

An informational newsletter for Idaho Medicaid Providers

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

July 2009

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

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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 is on page 8.

May 22, 2009

MEDICAID INFORMATION RELEASE 2009-09

To: Developmental Disability Service Coordinators and Plan Developers; and

Providers of Adult Developmental Disability Services

From: Leslie M. Clement, Administrator

Subject: Changes to the Individual Support Plan Review and Authorization

Process

Effective July 1, 2009, the Idaho Center for Disability Evaluation (ICDE) will no longer review Individual Support Plans (ISP) and addendums for adults with developmental disabilities. The department took into consideration comments about the current ISP process and more cost-effective, efficient ways to conduct plan review and authorization. In response to these comments, the Bureau of Developmental Disability Services (BDDS) is shifting the responsibility for review and authorization of service plans to the BDDS care managers. The new business model will strengthen the ICDE's role in completing assessments and determining eligibility, and will simplify and provide more efficient turnaround for the plan authorization process.

Care management program responsibilities are outlined below:

Information Releases:

- Medicaid Information Release 2009-09
- 2 Medicaid Information Release MA09-10
- 3 Medicaid Information Release 2009-11
- 5 Medicaid Information Release MA09-12
- 6 Medicaid Information Release MA09-13

ICDE

- Independent Assessments
- Eligibility Determinations
- Individualized Budget Setting
- Distribute Physician Letters

BDDS Care Managers

- Initial Intake
- Reconsideration of Denials
- Crisis Authorization
- Self-Direction Training and Monitoring
- Presumptive Eligibility
- Plan Review and Authorization

Because of this process shift, plan developers will now submit all service plans and addendums to the central statewide information coordinator beginning July 1, 2009. The plans and addendums must be submitted in one of two ways:

• E-mail them to BDDACM@dhw.idaho.gov.

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- In the Subject line, write "Plan Review" followed by the participant's name, the
 annual plan date, and the region. Attach scanned signature pages to the plan.
 Note: The computer program used to submit the ISP must be HIPPA
 compliant given the confidential nature of the documentation.
- Fax plans and signature pages to the BDDACM information coordinator at (208) 332-7297.
 - In the Subject line, write "Plan Review" followed by the participant name, the annual plan date, and the region.

Plan developers will continue to submit completed plans no later than 45 days before the end date of the current plan. Notices of late plans will be sent by the information coordinator and notices of incomplete plans will be sent by a regional care manager. In some instances, plan developers may be contacted by a care manager from a different region during the plan review process as a result of the department providing equal work distribution statewide.

If you have any questions, please contact the regional program manager at (208) 334-0944.

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

LMC/rs

June 2, 2009

MEDICAID INFORMATION RELEASE MA09-10

To: Home Health Providers

From: Leslie M. Clement, Administrator
Subject: Home Health Medicaid Caps

This information release summarizes Medicaid cap limits for all home health agency cost settlements, with effective dates of service from July 1, 2009, through June 30, 2010. The table listed below summarizes the Medicaid caps. See *IDAPA 16.03.09.720 – IDAPA 16.03.09.725* for more information which can be located on our website (www.idaho.gov).

Service Type	Revenue Code	Medicaid Cap Limits
		7/1/09-6/30/10
Skilled Nursing	551	\$233.05
Physical Therapy	421	\$157.72
Occupational Therapy	431	\$160.66
Speech Therapy	441	\$168.97
Home Health Aide	571	\$94.74

If you have any questions about the information found in this information release, please contact the principal financial specialist in the Division of Medicaid at (208) 364-1817. Thank you for your continued participation in the Idaho Medicaid Program.

