



# MedicAide

An informational newsletter for Idaho Medicaid Providers

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

**November 2010**

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## Healthy Connections Referrals

The process for completing Healthy Connections referrals remains unchanged. However, the ability to enter referrals online or fax in a referral to be entered into the system is being temporarily suspended until the system is fully functional.

Healthy Connections Primary Care Providers are to continue to follow the pre-June referral process found in the Idaho Medicaid Provider Handbook, *General Provider and Participant Information*, Section 2.5.4 at [www.idmedicaid.com](http://www.idmedicaid.com) or <https://www.idmedicaid.com/General%20Information/General%20Provider%20and%20Participant%20Information.pdf>.

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## Share of Cost

On October 18, system changes were implemented for Participant Share of Cost, (also known by some as Patient Liability or Patient Responsibility) for Long Term Care and Waiver services to allow providers to bill more frequently than monthly. The system assesses the amount of the Share of Cost (SOC) to the first claim billed each month up to the value of that claim. To avoid a negative charge on the first claim, any remaining SOC owed after the first claim will be deducted from each subsequent claim until the full SOC has been offset.

We are aware that some providers are still experiencing issues with the amount of SOC deducted. Molina is working closely with DHW to reconcile these amounts, and to reprocess affected claims. We began to reprocess these claims over the past two weeks as issues have been resolved and you may have seen these claims on your remittance advice. We will post notifications in the future as we plan these adjustments.

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## Claim Search

Providers were temporarily unable to electronically search a claim with a participant's name or to sort the results displayed in the claim status search page. This was causing some providers to submit duplicate claims due to the inability to find a previously submitted claim.



This problem has been corrected and the search feature has been restored to the web site. As of November 1, providers can search claims by first name, last name, date of service (DOS), claim ID, patient account number, member ID, DOB, SSN, medical record number.

Providers can also sort claims a number of different ways: by claim number, form type, patient name, primary diagnosis code, dates of service and claim status (beginning with 'Open').

## Introducing Your Provider Relations Consultant for Region One

We would like to introduce our new PRC for Region One and the state of Washington, Paul McKinzie. Paul is located in Coeur d'Alene, Idaho, and can be reached by phone at 1 (208) 559-4793 or by email at [Region.1@MolinaHealthCare.com](mailto:Region.1@MolinaHealthCare.com).

Paul worked for Hawaii Pacific Health which operates five clinics and hospitals. He began as a billing insurance follow-up representative for the Radiology and Heart Center of the Pacific. He is a certified physician's coder. He has also worked as an education specialist, working closely with the training coordinator. Together they prepared materials and trained all new hire employees in the areas of medical management software, insurance billing, following insurance procedures, general office, and scheduling.

Please welcome Paul to Region One. He is looking forward to working with all the providers there.

## Adding a Deceased Participant to Your Patient Roster

Previously providers were not able to add a participant to a patient roster if the participant was deceased. This problem has been corrected. Providers can now add these participants to patient rosters and can submit claims through the online web site for Dates of Service (DOS) prior or equal to a participant's Date of Death.

Follow either set of instructions below to add the deceased participant to your patient roster.

### Participant Search Using Patient Roster Link

1. Login using to your trading partner account.
2. Click on 'Form Entry' and then the 'Patient Roster' link in the left navigation pane.
3. Click on 'Add New Member' at the right of the page displayed.
4. Enter any of the following details in the 'Find Member' section (for any participant who has expired):
  - Member ID
  - Name (Last and First)
  - Date Of Birth
  - Social Security Number
  - And then click on the 'Submit' button.
5. Select the participant displayed and click on 'Add to Roster' button.
6. Verify that the participant is added to the roster successfully.

### Participant Search Using Claim Submission Link

1. Login using to your trading partner account.
2. Click on 'Form Entry' and then the 'Claim Submission' link in the left navigation pane.
3. Enter any of the following details in the 'Find Member' section (for any participant who has expired):
  - Member ID
  - Name (Last and First)
  - Date Of Birth

- Social Security Number
  - And then click on the 'Submit' button.
4. Verify that the participant is displayed in the 'Find Member Results'.
  5. Verify that the provider is able to submit a claim for the same participant successfully.

