



***** High Priority *****

Service Alert Notification

Subject: Paper Claim Payment Requirements Revised

Date: August 21, 2007

In an effort to minimize delays in paper claims processing, please be advised that ACS will not accept paper claims for processing unless the following criteria are met:

- All elements as defined in the CMS-1500 and UB-04 Medicaid Provider Reimbursement Handbooks (<http://floridamedicaid.acs-inc.com/index.jsp>) must be completed for processing.
- All paper claims **must** be submitted on the new CMS-1500 (08/05) claim form for professional services and the UB-04 claim form for facility services.
- Original "red ink" forms are **required**.
- All elements as defined in the CMS-1500 and UB-04 reimbursement manual **must** be completed or claims will be returned to you for completion prior to processing.
- All claim forms must have a "wet signature" in box 31 on the CMS-1500 (08/05) claim form. This full signature or initials must be in blue or black ink.
- "Signature on file" may be used only if the provider's billing agent or authorized designee has a written attestation signed by the provider that allows the billing agent or authorized designee to file claims on the provider's half.
- The attestation must be maintained on file at the billing agent's or authorized designee's office. The attestation must be readily available upon request by AHCA. If the provider uses a facsimile signature or a signature stamp, the entry must be initialed. The provider is responsible for ensuring that the signature on the claim is that of an authorized individual.

To facilitate prompt paper claims processing, please ensure that the above criteria are met **prior** to submission to Apex Benefits Services.

Please feel free to contact Veronica Walton at (904) 244-9255 should you have any questions. Thank you.