



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

MEDICAID ALERT

May 1996

TO: All Providers
SUBJECT: Special Judge Run Reports Available on Diskette
EFFECTIVE: Immediately

BACKGROUND: All providers can now request Judge Run reports on paper or diskette from Unisys that detail and summarize all adjudicated claims. Although it will relay the same data as the printed report, please note that the diskette version will be a standard comma-delimited file, with a header record, in ASCII format that can be imported into a spreadsheet or database application. These reports can relay information dating back to 1989 and are fixed in both format and sort sequence. The format is beneficiary name/HSP number, Internal Control Number (ICN), date of service, service code, payment date/amount, and claim status. The report is sequenced by claim type, beneficiary name, beneficiary HSP number, service date, and payment date.

ACTION: Providers can order the paper or diskette versions of Judge Run reports by completing and mailing the attached revised Judge Run Request form or by contacting a Provider Services representative at 1-800-776-6334. When making a request, specify whether the reports are to be produced on paper, on 3 1/2 diskette or on both mediums (you will be charged for each if you want the report produced on both paper and diskette). Claims to appear on the report may be selected by either date of service or date of payment.

Judge Run reports are produced bi-weekly for requests based on date of payment that are within the past 2 years of the date of request. Requests dating back more than 2 years are produced on a monthly basis. Requests for reports dating back more than 2 years need to be received by the 15th of the month in which they are processed.

A summary report and invoice will be sent to the requesting provider no later than the 10th of the month following the month in which the initial request was received. The amount owed to Unisys (for either paper or diskette version) will be based on the number of printed claim lines over a given 2-year period. Requests that span more than 2 years will be considered multiple requests and will be billed separately based on the following schedule:

Up to 1,000 claim lines	\$150.00
1,001 to 25,000 claim lines	325.00
25,001 to 50,000 claim lines	375.00
50,001 to 75,000 claim lines	400.00

75,001 to 100,000 claim lines	450.00
100,001 to 125,000 claim lines	475.00
125,001 to 150,000 claim lines	525.00
Over 150,000 claim lines	550.00

Upon receipt of payment, the detailed Judge Run report will be sent immediately to the requesting provider.

For further information concerning this Medicaid Alert, contact any Unisys Provider Services representative at 1-800-776-6334.

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