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## Copy Claim Feature Now Available

A new enhancement to the online claim submission system allows providers to copy the details of the last claim filed for a participant, if appropriate. The system will prompt the provider to fill in the patient account number and the new dates of service only. This improvement is expected to decrease the amount of time providers spend submitting claims.

Providers will be given step-by-step instructions when they sign in to their trading partner account. The *copy last claim* function will be available both under claims submission and the patient roster.

The **TPA-Trading Partner Account Claims Submission Guide** has been updated to reflect the new feature. To view the guide, go to [www.idmedicaid.com](http://www.idmedicaid.com) and click on the link for User Guides or click [here](#). For questions or help using the Copy Claim feature, call Provider Services at 1 (866)686-4272.

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## Attention Primary Care Providers

October 24<sup>th</sup> – 30<sup>th</sup>, 2010 was National Lead Poisoning Prevention Week. This year's theme, "Lead-Free Kids for a Healthy Future," underscored the importance of testing children, and providing education to parents about lead poisoning's serious health effects and how to prevent lead poisoning. Lead exposures continue through lead base paint dust, toys containing lead, water, and soil contaminated with lead, and household items with lead paint, glaze, or components. Lead can impact physical, behavioral, and intellectual development and have lifelong implications through its effects on neurological development and cognitive function.

One key to reducing the risk of lead exposure as well as early detection is blood lead screening of children during well child exams and education of parents. If a child lives in an older home with peeling or chipping paint, lives in a recently remodeled older home, or may have been exposed to other sources of lead, a blood lead test should be performed.

The American Academy of Pediatrics (AAP) recommends and **Federal regulations require that all Medicaid eligible children are tested for lead poisoning at the age of 12 and 24 months as well as children between 36 and 72 months of age who have not previously been tested.** Idaho Medicaid has adopted the AAP recommendations for scope of services to be delivered during a wellness exam, including blood lead testing. Please refer to the *General Provider and Participant Information*, [Section 2.6, Child Wellness Exams](#), in the Idaho Medicaid Provider Handbook for more information.

Please visit the Medical Care Unit web site at [www.medunit.dhw.idaho.gov](http://www.medunit.dhw.idaho.gov) for more valuable information on the prevention and treatment of lead poisoning and Idaho Medicaid's Lead Screening Program.

## Attention Private Duty Nursing (PDN) Agencies

Effective December 1, 2010, Medicaid will require that the following procedure codes be used by all Private Duty Nursing (PDN) agencies:

- T1002 – RN services up to 15 minutes
- T1003 – LPN/LVN services up to 15 minutes

Medicaid is implementing the new PDN procedure codes to comply with new MMIS system requirements and the national CPT description codes.

Each provider agency will receive a letter with more detailed information regarding Private Duty Nursing.



## Attention Personal Care Services (PCS) and Aged and Disabled (A&D) Agencies

Please remember that it is an agency responsibility to submit a Notification of Change form to the local Bureau of Long Term Care office when a participant has had a change in condition, moved to a different address, terminated services, is hospitalized or any other change that may occur.



## Reminder: School-Based Services Providers

Recently, there have been questions about how school-based service providers should bill for Occupational Therapy (OT), Physical Therapy (PT), and Speech-Language Pathology (SLP) services. Bachelor's level OT Assistants, PT Assistants, and SLP Aides providing services under the supervision of the therapist may be billed at a professional rate when provided in accordance with applicable licensing regulations. Staff who do not have a bachelor's degree or higher who meet the requirements in IDAPA 16.03.09, "Medicaid Basic Plan Benefits" Sections 850-856, can only be reimbursed at the paraprofessional, technician rate. The following chart lists the procedure codes for services rendered by therapy professionals:

Therapy Professional	Procedure Codes
Occupational Therapist Occupational Therapy Assistant (Bachelor's Degree)	97530 HO (Individual) and 97530 HO and HQ (Group)
Occupational Therapy Paraprofessional	97530 (Individual) and 97530 HQ and HM (Group)
Physical Therapist Physical Therapy Assistant (Bachelor's Degree)	97110 HO (Individual) and 97150 HO (Group)
Physical Therapy Paraprofessional	97110 (Individual) and 97150 (Group)
Speech-Language Pathologist Speech-Language Pathology Aide (Bachelor's Degree)	92507 HO (Individual) and 92508 HO (Group)
Speech-Language Pathology Paraprofessional	92507 HM (Individual) and 92508 (Group)

## 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 Months	4 Months	6 Months	9 Months	12 Months
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 1(877) 364-1843 (toll-free).



