



# MedicAide

An informational newsletter for Idaho Medicaid Providers

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

**August 2010**

Dear Medicaid Providers,

The last two months have been very trying for many of you. First, our Medicaid program had to delay payments in the middle of June because we were out of money and could not pay our bills until July. At the same time, we implemented a new Medicaid Management Information System (MMIS) that processes your claims. This new system has not worked as we agreed to, causing further delays in your payments.

We all agree that this is unacceptable – you provide help to some of the most vulnerable people in the state of Idaho – we should be paying you in a timely manner for those services. I would like to apologize to each of you for the troubles these two events may have had on your businesses and lives.



During the first weeks of operation we expected and saw some issues, but performance data showed the system was improving. Initially, the biggest obstacle for delayed payments was provider enrollments. If you did not complete enrollment, you could not get paid. That issue has been resolved; we currently have over 20,000 providers enrolled with very few still being processed.

A month into implementation, the system has not been performing as we expected. This causes us great concern. I would like to share with you our management strategies to ensure the system's performance improves, and we get payments to you.

First, I want you to know that our number one priority is to ensure that you are being reimbursed for the services you provide. That was not occurring. In response, we made an extra payment to get money out to you as the issues were addressed. This caused concern because the extra payment did not contain proper documentation to reconcile it with your billings. However, we felt it was more important to get money out to you as soon as possible rather than delay the extra payment for additional documentation.

Along with our contractor Molina (which acquired the HIM Division of Unisys Corporation last May; Unisys had done the system development to that date), we have identified 18 significant issues that need to be addressed. Molina has identified fixes, which we approved.

Molina began implementing these fixes in late July. We expect Molina to continue to roll out these fixes through the coming month. In response to our concerns, Molina also has brought in additional resources to thoroughly evaluate their system and support operations.

We are meeting with Molina executives on Friday, August 6, where we expect to receive additional information about system performance and recommendations for improvement. We will provide you with updated information early next week with details from that meeting.

We have received some feedback from you that we should just go back to the old payment vendor and system. That is not possible. The federal Centers for Medicaid and Medicare Services, which pays approximately 75% of the system expenses, will not continue funding the old system. The contract for the old system was set to expire and could not be extended with any federal support.

As background for you, originally the new system was set to go live last November. We delayed it until February and then again until June because we believed the system was not ready for operations. These delays consumed any cushion we had to keep the previous system available as a back-up.

Before going live, we received written assurances from Molina that the system was ready to move to operations, along with their commitment to provide the support for a successful implementation and on-going operations. Even though the new MMIS system is not performing as we agreed to, we are working with Molina to improve its performance and get payments to you on a timely basis.

Again, I would like to apologize for the hardship and frustration the new claims payment system has caused you. I want to assure you that your hard work and dedication to the people of Idaho is greatly appreciated. We will get the system performing up to expectations and reimbursements flowing to you on a timely basis. Molina has assured me that they, like the Department, are committed to resolving the performance issues, which I will report back to you on early next week.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard M. Armstrong". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Richard M. Armstrong, Director  
Idaho Department of Health and Welfare

## **In This Issue**

Provider Record Update ENDS August 27 <sup>th</sup> , 2010.....	4
New Transition Issues List Available Online! .....	4
Provider Handbooks.....	5
Attention DME and Medical Supply Providers.....	5
Interim Healthy Connections Referral Procedures .....	5
Preventive Health Assistance for Wellness .....	6
Medicaid Program Integrity.....	7
Civil Monetary Penalties (CMP).....	7
Special Rate Reminder for Nursing Home and ICF/MR Facilities .....	8
Automatic Claims Information.....	8
DHW Contact Information .....	20
Insurance Verification .....	20
Molina Provider Services Contact Information .....	20
Molina Provider Services Fax Numbers .....	21
Prior Authorization Contact Information .....	21
Transportation .....	22
Provider Relations Consultant (PRC) Information.....	22

