



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

September 2005

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Information Releases:

(None in this issue.)

Reminder from the Centers for Medicare & Medicaid Services (CMS)

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information.

HIPAA-covered health care providers are required by law to apply for a National Provider Identifier (NPI). If you are a Health Care Provider, the National Provider Identifier (NPI) is your standard unique identifier. Covered health care providers must begin to use their NPIs in standard transactions no later than May 23, 2007. To apply online, visit: https://nppes.cms.hhs.gov, or call 1-800-465-3203 to request a paper application.

CMS has contracted with Fox Systems, Inc. to serve as the NPI Enumerator. The NPI Enumerator is responsible for dealing with health plans and providers on issues relating to unique identification. The NPI Enumerator may be contacted as follows:

By phone: 1-800-465-3203 (NPI Toll-Free)

1-800-692-2326 (NPI TTY)

By e-mail at: customerservice@npienumerator.com

By mail at: **NPI Enumerator**

PO Box 6059

Fargo, ND 58108-6059



September Regional Provider Workshops

EDS Provider Relations Consultants will continue to offer a series of provider workshops in 2005. Each consultant will conduct a two-hour workshop every two months in their region. The next workshop is scheduled on Tuesday, September 13, 2005, from 2:00 to 4:00 pm. Topics include general Medicaid billing, provider resources, and PES software. Please pre-register with your local Provider Relations Consultant. You can find contact information for your Consultant on page 5 in this newsletter.

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

Tips for Faster Claims Processing: Avoid Billing Duplicate Claims

Duplicate claims comprise the highest volume inventory for all claims that suspend for manual review. This means that a person has to examine the claim to make a decision for payment or denial. Due to the large volume of claims processed, it can take approximately three weeks from the time the service is billed until the decision for payment or denial is reported.

You can decrease the turnaround time from claim submission to payment by not submitting duplicate claims. If the total number of claims that suspend because they are duplicates could be reduced, then the average total turnaround time from claim submission to payment could be reduced.

The information that follows describes billing practices that can decrease the time from claim submission to payment, and therefore increase the speed for which services are reimbursed.

General Tips

To prevent claims that suspend as duplicates:

- Reconcile your Remittance Advice (RA) and post payments received each week so claims that have already been paid will not be rebilled (and suspended for review).
- Wait for claims to appear in the Paid or Denied section of the weekly RA. If the claim
 is in the Pended section and another claim is submitted, it will be a duplicate claim
 and will also suspend.
- A paid claim can only be corrected through an adjustment. Submit an Adjustment Request Form to correct any errors on paid claims.
- Do not resubmit entire claims with details where some lines have paid and some have denied. Simply resubmit the denied lines with corrections. If the entire claim is resubmitted without deleting the paid details, the entire claim suspends for manual review which can take up to three weeks. In many cases, when just the denied lines are resubmitted, the claim does not suspend and payment can be made the week immediately following submission.

Professional Providers – Group Practices

Many providers who offer services are enrolled as a group practice. These providers share a group provider number for billing purposes. If your claims are submitted and paid to the group number, the performing provider services are included in that payment. Sometimes a claim for the performing provider is resubmitted using the individual's provider number. These claims suspend because the claim has already been paid.

To avoid having claims suspend as duplicates, bill for services with the group provider number and the rendering/performing provider's number, and do not re-bill for services under the performing provider's number. If the claim was originally billed with an incorrect group/performing provider number, that claim must be adjusted, not rebilled.

If you have any questions regarding billing with a group number, or how to submit an adjustment, please contact the EDS Provider Relations Consultant in your area or EDS Provider Services at 1-800-685-3757.

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

(Continued on page 3)

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 (Continued from page 2, Tips for Faster Claims Processing)

Institutional Providers

The following tips apply to institutional providers such as hospitals, hospice, home health, and long term care:

- If you are billing for a Rev code that does not require a corresponding CPT code (for example 270, 420, 430, etc.), you must combine all services and bill multiple units for that code on one line. Submitting these charges as separate line items will cause them to be denied as duplicate billings. See the Provider Handbook for a list of Revenue codes requiring CPT codes.
- ASC services are payable once per operating session. For example, procedure 41899, Unlisted Procedure, Dentoalveolar, can only be billed one time per claim.
 Billing multiple lines on a claim will cause denied lines and delays in your payment.
- If you submit the same batch of electronic claims multiple times in a day, immediately
 contact the EDS EDI department at 1-800-685-3757 to prevent the claims from
 processing the second time. Processing the batch a second time will result in all the
 claims suspending as duplicate claims. This increases the inventory of suspended
 claims and slows processing time for all claims.
- When a specific detail on a claim is denied, your claim will process faster if you rebill
 only the DENIED detail. Resubmitting the entire claim will cause delays in your
 payment. The most efficient method for rebilling the denied detail is to void the entire
 claim using an electronic void and submit a claim replacement. This can be done
 regardless of whether the original claim was paper or electronic.

Use FP Modifier When Billing Family Planning Services

All claims for services or supplies that are provided as part of a family planning visit must include the FP modifier (Family Planning) with the CPT, HCPCS, or encounter code. Idaho Medicaid cannot receive federal financial participation for family planning services if the FP modifier is not included on your claims. Your cooperation is needed so Idaho can get the most out of our Medicaid dollars.

All CPT, HCPCS, or encounter codes billed with the following diagnosis codes must include the FP modifier:

V25.01

V25.42

V25.02

V25.43

V25.09

V25.49

V25.1

V25.5

V25.2

V25.8

V25.40

V25.9

V25.41

Please refer to Section 3 of the Provider Handbook for more information about family planning services and the use of the FP modifier.

MAVIS Keypad Shortcuts

If you cannot use MAVIS because you are in a loud office environment, have a soft speaking voice, or have a strong regional accent, you can use your telephone keypad to navigate through the menus.

To bypass the initial Greeting and Introduction and go directly to the Main Menu:

When you hear the MAVIS greeting, which starts with "Good Morning..." or "Good Afternoon...", press 9.