LMC/sp

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 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 (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

Prior Authorization Contact Information

♦ DME Specialist, Medical Care

PO Box 83720 Boise, ID 83720-0036 Phone: (866) 205-7403

(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

(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

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

Ambulance Review

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

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

Insurance Verification

♦ HMS

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

(208) 375-1132

(208) 375-1134 Fax:

June 3, 2009

MEDICAID INFORMATION RELEASE 2009-11 — REVISED

To: Medicaid Service Coordination Providers

From: Leslie M. Clement, Administrator

Subject: **Updates to Service Coordination Requirements**

Over the past year, Idaho Medicaid has been working through the rule promulgation process to update service coordination requirements and billing policies. These updated rules became effective on May 8, 2009 (the end of the 2009 legislative session). During the next few weeks, we will be making the necessary changes to our billing system and updating our business processes to reflect the new requirements. These rules will be implemented July 1, 2009.

The major changes to service coordination requirements include:

- Requirement that all service coordination be billed using 15-minute units
- Clarification of service coordinator responsibilities
- Clarification of paraprofessional duties and limitations (where applicable)
- Addition of coverage for plan assessment and development for children's service coordination
- Removal of prior authorization requirements for ongoing children's service coordination
- Requirement that children, age birth to three years old, must only receive service coordination through the Idaho Infant Toddler network
- Establishment of rates based on the qualifications of the individual providing the service (one rate for service coordinators and one rate for paraprofessionals, where applicable)

Beginning July 1, 2009:

Service coordination must be billed using the updated procedure codes listed in the table below. Service coordination providers who have not billed using 15-minute units in the past should be aware that claims must include the appropriate procedure code and the number of units of service that were provided. For each procedure code, a single 15-minute unit of service delivery can be billed if it is equal to or greater than eight minutes. (Example: One unit may be billed when the interaction with the participant is equal to or greater than 8 minutes but less than 22 minutes). Further explanation about billing in increments of 15-minute units can be found in the Medicaid Provider Handbook, or you can contact your regional EDS provider relations consultant.

Updated Service Coordination Codes

Service	Procedure Code	Description	Rate	Limitations
DD Service Coordination	G9002 (PA Required)	1 unit=15 minutes	1 unit=\$11.04	18 units/month (G9002 and G9002- HM combined)
DD Service Coordination - Paraprofessional	G9002-HM (PA Required)	1 unit=15 minutes	1 unit= \$5.88	18 units/month (G9002 and G9002- HM combined)
DD Plan Development	G9007 (PA Required)	1 unit=15 minutes	1 unit=\$11.04	48 units/year
DD Crisis Assistance	H2011 (PA Required)	1 unit=15 minutes	1 unit=\$11.04	As authorized
DD Crisis Assistance- Paraprofessional	H2011-HM (PA Required)	1 unit=15 minutes	1 unit= \$5.88	As authorized

(table continued)

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Service	Procedure Code	Description	Rate	Limitations
Children's Service Coordination	G9002	1 unit=15 minutes	1 unit=\$11.04	18 units/month (G9002 and G9002-HM combined)
Children's Service Coordination Paraprofessional	G9002-HM	1 unit=15 minutes	1 unit= \$5.88	18 units/month (G9002 and G9002-HM combined)
Children's Plan Development	G9012 (PA Required)	1 unit=15 minutes	1 unit=\$11.04	24 units/year
Children's Crisis Assistance	H2011 (PA Required)	1 unit=15 minutes	1 unit=\$11.04	As authorized
Children's Crisis Assistance- Paraprofessional	H2011-HM (PA Required)	1 unit=15 minutes	1 unit= \$5.88	As authorized
PCS Service Coordination	G9002 (PA Required)	1 unit=15 minutes	1 unit=\$11.04	32 units/month (G9002 and G9002-HM combined)
PCS Service Coordination- Paraprofessional	G9002-HM (PA Required)	1 unit=15 minutes	1 unit= \$5.88	32 units/month (G9002 and G9002-HM combined)
PCS – Plan Development	G9001 (PA	1 unit=15 minutes	1 unit=\$11.04*	24 units/year
PCS Crisis Assistance	H2011 (PA	1 unit=15 minutes	1 unit=\$11.04*	As authorized
PCS Crisis Assistance- Paraprofessional	H2011-HM (PA Required)	1 unit=15 minutes	1 unit= \$5.88	As authorized
N#1.0				
MH Service Coordination	T1017	1 unit=15 minutes	1 unit=\$11.04	20 units/month
MH Service Coordination - Plan Development	H0031	1 unit=15 minutes	1 unit=\$11.04	24 units/year
MH Crisis Assistance (First 3 hours/month)	T1017	1 unit=15 minutes	1 unit=\$11.04	12 units/month
MH Crisis Assistance (Additional hours)	H2011 (PA Required)	1 unit=15 minutes	1 unit=\$11.04	As authorized

