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An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **May 2007**

Have You Registered Your NPI With Idaho Medicaid Yet?

The Department of Health and Welfare implemented their NPI Registration website at **https://npi.dhw.idaho.gov** on March 28, 2007. The self-service website allows providers to report and link their NPI(s) to their Idaho Medicaid provider number(s).

Registration letters were mailed to all existing Medicaid providers on March 28th, 2007. Information contained in the letter is used to complete the web registration process.

Providers are encouraged to register their NPI information using the website as soon as possible to ensure they are ready for the May 23, 2007 NPI implementation.

Most providers have registered their NPI(s) using the information provided on the website and in the detailed instruction guides. Providers who need additional assistance are welcome to call the NPI Registration Helpdesk at (866) 909-4148.

Regional Provider Relations Consultants (PRC) will be conducting a series of provider workshops during June and July. The workshops will be held in computer training rooms located in each region. PRCs will be on hand to help providers register their NPI(s) during the workshop. Space is limited, so it is important that you call your regional consultant to schedule an appointment today.

Electronic Claims and NPI

How does the National Provider Identifier (NPI) affect electronic claim processing? Beginning May 23rd providers who submit electronic claims and who are required to use an NPI will:

- Submit their NPI instead of their Idaho Medicaid provider number

- Submit the United States Postal Service (USPS) 9-digit, zip+4 code to help identify the rendering service location

Additionally, some providers will need to submit a taxonomy code to ensure the claim is processed and paid correctly. Providers who must submit a taxonomy code on their electronic claims will be notified of the acceptable taxonomy codes by mail shortly after their NPI registration is complete.

If you haven't registered your NPI with Idaho please do so today. Your NPI must be registered before May 23, 2007, or your claim will be denied.

PES Software and NPI

Will the National Provider Identifier (NPI) require changes to the PES software providers are currently using?

Yes, PES software and the PES Handbook have been updated to accommodate the changes required by NPI. The updated software and handbook will be distributed to providers by mail later this month.

If you are using other billing software, please have your software vendor contact the EDS EDI Coordinator to obtain correct file layout information at (800) 685-3757, ask for "Technical Support".

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National Provider Identifier (NPI) Frequently Asked Questions
Updated as of April 16, 2007

NPI Contingency Plan

1. **How does the federal NPI contingency plan affect implementation of the NPI for Idaho Medicaid?**

   On May 23, 2007, Idaho Medicaid will be ready to accept and process HIPAA-compliant 837 electronic claims that use only the NPI to identify a provider. We strongly recommend that providers make good faith efforts to be ready to submit electronic claims using their NPI by the federal compliance date of May 23, 2007.

   However, for providers showing good faith efforts towards compliance whose claims submission software, clearinghouse or billing agency is not ready by the compliance date, Idaho Medicaid will continue to accept and process HIPAA-compliant 837 electronic claims that contain only the Idaho Medicaid number to identify the provider.

   More information about the federal NPI contingency guidance can be found at: **http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Contingency.pdf.**

2. **How can a provider show good faith efforts towards NPI compliance?**

   One way you can show progress towards compliance is by getting and registering your NPI. You should also check with your software vendor, billing agency, or clearinghouse to make sure they are working towards NPI compliance. Idaho Medicaid vendor specifications for electronic professional, dental, and institutional claims have been updated to include NPI information. These documents are available to help programmers in developing and testing software. They can be accessed at the following website: **http://www.healthandwelfare.idaho.gov/Portals/_Rainbow/Documents/RevisedVendorLetter200703051.pdf**.

3. **Will Idaho Medicaid continue to accept the previous version of the CMS1500 (12-90 version) claim form in light of the CMS decision to extend their acceptance period?**

   We recommend that providers use the most recent version of the CMS 1500 claim form (08-05 version). However, Idaho Medicaid will continue to accept both the "old" (12-90 version) and "new" (08-05 version) of the CMS 1500 claim form until further notice

   Idaho Medicaid requires the current Idaho Medicaid provider number on these forms both before and after May 23, 2007. In order to successfully submit the new CMS 1500 (08-05), please ensure the qualifier "1D" is entered in field 24I and the Idaho Medicaid provider number is entered in field 24J for performing providers. Also enter the "1D" qualifier next to the Idaho Medicaid provider billing number in 33b, with no spaces.

The CMS 1500 is considered a paper claim form, even though many providers use software to format and print the form. Please work with your software vendor to ensure you can print your CMS 1500 form with the Idaho Medicaid Provider number regardless of which version of the CMS 1500 form your are using.

General NPI Facts

1. What is NPI?

The National Provider Identifier (NPI) is part of the Health Insurance Portability and Accountability Act (HIPAA). The NPI number or numbers will replace existing provider numbers and identify providers to health plans with a unique 10-digit numeric provider identifier.

2. Why do we need the NPI?

- Simpler electronic transmission of HIPAA standard transaction
- Standard unique health identifiers for health care providers
- More efficient coordination of benefits transactions

3. Who can apply for and receive an NPI?

All individuals and organizations that meet the federal definition of healthcare provider can apply for and receive an NPI.

4. Who should get an NPI?

Healthcare providers that send or receive HIPAA standard electronic transactions should get an NPI.

Not Every Provider Needs an NPI

1. Will every Idaho Medicaid provider need an NPI?

Some Idaho Medicaid providers will be able to continue using their current Idaho Medicaid provider number. "Atypical" providers will not be expected to send an NPI on their claims. Idaho Medicaid has interpreted the NPI rule to designate the following providers as "atypical":

- Non-Emergency Commercial Transportation
- Transportation Broker
- Individual Transportation Provider
- Agency Transportation Provider
- Personal Emergency Response Systems
- Home Modifications
- 24 Hour PCS Home for Children – (Foster Care)
- Personal Care Service (PCS) / Aged & Disabled (A&D) Agency
- Adult Day Care
- Residential Assisted Living Facility (RALF)
- Behavior Consultation/Crisis Management
- Chore Services
- Home Delivered Meals
- Self Determination Fiscal Employer Agent
- Residential Habilitation Agency
- Certified Family Homes
- Respite Care
- Supported Employment Service

2. Can "atypical" providers still bill Idaho Medicaid?

Idaho Medicaid providers who are "atypical" can still participate in the Idaho Medicaid program by using their Idaho Medicaid provider number.

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3. Can billing services and clearinghouses obtain an NPI?

Billing services and clearinghouses do not meet the definition of a healthcare provider and will not be eligible for an NPI.

