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



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

May 2005

Mental Health Case Management Providers Found Guilty of Medicaid Fraud

The owner and an employee of A Better Way Rehab, a mental health case management agency, were indicted by a federal grand jury last year on 25 counts of Medicaid fraud and one count of conspiracy to defraud the government.

Owner Heidi McBride pleaded guilty in federal court to one count of conspiring to defraud the government and agreed to repay the government for the false claims.

On October 18, 2004, U.S. District Judge B. Lynn Winmill sentenced McBride to six months house arrest; placed her on probation for a period of five years; and ordered her to pay restitution of \$128,655.34.

Gary Goodman, an employee at A Better Way Rehab, pleaded not guilty and, after a five day trial, was found guilty of one count of conspiracy and 25 counts of health care fraud in connection with fraudulent billings. McBride testified as a government witness.

The Fraud Unit and the Surveillance and Utilization Review Unit (SUR) are dedicated to pursuing fraud and abuse in the Medicaid program.

On November 1, 2004, U.S. District Judge B. Lynn Winmill sentenced Goodman to 21 months in a federal Penitentiary; placed him on supervised release for 3 years; and ordered restitution of \$128,655.34.

The crime occurred when Goodman and McBride created false documentation and submitted false claims for services not provided. As part of the conspiracy, case management services were billed for their minor children and minor children of friends who they knew were not eligible for case management services. Progress notes were created to fraudulently document services that had not been provided or had not been provided in the manner and for the duration specified.

The two agencies investigating the case were the HHS Office of Inspector General: Office of Investigations and the Idaho Department of Health and Welfare: Surveillance and Utilization Review Unit.

The Fraud Unit and the Surveillance and Utilization Review Unit (SUR) are dedicated to pursuing fraud and abuse in the Medicaid program. Providers who alter, falsify and/or destroy records will be referred for possible prosecution.

For more information on Medicaid Provider Fraud, go to the Health and Welfare Web site at www.healthandwelfare.idaho.gov and select Reporting Fraud and Abuse from the help menu. Medicaid fraud and abuse can be reported by different methods. By telephone, call (208) 334-0675 or toll-free 1-866-635-7515. To mail a complaint, fill out a provider fraud complaint form found on the Fraud and Abuse website. Complaints can also be sent via e-mail to prvfraud@idhw.state.id.us.

Submitted by: Lori Stiles

Important Message: HIPAA Security Rule and E-mail

As you may know, the Health Insurance Portability and Accountability Act (HIPAA) Security Rule went into effect on April 20, 2005. Because e-mail service over the public internet is not considered secure, HIPAA rules discourage transmission of Protected Health Information (PHI) through e-mail. PHI is defined by the HIPAA Privacy Rule (Section 164.501) as individually identifiable health information and includes but is not limited to patient names, identification numbers, birthdates, dates of service and other information that could be used to identify an individual. If PHI is sent via e-mail, it should be in an attached, password protected file. EDS staff will no longer send PHI to providers via e-mail except in a protected file. Telephone, fax, and conventional mail are more acceptable alternatives to send and receive PHI if it is necessary to Conduct business. For purposes of e-mail correspondence, the use of an Internal Control Number (ICN) of a Medicaid claim BY ITSELF is not considered PHI.

Submitted by Paul Combs: EDS

REMINDER

To Physicians and mid-levels:

- ⇒ Any representation that a service provided by a nurse practitioner, nurse midwife, physical therapist, physician assistant, psychologist, social worker, or other non-physician professional as a physician service is prohibited.
- Non-physician services billed as physician services under the physician's provider number are subject to recoupment of the entire reimbursed amount.

Submitted by: Robbie Charlton: Bureau of Fraud and Investigations

DHW Phone Numbers Addresses

Web Sites

DHW Web sites

www.healthandwelfare.idaho.

Idaho Careline

211 (available throughout Idaho) (800) 926-2588

Provider Fraud and Utilization Review

P. O. Box 83720

Boise, ID 83720-0036

(866) 635-7515 (toll free) (208) 334-0675

E-mail:

~medicaidfraud&sur@idhw.state.id.us (note: begins with ~)

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) 455-7163

(208) 455-7244 (Spanish)

(800) 494-4133

Region IV - Boise

(208) 334-4676

(800) 354-2574

Region V - Twin Falls

(208) 736-4793

(800) 897-4929

Region VI - Pocatello

(208) 239-6260

(800) 284-7857

Region VII - Idaho Falls

(208) 528-5766

(208) 528-5786

(800) 919-9945

Spanish Speaking (statewide)

(800) 862-2147

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations

DME Specialist Bureau of Care Management PO Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free) Fax

(800) 352-6044 (att: DME Specialist)

PCG

P.O. Box 2894 Boise, ID 83701

(800) 873-5875 (208) 375-1132 Fax (208) 375-1134

Pharmacy

P.O. Box 83720 Boise, ID 83720-0036 (877) 200-5441 (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 Web site www.qualishealth.org/ idahomedicaid.htm

Transportation Prior Authorization Unit

(800) 296-0509 (208) 334-4990

Fax

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

Ambulance Review

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

Fax

(800) 359-2236 (208) 334-5242 March 15, 2005

MEDICAID INFORMATION RELEASE 2005-10

TO: Hospital Administrators

FROM: Leslie M. Clement, Acting Deputy Administrator

SUBJECT: NOTICE OF 2005 MEDICAID RATES FOR SWING-BED DAYS AND ADMINISTRATIVELY NECESSARY DAYS (AND)

Effective for dates-of-service on or after January 1, 2005, Medicaid will pay the following rates:

Swing-Bed Day \$182.01 Administratively Necessary Day (AND) \$147.81

If you have already billed for swing-bed days since 01/01/05, please submit corrected claim adjustments to EDS in order to receive reimbursement with the new rate listed above.

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Senior Financial Specialist for the Bureau of Medicaid Policy, at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

LC/sp/jr

April 4, 2005

MEDICAID INFORMATION RELEASE MA05-12

TO: Nursing Facilities

FROM: Leslie M. Clement, Acting Deputy Administrator

SUBJECT: EVALUATING NURSING FACILITY'S LOWER OF COSTS OR CHARGES

LIMITATION

The Department was asked by the Nursing Facilities PPS Oversight Committee to explain in further detail how nursing facilities can better manage the lower of cost or charges limitation in all quarters of the fiscal year. The following Information Release clarifies the calculation.

Each year, reimbursement rates are rebased effective July 1^{st.} This calculation of lower of costs or charges remains in effect for the entire rate period from July 1 through June 30. If a revision is made to your private pay rate during the rate period, please contact Myers and Stauffer at 208-378-1400 in order for them to consider your requested change in the following rate quarter.

To avoid the lower of costs or charge limitation, you would benefit from projecting the July 1 rate based on the cost report used to calculate the current rate and the highest (most conservative) acuity level anticipated. If you find that your customary charge is lower or close to this projected July 1st rate, you may want to consider increasing your customary charge to avoid the lower of cost or charge limitation for the entire rate period.

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Senior Financial Specialist for the Bureau of Medicaid Policy, at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

LC/sp/kl

April 1, 2005

MEDICAID INFORMATION RELEASE 2005-11

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and

Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: REPLACEMENT OF INFORMATION RELEASES 2004-14 & 2004-22:

New Preferred Agents' for Proton Pump Inhibitor and Triptan Drug

Classes

Drug/Drug Class:	Proton Pump Inhibitors, Triptans	
Implementation Date:	Effective for dates of service on or after April 1, 2005	

Idaho Medicaid is designating new preferred agents for the Proton Pump Inhibitor (PPI) and Triptan therapeutic classes as part of the Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. **Beginning April 1, 2005**, the preferred agents for the Proton Pump Inhibitors and Triptans drug classes are changing to the following:

Drug Class	Preferred Agent(s)	Non-preferred Agent(s)^
Proton Pump Inhibitors	Nexium® Prevacid® Prilosec OTC®	Aciphex® Omeprazole Prilosec® Protonix®
Triptans^^	Imitrex® Maxalt® Maxalt MLT® Relpax® Zomig® Zomig ZMT®	Amerge® Axert® Frova®

^Use of non-preferred agents must meet prior authorization requirements ^^ Use of any covered product may be subject to prior authorization for quantities or uses outside Food and Drug Administration (FDA) guidelines or indications.

