



National Provider Identifier (NPI)



NPI BILLING NEWS

May 2007

Blackout Period

In preparation for the May 23, 2007 NPI compliance deadline, EqualityCare has made extensive changes to its systems. Due to the nature of the changes, EqualityCare will be instituting a blackout period to allow for systems migration activities.

CLAIMS SUBMISSIONS

ACS will stop accepting claims for a period of twelve (12) days so that its staff may finish processing the current inventory. **The blackout period for claims begins Thursday, May 17th and ends at 6:00 am on Tuesday, May 29th.** If you have any claims you wish to have processed before the blackout period begins, EqualityCare strongly urges you to submit them well before May 17th.

During the blackout period, claims submissions will not be accepted—the EqualityCare Web Portal will be brought down, ACS EDI Gateway will stop accepting electronic claims submissions (including WINASAP 2003 claims), and the ACS office in Cheyenne will not be processing paper claims or adjustment requests.

Paper claims and adjustment requests received during the blackout period will be held until ACS begins processing claims again on May 29th. When the held claims and adjustment requests are processed, they will be subject to new NPI and taxonomy code edits. So, if you send claims and adjustment requests during the blackout period, be sure to include your NPI and taxonomy code(s), if needed.

Attention Pharmacies: Point-of-sale pharmacy claims will not be subject to a blackout period. Pharmacies may continue to submit drug claims, but should be mindful of the NPI requirement beginning May 23rd. For more information, consult the NPI Pharmacy Billing Newsletter posted to the EqualityCare website (<http://wyequalitycare.acs-inc.com/NPI.html>).

OTHER ELECTRONIC TRANSACTIONS

Whereas claims will not be accepted during the blackout period, EqualityCare will continue to accept electronic client eligibility inquiries and claim status requests until 11:59 pm on Friday, May 25th. From 12:00 am on Saturday, May 26th until 11:59 pm on Sunday, May 27th, the following services will be unavailable to providers:

- ◆ AVRS (Automated Voice Response System)
- ◆ Batch 270 Health Care Eligibility Benefit Inquiry
- ◆ Batch 276 Health Care Claim Status Request
- ◆ Eligibility Inquiries Submitted Through MEVSNET.COM and Medifax (Emdeon)
- ◆ Claims Status Requests Submitted Through MEVSNET.COM

IMPORTANT DATES:

May 11 th	Last recommended date to submit paper claims and adjustment requests prior to the blackout period.
May 15 th	EqualityCare Web Portal unavailable until May 29th.
May 16 th	Last date to submit electronic claims prior to the blackout period.
May 17 th	<ul style="list-style-type: none"> ◆ Blackout period begins. ◆ Hold all claims and adjustment requests until May 29th. ◆ ACS EDI Gateway stops accepting electronic claims submissions.
May 25 th	Initial NPI Contingency/Corrective Actions Plans (Sections A and B) must be on file with ACS.
May 29 th	<ul style="list-style-type: none"> ◆ First date for submitting claims and adjustment requests. ◆ For providers who are ready to use their NPI, claims and adjustment requests require an NPI and taxonomy code(s). ◆ EqualityCare Web Portal is available. ◆ ACS EDI Gateway begins accepting electronic claims submissions.
June 1 st	EqualityCare mandates the use of the UB-04 and CMS-1500 (08/05) claim forms when submitting paper claims.
July 1 st	Final NPI Contingency/Corrective Action Plans (Section C) are due.
Sept 1 st	<ul style="list-style-type: none"> ◆ Providers who have not registered their NPI with EqualityCare will be voluntarily terminated. ◆ Providers who have not returned a signed Provider Agreement to ACS will be voluntarily terminated until the agreement is received. ◆ Claims submitted on legacy claim forms will be returned to providers. ◆ All NPI Contingency/Corrective Action Plans must end.

