



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

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

February 2009

December 31, 2008

MEDICAID INFORMATION RELEASE 2008-24

To: Residential Habilitation Agencies

From: Leslie Clement, Administrator
Division of Medicaid

Subject: Residential Habilitation Affiliation Reimbursement Methodology Change

On September 26, 2008, through Executive Order 2008-03, the Governor directed all state agencies to hold back one percent of their general fund budgets in the current fiscal year due to the downturn in the economy. On December 1, the Governor directed an additional three percent hold-back through Executive Order 2008-05.

As one of the responses to this, residential habilitation agencies that have claims with dates of service beginning February 1, 2009, must bill certified family home affiliation fees using 15-minute units for reimbursement, instead of the current bundled daily rate.

Certified Family Home Affiliation Fee Schedule Change - Effective February 1, 2009

Procedure Code	New Reimbursement Rate 15-Minute Units	Maximum Allowable Annual Units
0919B	\$10.63	168 units per year

The reimbursement rate for residential habilitation affiliation services was derived using the statewide Weighted Average Hourly Rate (WAHR) for a qualified mental retardation professional and then adjusted for employment-related expenditures, program-related costs, and indirect general and administrative costs.

Procedures Related to Billing in 15-Minute Units

Residential habilitation agencies that provide affiliation services must continue to follow all requirements outlined in *IDAPA* 16.04.17, "Rules Governing Residential Habilitation Agencies" and Sections 702-706 of *IDAPA* 16.03.10, "Medicaid Enhanced Plan Benefits" related to the oversight, training, and quality assurance of affiliated certified family home providers. In addition, residential habilitation agencies must meet the program coordination requirements outlined in Section 3.11.4 of the *Idaho Medicaid Provider Handbook* regarding developmental disability waiver services.

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Billing in 15-minute units requires a provider to bill a procedure code along with the appropriate number of units of service associated with the service provided. For any single procedure code, providers can bill a single 15-minute unit for treatment, if it is equal to or greater than 8 minutes. (Example: Two units should be billed when the interaction with the participant or collateral contact is equal to or greater than 23 minutes to less than 38 minutes.)

Service Plans Beginning After February 1, 2009

Service plans for participants living in a certified family home with a start date of February 1, 2009, or later must include a request for residential habilitation agency affiliation. Requests must detail what individualized affiliation services will be provided and the number of units required. The department will approve these requests based on the participant's individual needs. The participant's needs must be documented in the plan, and the number of units needed must not exceed 42 hours (168 units) for each participant during each plan year. This maximum is based on an average of three and a half hours a month but not all participants will require the maximum 168 units in a plan year.

All requests for agency affiliation services submitted to the department must be individualized and based on the participant's specific service needs. The department will prior authorize the approved units for the plan year and the residential habilitation agency will be responsible for managing these units appropriately throughout the plan year.

If an unanticipated change occurs in the participant's condition and all affiliation agency units are exhausted before the end of a participant's plan year, providers can submit an addendum to request additional affiliation units. In these cases, the provider must:

- Submit an addendum requesting additional affiliation units after exhausting the approved annual units.
- Provide documentation regarding the services they have already provided.
- Provide documentation to justify why additional units are required.
- Include an intervention plan that ensures additional units will not be required on an ongoing basis.

Any Individual Service Plans with a start date of February 1, 2009, or later that are submitted to Idaho Center for Disability Evaluations (ICDE) requesting a daily rate for residential habilitation affiliation services will be returned to the plan developer. The plan developer must work with the person centered planning team to assess the participant's need for affiliation services and resubmit the plan using the 15-minute per unit rate structure.

Providers can request an advanced prior authorization during the initial plan development stages of a new participant's annual service plan. The department is currently developing the process associated with an advance prior authorization for residential habilitation affiliation providers.

Currently Approved Service Plans

In order to make the transition from a bundled rate to 15-minute units as smooth as possible, as of January 31, 2009, the department will automatically cancel existing prior authorizations and issue new annual prior authorizations with an effective date of February 1, 2009. The new prior authorizations will be pro-rated using two hours (8 units) a month for the remainder of the plan year. No addendum is required.

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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

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

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Example: An annual plan expires June 17, 2009. In February, the residential habilitation provider will receive prior authorization for ten hours (40 units) to provide affiliation services for the remaining 5 months of the plan year.

If your agency has not received a new “Notice of Decision” for a participant receiving agency affiliation services by February 10, 2009, contact the Bureau of Developmental Disability Services in your region for assistance.

If a provider is serving current participants and depletes the total annual units that the department has automatically authorized (8 units per annual plan year month) before the plan’s end date, the provider can submit an addendum to request additional units of agency affiliation services. The department will not approve addendums for more than one and a half additional hours (6 units) a month for each month remaining in the participant’s plan year. The addendum should:

- Only be submitted after exhausting all annual units that have already been approved.
- Provide documentation regarding the services that have already been provided.
- Include documentation demonstrating that the additional agency affiliation service needs identified are necessary and individualized for the specific participant.

