# MedicAide

An Informational Newsletter for Idaho Medicaid Providers

**From the Idaho Department of Health and Welfare, Division of Medicaid** **February 2024**

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# The Principal Diagnosis Is Important for DRG Assignment

Idaho Medicaid reimburses charges for general acute care hospitals, psychiatric hospitals that are not Institutions of Mental Disease, rehabilitation hospitals, long-term acute care hospitals, and all out-of-state hospitals according to version 39 of the 3M TM All Patient Refined (APR) diagnosis-related groups (DRG) DRG Software. DRG categorizes inpatient facility stays into clinically similar patient groups, allowing providers to optimize the delivery of care and better manage resources. Providers can find additional information regarding Idaho Medicaid's utilization of DRG for inpatient stays in the Idaho Medicaid Provider Handbook, Hospitals, and Hospital Prospective Payment System: DRG and APC library.

DRG coding errors can have a substantial impact on healthcare spending. Providers should ensure claims have been billed in accordance with all applicable guidelines, medical records reflect the services and diagnoses submitted on the claim.

The principal diagnosis serves an important function in determining which DRG code will be assigned. The International Classification of Diseases Clinical Modification (ICD-10-CM) should be used when selecting a diagnosis code and determining sequence of codes. These guidelines are updated annually by the ICD-10-CM Coordination and Maintenance Committee and issued each summer at the same time the final code set is released.

Section II in the introduction of the 2023, as well as previous versions, of the ICD-10-CM addresses selection of principal diagnosis. It states, in pertinent part:

> The circumstances of inpatient admission always governs the selection of principal diagnosis. The principal diagnosis is defined in the Uniform Discharge Data Set (UHDDS) as "that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care."
>
> The UHDDS definitions are used by hospitals to report inpatient data elements in a standardized manner. These data elements and their definitions can be found in the July 31, 1985, Federal Register (Vol. 50, No, 147), pp. 31038-40.
>
> Since that time, the application of the UHDDS definitions has been expanded to include all non-outpatient settings (acute care, short-term, long-term care, and psychiatric hospitals; home health agencies; rehab facilities; nursing homes, etc.) The UHDDS definitions also apply to hospice services (all levels of care).
>
> In determining principal diagnosis, coding conventions in the ICD-10-CM, the Tabular List and Alphabetic Index take precedence over these official coding guidelines. *(See section I.A, Conventions for the ICD-10-CM)*
>
> The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation the application of all coding guidelines is a difficult, if not impossible, task.

Providers are required to code their claims fully per the General Billing Instructions, Idaho Medicaid Provider Handbook, and meet the diagnosis requirements. Coding claims to apply a certain 3M™ APR DRG grouping may result in recoupment and civil monetary penalties.

# Important – EDI Payer ID Change Coming Soon

Effective 3/1/2024 Gainwell Technologies will update the receiver/sender/payer ID format for all inbound and outbound Electronic Data Interchange (EDI) files. The current format of ID_MMIS_4_DXCMS will be changed to ID_MES_4_MMS_IG.

All EDI inbound transaction files that are received by Gainwell after 3/1/2024 will be accepted and processed, with any of the following receiver ID (ISA08) values: ID_MMIS_4MOLINA, ID_MMIS_4_DXCMS, or ID_MES_4_MMS_IG. All outbound acknowledgment and response files that are transmitted will include the new format of ID_MES_4_MMS_IG; this includes files such as the TA1, 999, 824, BRR, 271, 277, 278, 820, 834, and 835.

Please update your records accordingly. Thank you for your attention in this matter.

# Educational Tip - Claim # Formatting

Claim numbers for Idaho Medicaid use specific formatting and we find that it may be useful for our provider community to know and understand this for their own benefit.

Claim numbers always begin with the two-digit year (YY) and three-digit day-of-the-year (DDD); this is representative of the original clean date of the claim. The clean date is the day the claim was input into our system for processing.

For example, if a claim number start with 24061, it has a clean date of 03/01/2024. This is based on March 1st being the 61st day of the leap year, in 2024.

The Internet has many free calculators to translate the numerical day-of-the-year to a specific calendar date.

