8am – 5pm |
| | (Currently no text o <mark>r ch</mark> at option) |
| Info Needed When | • Group NPI (1122334455) |
| Calling Customer | Member ID (Plan ID, not MassHealth ID) |
| Service | Member DOB |
| | Claim Internal Control Number (ICN) (pulled from Remittance) |
| | Advice (RA)) |
| Plan Contact | Susan Smith – susan.smith@massbaywellness.com |
| | |
| Member Eligibility | www.massbayeligibility.com |
| Portal | (Billers John and Linda both have log-in credentials) |
| | Member ID (Plan ID, not MassHealth ID) |
| | Member DOB |
| | Will give date-range of eligibility of 30 days |
| | Remember to type LAST name in initial field (not first name) |
| Main Method of | www.massbayproviders.com |
| Submission DDE | (Billers John and Linda both have log-in credentials) |
| | On home page, hit "Submit Claims Through Data Entry" |
| | • After typing in NPI, screen will show our provider address and |
| | ask for verification, hit "Yes" |
| | Do NOT forget to hit "Save" after filling out each screen |
| | before you hit "Next" |
| | Fill out screen two completely, remember to use Member |
| | Plan ID |
| | Verify correct member comes up |
| | Fill out screen three, remember to utilize drop-down box to |
| | pick correct modifier(s) if required |

If desired, on screen four hit "Attach additional documents" and upload copy of any relevant receipts (plan does not require this) • When done, hit "Submit" – the ICN will immediately pop-up, record this number on claims tracking spreadsheet • Hit "Yes" for "Print Copy" – staple any and all receipts to copy of claim, file in member file • When working denials – on home page, hit "Edit Previously Submitted Claim" • Type in original ICN number (from RA). Make edit(s) where necessary, again, remember to hit "Save" after each screen before you hit "Next" • When done with edits hit "Submit". Pop-up will appear stating "Are you sure you want to replace previous claim with these edits?" - hit "Yes" • Hit "Yes" for "Print Copy" – write "resubmission" in black ink on top of copy, staple it to the print-out of original claim and file in member file Note on claims tracking spreadsheet the edit that was made and the resubmission date **Back-Up Method of** Mail claims to: Submission - Paper MassBay Wellness Plan Claims **Attn: Claims Department** 1234 State Street Boston, MA 01010-5555 Plan does not have fax option Plan requests that all claims are mailed by CERTIFIED MAIL Remittance Advice RAs are posted every Tuesday on the provider portal Retrieval www.massbayproviders.com (Billers John and Linda both have log-in credentials) On home page, hit "Remittance Advices" Check on each RA you need, then at bottom hit "Print A Copy" For all paid claims, match ICN listed on RA to ICN on claims tracking spreadsheet, noting any discrepancy between charged amount and paid amount For all denied claims, review denial code and work the denial When finished with RA, save to Weekly Financial Folder kept on main office computer - save in "MassBay Wellness" folder