Idaho Behavioral Health Plan Transition Guide for Medicaid Expansion

December 20, 2019
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Background
In November 2018, voters passed a proposition to expand Medicaid in Idaho. The goal of Medicaid Expansion is to provide Medicaid coverage to individuals with incomes up to 138% of the Federal Poverty Level. Optum Idaho is working with the Idaho Department of Health and Welfare (IDHW) Division of Medicaid (Medicaid), State agencies, and other stakeholders to ensure a smooth implementation for all newly eligible Idahoans and for all Optum network providers.

A vital component of the successful implementation of Medicaid Expansion is the transition of newly eligible members that are in a current episode of mental health and/or substance use disorder (SUD) treatment at the time they gain Medicaid eligibility. These members can be divided into two broad categories:

1. Members who will need to be transitioned from their current provider to a provider that is in Optum Idaho’s network for the Idaho Behavioral Health Plan;
2. Members who can stay with their current provider because their current provider is in Optum Idaho’s network for the Idaho Behavioral Health Plan, but will have services covered by a different payer(s).

Optum has worked collaboratively with the SUD Program Partners; IDHW Division of Behavioral Health (DBH), Idaho Department of Correction (IDOC), Idaho Supreme Court (ISC), and the Idaho Department of Juvenile Corrections (IDJC), along with the IDHW Division of Medicaid to issue the guidance contained in this document to aid providers in their effort to support Members in the two categories listed above.

Members Transitioning Payers and Transitioning from State-funded Programs to a Provider in IBHP Network
Participants in Division of Behavioral Health (DBH)’s Adult Mental Health (AMH) Program that become Medicaid eligible under Expansion will need to be transitioned to Medicaid outpatient providers to receive covered services in the Idaho Behavioral Health Plan (IBHP). In preparation for this transition, providers can expect the following:

Appointments
Clients of AMH clinics may reach out either independently or with the assistance of DBH staff to schedule a first appointment with their new provider. This process may begin prior to the member’s effective date of Medicaid coverage (which is as early as January 1, 2020 for all members becoming eligible through Expansion). It is important to understand that members eligible under Medicaid Expansion cannot be verified as eligible in Provider Express until the date their coverage becomes effective January 1, 2020 (or later). It is understood that the initial appointment may be requested prior to when a provider can verify a member’s Medicaid coverage, and that providers are encouraged to confirm a member’s Medicaid eligibility at every appointment.

Providers who have access to the Partner Access Data Portal (PDAP) will be able to verify if the member has pending Medicaid coverage that will begin January 1, 2020. The only way for a provider
to have real-time visibility into Medicaid eligibility for Expansion members prior to January 1, 2020 is to review the member’s record in PDAP. To gain access to PDAP, please email PartnerAccess@dhw.idaho.gov. For more information about PDAP, please review the PDAP training, hosted on http://www.medicaidexpansion.idaho.gov.

Clinical Documentation
Optum, DBH and Medicaid established guidance on the information a provider will need to serve a member transferring from another provider. To support providers and members in this transition, Optum provided DBH staff with the following recommended documentation for member transition:

Required Information
• Member information (Name, Medicaid ID)

Recommended Information
• The most recent Comprehensive Diagnostic Assessment (CDA)
• Other assessments (e.g. GAIN)
• Current Treatment Plan
• Medication List (medication(s), dose(s), indication for prescribing, side effect(s))
• Previous 30-90 days of notes
• Releases of Information
• Primary Care Physician information
• Contact information for the referring clinician

It is understood that not all information will be available/applicable in all situations. The goal is to give IBHP providers as much information possible to minimize interruption in the member’s treatment episode.

Members Transitioning Payers and Remaining with Current Provider
The majority of outpatient behavioral health providers in the SUD Network are also credentialed in the Optum Network (3 of 4 providers not in Optum’s network are in the credentialing process at this time). Because of this overlap, many members will be able to continue receiving services at the same provider from which they received State-funded services, even after they become Medicaid eligible through Expansion. In this instance, providers will make changes to the payer(s) that they bill, but will be able to continue the member’s current treatment episode. Please see “Changes to IBHP to Support Member Transitions” (page 5) for additional detail applicable to transitioning populations.

