Module 2:
Front-End FL-MMA Specific Changes
Provider Validation and Registration
National Provider Identifier (NPI) & Medicaid ID Validation

Per MMA guidelines, WellCare’s front-end claims validation process is now modeled after AHCA’s encounter validation process.

• When a claim or encounter is submitted to WellCare, the Billing and/or Rendering NPI(s) will be validated against AHCAs Provider Master List (PML).
  
  o If any of the NPI(s), within a given claim, are not recognized uniquely on the PML, the claim will be rejected by the State. WellCare will issue a Notification to the Vendor/ Provider if this occurs.
    ▪ This new edit will be fully disclosed to each provider at least 60 days prior to deployment of the new validation process.
    ▪ Training will also be offered to provide as much support as possible during this transition.
  
  o These edits are necessary to ensure that the provider(s) submitting claims data, are not only eligible to care for our members, but also possess an active Florida Medicaid ID.
National Provider Identifier (NPI) & Medicaid ID Validation - continued

• A simple search by both NPI and Name can be performed to see if a valid and active record appears on AHCA’s PML.
  
  o If after searching the PML by both NPI and Name, it is determined that the provider does not have a Medicaid ID, WellCare can obtain one on their behalf.
    
    ▪ These Medicaid ID(s) are not fully enrolled (a/k/a Fee For Service or FFS);
    ▪ When applicable, they are subject to the required Level 2 background screenings.

  o If the provider’s information is incorrect on the PML, and the record is active, providers may correct or update their information (see slide 8).
WellCare can register providers for Medicaid ID(s) in two ways:

1. **Mass Registration:**
   - Most common method
   - Automated process with a one business day turnaround
   - Provider must meet certain requirements to use this method

2. **Manual Registration:**
   - Two-page form is prepared and mailed to AHCA
   - Takes 10-14 business days for AHCA to process
   - Used when a provider does not meet the Mass Registration requirements
AHCA requires key data elements to register for a Medicaid ID.

**Common errors include:**

**Individual Providers:** Individual providers must be registered using:
- Individual or Type 1 NPI;
- License number; and,
- Social Security Number (Tax IDs for individuals are not permitted).

**Group Providers:** If a group needs to be registered, or a provider owns a group practice, they must be registered using:
- Group or Type 2 NPI;
- Tax ID for the group;
- License number (if applicable); and,
- CLIA (if applicable).
Providers Not Required to Obtain an NPI

- Providers who provide medical care services are required to obtain an NPI.
- AHCA does not require atypical providers to obtain an NPI; however, many do as a personal preference or choice.

Examples of atypical providers include:

- Assistive Care Services (some, not all, are atypical)
- Billing Agents
- Case Management Agency
- Multi-Load Private Transport
- Government/Municipal Transportation
- Non-Emergency Transport
- Medical Foster Care/Personal Care Provider
- Non-Profit Transportation
- Private Transportation
- Taxicab Company
- Social Worker/Case manager
- Home and Community-based Services Waiver (HCBS)*

*HCBS Waiver providers rendering Traumatic Brain and Spinal Cord Injury, or Cystic Fibrosis services are the exception and are required to obtain an NPI.
Remediating Records on the PML

Providers should contact the following to resolve issues with records:

**NPI is not on PML:**
- Provider Relations Representative
  - If provider does not wish to become fully-enrolled (FFS) with AHCA
- AHCA, if provider wishes to become fully-enrolled (FFS) with AHCA

**Inaccurate FFS Provider Records:**
- Log in to the FLMMIS Provider Portal - http://home.flmmis.com; or,
- Call AHCA’s Provider Enrollment at 1-800-289-7799 Option 4.
Top Provider Related Encounter Issues

• Provider Not Enrolled at SVC Location
• Multiple Locations for Billing Provider
• POA Indicator Missing or Invalid
• Rendering provider number is missing or invalid
• Exact Duplicate
Providers Who Are Required to Bill on the UB-04 Claim Form:

