



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

March 2007

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

NPI Registration is Coming Soon!

Idaho Medicaid National Provider Identifier (NPI) Web registration is coming soon. NPI registration is the process where providers report their NPI(s) and link it to their existing Idaho Medicaid provider number(s). A letter with detailed instructions will be mailed to every active healthcare provider as soon as the registration Web site is up and running.

You will receive one letter for each of your Idaho Medicaid provider numbers. These are not duplicate letters. Each letter contains a unique registration code. Keep all of these letters to use for the NPI registration process.

Trained staff will be available to answer your questions and assist with Web registration. See the article about monthly provider training sessions at the bottom of this page and on Page 5.

If you haven't applied for your NPI yet, apply now! The quickest way to apply for your NPI is on the Web at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>, or you can call (800) 465-3203 for a paper application.

More NPI information is available at <http://www.healthandwelfare.idaho.gov> under the Medical/Medicaid Provider/NPI links.

Important - Time is running out, so act today and apply for your NPI(s)!

Getting an NPI is free . . . not having one can be costly

NPI Provider Workshops – March 2007

Want to learn more about National Provider Identifiers (NPIs)? Regional Provider Relations Consultants are conducting a series of provider workshops during March and April 2007.

Workshops will be held in computer training rooms in each region. The regional consultant will be on hand to help providers register their NPI(s) using the Idaho Medicaid NPI Registration Web tool. NPI registration should take about 30 minutes. Since space is limited, it is important that you call your regional consultant to schedule an appointment.

You do not have to attend a provider workshop to register your NPI with Idaho Medicaid. Online Web registration is available from any computer that connects to the World Wide Web.

NPI Frequently Asked Questions

Updated as of January 31, 2007

1. What is NPI?

The National Provider Identifier (NPI) is part of the Health Insurance Portability and Accountability Act (HIPAA). The NPI number or numbers will replace existing provider numbers and identify providers to health plans with a unique 10-digit numeric provider identifier.

2. Why do we need the NPI?

- Simpler electronic transmission of HIPAA standard transactions
- Standard unique health identifiers for health care providers
- More efficient coordination of benefits transactions

3. Who can apply for and receive an NPI?

All individuals and organizations that meet the federal definition of healthcare provider can apply for and receive an NPI.

4. Who should get an NPI?

Healthcare providers that send or receive HIPAA standard electronic transactions should get an NPI.

5. Will every Idaho Medicaid provider need an NPI?

Some Idaho Medicaid providers will be able to continue using their current Idaho Medicaid Provider number. "Atypical" providers will not be expected to send an NPI on their claims. Idaho Medicaid has interpreted the NPI rule to designate the following providers as "atypical":

- Non-Emergency Commercial Transportation
- Transportation Broker
- Individual Transportation Provider
- Agency Transportation Provider
- Personal Emergency Response Systems
- Home Modifications
- 24 Hour PCS Home for Children – (Foster Care)
- Personal Care Service (PCS) / Aged & Disabled (A&D) Agency
- Adult Day Care
- Residential Assisted Living Facility (RALF)
- Behavior Consultation/Crisis Management
- Chore Services
- Home Delivered Meals
- Self Determination Fiscal Employer Agent
- Residential Habilitation Agency
- Certified Family Homes
- Respite Care
- Supported Employment Service

DHW Phone Numbers

Addresses

Web Sites

DHW Websites

www.healthandwelfare.idaho.gov

Idaho Careline

211 (available throughout Idaho)
(800) 926-2588 (toll free)

Medicaid Fraud and Program Integrity Unit

P.O. Box 83720
Boise, ID 83720-0036
Fax (208) 334-2026

Email:
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
(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) 235-2927
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

In Spanish (en Español)
(800) 378-3385 (toll free)

Continued on Page 3 (NPI FAQs)

**Prior Authorization
Phone Numbers
Addresses
Web Sites**

DME Prior Authorizations:

DME Specialist
Bureau of Medical Care
P.O. Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax (800) 352-6044
(Attn: DME Specialist)

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(866) 827-9967 (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](http://www.qualishealth.org/idahomedicaid.htm)

Insurance Verification:

HMS
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

**Transportation Prior
Authorization:**

**Developmental Disability
and Mental Health**
(800) 296-0509, #1172
(208) 287-1172

**Other Non-emergent and
Out-of-State**

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

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

Ambulance Review

(800) 362-7648
(208) 287-1155

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

Continued from Page 2 (NPI FAQs)

6. Can “atypical” providers still bill Idaho Medicaid?

Idaho Medicaid providers who are “atypical” can still participate in the Idaho Medicaid program by using their Idaho Medicaid provider number.

