



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

October 2009

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

The most up-to-date MMIS information is available on the Web at www.idahommis.dhw.idaho.gov. Watch the *MedicAide* newsletter for more information pertaining to the new MMIS. This month's article follows.

Idaho MMIS Provider Record Update

Provider Record Update (PRU) is about to begin. Visit our Web site at www.idahommis.dhw.idaho.gov to:

- Register for a local workshop
- Learn more about the record update process
- View Frequently Asked Question (FAQ)

We will send you two provider record update letters.

The first letter contains important information about:

- The new claim processing system (Idaho MMIS)
- The provider record update process
- The steps you can take now to be ready for your record update

The second letter contains important information about:

- The new online Web portal URL
- A unique case number
- Your Idaho Medicaid provider number

Along with the information in your second letter you will also need the following to log on to the new system:

- Your e-mail address
- Your current Pay-To Tax ID

The second letter contains a unique case number for each Idaho Medicaid provider number assigned to you. These case numbers are not duplicates, they are specific to a single record. Please keep them all.

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

To ensure our MMIS Transition letters catch your attention we have printed them on light green paper and mailed them in envelopes that include **red** printing on the front that says **Idaho MMIS Transition Information Inside**.

If you don't receive these letters please e-mail Unisys at **idproviderenrollment@unisys.com**. We will e-mail you a copy of your letter to make sure you have the information you need to update your provider record.

Do I have to have an email address?

Yes. You must have an e-mail address to complete your record update online. If you don't already have an e-mail address, you can quickly obtain one by typing "Free Email" into your search engine window on the Internet. You will be directed to many Web sites that offer free e-mail accounts.

What's in it for you?

We appreciate all you do to provide quality services to Idaho's Medicaid participants! We want to make sure your transition to the new claim processing system is a simple process. To make certain your claims can be processed in the new system you need to complete your record update. This will ensure you have access to all the great new features provided by Idaho MMIS.

As soon as new information is available it is posted to our Web site at **www.idahommis.dhw.idaho.gov**. Please visit the Web site frequently to ensure you are informed and ready for the transition.

What is Provider Record Update?

Provider Record Update (PRU) is the process by which you will review, verify, and update your provider record in the new MMIS secure on line provider portal. Much of your provider information will be displayed during PRU. Completing your PRU will ensure your records are clean and correct in the new system.

What type of information will be displayed?

- Demographic information such as names, addresses, and phone numbers
- Service location information
- Provider type, specialty, and credentialing information
- Group rendering provider lists
- Healthy Connections information (called Primary Care Case Management or PCCM in the new system)
- Electronic Funds Transfer (EFT) information

Will I be asked to provide additional information?

Yes. For example, we will ask for additional contact information such as secondary, emergency, mobile, and fax phone numbers. We will also ask for an e-mail address along with the hours of operations and languages spoken at your service locations.

I don't have Internet access, how can I sign up for a PRU Workshop?

Call Unisys at (866) 686-4272 to sign-up for a workshop.

I don't have Internet access, how can I complete my PRU?

Call Unisys at (866) 686-4272 to sign-up for a PRU Workshop. We will provide the computer, Internet access, and a record update specialist to answer your questions as you complete your record update.

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

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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

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

Can I complete my record update from my own office?

Yes. You will be able to log on to the secure on line provider portal and update your record. Video training courses and step-by-step provider record update guides will be available online when PRU begins.

What can I do right now to get ready for the Provider Record Update?

- You may want to set up an Idaho MMIS transition file to keep all your important transition information in one spot
- Begin gathering the checklist items that pertain to you. The checklist was in your first letter and can also be found at www.idahommis.dhw.idaho.gov

Please Note: If you experience any issues during your PRU process, don't hesitate to call Unisys at (866) 686-4272.

September 4, 2009

MEDICAID INFORMATION RELEASE MA09-15

To: Personal Emergency Response System Providers for the Aged & Disabled (A&D) and Developmental Disabilities (DD) Waivers

From: Leslie M. Clement, Administrator

Subject: Notice of change in Medicaid Rates for Personal Emergency Response Systems

Effective for dates of service on or after November 1, 2009, Medicaid will pay usual and customary charges up to \$56.89 for System Installation (A&D Waiver S5160-U2, and DD Waiver S5160-U8).

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

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

LMC/rs

Attention Durable Medical Equipment (DME) and Supplies

Requirements for Verbal and Preliminary Written Orders

(Effective Date October 1, 2009)

Verbal/Preliminary Order

Except for items listed below, providers may dispense some DME, prosthetic, orthotic, and medical supplies based on a verbal or preliminary written order from the treating physician/midlevel practitioner.

Note: A detailed written order that is signed and dated by the physician/midlevel practitioner must be obtained **prior to billing** Idaho Medicaid.

The verbal or preliminary order must include at least the following:

- Description of the item
- Participant's name
- Physician's name
- Start date of the order

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Providers must maintain copies of a preliminary written order or written documentation of the verbal order along with the detailed written order. This documentation must be available to Idaho Medicaid or its agent(s) immediately upon request. If the provider does not have at least the verbal or written preliminary order from the treating physician/midlevel practitioner before dispensing an item, the item is non-covered. The term "order" or "written order" in all other Medicaid documentation means "detailed written order" unless otherwise specified.

