



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

February 2023

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The content of this guidance document is not new law, but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Idaho Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling (208)334-5747.

OP Hospital Services Must Comply with NCCI Correct Coding Initiative for Medicaid Services

The Medicaid Program Integrity Unit has found instances of outpatient hospital services being unbundled and billed to Medicaid for services included in the payment of primary procedures. Hospitals are reminded that adherence to the National Correct Coding Initiative (NCCI) for Medicaid services is required for outpatient hospital services including emergency department, observation care, and outpatient hospital laboratory services.

Idaho Medicaid does not match all payment methodologies unique to Medicare and some coding and modifier guidance will differ from Medicaid when affected by Medicare payment methodologies. Starting July 1, 2021, outpatient hospital services are paid a final payment rate based on a percent of billed charges with no cost settlement. This will continue until July 1, 2024, when outpatient hospital services transition to an outpatient perspective payment system called Ambulatory Payment Classifications. Details around this transition can be found in Information Releases [MA21-07](#) and [MA21-28](#). This reimbursement has been outlined in detail in the State of Idaho Medicaid Provider Agreement, Additional Terms – Reimbursement for Hospital Services found [here](#).

[Introduction of the January 1, 2023, Medicaid NCCI Policy Manual](#) addresses the adoption of the NCCI methodologies by state Medicaid programs and general background. It states, in pertinent part:

Adoption of NCCI Methodologies by State Medicaid Programs

Effective October 1, 2010, the CMS incorporated NCCI methodologies into the state Medicaid programs pursuant to the requirements of Section 6507, Mandatory State Use of NCCI, of the Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the Health Care and Education Recovery Act of 2010 (P.L. 111-152), together referred to as the Affordable Care Act, which amended section 1903(r) of the Social Security Act. The CMS has adopted the contents of the NCCI Policy Manual for Medicare Services with minor modifications for state Medicaid programs.

The CMS initially identified 5 NCCI methodologies for state Medicaid programs:

- (1) NCCI PTP edits for practitioner and ambulatory surgical center (ASC) claims.
- (2) NCCI PTP edits for outpatient hospital services including emergency department, observation care, and outpatient hospital laboratory services.
- (3) Medically Unlikely Edit (MUE) UOS edits for practitioner and ASC services.
- (4) MUE UOS edits for outpatient hospital services including emergency department, observation care, and outpatient hospital laboratory services.
- (5) MUE UOS edits for Durable Medical Equipment (DME) billed by providers.

In October 2012, the CMS implemented an additional Medicaid NCCI methodology:

- (6) NCCI PTP edits for DME.

General Background

The NCCI PTP edits and MUEs are used by state Medicaid agencies or fiscal agents to adjudicate provider claims for practitioner services, ambulatory surgical center services, outpatient hospital services, DME, prosthetics, orthotics, and supplies. NCCI edits are not applied to facility claims for inpatient services...

The introduction of [Chapter 1, General Correct Coding Policies, of the January 1, 2023, Medicaid NCCI Policy Manual](#) explains the usage of the term “physician” applies to all practitioners, including hospitals. It states, in pertinent part:

In this Manual, many policies are described using the term “physician”. Unless indicated differently, the use of this term does not restrict the policies to physicians only but applies to all practitioners (including dentists), hospitals, or providers eligible to bill the relevant HCPCS/CPT codes pursuant to Medicaid program rules in each state. In some sections of this Manual, the term “physician” would not include some of these entities because specific rules do not apply to them.

Additional information regarding NCCI edits can be found in the [Medicaid NCCI Policy Manual; Section 3.5 of Idaho Medicaid Provider Handbook, General Billing Instructions](#); and the [January 2018, March 2018, and December 2022 MedicAide Newsletters](#).

Services billed to Medicaid that do not comply with NCCI edits may be subject to recoupment and/or civil monetary penalties.

Administrator Update and Gaining Access to the Secure Trading Partner Account (TPA)

The Idaho Medicaid Provider Portal is a secure tool that allows providers full access to claim and eligibility information, direct communication with Gainwell through secure messaging, maintaining the enrollment record, management of the account and much more.