EqualityCare Implements NPI Contingency Plan

The Center for Medicare and Medicaid Services (CMS) issued guidance on April 2nd that allows covered entities, such as EqualityCare, to implement contingency plans for accepting legacy provider identifiers after the May 23, 2007 NPI compliance deadline.

IF YOU DO NOT HAVE AN NPI:

As of March 26, 2007, many eligible Wyoming providers had **NOT** obtained an NPI. To prevent disruption of payments to these providers, EqualityCare is extending its deadline to obtain an NPI by three (3) months. Providers now have until August 31, 2007 to obtain an NPI and register it with ACS. **Failure to obtain an NPI by August 31, 2007 AND register it with ACS will result in voluntary termination from the EqualityCare Program beginning September 1, 2007.** If you choose to take advantage of the three-month extension, you must continue using your EqualityCare number in **ALL** electronic transactions and on **ALL** paper forms until you obtain an NPI.

To apply for an NPI, you have three options:

1. Apply online using the NPPES web-based application system. The web address is <https://nppes.cms.hhs.gov>.
2. Request a paper application by calling the NPI enumerator at 1-800-465-3203.
3. Authorize an employer or other trusted organization to obtain an NPI for you through bulk enumeration.

As a reminder, EqualityCare is requiring all of its enrolled health care providers to obtain an NPI, regardless of whether they bill their claims electronically or on paper.

IF YOU HAVE AN NPI AND ARE READY TO USE IT:

Providers who have an NPI and registered it with ACS are still required to use their NPI beginning May 29, 2007 in **ALL** electronic transactions and on **ALL** paper forms.

IF YOU HAVE AN NPI, BUT ARE NOT READY TO USE IT:

If you have an NPI registered with ACS, but are unable to use it because your system, software vendor, billing agent or clearinghouse is not ready to generate NPI-compliant claims, complete the included NPI Contingency/Corrective Action Plan. **At a minimum, Sections A (Provider Information) and B (Reason for Noncompliance) must be completed and to ACS by May 25, 2007.** If you are unable to complete Section C (Corrective Action Plan) by May 25, 2007, you have until July 1, 2007 to formulate a corrective action plan and resubmit the form to ACS. All corrective actions plans must end by August 31, 2007.

Submitting an NPI Contingency/Corrective Action Plan allows you to continue using your EqualityCare number until August 31, 2007 **OR** your system, software vendor, billing agent or clearinghouse is ready to generate NPI-compliant transactions, **whichever comes first.** When you're ready to generate NPI-compliant transactions, contact the ACS NPI Unit **BEFORE** submitting them. ACS must first configure EqualityCare's systems to allow you to use your NPI instead of your EqualityCare number. **Providers who submit an NPI Contingency/Corrective Action Plan and then begin using their NPI without first informing the ACS NPI Unit will find their electronic transactions and paper forms rejected or denied.** The ACS NPI unit can be reached by calling 1-800-251-1268 and selecting option 6.

NOTE: Do not submit an NPI Contingency/Corrective Action Plan because you have not obtained an NPI. You have until August 31, 2007 to obtain an NPI AND register it with ACS. Continue using your EqualityCare number until then.

Registering Your NPI with ACS

Simply obtaining an NPI is not enough. You must register your NPI with ACS. Using an NPI without registering it first will result in your claims being rejected or denied. If you have an NPI and have not registered it with ACS, submit your NPI confirmation letter or email along with the NPI packet that was mailed in January to:

ACS Provider Relations
Attn: NPI Unit
PO Box 667
Cheyenne, WY 82003-0667

If you do not have a copy of the NPI packet, a separate NPI Registration Form can be printed from the EqualityCare website (<http://wyequalitycare.acs-inc.com/NPI.html>). **A registration form must be completed for each EqualityCare number even if one NPI replaces several EqualityCare numbers.** Failure to submit an NPI Registration Form for each EqualityCare number will result in your claims being rejected or denied.

Registering Your NPI with ACS (Continued)

ATTENTION GROUP PRACTICES!