Applicable Populations
The SUD Program network and the IBHP network are nearing 100% overlap. Because the SUD Program providers are also in the IBHP network we are anticipating that no clients currently served in the SUD Program will need to transition providers once they become Medicaid eligible. This includes members that are served in the following programs:
• Division of Behavioral Health – Substance Use Disorder Program
• Idaho Department of Correction – Substance Use Disorder Program
• Community Health Center Network of Idaho – Mental Health Program
• Idaho Supreme Court – Substance Use Disorder Program
• Idaho Department of Juvenile Corrections – Substance Use Disorder Program

If an individual currently in services through one of these programs gains eligibility under Medicaid Expansion, they may continue with their current treatment provider with minimal interruptions in their treatment episode, as long as the provider is credentialed in the IBHP network. The member should not experience any disruptions in treatment; the provider will simply change who they bill for the services.

Service Crosswalk
Attached in Appendix A to this document, you will find a service comparison providing a detailed listing of services available in state-funded programs and services available through Medicaid. The left side of the document lists the services that are billable under each State-funded program; this information is matched with a corresponding Medicaid service if applicable. If the service is available under Medicaid, the comparison will indicate which Medicaid program’s fee schedule to consult. Because each member receives a unique array of services, it is possible that a provider may need to bill multiple payers for the member’s care. For example, if a provider renders psychotherapy to a member and also provides transportation to and/or from the appointment, that provider will need to bill multiple payers. In this example, the outpatient psychotherapy appointment is billed to Optum, and the transportation benefit is billed to MTM (the Medicaid contractor for Non-Emergency Medical Transportation).

If you have questions about an existing service within the SUD Program, please consult Appendix A to identify if the service within the SUD Program has a comparable service provided under Medicaid funding. For those services that are not funded under Medicaid, please contact the appropriate program for information.

Medication Assisted Treatment (MAT)
Outpatient medication management appointments are a covered service under the IBHP, and can be billed to Optum using the Evaluation and Management codes (please consult your Optum fee schedule). IBHP does not have an MAT bundled service at this time. Optum does not reimburse providers for Pharmacy benefits. Providers offering MAT will need to bill the outpatient appointment to Optum and bill through a pharmacy that accepts Idaho Medicaid for the medication. In order for a prescription to be filled by Medicaid, a prescriber must first be enrolled with Medicaid as a prescriber. To enroll as a prescriber with Medicaid, please click here. Please consult Medicaid’s preferred drug list for information on pharmacy coverage through Medicaid.

Pharmacy
The Division of Medicaid has a published preferred drug list located on their website. Please click here or on the link in the “Resources” section to see the preferred drug list. The list also contains links to prior authorization forms, when applicable, to aid providers in the authorization process. For questions about prescription drugs, please contact Magellan Medicaid Administration, Inc’s provider line at (800) 922-3987. Contact information for Magellan is also located on the IDHW website here.
Differences in Authorization requirements between IBHP and SUD Program
Current Substance Use Disorder (SUD) services (Assessment and Treatment Plan, Drug/Alcohol Testing, Group/Individual Counseling, Case Management, and Intensive Outpatient Program (IOP)) in the IBHP do not require a prior authorization. These outpatient services will be reimbursed by Optum Idaho when they are provided by a network Provider to an enrolled member of the Idaho Behavioral Health Plan and meet established medical necessity criteria (regardless if a prior authorization is required). The claim will be paid based on verification of member eligibility and Provider contract status. However, all out of network services do require provider-specific prior authorization. Partial Hospitalization Program (PHP) is a newly added service to the IBHP (effective 1/1/2020). This service will be available for SUD, Mental Health, and co-occurring diagnoses, and requires prior authorization. For a complete listing of prior authorized services in the IBHP, please consult the Optum Idaho Provider Manual.

Temporary Changes to IBHP to Support Member Transitions
To ensure that providers may continue the current episode of a member’s treatment with minimal interruptions in services, Optum has implemented two exemptions to current processes, which will apply to many members served in the State-funded SUD Program. The first is an exemption to the requirement to have a Comprehensive Diagnostic Assessment (CDA) on file, and the second is an exemption of Prior Authorization requirements for Skills Building/CBRS. Both of these exemptions will be in place for the first 180 days of 2020, from January 1, 2020 to June 28, 2020.

