



# MedicAide

An informational newsletter for Idaho Medicaid Providers

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

April 2010

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

## New Medicaid Management Information System (MMIS) Coming May 31st, 2010!

The most up-to-date MMIS information is available on the Web at [www.idmedicaid.com](http://www.idmedicaid.com). Watch the *MedicAide* newsletter for more information pertaining to the new MMIS. This month's articles follow on this page.

## New Idaho MMIS Implementation May 31, 2010

**Unisys Corporation** will be responsible for processing of all non-drug claims. The new system is scheduled to go live May 31, 2010.

Provider training will be scheduled for May 2010. Some of the topics will include:

- Prior Authorization
- Healthy Connections referrals
- Claim submission and payment

More information about provider training is included in this issue, including how you can participate.

**First Health Services Corporation** is providing the new Idaho Medicaid Pharmacy Benefits Management (PBM) system and went live January 30, 2010. For additional information on the new pharmacy program, go to the First Health Services Web portal for the Idaho Medicaid program at <https://idaho.fhsc.com> or call **(800) 922-3987**.

## Vendor Specification Guides Now Available

Several significant changes have been made to the HIPAA X12 transaction companion guides. Updated companion guides (vendor specifications) are located on the web at [www.idmedicaid.com](http://www.idmedicaid.com). Please ensure your claim software is ready to go and tested prior to implementation May 31, 2010.

Visit [www.idmedicaid.com](http://www.idmedicaid.com) today! From the home page click on **Companion Guides** in the list along the left side of the screen; you will be taken to a page that includes each of the vendor specification guides.

Electronic Data Interchange (EDI) testing began early in March 2010. If you have any questions, please contact the EDI Helpdesk toll free at **(866) 686-4272** or locally at **(208) 373-1424** - select option #3.

## Do You Use A Billing Agency or Clearinghouse To Submit Claims?

Want to make sure your clearinghouse or billing agency has completed testing and is approved by Unisys to submit transactions for you? Go to [www.idmedicaid.com](http://www.idmedicaid.com) and click on **Registered Billing Agencies and Clearinghouse** on the left side of the screen.

## Trading Partner Registration Now Available

Not sure what a trading partner is? Trading partner Frequently Asked Questions (FAQs) are listed below for your convenience. Please review this information and register as a trading partner as soon as you receive your record update approval letter from Unisys.

## Idaho MMIS FAQs: Trading Partner Registration

No.	Question	Answer
1	I am a Medicaid provider; do I need to register as a trading partner with the new MMIS?	Yes. Registering as a trading partner with the new MMIS allows access to the secure website where you may upload electronic transactions, enter real-time submissions and inquiries, enter referrals and Prior Authorization requests, look up client eligibility and monitor or perform maintenance on your Medicaid provider record.
2	Is there a contract or signed document involved in registering as a trading partner with the new MMIS?	Yes. The registration process involves adding your digital signature to a trading partner agreement, which outlines rules and regulations for exchanging, maintaining, and storing electronic data exchanged with the MMIS.
3	As a provider, will I know immediately if I've registered properly?	Yes. If you register as a provider or billing agency, a confirmation page will display with your newly assigned trading partner ID and further instructions for accessing your account for the first time. You will also receive an e-mail with the same instructions and information.
4	Why do I need a Trading Partner ID?	The trading partner ID is unique to each user. The ID allows you to securely upload electronic transactions, enter real-time submissions and inquiries, enter referrals and Prior Authorization requests, look up client eligibility and monitor or perform maintenance on your Medicaid provider record.

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### DHW Contact Information

◆ **DHW Web site**  
www.healthandwelfare.  
idaho.gov

◆ **Idaho Careline**  
2-1-1  
Toll free: (800) 926-2588

◆ **Medicaid 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  
  
Fax: (800) 826-3836  
(206) 368-2765  
  
[www.qualishealth.org/idaho/medicaid.htm](http://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