When group practices enroll with EqualityCare, they are assigned a unique EqualityCare number for the group. Individual treating provider numbers are then linked to the group number. It has come to EqualityCare's attention that some group practices are only obtaining NPIs for their individual treating providers, not their group. While EqualityCare cannot require a group practice to obtain a unique NPI for their group, its claims processing system does not support paying claims to group practices without a group number. If you decide not to obtain a unique NPI for your group practice, EqualityCare will have no choice but to terminate your group's enrollment. Claims billed by group practices that list only the treating provider's NPI will be rejected or denied.

Using Your NPI After the Blackout Period Ends

After the blackout period ends, providers who have registered their NPI with ACS and have **NOT** submitted an NPI Contingency/Corrective Action Plan will be required to use their NPI in **ALL** electronic transactions and on **ALL** paper forms.

NOTE: Providers who have not obtained an NPI or have submitted NPI Contingency/Corrective Action Plan to ACS will continue to use their EqualityCare number in ALL electronic transactions and on ALL paper forms.

ELECTRONIC TRANSACTIONS

The following transactions will require an NPI beginning May 29th:

- ◆ 837 Health Care Claims: Professional, Institutional, and Dental
- ◆ WINASAP 2003 Claims
- ◆ Web Portal Claims and Prior Authorization Requests
- ◆ AVRS (Automated Voice Response System) Inquiries
- ◆ Batch 270 Health Care Eligibility Benefit Inquiries
- ◆ Batch 276 Health Care Claim Status Requests
- ◆ Batch 278 Health Care Services Request for Review and Response
- ◆ Eligibility Inquiries Submitted Through MEVSNET.COM and Medifax (Emdeon)
- ◆ Claims Status Requests Submitted Through MEVSNET.COM

In the case of HIPAA-covered transactions, such as the 837, 270 and 276, not only must an NPI be present, but it must be placed in the proper segment(s) of the transactions. To submit NPI-compliant transactions may require you or your software vendor, billing agent, or clearinghouse to make system changes. For more information, refer to the Wyoming Medicaid Companion Guides at http://www.acs-gcro.com/Medicaid_Accounts/medicaid_accounts.html. Once at the website, select **Wyoming Medicaid** and then select **Companion Guides**.

PAPER FORMS

Below is a sample of paper forms that will require an NPI when mailed after May 17th. For a complete list, visit the EqualityCare website at <http://wyequalitycare.acs-inc.com/NPI.html>.

- ◆ CMS-1500
- ◆ UB-92 and UB-04
- ◆ ADA Dental Claim
- ◆ Adjustment Request Form

Taxonomy Code Requirement

Providers who are ready to use their NPI on May 29th to bill claims, must include taxonomy codes for rendering and billing/pay-to providers. A taxonomy code is a ten-character code used to classify a provider's type and specialty. All providers are required to select at least one taxonomy code when they complete their NPI application. The taxonomy code entered on the NPI application is the one providers must report when billing **paper or electronic** claims to EqualityCare. **The same requirement applies to claims submitted to Medicare if providers wish to take advantage of automated cross-over claims.** Claims received by EqualityCare, either directly from providers or via Medicare's automated cross-over process, that are missing taxonomy codes may be denied or rejected.

Paper Claim Forms

For paper claims mailed after May 17th (when the blackout begins), proper placement of NPIs and taxonomy will be crucial to successful claims submissions. Paper claims received by ACS after May 17th, will be held until the blackout period ends on May 29th.

