

An informational newsletter for Idaho Medicaid Providers

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

March 2009

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Screening for Excluded Individuals and Entities

The Health and Human Services Office of Inspector General (HHS-OIG) excludes individuals and entities from participating in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and all federal health care programs (as defined in section 1128B(f) of the Social Security Act (the Act)) based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156.

When the HHS-OIG excludes a provider, federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities (Section 1903(i)(2) of the Act; and 42 CFR section 1001.1901(b)). This payment ban applies to any items or services reimbursable under a Medicaid Program that are furnished by an excluded individual or entity, and extends to the following:



- All methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules, or a prospective payment system.
- Payment for administrative and management services not directly related to
 patient care, but that are a necessary component of providing items and services
 to Medicaid participants when those payments are reported on a cost report or
 are otherwise payable by the Medicaid Program.
- Payment to cover an excluded individual's salary, expenses, or fringe benefits, regardless of whether they provide direct patient care, when those payments are reported on a cost report or are otherwise payable by the Medicaid Program.

In addition, no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner, or supplier that is not excluded (42 CFR section 1001.1901(b)).

The listing below sets forth some examples of types of items or services that are reimbursed by Medicaid which, when provided by excluded parties, are not reimbursable:

- Services performed by excluded nurses, technicians, or other excluded individuals who work for a hospital, nursing home, home health agency, or physician practice, where such services are related to administrative duties, preparation of surgical trays or review of treatment plans if such services are reimbursed directly or indirectly (such as through a pay per service or a bundled payment) by a Medicaid Program, even if the individuals do not furnish direct care to Medicaid participants.
- Services performed by excluded pharmacists or other excluded individuals who
 input prescription information for pharmacy billing, or who are involved in any way
 in filling prescriptions for drugs reimbursed, directly or indirectly, by a Medicaid
 Program.
- Services performed by excluded ambulance drivers, dispatchers, and other (list continued)

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- employees involved in providing transportation reimbursed by a Medicaid Program to hospital patients or nursing home residents.
- Services performed for program participants by excluded individuals who sell, deliver, or refill orders for medical devices or equipment being reimbursed by a Medicaid Program.
- Services performed by excluded social workers who are employed by health care entities to provide services to Medicaid participants, and whose services are reimbursed, directly or indirectly, by a Medicaid Program.
- Services performed by an excluded administrator, billing agent, accountant, claims processor, or utilization reviewer that are related to and reimbursed, directly or indirectly, by a Medicaid Program.
- Items or services provided to a Medicaid participant by an excluded individual who works for an entity that has a contractual agreement with, and is paid by, a Medicaid Program.
- Items or equipment sold by an excluded manufacturer or supplier; used in the care or treatment of participants; and reimbursed directly or indirectly, by a Medicaid Program.

Consequences of Paying Excluded Individuals or Entities

Because it is prohibited by federal law from doing so, Idaho Medicaid will make no payments for any amount expended for items or services (other than an emergency item or service not provided in a hospital emergency room) furnished by an individual or entity while being excluded from participation (unless the claim for payment meets an exception listed in 42 CFR section 1001.1901(c)). Any such payments actually made constitute an overpayment and are subject to recoupment.

Civil monetary penalties may also be imposed against Medicaid providers who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid participants (Section 1128A(a)(6) of the Act; and 42 CFR section 1003.102(a)(2)).

Where Providers Can Look for Excluded Parties

To protect against payments for items and services furnished or ordered by excluded parties, all current providers and providers applying to participate in the Medicaid Program will screen all employees and contractors to determine whether any of them have been excluded.

The HHS-OIG maintains the List of Excluded Individuals/Entities (LEIE), a database accessible to the general public that provides information about parties excluded from participating in Medicare, Medicaid, and all other federal health care programs. The LEIE Web site is located at http://www.oig.hhs.gov/fraud/exclusions.asp and is available in two formats. The online search engine identifies currently excluded individuals or entities. When a match is identified, it is possible for the searcher to verify the accuracy of the match using a Social Security Number (SSN) or Employer Identification Number (EIN). The downloadable version of the database may be compared against an existing database maintained by a provider. However, unlike the online format, the downloadable database does not contain SSNs or EINs.

Providers should search the HHS-OIG Web site monthly to capture exclusions and reinstatements that have occurred since the last search. In addition, providers should immediately report any exclusion information discovered to the following:

EDS Provider Enrollment PO Box 23 Boise, ID 83707

We know you share our commitment to combating fraud and abuse. If we strengthen our efforts to identify excluded parties, the integrity and quality of the Medicaid Program will be improved, benefiting Medicaid participants and taxpayers across the country. Thank you for your assistance in this important endeavor.

