



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

February 2006

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Nominations and/or Members Wanted

The Community Care Advisory Council was formed by the 58th Idaho Legislature in 2005 and given the following duties and powers:

- Make policy recommendations regarding the coordination of licensing and enforcement standards in residential or assisted living facilities and the provision of services to residents of residential or assisted living facilities.
- Advise the Department of Health and Welfare during development and revision of rules.
- Review and comment upon proposed rules.
- Submit an annual report to the legislature stating opinions and recommendations
 which would further the state's capability in addressing residential or assisted living
 facility issues.

The Community Care Advisory Council is seeking nominations for the following openings:

- One (1) Certified Family Home provider;
- Three (3) residents or family members of a resident living in a Certified Family Home; and,
- Two (2) residents or family members of a resident living in a Residential or Assisted Living Facility.

The criterion for membership on the Community Care Advisory Council is a willingness to serve toward a common goal of assuring high quality care for the citizens of the State of Idaho.

Submit letters of interest to:

Brett Waters, Chairman c/o Bureau of Facility Standards—DHW PO Box 83720 Boise, ID 83720-0036

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho December 12, 2005

MEDICAID INFORMATION RELEASE MA06-01

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term

Care Facilities

FROM: Leslie M. Clement, Deputy Administrator

SUBJECT: 72 HOUR EMERGENCY FILL FOR PRESCRIPTION MEDICATIONS

Medicaid will pay for point-of-sale (POS) pharmacy claims for a 72-hour emergency supply of medications requiring Prior Authorization (PA) if the pharmacist in their professional judgment believes a Medicaid eligible participant has an immediate need. During normal business hours the standard PA process should be used.

The emergency fill override process is intended to ensure that clients receive their medications regardless of holidays, weekends or other instances in which the pharmacy call center cannot be reached to obtain a valid PA.

Questions regarding the Prior Authorization program may be referred to the Medicaid Pharmacy Unit at (208) 364-1829.

LMC/to/sw

Changing Your Provider Address

The following information is needed in order to submit a change of address:

- Provider name
- Idaho Medicaid provider number
- Address type to be changed (pay to, mail to, service location, billing service or contact person)
- Effective date of address and/or telephone number change
- Old address (if available)
- New address
- New telephone phone number (if any)
- New contact person (if any)
- · Authorized signature and date

A Change of Address Form is available in the Forms Appendix of the Idaho Medicaid Provider Handbook or can be requested from EDS (call MAVIS, ask for Provider Enrollment). The form can be either mailed or faxed back to EDS:

EDS P.O. Box 23 Boise, ID 83707

FAX: (208) 395-2198

DHW Phone Numbers

Addresses

Web Sites

DHW Websites

www.healthandwelfare.idaho.

Idaho Careline

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

Provider Fraud and Utilization Review

P. O. Box 83720

Boise, ID 83720-0036

(866) 635-7515 (toll free)

(208) 334-0675

Email:

~medicaidfraud&sur@ idhw.state.id.us (note: begins with ~)

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) 455-7163

(208) 455-7244 (Spanish)

(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) 239-6260

(800) 284-7857

Region VII - Idaho Falls

(208) 528-5766

(208) 528-5786

(800) 919-9945

Spanish Speaking (statewide) (800) 862-2147

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations

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

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

Pharmacy P.O. Box 83720 Boise, ID 83720-0036 (877) 200-5441 (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

Transportation Prior Authorization Unit:

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

Eav

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

Ambulance Review

(800) 362-7648 (208) 287-1157

Fay

(800) 359-2236 (208) 334-5242 December 29, 2005

MEDICAID INFORMATION RELEASE MA06-02

To: Rural Health Clinics, Federally Qualified Health Centers (FQHCs) and Indian

Health Providers

From: Leslie Clement, Deputy Administrator

Subject: Scope of Service Changes

This information release is intended to clarify when the prospective payment rate for Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) can be changed.

In December 2000, Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, (BIPA) established a Prospective Payment System (PPS) to pay for Medicaid-covered services provided by FQHCs and RHCs. The PPS establishes payment rates in advance of service delivery and creates incentives for providers to operate more efficiently. The prospective payment system rate can be adjusted to take into account any increase or decrease in the scope of such services furnished by the FQHC or RHC.