REVISED CLAIM FORMS: CMS-1500 (08/05), UB-04, AND 2006 ADA DENTAL

If you print claims from a practice management system, some fields have relocated/shifted on the CMS-1500 (08/05), UB-04, and 2006 ADA forms. To avoid denied or rejected claims, **verify all fields are aligned properly.**

CMS-1500 (08/05) Instructions:

- ◆ **Field 17a [Other ID#]:** If the referring provider does not have an NPI, enter the provider's UPIN or 9-digit Equality-Care number. The qualifier indicating the type of provider number must be reported in the **Qualifier** field to the immediate right of 17a. Use qualifier 1G for UPIN or qualifier 1D for Medicaid.
- ◆ **Field 17b [NPI]:** Enter the 10-digit NPI of the referring provider.
- ◆ **Field 24I [ID Qualifier]:** If the rendering provider does not have an NPI, enter qualifier 1D (Medicaid) and report the rendering provider's 9-digit EqualityCare number in the shaded area of 24J. If, however, the rendering provider has an NPI, use qualifier ZZ (Provider Taxonomy), and report the rendering provider's 10-character taxonomy code in the shaded area of 24J.
- ◆ **Field 24J [Shaded Area]:** If the rendering provider does not have an NPI, enter the provider's 9-digit EqualityCare number. Otherwise, enter the rendering provider's 10-character taxonomy code.
- ◆ **Field 24J [Unshaded Area]:** Enter the rendering provider's 10-digit NPI.
- ◆ **Field 32a [NPI]:** Not required.
- ◆ **Field 32b [Other ID]:** Not required.
- ◆ **Field 33a [NPI]:** Enter the billing provider's 10-digit NPI.
- ◆ **Field 33b [Other ID #]:** If the billing provider does not have an NPI, enter qualifier 1D (Medicaid) followed by the provider's 9-digit EqualityCare number. If, however, the billing provider has an NPI, use qualifier ZZ (Provider Taxonomy) followed by the billing provider's 10-character taxonomy code.

UB-04 Instructions:

- ◆ **Field 56 [NPI]:** Enter the billing provider's 10-digit NPI. When an NPI is used, the facility must report its 10-character taxonomy code in Field 81CC Line a.
- ◆ **Field 57 A-C [Other Prv ID]:** If the billing provider does not have an NPI, enter the provider's 9-digit EqualityCare number.
- ◆ **Field 76 [Attending]:** Enter the attending physician's 10-digit NPI in the box labeled "NPI". If the attending provider does not have an NPI, enter qualifier 1G (UPIN) in the box labeled "Qual" and report the physician's UPIN in the box immediately to the right.
- ◆ **Field 77 [Operating]:** Required if Field 74 [Principle Procedure] is used. It is the facility's responsibility to obtain the operating physician's NPI. Enter the operating physician's 10-digit NPI in the box labeled "NPI". If the operating physician does not have an NPI, enter qualifier 1G (UPIN) in the box labeled "Qual" and report the physician's UPIN in the box immediately to the right.
- ◆ **Fields 78-79 [Other]:** Required, if applicable.
- ◆ **Field 81CC Line a [Code-Code]:** When an NPI is used in Field 56, the facility's 10-character taxonomy code must be reported here. Report qualifier B3 (Healthcare Provider Taxonomy Code) in the first box of Field 81CC Line a. Report the 10-character taxonomy code in the second box of Field 81CC Line a.

2006 ADA Instructions:

- ◆ **Field 49 [NPI]:** Enter the billing dentist's 10-digit NPI.
- ◆ **Field 52A [Additional Provider ID]:** If the billing dentist does not have an NPI, enter the dentist's 9-digit Equality-Care number.
- ◆ **Field 54 [NPI]:** Enter the treating dentist's 10-digit NPI.
- ◆ **Field 56A [Provider Specialty Code]:** If the treating dentist has an NPI, and enter the treating dentist's 10-character taxonomy code.

Paper Claim Forms (Continued)

LEGACY CLAIM FORMS: CMS-1500 (12/90), UB-92 AND ADA DENTAL (ALL VERSIONS PRIOR TO 2006)

The National Uniform Claim Committee (NUCC) and the NUBC (National Uniform Billing Committee) has set specific dates by which providers are to stop using legacy claim forms and begin using revised claim forms. The date set by the NUCC to stop using the CMS-1500 version 12/90 and begin using version 08/05 is June 1, 2007. The date set by the NUBC to stop using the UB-92 and begin using the UB-04 is May 23, 2007.

