



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

November 2006

September 5, 2006

In this issue:

- 6 Idaho Medicaid Credit Balance Initiative Provider Notice
- 7 Attention All Providers—Medical Records Requests
- 7 Information for Dental Providers: Non-Intravenous Conscious Sedation
- 7 PCG & HMS Merger
- 7 November Regional Provider Workshops
- 8 A Gentle Reminder for Providers
- 9 Changes in Criminal History Background Checks
- 10 Reminder to All Healthy Connections Providers
- 11 MAVIS Keypad Shortcuts
- 12 November Office Closures

Information Releases:

- 1 Medicaid Information Release MA06-35
- 2 Medicaid Information Release 2006-36
- 6 Medicaid Information Release MA06-37

MEDICAID INFORMATION RELEASE MA06-35

TO: Commercial & Agency Transportation Providers and Regional DD Staff, DD Service Coordination Agencies

FROM: Leslie M. Clement, Administrator

SUBJECT: **Change in Adult Developmental Disabilities (DD) Transportation Prior Authorization (PA) Requirements for Commercial and Agency Transportation Providers**

As of **September 1, 2006** Commercial & Agency transportation providers **will not** be required to send PA requests to the Medicaid Transportation staff for Adult Developmental Therapy Services using the Billing Codes A0110 Or S0215 For Adult Developmental Therapy Transportation. This includes transportation to Community Access services as listed on the client's care plan. Community Access is only for services listed in the DDA plan of care. (Waiver participants may receive waiver, non-medical transportation to access the community but that is separate from this IR.)

The PA of all commercial transportation and agency transportation (over 20 miles round trip/per day) will be done as part of the authorization of participant's Individual Support Plan (ISP). Plan Developers will be required to coordinate this service with the transportation agency.

Medicaid will begin to coordinate Medicaid Adult DD participants who utilize Commercial or Agency Medicaid transportation to and from their developmental therapy based on the client's annual care plan. Commercial and Agency PAs that were submitted prior to September 1, 2006 will be extended by the Medicaid Transportation Unit. This extension will allow the transportation costs to be Prior Authorized at the time of the person's annual plan. Transportation providers **DO NOT** need to send in an additional PA. Any changes in a DD client's transportation needs to or from their developmental therapy would be addressed through regional staff and/or client's plan developers. The regional staff may contact the transportation provider to set up and confirm the client's transportation services.

PLEASE NOTE THIS IS ONLY FOR ADULT DEVELOPMENTAL THERAPY TRANSPORTATION - ALL OTHER TRANSPORTS MUST STILL BE PRIOR AUTHORIZED.

If you have any questions concerning the information contained in this release, please contact the Medicaid Transportation Unit at (208) 287-1171.

Distributed by the
Division of Medicaid
Department of

MEDICAID INFORMATION RELEASE 2006-36

TO: Prescribing Providers, Pharmacies and Hospitals
 FROM: Leslie M. Clement, Administrator
 SUBJECT: **Preferred Agents for Drug Classes Reviewed at July 21, 2006 and August 18, 2006 Pharmacy and Therapeutics Committee Meetings**

Drug/Drug Classes: Noted below

Implementation Date: Effective for dates of service on or after October 1, 2006

Idaho Medicaid is designating preferred agents and prior authorization criteria for the following drug classes as part of the Enhanced Prior Authorization Program. The information is included in the attached Preferred Drug List.

The Enhanced PA Program and drug-class specific PA criteria are based on evidence-based clinical criteria and nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs, and secondarily on cost.

Questions regarding the Prior Authorization Program may be referred to Idaho Medicaid Pharmacy at (208) 364-1829. A current listing of preferred and non-preferred agents and prior authorization criteria for all drug classes is available online at www.medicaidpharmacy.idaho.gov.