When the Trading Partner Account is set-up, the individual who establishes the account is made the administrator, who then has full access to the account, and is expected to manage security and access for each additional user within their practice. The TPA administrator(s) are also expected and required to be listed on the Ownership information, at a minimum, as a Managing Employee. These individuals are granted full access to all areas of the Trading Partner Account and have security clearance to grant/terminate access to all other users.

We understand that in rare circumstances the account administrator may part ways from the practice, leaving the Trading Partner Account unmanaged or at times, inaccessible. Gainwell understands the need and urgency you may have to gain access to the account again. It is critical for security reasons that we follow strict measures when assisting any user with gaining access to an already established account.

To request this level of support, all of the following criteria must be provided and emailed to idedisupport@gainwelltechnologies.com:

- A request letter on company letterhead, including the following details, with physical signature and date, signed by an individual who is listed on the ownership form:
 - Reason for update (previous administrator is no longer employed, change in ownership, new manager, etc.)

- Old admin information (name, username and email address)
- New admin information (name, username and email address)
- Pay-to NPI, Trading Partner ID and name that is on record with Gainwell Technologies
- Only an individual who is listed as an owner, board member or managing employee on the Ownership information is eligible to become the new account administrator and the request itself must be signed by either this individual or another individual on the Ownership information.
 - If you do not know who is listed on the Ownership information for the provider's record, you may request to update the Ownership details to add the new account administrator by [completing this form](#) and including it with your request and email. Once account access is reestablished, the individual must be added to the electronic Ownership information within their application. **Note:** At least one individual person must be listed on the Ownership document and their DOB and SSN.

Provider Enrollment Application or Maintenance Case with "Needs More Info" Status

If any items need to be corrected on your enrollment or maintenance case, a letter will be generated and emailed to the address on file outlining what actions must be taken in order for the enrollment or maintenance case to be processed and the application will be returned in a "Needs More Info (NMI)" status. All items outlined on the letter must be addressed before you resubmit the case and only the changes requested should be made during this case.

All communications from the Gainwell Provider Enrollment department are sent via email to the email address on file; be sure to check your junk folder in situations when you're expecting correspondence or a response from the enrollment department.

Provider Request for Alternate Effective Date Form Reminder!

Gainwell Technologies and IDHW worked jointly in 2022 to enhance the alternate effective date process and reduce burdens on the provider community when needing to elect a backdate of up to 365 days prior to the current date during the enrollment process. Any applicable license, certification or other required credential must be valid on or before the requested date.

In extremely unique situations, with supporting documentation, an alternate effective date of more than 365 days prior to the current date may be requested utilizing the current version of the [Provider Request for Alternate Effective Date](#) form. A claim and chart notes that reflect the requested alternate effective date are required in addition to the form. When requesting an alternate effective date, Gainwell and IDHW will not review or process the request if the current form is not utilized, or the claim and chart notes are missing. A rejection letter will be delivered via email to the email address associated to the case with additional instruction and information.

Attention Home Health and PCS Providers – Claim Processing Timeframe

All claims that are subject to Electronic Visit Verification (EVV) may pend for up to 10 days, in order to identify a correlating visit that was submitted through your aggregator, however 90% of these claims process within three days. It's best practice to submit claims earlier in the week to allow the necessary time for the visit search to be completed. Claims submitted on Thursday will not have enough time to pend, search for the visit and be picked up and included in the financial cycle by Thursday evening. Please note that all claims may pend for up to 30 days for reasons other than EVV, if manual review and intervention is necessary

DRG Claims Reprocessing

An analysis of claims that were submitted between 10/1/2022 and 1/20/2023 showed that roughly 65% of all DRG claims must be reprocessed for accuracy. Providers do not need to do anything. Impacted providers will receive direct email communication from their Provider Relations Consultant over the next several weeks outlining the timeline, impact and expected outcome of our reprocessing efforts. Thank you for the continued service you provide to Idaho Medicaid participants; we look forward to correcting these impacted claims and appreciate your patience.

