



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

November 2009

In this issue:

- 1 New Medicaid Management Information System (MMIS) Coming in 2010!
- 1 Idaho MMIS Transition News
- 8 Attention All Providers
- 8 Idaho Medicaid Coverage of H1N1 Vaccine
- 9 EDS Changes Name to HP Enterprise Services
- 9 Preventative Health Assistance for Wellness
- 10 Attention DME Suppliers and Pharmacies—Medicare Surety Bond and Accreditation Requirements
- 10 Billing for Obstetrical Ultrasounds
- 10 Adjustment Request Form Address Correction
- 10 Keep Your Staff Up-to-Date on Accurate Claims Processing
- 11 Voicemail Messages—Help Us Help You

Information Releases:

- 2 Medicaid Information Release 2009-16
- 7 Medicaid Information Release MA09-17
- 7 Medicaid Information Release MA09-18

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

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

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

Idaho MMIS Transition News

PROVIDER RECORD UPDATE

Provider Record Update (PRU) workshop registration has begun. To sign up for a workshop in your area please go to our Web site at www.idahommis.dhw.idaho.gov.

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

If you do not have access to a computer, or you are unable to sign up for a workshop on the Web site please contact Unisys Provider Enrollment at (866) 686-4272 or e-mail Unisys at idproviderenrollment@unisys.com.

IDAHO MMIS IMPLEMENTATION ACTIVITIES

Over the next several months many key activities will take place in a phased implementation of the new system.

First Health Services Corporation will provide the new Pharmacy Benefits Management (PBM) portion of the MMIS and is scheduled to go live in February of 2010.

Upcoming activities for First Health include:

- December 2009: PBM provider training to include how to submit claims and program changes/updates
- January 2010: PBM provider training which will include registration for Web-based applications, how to submit claims, and program changes/updates
- January 4, 2010: PBM Call Center and Web site live
- February 2010: PBM Point-of-Sale (POS) live

Unisys Corporation will be responsible for medical claims processing and has a planned implementation date of May/June 2010.

Upcoming activities for Unisys include:

- November 2009: Provider Record Update (PRU) workshops
- Spring 2010: Provider training which will include: PA/referrals and how to submit claims
- May/June 2010: Base system goes live

Continued on page 2

ATTENTION PHARMACY PROVIDERS AND PES USERS

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

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

HIPAA COMPANION GUIDES

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

QUESTIONS

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

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

September 25, 2009

MEDICAID INFORMATION RELEASE 2009-16

To: Prescribing Providers, Pharmacists, and Hospitals

From: Leslie M. Clement, Administrator
Division of Medicaid

Subject: Preferred Agents for Drug Classes Reviewed at Pharmacy and Therapeutics Committee Meetings on July 17, 2009 and August 21, 2009.

Drug/Drug Classes:	Noted below
Implementation Date:	Effective for dates of service on or after October 1, 2009

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

The Enhanced PA Program and drug-class specific PA criteria are based on nationally recognized peer-reviewed information and evidence-based clinical criteria. Medicaid designates preferred agents within a drug class 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 Enhanced PA Program can be referred to the Idaho Medicaid Pharmacy Unit 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.

DHW Contact Information

- ◆ **DHW Web site**
www.healthandwelfare.idaho.gov
- ◆ **Idaho Careline**
2-1-1
Toll free: (800) 926-2588
- ◆ **Medicaid 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

Fax: (800) 352-6044
(Attn: DME Specialist)

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

Fax: (208) 364-1864

◆ **Qualis Health (Telephonic &
Retrospective Reviews)**
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
Phone: (800) 783-9207
Fax: (800) 826-3836
(206) 368-2765

www.qualishealth.org/idaho
medicaid.htm

Transportation

◆ **Developmental Disability and
Mental Health**
Phone: (800) 296-0509, #1172
(208) 287-1172

◆ **Other Non-emergent and
Out-of-State**
Phone: (800) 296-0509, #1173
(208) 287-1173

