



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

April 2005

In this issue:

- 1 Idaho Health Care Conference 2005
- 3 Payment Error Rate Measure
- 4 New PRCs in Regions 6 & 7
- 4 Contacting a PRC
- 5 Client Medicaid Identification Number
- 5 Tips for Faster Processing of Claims
- 6 Idaho Medicaid Provider Resources CD
- 6 Notice for Service Coordination Agencies

Information Releases

- 7 MA05-08 Change In Billing Procedures For PE Clients
- 7 Additional information to Medicaid Information Release MA04-55

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



Medicaid providers are invited to attend the annual Idaho Healthcare Conference in May. The conference will be held in six locations and have a tropical theme. Registration is free for all Idaho health care providers. Multiple sessions will allow participants to attend classes by all presenters.

This annual meeting is sponsored by the Department of Health and Welfare/Medicaid, EDS, the Idaho State Insurance Fund, Blue Cross of Idaho, CIGNA Medicare, Regence BlueShield of Idaho, and TriWest Healthcare Alliance.

Vendor fairs are offered to participants at all of the Healthcare Conference locations. This is a valuable opportunity to talk directly with vendors about their products. Participants are encouraged to visit with the exhibitors during breaks and at lunch.

All events are from 8:00 a.m. to 4:15 p.m. Registration starts at 8:00 a.m. and classes begin at 8:30 a.m. Locations are listed below:

Boise

Wednesday, May 4
Boise Centre On-The-Grove
850 Front Street, Boise ID

Clarkston, WA

Tuesday, May 10
Quality Inn
700 Port Drive, Clarkston, WA

Post Falls

Wednesday, May 11
Templins Resort
414 E. First Ave., Post Falls, ID

Idaho Falls

Tuesday, May 24
Shilo Inn
780 Lindsay Blvd., Idaho Falls, ID

Pocatello

Wednesday, May 25
Pond Student Building, #14
Idaho State University
1065 S. 8th St., Pocatello, ID

Burley

Thursday, May 26
Burley Convention Center
800 N. Overland Ave., Burley, ID

See page 2 for a complete listing of classes offered by the Idaho Medicaid program.



Medicaid/EDS Class Offerings

HEALTHY CONNECTIONS - 101

This class will explain enrollment, referrals (including 3-way), exemptions, and billing issues.

HEALTHY CONNECTIONS - Advanced Discussion

This is an open discussion on how to deal with difficult patients, how Healthy Connections can help you, and billing the Medicaid client. Time will be allotted for a Q&A session.

PROVIDER RESOURCES

This session will cover the resources available to providers: Idaho Medicaid Provider Resources CD, PES, *MedicAide* Newsletter, Idaho Department of Health and Welfare Website, Small Provider Billing Unit (SPBU), Provider Service Representative (PSR), Provider Relations Consultant (PRC), MAVIS, and POS devices.

LIFE OF A CLAIM

This class will explore the life cycle of a claim upon its arrival at EDS until it appears on your Idaho Medicaid Remittance Advice (RA).

TOP 10 MOST PREVENTABLE DENIALS

In this session we will review the top 10 claim denial reasons. Instruction will include billing tips that demonstrate how to avoid these denials - ultimately saving you time and money.



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

Payment Error Rate Measurement – Project Summary

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

The Payment Error Rate Measurement (PERM) pilot project is an effort to estimate the accuracy of medical payments made by Medicaid and the State Children's Health Insurance Program (SCHIP). The Improper Payments Information Act of 2002 (Public Law 107-300) directed all federal programs including the Centers for Medicare and Medicaid Services (CMS), whose responsibility it is to oversee the state Medicaid programs, to review all of its programs and activities annually. They are to identify those programs that may be susceptible to significant improper payments, estimate the annual amount of improper payments, and submit those findings to Congress each year.