## Provider Training Opportunities

### ***Claims 101 Training Offered for All Providers (UB-04, Dental and CMS-1500)***

Claims submission training will be provided in each region for all providers between November 9th and November 30th. All onsite classroom sessions are available for registration through the Idaho Medicaid Training Center. Go to the [www.idmedicaid.com](http://www.idmedicaid.com), and click on **Training** in the menu on the left side of the screen. Click on **Idaho Medicaid Training Center** and log in for the time, date, and locations in your region. By registering for the session, you will be alerted of any changes that may occur in case a session is cancelled due to weather.



**NOTE:** With Daylight Savings Time reverting back to standard time on Saturday, November 6th, all November training is scheduled to be conducted in Pacific Standard Time (PST) and Mountain Standard Time (MST). Please note the exact times in the specific session overview of the session you register in. Contact your region's Provider Relations Consultant if you have further questions.

# Attaching Explanation of Benefits (EOB) to Claims

## Online Claim Submission

If you need to submit a claim online with an EOB to process Medicaid as a secondary payer, an electronic copy of the EOB is required to be attached to the claim. Please read the following information on entering COB information and attaching the EOB.

From the Primary Carriers Explanation of Benefits, you must enter **Allowed Amount, Paid Amount, Primary Carrier Paid Date**, and if applicable **Deductible Amount, Coinsurance, and Copay Amount**. The COB information screen is shown on the next page.

### COB Information Screen Online

Enter COB:  by Claim  by Service line

Enter Medicare

Line #	Service Code	DOS	Allowed Amt	Paid Amt	Deductible Amt	Coinsurance Amt	Act Code	Paid Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter TPL

Line #	Service Code	DOS	Allowed Amt	Paid Amt	Deductible Amt	Coinsurance Amt	Paid Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

When all the information has been entered, review your entries for accuracy, and click on the **Submit** button, to submit the claim. Any error messages will appear at the top of the page in a red font and must be corrected before the claim will actually be submitted.

A claim confirmation screen (see below) appears when the claim has been successfully submitted. To upload an attachment, you must have an electronic copy of the EOB.

Effective immediately, providers are required to attach a copy of the primary insurance EOB when COB payment information is entered on the web site. This can be done by using the **Upload Attachment** function once the claim is submitted. Please select **Medical** from the drop down menu of attachment options.

### Claim Confirmation Page

**You Are Here:** Claim Wizard - Confirmation

Claim ID: **10113W0000034**

Your claim was successfully submitted and processed. Claim Details can be viewed on the [Claim View](#) page.

## Paper Claim Submission

A copy of the EOB must be attached to the paper claim.



C.L. "BUTCH" OTTER - Governor  
RICHARD M. ARMSTRONG - Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

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October 26, 2010

## MEDICAID INFORMATION RELEASE MA10-24

To: Medicaid Dental Providers, Hospitals, and Ambulatory Surgical Centers

From: Leslie M. Clement, Administrator  
Division of Medicaid

Subject: Idaho Smiles Dental Plan

Beginning November 1, 2010, dental services for most Medicaid Enhanced Benefit Plan participants will be provided through **Idaho Smiles**. Idaho Smiles is Idaho Medicaid's dental program administered in partnership with Blue Cross of Idaho and DentaQuest, a national Medicaid dental program administrator. Most Medicaid participants already receive coverage through this program.

All providers currently enrolled with Idaho Smiles will have the opportunity to continue to provide services under the new contract.