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No.	Question	Answer
5	<b>What if my business has multiple billing/pay-to providers, will I need to establish multiple TPA's?</b>	No. You will create only one account. Users will be able to associate additional pay-to providers to their account by selecting the associate provider's link.
6	<b>If I am a billing agency, will I need to have contracted providers before I may be certified as a TPA?</b>	Yes. All billing agencies will be required to establish a relationship with at least one Medicaid provider prior to registration. That provider's information will be used during the registration process.
7	<b>Will I need to register as a trading partner using Idaho Medicaid provider credentials if I am a clearinghouse?</b>	No. Clearinghouses will not have access to real-time transaction processing; therefore they will only be required to submit a Tax ID for registration purposes.
8	<b>I am a provider submitting through a third-party vendor. Do I need to complete the Trading Partner Agreement?</b>	Yes. The third-party vendor, an entity that submits transactions on behalf of the provider, will be required to complete the trading partner registration. As a provider, you will be required to register as a trading partner for access to secure portions of the provider website.
9	<b>I am a provider who submits directly to the MMIS through my own software. Do I need to register as a trading partner?</b>	Yes. You will need to register as a trading partner for two reasons. Registration will allow you access to the secure portions of the site and will also allow you to test your software for certification to submit production transactions.
10	<b>I am a provider who wishes to authorize a third-party vendor to receive my 835 Health Care Claim Payment/Advice (835). Do I need to complete any documentation?</b>	Yes. Providers who wish to authorize a third party to receive the 835 will be required to register as a trading partner with the MMIS. Once registered, you will be able to select a third party vendor that has been tested with the MMIS as your 835 receiver. You must also contact the vendor to ensure they are prepared to accept your transaction.
11	<b>I am a provider who wishes to receive the 835. Do I need to complete any documentation?</b>	Yes. Providers who wish to receive the 835 are considered trading partners and are required to register as such with the MMIS. The trading partner then has the option within trading partner account maintenance to elect to receive the 835 or to have it routed to a certified third-party vendor. Receiving the 835 to your own account is the default process.

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No.	Question	Answer
12	<b>If I wish to submit HIPAA X12 EDI healthcare claims, eligibility inquiries, and others, will I need to undergo a testing process before I can submit to production?</b>	Yes. You will be required to submit 3 files with a minimum of 15 transactions in each transaction. Once those have passed HIPAA validation with zero (0) errors, you will be approved to submit transactions to production.
13	<b>When will Unisys take over healthcare claims processing – is there a definite cutover date?</b>	Unisys will assume responsibility for production claims processing on May 31 <sup>st</sup> , 2010.
14	<b>When will the new system take over all Medicaid processing?</b>	The new MMIS will go live on May 31 <sup>st</sup> , 2010.
15	<b>Is there a paper TPA we can sign and fax in?</b>	No. Unisys does not offer the option to submit paper trading partner agreements at this time.
16	<b>When can I start testing transactions?</b>	You will be able to start testing transaction submission on March, 2 2010. Please be aware that you will be required to register as a trading partner before you can begin the testing process.
17	<b>If I register as a trading partner and successfully test transaction submission, will I start submitting to the new MMIS at that time?</b>	No. You will continue to submit production transactions to the current system as you do today. You will not submit to production in the new MMIS until the go live date of May 31 <sup>st</sup> , 2010.
18	<b>What happens if I accidentally submit a production transaction to the new MMIS?</b>	Checks and balances are in place to prevent production transactions from being processed until after May 31 <sup>st</sup> , 2010.
19	<b>Are there any significant changes to the way we submit electronic healthcare claims today?</b>	Yes. Changes are annotated in the HIPAA X12 companion guides located on the web portal at <b>www.idmedicaid.com</b> . Please visit that location and save a copy for your review. Examples of changes include requiring a service location to be submitted on healthcare claims when a provider has multiple service locations or multiple provider types and specialties under the same provider ID, member Medicaid ID should be submitted exactly as it appears on the member's eligibility card, and taxonomy code submission is no longer needed on claims.

**Contact Information**

◆ **MAVIS**  
Phone: (800) 685-3757  
(208) 383-4310

◆ **Correspondence**  
PO Box 23  
Boise, ID 83707

◆ **Medicaid Claims**  
PO Box 23  
Boise, ID 83707

◆ **PCS & ResHab Claims**  
PO Box 83755  
Boise, ID 83707

**Fax Numbers**

◆ **Provider Enrollment**  
(208) 395-2198

◆ **Provider Services**  
(208) 395-2072

◆ **Participant Assistance Line**  
Toll free: (888) 239-8463

**Unisys – Provider Record Update**

◆ **Phone**  
Monday through  
Friday, 8 am to 5 pm MT  
Toll Free (866) 686-4272  
In Boise (208) 373-1424

◆ **Fax**  
(877) 517-2041

◆ **E-mail**  
IDProviderEnrollment  
@unisys.com

◆ **Mail**  
PO Box 70082  
Boise, ID 83707

**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

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No.	Question	Answer
20.	I am a provider and I tried to enroll as a trading partner but I don't have my provider record update approval letter yet. Why can't I complete the trading partner registration?	Only approved providers are able to complete the TPA registration. If you have not completed your record update, now is a great time to complete and submit your application.

## Are You Ready for the Idaho MMIS Implementation May 31, 2010?

Only providers who have completed their record updates and been approved by Unisys will be allowed to submit claims as of May 31, 2010. If an uninterrupted cash flow is important to you please ensure you are ready for the transition. You should have completed the following already:

- Your provider record update.
- Your trading partner registration.
- Your electronic transaction testing.