*The following Providers, when billing on a paper claim form must bill on a UB-04 claim form to receive reimbursement from Medicaid:*

- Freestanding Dialysis Centers
- Hospitals
- Hospital-Based Skilled Nursing Facilities
- Hospices
- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- Nursing Facilities
- State Mental Hospitals
- Rural Swing Bed Providers
- State Inpatient Psychiatric (SIPP) Waiver Providers
Provider Types Who Bill Crossover Claims on the UB-04 Claim Form:

The following providers who bill Medicaid services on the CMS-1500 claim form must complete and submit UB-04 claim forms to receive reimbursement from Medicaid when billing Medicare-Medicaid crossover paper claims:

- Federally Qualified Health Centers
- Independent Therapists
- Rural Health Clinics
Provider Not Enrolled at SVC Location: Institutional

- AHCA has very specific requirements about the provider types that constitute an institutional provider.
- The provider type descriptions depicted in AHCA’s UB-04 Claim Form Handbook correlates to provider types used during Provider Registration and are displayed on the Provider Master List (PML).

<table>
<thead>
<tr>
<th>PROV TYPE</th>
<th>PROV DESCRIPTION</th>
<th>SPEC CODE</th>
<th>SPECIALTY DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>General Hospital</td>
<td>200</td>
<td>Hospital with Birth/Delivery Services</td>
</tr>
<tr>
<td>01</td>
<td>General Hospital</td>
<td>201</td>
<td>Emergency Services</td>
</tr>
<tr>
<td>01</td>
<td>General Hospital</td>
<td>210</td>
<td>Psychiatric Community Hospital/CSU CAP Only Adult</td>
</tr>
<tr>
<td>01</td>
<td>General Hospital</td>
<td>211</td>
<td>Psychiatric Community Hospital/CSU CAP Only Child</td>
</tr>
<tr>
<td>01</td>
<td>General Hospital</td>
<td>901</td>
<td>General Hospital</td>
</tr>
<tr>
<td>04</td>
<td>State Mental Hospital</td>
<td>904</td>
<td>State Mental Hospital</td>
</tr>
<tr>
<td>09</td>
<td>Skilled Nursing Unit Hospital Based</td>
<td>909</td>
<td>Skilled Nursing Unit Hospital Based</td>
</tr>
<tr>
<td>11</td>
<td>State ICF/DD Facility</td>
<td>911</td>
<td>State ICF/DD Facility</td>
</tr>
<tr>
<td>12</td>
<td>Private ICF/DD Facility</td>
<td>912</td>
<td>Private ICF/DD Facility</td>
</tr>
<tr>
<td>13</td>
<td>Swing Bed Facility</td>
<td>913</td>
<td>Swing Bed Facility</td>
</tr>
<tr>
<td>15</td>
<td>Hospice</td>
<td>915</td>
<td>Hospice</td>
</tr>
<tr>
<td>16</td>
<td>Statewide Inpatient Psychiatric Services (SIPP)</td>
<td>916</td>
<td>SIPP</td>
</tr>
<tr>
<td>66</td>
<td>Rural Health Clinic</td>
<td>966</td>
<td>Rural Health Clinic</td>
</tr>
<tr>
<td>68</td>
<td>Federally Qualified Health Center</td>
<td>968</td>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>89</td>
<td>Dialysis Center</td>
<td>989</td>
<td>Dialysis Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCEPTABLE CROSSOVER FOR MEDICARE-MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROV TYPE</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>66</td>
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<tr>
<td>68</td>
</tr>
<tr>
<td>83</td>
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<tr>
<td>83</td>
</tr>
<tr>
<td>83</td>
</tr>
<tr>
<td>83</td>
</tr>
<tr>
<td>83</td>
</tr>
</tbody>
</table>
If the Provider Type found on the Provider Master List (PML) is not indicated as an institutional provider in the UB-04 Claim Form Handbook and the provider submits an institutional claim/encounter it will reject by the State. WellCare will issue a Notification to the Vendor/Provider if this occurs.
Provider Not Enrolled at SVC Location: Professional

- This issue is specific to the information submitted on a claim/encounter and their record(s) on the Provider Master List (PML).