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

Avoid Delays: Make Sure Your Claim Is Readable

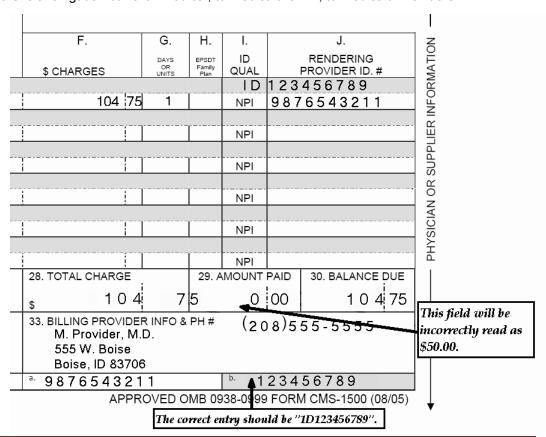
When your claim is submitted, it is "read" by a computer as it is scanned into the system. The computer looks for all the required information and is able to identify characters and read the information into the system for processing the claim.

The source of the most common errors found on the CMS-1500 claim form is field 33b, the billing provider's qualifier and Medicaid provider number field. (See the figure in this article.) The claim data **must** include the qualifier 1D (one-D) with the 9-digit Medicaid provider identification number immediately following the qualifier with no space, centered in field 33b (example: 1D123456789). This information is required in this field for claim processing. Claims submitted without the 1D qualifier cannot be processed, and are returned to providers for correction.

The second most common error on the CMS-1500 claim is when data is out of alignment, causing information to overflow into adjacent fields. Remember, the computer is reading the information on the claim and is looking in specific fields for particular information. Make sure data is printed within the field boundaries for correct processing and to prevent delays. Additionally, no text should be printed in the pink areas of the service detail (fields 24A-H).

If you hand write information on a claim, please use black ink and make the characters legible, without write-overs or scribbles. Remember, a machine is reading data on the claim. If illegible, data may be misread into the system and cause claim denials or incorrect payments.

When claims are submitted with every detail in place, you can prevent delays in processing and payments. More information on filling out paper claim forms is found in section 3 of the *Idaho Medicaid Provider Handbook*, located on the Idaho Department of Health and Welfare's Web site. Go to http://www.healthandwelfare.idaho.gov, and in the left navigation bar click Medical, to Medicaid/CHIP, to Medicaid Providers.



Reminder: Non-Citizens and Eligibility

The Medicaid Program Integrity Unit reminds providers that Medicaid offers eligibility to ineligible legal or illegal non-citizens (OIA) 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's Medical Care Unit determines the beginning and ending dates of eligibility. When verifying eligibility, the participant will be eligible only for a limited time period and locked into a restricted program. Eligibility is added retroactively and can be verified by using MAVIS and asking for "Agent."

Obstetrical deliveries are considered emergencies. However, antepartum and postpartum care are not considered to be emergencies and can be billed directly to the participant. The Division of Medicaid's Medical Care Unit reviews each request for payment for non-citizens and determines if a medical condition is an emergency.

Attention: Durable Medical Equipment (DME) and Pharmacy Providers

Durable medical equipment (DME) and pharmacy providers billing for DME supplies and equipment (e.g., incontinence supplies, spacers, diabetic strips) should bill Idaho Medicaid with the appropriate HCPCS code on a CMS-1500 claim form or electronic equivalent under their DME provider number. These items are not currently required to be billed with national drug codes.

See **www.dme.idaho.gov** for fee schedules and other information on durable medical equipment.

Keep Your Staff Up-to-Date on Accurate Claims Processing

EDS provider relations consultants (PRCs) continue to offer a series of provider workshops. Each consultant conducts a two-hour regional workshop every two months to help providers in their region.

The topics include the following:

- Learn more about NPI
- General Medicaid Billing
- Provider Resources
- Using PES Software
- CMS-1500 (08/05)

The next workshop is scheduled for all regions on Tuesday, March 10, 2009, from 2 to 4 p.m. Region 5 will be on Tuesday, March 3, 2009, from 1 to 3 p.m.

These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local consultant. Phone numbers for the PRCs are listed in the sidebar on page 5.

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 (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

Emergency Room Visits

The Medicaid Program Integrity Unit would like to remind facility providers that revenue code 450 should be billed as one unit unless the participant is seen twice on the same day. Emergency room visits are limited to six visits per calendar year for participants who are not enrolled in Healthy Connections.



For more information, please refer to the *Provider Handbook*, Hospital; section 3.3.7.