Detailed Written Orders

Detailed written orders are required for all DME, prosthetic, orthotic, and medical supplies prior to submitting a claim. All orders must clearly specify the start date. If the written order is for supplies that will be provided on a periodic basis, the written order should include appropriate information on the quantity used, frequency of change, and duration of need. The written order must be sufficiently detailed, including all options or additional features that will be separately billed or that will require an upgraded code. If the supply is a drug, the order must specify the name of the drug, concentration (if applicable), dosage, frequency of administration, and duration of infusion (if applicable). The treating physician/midlevel practitioner must complete/review the detailed description and personally sign and date the order.

If the provider does not have an order that has been both signed and dated by the treating physician/midlevel practitioner before billing Medicaid, the claim is not valid.

Exclusions to preliminary/verbal orders: A detailed written order **prior** to delivery is always required for the following:

- Items for which Medicaid requires prior authorization
- Pressure reducing pads
- Mattress overlays
- Mattresses
- Beds
- Seat lift chairs
- TENS units
- Power operated vehicles
- Power wheelchairs

For these items, the provider must have received a detailed written order that has been both signed and dated by the treating physician/midlevel practitioner prior to dispensing the item.

If a provider bills for an item without a detailed written order; or if there was no verbal/preliminary order prior to dispensing the item, Medicaid can deny or recoup any dollars paid for the item.

Medicaid Hospice and Personal Care Service (PCS) Coordination

Please see the following language as of July 1, 2009, in the Hospice Handbook, Section 3.1.6.4, related to PCS Services: "Medicaid may authorize personal care services (PCS) for some participants to prevent unnecessary institutional placement, to provide for the greatest degree of independence possible, to enhance quality of life, to encourage individual choice, and to maintain community integration. The hospice must coordinate its hospice aide and homemaker services with the PCS provider. Medicaid PCS services may not be substituted for the primary care described in Section 3.1.6.3 Covered Services that is required by the hospice provider."

Note: Previous language requiring hospices to provide up to 45 minutes per day of PCS or CNA Services has been deleted.

Hospice providers are required to provide home health aide and homemaker services furnished by qualified aides under the general supervision of a registered nurse. This includes personal care and household services necessary to maintain a safe and sanitary environment in areas of the home used by the patient and to enable the participant to carry out the hospice plan of care.

EDS Contact Information

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

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

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

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

EDS Fax Numbers

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

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

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

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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 Hilline 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

Medicaid PCS services include medically-oriented tasks related to a participant's physical or functional requirements such as basic personal care and grooming, assistance with bladder and bowel requirements, assistance with prescribed self-administered medications, as well as less medically-oriented tasks such as assistance with food, nutrition, and diet (including the preparation of meals), accompanying the participant to medical appointments, and shopping for groceries or other items required for the health of the participant.

If a homebound participant requires PCS services, the opportunity to elect hospice care does not become an "either/or" choice between PCS and Hospice. A team approach to allow the participant to remain in their home is indicated. The Hospice provider, the Regional Medicaid Services Nurse, and the PCS provider are to communicate and coordinate care and provider schedules to meet the participant's needs. The hospice provider may not provide fewer services than it normally would due to the availability of PCS services.

Home health aide and homemaker services are included in the Medicaid and Medicare reimbursement rate to Hospice Programs, and the expectation is that these core services be provided to the terminally ill participant.

Hospice providers may contact Medicaid's Hospice Nurse Reviewer at (208) 364-1818 with any questions.

POLICY REMINDERS FOR THE PREGNANT WOMEN (PW) PROGRAM

The Code of Federal Regulations, 42CFR 440.210, which can be found at http://edocket.access.gpo.gov/cfr_2008/octqtr/42cfr440.210.htm, states that the PW Program must cover the following:

- All pregnancy-related services and services for other conditions that might complicate the pregnancy.
- Pregnancy-related services that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of the woman having been pregnant. These include but are not limited to, prenatal care, delivery, postpartum care, and family planning services.
- Services for other conditions that might complicate the pregnancy including those for diagnoses, illnesses, or medical conditions which might threaten the carrying of the fetus to full term or the safe delivery of the fetus.

Diagnosis Codes

The **primary diagnosis code** on your claim must be pregnancy related or indicate the woman is in a pregnancy or postpartum status (ICD9 codes 630-679 or V22-V8909).

The **procedure** code must also be clearly pregnancy related. If the procedure code is **not** clearly pregnancy related, you must attach sufficient documentation to show that:

1. The services are caused by or related to the pregnancy.
2. Failure to treat the condition could result in complications of pregnancy for the mother and/or fetus, or threaten the carrying of the fetus to full term or a safe delivery of the fetus.
3. Services are necessary as a result of the woman having been pregnant.

Family Planning

Family planning services are covered post partum as long as the woman is eligible under the PW Program (see below). Healthy Connections referral is not required for family planning.

