

TO: All Providers (except Nursing Facilities, ICF's/MR and State and County Governmental Psychiatric Facilities)

SUBJECT: "Good Faith" Claims

BACKGROUND: Medicaid policy at N.J.A.C. 10:49-2.8 directs a provider to valid MEI card, that the provider receives a denial of payment based upon the recipient's ineligibility on the date(s) of service.

DEFINITION: Under certain circumstances the New Jersey Medicaid program may reimburse a provider for services rendered in "good faith". A "good faith" situation occurs when:

1. A provider has viewed a Medicaid Eligibility Identification (MEI) card or has received a letter of verification of eligibility for the date(s) of service from the responsible governmental agency; and
2. The claim is subsequently denied payment by the New Jersey Medicaid Management Information Systems (NJMMIS) due to recipient ineligibility on the date(s) of service. The following edit codes are examples of denial of payment due to the recipient's ineligibility on the date(s) of service.

EDIT CODE 301, Recipient Ineligible on Date(s) of Service.

EDIT CODE 321, Recipient Not on File.

NOTE: This is the sole instance under which the New Jersey Medicaid program may reimburse a provider based on the provision of service(s) in "good faith". Any other occurrence of denial of payment which does not conform to the above definition is not and will not be considered a "good faith" claim. A denial of payment due to the recipient's ineligibility is not auto-matically considered a "good faith" claim. Each occurrence is individually evaluated.

ACTION: When the above circumstances apply, a provider may submit a Eligibility Identification (MEI) card or letter of verification of eligibility. These source documents must indicate that the recipient was, in fact, eligible on the date(s) of service in question.

The claim form and supporting documentation must be sent to:

Paramax/Unisys  
Provider Services Unit  
CN-4801  
Trenton, New Jersey 08650-4801  
ATTN: Good Faith Claims

Submission of a claim to any other Paramax/Unisys or State agency location may result in a delay. Please do not submit "good faith" claims to the Division of Medical Assistance and Health Services, Hearing Unit. If your request for payment of a "good faith" claim is denied after following the above procedure, you will be advised of your right to an administrative hearing.

All other claim submission requirements are applicable and subject to program policy.

NOTE: Do not routinely submit a copy of the Medicaid Eligibility Identification (MEI) card with your claim unless you are submitting a "good faith" claim for consideration. Submission of a copy of the Medicaid Eligibility Identification (MEI) card for a non-"good faith" claim will create a delay in processing the claim.

Please note that "good faith" claim situations are relatively rare. Before resubmitting a "good faith" claim for review to Paramax/Unisys, please check your claim and your remittance advice statement. Verify that the correct HSP Number (Medicaid Case and Person Number) and date(s) of service from your records were entered on the claim as originally submitted and correctly entered by Paramax/Unisys data entry staff. Data entry errors do not constitute "good faith" claims, as defined above. Please resubmit the claim with the corrected information if a data entry error occurred.

For a Medicaid recipient who is enrolled in an HMO: In the case where the MEI card does not include a restrictive message indicating HMO enrollment and a claim was rejected due to lack of authorization by the Garden State Health Plan physician case manager or appropriate HMO, contact the Office of Managed Health Care for assistance at 1-800-525-0047 or 609-588-3526.

If you have any questions regarding this Newsletter, please contact the Medicaid fiscal agent, Paramax/Unisys, Provider Services Unit at 1-800-776-6334.

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