Comprehensive Diagnostic Assessment (CDA)
Optum Idaho will lift the requirement to have a Comprehensive Diagnostic Assessment (CDA) on file to continue the current episode of treatment for that member until June 28, 2020. Each of the following must be true of the member in order to lift this requirement.

- The member must be eligible under Medicaid Expansion (as indicated by group number 22132 or 22135 and plan name “MAGI Adult Basic” or “MAGI Adult Enhanced” when verifying Medicaid eligibility on Provider Express).
- The member must be continuing a current treatment episode from State-funded services (e.g. DBH-funded SUD/MH treatment).
- The provider must have the appropriate required assessment on file for the current treatment episode (e.g., a GAIN-I).
- There must be no change in the level of care or services rendered without a CDA to evidence medical necessity for the change.

The exemption in CDA requirement only applies to members transitioning from State-funded programs to Medicaid funding for their current treatment episode. It does not apply to members seeking services for the first time. New treatment episodes, changes in level of care, and/or additional services for the transitioning member require appropriate clinical assessment (i.e. CDA) to evidence the medical necessity criteria for the level of care. After June 28, 2020, all members, whether or not they have transitioned from State-funded services, will need to have an up-to-date CDA on file. Providers are
encouraged to administer the CDA to all transitioning clients as they are able between January 1, 2020 and June 28, 2020 to ensure that all member records are up to date by June 28, 2020.

Skills Building/CBRS Prior Authorization
Skills Building/CBRS (Code H2017) will have prior authorization requirements lifted only for Medicaid Expansion members (as identified by rate code/group number in their eligibility information) for the first 180 days of 2020 (from January 1, 2020 to June 28, 2020).

This temporary lift exemption will allow newly eligible members under Expansion to access the care they need with limited interruption to their episode of treatment, and reduce administrative burden on providers working to intake new clients eligible under Expansion. Providers will follow Optum’s normal prior authorization processes to request authorization for dates of service after June 28, 2020.

To verify if a member is eligible under Medicaid Expansion, look for group 22132 (MAGI Adult Basic) or group 22135 (MAGI Adult Enhanced) when verifying the member’s Medicaid eligibility on Provider Express. If the member is in either “MAGI Adult Basic” or “MAGI Adult Enhanced”, providers can submit claims directly to Optum for Skills Building/CBRS without a prior authorization in place for dates of service from January 1, 2020 to June 289, 2020. Prior authorization requirements will remain in place for all other prior authorized services rendered to members in the aforementioned groups. Prior authorization requirements will remain in place for Skills Building/CBRS for members that are in any group other than group numbers 22132 or 22135.

<table>
<thead>
<tr>
<th>Type of Exemption</th>
<th>All ME Members</th>
<th>ME Members Transitioning from State Funded Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Diagnostic Assessment</td>
<td>Does not apply</td>
<td>Applies</td>
</tr>
<tr>
<td>CBRS/Skills Building Prior Authorization</td>
<td>Applies</td>
<td>Applies</td>
</tr>
</tbody>
</table>

SUD Assessment
This information was communicated to network providers on October 28, 2019 (Provider Alert title “State-Approved SUD Assessment”)

The Idaho Department of Health and Welfare’s Division of Behavioral Health (DBH) has announced a change regarding the state-approved Substance Use Disorder (SUD) Assessment. Effective January 1, 2020, when a substance use concern is identified, the provider must assess the member using the six American Society of Addiction Medicine (ASAM) dimensions as outlined below. DBH is no longer mandating the use of one specific SUD assessment tool. The Comprehensive Diagnostic Assessment (CDA), with ASAM information, meets the requirements for a SUD assessment in the IBHP, effective January 1, 2020. The Division of Behavioral Health will publish these standards in early December. Please note that the GAIN-I is required for court-involved pre-sentence investigation reports. Contact the Department of Correction, Department of Juvenile Corrections, and/or the Idaho Supreme Court for more information about GAIN-I requirements for the justice-involved population.

When a substance use concern is identified during the assessment process, the provider must include the six ASAM dimensions in their CDA. The ASAM assessment and placement determination must be
completed by an individual trained in the ASAM criteria multidimensional assessment process and level of care placement decision making. An example of an available training can be found at changecompanies.net/etraining.

- Dimension 1 – Acute Intoxication and/or Withdrawal Potential
- Dimension 2 – Biomedical Conditions and Complications
- Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications
- Dimension 4 – Readiness to Change
- Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
- Dimension 6 – Recovery/Living Environment.

