

**UPDATED ONLY FOR LOGO AND BRANDING****Provider Notice**

**To:** All PerformCare Providers  
**From:** Sheryl Swanson, MBA, VP, Provider Network Operations  
**Date:** September 30, 2011  
**Subject:** AD 11 111 Change in Mailing Address and Handling of Paper Claims

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This notice affects **all PerformCare Providers** so please route this information to appropriate ***Billing Personnel***. Effective **November 1, 2011**, **ALL** paper claims including **COB (with attached primary insurance EOB)** and **corrected claims** must be sent to ACS Commercial Solutions (ACS), a private company that will be contracted for data entry of all PerformCare paper claims. The only exception would be claims that are related to the resolution of Administrative Appeals. Administrative Appeals should continue to be mailed directly to the PerformCare Harrisburg office as outlined in the Provider Manual.

All paper claims must be mailed to the following address effective 11-1-11:

**PerformCare  
PA HealthChoices  
PO Box 7308  
London, KY 40742**

PerformCare will forward to ACS any claims received in error at the current address, for thirty (30) days. Please understand that the received date of claim is the date received by ACS. Any Claims received at the current address after this initial 30 day transition period will be returned to sender.

It is more important than ever that claims submissions are clean. Historically, PerformCare claims personnel have facilitated correction of claims to assure payment. ACS however, will be data entering claims based on a standard set of rules and invalid or incomplete submissions will be returned to the submitter thus delaying payment. **Please note all of the following elements are required and must be registered with OMHSAS (as outlined in bulletin number 99-06-14) or will be rejected.**

**CMS 1500 (Professional)**

- Rendering NPI and PROMISe Medicaid Enrollment Number with 1D qualifier (box 24J)
- Federal Tax ID Number (box 25)
- Billing NPI and PROMISe Medicaid Enrollment Number with 1D qualifier (box 33a & 33b)

#### **UB04 (Institutional)**

- Federal Tax ID (box 5)
- Billing NPI and PROMISE Medicaid Enrollment Number with 1D qualifier (box 56 & 57)

To help in this transition, below are common billing errors which have been identified by the claims personnel. Please take this opportunity to review this information and confirm accuracy in your paper claims submissions.

- **NPI** is not registered with the PROMISE Medicaid Enrollment Number (See MA Bulletin 99-06-14 issued November 22, 2006)
- Pay to **Federal Tax ID** is not up to date with the PROMISE Medicaid Enrollment Number
- **Insured's ID Number** – member's MAID/recipient number
- **Diagnosis** (ICD-9 diagnosis codes ONLY)
- **Place of Service Code** (must be valid for the service and provider type/specialty for the **Rendering** provider)
- **Rendering Provider** - The rendering NPI and PROMISE Medicaid Enrollment Number must always be provided in 24j even when the same as billing provider. **A special note for services rendered in the clinic: be sure to use the identifying numbers of the clinic for the rendering IDs.**
- **Billing Provider**
  - **CMS 1500**
    - The Billing NPI must always be provided in box 33a, the Qualifier and Billing PROMISE Medicaid Enrollment Number must be in box 33b.
  - **UB-04**
    - The Billing NPI must always be provided in box 56, the Qualifier and Billing PROMISE Medicaid Enrollment Number must be in box 57.
- **Qualifier** – The appropriate qualifier for a Medicaid Number is 1D (number one letter D)
  - **Attending Physician** - For Inpatient claims (UB-04) the Attending Physician's NPI, Qualifier and Medical License Number are required in box 76.
    - **Qualifier** – The appropriate qualifier for a Medical License Number is 0B (number zero letter B)
  - **Multiple CPT/Revenue codes** - Separate claim forms are required when billing different CPT or Revenue codes. Claims with multiple codes on the same form will be denied. Example: H2021EP and H0032HO cannot be on the same claim. *The only exceptions are Facility Lab fees and Family Based services.*

Please review this information carefully and contact your Provider Relations Representative with any questions or concerns.