- Provider types that require prior authorization can continue to use their existing
 prior authorization numbers. Prior authorizations that were originally issued for
 one time per month will be automatically updated to 18 units per month. If you
 experience difficulty with claims submitted after July 1, 2009, please contact the
 department staff in your region that originally approved the participant's plan.
- The Idaho Infant Toddler Program network will deliver all service coordination for children from birth to age three years of age. If your agency currently serves children in this age range, please look for additional communication coming from the Infant Toddler Program network.

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EDS Contact Information

♦ MAVIS

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

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

EDS Fax Numbers

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

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 Continued from page 4 (IR 2009-11)

Children's ongoing service coordination will no longer require prior authorization.
The new plan development benefit will require prior authorization. The
department's Family and Community Services (FACS) division will issue these
authorizations after they have made a participant eligibility determination. Family
and Community Services is developing training for children's service coordination
providers about how the process will work.

The department is committed to ensuring that providers have clear and consistent direction regarding program requirements. We have already heard from some of you with questions about the updated service coordination requirements. To make sure that all providers have access to the same information, we have posted a "Frequently Asked Questions and Answers" document related to service coordination on our Web site at **www.modernizemedicaid.idaho.gov**. We will update this document as we receive additional questions.

If you still have questions or need additional information about service coordination, please contact Medicaid toll free at (877) 200-5441.

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

LMC/ksl

* The rate given in the original Information Release was erroneously shown as \$11.88 per unit. This REVISED Information Release shows the correct rate of \$11.04 per unit.

June 2, 2009

MEDICAID INFORMATION RELEASE MA09-12

To: All Hospice Providers

From: Leslie M. Clement, Administrator

Subject: Hospice Rates

Due to the American Recovery and Reinvestment Tax Act of 2009, elimination of the budget neutrality adjustment factor in the calculation of the hospice wage index, the department has been instructed to recalculate our hospice rates in order to use the revised wage indices. **Effective for dates of service on or after October 1, 2008,** Medicaid has revised its hospice rates as follows:

Revenue Code/Description	<u>Rural</u>	Urban Ada/Canyon County
651 – Routine Care	\$125.02	\$140.85
652 - Continuous Care	\$729.65	\$822.10
655 – Respite Care	\$132.60	\$145.51
656 - General Inpatient Care	\$560.68	\$626.33

We will perform automated system adjustments to claims that have been paid with dates of service on or after October 1, 2008. The underpayments resulting from the adjustments will be paid to providers. No additional action from providers is required, but we wanted you to be aware of this activity, which will be reflected on remittance advices as the adjustments are worked through the system. Providers should expect to see each of these claims with a new version number on a future remittance advice.

The hospice cap will be \$22,386.15. If you have any questions, please contact the senior financial specialist in the Division of Medicaid at (208) 364-1817.

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

LMC/rs

June 2, 2009

MEDICAID INFORMATION RELEASE MA09-13

To: All Personal Assistance Service Providers and School Districts Providing Medicaid Services

From: Leslie M. Clement, Administrator

Subject: New Personal Assistance Service Payment Rates Effective July 1, 2009

Effective July 1, 2009, Medicaid will make some changes to its reimbursement rates for Personal Assistance Services (personal care and attendant services). As required by *Idaho Code* and *IDAPA* 16.03.10.307, the department conducted a salary survey to calculate the new rates. The maximum allowable amounts are based on wages and salaries paid for comparable positions within nursing facilities and intermediate care facilities for the mentally retarded.

Services provided on or before June 30, 2009, must be billed separately from services provided on or after July 1, 2009. There may be an error in your payment if you do not use separate claim forms.