Attention: Institutional and Professional **Providers**

Professional fees should not be billed to Medicaid on the UB-04 claim form. Services for professional fees billed with revenue code 510, including laboratory and radiology procedures for the professional component, should be billed on the CMS-1500 claim form. Other revenue codes designated for professional services will be denied when billed on the UB-04 claim form. If revenue code 510 is billed as the professional fee, it will be denied when billed on outpatient and Medicare crossover claims.

Institutional crossover claims that are received from Medicare with revenue codes for professional services will have those details denied. The professional services must be billed on a CMS-1500 claim form with the Medicare payment information for the

1500

professional details.

The professional services can be billed to Medicaid electronically using the crossover attachment screens to enter the Medicare payment, coinsurance, and deductible amounts.

For tips about submitting the CMS-1500 claim form. see the article on page 3.

-	EALTH INSURANCE CLAIM FORM PPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05		
	MEDICARE MEDICAID TRICARE CHAMPVA (Medicare #) (Medicaid #) (Sponsor's SSN) (Member III	HEALTH PLAN BLK LUNG 1101	1a. INSURED'S LD. NUMBER (
0	PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DAYE SEX MM DD YY M F	4. INSURED'S NAME (Last Name, First Name, Mic
5	. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
		Self Spouse Child Other	
0	STATE	B. PATIENT STATUS	CITY
2	IP CODE TELEPHONE (Include Area Code)	Single Married Other	ZIP CODE TELEPHONE (r
i	()	Employed Full-Time Part-Time Student	()
A 9	i. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUME
a Of D	OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH MM DD YY M M
9000	OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
SEC	M F	YES NO	
c	EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAM
		YES NO	
d	INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN
			YES NO If yes, return to an
1	READ BACK OF FORM SEFORE COMPLETING 2. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the no process this claim. I also request payment of government benefits eithe below.	slease of any medical or other information necessary	 InSURED'S OR AUTHORIZED PERSON'S SIG payment of medical benefits to the undersigned services described below.
1			I

Reminder: Outpatient Hospitals and Dieticians

Nutritional services are available for children and pregnant women according to the following guidelines. The services must be:

- Medically necessary.
- Ordered by a licensed physician, physician assistant, or nurse practitioner.
- Performed by a registered dietician or an individual who has a baccalaureate degree from a U.S. regionally accredited college or university, and has met the academic and professional requirements in dietetics as approved by the American Dietetic Association.
- Limited to two nutritional services visits per calendar year.

If more than two nutritional service visits per year are needed, they must be prior authorized by the department before to the delivery of additional visits. Please refer to your provider handbook at medunit.dhw.idaho.gov, or contact the Medical Care Unit at (208) 364-1904 for more information.

Attention: Independent Physical, Occupational, and Speech Therapy Providers

Medicaid has recently reviewed our processes to ensure that our prior authorization requirements are both reasonable and promote a high standard of care.

We updated the *Healing Arts Provider Handbook* and clarified requirements for prior authorization for physical, occupational, and speech therapy visits in excess of 25 per calendar year (for physical and occupational therapy) or 40 per calendar year (for speech therapy). These clarifications are summarized below. Please visit **medunit.dhw.idaho.gov** and click on *Therapy Services* for more information and to access a link to the updated handbook.

Prior Authorization Requests and Timelines

All requests for authorization of additional visits **must be submitted BEFORE the dates of service being requested**. Requests received retrospectively are inconsistent with the requirements of Medicaid therapy rules (see *IDAPA* 16.03.09.732.04 for more information).

Therapists are responsible for tracking the number of visits the participant receives during the calendar year. The therapist should always ask the participant if they have previously, or are currently, receiving therapy services from another provider.

Requirements for Prior Authorization

All requests must include the following:

- A physician's order that specifies the service needed, the frequency, and the duration of treatment dated within the past 30 days for acute conditions or within the past 6 months for chronic conditions. (A physician-signed plan of care will meet the requirement.)
- A full evaluation (or re-evaluation) dated within the past year.
- A plan of care specifying diagnosis, modalities, goals, and frequency and duration of treatment dated within the past 30 days for acute conditions or within the past 6 months for chronic conditions.
- Copies of all progress notes for the past 30 days.
- The number of visits requested and a date range for those visits.
- While not required, copies of any current Individual Education Plans or developmental disability agency therapy plan may help to expedite your prior authorization request.

Physician orders are required to initiate the treatment plan and are not accepted if they are dated past the start of the therapy treatment plan.

Retrospective Requests

We request that therapists who have delivered services to Medicaid participants beyond these limitations without obtaining prior authorization contact the therapy nurse reviewer **immediately** at (208) 364-1904, so that we can work together to address the issue.

