

An informational newsletter for Idaho Medicaid Providers

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

December 2009

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Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

New Medicaid Management Information System (MMIS) Coming in 2010!

The most up-to-date MMIS information is available on the Web at **www.idahommis.dhw.idaho.gov**. Watch the *MedicAide* newsletter for more information pertaining to the new MMIS. This month's article follows:

Idaho MMIS Transition News

Important Information for ALL Providers

Provider Record Update (PRU) is Underway

Provider Record Update (PRU) is the process by which you will review, verify and update your provider information in the new MMIS secure online provider portal. Much of your existing provider information will be displayed during PRU. Completing your PRU will ensure your records are correct in the new system.

Who must complete Provider Record Update?

Providers who wish to submit claims to and receive payment from Idaho Medicaid must complete the record update process.

Complete your record update from your home or office

Log on to the secure provider portal at **www.idmedicaid.com** and update your record from any computer meeting the following minimum requirements:

- Internet Explorer 6.0 or above, or Firefox
- Screen resolution of 1024 x 768 or higher (recommended)
- Adobe Acrobat Reader 6.0 or above (for viewing correspondence). Adobe Acrobat Reader can be downloaded at no cost from

http://get.adobe.com/reader/otherversions/

• Flash Player version 7.0 or above (for viewing tutorials)

Video training courses and step-by-step provider record update guides are also available online at **www.idmedicaid.com**.

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Provider Record Update Workshops

PRU Workshops are currently being conducted. If you live in the Boise, Nampa, or Caldwell areas there still may be time to register for a workshop. These workshops provide computers, internet access and provider record update specialists that will assist you with completing your record update. Call Unisys Idaho Medicaid Provider Enrollment at (866) 686-4272 to see if workshops are still available.

HIPAA Companion Guides

HIPAA Companion Guides for electronic transactions are available at **www.idahommis.dhw.idaho.gov**.

Important Information for PHARMACY Providers

First Health Services Corporation (FHSC) is contracted with Idaho Medicaid to provide the Pharmacy Benefits Management (PBM) system starting on February 1, 2010. At that time pharmacies will submit drug claims for payment through the new PBM system. The new FHSC system will provide point-of-sale (POS) claims processing, as well as an option to submit pharmacy claims through the online Web portal application.

In order to effectively facilitate this transition, **FHSC**, in conjunction with the **Idaho Department of Health & Welfare**, will be hosting training sessions for Idaho Medicaid Pharmacy Providers. Please RSVP to ensure your space. We have applied with an Accreditation Counsel for Pharmacy Education (ACPE) provider to furnish all participants with two Continuing Education credits for attending the *Introduction to First Health* **Services Corporation** workshops. The locations, training dates, and training times are posted on the Idaho MMIS Web site at **www.idahommis.dhw.idaho.gov.**

Pharmacy Training Topics will include:

- Claims submission
- Client eligibility verification
- Prior authorization requests
- Handling special situations (emergency guidelines, lock-in participants, early refills)
- Call center availability
- Web registration and applications

Beginning January 4, 2010, Payer Specification (NCPDP Companion Guide) information for the Idaho Medicaid Program can be found on the following Web site at https://ldaho.fhsc.com. This information will also be provided to switch vendors/VANS, software vendors, and the National Council for Prescription Drug Programs.

Pharmacy ONLY Workshop Registration

To register to attend First Health Services Corporation's provider workshops logon to **www.idahommis.dhw.idaho.gov** to access the workshop schedule. Then contact First Health Services at (800) 922-3987 by December 22, 2009. Please leave a detailed message including the following:

- Your name, phone number, and e-mail address
- Provider workshop(s) you wish to attend

There is NO COST associated to attend these training sessions.

