

Below info taken from <http://healthandwelfare.idaho.gov/Medical/Medicaid/NewIdahoMMIS/tabid/218/Default.aspx>

Idaho Medicaid MMIS Replacement Project

In 2010 Idaho Medicaid will replace its Medicaid claims processing system which is currently supported by HP/EDS. The new system is a Medicaid Management Information System referred to as Idaho MMIS.

Unisys Corporation will "go live" May 31st, 2010.

Unisys will provide the Base component of the MMIS, which will receive and process prior authorizations, referrals, claims, and remittance advices for medical and dental services. Unisys will also manage provider enrollment for all Idaho Medicaid providers. Unisys will provide day-to-day operational support for providers, including coordination of training and communication. Unisys will also station Provider Regional Consultant staff throughout the state to assist providers.

If you have questions about the transition, MMIS specialists are available to answer your questions by email at idproviderenrollment@unisys.com

ATTENTION Providers

- Providers - Complete your Provider Record Update at www.idmedicaid.com
- Approved providers in the new Idaho MMIS operated by Unisys- Complete your Trading Partner Agreement at www.idmedicaid.com

Who Must Complete Provider Record Update (PRU)?

PRU is the process where you will review, verify and update your provider record in the new system. Providers who wish to submit claims to and **receive payment** from Idaho Medicaid must complete the record update process. You can complete your provider record update by logging on to the secure portal at www.idmedicaid.com or by calling Idaho Medicaid Provider Enrollment at (866) 686-4272.

Idaho MMIS FAQs: Provider Record Update (PRU) excerpts. Please visit the below website for a full list.

<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=DfBnU-QtJvk%3d&tabid=218&mid=1671>

What is Provider Record Update (PRU)?	Provider Record Update (PRU) is the process by which you will review, verify and update your provider information in the new MMIS secure online provider portal.
As a provider, why do I have to update my record?	To ensure that you can continue to bill and be paid in the new system.
When will the Provider Record Update (PRU) take place?	You can access your record today. Go to www.idmedicaid.com to update your record.

Idaho MMIS FAQs: Trading Partner Registration excerpts. Please visit the below website for a full list.

<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=WlxrfMkBIWw%3d&tabid=218&mid=1671>

I am a Medicaid provider; do I need to register as a trading partner, (TP), with the new MMIS?	Yes. Registering as a trading partner with the new MMIS allows access to the secure website where you may upload electronic transactions, enter real-time submissions and inquiries, enter referrals and Prior Authorizations, look up client eligibility and monitor or perform maintenance on your Medicaid provider record.
I am a provider who wishes to authorize a third-party vendor to receive my 835 Health Care Claim Payment/Advice (835). Do I need to complete any documentation?	Yes. Providers who wish to authorize a third party to receive the 835 will be required to register as a trading partner with the MMIS. Once registered, you will be able to select a third party vendor that has been tested with the MMIS as your 835 receiver. You must also contact the vendor to ensure they are prepared to accept your transaction.

From: No.Reply@unisys.com [mailto:No.Reply@unisys.com]

Sent: Wednesday, March 03, 2010 1:24 PM

To: Dental Support - CT

Subject: TradingPartner - ActivationPIN

Hello Dawn Vaughan,

Welcome to Idaho Medicaid's web portal. You recently registered as a Trading Partner.

Your assigned Trading Partner ID is: [IDTPID000027](#)



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

Participation in Dental Electronic Remittance Advice (ERA) is limited to those provider's whose practice management software vendor is participating in ERA with Emdeon or to those provider's who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at www.emdeondental.com

IDAHO MEDICAID
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	CKID1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Dental Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. Idaho Medicaid Program Electronic Remittance Advice (ERA) Authorization <ul style="list-style-type: none"> • Please complete all requested information.
SEND REGISTRATION FORMS TO	Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or fax to 860-289-0055
ENROLLMENT CONFIRMATION	ERA enrollments take approximately 5-7 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Idaho Medicaid.
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently receives ERAs through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.



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<p>DISCONTINUING ERA</p>	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> 1. Deactivation <ol style="list-style-type: none"> a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly. b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS. 2. Payer Un-enrollment <ol style="list-style-type: none"> a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer. <p>Providers who wish to discontinue receiving ERAs need to contact Idaho Medicaid Provider Enrollment at 800-685-3757.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>Idaho Medicaid</td> <td>800-685-3757</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Idaho Medicaid	800-685-3757	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Idaho Medicaid - ERA payer ID CKID1**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Number: _____
(If applicable)

Group NPI: _____
(if applicable)

Name	Number	Rendering	NPI
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____

Idaho Medicaid Program Electronic Remittance Advice (ERA) Authorization

The Idaho Department of Health and Welfare (DHW) has adopted the American National Standards Institute (ASC X12N 835 4010A1), Accredited Standards Committee (ASC) X12N Health Care Claim Payment/Advice (ANSI 835) as the standard format for the electronic data interchange (EDI) of Medicaid claim payment data for Medicaid services. ERAs will be made available to the authorizing provider or his agent in the ANSI 835 format on the Idaho Bulletin Board System (BBS). The implementation guide for ANSI transaction (835) is available at www.wpc-edi.com. A provider may elect to receive both a paper and an electronic remittance advice.

I, (Print Name) _____ understand the electronic remittance advice contain similar financial information as paper RAs.

Signature: _____  Date: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ BBS ID (Required): 445883154

Provider Number(s): _____

Electronic RA only _____ both a paper and electronic RA _____

I, (Print Name) _____ hereby certify that the billing service or VAN listed below is authorized to receive an electronic remittance advice on my behalf. I agree that if the billing arrangement with the identity listed below is terminated, I will immediately report that termination in writing to EDS.

Signature: _____  Date: _____

Name: Claims Processing Service, Inc.

Address: 220 Burnham Street

City: South Windsor State: CT Zip: 06074

Phone: 860-289-6090 Contact: Provider Enrollment

Please return to:

EDS
Attention: EDI TEAM
P. O. Box 23
Boise, ID 83707
1-800-685-3757
FAX 208-395-2198