For the past three-years, CMS piloted the Payment Accuracy Measurement Demonstration Project (PAM). CMS has extended the pilot for a fourth year to refine the process, and changed the name from PAM to PERM. This model has been designed to estimate payment error rates (the ratio of the dollar value of inaccurate payments to the dollar value of total payments). The focus of this project is to develop a single methodology that can produce both state-specific and national level Medicaid payment accuracy estimates to comply with the requirements of the Improper Payments Information Act. It is expected that after this fourth year of the pilot, the PERM project will be implemented on a national basis, and all states will be required to participate.

The model can be summed up as follows: each state will draw a statistically valid, random sample of claims and capitation payments from the universe of recently-paid Medicaid and SCHIP claims and capitation payments. The state will then review and audit the sampled claims/capitation payments to determine the validity of the payments made. The audit will include an examination of the accuracy of the claims processing system or capitation payment rosters, the medical necessity of the service for which payment was claimed, and the eligibility of the beneficiary who received the service. The dollar amount of any errors identified (overpayments and underpayments) will be tracked and used to calculate the final payment error rate.

The assistance of providers is requested for this project. The sample size for this initiative is modest and most providers will not be sampled, but a small number will be asked to submit medical records to the state Medicaid or SCHIP agency for review. It is unlikely that the number of records requested from any single provider would be more than one or two. Hence, the burden on any single provider should be limited. Providers are strongly encouraged to respond with requested documentation in a timely manner. Your cooperation will ensure the state's program is fully credited for claims accurately paid. If documentation for the requested claim is not provided, the amount of the claim will be considered an error, resulting in a higher error rate.

Because this research project is conducted to improve the accuracy of Medicaid payments, records submitted to your Medicaid agency for review do not need to be de-identified to comply with the privacy provisions in the Health Insurance Portability and Accountability Act (HIPAA). This is outlined in federal regulations regarding the utilization of Medicaid services, by Section 1902 (a) (27) of the Social Security Act and Federal Regulation 42 CFR 431.107. State Medicaid and SCHIP programs are authorized to access patient medical records for purposes directly related to the administration of those programs. As a provider, you are required to retain and make records available as requested by the Medicaid/SCHIP agency within a reasonable length of time. No special beneficiary permission is necessary for the release of records.

New Provider Relations Consultants in Regions 6 and 7

EDS is happy to announce that two new Provider Relations Consultants have joined the EDS team. Janice Curtis and Ellen Kiester each bring many years of health care experience in eastern Idaho.

Janice replaces Sheila Lux Region 6 and Ellen replaces Debra Babicz in Region 7. Please join us in wishing good luck to Sheila and Debra, and welcoming Janice and Ellen!

Contact information for both of them is on page 5 of this newsletter.

EDS PRCs help keep providers up-to-date on billing changes resulting from program and policy changes implemented by the Division of Medicaid. PRCs accomplish this by:

- Conducting provider workshops
- Visiting a provider's site to conduct training
- Assisting providers with electronic claims submission

Initial communication with consultants may be directed through a provider service representative to determine which PRC can best support a provider's particular needs.

| | |
|--|--|
| <p>MAVIS, PSR, or PRC? Whom do I call?</p> | <ul style="list-style-type: none"> • Routine questions about eligibility, limitations, codes, etc., can all be addressed by MAVIS. Toll-free: 1-800-685-3757, in Boise calling area: 383-4310 • Questions that cannot be answered by MAVIS can be routed to a Provider Service Representative (PSR). • Questions that cannot be answered by a PSR will be referred to a regional Provider Relations Consultant. |
| <p>What do I need before I call?</p> | <ul style="list-style-type: none"> • The Internal Control Number (ICN) of the claim • Your Medicaid provider number • The client's Medicaid identification number (MID) • Dates of service • The date of the RA • The EOB code from the RA telling why the claim pended or denied |
| <p>When should I call a PRC directly?</p> | <ul style="list-style-type: none"> • If you have multiple denials on a claim • If you keep having claims deny for the same reason • If you are having trouble finding an answer for a claim question. |

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

Client Medicaid Identification Number

Effective April 1, 2005, the edit validating the Medicaid Identification (MID) client number submitted on a claim will be set to automatically deny paper claims for all claim types when the client number is invalid or not on file. This includes all PWC presumptive eligibility clients. The number 9999999 will no longer be accepted as a valid number. (See Information Release MA05-08 on page 7 of this newsletter for more information on PE clients.) The only exception is for crossover claims.

