



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

November 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.

Reporting Evaluation and Management Services

The Medicaid Program Integrity Unit has identified instances where providers billed for office and outpatient evaluation and management (E/M) services that did not conform to the newly implemented E/M guidelines as outlined in the American Medical Association's (AMA) Current Procedural Terminology (CPT) codebook.

In 2021 and 2023, the AMA made significant code and documentation guideline changes, revisions, and deletions to the E/M subsections of the CPT codebook. One of these changes included the deletion of the three components required for code selection (history, examination, and medical decision making (MDM)). Effective January 1, 2021, physicians and/or other qualified health care professionals can use the total time spent on the date of the encounter or the appropriate level of MDM as criteria for code selection except for services provided in the emergency department. While history and/or physical examination are no longer key components for code selection, they should still be performed and documented when medically appropriate.

Guidelines for Selecting Level of E/M Service Based on MDM:

The four levels of MDM are: straightforward, low, moderate, and high. MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM is defined by three elements:

- The number and complexity of problem(s) addressed during the encounter.
- The amount and/or complexity of data to be reviewed and analyzed.
- The risk of complications and/or morbidity or mortality of patient management.

Data to be reviewed and analyzed includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and/or analyzed for the encounter. This includes information obtained from multiple sources and interpretation of tests that are not reported separately. Two of the three elements of MDM must be met or exceeded to bill for that level. Documentation must state what was done throughout the evaluation and must meet or exceed the level of E/M service billed.

Guidelines for Selecting Level of Service Based on Time:

When time is used for reporting E/M services, the times defined in the service descriptors are used for selecting the appropriate level of services reported. Time is calculated based on the total time spent by the physician or other qualified healthcare professional on the date of the encounter as documented in the medical record. Time includes both the face-to-face and non-face-to-face time spent during the encounter but does not include time spent in activities normally performed by clinical staff. It is important to review instructions in AMA's CPT codebook for each E/M service reported as time/criteria used for code selection may differ.

The AMA has additional information regarding E/M revisions which can be found online at: <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>

Providers are responsible to ensure the accuracy of claims submitted to Medicaid. Providers are required to generate records at the time the service is delivered and maintain all records necessary to fully document the extent of services billed. Services billed which are not in compliance with Medicaid rules and policies are subject to recoupment and/or civil monetary penalties.

Homes for Adult Residential Treatment (HART) Update

The Homes for Adult Residential Treatment (HART) home model transitioned to the Division of Medicaid from the Division of Behavioral Health on July 1, 2023.

The Bureau of Long-Term Care (BLTC) is temporarily facilitating the onboarding of new HART providers until the new Idaho Behavioral Health Plan (IBHP) goes into effect. At that time, the new IBHP vendor will assume credentialing and oversight activities for HART providers. This is anticipated to be on or after March 1, 2024.

The BLTC is accepting applications from current Residential Assisted Living Facility (RALF) providers interested in operating as a HART home. The current HART standards and HART Provider Agreement Additional Terms may be reviewed on the [BLTC provider website](#). RALF providers interested in pursuing HART credentialing may initiate the application process by submitting a Notice of Interest to the BLTC by emailing the following information to BLTCQA@dhw.idaho.gov for each facility seeking HART status:

- Business name:
- Facility name/DBA (if different than business name):
- NPI or Provider Number:
- Facility Address:
- Current census:
- Contact name:
- Contact phone number:
- Contact email address:

After undergoing a third-party assessment validating that the provider is reasonably expected to meet all HART requirements and standards, the BLTC will request that the provider submit a signed Provider Agreement Additional Terms with a current facility roster. At that time, the BLTC will issue new prior authorizations as appropriate.

Interested RALF providers must apply for HART status on or before January 1, 2024. All current and new HART providers will be required to recredential under the new IBHP once the new vendor assumes credentialing and oversight activities. Please reach out to the BLTC with questions at BLTCQA@dhw.idaho.gov with "HART" in the email subject line to route your questions appropriately.

Co-Pays for Medicaid Expansion Participants

Co-pays returned for participants on June 1st after the public health emergency was declared over. Participants eligible under Medicaid expansion began being liable for co-pays for the first time since expansion passed in Idaho.

