



# MedicAide

An informational newsletter for Idaho Medicaid Providers

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From the Idaho Department of Health and Welfare, Division of Medicaid

June 2007

## NPI is Here! Have You Registered Your NPI With Idaho Medicaid Yet?

If you are required to have a NPI, it is important that you have applied for and registered your NPI(s) with Idaho Medicaid by May 29, 2007. Even if you are not ready to implement the NPI changes in your claims processing, having and registering your NPI with Idaho Medicaid shows you are attempting to comply with the NPI regulations.

If you are not sure if you need an NPI, please see the Frequently Asked Questions (FAQs) provided for you at: <https://npi.dhw.idaho.gov/idahoNpi/> click on the NPI Registration Instructions link on the left side of the page, then the Frequently Asked Questions link on the right side of the page.

If you still need to apply for an NPI, you may apply online for an NPI at: <https://nppes.cms.hhs.gov/>. Applying for your NPI now is one way to show you are trying to comply with the NPI regulations.

Providers who submit claims through a clearinghouse, or use software other than the free PES software provided by Idaho Medicaid, should be working with their clearinghouse to ensure everyone is working toward compliance with the NPI regulations.

## Linking Your NPI to Your Idaho Medicaid Provider Number

Follow these examples when linking your NPI(s) to your Idaho Medicaid provider number.

### Do:

- Link an individual NPI with the individual Idaho Medicaid provider number it will replace.

Example: John Smith, M.D. links his individual NPI to his individual Idaho Medicaid provider number.

- Link an organization NPI with the group or facility Idaho Medicaid provider number that it will replace.

Example: Quick Med Clinic links its organization NPI to their Quick Med Clinic group Idaho Medicaid provider number.

Distributed by the  
Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

Continued on page 2 (Linking your NPI)

**Don't:**

- Link an organization NPI to an individual Idaho Medicaid provider number.

Example: The Quick Med Clinic organization NPI should **not** be linked to the John Smith, M.D. individual Idaho Medicaid provider number.

- Link an individual NPI to a group Idaho Medicaid provider number.

Example: John Smith, M.D. who works for Quick Med Clinic should **not** link his individual NPI to the Quick Med Clinic organization Idaho Medicaid provider number.

How you link your NPI(s) to your Idaho Medicaid provider number(s) directly effects how your claims are processed. The most straightforward way to do business with Idaho Medicaid is to obtain an NPI for each Idaho Medicaid provider number. If you link one NPI to more than one Idaho Medicaid provider number you must submit the appropriate taxonomy code on your electronic claim.

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## National Provider Identifier (NPI) Web Registration Quick Tips

Updated as of April 16, 2007

### General Information

**1. How many registration accounts do I need to set up?**

You need only one account no matter how many NPIs you are registering.

**2. The website address is not working.**

Make sure you type **https://npi.dhw.idaho.gov** in your browser address line. If you type the address in your search address line it will not find the website. Do not enter "www" at the beginning of the website address.

**3. Do I need to register an NPI for my Healthy Connections number?**

No. The Healthy Connections number is a referral number. You don't need an NPI for your Healthy Connections number.

### Tax ID Information

**1. Does Idaho Medicaid use my NPI tax ID for tax reporting?**

No. The tax ID number you reported during the NPI registration process might be different from the tax ID number you have on file with Idaho Medicaid. The tax ID number on file with Idaho Medicaid is the one used for tax reporting on your 1099. If you need to update the tax ID number on file with Idaho Medicaid, please contact EDS Provider Services at (800) 685-3757 and say "Provider Enrollment".

### Most Common Error Messages

**1. Invalid User ID and Password - Access Denied.**

This means the User ID/password combination you entered doesn't match any account on file. Remember the User ID and password are case sensitive. If you are unable to enter your account, please call the NPI Helpline at (866) 909-4148.