On a rare occasion it may be necessary for a provider to make a second request for prior authorized units for a current service plan. We anticipate that the need for a provider to make a second request for additional units will be exceptional. However, if an unanticipated change occurs in the participant’s condition and all affiliation agency units are exhausted before the end of a participant’s plan year, providers can submit a second prior authorization request. In these cases, the provider must:

- Submit an addendum requesting additional affiliation units after exhausting the approved annual units.
- Provide documentation regarding the services already provided.
- Provide documentation justifying why additional units are required.
- Include an intervention plan that ensures additional units will not be required on an ongoing basis.

If you have questions regarding this information release or about affiliation practices and how they are affected by the change to 15-minute unit billing, please contact the program specialist in the Bureau of Developmental Disability Services, Division of Medicaid at (208) 364-1960.

If you have questions about the reimbursement methodology, please contact the principal financial specialist in the Bureau of Financial Operations, Division of Medicaid at (208) 364-1817.

This information replaces some information found in the DD/ISSH section of the *Medicaid Provider Handbook*.

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

LMC/rs

December 24, 2008

MEDICAID INFORMATION RELEASE 2008-25

To: All Hospital Providers
From: Leslie M. Clement, Administrator
Division of Medicaid
Subject: Hospital Interim Rate Change

On September 26, 2008, through Executive Order 2008-03, the Governor directed all state agencies to hold back one percent of their general fund budgets in the current fiscal year due to the downturn in the economy. On December 1, 2008, the Governor directed an additional three percent hold back through Executive Order 2008-05.

As one of the responses to this, the Division of Medicaid will be issuing new in-patient and out-patient interim reimbursement rates effective January 1, 2009, to all Idaho Medicaid hospital providers. All interim rates will be reduced by 10 percent.

The federal upper payment limit (FUPL) gap will be increased due to this change which results in larger annual FUPL payments to replenish approximately seven percent (aggregating all in-state hospital payments) of this reduction for all hospitals that qualify to receive a federal upper limit payment.

If you have any questions, please contact the Division of Medicaid's principal financial specialist at (208) 364-1817.

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

LMC/rs

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

EDS 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 the following:

- Learn more about NPI
- General Medicaid Billing
- Provider Resources
- Using PES Software
- CMS-1500 (08/05)



The next workshop is scheduled for all regions on Tuesday, March 10, 2009, from 2 to 4 p.m. Region 5 will be on Tuesday, March 3, 2009, from 1 to 3 p.m.

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.

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

December 19, 2008

MEDICAID INFORMATION RELEASE 2008-26

To: All Hospital Administrators
From: Leslie M. Clement, Administrator
Division of Medicaid
Subject: Idaho Medicaid Disproportionate Share Hospital (DSH) Survey

On September 30, 2009, Idaho Medicaid will distribute a DSH payment to all eligible hospitals for federal fiscal year 2009. In order to be considered for a DSH payment, the hospital must:

- Provide all data requested on the attached survey. All data entered on the survey should be for the fiscal year indicated on the survey form.
- Verify that the information in the shaded areas on the survey is correct as provided by Myers and Stauffer LC. If you disagree with any of this information, please attach documentation supporting the correct information.
- Maintain records supporting the answers given on the survey, as all answers may be subject to audit.
- Return the survey by May 31, 2009, to:

Myers and Stauffer LC
Attn: Karen Calhoun
8555 W. Hackamore Dr., Suite 100
Boise, ID 83709-1693

If the survey is received after May 31, 2009, the hospital will not be considered for a DSH payment.

If you have any questions concerning the survey, please contact Karen Calhoun at (208) 378-1400 or (800) 336-7721. Thank you for your participation in the Idaho Medicaid Program.

LMC/rs

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**All Providers**

Please remember to notify EDS in writing when you have retired, left a group practice, or changed your address. If we are notified from the group office that you are no longer with them, it does not change your "Pay To" address; it only changes your group affiliation. This means that any payment or mail sent to you by the Department of Health and Welfare will still go to the address on file. 

Fax Provider Enrollment at (208) 395-2198.

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# Idaho MMIS Transition News: New MMIS Training Coming Soon!

Idaho MMIS information sessions will be offered at each Idaho Health Care Conference (IHCC) held around the state this May! Watch for news about the IHCC nearest you, mark your calendar, and be sure to attend!

## ***What does this mean to you?***

The new claims payment system is on its way! We are excited to show you the following:

- System implementation schedule
- Online provider records update function
- Online provider tools
- Calendar of hands-on group and one-on-one training classes

To keep your MMIS knowledge up to date, read each *MedicAide* newsletter and check out our MMIS Web site often at <http://idahommis@dhw.idaho.gov>.

## ***Want to get a head start?***

Review and update your National Plan and Provider Enumeration System (NPPES) records now. The new MMIS confirms your National Provider Identifier (NPI) and physical address with NPPES. NPPES can be accessed online at <https://nppes.cms.hhs.gov>, or by calling (800) 465-3203 to request paper forms.