After hearing concerns from participants and providers, it was determined that co-pays were incorrectly being applied to participants with a household income of under 100% of the federal poverty limit (FPL). All co-pays for the expansion population are being suspended while we work on updating the system. This is being applied to claims retroactively to June 1st. Providers will need to refund any co-payments collected previously since that time.

When co-pays return for Medicaid expansion participants making over 100% of FPL, it will be on a prospective basis. Claims will not be impacted retroactively for the new co-pay.

Questions and comments about this article may be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.

Large Claims Reprocessing-Incorrect Co-pay

Idaho Medicaid has directed Gainwell to reprocess more than 80,000 claims. The eligibility for some adult Medicaid participants incorrectly showed they were subject to a copayment of \$3.65. This has been updated as these participants are not subject to a copayment. All impacted claims will be reprocessed by the end of October. Providers must refund the participant for any co-pays previously paid on these claims. Providers will be able to identify the claims that are impacted based on their Remittance Advice.

Please contact Gainwell with any questions via Secure Message on the provider portal or by emailing your [Provider Relations Consultant](#).

Childhood Lead Poisoning Prevention Program

The Idaho Division of Public Health's Environmental Health Program developed a Childhood Lead Poisoning Prevention Program (CLPPP) in 2021 using federal funding from the Centers for Disease Control and Prevention. The Idaho CLPPP is dedicated to working with medical providers, parents, community partners, and early care and education (ECE)/childcare providers to increase awareness on lead exposures, potential risks they pose to young children, and increase blood lead testing rates for children ages six and younger in Idaho. Over the past year, the CLPPP has worked on several resources to increase lead awareness, including:

- [The Childhood Lead Newsletter \(Volume 2, June 2023\)](#)-Includes information on Idaho's new Lead Risk Assessment and Blood Lead Testing Recommendations, lead recall notifications, the "new" CLPPP webpage", free radon tests for ECE facilities, and additional highlights.
- [Idaho Lead Risk Assessment and Blood Lead Testing Recommendations](#). Created in collaboration with the Idaho Lead Advisory Committee to provide clear blood lead testing guidance to pediatric health care providers emphasizing the importance of blood lead testing for children less than 6 years of age. Components includes the lead risk assessment questionnaire, blood lead testing requirements and recommendations, follow-up blood lead testing recommendations, and medical management for children identified with lead in their blood.
- Idaho Lead Risk Assessment Questionnaire. A series of specific questions to aid in determining potential risk factors for lead exposure and identify children who should have a blood lead test. The Questionnaire is available in both [English](#) and [Spanish](#).
- For all up to date information on lead and lead resources, visit [Lead | Idaho Department of Health and Welfare](#).

NU Modifier Requirement for DME and Supply Purchases

Supplies and accessories that are rendered to Idaho Medicaid participants are either approved for a 10 month rental or they are only covered as a purchase. Billing correctly is the providers responsibility. Idaho Medicaid recognizes modifier NU to identify a new and purchased item and modifier RR for rentals. If the correct modifier is not billed on the service line, the claim services may be denied.

Medicaid Bulletin

We want to hear from you!

Your feedback matters!

The Idaho Department of Health and Welfare wants to hear about your experience with the Medicaid Dental program.

Why Participate?

The Department of Health and Welfare is in the process of developing a new contract for the Medicaid Dental plan. We value the feedback of members, family, providers and other stakeholders as we go through this process to understand broad experiences and identify areas of improvement. Your feedback is an important part of this process as we work to improve this program for the future.

Member/Provider Virtual Engagement Dates:

November 8, 2023 at 11:30 am

<https://idhw.webex.com/idhw/j.php?MTID=m939311fbf30a38d7d75fbfc172158127>

November 17, 2023 at 10:00 am

<https://idhw.webex.com/idhw/j.php?MTID=m7071878f9f9edf17c2511decb72fc9b0>

November 30, 2023 at 10:00 am

<https://idhw.webex.com/idhw/j.php?MTID=mf5749dd20a98f9c21ab8c05d7314a26a>

All Times Mountain Time

Unable to attend? No problem! Written feedback will be accepted until October 31, 2023 and can be submitted by completing a simple questionnaire.