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents *
Beta-Agonist Bronchodilators	albuterol CFC metered dose inhaler, albuterol HFA metered dose inhaler, albuterol inhalation solution, albuterol oral syrup, albuterol tablets, Proventil HFA [®] metered dose inhaler, Ventolin HFA [®] metered dose inhaler, Xopenex HFA [®] metered dose inhaler, Maxair Autoinhaler [®] metered dose inhaler, and terbutaline oral tablets	Alupent [®] metered dose inhaler, metaproterenol inhalation solution, metaproterenol oral syrup, metaproterenol tablets, Alupent [®] metered dose inhaler, Accuneb [®] inhalation solution, Xopenex [®] inhalation solution, Vospire ER [®] , Serevent Diskus [®] dry powder inhaler and Foradil Aerolizer [®] metered dose inhaler
Anticholinergic Bronchodilators	ipratropium nebulizer solution, Combivent [®] metered dose inhaler, Atrovent HFA [®] metered dose inhaler and Spiriva Handihaler [®] inhalation powder	Duoneb [®] inhalation solution
Leukotriene Modifiers	None	Accolate [®] , Singulair [®] and Zyflo [®]
Intranasal Rhinitis Agents	Astelin [®] , Nasacort AQ [®] , Nasonex [®] , Flonase [®] , and ipratropium nasal spray	Atrovent [®] , Beconase AQ [®] , Nasarel [®] , flunisolide, fluticasone and Rhinocort Aqua [®]

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@idhw.state.id.us

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) 334-0717 or
 (208) 334-0718
 (800) 354-2574

Region V - Twin Falls
 (208) 736-4793
 (800) 897-4929

Region VI - Pocatello
 (208) 239-6270
 (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 (IR 2006-36)

**Prior Authorization
Phone Numbers
Addresses
Web Sites**

Continued from Page 2 (IF 2006-36)

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**

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents
Inhaled Glucocorticoids	AeroBid [®] , AeroBid-M [®] , Azmacort [®] , QVAR [®] , and Asmanex [®] The Committee recommends that current Advair [®] patients receive a “grandfathered” prior authorization. The Committee recommends that Pulmicort Respules [®] not require prior authorization for children 1-8 years of age	Advair Diskus [®] , Pulmicort Respules [®] , Flovent [®] , Flovent HFA [®] , and Pulmicort Turbuhaler [®]
Non-Steroidal Anti-Inflammatory Agents	ibuprofen, piroxicam, ketorolac, naproxen, fenoprofen, indomethacin, flurbiprofen, oxaprozin, diclofenac, sulindac, Ponstel [®] and etodolac	meclofenamate, nabumetone, ketoprofen, tolmetin, Mobic [®] , meloxicam, Celebrex [®] and Arthrotec [®] The Committee recommends that Mobic [®] , meloxicam and Arthrotec [®] be added to the therapeutic prior authorization rule currently in place for Celebrex [®] . Brand name drugs of preferred generics will still require prior authorization.
Platelet Aggregation Inhibitors	Aggrenox [®] and Plavix [®]	dipyridamole and ticlopidine
Anti-Parkinson Agents	benztropine, trihexyphenidyl, Kemadrin [®] , Requip [®] , carbidopa/levodopa, selgiline, Mirapex [®] , Stalevo [™] and Comtan [®]	Parcopa [®] , pergolide and Tasmar [®] Brand name drugs of preferred generics will still require prior authorization.
Bone Resorption Suppression & Related Agents	Fosamax [®] , Fosamax Plus D [®] , Boniva [®] , Miacalcin [®] nasal and Evista [®]	Actonel [®] , Actonel [®] w/calcium, Didronel [®] , Fortical [®] , and Forteo [®] subcutaneous
Androgenic Agents	Androderm [®] and Androgel [®]	Testim [®]
Alzheimer Agents	Aricept [®] , Aricept ODT [®] , and Exelon [®] The Committee recommends that Namenda [®] be designated as a preferred agent for moderate to severe dementia ratings. The Committee recommends that the current therapeutic prior authorization criteria continue to be required.	Cognex [®] , Razadyne [®] and Razadyne ER [®]
SSRI Antidepressants	citalopram, fluoxetine, fluvoxamine, Lexapro [®] , Paxil CR [®] and Zoloft	paroxetine, Pexeva [®] , Prozac [®] Weekly, Sarafem [®] , and sertraline The Committee recommends that all individuals currently on paroxetine be “grandfathered.”