- WellCare’s Provider Validation process mimics the hierarchical waterfall logic established by AHCA.
  
  - The logic is as follows:
    
    1. Are there any rows for the submitted NPI? –if not, a match cannot be made
    2. Is there a single match on NPI?
    3. Is there a single match on NPI + Taxonomy?
    4. Is there a single match on NPI + Zip 5?
    5. Is there a single match on NPI + Zip 5 + Zip 4?
    6. Is there a single match on NPI + taxonomy + Zip 5?
    7. Is there a single match on NPI + taxonomy + Zip 5 + Zip 4?
Provider Not Enrolled at SVC Location: Professional - *continued*

The provider has more than one record, meaning the system begins looking for a unique match.

- Since the NPI + Taxonomy is not unique, the system moves to NPI + Zip 5 (step 3).
- A unique match is identified but the record provider type and taxonomy is for Air Transport
- The claim/encounter is rejected since the emergency room services billed do not correlate with Air Transport. WellCare will issue a Notification to the Vendor/Provider if this occurs.
Multiple Locations for Billing Provider

• This error notification relates to the provider having more than one record on the Provider Master List (PML).

• The system is unable to find a distinct record for the data submitted on the encounter.

<table>
<thead>
<tr>
<th>ENCLOSED DATA</th>
<th>IDENTIFIER</th>
<th>Seq_Claim_Id</th>
<th>LAST_NAME</th>
<th>First_Name</th>
<th>FIRST_NAME</th>
<th>LAST_NAME</th>
<th>PROVIDER_TAXONOMY_CODE</th>
<th>ZIP_CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1346572385</td>
<td>336232866</td>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
<td>261QF0400X</td>
<td>NULL</td>
</tr>
<tr>
<td></td>
<td>1417953571</td>
<td>336232866</td>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER MASTER LIST DATA</th>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Type</th>
<th>Primary Special</th>
<th>Registered Prov NPI</th>
<th>Taxonomy</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>029545905</td>
<td>TAMPA FAMILY HE</td>
<td>68</td>
<td>968</td>
<td>N</td>
<td>1417953571</td>
<td>261QF0400X</td>
</tr>
<tr>
<td></td>
<td>062781005</td>
<td>TAMPA FAMILY HE</td>
<td>25</td>
<td>011</td>
<td>N</td>
<td>1417953571</td>
<td>193200000X</td>
</tr>
</tbody>
</table>
POA Indicator Missing or Invalid

- This error notification relates to the Present on Admission (POA) indicator on Box 67 of a UB-04.

- Valid indicators are Y, N, U, W
  - Y = Yes
  - N = No
  - U = No Information in the record
  - W = Clinically undetermined

- POA indicator of "U" **not allowed** with primary diagnosis.
Rendering Provider Number is Missing or Invalid

A Provider’s Application Type on AHCA’s Provider Master List (PML) drives whether a provider is required to submit a Rendering Provider.

- If the Application Type of the Billing NPI is “G” for Group then a Rendering NPI with an “I” for Individual Application Type is required.
  - If the Rendering provider’s Application Type is “G” for Group the encounter will be rejected by the State. WellCare will issue a Notification to the Vendor/ Provider if this occurs.
- If the Application Type of the Billing NPI is “I” for Individual then a rendering provider is not needed.
Exact Duplicate

WellCare continues to see an increased amount of duplicate claim/encounter submissions.