Resources

- **Optum Idaho**
  - Alerts and Announcements
  - Guidelines and Policies (Provider Manual)
- **DXC Technologies (Idaho Medicaid)**
  - Provider Handbook
- **MTM (Non-Emergency Medical Transportation)**
  - See Appendix B for enrollment information
- **BPA Health (State-funded SUD Services)**
- **IDHW Medicaid Expansion**
- **How to enroll in Medicaid**
  - Idalink
  - Live Better Idaho
  - Your Health Idaho
- **Magellan RX Management**
- **Healthandwelfare.idaho.gov – Medicaid**
  - Prescription Drugs
  - Preferred Drug List with Prior Authorization Criteria
  - Medicaid Fee Schedule
# Service Crosswalk

## How to use:

1. Identify the service(s) that the member is utilizing under state funding by code and service name in the first two columns.
2. In the third through eighth columns, identify the member’s program based on the partner that funds the program. Some funding streams may braid funds differently than others. Programs listed are as follows:
   - Division of Behavioral Health SUD (DBH)
   - Idaho Supreme Court (ISC)
   - DBH Adult Mental Health (AMH)
   - Idaho Department of Correction (IDOC)
   - Idaho Department of Juvenile Corrections (IDJC)
   - Community Health Center Network of Idaho (CHCNI) (Mental Health for Criminal Justice Population, funded through DHW)
3. The Medicaid payer(s) for that service (or a comparable service) is located in the ninth column. To bill that payer for the particular service(s) under Medicaid, please consult that payer’s fee schedule and provider manual, as codes and service names may differ from those used by State-funded programs. Resource links are located at the end of this appendix.

## Important notes:

1. If the member is eligible for both Medicaid and State-funded programs, bill Medicaid for any services covered by Medicaid. Many of the SUD Program partners will not reimburse for a Medicaid-covered service provided to a member that is eligible for both State-funded services and Medicaid.
2. This service comparison does not guarantee payment, it is informational only. All relevant policies and procedures from each individual payer will apply. For questions, consult the appropriate plan.
3. This document works under the assumption that the individual has Medicaid. Many of the SUD Program services may continue for individuals qualifying for SUD services, but may not be payable to individuals that also qualify for Medicaid. When service is indicated as “not covered”, it does not indicate that the service has been removed from the SUD Program, it indicates that the service is not covered by Medicaid.
4. This crosswalk is targeted to aid in the transition of care for Medicaid members eligible under Expansion. This document is time-relevant and may become outdated as services may be discontinued and/or added to the Medicaid state plan and/or the SUD Program after January 1, 2020.
5. There may be additional services in each Medicaid plan that are not listed on this crosswalk. Please consult the respective plan’s documentation for a comprehensive listing of their covered services.

<table>
<thead>
<tr>
<th>State-Funded Services</th>
<th>Medicaid-Funded Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code</strong></td>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>H0046</td>
<td>1:1 Monitoring and Observation in a HART</td>
</tr>
<tr>
<td>0359T</td>
<td>Adaptive Behavior Assessment</td>
</tr>
</tbody>
</table>