Another important aspect of the claim number format is the suffix, for example A1 or R1. Suffixes are only attached to adjusted claims. These will use the original claim number with the new suffixes, so they may not reflect clean dates of the adjusted claim submissions. Replacement claims will generate new claim numbers, instead of using suffixes.

More details are available in the section titled Internal Control Number (ICN) of our handbook here:
https://www.idmedicaid.com/General%20Information/Remittance%20Advice%20Analysis.pdf

# Simple, Secure, and Clean – Secure Messaging

Gainwell launched our Secure Messaging tool well over five years ago; it was an enhancement feature to our Trading Partner Account, and we have seen the use of the secure messaging tool evolve over time to strengthen our ability to interact with providers, while maintaining the highest level of security. This feature has eliminated the need for providers to interact with us using third-party secure messaging tools to transmit sensitive patient information. As we work to reduce to enhance the security of provider and participant information, we ask that all inquiries be transmitted through secure messaging.

Our secure messaging system allows messages and attachments to be sent back and forth to specific teams that can assist our provider community. It includes common email features, such as archiving, searching, and printing messages. Since timeliness is critical for many providers, we

hold firm to keep a two-business day turnaround time. We encourage providers to check their inboxes for those responses.

To access secure messaging, sign into your provider portal Trading Partner Account (TPA). Choose File Exchange, then the Messages/Alerts link. The inbox is immediately displayed; new messages can be sent by selecting New Message, then choosing the relevant topic. We encourage providers to check out the section titled Secure Messaging Interface for detailed instructions.

Many great tips for using the secure messaging tool have been released in MedicAide Newsletters. For some of our most common inquiries, such as claims and authorizations, here are details you should be sure to include, so we can promptly return a response:

- Claims
  - Claim number, and
  - Pay-to or billing NPI and name of the provider, participant's Medicaid ID number and full name, the date of service and billed amount.

- Eligibility
  - Pay-to or billing NPI and name of the provider, Participant's Medicaid ID number and name, the date of service(s), and service codes (CPT, HCPCS, and/or Revenue)
    - Prior Authorization (PA): Participant's Medicaid ID number and name, the PA request date, date of service(s) the PA was requested for, and service codes.
- EDI
  - Pay-to or billing NPI and name of the provider, claim submission date, claim number(s) (if on file), participant's Medicaid ID number and full name, the date of service and billed amount.

Thank you for your continued partnership and the care you provide to the Idaho Medicaid participant community.

## Attention: Chiropractic Providers – KX Modifier Clarification

Per the Chiropractor, Idaho Medicaid Provider Handbook, section titled, Covered Services and Limitations "All pediatric visits and adults visits beyond the initial six (6) must be billed using a KX modifier". To clarify, all pediatric visits must be billed with a KX modifier. Adult visits should only be billed with a KX modifier when billing beyond the initial six (6) visits. The Provider Handbook will also be updated with this clarity in the near future. Thank you for the continued care you provide for the Idaho Medicaid participant community.

## Provider Handbook Updates

The following Idaho Medicaid Provider Handbook updates have been published:

The Directory was updated in January to correct contact information for HMS.

The Eye and Vision Services handbook was updated in January to change the policy for Vision Therapy per the most recent MedicAide article.

The Suppliers handbook was updated in January to:
- Clarify handbook information and regulation applicability.

- Update Provider Relations Consultant contact information.
- Change prior authorization reviewer to Telligen Inc.
- Clarify the use of the NU modifier for new DMEPOS.
- Add Milliman criteria to criteria priority.
- Update prior authorization information.
- Update documentation information; and
- Criteria and limitations were changed throughout.

Questions about this article or suggestions about the provider handbook may be submitted to the Policy Team at MCPT@dhw.idaho.gov.

# Upcoming Provider Meetings

Idaho Medicaid will be holding provider meetings monthly beginning in March.