## **Information Releases**

IR MA10-08 No Inflation Increase – Physician and Dental Services .....	9
IR MA10-09 Changes to DSH Payment .....	10
IR MA10-10 Change of Reimbursement for Hospitals .....	11
IR MA10-11 Annual State Cost Survey for Pharmacies .....	12
IR MA10-12 Principal Year Definition for Hospital Reimbursement.....	13
IR MA10-13 HB708 and 701 Price Freeze – ICF MR.....	14
IR MA10-14 HB708 and 701 Price Freeze NF.....	15
IR MA10-15 HB708 Price Freeze - PCS .....	16
IR MA10-16 No Adjustment to Medicare Rates – Therapy Services .....	17
IR MA10-17 Transportation Brokerage for Non-Emergent Medical Transportation .....	18

## Provider Record Update ENDS August 27<sup>th</sup>, 2010

**Have you completed your record update yet?** Providers only have until August 27<sup>th</sup> to complete and submit their record updates. After August 27<sup>th</sup>, providers will have to submit a brand-new application and go through the new provider enrollment review.

Completing your record update rather than a new application has several advantages. First, the record update already includes much of the providers' enrollment information from the previous system. Second, fewer supporting documents are required of providers who complete the record update process.

You must have the following information to begin your provider record update:

- Your green letter from Idaho Medicaid which contains your case number and the associated provider number.
- Your tax identification number – either your Federal Employer Identification Number (FEIN) or Social Security Number (SSN).
- An email address. If you do not have an email address you can obtain a free one by typing "Free Email" into your internet search window and click **GO**. It will guide you to sites that offer free email accounts.

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## New Transition Issues List Available Online!

We have implemented a new tool for providers on the Web site at [www.idmedicaid.com](http://www.idmedicaid.com). The tool is designed to keep you up-to-date on known system and procedural issues that we are currently working on. This information will be sent weekly to key stakeholder groups who can assist us in keeping the affected entities up-to-date.

As issues are brought to our attention they are documented and assigned to a specialist. The specialist researches the information to determine the cause and extent of the problem as well as who is affected by the issue. Once this information is collected, a team of experts review and assess the effectiveness of potential solutions or temporary work-arounds. When a solution is selected, an implementation date is derived based on the amount of time and effort it will take to develop, test and implement the solution, update the system and user documentation, and provide new training materials.

When the solution is successfully implemented, the transition issues list will be updated to inform affected providers of any final clean-up steps needed to resolve the issue.

We know system changes are complicated and frustrating and we appreciate your patience and support as we are working through this transition.

## Provider Handbooks

Corrections to the Provider Handbook are in process. In the meantime, please contact your Provider Relations Consultant with any questions. Their contact information is listed at the end of this newsletter and online at [www.idmedicaid.com](http://www.idmedicaid.com) under the Contact Us link.

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### Attention DME and Medical Supply Providers

Effective March 29, 2010, the legislature passed new rules that clarified the basic supplies that Residential Care and Assisted Living Facilities are required to provide. The facility cannot bill the resident for those supplies, and they cannot bill Medicaid. The clarifying rule is in IDAPA 16.03.22.430, and states:

06. Basic Supplies. The following are to be supplied by the facility at no additional cost to the resident: linens, towels, wash cloths, liquid hand soap, non-sterile exam gloves, toilet paper and first aid supplies, unless the resident chooses to provide his own.

A DME provider who provides these products to residents of a residential care or assisted living facility must seek reimbursement for these products from the facility itself.

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### Interim Healthy Connections Referral Procedures

Healthy Connections information continues to be transitioned into the new MMIS system. As a result, providers may not be able to use the system to verify a member's Healthy Connections Primary Care Provider (PCP) or if a referral has been issued. Therefore, **PCPs are not currently required to enter the member's referral in the system.**

Idaho Medicaid continues to require a Healthy Connections referral for all services unless they are included in exempted services. Until further notice, **PCPs need to document and communicate referrals to specialty providers using the same practices that were used prior to June 1, 2010**, but are not required to enter the referral into the new MMIS. These practices are:

- It is the responsibility of the Healthy Connections provider to make the referral to another Medicaid service that is not exempted from referral.
- It is the responsibility of the referring provider and the provider receiving the referral to document the specifics of the referral in the patient's record.
- Communication of the referral can be in any form (written, phone, e-mail, etc.).
- PCPs place appropriate limits on referrals based on medical necessity, with a time limit consistent with the anticipated course of treatment not to exceed a maximum of one year.