7. Can billing services and clearinghouses obtain an NPI?

Billing services and clearinghouses do not meet the definition of a health care provider and will not be eligible for an NPI.

8. Who is an individual provider?

A person or a sole proprietorship is considered an individual provider, and are eligible for a single NPI only.

9. Who is an organizational provider?

Examples of organizational providers are hospitals, clinics, group practices, nursing homes, etc. If you are an individual who is a healthcare provider and are incorporated, you may need to obtain an NPI for yourself and a separate NPI for your corporation or Limited Liability Company (LLC).

10. How can I get prepared to apply for an NPI?

Go to the following Web page to determine what information you will need to provide to the National Plan and Provider Enumeration System (NPPES) to apply for an NPI: <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

The Center for Medicare and Medicaid Services (CMS) developed the NPPES to assign the NPI to eligible healthcare providers. Fox Systems, Inc. is contracting with CMS to serve as the NPI enumerator.

11. How can I apply to get my NPI?

There are three ways you can get an NPI. You can:

- Apply online, visit: <https://nppes.cms.hhs.gov>. This is the fastest and most efficient way to get an NPI. Your NPI will be returned to you by email.
- Call (800) 465-3203 to request a paper application. Your NPI will be returned to you by mail.
- Authorize an employer or other trusted organization to obtain an NPI for you through bulk enumeration, or Electronic File Interchange (EFI). Your NPI will be returned to you by the organization you authorized to obtain your NPI.

Regardless of how you get your NPI, it is important that you keep the notification document you receive from NPPES informing you of your NPI. Learn more about the application process by clicking on National Provider Identifier (NPI) at:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

12. When should I apply to get my NPI?

Individual providers should apply now for their NPI. Organizational providers have other considerations to analyze when they apply for an NPI, but they also should apply now for their NPI(s).

13. When can I send my NPI to Idaho Medicaid?

A process to register NPI numbers with Idaho Medicaid is in development. Providers will be notified when Idaho Medicaid is ready to accept NPI registrations.

Continued on Page 4 (NPI FAQs)

14. When will Idaho Medicaid begin using the NPI for healthcare transactions?

Based upon the Federal NPI requirements, Idaho Medicaid will require healthcare providers who have an NPI to use their NPI number for electronic claims and eligibility transactions beginning **May 23, 2007**.

15. What is a subpart?

Organizations are defined as a type 2 entity and may be composed of a number of smaller health care providers also called **subparts**. Individual health care providers are defined as a type 1 entity and are not composed of subparts.

16. Where can I get information on the new CMS 1500 (08/05)?

This link will take you to additional information about the new CMS 1500 (08/05). The CMS 1500 link can be found at: <http://www.healthandwelfare.idaho.gov/Default.aspx> under the Medicaid Provider Information link on the right hand side of the Web page.

17. What is a national Provider Taxonomy Code?

A taxonomy code designates provider type and specialty. This is a standard national code. When you apply for your NPI you must select at least one taxonomy code.

A list of the national taxonomy codes can be found at:
<http://www.wpc-edi.com/codes/taxonomy>.

18. Who will need to submit a taxonomy code on claims?

If you have multiple Idaho Medicaid Provider numbers and only applied for one NPI, you must submit the correct national taxonomy code on each claim. We have mapped Idaho Medicaid existing type and specialty designations to national taxonomy codes.

Providers will be contacted and informed of the taxonomy codes allowed for each of their Idaho Medicaid Provider numbers.

19. What if I must submit a taxonomy code, but I can't submit a taxonomy code on my claims?

Work with your vendor to make sure your software is updated and ready before the May 23, 2007, NPI deadline. You also may want to consider applying for one NPI for each current Idaho Medicaid Provider number.

