

471-000-128 Explanation of Medicaid Claims In Process Over 30 Days Report (MCP564-S)

The "Medicaid Claims In Process Over 30 Days" report (MCP564-S) lists paper and electronic professional, dental and nursing facility turnaround claims that are in process and were received at least 30 days prior to the report date. The report is mailed monthly to all providers with claims in process for over 30 days.

Following is an example of the report with descriptions of key fields:

XXXXXXXXX XXXXXX 1
MCP564-S STATE OF NEBRASKA REPORT PAGE 999,999
HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
HH:MM PM MM/DD/CCYY
ENVELOPE X OF X PROV PAGE 999,999

STATE OF NEBRASKA CONTACT INFORMATION: MEDICAID INQUIRY
2 (402)471-9128
(877)255-3092

FOR PROVIDER NUMBER: XXXXXXXX-XX 3 FTIN: XXXXXXXX

4
PROVIDER BUSINESS NAMEXXXXXXXXXXXXX
PROVIDER PAY-TO NAMEXXXXXXXXXXXXX
ADDRESS1XXXXXXXXXXXXX
ADDRESS2XXXXXXXXXXXXX
CITYXXXXXXXXXXXXX XX 99999-9999

5
REPORT CONTINUED FROM ENVELOPE #

6 7 8 9 10 11

* MEDICAID CLAIMS IN PROCESS OVER 30 DAYS *
* MONTHLY REPORT *

* THE CLAIMS LISTED BELOW HAVE BEEN IN PROCESS WITH NEBRASKA MEDICAID FOR OVER 30 DAYS. DO NOT *
* RESUBMIT THESE CLAIMS. *

RECIPIENT NAME	RECIPIENT NBR	DATE RECD	PT ACCT NBR	CLAIM NBR
SVC FROM	SVC TO	SUBMITTED AMT		
LASTNAMEXXXXXXXXXXXXX	FIRSTNAMEX M	9999999999	MM/DD/YYYY	PATACTNUMXXXXXXXXXXXXX
MM/DD/YYYY	MM/DD/YYYY	9,999,999.99		0099999999

12 TOTAL CLAIMS: 999,999
13
14 TOTAL AMOUNT: 9,999,999,999.99
15
16 *****
17 *****
REPORT CONTINUED IN ENVELOPE # X

Key Field Descriptions:

1. Report Identifier 'S' indicates that this report shows paper and electronic non-institutional claims in process over 30 days from date of receipt.
2. Indicates current envelope number and total number of envelopes for this provider number.
3. Medicaid Provider Number and Federal Tax Identification Number.
4. Provider Name and 'Pay to' Address.
5. Indicates this report is continued from a previous envelope.
6. Column Heading Information.
7. Report Title.
8. Medicaid Recipient Number.
9. Date Claim Received.
10. Provider Patient Account Number.
11. Medicaid Claim Number.
12. Medicaid Patient Last Name, First Name, Middle Initial.
13. Service FROM and TO Dates.
14. Total number of claims in process over 30 days.
15. Claim Submitted Amount.
16. Total Submitted Amount.
17. Indicates this report is continued in additional envelopes.