As has always been the case, at the time services are provided the treating provider needs to confirm the member's eligibility and Healthy Connections enrollment. If Healthy

Connections enrollment is not specified or the PCP is not identified in this process, determine medical necessity and treat accordingly.

Once the MMIS referral function is tested and found to be fully functional, the requirement for a Healthy Connection referral in our MMIS will be reinstated. Information will be provided in an Information Release at some point in the future. Please do not attempt to enter referrals into the MMIS prior to receiving this notification.

For questions, contact the Healthy Connections Consolidated Unit at 1 (888) 528-5861.



## Preventive Health Assistance for Wellness

The Preventive Health Assistance (PHA) Wellness benefit provides assistance to families whose children are:

- Enrolled in the Medicaid Basic Plan and
- Required to pay a monthly premium to maintain eligibility

These children are automatically enrolled in the Wellness PHA.

### How does it work?

1. The claims processing system is searched to determine if a child is current on recommended well-child checks and immunizations.
2. If the child is current, PHA points are earned.
3. The PHA points are applied as a reduction to the family's monthly premium.

PHA follows the American Academy of Pediatrics (AAP) recommended schedule for Well-child checks and the Center for Disease Control (CDC) recommendations for Immunizations.

### Well Child Check-up Schedule

Age	✓	✓	✓	✓	✓	✓
Babies	1 week-1 Month	2 Months	4 Months	6 Months	9 Months	12 Months
1-3 yr	15 months	18 months	24 months	30 months	36 months	
3-19 yr	1 check-up every year					

### How can Primary Care Providers (PCPs) help?

Be sure to bill Well Child Checks with the primary diagnosis V20.2 and the appropriate CPT code (see [Provider Handbook](#)). Please note that if a child comes in for a well-child check and presents sick, you can bill for both, as long as both exams are performed.

If you would like to request a supply of PHA brochures or if you would like more information on PHA Benefits, please call the PHA Unit at 1 (877) 364-1843.



# Medicaid Program Integrity

## ***Civil Monetary Penalties (CMP)***

IDAPA 16.05.07.235 states:

Under Section 56-209h, Idaho Code, the Department may assess civil monetary penalties against a provider, any officer, director, owner, and managing employee for conduct identified in Subsections 230.01 through 230.09 of these rules. The amount of penalties may be up to \$1,000 for each item or service improperly claimed, except that in the case of multiple penalties, the Department may reduce the penalties to not less than 25% of the amount of each item or service improperly claimed if an amount can be readily determined. Each line item is considered a separate claim.

These penalties are intended to be remedial, at minimum recovering costs of investigation and administrative review, and placing the costs associated with non-compliance on the offending provider.

The Medicaid Program Integrity Unit will continue to recover overpayments from providers. In addition to recovering overpayments, civil monetary penalties will be assessed for the following conduct as cited in IDAPA 16.05.07.230.01-09.

- Knowingly submitting incorrect claims
  - Examples include, but are not limited to:
    - Incorrect coding
    - Billing more extensive/higher level codes than performed
- Submitting fraudulent claims
  - Examples include, but are not limited to submitting claims for:
    - Services not rendered
    - Non-covered services
- Knowingly making false statements or representation of material fact in any document required to be maintained or submitted to the Department
  - Examples include, but are not limited to:
    - Documenting services that didn't occur
    - Documenting a greater period of time for the provision of services than the services actually took to provide
    - Documenting services as being rendered by a licensed/credentialed individual when a non-licensed/non-credentialed individual provided the services
- Submitting claims for medically unnecessary services
- Failing to provide (upon written request) immediate access to required documentation
- Repeatedly or substantially failing to comply with rules and regulations
  - Examples include, but are not limited to:
    - Failure to obtain required criminal history background checks
    - Multiple rule violations
    - Continued violation(s) over an extended period of time (not a single occurrence)
    - Substantial non-compliance of documentation requirements
    - Illegible records
    - Missing required documentation components
- Knowingly violating provider agreement

- Examples include, but are not limited to:
  - Failure to meet documentation requirements
  - Use of unqualified staff
- Failing to repay overpayments
- Employee or managing employee of entity engaging in fraudulent/abusive conduct in connection with the delivery of health care items or services.