The new rates are listed below by procedure code:

Supervisory RN Codes:

• G9002	Coordinated Care Fee – Maintenance Rate (Agency)	\$80.52 /Visit
• G9001	Coordinated Care Fee – Initial (School)	\$80.52 /Plan
• T1001	Nursing Assessment/Evaluation (Agency)	\$39.24 /Visit
• T1001	Nursing Assessment/Evaluation (School)	\$39.24 /Visit

Supervisory QMRP Codes:

•	G9001	Coordinated Care Fee – Initial (Agency)	\$95.90 /Visit
•	H2020	Therapeutic Behavioral Services (Agency)	\$31.97 /Day

Personal Assistance Service Provider Codes:

Agency Providers

• (S5145 U3	PCS for Children – Individual	\$99.36 /day
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S5145 U3 HQ¹ PCS for Children – Group \$84.32 /day per participant

Independent Provider's Home (no withholding)

•	S5145	PCS for Children – Individual	\$78.20 /day
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• S5145 HQ1¹ PCS for Children – Group \$66.37 /day per participant

Personal Assistance Service Provider Codes:

Agency Providers

•	T1019	Personal Care	\$4.01 /15 Minute unit
•	T1004	Services of a Qualified Nursing Aide	\$4.01 /15 Minute unit

Home and Community Based Services:

•	S5125 U2 Attendant Care Services	\$4.01 /15 Minute unit
	TARRA LIGI Nivering Assessment/Fuelveting (Assess)	COO OA A /: -:+

T1001 U2' Nursing Assessment/Evaluation (Agency) \$39.24 /Visit

Other:

• S5140-U2 Adult Residential Care

**Certified family homes and residential and assisted living facilities that bill this code will receive a letter notifying them of the new rate for each participant. If you do not receive a letter for a participant living in your facility, please contact EDS toll free at (800) 685-3757, or in the Boise area at 383-4310. The Regional Medicaid Services unit is still required to approve services before the services are delivered.

If you have questions about this process, please contact your Regional Medicaid Services office.

Continued on page 7 (IR MA09-13)

¹ Procedure code modifier

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Regional Medicaid Services Offices:

Region 1 – (Benewah, Bonner, Boundary, Kootenai, Shoshone Counties) 1120 Ironwood Drive, Suite 102 Coeur D'Alene, ID 83814

(208) 769-1567

Region 2 – (Clearwater, Idaho, Latah, Lewis, Nez Perce Counties)

1118 F Street P.O. Drawer B Lewiston, ID 83501 (208) 799-4430

Region 3 – (Adams, Canyon, Gem, Owyhee, Payette, Washington Counties)

3402 Franklin Road Caldwell, ID 83605-6932 (208) 736-3024

Region 4 – (Ada, Boise, Elmore, Valley Counties)

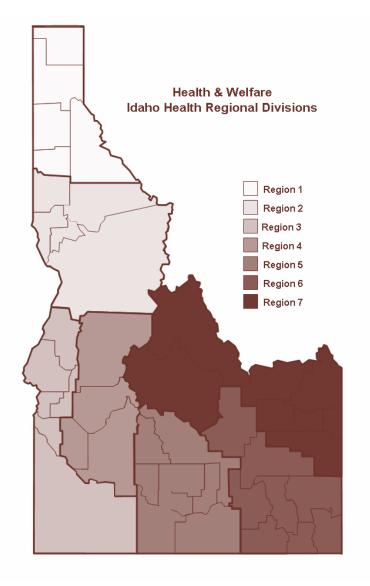
1720 Westgate Drive, Suite A Boise, Idaho 83704 (208) 334-0960

Region 5 – (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls Counties)

601 Pole Line Road, Suite 3 Twin Falls, ID 83301 (208) 736-3024

Region 6 – (Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power Counties)

1070 Hiline Road, Suite 260 Pocatello, ID 83201-2955 (208) 239-6260



Region 7 – (Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties) 150 Shoup Avenue, Suite 20

Idaho Falls, ID 83402 (208) 528-5750

Idaho Medicaid Provider Handbook:

This information release does not replace information in your *Idaho Medicaid Provider Handbook*. Thank you for your participation in the Idaho Medicaid Program.