Continued on Page 4 (IR 2006-36)

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents
ADHD Drugs	Adderall [®] XR, amphetamine salt combo, Concerta [®] , dextroamphetamine, Focalin [®] , Focalin [®] XR, Metadate [®] CD, methylphenidate, and methylphenidate ER	<p>pemoline, Ritalin[®] LA, Strattera[®] and Provigil[®]</p> <p>The Committee recommends that the current therapeutic prior authorization guidelines for diagnosis and contraindications remain in effect.</p> <p>The Committee recommends the following change for the Strattera[®] therapeutic criteria: Strattera[®]</p> <ul style="list-style-type: none"> - Documented trial and failure of at least one stimulant within two months, or - Diagnosis of tics or anxiety disorder or a history of substance abuse. <p>The Committee recommends that patients on Ritalin[®] LA be grandfathered.</p>
ACE Inhibitors	benazepril, benazepril/HCTZ, catopril, captopril/HCTZ, enalapril, enalapril/HCTZ, lisinopril, lisinopril/HCTZ, Altace [®] and Aceon [®]	<p>Mavik[®], fosinopril, fosinopril/HCTZ, quinapril/HCTZ, Uniretic[®], and Univasc[®]</p> <p>Brand name drugs of preferred generics will still require prior authorization.</p>
Ophthalmic Antibiotics	erythromycin, tobramycin, sulfacetamide, polymyxin B/trimethoprim, gentamicin, bacitracin, bacitacin/polymyxin B, Vigamox [™] and neomycin/polymyxin B/gramicidin	ofloxacin, Zymar [™] , ciprofloxacin solution, Quixin [®] and Ciloxan [®] ointment
Ophthalmics for Allergic Conjunctivitis	Alrex [®] , Elestat [®] , Acular [®] , Patanol [®] and cromolyn sodium	Optivar [®] , Zaditor [®] , Emadine [®] , Alomide [®] , Alocril [®] and Almast [®]
Ophthalmic Glaucoma Agents	Prescriber choice is allowed within this drug class. Levobunolol, dipivefrin, pilocarpine, timolol, Azopt [®] , Travatan [®] , Betimol [®] , metipranolol, Lumigan [®] , Betoptic [®] S, Trusopt [®] , brimonidine, Alphagan P, Istalol [®] , betaxolol, carteolol, Xalatan and Cosopt [®]	<p>No agents are recommended as non-preferred at this time.</p> <p>Brand name agents not listed as preferred agents will still require prior authorization.</p>
Antivirals	Prescriber choice is allowed within this drug class. Acyclovir, amantadine, Famvir [®] , ganciclovir, Relenza [®] , rimantadine, Tamiflu [®] , Valcyte [®] , and Valtrex [®]	<p>No agents are recommended as non-preferred at this time.</p> <p>Brand name drugs of preferred generics will still require prior authorization.</p>

**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 (IR 2006-36)

**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 Kiestler
150 Shoup Avenue
Idaho Falls, ID 83402
ellen.kiestler@eds.com
(208) 528-5728
Fax (208) 528-5756