NPI Entity Type

1. Who is an individual provider?

A person or a sole proprietorship is considered an individual provider, and are eligible for a single NPI only. Individuals are a Type 1 entity.

2. Who is an organizational provider?

Examples of organizational providers are hospitals, clinics, group practices, nursing homes, etc. If you are an individual who is a healthcare provider and are incorporated, you may need to obtain an NPI for yourself and a separate NPI for your corporation or Limited Liability Company (LLC). Organizations are a Type 2 entity.

NPI and Healthy Connections

1. Do I need to get an NPI for my Healthy Connections referral number?

No. The current Idaho Medicaid Healthy Connections number will continue to be used as a referral number for Idaho Medicaid.

2. How will the Healthy Connections number be used on electronic claims?

As of May 23, 2007, the Healthy Connections referral number must be submitted in the referral number field with a 9F qualifier rather than in the referring provider ID field.

3. How will the Healthy Connections number be used on paper claims?

Before and after May 23, 2007, the Healthy Connections referral number must be submitted in field 17A with a 1D qualifier on the paper CMS 1500 and field 77 on the paper UB04 rather than in the referring provider ID field.

Applying for an NPI

1. How can I get prepared to apply for an NPI?

Go to the following web page to determine what information you will need to provide to the National Plan and Provider Enumeration System (NPPES) to apply for an NPI. The Center for Medicare and Medicaid Services (CMS) developed the NPPES to assign the NPI to eligible healthcare providers. Fox Systems, Inc. is contracting with CMS to serve as the NPI enumerator. **www.nppes.cms.hhs.gov**.

2. How can I apply to get my NPI?

There are three ways you can get an NPI. You can:

- Apply online, visit: **https://nppes.cms.hhs.gov**. This is the fastest and most efficient way to get an NPI. Your NPI will be returned to you by email;

- Call (800) 465-3203 to request a paper application. Your NPI will be returned to you by mail;

- Authorize an employer or other trusted organization to obtain an NPI for you through bulk enumeration, or Electronic File Interchange (EFI). Your NPI will be returned to you by the organization you authorized to obtain your NPI

Regardless of how you get your NPI, it is important that you keep the notification document you receive from NPPES informing you of your NPI. Learn more about the application process by clicking on National Provider Identifier (NPI) at: **www.nppes.cms.hhs.gov**.

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

3. When should I apply to get my NPI?
Both individual and organizational providers should apply now for their NPI. Organizational providers have additional considerations to analyze before they apply for an NPI.

Per the federal NPI contingency plan, we strongly recommend that providers apply for their NPI(s) prior to May 23, 2007 to demonstrate that they are actively attempting to comply with the NPI implementation.

Special Considerations for Organizational Providers

1. What is a subpart?
Organizations are defined as a Type 2 entity and may be composed of a number of smaller health care providers also called **subparts**. Individual healthcare providers are defined as a Type 1 entity and are not composed of subparts.

2. How many NPIs do I need to get?
The most straightforward way to do business with Idaho Medicaid is to apply for one NPI for each of your base Medicaid provider numbers. A Medicaid provider number has two parts. The first seven digits are your base provider number. The last two digits indicate the service location.

If you have multiple base Idaho Medicaid provider numbers and you apply for only one NPI, you must submit the correct taxonomy code and zip+4 on each claim or your claim will be denied. (Pharmacy claims do not allow the submission of a taxonomy code or a zip+4 code.)

Ultimately, the number of NPI(s) an organization applies for is the organization's decision. Individual providers/sole proprietors can only receive one NPI regardless of the number of Idaho Medicaid provider numbers they have.

Special Considerations for Pharmacy Providers

1. How many NPIs does a Pharmacy Provider need to get?
The most straightforward way to do business with Idaho Medicaid is to APPLY FOR ONE (1) NPI FOR EACH CURRENT MEDICAID PROVIDER ID.

For pharmacies that submit durable medical equipment (DME) claims, as well as drug claims, it may be helpful to know that federal regulations require Medicare DME suppliers to obtain an NPI for every practice location, regardless of how claims are submitted. The only exceptions are sole proprietor Medicare DME suppliers. (See link below) This same NPI can also be used to submit drug claims to Idaho Medicaid. Since the DME supply and pharmacy claims are two different transaction types the reporting and claims history would remain separate.
http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/ Medsubparts01252006.pdf.

2. Why is it best to apply for one NPI for each current Medicaid Provider ID?
Each current Medicaid Provider ID is associated with one distinct pharmacy location. Beginning May 23, 2007 when an electronic pharmacy claim (NCPDP transaction[1]) contains an NPI, a crosswalk will be performed to retrieve the Medicaid Provider ID that is associated with that NPI. If that NPI maps to a single Medicaid Provider ID, then that Medicaid Provider ID will be used to process the claim. If the NPI maps to multiple Medicaid Provider IDs there is no way to select the correct Medicaid ID for processing the claim because the NCPDP transaction contains no data to identify the pharmacy location.

[1] The National Council of Prescription Drug Claims (NCPDP) v5.1 electronic format is the HIPAA standard for prescription drugs supplied by retail pharmacies.

3. How will Idaho Medicaid know my Pharmacy Provider NPI?

Before an NPI can be successfully submitted on a claim the NPI must be registered with Idaho Medicaid. Part of this registration process includes linking the NPI to your current Medicaid Provider ID. A letter with registration instructions will be mailed to the 'Pay To' address for each existing Medicaid Provider ID in late March. SAVE these letters as they will contain an important confirmation number that will be required to register each NPI.

4. What if our organization decides to have one NPI for the entire organization?

Since the NCPDP pharmacy claims standard has no place to enter taxonomy or zip+4, there will be no way to differentiate which service location the claim came from unless each service location has its own NPI. If one NPI is used by multiple Medicaid Provider IDs there is no way to select the correct Medicaid ID for processing the claim.

NPI and Taxonomy Codes

1. 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.

A list of the national taxonomy codes can be found at: **http://www.wpc-edi.com/codes/taxonomy**.

2. What taxonomy code should I use when I apply to NPPES for my NPI?

A list of the national taxonomy codes can be found at: **http://www.wpc-edi.com/codes/taxonomy**.

3. Who will need to submit a taxonomy code on claims?

If you have multiple Idaho Medicaid provider numbers and have applied for only 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. (This does not apply to pharmacy drug claims.)

Providers who must submit a taxonomy code on their claims will be contacted before May 23, 2007 and informed of the taxonomy codes allowed for each of their Idaho Medicaid provider numbers.