- Medicaid participants covered under this program will receive an Idaho Smiles ID card from DentaQuest. The ID number on this card is the same as their Medicaid ID card.
- Providers may verify eligibility for their patients' dental benefits by calling DentaQuest at (800)936-0978 beginning November 1, 2010.
- Healthy Connections referrals are not needed for any Idaho Smiles dental services billed to DentaQuest.
- DentaQuest requires pre-authorization for some dental procedures, even if they are performed in a facility such as a hospital or ambulatory surgical center that receives reimbursement directly from Medicaid for related services. Limitations for some benefits may also be different under the new contract. Please refer to the most recent Idaho Smiles Office Reference Manual available from DentaQuest for detailed information about requirements and limitations.
- Please contact DentaQuest Customer Service at (800)936-0978 if you have questions or concerns.
- Medicaid participants age 65 and over who do not have coverage through the Medicare-Medicaid Coordinated Plan will continue to be covered directly by Medicaid and will not receive coverage through Idaho Smiles.

LMC/rs



## DHW Contact Information

DHW Web site	<a href="http://www.healthandwelfare.idaho.gov">www.healthandwelfare.idaho.gov</a>
Idaho CareLine	2-1-1 1 (800) 926-2588
Medicaid Program Integrity Unit	P.O. Box 83720 Boise, ID 83720-0036 <a href="mailto:prvfraud@dhw.idaho.gov">prvfraud@dhw.idaho.gov</a> Fax: 1 (208) 334-2026
<b>Healthy Connections Regional Health Resource Coordinators</b>	
<b>Region I</b> Coeur d'Alene	1 (208) 666-6766 1 (800) 299-6766
<b>Region II</b> Lewiston	1 (208) 799-5088 1 (800) 799-5088
<b>Region III</b> Caldwell	1 (208) 455-7244 1 (208) 642-7006 1 (800) 494-4133
<b>Region IV</b> Boise	1 (208) 334-0717 1 (208) 334-0718 1 (800) 354-2574
<b>Region V</b> Twin Falls	1 (208) 736-4793 1 (800) 897-4929
<b>Region VI</b> Pocatello	1 (208) 235-2927 1 (800) 284-7857
<b>Region VII</b> Idaho Falls	1 (208) 528-5786 1 (800) 919-9945
<b>In Spanish</b> (en Español)	1 (800) 378-3385

## Insurance Verification

<b>HMS</b> PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134
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## Prior Authorization Contact Information

Please use these numbers to submit prior authorization requests to Medicaid or to communicate with Medicaid staff regarding details of prior authorization requests. For questions regarding claims with an existing prior authorization, please call Provider Services at 1 (866) 686-4272 to contact Molina if you have questions regarding claims with an existing prior authorization.

<b>DME Specialist, Medical Care</b> P.O. Box 83720 Boise, ID 83720-0036	1 (866) 205-7403 Fax: 1 (877) 314-8782 (Attn: DME Specialist)
<b>Pharmacy</b> PO Box 83720 Boise, ID 83720-0036	1 (866) 827-9967 Fax: 1 (800) 327-5541
<b>Therapy and Surgery PA Requests</b> PO Box 83720 Boise, ID 83720-0036	1 (208) 287-1148 Fax: 1 (877) 314-8779
<b>Qualis Health</b> (Telephonic & Retrospective Reviews) 10700 Meridian Ave. N. Suite 100 Seattle, WA 98133-9075 <a href="http://www.qualishealth.org/cm/idaho-medicaid">http://www.qualishealth.org/cm/idaho-medicaid</a>	1 (800) 783-9207 Fax: 1 (800) 826-3836 1 (206) 368-2765
<b>Preventative Health Assistance</b> PHA Unit PO Box 83720 Boise, ID 83720-0009	1 (877) 364-1843 1 (208) 364-1843 Fax: 1 (877) 845-3956

## Transportation

Beginning September 1st, 2010, Idaho Medicaid contracted with American Medical Response (AMR) for all non-emergency medical transportation services. Please go to [www.idahonemt.net](http://www.idahonemt.net) or call 1 (877) 503-1267 for more information.