DHW Contact Information

- DHW Web site www.healthandwelfare. idaho.gov
- Idaho Careline

2-1-1

Toll free: (800) 926-2588

◆ Medicaid Fraud and Program Integrity Unit PO Box 83720 Boise, ID 83720-0036 Fax: (208) 334-2026

Healthy Connections Regional Health Resources Coordinators

prvfraud@dhw.idaho.gov

- ◆ 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 (208) 642-7006 (800) 494-4133
- ♦ Region IV Boise (208) 334-0717 (208) 334-0718 (800) 354-2574
- ◆ Region V Twin Falls (208) 736-4793 (800) 897-4929
- ◆ Region VI Pocatello (208) 235-2927 (800) 284-7857
- ◆ Region VII Idaho Falls (208) 528-5786 (800) 919-9945
- ◆ In Spanish (en Español) (800) 378-3385

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Prior Authorization Contact Information

◆ DME Specialist, Medical Care PO Box 83720

Boise, ID 83720-0036 Phone: (866) 205-7403 Fax: (800) 352-6044 (Attn: DME Specialist)

♦ Pharmacy

PO Box 83720 Boise, ID 83720-0036 Phone: (866) 827-9967 (208) 364-1829

Fax: (208) 364-1864

Qualis Health (Telephonic & Retrospective Reviews)

10700 Meridian Ave. N. Suite 100 Seattle, WA 98133-9075

Phone: (800) 783-9207 Fax: (800) 826-3836 (206) 368-2765

www.qualishealth.org/idaho medicaid.htm

Transportation

 Developmental Disability and Mental Health

Phone: (800) 296-0509, #1172 (208) 287-1172

Other Non-emergent and Out-of-State

Phone: (800) 296-0509, #1173 (208) 287-1173

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

Ambulance Review

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

Fax: (800) 359-2236 (208) 334-5242

Insurance Verification

♦ HMS

PO Box 2894 Boise, ID 83701 Phone: (800) 873-5875 (208) 375-1132

Fax: (208) 375-1134

Attention Pharmacy Providers and PES Users

- 1. Do you use the Provider Electronic Solutions (PES) software provided by HP/EDS to submit claims or verify eligibility?
- 2. Do you submit claims SOLELY on paper?

If you answered yes to either of these questions, please send an e-mail with "PES" in the subject line to **idahommis@dhw.idaho.gov** immediately. These processes will change in February 2010 and we need to discuss the options that will be available to you.

QUESTIONS

If you have questions regarding the **Idaho MMIS transition**, e-mail us at **idahommis@dhw.idaho.gov**, or visit our Web site at **www.idahommis.dhw.idaho.gov**.

If you have questions regarding **Provider Record Update**, call Unisys at (866) 686-4272 or e-mail Unisys at **idproviderenrollment@unisys.com**.

If you have questions regarding claims processing in the **current** Idaho Medicaid payment system please call HP/EDS at (800) 685-3757 or (208) 383-4310.

Attention Personal Care Service (PCS) Agencies

Reimbursement for Plan of Care Development and Placement

Idaho Medicaid has identified per Coding Claims Reports that some PCS agencies are using a Supervisory RN visit code (T1001) as reimbursement for plan of care placement rather than using the Coordinated Care Fee (G9002).

Payment for completing the PCS assessment (children), developing the plan of care, and placement of the plan (adults and children) is included under the Coordinated Care Fee (G9002).

Provider Forms

Beginning January 1, 2010, the forms listed below will no longer be printed and distributed through HP/EDS. All forms will be made available to providers in the *Idaho Medicaid Provider Handbook, Appendix D, Forms*. Available online at

http://www.healthandwelfare.idaho.gov/site/3348/default.aspx

PCS Assessment and Care Plan
 PDN Flow Chart
 PDN Addendum
 QMRP Assessment
 QMRP Visit
 Visit Notes for Supervising Nurses
 RMU 14.01
 HW0622
 HW0622A
 HW0615
 HW0621
 HW0620

Transportation - Criminal History Background Clearance

Transportation provider employees who have contact with Medicaid participants are required to obtain criminal history background check clearance from the Department.

Individuals subject to a criminal history and background check must complete an application and have it notarized. An application must be submitted and received by the Department before a criminal history and background check can be initiated.

