



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

June 2009

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New Medicaid Management Information System (MMIS) Coming in 2010!

Information is available on the Web at **www.idahommis.dhw.idaho.gov**. Watch the *MedicAide* newsletter for more information pertaining to the new MMIS.

May 5, 2009

MEDICAID INFORMATION RELEASE 2009-07

To: Medicaid Transportation Providers
From: Leslie M. Clement, Administrator

Subject: Reinstatement of Non-Emergency Transportation Benefit to the Idaho

Medicaid Basic Benchmark Benefit Plan

The Information in this Release Rescinds Information Release 2009-03

Information Release 2009-03 referencing the removal of the non-emergent medical transportation benefit from the Medicaid Basic Benchmark Benefit Plan is being rescinded.

The Centers for Medicare and Medicaid Services have re-evaluated their interpretation of benchmark plan requirements and have determined that benchmark plans must ensure that non-emergency medical transportation services remain a benefit in all Medicaid benefit plans.

Non-emergency medical transportation services will remain as a benefit in the Basic Benchmark Benefit Plan. Providers who submitted claims and had them denied because of the removal of non-emergency transportation services for participants on the Basic Benchmark Plan will need to resubmit the claims to EDS for reprocessing and payment.

If you have any questions about Medicaid transportation services, please contact the Idaho Medicaid Transportation Unit at (800) 296-0509.

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

LMC/rs

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

MEDICAID INFORMATION RELEASE 2009-08

To: Medicaid Hospital Providers
From: Leslie M. Clement, Administrator
Subject: Hospital Interim Rate Change

The Information in this Release Rescinds Information Release 2008-25

All state agencies have been directed by the Governor (Executive Order 2008-05) to make reductions in their general fund budgets for fiscal year 2009 and 2010 due to the downturn in the state and national economy.

As one of the initial responses to this order, the Division of Medicaid initiated a 10 percent reduction to the in-patient and out-patient interim reimbursement rates and cost limits effective January 5, 2009, for all Idaho Medicaid hospital providers. Due to increased federal funds made available through the American Recovery and Reinvestment Act (ARRA), as well as additional savings identified in other parts of the Medicaid budget, this reduction will be reduced to 5 percent. This change will be made immediately and retroactively to the original January 5, 2009, date.

We will be performing automated system adjustments to claims that have been paid with dates of service on or after January 5, 2009. The under payments resulting from the adjustments will be paid to providers. No additional action from providers is required, but we wanted you to be aware of this activity, which will be reflected on remittance advices as the adjustments are worked through the system. Providers should expect to see each of these claims with a new version number on a future remittance advice.

The federal upper payment limit (FUPL) gap will be increased due to this change, which results in larger annual FUPL payments for all hospitals that qualify to receive a federal upper limit payment.

If you have any questions, please contact the Division of Medicaid's principal financial specialist at (208) 364-1817.

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

LMC/rs

Attention All Providers

Explanation of Benefit (EOB) 125 is "Client has Medicare Part B. Bill Medicare first or attach denial."

Medicaid has received numerous electronically billed claims on participants who are dually eligible, and Medicaid is paying the Medicare premiums (Buy-In). These claims **must** be billed electronically as a "Medicare Crossover" claim unless the services rendered have been denied by Medicare.

If the services rendered are covered by Medicare and there is a Medicare payment amount, or the Medicare payment amount has been applied to the co-insurance and/or deductible, you must submit the claim as a "Medicare Crossover."

For services denied by Medicare that normally would be paid, whether it is the entire claim or a claim detail, submit a paper claim to Medicaid with the Medicare denial EOB.

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

♦ DME Specialist, Medical Care

PO Box 83720 Boise, ID 83720-0036 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

ax: (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

ax: (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 Transition News Sign-up for Provider Record Update (PRU)

We are excited to announce provider record update (PRU) workshop sign-up is June 15, 2009, through July 17, 2009. Our training staff will conduct hands-on workshops in every region starting August 10 through September 1, 2009.