<b>Ambulance Review</b>	1 (800) 362-7648 1 (208) 287-1157 Fax: 1 (877) 314-8781
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## Molina Provider and Participant Services Contact Information

Provider Services	
<b>MACS (Medicaid Automated Call Service)</b>	1 (866) 686-4272 1 (208) 373-1424
<b>Provider Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT</b>	1 (866) 686-4272 1 (208) 373-1424
<b>E-mail</b>	<a href="mailto:jdproviderservices@unisys.com">jdproviderservices@unisys.com</a> <a href="mailto:jdproviderenrollment@unisys.com">jdproviderenrollment@unisys.com</a>
<b>Mail</b>	P.O. Box 70082 Boise, ID 83707
Participant Services	
<b>MACS (Medicaid Automated Call Service)</b>	1 (866) 686-4752 1 (208) 373-1432
<b>Participant Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT</b>	1 (866) 686-4752 1 (208) 373-1424
<b>E-mail</b>	<a href="mailto:jdmemberservices@unisys.com">jdmemberservices@unisys.com</a>
<b>Mail – Participant Correspondence</b>	P.O. Box 70081 Boise, ID 83707
Medicaid Claims	
<b>Utilization Management/Case Management</b>	P.O. Box 70083 Boise, ID 83707
<b>CMS 1500 Professional</b>	P.O. Box 70084 Boise, ID 83707
<b>UB-04 Institutional</b>	P.O. Box 70085 Boise, ID 83707
<b>UB-04 Institutional Crossover/CMS 1500/Third Party Recovery (TPR)</b>	P.O. Box 70086 Boise, ID 83707
<b>Financial/ADA 2006 Dental</b>	P.O. Box 70087 Boise, ID 83707

## Molina Provider Services Fax Numbers

<b>Provider Enrollment</b>	1 (877) 517-2041
<b>Provider and Participant Services</b>	1 (877) 661-0974

## Provider Relations Consultant (PRC) Information

<p><b>Region 1 and the state of Washington</b>                  Paul McKinzie                  1120 Ironwood Drive Suite 102                  Coeur d'Alene, ID 83814                  1 (208) 559-4793  <a href="mailto:Region.1@MolinaHealthCare.Com">Region.1@MolinaHealthCare.Com</a></p>	
<p><b>Region 2 and the state of Montana</b>                  Kristi Irby                  1118 F Street                  P.O. Box Drawer B                  Lewiston, ID 83501                  1 (208) 991-7138  <a href="mailto:Region.2@MolinaHealthCare.Com">Region.2@MolinaHealthCare.Com</a></p>	
<p><b>Region 3 and the state of Oregon</b>                  Rainy Natal                  3402 Franklin                  Caldwell, ID 83605                  1 (208) 860-4682  <a href="mailto:Region.3@MolinaHealthCare.Com">Region.3@MolinaHealthCare.Com</a></p>	
<p><b>Region 4 and all other states</b>                  Christy Stone                  9415 W. Golden Trout Way                  Boise, ID 83704                  1 (208) 994-2476  <a href="mailto:Region.4@MolinaHealthCare.Com">Region.4@MolinaHealthCare.Com</a></p>	
<p><b>Region 5 and the state of Nevada</b>                  Brenda Rasmussen                  803 Harrison St.                  Twin Falls, ID 83301                  1 (208) 484-6323  <a href="mailto:Region.5@MolinaHealthCare.Com">Region.5@MolinaHealthCare.Com</a></p>	
<p><b>Region 6 and the state of Utah</b>                  Kelsey Gudmunson                  1070 Hilline Road                  Pocatello, ID 83201                  1 (208) 870-3997  <a href="mailto:Region.6@MolinaHealthCare.Com">Region.6@MolinaHealthCare.Com</a></p>	
<p><b>Region 7 and the state of Wyoming</b>                  Kristi Harris                  150 Shoup Avenue                  Idaho Falls, ID 83402                  1 (208) 991-7149  <a href="mailto:Region.7@MolinaHealthCare.Com">Region.7@MolinaHealthCare.Com</a></p>	

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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## Digital Edition



As part of our commitment to cost savings, we are using paperless processes wherever possible. **MedicAide** is online and will be available electronically by the fifth of each month. Our new digital edition, posted at [www.idmedicaid.com](http://www.idmedicaid.com) also allows links to important forms and web sites, plus it is eco-friendly.

**MedicAide is the monthly informational newsletter for Idaho Medicaid providers.  
Editor: Chris Roberts, Division of Medicaid**

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

**Chris Roberts**

[Robertc2@dhw.idaho.gov](mailto:Robertc2@dhw.idaho.gov)

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