4. What if I must submit a taxonomy code, but my software does not support this change?

Work with your vendor to make sure your software is updated and ready for NPI implementation. The federal NPI implementation contingency guidance requires providers and health plans to be actively attempting to comply the with NPI regulations.

You also may want to consider applying for one NPI for each current Idaho Medicaid provider number so that you will not need to send a taxonomy code on your claims.

(Pharmacy drug claims will not require a taxonomy code.)

5. 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 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 "Who Doesn't Need an NPI?" category above

- Pharmacy claims do not allow submission of a taxonomy code or a zip+4 code

The most straightforward way to do business with Idaho Medicaid is to apply for one NPI for each of your base Medicaid provider numbers. A Medicaid provider number has two parts. The first seven digits are your base provider number. The last two digits indicate the service location.

6. Do I have to submit a taxonomy code when I register my NPI(s) with Idaho Medicaid?

No, taxonomy codes will not be required in the Idaho Medicaid registration process.

7. Do I have to submit a taxonomy code on a paper claim?

No, taxonomy codes will not be submitted on Idaho Medicaid paper claims because paper claims must be submitted using the Idaho Medicaid provider number not the NPI

NPI and Pharmacy Claims

1. **Can a pharmacy begin using their NPI in electronic pharmacy claims before May 23, 2007?**
    No, the claim will fail if an NPI is used in an electronic pharmacy claim prior to May 23, 2007.

    Before May 23, 2007 continue to submit your current Medicaid Provider ID and the Prescriber's state license number on pharmacy claims.

    The National Council of Prescription Drug Claims (NCPDP) v5.1 electronic format is the HIPAA standard for prescription drugs supplied by retail pharmacies. Since there is only a place for one identifier for billing Provider ID and Prescriber ID on an NCPDP claim, the Medicaid Provider number and Prescriber's state license number will continue to be used until the HIPAA deadline.

2. **What if my software is not ready to submit an NPI by May 23, 2007?**
    On May 23, 2007, Idaho Medicaid will be ready to accept and process HIPAA-compliant NCPDP electronic claims that use an NPI to identify a billing provider. We strongly recommend that providers make good faith efforts to be ready to submit electronic pharmacy claims using their NPI by the federal compliance date of May 23, 2007.

    However, Idaho Medicaid will continue to accept and process electronic pharmacy claims that contain the Idaho Medicaid provider number for providers who show good faith efforts towards compliance and are not ready to send an NPI on a pharmacy claim by the compliance date.

3. **Will the Prescriber's NPI be required in the electronic pharmacy transaction as of May 23, 2007?**
    The Prescriber's state license number, OR an NPI, will be accepted in the Prescriber ID field, since not all Prescribers are required to have an NPI. The correct qualifier must be submitted to identify the number as either a State License number or an NPI.

4. **Will an NPI be required on Paper Pharmacy Claims submitted to Idaho Medicaid?**
    No, the pharmacy paper claim will remain exactly as it currently is. It will not be modified to accept NPI at this time.

Informing Idaho Medicaid about your NPI

1. **How do I share my NPI with Idaho Medicaid?**
    A self-service website has been developed for you to register your NPI at: **https://npi.dhw.idaho.gov**.

    We strongly recommend you register your NPI before May 23, 2007. Federal NPI Implementation contingency guidance requires providers to demonstrate progress towards compliance with the NPI regulations. One way providers can demonstrate their progress is by applying for and registering their NPI prior to May 23, 2007.

Sending the NPI on Electronic Transactions

1. **When will Idaho Medicaid begin using the NPI for healthcare transactions?**
    Idaho Medicaid will begin processing electronic claims using the NPI beginning **May 23, 2007**. Until that time, the Idaho Medicaid provider number must continue to be submitted.

    Providers who intend to submit electronic claims with only the NPI on or after May 23, 2007, must have their NPI(s) registered with Idaho Medicaid prior to that date. Claims will be denied if the NPI submitted on the claim has **not** been registered and linked to an Idaho Medicaid number when the claim is submitted.

2. **How will Idaho Medicaid know my NPI?**
    Before an NPI can be successfully submitted on an electronic claim the NPI must be registered with Idaho Medicaid. Part of this registration process includes linking the NPI to your current Medicaid Provider number. A letter with registration instructions was mailed to the 'Pay To' address of providers who must register their NPI. SAVE these letters as they contain an important confirmation number that is needed to register or update your registration information.

NPI and Paper Claims

1. **Will an NPI be required on paper claim forms submitted to Idaho Medicaid?**

   Providers who submit paper claims to Idaho Medicaid, including all versions of the CMS 1500 form, the UB 92, UB 04, the paper pharmacy claim form, and all accepted versions of the ADA dental claim form, must submit their Idaho Medicaid provider number with the correct qualifier.

   Please see the full instructions listed on pages 12 and 13 of this newsletter or on the web at: **www.healthandwelfare.idaho.gov** under the Medicaid Provider information link on the right hand side of the web page. Paper claims that include only the NPI will be denied. This applies to claims submitted before and after May 23, 2007.

2. **Where can I get information on the new CMS 1500 (08/05)?**

   This link will take you to additional information about the new CMS 1500 (08/05). The CMS 1500 link can be found at: **www.healthandwelfare.idaho.gov** under the Medicaid Provider information link on the right hand side of the web page.

PES Software

1. **Will the PES software be updated to support NPI?**

   Yes. A new CD will be mailed later this spring.

Resources for NPI Information

1. **How can I get more NPI information?**

   To apply for your NPI go to **https://nppes.cms.hhs.gov/NPPES/Welcome.do**, or you can call (800) 465-3203 for a paper application.

   To find out more about Idaho Medicaid and NPI go to **www.healthandwelfare.idaho.gov** under the Medicaid provider Information link on the right side of the page.

   The NPI registration support team is ready to help you at: (866) 909-4148.

   Training sessions are available monthly in your region. Dates and times will be posted in the monthly *MedicAide* newsletter.

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. 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.

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National Provider Identifier (NPI)
Web Registration Quick Tips
Updated as of April 9, 2007

General Information

1. **How many registration accounts do I need to set up?**

   One account no matter how many NPIs you are registering. This will save you time and effort when entering account contact information. When you add each NPI to the account it will ask for information specific to that NPI.

2. **The website address is not working?**

   Make sure you type **https://npi.dhw.idaho.gov** in your browser address line. If you type the address in your search address line it will not find the website.