To complete the questionnaire visit:

<https://app.keysurvey.com/f/41678262/15fe/>

CPT® and HCPCS Coverage Update

The following codes are being added for coverage. Please, allow additional time for the system to be updated. Claims will be reprocessed once complete. All statute, rule and provider handbook requirements apply.

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	7/17/2023	No
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	7/17/2023	No
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, single dose	9/11/2023	No
91318	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	9/11/2023	No
91319	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	9/11/2023	No
91320	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	9/11/2023	No
91321	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 25 mcg/0.25 ml dosage, for intramuscular use	9/11/2023	No
91322	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 50 mcg/0.5 ml dosage, for intramuscular use	9/11/2023	No
A9573	Injection, gadopiclenol, 1 ml	10/1/2023	No
A9603	Injection, pafolacianine, 0.1 mg	10/1/2023	No
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	10/1/2023	No
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to	10/1/2023	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
	feeding/flushing syringe, administration set tubing, dressings, tape		
C9152	Injection, aripiprazole, (abilify asimtufii), 1 mg	10/1/2023	Yes, Pharmacy
C9153	Injection, amisulpride, 1 mg	10/1/2023	No
C9154	Injection, buprenorphine extended-release (brixadi), 1 mg	10/1/2023	No
C9155	Injection, epcoritamab-bysp, 0.16 mg	10/1/2023	No
C9156	Flotufolastat f 18, diagnostic, 1 millicurie	10/1/2023	No
C9157	Injection, tofersen, 1 mg	10/1/2023	Yes, Pharmacy
C9158	Injection, risperidone, (uzedy), 1 mg	10/1/2023	No
C9789	Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	10/1/2023	No
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	10/1/2023	No
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)	10/1/2023	No
J0174	Injection, lecanemab-irmb, 1 mg	7/6/2023	Yes, Pharmacy
J0349	Injection, rezafungin, 1 mg	10/1/2023	No
J0801	Injection, corticotropin (acthar gel), up to 40 units	10/1/2023	Yes, Pharmacy
J0802	Injection, corticotropin (ani), up to 40 units	10/1/2023	Yes, Pharmacy
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	10/1/2023	No
J0889	Daprodustat, oral, 1 mg, (for esrd on dialysis)	10/1/2023	No
J2359	Injection, olanzapine, 0.5 mg	10/1/2023	No
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	10/1/2023	No
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	10/1/2023	No
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	10/1/2023	No
J7519	Injection, mycophenolate mofetil, 10 mg	10/1/2023	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	10/1/2023	No
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	10/1/2023	No
J9345	Injection, retifanlimab-dlwr, 1 mg	10/1/2023	No
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	10/1/2023	No
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	10/1/2023	No

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Questions and comments about this article may be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.

Finalized Limitations on DMEPOS

Idaho Medicaid solicited comments in September and October from providers on changes to proposed shared limitations for durable medical equipment and supplies. One commenter recommended placing L3010 and L3020 on prior authorization. Effective 01/01/2024, L3010 and L3020 will require a prior authorization. No other comments were received, and other changes are being implemented as proposed. Implemented changes will be reviewed periodically for billing trends and reassessment.

All codes with a shared limit must have the same limitation for the claims processing system to bundle the codes together. Because two items don't share a limit, doesn't mean it's appropriate to supply those items together. The descriptions presented here are for the general purpose of reading this article. The official code descriptions still apply.

Finalized Limitations, Effective 12/01/2023		
Description	Codes	Shared Limit
Canes	E0100, E0105	1 per 3 years.
Wheelchair bearings, replacement only	E2210	12 per 5 years.
Propulsion wheel excludes tire, repl, each	E2224	2 per 5 years.
Caster wheel	E2225, E2395	4 per 5 years.
Caster fork	E2226, E2396	4 per 5 years.
Gear reduction drive wheel, each	E2227	2 per 5 years.
Manual wheelchair acc, wheelchair brake	E2228	2 per 5 years.
Wheelchair Standing System	E2230, E2301	1 per 5 years.