To assist our providers with providing the right care at the right time with the right price, the Department is presenting the relative cost ranking of the preferred agents' net of all rebates in these classes. The Department requests that all Medicaid providers consider this ranking as a **secondary** factor when determining the most appropriate drug therapy for their patients.

(continued on page 5)

EDS Phone NumbersAddresses

MAVIS

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

EDS

Correspondence PO Box 23 Boise, ID 83707

Provider Enrollment P.O. Box 23 Boise, Idaho 83707

Medicaid Claims PO Box 23 Boise, ID 83707

PCS & ResHab Claims PO 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

EDS Phone Numbers Addresses

(continued from page 4)

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 Hoover 1720 Westgate Drive, # A Boise, ID 83704 jane.hoover@eds.com

jane.hoover@eds.con (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) 736-2116

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

Lowest to Highest Relative Cost (Cost to Medicaid after rebates)			
Proton Pump Inhil	Proton Pump Inhibitors		
Prilosec OTC® 100%			
Nexium®	200%		
Prevacid®	260%		
Protonix®	380%		
Aciphex®	540%		
Omeprazole 710%			
Prilosec	820%		
Triptans			
Zomig ZMT®	100%		
Axert®, Zomig®	110%		
Maxalt MLT®, Relpax®	130%		
Maxalt®, Imitrex®	160%		
Amerge®	180%		
Frova®	210%		

Point-of-service (POS) pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims. To assist in managing patients affected by these changes, Medicaid will send a separate mailing list to prescribing providers of their patients who are currently receiving therapy and whose claims for these drugs, will be affected.

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs, and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. Please watch for further Information Releases on the Medicaid Pharmacy Web site at www.medicaidpharmacy.idaho.gov.

A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at www.medicaidpharmacy.idaho.gov.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

RM/cb

Medic/Aide May 2005 5

May 1, 2005

MEDICAID INFORMATION RELEASE MA05-13

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: REPLACEMENT OF INFORMATION RELEASE 2004-35: New Prior Authorization

Criteria for Ace Inhibitors Drug Class

Drug/Drug Class:	ACE INHIBITORS
Implementation Date:	Effective for dates of service on or after June 1, 2005

Idaho Medicaid is designating new preferred agents for the ACE Inhibitor therapeutic drug class as part of the Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. Beginning June 1, 2005, the preferred agents for the ACE Inhibitor drug class are changing to the following:

EPAP Drug Class	Preferred Agent(s)	Non-prefe	erred Agents^
ACE INHIBITORS	Captopril (generic only) Captopril/HCTZ (generic only) Enalapril (generic only) Enalapril/HCTZ (generic only) Lisinopril (generic only) Lisinopril/HCTZ (generic only) Ramipril (Altace®)	Accupril® Accuretic® Benazepril Benazepril/HCTZ Capoten® Capozide® Fosinopril Fosinopril/HCTZ Lotensin® Lotensin/HCT® Monopril®	Perindopril (Aceon®) Prinivil® Prinzide® Quinapril Trandolapril (Mavik®) Univasc® Uniretic® Vaseretic® Vasotec® Zestoretic® Zestril®

^{*}Use of non-preferred agents must meet prior authorization requirements.

To assist our providers with providing the right care at the right time with the right price, the Department is presenting the relative cost ranking of the preferred agents' net of all rebates in this class. The Department requests that all Medicaid providers consider this ranking as a **secondary** factor when determining the most appropriate drug therapy for their patients.

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Lowest to Highest Relative Cost (Cost to Medicaid after rebates)		
ACE Inhibitor	s	
Captopril (Preferred Agent)	100%	
Enalapril Maleate (Preferred Agent)	130%	
Lisinopril (Preferred Agent)	250%	
Accupril	560%	
Aceon	810%	
Altace® (Preferred Agent)	900%	
Mavik [®]	1030%	
Moexipril	1120%	
Benazepril	1230%	
Zestril [®]	1380%	
Fosinopril	1400%	

Point-of-service pharmacy (POS) claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims. To assist in managing patients affected by these changes, Medicaid will send a separate mailing list to prescribing providers of their patients who are currently receiving therapy and whose claims for these drugs will be affected.

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative Drugs, and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. Please watch for further information releases on the Medicaid Pharmacy website at www.medicaidpharmacy.idaho.gov.

A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at www.medicaidpharmacy.idaho.gov.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

RM/cb

Medic/Aide May 2005 7

EDS P.O. Box 23 Boise, Idaho 83707

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





May Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following holiday:

Memorial Day Monday, May 30, 2005

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at: (800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Kathy Gillingham,
Division of Medicaid
Carol Semmens,

Publications Coordinator, EDS

If you have any comments or suggestions, please send them to:

GillingK@idhw.state.id.us

or

Kathy Gillingham DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911



An informational newsletter for Idaho Medicaid Providers

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

June 2005

In this issue:

- Service Coordination Updates
- Reminder—To All Medicaid Providers

Information Releases

- 2 MA05-20 Clarification of DD and EPSDT Service Coordinator and Paraprofessional Responsibilities
- 3 Medicaid Information Release 2005-14
- 4 Medicaid Information Release 2005-15
- 6 Medicaid Information Release 2005-16

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

Service Coordination Updates

Service coordination requirements previously outlined in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program" have been deleted. Rules for all service coordination are outlined exclusively in IDAPA 16.03.17, "Service Coordination." This should eliminate any confusion around which service coordination rule to follow.

Several changes to IDAPA 16.03.17, "Service Coordination" went into effect at the end of this legislative session. Substantive changes include:

- Clarification that all service coordinators and paraprofessionals must obtain a background check through the Department and comply with 16.05.06, "Rules Governing Mandatory Criminal Checks."
- Additional time to develop the service coordination plan. Service coordinators now
 have sixty (60) days from the time the participant selects the service coordination
 agency to develop a service coordination plan, except when working with adults with
 severe and persistent mental illness. In that case, the time to develop the plan
 remains thirty (30) days.
- Minimum face-to-face contact requirements are now outlined for all service coordination types. The minimum requirements are at least monthly for mental health service coordinators and at least every ninety (90) days for all other types.

Also, as a reminder, a participant is only eligible for one type of service coordination as outlined in 16.03.17.801. If the participant qualifies for more than one type, he must choose one. Service Coordinators should assure that participants they work with are not also receiving service coordination from another agency.

REMINDER

To All Medicaid Providers:

Every provider that bills Medicaid must generate documentation to support the services billed. This documentation must be retained for five (5) years from the date of service, as stated in the Idaho Medicaid Provider Agreement, and IDAPA 16.03.09.202.01.

—Submitted by the Payment Accuracy Measurement (PAM) Team

June 1, 2005

MEDICAID INFORMATION RELEASE MA05-20:

TO: **DD & EPSDT Service Coordination Agencies**

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: CLARIFICATION OF DD and EPSDT SERVICE COORDINATOR AND PARAPROFESSIONAL RESPONSIBILITIES

There has been some recent confusion regarding the use of Paraprofessionals to assist with implementation of the Service Coordination plan. Questions have centered on the contact requirements of the Service Coordinator outlined in IDAPA 16.03.17.500. Prior to implementation of this new Service Coordination chapter in March 2004. Paraprofessionals had been allowed to make the monthly visits and contacts as long as they were working under the supervision of a Service Coordinator. It was not the intent of this rule consolidation to change the standard of practice around use of Paraprofessionals in DD or EPSDT Service Coordination.