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**DHW**

**Phone Numbers**

**Addresses**

**Web Sites**

**DHW Websites**

www.healthandwelfare.idaho.gov

**Idaho Careline**

2-1-1 (available throughout Idaho)  
(800) 926-2588 (toll free)

**Medicaid Fraud and Program Integrity Unit**

P.O. Box 83720  
Boise, ID 83720-0036  
Fax (208) 334-2026

**Email:**

prvfraud@dhw.idaho.gov

**Healthy Connections**

**Regional Health Resources Coordinators**

Region I - Coeur d'Alene  
(208) 666-6766  
(800) 299-6766

Region II - Lewiston  
(208) 799-5088  
(800) 799-5088

Region III - Caldwell  
(208) 455-7244  
(800) 494-4133

Region IV - Boise  
(208) 334-0717 or  
(208) 334-0718  
(800) 354-2574

Region V - Twin Falls  
(208) 736-4793  
(800) 897-4929

Region VI - Pocatello  
(208) 239-6270  
(800) 284-7857

Region VII - Idaho Falls  
(208) 528-5786  
(800) 919-9945

**In Spanish (en Español)**

(800) 378-3385 (toll free)

**Prior Authorization  
Phone Numbers  
Addresses  
Web Sites**

*Continued from Page 2 (NPI Web Registration)*

**Prior Authorizations:**

**DME Specialist**  
Bureau of Medical Care  
P.O. Box 83720  
Boise, ID 83720-0036  
(866) 205-7403 (toll free)  
Fax (800) 352-6044  
(Attn: DME Specialist)

**Pharmacy**  
P.O. Box 83720  
Boise, ID 83720-0036  
(866) 827-9967 (toll free)  
(208) 364-1829  
Fax (208) 364-1864

**Qualis Health**  
(Telephonic &  
Retrospective Reviews)  
10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
(800) 783-9207  
Fax (800) 826-3836 or  
(206) 368-2765

**Qualis Health Website**  
[www.qualishealth.org/  
idahomedicaid.htm](http://www.qualishealth.org/idahomedicaid.htm)

**Transportation Prior  
Authorization:**

**Developmental Disability  
and Mental Health**  
(800) 296-0509, #1172  
(208) 287-1172

**Other Non-emergent and  
Out-of-State**

(800) 296-0509, #1173  
(208) 287-1173

**Fax**  
(800) 296-0513  
(208) 334-4979

**Ambulance Review**

(800) 362-7648  
(208) 287-1155

**Fax**  
(800) 359-2236  
(208) 334-5242

**Insurance Verification:**

**HMS**  
P.O. Box 2894  
Boise, ID 83701  
(800) 873-5875  
(208) 375-1132  
Fax (208) 375-1134

**2. User ID is not unique. Please enter a different User ID.**

Generally this means you already set up an account. Go to the **Login** page and enter the User ID and Password.

If you don't already have an account, this error means you chose a User ID that is already being used by someone else. Please choose a different User ID and continue completing the **Create NPI Registration Account** page.

**3. Confirmation number entered does not match confirmation number assigned to this Medicaid provider number.**

You must use the 6-digit confirmation number associated with this Idaho Medicaid provider number. You can find the confirmation number/Medicaid provider number combination on the NPI registration letter that was mailed to your "Pay-To" address from Idaho Medicaid. If you have lost your registration letter please call the NPI Helpline at (866) 909-4148.

**4. Medicaid provider number already associated to this NPI.**

This means the Idaho Medicaid provider number you are working with is already linked to this NPI.

**5. NPI is already associated with an existing account.**

Most of the time this means you have more than one registration account and you already entered this NPI in a different account. We strongly recommend you use one account to register all of your NPIs. The easiest way to deal with this issue is to log into the account that contains the NPI and complete the linking in that account. If you are unable to find the account the NPI is in, please call the NPI Helpline at (866) 909-4148.

**6. Medicaid provider number already associated with a different account. An Idaho Medicaid provider number may only be linked to one account.**

Most of the time this means you have more than one registration account and you already entered this Idaho Medicaid provider number in a different account. We strongly recommend you register and link all your NPIs and Idaho Medicaid provider numbers in one account. The only way to deal with this issue is to end date the NPI you are working with on the account you are in. Follow the steps below.

1. Click the **NPI Update Account** link on the left side of the page.
2. Click on Option 2 **Update NPI**.
3. Click on the NPI you need to work. The **Update NPI** page will be displayed.
4. Click the **Yes** radio button at the top of the page under the NPI number.
5. Click the **Update NPI** button at the bottom of the screen. You will receive a message telling you if this was successful.
6. Return to the **Login** page and enter the **User ID** and **Password** for the registration account that contains the Medicaid provider number you want to work with.
7. Add the NPI to this account and finish the linking process.