If you are still working on one or more of the tasks listed above, please complete the task before April 30, 2010 if at all possible. This will ensure you are ready to submit claims and receive payment from Idaho MMIS as soon as the system implements May 31, 2010. Provider Record Update (PRU) Frequently Asked Questions (FAQs) are listed below for your convenience.

## Idaho MMIS FAQs: Provider Record Update (PRU)

No	Question	Answer
1	What is Provider Record Update (PRU)?	Provider Record Update (PRU) is the process by which you will review, verify and update your provider information in the new MMIS secure online provider portal.
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 filing claims with Idaho Medicaid must update their provider record.
4	When will the Provider Record Update (PRU) take place?	You can access your record today. Go to <a href="http://www.idmedicaid.com">www.idmedicaid.com</a> to update your record.

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No.	Question	Answer
5	<b>Is there a deadline to complete my record update?</b>	Yes. Your record update must be submitted with all supporting documentation before <b>April 30, 2010</b> to ensure you can bill for services when Idaho MMIS implements May 31, 2010.
6	<b>What if my record update is not complete by April 30, 2010?</b>	You will be unable to submit claims for payment in the new MMIS until you have completed your record update and been approved by Unisys.
7	<b>How will I update my provider record?</b>	You can complete your PRU from your home or office by logging on to the secure online provider portal at <b>www.idmedicaid.com</b> or call Unisys at (866) 686-4272.
8	<b>What are the system requirements to log on to the provider portal?</b>	<p><b>For optimal performance</b>, your system should have the following:</p> <ul style="list-style-type: none"> <li>• Internet Explorer 6.0 or above</li> <li>• Screen resolution of 1024 x 768 or higher recommended (reduces scrolling on the pages)</li> <li>• Adobe Acrobat Reader 6.0 or above for reviewing correspondence (can be downloaded free)</li> <li>• Flash Player version 7.0 or above for viewing tutorials (can be downloaded free)</li> </ul>
9	<b>Do I have to have an e-mail address?</b>	Yes. You must have an e-mail address to complete your record update online.
10	<b>Is PRU the only time I will use my e-mail?</b>	No. The e-mail account you use to complete PRU will be the email that Unisys and the Idaho Department of Health & Welfare use to communicate with you on an ongoing basis.
11	<b>If I already have an e-mail do I need a new one?</b>	No. If you have an established e-mail account you do not need a new one for PRU.
12	<b>If I don't have access to a computer or the internet. How do I register or complete my PRU?</b>	Call Unisys at (866) 686-4272. A specialist will be available to answer your questions as you complete your record update.
13	<b>Will certain data fields be pre-populated?</b>	Yes. Some information from your current provider record will be pre-populated for you to review, verify and update.
14	<b>Does a provider who no longer participates in Idaho Medicaid need to update their provider record to adjust current/previous claims?</b>	<p>No. The Provider Record Update is for the new system.</p> <p>If you are no longer a participating Idaho Medicaid provider, please call HP Provider Enrollment at (800) 685-3757 and ask to de-activate your provider number.</p>
15	<b>Will I need to update my rendering provider lists?</b>	Yes. You must review, update, and verify each of the rendering providers who work for your organization.
16	<b>I'm a rendering provider only. I've never billed Idaho Medicaid directly for any services. Do I have to complete a record update?</b>	No. Provider record update is for billing providers only. If you are still working for an organization that is billing Idaho Medicaid they will review your information as part of their record update.
17	<b>I already registered my NPI on the Idaho Medicaid website; is this record update the same?</b>	No, this provider record update process is intended to gather and update provider information for the Idaho MMIS.

No.	Question	Answer
18	Where can I ask questions?	If you have questions regarding Provider Record Update or the MMIS transition, call Unisys at (866) 686-4272 or e-mail Unisys at: <a href="mailto:providerenrollment@unisys.com">idproviderenrollment@unisys.com</a> . If you have questions regarding claims processing in the current Medicaid processing system, please call HP at (800) 685-3757 or (208) 383-4310.
19	I received a letter stating I would receive a green case number letter. What do I do if I have not received it?	Call Unisys at (866) 686-4272. You will be asked a series of security questions before being given your case number.

## You are Invited to Attend the 2010 Idaho Health Care Conference

Conference sponsors include the Idaho Department of Health and Welfare - Division of Medicaid, Unisys, Blue Cross of Idaho, CIGNA, First Choice Health, Humana Inc., the Idaho State Insurance Fund, Regence BlueShield of Idaho, and TriWest Healthcare Alliance.