20. Who won't need to submit a taxonomy code on claims?

- If you have multiple Idaho Medicaid Provider numbers and you applied for an NPI for each of these provider numbers, you do not need to submit a taxonomy code on each claim.
- Provider types that will not be required to use an NPI will also not be required to submit taxonomy codes on claims. The provider types not required to use an NPI for Idaho Medicaid are listed in FAQ #5.

21. How many NPIs do I need to get?

The most straightforward way to do business with Idaho Medicaid is to apply for one NPI for each of your base Medicaid Provider numbers. A Medicaid Provider number has two parts. The first seven digits are your base provider number. The last two digits indicate the service location.

If you have multiple base Idaho Medicaid Provider numbers and you apply for only one NPI, you must submit the correct taxonomy code and zip+4 on each claim or your claim will be denied.

Ultimately, the number of NPI(s) an organization applies for is the organization's decision. Individual providers/Sole Proprietors can only receive one NPI regardless of the number of Idaho Medicaid Provider numbers they have.

EDS Phone Numbers

Addresses

MAVIS

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

EDS

Correspondence

P.O. Box 23
Boise, ID 83707

Provider Enrollment

P.O. Box 23
Boise, Idaho 83707

Medicaid Claims

P.O. Box 23
Boise, ID 83707

PCS & ResHab Claims

P.O. 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**

Continued from Page 4 (NPI FAQs)

**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 Trent
1720 Westgate Drive, # A
Boise, ID 83704
jane.trent@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

22. Will the PES software be updated to support NPI?

Yes. A new CD will be mailed later this spring.

23. Will an NPI be required on paper claim forms submitted to Idaho Medicaid?

Providers who submit paper claims to Idaho Medicaid must submit their Idaho Medicaid Provider number with the correct qualifier. Paper claims that include only the NPI will be denied.

24. How can I get more NPI information?

To apply for your NPI go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>, or you can call (800) 465-3203 for a paper application.

To find out more about Idaho Medicaid and NPI go to: <http://www.healthandwelfare.idaho.gov> under the Medical/Medicaid Provider/NPI links.

Monthly training sessions will be available in your region. Dates and times will be posted in the monthly MedicAide newsletter.

Getting an NPI is free . . . not having one can be costly

Information provided by Idaho Medicaid is not intended to be used in place of information from the Federal Government and other organizations, but is designed to help providers understand what NPI is and how it may impact their business practices.

Provider Enrollment Applications Revised for NPI

Revised new provider enrollment applications that include a new NPI section will be available on the Web in March 2007.

Regional Training Hot Topic – March 2007

Want to learn more about National Provider Identifiers (NPIs)? Provider Relations Consultants conduct provider training sessions every month in their region.

For the next several months the training sessions are designed to provide information about the hot topics facing Idaho Medicaid providers today.

Hot topics for March include:

- NPI – the most current information available
- How to Register your NPI with Idaho Medicaid
- NPI Registration Workshop Schedules
- CMS 1500 (08/05)
- Billing issues

The next training session is scheduled for Tuesday, March 13, 2007, from 2:00 to 4:00 pm, except for Region 4 which will be scheduled from 10:00 to 12:00 pm. These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local consultant.

January 5, 2007

MEDICAID INFORMATION RELEASE MA07-03

TO: Hospitals with Emergency Departments
FROM: Leslie M. Clement, Administrator
SUBJECT: **Co-Payment for Non-Emergency Use of an Emergency Room**

Idaho Medicaid is implementing co-payment provisions of House Bill #663 passed by the 2006 Idaho legislature. The purpose of this Information Release is to provide guidance regarding the collection of co-payments for accessing a hospital emergency room for non-emergent conditions.

Beginning February 1, 2007, a Medicaid participant can be assessed a three dollar (\$3) co-payment for inappropriate emergency room utilization when these three conditions are met:

- The required medical screening indicates that an emergency medical condition does not exist as determined by the emergency room physician applying the prudent layperson standard. A co-payment may not be charged if the physician determines that a prudent layperson would have sought emergency treatment in the same circumstances, even if the care rendered is for a non-emergent condition.
- The Medicaid participant is not a Native American or Alaskan Native.
- There is an alternative setting for the Medicaid participant to receive treatment at no cost. A Medicaid participant can receive no cost treatment from their Healthy Connection's primary care provider (PCP) or at an Urgent Care Clinic with a referral from their PCP. The hospital is required to facilitate a referral to an appropriate provider in order to impose a co-pay or deny treatment to a Medicaid participant who does not make a co-payment.