1 – Covered by exception only; please consult the program for more information
2 – Idaho Department of Health and Welfare – Division of Medicaid is investigating covering this service in the future
3 – Service covered for members under 18 years of age (may be covered for transitional age youth from 18-21 under EPSDT)
4 – Review Formulary for covered medications
<table>
<thead>
<tr>
<th>Code</th>
<th>Service</th>
<th>(SUD) Program</th>
<th>Mental Health</th>
<th>Medicaid-Funded Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0017</td>
<td>Adolescent Residential</td>
<td>x'</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0045</td>
<td>Adolescent Safe &amp; Sober Housing</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0043</td>
<td>Adolescent Transitional</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0044</td>
<td>Adult Enhanced Safe &amp; Sober Housing</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0018</td>
<td>Adult Halfway House</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0017</td>
<td>Adult Medically Monitored Residential</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0007</td>
<td>Adult Residential</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0044</td>
<td>Adult Safe &amp; Sober Housing</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0044</td>
<td>Adult Safe &amp; Sober Housing--Program Fee</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0008</td>
<td>Adult Social Detox</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0047</td>
<td>Aftercare Group</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H0001</td>
<td>Alcohol and/or drug assessment</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>S5199</td>
<td>Basic Housing Essentials</td>
<td>x</td>
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<tr>
<td>T1001</td>
<td>Behavioral Health Nursing Services</td>
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<td></td>
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<tr>
<td>H0032</td>
<td>BH Treatment Plan</td>
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<tr>
<td>36415</td>
<td>Blood Draw</td>
<td>x</td>
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<tr>
<td>H0020</td>
<td>Buprenorphine Services</td>
<td>x</td>
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<tr>
<td>H0006</td>
<td>Case Coordination in Specialized MH Program</td>
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<tr>
<td>H0006</td>
<td>Case Management</td>
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<td>T1017</td>
<td>Case Management - Behavioral Health</td>
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<td></td>
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<tr>
<td>H0006</td>
<td>Case Management - Family without client present</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>H0006</td>
<td>Case Management (PWWC Family without client present)</td>
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<td>Case Management (PWWC)</td>
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<td>H0006</td>
<td>Case Management (SOAR)</td>
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<td>T1009</td>
<td>Child Care</td>
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<td>90899</td>
<td>Clinical Care Consultation</td>
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<td>CMH09</td>
<td>Clothing/Personal Care</td>
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<td>CMH07</td>
<td>CMH Case Management</td>
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<td>36415</td>
<td>Collection of venous blood by venipuncture</td>
<td>x</td>
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</tr>
<tr>
<td>H2017</td>
<td>Community Based Rehabilitative Services</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 – Covered by exception only; please consult the program for more information
2 – Idaho Department of Health and Welfare – Division of Medicaid is investigating covering this service in the future
3 – Service covered for members under 18 years of age (may be covered for transitional age youth from 18-21 under EPSDT)
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<table>
<thead>
<tr>
<th>Code</th>
<th>Service</th>
<th>SUD Program</th>
<th>Mental Health</th>
<th>Medicaid-Funded Services</th>
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<tbody>
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<td>H2017</td>
<td>Community Based Rehabilitative Services, group</td>
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<td>Optum (IBHP) H2014 Skills Training and Development (Partial Care)</td>
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<td>H2011</td>
<td>Community Crisis Intervention</td>
<td>ISC x</td>
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<td>H2015</td>
<td>Community Transition Support Services</td>
<td>IDJC x</td>
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<td>H2015</td>
<td>Comprehensive Community Support Services, per 15 minutes</td>
<td>IDOC x</td>
<td></td>
<td>Optum (IBHP) H2015 Community Transition Support Services</td>
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<td>AMH01</td>
<td>Crisis Pharmacological Management</td>
<td>AMH x</td>
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<td>Optum (IBHP) Varies Office Outpatient, new/established patient</td>
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<td>90839</td>
<td>Crisis Psychotherapy, 60 minutes</td>
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<td>T1005</td>
<td>Crisis Respite Services--Ind</td>
<td>DBH x</td>
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<td>Not covered N/A N/A</td>
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<td>90840</td>
<td>Crisis, 30 min - Add-on</td>
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<td>H0003</td>
<td>Drug/Alcohol Testing</td>
<td>DBH x</td>
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<td>S9448</td>
<td>Education (Medicaid Supplement)</td>
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<td>Established Outpatient; 10 minutes</td>
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<td>99213</td>
<td>Established Outpatient; 15 minutes</td>
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<td>Established Outpatient; 25 minutes</td>
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<td>99215</td>
<td>Established Outpatient; 40 minutes</td>
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<td>Optum (IBHP) 99215 Established Outpatient; 40 minutes</td>
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<td>Established Outpatient; 5 minutes</td>
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### APPENDIX A