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

◆ **Ambulance Review**
Phone: (800) 362-7648
(208) 287-1157

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

Insurance Verification

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

Fax: (208) 375-1134

Continued from page 2

Agents bolded include changes in the Preferred Drug List

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
Antibiotics, Vaginal	Cleocin [®] , clindamycin, Clindesse [®] metronidazole and Vandazole[®]	There are no agents recommended by the committee as non-preferred.
Analgesics/ Anesthetics	Lidoderm [®]	Voltaren gel [®] and Flector [®]
Alzheimer Agents	Aricept [®] and Aricept ODT [®] preferred for mild to severe dementia ratings. Exelon [®] , Exelon [®] patch, galantamine and galantamine ER as preferred agents for mild to moderate dementia ratings. Namenda [®] as a preferred agent for moderate to severe dementia ratings. Current therapeutic prior authorization criteria will continue to be required.	Cognex [®]
Androgenic Agents	Androderm [®] and Androgel [®]	Testim [®]
Bronchodilators, Anticholinergic	Atrovent HFA [®] metered dose inhaler, Combivent [®] metered dose inhaler, ipratropium nebulizer solution and Spiriva Handihaler [®] inhalation powder	ipratropium/albuterol nebulizer solution
Antidepressants, Other	venlafaxine ER , mirtazapine, bupropion IR, bupropion SR, bupropion XL, Effexor [®] XR, Marplan[®], Parnate[®] and Nardil[®]	Anzemet [®] , granisetron, Marinol [®] , Cesamet [®] , Sancuso[®] and dronabinol
Antidepressants, SSRI	citalopram, fluoxetine, fluvoxamine, and sertraline	Lexapro [®] , paroxetine, paroxetine CR, Pexeva [®] , Prozac [®] Weekly, and Luvox [®] CR
Antiemetics, Oral	Emend [®] , ondansetron, and ondansetron ODT Current therapeutic prior authorization criteria will remain in effect for all of these agents. Therapeutic criteria for Emend [®] will be updated.	Anzemet [®] , granisetron, Marinol [®] , Cesamet [®] , Sancuso[®] and dronabinol
Antifungals, Oral	fluconazole, ketoconazole, and nystatin Brand name drugs of preferred generics will still require prior authorization.	clotrimazole , Ancobon [®] , griseofulvin suspension, Grifulvin [®] V tablets, Gris-Peg [®] , itraconazole, Lamisil [®] , Noxafil [®] , terbinafine and Vfend [®]

Continued on page 4

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
Antifungals, Topical	clotrimazole/betamethasone, ketoconazole topical and shampoo, Naftin [®] , nystatin, nystatin/triamcinolone, econazole. clotrimazole OTC and RX, miconazole OTC, terbinafine OTC, tolnaftate OTC,	ciclopirox cream/suspension/gel/solution/lacquer, Ertaczo [®] , Exelderm [®] , Loprox [®] shampoo, Mentax [®] , Oxistat [®] , Bensal HP[®] , Xolegel [®] , CNL8 [®] , Extina and Vusion [®] OTC products require a written prescription.
Antihyperuricemics	allopurinol, colchicine, probenecid/colchicines and probenecid	Uloric [®]
Antiparkinson's Agents	benztropine, carbidopa/levodopa, ropinirole, selegiline, Stalevo [®] and trihexyphenidyl	Requip XL [®] , Azilect [®] , Comtan [®] , Mirapex [®] , Tasmar [®] , Zelapar [®] and carbidopa/levodopa OTC
Antiparasitics, Topical	permethrin, permethrin OTC, Eurax [®] , Ovide [®]	lindane and malathion
Antipsychotics, Atypical	Fazaclo[®], risperidone, Geodon[®], Seroquel[®], Seroquel XR[®], Zyprexa[®], Symbyax[®], Invega[®], Abilify[®] and Risperdal Consta[®] All current patients will be "grandfathered." All Atypical Antipsychotic agents will be subject to prior authorization for FDA labeled indications and evidence-based off label indications. Zyprexa will be limited to FDA labeled indications.	
Antipsychotics, Typical	fluphenazine, amitriptyline/perphenazine, haloperidol, thiothixene, chlorpromazine, perphenazine, trifluoperazine, haloperidol decanoate, Moban[®] , fluphenazine/decanoate injection and clozapine All current patients will be "grandfathered."	thioridazine
Antivirals, Oral	rimantadine, Relenza[®] , acyclovir, amantadine, Tamiflu [®] and Valtrex [®]	Famvir [®] and famciclovir
Antivirals, Topical	Denavir [®] and Zovirax [®] cream	Zovirax [®] ointment
Atopic Dermatitis	Elidel [®] and Protopic [®]	None