The Medicaid Program Integrity Unit has identified multiple instances where transportation providers are using drivers who have not submitted applications. In some instances, providers were using drivers who, based on their backgrounds, would have been denied clearance. Non-compliance of these rules is subject to administrative action which includes, but is not limited to recoupment, civil monetary penalties, or termination of the provider agreement.

The transportation provider requirements for criminal history checks are listed in *IDAPA* 16.03.09.009, 16.03.09.861, and *IDAPA* 16.05.06. More information is available online at https://chu.dhw.idaho.gov. The Criminal History Unit can be reached at (208) 332-7990 or toll-free at (800) 340-1246.

Refunding Overpayments

Providers are responsible for the accuracy of submitted claims. When signing the Medicaid Provider Agreement, providers agree to immediately repay the Department for items or services improperly paid (overpayments).

Overpayments can be the result of clerical errors made in the billing office, claims processing errors, duplicate payments or Third Party payments. Overpayments can also be identified from provider self audits.

The Idaho Medicaid Program Integrity Unit (MPIU) conducts federally mandated program reviews by monitoring and reviewing provider billing practices, as well as reviewing provider records to support services billed to Medicaid. In conducting reviews, the MPIU has identified multiple instances where providers were aware of overpayments but failed to refund the Department. Failure to refund overpayments is considered a violation of the provider agreement.

When an overpayment is identified, refund the overpayment by completing an Adjustment/Void Request form and mailing it to:

HP/EDS PO Box 23 Boise, ID 83707

Instructions for refunding overpayments and adjusting claims are found in *Section 2, General Billing Information,* of the Idaho Medicaid Provider Handbook. The Adjustment/Void Request form is found in Appendix D. Available online at http://www.healthandwelfare.idaho.gov/site/3348/default.aspx

Contact Information

◆ MAVIS

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

- ◆ Correspondence PO Box 23 Boise, ID 83707
- ◆ Medicaid Claims PO Box 23 Boise, ID 83707
- ◆ PCS & ResHab Claims PO Box 83755 Boise, ID 83707

Fax Numbers

- ◆ Provider Enrollment (208) 395-2198
- Provider Services (208) 395-2072
- ◆ Participant Assistance Line Toll free: (888) 239-8463

Unisys – Provider Record Update

♦ Phone

Monday through Friday, 8 am to 5 pm MT Toll Free (866) 686-4272 In Boise (208) 373-1424

- ◆ Fax (877) 517-2041
- ◆ E-mail
 IDProviderEnrollment
 @unisys.com
- Mail
 PO Box 70082
 Boise, ID 83707