If you are unsure, please call the NPI Helpline at (866) 909-4148.

# Using Your NPI on Electronic Claims

**Effective May 29, 2007**, Idaho Medicaid began processing electronic claims using the NPI. Idaho Medicaid providers have three (3) options for identifying themselves on electronic claims:

1. With your Idaho Medicaid provider number **and** your NPI. (recommended)
2. With your Idaho Medicaid provider number only.
3. With your NPI only.

## 1. Claims with your Idaho Medicaid provider number AND your NPI. (This option does not apply to drug claims.)

It is a good idea to submit electronic claims with both your Idaho Medicaid provider number and your NPI so we can test your NPI before you rely on it for claims processing. If you submit both your Idaho Medicaid provider number and your NPI on a claim, your Idaho Medicaid provider number will continue to be used to process the claim through July of 2007.

We will compare the NPI you submit on the claim to information you provided when you registered your NPI. Although your NPI will not be used to process the claim, having both your NPI and Idaho Medicaid provider number allows us to test how we would have processed the claim had we used the NPI. This will help us identify providers who need additional assistance before submitting claims with the NPI only.

## 2. Claims with your Idaho Medicaid provider number only.

Idaho Medicaid will continue to process claims using the Idaho Medicaid provider number for providers who are not ready to use their NPI, or who are not required to have an NPI.

CMS has granted a contingency period until May 2008, for providers who are making a good faith effort to comply with NPI regulations. One way to show a good faith effort is to get an NPI and register it with Idaho Medicaid.

## 3. Claims with your NPI only.

Idaho Medicaid will process the claim using your NPI. We recommend that you verify that your NPI is correctly linked to your Idaho Medicaid provider number before you submit claims with only your NPI.

Idaho Medicaid will process the claim based on the Idaho Medicaid provider number you linked your NPI to during the registration process. We will also use the zip code that you updated during the registration process to identify your service location.

If you are unsure about what information you provided during registration, you can review your NPI account information at the Idaho Medicaid NPI registration website at: <https://npi.dhw.idaho.gov/idahoNpi/>. If you can't remember your user ID or password, contact the NPI Registration Help Desk at (866) 909-4148.

### EDS Phone Numbers Addresses

#### MAVIS

(800) 685-3757  
(208) 383-4310

#### EDS

##### Correspondence

P.O. Box 23  
Boise, ID 83707

##### Provider Enrollment

P.O. Box 23  
Boise, Idaho 83707

##### Medicaid Claims

P.O. Box 23  
Boise, ID 83707

##### PCS & ResHab Claims

P.O. Box 83755  
Boise, ID 83707

### EDS Fax Numbers

Provider Enrollment  
(208) 395-2198

Provider Services  
(208) 395-2072

### Client Assistance Line

Toll free: (888) 239-8463

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**EDS Phone Numbers  
Addresses**

**Provider Relations  
Consultants**

**Region 1**

Prudie Teal  
1120 Ironwood Dr., # 102  
Coeur d'Alene, ID 83814  
prudie.teal@eds.com  
(208) 666-6859  
(866) 899-2512 (toll free)  
Fax (208) 666-6856

**Region 2**

JoAnn Woodland  
1118 F Street  
P.O. Drawer B  
Lewiston, ID 83501  
joann.woodland@eds.com  
(208) 799-4350  
Fax (208) 799-5167

**Region 3**

Mary Jeffries  
3402 Franklin  
Caldwell, ID 83605  
mary.jeffries@eds.com  
(208) 455-7162  
Fax (208) 454-7625

**Region 4**

Jane Trent  
1720 Westgate Drive, # A  
Boise, ID 83704  
jane.trent@eds.com  
(208) 334-0842  
Fax (208) 334-0953

**Region 5**

Penny Schell  
601 Poleline, Suite 3  
Twin Falls, ID 83303  
penny.schell@eds.com  
(208) 736-2143  
Fax (208) 678-1263