Contact Information

◆ **MAVIS**
Phone: (800) 685-3757
(208) 383-4310

◆ **Correspondence**
PO Box 23
Boise, ID 83707

◆ **Medicaid Claims**
PO Box 23
Boise, ID 83707

◆ **PCS & ResHab Claims**
PO Box 83755
Boise, ID 83707

Fax Numbers

◆ **Provider Enrollment**
(208) 395-2198

◆ **Provider Services**
(208) 395-2072

◆ **Participant Assistance Line**
Toll free: (888) 239-8463

Unisys – Provider Record Update

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

◆ **Fax**
(877) 517-2041

◆ **E-mail**
IDProviderEnrollment
@unisys.com

◆ **Mail**
PO Box 70082
Boise, ID 83707

**Provider Relations
Consultant Contact
Information**

◆ **Region 1**

Prudie Teal
1120 Ironwood Dr., Suite 102
Coeur d'Alene, ID 83814
Phone: (208) 666-6859
(866) 899-2512
Fax: (208) 666-6856
EDSPRC-Region1@eds.com

◆ **Region 2**

Darlene Wilkinson
1118 F Street
PO Drawer B
Lewiston, ID 83501
Phone: (208) 799-4350
Fax: (208) 799-5167
EDSPRC-Region2@eds.com

◆ **Region 3**

Mary Jeffries
3402 Franklin
Caldwell, ID 83605
Phone: (208) 455-7162
Fax: (208) 454-7625
EDSPRC-Region3@eds.com

◆ **Region 4**

Angela Applegate
1720 Westgate Drive, # A
Boise, ID 83704
Phone: (208) 334-0842
Fax: (208) 334-0953
EDSPRC-Region4@eds.com

◆ **Region 5**

Trudy DeJong
601 Poleline, Suite 3
Twin Falls, ID 83303
Phone: (208) 736-2143
Fax: (208) 736-2116
EDSPRC-Region5@eds.com

◆ **Region 6**

Abbey Durfee
1070 Hiline Road
Pocatello, ID 83201
Phone: (208) 239-6268
Fax: (208) 239-6269
EDSPRC-Region6@eds.com

◆ **Region 7**

Ellen Kiester
150 Shoup Avenue
Idaho Falls, ID 83402
Phone: (208) 528-5728
Fax: (208) 528-5756
EDSPRC-Region7@eds.com

Continued from page 4

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
Beta Agonist Bronchodilators	albuterol all formulations except low-dose nebulizer, Proair HFA [®] metered dose inhaler, Ventolin HFA [®] metered dose inhaler, Foradil Aerolizer [®] metered dose inhaler, Serevent Diskus [®] dry powder inhaler and terbutaline oral tablets	albuterol nebulizer low-dose, Maxair[®] inhaler , metaproterenol all formulations, Performist [®] , Brovana [®] , Xopenex [®] inhalation solution, Xopenex[®] HFA metered dose inhaler, Proventil[®] HFA metered dose inhaler
Bone Resorption Suppression & Related Agents	alendronate sodium, Actonel [®] , Miacalcin [®] nasal, Boniva [®]	Actonel [®] w/calcium, Fortical [®] , Forteo [®] subcutaneous, Fosomax[®] solution, Fosomax PlusD[®], etidronate disodium , and calcitonin salmon
Oral Cephalosporins and Related Antibiotics	Augmentin 125 suspension, Augmentin 250 suspension , amoxicillin/clavulanate tablets and suspension, cefdinir, cefaclor, cefprozil, cefadroxil , cefuroxime, cephalexin, and Suprax [®] . Brand name drugs of preferred generics will still require prior authorization.	Cedax [®] , Augmentin XR [®] , Spectracef [®] , cefpodoxime
Cytokine and CAM Antagonists	Enbrel [®] , Humira [®] , Kineret [®] and Cimzia[®]	Amevive [®] , Orencia [®] and Remicade [®]
Oral Fluoroquinolones	Cipro suspension , Levaquin [®] , Avelox [®] and ciprofloxacin tablets	ciprofloxacin ER, Factive [®] , Noroxin [®] , ofloxacin and Proquin XR [®]
Incretin Hypoglycemics	none	Byetta[®], Symlin[®], Janumet[®] and Januvia[®]
Hypoglycemics, Insulin and Related Agents	Humalog [®] , Humalog [®] mixture, Humalog[®] pens, Humulin[®], and Humulin[®] pens , Lantus [®] pens, Levemir [®] , Novolin [®] , Novolog [®] and Novolog [®] mixture and pens	Apidra [®] and Apidra[®] pens
Inhaled Glucocorticoids	Advair[®], Advair[®] HFA, Flovent[®], Flovent[®] HFA, Symbicort[®], AeroBid[®], AeroBid-M[®], Asmanex[®], Azmacort[®] and QVAR[®]	Pulmicort Flexhaler [®] , Pulmicort Respules [®] , Alvesco [®] and budesonide respules
Intranasal Rhinitis Agents	Astepro[®], Astelin[®] , ipratropium nasal spray, fluticasone, Nasonex [®]	Patanase [®] , Nasacort AQ[®], Veramyst[®] , Omnaris [®] , Beconase AQ [®] , flunisolide, Rhinocort Aqua [®]
Leukotriene Modifiers	Accolate [®] and Singulair [®]	Zyflo CR [®]
Macrolides/Ketolides	Zmax [®] , azithromycin, clarithromycin, erythromycin	clarithromycin ER and Ketek [®] . Ketek [®] will continue to be subject to prior authorization with strict adherence to the package insert.