3. **Do I need to register an NPI for my Healthy Connections number?**

   No. The Healthy Connections number is a referral number. You don't need an NPI for your Healthy Connections number.

Most Common Error Messages

1. **Invalid User ID and Password - Access Denied.**
   This means the User ID/password combination you entered doesn't match any account on file. Remember the User ID and password are case sensitive. If you are unable to enter your account, please call the NPI Helpline at (866) 909-4148.

2. **User ID is not unique. Please enter a different User ID.**
   Generally this means you need to go to the Login page and enter the User ID and Password for the account you already set up.

   If you don't already have an account, this error means you just happened to choose a User ID that is already being used by someone else. Please choose a different User ID and continue completing the Create NPI Registration Account page.

3. **Confirmation number entered does not match confirmation number assigned to this Medicaid provider number.**
   You must use the 6-digit confirmation number associated with this Idaho Medicaid provider number. The confirmation number/Medicaid provider number combination can be found on the NPI registration letter that was mailed to you from Idaho Medicaid. If you have lost your registration letter please call the NPI Helpline at (866) 909-4148.

4. **Medicaid provider number already associated to this NPI?**
   This means the Idaho Medicaid provider number you are working with is already linked to this NPI.

5. **NPI is already associated with an existing account?**
   Most of the time this means you have more than one registration account and you already entered this NPI in a different account. We strongly recommend you include all the NPIs you need to register in one account. The easiest way to deal with this issue is to log into the account that contains the NPI and complete the linking in that account. If you are unsure, please call the NPI Helpline at (866) 909-4148.

   In rare cases this means that another user has registered this NPI. If this is the case please call the NPI Helpline at (866) 909-4148.

6. **Medicaid provider number already associated with a different account. An Idaho Medicaid provider number may only be linked to one account?**
   Most of the time this means you have more than one registration account and you already entered this Idaho Medicaid provider number in a different account. We strongly recommend you register and link all your NPIs and Idaho Medicaid provider numbers in one account. The only way to deal with this issue is to end date the NPI you are working with on the account you are in. Follow the steps below.

   1. Click the link on the left side of the page that says **NPI Update Account** Menu.
   2. Click on **Option 2 Update NPI**.
   3. Click on the NPI you need to work with on the displayed page.
   4. Click the Yes radio button after the prompt **End Date NPI** just under the NPI displayed at the top of the **Update NPI** page.
   5. Click the **Update NPI** button at the bottom of the screen.
   6. Login into the registration account that contains the Medicaid provider number you want to work with.
   7. Add the NPI to this account and finish the linking process.

   If you are unsure, please call the NPI Helpline at (866) 909-4148.

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.

Important NPI Information for Pharmacy Providers

Starting May 23, 2007, Idaho Medicaid will be ready to accept a National Provider Identifier (NPI) on electronic Pharmacy claims, in compliance with HIPAA requirements. Before an NPI can be successfully submitted on a drug claim the NPI must be registered with Idaho Medicaid. A self-service website has been developed for you to register your NPI at: **https://npi.dhw.idaho.gov**.

Registration letters were mailed on March 28, 2007, addressed to the "Pay To" address. A separate letter was sent for each existing Medicaid Provider ID. These letters contain a unique confirmation number (different for each Medicaid number) which is needed to register the NPI and link it to a current Medicaid Provider ID. It is important to retain these letters as this confirmation code will be required to make any future changes.

Before May 23, 2007:
Continue to use your current Medicaid Provider ID and the Prescriber's state license number. Unlike other claim types, the drug claim (NCPDP transaction[1]) only has a place for one identifier for billing Provider ID and Prescriber ID so there is no place to accept an NPI prior to the HIPPA deadline. If an NPI is submitted prior to May 23, 2007 on a drug claim, it will be denied.

Beginning May 23, 2007:

For Provider ID

- Idaho Medicaid will be ready to accept and process HIPAA-compliant NCPDP electronic claims that use an NPI to identify the billing provider. We strongly recommend that providers make good faith efforts to be ready to submit claims using their NPI by May 23, 2007. This includes applying for and registering your NPI(s). However, Idaho Medicaid will continue to accept and process electronic drug claims that contain a Medicaid Provider ID for those providers who are not ready to send an NPI on a drug claim by the compliance date. The correct Service Provider ID qualifier must be submitted to identify the number as either an NPI (use qualifier 01) or a Medicaid Provider ID (qualifier 05).

- The most straightforward way to do business with Idaho Medicaid is to **apply for one (1) NPI for each current Medicaid Provider ID**. Each current Medicaid Provider ID is associated with one (1) distinct pharmacy location. Beginning May 23, 2007 when an electronic pharmacy claim contains an NPI, a crosswalk will be performed to retrieve the Medicaid Provider ID that is associated with that NPI. If that NPI maps to a single Medicaid Provider ID, then that Medicaid Provider ID will be used to process the claim. If the NPI maps to multiple Medicaid Provider IDs, there is no way to select the correct Medicaid ID for processing the claim because the NCPDP transaction contains no data to identify the pharmacy location.

- For pharmacies that submit durable medical equipment (DME) claims as well as drug claims, it may be helpful to know that federal regulations require Medicare DME suppliers to obtain an NPI for every practice location, regardless of how claims are submitted. The only exceptions are sole proprietors. [2] This same NPI can also be used to submit drug claims to Idaho Medicaid. Since the DME supply and drug claims are two (2) different transaction types, the reporting would be separate.

For Prescriber ID

- The Prescriber's state license number, OR an NPI, will be accepted in the Prescriber ID field, because not all Prescribers are required to have an NPI. The correct qualifier must be submitted to identify the number as either a State License number or an NPI. If submitting claims using State License number, the Prescriber ID qualifier must be 08. For an NPI the qualifier must be 01.

What about paper pharmacy claims? Paper pharmacy claims will remain exactly as they are. They will not be modified to accept NPI at this time.

As we near the May 23rd deadline any updated information regarding electronic claims processing and new FAQs will be posted on our website at, **http://www.healthandwelfare.idaho.gov/**. Choose the "Medicaid Provider Information" link on the right side of the page. If you are unable to find answers to your questions on the website, please call your Regional Provider Relations Consultant (PRC), or the NPI Registration Help Desk (866) 909-4148.

[1] The National Council of Prescription Drug Claims (NCPDP) v5.1 electronic format is the HIPAA standard for prescription drugs supplied by retail pharmacies.
[2] Refer to the following link. **http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/ Medsubparts01252006.pdf**.