The Service Coordinator must:

- Conduct all assessments and evaluations
- Conduct all service plan development and service plan addenda
- Be identified as the Service Coordinator on the service coordination plan
- Supervise the Paraprofessional

All other service coordination tasks may be completed by the Paraprofessional. The agency must maintain documentation of the Service Coordinator's supervision of all services completed by the Paraprofessional to assure appropriate interaction and good outcomes for the participant. Additionally, the Service Coordination agency is responsible for supervision of all Service Coordinators and their Paraprofessionals including conducting regular internal quality assurance reviews to assure compliance with all components of IDAPA 16.03.17 "Service Coordination."

If you have questions regarding this information, please contact David Simnitt at 208-364-1992. We appreciate your continued participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK:

This Information Release does **not** replace information in your Idaho Medicaid Provider Handbook.

DHW Phone Numbers Addresses

Web Sites

DHW Websites

www.healthandwelfare.idaho. gov

Idaho Careline

211 (available throughout Idaho) (800) 926-2588

Provider Fraud and Utilization Review

P. O. Box 83720

Boise, ID 83720-0036

(866) 635-7515 (toll free) (208) 334-0675

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Region II - Lewiston

(208) 799-5088

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Region IV - Boise

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Region V - Twin Falls

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(208) 528-5786

(800) 919-9945

Spanish Speaking (statewide) (800) 862-2147

Prior Authorization Phone Numbers Addresses Web Sites

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DME Specialist Bureau of Care Management PO Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free) Fax (800) 352-6044

PCG

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

(att: DME Specialist)

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P.O. Box 83720 Boise, ID 83720-0036 (877) 200-5441 (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

Qualis Health Website www.qualishealth.org/ idahomedicaid.htm

Transportation Prior Authorization Unit

(800) 296-0509 (208) 334-4990

Fax

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

Ambulance Review

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

Fax

(800) 359-2236 (208) 334-5242 May 1, 2005

MEDICAID INFORMATION RELEASE 2005-14:

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-

Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: NEW PRIOR AUTHORIZATION CRITERIA FOR ANTIEPILEPTIC DRUG

CLASS

Drug/Drug Class: ANTIEPILEPTIC

Implementation Date: Effective for dates of service on or after June 1, 2005

Idaho Medicaid is not designating preferred agents for the Antiepileptic therapeutic drug class. Instead, the focus will be placed on **indication**. Use of antiepileptic drugs will require an **FDA approved indication** or an **indication supported by evidenced-based research**. For a list of antiepileptic agents and their approved indications please see the table below.

The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. **Beginning June 1, 2005**, the following Antiepileptic agents will require Prior Authorization for all indications **NOT** listed below:

EPAP DRUG CLASS	DRUG NAME	APPROVED INDICATIONS^
Antiepileptic	Keppra [®]	Seizures only
	Lamictal [®]	Seizures and Bipolar Disorder
	Neurontin [®]	Seizures and Neuropathic Pain
	Topamax [®]	Seizures and Migraines
	Trileptal [®]	Seizures and Bipolar Disorder
	Zonegran [®]	Seizures

^All other indications for these six (6) agents will require prior authorization.

Point-of-sale pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims.

To assist in managing patients affected by these changes, Medicaid will be sending prescribing providers, in a separate mailing, a list of their patients currently receiving therapy whose drug claims will be affected.

(Continued on page 4)

(Continued from page 3)

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. Please watch for further information releases on the Medicaid Pharmacy website at www.medicaidpharmacy.idaho.gov.

A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at www.medicaidpharmacy.idaho.gov.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

June 1, 2005

MEDICAID INFORMATION RELEASE 2005-15:

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-

Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: NEW PRIOR AUTHORIZATION CRITERIA FOR 2ND GENERATION

ANTIHISTAMINE DRUG CLASS

Drug/Drug Class: 2ND GENERATION ANTIHISTAMINES

Implementation Date: Effective for dates of service on or after June 1, 2005

Idaho Medicaid is designating preferred agents for the 2nd Generation Antihistamine therapeutic drug class as part of the Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. **Beginning June 1, 2005**, the preferred agents for the 2nd Generation Antihistamine drug class will be the following:

EPAP DRUG CLASS	PREFERRED AGENT(S)**	NON-PREFERRED AGENTS**^
2ND GENERATION ANTIHISTAMINE	Loratadine OTC Claritin® OTC	 Allegra[®] Allegra-D[®] Clarinex[®] Zyrtec[®] Zyrtec-D

^{**} Use of 2nd Generation Antihistamines must meet existing therapeutic prior authorization criteria.

(Continued on page 5)

EDS Phone Numbers Addresses

MAVIS

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

EDS

Correspondence PO Box 23 Boise, ID 83707

Provider Enrollment P.O. Box 23 Boise, Idaho 83707

Medicaid Claims PO Box 23 Boise, ID 83707

PCS & ResHab Claims PO 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

[^] Use of non-preferred agents must meet prior authorization requirements.

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 Hoover 1720 Westgate Drive, # A Boise, ID 83704

jane.hoover@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

(Continued from page 4)

To assist our providers with providing the right care at the right time with the right price, the Department is presenting the relative cost ranking of the preferred agents net of all rebates in this class. The Department requests that all Medicaid providers consider this ranking as a secondary factor when determining the most appropriate drug therapy for their patients.

Lowest to Highest Relative Cost (Cost to Medicaid after rebates)		
2ND GENERATION ANTI	HISTAMINE AGENTS	
Loratadine OTC	100%	
Claritin OTC	390%	
Clarinex	430%	
Zyrtec	440%	
Zyrtec-D	460%	
Allegra-D	640%	
Allegra	710%	

Point-of-sale pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims.

To assist in managing patients affected by these changes, Medicaid will be sending prescribing providers, in a separate mailing, a list of their patients currently receiving therapy whose drug claims will be affected.

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. Please watch for further information releases on the Medicaid Pharmacy website at www.medicaidpharmacy.idaho.gov.

A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at www.medicaidpharmacy.idaho.gov.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

Medic/Aide June 2005 5

May 1, 2005

MEDICAID INFORMATION RELEASE 2005-16:

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: NEW PRIOR AUTHORIZATION CRITERIA FOR 2ND GENERATION ANTIDEPRESSANT DRUG

CLASS

Drug/Drug Class: 2ND GENERATION ANTIDEPRESSANT

Implementation Date: Effective for dates of service on or after June 1, 2005

Idaho Medicaid is designating preferred agents for the 2nd Generation Antidepressant therapeutic drug class as part of the Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. **Beginning June 1, 2005**, the preferred agents for the 2nd Generation Antidepressant drug class will be the following:

EPAP DRUG CLASS	PREFERRED AGENT(S)**	NON-PREFERRED AGENTS**^
2ND GENERATION ANTIDEPRESSANTS	 Bupropion SR Bupropion HCL Citalopram Effexor® Effexor® XR Fluoxetine HCL Fluoxetine HCL Lexapro® Mirtazapine Nefazondone HCL Paroxetine HCL Paxil® CR Wellbutrin® XL Zoloft 	 Celexa[®] Luvox[®] Paxil[®] Prozac[®] Prozac[®] Weekly** Remeron[®] Serzone[®] Wellbutrin[®] SR

[^]Use of non-preferred agents must meet prior authorization requirements.

To assist our providers with providing the right care at the right time with the right price, the Department is presenting the relative cost ranking of the preferred agents net of all rebates in this class. The Department requests that all Medicaid providers consider this ranking as a **secondary** factor when determining the most appropriate drug therapy for their patients.

(Continued on page 7)

^{**} Subject to the rapeutic prior authorization requirements.

Continued from page 6)

Lowest to Highest Relative Cost (Cost to Medicaid after rebates)		
2ND GENERATION ANTIDEPRESSANT AGENTS		
Mirtazapine	100%	
Fluoxetine HCL	110%	
Paroxetine HCL	195%	
Lexaopro [®]	260%	
Paxil® CR	270%	
Effexor [®]	280%	
Wellbutrin® XL	300%	
Zoloft® / Citalopram	310%	
Paxil® / Celexa® (non preferred)	320%	
Bupropion HCL	330%	
Fluvoxamine Maleate	340%	
Effexor® XR	350%	
Nefazodone HCL / Prozac Weekly	360%	
Remeron® Soltabs (non preferred)	370%	
Wellbutrin [®] SR (non preferred)	420%	
Buproprion SR	430%	
Luvox® (non preferred)	470%	
Remeron® (non preferred)	488%	
Prozac [®] (non preferred)	640%	

Point-of-sale pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims.