LMC/rs

For Your Information... Electronic Funds Transfer Changes

When providers make changes to their bank deposit profile, it takes three pay cycles for the change to take effect. For instance, if the profile is changed from depositing a payment into a savings account to depositing it into a checking account, a paper check will be issued for three pay cycles while the change is being made. Bank deposit profile changes include any change to the account number whether it is the same or a different bank. This also includes changing from paper warrants to electronic funds transfer (EFT). A paper check will still be issued for three pay cycles while the EFT process is set up.

Idaho MMIS Transition News: Ready, Set, Provider Record Update!

The Provider Record Update (PRU) workshops and self-paced PRUs are just around the corner. We are looking forward to meeting you and showing you the new MMIS Web portal.

Workshops are being held in each region across the state. The workshops give you the opportunity to complete your PRU in a classroom setting with a training specialist right there to answer any questions you may have. The self-paced Web training will be available online if you would rather complete your record update from your own office at your own pace.

In June, Idaho Medicaid mailed two letters explaining the process for transitioning providers to the new claims processing system (MMIS). We sent only one letter per unique tax ID to reduce the possibility you would receive duplicate letters. All letters are sent to your pay-to address. The envelopes have "Idaho MMIS Transition Information Inside" printed in red text on the front, and all letters are printed on light green paper for easy recognition.

At the end of July, providers who must complete the record update will receive one letter for **each** National Provider Identifier (NPI) or Idaho Medicaid provider number moved to the new MMIS. Each letter contains a unique combination of elements that are required to access the new online Web portal. *These are not duplicate letters*.

What Will This Mean for You?

You can begin to get ready now to complete your PRU. To help you prepare, a PRU Readiness Checklist is shown in this article and is available on our Web site at **www.idahommis.dhw.idaho.gov**. Please have the necessary items from the list with you at your workshop or during your self-paced PRU.

Worried You Might Miss Something Important?

Not to worry, you can find the information you need on our Web site:

- Readiness Checklist
- Updated PRU workshop dates
- The most up-to-date MMIS transition information

We are very excited about the upcoming workshops. Continue to watch the *MedicAide* newsletter and check the Web at

www.idahommis.dhw.idaho.gov for updated PRU workshop and sign-up information.

Still have MMIS or PRU questions? Specialists are available by e-mail at **IdahoMMIS@dhw.idaho.gov** or by phone at (866) 686-4272.

Would You Like to Receive MMIS Informational Updates by E-mail?

We are building an MMIS Updates e-mail distribution list and would be happy to add you. To join the list, send an e-mail to

IdahoMMIS@dhw.idaho.gov with "MMIS Updates" in the subject line from each e-mail account you want added to the list. You only need to submit your e-mail request one time. Your e-mail address will be kept private, and it will not be shared with anyone for any purpose.

MMIS = Idaho Medicaid Claims Processing System

PRU Readiness Checklist

Information you may need to complete your PRU

General Information

- ✓ NPI (if you have one)
- ✓ Idaho Medicaid provider number
- Organization name (legal name or business name)
- ✓ Tax ID (FEIN or SSN)
- W-9 business entity type (e.g., individual or sole proprietor; corporation, partnership or limited liability corporation)
- Ownership details (owners' names and tax ID numbers)
- ✓ Other organizational information
- ✓ Location addresses

Primary or Base Location

- ✓ Physical address
- ✓ Mailing address
- √ Pay-to address

Secondary or Servicing Locations (satellite locations/clinics)

- ✓ Physical address
- ✓ Mailing address

Provider Type and Specialty

- ✓ Provider type
- ✓ Specialty
- ✓ Subspecialty

Additional Information Specific to Your Specialty

- ✓ Licenses
- ✓ Certifications
- Identifiers (DEA, CLIA, or current Idaho Medicaid provider number, etc.)