### Schedule

**Idaho Falls**  
**Tuesday, May 11, 2010**  
 8 a.m. to 4 p.m.  
 Red Lion on the Falls  
 475 River Parkway - Idaho Falls, ID  
**Please pre-register by: May 3, 2010**

**Pocatello**  
**Wednesday, May 12, 2010**  
 8 a.m. to 4 p.m.  
 Holiday Inn  
 1399 Bench Road - Pocatello, ID  
**Please pre-register by: May 4, 2010**

**Burley**  
**Thursday, May 13, 2010**  
 8 a.m. to 4 p.m.  
 Best Western Inn & Convention Center  
 800 N. Overland Avenue - Burley, ID  
**Please pre-register by: May 5, 2010**

**Lewiston**  
**Tuesday, May 18, 2010**  
 8 a.m. to 4 p.m.  
 Red Lion  
 621 21st Street – Lewiston, ID  
**Please pre-register by: May 11, 2010**

**Coeur d'Alene**  
**Wednesday, May 19, 2010**  
 8 a.m. to 4 p.m.  
 Best Western Conference Center  
 506 W. Apple Way – Coeur d'Alene, ID  
**Please pre-register by: May 12, 2010**

**Boise**  
**Thursday May 27, 2010**  
 8 a.m. to 4 p.m.  
 Holiday Inn Airport  
 3300 Vista Avenue – Boise, ID  
**Please pre-register by: May 20, 2010**

Registration starts at 8 a.m. - Classes begin at 8:30 a.m.

If you have questions about the conference, please contact via e-mail:

Jenni Kroon     [jkroon@bcidaho.com](mailto:jkroon@bcidaho.com)  
 Nicki Kelly     [nkelly@fchn.com](mailto:nkelly@fchn.com)  
 Luci Cabrera     [luciana.cabrera@idahosisif.org](mailto:luciana.cabrera@idahosisif.org)

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# 2010 IHCC Agenda

## **8 - 8:30 a.m. Registration**

8:30 - 9:30 a.m. Blue Cross of Idaho (General Web Site Updates)  
First Choice Health (Welcome to First Choice Health)  
Idaho State Insurance Fund (Workers' Compensation)  
Regence BlueShield of Idaho (What's New at Regence)  
**Unisys (The New Medicaid Management Information System (MMIS) – Online Provider Portal)**

## **9:30 - 10 a.m. Break**

10 - 11:00 a.m. Blue Cross of Idaho (Business Process and Policies)  
CIGNA Government Services (2010 Part B Medicare Updates)  
**Medicaid/Healthy Connections (Healthy Connections Goes Online)**  
Idaho State Insurance Fund (Workers' Compensation)  
TriWest Healthcare Alliance (TRICARE West Region Updates)

## **11 - 11:15 a.m. Break**

11:15 - 12:15 p.m. Blue Cross of Idaho (IMA Guest Speaker – Go Green...Get Onboard the CMS \$\$\$ Train)  
**Unisys (The New Medicaid Management Information System (MMIS) – Claims – CMS 1500)**  
First Choice Health (Welcome to First Choice Health)  
Humana, Inc. (HumanaChoice PPO, Humana's Electronic Resources and MRA Overview)  
Regence BlueShield of Idaho (What's New at Regence)

## **12:15 - 1:30 p.m. Lunch (on your own)**

1:30 - 2:30 p.m. Blue Cross of Idaho (Web Site Authorization Tools)  
CIGNA Government Services (2010 Part B Medicare Updates)  
Humana, Inc. (HumanaChoice PPO, Humana's Electronic Resources and MRA Overview)  
TriWest Healthcare Alliance (TRICARE West Region Updates)  
**Unisys (The New Medicaid Management Information System (MMIS) – Claims – UB)**

## **2:30 - 2:45 p.m. Break**

2:45 – 3:45 p.m. Blue Cross of Idaho (Medicare Advantage Updates)  
**Unisys (The New Medicaid Management Information System (MMIS) – Online Provider Portal)**  
Special Guest Speaker

**3:50 p.m. Door Prize Drawings – (must be present to win)**

**4:00 p.m. Conference dismissed**

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# Description of Unisys and Healthy Connections Sessions

## **The New Medicaid Management Information System (MMIS) – Online Provider Portal (8:30 AM and 2:45 PM class sessions)**

This session will provide you with an overview of the new Idaho Medicaid MMIS, also known as the claims processing system. This overview will include an introduction to the new web tools available through the provider portal, and an introduction to features of the new Medicaid Automated Customer Service system (MACS). Some of the features that will be covered include:

- New sources of provider training and support
- Online Provider Directory
- Online dental, professional and institutional claim submission and status (Online claim submission replaces PES)
- Eligibility verification
- Online submission and retrieval of Prior Authorizations and Referrals
- Provider Record Update
- Obtaining reports online, such as your Remittance Advice and Healthy Connections rosters
- Requesting e-mail alerts when new documents are uploaded and/or when current documents are updated
- EDI

This informative overview will provide you with valuable information you will need to be successful with the new claims processing system.