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(Continued on page 8)

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EDS P.O. Box 23 Boise, Idaho 83707

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(Continued from page 7)

A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at www.medicaidpharmacy.idaho.gov.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Editor: Kathy Gillingham, Division of Medicaid

If you have any comments or suggestions, please send them to:

GillingK@idhw.state.id.us

or

Kathy Gillingham DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911







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

July 2005

In this issue:

- 1 Coming in August of 2005
- 1 Tip Identify the Version of Internet Explorer
- 5 A Gentle Reminder for Providers
- 6 Criminal History Pilot Project For Long Term Care Providers
- 6 New Criminal History Check Application System Coming Soon
- 7 Criminal History Check Training
- 8 July Regional Provider Workshops

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- 2 Medicaid Information Release MA05-18
- 3 Medicaid Information Release MA05-21
- 4 Medicaid Information Release MA05-23

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

Coming in August of 2005...

Idaho Medicaid will be mailing out a new version (4.0) of the Provider Electronic Software (PES). Providers using the PES software will now be able to submit their batch transactions through a Web based method. This will allow providers to submit their claims electronically with a cable modem, DSL modem, ISDN modem and local area network connections, while continuing to support the dial-up method. Only batch transactions will be available using the Web function. Interactive will still be transmitted through the dial-up method.

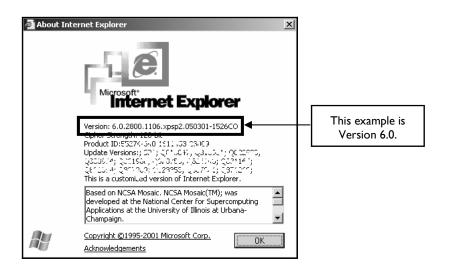
Providers will be required to have a PC running Windows 98 or higher, and have an Internet Service Provider (ISP) or access to an Internet connection. Providers will also need a minimum of Microsoft Internet Explorer 5.5 or higher.

Note: EDS is not able to provide support for upgrading Internet Explorer to meet the minimum specifications for running this version of PES.

► Tip

To identify the version of Internet Explorer installed on your computer:

- 1. Launch Internet Explorer.
- 2. Select Help.
- 3. Select About Internet Explorer.



June 1, 2005

MEDICAID INFORMATION RELEASE MA05-18

TO: Developmental Disability Agencies, DD Service Coordination Agencies,

Plan Developers

FROM: Randy May, Deputy Administrator

SUBJECT: CHANGES TO ADULT DEVELOPMENTAL THERAPY CODES

All adults on PCS and A&D waiver services using Developmental Therapy

All participants with Individual Support Plans (ISPs) authorized by Adult DD Care Management

Plans must include the following **new code(s)** for prior-authorization and claims processing for initial plans, annual plans and addendums to plans authorized on or after July 1, 2005:

Service	Old Code	New CPT or HCPCS Code	Description
Home/Community Individual Developmental Therapy	H2021	97537	Individual community and/or work reintegration training 1 unit = 15 minutes
Home/Community Group Developmental Therapy	H2021HQ	97537 HQ	Group community and/or work reintegration training 1 unit = 15 minutes
Center-based Individual Developmental Therapy	H2014	H2032	Individual activity therapy 1 unit = 15 minutes`
Center-based Group Developmental Therapy	H2014HQ	H2032 HQ	Group activity therapy 1 unit = 15 minutes

ISPs containing Developmental Therapy services authorized before July 1, 2005 are not affected by this change.

If you have any questions, please contact Jean Christensen at 208-364-1828 or by e-mail: jchristensen@idhw.state.id.us.

Thank you for your cooperation with using these new codes and for your continued participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release is a change to your Idaho Medicaid Provider Handbook in Section 3 - Developmental Disability Chapter, Rehabilitative and Health Related Services Guidelines Contents.

RM/mw

DHW Phone Numbers

Addresses

Web Sites

DHW Websites

www.healthandwelfare.idaho.

Idaho Careline

211 (available throughout Idaho) (800) 926-2588

Provider Fraud and Utilization Review

P. O. Box 83720

Boise, ID 83720-0036

(866) 635-7515 (toll free) (208) 334-0675

~medicaidfraud&sur@ idhw.state.id.us (note: begins with ~)

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) 455-7163

(208) 455-7244 (Spanish)

(800) 494-4133

Region IV - Boise (208) 334-4676

(800) 354-2574 Region V - Twin Falls

(208) 736-4793

(800) 897-4929

Region VI - Pocatello

(208) 239-6260

(800) 284-7857

Region VII - Idaho Falls

(208) 528-5766

(208) 528-5786

(800) 919-9945

Spanish Speaking (statewide) (800) 862-2147

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations

DME Specialist Bureau of Care Management PO Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free)

Fax (800) 352-6044

(att: DME Specialist)

PCG

P.O. Box 2894 Boise, ID 83701

(800) 873-5875 (208) 375-1132 Fax (208) 375-1134

Pharmacy

P.O. Box 83720 Boise, ID 83720-0036 (877) 200-5441 (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

Transportation Prior Authorization Unit

(800) 296-0509 (208) 334-4990

Fax

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

Ambulance Review

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

Fax

(800) 359-2236

(208) 334-5242

July 1, 2005

MEDICAID INFORMATION RELEASE MA05-21

TO: Home Health Providers

FROM: Leslie Clement, Deputy Administrator

SUBJECT: HOME HEALTH COST SETTLEMENT PROCESS

Due to Medicare's change in reimbursement methodology to a Prospective Payment System (PPS) for Home Health providers on October 1, 2000, the Department is clarifying how the Medicare payment caps are applied.

Once Medicare pays on a prospective basis and does not apply caps to payments, no Medicare cap limitation will be applied to the Medicaid payments on your Medicaid cost settlement reports.

If you have any questions concerning the information contained in this release, please contact Amanda Chapman, Myers & Stauffer, at (208) 378-1400.

Thank you for your continued participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release does **not** replace information in your Idaho Medicaid Provider Handbook.

LC/sp

JULY REGIONAL PROVIDER WORKSHOPS

EDS Provider Relations Consultants in each region continue to offer a 2-hour Provider workshop every two months. The next workshop is scheduled for Tuesday, July 12, 2005, from 2 to 4 pm, with the exception of Region I, which will be held on Tuesday, July 5, 2005, from 2 to 4 pm. Topics include general Medicaid billing, provider resources and PES software. Please pre-register with your local Provider Relations Consultant. You can find Consultant contact information in this newsletter on page 2.

May 26, 2005

MEDICAID INFORMATION RELEASE MA05-23

TO: All Personal Care Service (PCS) Providers and School Districts Providing

Medicaid Services

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: NEW PCS PAYMENT RATES EFFECTIVE JULY 1, 2005

Effective July 1, 2005, Medicaid will make some changes to its reimbursement rates for Personal Assistance Services (personal care and attendant services). As required by Idaho Code and IDAPA 16.03.09.148, the Department conducted a salary survey to calculate the new rates. The maximum allowable amounts are based on wages and salaries paid for comparable positions within nursing facilities and intermediate care facilities for the mentally retarded (ICFs/MR).

Services provided on or before June 30, 2005 must be billed separately from services provided on or after July 1, 2005. There may be an error in your payment if you do not use separate claim forms.