## ***Worried you might miss something important?***

Not to worry, a statewide outreach plan is in progress and includes face-to-face group, individual, and online training opportunities. Training materials will be available on the Web and trained staff will be available by phone and e-mail to help you.

We are very excited about the online provider record update and believe it will make the move to our new claims processing system a simple and positive experience. We will publish more information about the online provider record update process over the next few months, so continue to read the *MedicAide* newsletter.

For questions please e-mail us at [IdahoMMIS@dhw.idaho.gov](mailto:IdahoMMIS@dhw.idaho.gov). Idaho MMIS is the new Idaho Medicaid claims processing system.

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## Provider Handbooks and Other Provider Resources

The Idaho Medicaid Provider Handbooks have been updated and are accessible on the Department of Health and Welfare Web site at <http://www.healthandwelfare.idaho.gov/site/3348/default.aspx>. They are listed on the right side of the screen under Other Resources.

Some of the resources available on this Web site include the following:

- Bureau of Facility Standards for providers of care facilities
- Durable Medical Equipment Program
- Information Releases
- Medicaid Basic and Enhanced Plan Rules
- Payment Error Rate Measurement (PERM)
- Pharmacy Program
- Provider Fee Schedule
- Therapy Services
- Transportation
- Service Limitations
- *MedicAide* newsletters
- *Qualis Health Provider Manual*



**Note:** These provider resources will not be mailed to you on a CD. Please refer to the Web site for the most current versions of these documents.

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## Idaho Medicaid Awarded Academic Detailing Grant

The Idaho Medicaid pharmacy program has been awarded a \$50,000 grant to fund an academic detailing pilot program. The program, which will operate during the 2009 calendar year in southwest and south central Idaho, will provide targeted, educational outreach to prescribers of mental health medications.

Pew Charitable Trust is providing grant funding through Community Catalyst, a Massachusetts nonprofit agency that works with state and local organizations and policy makers to build quality, affordable health care programs. Idaho and its neighbor state Oregon were the only states nationwide selected for the program.

A factor driving the need for this program is verifiable patterns of inappropriate use and overuse of mental health medications that result in actual or potential adverse drug events. Also, from a cost standpoint, it is important to eliminate expense due to over-prescribing and unnecessary prescribing as well as decrease associated costs resulting from inappropriate medication use.

"This program will provide a service to busy practitioners on up-to-date, non-biased information," said Tami Eide, PharmD, supervisor of the Idaho Medicaid Pharmacy Unit. "It will also supply tools for patient care that they might not otherwise have time to access."

**"This program will provide a service to busy practitioners on up-to-date, non-biased information. It will also supply tools for patient care that they might not otherwise have time to access."**

**—Tami Eide, PharmD,  
supervisor of the Idaho  
Medicaid Pharmacy Unit**

Through the academic detailing program, Medicaid pharmacists will seek to strengthen evidence-based prescribing through one-to-one consultations with selected medical practitioners. Detailer visits will take place in the practitioner's office with a minimum of 85 visits expected by December 2009.

The program will focus on the appropriate use of drugs to treat ADHD, depression, bipolar disorder, psychosis, and insomnia. Appropriate use is defined as proper diagnosis, dose, avoidance of adverse events, and avoidance of duplicative therapy.

Objectives for the academic detailing program include the following:

- Improving patient care
- Improving the overall health status of Idaho Medicaid participants
- Decreasing Idaho Medicaid drug costs
- Improving communication between the Department of Health and Welfare and health care practitioners
- Educating pharmacists within the outreach area about the need for, and goals of, the academic detailing program

For more information contact Tami Eide, PharmD, Medicaid Pharmacy Supervisor at (208) 364-1821, or Bob Faller, Medical Program Specialist, at (208) 364-1850.

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## Attention Dentists and Denturists

The Medicaid Program Integrity Unit would like to remind providers that full, immediate, or partial dentures should not be billed to Medicaid until they are delivered to the participant. The only time dentures can be billed using the impression date is: "If partial or complete dentures are inserted during a month when the participant is not eligible, but other work... is completed during an eligible period, the claim for the dentures is allowed." For more information, see *Dental Guidelines Manual*, section 3.2.8, and the *MedicAide* newsletter, September 2006.

In all other instances, dentures *must* be billed with the date the dentures were delivered. Billing outside of these guidelines is considered misrepresenting services.

EDS  
PO BOX 23  
BOISE, IDAHO 83707



## February Office Closures

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

**President's Day**  
Monday, February 16



*MedicAide* is the monthly informational newsletter for Idaho Medicaid providers.

Editor:  
Carolyn Taylor,  
Division of Medicaid

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

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

Carolyn Taylor  
DHW MAS Unit  
PO Box 83720  
Boise, ID 83720-0036  
Fax: (208) 364-1911



Reminder that **MAVIS**  
(Medicaid Automated Voice  
Information Service)  
is available on state holidays at:  
(800) 685-3757 (toll free) or  
(208) 383-4310 (Boise local)