To bypass the description of the Main Menu and go directly to a Main Menu option:

When you hear "Main Menu...", press a number that corresponds to an option below.

- 1 Client Information
- 2 Claims Information
- 3 Last Check Amount
- 4 Provider Enrollment Status
- 5 Mailing Addresses
- 6 To Switch to a Different Provider
- 7 To Change the Security Code for the Current Provider
- If you selected option 1 (Client Information) in the Main Menu, to bypass the description of the Client Information menu and go directly to a Client Information option:

When you hear "What kind of...", press a number in the list below:

- 1 Eligibility or Healthy Connections Information
- 2 Other Insurance
- 3 Lock-in
- 4 Long Term Care Eligibility
- 5 Service Limits
- 6 Prior Authorization Number
- If you selected option 2 (Claims Information) in the Main Menu, to bypass the description of the Claims Information menu and go directly to a Claims Information option:

When you hear "What kind of...", press a number in the list below:

- 1 Claim Status
- 2 Procedure Code Coverage
- 3 National Drug Code Coverage
- 4 Revenue Code Coverage
- 5 EOB Message Codes
- 6 Prior Authorization Number

Note: You cannot jump from the Main Menu to an option in the Client or Claims Information menu. For example, if you want information on National Drug Code Coverage and you press 3 as MAVIS begins to list the options in the Main Menu, MAVIS will go to Last Check Amount not to National Drug Code Coverage.

Note: You cannot use keypad shortcuts when you are in the HELP section--you must speak the option you want. For example, if you are in the Help section and you want Client Information, say "*Start Over*" and you will return to the Main Menu. From the Main Menu, press 1 for Client Information and then press the appropriate number in the menu.

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

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

Submitting Paper Claims

While electronic billing is faster, there are times when a provider might want to submit a paper claim. The following tips will speed the processing of paper claims:

- Complete only the required fields on the claim form. (See the Provider Handbook for more information on specific fields.)
- Print legibly using black ink or use a typewriter.
- Keep the claim form clean. Use correction tape to cover errors.
- Mail claims flat in a large envelope (recommend 9 x 12). Do not fold them.
- Stack attachments behind the claim. Do not use staples or paperclips.

Providers sometimes write notes at the top of the claim form, not realizing that this can cause their claim to be rejected. This is particularly true for the CMS-1500 and the dental claim forms which have a blank space at the top of the form. This is due to the process EDS uses to sort and prepare claim forms for scanning. Part of the process involves adding an Internal Control Number (ICN) to the top of the claim form and any attachments that accompany the claim. If there are any other marks in that space, the ICN number is garbled and the claim cannot be processed.

Changes in Prescription Drug Plans

Beginning January 1, 2006, new Medicare prescription drug plans will be available to everyone with Medicare. Those who currently have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) can join a Medicare prescription drug plan between November 15, 2005 and May 15, 2006.

Insurance companies and other private companies will offer drug plans like other insurance. There will be a monthly premium (generally about \$37 in 2006), applicable copays, and a share of the cost of prescriptions. Costs will vary depending on the drug plan. Individual drug plans may vary in what is covered, how much individuals may have to pay, and which pharmacies can be used. All drug plans will have to provide at least a standard level of coverage, which Medicare will set. However, some plans will vary in cost and coverage of drugs.

People who qualify will get help paying for their drug plan's monthly premium, and/or for some of the cost they would normally have to pay for their prescriptions. This extra help is through an application with Social Security, which is available at the Social Security Administration web site: http://www.ssa.gov/prescriptionhelp/.

People who receive both Medicare and Medicaid (dual eligible) will automatically have an application for extra help submitted. They will also automatically be enrolled in a drug plan if they do not choose one on their own before December 31, 2005. They will have the option to pick another plan later if they wish to do so.

Throughout the year Medicare will be mailing information to people currently receiving Medicare. In the fall of 2005, the "Medicare & You 2006" handbook will list the Medicare prescription drug plans available. At this time individuals will be able to get personalized information at **www.medicare.gov** on the web, or by calling 1-800-MEDICARE (1-800-633-4227) to help find a plan. In addition, Idaho Health and Welfare has set up a consumer help line at 1-800-760-8774.

EDS P.O. Box 23 Boise, Idaho 83707

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





September Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday: Labor Day, Monday, September 5, 2005.

MAVIS (Medicaid Automated Voice Information Service) is always available at the following telephone number:

(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



An informational newsletter for Idaho Medicaid Providers

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

October 2005

In this issue:

- Date Spanning Clarification
- 5 Documentation and Attachments

Date Spanning Clarification

Provider inquiries and inconsistencies in billing methods associated with date spanning indicates a need for further clarification. Using the information below will help you avoid billing incorrectly which may cause your claim to deny or pend needlessly.

Please note that as a rule, these instructions do not apply to physicians.

Institutional Claims (UB-92 claim form)

In field 6, From and Through dates should only span the first and last date entered at the detail(s). Dates of service do not have to be consecutive, but should not exceed the dates in the detail.

Correct Example:

Outpatient services provided on:

- January 3, 2005
- January 7, 2005
- January 10, 2005

6	STATEMENT COVERS PERIOD		
	FROM	THROUGH	
	01/03/2005	01/10/2005	

42 REV. CD.	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
450	01/03/2005	1	\$XXX.XX
450	01/07/2005	1	\$XXX.XX
450	01/10/2005	1	\$XXX.XX

Information Releases:

3 2005-31 Supported Living (Residential Habilitation) Reimbursement/ Service Changes Effective September 1, 2005

Incorrect Example:

For the example above, **do not** bill the STATEMENT COVERS PERIOD for 01/01/2005 through 1/31/2005--only use the first date of service and the last date of service. At the detail level, **do not** bill the revenue code with 3 service units. The individual service dates must be in field 45. Billing multiple units on one line will be interpreted as multiple units per date of service and may require justification.

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

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(Continued from Page 1, Clarification on Date Spanning)

Professional Claims (CMS 1500 claim form)

For PCS and Reshab services, the dates of service billed on a single detail line must be within the Sunday through Saturday calendar week. **Consecutive** dates of service that fall in one calendar week (Sunday through Saturday) can be billed on one detail line. **When date spanning, services must have been provided for every day in that span.** It is incorrect to date span the entire week when services were only performed on Wednesday and Friday.