Date	Region	City	Location
August 10 – 11	1	Coeur d'Alene	TBD
August 12 – 13	2	Lewiston	Lewis & Clark State College
August 17 – 18	5	Twin Falls	College of Southern Idaho
August 20 – 21	3	Caldwell	College of Idaho
August 24 – 25	7	Idaho Falls	University Place
August 26 – 27	6	Blackfoot	State Hospital South
August 26 – 27	6	Pocatello	Department of Health & Welfare— Hiline Building
August 31, September 1	4	Boise	ITT Technical Institute
August 31, September 1	4	Boise	Department of Health & Welfare— Pete Cenarusa Building

We anticipate that the workshops will be filled to capacity, so be sure to sign up early. Go to **www.idahommis.dhw.idaho.gov** and click on the PRU workshop form to sign up. If you do not have access to the Internet, please call (866) 686-4272 to sign up.

What Will This Mean for You?

In addition to the statewide workshops, you will have access to training guides, computer-based training, and live meetings that will walk you step-by-step through the PRU process. All of these tools will be available to you once you are ready to start your PRU.

Worried You Might Miss Something Important?

Not to worry, you will receive several letters in the coming months regarding the PRU. These letters contain important information that is vital to successfully updating your provider record. Please make sure you read the letters carefully so the move to the new Idaho MMIS is simple and successful.

Are you ready to get started?

- We recommend you set up an Idaho MMIS file in your office to keep all MMIS letters and information in one place.
- All MMIS transition letters are on light green paper for quick recognition. All MMIS envelopes say "Idaho MMIS Transition Information" in red.

We are very excited about the new Idaho MMIS! Look for more information on the Web site about the PRU process over the next few months, and continue to watch the *MedicAide* newsletter for information that's important to you.

Do you have questions? Please e-mail us at **IdahoMMIS@dhw.idaho.gov** or visit our Web site at **www.idahommis.dhw.idaho.gov**.

MMIS = Idaho Medicaid claims processing system

Idaho MMIS FAQs: PRU Workshops

For more FAQs about the upcoming provider record update workshops, please see our Web site at www.idahommis.dhw.idaho.gov.

No	Question	Answer
1	What do I need to bring to training?	All of the information you will need to bring to the training class is outlined in your MMIS June transition letter that will be coming to you soon.
2	Do I need to bring my own computer to training?	No, you do not need to bring your own computer; computers will be available at the training classes.
3	Who, from my office, should attend the training?	The person who is responsible for updating your provider record for Medicaid should attend.
4	Do I have to attend a class in person to learn how the new system works?	No, you will not have to attend a class in person to learn about the new system. You will be able to do self-paced training through the new Web portal starting August 1, 2009. Watch for more information in upcoming MMIS transition letters and in the <i>MedicAide</i> newsletter.
5	How long will the classes last?	We are expecting the classes to last about 90 minutes depending on whether it is a group update or an individual update.















Non-Citizen Emergency Medical

Medicaid offers eligibility to ineligible legal or illegal non-citizens for medical services necessary to treat an emergency medical condition. An emergency medical condition exists when the condition could reasonably be expected to seriously harm the person's health, cause serious impairment to bodily functions, or cause serious dysfunction of any body organ or part, without immediate medical attention.

Medicaid eligibility for non-citizens begins no earlier than the date the participant experiences the medical emergency and ends the date the emergency condition stops. The Division of Medicaid, Medical Care Unit determines the beginning and ending dates of the Medicaid eligibility.

Obstetrical deliveries are considered emergencies. However, antepartum and postpartum care are not considered to be emergencies and must be billed to the patient. The Division of Medicaid, Medical Care Unit reviews each request for payment and determines if a medical condition is an emergency. Non-citizen reviews are **not** done by Qualis.

If you have questions concerning the information contained here please contact the Division of Medicaid, Medical Care Unit at (208) 364-1839.

EDS Contact Information

◆ MAVIS

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

Reminder: Physicians, Hospitals, and Ambulatory Surgical Centers

This article is to remind providers about the correct billing of a global surgical package.

