



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Providers participating in the Virginia Medical Assistance Program, FAMIS, SLH and Managed Care Organizations providing services to Virginia Medicaid and FAMIS individuals

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO** Special

**DATE** 2/6/2004

**SUBJECT:** Request Required by Providers Receiving ASC X12 835 Transactions for the Continued Receipt of Paper Remittances Advices Past 30 Days

The purpose of this memorandum is to provide additional information about the Department of Medical Assistance Services (DMAS) eliminating the distribution of paper remittance advices to trading partners that receive the ASC X12 835 Electronic Remittance Advice Transactions. If you are a provider receiving or testing the 835 Remittance Advice, this memo outlines actions that you need to take to continue receipt of Paper Remittance Advices up to 120 Days after receiving the 835 electronic transactions in production. **If you are a provider that only receives paper remittance advices and are not planning to receive the 835 Electronic Remittance Advice, you will continue to get the paper remittance advices, and no action is required.**

DMAS has requested that our fiscal agent, First Health Services Corporation (FHSC), cease distribution of the paper remittance advices to its 835 Electronic Remittance Advice Trading Partners as of January 1, 2004. This action is part of a continual DMAS effort to reduce health care administrative costs that HIPAA was designed to achieve. The use of electronic transaction capabilities can help accomplish reducing costs while improving the efficiency and accuracy of exchanging health care information. Therefore, if you are receiving both paper and electronic remittance advices, **DMAS will stop producing the paper remittance advices 30 days from the date of your 835 Electronic Remittance Advice production approval. In order for a Trading Partner to continue to receive the paper remittance advices, they must contact the FHSC EDI Help Desk at (800) 924-6741 and submit the attached Provider Service Center Authorization Form 103 with a selected period for up to 120 Days to continue to receive paper remittance advices.**

In addition to receiving the 835 transactions, the Trading Partner will continue to receive a 277-Unsolicited transaction. The 277-Unsolicited transaction gives trading electronically partners pending claims information. It is DMAS' goal to gradually phase out paper generation and delivery for the 835 Electronic Remittance Advice Trading Partners.

If you are a Trading Partner that is currently in the process of testing the X12 835 Electronic Remittance Advices, you will need to fill out a **Provider Service Center Authorization Form 103 with a selected period for up to 120 Days to continue to receive paper remittance advices in production longer than 30 days once you are approved.**

The **Provider Service Center Authorization** form allows a provider to select an extension under the box entitled, **"B. ELECTRONIC REMITTANCE (835) REQUEST AND PAPER REMITTANCES EXTENDED FOR 60 DAYS, 90 DAYS, OR 120 DAYS AFTER PRODUCTION APPROVAL"**. The Trading Partner must select a period to receive paper remittances under **"PLEASE EXTEND PAPER REMITTANCE ADVICES FOR:"** up to 120 days. A copy of the form is attached to this memorandum and can also be found at <http://virginia.fhsc.com>. The Trading Partner, at anytime, can request that paper remittance advices be discontinued by contacting the FHSC EDI Help Desk at (800) 924-6741.

### **DMAS' HIPAA WEBSITE**

For up-to-date information on DMAS' HIPAA compliance initiatives, continue to check our website at: [www.dmas.virginia.gov](http://www.dmas.virginia.gov).

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **"HELPLINE"**

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the "HELPLINE" is for provider use only.

Attachment (2)



## PROVIDER SERVICE CENTER AUTHORIZATION

Please review and check the block(s) which pertain to you:

**SERVICE CENTER AUTHORIZATION:**

I certify that I have authorized the following service center(s) to submit electronic transactions to Department of Medical Assistance Services until such time as I notify First Health Services otherwise:

\_\_\_\_\_  
(Name of Service Center Preparing Electronic Transactions)

**If adding a new Service Center or a new Transaction:**

**Service Center Number:** \_\_\_\_\_ **Begin Date:** \_\_\_\_\_

**Electronic Transaction Types Submitted:** \_\_\_\_\_ Eligibility Req./Resp. (270/271) \_\_\_\_\_ Claims Status Req./Resp. (276/277)  
\_\_\_\_\_ Prior Authorization Req./Resp. (278/278) \_\_\_\_\_ Dental (837 D) \_\_\_\_\_ Institutional (837 I) \_\_\_\_\_ Professional (837 P)  
\_\_\_\_\_ Pharmacy (NCPDP – batch)

**If terminating a Service Center or a Transaction:**

**Service Center Number:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Terminated Electronic Transaction Types:** \_\_\_\_\_ Eligibility Req./Resp. (270/271) \_\_\_\_\_ Claims Status Req./Resp. (276/277)  
\_\_\_\_\_ Prior Authorization Req./Resp. (278/278) \_\_\_\_\_ Remittance Advice (835) \_\_\_\_\_ Dental (837 D) \_\_\_\_\_ Institutional (837 I)  
\_\_\_\_\_ Professional (837 P) \_\_\_\_\_ Pharmacy (NCPDP – batch)

### PLEASE SELECT A or B FOR AN 835 ELECTRONIC REMITTANCE REQUEST

**A. ELECTRONIC REMITTANCE REQUEST (835) AND PAPER REMITTANCES FOR 30 DAYS AFTER PRODUCTION APPROVAL**

I certify that I have authorized the following service center to receive and process my electronic remittances. Although I can have multiple service centers submitting claims for me, I understand that only one service center can accept and process my electronic remittance and that service center must have prior approval from First Health Services to receive electronic remittances. I am also aware that 30 days after I start getting electronic remittances, all paper remittances will cease.

**Service Center to receive my electronic remittances (835):** \_\_\_\_\_

**B. ELECTRONIC REMITTANCE REQUEST (835) AND PAPER REMITTANCES EXTENDED FOR 60 DAYS, 90 DAYS, OR 120 DAYS AFTER PRODUCTION APPROVAL**

I certify that I have authorized the following service center to receive and process my electronic remittances. Although I can have multiple service centers submitting claims for me, I understand that only one service center can accept and process my electronic remittance and that service center must have prior approval from First Health Services to receive electronic remittances. I am also aware that after I start getting electronic remittances that all paper remittances will cease after the delays I selected below.

**Service Center to receive my electronic remittances (835):** \_\_\_\_\_

**PLEASE EXTEND MY PAPER REMITTANCE ADVICES FOR:**

\_\_\_\_\_ **60 DAYS**

\_\_\_\_\_ **90 DAYS**

\_\_\_\_\_ **120 DAYS**



## PROVIDER SERVICE CENTER AUTHORIZATION

I understand that I am responsible for the information presented on these invoices and that the information is true, accurate, and complete. I further understand that payment and satisfaction of these claims will be from federal and state funds and that false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws. This agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.

**PROVIDER NAME:** \_\_\_\_\_ **PROVIDER NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**Mail Original or Fax to:** First Health Services Corporation  
Electronic Media Claims Coordinator  
Virginia Medicaid Operations  
4300 Cox Road  
Glen Allen, Virginia 23060  
**Phone Number:** (800) 924-6741  
**Fax Number:** (804) 273-6797