

TO: All Providers Billing on the Pharmacy Claim Form (MC-6)

SUBJECT: Optical Character Recognition (OCR) Update

EFFECTIVE: Immediately

BACKGROUND: The Division of Medical Assistance and Health Services and Unisys recently began the use of technology known as Optical Character Recognition or "OCR" to process computer-generated or typewritten claim forms.

PURPOSE: The purpose of this Newsletter is to inform you of billing problems identified during the first few weeks of OCR operations. This information will assist you in the proper completion of OCR forms which will improve the accuracy and efficiency of claims processing.

ACTION: Please read carefully the items on the following list and make the necessary corrections to your forms:

- 1) The claim form must be the newly revised MC-6 claim form printed in red drop-out ink. If you are having your own scannable MC-6 claim forms produced, ensure that the forms are printed in red drop-out ink.
- 2) All data must be typed or computer generated in black ink.
- 3) The print size must be 8, 10, or 12 pitch; 10 or 12 pitch is preferred. Do not use compressed or script print; the block style font is best suited for the scanning equipment.
- 4) All claims must be properly aligned to ensure that the data is correctly transmitted to the system. When aligning your claims, please be sure that your printer strikes directly on the "H" in the alignment box located to the left of field #1.
- 5) All data must be contained within the specified block. If not, critical data may be passed off into another block, thus delaying the processing of your claim.
- 6) Do not use any special characters such as ditto marks, hyphens, periods, dollar signs, or slashes (/), etc.
- 7) Enter in field #1, CASE NUMBER, on the left side of the shaded area, the first four digits of the recipient's HSP (Medicaid) Case Number. Enter on the right side of the shaded area, the last six digits of the recipient's HSP (Medicaid) Case Number.

Enter in field #2, PERSON NO., the 11th and 12th digits of the HSP (Medicaid) Case Number.

8) Eliminate embedded spaces in all data fields.

Example - Field #16, METRIC QUANTITY -
Should be: 100
Not: 1 0 0

Example - Days Supply -
Should be: 30
Not: 3 0

9) Dates should be printed in a MMDDYY format.

Example: Should be: 101588
Not: 10 15 1988

10) Do not handwrite additional information on the claim because the form will fail the scanning process and will be handled manually.

11) Do not use numeric 0 for alpha o in names.
Do not use alpha o for numeric 0 in numeric fields.

12) The pharmacist's signature must not overlap into other fields.

13) Do not allow data in field #25 (CHARGE) to be printed past the end of the horizontal red lines. The scanner cannot read data entered beyond the red lines.

14) Make certain that data is entered only in non-shaded areas of the claim form.

15) Forward only the original (top page) of the pharmacy claim (MC-6). Do not forward the carbon copy because the carbon residue interferes with the scanning process.

Please remember that OCR processing is only available to providers who produce computer-generated or typewritten claim forms. All other claims that do not qualify for scanning may be submitted on the new form but will continue to be processed manually.

All claims submitted for OCR processing must be mailed to CN-4815.

If you use a billing service, please provide the service with a copy of this Newsletter.

If you have any questions regarding this Newsletter, please contact
Provider Services, Unisys, at 1-800-776-6334.

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