A MID is assigned to each client enrolled in the Idaho Medicaid program. It is 7 digits in length and is required on every claim submitted to EDS whether it is via electronic claim submission, POS, or on paper. The correct field on a paper claim is different for each of the claim forms currently in use and must contain the 7-digit MID number:

- CMS 1500: field 1a
- UB-92: field 60
- Dental: field 13 (1999 & 2000 form)
- Pharmacy: field 3

All paper CMS 1500 claims are electronically scanned. The only permanent record of these claims is the scanned copy. Now, more than ever, it is important for paper claims to be easy to read. Paper claims that cannot be scanned are returned to the provider.

See the following article, *Tips for Faster Processing of Claims*, for more information on how to submit claims to Idaho Medicaid.

Tips for Faster Processing of Claims

For the fastest possible processing of claims, send them electronically! With PES and other vendor software it is possible to send almost all claims electronically including crossovers and oxygen claims. Electronic claims can be approved to pay within hours of transmission.

If electronic billing is not an option for you, please follow these guidelines when submitting paper claims.

- Send PCS and Rehab claims to P.O. Box 83755, Boise, Idaho 83707. Send all other claims to P.O. Box 23, Boise, ID 83707.
- Send all correspondence (that is not a claim) separately to the attention of a specific person and/or department. Do not include correspondence with claims. It will be scanned and included as claim documentation.

Everyday EDS receives approximately 5,000 pieces of mail. A machine opens all of the mail which is then sorted into correspondence and claims. All claims are fed into a scanner one page at a time to create an electronic image for processing. To speed the proper handling of your claims and correspondence and to avoid the loss of important information, please follow these guidelines:

- Do not fold claims; mail them flat in a large envelope.
- Do not staple or tape claims to the envelope. Do not tape or staple the claims and attachments together.
- Place any "attachments" behind the appropriate claim including EOBs. Make a copy of the EOB page for each claim to which it applies.
- Do not continue claims onto a second claim form. Each claim page must have a total.
- Place all adjustment forms on top of any claims. It is not necessary to include a copy of the claim.
- Sort claims by type of claim form when sending several claim types in the same envelope.

Idaho Medicaid Provider Resources CD

All active providers receive the *Idaho Medicaid Provider Resources* CD in the mail. The next CD is due out in mid-April. It contains a variety of provider resources including:

Provider Electronic Solutions (PES): the PES software can be used to verify Idaho Medicaid eligibility and to submit electronic claims in HIPAA-compliant transactions. To submit electronic claims, you must have an Electronic Claims Submission (ECS) Agreement on file with EDS. If you have not completed an agreement, insert the CD in the computer drive, select *PES* from the main menu on the CD, and select *ECS Agreement*. Print, complete, and mail this form to EDS. The CD also includes the *PES Handbook* and quick installation instructions.

General Provider Resources: *Qualis Health Provider Manual* (April 2005), *Medicaid and You* (a client brochure), Forms, and Acrobat Reader®.

POS Device Resources: the *POS Device User Guide* and *Installation Guide* for the Idaho Medicaid POS device.

Idaho Medicaid Provider Handbook: the *Idaho Medicaid Provider Handbook*. The handbook is the primary resource for information about the Idaho Medicaid program. The electronic handbook is used regularly by the EDS provider service representatives to answer provider questions.

New Features: a new feature on the April CD is the inclusion of the Idaho Medicaid Fee Schedule and Qualis Select Pre-Authorization List as separate files for easy access.