Prior authorization requests will take priority over any retrospective requests. Review of retrospective requests may be delayed. If a request is submitted retrospectively, there is a risk that services already performed will be denied payment.

We understand that there are factors outside of the therapist's control that may occasionally require a retrospective authorization. We will review these situations on a case-by-case basis.

Timelines for Review of Prior Authorization Requests

We strive to respond to all requests by the next business day, but, during periods when we receive large numbers of requests, responses may be delayed. Incomplete requests will not be approved and nurse reviewers will request additional information when documentation is not complete. It will require additional time for you to obtain the necessary documentation and for Medicaid staff to review and process the request.

Please submit your requests at least a week in advance of the last visit to ensure authorization is in place.

If you have questions about our requirements, please contact the Medical Care Unit at (208) 364-1904.

Attention: Providers of Vision Services

Change in Requirements for Third-Party Reimbursement:

- As of March 1, 2009, Idaho Medicaid will no longer require an explanation of benefits to be submitted for vision supplies ordered from Medicaid's vision products contractor.
- Barnett and Ramel Optical will deliver the requested supplies and bill the third party insurance without the need for any additional paperwork from the vision service provider.

T E -S V L -H C J E -

New Contact Lens Prior Authorization Request Form

Idaho Medicaid has a new form for contact lens prior authorization. The form is available at **www.medunit.dhw.idaho.gov**, or you can request a copy by mail or fax by calling (208) 364-1839.

Note: Contacts listed in the table on page 8 are available from Barnett and Ramel Optical. If it is medically necessary to have a brand or type of contact that is not listed on that table, document the brand or type of contact on the prior authorization request form and provide a statement documenting the medical necessity for that specific brand and/or type of contact. Medicaid will not pay for contact lens fitting fees if contact lenses are not purchased through our supplier.

For more information about the regular brand and type of contacts available, see the table on page 8.

MMIS Transition News: Spring Training Classes

Tired of being bombarded with *bad news*? Need something positive to look forward to? Plan now to attend an Idaho Medicaid Management Information System (MMIS) class later this spring. Our new Web-based claims payment system is state-of-the-art!

What will this mean to you?

We will begin showcasing the new MMIS system and highlighting some of the great features you can begin looking forward to. Don't miss out! Each class will provide the following:

- The new MMIS implementation timeline.
- An introduction to the Web tools available through the new provider portal, including the following:
 - Computer-based provider training and support.
 - · Patient eligibility verification.
 - Online request for and retrieval of Prior Authorizations (PAs).
 - Online referrals.
 - Online claim submission and research.
 - Updating and maintaining your provider profile information online.
 - Online reports including Remittance Advices and Healthy Connections rosters.
- An overview of the new Medicaid Automated Customer Service System (MACS).

Class dates and locations will be announced soon.

Worried you might miss something important?

Not to worry, a statewide outreach plan is in progress and includes face-to-face group, individual, and online training opportunities. Training materials will be available on the Web and trained staff will be available by phone and e-mail to help you.

We are very excited about the new Idaho Medicaid claims processing system. We will provide more information about the upcoming changes over the next few months, so continue to watch the *MedicAide* newsletter for information that's important to you. If you have any questions, please e-mail us at **IdahoMMIS@dhw.idaho.gov** or visit the Idaho MMIS Web site at **www.idahommis.dhw.idaho.gov**.

MMIS = Idaho Medicaid claims processing system

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





Parnott and Damo	I Ontical Available	Reands and Types	of Contact Lenses
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HCPCS	Description	Manufacturer	Brand(s)
V2500	PMMA		РММА
V2501	Toric PMMA		
V2502	Bifocal PMMA	Lagado	
V2503	Color vision deficiency correction, PMMA		
V2510	Gas Permeable		SA18 SA32
V2511	Toric Gas Permeable		
V2512	Bifocal Gas Permeable	Lagado	
V2513	Extended Wear Gas Permeable		
	Soft (Hydrophilic)	Acuvue	Advance Oasys Acuvue 2
V2520		Coopervision	Frequency 55
		Ciba Vision	Focus Daily O2 Optix
V2521	Toric Soft (Hydrophilic)	Bausch and Lomb	Softlens Toric
V2522	Bifocal Soft (Hydrophilic)	Ciba Vision	Focus Progressive
V2523	Extended Wear Soft (Hydrophilic)	Ciba Vision	Ciba Soft Visitint
V2530	Scleral	Wesley Jessen (Ciba Vision)	Scleral
V2531	Scleral Gas Permeable	Wesley Jessen (Ciba Vision)	Scleral Gas Permeable

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

MAVIS

(Medicaid Automated Voice Information Service) is available at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)