Provider Relations Consultant Contact Information

♦ Region 1

Prudie Teal 1120 Ironwood Dr., Suite 102 Coeur d'Alene, ID 83814

Phone: (208) 666-6859 (866) 899-2512 Fax: (208) 666-6856 EDSPRC-Region1@eds.com

♦ Region 2

Darlene Wilkinson 1118 F Street PO Drawer B Lewiston, ID 83501

Phone: (208) 799-4350 Fax: (208) 799-5167 EDSPRC-Region2@eds.com

♦ Region 3

Mary Jeffries 3402 Franklin Caldwell, ID 83605

Phone: (208) 455-7162 Fax: (208) 454-7625 EDSPRC-Region3@eds.com

Region 4

Angela Applegate 1720 Westgate Drive, # A Boise, ID 83704

Phone: (208) 334-0842 Fax: (208) 334-0953 EDSPRC-Region4@eds.com

♦ Region 5

Trudy DeJong 601 Poleline, Suite 3 Twin Falls, ID 83303

Phone: (208) 736-2143 Fax: (208) 736-2116 EDSPRC-Region5@eds.com

Region 6

Abbey Durfee 1070 Hiline Road Pocatello, ID 83201

Phone: (208) 239-6268 Fax: (208) 239-6269 EDSPRC-Region6@eds.com

♦ Region 7

Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

Phone: (208) 528-5728 Fax: (208) 528-5756 EDSPRC-Region7@eds.com

Attention DME Suppliers

Medicaid criteria for medical necessity are specified in the federal Centers for Medicare and Medicaid Services (CMS) local coverage determinations. For respiratory assist devices (continuous or bi-level positive airway pressure devices), a signed and dated statement from the participant is required for coverage beyond the initial three month period. The statement must document that 1) the device is currently being used for four or more hours per 24 hour period 2) it has been used for at least two months at the time of the statement's completion 3) the participant plans to continue using the device in the future 4) the person completing the statement is not the supplier. A form is available at **www.dme.idaho.gov**, or a Medicare beneficiary statement is also acceptable. Please remember to include this statement with your prior authorization requests for this equipment.

2010 Allowance for Medicaid Participants: Rent, Utilities, and Food (RUF) Basic Allowance

The personal needs allowance (PNA) for Medicaid participants receiving residential care will not be increased January 1, 2010. The PNA is the portion of the individuals' income that they must use for their basic needs and the cost of rent, utilities, and food (RUF).

The monthly PNA for a person living in an assisted living or residential care facility for calendar year 2010 is \$674. Of that amount, \$90 is designated for the individual's basic needs and \$584 is designated for the RUF.

Tips for PCPs on Tobacco Cessation

The Preventive Health Assistance (PHA) benefit provides assistance to participants to help them quit using tobacco. We provide assistance:

- Locating free cessation programs.
- In paying for prescription and over the counter cessation products such as: Chantix,
 Wellbutrin, inhalers, nasal spray, patches, lozenges or gum.

Idaho Medicaid Recommends Following the Surgeon General's "5 A's" Approach

- 1. Ask. Systematically identify all tobacco users at every visit.
- 2. Advise. Strongly urge all tobacco users to quit.
- 3. Assess. Determine willingness to make a quit attempt.
- 4. **Assist**. Aid the patient in quitting.
- 5. **Arrange.** Schedule follow up contact and refer your Medicaid patients to the PHA Unit at our toll free number, (877) 364-1843 or give them a PHA brochure.

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 (877) 364-1843.

Go to **www.surgeongeneral.gov/tobacco** to obtain the entire "Quick Reference Guide for Clinicians – Treating Tobacco Use and Dependence"

** Cessation products are not covered under the Medicaid Pharmacy Program. They are only available through the PHA benefits authorization process.

Personal Assistant Agencies

Skills Matrix Reminder:

The employee training curriculum for the revised skills matrix needs to be in place by August 31, 2009. For employees hired before August 31, 2009, a written examination of agency required focus areas must be completed by December 31, 2009. If you have any questions, please contact your regional quality assurance specialist.

Internal Revenue Service Exempt Status for Personal Care & Residential Habilitation Service Providers

You can use this notice to submit to the Internal Revenue Service (IRS) for your taxes.

In May 2004, the Idaho Department of Health and Welfare (IDHW) met with the Boise IRS to discuss the tax status of personal care and residential habilitation service providers. The current ruling is that IDHW payments to these providers meet the following tax exempt criteria in Section 131 of the IRS Code:

- Services are provided in the provider's home.
- A state agency, IDHW, is paying for the services.
- The individuals require a high level of care and supervision. Without the personal care or residential habilitation services, the individual would need care in a nursing home or an intermediate care facility for the mentally retarded. In addition, the Medicaid payment is only for the care provided and not for room and board.

For more general tax information go to **www.irs.gov**. To read an explanation in layman's terms in regards to exempt status for personal care and residential habilitation service providers, go to **http://www.irs.gov/pub/irs-pdf/p17.pdf**, pages 88 - 89 of IRS Publication 17, and refer to Foster Care Providers, Difficulty-of-Care Payments, and Reporting Taxable Payments.

It is possible that the IRS might not have all the information on the care component. This letter may provide clarification for the IRS. Please consult the IRS or a professional tax preparer if you have additional questions.