When a hospital determines that a co-payment can be imposed, the hospital can require the Medicaid participant make the co-payment in order to receive treatment.

Please note that collection of the co-payment is at the discretion of provider and is not required by Idaho Medicaid. However, all the conditions outlined above must be met if a hospital wishes to deny treatment to a Medicaid participant who presents in the emergency room with a non-emergent condition.

This information is in addendum to Section 3 of the hospital provider handbook.

If you have questions about this policy or the rule changes made to implement this policy, please contact Arla Farmer at the Division of Medicaid at (208) 364-1958. Thank you for your continued participation in the Idaho Medicaid program.

LMC/rp

2007 RUF and PNA Changes

January 1 of each year the Personal Needs Allowance (PNA) for a Medicaid recipient receiving residential care increases. The PNA is an amount of the individual's income that is designated to be used for their basic needs and the cost of Rent, Utilities and Food (RUF).

The PNA for a person living in an assisted living or residential care facility for calendar year 2007 is \$623 per month. Of that amount, \$81 is designated for the individual's basic needs and \$542 is designated for the RUF.

January 8, 2007

MEDICAID INFORMATION RELEASE MA07-04

TO: Emergency Transportation (Ambulance Service) Providers
FROM: Leslie M. Clement, Administrator
SUBJECT: **Co-Payment for Non-Emergency Use of Ambulance Transportation Services**

Idaho Medicaid is implementing co-payment provisions of House Bill #663 passed by the 2006 Idaho legislature. The purpose of this Information Release is to provide guidance regarding the collection of co-payments for using ambulance transportation for non-emergent medical conditions.

Beginning with dates of service on or after February 1, 2007, ambulance providers may bill Medicaid participants a three dollar (\$3) co-payment for inappropriate ambulance service utilization when the following conditions are met:

- The Department determines that the Medicaid participant's medical condition did not require emergency ambulance transportation, and
- The Department determines that the Medicaid participant is not exempt from making co-payments according to federal statute.

The Department will notify both the ambulance provider and the Medicaid participant on the "Notice of Decision" letter when a participant may be billed for a co-payment. **Please note: Collection of the co-payment is at the discretion of provider and is not required by Idaho Medicaid.**

This information is in addendum to Section 3 of the Ambulance Provider Handbook.

If you have questions about this policy or the rule changes made to implement this policy, please contact Arla Farmer at the Division of Medicaid at (208) 364-1958. Thank you for your continued participation in the Idaho Medicaid program.

LMC/rp

Attention Hospital and Home Health Providers: New Requirements for Billing UB-92 Claims for Pregnant Women (PW) Program

UB-92 claims for PW participants submitted on or after February 1, 2007 must include one of the following:

- A primary or admission diagnosis that is clearly pregnancy related, **or**
- Attached documentation stating that the client was pregnant on the date(s) of service and the services were necessary to promote a positive outcome of the pregnancy, **or**
- Attached documentation stating that the client was not pregnant on the date(s) of service **and** the services were a direct result of, or were exacerbated (made worse) by, the pregnancy.

If the primary or admit diagnosis is not clearly pregnancy-related and adequate documentation is not attached to the claim, the entire claim will be denied.

January 31, 2007

MEDICAID INFORMATION RELEASE MA07-05

TO: All Hospital Administrators
FROM: Leslie M. Clement, Administrator
SUBJECT: **Idaho Medicaid Disproportionate Share Hospital (DSH) Survey**

On September 30, 2007, Idaho Medicaid will distribute a DSH payment to all eligible hospitals for federal fiscal year 2007. In order to be considered for a DSH payment, the hospital must:

- Provide all data requested on the attached survey. All data entered on the survey should be for the fiscal year indicated on the survey form.
- Verify that the information in the shaded areas on the survey is correct, as provided by Myers and Stauffer LC. If you disagree with any of this information, please attach documentation supporting the correct information.
- Maintain records supporting the answers given on the survey as all answers may be subject to audit.
- Return the survey by May 31, 2007 to:

Myers and Stauffer LC
Attn: Karen McKittrick
8555 W. Hackamore Dr., Suite 100
Boise, ID 83709-1693

Please note: If the survey is received after May 31, 2007, the hospital will not be considered for a DSH payment.

