

# MatrixCare<sup>®</sup>

by *ResMed*

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**MassHealth AFC 837P**

**Extract File**

**User Guide**

**Version: 2020 R3**



## **MatrixCare™ Home Care MassHealth AFC 837P Extract File User Guide**

This document was written for use with MatrixCare Home Care 2020 R3 (v1.65) or greater.

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## About MassHealth AFC 837P Extract File

The MassHealth Adult Foster Care program requires that the Ordering Provider and the NPI pass in the 837P in Loop 2420E. The MassHealth 837P billing process allows MassHealth invoices to be finalized in MatrixCare and extracted into an 837P file which contains the required Ordering Physician data in Loop 2420E.

If your agency is interested in utilizing this solution, please contact Support at 561-447-7111. Keep in mind that certain features must be enabled by our database admins prior to any configuration in the user interface.

### Setup Considerations

In order to finalize an invoice batch and extract the 837P files without issues, it is important to ensure that user-entered data is present prior to extracting the file. Listed below are specific fields which must be configured in different areas of MatrixCare. Keep in mind that the Office and Payer configurations will likely be completed once, but Client and Physician data will be continually entered as clients commence service and new physicians are entered into MatrixCare.

#### Initial Office Level Configuration Fields

- Main tab – Office Formal Name
- Billing tab – Tax ID Number, Address info, Phone number, NPI, and Taxonomy

## Initial Payer Configuration Fields

- Billing tab – Bill Type **CMS 1500 V02-12 MassHealth AFC**

The screenshot shows the 'Billing' tab in a software interface. At the top, there are tabs for 'Main', 'Billing', 'Billing Rpt Parm', 'Invoice Estimates', and 'Co'. The 'Billing' tab is active. Below the tabs, there is a 'Select' dropdown and a 'Name' field containing 'Medicaid AFC'. Below that is a 'Type' dropdown set to 'Medicaid' and an 'ID' field. A section titled 'Billing Information:' contains several fields: 'Bill Type' (highlighted with a red box and set to 'CMS 1500 V02-12 MassHealt'), 'Provider #' (111111111A), 'Split Day at 12:00 AM:' (unchecked), 'Weekly Benefit Start:' (Sunday), and 'Monthly Benefit Start:' (1). To the right of the 'Billing Information' section, there are partially visible sections for 'Authorization' and 'Invoice Round'.

- Payer Services tab – Enter the HCPCs and Modifiers as needed for all services provided.
- Bill Rates tab – Enter bill rates for all services provided.
- EDI Settings tab – Set up all EDI settings for the 5010 837P as required by the payer. Ensure that the EDI Type is set to **5010 837P**.
- Additionally, configure the Loop 2310xx information as shown below if the Referring Provider should pass at the Claim level:

The screenshot shows the 'Loop 2310xx:' section. It contains several dropdown menus: 'ID1: HCFA NPI (National Prov)', 'ID1: None', 'ID2: None', '2310A: Invoice Primary Physicia' (highlighted with a red box), '2310B: Office', and '2310C: Disable'.

## Initial/Ongoing Client Configuration

The MassHealth AFC 837P extract requires many of the same fields as other 837P invoices:

- Main tab – First and Last Name, HIC #, Address, City, State, and Zip Code
- Advanced tab – DOB
- Admission 1500-2 tab or POC Diagnosis tab – ICD-10 Diagnosis code(s)
- Admission Physician tab – Physician should be entered and checked as Is Primary

## Initial/Ongoing Physician Configuration

In order to pass the required physician information, ensure that the relevant physician fields are filled out.

- Physician Main tab – First and Last Name
- Physician Advanced tab - NPI

## Finalizing and Extracting the MassHealth AFC 837P

Once the services have been provided, the invoice can be drafted and finalized.

In Finalized Invoices, select the finalized batch, select the payer from the **Payer to Extract** drop down and click **Extract**.

Inv No	Invoice Date	Client	Payer	Total Amount	From	Through	Email Address	Ad
506-279	06/01/2020	Zimmerer, Oliver	Medicaid AFC	\$150.00	05/11/2020	05/13/2020		

Sch/Exp ID	Service Date From	Service Date To	Bill Code	Description	HCPCS	Rate	Rate Source
3899104	05/11/2020 08:00	05/11/2020 09:00			S5140	\$50.00	PayerOffic...
3899105	05/12/2020 08:00	05/12/2020 09:00			S5140	\$50.00	PayerOffic...
3899106	05/13/2020 08:00	05/13/2020 09:00			S5140	\$50.00	PayerOffic...

When no errors are present, the Save File dialog box will appear. Save the dat file.

When the claim level info from the file is viewed, Loop 2420E displays the Ordering Physician.

```
LX*1~
SV1*HC>S5140*50*UN*1***1~
DTP*472*RD8*20200511-20200511~
REF*6R*74884~
NM1*DK*1*MATE*FRANK****XX*1871520718~
LX*2~
SV1*HC>S5140*50*UN*1***1~
DTP*472*RD8*20200512-20200512~
REF*6R*74885~
NM1*DK*1*MATE*FRANK****XX*1871520718~
LX*3~
SV1*HC>S5140*50*UN*1***1~
DTP*472*RD8*20200513-20200513~
REF*6R*74886~
NM1*DK*1*MATE*FRANK****XX*1871520718~
```

## Loop 2420E Segments Passed

Segment	Notes
NM101 - Entity Identifier Code	Always "DK". This value identifies the entity as Ordering Physician.
NM102 - Entity Type Qualifier	Always "1". This value specifies that the entity is a person
NM103 - Last Name or Organization Name	Physician Main tab – <b>Last Name</b>
NM104 - First Name	Physician Main tab – <b>First Name</b> if filled in. Otherwise empty.
NM105 - Middle Name	Always Empty
NM106 - Name Prefix	Not Used
NM107 - Name Suffix	Always Empty
NM108 - Identification Code Qualifier	"XX" if the physician's NPI is filled in on the Physician Advanced tab NPI field. Otherwise empty. This value specifies that the ID in NM109 is an NPI.
NM109 - Identification Code	Physician Advanced tab NPI field if filled in. Otherwise empty.
NM110 - Entity Relationship Code	Not Used
NM111 - Entity Identifier Code	Not Used
NM112 - Last Name or Organization Name	Not Used