Attention: Hospice Providers

The Idaho Administrative Procedures Act (IDAPA) governing Medicaid hospice benefits and physician reimbursement, *IDAPA 16.03.10.458*, states "The basic rates for hospice care represent full reimbursement to the hospice for the costs of all covered services related to the treatment of the participant's terminal illness, including the administrative and general activities performed by physicians who are employees of or working under arrangements made with the hospice." Please note that unless a physician is working for your organization, either directly or under contract, you may not bill for their services under revenue code 657. Other unaffiliated physicians treating the patient must bill Medicaid directly.

To ensure quick processing and payment of your Medicaid physician claims:

- Inform Medicaid promptly of any changes to your physician staff by faxing us at (208) 332-7280; Attention Hospice.
- When billing revenue code 657, please fill in the name of the physician in the comments field.

Attention: Providers of Hyperbaric Oxygen Treatment

Idaho Medicaid follows Medicare criteria for coverage of most services including Hyperbaric Oxygen (HBO) Therapy. HBO therapy is a technique of delivering higher pressures of oxygen to the tissues. Two methods of administration are available including topical and systemic HBO therapy.

Topical HBO therapy is a technique of delivering 100% oxygen directly to an open, moist wound at a pressure slightly higher than atmospheric pressure. Topical HBO therapy (i.e., exposure of isolated parts of the body to 100% oxygen) is considered investigational, and is not covered by Idaho Medicaid.

In systemic hyperbaric oxygen therapy, the patient is entirely enclosed in a pressurized chamber and breathes oxygen at a pressure greater than one atmosphere (the pressure of oxygen at sea level).

This technique relies on the systemic circulation to deliver highly oxygenated blood to the target site, typically a wound. In addition, systemic hyperbaric oxygen therapy can be used to treat systemic illness such as air or gas embolism, carbon monoxide poisoning, and Clostridial gas gangrene. Treatment may be carried out either in a monoplace (one person) chamber pressurized with oxygen or in a larger, multiplace (two or more person) chamber pressurized with compressed air, in which case the patient receives pure oxygen by mask, head tent, or endotracheal tube.

Systemic HBO pressurization in a monoplace or multiplace chamber may be considered medically necessary in the treatment of the following conditions:

- 1. Acute carbon monoxide intoxication.
- 2. Decompression illness.
- 3. Gas embolism.
- 4. Gas gangrene.
- 5. Acute traumatic peripheral ischemia. HBO therapy is a valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures when loss of function, limb, or life is threatened.
- 6. Crush injuries and suturing of severed limbs. As in the previous conditions, HBO therapy would be an adjunctive treatment when loss of function, limb, or life is threatened.
- 7. Progressive necrotizing infections (necrotizing fascitis).
- 8. Acute peripheral arterial insufficiency.
- 9. Preparation and preservation of compromised skin grafts (not for primary management of wounds).
- 10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management.
- 11. Osteoradionecrosis as an adjunct to conventional treatment.
- 12. Soft tissue radionecrosis as an adjunct to conventional treatment.
- 13. Cyanide poisoning, acute.
- 14. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment.
- 15. Diabetic wounds of the lower extremities in patients who meet the following three criteria:
 - a. Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes;
 - b. Patient has a wound classified as Wagner grade III or higher; and
 - c. Patient has failed an adequate course of standard wound therapy.

Continued treatment is not covered if there is no measurable improvement after a 30-day period of treatment.

All other indications not specified are considered to be investigational and are not covered under the Medicaid Program.

Put Your Claim Data In The Right Place

Paper claims are scanned and "read" by a computer program that looks for particular information in a specific field. When the expected data is not found in the correct spot, the computer does not register that the information is present. Make sure that you put information where it will be found. Here are some common errors to be aware of when you are filling out your CMS-1500 forms.

Field 9d. INSURANCE PLAN NAME OR PROGRAM NAME. This field should contain the other payer's name. Also, if Medicare is the primary payer and the EOB does not clearly identify it as a Medicare document, write MEDICARE in this field to make sure it is processed correctly. You may write MEDICARE on the top of the EOB.