To prevent duplication:

- Include the Original Reference Number (Wellcare Control Number)
- When resubmitting a claim / encounter ensure to use the correct resubmission code
  - No code indicates an original claim/encounter
  - 7 = Resubmission
  - 8 = Void
Suggestions for Resolution
Adding Provider Records

• Providers who wish to fully enroll with AHCA can register electronically using the online enrollment wizard.

  o The wizard is available at:

    [http://portal.flmmis.com/FLPublic/Provider_Enrollment/tabId/50/Default.aspx](http://portal.flmmis.com/FLPublic/Provider_Enrollment/tabId/50/Default.aspx)
Adding Provider Records - continued

• Providers can also access enrollment forms for manual submission at:
  
  http://portal.flmmis.com/FLPublic/Provider_Enrollment/Provider_Enrollment_EnrollmentForms/tabId/129/Default.aspx

• Providers who need to register but do not wish to fully enroll with AHCA can access the necessary form at:
  
  http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/MCO%20Treat%20Prov%20Reg%20Rev%20081709.pdf

  *Please note: Any provider that is not fully enrolled with AHCA is subject to a Level 2 background screening.
Correcting Warning Errors

Data Correction and Resubmission

• Make updates to data elements identified as the rejection root cause. These will show as Warnings and will need to be remediated by Vendor/Provider
  
  o Ensure Billing/Rendering Provider NPI is:
    ✓ Registered and have unique record on AHCA’s PML
    ✓ Have the right Application Type Combination
    ✓ All codes, indicators, and NDCs are applied

• Avoid duplication by including Original Reference Number (WCN) and correct Resubmission Code
Correcting Warning errors - continued

Provider Master List (PML) Records

• If the provider is a fully enrolled Medicaid provider (noted with “N” under Registered Provider column on PML)
  ○ Please contact AHCA at: 1-800-289-7799 Option 4

• If the provider is a fully enrolled provider (noted with “Y” under Registered Provider Column on PML)
  ○ Please contact WellCare at: 1-866-334-7927
    ▪ request Customer Service to coordinate your enrollment review with your Provider Relations Representative.
Correcting Warning errors - continued

Provider Master List (PML) Records - continued

- Both fully enrolled and mass registered providers may correct the data recorded on their Medicaid record by downloading the NPI Registration Form and faxing any revisions to AHCA.

  - The form is located at:

    ▪ [http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/AHCA_Form_2200-0003_NPI_Reg_Form_112013.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/AHCA_Form_2200-0003_NPI_Reg_Form_112013.pdf)
Reading Response Files
## Types of Response Files

<table>
<thead>
<tr>
<th>999</th>
<th>277CA</th>
<th>277U</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response file for SNIP 1-2</strong></td>
<td>• Response file for SNIP 3-5</td>
<td>• Broadcast standard HIPPA responses for claim status updates</td>
</tr>
<tr>
<td><strong>Generated from pre-adjudication system</strong></td>
<td>• Generated from pre-adjudication system</td>
<td>• Generated from adjudication system based on Paid or Final status update</td>
</tr>
<tr>
<td><strong>File of Encounters acknowledged by WellCare</strong></td>
<td>• No custom rejection codes/reasons (Industry standard only)</td>
<td>• Detail explanation of claim status in English for both standard and custom edits</td>
</tr>
<tr>
<td><strong>Single Generated within 1-2 hrs. of submission receipt by WellCare</strong></td>
<td>• One file generated for each LOB contain in the file submission within 24 hrs. of submission</td>
<td>• Single file to be generated daily.</td>
</tr>
<tr>
<td><strong>Functional Acknowledgement</strong></td>
<td></td>
<td>• Electronic claims that pass the SNIP edits will be moved to the adjudication system to validate eligibility, service dates, benefits and authorizations as well as pricing. EDI status files known as 277U's will provide details on claim status throughout the adjudication process.</td>
</tr>
<tr>
<td><strong>Claims may be rejected at this level if there are invalid characters or missing information, such as a zip code that is missing a number. If a claim is submitted with only four digits, the claim will be rejected. A rejected claim will not progress and must be corrected and resubmitted for consideration</strong></td>
<td>• Reported claims will be assigned a category code, status code, and entity code within this transaction. If a claim rejects on the Healthcare Claim Acknowledgement, it requires correction of the inaccurate data and resubmission to be considered. You may receive more than one rejection for a claim</td>
<td>• Electronically filed claims that fail the edits described above will receive details of the rejection reasons via the 277U as well. Certain rejection reasons such as Non-Eligibility, POA missing or NPI missing or invalid will also be followed up with a paper letter mailed to the claim Bill-To/Pay-To address.</td>
</tr>
</tbody>
</table>
Types of Response Files - 999