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents
Oral Antifungals	ketoconazole, fluconazole, nystatin, clotrimazole, Ancobon [®] and Vfend	griseofulvin suspension, Grifulvin [®] V tablets, Gris-Peg [®] , itraconazole and Lamisil [®] be designated as non-preferred and subject to therapeutic prior authorization criteria. Brand name drugs of preferred generics will still require prior authorization.
Topical Antifungals	clotrimazole/betamethasone, econazole, Exelderm [®] , ketoconazole cream and shampoo, Naftin [®] , nystatin, nystatin/triamcinolone	ciclopirox cream and suspension, Penlac [®] , Ertaczo [®] , Loprox [®] gel and shampoo Mentax [®] , Oxistat [®] , and Vusion [®] Brand name drugs of preferred generics will still require prior authorization. The Committee recommends no changes to the current Penlac [®] prior authorization criteria
Oral Cephalosporins and Related Antibiotics	amoxicillin/clavulanate tablets and suspension, Augmentin XR [®] , Cedax [®] , cefaclor, cefadroxil, cefpodoxime, cefuroxime, Cefzil [®] , cephalexin, Omnicef [®] , Spectracef [®] , cefprozil and Suprax [®]	Panixine [®] , Raniclor [®] and Lorabid [®] Brand name drugs of preferred generics will still require prior authorization.
Oral Fluoroquinolones	Avelox [®] , Cipro [®] (suspension), and ciprofloxacin generic	Cipro [®] XR, Factive [®] , Proquin XR [®] , Levaquin [®] , and ofloxacin
Macrolides & Ketolides	Biaxin [®] XL, clarithromycin generic, erythromycin generic, Zithromax [®] powder/suspension, azithromycin generic, and Zmax [®]	Ketek [®]
Atopic Dermatitis	Elidel [®] and Protopic [®]	None
Insulins	Humulin [®] , Novolin [®] , Humalog [®] , Novolog [®] , Levemir [®] , Lantus [®] , Novolog [®] mixture, and Humalog [®] mixture	Apidra [®]
Diabetes Treatment Injectables	Symlin [®] and Byetta [®] The Committee recommends that their use be limited to package label guidelines.	None
Cytokine and CAM Antagonists	Provider choice is allowed within this class. Keneret [®] , Enbrel [®] , Raptiva [®] , Orencia [®] , Humira [®] , Amevive [®] and Remicade [®]	None
Oral Antiemetics	Emend [®] , Zofran and Zofran ODT [®] The Committee recommends that current therapeutic prior authorization criteria remain in effect for all of these agents.	Kytril [®] and Anzemet [®] The Committee recommends that current therapeutic prior authorization criteria remain in effect for all of these agents.

* Use of non-preferred agents must meet prior authorization requirements.

* Use of any covered product may be subject to prior authorization for quantities or uses outside Food and Drug Administration (FDA) guidelines or indications.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release does not replace information in your Idaho Medicaid Handbook.

MEDICAID INFORMATION RELEASE MA06-37

TO: All Hospice Providers
FROM: Leslie M. Clement, Administrator
SUBJECT: **Hospice Rates**

Effective for dates of service on or after 10/01/06, Medicaid has revised its hospice rates as follows:

Revenue Code	Description	Rural	Urban Ada/ Canyon Counties
651	Routine Care	\$ 116.54	\$ 126.24
652	Continuous Care	\$ 679.56	\$ 736.18
655	Respite Care	\$ 129.07	\$ 137.39
656	General Inpatient Care	\$ 520.82	\$ 561.00

If you have already been paid at the previous rate for dates of service on or after 10/01/06, you can submit claim adjustments to correct your reimbursement to the new rate.

The Hospice cap will be \$20,585.39.

If you have any questions, please contact Sheila Pugatch at (208) 364-1817.

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

LMC/sp

Idaho Medicaid Credit Balance Initiative Provider Notice

The Department of Health and Welfare would like to take this opportunity to remind Medicaid providers about their responsibility to regularly review their accounting records and refund Medicaid any credit balances identified.

A Medicaid credit balance occurs when a provider receives payment for a claim from both Medicaid and another carrier. Duplicate payments by Medicaid may also result in a credit balance. Refunds identified by providers in the course of conducting their regular reviews should be addressed to the Idaho Department of Health and Welfare and can be mailed to the following address:

Idaho Department of Health & Welfare
EDS
P.O. Box 23
Boise, ID 83707

To ensure that Medicaid providers are regularly reviewing their records and compliant with Medicaid cost recovery, DHW has contracted with HMS (previously named PCG) to conduct on-site audits on selected providers. HMS reviews providers' accounting records to ensure compliance with third party liability and recovery requirements and to identify Medicaid credit balances. After a provider is selected for an on-site audit, HMS notifies the provider at least two weeks in advance of the scheduled review and requests specific information regarding the provider's accounting practices prior to the on-site audit. HMS reviews provider records with Medicaid payment activity and identifies credit balances due Medicaid. Following an on-site audit, HMS compiles a report and reviews their findings with the provider's accounting staff.