This information is located in your Idaho Medicaid Provider Handbook.

	16. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) YES NO		a. INSURED'S DATE OF BIRTH SEX
O. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? YES NO	g. INSURANCE PLAN NAME OR PROGRAM NAME
L INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO # yes, return to and complete item 9 a-d.
READ BACK OF FORM BEFORE COMPL 2. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I author to process this claim. I also request payment of government benefits below.	ze the release of any medical or other information necessary	 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED_	DATE	SIGNED
CONTOCT)	DATE	SIGNED
SIGNED		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
SIGNED	15. IF PATIENT HAS HAD SAME OF SIMILAR ILLNESS. GIVE FIRST DATE MM 00 IMPLEMENTATION OF THE STATE OF THE STAT	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO DATES RELATED TO CURRENT SERVICES OF THE PROPERTY OF THE PROPER
SIGNED	15. IF PATIENT HAS HAD SAME OF SIMILAR ILLNESS. 17a. 17b. NPI	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO DE TO TO TO TO TO THE PROPERTY OF THE PROPERTY

Field 19. RESERVED FOR LOCAL USE. This field is a remarks field where you may make any short comment or clarification. When claims are handled manually, this field is where comments are expected; for example, an ICN for timeliness justification would go here. If the field is not large enough for your comments, submit a separate page with the claim form.

Field 23. PRIOR AUTHORIZATION NUMBER. If applicable, enter the Prior Authorization (PA) number from Medicaid, DHW, RMS, ACCESS, RMHA, QIO, or MT in this field. By making certain your claim data is legible and in the correct field, you help ensure your claim is processed quickly and correctly.

Avoid Delays: Make Sure Your Paper Claim is Readable

When your paper claim is submitted, it is "read" by a computer as it is scanned into the system. The computer looks for all the required information and is able to identify characters and read the information into the system for processing the claim.

The source of the most common errors found on the CMS-1500 claim form is field 33b, the billing provider's qualifier and Medicaid provider number field. The claim data **must** include the qualifier 1D (one-D) with the 9-digit Medicaid provider identification number immediately following the qualifier with no space, centered in field 33b (example: 1D123456789). This information is required in this field for claim processing. Claims submitted without the 1D qualifier cannot be processed, and therefore are returned to providers for correction.

The second most common error on the CMS-1500 claim is when data is out of alignment, causing information to overflow into adjacent fields. Remember, the computer is reading the information on the claim and is looking in specific fields for particular information. Make sure data is printed within the field boundaries for correct processing and to prevent delays. Additionally, no text should be printed in the pink areas of the service detail (fields 24A-H).

If you hand write information on a claim, please use black ink and make the characters legible, without write-overs or scribbles. Remember, a machine is reading data on the claim. If illegible, data may be misread into the system and cause claim denials or incorrect payments.

When claims are submitted with every detail in place, you can prevent delays in processing and payments. More information on filling out paper claim forms is found in section 3 of the *Idaho Medicaid Provider Handbook*, located on the Idaho Department of Health and Welfare Web site at http://www.healthandwelfare.idaho.gov/site/3348/ default.aspx. The instructions for completing the CMS-1500 are listed on the right side of the screen under 'Resources.'

	b.	
a.	D.	1D123456789

Attention Hospital Discharge Planners, Physicians, and Nursing Homes

Beginning January 1, 2010, the form listed below will no longer be printed and distributed through HP/EDS. This form will be made available to providers in the *Idaho Medicaid Provider Handbook*, *Appendix D*, *Forms*. Available online at http://www.healthandwelfare.idaho.gov/site/3348/default.aspx.

PASARR Screen Form

HW0087

Get Ready for 1099 Forms

The time of year is coming again when we will soon be sending your 1099 forms. The information that follows will help ensure that your 1099 information is current.