CORRECTION to Idaho Medicaid Mammography Benefit: Provider Handbook Update

Idaho Medicaid follows USPSTF Grade A and B recommendations for most preventive services. For [breast cancer screening](#), Idaho Medicaid does allow annual breast cancer screening for participants ages forty (40) to forty-nine (49) with shared decision-making (Grade C recommendation) as well as for participants ages fifty (50) through seventy-four (74) (Grade B recommendation). Idaho Medicaid covers digital breast tomosynthesis when performed with a screening mammogram for participants ages forty (40) through seventy-four (74) who are candidates for screening mammography. Digital breast tomosynthesis should be billed using CPT codes 77061 or 77062 and should be billed in addition to the standard screening mammography codes. Digital breast tomosynthesis is considered included in general mammography fees; additional reimbursement for digital tomosynthesis beyond the standard mammography fee is not provided. Screening mammograms, with or without tomosynthesis, for participants ages thirty-nine (39) and younger require prior authorization. Diagnostic mammograms are a covered service when they are medically necessary.

Medicaid Protection

Medicaid Protection was put in place at the beginning of the COVID-19 pandemic and provided continued Medicaid coverage for individuals who may have otherwise been ineligible. Congress has recently passed a bill that ends this continued coverage requirement on April 1, 2023.

This does not mean your customers' Medicaid coverage will automatically end on April 1, 2023 even if you are receiving Medicaid as a result of this special protection.

DHW will send notices to customers telling them about any coming changes in their eligibility or benefits, and if they need to complete a re-evaluation.

To ensure you receive notices regarding your benefits and re-evaluations, please report any changes in your contact information, including phone number and mailing address. If your contact information has changed, or you want to confirm your current information, contact DHW using the information below. You can also report changes by visiting idalink.idaho.gov.

Phone

[877-456-1233](tel:877-456-1233)

Email

MyBenefits@dhw.idaho.gov

For more information, visit the [Medicaid Protection FAQ page](#).

Value-Based Payment Education Series

Aurrera
HealthGroup >>>



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Announcing: Idaho Rural Hospital and Clinic Value-Based Care Education Series Beginning February 2023

You're invited!

In partnership with the Idaho Department of Health and Welfare's Bureau of Rural Health & Primary Care, Aurrera Health Group will provide a series of free webinars on value-based care to critical access hospitals and rural health clinics across Idaho, starting in February 2023. Anyone at your organization is welcome to join.

Why attend?

Aurrera Health Group consultants have decades of experience in value-based care and rural payment models, including leadership roles at CMMI (the federal agency responsible for testing value-based care models) and within primary care clinics and health systems engaged in value-based care. From these webinars, you can expect practical, straightforward education and advice to build your organization's capacity and knowledge of value-based care.

The webinars are distinct from other value-based care education; they are customized for the context of safety net providers in Idaho to ensure that they are relevant and useful. Each webinar will be certified for continuing medical education (CME).

Registration Links

Follow these links to register for the webinars. Please note that the first session of each webinar will be open to CAHs and RHCs only; we recommend that you attend this session if possible. The second session will be open to CAH and RHC staff who are unable to attend the first session, as well as other rural providers and stakeholders in the state. You only need to register once per topic.

Webinar 1: Overview of value-based care

Description: Review of terms, types of value-based care models, and the regulatory and legislative landscape for value-based care.

- Option 1: Wednesday, February 22, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).
- Option 2: Tuesday, February 28, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 2: Core capabilities

Description: Overview of core capabilities to succeed in value-based care, why they matter, and unique considerations for rural and remote populations.

- Option 1: Wednesday, March 22, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).
- Option 2: Tuesday, March 28, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 3: Financial methodologies

Description: Deep dive into the financial methodologies of relevant value-based care models, including how payments flow and how to monitor financial performance throughout the year.

- Option 1: Wednesday, April 26, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).
- Option 2: Tuesday, May 2, 2023 at 1:00 MT/ 12:00 PT Register [here](#).

Webinar 4: Legal agreements

Description: Advice and best practices from experts on structuring legal agreements between individual providers and risk-bearing entities in value-based care models.