EqualityCare has decided to give its providers three (3) additional months to transition to the revised forms. Providers now have until August 31, 2007 to begin using the CMS-1500 (08/05) and the UB-04. Until then, providers may continue using legacy claim forms. However, **legacy claim forms received by ACS on or after September 1, 2007 will be returned unprocessed.** So if you plan to use legacy claim forms during the three (3) month grace period, make sure your final submissions are mailed well before September 1, 2007.

The use of legacy claim forms does not absolve providers of EqualityCare's NPI and taxonomy code requirements. Unless you have not obtained an NPI or have submitted an NPI Contingency/Corrective Action Plan to ACS, you are required to enter your NPI and taxonomy code when completing a legacy claim form.

CMS-1500 (12/90) Instructions:

- ◆ **Field 17a [Referring Provider ID]:** Enter the 10-digit NPI of the referring provider. If the referring provider does not have an NPI, enter the provider's UPIN or 9-digit EqualityCare number.
- ◆ **Field 24K [Rendering Provider ID]:** If the rendering provider has an NPI, the provider's NPI **AND** taxonomy code must be entered in Field 24K for each service line. You are required to place the taxonomy code in the top half of the field and the NPI in the bottom half of the field. (This is the same arrangement on the new CMS-1500 claim form.) If the rendering provider does not have an NPI, enter the rendering provider's 9-digit EqualityCare number.
- ◆ **Field 33 GRP# [Pay-to Provider ID]:** If the pay-to provider has an NPI, the provider's NPI **AND** taxonomy code must be entered in Field 33. You may place the taxonomy code either above or to the left of the NPI. If the pay-to provider does not have an NPI, enter the provider's 9-digit EqualityCare number.

UB-92 Instructions:

- ◆ **Field 51 A-C [Pay-to Provider ID]:** Enter the pay-to provider's 10-digit NPI. **When an NPI is used, the facility must report its 10-character taxonomy code in Field 56.** If the pay-to provider does not have an NPI, enter the provider's 9-digit EqualityCare number.
- ◆ **Field 56 A-C [Taxonomy Code]:** When an NPI is used in Field 51, the facility's 10-character taxonomy code must be reported here.
- ◆ **Field 82 [Attending Physician ID]:** Enter the attending physician's 10-digit NPI. If the attending provider does not have an NPI, enter the physician's UPIN or 9-digit EqualityCare Number.
- ◆ **Field 83 [Other Physician ID]:** Required if Field 80 [Principle Procedure] is used. It is the facility's responsibility to obtain the operating physician's ID. Enter the operating physician's 10-digit NPI. If the operating physician does not have an NPI, enter the physician's UPIN or 9-digit EqualityCare Number.

ADA Dental Claim Form (All Versions Prior to 2006):

Contact the Office of Dental Services for more information.

837 Health Care Claims: Professional, Institutional, and Dental

To submit NPI-compliant 837 Health Care Claims may require you or your software vendor, billing agent, or clearinghouse to make system changes. Even if your system is ready for the NPI, verify that it is capable of sending a taxonomy code in the appropriate segment(s) of the 837 Health Care Claim transactions. **EqualityCare is requiring providers to include a taxonomy code in their electronic claims submissions for rendering and billing/pay-to providers.** If your electronic claims submissions do not include taxonomy codes, your claims may be denied or rejected.

Lastly, EqualityCare will be strictly enforcing NPI compliance for electronic claims submissions beginning September 1, 2007. **On that date, electronic claims submissions containing both a provider's NPI (NM1 Qualifier XX) and Medicaid ID (REF Qualifier 1D) will be rejected with an 824 Application Advice and EqualityCare Business Edit 7 ("Medicaid ID not allowed with NPI").** If you have any questions, refer to the Wyoming Medicaid Companion Guides at http://www.acs-gcro.com/Medicaid_Accounts/medicaid_accounts.html. Once at the website, select **Wyoming Medicaid** and then select **Companion Guides**.

