

# MassHealth R&B

Billing Guide

*Prepared for*

**myUnity Essentials Financial**



**Netsmart**

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[www.ntst.com](http://www.ntst.com)

11100 Nall Avenue  
Overland Park, KS 66211  
800.842.1973

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# Overview

MassHealth Room and Board services are billed on the UB04 form. Daily rates are based on the patient facility and acuity (MassHealth rate code). The rate code is obtained from the MassHealth Management Minutes Questionnaire (MMQ) which is submitted for each new member and semiannually. When the R&B charges are created via the Auto Charge Generation routine, the calculated amount based on the facility and acuity level will be written to the Charge Price Override amount for each charge.

For detailed billing instructions and regulatory compliance information, visit the MassHealth website:

<https://www.mass.gov/lists/nursing-facility-manual-for-masshealth-providers>

<https://www.mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities>

# Setup

## Room and Board Charge Code

One generic “Room & Board” charge will be used instead of one charge code per facility.

Go to **File > File Maintenance > Charge Code**.

Press **Find** to search for and select the Room & Board (R&B) charge code.

On the **Bill-Rate** tab, update the standard Gross and Net amount if needed (the amount will be overridden by the calculated amount at the time of room and board charge generation).

On the **Revenue-Codes** tab, press the **Add** button to add a row.

**Type:** Medicaid Hospice Rev Type

**Code:** 0658T2046 (if this code is not listed in the drop-down it must be added in File > File Maintenance > Category > Revenue Code Type).

**Start-Date:** enter the effective start date

**End-Date:** enter the effective end date or use system default 12/31/2099.

| Type                      | Code      | Description               | Start-Date | End-Date   | GL-Account |
|---------------------------|-----------|---------------------------|------------|------------|------------|
| Medicaid Hospice Rev Type | 0658T2046 | R&B                       | 1/1/2000   | 12/31/2099 |            |
| Hospice T-Codes           | 0658      | Room And Board - Medicaid | 1/1/2000   | 12/31/2099 |            |
| Medi-Cal Hospice          | 0658      | Room And Board - Medicaid | 1/1/2000   | 12/31/2099 |            |

## Acuity Levels

Go to **File > File Maintenance > Category**. Press **Change Type** and set the radio button to **Acuity**.

Press **Add** to create a new Acuity group and create Groups 1 – 10 as needed per the published MassHealth Nursing Facility Rates (the NOACUITY code should also be present although not used).

<https://www.mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities>

10/6/2021 10:03:14 AM  
Numeric

**Category Listing**  
Home & Hospice Care Services

Page 1  
Acuity

| Code     | Description                     |
|----------|---------------------------------|
| GRP01    | Rate 01 - H                     |
| GRP02    | Rate 02 - J                     |
| GRP03    | Rate 03 - K                     |
| GRP04    | Rate 04 - L                     |
| GRP05    | Rate 05 - M                     |
| GRP06    | Rate 06 - N                     |
| GRP07    | Rate 07 - P                     |
| GRP08    | Rate 08 - R                     |
| GRP09    | Rate 09 - S                     |
| GRP10    | Rate 10 - T                     |
| NOACUITY | No Acuity Specified - Flat Rate |

## MassHealth R&B Insurance Setup

Go to **File > File Maintenance > Entity**, click **Change Type** and set the radio button to **Insurance**.

Select your agency's **MassHealth R&B** insurance record.

On the **Insurance** tab, set the following:

**Insurance Type:** Medicaid Hospice Rev Type

**Financial Class:** Medicaid R&B Class

**Bill Type:** UB04

**Payor/Submitter #:** DMA7384 (unless clearinghouse supplied a different 5-digit Payor ID)

**Payor Type:** 3-Medicaid (Fee for Service)

**Billing Unit Overrides:** All Modalities should be set to Units

**Billing Requirements:** leave all unchecked.

On the **Ins-Rate** tab, press the **Add** button to add a row.

Enter the **R&B** Charge code with effective start and end dates.

**Type:** P (for Percentage amount)

**Rate:** 100 (this indicates the payer covers 100% of the calculated rate amount)

**Allow:** check this box

Press **Add** to add another row. Enter the **BLANKETRATE** charge code with effective start and end dates.