The new rates are listed below by procedure code:

SUPERVISORY RN CODES:

G9002	Coordinated Care Fee – Maintenance Rate (Agency)	\$ 69.93/visit
G9001	Coordinated Care Fee – Initial (School)	\$ 69.93/plan
T1001	Nursing Assessment/Evaluation (Agency)	\$ 34.08/visit
T1001	Nursing Assessment/Evaluation (School)	\$ 34.08/visit

SUPERVISORY QMRP CODES:

G9001	Coordinated Care Fee – Initial (Agency)	\$ 89.53/visit
H2020	Therapeutic Behavioral Services (Agency)	\$ 29.84/day

PERSONAL ASSISTANCE SERVICE PROVIDER CODES:

Agency Providers

T1019	Personal Care	\$ 3.49/15 min. unit
T1004	Services of a Qualified Nursing Aide	\$ 3.49/15 min. unit
S5145	Foster Care, Therapeutic - Child	\$ 72.67/day
S5145 HQ ¹	Foster Care, Therapeutic – Group	\$ 62.43/day per client

Independent Provider's Home (no withholding)

S5145 Foster Care, Therapeutic – Child \$69.46/day

(Children under Early and Periodic Screening, Diagnosis,

and Treatment (EPSDT) Program only)

S5145 HQ¹ Foster Care, Therapeutic – Group \$51.02/day per client

(Children under EPSDT Program only)

(Continued on page 5)

EDS Phone NumbersAddresses

MAVIS

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

EDS

Correspondence PO Box 23 Boise, ID 83707

Provider Enrollment P.O. Box 23 Boise, Idaho 83707

Medicaid Claims PO Box 23 Boise, ID 83707

PCS & ResHab Claims PO 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

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1 Prudie Teal 1120 Ironwood Dr., # 102 Coeur d'Alene, ID 83814

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Region 7 Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

ellen.kiester@eds.com (208) 528-5728 Fax (208) 528-5756 (Continued from Page 4)

HOME AND COMMUNITY BASED SERVICES:

S5125 U2¹ Attendant Care Services \$ 3.49/15 min. unit

T1001 U2¹ Nursing Assessment/Evaluation (Agency) \$ 34.08

OTHER:

S5140-U2 Adult Residential Care

** For Certified Family Homes and Residential and Assisted Living Facilities that bill this code, you will receive a letter notifying you of the new rate for each participant. If you do not receive a letter for a participant living in your facility, please notify your local Regional Medicaid Services unit. *Approval of service* by the Regional Medicaid Services unit *is still required* prior to delivery of service.

Reminder

Per IDAPA 16.03.09.146.02.b. "All PCS must be provided under the order of a licensed physician or authorized provider."

If you have questions about this process, please contact your Regional Medicaid Services office. Thank you for your participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK:

This information release does **not** replace information in your Idaho Medicaid Provider Handbook.

LC/sp

A GENTLE REMINDER FOR PROVIDERS

Providers who bill for Medicaid services must accept payment from Medicaid as payment in full. Providers may not request additional payments from clients if the service was Medicaid approved.

"Most providers are very good about only submitting a bill at the Medicaid payment rate for the service, but now and then we find that additional 'balance' bills are sent to clients," says Deputy Medicaid Administrator Randy May.

Federal and state regulations prohibit any additional billing beyond what the Medicaid rate is for a particular service. "Balance billing is usually just a mistake," says May. "Providers generally do a pretty good job of billing, but now and then things just slip through the cracks."

The bottom line: providers must accept payment from Medicaid as payment in full if the bill is for a Medicaid service.

If the provider is performing a service for a Medicaid client that is not covered by Medicaid, then the provider should (preferably in writing) let the client know prior to the delivery of the service that the service is not covered and that the client is responsible for the payment. Also, if the participant has other insurance and the service is submitted to Medicaid for payment, the provider must bill the third party insurance first. Medicaid will pay the balance based on the Medicaid payment rate.

Medic/Aide July 2005 5

Criminal History Pilot Project For Long Term Care Providers

Idaho was selected by the Centers for Medicare and Medicaid Services (CMS) to be one of seven states to participate in a federal pilot project to conduct criminal history background checks on those who have direct access to individuals in long term care settings. The pilot project will run through September 30, 2007, and will require the Department's background checks on employees and contractors of long term care facilities or providers who have direct access to patients or residents. These settings include nursing homes, intermediate care facilities for the mentally retarded (ICFs/MR), residential or assisted living facilities, home health and hospice providers.

The 2005 legislature passed legislation authorizing the Department to participate in the pilot project. This legislation mandates the long term care providers to require all direct patient access employees and contractors to have a criminal history and background check. The background check will be conducted by the Department's Criminal History Unit and is a ten rolled fingerprint check of state and national records, to include available registries. The Department is currently working on rules for the pilot project which will require the background checks for those hitele-contracted-with-after-October 1, 2005. Existing employees or contractors will not have to have the background check. The costs of the background checks will be paid for by a federal grant so there will be no fees for those long term care providers who are required to participate in the pilot project.



New Criminal History Check Application System Coming Soon

Due to the increase in applications with the new pilot project, the Department is building a new-web based system to help facilitate submitting and processing criminal history check applications. The new system will allow applicants to go online and fill out a self-declaration and schedule a fingerprint appointment at one of the many fingerprint locations. An applicant or employer will have the ability to go to the web site and check on the status of their background check and print the clearance letters. The new system is scheduled to be implemented by August 1, 2005. Once the system is implemented, the pilot providers may voluntarily submit background check applications for new employees or contractors.

Criminal History Check Training

The Department will conduct statewide training to answer questions and provide information relating to the criminal history check system and pilot program. It will provide training on submitting applications in the new web based system. Training will begin July 18, 2005. See below for the nearest training locations and dates.

For updated information relating to the Department's criminal history check process, the pilot project or system implementation dates, you may visit the criminal history web site at **www.chu.dhw.idaho.gov**.

City	Date	Session Times	Address
Boise	Friday, July 22	10am-12pm;	Department of Health & Welfare - Reg 4
		2-4 pm;	Room 119
		5:30-7:30pm	1720 Westgate Drive, Suite D
			Boise, ID
Burley	Thursday, July 28	10am-12pm;	Best Western
		2-4 pm;	Cassia/Patio Room
		5:30-7:30pm	800 N. Overland Avenue
			Burley, ID
Caldwell	Monday, July 18	10am-12pm;	Department of Health & Welfare - Reg 3
		2-4 pm;	Grand Teton/Sawtooth Room
		5:30-7:30pm	3402 Franklin Road
			Caldwell, ID
Idaho Falls	Tuesday, July 26	10am-12pm;	Shilo Inn - O'Callahan's Convention Ctr
		2-4 pm;	Yellowstone Room
		5:30-7:30pm	780 Lindsay Blvd
			Idaho Falls, ID
Lewiston	Tuesday, August 2	10am-12pm;	Red Lion
		2-4 pm;	Port Five Room
		5:30-7:30pm	621 21st Street
			Lewiston, ID
Pocatello	Wednesday, July 27	10am-12pm;	Ameritel Inn
		2-4 pm	Pebble Creek Room
			1440 Bench Road
			Pocatello, ID
Post Falls	Wednesday, August 3	10am-12pm;	Red Lion Templin's Resort
		2-4 pm;	Osprey-Heron Room
		5:30-7:30pm	414 E. First Avenue
			Post Falls, ID

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EDS P.O. Box 23 Boise, Idaho 83707

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July Office Closures

The Department of Health and Welfare and EDS offices will be closed for the following holiday:

Monday, July 4, 2005

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at: (800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Editor: Kathy Gillingham, Division of Medicaid

If you have any comments or suggestions, please send them to:

GillingK@idhw.state.id.us

or

Kathy Gillingham DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911





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

August 2005

In this issue:

- 1 Date Spanning
- 4 Hints and Tips
- 9 Timely Filing Requirements
- 9 Electronic HIPAA 835 Remittance Advices
- 12 New Version of Provider Electronic Solutions (PES) Software

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- Medicaid Information Release 2005-25
- 6 Medicaid Information Release 2005-26
- 7 Medicaid Information Release 2005-27
- 8 Medicaid Information Release 2005-28
- **10** Medicaid Information Release 2005-29
- **11** Medicaid Information Release 2005-30

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

Date Spanning

It has come to our attention that there are inconsistencies in the way providers are billing in regard to date spanning. This is a reminder of the correct way to bill Idaho Medicaid when date spanning.

