



DATE: March 1, 2010

TO: SUD Funded Treatment and RSS Providers

FROM: Business Psychology Associates

RE: Re-authorization for Medicaid Funded Clients

Due to further budgetary concerns BPA has begun to re-authorize all Medicaid Funded clients to Medical Plans that limit their benefits per Medicaid Basic Plan Benefits as outlined in IDAPA 16.03.09.

Providers will receive new authorizations for Medicaid funded clients as follows:

- All new clients authorized as of January 26, 2010, will receive a new authorization to a Medicaid plan. This plan restricts these clients specifically to the Medicaid eligible benefits (Assessment, Case Management, Drug Testing, Family Therapy, Group Counseling, and Individual Counseling).
- During the Risk Factor Review and during any of the re-authorization process(s) any non-funded RSS services will be terminated with a 7 day termination notice.
- Clients who currently have a wait list voucher for a non-funded Medicaid service will receive a termination notice.
*This letter serves as notification to providers of these terminations.
- Medicaid clients who qualify under an additional direct admit population (Pregnant Women, Idaho Code Clients, IV Users, Problem Solving Courts, CP/SA, Prison Re-entry clients participating in the Goodwill/Easter Seals Grant) will receive a new authorization voucher which will allow for the additional benefit(s) covered through the SUD funding system.
- Providers will receive all adjusted/closed authorization vouchers via our standard fax or Provider Connect methods.
- BPA will be mailing new Medicaid Plan authorizations to providers via encrypted disc during the week of March 8, 2010.

Please continue to submit all claims under the current authorization number until receipt of the new authorization voucher. BPA will deny the claim under the old authorization and re-process immediately under the correct plan and benefit. Please disregard the denials for these clients as they appear on your remittance statements. You will find them reprocessed on a remittance later that week. If you have any questions regarding a denial, please do not hesitate to call the Claims Department at (208) 947 – 1275.

Providers will need to be aware of the funding status of the clients and provide the services as appropriate to the plan benefit and authorization voucher.

If you have any questions please contact the Client Service Center at 800-922-3406 or (208) 947-4393