**Type:** P

**Rate:** 0 (indicates no other charges are covered by this payer)

**Allow:** check this box (indicates amount should be written off to allowance account)

| Charge-Description | Charge-Code | Start-Date | End-Date | Type | Rate   | Allow                               |
|--------------------|-------------|------------|----------|------|--------|-------------------------------------|
| Blanket Proration  | BLANKETRATE | 1/1/2000   |          | P    | 0.00   | <input checked="" type="checkbox"/> |
| Room & Board       | R&B         | 1/1/2000   |          | P    | 100.00 | <input checked="" type="checkbox"/> |

### R&B Co-Pay Insurance Setup

This insurance record is needed if utilizing the auto-copay feature (enabled in System Settings).

Go to **File > File Maintenance > Entity**, click **Change** Type and set the radio button to **Insurance**.

Select your agency's **R&B Co-Pay** insurance record.

On the **Insurance** tab, set the following:

**Insurance Type:** Self Pay Rev Type

**Financial Class:** Medicaid R&B Class (same class as MassHealth R&B payer)

**Bill Type:** Patient

**Payor/Submitter #:** leave blank

**Payor Type:** 10-Self Pay

**Billing Unit Overrides:** leave N/A

**Billing Requirements:** leave all unchecked.

The screenshot shows a software window titled "Entity Maintenance: Insurance R&BCOPAY - R&B Co-Pay - Browse". It has several tabs: "Name/Address", "Insurance", "Ins-Rate", "Contact", and "Notes". The "Ins-Rate" tab is selected. On the left, there are several input fields: "Insurance Type" (Self Pay Rev Type), "Financial Class" (Medicaid R&B), "Bill Type" (Patient), "Provider #", "Submitter #", "GL A/R Account #", "GL Revenue Account #", "GL Discount Account #", "PPS Billing" (unchecked), "Bill Method" (Normal), "Payor Type" (10-Self Pay), and "Requires EW" (checked). At the bottom left are buttons for "Find", "Save", "Cancel", and "Print". On the right, there is a "Billing Unit Overrides" table with one row: "# 1", "Modality Skilled Nursing", "Units N/A". Below that is a table with columns: "Charge-Description", "Charge-Code", "Start-Date", "End-Date", "Type", "Rate", and "Allow". It contains one row: "Blanket Proration", "BLANKETRATE", "1/1/2000", (empty), "P", "0.00", and a checked box.

On the **Ins-Rate** tab, press the **Add** button to add a row.

Enter the **BLANKETRATE** charge code with effective start and end dates.

**Type:** P

**Rate:** 0 (indicates no other charges are covered by this payer)

**Allow:** check this box (indicates amount should be written off to allowance account)

### Other Insurance Setup

For insurances primary to the R&B payer, go back to the **Name/Address** tab and select the payer (**Medicare Hospice**, for example).

On the **Ins-Rate** tab, press the **Add** button to add a row and enter the R&B charge code with the effective start and end dates.

**Type:** Enter 'F' for Flat \$ amount.

**Rate:** Enter '0' to indicate zero dollars are covered by this insurance.

**Allow:** leave this box un-checked to send the charge dollars to the next active insurance for the patient (i.e. the Medicaid R&B insurance).