If you have any questions concerning the survey, please contact Karen McKittrick at (208) 378-1400 or (800) 336-7721. Thank you for your participation in Idaho Medicaid.

LMC/SP/klm

Attachment

Medicare Billing Change

The Idaho Department of Health & Welfare (DHW) is federally mandated to ensure that Medicaid is the payer of last resort. The Centers for Medicare Services (CMS) has announced that they will no longer process claims from State agencies. Therefore, Idaho Medicaid, through its contractor, Health Management Systems, Inc. (HMS) must change its process for handling claims paid by Medicaid when Medicare should have been the primary payer.

If you have claims impacted by this change, you will receive a cover letter and a report that lists the affected claims. The report will detail Medicare coverage that should have been billed primary to Medicaid, and will include directions for the provider to bill Medicare for the services and reimburse Medicaid.

HMS will track responses and refunds from providers. If a response is not received within 60 days of the first notice, a second notice will be sent. HMS will make every effort to avoid recoupments being sent to Medicaid providers who are not Medicare participating providers.

If you have any questions or concerns about these billing changes, please contact Angela Torres at (208) 375-1132 ext. 225.

Medicare-Medicaid Coordinated Plan

In the spring of 2007, Idaho Medicaid is partnering with Medicare Advantage Plans to implement a new benefit plan. This benefit plan, called the Medicare-Medicaid Coordinated Plan, integrates Medicare and Medicaid benefits for individuals who are enrolled in both programs.

- **Who can participate?**

Medicaid participants enrolled in both Medicare Part A and Part B may opt to sign up for this plan if they live in a county served by a participating Medicare Advantage Plan.

- **How will I know who is eligible for the Medicare-Medicaid Coordinated Plan?**

Providers should always check eligibility before providing services. Participants who are enrolled in the Medicare-Medicaid Coordinated Plan will have both a Medicaid identification card and a Medicare Advantage Plan identification card. Please remember that the card itself is not a guarantee of eligibility.

You can request eligibility and benefit plan information with the Medicaid Identification Card using the same methods that are currently available. These methods include:

- Medicaid Automated Voice Information System (MAVIS)
- EDS Provider Electronic Solution (PES) billing software
- HIPAA-compliant point of service devices (POS)
- HIPAA-compliant EDS tested vendor software

The eligibility response will indicate that the participant is on the “Medicare-Medicaid Coordinated Plan.”

- **How do I bill for a participant on the Medicare-Medicaid Coordinated Plan?**

Services covered under the Medicare-Medicaid Coordinated Plan are shown in the table below. Most services are covered under the Medicare Advantage Plan. Providers should bill the Advantage Plan directly for these services. Any claims sent to Medicaid for services covered under the Medicare Advantage Plan will be denied. Medicaid covered services shown on the table below should be billed directly to Medicaid.

Medicare-Medicaid Coordinated Plan Services		
Benefit	Medicare Advantage	Medicaid
Hospital Services	X	
Outpatient Services	X	
Emergency Hospital Services	X	
Ambulatory Surgical Center Services	X	
Physician Medical Services	X	
Physician Surgical Services	X	
Certified Pediatric or Family Nurse Practitioner Services	X	
Physician Assistant Services	X	
Chiropractor Services	X	
Podiatrist Services	X	
Optometrist Services	X	
Certified Nurse-Midwife Services	X	
Primary Care Case Management: for persons with mental illness, for persons receiving Personal Care Services, and for persons with Developmental Disabilities	X	
Adult Physicals	X	

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Medicare-Medicaid Coordinated Plan Services		
Benefit	Medicare Advantage	Medicaid
Screening Mammography Services	X	
Prevention and Health Assistance Benefits (includes health/wellness education and intervention services such as disease management, tobacco cessation programs, or weight management)	X	
Laboratory and Radiological Services	X	
Prescribed Drugs under Medicare Part D	X	
Prescribed Drugs not covered by Medicare Part D	X	
Family Planning Services	X	
Inpatient Psychiatric Services	X	
Outpatient Mental Health Services	X	
Psychosocial Rehabilitative Services		X
Home Health Care	X	
Therapy Services	X	
Speech, Hearing, and Language Services	X	
Medical Equipment and Supplies	X	
Specialized Medical Equipment and Supplies	X	
Prosthetic Devices	X	
Vision Services	X	
Dental, Medical, and Surgical Services	X	
Dentures	X	
Rural Health Clinics	X	
Federally Qualified Health Center Services	X	
Indian Health Services	X	
Medical Transportation	X	
Nursing Facility Services <= 100 days	X	
Nursing Facility Services		X
Personal Care Services		X
Other Home & Community-Based Services		X
Hospice Care	X	
Intermediate Care Facility Services (ICF/MR)		X
Developmental Disability Agency Services		X