**Purpose of the 999 Functional Acknowledgement:**

- To confirm if the submitted claim file passed standard level syntax
- Structure editing within EDI Support Services (EDISS) front-end collection system.
- The report is generally available the same day the claim file is submitted.
- After the Trading Partner downloads the report, the data will appear in one long string of information at the top of the page.
- To verify if the file was accepted, denied or rejected at this level, look for the IK5 and AK9 segments.
- If these two segments are followed by an ‘A’ the file was accepted.
- If these two segments are followed by an ‘E’ the file “accepted with errors” and will process onto the 277CA Claims Acknowledgement report.
- *If the two segments are followed by an ‘R’ the file was rejected at this level. If the file is rejected at this level, the 277CA report will NOT follow.*
Types of Response Files – 277CA

Purpose of the 277CA Claims Acknowledgement:

- The purpose for the 277CA Claims Acknowledgement report (277CA) is to:
- Provide a claim-level acknowledgement of all claims received in the front-end processing system before claims are sent into a payer’s adjudication system.
- For additional information about the 277CA, refer to the TR3 (Implementation Guide) which can be purchased from the Washington Publishing Company (WPC) at http://www.wpc-edi.com/
- If you use a vendor you can contact your vendor to assist with translating the 277CA.
Types of Response Files – 277U

Purpose of the 277U Acknowledgement:

• This transaction provides fee-for-service and capitated providers/vendors’ status information for pended claims and managed care organizations status information for paid and denied claims.

• The business application of the 277U will also augment the use of the Health Care Claim Status Request and Response paired transaction by providing the Internal Control Numbers (ICN) assigned to claims for trading partners to specifically inquire upon.

• Unsolicited Health Care Payer Claim Status responses will be sent weekly in a batch mode for fee-for-service providers, and daily for managed care organizations along with any claim transaction in which a Medicaid provider ID or National Provider Identifier (NPI) is unidentifiable.
New Front-End Warning Errors
Provider Validation

• AHCA requires that all providers who render services in the state of Florida are registered to ensure reimbursement. AHCA maintains a Provider Master List (PML) on their Managed Care site.

• AHCA requires that provider's records on the Provider Master List (PML) have a unique cross-reference between their NPI and each Medicaid identification number to create a one-to-one relationship. Based on provider validation our system is unable to identify a unique record for accurate claim/encounter processing.
Edits:

• Billing Provider NPI Not Found on the State Roster

• Unable to Obtain a unique Medicaid-ID for Billing Provider NPI, Taxonomy or Zip-5 on the State Roster

• Unable to Obtain a unique Medicaid-ID for Billing Provider NPI, Taxonomy or Zip-9 on the State Roster

• Unable to Obtain a unique Medicaid-ID for Billing Provider NPI, Taxonomy AND Zip-5 on the State Roster

• Unable to Obtain a unique Medicaid-ID for Billing Provider NPI, Taxonomy AND Zip-9 on the State Roster
Edits - continued:

• Multiple Medicaid ID's found for Billing Provider NPI and Zip- 5 on the State Roster

• Multiple Medicaid ID's found for Billing Provider NPI, Taxonomy and Zip- 9 on the State Roster

• Rendering Provider NPI Not Found opn the State Roster

• Rendering Provider NPI & Taxonomy Not found on the State Roster

• Multiple Medicaid-ID's found for Rendering Provider NPI on the State Roster
## Duplicate Warning Errors