We are looking for your input on topics. If you would like to suggest a topic or be added to the contact list for these meetings, please email your request to MCPT@dhw.idaho.gov.

| **DMEPOS Providers** |
|---|
| **Topic: Provider Handbook** |
| Tuesday, March 19, 2024 – 10:30 a.m. (MDT) |
| **Webinar Information & Meeting Link** |
| https://idhw.webex.com/idhw/j.php?MTID=mceafe03d1e50cd9594e4ba0f4629674f<br>Join by phone: 1-415-527-5035 |
| Join by meeting number: 2761 900 7694 |
| Meeting Password: 3Btibp4fgq2 (32842743 from phones and video systems) |
| Email for invite: MCPT@dhw.idaho.gov |

| **Therapy Providers** |
|---|
| **Topic: Provider Handbook** |
| Tuesday, March 26, 2024 – 10:30 a.m. (MDT) |
| **Webinar Information & Meeting Link** |
| https://idhw.webex.com/idhw/j.php?MTID=m5a5f12eeeeea8e98b1e169f986c287db |
| Join by Phone: 1-415-527-5035 |
| Join by meeting number: 2760 032 2814 |
| Meeting Password: n2aJHN3A8kM (62254632 from phones and video systems) |
| Email for invite: MCPT@dhw.idaho.gov |

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HEALTH & WELFARE

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January 5, 2024

**MEDICAID INFORMATION RELEASE MA24-01**

**To:** Medicaid Providers

**From:** Juliet Charron, Administrator

**Subject:** Managed Care Provider Enrollment with The State Medicaid Agency Medicaid Enterprise System (MES)

**Under federal rule and the Social Security Act, Idaho Medicaid is required to enroll managed care providers with the State Medicaid Agency Medicaid Enterprise Systems (MES) and execute a provider agreement. The state would then send this enrollment file to the Managed Care Organizations (MCOs) to be used for MCO vendor provider enrollment.**

**Idaho Medicaid is engaged in a project to work towards compliance. This information release is intended to raise awareness in preparation for beginning this project.**

Background

The Centers for Medicare and Medicaid Services (CMS) finalized the federal regulation at *42 C.F.R. § 438.602 State responsibilities* on May 6, 2016 to apply provider screening requirements to all managed care providers ordering, referring, or providing items or services under the State Medicaid Plan. As discussed in the May 6, 2016 rule, this is integral to the integrity of the Medicaid program.

In addition, Section 5005(b)(2) of the 21st Century Cures Act (2016) amended Section 1932(d) of the Act by adding a new subparagraph (6) to provide that:

> *"...not later than January 1, 2018, a State shall require that, in order to participate as a provider in the network of a managed care entity that provides services to, or orders, prescribes, or certifies eligibility for services for, individuals who are eligible for medical assistance under the State plan under this title (or under a waiver of the plan) and who are enrolled with the entity, the provider is enrolled consistent with section 1902(kk) with the State agency administering the State plan under this title. Such enrollment shall include providing to the State agency the provider's identifying information, including the name, specialty, date of birth, Social Security number,*

> *national provider identifier, Federal taxpayer identification number, and the State license or certification number of the provider."*

**In summary, effective January 1, 2018, under federal rule and the Social Security Act, Medicaid managed care providers must enroll with the State Medicaid Agency MES and execute a provider agreement. Idaho Medicaid has not implemented this as of yet.**

> According to *42 C.F.R. § 438.602(b) Screening and enrollment and revalidation of providers*, the State Medicaid Agency must screen and enroll, and periodically revalidate, all managed care network providers. According to the Medicaid Provider Enrollment Compendium (MPEC) (March 22, 2021), this means any managed care network provider that furnishes, orders, refers, or prescribes. MPEC defines a managed care provider as:
>
> > *"any individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services".*

On April 27, 2023 CMS further clarified directly to the state:

> *CMS defines "network providers" in 42 C.F.R. § 438.2 Definitions as "any provider, group of providers, or entity that has a network provider agreement with a MCO, PIHP, or PAHP, or a subcontractor, and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the state's contract with an MCO, PIHP, or PAHP. A network provider is not a subcontractor by virtue of the network provider agreement.*
>
> *State screening and enrollment requirements apply to each individual person providing services. See 42 C.F.R. § 438.602(d) Federal database checks, 42 C.F.R. § 438.608(b) Provider Screening and Enrollment Requirements, and 42 C.F.R. § 455.436 Federal database checks.*
>
> *State screening and enrollment requirements apply if an individual delivers the service but a separate enrolled individual bills for the service.*

Federal Rationale

Provider screening enables states to enroll eligible providers to render medically necessary services to Medicaid beneficiaries. This function further supports the State Medicaid Agency in preventing potential fraud, waste, and abuse within the program and ensuring appropriate, medically necessary services are rendered and reimbursed.