A change in the scope of FQHC/RHC services shall occur when the FQHC or RHC has added or has discontinued any service that meets the definition of FQHC/RHC services, as provided in the Social Security Act section 1905(a)(2)(B) and (C); and, if or when the service is included as a covered Medicaid service under the Idaho Medicaid State Plan approved by the Secretary of State. A change in the "scope of services" is defined in the Idaho State Plan as a change in the type, intensity, duration and/or amount of services. A change in the cost of a service is not considered, in and of itself, a change in the scope of services.

The Department will make the final determination whether or not there has been a change in the scope of services. If the Department determines that there is a change in the scope of services, the Department will request a budget from the FQHC or RHC in order to determine the change in the reimbursement rate. Once the revised reimbursement rate is calculated, it will be an interim reimbursement rate until the Department can perform an audit to finalize the reimbursement rate.

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Principal Financial Specialist for the Bureau of Medicaid Benefits and Reimbursement Policy, at (208) 364-1817.

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

LMC/sp/sw

Coming in February...

Idaho Medicaid will be sending providers a new version (5.0) of Provider Electronic Software (PES). The new version allows providers to submit their interactive transactions through the Web. Providers will be able to submit their interactive eligibility requests and interactive pharmacy transactions electronically with a cable modem, DSL modem, ISDN modem, or local area network connections. In addition, providers can continue to use the dial-up method.

Requirements for PES, version 5.0 include the following:

- A PC running the Windows 2000 or higher operating system
- An Internet Service Provider (ISP) or access to an Internet connection
- Microsoft Internet Explorer, version 5.5 or higher

Note: EDS does not provide support for upgrading Internet Explorer to meet the minimum specifications for running this new version of PES.

PES version 5.0 is not designed to run on the Windows 98 operating system, therefore it is recommended that Windows 98 users do not apply this upgrade. EDS will not support PES version 5.0 that has been installed on a PC running the Windows 98 operating system.

Note: EDS will continue to provide support for users who installed PES version 4.0 or lower on a Windows 98 operating system.

To identify the operating system running on your PC:

- From the Desktop, select Start | Settings | Control Panel.
- Double-click the System icon. The System Properties dialog box displays.
- 3. Select the **General** tab. The operating system description displays. In the example shown below, the operating system is Windows XP.

or

- 1. From the Desktop, right-click the **My Computer** icon and select **Properties** from the menu. The System Properties dialog box displays.
- Select the **General** tab. The operating system description displays. In the example shown below, the operating system is Windows XP.



EDS Phone Numbers Addresses

MAVIS

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

EDS

Correspondence PO Box 23 Boise, ID 83707

Provider Enrollment P.O. Box 23 Boise, Idaho 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

Client Assistance Line Toll free: (888) 239-8463

EDS Phone Numbers Addresses

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 Hoover 1720 Westgate Drive, # A Boise, ID 83704

jane.hoover@eds.com (208) 334-0842 Fax (208) 334-0953

Region 5
Penny Schell
601 Poleline, Suite 3
Twin Falls, ID 83303
penny.schell@eds.co

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

Top 10 Reasons Claims Were Denied for 2005

The following are the most common reasons that Medicaid claims were denied in the past year. The good news...they're correctable! When you understand the information required, you can get most of your claims paid the first time through. The reasons for denial are listed below in descending order, with the most frequent reason for denial listed first.

	EOB Code	Description and Correction
1.	010	Healthy Connections provider number must be in the Referring Provider ID field - (#17a on CMS1500 claim form)
		Healthy Connections provider's phone number is provided with eligibility verification.
2.	104	Client ineligible on detail dates of service
		Verify eligibility before every visit.
3.	A01	Exact duplicate of previously submitted claim
		Do not re-bill a claim that is pending for manual adjudication. Only re-bill claims that have actually denied.
4.	011	Billing/Referring provider not Healthy Connections provider for dates of service
		Verify Healthy Connections provider when eligibility is verified.
5.	101	Client name and/or number does not match client file
		Verify client name and MID number when eligibility is checked.
6.	100	Client Medicaid number missing/not on file
		Make sure the correct 7-digit MID is used in the proper field (# 1a on the CMS1500 form). Social Security or Medicare ID numbers cannot be used when billing Medicaid.
7.	014	Attending provider not eligible member of group for dates of service
		When billing with the group Provider ID, the attending Provider ID (field 24k on the CMS1500 form) must be listed with EDS as a part of the group practice for the dates of service.
8.	711	TPR Injury Suspect - No supporting documentation
		If the admit or primary diagnosis is trauma- or injury-related and the total billed amount is greater than \$250.00, there must be documentation to determine if there is third party insurance liability. This may be a statement in the comment field (#19 on CMS1500 form) that says "No TPL."
9.	628	Valid NDC, quantity, and units of measure required for this procedure
		Procedure codes beginning with J, S, or Q may require a valid National Drug Code (NDC) number, quantity, and the unit of measure. Paper claims require that an NDC Detail Attachment Form is included.
10.	817	No matching Prior Authorization on file
		When Prior Authorization (PA) is required for the service billed, place the appropriate PA number in field #23 of the CMS1500 claim form.

