

# Claims Adjudication Process for Providers

## Ensuring Successful Billing

### Reconciling Pended and Denied Claims

1. Claim is sent to Medicaid, where the Group/billing NPI is matched to the corresponding NPI on the PRA. If no matching PRA with identical NPI is found, the claim is classified as Pending so the edits may be made.
2. Edits pend for 90 days:
  - a. FHI receives a monthly list of Pending claims from Gainwell/Medicaid.
    - i. If FHI is able to match a missing PRA (and other fields required) the information is sent to Medicaid in the daily exports. This applies only to edit 1464.
    - ii. Verified information is compared by Medicaid with the information on the claims sent by Providers.
    - iii. If the information matches (billing NPI, Medicaid ID, eligibility of services dates, etc.) the records are considered reconciled and removed from pended status; essentially approving the claim for payment.<sup>1</sup> See exception example below.
  - b. It is the provider's responsibility to check weekly remittance advice on NJMMIS.<sup>3</sup> If the Billing NPI on the submitted PRA is incorrect, Provider *must* email [PRA@FHIWorks.org](mailto:PRA@FHIWorks.org) and *include*:
    - i. PRA ID (begins with "W" found at the bottom right corner of PRA)
    - ii. Office Location where the patient's First Visit PRA was completed
    - iii. Date of First Visit PRA
    - iv. Correct group/billing NPI.
    - v. Provider is unable to change Group NPI via PRA Follow-up form; request *must* be submitted via email to FHI.
3. The process from the time Gainwell receives the daily export until the record is dropped from pended status varies. Claims adjudication process runs 3 times a week – Tuesday, Thursday, and Friday. Record is dropped from pended status each time claims process runs with the matched daily export.<sup>2</sup>
4. After the 90 days with Pended Status, the claim is moved to Denied status.
5. Once a claim is denied, the Provider *must* re-submit the claim. Any information and updates previously sent by FHI *will* be available to match a resubmitted claim.
6. Providers may want to call Medicaid's Provider Services (**1-800-776-6334**) to verify the correct billing NPI is on the PRA prior re-submitting claims.

<sup>1</sup>Exception Example

A claim from Provider XYZ, appears on February's Pended List. The claim is already at 80 days when FHI receives the list. By the time FHI can match the PRA (plus other information) and includes the record in the daily export the claim is at 100 days. Corrected information is too late to reconcile with a denied claim. The claim would need to be resubmitted. However, any previously sent information by FHI will be available to match a resubmitted claim.

<sup>2</sup> Notification To Providers

Weekly remittance advice is generated by Gainwell and made available to all providers Monday mornings on the NJMMIS website. The report is split into 3 sections: paid, denied, and in-process (pending) claims. The reason for denial **Edit 1464 - PRA Invalid - No Billing NPI Found** is listed on the remittance advice.

<sup>3</sup> Billing Provider ID

The remittance advice is produced for every billing provider ID. Some groups or practices have more than one location that submits claims. Those locations would need their own billing provider ID.