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## **Special Rate Reminder for Nursing Home and ICF/MR Facilities**

- Special rates may be requested to pay for care given to members who have Long Term Care needs beyond the normal scope of facility services. Contact the Bureau of Long Term Care at (208) 287-1156 for an Idaho Nursing Facility Special Rate Request form. If a member is approved for special rate pricing, an approval letter will be sent out to the provider.
- The provider must bill with Revenue Code 0101 to receive payment for long term care special rate pricing.

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## **Automatic Claims Information**

You can check the status of claims at any time through the automated phone system. Avoid long wait times on the phone and take advantage of the self-service options available through MACS.

Here's how to move through the system:

- 1) Dial 1 (866) 686-4272
- 2) Press 3 or say *Provider*
- 3) Press or say your NPI or Provider ID number
- 4) Press or say your 4-digit security code
- 5) Press 2 or say *Claims* for claims information
- 6) Press 1 or say *Status* for claim status information

Look for more tips about the self-service options available to you through MACS in future Medicaid editions.



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

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July 20, 2010

**MEDICAID INFORMATION RELEASE #MA10-08**

**To:** Physicians, Mid-Level Practitioners, and Dentists  
**From:** Leslie M. Clement, Administrator  
**Subject:** **No Inflation Increase – Physician and Dental Services**

Effective July 1, 2010, reimbursement rates paid for physician and dental services will not be adjusted for inflation.

These changes in reimbursement rates are being implemented to comply with the following laws, passed by the 2010 legislature:

- H.B. 708 § 4 amending Idaho Code § 56-156 to keep the reimbursement rate the same as SFY 2010.

If you have additional questions about this change in definition for physician and dentist services reimbursement, please contact the Principal Financial Specialist in the Office of Reimbursement at (208) 364-1817.

Thank you for your participation in Medicaid.

LMC/sp/rs



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July 1, 2010

**MEDICAID INFORMATION RELEASE MA10-09**

**To:** Disproportionate Share Hospitals (DSH)  
**From:** Leslie M. Clement, Administrator  
**Subject:** **Changes to Disproportionate Share Hospital (DSH) payments**

This change will require hospitals to refund Disproportionate Share Hospital (DSH) payments that exceed documented hospital specific cost limits. These refunded payments will be redistributed to other qualifying hospitals or promptly returned to the Federal Government according to Federal statutory limits. Effective on or after July 1, 2010.

The change is being implemented to comply with the Medicaid Modernization Act, codified at 42 U.S.C. § 1396r-4 and the implementing regulations found at 42 CFR § 447.298 and .299.

You can access this Information Release on the Molina Web site for the providers, Health PAS-OnLine at <https://www.idmedicaid.com>.

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

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

LMC/ln/rs



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July 06, 2010

**MEDICAID INFORMATION RELEASE MA10-10**

**To:** All Hospital Providers  
**From:** Leslie M. Clement, Administrator  
**Subject:** Changes to Reimbursement for Hospitals

Effective on date of service on or after July 1, 2010.

The change removes the 5.8 % and 10% capital costs component for in-state private out-patient hospital operating costs. The proposed change will also increase the reimbursement floor percentage to 100% for hospitals with 25 beds or less and 85% for hospitals with more than 25 beds. The Department will implement a reduction of in-patient and out-patient reimbursement rates by 5% for all out-of-state hospital providers.

This change is being implemented on certain private hospitals to maintain adequate state trustee and benefit funds to the extent that a general fund shortfall exists or as limited by the maximum assessment set forth in the Idaho Hospital Assessment Act in Idaho Code 56-1401.

You can access this Information Release on the Molina Web site for the providers, Health PAS-OnLine at <https://www.idmedicaid.com>.

