

IRIS Vendor Claims Form Tips

HOW TO COMPLETE

Every form must include:

- Participant Name (First Name & Last Name)
- Provider Name (the Vendor name)
- Provider Address
- Service Code (including modifiers)
- Service Dates (From and To)
- Description of services
- Rate
- Units

NOTE: *It is best to include as much information as you can, including optional fields, to prevent payment delays.*

NOTE: *If service dates span across calendar months, put each month on a different service line.*

Special Circumstances: *If your address is the same as the Participant's address and you are submitting a claim for mileage, you must attach a mileage log to your claim.*

CORRECTING COMMON PROBLEMS

Missing required information – Resubmit your claim with corrections. The missing details will be noted in the problem letter.

Lack of documentation – Resubmit your claim with the missing documentation attached. The missing details will be noted in the problem letter.

Vendor name change – Submit a new Vendor Start-up Packet.

Problems with service authorization (service code, service dates, rate or unit) – Contact the Participant or the Participant's IRIS Consultant to have the plan updated.

ELECTRONIC VISIT VERIFICATION (EVV)

- EVV is federally required for Medicaid Personal Care (T1019) and Supportive Home Care Services (S5125, S5126)
- Claims that require EVV will be denied if the visits are missing, incorrect, or incomplete.
- EVV services being billed must be accompanied with corresponding EVV visit data. Please submit daily claims.
- Providers are responsible for monitoring worker visits and clear exceptions or manually enter visits as necessary to be sure all EVV related claims have a verified visit.
- For more information, please see [New to EVV \(P-03078\)](#) and [IRIS EVV Policy \(P-03053\)](#).

HOW TO SUBMIT VENDOR CLAIMS

We recommend that all claims be submitted via the online submission form because it sends a confirmation email you can use as a record of your submission. Submission form link: <https://ecm.mcfi.net/Forms/vendorclaims>.

Claims may be submitted via:



Online Form: <https://ecm.mcfi.net/Forms/vendorclaims>



Fax: 1-414-918-8213



Email: IRIS.Claims@iLIFE.org



Mail: P.O. Box 80439, Milwaukee, WI 53208

⚠ IMPORTANT: Submit copies of your documents when submitting supporting documentation with your form, . Always keep the original documents for your records.

If you need additional direction or assistance, please call iLIFE at 1-888-800-5599.

Need a Form? Go to www.iLIFE.org.

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