



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

August 22, 2008

Dear LHD and FQHC Providers:

This letter transmits information for Local Health Department (LHD) and Federally Qualified Health Clinic (FQHC) providers that received inappropriate payments from the Michigan Department of Community Health (MDCH) as the result of National Provider Identifier (NPI) implementation.

Providers who did not bill reporting the Rendering NPI number in Box 24J must complete a void claim. Maternal Infant Health Program (MIHP) and Family Planning providers affiliated with a LHD or FQHC must bill with the Medical Director's NPI in Box 24J as well as providers that did not have a legacy ID number in the Provider Enrollment system.

Providers that were paid twice under the original legacy ID number and also under the new internally assigned legacy ID number (7-digit ID number that begins with a "5") should submit a void using the paid Claim Reference Number (CRN) of the original legacy number. (For MIHP providers, the remittance advice should list payment under the new internally assigned legacy ID number if the claim was billed correctly.)

Clarification of the Void Claim Process

To facilitate the return of inappropriate Fee for Service (FFS) Medicaid payments, voids may be completed by providers themselves or MDCH may initiate the process if a provider completes a Void Claim Request.

Providers may submit a void claim themselves by using the exact same information that was reported on the paid claim. For example, if the provider initially completed the claim with the same NPI number in Box 24J and 33a, the voided claim must contain this same information. Voided claims will appear on the remittance advice with a negative payment. This payment amount should be the same as the original payment received by the provider.

To complete a Void Claim Request, providers must first identify the claims they wish to void by the CRN. The list of CRNs to be voided must be sent to MDCH in an electronic file (refer to file format described below). All voids should be consolidated into one request file. MDCH will test the file for errors and resolve (remove or correct) errors with the provider prior to voiding claims. Providers should submit their Void Claim Request within 30 days of the date of this letter.

File Format of Void Claim Request

Providers must submit their list of CRNs as either a text file (.txt) or an excel (.xls) file saved under the name of the organization followed by the Tax ID (example: XXXXCOLHD380000000.xls). One column contains the CRN of the claim(s) they would like to void and enter only one CRN per line/row/record, no duplicate CRNs on multiple lines. A header row must read "CRNs under [TaxID/NPI/Legacy ID#]". [Tax ID] should be the 9-digit Tax ID Number (i.e. 000000000) that all of the CRNs were paid. The CRN should be formatted as a numeric 15 character field with two-zero-zero ("200") always leading and two zeros ("00") always following the 10 digit CRN that appears on the paper remittance advice:

CRNs under 000000000
200 800100000100
200 736799999900
200 700100000100

(Bolded is the CRN as it appeared on remittance when paid – do not apply bold font to your file, bolded here only for reference.)

Submitting a Void Claim Request

Void Claim Request must be emailed to ProviderConsultant@michigan.gov with the CRN void file attached. The subject line of the email should indicate "LHD/FQHC Void Claim Request" and the name of the requesting organization. The body of the email must include:

- Attn: LHD/FQHC Void Claim Request
- Submitter's name, organization, phone, email, fax, and mailing address
- A statement from the submitter indicating that they intend and approve voiding of the CRNs in the attached file
- A copy of this document as an attachment to verify that the submitter has read and understands the instructions.

All questions about this process should be directed through the Provider Consultant email address above.

Resubmission of Claims after Voids are Completed

Once the voided claims appear on a remittance advice, the provider may submit a new claim if appropriate. The rendering physician's NPI or Medical Director's NPI should be listed in Box 24J while the FAO/Business or Group NPI should be listed in 33a.

Questions related to this issue should be directed to ProviderConsultant@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration