RESOLVING CLAIM REJECTIONS
HOW TO IMPROVE SUBMISSION OF CLEAN CLAIMS

Community First Health Plans, Inc. and Community First Insurance Plans (Community First) have developed this guide to assist Providers in resolving the major factors that contribute to claims rejections. Resolving claim rejections will enable Providers to receive appropriate reimbursement for services rendered to Community First Members. Providers can optimize reimbursement of their claims and ensure claims are submitted accurately when they understand the difference between **denied** and **rejected** claims.

Eligibility and Enrollment

To be eligible for Texas Medicaid reimbursement, a provider of health care services (including an out-of-state provider) must meet all applicable eligibility criteria, obtain an NPI number from the National Plan and Provider Enumeration System (NPPES), be approved by the Texas Health and Human Services Commission (HHSC) for enrollment, and enter a written Provider agreement with HHSC.

Providers can use the online Provider Enrollment and Management System (PEMS) tool to enroll electronically through the TMHP website at TMHP.com. During the enrollment process, Providers must select the primary taxonomy code associated with their Provider type. Providers will attest with NPPES the approved Texas taxonomy codes that correspond to the services rendered by the type of Provider they wish to enroll as. Only this code will be displayed. Due to copyright laws, TMHP is unable to publish the taxonomy description. Therefore, Providers must verify the taxonomy code associated with their Provider type and specialty before beginning the online attestation process.

Community First receives a weekly Master Provider File (MPF) and a weekly Exclude MPF. All claims are validated against the MPF, Exclude MPF, or NPPES files to ensure NPI and taxonomy accuracy. Providers who fail to submit accurate NPIs or taxonomies will have their claims rejected.

Rejected Claims

Rejected claims are claims that do not meet specific criteria for submission or lack the documentation required for submission. Rejected claims usually contain one or more errors that were found before the claim was ever processed or accepted by Community First. This typically occurs through the clearinghouse or through the submission of paper claims. A rejected claim may be the result of a coding error, a mismatched procedure and ICD code, incorrect Member or Provider identification, or a termed Member policy. **A claim rejection is not a denied claim, and Providers may resubmit the rejected claim once the identified issue has been corrected.**

Denied Claims

Denied claims are medical claims that have been received and processed by Community First. Upon evaluation, Community First will deny a claim if it is determined “unpayable” due to errors in the Providers’ billing, lack of prior authorization, or if it is submitted past timely filing deadlines. Providers may appeal denied claims for reconsideration within timely filing guidelines and submit with modifications addressing the identified errors.

Claim Rejections - Common Issues

Rejection Type	Explanation	Required Action/Resolution
The billing Provider's Tax ID does not match Community First files or is missing.	Claim has been rejected due to the use of an invalid Tax ID or missing Tax ID.	Provider must resubmit the claim with the corrected or missing Tax ID. The NPI and Tax ID must be present on the claim and match the MPF or NPPES.
Billing Provider NPI does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect billing or missing billing NPI.	Provider must resubmit the claim with corrected or missing NPI. The NPI and Tax ID must be present on the claim and match MPF or NPPES.
Billing Provider taxonomy does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect billing taxonomy or missing billing taxonomy.	Provider must resubmit the claim with corrected or missing taxonomy. The billing Provider taxonomy must be present on the claim and match MPF or NPPES.
Rendering Provider NPI does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect NPI or missing NPI.	Provider must resubmit the claim with corrected or missing NPI. The NPI must be present on the claim and match the Provider enrollment on the MPF.
Rendering Provider taxonomy does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect taxonomy or missing taxonomy.	Provider must resubmit the claim with corrected or missing taxonomy. The rendering Provider taxonomy must be present on the claim and match the Provider enrollment on the MPF.
Attending Provider NPI does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect NPI or missing NPI.	Provider must resubmit the claim with corrected or missing NPI. The NPI must be present on the claim and match MPF or NPPES.
Attending Provider taxonomy does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect taxonomy or missing taxonomy.	Provider must resubmit the claim with corrected or missing taxonomy. The taxonomy must be present on the claim and match MPF or NPPES.
Supervising Provider NPI does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect NPI or missing NPI.	Provider must resubmit the claim with corrected or missing NPI. The NPI must be present on the claim and match MPF or NPPES.

Rejection Type	Explanation	Required Action/Resolution
Service Facility NPI does not match NPPES or State Provider file or is missing.	Claim has been rejected due to the use of an incorrect NPI or missing NPI.	Provider must resubmit the claim with corrected or missing NPI. The NPI must be present on the claim and match MPF or NPPES.
Member name does not match Community First files or is missing.	Claim has been rejected as the Member's name is incorrect or missing and Community First is unable to find Member in our database.	Provider must verify Member's name as it appears in Community First files through Provider Portal or Member Services and resubmit claim with corrected information.
Member ID does not match Community First files or is missing.	Claim has been rejected as the Member's insurance ID is incorrect or missing and Community First is unable to find Member in our database.	Provider must verify Member's Community First insurance ID and resubmit claim with corrected information.
Member Date of Birth (DOB) does not match Community First files or is missing.	Claim has been rejected due to incorrect Member DOB on the claim form.	Provider must verify Member's DOB and resubmit claim with corrected information.
Member does not have active coverage for dates of service (DOS)	Claim has been rejected due to Member's insurance policy included on the claim was not eligible for the date of service billed.	Provider must verify with Community First if Member's policy was active for the DOS and resubmit claim if policy was active.
Claim does not meet clinician administered drug requirement. National Drug Codes (NDC) amount incorrectly identified or missing in claim.	Claim has been rejected due to invalid (for example 10 digits instead of 11) or missing NDC number, or NDC unit of measure.	Provider must include correct NDC number and NDC unit of measure on claim and resubmit for processing.

NOTE: If a claim was submitted with the correct information, but the claim was rejected, or if the Provider has any questions, please contact Provider Relations at 210-358-6294 or email ProviderRelations@cfhp.com for assistance.