Definition of a Global Surgical Package

The Idaho Department of Health and Welfare, Division of Medicaid, describes a *global surgical package* as "a single fee paid for pre-operative, intra-operative, and post-operative services." This means payment of the global fee for the procedure includes all professional services necessary to prepare for, provide for, and recover from the procedure. This article is to remind providers about Idaho Medicaid's policy regarding the billing of a global surgical package.

If a provider delivers all components of a surgery including pre-operative, intra-operative, and post-operative care, then the global fee is billed. If a provider will only deliver one or two of the components, they must bill for the component delivered and use the appropriate modifier.

Modifiers

The American Medical Association's (AMA) *CPT Manual* specifies three modifiers to use when billing the components of a global surgical package:

- Modifier 54 intra-operative care (surgical care only).
- Modifier 55 post-operative care.
- Modifier 56 pre-operative care.

Avoiding Claim Denials

After a review of claim denials, Idaho Medicaid offers the following guidance.

- 1. The majority of the denied claims are due to improper billing for the global surgical package when a second physician provides the post-operative care. Modifier 56 and/ or modifier 54 must be used appropriately.
- 2. Hospital emergency room providers routinely bill the global surgical code when there is no intent to furnish the post-operative care.
 - **Note:** Idaho Medicaid recommends that all hospital emergency room providers bill the procedure code with modifier 54 (surgical care only). If the client returns to the emergency room for follow-up care, then the hospital provider may bill with the original surgical procedure code, **original surgical date**, and with modifier 55 (post-operative care).
- 3. Services performed during the post-operative period which are directly related to the surgery (e.g., suture removal) were billed with an Evaluation and Management (E&M) code, instead of the original surgical code and modifier 55. Supporting documentation was not included with the claim. Claims are denied when supporting documentation is not included with the claim and the E&M codes are used incorrectly.

In an effort to assure both the surgeon and local practitioner are paid when splitting the surgical care rendered, Idaho Medicaid will adhere to the following requirements.

Billing with Modifiers

- 1. Use modifier 54 when billing surgical care only.
- 2. Use modifier 55 when billing for post-operative care (e.g., returns to emergency room for suture removal). This modifier pays at 20% of the global fee to be allowed once per surgical procedure.
- 3. Use modifier 56 for pre-operative management only. This is an informational modifier and will not affect providers' reimbursement.

Please refer to the "Surgery Guidelines" and "Appendix A" of the most current *CPT Manual*.

Note: If a physician bills a surgical procedure with a modifier 55 (post-operative care), and

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the surgeon has already been paid the global surgical fee, the claim for the global surgical package will be recouped. The surgeon can then re-bill the global surgical package with a modifier 54.

Local Practitioner Assuming Post-Operative Care for an Out-of-Area Provider

When one physician assumes post-operative management and another physician performed the surgery, use modifier 55 along with the same surgical CPT code and the same date that was billed on the original surgical claim.

Billing E&M Codes

Use modifier 24 with the appropriate E&M code when billing for services during a post-operative period when the service is:

- Unrelated to the surgical diagnosis.
- · Treatment of an underlying condition.
- Complication(s) resulting from the surgery.
- Added course of treatment which is not part of the normal recovery from surgery.

Note:

- E&M codes cannot be billed with a modifier 55.
- The primary diagnosis for the provider billing for unrelated post-operative care must reflect the participant's current problem and support the attached explanation. Providers are required to keep supporting documentation on file for audit purposes.

If you have any questions regarding these billing requirements, please contact EDS at 383-4310 in Boise or toll-free at (800) 685-3757.

This information will be included in the next issue of your Idaho Medicaid Provider Handbook.

Bureau of Developmental Disability Services Updates

Medicaid's Bureau of Developmental Disability Services (BDDS) would like to provide some updates with regard to our programs.

Independent Assessor Provider Contract

As part of the governor's executive order to reduce statewide budgets, the contract with Idaho State University for Independence Assessment Provider (IAP) services is being restructured. In the past, the IAP has completed participant assessments, eligibility determinations, individualized budget setting, and individual service plan (ISP) review and prior authorization. Beginning July 1, 2009, responsibilities for ISP review and prior authorization will be transitioned from the IAP to bureau staff.