**Error Reasons for Front-End Duplicate logic and Remediation Actions**

<table>
<thead>
<tr>
<th>Description on 277U</th>
<th>CIS Warning/ Rejection</th>
<th>Additional Comments</th>
<th>How to Remediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUPLICATE ENCOUNTER</td>
<td>311</td>
<td>Typically occurs for one of two reasons:</td>
<td>1. The provider will need to resubmit the encounter with the appropriate Resubmission Code (7=Resubmission; 8=Void). This will be box 22 for a paper claim. 2. Review data submitted to ensure another claim/encounter not submitted with duplicate information: INST IP: Subscriber ID, Line of business, Facility code, Date of Service, Thru date, Attending NPI (if submitted); INST OP: Subscriber ID, Line of business, Facility code, Date of Service, Thru date, Procedure Code, Revenue Code, Attending NPI (if submitted); PROF: Subscriber ID, Line of business, Rendering NPI (if submitted), Procedure Code, Modifier, Date of Service, Thru date; DENTAL: Subscriber ID, Line of business, Rendering NPI (if submitted), Tooth number, Tooth Surface, Procedure Code, Date of Service, Thru date</td>
</tr>
<tr>
<td>MEMBER FAILED-INVALID MEDICAID ID</td>
<td>310</td>
<td>If a match is not found when comparing the first 10 digits of the Subscriber ID then the encounter will be rejected by the State with the error description “MEMBER FAILED-INVALID MEDICAID ID” and payment will be restricted to WellCare. WellCare will issue a Warning to the Vendor/Provider if this occurs.</td>
<td>Member eligibility can be validated by logging into FLMMIS AHCA’s Provider Portal. Once logged in access the Florida Web Portal Link. Complete the user access confirmation. Click the &quot;Eligibility&quot; tab and enter the member’s known information to confirm DOS eligibility and Recipient ID. Note SSN is required if Recipient ID is unknown or inaccurate.</td>
</tr>
</tbody>
</table>
## Error Reasons for Front-End SNIP Edits

<table>
<thead>
<tr>
<th>Error Code On 277U</th>
<th>Description on 277U</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0x51A</td>
<td>Procedure Inappropriately coded for Age</td>
<td>AHCA’s Child Health Check Up (CHCUP) procedure codes have age requirements based on code used.</td>
</tr>
<tr>
<td>0x51B</td>
<td>Procedure billed with invalid or missing modifier</td>
<td>AHCA’s Child Health Check Up (CHCUP) procedure codes 99385 (new patient visit) and 99395 require EP modifier for recipients 18 through 20 years of age.</td>
</tr>
<tr>
<td>0x51C</td>
<td>Modifier inappropriately coded for age</td>
<td></td>
</tr>
<tr>
<td>0X51D</td>
<td>Modifier required for services rendered.</td>
<td></td>
</tr>
<tr>
<td>0X51E</td>
<td>Required Referral Code for Child Health Check-Up is missing.</td>
<td>AHCA’s Child Health Check Up (CHCUP) requires claims/encounters submitted with procedure code range 99381-99384 or 99391 – 99394 or 99385 and 99395 billed with EP modifier it must also contain the appropriate referral code (AV, NU, S2 or ST).</td>
</tr>
<tr>
<td>0X51F</td>
<td>Required Referral Condition Code for Child Health Check-Up is Invalid.</td>
<td>AHCA’s Child Health Check Up (CHCUP) requires claims/encounters submitted with procedure code range 99381-99384 or 99391 – 99394 or 99385 and 99395 billed with EP modifier it must also contain the appropriate referral code (AV, NU, S2 or ST).</td>
</tr>
</tbody>
</table>
Reading Reports for Module 3
Reports

WellCare will provide readable reports to Vendors/ Providers, which will outline the biggest Claim/ Encounter submission issues at the time, and will provide:

1) Additional tips and explanation to the submission methods

2) Provide Resources and materials such as:
   - Companion Guides
   - Response file reading Guides
   - Warning Error’s Grid

3) Answer any questions the Vendor/ Provider to help alleviate and surpass any hurdles during the submission process.
### Example Report (Draft)

