



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

# MEDICAID ALERT

June 1994

**TO:** Nursing Facilities, Intermediate Care Facilities, Residential Treatment Centers, and State and County Government Psychiatric Hospitals

**SUBJECT:** NEW Claim Correction Form (CCF)

**EFFECTIVE:** Remittance Advice dated June 15, 1994

**BACKGROUND:** The Division of Medical Assistance and Health Services and Unisys, the Medicaid fiscal agent, are pleased to present our revised New Jersey Medicaid Management Information System (NJMMIS) Claim Correction Form (CCF). CCFs are generated weekly for claims pended with missing or invalid data. Their purpose is to request the missing information or corrections from providers. Providers enter the missing or corrected information on the CCF directly below the field with invalid or missing data. Completed CCFs are returned to Unisys for processing.

Our enhancements of the format and processing of CCFs were initiated in response to the concerns of Medicaid providers. The enhancements were developed based on input received by the Division from the provider community.

**PURPOSE:** To introduce the new CCF format and CCF procedures to providers, provider billing staff, and billing agencies.

**ACTION:** Review the sample CCF and instructions. Please note the following points:

- A) New CCF form locator numbers (FLNs) are used to identify each field on the form. When you have a question concerning your CCF, the FLN will make it easier to identify the field to be corrected.
- B) An asterisk (\*) will be used to indicate which leave of absence from and through date or leave of absence code is in error.
- C) A new PO Box (4809) has been established for the return of all CCFs. The complete return address is listed on the back of the CCF.

- D) New graphics on the CCF make the field descriptions and preprinted claim data easier to read and correct. The new format will also improve Unisys processing of returned CCFs.

An example of the new CCF for Nursing Facilities, Intermediate Care Facilities, Residential Treatment Centers, and State and County Government Psychiatric Hospitals (FORM DDD) and instructions are attached.

**Complete and return your old CCFs promptly. The new CCF format does not affect claims that are currently pended.**

If you have any questions regarding this Medicaid Alert, please contact Provider Services at (800) 776-6334.

Attachments: Instructions for the new CCF  
Sample CCF

**RETAIN THIS MEDICAID ALERT CHRONOLOGICALLY BEHIND THE ALERTS TAB  
(GREEN TAB MARKED "4")**