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PW Eligibility

The eligibility period for PW extends to the end of the month of delivery plus 2 more full months. For example, if a woman delivers on 7/1/09, her eligibility would end on 9/30/09. If she delivers on 7/29/09, her eligibility would still end on 9/30/09.

There are no exceptions to this rule – claims with dates of service after the woman's PW eligibility ends will be denied.

If you have questions about claims you are submitting for a PW participant, please contact Arla Farmer at (208) 364-1958 or by e-mail at farmera@dhw.idaho.gov.

Mental Health Update

Stakeholders have been working diligently all summer to contribute to the Medicaid Mental Health and Reform Project. Workgroups have convened regularly on the designated topics of the project: partial hospitalization, intensive outpatient services, PSR specialist certification, alternatives to treatment plan supervision, assessment services, utilization management, waiver development and integration of primary care with mental health. The work of the project has not produced any recommendations for policy changes for 2010 as of yet. Research is ongoing and the collaborative process is in full swing. Medicaid staff has also been busy conducting a statewide training on the mental health rules that went into effect in May 2009. The training covered basic mental health principles, how such principles are incorporated into rule and the associated credentialing requirements. Feedback from providers who attended the training has been positive and constructive. If you are one of the mental health providers that were not able to attend any of the training sessions, and would like more information (or for any inquiries regarding outpatient mental health services) please contact Pat Guidry at (208) 869-6266 or guidryp@dhw.idaho.gov.

Claim Appeals

To request a review of a claim denial for reasons other than billing errors or the reimbursement amount for a billed service, submit a written request to the EDS Correspondence Team. Please include the following:

- The provider number
- The reason you feel the claim should have been paid or why you were not properly reimbursed
- Original claim form for resubmission
- All supporting documentation

Please send this information to: EDS Correspondence Team
PO Box 23
Boise, ID 83707

EDS will review the claim, send a written explanation if the claim was processed correctly and will direct you as to your next steps.

If you do not agree with the EDS decision, you can request a review of the denial and/or reimbursement amount of a billed service. Simply send a written request for review to DHW and include the following information with the appeal:

- Copy of EDS' review notice
- Copy of adjustment request form if applicable
- Original claim form and all attachments and supporting documentation
- Copy of RA

Please send review requests to: Medicaid Claim Appeals
Attn: MAS Unit
PO Box 83720
Boise, ID 83720-0036

Medicaid staff will review the claim and respond in writing with the final determination. If the reviewer agrees with your appeal, your claim will be submitted for processing.

Voicemail Messages - Help Us Help You

In our ongoing efforts to improve service to Idaho Medicaid providers we have identified ways to better assist you when you call the EDS provider helpline, MAVIS at: (800) 685-3757, or 383-4310 in the Boise calling area and leave a voicemail.

If your office has a confidential, secure and password-protected voicemail system, agents can leave answers to your questions on your voicemail. Because the information needed to answer your questions related to Medicaid eligibility and claims contains Protected Health Information (PHI), the Health Insurance Portability and Accountability Act (HIPAA) mandates that messages regarding health information cannot be recorded to non-secure phone lines. If we are unable to reach you directly, we can leave answers to your questions in a voicemail if you tell us you have a secure line and you leave a detailed message with all required information to research your question. If we were able to leave a message answering your question we will not attempt to call you again.

We can better assist you if you are prepared with the following information when calling, or leaving voicemail:

- Always state your name, provider name, your 9-digit Idaho Medicaid provider identification number, and phone number
 - When leaving a voicemail, provide an alternate name in case you are unavailable.

Appendix C: MAVIS in the *Idaho Medicaid Provider Handbook* includes guidelines for calling MAVIS. For each of the following types of calls, have the listed information ready.

- For questions about claims:
 - Participant's 7-digit Medicaid Identification number (MID)
 - Date(s) of service
 - Internal Control Number (ICN) from Remittance Advise (RA), if known
 - Prior authorization (PA) number, if known
 - Billed amount
- For questions about Medicaid participant eligibility or any other Medicaid participant information for claim billing purposes:
 - Participant's 7-digit Medicaid Identification number

OR

- Participant's date of birth or Social Security number and
- Participant's name (first and last)
- For questions about procedure codes:
 - Appropriate national procedure code
 - Required modifiers (if applicable)



Remember, the length of time you have to record your message is limited. A brief and concise message that includes the data needed for research will help us resolve your question quickly and easily.

EDS
PO BOX 23
BOISE, IDAHO 83707

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



IDAHO DEPARTMENT OF
HEALTH & WELFARE



October Office Closure

The Idaho Department of Health and Welfare and EDS offices
will be closed for the following state holiday:

Columbus Day
Monday, October 12, 2009.

A reminder that MAVIS
(the Medicaid Automated Voice Information Service)
is available on state holidays at:
(800) 685-3757 (toll-free) or
(208) 383-4310 (Boise local)



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Editor:
Carolyn Taylor,
Division of Medicaid

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

taylorc3@dhw.idaho.gov
or

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