The HHS Office of Inspector General, in a March 2020 report, noted:

> *We found that - contrary to Federal requirements - 23 States had not enrolled all providers serving Medicaid beneficiaries in their respective Medicaid programs. As a result, beneficiaries were exposed to potentially harmful providers that had not been screened for fraud, waste, and abuse.*

See also US Government Accountability Office November 2019 report:

> *A crucial component of protecting the integrity of the Medicaid program is ensuring that only eligible providers participate in Medicaid.*

Next Steps

Idaho Medicaid is engaged in a project to work towards compliance with managed care provider enrollment rules. The state understands:

A. This represents a significant change for Idaho's managed care network providers.

B. Some providers have never been required to enroll at all with their MCO.

C. Providers already enrolled with the MES do not need to do anything.

D. Managed care network providers are responsible for delivering medically necessary, high-quality care to Idaho Medicaid participants.

**In recognition of the above, Idaho Medicaid will be implementing a phased roll-out for the required enrollment.**

**Idaho Medicaid will notify providers at least sixty (60) days prior to this requirement being effective.**

**Idaho Medicaid will not start enrolling managed care providers any sooner than summer 2024.**

**We will do everything we can to provide timely and comprehensive information, reduce confusion, and minimize administrative burden as much as possible.**

If you have any questions about this update, please email MCPT@dhw.idaho.gov.

Thank you for participating in the Idaho Medicaid Program.

JC/db

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*authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Division of Medicaid by emailing MCPT@dhw.idaho.gov or by calling 888-528-5861.*

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January 29, 2024

**MEDICAID INFORMATION RELEASE MA24-03**

**To:** Medicaid Providers of Behavioral Health Services

**From:** Juliet Charron, Administrator

**Subject:** Dually Eligible Participants and Certain Behavioral Health Services

On December 14, 2023, the Centers for Medicare and Medicaid Services (CMS) issued an Information Bulletin on Dually Eligible Beneficiaries Receiving Medicare Part B Marriage and Family Therapist Services, Mental Health Counselor Services, and Intensive Outpatient Services Effective January 1, 2024.

Starting January 1, 2024, Medicare began covering and making payment for the services of marriage and family therapists and mental health counselors.

Starting January 1, 2024, Medicare began covering and making payments for intensive outpatient program (IOP) services furnished by hospital outpatient departments, community mental health centers (CMHC), rural health clinics (RHC), federally qualified health centers (FQHC), or opioid treatment programs (OTP).

Typically, State Medicaid Agencies may not pay claims if it is likely that a third party (such as Medicare) is liable for the claim, as Medicaid is generally the payer of last resort. For dually eligible beneficiaries, Medicare is generally liable for claims for Medicare-covered services. This now includes the services of marriage and family therapists and mental health counselors, and intensive outpatient program (IOP) services furnished in certain settings.

**Idaho Medicaid recommends all providers of these services immediately enroll with Medicare and then submit those claims to Medicare before seeking payment from Medicaid.**

JC/db

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# Provider Training Opportunities

You are invited to attend the following webinars offered by Gainwell Technologies Regional Provider Relations Consultants.

**February: Coordination of Benefits**
The Coordination of Benefits training will review COB pricing calculations, entering COB in your Trading Partner Account, and attaching EOBs.

Training is delivered at the times shown in the table below. Each session is open to any region, but space is limited to 25 participants per session, so please choose the session that works best with your schedule. To register for training, or to learn how to register, visit www.idmedicaid.com.

| | February | March | April |
|---|---|---|---|
| | **COB** | **Claims Adjustment** | **PEA New Enrollment** |
| 10-11:00 AM MT | 2/21/2024 | 3/20/2024 | 4/17/2024 |
| | 2/15/2024 | 3/21/2024 | 4/18/2024 |
| | 2/20/2024 | 3/19/2024 | 4/16/2024 |
| | | | |
| 2-3:00 PM MT | 2/14/2024 | 3/13/2024 | 4/10/2024 |
| | 2/08/2024 | 3/14/2024 | 4/11/2024 |
| | 2/15/2024 | 3/21/2024 | 4/18/2024 |
| | 2/20/2024 | 3/19/2024 | 4/16/2024 |

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Provider Relations Consultant contact information can be found on page 14 of this newsletter.