EXAMPLE:

Services provided to the client on:

- Wednesday, December 14, 2004
- Friday, December 16, 2004

Enter each date on a separate line.

DATES(S) OF SERVICE	PROCEDURE CODE	CHARGES
12/14/2004 - 12/14/2004	XXXXX	\$XXX.XX
12/16/2004 - 12/16/2004	XXXXX	\$XXX.XX

EXAMPLE:

Services are provided to the client everyday from Friday the 10th to Tuesday the 14th. Enter the date of service Friday the 10th to Saturday the 11th on the first detail line; enter the date of service Sunday the 12th to Tuesday the 14th on the second detail line.

DATES(S) OF SERVICE	PROCEDURE CODE	CHARGES
12/10/2004 - 12/11/2004	XXXXX	\$XXX.XX
12/12/2004 - 12/14/2004	XXXXX	\$XXX.XX

DME Providers

DME Providers should use the date that disposable items were dispensed as the To and From dates and span actual dates used for rented items. Units billed for rentals depend on whether the item is rented by the day or the month.

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.

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

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Boise, ID 83720-0036

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(208) 334-0675

Email:

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

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Region III - Caldwell

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(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 August 30, 2005

MEDICAID INFORMATION RELEASE 2005-31

TO: Residential Habilitation Providers

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: SUPPORTED LIVING (RESIDENTIAL HABILITATION) REIMBURSEMENT/

SERVICE CHANGES EFFECTIVE SEPTEMBER 1, 2005

Intense Support

We have removed the requirement of 1:1 support 24 hours/day for Intense Support when the provider can provide a safety plan to ensure the safety of the participant when receiving less than 1:1 support. Intense Support *will* still require 24 hour support.

To receive authorization to provide less than 24 hour/day 1:1 support for those participants currently in Intense Support:

For participants that will remain in Intense Support.

- Submit an addendum with an Extenuating Circumstances form containing a safety plan to Regional Medicaid Service (RMS) from September 1 through September 30 only. After that, addendums will be authorized by the Independent Assessment Provider (IAP) using the current business model.
- The RMS will review the safety plan and if the safety plan is complete and adequately ensures the safety of the participant at less than 1:1 support 24 hours/ day, the RMS will approve the addendum using the Individual Support Plan Notice.
- The RMS will send a notice of denial if the safety plan is not approved.
- Submit plans to the IAP for new applicants or addendums for current waiver
 participants requesting Intense Support for the first time. They will be processed
 using the current business model. The current Intense Support Criteria must be
 met to receive approval for this support level.

For participants that will transition to High Support.

Participants no longer requiring the level of support in Intense Support may transition into High Support, even if they do not meet the High Support criteria. Initially, the participant will remain in Intense Support but will receive less than 24 hours per day of 1:1 support. Providers will submit a transition plan that identifies how they will ensure the safety of the participant at less than 24 hours/day of 1:1 support and how they will transition the participant to High Support. High Support still requires 24 hours/day of support. This transition plan may be authorized for up to one year.

To receive authorization to provide less than 24 hour/day 1:1 support for those participants that will transition to High Support:

- Submit an addendum with an Extenuating Circumstances form, including a transition plan, to the RMS from September 1 through September 30 only. After that, addendums will be authorized by the IAP using the current business model.
- The RMS will review the transition plan and if the plan is complete and adequately
 ensures the safety of the participant at less than 1:1 support 24 hours/ day, the
 RMS will approve the addendum using the Individual Support Plan Notice,
 continuing the participant in Intense Support for up to1 year.
- The RMS will send a notice of denial if the transition plan does not include the required information identified on the revised Extenuating Circumstances Form or does not adequately show an effective and safe transition plan to less than 1:1 support.

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- Once the transition plan has been successfully implemented, an addendum with an Extenuating Circumstances form, including a safety plan, is submitted to the IAP to move the participant to High Support. This will require a new prior authorization.
- A safety plan must continue to be submitted annually for those participants that
 would not otherwise qualify for High Support. In addition, documentation to
 support the need for the participant to remain at High Support must also be
 submitted, evaluated, and authorized on an annual basis for these participants.
- If a participant is not successful in transitioning to High Support after one year, the team should consider keeping them in Intense Support.

High Support

High Support will now be available for participants with a SIB-R support level of "Frequent". The Department will evaluate the plans of participants that are "Frequent" to determine the cost effectiveness of moving them to the daily rate reimbursement. If the hourly plan is more cost effective than a daily plan, they will not be moved to High Support at this time. For those participants that will move into High Support, this will require a change in prior authorization.

Moving participants with a SIB-R support level of "Frequent" into High Support:

Initially, only those participants receiving support services from the same provider at a cost of \$221.12 or higher will be moved into High Support. This will require a change in prior authorization. All others will be changed at the time of their annual plan date. At that time, they may choose to move into High Support or continue to use hourly services subject to the limitation described below.

Hourly Support

For participants with a SIB-R support level of Limited, Intermittent, and Infrequent, new applications for supported living services received on or after September 1, 2005, and annual plans due on or after January, 2006, will be authorized at a maximum of \$190.00 per day for hourly supported living in combination with developmental therapy, community supported employment, and adult day care.

Participants with a SIB-R support level of Extensive, Pervasive, or Frequent, may elect to receive hourly services, however, they will be subject to the same limitation.

LMC/as

To obtain a copy of the Extenuating Circumstances form:

- 1. Go to www.healthandwelfare.idaho.gov.
- 2. On the right side of the screen, click **Medicaid Provider Information**.
- 3. On the right side of the screen, click **Information Releases**.
- 4. On the right side of the screen, click **2005-31 Extenuating Circumstances Request Form**.

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

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

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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 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

Documentation and Attachments

99% of all Medicaid claims do **not require any** attachments. The following table lists most instances when attachments **are** required. If a service is not on this chart, it probably does not require an attachment. When attachments are **not** needed, submit the claim electronically for faster processing.