Understanding Eligibility and Benefit Plan Information

Children previously covered under the Pregnant Women and Children's (PWC) program were recently transitioned to one of the new Medicaid Modernization benefit plans. This transition may have resulted in benefit plan changes. To ensure claims are not denied due to eligibility or benefit plan issues, verify participant eligibility and benefit plan on the actual date of service. Possession of a Medicaid identification card does not guarantee eligibility. Confirmation of eligibility and coverage is not available for dates in the future.

When an eligibility inquiry is submitted, participants who are eligible for the full range of Medicaid services will have their benefit plan reported as "Medicaid" in the eligibility response. Participants who are not eligible for the full range of Medicaid services will have their restrictions reported according to their benefit plan. For example: if the participant is eligible for Medicaid Basic Plan benefits, eligibility will be reported as "benefits restricted to Medicaid Basic Plan services."

For more information regarding verifying participant eligibility, please refer to Section 1, General Provider & Participant Information, in the Provider Handbooks.

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New Version of Provider Electronic Solutions (PES) Software

In May all active providers will receive the new Idaho Medicaid Provider Resources CD. It contains a new version (6.0) of the Provider Electronic Solutions (PES) software.

The new PES 6.0 software version allows you to submit transactions using your NPI.

Please refer to the "FAQ" in the PES section of the Provider Resources CD. This document will outline frequently asked questions. Please read this section prior to applying the upgrade.

Important: As of May 23, 2007 if you are billing with your NPI, you must apply this upgrade. If you have not applied this upgrade because you are listed as an "atypical" provider, be sure to verify the Billing Provider and the Other Provider List to ensure the Provider ID Code Qualifier and the SSN/Tax ID Qualifier, are not set to "XX". If "XX" is used in the Provider ID Code Qualifier, or the SSN/TAX ID Qualifier field, and you have a 9 digit SSN/Tax ID, your claims will be rejected. Refer to the Using PES Rejected and Accepted Transaction Reports. If you have any questions about this upgrade, please contact your regional Provider Relations Consultant, or contact the Technical Support Helpdesk at (800) 685-3757, and say "Technical Support".

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Using PES Rejected and Accepted Transaction Reports

Have you ever wondered why your claims do not show up in the system or on your remittance advice?

When you use PES software to submit your claims, you will receive a confirmation message that indicates the submission was successful. This message means that your claims have been successfully transmitted. The next step is a preliminary review, which ensures that basic information on the claims is accurate. Once claims pass the preliminary review process, the claim information is added to the Accepted Transaction Report. If claims do not pass the preliminary review process, the claims are rejected and the claim information is added to the Rejected Transaction Report. Rejected claims will not be processed. An example of basic information that may cause the claim to be rejected is the name of a state. If a new participant is entered into the PES system and the participant's state is entered as "IS", instead of "ID", the system will not recognize "IS" as a valid state name and the transaction will be rejected. Information on the Rejected and Accepted Transaction Reports is important and should be referenced regularly. To download your Rejected and Accepted Transaction Reports, please refer to your PES Handbook or contact the EDI Helpdesk at (800) 685-3757 and say "Technical Support".

Important Notice Regarding the Revised CMS-1500 (08/05) Claim Form

It has come to the attention of CMS that there are incorrectly formatted versions of the revised CMS-1500 form being sold by print vendors, specifically the Government Printing Office (GPO). The source files they received were improperly formatted, resulting in the sale of printed forms and negatives which do not comply with the form specifications.

The best way to identify if your CMS-1500 (08-05) version forms are correct is by looking at the upper right hand corner of the form. On properly formatted claim forms, there will be approximately a ¼" gap between the tip of the red arrow above the vertically stacked word 'CARRIER' and the top edge of the paper. If the tip of the red arrow is touching or close to touching the top edge of the paper, then the form is not printed to specifications and will be rejected.

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Updated Instructions for New CMS 1500 Forms

Instructions for the new paper CMS 1500 (08/05) form have been updated to clarify that the Idaho Medicaid number will be required both **before** and **after** May 23, 2007. Idaho Medicaid will process all paper claims using the proprietary 9-digit Idaho Medicaid provider number. Fields 17a, 17b, 24I, 24J, 33a, and 33b have been updated to reflect the correct billing instructions.

Note: Please contact your software vendor to ensure your software continues to support the submission of proprietary Medicaid IDs.

Please review the instructions below for the correct completion of the provider specific fields on the new CMS 1500 form.

Referring Provider Number fields

17a	Other ID	Required if applicable	Use this field when billing for consultations or Healthy Connections participates.
			For consultations enter the qualifier **1D** followed by the referring physician's 9-digit Idaho Medicaid provider number.
			For Healthy Connections participants, enter the qualifier **1D** followed by the 9-digit Healthy Connections referral number.
17b	NPI Number	Not Required	Enter the referring provider's 10-digit NPI number.
			Note: The NPI number, sent on paper claims, will not be used for claims processing.

1D Qualifier   Medicaid Provider Number

CMS 1500

| 17 | Name of Referring Physician or Other Source | 17a | 1D | 123456789 |
| | | 17b | NPI | |

Render Provider ID fields

24I	ID Qualifier	Required if Idaho Medicaid provider number	Enter qualifier **1D** followed by the 9-digit Idaho Medicaid provider number in 24J **Note:** Qualifier **ZZ**, sent on paper claims, may result in denial of claim when services require a rendering provider ID number.
24J	Rendering Provider ID Number	Required if applicable	If the billing provider number is a group, enter the performing provider's 9-digit proprietary Idaho Medicaid provider number as the Rendering Provider. **Note:** Taxonomy codes and NPI numbers sent on paper claims will not be used for claims processing.

Billing Provider Information fields

ID Qualifier

24I	24J
ID QUAL	Rendering Provider ID #
ID	123456789
NPI	
NPI	

Medicaid Provider Number

Billing Provider Information fields

33. BILLING PROVIDER INFO & PH# ( )	
a.	b. 1D123456789

CMS 1500

33a	NPI Number	Desired but not required	Enter the ten 10-digit NPI number of the billing provider. **Note:** NPI numbers, sent on paper claims are optional and will not be used for claims processing.
33b	Other ID	Required	Enter the qualifier **1D** followed by the provider's nine 9-digit proprietary Idaho Medicaid provider number. **Note:** All paper claims will require the nine 9-digit proprietary Idaho Medicaid provider number for successful claims processing.