**Region 6**

Janice Curtis  
1070 Hiline Road  
Pocatello, ID 83201  
janice.curtis@eds.com  
(208) 239-6268  
Fax (208) 239-6269

**Region 7**

Ellen Kiester  
150 Shoup Avenue  
Idaho Falls, ID 83402  
ellen.kiester@eds.com  
(208) 528-5728  
Fax (208) 528-5756

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- **If you have one NPI linked to one Idaho Medicaid provider number.**  
Use your NPI as your provider number.
- **If you have one NPI linked to more than one Idaho Medicaid provider number.**
  - ◇ You must submit a taxonomy code on your electronic claim. The taxonomy codes that Idaho Medicaid will accept for each provider specialty can be found at: <http://www.healthandwelfare.idaho.gov/site/3438/default.aspx>. This information has been added to the *Medicaid Provider Handbook* as an appendix. The most recent *Medicaid Provider Handbook* was included on the Provider Resources CD that was mailed to you in May 2007.
  - ◇ During the registration process, you updated the zip code for each of your service locations. You must include this Zip+4 (9-digit zip code) to designate the service location on your claim.

If you have any questions about using your NPI, please contact your local Provider Relations Consultant (PRC). Contact information for your PRC can be found in this newsletter.

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## **NPI Computer Workshops – June 2007**

Want to learn more about National Provider Identifiers (NPIs)? Regional Provider Relations Consultants (PRCs) are conducting a series of provider workshops during the coming months. Workshops will be held in computer training rooms in each region. The PRC will be on hand to help providers register their NPI(s) using the Idaho Medicaid NPI Registration Web tool. NPI registration should take about 30 minutes. Since space is limited, it is important that you call your regional consultant to schedule an appointment.

You do not have to attend a provider workshop to register your NPI with Idaho Medicaid. Online Web registration is available from any computer that connects to the World Wide Web.

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## **Regional Training Hot Topic – June 2007**

Want to learn more about National Provider Identifiers (NPIs)? In addition to the NPI Registration workshops mentioned above, Provider Relations Consultants (PRCs) will continue to conduct monthly training sessions in their region. For the next several months, the sessions are designed to provide information about the hot topics facing Idaho Medicaid providers today. Hot topics for June include:

- NPI – the most current information available.
- How to Register your NPI with Idaho Medicaid.
- NPI Registration Workshop Schedules.
- CMS 1500 (08/05).
- Billing issues.

The next training session is scheduled for Tuesday, June 12, 2007, from 2:00 to 4:00 pm, except Region 4, which is from 12:00 to 2:00 pm. These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local PRC.

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May 4, 2007

**MEDICAID INFORMATION RELEASE 2007-11**

TO: Certified Family Homes, DD Service Coordinators, Mental Health Case Managers, Res-hab Affiliate Agencies  
FROM: Leslie M. Clement, Administrator  
SUBJECT: **Placement of Residents Into Certified Family Homes**

This information release outlines new policies and procedures related to placement of residents into Certified Family Homes.

Effective May 1, 2007, all non-emergency placements into Certified Family Homes (CFHs) must be pre-approved by the Department of Health and Welfare.

We have experienced problems with case managers, service coordinators, res-hab affiliate agencies, and other service providers moving clients from one CFH to another without notifying the Department. There are instances when this has led to inappropriate/illegal placements, created reimbursement issues for CFH providers (both the losing and gaining CFH), and resulted in adverse outcomes for residents.

Idaho Statute §39-3501 tasks the Department to "monitor and enforce" the provisions of the statute. In Section §39-3505, the statute authorizes the Department to "promulgate appropriate rules necessary to implement and enforce the standards for certified family homes" including to the requirement to "ensure the care provider has sufficient resources to maintain the home and provide the necessary services". The Department is also tasked to "assure a safe, sanitary, and comfortable environment for residents of certified family homes." (§ 39-3504).

The Department cannot fulfill its statutory duties unless it is fully aware of what is happening in Certified Family Homes.