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

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

LMC/lr/rs



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July 19, 2010

**MEDICAID INFORMATION RELEASE MA10-11**

**To:** All Pharmacy Providers  
**From:** Leslie M. Clement, Administrator  
**Subject:** **Annual State Cost Survey, effective April 1, 2010**

This law became effective April 1, 2010, making it mandatory for all pharmacies to participate in the annual state cost survey to obtain the most accurate pharmacy drug acquisition costs in order to establish a reimbursement fee schedule.

Participation in the survey is now mandatory as a result of H.B. 708 § 5, passed by the 2010 Legislature, amending Idaho Code §56-209g (2).

You can access this Information Release on the Molina Web site for providers, Health PAS-OnLine at: <https://www.idmedicaid.com>.

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

If you have any questions regarding this information, please contact Financial Specialist Senior for the Office of Reimbursement in the Division of Medicaid at: (208) 287-1162.

LMC/lr/rs



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June 29, 2010

**MEDICAID INFORMATION RELEASE #MA10-12**

**To:** Hospitals  
**From:** Leslie M. Clement, Administrator  
**Subject:** **Principal Year Definition for Hospital Reimbursement**

In order to more closely pay hospitals their true costs, the Department of Health and Welfare is implementing the following change to the hospital cost reporting and rate setting process.

Effective July 1, 2010, the definition for principal year for hospital reimbursement is changing.

For fiscal years ending after 2009, the principal year will be the year equivalent to the Medicare cost report used to prepare your Medicaid cost settlement.

If you have additional questions about this change in definition for hospital reimbursement, please contact the Principal Financial Specialist for the Office of Reimbursement in the Division of Medicaid at (208) 364-1817.

Thank you for your participation in Medicaid.

LMC/sp/rs



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July 1, 2010

**MEDICAID INFORMATION RELEASE #MA10-13**

**To:** Nursing Facility Providers and the Idaho Healthcare Association  
**From:** Leslie M. Clement, Administrator  
**Subject:** **House Bill 708 & 701 Price Freeze – Intermediate Care Facilities for the Mentally Retarded (ICF/MR)**

Effective July 1, 2010, reimbursement rates paid to ICF/MRs will not be inflated. The Department of Health and Welfare will no longer pay an efficiency incentive payment. The revised dates are for State Fiscal Year 2011 (7-01-2010 – 6-30-2011) and are using audited cost reports for calendar year 2008.

These changes in reimbursement rates are being implemented to comply with the following laws, passed by the 2010 legislature:

- HB701 §12 requiring the Department of Health and Welfare, Division of Medicaid to freeze all price increases unless mandated by federal law and appropriated for the Medicaid program
- HB701 §14 requiring the Department of Health and Welfare to make pricing modifications by adjusting rates that have, in the past, been determined to be overpaid within a Medicaid service category
- HB708 §3 amending Idaho Code §56-113(2) to reimburse ICF/MRs based on a prospective rate system using audited cost reports for the calendar year ending 2008 without cost or cost limit adjustments for inflation.

If you have additional questions about the changes for ICF/MR reimbursement, please contact the Senior Financial Specialist for the Office of Reimbursement in the Division of Medicaid at (208) 364-1994.

Thank you for your participation in Medicaid.

LMC/rk/rs



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July 1, 2010

**MEDICAID INFORMATION RELEASE #MA10-14**

**To:** Nursing Facility Providers and the Idaho Healthcare Association  
**From:** Leslie M. Clement, Administrator  
**Subject:** House Bill 708 & 701 Price Freeze – Nursing Facilities

Effective July 1, 2010, reimbursement for nursing facilities will change by removing the inflation index adjustment, re-establishing special rate payment offset clarification, and removing the efficiency incentives.

These changes in reimbursement rates are being implemented to comply with the following laws passed by the 2010 legislature:

- HB701 §12 requiring the Department of Health and Welfare, Division of Medicaid to freeze all price increases unless mandated by federal law and appropriated for the Medicaid program
- HB701 §14¶2 requiring the Department of Health and Welfare to make pricing modifications by adjusting rates that have, in the past, been determined to be overpaid within a Medicaid service category
- HB708 §2 amending Idaho Code § 56-102(6) &(9) to remove provisions regarding incentive payments

If you have additional questions about the change for nursing facilities inflation, please contact the Senior Financial Specialist for the Office of Reimbursement in the Division of Medicaid at (208) 364-1994.

