IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

October 1, 2007

Medicaid Information Release #MA07-22

To: Medicaid Commercial Transportation Providers

From: Leslie M. Clement, Administrator
Division of Medicaid

Subject: Reimbursement Rate Increase

Effective for dates of service on or after November 1, 2007, Medicaid transportation rates will be increased for the following procedure codes:

Commercial Transportation:

Procedure Code	Description	Reimbursement Rate
A0110	Bus or Van Travel	First Mile - $4.20, Each Additional Mile - $1.17
A0100	Taxi Intra-City	First Mile - $4.20, Each Additional Mile - $1.17

This change does not affect current billing procedures or prior authorization requirements.

For any existing Prior Authorizations (PA) you have for date of service 11/1/07 or later, please re-send those requests to the appropriate Medicaid Transportation Coordinator.

All developmental therapy & mental health related requests should be sent to the designated Transportation Coordinator at 208-287-1172 or at 800-296-0509 X1172 or by e-mail at: BoyleD@dhw.idaho.gov

All other medical appointment requests should be sent to the designated Transportation Coordinator at 208-287-1173 at 800-296-0509 X1173 or by e-mail at: StithS@dhw.idaho.gov

If you have blanket PA's dated past 11/1/07, please re-send the blanket request. As a courtesy, we will accept four month blankets for this one time period. You may date your new blanket requests 11/1/07 thru 2/29/08.

PLEASE make sure you send all active blankets requests with dates of service past 11/1/07. If they are not sent in, they will not be corrected with the new rate. The rate chart on the next page shows the reimbursement rate per mile for your PA.

If you have questions concerning the information contained in this release, please contact Sheila Pugatch, Principal Financial Specialist, for the Office of Reimbursement, at: (208) 364-1817.

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

Mile	avg/ppm	total	Mile	avg/ppm	total
1	$4.20	$4.20	51	$1.23	$62.70
2	$2.69	$5.37	52	$1.23	$63.87
3	$2.18	$6.54	53	$1.23	$65.04
4	$1.93	$7.71	54	$1.23	$66.21
5	$1.78	$8.88	55	$1.23	$67.38
6	$1.68	$10.05	56	$1.22	$68.55
7	$1.60	$11.22	57	$1.22	$69.72
8	$1.55	$12.39	58	$1.22	$70.89
9	$1.51	$13.56	59	$1.22	$72.06
10	$1.47	$14.73	60	$1.22	$73.23
11	$1.45	$15.90	61	$1.22	$74.40
12	$1.42	$17.07	62	$1.22	$75.57
13	$1.40	$18.24	63	$1.22	$76.74
14	$1.39	$19.41	64	$1.22	$77.91
15	$1.37	$20.58	65	$1.22	$79.08
16	$1.36	$21.75	66	$1.22	$80.25
17	$1.35	$22.92	67	$1.22	$81.42
18	$1.34	$24.09	68	$1.21	$82.59
19	$1.33	$25.26	69	$1.21	$83.76
20	$1.32	$26.43	70	$1.21	$84.93
21	$1.31	$27.60	71	$1.21	$86.10
22	$1.31	$28.77	72	$1.21	$87.27
23	$1.30	$29.94	73	$1.21	$88.44
24	$1.30	$31.11	74	$1.21	$89.61
25	$1.29	$32.28	75	$1.21	$90.78
26	$1.29	$33.45	76	$1.21	$91.95
27	$1.28	$34.62	77	$1.21	$93.12
28	$1.28	$35.79	78	$1.21	$94.29
29	$1.27	$36.96	79	$1.21	$95.46
30	$1.27	$38.13	80	$1.21	$96.63
31	$1.27	$39.30	81	$1.21	$97.80
32	$1.26	$40.47	82	$1.21	$98.97
33	$1.26	$41.64	83	$1.21	$100.14
34	$1.26	$42.81	84	$1.21	$101.31
35	$1.26	$43.98	85	$1.21	$102.48
36	$1.25	$45.15	86	$1.21	$103.65
37	$1.25	$46.32	87	$1.20	$104.82
38	$1.25	$47.49	88	$1.20	$105.99
39	$1.25	$48.66	89	$1.20	$107.16
40	$1.25	$49.83	90	$1.20	$108.33
41	$1.24	$51.00	91	$1.20	$109.50
42	$1.24	$52.17	92	$1.20	$110.67
43	$1.24	$53.34	93	$1.20	$111.84
44	$1.24	$54.51	94	$1.20	$113.01
45	$1.24	$55.68	95	$1.20	$114.18
46	$1.24	$56.85	96	$1.20	$115.35
47	$1.23	$58.02	97	$1.20	$116.52
48	$1.23	$59.19	98	$1.20	$117.69
49	$1.23	$60.36	99	$1.20	$118.86
50	$1.23	$61.53	100	$1.20	$120.03