For claims that require prior authorization, the documentation is sent to the authorizing body and **not** sent with the Medicaid claim. Since most hospital claims are prior authorized, there is no need to send attachments to EDS, unless they are in the following table.

Billing situation	Include this attachment
Modifier 21, 22, and 23	Chart and/or op report
Modifier 50 and 51 if Medicaid payment will be over \$1000.	Chart and/or op report
Modifier 62 (the claim and the co- surgeon's claim should be billed within 30 days of each other)	Chart and/or op report
Any CPT code that ends in 99	Chart and/or op report
Sterilization or hysterectomy	Consent form
Abortion	Certificate of Medical Necessity
Private room	Certificate of Medical Necessity or physician's orders
Procedures that require manual pricing	If you are unsure about pricing, call MAVIS or check online at www2.state.id.us/dhw/medicaid/fee_schedule.htm
Procedures or services that require an invoice or receipt (see Provider Handbook)	Invoice or receipt. Example: hearing aids.
Claims billed for services that exceed Medicaid limitations may be denied for justification.	Justification for second service. When billing services requiring justification, use the appropriate comments field for the justification. This can be done electronically since no attachment is required.

Medic/Aide October 2005

EDS P.O. Box 23 Boise, Idaho 83707

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October Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday: Columbus Day, Monday, October 10, 2005.

MAVIS (Medicaid Automated Voice Information Service) is always available at the following telephone number:

(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

November 2005

In this issue:

- 1 Coordination and Planning Among Providers When a Medicaid Participant Receives both Adult Developmental Disabilities and Mental Health Services
- 3 PES Software... What's In It for You?
- 3 November Regional Provider Workshops
- 4 November Office Closures

Information Releases:

2 MA05-32 Residential and Assisted Living Facilities Certified Family Homes, Home and Community Based Waiver Agencies, Personal Care Agencies

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

Coordination and Planning Among Providers When a Medicaid Participant Receives both Adult Developmental Disabilities and Mental Health Services

It is important to implement strategies that coordinate treatment for those Medicaid participants that receive both Developmental Disabilities and Mental Health Services. This coordination is to ensure best practice treatment standards for care and cost-effectiveness for a sustainable system of health services. Medicaid rules support the coordination of services across programs.

- Developmental Disabilities Service Coordinators assist Medicaid program participants who have developmental disabilities access services and supports necessary to maintain their independence in the community (Service Coordination rules, IDAPA 16.03.17). These services include mental health services as well as developmental disabilities services. DD Service Coordinators coordinate services, and assure consistency and non-duplication between programs.
- DD Service Coordinators/plan developers will obtain mental health services treatment planning documents for use in the development of the Individual Support Plan (ISP). The participant, their Person Centered Planning Team, and the plan developer will use the documents to incorporate the mental health services and goals into the ISP. The costs of the mental health services will be included in the costs associated with the ISP.
- Medicaid mental health providers are expected to assure the timely release of requested documents to the Service Coordinator/plan developer. Providers of developmental disabilities services are also expected to respond in a timely manner to requests from mental health providers regarding the DD services being delivered.

Medicaid funded providers are expected to coordinate and plan together with a participant to assure integrated services that represent the service mix with the goals and objectives that best meet the person's needs and are delivered in the most suitable environments for them to benefit from the services. All Medicaid providers work together to assure the right care in the right setting at the right cost for our participants.

November 1, 2005

MEDICAID INFORMATION RELEASE MA05-32

TO: Residential and Assisted Living Facilities Certified Family Homes, Home

and Community Based Waiver Agencies, Personal Care Agencies

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: REPLACEMENT OF INFORMATION RELEASE 99-47:

COLLECTION OF THE CLIENT CONTRIBUTION

Effective immediately, the client contribution may be collected at the beginning of the first full month services are provided, but only when the participant or his legal representative has expressly approved the advance collection. Express approval may be obtained through a clause in the service agreement or the admissions agreement, or may be through a separate form of approval. However, no matter what the form of approval, the provider must be able to show the participant or his legal representative was informed of the options and expressly approved advance collection of client contribution. This replaces Information Release 99-47.

The elements as listed below must be added to the service agreement or admissions agreement to make clear the responsibilities and rights of the participants and of the provider. The participant must sign a new agreement when this new procedure is implemented.

- 1. Describe timing of collection during month for services with co-pay.
- 2. Describe participant responsibility.
- 3. Describe collection process to include: interest accrual and amount for overdue payment.
- 4. Describe consequences for non-payment.
- 5. Describe consequences for false statements, hiding assets, etc.
- 6. No part of agreement will violate client rights.
- 7. Explain process for refund if client dies or leaves the facility, agency, certified family home; or if the contribution amount changes.

If you have any questions, please contact Christine Baylis at 208-364-1891.

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

LMC/cb

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

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
(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

PES Software...What's In It for You?

In August, Idaho Medicaid released their new version of the Idaho Medicaid Provider Resources CD. This CD contains a new version of the Provider Electronic Software (PES). The new PES 4.0 software allows you to submit batch transactions through the Web. This means that providers with a cable modem, DSL modem, ISDN modem, or a local area network (LAN) connection can submit claims via the Web. You can submit batch transactions utilizing the Web option.

Please note that we will continue to support dial-up for providers who don't have access to Web. Currently, only batch transactions can be submitted using the Web-based option. Interactive will still be transmitted through the dial-up method.

The PES Web option provides the following benefits:

- Easy access to the application via the internet.
- The application is user friendly.
- Increased file transmission speed. The current dial-up solution supports 56K, while
 the new Web supports the faster speeds provided Internet Service Providers (ISPs).
 This allows for a faster, more effective way of submitting batch submissions.

Please refer to the "What's new in PES software version 4.0" in the PES section of the Idaho Medicaid Provider Resources CD. This will provide you with the requirements for using the new 4.0 Web option. Or, you may contact the EDI Helpdesk at 1-800-685-3757 and ask for Technical Support.