## **Healthy Connections Goes Online! (10:00 AM Class Session)**

New web-based features to be covered will include verifying eligibility and Healthy Connections enrollment, and initiating and retrieving Healthy Connections Referrals. This session will also address the ability for Providers to maintain their record OnLine and access the statewide Medicaid provider directory.

## **The New Medicaid Management Information System (MMIS) – Claims – CMS 1500 (11:15 AM class session)**

This session will provide you with valuable information regarding the new Idaho Medicaid MMIS, also known as the claims processing system. A brief overview will be provided for an introduction to the new web tools available through the provider portal. Some of the features that will be covered include:

- Online claim submission
- Online claim status
- Online claim correction
- Online submission and retrieval of Prior Authorizations and Referrals
- Provider Record Update
- Obtaining reports online, such as your Remittance Advice and Healthy Connections rosters
- Requesting e-mail alerts when new documents are uploaded and/or when current documents are updated
- EDI

This informative overview will provide you with valuable information you will need to be successful with the new claims processing system.

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## **The New Medicaid Management Information System (MMIS) – Claims – UB (1:30 PM class session)**

This session will provide you with valuable information regarding the new Idaho Medicaid MMIS, also known as the claims processing system. A brief overview will be provided for an introduction to the new web tools available through the provider portal. Some of the features that will be covered include:

- Online claim submission
- Online claim status
- Online claim correction
- Online submission and retrieval of Prior Authorizations and Referrals
- Provider Record Update
- Obtaining reports online, such as your Remittance Advice and Healthy Connections rosters
- Requesting e-mail alerts when new documents are uploaded and/or when current documents are updated
- EDI

This informative overview will provide you with valuable information you will need to be successful with the new claims processing system.

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## **Additional Training Available for the MMIS Transition**

With the implementation of the new MMIS claims processing system right around the corner, we will be adding additional training dates in the month of May. These training classes will be held in all regions, with the exception of region 3, Nampa/Caldwell. Instead we will add two additional dates in the Boise region to provide training to the providers in both Nampa/Caldwell and Boise. Please continue to go to [www.idmedicaid.com](http://www.idmedicaid.com) and click on Training Dates in the left menu pane. The dates, times, locations and class topics will all be displayed for you to choose from. There will be four Unisys classes and one Healthy Connections class available for providers.

Each class will include the functionality and navigation of the new online provider portal, the new Interactive Voice Response system (MACS), and common billing changes for all providers. Specific classes will be offered for CMS 1500 claims, UB-04 claims and Dental claims. There will be one class specific to the online provider portal. Make sure you attend at least one of the classes so that you will be ready when the new system goes live. If you have any questions regarding the classes or schedules, call Unisys Provider Enrollment at (866) 686-4272 or local at (208) 373-1424. You can also send an e-mail to [idproviderenrollment@unisys.com](mailto:idproviderenrollment@unisys.com) with your questions.

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## **Department of Health and Welfare Expands Office Hour Closures**

Beginning March 5, 2010, Health and Welfare offices will be closed every other Friday to help manage the State's budget reductions. All Department of Health and Welfare offices will be closed all day on the following dates:

- March 5 & 19
- April 2, 16 & 30
- May 14 & 28
- June 11

During these closures, the DHW Director's office will remain open. The closures will not affect essential services such as crisis response for mental health, or response to child protection calls for abuse or neglect. Also, the state's two state mental health hospitals and Idaho State School and Hospital will maintain 24/7 operations.

Our offices will resume normal business hours on the following Monday morning.

February 16, 2010

**MEDICAID INFORMATION RELEASE 2010-02**

**To:** Medicaid Home Health and Durable Medical Equipment Providers  
**From:** Leslie M. Clement, Administrator  
**Subject:** Oxygen Supply Rate Change

Based on the findings below, Idaho Medicaid will align oxygen equipment reimbursement rates with Medicare's rates.

Idaho Medicaid reimbursement for the oxygen equipment listed below is an average of 19 percent higher than Medicare allowable reimbursement. It is also higher than all current allowable reimbursement for Medicaid organizations in 5 out of 6 surrounding states.

Effective April 1, 2010, Idaho Medicaid will adopt the current Medicare allowable rates as its maximum allowable reimbursement for the equipment listed below.