Thank you for your participation in Medicaid.

LMC/rk/rs



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July 1, 2010

**MEDICAID INFORMATION RELEASE #MA10-15**

**To:** Nursing Facility Providers and the Idaho Healthcare Association

**From:** Leslie M. Clement, Administrator

**Subject:** **House Bill 708 Price Freeze – Personal Care Services**

Effective July 1, 2010, the hourly reimbursement rate for Personal Care Services (PCS) will freeze at the Weighted Average Hourly Rate (WAHR) utilized in state fiscal year 2010. The change is for State Fiscal Year 2011 (7-01-2010 – 6-30-2011). The reimbursement rate is based on the WAHR calculation for certified nurse aides, nurse aides, and therapy technicians.

This change in the reimbursement rates is being implemented to comply with HB708 §1 passed by the 2010 Legislature amending Idaho Code §39-5606 by meeting the request to freeze payments.

If you have additional questions about the new price freeze for PCS, please contact the Senior Financial Specialist for the Office of Reimbursement in the Division of Medicaid at (208) 364-1994.

Thank you for your participation in Medicaid.

LMC/rk/rs



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July 20, 2010

**MEDICAID INFORMATION RELEASE # MA10-16**

**To:** Occupational Therapists (OT), Physical Therapists (PT) Speech Language Pathologists (SLP), Developmental Disability Agencies, and School Based Services Agencies

**From:** Leslie M. Clement, Administrator

**Subject:** **No Adjustment to Medicare Rates – Therapy Services**

Effective July 1, 2010, reimbursement rates paid for therapy services will not be adjusted this year according to the Medicare fee schedule.

These changes in reimbursement rates are being implemented to comply with the following laws, passed by the 2010 legislature:

- H.B. 701 § 12 requiring the Department of Health and Welfare, Division of Medicaid to freeze all price increases unless mandated by federal law and appropriated for the Medicaid program;

If you have additional questions about this change in definition for therapy services reimbursement, please contact the Principal Financial Specialist for the Office of Reimbursement in the Division of Medicaid at (208) 364-1817.

Thank you for your participation in Medicaid.

LMC/sp/rs



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July 20, 2010

**Medicaid Information Release MA10-17**

**To:** Medicaid Transportation Providers  
All Medicaid Providers

**From:** Leslie M. Clement, Administrator

**Subject:** Transportation Brokerage for Non-Emergency Medical Transportation (NEMT)

Idaho Medicaid has contracted with a transportation brokerage, American Medical Response (AMR), to administer, coordinate, and manage all NEMT for eligible Idaho Medicaid participants beginning with dates of service on or after September 1, 2010.

**AMR Will:**

- Operate a call center to receive requests from participants needing transportation
- Verify that participants do not have other transportation available through their own resources, friends, family, or other community supports; and that they need transportation to access covered Medicaid benefits
- Schedule transportation for participants with contracted NEMT network providers
- Ensure that contracted network providers operate in a safe and professional manner
- Reimburse contracted providers for their services
- Provide data and reports to Medicaid

**Contact Information for Prior Authorization Requests:**

Beginning on August 23, 2010:

- Network transport providers may contact AMR at (877) 503-1267 with any questions about NEMT to be provided on or after September 1, 2010
- Other Medicaid providers and participants may call AMR at (877) 503-1261 to schedule transportation to be provided on or after September 1, 2010

**Existing Prior Authorizations:**

Existing prior authorizations for NEMT to be provided after September 1, 2010 will be honored by AMR.

**Transportation codes no longer covered:**

Medicaid will not reimburse existing transportation providers for any of the codes listed in the following table for services provided on or after September 1, 2010. Services associated with these codes must be coordinated and paid through the Broker (AMR) for all services delivered on or after September 1, 2010.