Dates of service must be within the Sunday through Saturday calendar week on a single detail line on the claim. The calendar week begins at 12:00 am on Sunday and ends at 11:59 pm on Saturday. Consecutive dates of service that fall in one calendar week (Sunday through Saturday) can be billed on one claim detail line. When date spanning, the service must have been provided for every day in the span.

EXAMPLE 1: Services are provided to the client on Wednesday, December 14, 2004, and Friday, December 16, 2004. Enter each date on a separate line.

Dates of Service	Procedure Code	Charges	Days/Units
12/14/2004-12/14/2004	xxxxx	\$xxx.xx	X
12/16/2004-12/16/2004	xxxxx	\$xxx.xx	Х

EXAMPLE 2: Services are provided to the client every day from Sunday, December 12, 2004 to Saturday, December 18, 2004. Date spanning is allowed since services were provided to the client every day of that week.

Dates of Service	Procedure Code	Charges	Days/Units
12/12/2004-12/18/2004	xxxxx	\$xxx.xx	Х

EXAMPLE 3: Services are provided to the client every day from Friday, December 10, 2004 to Tuesday, December 14, 2004. Enter the date of service December 10, 2004 to December 11, 2004 on the first detail line; enter the date of service December 12, 2004 to December 14, 2004 on the second detail line.

Dates of Service	Procedure Code	Charges	Days/Units
12/10/2004-12/11/2004	xxxxx	\$xxx.xx	Х
12/12/2004-12/14/2004	xxxxx	\$xxx.xx	Х

We appreciate your continued participation in the Medicaid program. If you have questions concerning billing for these services, please call EDS at 1-800-685-3757 or in the Boise area 383-4310.

July 6, 2005

MEDICAID INFORMATION RELEASE 2005-17

TO: All Hospital-Based Ambulance Service Providers

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: CHANGES IN REIMBURSEMENT METHODOLOGY FOR HOSPITAL-

BASED AMBULANCE SERVICES

Medicaid will change to a fee-for-service reimbursement methodology for hospital-based ambulance services, **effective for claims with dates of service on or after 8/1/2005**. These changes comply with rule Docket 16-0309-0405 that was approved by the 2005 Legislature. A copy of this rule docket is available online at:

http://www2.state.id.us/adm/adminrules/bulletin/bul/04octvol2.pdf (see pages 44 to 49).

Reimbursement changes for hospital-based ambulance services provided on and after August 1, 2005:

- The initial fee schedule used will be each hospital's Usual and Customary charges multiplied by their outpatient hospital reimbursement percentage. The Usual and Customary ambulance service charges used will be those that were previously submitted by each hospital as requested by Medicaid. This interim fee schedule for each hospital will be used until the Department can develop a common fee schedule for all ambulance service providers.
- Hospital-based providers should not expect a change in the *initial* amount of Medicaid reimbursement for ambulance services if they bill their *Usual and Customary* charges. Medicaid's reimbursement will be considered final reimbursement under the new feefor-service methodology and will not be subject to the cost-settlement process.
- These changes will have no impact on current billing procedures. Please continue to bill as usual.

If you have questions regarding the information in this notice, please contact Arla Farmer at **farmera@idhw.state.id.us**, or by phone at (208) 364-1958.

Thank you for your continued participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release does not replace information in your Idaho Medicaid Provider Handbook.

LMC/amf

DHW Phone Numbers

Addresses

Web Sites

DHW Websites

www.healthandwelfare.idaho. gov

Idaho Careline

211 (available throughout Idaho) (800) 926-2588

Provider Fraud and Utilization Review

P. O. Box 83720

Boise, ID 83720-0036

(866) 635-7515 (toll free)

(208) 334-0675

Email:

~medicaidfraud&sur@ idhw.state.id.us (note: begins with ~)

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) 455-7163

(208) 455-7244 (Spanish)

(800) 494-4133

Region IV - Boise

(208) 334-4676

(800) 354-2574

Region V - Twin Falls

(208) 736-4793

(800) 897-4929

Region VI - Pocatello

(208) 239-6260

(800) 284-7857

Region VII - Idaho Falls

(208) 528-5766

(208) 528-5786

(800) 919-9945

Spanish Speaking (statewide) (800) 862-2147

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations

DME Specialist Bureau of Care Management PO Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free) Fax (800) 352-6044

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

(att: DME Specialist)

Pharmacy P.O. Box 83720 Boise, ID 83720-0036 (877) 200-5441 (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

Transportation Prior Authorization Unit

(800) 296-0509 (208) 334-4990 Fax

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

Ambulance Review

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

Fax (800) 359-2236 (208) 334-5242 June 22, 2005

MEDICAID INFORMATION RELEASE MA05-22

TO: Physicians, Mid-level Practitioners, and Hospitals

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: CHANGE IN MEDICAID COVERAGE FOR MALE CIRCUMCISION

Effective with dates of service on or after 8/1/2005, Medicaid will only cover male circumcisions which are *medically necessary*. Circumcisions performed for religious or cultural preferences will not be covered.

How to bill Medicaid for medically necessary circumcisions:

Claims billed with CPT (Current Procedural Terminology) circumcision codes **54150**, **54152**, **54160** and **54161**, and related charges such as medications, supplies, equipment, and treatment rooms will require the provider to include documentation of medical necessity. Documentation may be a note in the comments field of the claim, or an attachment to the claim.

• Medically necessary circumcisions do not require Prior Authorization:

Valid diagnoses indicating medical necessity for a circumcision include recurrent balanoposthitis, recurrent urinary tract or localized infections, recurrent lesions, trauma, or malignancy.

If a client has a different diagnosis than those listed above and the provider wants approval from Medicaid prior to performing the circumcision, the provider may submit a *Request for Prior Authorization* following the procedures in the Medicaid Provider Handbook, General Billing Section 2.3, that is available online at: http://www.healthandwelfare.idaho.gov/Portals/ Rainbow/Documents/medical/

s2_gen_billing.pdf. The Prior Authorization form is available online at:
http://www.healthandwelfare.idaho.gov/Portals/_Rainbow/Documents/medical/s6d forms.pdf.

Requests for Prior Authorization should be sent to:

Division of Medicaid EPSDT Coordinator Bureau of Care Management P.O. Box 83720 Boise, ID 83720-0036 FAX: (208) 364-1864

Phone: (208) 364-1842

 Billing the parent(s) or responsible party for circumcisions performed on or after August 1, 2005:

A provider may bill the parent(s) or responsible party directly for the charges related to the circumcision *if* the provider informs the parent(s) or responsible party, *before the procedure is performed*, that Medicaid will not cover routine circumcisions. For additional information about Medicaid Non-Covered Services please refer to General Section 1.3.3.1 of the Medicaid Provider Handbook, which is available on line at: http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/s1 gen info.pdf.

(Continued on page 4)

(Continued from page 3, IR MA05-22)

It is not necessary to obtain a denial from Medicaid before billing the parent(s) or responsible party for routine circumcisions. Billing Medicaid for non-covered routine circumcisions will cause your entire claim to pend for manual review, causing an unnecessary delay in processing.

If you have questions concerning this Information Release, please contact Ms. Arla Farmer, Bureau of Medicaid Policy, at (208) 364-1958 or by FAX at (208) 334-2465.

Thank you for your participation in the Medicaid program.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release changes information in the Physician/Osteopath Section 3.2.5 of the Idaho Medicaid Provider Handbook, available online at:

http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/ s3_004_005_physician.pdf and the Hospital Section 3.6.2 of the Idaho Medicaid Provider Handbook, available online at:

http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/s3 001 hospital.pdf.