Ease of Use

Providers have discovered that the electronic versions of the handbooks and reference files gives them more flexibility in using the materials. The electronic version allows users to:

- copy the resource to one or more computers or LAN for easy access
- use the search function to locate specific information
- complete standard forms online before printing and mailing them
- copy and paste sections of handbooks to their own office manuals
- print specific sections of handbooks as needed
- read about program requirements and procedures for all provider types and specialties

Notice for Service Coordination Agencies

All Service Coordination (Case Management) Agencies must comply with the requirements of IDAPA 16.03.17 that went into effect 3-20-04.

April 1, 2005

MEDICAID INFORMATION RELEASE MA05-08

TO: PWC (Pregnant Women and Children) Clinic Providers
FROM: Leslie Clement, Acting Deputy Administrator
SUBJECT: CHANGE IN BILLING PROCEDURES FOR PRESUMPTIVE ELIGIBILITY (PE) CLIENTS WHO ARE PREGNANT

Medicaid is changing the process for submitting claims for Presumptive Eligibility (PE) clients in order to decrease claim processing time and assure claim payment accuracy.

Eligibility for pregnancy services under the PE program is determined as follows:

- Client and provider complete program questions and determine if client is eligible for the PE program.
- Client's local field office receives the application for services from the provider, processes it, and issues a Medicaid number for client's PE eligibility period.
- Client's Presumptive Eligibility period ends after a maximum coverage period of 45 days or sooner if the candidate is eligible for PWC (Pregnant Women and Children) or another Medicaid program.

Claims received by EDS on or after 4/1/2005 with a 9999999 in the client ID number field will be automatically denied. Please follow these steps to submit your claims:

- Verify client's eligibility using MAVIS or electronic software. See your provider manual, Section 1., General Provider and Client Information, for instructions on verifying eligibility. This section may be accessed online at: http://www.healthandwelfare.idaho.gov/Rainbow/Documents/medical/s1_gen_info.pdf
- Submit your claim with the client's Medicaid ID number, (not 9999999).

If you have any questions regarding these billing requirements, please contact EDS at 383-4310 (in Boise) or 1-800-685-3757. Thank you for your continued participation in the Idaho Medicaid Program.

IDAHO MEDICAID PROVIDER HANDBOOK:

This Information Release **replaces** information found in Section 1., 1.4.1.1 – Program Procedures for pregnant women (PWC) PE which states “*Providers who serve PE clients mark these claims with “9999999” in the insured’s ID number field*”.

LC/af

Additional information to Medicaid Information Release MA04-55 CLARIFICATION OF MEDICAID REIMBURSEMENT POLICY FOR BILLING THE COMPONENTS OF THE GLOBAL SURGICAL PROCEDURE CODES: PRE-OPERATIVE, INTRA-OPERATIVE AND POST-OPERATIVE

Providers were instructed in IR MA04-55 to bill for postoperative services with a modifier 55 and the **same surgical CPT code** billed on the original surgical claim.

Please be aware: if that surgical procedure required a prior authorization (PA) number, then all postoperative services related to that same surgery will require the **same PA number** be entered on the claim. If the PA is missing or is incorrect, the claim will deny for prior authorization.

If you have questions regarding benefits and billing, please contact EDS at 1-800-685-3757, or for those in the Boise area, 383-4310.

EDS
P.O. Box 23
Boise, Idaho 83707

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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Check your mail!

In April all active providers will receive the new Idaho Medicaid Provider Resources CD. It contains the updated *Idaho Medicaid Provider Handbook*, the Provider Electronic Solutions (PES) software with upgrades, and the POS device user's guide.

Providers using the CD format of the handbook will be able to copy the handbook files to their desktop computer (s) for use, print paper copies of all the materials they want, and complete forms online to be printed and mailed.

Providers can use the PES software to check client eligibility and service limitations online as well as submit claims.

Providers who are unable to use the CD may request a paper copy of the provider handbook for their provider specialty.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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

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or

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DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036
Fax: (208) 364-1911