WINASAP 2003

In early May, ACS will be sending a notice to WINASAP users instructing them how to configure their software and provider records in preparation to submit NPI-compliant claims. Updated WINASAP 2003 tutorials will be posted to the NPI page of the EqualityCare website (<http://wyequalitycare.acs-inc.com/NPI.html>) by May 18th.

EqualityCare Web Portal

EqualityCare is modifying to the claim entry screens available on its Web Portal to accommodate the NPI. The modifications will allow providers to use an NPI in place of their nine-digit EqualityCare number and enter taxonomy codes for rendering and billing/pay-to providers. The modified screens will be available beginning May 29th. Prior to that date, ACS will post updated Web Portal tutorials to the NPI page of the EqualityCare website (<http://wyequalitycare.acs-inc.com/NPI.html>). The tutorials will preview the screen changes and explain how to bill NPI-compliant claims via the Web Portal.

Paper Remittance Advice

Beginning May 30th, the first payment cycle after the blackout period, the format of EqualityCare's remittance advice (RA) will change for providers who are using their NPI to bill claims.

- ◆ The NPI will replace the EqualityCare number.
- ◆ Providers will receive one RA for each NPI. This may result in a significant change for providers who replaced several EqualityCare numbers with one NPI.
- ◆ Claims will be grouped by taxonomy code description (provider type and specialty).

835 Health Care Claim Payment/Advice

Beginning May 30th, the first payment cycle after the blackout period, EqualityCare numbers will no longer be passed in the 835 Health Care Claim Payment/Advice for providers who are using their NPI to bill claims. If your system uses an 835 transaction to post EqualityCare payments, **verify it is capable of processing an 835 transaction that contains only NPIs.**

During the blackout period, providers will not have access to the EqualityCare Web Portal to download their 835 Health Care Claim Payment/Advice. 835 transactions will only be available for download via ACS EDI Gateway's bulletin board system (BBS). For more information on how to use the BBS to download your 835 transaction, call ACS EDI at 1-800-672-4959.

Other Important Changes

All affected EqualityCare forms will be updated by May 18th to accommodate the NPI. Refer to the NPI Page on the EqualityCare website (<http://wyequalitycare.acs-inc.com/NPI.html>) or contact Provider Relations Unit at 1-800-251-1268.

Revised Provider Agreement

The NPI packet mailed in January also contained a revised Provider Agreement. This version of the agreement supersedes all previous versions. **If you have not returned a signed Provider Agreement by August 31, 2007, your provider number will be voluntarily terminated until one is received.**

If you did not receive a copy of the revised Provider Agreement, it can be printed from the EqualityCare website (<http://wyequalitycare.acs-inc.com/NPI.html>). **All four pages of the agreement must be returned to ACS.** When returning the agreement, be sure to include your EqualityCare provider number in the top right corner of each page to expedite processing.

NPI: Get It. Share It. Use It.

CMS recently issued guidance on the sharing of NPIs. This guidance relates to the disclosure of health care providers' NPIs for the purpose of using NPIs in HIPAA standard transactions. On this page and the next is the full text of the CMS guidance.

"We are aware that some entities within the health care industry, such as health plans and some large provider organizations, would like to disclose health care providers' National Provider Identifiers (NPIs) to other health care industry entities for purposes of using NPIs in Health Insurance Portability and Accountability Act (HIPAA) standard transactions."

NPI: Get It. Share It. Use It. (Continued)

“This issue is not the same as the issue of the Department of Health and Human Services (HHS) disclosing health care providers’ NPIs from the National Plan and Provider Enumeration System (NPPES). That dissemination policy will be described in a Notice that will be published in the Federal Register.