# DHW Resource and Contact Information

| | |
|---|---|
| **DHW Website** | https://healthandwelfare.idaho.gov/ |
| **Idaho CareLine** | 2-1-1<br>1 (800) 926-2588 |
| **Medicaid Program Integrity Unit** | P.O. Box 83720<br>Boise, ID 83720-0036<br>prvfraud@dhw.idaho.gov<br>Hotline: 1 (208) 334-5754<br>Fax: 1 (208) 334-2026 |
| **Telligen** | 1 (866) 538-9510<br>Fax: 1 (866) 539-0365<br>http://IDMedicaid.Telligen.com |
| **Healthy Connections Regional Health Resource Coordinators** | |
| **Region I**<br>**Coeur d'Alene** | 1 (208) 666-6766<br>1 (800) 299-6766 |
| **Region II**<br>**Lewiston** | 1 (208) 799-5088<br>1 (800) 799-5088 |
| **Region III**<br>**Caldwell** | 1 (208)-334-4676<br>1 (800) 494-4133 |
| **Region IV**<br>**Boise** | 1 (208) 334-4676<br>1 (800) 354-2574 |
| **Region V**<br>**Twin Falls** | 1 (208) 736-4793<br>1 (800) 897-4929 |
| **Region VI**<br>**Pocatello** | 1 (208) 235-2927<br>1 (800) 284-7857 |
| **Region VII**<br>**Idaho Falls** | 1 (208) 528-5786<br>1 (800) 919-9945 |
| **In Spanish**<br>**(en Español)** | 1 (800) 378-3385 |

# Insurance Verification

| | |
|---|---|
| **HMS**<br>PO Box 2894<br>Boise, ID 83701 | 1 (800) 873-5875<br>1 (208) 375-1132<br>Fax: 1 (208) 375-1134 |

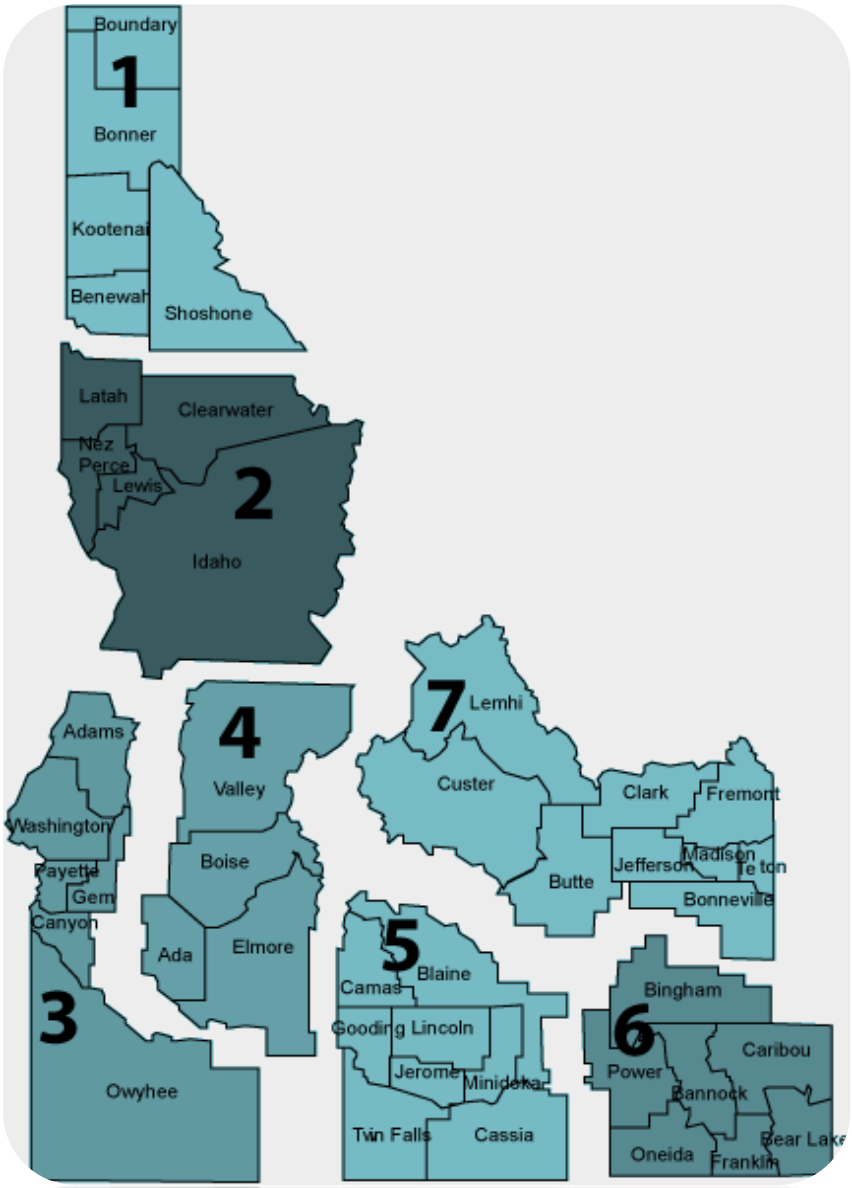
# Gainwell Technologies Provider and Participant Services Contact Information