Contact Lens Providers: New Modifier Requirement

Beginning July 1, 2009, any claim for contact lens fitting fees must be billed using the KX modifier. This modifier indicates that all "requirements specified in the medical policy have been met." Any claim for a contact fitting fee without the KX modifier billed on or after July 1, 2009, will be denied.

Idaho Medicaid reimburses for contact lenses and fitting fees when Idaho Medicaid's Medical Necessity definition and contact lens criteria are met.

IDAPA 16.03.09.011.14 states, "A service is medically necessary if:

- **a.** It is reasonably calculated to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functionally significant deformity or malfunction; and
- **b.** There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly.
- **c.** Medical services must be of a quality that meets professionally-recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. Those records must be made available to the Department upon request."

IDAPA 16.03.09.782.02d states, "Contact lenses will be covered only with documentation that an extreme myopic condition requiring a correction equal to or greater than minus four (-4) diopters, cataract surgery, keratoconus, or other extreme conditions as defined by the Department that preclude the use of conventional lenses. Prior authorization is required by the Department."

If all the above criteria are met for contact lenses, and there is no claim or prior authorization for contact lenses, providers may bill a contact lens fitting fee when:

- The contact lenses are prior authorized and reimbursed by Medicaid; and
- The contacts are ordered from the Medicaid Contractor: or
- A participant meets all Medicaid criteria but declines or is unable to adjust to the contact lenses after the fitting services have been provided.

The medical record must clearly document the need for both the lenses and the fitting fee. On rare occasions, more than one fitting fee may be necessary for a participant who is hard to fit.

Medicaid does not cover contact lenses for cosmetic, convenience, or comfort reasons. If criteria are not met the provider may bill the participant for the cost of the lenses and the fitting fee only if the participant has been informed of that responsibility prior to provision of the service.

Roll Down Effect Medicaid Claims That Have Other Insurance Payments

When we process Idaho Medicaid claims that have other insurance payments, Medicaid applies those other insurance payments by "rolling down" the payment. The only exception to this processing logic is Medicare claims that crossover electronically from Medicare directly to Idaho Medicaid. Claims are processed in this manner because of Explanation of Benefits (EOBs) from other insurances that do not report the claims payment at the detail level and due to current system limitations.

The way that other insurance payments are processed is by what is called the "roll down effect." For example, if the other insurance paid \$5.00 for a particular claim detail line, it is assumed that \$5.00 will be processed for that specific line item. This is not always true. Medicaid deducts any insurance payments from the **total** Medicaid allowed amount for the entire claim. This is not figured on each detail, line-per-line as the insurance company allowed. The insurance payment is deducted from the first payable Medicaid service detail line and is carried down to the next consecutive detail line until all the insurance payment is used.

The claim submitted to Medicaid and the information on the other insurance's EOB submitted with the claim must match for client name, dates of service, and **total charges**. So, if the claim has four details and those details total \$186.20, then the EOB from the other insurance must also total \$186.20. In order for a claim to be processed in the same manner as the other insurance, the details will need to be billed separately to both the other insurance and to Medicaid so that the EOB will always match.

For example:

Detail	Billed Amt	Other Ins Pmt	Medicaid Allowed	Other Ins	Medicaid Pmt
1	\$48.00	\$32.16	\$12.30	\$12.30	\$0.00
2	\$65.00	\$43.55	\$11.53	\$11.53	\$0.00
3	\$12.20	\$5.73	\$12.20	\$12.20	\$0.00
4	\$61.00	\$31.36	\$40.00	\$40.00	\$0.00
Total	\$186.20	\$112.80	\$76.03	\$76.03	\$0.00

If these details had been billed on separate claims to both the other insurance and Medicaid, Medicaid would have paid the difference between Medicaid's allowed amount and the other insurance's paid amount, or, \$6.47 on detail 3 and \$8.64 on detail 4.

If you have questions, please call MAVIS at (800) 685-3757. If you would like to speak with a provider service representative when you call, ask for an agent.

Federal and State Medicaid Exclusions

The Health and Human Services Office of Inspector General (HHS-OIG) excludes individuals and entities from participating in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and all federal health care programs (as defined in Section 1128B(f) of the Social Security Act (the Act)) based on the authority contained in various sections of the Act.