- Option 1: Wednesday, May 24, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).
- Option 2: Tuesday, May 30, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 5: Quality measures

Description: Overview of types of quality measures most common in value-based care models, including common challenges faced by model participants in quality measurement and reporting.

- Option 1: Wednesday, June 28, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).
- Option 2: Thursday, July 6, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 6: Chronic disease management

Description: Case studies of best practices in chronic disease management and other population health process workflows.

- Option 1: Wednesday, July 26, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).
- Option 2: Tuesday, August 1, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Visit our Website

[Value-Based Healthcare | Idaho Department of Health and Welfare](#)

**Funded by the Health Resources and Services Administration (HRSA),
Federal Office of Rural Health Policy, Medicare Rural Hospital Flexibility
Grant, CFDA #93.241**

Questions? Email us at IdahoVBC@aurerahealth.com

Mission driven. Forward thinking. 






IDHW Extends NEMT Partnership with MTM

The Idaho Department of Health and Welfare (IDHW) and MTM are excited to announce that MTM will continue to operate the state’s non-emergency medical transportation (NEMT) program through at least 2027. IDHW awarded the NEMT contract to MTM through a competitive bidding process. MTM has operated the program on behalf of IDHW since 2018. Since then, MTM has worked with transportation providers and medical facilities to successfully coordinate high quality transportation services for the state’s more than three million Medicaid participants, maintaining a complaint-free trip rate of 99.93%.

Over the past five years, MTM and IDHW have collaborated to improve the NEMT program, increase access to healthcare for Medicaid participants, and improve stakeholder satisfaction with the program. For example, even over the past few months, MTM has introduced new features on the MTM Link platform, including mobile app-based gas mileage reimbursement, which allows participants to submit reimbursement requests with the click of a button. Moving into the new contract term, MTM intends to build upon this foundation of quality and success to move the program forward with innovation, new technology, and increased support for stakeholders.

Some of the improvements that will be introduced to NEMT stakeholders in 2023 and beyond include:

 Participant Experience Enhancements	 Medical Facility Experience Enhancements	 Transportation Provider Experience Enhancements
<ul style="list-style-type: none"> • Better Vehicle Tracking: Participants can receive SMS text alerts when their vehicle is en route, including a link to track the vehicle in real time. • Easier Will Calls: Participants will be able to request a will call return ride using self-service options such as the MTM Link Member app, texting, and IVA, eliminating the need to call MTM. • Streamlined Call Intake: Through improved participant profiling, MTM will better track participants’ trip and communication history and preferences, streamlining the intake experience. 	<ul style="list-style-type: none"> • Complaint Transparency: Through an improved portal experience, IDHW and medical facilities will have visibility into complaint status and resolution. • Improved Where’s My Ride Visibility: Facilities will be able to check the status and location of their patients’ vehicles through their dedicated MTM Link portal, both for arriving and departing vehicles. • Life of a Trip Insight: IDHW and medical facilities will be able to view a detailed timeline of each trip and its interactions, providing a holistic view of NEMT services and improving transparency. 	<ul style="list-style-type: none"> • Improved Payment Visibility: Transportation providers will be able to see the status of their claims through their MTM Link portal, which will provide easy access to claims and payment history. • Advanced Notifications: Using the MTM Link Driver app, drivers can view all notifications and trip updates for their passengers, helping them to better serve participants and receive more timely updates for cancellations or trip modifications.

Through these improvements, MTM and IDHW aim to continue increasing stakeholder satisfaction and make NEMT services easier to access than ever through convenient tools and clear processes. Additionally, MTM intends to place Regional Liaisons in all seven IDHW regions. These Liaisons will reside and work in their dedicated region, and will be available to support local transportation providers, participants, and participant representatives with real-time problem solving and complex trip coordination.

Both IDHW and MTM are excited for the future of the Idaho NEMT program and look forward to working with each of you as we move into the new contract period. More information and announcements will be coming soon as new functionality is launched and available to each stakeholder group.

We thank you for your continued partnership and collaboration as we work together to deliver high quality NEMT services to Medicaid participants!