Note: For security purposes, when using the PES Web batch submission method option, your Web password is set to expire every 30 days.

- When your password expires, PES will display a Web Password Reset screen, allowing you to create a new password.
- If you can't remember your Web password, use the following steps:
 - 1. From the Main menu, select Tools.
 - 2. From the Tools sub-menu, select Options.
 - From the Options screen, select the Batch Tab. Your Old password will display in the password field.

NOVEMBER REGIONAL PROVIDER WORKSHOPS

EDS Provider Relations Consultants continue to offer a series of provider workshops in 2005. Each consultant conducts a **free** 2-hour workshop every two months in their region. The next workshop is scheduled for Tuesday, November 8, 2005, from 2:00 to 4:00 p.m. Topics include general Medicaid billing, provider resources, and using PES software. These workshops are free but please pre-register with your local Provider Relations Consultant.

Please note that in addition to free workshops, Provider Relations Consultants offer in-office support to providers **free** of charge. Contact your local Provider Relations Consultant to schedule an office visit.

EDS P.O. Box 23 Boise, Idaho 83707

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November Office Closure

- Friday, November 11, 2005, the Department of Health and Welfare will be closed for Veteran's Day.
- Thursday, November 24, 2005, the Department of Health and Welfare and EDS offices will be closed for Thanksgiving.
- Friday, November 25, 2005, EDS offices will be closed for the day after Thanksgiving, however EDS Provider Service Representatives will be available from 8:00 a.m. to 6:00 p.m. MST.

MAVIS (Medicaid Automated Voice Information Service) is always available at the following telephone number: (800) 685-3757 (toll-free) or (208) 383-4310 (Boise local).

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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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

December 2005

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 Dentist Sentenced to
 Federal Prison
- 7 Looking for an Information Release?
- 8 Medicare's New Part D Prescription Drug Coverage
- 9 Changes in RUF and PNA
- 10 Dual Eligible -Medicare Savings & Medicare-only Call Response Diagram
- 11 How a MAVIS Agent Can Help You
- 11 Services that Require Prior Authorization
- 12 December Office Closures

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

Former Post Falls Dentist, Darnell Dick, Sentenced to Federal Prison for Health Care Fraud

On June 13, 2005, U.S. District Judge Edward J. Lodge sentenced Darnell Dick, former Post Falls dentist, to three months in prison, three months of home detention, three years of supervised release, plus a \$6,000 fine for health care fraud.

Darnell Dick pleaded guilty to one felony count of health care fraud on April 4, 2005, for claims made through Darnell Dick Family Dentistry and Northwest Family Dental. He paid \$9,000 in criminal restitution and \$280,000 to settle a civil false claims lawsuit, which was filed in March of 2004.

Darnell Dick was indicted on 78 felony counts on June 22, 2004, for executing and attempting to execute a scheme to defraud the Idaho Medicaid Program of more than \$100,000 by making false statements and by submitting false, fraudulent, and fictitious claims for Medicaid reimbursement. A federal grand jury returned a superseding indictment against him for 81 felony counts on September 14, 2004.

The indictment and civil lawsuit alleged Darnell Dick submitted more than 1,000 false, exaggerated, or duplicate billings to Medicaid. The scheme was to submit claims for services not actually provided. Additionally, when receiving duplicate payments, Darnell Dick failed to refund the overpayments to the Department and concealed the duplicate payments by removing credits from patient accounts.

The two agencies investigating the case were the 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, or destroy records will be referred for possible prosecution.

For more information on Medicaid Provider Fraud, go to the Health and Welfare website at **www.healthandwelfare.idaho.gov** and select Reporting Fraud and Abuse from the help menu. Medicaid fraud and abuse can be reported using any of the following methods:

- By telephone: Call (208) 334-0675 or toll-free 1-866-635-7515.
- By mail: Obtain a Provider Fraud Complaint Form found on the Health and Welfare website at www.healthandwelfare.idaho.gov under Reporting Fraud and Abuse.
- Via e-mail: Send a message to prvfraud@idhw.state.id.us.

November 1, 2005

MEDICAID INFORMATION RELEASE 2005-34

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

Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: Replacing information in IR 2004-45: NEW PRIOR AUTHORIZATION

CRITERIA FOR LONG ACTING OPIOID DRUG CLASS

Drug/Drug Class: LONG ACTING OPIOIDS

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

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

Preferred Agent(s)	Non-preferred Agents^
Morphine Sulfate (extended release) Methadone Kadian®	Avinza® Duragesic® patches MS Contin® Oxycodone HCI long-acting OxyContin®

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

Therapeutic Criteria

- 1. Patients with a diagnosis of malignant pain or history of chemotherapy in the past 12 months will be exempt from the prior authorization criteria.
- 2. Minimum 30 day trial period and documented failure of a preferred agent is required before use of a non-preferred agent will be authorized.
- 3. Duragesic[®] will be authorized if one or more of the following criteria are met:
 - Documented trial and failure of preferred agent as outlined above.
 - Patient is age 65 or older
 - Patient is unable to take oral medications
 - Patient is allergic to morphine or methadone

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

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

Email:

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

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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 (Attn: 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:

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

Other Non-emergent and Out-of-State

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

Fax

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

Ambulance Review

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

Fax

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

MEDICAID INFORMATION RELEASE 2005-35

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

Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: PRIOR AUTHORIZATION CRITERIA FOR SKELETAL MUSCLE

RELAXANT DRUG CLASS

Drug/Drug Class: SKELETAL MUSCLE RELAXANT AGENTS

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

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

Preferred Agent(s)	Non-preferred Agents
Baclofen	Carisoprodol (Soma®)
Chlorzoxazone	Flexeril [®]
Cyclobenzaprine HCL	Parafon Forte®
Dantrium	Robaxin [®]
Flexeril® (5mg only)	Robaxin Forte [®]
Methocarbamol	Norflex [®]
Orphenadrine Citrate	Skelaxin [®]
Tizanidine HCL	Zanaflex [®]

Therapeutic Criteria

Documented failure of two (2) preferred agents (based on adequate trial of at least one week per agent) will be required before non-preferred agents will be authorized.