March 15, 2007

MEDICAID INFORMATION RELEASE 2007-09

TO: Hospital Administrators

FROM: Leslie M. Clement, Administrator

SUBJECT: **Notice of 2007 Medicaid Rates for Swinging-Bed Days and Administratively Necessary Days (AND)**

Effective for dates-of-service on or after **January 1, 2007**, Medicaid will pay the following rates:

Swing-Bed Day	$198.93
Administratively Necessary Day (AND)	$163.00

If you have billed for swing-beds days since January 1, 2007, please submit corrected claim adjustments to EDS in order to receive reimbursement with the new rate(s) listed above.

If you have questions concerning the information contained in this release, please contact Eric Anderson, Senior Financial Specialist in the Office of Reimbursement Policy, at (208) 364-1918.

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

LMC/ea

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March 15, 2007

MEDICAID INFORMATION RELEASE MA07-10

TO: All Nursing Home and ICF/MR Administrators

FROM: Leslie M. Clement, Administrator

SUBJECT: **Information Request Related to PCS Wage Determination**

Each year, the Department gathers information from all Nursing Facilities (including hospital-based facilities) and Intermediate Care Facilities for the Mentally Retarded to determine wage data for select employees in the nursing home industry.* The Department requires you to respond according to the attached instructions and complete the attached certification.

If your facility was certified for participation in the Medicaid program before March 15, 2007, you must respond by April 16, 2007. Otherwise, you are not required to participate this year. Please return the required information as soon as possible to:

>Myers and Stauffer LC
>8555 West Hackamore Drive, Suite 100
>Boise, ID 83709-1693

If you have questions, please feel free to contact Sheila Pugatch at (208) 364-1817 or Myers and Stauffer at (800) 336-7721. Thank you for your participation in Idaho Medicaid.

LMC/vcc/dw

Attachments

* Per Idaho Code, Section 39-5606, and IDAPA 16.03.10.281.02

March 5 2007

MEDICAID INFORMATION RELEASE 2007-07

TO: Prescribing Providers, Pharmacists and Hospitals

FROM: Leslie M. Clement, Administrator

SUBJECT: **Preferred Agents for Drug Classes Reviewed at October 20, 2006 and February 16, 2007 Pharmacy and Therapeutics Committee Meetings**

Drug/Drug Classes: Noted below

Implementation Date: Effective for dates of service on or after April 1, 2007

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

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

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

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents*
ACE Inhibitor/ Calcium Channel Blocker Combinations	Tarka® and Lotrel®	Lexxel®
Long-Acting Narcotic Analgesics	Kadian® and morphine extended release generic	Duragesic®, fentanyl transdermal generic, Avinza®, Opana ER®, Oxycontin®, and oxycodone extended release generic Duragesic® is recommended by the Committee as preferred over generic fentanyl transdermal when the therapeutic prior authorization criteria are met.
Short-Acting Narcotic Analgesics	propoxyphene/apap generic, apap/codeine generic, tramadol generic, hydrocodone/apap generic, asa/codeine generic, codeine generic, morphine IR generic, ocyodone IR generic, oxycodone/apap generic pentazocine/naloxone generic, hydromorphone generic, oxycodone/ asa generic, and levorphanol generic	propoxyphene compound generic, propoxyphene generic, meperidine oral generic, Darvon N®, Combunox®, pentazocine/acetaminophen generic, Panlor DC/SS®, Opana®, fentanyl buccal generic, hydrocodone/ibuprofen generic, tramadol/acetaminophen generic, butalbital compound/codeine generic, and dihydrocodeine/apap/caff generic
Angiotensin II Receptor Antagonists	Diovan®, Diovan HCT®, Benicar, Benicar HCT®, Micardis®, Micardis HCT®, Cozaar®, Hyzaar®, Avapro® Avalide®	Teveten®, Tevetan HCT®, Atacand® and Atacand HCT®
Injectable Anticoagulants	Fragmin®, Lovenox®, Arixtra®	Innohep®

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents*
Anticonvulsants	methobarbital generic, phenobarbital generic, clonazepam generic, carbamazepine generic, Carbatrol®, Equetro®, phenytoin, , Dilantin®, Mebaral®, primidone generic , valproic acid generic, Depakote® sprinkle, Depakote ER®, Depakote®, Celontin® , Peganone®, Gabitril®, ethosuximide generic, zonisamide generic[2], Trileptal®[2], Lyrica®[2], gabapentin generic[2] , To-pamax®[2], Keppra®[2], Lamictal®[2], and Diastat®	Phenytek®, Tegretol XR®[1], Felbatol® and lamotrigine generic[2] [1] Clients currently receiving Tegetrol XR® will be "grandfathered" and not need to switch to a preferred agent. [2] These anticonvulsants are recommended as pre-ferred for epilepsy and other seizure orders only. Non-seizure indications will still require that therapeu-tic prior authorization criteria are met.
Other Antidepressants	mirtazapine generic, bupropion IR ,bupropion SR generic, Wellbutrin XL® and Effexor XR®	nefazodone generic, venlafaxine generic, Cymbalta® and Emsam® Venlafaxine and Cymbalta® will be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.
Minimally Sedating Antihistamines	Semprex-D®, loratadine/loratadine-D generic, and Clarinex® syrup	Zyrtec® syrup, Clarinex/Clarinex D®, Zyrtec/Zyrtec-D® oral, Allegra® and fexofenadine generic
Antimigraine Agents, Triptans	Imitrex (oral)®, Imitrex (nasal)®, Imitrex® SQ ,Amerge® and Maxalt/Maxalt MLT®	Relpax®, Axert®, Zomig/ZomigZMT®, Frova®, and Zomig® (nasal) Zomig/Zomig ZMT® be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.
Beta-Blockers	atenolol generic, metoprolol generic, pro-pranolol generic, sotalol generic, nadolol ge-neric, acebutolol generic, labetalol generic, pindolol generic, timolol generic, bisoprolol generic, betaxolol generic, Toprol XL® and Inderal LA®	Levatol®and Innopran XL® Coreg® will continue to require prior authorization for heart failure.
Bladder Relaxant Preparations	oxybutynin generic, Vesicare® Oxy-trol®transdermal, Enablex®, Sanctura® and Ditropan XL®	Detrol® and Detrol LA®
BPH Treatments	doxazosin generic, terazosin generic, Uroxat-ril®, Cardura XL®, Flomax®, Avodart®, and fi-nasteride generic	no agents designated as non-preferred
Calcium Channel Blockers	Dynacirc CR®, verapamil generic, Sular®, Card-izem LA®, Diltiazem®, Verelan PM®, nifedipine ER generic, felodipine ER generic and Nor-vasc®	nifedipine IR generic, nicardipine generic, Cardene SR®, Covera-HS® and isradipine generic