DEA Announces Important Change to Registration Requirement (January 12, 2023)

DEA Announces Important Change to Registration Requirement

Dear DEA Registrant:

On December 29, 2022, with the signing of the Consolidated Appropriations Act of 2023 (the Act), Congress eliminated the "DATA-Waiver Program."

DEA fully supports this significant policy reform. In this moment, when the United States is suffering tens of thousands of opioid-related drug poisoning deaths every year, the DEA's top priority is doing everything in our power to save lives.

Medication for opioid use disorder helps those who are fighting to overcome opioid use disorder by sustaining recovery and preventing overdoses. At DEA, our goal is simple: we want medication for opioid use disorder to be readily and safely available to anyone in the country who needs it. The elimination of the X-Waiver will increase access to buprenorphine for those in need.

All DEA registrants should be aware of the following:

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder.
- Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. The previously used DATA-Waiver registration numbers are no longer needed for any prescription.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine.
- The Act does not impact existing state laws or regulations that may be applicable.

Separately, the Act also introduced new training requirements for all prescribers. These requirements will not go into effect until June 21, 2023. The DEA and SAMHSA are actively working to provide further guidance and DEA will follow up with additional information on these requirements shortly. Importantly, these new requirements do not impact the changes related to elimination of the DATA-Waiver Program described above.

Sincerely,

Anne Milgram
Administrator

For information regarding DEA's Diversion Control Division, please visit <https://www.DEAdiversion.usdoj.gov>. Please contact the Diversion Control Division Policy Section at ODLP@dea.gov if you seek additional assistance regarding this or any other matter.

[See original signed document.](#)

Free Buprenorphine Training hosted by ECHO Idaho

Buprenorphine is a medication for opioid use disorder that not only reduces opioid use and retains patients in care, but has also been shown to reduce incident HIV and hepatitis C, prevent opioid overdose, and save lives. Help people in your community who are struggling with opioid use, access life-saving medication by learning how to prescribe buprenorphine today!

Although an [X-waiver is no longer required](#) to prescribe buprenorphine for opioid use disorder; physicians, advanced nurse practitioners and physician assistants, could still benefit from training to:

- Better understand the nuts and bolts of prescribing buprenorphine,
- Obtain tips on navigating complex scenarios,
- Learn how to maintain a harm reduction-oriented approach to care.

Access to this life-saving medication remains limited across our rural and frontier state. Sign up for the training today!

ECHO Idaho, in conjunction with Providers Clinical Support System (PCSS), hosts trainings for physicians, advanced nurse practitioners and physician assistants who want to learn more about how to prescribe buprenorphine for opioid use disorder. Providers receive CE credits, meet local addiction medicine experts, and connect with colleagues from across the state who are committed to fighting the opioid epidemic. This SAMHSA-approved training was previously required to obtain an X-waiver; with the signing of the Consolidated Appropriations Act of 2023 (the Act) on 12/29/22, Congress eliminated the "DATA-Waiver Program." The DEA has consequently lifted all registration and training requirements and eliminated the patient limits. This change will dramatically increase access to treatment across the country, and hopefully help turn the opioid epidemic around.

- Website: <https://www.uidaho.edu/academics/wwami/echo/xwaiver>
- Calendar Invite: <https://eventactions.com/eventactions/wwami-project-echo#/actions/atmc/c9rmusehehk7fb15rjgnmkdsdb>



What's ECHOing at ECHO Idaho?

ECHO Idaho is a virtual platform that gives voice to knowledge. Our CE-eligible series combine interactive learning and case-based discussions that offer every health professional the opportunity to participate in a community where experts and peers share knowledge, experience and expertise using technology to connect.

February 2023

Free, Virtual, 1-hour continuing education sessions in February

****Registering with Project ECHO will provide you with regular email updates on all upcoming ECHO trainings. Still not registered? Register [here](#).**

Alzheimer's Disease and Related Dementias

Date: Wednesday, February 22, 2023

Time: 1 - 2 p.m. Mountain time

Topic: Dementia Behavioral Challenges

Featuring: Reiko Emtman, MD, Geriatric Psychiatrist, Boise VA Medical Center

- Add this session to your calendar, [here](#).