Attention All Providers – Medical Records Requests

The Improper Payments Information Act of 2002 directs Federal agency heads, in accordance with the Office of Management and Budget (OMB) guidance, to annually review its programs that are susceptible to significant erroneous payments and report the improper payment estimates to Congress.

We are letting you know about this Act because you may receive requests for medical records that will be reviewed to determine if the claims were correctly paid for services provided to Medicaid recipients. The Centers for Medicare and Medicaid Services (CMS) has contracted with two companies to measure the accuracy of Medicaid payments, which is also known as the Payment Error Rate Measurement (PERM) program. One contractor, the Lewin Group, will provide statistical support to the program by pulling the claims to be reviewed and by calculating Idaho's error rate. The other contractor, Livanta LLC, will provide the documentation/database support by collecting medical policies from the State and medical records from providers.

Each month, a sampling of Idaho Medicaid claim records will be identified to determine if claims were correctly paid. If a claim is selected in the sample for a service you rendered to a Medicaid recipient, you will be contacted by Livanta LLC and you will receive requests to send a copy of your medical records to support the medical review of the claim.

Understandably, providers are concerned with maintaining the privacy of patient information. However, providers are required by Section 1902(a)(27) of the Social Security Act to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS, or their contractor, with information regarding any payments claimed by the provider for rendering services. We want to assure you that Livanta LLC is a contractor for CMS. The furnishing of information includes medical records. In addition, the collection and review of protected health information contained in individual-level medical records for payment review purposes is permissible by the Health Insurance Portability and Accountability Act of 1996 and implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.

Generally, to obtain medical records for a claim sampled for review, Livanta LLC will contact the provider to verify the correct name and address information and to determine how the provider wants to receive the request(s) (facsimile or US mail). Once the provider receives the request for medical records, they must submit the information electronically or in hard copy within 90 days. Livanta LLC and possibly State officials will follow up to ensure that providers submit the documentation before the 90-day timeframe has expired.

It is important that providers cooperate with sending in all requested documentation because no response or insufficient documentation will count against the State as an error. Past studies have shown that the largest causes of errors in the medical reviews are no documentation or insufficient documentation. Therefore, information should be sent timely and should be complete. If Livanta LLC requests medical records from you and you have questions, please contact Robin Reed, Livanta LLC at (301) 957-2380.

Information for Dental Providers: Non-Intravenous Conscious Sedation

CDT code D9248 – Non-Intravenous Conscious Sedation, is now covered for children and adults effective for dates of service on or after 09/01/06. Prior authorization is not required. Reimbursement is one (1) unit per day at \$60.00 per unit.

Other anesthesia codes covered by Medicaid are Nitrous Oxide, D9230, IV Conscious Sedation, D9241 and Deep Sedation, D9220. These procedures, including D9248, will not be reimbursed when provided in combination on the same day.

November Regional Provider Workshops

EDS Provider Relations Consultants continue to offer a series of provider workshops. Each consultant conducts a 2-hour regional workshop every two months to help providers in their region. The topics include General Medicaid Billing, Provider Resources, and Using PES Software.

The next workshop is scheduled for Tuesday, November 14, 2006, from 2:00 to 4:00 p.m., with the exception of Boise. The Boise workshop will be held on Tuesday, November 7, 2006, from 2:00 to 4:00 p.m. These workshops are free but please pre-register with your local Provider Relations Consultant. Their phone numbers are listed on page 5 in this Medicaid newsletter.

PCG & HMS Merger

PCG is pleased to announce that effective September 15, 2006, Health Management Systems, Inc. (HMS) acquired Public Consulting Group, Inc.'s (PCG) Benefits Solutions Practice Area. As a result of this acquisition, PCG's name has changed to HMS. HMS would like to assure Medicaid providers that it will continue to provide the excellent customer service previously associated with PCG. HMS would like to also assure providers that while there has been a name change for the contractor responsible for administering the State of Idaho's Third Party Recovery Program, there has not been a change in the staff or processes that have been in place for years.

Providers and any entity that needs assistance on Third Party Recovery issues can continue to call the same toll free number of (800) 873-5875, and send any correspondence to P.O. Box 2894, Boise ID 83701-2894.