| Provider Services | |
|---|---|
| **MACS<br>(Medicaid Automated Customer Service)** | 1 (866) 686-4272<br>1 (208) 373-1424 |
| **Provider Service Representatives<br>Monday through Friday, 7 a.m. to 7 p.m. MT** | 1 (866) 686-4272<br>1 (208) 373-1424 |
| **E-mail** | idproviderservices@gainwelltechnologies.com<br>idproviderenrollment@gainwelltechnologies.com |
| **Mail** | P.O. Box 70082<br>Boise, ID 83707 |
| **Participant Services** | |
| **MACS<br>(Medicaid Automated Customer Service)** | 1 (866) 686-4752<br>1 (208) 373-1432 |
| **Participant Service Representatives<br>Monday through Friday, 7 a.m. to 7 p.m. MT** | 1 (866) 686-4752<br>1 (208) 373-1424 |
| **E-mail** | idparticipantservices@gainwelltechnologies.com |
| **Mail – Participant Correspondence** | P.O. Box 70081<br>Boise, ID 83707 |
| **Medicaid Claims** | |
| **Utilization Management/Case Management** | P.O. Box 70084<br>Boise, ID 83707 |
| **CMS 1500 Professional** | P.O. Box 70084<br>Boise, ID 83707 |
| **UB-04 Institutional** | P.O. Box 70084<br>Boise, ID 83707 |
| **UB-04 Institutional<br>Crossover/CMS 1500/Third-Party Recovery (TPR)** | P.O. Box 70084<br>Boise, ID 83707 |
| **Financial/ADA 2006 Dental** | P.O. Box 70087<br>Boise, ID 83707 |

# Gainwell Technologies Provider Services Fax Numbers

| | |
|---|---|
| **Provider Enrollment** | 1 (877) 517-2041 |
| **Provider and Participant Services** | 1 (877) 661-0974 |

# Provider Relations Consultant (PRC) Information




**Region 1 and the state of Washington**
1 (208) 202-5735
Region.1@gainwelltechnologies.com

**Region 2 and the state of Montana**
1 (208) 202-5736
Region.2@gainwelltechnologies.com

**Region 3 and the state of Oregon**
1 (208) 202-5816
Region.3@gainwelltechnologies.com

**Region 4**
1 (208) 202-5843
Region.4@gainwelltechnologies.com

**Region 5 and the state of Nevada**
1 (208) 202-5963
Region.5@gainwelltechnologies.com

**Region 6 and the state of Utah**
1 (208) 593-7759
Region.6@gainwelltechnologies.com

**Region 7 and the state of Wyoming**
1 (208) 609-5062
Region.7@gainwelltechnologies.com

**Region 9 all other states** (not bordering Idaho)
1 (208) 609-5115
Region.9@gainwelltechnologies.com

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IDAHO DEPARTMENT OF HEALTH & WELFARE

## Digital Edition

***MedicAide*** is available online by the fifth of each month at www.idmedicaid.com. There may be occasional exceptions to the availability date as a result of special circumstances. The electronic edition reduces costs and provides links to important forms and websites.


***MedicAide*** **is the monthly informational newsletter for Idaho Medicaid providers.**
**Editor: Shannon Tolman**

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