Behavioral Health in Primary Care

Date: Wednesday, February 1, 2023

Time: Noon to 1 p.m. Mountain time

Topic: SED - Behavioral Intervention for Adolescents in Mental Health Crisis

Featuring: TBD

- Add this session to your calendar, [here](#).

Date: Wednesday, February 15, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Neurodiversity – Adult Autism Diagnosis

Featuring: Daniel Gibson, PsyD, and Stephen Gibson, MS, MA, of GPS Psychology and Anxiety Clinics

- Add this session to your calendar, [here](#).

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Counseling Techniques for Substance Use Disorders

Date: Thursday, February 2, 2023

Time: Noon to 1 p.m. Mountain time

Topic: The Recovery Model and Trauma-Informed Practices

Featuring: Norma Jaeger, Executive Director, Recovery Idaho

- Add this session to your calendar, [here](#).

Date: Thursday, February 16, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Case Management – Coordinating Care Between Treatment and Recovery Centers

Featuring: Sara Bennett, LCPC, CADC, Executive Director of Riverside Recovery and Shaun Hollace, Executive Director, First Step 4 Life Recovery Center

- Add this session to your calendar, [here](#).

Geriatric Care

Date: Tuesday, February 14, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Typical Geriatric Syndromes

Featuring: Megan Dunay, MD, MPH, Geriatrics and Palliative Care Physician, Medical Director, Idaho State Veteran's Home, Medical Director, Keystone Health, Associate Medical Director, Keystone Hospice

- Add this session to your calendar, [here](#).

Date: Tuesday, February 28, 2023

Time: Noon to 1 p.m. Mountain time

Topic: Polypharmacy and Deprescribing: How to manage Medication Therapy

Featuring: Julie Brown, PharmD, Geriatric Clinical Pharmacist, Owner of ClinRx and Connect Pharmaceuticals LTC

- Add this session to your calendar, [here](#).

Medications for Opioid Use Disorder (MOUD) Consultation Hours*

*CE not offered for this series

Date: Thursday, February 2, 2023

Time: 12:30 – 1:30 p.m. Mountain time

Topic: Audience Q & A

Featuring: Rotating Expert Panel

- Add this session to your calendar, [here](#).

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Date: Thursday, February 16, 2023
Time: 12:30 – 1:30 p.m. Mountain time
Topic: Audience Q & A
Featuring: Rotating Expert Panel

- Add this session to your calendar, [here](#).
 - [2023 MOUD Consultation Hours Flyer \(PDF\)](#)

Opioids, Pain, and Substance Use Disorders

Date: Thursday, February 9, 2023
Time: 12:15 – 1:15 p.m. Mountain time
Topic: Review of New CDC Guidelines
Featuring: Eli Harris, MD, Pain Management Physician, St. Alphonsus

- Add this session to your calendar, [here](#).

Date: Thursday, February 23, 2023
Time: 12:15 – 1:15 p.m. Mountain time
Topic: The Science of Addiction – Neurobiology and Diagnosis of SUDs
Featuring: Cate Heil, MD, Addiction Medicine Fellow

- Add this session to your calendar, [here](#).

Pediatric Autism

Date: Thursday, February 9, 2023
Time: 1 – 2 p.m. Mountain time
Topic: Navigating Family Crisis
Featuring: Angela Lindig, Idaho Parents Unlimited

- Add this session to your calendar, [here](#).

Date: Thursday, February 23, 2023
Time: 1 – 2 p.m. Mountain time
Topic: Social and Internet Safety
Featuring: Dawn Orchard, DNP, APRN, CPNP-PC, PMHS
St. Luke's Children's Center for Autism and Neurodevelopmental Disabilities

- Add this session to your calendar, [here](#).

Viral Hepatitis and Liver Care

Date: Monday, February 13, 2023
Time: Noon to 1 p.m. Mountain time

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Topic: Updates in Hepatocellular Carcinoma

Featuring: Elsbeth Jensen-Otsu, MD, Boise VA Medical Center

- Add this session to your calendar, [here](#).

