

21st Century Cures Act

Medicaid enrollment and claim requirements

The 21st Century Cures Act is part of the Affordable Care Act and became effective Jan 1, 2018. It says all Medicaid and CHIP providers must enroll with their state Medicaid agency. Failure to meet the requirements violates your agreement with UnitedHealthcare Vision Community Vision Network/ March Vision Network and may cause delays or claim denials.

What is required for claim payment?

The information you provide to our vision networks and the information you use to register with your state Medicaid agency must match the information on your claims.* Here's a guide:

Required information	Additional information	Include on your claim
Address information for all locations	You may render services at multiple locations in multiple states. The location and doctor must be registered in ALL applicable states.	✓
Individual/provider NPI	This individual NPI is associated with the individual doctor, not the location or group. <ul style="list-style-type: none"> In some cases, your individual NPI and group NPI may be the same – what we receive must match what is registered with your state Medicaid agency 	✓
Group/billing NPI	The group NPI that is registered with your state Medicaid agency must match the NPI registered with our vision networks. <ul style="list-style-type: none"> If you use a group NPI, you must include it on your claim In some cases, your group NPI and your individual NPI may be the same – what we receive must match what is registered with your state Medicaid agency The group NPI is the most common discrepancy on denied claims – be sure not to confuse it with your individual NPI 	✓
Taxonomy code	A taxonomy code is a unique 10-character code that designates your classification and specialty. Use the code associated with your NPI. You can look up your NPI registration on the NPPES NPI Registry website at npiregistry.cms.hhs.gov . You should verify that the taxonomy code registered with the state matches the taxonomy code utilized when submitting a claim. Failure to comply will result in a claim denial.	✓
State Medicaid ID	The Medicaid ID is a unique number assigned upon successful enrollment with your state Medicaid agency. You must enroll in order to serve Medicaid patients.	Required for network participation

Meeting these requirements does not guarantee claim payment. Follow the claim guidelines in your Provider Reference Guide and your state regulations.



If you need to update your demographic information, please complete and submit the **Provider demographic form**.

*We routinely receive a source Medicaid enrollment file from the Medicare Care Organization (MCO) that we are contracted with to validate how a billing, rendering, or ordering, referring, prescribing provider is enrolled in their state's Medicaid program. The MCO receives that source file directly from the state. Each applicable state identifies data elements from claims and the source enrollment file that are used to validate enrollment in that state's Medicaid program. These Medicaid enrollment validation rules vary from state-to-state; therefore, it is important that the data inputted in claim submissions matches the data elements the provider has on file with their state.

We're here to help

If you have any questions about these requirements, please visit the **"Contact us"** page on marchvisioncare.com and select your state-specific phone number.