



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

April 2009

In this issue:

I Idaho Health Care Conference Cancelled

2 Idaho MMIS Transition News

3 Idaho MMIS FAQs: Provider Record Update

 Avoid Delays, Make Sure Your Paper Claims Are Legible for Scanning

5 Billing Medicaid Participants— FAQs

6 Attention Physicians and Hospitals: New PAs

7 Change to Medical Care Evaluation Process

7 IRS Hotline Numbers

Information Releases:

Medicaid Information Release 2009-01

MEDICAID INFORMATION RELEASE 2009-01

February 27, 2009

To: All Nursing Home and ICF/MR Administrators

From: Leslie M. Clement, Administrator

Subject: Information Request Related To Personal Care Service Wage

Determination

Each year, the Idaho Department of Health and Welfare gathers information from all nursing facilities (including hospital-based facilities) and intermediate care facilities for the mentally retarded to determine wage data for select employees in the nursing home industry. * You must respond according to the attached instructions and complete the attached certification.

If your facility was certified for participation in the Medicaid program before March 15, 2009, **you must respond by April 10, 2009.** Otherwise, you are not required to participate this year. Please return the required information as soon as possible to:

Myers and Stauffer LC 8555 West Hackamore Drive, Suite 100

Boise, ID 83709-1693

If you have questions, please contact Myers and Stauffer at (800) 336-7721, or the Division of Medicaid at (208) 364-1817. Thank you for your participation in Idaho Medicaid.

LMC/rs

Attachments

According to Idaho Code, Section 39-5606, IDAPA 16.03.10.281.02, and IDAPA 16.03.10.603.02



Idaho Health Care Conference Cancelled

Due to the downturn in the economy, the Idaho Health Care Conference (IHCC), normally held in several locations throughout the state in May, is cancelled for 2009. The IHCC has always been an excellent opportunity for health plans to share new program information and review existing policies and procedures. Several health plans will look for alternative methods to share information this year. The planning committee is still committed to holding future conferences and is scheduled to begin planning the 2010 IHCC in June 2009.

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

Idaho MMIS Transition News

The 2009 Idaho Health Care Conference (IHCC) has been cancelled, but don't fret, the Idaho Department of Health and Welfare and Unisys will bring the training to you! Join our provider record update (PRU) experts at a hands-on training event in your region this August.

In May, all pay-to providers will receive an informational letter from Idaho Medicaid explaining the transition to the new MMIS (claims processing system). Be sure to look for the envelope marked with the red "**Keep PRU Letter Inside.**"

In June and July, all providers who must complete the PRU process will receive three letters. If you have a registered National Provider Identifier (NPI) with Idaho Medicaid, you will receive three letters for each registered NPI. If you are not required to have an NPI, you will receive three letters for each Idaho Medicaid provider number. **These are not duplicate letters.**

These letters contain the following:

- Details about the transition from the current claims processing system to the new MMIS
- Readiness Checklist
- Information about how you will be paid in the new system
- Unique case number and logon for each pay-to provider number in the new MMIS;
 this information is needed to access the provider record update Web site

These letters will not be generated for Healthy Connections referral numbers.

Provider record updates will begin in August. You must update your provider record to ensure you can successfully submit claims and receive payments from the new MMIS.

What Does This Mean for You?

We designed the MMIS PRU training sessions and letters with you in mind. We will introduce features of the new MMIS that make billing easier and you will have the opportunity to complete your PRU during the training session. You will need to bring your PRU letters that contain your case number and logon and the documents specified on the readiness checklist with you to the training class. We will move most of your provider record information from the current Medicaid payment system to the new MMIS for you. Provider record updates include reviewing, confirming, and updating your provider record and providing information about how you plan to submit transactions. We are committed to making the transition to the new system as seamless as possible for all providers.

You can help by keeping your NPI record at NPPES up to date. You can access the NPPES site online at https://nppes.cms.hhs.gov or by calling the national NPI enumerator at (800) 465-3203.

Worried You Might Miss Something Important?