<b>Codes Not Payable After 8/31/2010</b>	
<b><u>Code</u></b>	<b><u>Description</u></b>
A0100	Taxi Trips
A0110	Commercial Transport
A0130	Wheelchair Van Transport
A0140	Airline Tickets
A0180	Lodging – Participant
A0190	Daily Meals
A0200	Lodging – Attendant
A0210	Attendant Meals
S0215	Individual and Agency Provider Transport
T2001	Attendant Salary, per 15 minutes
T2003	Car Rental
T2004	Commercial Transport – Bus Pass

**Non-Emergency, Non-Medical Transportation:**

- AMR will not have any involvement with transporting waiver, disabled or developmentally delayed participants to **non-emergency, non-medical** services
- Transportation for non-emergency, non-medical transportation will continue to be authorized through Medicaid's Bureau of Long Term Care and Bureau of Developmental Disabilities
- Providers may continue to deliver **non-emergency, non-medical** services under their Molina provider number when authorized by the Department

## DHW Contact Information

DHW Web site	<a href="http://www.healthandwelfare.idaho.gov">www.healthandwelfare.idaho.gov</a>
Idaho CareLine	2-1-1 1 (800) 926-2588
Medicaid Program Integrity Unit	P.O. Box 83720 Boise, ID 83720-0036 <a href="mailto:prvfraud@dhw.idaho.gov">prvfraud@dhw.idaho.gov</a> Fax: 1 (208) 334-2026
<b>Healthy Connections Regional Health Resource Coordinators</b>	
<b>Region I</b> Coeur d'Alene	1 (208) 666-6766 1 (800) 299-6766
<b>Region II</b> Lewiston	1 (208) 799-5088 1 (800) 799-5088
<b>Region III</b> Caldwell	1 (208) 455-7244 1 (208) 642-7006 1 (800) 494-4133
<b>Region IV</b> Boise	1 (208) 334-0717 1 (208) 334-0718 1 (800) 354-2574
<b>Region V</b> Twin Falls	1 (208) 736-4793 1 (800) 897-4929
<b>Region VI</b> Pocatello	1 (208) 235-2927 1 (800) 284-7857
<b>Region VII</b> Idaho Falls	1 (208) 528-5786 1 (800) 919-9945
<b>In Spanish</b> (en Español)	1 (800) 378-3385

## Insurance Verification

<b>HMS</b> PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134
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## Molina Provider Services Contact Information

<b>Provider Services</b>	
<b>MACS</b> (Medicaid Automated Call Service)	1 (866) 686-4272 1 (208) 373-1424
<b>Provider Service Representatives</b> Monday through Friday, 7 a.m. to 7 p.m. MT	1 (866) 686-4272 1 (208) 373-1424
<b>E-mail</b>	<a href="mailto:idproviderservices@unisys.com">idproviderservices@unisys.com</a> <a href="mailto:idproviderenrollment@unisys.com">idproviderenrollment@unisys.com</a>
<b>Mail</b>	P.O. Box 70082 Boise, ID 83707

<b>Participant Services</b>	
<b>MACS (Medicaid Automated Call Service)</b>	1 (866) 686-4752 1 (208) 373-1432
<b>Participant Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT</b>	1 (866) 686-4752 1 (208) 373-1424
<b>E-mail</b>	<a href="mailto:idmemberservices@unisys.com">mailto:idmemberservices@unisys.com</a>
<b>Mail</b>	P.O. Box 70081 Boise, ID 83707
<b>Medicaid Claims</b>	
<b>Utilization Management/Case Management</b>	P.O. Box 70083 Boise, ID 83707
<b>CMS 1500 Professional</b>	P.O. Box 70084 Boise, ID 83707
<b>UB-04 Institutional</b>	P.O. Box 70085 Boise, ID 83707
<b>UB-04 Institutional Crossover/CMS 1500/Third Party Recovery (TPR)</b>	P.O. Box 70086 Boise, ID 83707
<b>Financial/ADA 2006 Dental</b>	P.O. Box 70087 Boise, ID 83707

## Molina Provider Services Fax Numbers

<b>Provider Enrollment</b>	1 (877) 517-2041
<b>Provider and Participant Services</b>	1 (877) 661-0974