Continued on page 6

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
NSAIDS	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen (RX), ibuprofen OTC , ketoprofen, indomethacin, ketorolac, meloxicam, nabumetone, naproxen (RX), oxaprozin, piroxicam and sulindac	Arthrotec [®] , Celebrex [®] , meclofenamate , and tolmetin The therapeutic prior authorization rule currently in place for Celebrex [®] will remain.
Ophthalmics for Allergic Conjunctivitis	Alrex [®] , ketotifen OTC , cromolyn sodium, Patanol [®] , and Pataday [®]	Elestat[®], Optivar[®], Acular[®], Alocril[®], Almast[®], Alomide[®], Emadine[®],
Ophthalmics, Antibiotics	neomycin-polymyxin-gramicidial, bacitracin, bacitracin/polymyxin, gentamicin, sulfacetamide, tobramycin, Tobrex[®] ointment, Ciloxin[®] ointment, triple antibiotic , erythromycin, ciprofloxacin, ofloxacin, Vigamox [®]	Azasite[®], Zymar[®], Iquix[®], Natacyn[®], Quixin[®], Ciloxin[®] solution and Tobrex[®] solution
Ophthalmic Glaucoma Agents	Propine [®] , Combigan [®] , Alphagan P [®] , Azopt [®] , betaxolol, Betimol [®] , Betoptic S [®] , brimonidine, carteolol, Cosopt [®] , Istalol [®] , levobunolol, Lumigan 5 ml and 7.5 ml, , metipranolol, pilocarpine, timolol, Travatan [®] , Travatan Z [®] , Trusopt [®] and Xalatan [®]	dorzolamide/timolol, dorzolamide, and Lumigan 2.5 ml Brand name agents not listed as preferred agents will still require prior authorization.
Pancreatic Enzymes	pancrelipase, Creon [®] and Ultrase [®]	Pancrecarb [®] MS, Pancrease[®] MT and Viokase[®]
Platelet Aggregation Inhibitors	Aggrenox [®] , dipyridamole and Plavix [®]	Ticlopidine
Stimulants and Related Agents	Concerta [®] , Vyvanse [®] , Adderall [®] XR, amphetamine salt combo, dexamethylphenidate, dextroamphetamine, Focalin[®] , Focalin [®] XR, Metadate [®] CD, methylphenidate, and methylphenidate ER. Current therapeutic prior authorization guidelines for diagnosis and contraindications will remain in effect.	Daytrana [®] , Desoxyyn [®] , Provigil [®] , Ritalin [®] LA, Strattera [®] , Nuvigil[®], Procenta[®] and amamphetamine salt combo ER

*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 the Food and Drug Administration (FDA) guidelines or indications.

Idaho Medicaid Provider Handbook: This Information Release does **not** replace information in your Idaho Medicaid Handbook.