Missed Appointment?

Please remember...if your practice has an office policy to charge or dismiss patients for missed appointments, this policy can be applied to your Medicaid patients the same as any other patient. The only restriction is that you must apply your missed appointment policy to all patients, not just your Medicaid patients. Charges for missed appointments are not reimbursable under Medicaid and are the sole responsibility of the patient.

Are You Billing Medicaid Patients?

Please remember...in order to bill a Medicaid patient for services you provide, you must inform the Medicaid patient that they are responsible for the charges **before services are rendered**. For example, if a Medicaid patient presents for specialty treatment without a Healthy Connections referral, you must tell the patient that they will be responsible for payment before the patient receives any services. This is to allow the Medicaid patient to decide whether or not to incur the debt. This is similar to the Medicare requirement, but Medicare patients must sign a waiver.

Billing a Medicaid patient only after receipt of a denial of payment from Medicaid is not acceptable practice. The Medicaid Provider Agreement states you will adhere to the policy of informing Medicaid patients of non-covered services prior to rendering services. Thank you!

Tips for Billing Medicare Crossover Claims

Each Medicare crossover claim must be submitted with a Medicare Remittance Notice (MRN) attached. The Medicare Remittance Notice must clearly state what was applied to the Medicare payment and any adjustments. We are seeing more Medicare Remittance Notice forms that do not have any wording on them to identify that they are Medicare related.

If the MRN does not clearly identify that it is a Medicare document, please write **Medicare** or **Medicare HMO** (if applicable) on the top right margin of the claim form to help sort the claim correctly. This will help ensure that your claim is batched for appropriate processing. This information is located in your Idaho Medicaid Provider Handbook, Section 2.5.1.

Remember, you can bill Medicare crossover claims electronically. Electronic billing is faster and more efficient than billing on paper. Call (800) 685-3757 (383-4310 in Boise) 8:00 am – 6:00 pm to request PES (Provider Electronic Solution) software at no charge. Choose the EDI technical support option 8:00 am – 5:00 pm to set up electronic billing with your vendor software.

Sometimes Recycled Paper is Not a Great Idea

We usually think of using recycled products as a good thing to do. However, when it comes to scanning claims, recycled paper can cause problems.

Claims received at EDS that are printed on legitimate forms using recycled paper are opened, sorted and batched just like all other paper claims. When the form doesn't indicate it is printed on recycled paper, it cannot be sorted out for special handling based on appearance. The difference is apparent only when viewing the scanned image of claims printed on some types of recycled paper. The image appears splotchy, speckled, and illegible. These claims must be pulled and rescanned with adjusted settings in attempt to get a clearer image. When the claim is illegible, data may be entered in the system incorrectly and cause claim denial or incorrect payment.

Before ordering a large inventory of paper claim forms for submitting to Medicaid, if you would like to use recycled paper, please send us a sample of the paper for testing with our scanners. We want to make sure your claim is processed correctly. Also remember, electronic billing is the most efficient way to submit claims that do not need paper attachments.

EDS
P.O. Box 23
Boise, Idaho 83707

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



Idaho Health Care Conference

Blue Cross of Idaho, CIGNA Government Services, Department of Health and Welfare/Medicaid, EDS, Idaho State Insurance Fund, Noridian Administrative Services, Regence BlueShield of Idaho, and TriWest Healthcare Alliance invite you to attend the Idaho Health Care Conference.

**Look for next month's
MedicAide newsletter
for more
information!**



Participants are encouraged to visit with the exhibitors during breaks and at lunch. Registration is free for all Idaho health care providers. Multiple sessions will allow you to attend individual presentations by all participants, if you choose.



MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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