Date: Monday, February 27, 2023

Time: Noon to 1 p.m. Mountain time

Topic: End of Life Care / Palliative Care

Featuring: Bill Galligar, MD

- Add this session to your calendar, [here](#).

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FAX: (208) 364-1811

January 26, 2023

MEDICAID INFORMATION RELEASE MA23-02

To: Personal Assistance Agencies

From: Juliet Charron, Administrator 

Subject: Flexibilities given for PCS care by spouse/parents during the Public Health Emergency

Certain flexibilities in federal rules have been granted to state Medicaid Agencies for the duration of the Public Health Emergency (PHE), effectively declared by the Secretary of Health and Human Services in January of 2020. These flexibilities were intended to support access to services that may have otherwise become available.

One of those flexibilities has been the temporary waiving of a federal regulation [42 C.F.R. §440.167 *Personal Care Services*], which prohibits certain individuals from being compensated by a state Medicaid Agency for providing personal care services (PCS) to a Medicaid participant, primarily certain family members. In Idaho, this is specific to spouses of participants and parents of minor children who are participants.

This emergency flexibility granted during the PHE will expire once the Secretary lifts the emergency declaration (the ability of parents and spouses to act as paid caregivers).

Idaho Medicaid urges Personal Assistance Agencies to proactively communicate on this issue. Specifically, any parents of participants who are minor children and spouses of participants who have been paid caregivers during the course of the PHE should be informed that the relevant federal regulation will no longer be waived at the conclusion of the PHE. Idaho Medicaid strongly encourages agencies and families to work closely together to plan for this eventuality, and have a course of action ready so that there is continuous care available for their family member.

While the exact date of the expiration is solely at the Health and Human Services Secretary's discretion, the [most recent renewal](#) of the declaration occurred on January 11, 2022. This renewal will expire on April 11, 2023. It is possible that the PHE ends in April, and it is also possible that it may be renewed (as it has been every ninety (90) days since April of 2020).

Below are answers to what we anticipate will be frequently-asked questions (FAQs) from parents and spouses who are currently paid caregivers.

I am currently the parent of a minor child participant, or the spouse of a participant, being paid to provide care to my loved one under Personal Care Services or the Aged and Disabled Waiver program. Will I be able to continue doing so?

- No. This flexibility was temporarily implemented during the federally declared Public Health Emergency (PHE) to support access to services during the pandemic.

When will this change be effective?

- Parents of minor children and spouses will no longer be able to provide care as paid caregivers when the PHE has concluded. It is possible that the PHE may conclude as early as April 11, 2023. It is also possible that the PHE may be extended again. Idaho Medicaid will communicate with your agency as soon as the announcement is made.

How much time will I have to work with the agency to find a new caregiver for my loved one?

- States expect to have at least sixty (60) days' notice from federal partners before the end of the PHE. If a sixty (60) day notice is provided, that will allow two months for you to work with your agency to transition to a different caregiver. We are notifying you now in order to adequately prepare and plan for this eventuality.

Why can't Idaho continue to allow me to be the paid caregiver for my loved one?

- Idaho is not able to permanently implement this temporary flexibility, based on the regulatory framework of these programs. Federal regulations prohibit it.

I am concerned about the loss of income if I am no longer my loved one's paid caregiver.

- The Medicaid program is intended to provide coverage for services to support Medicaid participants. While we understand that this temporary flexibility has been beneficial to participants and households, providing income to a family is not the purpose of the program.

Thank you for participating in the Idaho Medicaid Program.

JC/db

The content of this guidance document is not new law, but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Idaho Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling 208-334-5747.

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
	Coordination of Benefits	Claims Adjustments	PEA New Enrollment
10-11:00 AM MT	2/15/2023	3/15/2023	4/19/2023
	2/16/2023	3/16/2023	4/20/2023
	2/21/2023	3/21/2023	4/18/2023
2-3:00 PM MT	2/8/2023	3/8/2023	4/12/2023
	2/9/2023	3/9/2023	4/13/2023
	2/16/2023	3/16/2023	4/20/2023
	2/21/2023	3/21/2023	4/18/2023

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 [25](#) of this newsletter.

