



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

February 2007

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

What You Need To Know About Taxonomy

Beginning May 23, 2007, with the implementation of the National Provider Identifier (NPI) regulations, some Idaho Medicaid providers must submit a national taxonomy code on their claims. This is required to pay your claims correctly.

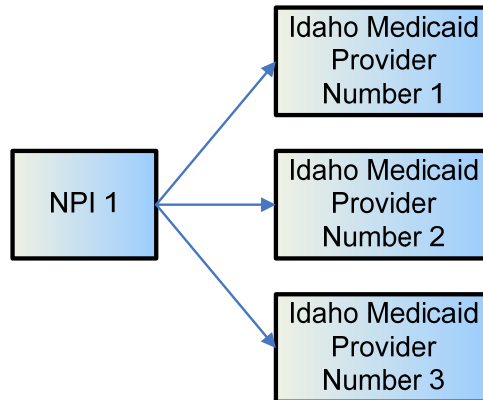
What is a national Provider Taxonomy Code?

A taxonomy code designates provider type and specialty. This is a standard national code. When you apply for your NPI, you must select at least **one** taxonomy code.

Who will need to submit a taxonomy code on claims?

If you have multiple Idaho Medicaid Provider numbers and only applied for **one** NPI, you must submit the correct national taxonomy code on each claim. We have mapped Idaho Medicaid existing type and specialty designations to national taxonomy codes.

Providers will be contacted and informed of the taxonomy codes allowed for each of their Idaho Medicaid Provider numbers.



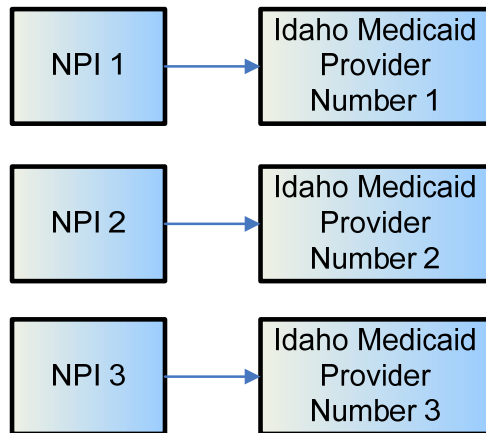
What if I must submit a taxonomy code, but I can't submit a taxonomy code on my claims?

Work with your vendor to make sure your software is updated and ready before the May 23, 2007, NPI deadline. You also may want to consider applying for one NPI for each current Idaho Medicaid Provider number.

Continued on Page 2 (Taxonomy)

Who won't need to submit a taxonomy code on claims?

- If you have multiple Idaho Medicaid Provider numbers and you applied for an NPI for each of these provider numbers, you do not need to submit a taxonomy code on each claim.



- Provider types that will not be required to use an NPI will also not be required to submit taxonomy codes on claims. The provider types not required to use an NPI for Idaho Medicaid are listed in the January 2007 MedicAide newsletter.

A process is currently being developed to allow you to register your NPI with Idaho Medicaid. Once the process is complete, Idaho Medicaid will notify you to register your NPI information. Please watch for future NPI communications in the Idaho MedicAide newsletter, Remittance Advice banner pages, and Information Releases. You can also find NPI information on the Idaho Medicaid web site: www.medicaid.idaho.gov.

Important - Time is running out, so act today and apply for your organization's NPI(s)!

Getting an NPI is free . . . not having one can be costly

Information provided by Idaho Medicaid is not intended to be used in place of information from the Federal Government and other organizations, but is designed to help providers understand what NPI is and how it may impact their business practices.

NPI Regional Provider Workshops

EDS Provider Relations Consultants (PRCs) will offer a series of monthly NPI provider workshops throughout the state beginning in February, 2007. The workshops will cover NPI topics such as taxonomy, subparts, and registering your NPI with Idaho Medicaid. In addition, general Medicaid billing, provider resources, and the use of PES software may be discussed.

The schedule for the workshops will be published in future MedicAide newsletters, on remittance advice banner pages, and on call center hold messages. These workshops are free, but please pre-register with your local PRC. The phone number for your local PRC is listed in each MedicAide newsletter.

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@dhw.idaho.gov

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) 334-4676,
option 2 or 4
(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)

Prior Authorization
Phone Numbers
Addresses
Web Sites

November 29, 2006

MEDICAID INFORMATION RELEASE MA06-41

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

TO: All Providers
FROM: Leslie M. Clement, Administrator
SUBJECT: **Cancellation of Claim Cutback Policy**

Effective February 1, 2007, Medicaid will deny services/claims which are billed in excess of the remaining Prior Authorized (PA) amounts. Amounts are defined as units, total dollars, or occurrences. These claims currently pend for manual processing for edit 806 "No Prior Authorization on File". This change is being made in response to requests from providers seeking quicker turn around times on processing of their claims.