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## **Hints and Tips**

#### Laboratory Billing Using Modifier 91 – (Repeat Clinical Diagnostic Laboratory Test)

Modifier 91 may be used when it is necessary to repeat the same laboratory test *on the same day* to obtain subsequent test results. *The units on each line of your claim billed with modifier 91 must be equal to the units billed for the initial test.* If these units are not equal, the claim will be denied with Explanation of Benefit (EOB) code 900 – quantity/units billed are invalid.

**Example A:** A physician orders 1 serum potassium test (84132), then initiates potassium replacement therapy, and orders subsequent tests (1 unit each) the same day until the patient's potassium levels are normal. One unit of 84132 should be billed for the first test, and each repeat unit of 84132 should be billed on a *separate* line, 1 unit each, with modifier 91.

**Example B:** Three units of a laboratory test are performed initially, followed by 3 units later the same day. Three units of the test should be billed for the first series, and each repeat series of 3 tests should be billed on a *separate* line, 3 units each, with modifier 91.

**Note:** Modifier 91 may **not** be used when tests are rerun to confirm initial results (for example, due to testing problems with specimens or equipment) or for any other reason when a normal, one-time reportable result is all that is required. Additionally, this modifier may not be used for any other codes that describe a series of test results (for example, glucose tolerance tests).

**EDS Phone Numbers Addresses** 

**MAVIS** 

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

EDS Correspondence PO Box 23 Boise. ID 83707

Provider Enrollment P.O. Box 23 Boise, Idaho 83707

Medicaid Claims PO Box 23 Boise, ID 83707

PCS & ResHab Claims PO 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

## EDS Phone Numbers Addresses

July 1, 2005

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 Hoover 1720 Westgate Drive, # A Boise, ID 83704

jane.hoover@eds.com (208) 334-0842 Fax (208) 334-0953

Region 5 Penny Schell 601 Poleline, Suite 3 Twin Falls, ID 83303 penny.schell@eds.co

penny.schell@eds.com (208) 736-2143 Fax (208) 678-1263

Region 6 Janice Curtis 1070 Hilline 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

**MEDICAID INFORMATION RELEASE 2005-25** 

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term

Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: PRIOR AUTHORIZATION CRITERIA FOR INHALED BETA-2 AGONIST

**DRUG CLASS** 

**Drug/Drug Class: INHALED BETA-2 AGONISTS** 

Implementation Date: Effective for dates of service on or after August 1, 2005

Idaho Medicaid is designating preferred agents for the Inhaled Beta-2 Agonist therapeutic drug class as part of the Enhanced Prior Authorization Program. Beginning August 1, 2005, the preferred agents for the Inhaled Beta-2 Agonist drug class will be the following:

PREFERRED AGENT(S)	NON-PREFERRED AGENTS^
Albuterol	Acceneb [®]
Formoterol (Foradil®)	Alupent [®]
Salmetrol (Serevent®)	Maxair [®] Autohaler
Serevent® Diskus	Metaproterenol Sulfate
	• Xopenex [®]

[^] Use of non-preferred agents must meet prior authorization requirements.

The Department requests that providers use the following relative cost ranking table as a *secondary* factor when determining the most appropriate drug therapy for their patients.

Lowest to Highest Relative Cost (Cost to Medicaid after Rebates)		
Short Acting Agents	Albuterol	100%
	Alupent [®]	330%
	Maxair [®] Autohaler	410%
	Metaproterenol Sulfate	510%
	Accuneb [®]	900%
	Xopenex [®] soln	970%
Long Acting Agents	Serevent [®]	1040%
	Serevent [®] Diskus	1130%
	Foradil [®]	1150%

Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829. A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at **www.medicaidpharmacy.idaho.gov**.

Thank you for your continued participation in the Idaho Medicaid program.

#### **IDAHO MEDICAID PROVIDER HANDBOOK**

This Information Release does not replace information in your Idaho Medicaid Provider Handbook. RM/cb

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: PRIOR AUTHORIZATION CRITERIA FOR INHALED CORTICOSTEROID DRUG CLASS

Drug/Drug Class: INHALED CORTICOSTEROIDS

Implementation Date: Effective for dates of service on or after August 1, 2005

Idaho Medicaid is designating preferred agents for the Inhaled Corticosteroid therapeutic drug class as part of the Enhanced Prior Authorization Program. Beginning August 1, 2005, the preferred agents for the Inhaled Corticosteroid drug class will be the following:

PREFERRED AGENT(S)	NON-PREFERRED AGENTS [^]
Flovent®	Aerobid [®]
Flovent® Rotadisk	Aerobid-M [®]
Pulmicort®	Azmacort®
	Qvar [®]

[^] Use of non-preferred agents must meet prior authorization requirements.

For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864.

To assist in managing patients affected by these changes, Medicaid will be sending in a separate mailing to prescribing providers, a list of their patients currently receiving therapy whose drug claims will be affected.

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and secondarily on cost.

Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at **www.medicaidpharmacy.idaho.gov**.

Thank you for your continued participation in the Idaho Medicaid program.

#### **IDAHO MEDICAID PROVIDER HANDBOOK**

This Information Release does not replace information in your Idaho Medicaid Provider Handbook.

RM/cb

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: PRIOR AUTHORIZATION CRITERIA FOR LEUKOTRIENE DRUG CLASS

**Drug/Drug Class: LEUKOTRIENES** 

Implementation Date: Effective for dates of service on or after August 1, 2005

Idaho Medicaid is designating preferred agents and therapeutic criteria for the Leukotriene therapeutic drug class as part of the Enhanced Prior Authorization Program. Beginning August 1, 2005, the preferred agents for the Leukotriene drug class will be the following:

	PREFERRED AGENT(S)*	NON-PREFERRED AGENTS*
•	Accolate [®]	None as of 8/1/2005
•	Singulair [®]	

^{*} Use of any Leukotriene must meet therapeutic prior authorization criteria.

To meet the therapeutic requirements the patient must have an asthma or allergic rhinitis diagnosis. Individuals over age 16 with an asthma diagnosis must also show documented concurrent use or failure of an Inhaled Corticosteroid.

The Department requests that providers use the relative cost ranking table below as a secondary factor when determining the most appropriate drug therapy for their patients.

Lowest to Highest Relative Cost (Cost to Medicaid after Rebates)		
Accolate [®]	100%	
Singulair [®]	130%	

Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829. A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at **www.medicaidpharmacy.idaho.gov**.

Thank you for your continued participation in the Idaho Medicaid program.

#### **IDAHO MEDICAID PROVIDER HANDBOOK**

This Information Release does not replace information in your Idaho Medicaid Provider handbook.

RM/cb

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: Replacing information in IR 2004-46 for this drug class only: NEW PREFERRED AGENTS FOR

**URINARY INCONTINENCE DRUG CLASS** 

**Drug/Drug Class: URINARY INCONTINENCE** 

Implementation Date: Effective for dates of service on or after August 1, 2005

Idaho Medicaid is designating new preferred agents for the Urinary Incontinence therapeutic drug class as part of the Enhanced Prior Authorization Program. Beginning August 1, 2005, the preferred agents for the Urinary Incontinence drug class will be the following:

PREFERRED AGENT(S)	NON-PREFERRED AGENTS^
Detrol LA®	• Detrol [®]
Enablex®	<ul> <li>Ditropan[®]</li> <li>Ditropan XL[®]</li> <li>Flavoxate[®]</li> </ul>
Oxybutynin	Ditropan XL [®]
Oxytrol®	Flavoxate [®]
Sanctura®	• Vesicare®

[^] Use of non-preferred agents must meet prior authorization requirements.

The Department requests that providers use the following relative cost ranking table as a secondary factor when determining the most appropriate drug therapy for their patients.

Lowest to Highest Relative Cost (Cost to Medicaid after Rebates)		
Oxybutynin	100%	
Ditropan [®]	800%	
Sanctura®	1120%	
Detrol LA®	1440%	
Detrol [®]	1530%	
Enablex [®]	1540%	
Oxytrol [®]	1580%	
Vesicare [®]	1620%	
Flavoxate®	1930%	
Ditropan XL [®]	1940%	

(continued on page 9)

(Continued from page 8, IR 2005-28)

Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829. A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at **www.medicaidpharmacy.idaho.gov**.