The following is list of key HMS contacts and their current e-mail addresses:

Department	Name	Phone Number	E-mail
Regional Manager	Chris Frey	(208) 375-1132, ext. 212	cfrey@hmsy.com
Project Manager	Marnie Basom	(208) 375-1132, ext. 202	mbasom@hmsy.com
Idaho Projects Supervisor	Angela Torres	(208) 375-1132, ext. 225	atorres@hmsy.com
Casualty & Trauma Referrals	Krista Pope	(208) 375-1132, ext. 223	kpope@hmsy.com
Insurance Verification	Gena Cameron	(208) 375-1132, ext. 214	gcameron@hmsy.com
Insurance Adds & Updates	Melody Stachowicz	(208) 375-1132, ext. 268	mstachowicz@hmsy.com
Financial	Danuel Munden	(208) 375-1132, ext. 224	dmunden@hmsy.com
Medicaid Reclamation Claim Billings	Ray Fuqua	(208) 375-1132, ext. 233	rfuqua@hmsy.com

We appreciate the continued opportunity to serve the Idaho provider community with its needs. Please don't hesitate to contact us if we can be of assistance.

A Gentle Reminder for Providers

Providers who bill for Medicaid services must accept payment from Medicaid as payment in full. Providers may not request additional payments from clients if the service was Medicaid approved. Federal and state regulations prohibit any additional billing beyond what the Medicaid rate is for a particular service. The bottom line: Providers must accept payment from Medicaid as payment in full if the bill is for a Medicaid service.

If the provider is performing a service for a Medicaid client that is not covered by Medicaid, then the provider should (preferably in writing) let the client know prior to the delivery of the service that the service is not covered and that the client is responsible for the payment. Also, if the participant has other insurance and the service is submitted to Medicaid for payment, the provider must bill the third party insurance first. Medicaid will pay the balance based on the Medicaid payment rate.



Changes in Criminal History Background Checks

The Department is conducting public meetings to present rule changes to IDAPA 16.05.06 Mandatory Criminal History Background Check. The effective date of the rule change is January 1, 2007. These rules impact the care provider community serving children and vulnerable adults. Copies of the proposed rule will be made available and public comment is requested.

The Department will be implementing some major changes to the criminal history application system that will impact all applicants and their employers. Training on these changes will also be at these meetings. As of January 1, 2007, employers will be required to register on-line with the criminal history unit in order for us to process applications submitted by their employees. It is important to send a representative to these meetings to discuss the changes in the rules and learn the changes in the criminal history system that will provide more information and flexibility for employers.

You may attend one of the following meetings or send your comments to warrenm@idhw.state.id.us.

Date and Time	Location
Monday, December 4 2:00 p.m.	Department of Health & Welfare 1720 Westgate Drive, Suite D #119 Boise, ID 83704
Tuesday, December 5 2:00 p.m.	Department of Health & Welfare East Grand Teton/West Sawtooth Conf. Rooms 3402 Franklin Road Caldwell, ID 83605
Wednesday, December 6 2:00 p.m.	Red Lion Inn Port 1 & 2 Conference Rooms 621 21 st Street Lewiston, ID 83501
Thursday, December 7 2:00 p.m.	Department of Health and Welfare Lower Level – Large Conference Room 1120 Ironwood Drive Coeur d’Alene, ID 83814
Tuesday, December 12 2:00 p.m.	Department of Health and Welfare Conference Room (A, B, C & D) 601 Pole Line Road Twin Falls, ID 83301
Wednesday, December 13 2:00 p.m.	AmeriTel Inn Pebble Creek Room 1440 Bench Road Pocatello, ID 83201
Thursday, December 14 2:00 p.m.	DHW - formerly Children’s Development Center Conference Room 2475 Leslie Avenue Idaho Falls, ID 83402

Reminder to All Healthy Connections Providers

Note: The following article contains updates to the Healthy Connections information published in the September issue of the MedicAide newsletter. Please refer to the information below when contacting your nearest Healthy Connections office.

When submitting a Healthy Connections change or a new Healthy Connections Enrollment Form, please send the information or form to the Regional Healthy Connections office nearest you.