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Medicaid Allowable as of 4/1/2010</b>
E0424	Stationary Compressed O2 System Rental	\$175.79
E0431	Portable Gaseous O2 System Rental	\$ 28.77
E0434	Portable Liquid O2 System Rental	\$ 28.77
E0439	Stationary Liquid O2 System Rental	\$175.79
E1390	O2 Concentrator Capable Of Delivering 85% Or Greater	\$175.79
E1391	O2 Concentrator Dual Delivery Port 85% Or Greater	\$175.79
E1405	O2 And Water Vapor Enriching System With Heated Delivery	\$207.09
E1406	O2 And Water Vapor Enriching System W/O Heated Delivery	\$192.70

*Allowable amounts shown for E1390, E1391, E1405, and E1406 reflect billing with RR modifier*

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

LMC/rs

March 1, 2010

**MEDICAID INFORMATION RELEASE MA2010-04**

**To:** Hospital Administrators  
**From:** Leslie M. Clement  
Administrator  
**Subject:** Notice of 2010 Medicaid Rates for Swing-Bed Days and Administratively Necessary Days

Effective for dates of service on or after **January 1, 2010**, Medicaid will pay the following rates:

<b>Service</b>	<b>Rate</b>
Swing-Bed Day	\$225.62
Administratively Necessary Day (AND)	\$188.97

If you have billed for swing-bed days since January 1, 2010, please submit corrected claim adjustments to Hewlett-Packard in order to receive reimbursement with the new rates listed above.

If you have questions concerning the information contained in this release, please contact Lourie Neal, Senior Financial Specialist in the Division of Medicaid's Office of Reimbursement Policy at (208) 287-1162.

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

LMC/lh

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# Idaho Medicaid Establishes Fees for two Enteral Nutrition Products

Effective for dates of service on and after April 1, 2010, the Department of Health and Welfare (DHW) is updating the fee schedule for enteral nutrition. The changes include:

- Setting fees for B4160 and B4161.
- GD modifier (service exceeds MUE value) for products needing manual pricing.
- BO modifier (Orally administered nutrition) for enteral fluids not administered through an enteral feeding tube.
- Enhanced reimbursement for selected pediatric enteral nutrition products.

DHW set fees for B4160 and B4161 after reviewing the accompanying invoices from six months of claims data and the fees used by surrounding states.

DHW also recognized during that review process that there are a few medically necessary enteral products assigned to some HCPC codes that are more costly to provide. For those products, providers may continue to bill using a paper claim with a GD modifier and attaching a copy of the invoice from the manufacturer.

## Claims billed without the GD modifier

Claims without the GD modifier will be reimbursed at the rates listed below.

Procedure Code	Description	Reimbursement
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes protein, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$0.70
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	\$1.93

## Claims billed with a GD modifier

When using the GD modifier, all current requirements remain in place. Nutritional products will be paid in accordance with HCPC code description: 100 calories equals one unit. On the claim, include the following:

- The number of calories per day ordered by the physician.
- Number of calories per can in the comments field (field 19).
- Number of cans per case in the comments field (field 19), or on the invoice.
- Attach a copy of the invoice dated just prior to the date of service.
- Indicate whether or not the participant is taking nutritional products orally using the BO modifier.

See the DME handbook at the address below for more information about the Idaho Medicaid requirements for enteral nutrition including nutritional plan requirements.

<http://healthandwelfare.idaho.gov/Providers/MedicaidProviders/ProviderHandbook/tabid/266/Default.aspx>

### Note:

It is up to the provider to ensure that the correct procedure code is used when billing for enteral formula. For information about any new enteral nutrition products and to verify classifications of current products, providers may call the Medicare Pricing, Data Analysis and Coding (PDAC) center at (877) 735-1326 or go to their web page at: <https://www.dmepdac.com/>.

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# Attention Aged & Disabled (A & D) Waiver Providers

## Reimbursement for Adult In-Home A & D Waiver Homemaker Services

Effective April 1, 2010, for A & D waiver participants residing in their own home, Idaho Medicaid will be authorizing meal preparation, shopping, laundry, and housework under the homemaker services code S5130 U2. The reimbursement rate for this code is \$3.40 per unit. In-home participants already receiving A & D services, at redetermination or when requests for additional services are approved, homemaker services will be authorized.

If you have questions regarding this information, please contact the alternative care coordinator in the Division of Medicaid's Bureau of Long-Term Care at (208) 287-1156.

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## Medicaid Program Integrity

### Inappropriate Use of Healthy Connections (HC) Referral Number Leads to Recoupment

Idaho Medicaid has been receiving complaints from HC Primary Care Providers (PCPs) concerning use of their HC referral number when a referral was not obtained. It is very difficult for PCPs to effectively coordinate their patients' care if they are unaware of the services their patients are receiving. Knowingly using an HC referral number without a referral is fraudulent and all claims paid without a referral in place are subject to recoupment. Whether you are a Specialist or a Primary Care Provider, use of an HC referral number on a claim indicates you have a documented referral from the participant's HC PCP.

Complete information regarding HC requirements is contained in Chapter 1, Section 5, of the *Idaho Medicaid Provider Handbook*. Both the HC PCP and the provider receiving referral are required to document the details of the referral in the participant's record. Those details include who made the referral, date of referral, scope of services to be provided, and the duration of referral.