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents*
Erythropoiesis Stimulating Proteins	Aranesp® and Procrit®	Epogen®
Growth Hormone	Saizen®, Tev-Tropin®, Serostim®, Genotropin®, and Nutropin AQ®	Nutropin®2 and Humatrope®2 and Norditropin®2 and Zorbtive® [1] Current therapeutic criteria for growth hormone will continue to be required for all agents. The Committee recommends that Nutropin®[2], Humatrope®2 and Norditropin®2 be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.
Hepatitis C Agents	Pegasys® and ribavirin generic	Copegus®, Infergen®, Rebetol® Peg-Intron and Peg-Intron Redipen® Peg-Intron will be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.
Hypoglycemics, Meglitinides	Starlix® and Prandin®	no agents designated as non-preferred
Hypoglycemics, TZDs	Avandia®, Actos®, Avandamet®, Avandaryl® Actosplus Met®, and Duetact®	no agents designated as non-preferred
Lipotropics, Other	Niaspan®, gemfibrozil generic, colestipol generic, Tricor®, cholestyramine generic and fenofibrate generic	Zetia®, Triglide®, Antara® Omacor® and Welchol®
Lipotropics, Statins	Advicor®, Altoprev®, Lescol/Lescol XL®, Lipitor®, lovostatin generic, pravastatin generic, and simvastatin generic	Caduet®, Crestor® and Vytorin®
Multiple Sclerosis Agents	Betaseron®, Avonex®, Rebif® and Copaxone®	no agents designated as non-preferred
Otic Fluoroquinolones	Floxin® otic and Ciprodex® otic	Cipro®HC otic
Phosphate Binders	PhosLo®, Fosrenol® and Renagel®	no agents designated as non-preferred
Proton Pump Inhibitors	Prilosec® OTC, Nexium® and Prevacid® capsule, Prevacid®solutab and suspension	Zegerid®, Aciphex®, Protonix® and omeprazole generic
Sedative Hypnotics	chloral hydrate generic, temazepam generic, triazolam generic , Lunesta® and Ambien®	flurazepam generic, Rozerem®, Ambien CR® Sonata®, Doral®, estazolam generic, Restoril® 7.5 mg
Ulcerative Colitis Agents	sulfasalazine generic, Colazal®, mesalamine rectal generic, Asacol®, and Canasa®	Dipentum® and Pentasa®

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

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

IDAHO MEDICAID PROVIDER HANDBOOK
This Information Release does **not** replace information in your Idaho Medicaid Handbook

LMC/bf

14th Annual Idaho Health Care Conference 2007

*B*lue Cross of Idaho, CIGNA Government Services, Department of Health and Welfare/Medicaid, EDS, Idaho State Insurance Fund, Noridian Administrative Services, Regence BlueShield of Idaho, and TriWest Healthcare Alliance invite you to attend the Idaho Health Care Conference.

Rustle up them dogies and attend our 14th annual WESTERN theme conference.

Participants are encouraged to visit with the exhibitors during breaks and at lunch. Registration is free for all Idaho health care providers. Multiple sessions will allow you to attend individual presentations by all participants, if you choose.

Agenda

BOISE
Wednesday, May 9, 2007 from 8 a.m. to 4:15 p.m.
Holiday Inn – Airport, 3300 Vista Avenue, Boise, ID
Please pre-register by: April 25, 2007

CLARKSTON, WA
Tuesday, May 15, 2007 from 8 a.m. to 4:15 p.m.
Quality Inn, 700 Port Drive, Clarkston WA
Please pre-register by: May 1, 2007

COEUR D'ALENE
Wednesday, May 16, 2007 from 8 a.m. to 4:15 p.m.
Coeur d'Alene Casino, U.S. Highway 95, Worley, ID
Map Located Inside
Please pre-register by: May 2, 2007

IDAHO FALLS
Tuesday, May 22, 2007 from 8 a.m. to 4:15 p.m.
Red Lion Inn, 475 River Parkway, Idaho Falls, ID
Please pre-register by: May 8, 2007

POCATELLO
Wednesday, May 23, 2007 from 8 a.m. to 4:15 p.m.
Holiday Inn, 1399 Bench Road, Pocatello, ID
Please pre-register by: May 9, 2007

TWIN FALLS
Thursday May 24, 2007 from 8 a.m. to 4:15 p.m.
Red Lion Inn, 1357 Blue Lakes Boulevard, Twin Falls, ID
Please pre-register by: May 10, 2007

Registration starts at 8 a.m., classes begin at 8:30 a.m.

Idaho Health Care Conference 2007

Some of the session topics will include:

National Provider Identifiers (NPI)

Presentation includes general information about NPI as well as tips on how to register your NPI(s) with Idaho Medicaid using the NPI Registration Web page.

Electronic Data Interchange (EDI) - Updates and Information

Explains EDI clearinghouse information, 835 electronic remits, electronic payments, NPI update, and Error & Acceptance reports.

Healthy Connections - New Innovations

Discussion includes improved benefits for preventive care, expedited Healthy Connections enrollment, and enhanced Internet access to statewide information.

Medicaid Modernization - Hot Topics

Explanation of the new Preventive Health Assistance (PHA) benefits, Medicaid benefit plans, and what you need to know before providing services.

Open Forum

Panel discussion with representatives from EDS and State Eligibility to address billing concerns and issues, plus billing solutions.

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Medicare-Medicaid Coordinated Plan FAQs

We are updating the answer to the following question in the Medicare-Medicaid Coordinated Plan FAQs published in the March 2007 *MedicAide* to give providers further clarification on how to identify when a participant is eligible for the Medicare-Medicaid Coordinated Plan.

How will a provider know who is eligible for the Medicare-Medicaid Coordinated Plan?

Providers should always check eligibility before providing services. Participants who are enrolled in the Medicare-Medicaid Coordinated Plan will have both a Medicaid identification card and a Medicare Advantage Plan identification card. Please remember that the card itself is not a guarantee of eligibility.