<table>
<thead>
<tr>
<th>Report Category</th>
<th>Error Description</th>
<th>Report Severity</th>
<th>Submitter Name</th>
<th>Line Count</th>
<th>Claim Count</th>
<th>Amount Billed</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>INBOUND_SNIP</td>
<td>A data element with 'Must Use' status is missing.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>16</td>
<td>7</td>
<td>$1,701.86</td>
<td>$502.61</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>A data segment with 'Must Use' status is missing.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>457</td>
<td>149</td>
<td>$38,715.72</td>
<td>$11,811.51</td>
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<tr>
<td>INBOUND_SNIP</td>
<td>Ambulance Transport Information should not be used.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>150</td>
<td>60</td>
<td>$11,856.50</td>
<td>$3,555.53</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>COB claim failed to balance : paid amount did not equal adjusted charge amount.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>34</td>
<td>6</td>
<td>$3,545.22</td>
<td>$675.95</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>Claim should have only one type of Payer.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>8</td>
<td>-</td>
<td>$864.00</td>
<td>$116.92</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>Duplicate Diagnosis Code in Health Care Diagnosis Code.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>4</td>
<td>1</td>
<td>$300.00</td>
<td>$108.06</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>Health Care Diagnosis Code value could not be verified because of missing pointers.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>3,827</td>
<td>919</td>
<td>$494,223.60</td>
<td>$117,095.04</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>ICD-9-CM Diagnosis code is invalid in Health Care Diagnosis Code.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>2</td>
<td>1</td>
<td>$160.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>Invalid Address Information in Billing Provider Address.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>90</td>
<td>50</td>
<td>$52,889.26</td>
<td>$14,500.64</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>National Provider ID (NPI) is invalid for Referring Provider Name.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>10</td>
<td>9</td>
<td>$1,375.00</td>
<td>$405.76</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>No taxonomy information to accompany the submitted NPI for either the Rendering or Bill-To Provider.</td>
<td>Warn</td>
<td>Vendor/ Provider 123</td>
<td>563</td>
<td>190</td>
<td>$54,448.52</td>
<td>$14,931.15</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>No taxonomy information to accompany the submitted NPI for either the Rendering or Bill-To Provider.</td>
<td>Warning</td>
<td>Vendor/ Provider 123</td>
<td>185</td>
<td>64</td>
<td>$27,332.65</td>
<td>$6,128.63</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>Referring Provider Secondary Identification is required when no primary ID is sent.</td>
<td>Warn</td>
<td>Vendor/ Provider 123</td>
<td>17</td>
<td>10</td>
<td>$2,518.73</td>
<td>$868.09</td>
</tr>
<tr>
<td>INBOUND_SNIP</td>
<td>The Service Location Address contains a PO Box Address. Please verify the information and resubmit a corrected claim with the appropriate Service Location.</td>
<td>Normal</td>
<td>Vendor/ Provider 123</td>
<td>1</td>
<td>1</td>
<td>$88.00</td>
<td>$47.08</td>
</tr>
</tbody>
</table>
Key Severity Definitions

**Ignore:**
No data is captured; Claim/Encounter NOT affected

**Informational:**
Information Collected on data submitted for WellCare purposes; Encounter NOT affected

**Warning:**
Data is Captured and Vendor/Provider is notified that edit may/will reject in the future

**Normal:**
Data is Captured and Claims/Encounters will reject against such edit if edit fired against claim/encounter and file submitted will be sent back to Vendor/Provider for Remediation
**Resources**

**Claims & Encounter Materials:**
https://florida.wellcare.com/provider/claims_updates

- Companion Guides
- Provider Manuals
- Calendar with important dates and events
- Past Webinars
- “How-to” guides:
  - Additional response file guides
  - Warning Error code guides
  - Reading an 837

Helpful Links

To verify a provider’s license:
http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP

To verify or obtain a facility license:
http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx

To verify or obtain a provider’s NPI:
https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do

AHCA’s NPI Crosswalk (Roster):
http://portal.flmmis.com/FLPublic/Provider_ManagedCare/tabId/126/Default.aspx
Questions and Answers