**Non-Emergency Placement Process:**

The process for prior coordinating non-emergency placements begins with evaluating resident needs and the ability of the new CFH to meet those resident needs

- For residents on the Developmental Disabilities waiver, the person centered planning process must be used. The Plan Developer/Service Coordinator should involve the Residential Habilitation Affiliate Agency, the new CFH provider, the guardian (if appropriate), the client, and other supports the client deems appropriate to ensure resident needs are identified. The plan must outline those services necessary and who will provide those services. Once the plan has been completed, the Plan Developer will inform the regional certified family home staff in their region of the placement. The Department will ensure the new CFH has the appropriate certification and resources available to provide the needed services. The Department will establish an effective date for the plan and ensure necessary prior authorizations are updated and the parties identified in the plan are notified.
- For residents on the Aged and Disabled Waiver, the resident, the resident's guardian (if available), the new CFH provider, and the Regional Medicaid Nurse Reviewer will review the current Negotiated Service Agreement to ensure the plan is current and meets resident needs. If not, the plan will be updated. The agreement should include plan of care, history and physical exam performed by a licensed physician or nurse practitioner (dated within six months prior to admission), a list of medications, dietary constraints (if any), and treatment(s) prescribed for the resident. The plan must outline those services necessary and who will provide those services. The Department will ensure the new CFH has the appropriate certification and resources available to provide the needed services. The Department will establish an effective date for the plan and ensure necessary prior authorizations are updated and the parties identified in the plan are notified.
- For private pay residents, the care plan should be sent to the Regional Medicaid Certified Family Home staff. The Department will ensure the new CFH has the appropriate certification and resources available to provide the needed services. The Department will notify the new CFH provider when the placement is approved.

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Providers should establish an admission agreement, prior to admission that is signed by potential resident (or designee) and the provider. Reimbursement for services will be based on the date of the admission agreement and/or the date the plan is approved by the Department (whichever occurs later). The Department will not authorize payment for services to a client if the services were rendered prior to the completion of these documents.

**Emergency Placement Process:**

Emergency placements, although rare, do happen. They usually involve taking protective steps to assure the safety and well being of residents. Whenever possible, the Department should be notified of situations prompting emergency placement before hand. The Department has a complete listing of potential CFH placements (to include temporary and/or respite placements) and can help assist with finding an appropriate placement/provider to meet resident needs.

The process for emergency placements is to contact the regional CFH staff person through the local RMS unit as soon as possible, but no later than the next business day. The Department will prioritize pending assessments, and expedite assessments that, in its discretion, it considers emergencies, including reassessments of clients whose needs have changed. The Department will ensure necessary authorizations are approved to ensure provider payment for Department clients.

Not all emergency placements will turn into long term placements. Once the resident is placed in a safe, effective setting, the non-emergency process described above can be used to find a more permanent placement.

**Contact Information:**

Questions surrounding CFH placements should be forwarded to the Certified Family Home staff in the regional offices. Their contact information is as follows:

- Region 1 208-769-1567, Ext 283;
- Region 2 208-799-4431;
- Region 3 208-455-7129; or 208-455-7160;
- Region 4 208-334-0831;
- Region 5 208-732-1475;
- Region 6 208-239-6261;
- Region 7 208-528-5720;

Questions surrounding this IR should be directed to the statewide Certified Family Home Program Manager, Karen Vasterling, at (208) 239-6260.

LMC/rm

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## Attention All Orthodontic Providers

### Clarification for CDT Orthodontic Code D8670:

The 2007-2008 Current Dental Terminology (CDT) code book defines D8670 as “periodic orthodontic treatment visit (as part of contract)”.

Medicaid does not contract with providers for orthodontic services. Medicaid issues prior authorizations for covered orthodontic treatment, which may include a specific number of monthly follow-up visits (D8670). Please remember, however, that a prior authorization for adjustments (D8670) is **only covered when** the participant actually visits the office and is Medicaid eligible on the date of service. The Accurate Billing section of the Medicaid Provider Agreement states that the provider agrees “the items or services claimed were actually provided ... and documented at the time they were provided...”. Billing D8670 for any dates that the participant did not receive an orthodontic visit is considered fraudulent billing as defined in IDAPA 16.05.07, at: <http://adm.idaho.gov/adminrules/rules/idapa16/0507.pdf>

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## Attention All Providers – Medical Records Requests

The Improper Payments Information Act of 2002 directs Federal agency heads, in accordance with the Office of Management and Budget (OMB) guidance, to annually review its programs that are susceptible to significant erroneous payments and report the improper payment estimates to Congress.