Additional carisoprodol (Soma®) criteria:

- 1. Carisoprodol use will be limited to 34 days or less*.
- 2. Concurrent carisoprodol and opioid use will require prior authorization.
- Additional prior authorization requests for carisoprodol, after initial approval, will
 not be granted for at least six (6) months following the last day of previous therapy.

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

^{*} A 30 day taper period for chronic users will be allowed as requested by physician.

October 19, 2005

MEDICAID INFORMATION RELEASE 2005-36

TO: ALL HOSPICE PROVIDERS

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: HOSPICE RATES

Effective for dates of service on or after 10/01/05, Medicaid has revised its hospice rates as follows:

Revenue Code/ Description	Rural	Urban Ada/ Canyon County
651 – Routine Care	\$118.33	\$123.52
652 – Continuous Care	\$690.04	\$720.28
655 – Respite Care	\$130.61	\$135.06
656 - General Inpatient Care	\$528.26	\$549.72

If you have already been paid at the previous rate for dates of service on or after 10/1/2005, you can submit claim adjustments to correct your reimbursement to the new rate.

The Hospice cap will be \$18,963.47.

If you have any questions, please contact Sheila Pugatch at (208) 364-1817.

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/sp



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

November 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.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

MEDICAID INFORMATION RELEASE MA05-37

TO: Dentists and Oral /Maxillofacial Surgeons FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: DENTAL: DOCUMENTATION REQUIREMENTS FOR BILLING BEHAVIOR

MANAGEMENT (D9920)

ADDITIONAL DOCUMENTATION WILL BE REQUIRED WHEN BILLING BEHAVIOR MANAGEMENT PROCEDURE CODE D9920, EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 1/1/2006.

The Current Dental Terminology (CDT) code book defines code D9920 as "behavior management, by report – May be reported in addition to treatment provided". In order to provide Medicaid with more complete information about behavior management services billed to Medicaid, claims for D9920 (Behavior Management) will require providers to document actual services rendered. For all D9920 claims with dates of service on or after 1/1/2006, please use the following process:

- 1. Describe the highest level of behavior management technique used for the client in the comments field of your paper or electronic claim. Comments such as "additional staff and time", "hand over mouth", "papoose board" will be sufficient.
- 2. In addition, when physical restraint(s), otherwise known as Protective Stabilization*, are used, document the following information in the client's record (not on the claim form):
 - An Informed Consent form of provider's choice
 - Indication for stabilization
 - Duration of application
 - Behavior management technique used

Failure to maintain documentation in the client record could result in recoupment of Medicaid's payment for D9920.

It is not necessary to include attachments to your claim. Prior Authorization is not needed for D9920.

D9920 is to be used for situations when the client is developmentally disabled, mentally ill, or especially uncooperative and difficult to manage resulting in dental staff providing additional time, skill, and/or assistance to render treatment. Providers should not bill Medicaid for Behavior Management, D9920, for basic behavior guidance techniques such as positive reinforcement, parental presence or absence, or voice control methods of behavior management.

(Continued on Page 6, see MA05-37)

(Continued from Page 5, MA05-37)

IDAHO MEDICAID PROVIDER HANDBOOK:

This information is in addition to information in Section 3.2.6 of the Idaho Medicaid Provider Physician/Osteopath handbook, which is available online at: http://www.healthandwelfare.idaho.gov/DesktopModules/DocumentsSortable/
DocumentsSrtView.aspx?tablD=0&ItemID=574&MId=10826&wversion=Staging and Section 3.2.11 of the Idaho
Medicaid Provider Dental Handbook, which is available online at: http://www.healthandwelfare.idaho.gov/
DesktopModules/DocumentsSortable/DocumentsSrtView.aspx?tablD=0&ItemID=573&MId=10826&wversion=Staging.

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

Thank you for your continuing participation in the Medicaid program.

LC/af

*Protective stabilization is the direct application of physical force to a patient, with or without the patient's permission, to restrict his or her freedom of movement. Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Comprehensive Accreditation Manual for Hospitals. 2004-2005; pp, pc25-pc40. Oakbrook Terrace, II.

November 1, 2005

MEDICAID INFORMATION RELEASE 2005-39

TO: All Commercial & Agency Non-Emergent Transportation (NET) Providers

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: NEW CONTACTS FOR REQUESTING NON-EMERGENT Transportation Prior Authorization

NEW CONTACTS

We are making some organizational changes in order to better respond to your requests. Beginning November 14, 2005, we ask that you direct your requests for prior-authorization in the following manner:

For transportation to developmental disability and mental health services, contact:

Dori Boyle, local calls (208) 287-1172 OR long distance 1-800-296-0509 # 1172.

BoyleD@idhw.state.id.us

FAX number: 208-334-4979 or 1-800-296-0513

For transportation to all other non-emergent medical transportation requests and out-of-state transportation contact:

Sara Hunt, local calls (208)287-1173 OR long distance 1-800-296-0509 # 1173.

HuntS@idhw.state.id.us

FAX number: 208-334-4979 or 1-800-296-0513

EXISTING BLANKET AUTHORIZATIONS

Existing blanket authorizations will remain valid regardless of the transportation coordinator they were originally submitted to.

GRACE PERIOD

These changes will take effect on November 14, 2005. The Division will allow a two-week transition period after that date. If you send the wrong type of request to the transportation coordinators within the transition period, the request will be accepted, however, instructions will be sent to you regarding the person it should be directed to in the future. After the transition period, your request will be returned to you without being processed. It will be your responsibility to re-send the requests to the correct coordinator within 24 hours.

If you have any questions regarding this information release, please contact the appropriate Transportation Coordinator listed above. Thank you for your continued participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release is incorporated into the current Idaho Medicaid Provider Handbook.

