

## Provider Memo

Cenpatico's commitment to delivering exceptional service to our providers and members at the lowest cost remains at the forefront of our mission. This effort includes strong performance in our turnaround time and accuracy of claims processing. Since our inception, Cenpatico has worked hard to ensure our capabilities support this level of performance. Through utilization of our current Optical Character Recognition (OCR) system, enhancements have been developed to automate the processing of corrected claims. However, as with first time submissions, black and white UB-04 or HCFA 1500 forms, as well as handwritten forms, present a challenge when processing these claims through OCR technology. As a result, the timeliness, accuracy and efficiency of these claims are jeopardized.

As a result, Cenpatico will be changing our policy as it relates to corrected claim submissions. Effective February 27, 2015, all corrected claims should be free of handwritten verbiage and submitted on a standard red and white UB-04 or HCFA 1500 claim form along with the original EOP. Any UB-04 or HCFA 1500 forms received that do not meet the CMS printing requirements, will be rejected back to the provider or facility upon receipt. In addition to submitting corrected claims on a standard red and white form, the previous claim number should be referenced in field 64 of the UB-04 and 22 of the HCFA 1500 as outlined in the NUCC guidelines. The appropriate frequency code/resubmission code should also be billed in field 4 of the UB-04 and 22 of the HCFA 1500. Omission of these data elements may cause inappropriate denials, delays in processing and payment.

The printing requirements are outlined in the Medicare Claims Processing Manual Chapter 26 – Completing and Processing Form CMS-1500 Data Set (Pub.100-04) of which the CMS regulation is described below:

- The only acceptable claim forms are those printed in Flint OCR Red, J6983, (or exact match) ink. Although a copy of the CMS-1500 form can be downloaded, copies of the form cannot be used for submission of claims, since your copy may not accurately replicate the scale and OCR color of the form. The majority of paper claims sent to carriers and DMERCs are scanned using Optical Character Recognition (OCR) technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings, and lines remain invisible to the scanner. Photocopies cannot be scanned and therefore are not accepted by all carriers and DMERCs.
- The National Uniform Billing Committee (NUBC) is responsible for the design of the form, and award of the contract for printing of the form. CMS does not supply the form to providers for claim submission. Blank copies of the form may also be available through office supply stores in your geographic area. Although a copy of that form can be downloaded, copies of the form should not be downloaded for submission of claims, since your copy may not accurately replicate colors included in the form. These colors are needed to enable automated reading of information on the form.

Thank you.  
Angela Stewart, Network Manager

## State Regulator Memo

Cenpatico's commitment to delivering exceptional service to our Mississippi providers and members at the lowest cost remains at the forefront of our mission. This effort includes strong performance in our turnaround time and accuracy of claims processing. Since our inception, Centene has worked hard to ensure our capabilities support this level of performance. Through utilization of our current Optical Character Recognition (OCR) system, enhancements have been developed to automate the processing of corrected claims. However, as with first time submissions, black and white UB-04 or HCFA 1500 forms, as well as handwritten forms, present a challenge when processing these claims through OCR technology. As a result, the timeliness, accuracy and efficiency of these claims is jeopardized.

As a result, effective February 27, 2015, Cenpatico will be changing our policy as it relates to corrected claim submissions. All corrected claims should be free of handwritten verbiage and submitted on a red and white UB-04 or HCFA 1500 claim form along with the original EOP. Any UB-04 or HCFA 1500 forms received that do not meet the CMS printing requirements will be rejected back to the provider or facility upon receipt. The printing requirements are outlined in the Medicare Claims Processing Manual Chapter 26 – Completing and Processing Form CMS-1500 Data Set (Pub.100-04). In addition to submitting corrected claims on a standard red and white form, the previous claim number should be referenced in field 64 of the UB-04 and 22 of the HCFA 1500 as outlined in the NUCC guidelines. The appropriate frequency code/resubmission code should also be billed in field 4 of the UB-04 and 22 of the HCFA 1500. Omission of these data elements may cause inappropriate denials, delays in processing and payment.

We will be notifying all providers/facilities of this change and will be giving them adequate time to prepare. (Enclosed is a copy of the provider notification letter). This time will be in accordance with our provider notification period. We are certain by adopting this policy that we will be able to increase efficiency and timeliness of claims payment.

Thank you.

Angela Stewart, Network Manager  
866-912-6285