The provider can request Medicaid eligibility and benefit plan information for participants using existing eligibility verification processes, including:

- Medicaid Automated Voice Information System (MAVIS) – The eligibility response for other insurance, available under participant information, will indicate that the participant has the Medicare-Medicaid Coordinated Plan and enrolled with the insurance carrier's name

- EDS Provider Electronic Solution (PES) billing software – The eligibility or benefit information for other insurance will indicate the Payer name with "MMCP" (Medicare-Medicaid Coordinated Plan) then the insurance carrier's name

- Point of Service Devices (POS) – The eligibility verification for TPR information will indicate the Payer name with "MMCP" (Medicare-Medicaid Coordinated Plan) then the insurance carrier's name

- HIPAA-compliant EDS tested vendor software – The eligibility or benefit information for other insurance will indicate the Payer name with "MMCP" (Medicare-Medicaid Coordinated Plan) then the insurance carrier's name

Why Bill Electronically? Compare for Yourself

Note: The following estimates are based on 200 claims per month.

	Paper claims		Electronic Claims	
	Description	Cost	Description	Cost
Postage	200 claims x 39¢	$ 78.00	No postage	$ .00
CMS Claim FORMS	200 forms	5.00	No forms	.00
LABOR	200 claims x 5 minutes processing time x $10.00 per hour	166.00	200 claims x 1 minute processing time x $10.00 per hour	33.00
COST OF SOFTWARE	Unknown	.00	PES software	NO CHARGE
TOTAL MONTHLY COST		$ 249.00		$ 33.00
			Potential Savings*: $216.00	
				~
Processing time		6-10 days		2-24 hours
availability		Regular Business Hours		24 Hours per Day, 7 Days per Week

*Based on example estimates

The benefits of billing electronically:

- It's **less expensive**!

- Conveniently **available all day, every day!**

- Easy, user friendly PES software prompts for required fields before sending, resulting in **fewer errors**!

- PES software training at **no charge**!

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Attention Hospitals: Updated Notification of Birth Form

The Notification of Birth Form, on page 21 of this newsletter, has been updated to reflect the January 2007 change to state email addresses. Hospitals may use this form to notify DHW of the birth of a baby who will be inpatient for more than 72 hours, so that medical reviews can be expedited.

Notification of Birth:
Anticipated Stays Greater Than 72 hours
Notification Date _____
Please fill out completely as possible

Section 1—*To be completed by the hospital for anticipated stays greater than 72 hours*

Baby's Information		Mother's Information	
Full Name		Name	
Date of Birth		Date of Birth	
MID# *(from EP-ICS)*		MID#	
Gender		AKA	
City of Residence		County of Residence	

Hospital Information

Hospital Name		Fax #	
Contact Person		Contact #	
E-mail Address			

Comments

Section 2—*To be completed by the Department*

EPICS Helpdesk—e-mail **Epics@dhw.idaho.gov** or Fax # (208) 334-5817

Date Baby's MID# Provided to the Hospital	

SRS Worker (*if known*) _____

Response section

_____
Instructions
Step 1—*To be completed by the Hospital for anticipated stays greater than 72 hours*
Electronically fill out **Section 1** as completely as possible. (Leave baby's MID# blank)
E-mail the form to EPICS Helpdesk **Epics@dhw.idaho.gov**
Use the words **'Notification of Birth**' in the email subject line to provide for easy identification and quick turn around.
Babies hospitalized for 72 hours or less continue to follow your current procedure.

Step 2—*To be completed by the Department*
EPICS Helpdesk researches and processes the request.
Section 2 is completed with the baby's MID# inserted in **Section 1**.
EPICS e-mails the completed form back to the Hospital.

Note: *forms received by EPICS Helpdesk during the last four working days of the month will take a little longer to cross into AIM due to EPICS processing cycles.*

Pilot Project: The College of Direct Support

The Idaho Department of Health and Welfare is launching a pilot project in June to provide educational support for providers serving people with developmental disabilities. The department has contracted with the nationally recognized College of Direct Support, which offers an internet-based curriculum for direct support professionals, supervisors, and managers. The Idaho State School and Hospital is also adopting the curricula as part of its professional development for staff.

This educational opportunity will be offered free to selected providers for one year, with a possible extension of up to three years. Providers eligible to participate in the first year of the pilot project are Developmental Disability Agencies, Supported Living Providers, Certified Family Home Providers, and Medicaid Supported Employment Providers. Individuals who are self-directing their own supports will also have the opportunity to access the pilot project for the people who serve them. Information on the College of Direct Support is available at **http://info.collegeofdirectsupport.com/**. Applications to participate in the pilot project will be available May 8th, through the Department.

The course will primarily focus on direct care staff, although there will be lessons for supervisors and management. The internet allows participants to take the course at their own pace, and covers topics that include safety, health, medication administration, and personal rights. Cameron Gilliland, IDHW program manager for developmental disabilities, is enthusiastic about the pilot project. "The College of Direct Support offers top quality instruction", Gilliland says. "This is a major time commitment for providers, but in return direct care staff can receive intensive training to better serve people with developmental disabilities in our state. We are excited to offer this opportunity."

On the morning of May 15th a forum regarding the pilot will be held at Department of Health and Welfare, 1720 Westgate Drive, Suite A in Room 119, Boise from 9:00 a.m. until Noon. Representatives of the College of Direct Support will be available to answer questions about the College. Department of Health and Welfare representatives will be on hand to answer specific questions about the pilot project. Questions about the pilot project also can be directed to Cameron Gilliland at (208) 334-5536.

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A Gentle Reminder for Providers

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

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

MAVIS Keypad Shortcuts

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

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

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

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

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

1   Client Information

2   Claims Information

3   Last Check Amount

4   Provider Enrollment Status

5   Mailing Addresses

6   To Switch to a Different Provider

7   To Change the Security Code for the Current Provider

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

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

1   Eligibility or Healthy Connections Information

2   Other Insurance

3   Lock-in

4   Long Term Care Eligibility

5   Service Limits

6   Prior Authorization Number

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

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

1   Claim Status

2   Procedure Code Coverage

3   National Drug Code Coverage

4   Revenue Code Coverage

5   EOB Message Codes

6   Prior Authorization Number

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

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

EDS
P.O. Box 23
Boise, Idaho 83707

EDS

IDAHO DEPARTMENT OF
HEALTH & WELFARE

May Office Closures

Monday, May 28, 2007, the Department of Health and Welfare and EDS offices will be closed for Memorial Day.

MAVIS (Medicaid Automated Voice Information Service) is always available at one of the following telephone numbers: (800) 685-3757 (toll-free) or (208) 383-4310 (Boise local).