New PHI E-mail Encryption Solution

In our ongoing effort to protect clients' medical information and meet HIPAA privacy requirements, Medicaid will soon begin using a secure e-mail solution to encrypt outgoing e-mails that contain PHI, or Protected Health Information. A system named ZixVPM, developed by ZixCorp, will scan outgoing e-mails and automatically encrypt messages that contain PHI. In addition to the obvious benefits of confidentiality, this secure email solution provides the option of communicating quickly and efficiently via e-mail. Traditionally, to meet HIPAA standards, Protected Health Information has been limited to less efficient methods of communication, such as faxing or the postal service.

As a provider, you may receive these encrypted e-mails. You will be able to access these messages easily via the ZixMessage Center at no cost to you. You are not required to have Zix software. When an encrypted message has been sent, you will receive an e-mail that looks similar to the following:

You have a ZixMessage Center Message from smitha@idhw.state.id.us:

Click the link below to view your secure message. If your email program does not support active links, please cut and paste the link displayed below into the "Address" or "Location" field of your browser and press "Enter" or "Go".

https://zixmessagecenter.com/s/e?m=ABCIP3DH2lv3OHfXO1aBsRqp&c=ABAfqgm3jcsEJ3VomTzyIw4q&em=chandlep%40idhw%2estate%2eid%2eus

Please do not reply to this e-mail. This message was auto-generated by the senders Zix security system. To reply to the sender, please go to your secure message by clicking on the link above.

This message will expire on Oct 19, 2005 @ 12:07 (CDT).

When you click on the link, you will be taken to the ZixMessage Center where you will be instructed on how to register a private password to access your secure messages. You will use this password each time you access the ZixMessage Center. When you reply back to an e-mail directly from the ZixMessage Center, the reply will be encrypted. Keep in mind, if you select to download the message from the Message Center and later reply to the sender, the reply will not be encrypted. More information on the ZixMessage Center can be found at: www.zixcorp.com/support/zixmessagecenter.php.

Frequently asked questions (FAQs) and answers can be found at: www.zixcorp.com/support/faq zmc.php.

For even greater convenience, you can download a trial version of ZixMail, although this is not required to receive encrypted e-mails from Medicaid. With ZixMail software installed, you receive encrypted e-mails directly in your e-mail inbox, rather than accessing them through the ZixMessage Center. You can also send encrypted e-mail to payers, other physicians, patients, or anyone with an e-mail address. ZixCorp offers a free 2-year program to provide physicians and their office staff secure e-mail software and support. For more information on this offer from ZixCorp see www.healthyemail.org.

Billing Unlisted HCPC/CPT Codes

To shorten the time it takes for your claim to process through the system, be sure to use the HCPC or CPT that best describes the service provided. Using unlisted or dump procedure codes results in slower claims processing since there is no specific price on file for these codes and they must be manually reviewed and priced by either EDS or DHW.

If you are not able to find a specific code for the service provided, then an unlisted or dump code can be used. It is important to include a descriptive and legible report for all unlisted/dump CPT codes and an invoice for all unlisted/dump HCPC codes listed on the claim. Invoices should contain a description matching what is listed on the claim form and a clearly identifiable price for the item billed. Invoices that list a "case", "box", or "package" quantity and price should provide pricing information for a single component to allow the pricing of an individual item billed on the claim form.

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

Special Notes:

- 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.
- 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 P.O. Box 23 Boise, Idaho 83707

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





February Office Closures

Monday, February 20, 2006

The Department of Health and Welfare and EDS offices will be closed for Presidents Day.

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.

Editor: Kathy Gillingham, Division of Medicaid

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

GillingK@idhw.state.id.us

or

Kathy Gillingham DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911