We are letting you know about this act because you may receive requests for medical records that will be reviewed to determine if the claims were correctly paid for services provided to Medicaid participants. The Centers for Medicare and Medicaid Services (CMS) has contracted with two companies to measure the accuracy of Medicaid payments, which is also known as the Payment Error Rate Measurement (PERM) Program. One contractor, the Lewin Group, will provide statistical support to the program by pulling the claims to be reviewed and by calculating Idaho’s error rate. The other contractor, Livanta LLC, will provide the documentation/database support by collecting medical policies from the State and medical records from providers.

Each month, a sampling of Idaho Medicaid claim records will be identified to determine if claims were correctly paid. If a claim is selected in the sample for a service you rendered to a Medicaid participant, you will be contacted by Livanta LLC and you will receive requests to send a copy of your medical records to support the medical review of the claim.

Understandably, providers are concerned with maintaining the privacy of patient information. However, providers are required by Section 1902(a)(27) of the Social Security Act to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS, or their contractor, with information regarding any payments claimed by the provider for rendering services. We want to assure you that Livanta LLC is a contractor for CMS. The furnishing of information includes medical records. In addition, the collection and review of protected health information contained in individual-level medical records for payment review purposes is permissible by the Health Insurance Portability and Accountability Act of 1996 and implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.

Generally, to obtain medical records for a claim sampled for review, Livanta LLC will contact the provider to verify the correct name and address information and to determine how the provider wants to receive the request(s) (facsimile or US mail). Once the provider receives the request for medical records, they must submit the information electronically or in hard copy within ninety (90) days. Livanta LLC and possibly State officials will follow up to ensure that providers submit the documentation before the ninety (90)-day timeframe has expired.

It is important that providers cooperate with sending in all requested documentation because no response or insufficient documentation will count against the State as an error. Past studies have shown that the largest causes of errors in the medical reviews are no documentation or insufficient documentation. Therefore, information should be sent timely and should be complete. If Livanta LLC requests medical records from you and you have questions, please contact Robin Reed, Livanta LLC at (301) 957-2380.

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## Another Reason to Bill Electronically

- 2007 **paper** claim denial rate is 29.9%.
- 2007 **electronic** claim denial rate 21.8%.

Almost a third of all paper claims are currently denied. Most of the denials are due to billing errors that may be corrected and rebilled.

Approximately 90% of Idaho Medicaid claims are submitted electronically. Approximately one-fifth of all electronic claims are denied. The reason fewer electronic claims are denied than paper claims is due to the fact that electronic billing software has built in checks to prevent many of the most common errors found on paper claims.

A common denial for electronic claims is for incomplete justification that must be provided on an attachment. Some providers submit these claims electronically to get claims in the system in a timely manner. When the resulting denial indicates an attachment is required, the claim needs to be submitted on paper.

Claims that are returned to the provider (RTP) for errors that prevent the claim from being entered into the system are another “type” of denial that is not enumerated above. Errors that result in RTP are nearly eliminated with electronic billing.

Don't wait. Start billing electronically now. The PES (Provider Electronic Solutions) software is available from EDS at no charge. It is user friendly and training from a Provider Relations Consultant (PRC) is included. Software from other billing software vendors is also compatible with the system. Call the EDS Medicaid help line at (800) 685-3757 or 383-4310 in Boise and say “Technical Support” for more information, or to get set up for electronic billing.

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## Have You Updated Your PES Software?

A new version of Provider Electronic Solutions (PES) software was included on the Provider Resources CD sent to all providers in May 2007.

The new 6.0 version of PES allows you to submit transactions using your NPI or your Idaho Medicaid provider number. Please read the Frequently Asked Questions (FAQ) in the PES section of the Provider Resources CD before you apply the PES upgrade.

If you have questions about this upgrade, contact your regional Provider Relations Consultant (PRC), or contact the Medicaid Voice Information System at (800) 685-3757, or 383-4310 in Boise, and say “Technical Support”.