Region	Healthy Connections Office
Region 1	1120 Ironwood, Suite 102 Coeur d'Alene, ID 83814-2659 (208) 666-6766 (800) 299-6766 Fax (208) 666-6856
Region 2	1118 F Street P.O. Drawer B Lewiston, ID 83501 (208) 799-5088 (800) 799-5088 Fax (208) 799-5167
Region 3	3402 Franklin Rd. Caldwell, ID 83605-6932 (208) 455-7244 (800) 494-4133 Fax (208) 454-7625
Region 4	1720 Westgate, Suite A Boise, ID 83704 or: P.O. Box 83720 Boise, ID 83720-0026 (208) 334-0717 or (208) 334-0718 (800) 354-2574 Fax (208) 334-0953

Region	Healthy Connections Office
Region 5	601 Poleline Rd., Suite 3 Twin Falls, ID 83301 (208) 736-4793 (800) 897-4929 Fax (208) 736-2116
Region 6	1070 Hiline, Suite 260 Pocatello, ID 83205 (208) 239-6270 (800) 284-7857 Fax (208) 239-6269
Region 7	150 N. Shoup Street, Suite 20 Idaho Falls, ID 83402 (208) 528-5786 (800) 919-9945 Fax (208) 528-5756

The phone number for Spanish Interpretive Services for the Healthy Connections Program statewide is (800) 862-2147. Sending Healthy Connections Enrollment forms to a different location could delay processing. Please contact your local Health Resource Coordinator at the numbers above if you have any questions.



MAVIS Keypad Shortcuts

If you cannot use MAVIS because you are in a loud office environment, have a soft speaking voice, or have a strong regional accent, you can use your telephone keypad to navigate through the menus.

To bypass the initial Greeting and Introduction and go directly to the Main Menu:

When you hear the MAVIS greeting, which starts with "Good Morning..." or "Good Afternoon...", press 9.

To bypass the description of the Main Menu and go directly to a Main Menu option:

When you hear "Main Menu...", press a number that corresponds to an option below.

- 1 Client Information
- 2 Claims Information
- 3 Last Check Amount
- 4 Provider Enrollment Status
- 5 Mailing Addresses
- 6 To Switch to a Different Provider
- 7 To Change the Security Code for the Current Provider

If you selected option 1 (Client Information) in the Main Menu, to bypass the description of the Client Information menu and go directly to a Client Information option:

When you hear "What kind of...", press a number in the list below:

- 1 Eligibility or Healthy Connections Information
- 2 Other Insurance
- 3 Lock-in
- 4 Long Term Care Eligibility
- 5 Service Limits
- 6 Prior Authorization Number

If you selected option 2 (Claims Information) in the Main Menu, to bypass the description of the Claims Information menu and go directly to a Claims Information option:

When you hear "What kind of...", press a number in the list below:

- 1 Claim Status
- 2 Procedure Code Coverage
- 3 National Drug Code Coverage
- 4 Revenue Code Coverage
- 5 EOB Message Codes
- 6 Prior Authorization Number

Note: You cannot jump from the Main Menu to an option in the Client or Claims Information menu. For example, if you want information on National Drug Code Coverage and you press 3 as MAVIS begins to list the options in the Main Menu, MAVIS will go to Last Check Amount not to National Drug Code Coverage.

Note: You cannot use keypad shortcuts when you are in the HELP section--you must speak the option you want. For example, if you are in the Help section and you want Client Information, say "Start Over" and you will return to the Main Menu. From the Main Menu, press 1 for Client Information and then press the appropriate number in the menu.

EDS
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Boise, Idaho 83707

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November Office Closures

- Friday, November 10, 2005, the Department of Health and Welfare will be closed for Veteran's Day.
- Thursday, November 23, 2005, the Department of Health and Welfare and EDS offices will be closed for Thanksgiving.
- Friday, November 24, 2005, EDS offices will be closed the day after Thanksgiving, however EDS Provider Service Representatives will be available from 8:00 a.m. to 6:00 p.m. MST.

MAVIS (Medicaid Automated Voice Information Service) is always available at the following telephone number: (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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or

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