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</table>

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<thead>
<tr>
<th>Code</th>
<th>Service</th>
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<td>MTM (NEMT)</td>
<td>N/A</td>
<td>See plan documentation</td>
</tr>
<tr>
<td>S0125</td>
<td>Travel for Professional</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td></td>
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<td>Optum (IBHP)</td>
<td>T2002</td>
<td>Travel for Professional</td>
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<td>J3490</td>
<td>Unclassified drugs</td>
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<td>Contact Medicaid for info</td>
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<tr>
<td>T1017</td>
<td>Wraparound Case Management</td>
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<td>Not covered</td>
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<td>90887</td>
<td>Wraparound Collateral Contact</td>
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<tr>
<td>WA01</td>
<td>Wraparound Travel</td>
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<td></td>
<td></td>
<td></td>
<td>Not covered</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Resources:
- Optum Idaho (Idaho Behavioral Health Plan) [http://www.optumidaho.com](http://www.optumidaho.com)
- MTM (Non-Emergency Medical Transport) [https://www.mtm-inc.net/idaho/](https://www.mtm-inc.net/idaho/)
- Managed Care of North America (MCNA) – Dental [https://www.mcnaid.net/en/home/](https://www.mcnaid.net/en/home/)
- Liberty Health Care (YES and DD assessments) [http://idahoias.com/](http://idahoias.com/)
- DXC Technologies (Medical) [https://www.idmedicaid.com/default.aspx](https://www.idmedicaid.com/default.aspx)
- Idaho Department of Health and Welfare (IDHW) [https://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx](https://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx)
- Medicaid Preferred Drug List: [https://healthandwelfare.idaho.gov/Portals/0/Medical/PrescriptionDrugs/IDMPDL.pdf](https://healthandwelfare.idaho.gov/Portals/0/Medical/PrescriptionDrugs/IDMPDL.pdf)
- Medicaid Fee Schedule: [http://healthandwelfare.idaho.gov/Providers/MedicaidProviders/MedicaidFeeSchedule/tabid/268/Default.aspx](http://healthandwelfare.idaho.gov/Providers/MedicaidProviders/MedicaidFeeSchedule/tabid/268/Default.aspx)

1 – Covered by exception only; please consult the program for more information
2 – Idaho Department of Health and Welfare – Division of Medicaid is investigating covering this service in the future
3 – Service covered for members under 18 years of age (may be covered for transitional age youth from 18-21 under EPSDT)
4 – Review Formulary for covered medications
Become an MTM Sole Source Provider!

You know your patients better than anyone! For this reason, many Idaho facilities have chosen to become sole source providers. By becoming a sole source provider, you have the ability to:

- Offer the best service possible to your patients
- Better manage your patients’ transportation needs
- Get paid in the process

This combination of great service and optimal efficiency can be invaluable! If you are interested in becoming a sole source provider and transporting your patients, below are the requirements you must have to get started. Credentials must be in an approved status before trips can be set up and paid for by MTM. Typically, the full start-up time for a new provider ranges from three weeks to three months. We have found that the most successful transportation providers have secured insurance as their first priority.

<table>
<thead>
<tr>
<th>Company Credentials</th>
<th>Driver Credentials</th>
<th>Vehicle Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto Liability ($500,000)</td>
<td>Driver’s License</td>
<td>Current Registration</td>
</tr>
<tr>
<td>General Liability ($500,000)</td>
<td>Driving Record</td>
<td>Vehicle Safety Inspection</td>
</tr>
<tr>
<td>Federal ID W-9</td>
<td>Drug Screen</td>
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</tr>
<tr>
<td>Worker’s Compensation</td>
<td>CPR Training</td>
<td></td>
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<tr>
<td>Disclosure of Ownership</td>
<td>First Aid Training</td>
<td></td>
</tr>
<tr>
<td>Drug Screening Program (random from third party)</td>
<td>IDHW and National Background Checks</td>
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</tr>
<tr>
<td>Provider Audit (record keeping check)</td>
<td>Defensive Driving Training Certificate</td>
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</tr>
<tr>
<td>Service Agreement (contract of expectations)</td>
<td>Fraud Waste and Abuse Certificate</td>
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<tr>
<td>Schedule A (rates)</td>
<td>Emergency Training Certificate</td>
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<tr>
<td>Idaho Contract Amendment</td>
<td>Assisting Passengers with Disabilities Training Certificate</td>
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<tr>
<td>Schedule B Amendment</td>
<td>Wheelchair Securement Training Certificate</td>
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</tr>
<tr>
<td></td>
<td>Cultural Competency Training</td>
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</tr>
</tbody>
</table>

To get started, visit our Provider Application website and begin completing the requested information: [https://www.mtm-inc.net/healthcare/nemt/join-our-network/transportation-provider-application/](https://www.mtm-inc.net/healthcare/nemt/join-our-network/transportation-provider-application/)