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## More Tips for Billing Medicare Crossover Claims

Remember that you can bill all Medicare Crossover claims electronically. As it once was in the past, it is no longer always necessary to bill on paper with the Medicare Remittance Notice (MRN) attached. Information, such as what was applied to the Medicare payment and any adjustments, can be keyed from Medicare Remittance Notice (MRN) into software (such as PES) that supports this submission. Electronic billing is faster and more efficient than billing on paper.

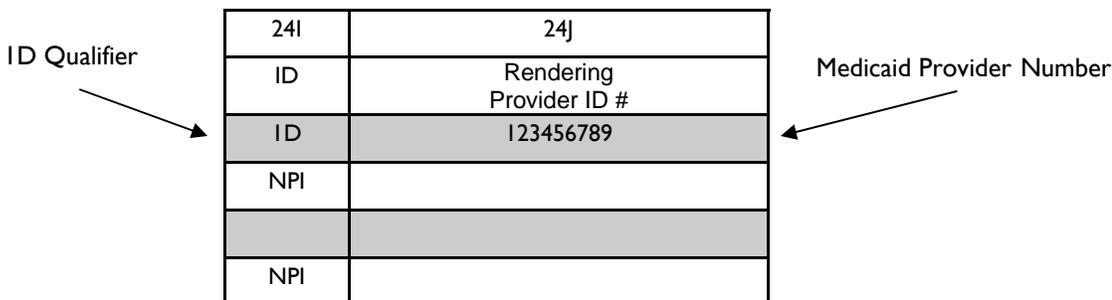
Additionally, please remember that if the claims are billed to cross over electronically from Medicare to Medicaid it is not necessary to also submit those claims on paper. EDS has seen a substantial increase of duplicate billings for institutional crossover claims that have been sent electronically to Medicare and then are also automatically generated and submitted on paper. The result is a delay in payment.



**Rendering Provider ID fields**

24I	ID Qualifier	Required, if Idaho Medicaid provider number	Enter qualifier <b>1D</b> followed by the 9-digit Idaho Medicaid provider number in 24J <b>Note:</b> Qualifier <b>ZZ</b> , sent on paper claims, may result in denial of claim when services require a rendering provider ID number.
24J	Rendering Provider ID Number	Required if applicable	If the billing provider number is a group, enter the performing provider's 9-digit proprietary Idaho Medicaid provider number as the Rendering Provider. <b>Note:</b> Taxonomy codes and NPI numbers sent on paper claims will not be used for claims processing.

**Billing Provider Information fields**



**Billing Provider Information fields**

33. BILLING PROVIDER INFO & PH# ( )	
a.	b. 1D123456789

**CMS 1500**

33a	NPI Number	Desired, but not required	Enter the 10-digit NPI number of the billing provider. <b>Note:</b> NPI numbers, sent on paper claims are optional and will not be used for claims processing.
33b	Other ID	Required	Enter the qualifier <b>1D</b> followed by the provider's nine 9-digit proprietary Idaho Medicaid provider number. <b>Note:</b> All paper claims will require the nine 9-digit proprietary Idaho Medicaid provider number for successful claims processing.

EDS  
P.O. Box 23  
Boise, Idaho 83707

PRSRRT STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 1



## PES Passwords

If you use PES software to submit your batch or interactive transactions using the web server method, you will now have two different passwords that the PES software will prompt you to change. Each password is associated with different functions and connects to different areas in the PES software. The following describes the purpose for each type of password.

- Logon Password.

Allows you to open the PES software. The logon password expires every thirty (30) days unless otherwise indicated in the retention settings, which can be found in the **Tools | Options** menu in PES.

- Web Password.

Allows you to submit your transactions over the internet. PES will prompt you to change the web password every thirty (30) days. To locate the old web password, click the **Batch** tab in the **Tools | Options** menu. The **Batch** tab is for reference only; it should never be changed unless you are specifically instructed to do so by the EDI Helpdesk staff.

**Note:** When using the web server method to submit batch or interactive transactions, it is recommended that you have a different logon ID and password on each PC that has the PES software installed.

If you require additional Logon IDs, you may contact the EDI Helpdesk at (800) 685-3757 and say "Technical Support".

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