LMC/SD/my

MEDICAID INFORMATION RELEASE 2005-40

TO: Medicaid Commercial and Agency Transportation Providers

FROM: Leslie M. Clement, Deputy Administrator SUBJECT: **REIMBURSEMENT RATE INCREASE**

Effective for dates-of-service on or after November 4, 2005, Medicaid transportation rates will be increased for the following procedure codes:

Commercial Transportation:

Procedure Code	Description	Reimbursement Rate
A0110	Bus or Van Travel	First Mile - \$4.00, Each Additional Mile - \$1.11
A0100	Taxi intra-city	First Mile - \$4.00, Each Additional Mile - \$1.11

Agency Transportation:

Procedure Code	Description	Reimbursement Rate
S0215	Mileage	\$.44 per Mile

This change does not affect current billing procedures or prior authorization requirements.

If you have any questions concerning the information contained in this release, please contact Angela Simon, Senior Financial Specialist for the Office of Program Analysis, at (208) 364-1994.

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

LC/as/sw

Looking for an Information Release?

Information Releases published from 2002 to 2005 are stored on the Department of Health and

Welfare's Web site. To obtain a copy of a current Information Release on the Web:

- Go to http://www.healthandwelfare.idaho.gov/ and click Medicaid Provider Information on the right side of the screen.
- 2. In the Medicaid Providers section, click Information Releases.
- 3. Information Releases are listed numerically, in descending order. Click the link for the specific Information Release you need.

To obtain a copy of an Information Release issued prior to 2002, or if you don't have Web access:

Send a fax or written request to:

Information Release Coordinator Division of Medicaid P.O. Box 83720 Boise, ID 83720-0036

Fax: 208-334-2465

Medicare's New Part D Prescription Drug Coverage Will Begin on January 1, 2006

How will the implementation of the new Medicare Part D Prescription Drug Coverage impact the dually eligible clients?

- Medicaid will no longer provide drug coverage to dually eligible clients after Dec. 31, 2005. Dually eligible clients will receive prescription coverage through a Medicare Prescription Drug Plan.
- Dually eligible clients are individuals covered by both Medicare and Medicaid (with full Medicaid benefits).
- Medicaid clients will have a co-pay for prescription drugs normally \$1.00 for generics and \$3.00 for brand names.
- For clients residing in Certified Family Homes or Residential Care Facilities, the Personal Needs Allowance will be raised from \$67 to \$87 per month effective January 1, 2006.

How will dually eligible clients enroll in a Medicare Prescription Drug Plan (PDP)?

- In November 2005, Medicare will automatically enroll dually eligible clients in a prescription drug plan, to be effective January 1, 2006.
- If after reviewing the plan, the dually eligible client finds that the formulary does not cover most of their medications, they can switch to another prescription drug plan anytime beginning November 15, 2005, at the following Web site: http://www.medicare.gov/.

What information will a client receive from their drug plan once enrolled?

- Plan Booklet, including summary of benefits
- Formulary
- List of Pharmacies in Plan Network
- Plan coverage card

When a client is not sure if they are enrolled in a drug plan, or in which plan they are enrolled, how can a provider determine this?

- When verifying Medicaid eligibility, if a client is enrolled in both Medicaid and Medicare, they are most likely enrolled in a prescription drug program.
- Go to http://www.medicare.gov/ to determine if, or which, prescription drug plan the client is enrolled in.

What categories of drugs are required in drug plans?

All drug plans must cover at least two drugs in each drug class. Additionally, "substantially all drugs" must be covered for these classes:

- * Anti-depressants * Anti-neoplastics
- * Anti-psychotics * Immunosuppressants
- * Anti-convulsants * Anti-retrovirals

Will Idaho Medicaid continue to cover drugs for dually eligible clients?

Yes, the Idaho State Medicaid Program will provide coverage for those drugs not covered by the Medicare Drug Plans that are available to other Medicaid enrollees. These drugs treat symptomatic relief of cough and colds, prescription vitamins and minerals, barbiturates, and benzodiazepines.

How could the implementation of Medicare Part D impact our business for dually eligible clients?

- Dually eligible clients may request review of medication regimen from providers to ensure compatibility with drug plan formulary.
- Providers may be able to prescribe a 60-90 day supply, if drug plan allows.
- If a certain drug is not covered under a client's drug plan formulary, the provider should make certain no other
 drug could be used. If not, the client or their provider could file an exception with the drug plan and the provider
 may be contacted to provide medical necessity documentation to support exception request.
- Reduction in the number of Medicaid Drug Prior Authorizations requests

(Continued on Page 9, see Drug Coverage)

(Continued from Page 8, Drug Coverage)

Resources

- http://www.medicare.gov/

Web site to sign up for Prescription Drug Plan and identify network Pharmacies (1-800-633-4227).

http://www.socialsecurity.gov/

Web site to sign up for Extra Help; premiums, deductible and co-pays may be reduced or eliminated for people with lower incomes (1-800-772-1213).

http://www.cms.hhs.gov

Home page for Center for Medicare and Medicaid Services.

- http://www.cms.hhs.gov/medlearn/provtoolkit.pdf
 Toolkit for Healthcare Professionals: Medicare Prescription Drug Coverage.
- * http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0502.pdf Medlearn Matters for practitioners.
- SHIBA State Health Insurance Assistance Program (1-800-247-4422) for information about how other kinds of insurance work with Medicare.
- Fraud Hotline of Health & Human Services of the Inspector General (1-800-447-8477) to refer clients with concerns of fraudulent use of personal information.
- State of Idaho, Dept. of Health & Welfare Medicare Part D Help Line (1-800-760-8774).

See Page 10 for a Call Response Diagram on the handling of calls about Medicare Part D Prescription Drug Coverage.