| Charge-Description   | Charge-Code | Start-Date | End-Date   | Type | Rate   | Allow                               |
|----------------------|-------------|------------|------------|------|--------|-------------------------------------|
| Blanket Proration    | BLANKETRATE | 1/1/2014   | 12/31/2099 | P    | 0.00   | <input checked="" type="checkbox"/> |
| Room & Board         | R&B         | 1/1/2014   | 12/31/2099 | F    | 0.00   | <input type="checkbox"/>            |
| Continuous Home Care | CONTINUOUS  | 1/1/2014   | 4/30/2020  | P    | 98.00  | <input checked="" type="checkbox"/> |
| Continuous Home Care | CONTINUOUS  | 5/1/2020   | 12/31/2021 | P    | 100.00 | <input checked="" type="checkbox"/> |
| Continuous Home Care | CONTINUOUS  | 1/1/2022   | 12/31/2099 | P    | 98.00  | <input checked="" type="checkbox"/> |
| Inpatient Home Care  | INPATIENT   | 1/1/2014   | 4/30/2020  | P    | 98.00  | <input checked="" type="checkbox"/> |
| Inpatient Home Care  | INPATIENT   | 5/1/2020   | 12/31/2021 | P    | 100.00 | <input checked="" type="checkbox"/> |
| Inpatient Home Care  | INPATIENT   | 1/1/2022   | 12/31/2099 | P    | 98.00  | <input checked="" type="checkbox"/> |
| Respite Home Care    | RESPITE     | 1/1/2014   | 4/30/2020  | P    | 98.00  | <input checked="" type="checkbox"/> |
| Respite Home Care    | RESPITE     | 5/1/2020   | 12/31/2021 | P    | 100.00 | <input checked="" type="checkbox"/> |
| Respite Home Care    | RESPITE     | 1/1/2022   | 12/31/2099 | P    | 98.00  | <input checked="" type="checkbox"/> |
| Routine Home Care    | ROUTINE     | 1/1/2014   | 4/30/2020  | P    | 98.00  | <input checked="" type="checkbox"/> |
| Routine Home Care    | ROUTINE     | 5/1/2020   | 12/31/2021 | P    | 100.00 | <input checked="" type="checkbox"/> |
| Routine Home Care    | ROUTINE     | 1/1/2022   | 12/31/2099 | P    | 98.00  | <input checked="" type="checkbox"/> |

### Institute Setup

Add the acuity rates for each facility for which R&B will be billed.

Go to **File > File Maintenance > Entity**, press **Change Type** and set to **Institute**. Search for and select the Institute (Facility).

On the **Name/Address** tab, confirm the address including full 9-digit zip code is present (make any corrections in the Clinical Facility Library if needed) and enter the County (although not required for Medicaid Room and Board claims it is required for Medicare Hospice per diem claims).

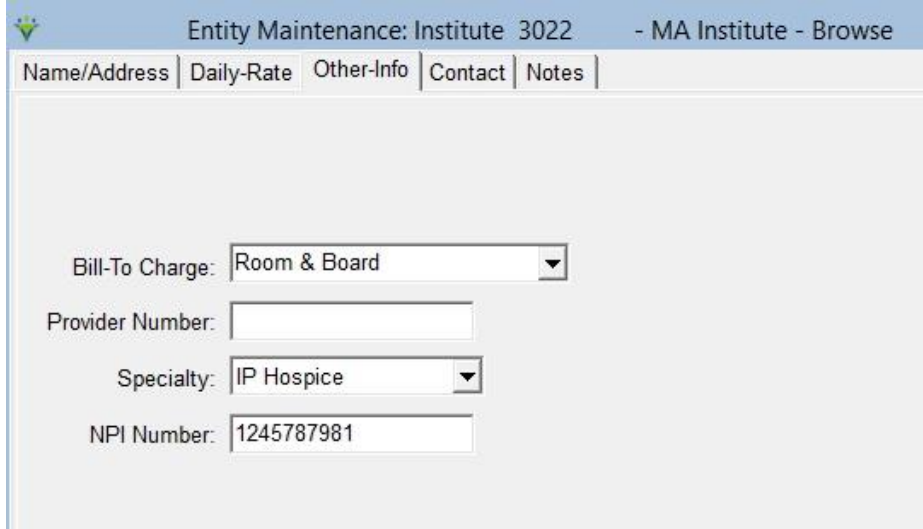
On the **Daily-Rates** tab, press **Add** to add a new row for each Acuity group rate with effective dates. Reference the published MassHealth rates for the amounts.

<https://www.mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities>

| Rate-Type   | Rate   | Start-Date | End-Date |
|-------------|--------|------------|----------|
| Rate 01 - H | 140.50 | 1/1/2021   |          |
| Rate 02 - J | 161.25 | 1/1/2021   |          |
| Rate 03 - K | 161.25 | 1/1/2021   |          |
| Rate 04 - L | 201.20 | 1/1/2021   |          |
| Rate 05 - M | 201.20 | 1/1/2021   |          |
| Rate 06 - N | 234.56 | 1/1/2021   |          |
| Rate 07 - P | 234.56 | 1/1/2021   |          |
| Rate 08 - R | 265.50 | 1/1/2021   |          |
| Rate 09 - S | 265.50 | 1/1/2021   |          |
| Rate 10 - T | 287.50 | 1/1/2021   |          |

On the **Other-Info** tab, set the **Bill-To Charge** to the Room & Board charge code.