It is very important to always verify a participant's Medicaid eligibility and HC enrollment prior to rendering services. If a participant is enrolled in HC, the name and phone number of the HC PCP is provided when using any of the following options:

- PES (software)
- MAVIS (800) 685-3757
- POS device

Please review procedures with your staff to ensure that billing personnel are not inserting a referral number on claims prior to the referral being obtained and documented. Make sure you obtain the referral from the correct PCP by checking who the participant is enrolled with for the date the service. When a participant changes his/her HC PCP, referrals from the former PCP are no longer valid.

Medicaid Health Resource Coordinators are available to provide training on HC requirements. For further information, or to schedule HC training, please contact the Health Resource Coordinator in your area as listed in the sidebar on page 2.

The Medicaid Program Integrity Unit is dedicated to pursuing fraud and abuse in the Medicaid program and referring suspected fraud to the Medicaid Fraud Control Unit. Providers who knowingly use HC referral numbers without obtaining referrals may be referred for possible prosecution.

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# Reminder: Providers of Therapy Services

## Including Developmental Disability Agencies (DDAs), Hospital Outpatient Facilities and Independent Therapy Providers

### Prior Authorization (PA)

Our PA requirements are intended to be reasonable and promote a high standard of care. Prior authorization is required after the following limits have been reached:

- Physical therapy (PT) and Occupational therapy (OT) – 25 visits in a calendar year.
- Speech-language pathology (SLP) - 40 visits in a calendar year.

**\*Please note that PA requirements for PT, OT, and SLP services are the same whether provided in a DDA, by an independent therapist or by a hospital outpatient facility.**

### Medical Necessity Requirement

All covered services, including visits that do not require prior authorization, must be medically necessary as defined in IDAPA 16.03.09.011.14:

“A service is medically necessary if:

- a. It is reasonably calculated to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functionally significant deformity or malfunction.
- b. There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly.
- c. Medical services must be of a quality that meet professionally-recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. Those records must be made available to the Department upon request.”

The Department will deny prior authorization requests for any services that are not medically necessary.

The Department will recoup payment for:

- Non-covered therapy services.
- Services that were not medically necessary.
- Services that were not actually provided.
- Services which were not properly documented (IDAPA 16.05.07.200).

### DDAs Providing Therapy Services

Therapy services for adults with a developmental disability must be discussed as prioritized needs through the person centered planning process, and be included on the individualized service plan (ISP) as part of the total cost coming out of the participant's annual budget. The person centered planning team should evaluate the therapy needs of the participant for an entire year and reflect these needs on the ISP.

DDA providers must also obtain PA through the Medical Care Unit for all therapy beyond the visit limits listed above even when they are indicated on the ISP. The ISP plan does not replace the requirement for PA from the Medical Care Unit. It is the therapy provider's responsibility to track a participant's use of therapy services and to request authorization before those limits are reached. Plan Developers must provide PA information from the medical necessity review to the regional DD care manager for the participant file.

### Addendums to Individual Service Plans for Participants Diagnosed With Developmental Disabilities (DD)

When a need for additional therapy services is greater than what is indicated on the ISP, an addendum must be submitted to the regional DD care manager to evaluate budget and assessed need. Please submit this addendum to the regional DD care manager. This addendum must show goals for the remaining plan year and proposed start and end dates.

*Continued on page 15*

### **Non-Covered Therapy Services**

Some services are specifically not covered by regulation (IDAPA 16.03.09.732), including:

- Continuing services for participants who do not exhibit the capability to achieve measurable improvement.
- Services that address developmentally acceptable error patterns.
- Services that do not require the skills of a therapist or therapy assistant.
- Services provided by unlicensed aides or technicians, even if under the supervision of a therapist, except as provided under School-Based Services.
- Massage, work hardening, and conditioning.
- Services that are not medically necessary, per IDAPA 16.03.09.011.
- Maintenance programs.
- Duplicate services.
- Group therapy in settings other than school-based services and developmental disability agencies.

Experimental or investigational treatment modalities are not covered, such as:

- Hippotherapy, also known as equestrian therapy.
- Craniosacral therapy.

### **Services for Obesity**

Therapy is not covered when the sole diagnosis is obesity per IDAPA 16.03.09.432. However, participants with a diagnosis of obesity may qualify for Preventive Health Assistance (PHA). For more information regarding the PHA program, please visit <http://www.healthandwelfare.idaho.gov/Default.aspx?tabid=221>, or call toll-free at (877) 364-1843.

### **Retrospective Requests**

Therapy providers are responsible for tracking the number of visits they provide to a participant during the calendar year. The therapy provider should also ask the participant if they have previously, or are currently, receiving therapy services from another provider.