DHW Resource and Contact Information

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

Insurance Verification

HMS PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134
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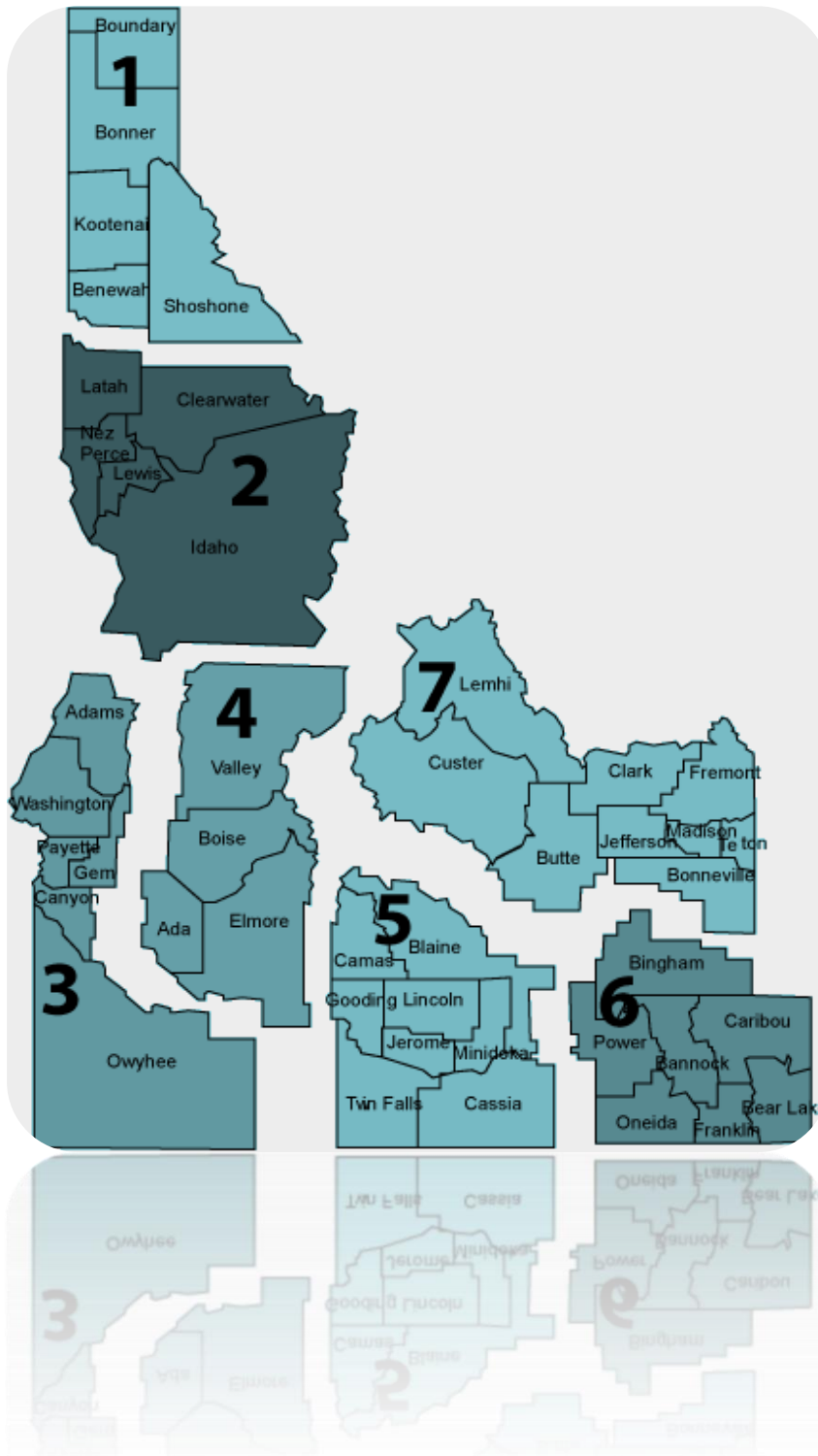
Gainwell Technologies Provider and Participant Services Contact Information

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

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

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MedicaidCommunications@dhw.idaho.gov

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