Confirm the Institute **Specialty** and **NPI Number** are present (if missing, update them in the Clinical Facility Library).



Entity Maintenance: Institute 3022 - MA Institute - Browse

Name/Address | Daily-Rate | Other-Info | Contact | Notes

Bill-To Charge: Room & Board

Provider Number:

Specialty: IP Hospice

NPI Number: 1245787981

## Configure MassHealth R&B Option Set

Go to **Billing > Electronic Claims** and select the Option Set for **MassHealth R&B 837I**.

Click **Options** and using the Locator dropdown, set the following:

**0100.06 ISA\*06 Submitter/Sender ID:** enter the ID assigned by MassHealth EDI to your agency or the ID supplied by Clearinghouse.

**0100.08 ISA\*08 Receiver ID:** Enter 'DMA7384' if not submitting via Clearinghouse, otherwise enter Clearinghouse Receiver ID.

**2290.10 Claim Loop Options:** One Claim for All Charges

**2300.05 CLM\*05 Type of Bill:** enter '81S'

**2300.30 DTP\*434 Claim Covered Period:** Charge First and Last Visit Dates or Disch Dates Within Visit Month

**2300.41 CL\*01 Institutional Claim Code:** '3'

**2300.42 CL\*02 Admission Source Code:** Patient Admission Source

**2300.43 CL\*03 Patient Status:** Default w/Discharge Reason Status Code Override

**2300.47 PWK Claim Supplemental Paperwork:** Constant [OB\*FX\*\*\*AC\*] + REF\*EA

**2300.50 REF\*G1 Treatment Authorization:** Bypass

**2300.52 REF\*EA Patient Claim Reference Number:** Patient Number

**2300.60 HI\*BK Diagnosis Codes:** Treatment Plan Diagnosis Codes

**2300.61 HI\*BJ Admitting Diagnosis Code:** Bypass

**2300.62 HI\*PR Reason For Visit Diagnosis Codes:** Patient Primary Diagnosis Code

**2300.66 Value Code Amount B:** if entering a Co-Pay amount in the Insurance record instead of utilizing the Bill Data tab, choose Insurance Co-Pay Amount and enter 'FC'

**2300.67 Value Code Amount C:** Charge Service/Covered Days (First to Last Visit) and enter '80'

**2300.74 Occurrence Code B:** Patient Death Date + '55' entered

**2390.12 Charge Itemized Consolidation Options:** Each Charge

**2390.15 Charge Itemizations:** check only the R&B modality and set Itemization to Visit

**2400.03 SV1\*02/SV2\*03:** Charge Gross Amount

## Patient Information

### Patient Acuity

The Acuity rate group determined by the MassHealth MMQ nursing facility assessment must be assigned as an Acuity in the Billing Module Patient file Other tab.

*Example:*

| Type   | Description | Code  | Start-Date | End-Date   | Seq |
|--------|-------------|-------|------------|------------|-----|
| Acuity | Rate 10 - T | GRP10 | 8/25/2021  | 8/31/2021  | 1   |
| Acuity | Rate 07 - P | GRP07 | 9/1/2021   | 12/31/2099 | 2   |

### Patient Facility

The patient must be assigned to a Facility (Institute) in the Clinical Patient Profile. This information populates the Billing Module Patient file Assign tab.

**Location of Care:**

Location of Care: Location of Care: [Meridian SNF](#)

Start Date:  End Date:

Street:

Suite/Apt #:

City:  State:  Zip Code:

Phone:  Fax:

Facility Type:  NPI #:

### Patient Paid Amount

The Patient Paid Amount (PPA) should be entered in the Billing Module Patient file Insurance tab as a Bill Data Value Type. If the amount changes for different claim periods, separate records for each Bill Date must be entered.