#### **IDAHO MEDICAID PROVIDER HANDBOOK**

This Information Release does not replace information in your Idaho Medicaid Handbook.

RM/cb

## Timely Filing Requirements Clarification for Retroactive Eligibility

The timely filing of Medicaid claims is guided by one basic rule: bill all claims within one year of the date of service. The only exception to this requirement is for Medicare crossover claims. If a claim for payment under Medicare has been filed in a timely manner, Medicaid will consider claims for payment within six months of the date of payment or date of the EOB for the Medicare claim.

This is in keeping with the recent clarification by the Centers for Medicare & Medicaid Services (CMS) of Federal Regulation 42 CFR 447.45(d)(1). This regulation states that Medicaid agencies must require providers to submit all claims no later than twelve months from the date of service. As a result of this clarification, the Idaho Medicaid program clarified its guidelines regarding timely filling for claims received on or after January 15, 2005.

Except for Medicare crossover claims, all claims must be submitted within twelve (12) months of the date of service, *including when the client receives retroactive eligibility*. If a claim for payment under Medicare has been filed in a timely manner, Medicaid will consider claims for payment within six months of the date of the Medicare payment or date of the EOB of the Medicare claim.

#### Previous exceptions to the timeliness requirement for retroactive eligibility no longer apply.

It is suggested that providers bill Medicaid for a client who is not currently Medicaid eligible but has applied for, or may possibly apply for Medicaid benefits. These claims can be billed using the client's Social Security Number (SSN). Medicaid will deny the claim because the client does not have an active eligibility status, but the provider will have established their placeholder for timeliness. The provider may then resubmit the claim to receive payment for covered services after the client is accepted into the Medicaid program.

When resubmitting a claim, the internal control number (ICN) of the original claim must be documented in the comments field on all electronic or paper resubmissions in order to prove the timeliness requirement has been met. If the ICN of the original claim is not on the resubmitted claim, the claim will be denied, even if it was originally billed timely.

**Reminder:** providers who fail to bill timely and have their claims denied for this reason cannot pursue collection actions against the client.

Details about timely filing requirements were published in previous MedicAide newsletters. To see the complete text of Information Release MA04-59, see the January, February, or March 2005 MedicAide newsletter. The information release and newsletters are available at **www.healthandwelfare.idaho.gov**. Follow the links to *Medicaid Provider Information* and choose either *Information Releases* or *Newsletters*.

### **Electronic HIPAA 835 Remittance Advices**

An electronic HIPAA-formatted 835 Remittance Advice (ERA) is available to Idaho providers. However, not all software vendors are able to support a HIPAA-formatted 835 ERA transaction. Idaho Medicaid's Provider Electronic Solution (PES) software is not currently able to support this transaction.

When considering an ERA keep in mind that the ERA displays only finalized claims, those paid or denied. Pended claims can only be viewed on a paper Remittance Advice.

For inquiries on how to receive an ERA, contact EDS at (800) 685-3757 and ask for Technical Support.

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: PRIOR AUTHORIZATION CRITERIA FOR ALZHEIMER'S DRUG CLASS

Drug/Drug Class: ALZHEIMER'S AGENTS

Implementation Date: Effective for dates of service on or after August 1, 2005

Idaho Medicaid is designating preferred agents and therapeutic criteria for the Alzheimer's drug class as part of the Enhanced Prior Authorization Program. Beginning August 1, 2005, the preferred agents for the Alzheimer's drug class will be the following:

PREFERRED AGENT(S)	NON-PREFERRED AGENTS^
Aricept®     (For mild to moderate dementia ratings.)      Namenda®	Cognex [®] Exelon [®] Reminyl [®] / Razadyne [™]
(For moderate to severe dementia ratings)	1 Reminy / Razadyne

[^] Use of non-preferred agents must meet additional prior authorization requirements.

#### Therapeutic Criteria

- Alzheimer's agent use will be limited to individuals with an approved dementia diagnosis.
- Alzheimer's agent use will require the use and documentation of an objective dementia rating scale such as the Mini-Mental State Examination (MMSE).
- Individuals with an approved diagnosis who are currently stable on their medication will not be required to transition
  to a preferred agent.

The Department requests that providers use the following relative cost ranking table as a secondary factor when determining the most appropriate drug therapy for their patients.

Lowest to Highest Relative Cost (Cost to Medicaid after Rebates)	
Namenda [®]	100%
Aricept [®]	110%
Reminyl [®] / Razadyne™	130%
Exelon [®]	140%

Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at **www.medicaidpharmacy.idaho.gov**.

#### **IDAHO MEDICAID PROVIDER HANDBOOK**

This Information Release does not replace information in your Idaho Medicaid Handbook.

RM/cb

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: Replacing information in IR 2005-11 for this drug class only: NEW PRIOR AUTHORIZATION CRITE-

**RIA FOR PROTON PUMP INHIBITOR DRUG CLASS** 

Drug/Drug Class: PROTON PUMP INHIBITOR

Implementation Date: Effective for dates of service on or after August 1, 2005

Idaho Medicaid is adopting **therapeutic criteria** for the Proton Pump Inhibitor therapeutic drug class as part of the Enhanced Prior Authorization Program. Beginning August 1, 2005, all agents for the Proton Pump Inhibitor drug class will be subject to the following **therapeutic criteria**:

Proton pump inhibitors are authorized for eligible clients that meet at least one of the following criteria:

- Have a diagnosis of Zollinger-Ellison Syndrome, mastocytosis, esophageal reflux disease and/or esophagitis, or acute peptic ulcer treatment in H. pylori positive patients.
- Have a history of or current diagnosis of gastrointestinal complications including gastrointestinal bleeding, perforation, complicated peptic ulcer disease, gastrointestinal organ cancer or concurrent pancreatic enzyme co-therapy in Cystic Fibrosis patients.
- Currently using a non-COX-2 NSAID co-therapy with a peptic ulcer disease or gastrointestinal bleed history or concurrent use of warfarin or corticosteroids.
- Client is 18 years of age or younger.

Preferred Agents for the Proton Pump Inhibitor drug class are unchanged. The preferred agents are:

PREFERRED AGENT(S)*	NON-PREFERRED AGENTS*
Nexium [®]	Aciphex [®]
Prevacid [®]	Omeprazole
Prilosec OTC®	• Prilosec [®]
	Protonix [®]

^{*} Use of any Proton Pump Inhibitor must meet therapeutic and preferred agent prior authorization criteria.

Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829. A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at **www.medicaidpharmacy.idaho.gov**.

#### **IDAHO MEDICAID PROVIDER HANDBOOK**

This Information Release does not replace information in your Idaho Medicaid Handbook.

RM/cb

EDS P.O. Box 23 Boise, Idaho 83707

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## New Version of Provider Electronic Solutions (PES) Software

In August all active providers will receive the new Idaho Medicaid Provider Resources CD. It contains a new version (4.0) of the Provider Electronic Solutions (PES) software.

The new PES 4.0 software version allows you to submit transactions through a web-based option. This means that providers with a cable modem, DSL modem, ISDN modem or a local area network (LAN) connection will now be able to submit claims via the web. Utilizing the web option, you will be able to submit batch transactions.

We will continue to support dial-up transactions for providers that do not use web-based transactions. Only batch transactions will be available using the Web based option. Interactive transactions will continue to be transmitted through the dial-up method.

Please refer to the "What's new in PES software version 4.0" in the PES section of the August 2005 Idaho Medicaid Provider Resources CD. This document will outline the requirements for the new PES 4.0 web option.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Editor: Kathy Gillingham, Division of Medicaid

If you have any comments or suggestions, please send them to:

GillingK@idhw.state.id.us

or

Kathy Gillingham DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911