

Access to Health Insurance Invoice Process

Invoicing Guidelines

- The Department's fiscal agent, Molina Medicaid Solutions (formerly Unisys), will send the premium payment reimbursement directly to the Insurance Company. The Insurance Company collects the rest of the premium payment in accordance with their current protocol.
- The Department's fiscal agent will pay Insurance Carriers prospectively for coverage of eligible Access to Health Insurance program participants. If a Carrier covers an eligible participant under the Access to Health Insurance program prior to sending an invoice, the Department will consider the invoice valid and pay retroactively for covered dates up to the date the participant was eligible with the Department.
- The Department has provided an example of an invoice. As an approved Carrier, you are welcome to create a template that contains the same data elements or use the invoice provided by the Department. Submit all invoices to the Department's fiscal agent by mail, fax or email.
- A Carrier must submit an invoice to the Department's fiscal Agent by the 15th of every month in order for the Department to pay coverage for the next month.
- If a participant is no longer eligible for the Access to Health Insurance program, the Department's fiscal agent will notify the Carrier by phone or mail within three business days of receipt of an invoice.
- Carriers who are not an approved Carrier with the Access to Health Insurance program will not receive reimbursement premium payments. Mailed invoices will be returned by the Department's fiscal agent, with a denial letter, within three business days.
- When a Carrier submits an invoice to the Department's fiscal agent, that has an ineligible participant listed on it, the Department's fiscal agent will send the Carrier written notification of the ineligibility and payment will be denied.
- In the case the Department's fiscal agent overpays an approved Carrier, the Department requests reimbursement to the Department by crediting the next month's invoice. The Department's fiscal agent cannot receipt money from a Carrier for this program. Should an invoice reflect a negative balance, the Department requests Carriers continue submitting the invoice reflecting the negative balance.
- In the case the Department's fiscal agent fails to pay the correct amount on an invoice to the Carrier, the Department's fiscal agent will reimburse the Carrier within three business days.

Invoice Walkthrough

1. The Insurers Company Name is the name of the Insurance Company listed on the program agreement and enrollment material. This information must be filled out to process an invoice.

Insurers Company Name

Street Address

Phone: 123-456-7890

Address 2

Fax: 123-456-7890

City, ST ZIP Code

E-mail: insurer@here.com

2. The Statement number is the number that will help both the Department's fiscal agent and the Insurance Company track the invoices sent for reimbursement. The Statement number consists of a four letter combination of your insurance company name and the month and year the statement is being sent to the Department's fiscal agent. The Department's fiscal agent will send you the statement number included with your Access to Health Insurance program Carrier approval letter.

The Date field is the date you are submitting your invoice to the Department's fiscal agent.

The Carrier ID # is the Insurance Company Federal Tax ID number, which is the same number on the enrollment materials you are submitting.

Statement #: Insur0304
Date: April 20, 2010
Carrier ID #: Insurer Tax ID Number

3. This address is where you must send all invoices for reimbursement.

Bill To: Idaho Department of Health and Welfare
Molina Medicaid Solutions (*formerly Unisys*)
PO Box 70087
Boise, ID 83707
Phone: 208-686-4272
Fax: 208-373-1425
Email: Fernando.mercado@unisys.com

4. The Billing Coverage date is the date you are asking for a premium reimbursement payment to be paid for an eligible participant. (Example: If a participant is eligible for the Access to Health Insurance program, the Carrier submits an invoice by January 20th for a payment to be authorized for the month of February.)

Billing Coverage Date 3/1/2004

5. The Participant Policy Number is the insurance policy number the Insurance Company has for the Participant.

Participant Policy Number Insurers #

6. The Participant Name is the name of the eligible participant enrolled in the Access to Health Insurance program. Every reimbursement premium assistance payment must match to an eligible participant. Please list the participant first name, middle initial and last name.

Participant Name Jane M. Doe

7. The Department assigns a participant Medicaid ID #. The Carrier may receive this number upon request. This is an important identification number for the Department's fiscal agent to track eligible participants.

Participant DHW ID# 000012348

8. The Participant premium amount is the amount each participant pays for insurance coverage with your Insurance Company. This is the total amount owed for this participant, including the amount paid by the employer or another third party. (Example: It will cost the employee \$400 to place a child on the insurance. This is the amount you enter in this column.)

Participant Premium \$ 400.00

9. The Employer Premium amount is the amount paid by the employer towards the participant's premium amount. If there is no employer portion, enter \$0.00. (Example: The participant cost is \$400. The employer pays \$200 towards the participant's premium. Enter amount in this column.)

Employer Premium \$ 200.00

10. The Participant Premium amount is the amount the employee will owe or the family owes for the participant. (Example: The participant cost is \$400. The employer pays \$200 towards the participant's premium, and the employee's premium is \$200. Enter \$200 in this column.)

Participant Premium \$200.00

11. The Access to Health Insurance program Reimbursement Amount is the amount the Department's fiscal agent pays towards the eligible participant's premium. The Department's fiscal agent will only reimburse payment up to \$100 per participant per month and up to \$500 per family per month. Please ensure your billing office follows these guidelines to avoid the Department's fiscal agent sending a denial for payment. (Example: The participant cost is \$400. The employer pays \$200 towards the participant's premium. The employee's premium is \$200. The Department's fiscal agent pays \$100 for this participant. Enter the amount up to \$100 per participant in this column). Carriers may only charge the actual cost of the premium for each participant. The \$100 is the maximum amount the Department's fiscal agent will pay.

12. Total the final column “Access to Health Insurance program Reimbursement Amount” before submitting the invoice to the Department’s fiscal agent.

**Access to Health Insurance
Program Reimbursement Amount \$100.00**

13. Fill out the “Remit Payment To” box in accordance with the name on the program agreement.

Invoice Example:

Insurer’s Company Name

Street Address
Address 2
City, ST ZIP Code

Phone: 123-456-7890
Fax: 123-456-7890
E-mail: insurer@here.com

Reimbursement for Access to Health Insurance Premium Payment

Statement #: Insu0304
Date: January 14, 2005
Carrier ID # Insurer Tax ID Number

Bill To: Idaho Department of Health and Welfare
Molina Medicaid Solutions
PO Box 70087
Boise, ID 83707

Billing Coverage Date	Participant Policy Number	Participant Name	Participant DHW ID#	Participant Premium	Employer Premium	Employee Premium	Reimbursement Amount
						Total	\$

REMIT PAYMENT TO:
Insurer Name:
Attention:
Payment Address:
City, State, Zip Code