Currently, as a courtesy to providers, claims are manually "cutback" in order to process the claim and provide payment to the provider. Depending on the number of claims requiring manual processing in the system, a claim has the potential of waiting up to 120 days for processing to occur. Cutback is a process where the amounts billed on the claim are manually compared against the amounts remaining on the prior authorization, and the amounts on the claim are reduced to match the number of remaining amounts in the prior authorization. By eliminating this process, a claim will generally be processed and denied within the same week of receipt. This will allow providers to research and re-bill with the proper amounts and receive payment in a timelier manner.

Providers wanting to verify whether a Prior Authorization will cover the intended amounts prior to billing can call the MAVIS line at (800) 685-3757 and use the PA feature for verification or request to speak with an EDS agent, or they can contact the authorizing agency at the phone number listed at the bottom of the Prior Authorization notice.

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

LMC/db

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December 13, 2006

MEDICAID INFORMATION RELEASE MA06-44

TO: Pharmacies  
FROM: Leslie M. Clement, Administrator  
SUBJECT: **Pharmacy Billing When Medicaid Is Not The Primary Payer**

Effective 1/1/07, pharmacies will be required to inform Medicaid when any third party payer, including Medicare, has paid on a claim including when billing for co-pay amounts. The other insurance payment should be indicated on the claim in the appropriate field.

For claims submitted electronically, use the "Other COB (Coordination of Benefit)" fields to specify carriers, insurance payments, any Adjustment Reason Codes (ARCs) plus any further information as applicable. For claims submitted on paper, make sure you fill in the "Other Insurance Amount" on the claim form and attach the other insurance EOB.

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

LMC/sp

January 5, 2007

MEDICAID INFORMATION RELEASE MA07-01

TO: Entities That Received Or Made Medicaid Payments Of At Least Five-Million Dollars Annually

FROM: Leslie M. Clement, Administrator

SUBJECT: **Changes in Federal Legislation Affecting Idaho Medicaid Providers**

Effective January 1, 2007 Idaho Medicaid began implementing changes necessary to comply with the Deficit Reduction Act of 2005 (DRA) which was signed into law by President George W. Bush on February 8, 2006.

While all providers fall under the False Claims Act, part of the DRA contains additional requirements for entities that either received or made Medicaid payments totaling at least five-million dollars annually. These entities must establish written policies and procedures about the Federal False Claims Act (and corresponding State regulations) for their employees (including management), and of any contractor or agent of the entity.

**This Information Release contains information about the changes in the federal law and serves as the official notice of new federal requirements for the specified Idaho Medicaid providers.**

Specifically, Section 6032 amended the Social Security Act, Title 42, United States Code, Section 1396a(a), by inserting a new paragraph 68. In this paragraph, **any entity that receives or makes annual Medicaid payments of at least five-million dollars shall:**

- Establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provides:
  - Detailed information about the False Claims Act (established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of Title 31, United States Code),
  - Any State laws pertaining to civil or criminal penalties for false claims and statements, and
  - Whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs (as defined in section 1128B(f));
- Include as part of such written policies, detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse; and Include in any existing employee handbook a specific discussion of the applicable laws, the rights of employees to be protected as whistleblowers, and the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.

If you have any questions about the information in this IR, please contact Jeanne Siroky, Alternative Care Coordinator, at (208) 364-1897.

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

**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

## Healthy Connections Primary Care Provider Listings

### 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 Kiester  
150 Shoup Avenue  
Idaho Falls, ID 83402

ellen.kiester@eds.com  
(208) 528-5728  
Fax (208) 528-5756

Healthy Connections is pleased to announce that the **Healthy Connections Primary Care Provider listings are now available on our website**. The instructions to access the website and print the PCP listings are shown below. Please feel free to share this information with Medicaid participants and/or other providers requesting this information.

1. Visit the Healthy Connections website at [www.healthyconnections.idaho.gov](http://www.healthyconnections.idaho.gov). You'll see a map of Idaho broken down by Region, as well as a listing of counties in each Region. There is a Healthy Connections provider listing for each Region.
2. Click the link for the appropriate Region. A PDF document will open.
3. Print the regional listing.

