

PROVIDER BULLETIN

No. 12-25

May 14, 2012

TO: All Providers Participating in the NE Medicaid Program

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Bob Kane, Administrator
Medicaid Claims Unit

RE: Paper Claim Changes Effective 05/21/2012

Please Share This Information With Administrative, Clinical, Billing/IT Staff and Trading Partners.

May 21, 2012 is the planned implementation date for **additional** 5010 and NPI changes to the Medicaid Management Information System (MMIS), the automated system that supports claims payment.

With the implementation of NPI, the provider identifiers have changed, except for atypical providers who are not eligible for NPIs.

Paper Claims:

For all paper claims, we are now going to automate the deletion of paper claims received from Health Care Providers without the required NPI, Taxonomy, and Zip+4 **or** with an NPI, Taxonomy, and Zip+4 that is not a match to the provider record in the Medicaid Management Information System (MMIS). In the past we have manually deleted these claims and then mailed the claims back to the provider, resulting in a slower turnaround process. **New reports will be created to communicate the failed claims to providers** as opposed to mailing back the actual claims. The provider will need to submit a new claim with the corrected information. Providers will need to take measures to assure they retain their original reports as needed.

Not only does this allow for improved timeliness in communicating failed claims to Providers, it's more cost-effective to the State, and ensures consistencies in processing between paper and electronic claims.

Please note: A sample copy of what these reports will look like is also available on our webpages: <http://dhhs.ne.gov/medicaid/Documents/MCP502A.pdf>
<http://dhhs.ne.gov/medicaid/Documents/MCP502B.pdf>

The planned implementation date for this change is May 21, 2012.

Electronic Claims:

The following information is not a change, but simply a review of what has previously been implemented for NE Medicaid electronic transactions.

For electronic claims, there must be an **exact match** on **NPI, Taxonomy, and Zip+4**. When the data submitted does not match the NPI, Taxonomy, and Zip+4 enrolled with Nebraska Medicaid, the claim is rejected back to the clearinghouse who in turn delivers the rejection back to the provider via our 277CA transaction or the Electronic Claims Activity (ECA) Report.

For additional information on the 277CA transaction, please refer to the EDI webpages on our public site: <http://dhhs.ne.gov/medicaid/Documents/277CA-5010.pdf>

For additional information on the ECA Rejected Claims report, please refer to the EDI webpages on our public site: <http://dhhs.ne.gov/medicaid/Documents/Rejected-5010.pdf>

Reminder: Whether you submit claims on paper or electronically, providers can check on the status of claims (and client eligibility) at any time – no waiting, 24 hours a day/seven days a week by registering for **Internet Access for Providers**. It's fast and easy. Take a look at what's available: http://dhhs.ne.gov/medicaid/Pages/med_internetaccess.aspx

If you have questions regarding this bulletin, please contact the Medicaid Inquiry Line at 877-255-3092 or 402-471-9128.