## Prior Authorization Contact Information

<b>DME Specialist, Medical Care</b> P.O. Box 83720 Boise, ID 83720-0036	1 (866) 205-7403 Fax: 1 (877) 314-8782 (Attn: DME Specialist)
<b>Pharmacy</b> PO Box 83720 Boise, ID 83720-0036	1 (866) 827-9967 Fax: 1 (800) 327-5541
<b>Therapy and Surgery PA Requests</b> PO Box 83720 Boise, ID 83720-0036	1 (208) 287-1148 Fax: 1 (877) 314-8779
<b>Qualis Health</b> (Telephonic & Retrospective Reviews) 10700 Meridian Ave. N. Suite 100 Seattle, WA 98133-9075 <a href="http://www.qualishealth.org/cm/idaho-medicaid">http://www.qualishealth.org/cm/idaho-medicaid</a>	1 (800) 783-9207 Fax: 1 (800) 826-3836 1 (206) 368-2765
<b>Preventative Health Assistance</b> PHA Unit PO Box 83720 Boise, ID 83720-0009	1 (877) 364-1843 1 (208) 364-1843 Fax: 1 (877) 845-3956

## Transportation

<b>Developmental Disability and Mental Health</b>	1 (800) 296-0509, #1172 1 (208) 287-1172
<b>Other Non-emergent and Out-of-State</b>	1 (800) 296-0509, #1173 1 (208) 287-1173 Fax: 1 (800) 296-0513 1 (208) 334-4979
<b>Ambulance Review</b>	1 (800) 362-7648 1 (208) 287-1157 Fax: 1 (877) 314-8781

## Provider Relations Consultant (PRC) Information

<b>Region I and the state of Washington</b> Christy Stone 1120 Ironwood Drive Suite 102 Coeur d'Alene, ID 83814	1 (208) 994-2477 <a href="mailto:Christy.Stone@MolinaHealthCare.Com">Christy.Stone@MolinaHealthCare.Com</a>
<b>Region II and the state of Montana</b> Kristi Irby 1118 F Street P.O. Box Drawer B Lewiston, ID 83501	1 (208) 991-7138 <a href="mailto:Kristi.Irby@MolinaHealthCare.Com">Kristi.Irby@MolinaHealthCare.Com</a>
<b>Region III and the state of Oregon</b> Rainy Natal 3402 Franklin Caldwell, ID 83605	1 (208) 860-4682 <a href="mailto:Rainy.Natal@MolinaHealthCare.Com">Rainy.Natal@MolinaHealthCare.Com</a>
<b>Region IV and all other states</b> Loren Audet 9415 W. Golden Trout Way Boise, ID 83704	1 (208) 994-2476 <a href="mailto:Loren.Audet@MolinaHealthCare.Com">Loren.Audet@MolinaHealthCare.Com</a>
<b>Region V and the state of Nevada</b> Brenda Rasmussen 601 Poleline, Suite 3 Twin Falls, ID 83303	1 (208) 484-6323 <a href="mailto:Brenda.Rasmussen@MolinaHealthCare.Com">Brenda.Rasmussen@MolinaHealthCare.Com</a>
<b>Region VI and the state of Utah</b> Brenda Rasmussen 1070 Hilline Road Pocatello, ID 83201	1 (208) 484-6323 <a href="mailto:Brenda.Rasmussen@MolinaHealthCare.Com">Brenda.Rasmussen@MolinaHealthCare.Com</a>
<b>Region VII and the state of Wyoming</b> Kristi Harris 150 Shoup Avenue Idaho Falls, ID 83402	1 (208) 528-5728 <a href="mailto:Kristi.Harris@MolinaHealthCare.Com">Kristi.Harris@MolinaHealthCare.Com</a>

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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## Digital Edition



As part of our commitment to cost savings, we are using paperless processes wherever possible. The **MedicAide** is online and is available electronically by the fifth of each month. Our new digital edition, posted at [www.idmedicaid.com](http://www.idmedicaid.com) also allows links to important forms and web sites, plus it is eco-friendly.

**MedicAide is the monthly informational newsletter for Idaho Medicaid providers.  
Editor: Chris Roberts, Division of Medicaid**

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

**Chris Roberts** [Robertc2@dhw.idaho.gov](mailto:Robertc2@dhw.idaho.gov)

DHW – Medicaid System Support Team

PO Box 83720

Boise, ID 83720-0036

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