Self-Direction

Since self-direction became an option in 2007, approximately 60 DD waiver participants have chosen to self-direct their waiver services. It is DHW's goal that at least 150 participants will select this option by July 2010. Participants and stakeholders who are interested in learning more about self-direction may do so by visiting the IDHW Web site at **www.selfdirection.idaho.gov**.



For participants, **Self-Direction** means:

- * FREEDOM -- to plan their own lives
- * CONTROL -- over the Medicaid dollars they have to get the services and supports they need
- * **SUPPORT** -- to be involved in their community as much as they choose
- * RESPONSIBILITY -- for the choices and decisions they make

A Face Lift for Our Web Site

The Department of Health and Welfare's Web site is getting a face lift! You can expect to see these changes starting in June. There is a new section specifically for providers that will make it easier for you to find the information for which you are looking.

Some things you can expect from the new site are an easy to use A-Z index, improved navigation tools, and information located in several places, making it easier to find what you need. If you currently use vanity URL's to get to specific pages on our site, don't worry, they will still work. However, if you have links to our pages saved in your "Favorites" or "Bookmarks" in your Web browser, some of these links will **not** work because we are moving information to new pages.

We hope you enjoy the new look and feel of our Web site!

Tip

You can usually edit outdated, custom links to old Web pages. For instance, in Internet Explorer, open the new page and copy the new URL from the Address bar. Right-click on an old link under Favorites, select Properties, and paste in the new URL. Click Apply to update the link.

Or, you can simply delete old links and add new links as you visit the new pages.



Individual Versus Group Provider Numbers

EDS receives returned payments from providers when the payments are sent to the incorrect address. Canceling a warrant means that all claims associated with that payment must be re-billed with the correct provider ID number. When billing your claims, remember that each provider number has a specific address assigned to it. Individual provider numbers are for just that reason—to uniquely identify the individual provider. Sometimes a doctor might perform services at several offices and those offices will bill with that provider's individual number since he or she performed the services. However, the individual provider is associated with a specific address, which is where his or her payments are sent. This address may not be the same as the group's address. Group numbers identify the provider group or institution. A hospital will have a group number along with individual numbers for providers on staff. Group numbers are associated with a single address at which the group receives payments.

The following example shows a way to ensure that checks are mailed to the right address: Dr. Jones performed services at General Hospital and Children's Hospital. Dr. Jones set up his pay-to address as his office in Nampa. General and Children's Hospitals should bill with their group provider numbers and then disburse the payments to Dr. Jones. Note that if the two hospitals were to bill Dr. Jones' individual number, the payment would go to his office in Nampa. His office's accounts receivable would not be able to find the records for those specific patients' visits or procedures in their office's system and might then return the payment declaring, "these are not our patients."

If Dr. Jones then performs a service from his office in Nampa, to which the check's pay-to address is assigned, he can use his individual number and the payment will go to the right place. Remember that the check will go to whatever address the individual or group has set up in our system.

Make sure you bill with the correct provider number to ensure correct payment and avoid delays. If there is a conflict with addresses, contact Provider Enrollment by calling (800) 685-3757 or 383-4310 in Boise.

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





New Billing Tip Sessions Offered

Disappointed that the Idaho Health Care Conference (IHCC) was cancelled this year? EDS provider relations consultants (PRCs) will offer a one-hour billing tip session in their regions. This session will cover Medicaid billing tips and the top reasons for denials for multiple provider types, in the *current* Idaho Medicaid Management Information System (MMIS).

Sessions are scheduled from 1 to 2 p.m. for Regions 2, 6, and 7 on Tuesday, June 9, 2009. Regions 1, 3, and 5 are on Wednesday, June 10, 2009, and Region 4 will be on Tuesday, July 14, 2009. Region 4 will be conducted in Suite D, room 191, in the Westgate office.

Pre-register to secure your place because space is limited. You can call your local consultant to register using the phone numbers listed in the sidebar on page 5.



(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