The listings on the website are updated monthly and are available for download any time. The listings provide information about all of the Healthy Connections PCPs within the specific region, such as clinic name, address, and phone number. They also indicate those PCPs that have informed Healthy Connections whether they are currently accepting new Medicaid patients or not. **It is important that Healthy Connections clinics inform the regional Healthy Connections office when providers join or leave their practice, or about other changes with the clinic.** The phone numbers for the regional Healthy Connections offices are on Page 2 in this Medicaid newsletter.

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## Missed Appointment?

Please remember...if your practice has an office policy to charge or dismiss patients for missed appointments, this policy can be applied to your Medicaid patients the same as any other patient. The only restriction is that you must apply your missed appointment policy to **all** patients, not just your Medicaid patients. Charges for missed appointments are not reimbursable under Medicaid and are the sole responsibility of the patient.

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## Are You Billing Medicaid Patients?

Please remember...in order to bill a Medicaid patient for services you provide, you must inform the Medicaid patient that they are responsible for the charges **before** services are rendered. For example, if a Medicaid patient presents for specialty treatment without a Healthy Connections referral, you must tell the patient that they will be responsible for payment before the patient receives any services. This is to allow the Medicaid patient to decide whether or not to incur the debt. This is similar to the Medicare requirement, but Medicare patients must sign a waiver.

Billing a Medicaid patient only after receipt of a denial of payment from Medicaid is not acceptable practice. The Medicaid Provider Agreement states you will adhere to the policy of informing Medicaid patients of non-covered services prior to rendering services. Thank you!

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## 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.

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## Help Us Scan Your Paper Claims

- Use the same black ink throughout the claim and make sure it is dark enough to scan easily. When different shades of ink are used, the scanner's contrast settings cannot be adjusted to accurately read both light and dark print on the same form. Use correction tape to cover claim details that are not being used instead of a black marker.
- Print information in each field within the text box. The scanner may not be able to read information printed on the lines of the text box.
- Modifiers should be placed in each individual modifier field. The scanner may not be able to read modifiers printed on the lines of the text box or strung together without separations.
- Only use yellow or pink highlighters. Other colors obliterate the print beneath the highlighting when it goes through the scanner.
- Please do not use staples on your claims or attachments. These must be removed before scanning each page and can cause tears in the documents that cause scanning problems.
- Include only one-sided documents. Double-sided documents cannot be scanned on both sides.

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# Women's Health Check (WHC)



*"I was in Women's Health Check when a routine mammogram showed I had breast cancer. During the entire medical process, including biopsy, lumpectomy, visits to oncologists, and finally a mastectomy I was never alone. . . Thank you."*

*Women's Health Check and BCC Medicaid participant*

There is a program available to help pay for breast and cervical cancer screenings for women with no resources. It is the Women's Health Check (WHC), a federally funded program, administered through the Idaho Department of Health and Welfare. Local health care providers are reimbursed for breast and cervical cancer screening services that are provided to enrolled women. Women must meet the criteria described below. Providers can enroll women by calling the 2-1-1 Idaho CareLine at (800) 926-2588 and a local coordinating contractor in your area will provide assistance.

Women must meet the following WHC eligibility criteria:

- Low Income (< 200% Federal Poverty Level)
- No health insurance coverage for Pap tests or mammograms
- Age 50-64 for Pap tests, clinical breast exams, and mammograms, or age 40-49 for Pap test.

**Note:** Women who have not had a Pap test or not had a Pap test in the last 5 years are at high risk for cervical cancer and are a priority for enrollment.

- Women over age 65 who are **not** eligible for Medicare or cannot afford Medicare Part B
- Limited enrollment and services available for uninsured women who meet these additional criteria:
  - Age 30–49 and have symptoms suspicious of breast cancer confirmed by a health care professional
  - Age 30–39 and have symptoms suspicious of cervical cancer confirmed by a health care professional

As a healthcare provider, you can help low-income women learn about lifesaving breast and cervical cancer services. Last year 47 women were diagnosed with breast cancer and 2 women for cervical cancer through participating healthcare providers. Women who are screened/diagnosed through WHC and found to have breast or cervical cancer are eligible for treatment through Medicaid (if citizen or resident alien). For more information visit:

**[www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)**.

Become a partner with WHC and help save lives.

To find out about reimbursement for breast and cervical cancer screening services, contact WHC at [fisherk@dhw.idaho.gov](mailto:fisherk@dhw.idaho.gov) or call (208) 334-5805 and ask about becoming a WHC provider.

EDS  
P.O. Box 23  
Boise, Idaho 83707

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



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## February Office Closures

Monday, February 19, 2007, 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:**  
Carolyn Taylor,  
Division of Medicaid

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

[taylorc3@dhw.idaho.gov](mailto:taylorc3@dhw.idaho.gov)

or

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Fax: (208) 364-1911