Not to worry, you can find the most up-to-date MMIS transition information on the Web at **www.idahommis.dhw.idaho.gov.** Trained staff will be available by phone and e-mail to answer your questions.

We are very excited about the upcoming training. We will provide you with more information about the training process over the next few months, so continue to watch the *MedicAide* newsletter and check the Web for information that's important to you.

For questions please e-mail us at **idahommis@dhw.idaho.gov**. MMIS = Idaho Medicaid Claims Processing System

DHW Contact Information

- DHW Web site www.healthandwelfare. idaho.gov
- ◆ Idaho Careline
 2-1-1
 Toll free: (800) 926-2588
- ◆ Medicaid Fraud and Program Integrity Unit PO Box 83720 Boise, ID 83720-0036 Fax: (208) 334-2026 prvfraud@dhw.idaho.gov

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) 455-7244 (208) 642-7006 (800) 494-4133
- ♦ Region IV Boise (208) 334-0717 (208) 334-0718 (800) 354-2574
- ◆ Region V Twin Falls (208) 736-4793 (800) 897-4929
- ◆ Region VI Pocatello (208) 235-2927 (800) 284-7857
- ◆ Region VII Idaho Falls (208) 528-5786 (800) 919-9945
- ◆ In Spanish (en Español) (800) 378-3385

Prior Authorization Contact Information

Boise, ID 83720-0036

◆ DME Specialist, Medical Care PO Box 83720

Phone: (866) 205-7403 Fax: (800) 352-6044 (Attn: DME Specialist)

♦ Pharmacy

PO Box 83720 Boise, ID 83720-0036 Phone: (866) 827-9967 (208) 364-1829

Fax: (208) 364-1864

Qualis Health (Telephonic & Retrospective Reviews)

10700 Meridian Ave. N. Suite 100

Seattle, WA 98133-9075

Phone: (800) 783-9207 Fax: (800) 826-3836 (206) 368-2765

www.qualishealth.org/idaho medicaid.htm

Transportation

Developmental Disability and Mental Health

Phone: (800) 296-0509, #1172 (208) 287-1172

Other Non-emergent and Out-of-State

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

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

Ambulance Review

Phone: (800) 362-7648 (208) 287-1157

Fax: (800) 359-2236 (208) 334-5242

Insurance Verification

♦ HMS

PO Box 2894 Boise, ID 83701 Phone: (800) 873-5875

(208) 375-1132 Fax: (208) 375-1134

Idaho MMIS FAQs: Provider Record Update

No.	Question	Answer	
1	What do I need to do now?	Make sure you keep NPPES up to date with your current information. You can access NPPES online at https://nppes.cms.hhs.gov or via phone by calling the NPI enumerator at (800) 465-3203 to request paper forms.	
2	As a provider, why do I have to update my record?	We want to ensure that the new Idaho claims processing system contains the most current and accurate provider data.	
3	Do all providers have to update their record?	Providers who intend to continue seeing Medicaid patients and file claims with Idaho Medicaid will need to update their provider record.	
4	When will the provider record update take place?	The record update will begin in August of 2009. We will be providing detailed communication that will help guide you through the process beginning in the Spring of 2009.	
5	How will I update my provider record?	Updating your provider record will be simple and easy through our new Web portal.	
6	Will certain data fields be prepopulated?	Yes, some information from the current provider record will be pre-populated for you to validate.	
7	How will providers be notified that it is time to update their provider record?	We will be sending letters, updating the Web site, communicating in the <i>MedicAide</i> newsletter, and providing training.	
8	Will training be provided around updating my provider record?	Yes, watch the Web site and <i>MedicAide</i> newsletter for dates, times, and registration instructions.	
9	Does a provider who no longer participates in Idaho Medicaid need to update their provider record to adjust current/previous claims?	No, the provider record update is for the new claims processing system. If a provider is no longer participating in Idaho Medicaid, there is no need to update the provider record.	
	Note: If you are no longer a participating Idaho Medicaid provider, please call EDS Provider Enrollment at (800) 685-3757 and ask to de-activate your provider number.		
10	Do providers need to update their service provider records? Yes, providers will need to update a service providers that they will be with.		
11	Will there be batch re-enrollment?	No.	
12	What will the consequences be for not meeting the provider record update deadline? Providers will need to meet the deadlift if they intend to continue submitting claims to Idaho Medicaid.		

