IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1804

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2019 Idaho State Legislature for final approval. The pending rule becomes final and effective July 1, 2019, unless the rule is approved or rejected in part by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved or rejected in part by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 56-202(b), Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

Laboratory rules in this chapter haven't been updated since 2007. Laboratory tests have rapidly changed in the past 11 years, and a foundation in rule is needed for Department coverage of these services. A minimum standard will be established with the following changes.

1. Ensure that Medicaid providers outside of Idaho maintain the same quality of work and documentation as providers within the state;
2. Prevent expenditure of tax payer funds for services that are inaccurate, or for genetic services that could be used for elective abortions;
3. Establish authority for prior authorizations to be required by the Department so that delivery of services is consistent with the Department's utilization management as required by CFR; and
4. Set minimum requirements for testing coverage.

There are no changes to the pending rule and it is being adopted as originally proposed. The complete text of the proposed rule was published in the October 3, 2018, Idaho Administrative Bulletin, Vol. 18-10, pages 185 through 187.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year:

There is no anticipated fiscal impact to state general funds, or any other funds as a result of this rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact William Deseron at (208) 287-1179.

DATED this _____ day of _____, 2018.

Tamara Prisock
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450 W. State Street - 10th Floor
P.O. Box 83720
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Negotiated Rulemaking Meeting and Comment Summary

July 25, 2018 10AM - 11AM (MDT) 9AM – 10AM (PDT)
Negotiated Rulemaking DOCKET NO. 16-0309-1804

Facilitator: William Deseron, Policy Analyst
Bureau of Medical Care – David Welsh, Program Manager
Bureau of Medical Care – Tracy Lombard, Medicaid Policy Analyst

Call to Order and Outline Meeting Format

I. Purpose of Meeting

a. When are services considered medically necessary?
b. What quality assurance guidelines are necessary to ensure appropriate treatment?
c. What considerations are needed for genetic testing?
d. Currently there are not any rules to guide radiology providers.

II. Discussion Points

a. Medical Necessity for services
b. Quality Assurance for services
c. Genetic Testing
d. Radiology

III. Follow Up

a. Written comments for Docket No. 16-0309-1804 are to be submitted on or before Friday, July 27, 2018 to:

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450 W. State Street - 10th Floor
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644. DIABETES EDUCATION AND TRAINING SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.
Outpatient diabetes education and training services will be covered under the following conditions: (3-30-07)

01. Meets Program Standards of the ADA. The education and training services are provided through a diabetes management program recognized as meeting the program standards of the American Diabetes Association. (3-30-07)

02. Conducted by a Certified Diabetic Educator. The education and training services are provided by a Certified Diabetic Educator through a formal program conducted in a hospital outpatient department, or in a physician's office. (3-30-07)

645. DIABETES EDUCATION AND TRAINING SERVICES: PROVIDER REIMBURSEMENT.
Diabetes education and training services will be reimbursed according to the Department's established fee schedule in accordance with Section 230 of these rules. (3-30-07)

646. -- 649. (RESERVED)

SUB AREA: LABORATORY AND RADIOLOGY SERVICES
(Sections 650 - 659)

650. LABORATORY AND RADIOLOGY SERVICES: DEFINITIONS.

01. Independent Laboratory. A laboratory that is not located in a physician’s office. (3-30-07)

02. Reference Laboratory. A laboratory that only accepts specimens from other laboratories and does not receive specimens directly from patients. (3-30-07)

651. -- 653. (RESERVED)

654. LABORATORY AND RADIOLOGY SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.
Laboratories in a physician's office or a physician's group practice association, except when physicians personally perform their own patients' laboratory tests, must be certified by the Idaho Bureau of Laboratories and be eligible for Medicare certification for participation. All other Idaho laboratories must fulfill these requirements. (3-30-07)

655. LABORATORY AND RADIOLOGY SERVICES: PROVIDER REIMBURSEMENT.
Payment for laboratory tests can only be made to the actual provider of that service. An exception to the preceding is made in the case of an independent laboratory that can bill for a reference laboratory. A physician is not an independent laboratory. (3-30-07)

01. Tests Performed by or Personally Supervised by a Physician. The payment level for clinical diagnostic laboratory tests performed by or personally supervised by a physician will be at a rate established by the Department that is no higher than Medicare's fee schedule. The payment level for other laboratory tests will be a rate established by the Department. (3-30-07)

02. Tests Performed by an Independent Laboratory. The payment level for clinical diagnostic laboratory tests performed by an independent laboratory will be at a rate established by the Department that is no higher than Medicare's fee schedule. The payment level for other laboratory tests will be at a rate established by the Department. (3-30-07)

03. Tests Performed by a Hospital Laboratory. The payment level for clinical diagnostic laboratory tests performed by a hospital laboratory for anyone who is not an inpatient will be at a rate established by the Department that is no higher than Medicare's fee schedule. The payment level for other laboratory tests will be at a rate established by the Department. (3-30-07)

04. Specimen Collection Fee. Collection fees for specimens drawn by veinpuncture or catheterization

are payable only to the physician or laboratory who draws the specimen. (3-30-07)

656. -- 659. (RESERVED)

SUB AREA: PRESCRIPTION DRUGS
(Sections 660 - 679)

660. (RESERVED)

661. PRESCRIPTION DRUGS: PARTICIPANT ELIGIBILITY.

01. Obtaining a Prescription Drug. To obtain a prescription drug, a Medicaid participant or authorized agent must present the participant's Medicaid identification card to a participating pharmacy together with a prescription from a licensed prescriber. (3-30-07)

02. Tamper-Resistant Prescription Requirements. Any written, non-electronic prescription for a Medicaid participant must be written on a tamper-resistant prescription form. The paper on which the prescription is written must have: (3-29-10)

a. One (1) or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form; (3-29-10)

b. One (1) or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber; (3-29-10)

c. One (1) or more industry-recognized features designed to prevent the use of counterfeit prescription forms. (3-29-10)

03. Tamper-Resistant Prescription Requirements Not Applicable. The tamper-resistant prescription requirements do not apply when the prescription is communicated by the prescriber to the pharmacy electronically, verbally, by fax, or when drugs are provided in an inpatient hospital or a nursing facility where the patient and family do not have direct access to the paper prescription. (3-29-10)

04. Drug Coverage for Dual Eligibles. For Medicaid participants who are also eligible for Medicare known as “dual eligibles”, the Department will pay for Medicaid-covered drugs that are not covered by Medicare Part D. Dual eligibles will be subject to the same limits and processes used for any other Medicaid participants. (3-29-10)

662. PRESCRIPTION DRUGS: COVERAGE AND LIMITATIONS.

01. General Drug Coverage. The Department will pay for those prescription drugs not excluded by Subsection 662.04 of these rules which are legally obtainable by the order of a licensed prescriber whose licensing allows for the prescribing of legend drugs, as defined under Section 54-1705(37), Idaho Code, and which are deemed medically necessary as defined in Section 011 of these rules. (3-30-07)

02. Dispensing Fee. Dispensing Fee is defined as the cost of filling a prescription including direct pharmacy overhead, and is for all services pertaining to the usual practice of pharmacy, including: (4-4-13)

a. Interpretation, evaluation, compounding, and dispensing of prescription drug orders; (3-30-07)

b. Participation in drug selection; (3-30-07)

c. Drug administration; (3-30-07)

d. Drug regimen and research reviews; (3-30-07)

e. Proper storage of drugs; (3-30-07)