Changes in RUF (Rent, Utilities, and Food) and PNA (Personal Needs Allowance)

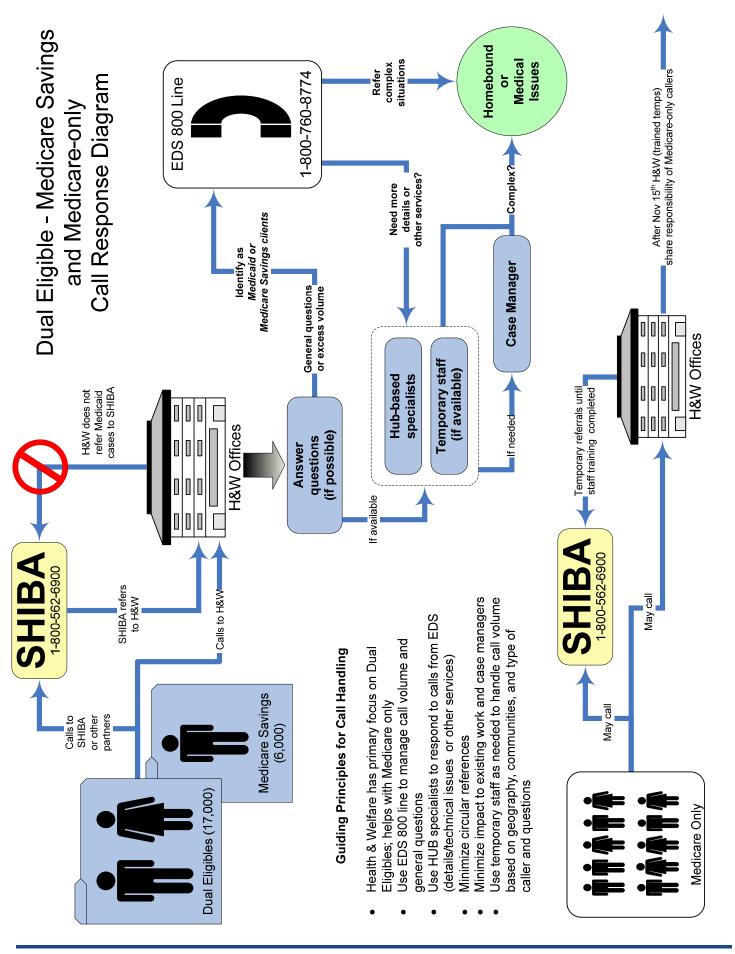
Beginning January 1, 2006, Medicaid Recipients who are also on Medicare will no longer have their prescriptions paid for by Idaho's Medicaid Program--they will be covered by the new Medicare Prescription Drug Plan. Under the new drug plan, Medicaid Recipients on Medicare will have out-of-pocket costs of \$1.00 or \$3.00 for each prescription and may also have an additional cost for the monthly premium of their chosen drug plan.

In order to lessen the impact of this new cost for prescriptions, the PNA will be increased to \$87.00 beginning January 1, 2006. The increase in the basic allowance assists this population by protecting additional money for the Medicaid Recipient so it can be used on their increased out of pocket medical costs. This change will apply to those living in the following living arrangements:

- Room and Board
- Residential and Assisted Living Facilities (RALF)
- Certified Family Homes (CFH)

Along with this change and the annual Cost of Living Allowance (COLA), the RUF will increase to \$516.00 at the same time.

^{**}Please Note: Medicare clients with lower incomes may qualify for extra help with Medicare Part D Premiums, deductibles and co-pays. An application for extra help can be made online at http://www.socialsecurity.gov, or at the local Social Security Office.



How a MAVIS Agent Can Help You

The EDS Provider Service Representative team is working to build a strong relationship with the Idaho Medicaid provider community. When providers call MAVIS and ask for AGENT they are connected to a Provider Service Representative (PSR).

How can a PSR help you?

Provider Service Representatives (PSRs) are trained to quickly and accurately answer questions about provider billing and client eligibility. They can explain the adjustment process, request the addition of procedure/modifier combinations, and answer questions about claims.

What information will you need to give to the PSR?

You will need the following information when you call MAVIS: your 9-digit Idaho Medicaid provider number, the internal control number (ICN) for the claim or the client's Medicaid identification number (MID), and the dates of service.

What do you do when you lose your security code for MAVIS?

If you lose your MAVIS security code, call MAVIS and ask for AGENT. Give the PSR your Idaho Medicaid provider number and the PSR will reset your security setting for MAVIS. You will then have to call MAVIS back, after a recommended 20-minute delay, to create a new security code. To protect the security of the MAVIS system, PSRs do not have access to provider security codes and cannot create them for providers. Also, for security reasons, PSRs cannot reset a provider's password for their PES software.

Can a PSR help you obtain a prior authorization for services?

EDS does not provide prior authorizations for any services. Please check your Idaho Medicaid Provider Handbook for information on how and when to get prior authorization.

When you leave a voice mail message, when will your call be returned?

The PSR Team receives as many as 200 voice mail messages daily. Provider Service Agents are available Monday through Friday, from 8:00 a.m. to 6:00 p.m. (Mountain Standard Time). The team regularly checks the voice mail during the day and logs every message it receives. The PSR team is required to make three attempts to contact the caller and will respond to every message left by a provider either by the close of business that day or the next business day. When leaving a message, include the following information: provider name and telephone number, provider and client Medicaid numbers, and the dates of service.

If clients have questions, should you give them the same phone number used by providers?

There is a special toll-free phone number for clients (1-888-239-8463). Use of the provider telephone number by clients may slow down the answering of provider calls.

Services that Require Prior Authorization

If you bill for services that require prior authorization and you need to void a claim, here is an important tip to ensure the units are returned to the prior authorization. On the Adjustment Request Form, "zero out" the units in the Correct Information for Adjustment field. If you do not "zero out" the units, they may not be added back into the prior authorization. If the units are not added back in, you will not be able to receive reimbursement for future services unless the authorizing agency creates another authorization or adds more units to the current authorization.

If you have questions on this or any other issue, please contact EDS at (800-685-3757), or (208-383-4310) in the Boise calling area. You can also contact your local Provider Relations Consultant (PRC)--their names and phone numbers are listed in this MedicAide Newsletter.

EDS P.O. Box 23 Boise, Idaho 83707

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December Office Closures

Monday, December 26, 2005, the Department of Health and Welfare and EDS offices will be closed for the day after Christmas.

MAVIS (Medicaid Automated Voice Information Service) is always available at the following telephone number: (800) 685-3757 (toll-free) or (208) 383-4310 (Boise local).

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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