Continued on page 4 (Idaho MMIS FAQs)

Continued from page 3 (Idaho MMIS FAQs)

13	I already registered my NPI on the Idaho Medicaid Web site; is this record update the same?	No, this provider record update process is intended to gather and update provider information for our new Idaho MMIS.
14	What is the state doing to help providers prepare for the transition to the new Idaho MMIS?	Extensive statewide provider outreach is in development and will include face-to-face group and individual training as well as online training opportunities. Training materials will be available on the Web and trained staff will be available by phone and e-mail to support the provider record update process.
15	Where can I ask questions?	E-mail your questions to: IdahoMMIS@dhw.idaho.gov

Avoid Delays, Make Sure Your Paper Claims Are Legible for Scanning

The process of getting paper claims into the automated computer system requires scanning them to create an electronic document of the information on the claim. The scanners are set to "read" the print on the form. The system is programmed to look for information in particular fields on the claim form. Here are some ways you can help the scanner read your claim form:

- Use black or dark blue print throughout the claim and make sure it is dark enough to read easily. Ink of other colors will not scan properly. Use correction tape to cover claim details that are not being submitted; do not use a black marker.
- Print claim information in each field within the field box. The scanner may not be able
 to correctly read information printed directly on the lines of the field box or into the
 adiacent field box.
- Place modifiers in each separate modifier field. The scanner may not be able to read modifiers printed directly on the lines of the field box or strung together without separations.
- Do not put text in the pink shaded detail area of the CMS-1500 form, which includes fields 24A-H. The computer will not look for text there and the claim may not be processed correctly. Use the remarks field or a separate sheet for any comments.
- Use only highlighters in yellow or pink. Using other colors will black out the print beneath the highlighting when it goes through the scanner.
- Do not use staples on your claims or attachments. These must be removed before scanning each page and can cause tears in the documents that may result in scanning problems.
- Include only one-sided documents. Double-sided documents cannot be scanned on each side.

Illegible claims may be processed incorrectly or may be rejected by the system and returned to you for rebilling. To avoid delays, please take a moment to make sure your paper claim is easy to read and complete.

EDS Contact Information

NAVIS

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

- ◆ EDS Correspondence PO Box 23 Boise, ID 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
- ◆ Participant Assistance Line Toll free: (888) 239-8463

Provider Relations Consultant Contact Information

♦ Region 1

Prudie Teal 1120 Ironwood Dr., Suite 102 Coeur d'Alene, ID 83814

Phone: (208) 666-6859 (866) 899-2512 Fax: (208) 666-6856 EDSPRC-Region1@eds.com

Region 2

Darlene Wilkinson 1118 F Street PO Drawer B Lewiston, ID 83501

Phone: (208) 799-4350 Fax: (208) 799-5167 EDSPRC-Region2@eds.com

♦ Region 3

Mary Jeffries 3402 Franklin Caldwell, ID 83605

Phone: (208) 455-7162 Fax: (208) 454-7625 EDSPRC-Region3@eds.com

♦ Region 4

Angela Applegate 1720 Westgate Drive, # A Boise. ID 83704

Phone: (208) 334-0842 Fax: (208) 334-0953 EDSPRC-Region4@eds.com

♦ Region 5

Trudy DeJong 601 Poleline, Suite 3 Twin Falls, ID 83303

Phone: (208) 736-2143 Fax: (208) 736-2116 EDSPRC-Region5@eds.com

Region 6

Abbey Durfee 1070 Hiline Road Pocatello, ID 83201

Phone: (208) 239-6268 Fax: (208) 239-6269 EDSPRC-Region6@eds.com

♦ Region 7

Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

Phone: (208) 528-5728 Fax: (208) 528-5756 EDSPRC-Region7@eds.com

Billing Medicaid Participants—FAQs

Idaho Medicaid covers a comprehensive set of benefits. You can find more detailed information on covered services and verifying participant eligibility in the *Idaho Health Plan Coverage* booklet and the *Medicaid Provider Handbook*. You can find both of these publications in the "Other Resources" section of the Medicaid provider Web site located at http://www.healthandwelfare.idaho.gov/portal/alias__Rainbow/lang__en-US/tabID__3348/DesktopDefault.aspx