Please submit your requests at least a week in advance of the last visit to ensure authorization is in place before PA'd services are provided. Requests received retrospectively are inconsistent with the requirements of Medicaid therapy rules (IDAPA 16.03.09.732.04 for more information) and will be denied. Providers should bill the visits that did not require PA before billing services requiring a PA. This will ensure accurate claims payment.

For additional information, please see the following chapters of the Idaho Medicaid Provider Handbook: Health Care Providers of the Healing Arts Guidelines and the Rehabilitative and Health Related Services Guidelines at <http://www.healthandwelfare.idaho.gov/Default.aspx?tabid=266> and Idaho Administrative Code, IDAPA 16.03.09 and IDAPA 16.03.10, available online at: <http://adm.idaho.gov/adminrules/rules/idapa16/16index.htm>.

If you have questions about PA requirements or the PA process, you may contact the Medical Care Unit by faxing inquiries to (208) 332-7280 or by e-mailing questions to [MedicaidTherapy@dhw.idaho.gov](mailto:MedicaidTherapy@dhw.idaho.gov). If you need to speak to one of the medical program specialists, please call (208) 287-1148 or (208) 364-1904.

If you have questions regarding DDA or ISP requirements, please contact your regional DD Care Manager.

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## **The *MedicAide* Newsletter is going “Green”**

Beginning June, 2010 the *MedicAide* Newsletter will no longer be mailed to you. For your convenience, newsletters will be available by the 5<sup>th</sup> of each month to view or print electronically at: <https://www.idmedicaid.com>.



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## Do Your Patients Need to Lose or Gain Weight?

The Preventive Health Assistance (PHA) benefit may be able to help pay for a weight management program. PHA provides assistance to Medicaid patients who meet the Centers for Disease Control definition of being obese or underweight.

To qualify for this benefit, Medicaid patients must:

- Be over the age of 5
- Have a Body Mass Index (BMI) in the obese or underweight range
- Want to improve health through weight management

If you have a patient you think may qualify, please refer them to the PHA Unit at **1-877-364-1843** or give them a PHA brochure.

If you would like to request a supply of PHA brochures or if you would like more information on PHA benefits, please call the PHA Unit at **1-877-364-1843** (toll-free).

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## Internal Revenue Service Exempt Status for Personal Care and Residential Habilitation Service Providers

You can use this notice to submit to the Internal Revenue Service (IRS) for your taxes.

In May 2004, the Idaho Department of Health and Welfare (IDHW) met with the Boise IRS to discuss the tax status of personal care and residential habilitation service providers. The current ruling is that the IDHW payments to these providers meet the following tax exempt criteria in Section 131 of the IRS Code:

- Services are provided in the provider's home.
- A state agency, IDHW, is paying for the services.
- The individuals require a high level of care and supervision. Without the personal care or residential habilitation services, the individual would need care in a nursing home or an intermediate care facility for the mentally retarded. In addition, the Medicaid payment is only for the care provided and not for room and board.

For general tax information, go to [www.irs.gov](http://www.irs.gov). To read an explanation in layman's terms about exempt status for personal care and residential habilitation service providers, go to <http://www.irs.gov/pub/irs-pdf/p17.pdf>, page 94, Chapter 12 of the *IRS Publication 17*. Refer to "Foster Care Providers," "Difficulty-of-Care Payments," and "Reporting Taxable Payments."

It is possible that the IRS might not have all the information on the care component. This article may provide clarification for the IRS. Please consult the IRS or a professional tax preparer if you have additional questions.



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## 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. (HP 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	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](http://www.irs.gov/newsroom/article/0,,id=103554,00.html).

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## Frequently Asked Questions About 1099 Forms

1. If I am tax exempt, why did I receive a 1099 form?

**All** providers receive a 1099 form regardless of exempt status.

2. What makes a provider tax exempt?

Personal care and residential habilitation service providers are exempt if:

- Services are rendered in the provider's home.
- A state agency (e.g., DHW) is paying for the services.
- The participant requires a high level of care and supervision and, without the personal care of residential habilitation services, the participant would need care in a nursing home or intermediate care facility for the mentally retarded.
- The Medicaid payment is only for the care provided and not for room and board.

3. Do I have to file my 1099 if I am tax exempt?

Yes. Everyone must file the 1099. For more information, please go to the IRS Web site, [www.irs.gov](http://www.irs.gov), search for Publication 17, page 94. Refer also to the article "Internal Revenue Service Exempt Status for Personal Care and Residential Habilitation Service Providers" on the preceding page.

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**HEALTH & WELFARE**



## Reminder that MAVIS

(Medicaid Automated  
Voice Information Service)

is available 24 hours a day at:

(800) 685-3757 (toll free)

or

(208) 383-4310 (Boise local)

*MedicAide* is the monthly informational newsletter for Idaho Medicaid providers.

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