

TO: All Providers

SUBJECT: Claim Inquiries

EFFECTIVE: Immediately

PURPOSE: The purpose of this Newsletter is to explain the different types of claims processing inquiries and to clarify when each type of inquiry is appropriate. Information is provided to assist you in initiating an inquiry and directing an inquiry concerning certain claims processing issues to the appropriate source.

ACTION: The information contained in this Newsletter supplements the detailed material contained in your provider-specific Fiscal Agent Billing Supplement. This Newsletter provides information about Remittance Advice Statements, Claim Correction Forms, Adjustment Request Forms, Inquiry/Response Forms, Good Faith Claims, and Hearings.

Remittance Advice

Upon receiving a Remittance Advice (RA) Statement, review carefully any edit codes representing denial reasons and payment reduction reasons. Section 9 of your Fiscal Agent Billing Supplement provides additional detailed information about the design and content of the RA statement.

If you do not understand the meaning of the edit code translation, as printed on the page of the RA statement following the claim detail section, or do not understand how to correct the claim for resubmission, please contact Paramax/Unisys' Provider Services Unit at 1-800-776-6334.

Claim Correction Form

Certain claims suspend for missing or incorrect data that can only be supplied by the submitting provider. In this case, a Claim Correction Form (CCF) may be generated by Paramax/Unisys. The CCF is the proper form to use to supply the missing or incorrect claim data.

Please do not submit a corrected claim form and do not forward attachments to a CCF. Your Fiscal Agent Billing Supplement (Section 9) contains additional detailed instructions.

Adjustment Requests

There are occasions when you may wish to void a paid claim, request an adjustment in payment for a previously paid claim, or correct

information associated with a paid claim. A denied claim may not be adjusted; it must be resubmitted as a new claim.

To request this type of action, you should complete an Adjustment Request Form (FD-999). Item-by-item instructions for completing this form are included in Section 10 of the Fiscal Agent Billing Supplement. For your convenience, attached are both a blank FD-999 which may be photocopied and an example of a properly completed FD-999.

Do not use the "AMOUNT PAID" field (Item 28 of the 1500 N.J.) to indicate prior New Jersey Medicaid program payment associated with the claim. If so, the amount will be treated as a payment from another third party source and deducted from your final payment.

For purposes of the New Jersey Medicaid claims processing system, a claim is defined as a single line item on the document. Exceptions: inpatient hospital claims and Medicare/Medicaid crossover claims for inpatient and outpatient hospital services, where each document constitutes a claim. Unlike the prior fiscal agents' systems, the current system is geared to make payment decisions for line-specific claims on a line-by-line basis.

Therefore, any request for an adjustment must be geared to the specific claim (line) at issue. For example, if you originally submitted a document with four claim lines completed and one requires adjustment, the 13-digit internal control number entered on the FD-999 in Item 6 should be the number associated with that line.

When completing Item 5 of the FD-999, describe the specific problem associated with the claim in question. Identify the field number on the claim and the correct data for that field. For example: "Field Number _____ should be _____." Please be as accurate and complete as possible.

The system will, in effect, void the original claim and reprocess the corrected claim in the same payment cycle. The net payment amount for that claim reflected in your check for the current week's payment will be:

- (1)Positive, if you were previously underpaid;
- (2)Negative, if you were previously overpaid; or
- (3)Zero, if the adjustment was solely to correct claim information that has no impact on pricing.

If you are requesting a void of a claim, the amount of the previous payment will be automatically deducted from the current week's or a future week's claim payment.

The following attachments should be included with the FD-999:

- (1) copy of the original claim with the corrections circled in red;
- (2) copy of the RA statement for the claim as originally paid; and
- (3) copy of any required claim attachments.

Note: If the original claim was previously adjusted, use the adjusted claim's internal control number and RA statement.

Completed FD-999 forms and attachments should be forwarded to Paramax/Unisys, CN-4802, Trenton, N.J. 08650-4802.

Providers billing electronically (EMC) have the capability of submitting adjustments and voids to paid claims electronically; attachments are not required in this case. (As with paper claims, a denied claim may not be adjusted.) Please contact your software vendor to make the necessary software updates.

Claim Inquiry/Response Form

If a claim is denied and you resubmit the claim without correcting the cause of the denial, in most cases the claim will again be denied. If you attempt to direct a response or inquiry to Paramax/Unisys by writing notes on the resubmitted claim, it will not be successful in gaining the individualized attention you are seeking.

A Claim Inquiry/Response (I/R) Form (FD-998) must be used in order to properly direct your claim for manual review or to seek written answers to questions concerning individual claims. Item-by-item instructions for completing this form are located in Appendix B of your Fiscal Agent Billing Supplement.

For your convenience, attached are both a blank I/R form which may be photocopied and an example of a properly completed I/R form. Additional forms may be obtained by using the order form located in Section 11 of your Fiscal Agent Billing Supplement.

Completed I/R forms should be forwarded to Paramax/Unisys, Provider Services Unit, CN-4801, Trenton, N.J. 08650-4801.

Good Faith Claims

On occasion, there are situations when the provider has viewed a Medicaid Eligibility Identification (MEI) card and the claim is subsequently denied payment due to recipient ineligibility on the date(s) of service (error codes 301 or 321). When this occurs, you may resubmit a completed claim form for that date of service. Attach to the claim form a copy of (a) the MEI card or

(b) a letter of verification of eligibility from the responsible governmental agency indicating eligibility for that date of service.

Before submitting a good faith claim, always check the Medicaid identification number on the RA statement against the number on the card. Often the denial is associated with the use of an incorrect/old Medicaid eligibility number or a data entry error, such as an incorrectly entered date of service. In this situation, please resubmit the claim with the proper Medicaid eligibility number; do not attach a copy of the MEI card.

In addition, do not routinely attach a copy of the MEI card to any other claim because it will create a delay in processing the claim. (Please see Newsletter Volume 3 No. 1 for details.)

Good faith claims should be forwarded to Paramax/Unisys, Provider Services Unit, CN-4801, Trenton, N.J. 08650-4801, ATTN: Good Faith Claims.

Hearing Request

Providers have the right to file for a hearing because of issues arising out of the claims payment process. A hearing is a formal proceeding conducted by an Administrative Law Judge from the Office of Administrative Law (OAL) in accordance with procedures set forth in State law.

To obtain a hearing, you must submit a written request within 20 days of the date of the RA statement on which the denial or adverse action appears.

To help you formulate your request and to foster efficient processing of your request, we ask that you use the attached form, "Administrative Hearing Information Form" (FD-387). (Please see the attached example of a properly completed form.)

The use of Form FD-387 will (a) assist you in determining whether a hearing request is the appropriate vehicle for your inquiry; and (b) guide you in determining what information to include in your request.

When you submit a hearing request, please include a photocopy of the page of the RA statement indicating the claim denial with the recipient's name, HSP (Medicaid) Case Number, and applicable edit code(s) highlighted.

To obtain a hearing, forward your request to the Division of Medical Assistance and Health Services, Hearing Unit, Mail Code #3, CN-712, Trenton, N.J. 08625-0712. If the issue cannot be resolved by DMAHS or Paramax/Unisys, your request and accompanying

documentation will be forwarded to OAL for processing. You will be notified by OAL when a date, time, and place are scheduled.

Additional FD-387 forms may be obtained from the General Services Unit, Division of Medical Assistance and Health Services, Mail Code #27, CN-712, Trenton, N.J. 08625-0712. You may also photocopy the blank FD-387 enclosed.

It is hoped that this information is helpful to you. For further information, please contact Paramax/Unisys' Provider Services Unit at 1-800-776-6334.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")