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

www.dmas.virginia.gov

MEDICAID
MEMO

TO: All Providers Participating in the Virginia Medical Assistance, FAMIS, and SLH Programs, and Managed Care Organizations

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

MEMO Special

DATE 7/26/2004

SUBJECT: Re-Implementation of the 180-Day Outstanding Check and Claim Void Process

Beginning in August of 2004, the Department of Medical Assistance Services (DMAS) will begin to void all claims payment checks that have not been cashed by Providers within 180-days of the date of the issuance of the check. This process, which was an established DMAS policy, was temporarily suspended in June 2003 as a result of the implementation of the new Virginia Medicaid Management Information System (MMIS). DMAS must carry out this process in order to comply with the Centers for Medicare and Medicaid Services' (CMS) regulations. The review process is as follows.

All payment checks have a 180-day life cycle. If checks dispersed to providers are not cashed within 90 days of the date of issuance, a letter will be sent to the provider that identifies the check in question, and reminds the provider that this check must be cashed within 180 days of the date of issuance or it will be voided. This letter will refer the provider to the DMAS Customer Services Unit if the provider has not received the check in question. The check in question must then be voided and reissued. A second reminder letter is sent after 120 days of the date of the issuance of the check. If DMAS receives no information from the provider after 180 days, the check and all of the associated claims will be voided. The voided claims will be reflected on the provider's remittance advice, with a reason code of 6003, reflecting the fact that the check associated with the claim was not cashed within 180 days of the date of issuance. These claims will need to be resubmitted by the provider in order for payment to be made.

If you have an outstanding claims payment check that you have not cashed or have not received, please contact the DMAS Customer Services Unit at 804-692-3265. Please ensure that all of the addresses identified in our provider file for your Medicaid provider number are correct and accurately reflect where you want your remittance advice, remittance check and other correspondence to be mailed. To verify your provider address, please contact the First Health Services Provider Enrollment Unit at 1-888-829-5373.

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 (***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.