Providers must accept Medicaid payment as payment in full for services rendered if they bill Medicaid for covered services. Providers can bill non-covered Medicaid services to the participant. Medicaid requires the provider to inform the participant before rendering service if the service is not covered or if a particular covered service will not be billed to Medicaid, preferably in writing. If the participant agrees to pay for the service before the delivery of the service, then the provider may bill the participant for the entire amount of the fee.

What is a covered service? A covered service is any service within the participant's Medicaid benefit package that does not exceed service limitations, and for which any applicable prior approval and/or referral requirements have been met.

What if payment is denied for a covered service? Denial of a covered service provided by a qualified provider will only occur in three circumstances, and in each of these cases billing the participant is **not allowed**:

- 1. A third party is liable for payment. In this circumstance, the provider must pursue the third party for payment.
- 2. A billing error occurred. In this situation, the provider must resubmit a corrected billing. EDS is available to help providers resolve billing problems.
- 3. The provider submitted the billing in excess of one year after the service was provided and did not reference an earlier timely filing date. Providers must submit an initial billing within one year of providing the service (see IR MA04-59).

What if the service to be provided is not covered by Medicaid? If the provider informs the participant that the specific service in question is not covered by Medicaid before providing the service, and both the provider and the participant agree (preferably in writing) that the participant will be liable for payment, then, and only then, can the provider bill the participant. An acceptable written agreement might read as follows and can be part of a larger generic patient liability document, as long as it is clear that this is the only part of the document that is pertinent for a Medicaid participant:

Prior to receiving the follow	ng services:,
	,, I have been informed by
agree to assume responsib	that these services will not be covered by Medicaid and lity for the total associated costs.
Signed	Date

What if the provider does not typically meet with the participant before providing the service (for example, anesthesiologist, laboratory, etc.) and does not have an opportunity to obtain the participant's consent to accept liability? An initial provider (PCP, surgeon, hospital, etc.) that had an opportunity to meet with the participant arranged for these specialty services. If the initial provider has informed the participant (preferably in writing) that all services associated with the procedure to be performed are not covered by Medicaid and will be the liability of the participant, then the associated specialty provider can bill the participant as well. The specialty provider needs to confirm, before billing, that this condition has been met.

Continued on page 6 (Billing Medicaid Participants—FAQs)

Continued from page 5 (Billing Medicaid Participants—FAQs)

What if a necessary referral from the Healthy Connections provider has not been received before the participant's care appointment? A service within the Medicaid scope of care, but lacking a necessary, valid referral, is considered a non-covered service. The provider and participant can agree to a private pay arrangement or the provider can refer the participant back to the Healthy Connections provider who can then determine if a referral is warranted.

What if a referral is received from a provider other than the Healthy Connections provider? A valid Healthy Connections referral can only be initiated by the participant's Healthy Connections provider. Before serving the participant, it is important to confirm that the referring provider is, in fact, the participant's Healthy Connections provider. A service within the Medicaid scope of care, but lacking a necessary, valid referral, is considered a non-covered service.

How does a provider determine if a participant is eligible for Medicaid and who the participant's Healthy Connections primary care provider is?

