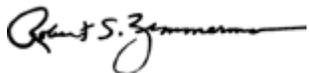


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Provider Produced Invoices	BY  Robert S. Zimmerman, Jr., M.P.H. Deputy Secretary for Medical Assistance Programs ROBERT ZIMMERMAN - END -->
NUMBER:	99-97-03	
ISSUE DATE:	June 11, 1997	
EFFECTIVE DATE:	June 11, 1997	

PURPOSE:

The purpose of this bulletin is to inform providers that they have a right to use Medical Assistance (MA) invoices printed by private contractors.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program.

BACKGROUND/DISCUSSION:

Occasionally, providers approach the Office of Medical Assistance Programs (OMAP) requesting to privately print MA invoices, even though we provide these invoices free-of-charge.

Effective immediately, providers have the right to use MA invoices other than those printed by our printing contractor. However, we must caution providers that if we receive claims on privately printed invoices that do **not** meet our invoice specifications, those claims could be delayed in processing or rejected

PROCEDURE:

Providers who want to supply their own invoices must adhere to our printing specifications for their particular invoice type. These specifications can be obtained by submitting a request, in writing, with the provider name, MA provider number, the name of a contact person, a telephone number and invoice type to:

MA Forms Coordinator
 DPW/Bureau of Healthcare Claims Management
 Complex #2, Cherrywood Building #33
 Room A101
 Harrisburg, Pennsylvania 17110

Before we can accept your claims for processing, you must send the Department a sample for testing. We will notify you if there are any problems that must be corrected, or that your privately printed invoices are approved and may be used to bill.

PLEASE NOTE:

We periodically revise or modify our invoices. This could change our printing specifications and possibly result in a delay or rejection of your privately produced invoices. (For your information, we anticipate revisions in mid-1998 to accommodate the new millennium.)

As an alternative to paper claim submissions, we suggest submitting your claims via electronic media. There are a number of options available. For more information on how to submit electronic invoices, call EDS/PA Medical Assistance Project at (717) 975-6141 or (717) 975-6045, Monday through Friday, 8:00 a.m. - 5:00 p.m.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.