September 14, 2009

MEDICAID INFORMATION RELEASE #MA09- 17

To: Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Providers and Idaho State School and Hospital
From: Leslie M. Clement, Administrator
Subject: Leave of Absence Revenue Code Change

In preparation for implementing the new Medicaid Management Information System (MMIS), Medicaid is in the process of reviewing current revenue codes. As part of this review, it was noted that revenue code 184, currently used by ICF/MR providers and Idaho State School and Hospital (ISSH), is an obsolete national code. To remain HIPAA compliant, the new MMIS system will require that only valid, active national codes be used. Medicaid is implementing a new LOA revenue code on January 1, 2010.

Beginning January 1, 2010, Medicaid will require that the new revenue code 189 – Leave of Absence (LOA) patient care – be used by all ICF/MR providers and ISSH for claims with dates of service on or after January 1, 2010.

189 This code is used for Leave of Absence (LOA) patient care

For claims with dates of service before January 1, 2010, ICF/MR providers and ISSH will continue to use revenue code 184.

If you have additional questions about the new LOA revenue code implementation for ICF/MR providers and ISSH, please contact Robert Kellerman, Senior Financial Specialist, Office of Reimbursement at (208) 364-1994.

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

October 5, 2009

MEDICAID INFORMATION RELEASE MA09-18

To: All Hospice Providers
From: Leslie M. Clement, Administrator
Subject: **Hospice Rates**

Effective for dates of service on or after October 1, 2009, hospice rates are as follows:

<u>Revenue Code/Description</u>	<u>Rural</u>	<u>Urban Ada/Canyon County</u>
651 – Routine Care	\$124.18	\$140.97
652 – Continuous Care	\$724.12	\$821.99
655 – Respite Care	\$139.40	\$153.78
656 – General Inpatient Care	\$557.44	\$626.91

The hospice cap will be \$23,014.50. If you have any questions, 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/rs

Attention All Providers

Explanation of Benefit (EOB) 125 is "Client has Medicare Part B. Bill Medicare first attach denial."

Medicaid has received numerous electronically billed claims for participants who are dually eligible for Medicaid and Medicare, and Medicaid is paying the Medicare premiums (Buy-In). These claims **must** be billed electronically as a "Medicare Crossover" claim unless the services rendered are not covered by Medicare.

If the services rendered are covered by Medicare and there is a Medicare payment amount, or the Medicare payment amount has been applied to the co-insurance and/deductible, you must submit the claim as a "Medicare Crossover."

When these claims are not billed correctly as Medicare Crossover claims, they may process as regular claims and likely suspend for edit 125. These claims are being denied because they were not billed as Medicare Crossovers. When claims are properly submitted electronically as Medicare Crossover claims they will bypass edit 125 and process normally.

When billing electronically, Medicare crossover requirements reside between Loops 2320 and 2330 for both 837 Professional and 837 Institutional.

2320 SBR09=Claim Filing Indicator Code
2330 REF02=Medicare ICN
2320 AMT=Paid Amount
2330B DTP/DTP03=Paid Date
2320 AMT02=Allowed Amount
2330 CAS=Deduction or "other adjustment"
2320 OI=Other Insurance or Co insurance

For assistance with billing electronically, please contact EDI Technical Support at (800) 685-3757.

For services denied by Medicare that normally would be covered, whether it is the entire claim or a claim detail, submit a paper claim to Medicaid with the Medicare denial EOB.

Idaho Medicaid Coverage of H1N1 Vaccine

Idaho Medicaid will pay for the administration of the H1N1 vaccine (commonly referred to as swine flu vaccine). At this time, we have been informed that the H1N1 vaccine will be made available to providers at no cost. For that reason, Medicaid will not reimburse providers for the cost of the vaccine.

The Centers for Medicare and Medicaid Services (CMS) has created two new HCPC codes for H1N1. Providers should use the following code for administration of the H1N1 vaccine regardless of the route of administration.

G9141 – Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)

Payment for G9141 will be paid up to the same rate established for CPT code 90471 (Immunization administration; one vaccine). G9141 is effective for claim dates of service beginning 10/01/2009. G9142 for the H1N1 vaccine itself is not payable by Idaho Medicaid.

If any additional vaccines are administered at the same visit as the G9141, providers should use CPT code 90472 (each additional vaccine).



EDS Changes Name to HP Enterprise Services

In August 2008, Hewlett-Packard (HP) acquired EDS, claims processor for the Idaho Medicaid program. On Wednesday, September 23, 2009, the EDS business unit of HP changed its name to HP Enterprise Services in most locations across the country and around the world.