| Patient: 420 - Roomandboard, MassHealth Admit: 8/25/2021 - Browse                                    |                |            |            |        |             |
|--|----------------|------------|------------|--------|-------------|
| Patient   Admit   Diagnosis   Assign   <b>Insurance</b>   Certify   Authorize   Docs   Other   Notes |                |            |            |        |             |
| Insurance  | Name           | Start-Date | End-Date   | Seq    |             |
| MASSHEALTHRB   | MassHealth R&B | 1/1/2000   | 12/31/2099 | 1      |             |
|  |                |            |            |        |             |
|  |                |            |            |        |             |
| Guarantor Info   Bill Rates   <b>Bill Data</b>   |                |            |            |        |             |
| Type   | Bill-Date      | Code       | Date       | Amount | Note / Text |
| Value1   |                | FC         |            | 205.00 |             |

Alternatively, to set up to auto-post the PPA to the patient-pay insurance and reduce the AR by that amount, refer the [Patient Co-Pay FAQ](#) (for this scenario the insurance co-pay field would be used instead of the Bill Data tab).

## Billing Process

### Patient List Report

Run the **Patient > Patient List** report to view R&B facility patients to confirm accuracy of information prior to running Auto Charge Generation. On the **More Options** tab of the report, check the boxes for **Institutional Stays** and **Only** to view a list of only patients in a facility.

### Room & Board Charge Generation

Prior to running the Hospice LOC or Pre-Audit reports, the Room & Board charges must be created via Auto Charge Generation.

Go to **Charge > Auto Charge Generation** (or **File > Report Groups** if setup).

**Auto Generation Type:** Institution Stay

**Selection Type:** Insurances (select the MassHealth R&B payer on the 'Specific Includes' tab)

**Charge Detail:** One Per Day

**Primary Ins Only:** unchecked

**Preview Charges:** check this box

**Include Discharge Day:** Uncheck this box if MassHealth does not pay R&B on day of discharge

**Include Death Day:** Uncheck this box if MassHealth does not pay R&B on day of death.

**Date Selection:** current billing period

**Employee:** choose a default employee (i.e. Nurse, Test)

The screenshot shows the 'Auto Charge Generation' dialog box with the 'General Options' tab selected. The 'Auto Generation Type' section has 'Institution Stay' selected. The 'Selection Type' section has 'Insurances' selected. The 'Charge Detail' section has 'One Per Day' selected. The 'Date Selection' section shows 'From: 8/1/2021' and 'To: 8/31/2021'. The 'Financial Class' section has 'Use: [ ]' and a dropdown menu. The 'Data Applicable to Each Charge Generated' section has 'Charge: Skilled Nursing Visit', 'Time: 0', 'Employee: Nurse, Test', and 'Batch #: 0'. The 'Pay Rate' section has a dropdown menu. The bottom of the dialog box has buttons for 'Start', 'Find', 'Remove', 'Print', 'Cancel', and a help icon.

Press **Start** and review the report preview to confirm the patients and number of days are accurate. Select 'Yes' on the confirmation windows if the number of charges to be created is accurate. If not, select 'No' and adjust the selection criteria.

**To Make Corrections to Rates Already Generated**

Go to the **More Options** tab.

Check **Fix Charge Override Rates when Charges were Created with Incorrect Rates** to make corrections to institute rates previously created for a patient (prior to posting the Billing Audit).

The screenshot shows the 'Auto Charge Generation' dialog box with the 'More Options' tab selected. The 'Charge Create Options' section has 'Add Charge for Each Day That a Billable Visit is Found' unchecked. The 'Institution Stay (Room and Board) Options' section has 'Fix Charge Override Rates when Charges were Created with Incorrect Rates' checked and highlighted with an orange border. The 'Charge Split Options' section has 'Round Split Time Up to Nearest 1/4 Hour' unchecked, 'Only Split Charge If Visit Length Greater Than: 0' unchecked, and 'Only Split Charges that Cross Over Time: 12:00 AM' checked. The 'Charge Replace Options' section has 'Only Non-Institutionalized Patients w/LOS Days Greater or Equal to: 0' unchecked and 'Only Replace Charges with Time Less Than or Equal to: 4.25' checked. The bottom of the dialog box has buttons for 'Start', 'Find', 'Remove', 'Print', 'Cancel', and a help icon.

After the Auto Charge Generation routine has been run, follow the [Room & Board Billing FAQ](#) for additional instructions, selecting the MassHealth R&B electronic option set during claim creation.