First, check your recent Remittance Advice report to make certain we have your correct business name and address and that we have linked this information to the correct provider identification number.

Next, determine if your tax identification number has changed during this past year.

If you need to make any corrections, please submit your updates using the Change of Provider Information Authorization form. The provider must sign this form to authorize a change in the pay-to name or address, or the tax identification number. You can either fax it to Provider Enrollment at (208) 395-2198, or mail it to HP/EDS Provider Enrollment at PO Box 23, Boise, ID 83707.

By taking a few minutes to verify your correct information now, you can save time and frustration in the future.

If you have questions, please call HP toll-free at (800) 685-3757, or in the Boise area at 383-4310 and ask for 'Provider Enrollment'.

Provider Number:	Provider Name:		
Date requested information is effective:			
Please change the information for the following name(s) or address(es):			
Pay-to Mail-to Service Location(s)			
Old Name:	New Name:		
	(attach a signed W-9 with effective date if Pay-to name is changing)		
Old Address:	New Address:		
Old Telephone Number:	New Telephone Number:		
Old Tax ID Number:	New Tax ID Number:		
	(attach a signed W-9 with effective date)		
Additional Comments:			
Provider Signature:			
Date Signed:			

Mail to: HP/EDS

Provider Enrollment PO Box 23 Boise, ID 83707 Fax to: HP/EDS

Attn: Provider Enrollment

(208) 395-2198

Information: (800) 685-3757

Voicemail Messages - Help Us Help You

In our ongoing efforts to improve service to Idaho Medicaid providers we have identified ways to better assist you when you call the provider helpline, MAVIS at (800) 685-3757, or 383-4310 in the Boise calling area and leave a voicemail.

If your office has a confidential, secure and password-protected voicemail system, agents can leave answers to your questions on your voicemail. Because the information needed to answer your questions related to Medicaid eligibility and claims contains Protected Health Information (PHI), the Health Insurance Portability and Accountability Act (HIPAA) mandates that messages regarding health information cannot be recorded to non-secure phone lines. If we are unable to reach you directly, we can leave answers to your questions in a voicemail if you tell us you have a secure line and you leave a detailed message with all required information to research your question. If we were able to leave a message answering your question we will not attempt to call you again.

We can better assist you if you are prepared with the following information when calling, or leaving voicemail:

- Always state your name, provider name, your 9-digit Idaho Medicaid provider identification number, and phone number
 - When leaving a voicemail, provide an alternate name in case you are unavailable.

Appendix C: MAVIS in the *Idaho Medicaid Provider Handbook* includes guidelines for calling MAVIS. For each of the following types of calls, have the listed information ready.

- For questions about claims:
 - Participant's 7-digit Medicaid Identification number (MID)
 - Date(s) of service
 - o Internal Control Number (ICN) from Remittance Advise (RA), if known
 - Prior authorization (PA) number, if known
 - Billed amount
- For questions about Medicaid participant eligibility or any other Medicaid participant information for claim billing purposes:
 - Participant's 7-digit Medicaid Identification number

OR

- o Participant's date of birth or Social Security number and
- Participant's name (first and last)
- For questions about procedure codes:
 - Appropriate national procedure code
 - Required modifiers (if applicable)

Remember, the length of time you have to record your message is limited. A brief and concise message that includes the data needed for research will help us resolve your question quickly and easily.



HP/EDS PO BOX 23 BOISE, IDAHO 83707 PRSRT STD U.S. POSTAGE PAID BOISE, ID PERMIT NO. I







December Office Closures

The Idaho Department of Health and Welfare and HP offices will be closed for the following holidays:

Christmas

Friday, December 25, 2009

&

New Years Day Friday, January 1, 2010

Reminder that MAVIS

(Medicaid Automated Voice Information Service) is available on state holidays at:

(800) 685-3757 (toll free) or

(208) 383-4310 (Boise local)

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Editor: Carolyn Taylor, Division of Medicaid

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

taylorc3@dhw.idaho.gov

or

Carolyn Taylor DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911