*Health care providers can disclose their NPIs to anyone they choose. **The NPI Final Rule requires covered health care providers to disclose their NPIs to any entities that request the NPIs for use of those NPIs in HIPAA standard transactions.** Covered health care providers with subparts that have NPIs must ensure that the subparts comply with this disclosure requirement as well.*

Health plans and other health care industry entities may disclose health care providers’ NPIs in directories and listings for dissemination to other health industry entities for purposes of using the NPIs in HIPAA standard transactions.

While disclosures of health care providers’ NPIs by health care industry entities to other health care industry entities for purposes of using NPIs in HIPAA standard transactions do not appear to violate any Federal laws, the entities making such disclosures should ensure that such disclosures do not violate any State laws.

We encourage health care industry entities who plan to make disclosures described above to ensure that the affected health care providers are aware, beforehand, of these plans and that the affected health care providers do not object to such disclosures. If disclosures are made without the affected health care providers’ knowledge or consent, the entities making the disclosures could be faced with adversarial actions on the part of any or all of the affected health care providers.”

NPI Contingency/Corrective Action Plan

Instructions: **At a minimum, Sections A and B must be completed and the form returned to ACS by May 25, 2007.** If you are unable to complete Section C (Corrective Action Plan) by May 25, 2007, you have until July 1, 2007 to formulate a corrective action plan and resubmit the form to ACS. All corrective actions plans must end by August 31, 2007.

SECTION A: Provider Information

Provider Name: _____

NPI(s): _____

EqualityCare Number(s): _____

Contact Person: _____

Contact Phone Number: _____

Contact Email Address: _____

SECTION B: Reason for Noncompliance

Not obtaining an NPI is not an acceptable reason for noncompliance.

I will not be in compliance with the requirement to use an NPI by the May 23rd federal deadline for following reason(s):

- Clearinghouse** not able to accept NPIs.
- Vendor Software** or practice management system not able to accept NPIs.
- Billing Agent** not able to accept NPIs.
- Other:** _____

Provide the name of the Clearinghouse, Vendor Software or Billing Agent if you marked one of those three boxes above.

SECTION C: Corrective Action Plan

Please explain your plan to be compliant by EqualityCare's August 31, 2007 deadline. If you need more space, continue on the back of this page or attach additional pages.

Return this form to:
ACS Provider Relations
Attn: NPI Unit
P.O. Box 667
Cheyenne, WY 82003-0667
FAX: 307-772-8405

May 2007 – EqualityCare Important Dates

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20	21	22	23	24	25
27	28	29	30	31	
					12
					19
					26

Last recommended date to submit paper claims and adjustment requests prior to the blackout period

Last date to submit electronic claims prior to the blackout period

First date for submitting claims and adjustment requests

EqualityCare not accepting electronic claims submissions

Blackout period

EqualityCare Web Portal unavailable

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ACS GHS
504 West 17th Street
Cheyenne, WY 82001

Check out what's happening with EqualityCare and the NPI at <http://wyequalitycare.acs-inc.com/>

IMPORTANT INFORMATION! YOUR MEDICAID PAYMENTS MAY BE IN JEOPARDY!

The Wyoming Department of Health is the primary State agency for providing health and human services. It administers programs maintaining the health and safety of all citizens of Wyoming.

Wyoming Department of Health
Commit to your health.

Mission

We envision a Wyoming in which all citizens are able to achieve their maximum health potential; a Wyoming in which early intervention, wellness, health promotion, and health maintenance programs are the primary approach for solving health problems; a Wyoming in which all citizens have regular access to basic health care; a Wyoming in which at-risk citizens receive culturally appropriate and sensitive services; a Wyoming in which we and future generations are healthy, vital, and productive so as to seize the opportunity to live our individual dreams and enjoy the benefits of our bountiful resources and natural beauty.

Wyoming Department of Health
Office of Healthcare Financing

Our mission is to promote, protect and enhance the health of all Wyoming Citizens.