This information can be accessed four different ways:

- PES (EDS software)
- MAVIS (contact EDS at (800) 685-3757)
- HIPAA-compliant vendor software (tested with EDS)
- POS devices

To obtain information, submit either the participant's Medicaid ID number or two participant identifiers from the following list:

- Social Security number (SSN)
- Last name, first name
- Date of birth

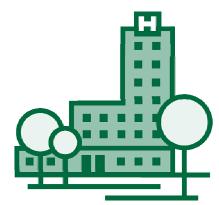
Is it acceptable to hold the Medicaid participant primarily responsible for all medical expenses and then offset any liability for services paid for by Medicaid, as is a common arrangement with persons covered by private insurance? No. Medicaid participants are different from individuals covered by insurance policies. Medicaid is an entitlement program, not an insurance program. A person insured under a private insurance program is primarily liable for covered charges, while the insurer indemnifies the person's liability as to those charges. In the Medicaid program, the State Medicaid Agency and the Medicaid provider enter into an agreement to provide services to persons entitled to Medicaid coverage. Only when the service provided is not covered under Medicaid and the above prior arrangement, specific to the non-covered service is in place, can the participant be held responsible for payment.

What if the provider is unsure if a service will be covered by Medicaid? The provider can contact EDS at (800) 685-3757 to determine if a specific service, as defined by CPT code, is covered. Providers with any doubts as to whether Medicaid will cover a service should notify the patient in advance and make arrangements for the participant to accept liability on the assumption that the specific service is non-covered. If, and only if, the subsequent Medicaid billing is denied as a non-covered service, then the provider can bill the participant.

Attention Physicians and Hospitals: New PAs

Effective April 1, 2009, the following procedures have been added to the list of those procedures requiring prior authorization:

55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	



Change to Medical Care Evaluation Process

To: Physicians and Service Coordination Agencies

Re: Changes to the Medical Care Evaluation (MCE) Process

Effective April 1, 2009, the Adult Developmental Disability (DD) Program will no longer require a participant's primary care physician (PCP) to complete the Physician's Medical Care Evaluation for Adult DD Services (MCE) form. However, the department must continue to obtain a history and physical examination and a referral for nursing services and self-administration of medication before authorizing a participant's plan of service.

In order to meet these requirements, a participant's PCP will receive an annual letter from the Idaho Center for Disability Evaluation (ICDE) requesting assistance to complete and forward to ICDE a **Physician's History and Physical** form and a **Nursing Service and Medication Administration Referral** form.

Primary care physicians can use their own history and physical examination form when submitting the **Physician's History and Physical.** A **Nursing Service and Medication Administration Referral** form will be enclosed with the letter from ICDE.

Timely submission of both of these forms will allow ICDE to complete the process of authorizing a participant's plan of service so the participant can continue to receive supports needed to live in the community.

In addition, developmental disability agencies (DDAs) and DD service coordination agencies will now be responsible for directly contacting a participant's PCP to obtain a referral for the participant's services. The PCP may provide this referral verbally, on a prescription pad, or by filling out a Healthy Connections Referral form. A verbal referral must be documented in a participant's file.

Thank you for your participation in the Medicaid program.

Sincerely,

Bureau of Developmental Disability Services

IRS Hotline Numbers

Along with spring flowers, tax time is just around the corner. Please see your tax consultant for specific tax information, or call the Internal Revenue Service (IRS) hotlines. (EDS cannot provide tax advice.)

(800) 829-1040	IRS Tax Help Line for Individuals	This service is for individual and joint filers who need procedural or tax law information, help to file their 1040-type individual returns (including Schedules C and E), or general account information for filing 1040 forms. Automated self-service interactive applications are also offered on this line.
(800) 829-4933	Business and Specialty Tax Line (new)	This service is for small businesses, corporations, partnerships, and trusts that need information or help related to their business returns or business accounts. Services cover Employer Identification Numbers, 94x Returns, 1041, 1065, 1120S, Excise Returns, Estate and Gift Returns, and issues related to federal tax deposits.

For more information, go to the IRS Web site at www.irs.gov/newsroom/article/0,,id=103554,00.html





EDS PO BOX 23 BOISE, IDAHO 83707 PRSRT STD U.S. POSTAGE PAID BOISE, ID PERMIT NO. I





Reminder that MAVIS

(Medicaid Automated Voice Information Service)
is available at:

(800) 685-3757 (toll-free) or

(208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Editor: Carolyn Taylor, Division of Medicaid

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

taylorc3@dhw.idaho.gov

or

Carolyn Taylor DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911