The Idaho Department of Health and Welfare (IDHW) has its own exclusion authority (as described later in this article).

The March 2009 *MedicAide* newsletter provided information on Medicaid exclusions. Services provided by excluded individuals are not reimbursable and civil monetary penalties may be imposed against Medicaid providers who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid participants. Providers are instructed to screen all employees and contractors to determine whether any of them have been excluded.

Lists of Excluded Parties

Providers are instructed to search the HHS-OIG Web site monthly to capture exclusions and reinstatements that have occurred and immediately report any exclusion information.

In addition to searching the HHS-OIG Web site, providers need to search the Idaho list, which may contain names not found on the federal site. A link to the list is located under the *Resource Section* for Medicaid Providers on Idaho's Web site at: http://healthandwelfare.idaho.gov/Providers/MedicaidProviders/tabid/214/default.aspx

Idaho Medicaid Exclusions

Mandatory Exclusions From the Idaho Medicaid Program (IDAPA 16.05.07.240 and 245)

The Idaho Department of Health and Welfare will exclude from the Medicaid program for a period not less than ten years any provider, entity, or person convicted under federal or state law for the following:

- A criminal offense related to the delivery of an item or service under a federal or any state health care program, including the performance of management or administrative services relating to the delivery of items or services under any such program.
- A criminal offense related to the neglect or abuse of a patient, in connection with the delivery of a health care item or service, including any offense that IDHW concludes entailed, or resulted in, neglect or abuse of patients. The conviction need not relate to a patient who is a program participant.

The Department of Health and Welfare will also exclude any entity or person identified by the Centers for Medicare and Medicaid Services (CMS) as having been excluded by another state or the Office of Inspector General or any person CMS directs IDHW to exclude.

Mandatory exclusions may exceed 10 years if aggravating factors are present (IDAPA 16.05.07.260).

Permissive Exclusions From the Idaho Medicaid Program (IDAPA 16.05.07.250)

The Department of Health and Welfare may exclude any person or entity from the Medicaid program for a period of not less than one year:

- Where there has been a finding by a governmental agency against such person or entity of endangering the health or safety of a patient, or of patient abuse, neglect, or exploitation.
- That has failed or refused to disclose, make available, or provide immediate access to IDHW, or its authorized agent, or any licensing board any records maintained by the provider or that are required to be maintained, which IDHW deems relevant to determining the appropriateness of payment.
- For any reason for which the Secretary of Health and Human Services, or his designee, could exclude an individual or entity.

Mental Health Services Prior Authorization Changes

Prior authorization processes for Psychosocial Rehabilitation (PSR) Services and Service Coordination for Adults has changed. Previously, all PSR services required a prior authorization before providers could initiate services. The newly defined PSR services of Skill Training and Community Reintegration may now be provided and are limited to five hours weekly in any combination without a prior authorization. An additional five hours weekly may be provided with the required prior authorization. There are additional baseline service limitations that PSR agency providers should be aware of that are described in the rules in *IDAPA 16.03.10.124*.

Continued on page 11 (Mental Health Service PA Changes)

Continued from page 10 (Mental Health Service PA Changes)

A revised prior authorization form has been developed and is included in this publication. It is also posted on the Medicaid Provider Information home page at: http://healthandwelfare.idaho.gov/Providers/MedicaidProviders/tabid/214/Default.aspx

PSR Community Crisis hours must also be requested using this form.

The process to request Community Crisis services for Service Coordination for Adults with Mental Illness has also changed. Service Coordination providers must use this same prior authorization form to request crisis services. This new form replaces the previous documents used for both PSR and Service Coordination programs. In addition to submitting this new prior authorization form, providers should submit to the Department any other supporting documentation to justify the need for the request. For answers to questions, please call (208) 364-1844.

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July Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following holiday:

Independence Day Friday, July 3, 2009

Reminder that MAVIS

(Medicaid Automated Voice Information Service)
is available at:

(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

or

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

Fax: (208) 364-1911