How will that affect health care providers in Idaho? You probably won't notice much of any change. You'll begin to see the HP logo or the HP Enterprise Services name on correspondence. You'll begin to receive e-mails from an **@hp.com** e-mail address rather than an **@eds.com** address. And you'll hear the HP name when calling the Boise office. Think of it as a sports team changing jerseys. The same players are on the field working hard to deliver the Medicaid services you've come to expect from a trusted business ally.

While the EDS name and logo are being phased out, the technology services equity we've built over the past five decades will remain. This includes the attitude, expertise and commitment to delivering excellence that defined EDS.

The new name reflects HP's commitment to the longtime success of its clients. It also reminds our clients of the enhanced value they now get from the combination of EDS' proven operational excellence PLUS the best-in-class technology of HP.

Preventive Health Assistance for Wellness

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

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

These children are automatically enrolled in the Wellness PHA.

How does it work?

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

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

Well-Child Check-up Schedule

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

How can Primary Care Providers (PCPs) help?

Be sure to bill Well-Child checks with the primary diagnosis V20.2 and the appropriate CPT code (see provider handbook). Please note that if a child comes in for a Well-Child check and presents sick, you can bill for both, as long as both exams were performed.

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

Attention DME Suppliers and Pharmacies – Medicare Surety Bond and Accreditation Requirements

Medicare recently required that all suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies obtain a surety bond to continue to serve Medicare beneficiaries, and to obtain accreditation to continue to serve Medicare beneficiaries except for certain Medicare Part B drugs such as nebulizer and infusion drugs.

While Idaho Medicaid does not specifically require its DME suppliers to meet Medicare supplier requirements, there is still some potential for this to impact you as a Medicaid provider. Federal law requires all Medicaid providers to bill any primary insurer before receiving any reimbursement from Medicaid. Medicaid cannot waive this requirement for claims that are denied by Medicare due to failure to comply with Medicare policies. Please ensure that you have met all Medicare requirements before submitting any Medicaid claim following a Medicare denial.

Billing for Obstetrical Ultrasounds

Codes 76801, 76805, 76811, & 76813, are only to be billed one time per date of service. If billing for two or more fetuses, the add-on procedures 76802, 76810, 76812, & 76814 should be billed in conjunction with the appropriate procedure for each additional fetus.

Procedure codes 76816, 76818, and 76819 for multiple gestations should be billed on one detail with 2 units. If more than two fetuses, a separate detail with the procedure code and modifier 76 can be billed. Modifier 51 is no longer valid to be used on these procedure codes. Multiple gestations must be documented on the claim either by diagnosis or a note on the claim.

Details submitted to Medicaid with a modifier 51 attached to these services will be denied.

Adjustment Request Form Address Correction

The Adjustment Request Form from the Provider Handbook had the incorrect zip code.

Incorrect: PO Box 23
Boise, ID 83703

Corrected: PO Box 23
Boise, Idaho 83707

Please obtain a new copy of the corrected form from the DHW Web site at <http://www.healthandwelfare.idaho.gov/>. Click on Medicaid under the Providers area, then click Provider Handbook on the left side of the screen.

Keep Your Staff Up-to-Date on Accurate Claims Processing

Provider Relations Consultants (PRCs) continue to offer a series of provider workshops. Each consultant conducts a two-hour regional workshop every two months to help providers in their region. The topics include Learn More About NPI, General Medicaid Billing, Provider Resources, Using PES Software, and CMS-1500.

The next workshop is scheduled from 2 to 4 p.m. for all regions November 10, 2009.

These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local consultant. Phone numbers for the PRCs are listed in the sidebar on page 5.

Voicemail Messages - Help Us Help You

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

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

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

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

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

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

OR

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



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

HP /EDS
PO BOX 23
BOISE, IDAHO 83707

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



November Office Closures

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

Veterans Day

Wednesday, November 11, 2009.



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

Thanksgiving

Thursday, November 26, 2009.

Friday, November 27, 2009, HP offices will be closed with the exception of the Provider Service Representatives (PSRs). The PSRs will be available from 8 a.m. to 6 p.m. MST.



Reminder that MAVIS

(the Medicaid Automated Voice Information Service)

is available on state holidays 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