



# PROVIDER INQUIRER

August 1<sup>st</sup>, 2005

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## Remittance Advice Copies

Due to the Warrant Roll-Up process, Medicaid providers are now receiving one check per tax ID. Medicaid still provides individual Remittance Advices (RAs) per individual Medicaid provider ID.

Providers should be receiving their Medicaid RAs the same as they were before the Warrant Roll-Up process. However, if you are experiencing problems receiving your RAs there are some options that providers have.

Medicaid does offer a way for providers to obtain copies of RAs. Before requesting this information, please refer to some of the suggestions below.

First, please confirm the address in which the paper RA is being sent to. Due to the Warrant Roll-Up process, the address where the RA is sent may be different from the address the check is sent. If you are unsure of the address of where the RA is being sent, please contact the Provider Inquiry Unit at 1-800-292-2550.

Also, please allow two weeks before requesting a copy of the RA. This prevents providers from requesting a copy when the original has yet to be delivered. The check and RA are mailed on the same day, but they may be handled differently in order of priority at the post office.

If the two steps above have been followed and you still have not been able to find your RA, you may then fax your request to Records Retrieval for a minimal fee.

All requests must be completed on company letterhead, including the Medicaid provider ID, the pay date and pay cycle, as well as the check amount. These requests may be faxed to (517) 335-5562.

Due to federal regulations, all providers need to maintain copies of their RAs for not less than six years from the date of service.



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**What's  
New**



## Medicaid Provider Manual Updates

The Medicaid Provider Manual is updated on a quarterly basis. The manual that is posted at our website will include all of the updated information. In order to review what was updated within the manual, please make sure to view the bulletins that are issued prior to the changes.

The most current update was set for July 2005 updates. All changes within the Medicaid Provider Manual will be clearly identified. All quarterly updates will be issued during January, April, July and October of every year.

In order to review the bulletin of the July 2005 updates, please view Bulletin MSA 05-31, issued June 1, 2005.

You can review the Medicaid Provider Manual online, please visit:

[www.michigan.gov/mdch](http://www.michigan.gov/mdch) >>  
Providers >> Information for  
Medicaid Providers >> Medicaid  
Provider Manual.

You can review all Medicaid  
bulletins online, please visit:  
[www.michigan.gov/mdch](http://www.michigan.gov/mdch) >>  
Providers >> Information for  
Medicaid Providers >> Medicaid  
Policy Bulletins.

If have any questions on the  
Medicaid Manual updates, please  
contact the Provider Inquiry Unit at  
1-800-292-2550.

## Medifax Terminology

Recently some of the Medifax terminology has changed.

As it is stated in the Medicaid Provider Manual July 2005 Updates, the terminology for Medicaid Spenddown has changed. Medicaid Spenddown is now referred to as Medicaid deductible.

If you have any questions on using this change within the Medifax eligibility files, please contact Provider Inquiry Unit at 1-800-292-2550.



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## Paper HCFA 1500 Claims

Michigan Medicaid does not offer a way for providers to status their claims. Medicaid relies on the Remittance Advice (RA) only for a claim status when submitting paper claims.

Providers that submit paper HCFA 1500 claims may have to wait for your claims to appear on the RA, it could take up to 10 weeks. Because of this, it is important that when you are submitting paper claims, you are submitting them correctly the first time.

Medicaid does realize that some claims submitted may never make it to a RA. Below are some troubleshooting tips to eliminate this frustrating problem.

One main reason why a paper claim may never make it to a RA is because of the Medicaid provider ID. The provider ID should appear as a nine-digit number (two-digit provider type followed by the seven-digit provider ID), next to "PIN #" in box 33 of the HCFA 1500 claim. A valid Michigan Medicaid provider type and ID scanned in the correct place on a claim is the minimum information necessary for your paper claim to appear on a RA.

As long as the Medicaid provider ID is reported correctly you should receive a RA, which lists the claims with claim reference numbers (CRNs). The CRN is what the Provider Inquiry Unit relies on to help provide you with information on your claim.

Another reason for claims not appearing on a RA is due to the horizontal black alignment bars that are on the HCFA 1500 forms. These black alignment bars ensure that the information on your claim is read correctly.

When your claims are scanned into the system, these black alignment bars represent line placement for our scanner. They allow the scanner to align the claim and place the data to the relative location. The black alignment bars should appear in the top left corner of the form.

If the alignment bars are missing the scanner may misalign the claim causing the provider ID to be dropped off and the claim to not appear on a RA. Claims without the black alignment bars will appear on a RA, but there is a much higher frequency of scanner misreads without them.

For more information and tips on submitting paper claims, review the Medicaid Provider Manual, chapter Billing and Reimbursement for Professionals, Sections 2.2 and 2.3.