



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 13 No. 22

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TO: All Providers - For Information

SUBJECT: New Features on the Web Site for Providers - www.njmmis.com

EFFECTIVE: Immediately

PURPOSE: To notify providers about the **new features available** through the NJMMIS web site, accessible 24 hours a day and seven days a week.

BACKGROUND: In December 2001, you received a Newsletter (**Vol. 11, No. 88**) which announced the new web site for providers – www.njmmis.com. This Newsletter included a description of the web site features that were available at that time (access to various manuals, guides, forms, newsletters, alerts, edit codes and descriptions, and a limited provider directory).

You received another Newsletter in April 2002 (**Vol. 12, No. 21**) which described new features available through the NJMMIS web site. Some of these features were: Provider Registration; Change Password; Forgot My Password; Billing Supplements; Report Distribution (Remittance Advice Reports); and enhanced Provider Directory. Several of these features are located on a secure area of the web site, and require a valid username and password to access.

Earlier this year (January 2003) you received another Newsletter (**Vol. 13, No. 1**) which detailed several new features to the web site, including the ability for providers to submit and view Claim History requests (better known as Judge Runs) over the web, and the ability for Long Term Care (LTC) providers to submit census data over the web.

ACTION: The NJMMIS web site (www.njmmis.com) has again been enhanced to include several new features. These enhancements include the ability for the user to now: 1) enter required provider enrollment information directly onto application forms and submit the application through the web site and 2) view and correct claims through claim correction forms available on the secure area of the web site. Users are able to use these functions immediately.

Claim Correction Form (CCF)

The Claim Correction Form (CCF) is a turnaround document created for selected claim errors held in suspense for provider correction. The forms are merged with the provider's remittance advice report.

Currently, when you receive CCFs, you are required to manually correct the information and return it to Unisys for processing. The correct information is then entered into the NJMMIS mainframe system.

Using the njmmis.com web site, you are now able to view and correct your claims online (without having to return the paper CCF). The claim correction information is downloaded from the NJMMIS mainframe system to the web site where the information is stored. When you log onto the web site, you will be presented with a list of claim correction forms that are pending. You can then select the claim forms you wish to correct.

To use this feature, you must first register with the site by clicking on the "Provider Registration" link on the menu. After applying for and receiving your username and password, click on the "Login" menu option to access the secure area of the site. Once in, click on the "Claims Correction" menu option.

To submit a correction to a claim:

1. When you log onto the web site, you will be connected to the secure web server and presented with the secure options which will now contain the "Claims Correction" menu option.
2. Once you select Claims Correction, you are presented with a page that lists all of your outstanding Claim Correction forms. These forms are downloaded from the MMIS mainframe on a weekly basis and will remain on the web site for 53 days. You can access and correct any form that is on that list.
3. You can access several different types of Claim Correction forms. Please note that the Outpatient and Inpatient forms have two parts: a standard first page and then one to many pages of Revenue Lines.

The different types of Claim Correction forms are:

- HCFA 1500, Transportation, Vision, Dental
 - HCFA 1500, Part B
 - Outpatient, Outpatient Part B, Home Health and Revenue Lines
 - Inpatient, Inpatient Part A and Revenue Lines
 - LTC, LTC Part A
 - Pharmacy
 - EPSDT
4. As you move from field to field, the information keyed will be validated for correct length, format and whether it is a required field.
 5. The form fields will be color coded to inform you on what action is being taken:
 - ◆ White: No changes have been made to the field, or validation has passed.
 - ◆ Yellow: Field is currently under evaluation.
 - ◆ Red: Field has failed validation.

6. You will not be able to submit the form until all the red fields have been corrected. You will be able to go back to the red fields and enter the correct data. Error messages will be provided to help you determine why the field was in error. You will also have the option of overriding the field edits and submitting what you have entered.
7. When all validation is complete, hit "Submit." The corrected fields are then written to a file that will be sent to the NJMMIS mainframe for processing on a daily basis.

Please note that for this advanced feature, users are required to download the Java Plug-in (similar installation to the Adobe Plug-in) to use this feature. There will be links provided on the site to download the Java Plug-in.

Provider Enrollment

Currently, the njmmis.com web site allows a user to either download a PDF version of a provider enrollment application or submit a request to have the Provider Enrollment Unit mail the user an application.

The enhancement to this feature now allows a user to enter the data needed to complete the application directly onto the web site, and submit the application online for approval.

The user may also print a copy of the enrollment package with the information that was entered, sign appropriate forms, attach additional required documentation, and mail the completed enrollment package to the Provider Enrollment Unit.

Please note that not all enrollment applications will be available for online enrollment. However, all enrollment packages will still be available to view, download or to be requested from the Provider Enrollment Unit.

Since the Department of Health and Senior Services receives and processes applications from the following provider types, the following application forms PE-1, PE-2, PE-3, PE-4 and PE-5 will not be made available for on-line application capability.

- 1-Long Term Care Providers
- 2-Adult Day Services(Social)
- 3-Adult Day Services(Medical)
- 4-Assisted Living Providers
- 5-Participation Agreement for Adult Medical Day Care

To submit a provider application online:

1. Log onto and access the new provider enrollment option by selecting the Provider Enrollment Application option from the left menu options.
2. Complete the "Provider Information" and the "Your Information" sections.
3. After selecting the Provider Type, click on the Submit Request button for the Provider Online Enrollment option. (The previous options of downloading or having a blank application package mailed are still available.) The appropriate enrollment application package will be displayed.
4. As the user fills out the forms, editing on the data fields will be completed, checking for proper form, content and determining if all required fields have been filled. The user can continue the process of entering data and moving to the next form until reaching the final page. The user also has the ability to move back to a previously accessed form in order to add to or correct any information entered earlier.

Please note: For security reasons, the web site itself will not store data that was entered. If the session ends before completing and submitting the application online, the data that was entered will be lost.

5. Once the user has reached the final page, click on the Submit button to send the application package for processing. (Note: The user may also choose to print this version, sign all appropriate forms, attach required documentation, and mail the application to the Provider Enrollment Unit.)
6. When the electronic submission is completed, the user will receive an online confirmation message that the application was received.
7. After Unisys receives the electronic submission of the application, it is reviewed by the Provider Enrollment Staff and entered into the Medicaid system based on the date received. The complete enrollment package will be printed, with the information that was entered online in place, and mailed back to the applicant for signatures and, if necessary, for any additional required documentation needed to complete the enrollment (for example, a copy of the applicable license).

If the application is approved, the provider will be notified via an approval letter. If rejected, a denial letter will be mailed to the applicant.

Feedback on the web site is welcome. Please use the **Contact Webmaster** area of the site to communicate your questions and comments.

If you have any questions concerning this Newsletter, please contact **the Webmaster via the web site or call Unisys Provider Services at 1-800-776-6334.**

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(BLUE TAB MARKED "5")**