Finalized Limitations, Effective 12/01/2023		
Description	Codes	Shared Limit
Wheelchair Seat Cushion	E2231, E2292, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2622, E2623, E2624, E2625	1 per 3 years.
Wheelchair Back Cushion	E2291, E2293, E2294, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621	1 per 3 years.
Wheelchair Seat Elevation	E2295, E2300	1 per 5 years.
Wheelchair Controller Connection	E2310, E2311	1 per 5 years.
Power WheelChair harness, expand control, each	E2313	1 per 5 years.
Pwr wheelchair accessory attendant control	E2331	1 per 5 years.
Pwr wheelchair accsr electronic SGD interface	E2351	1 per 5 years.
Wheelchair Battery Charger	E2366, E2367	1 per 5 years.
Power wheelchair motor replacement	E2368	2 per 5 years.
Power wheelchair gear box replacement	E2369	2 per 5 years.
Power wheelchair motor/gear box combo	E2370	2 per 5 years.
Controller	E2375, E2376, E2377	1 per 5 years.
Power wheelchair actuator, replacement	E2378	2 per 5 years.
Drive wheel excludes tire, replacement	E2394	2 per 5 years.
Speech generate dev software prgrm for PC/PDA	E2511	1 per 5 years.
Speech generate dev accessory, mounting system	E2512	1 per 5 years.
Replace cover wheelchair seat cushion	E2619	2 per 3 years.
Shoulder Elbow Mobile Arm Support	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633	2 per 5 years.
Gait Trainers	E8000, E8001, E8002	1 per 5 years.
Arm pad each	K0019	2 per 3 years.
Foot rest lower extension tube	K0043	2 per 5 years.
Foot rest upper hanger bracket	K0044	2 per 5 years.
Elevating leg rest lower extension tube	K0046	2 per 5 years.
Spoke protectors each	K0065	2 per 5 years.
Caster pin lock each	K0073	2 per 5 years.
IV hanger, each	K0105	1 per 5 years.
Elevating leg rests pair rental wheelchair	K0195	1 per 5 years.
Infusion Pump uninterrupted parenteral admin	K0455	1 per 5 years.
Shoe Inserts	L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160,	6 per year.

Finalized Limitations, Effective 12/01/2023		
Description	Codes	Shared Limit
	L3170, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3500, L3510, L3520	

Questions and comments about this article should be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.



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September 18, 2023
AMENDED October 6, 2023

MEDICAID INFORMATION RELEASE MA23-16

To: Nursing Facility Providers
From: Juliet Charron, Administrator 
Subject: Nursing Facility Optional State Assessment (OSA) Training

In March 2023, the Department released [MA23-07 Changes to Idaho Medicaid Nursing Facility Assessment Schedules](#) to notify nursing facility providers that beginning October 1, 2023, the Optional State Assessment (OSA) will be required by the state.

The Department has contracted with Myers and Stauffer to hold an OSA Webinar on September 26, 2023 from 9:00 am – 10:00 am Mountain Time. The webinar will be an information only webinar with Myers and Stauffer reviewing the assessment and taking questions via chat. Myers and Stauffer will be recording this webinar and the recording will be posted at a later date for those unable to attend.

The Department encourages nursing facility providers, MDS coordinators, nursing directors, nursing facility administrators, and consultants to attend. Additionally, please submit questions prior to September 24, 2023 to the MedicaidReimTeam@dhw.idaho.gov inbox. A frequently asked questions (FAQ) document will be posted after the session along with the recording. The Department will provide a link once available.

See below for the link to access the webinar. You do not need to sign up beforehand.

[Click Here](#) or use
<https://mslc.webex.com/mslc/j.php?MTID=me810ba481891409732e77ec08cd209e8>

Access Code: 2424 128 2271
Webinar Password: IDTraining
Dial-in Number: 1-844-740-1264
Dial-in Password: 43872464

The recording of this training is available [here](#) and slides are available through this [link](#).

Information Release MA23-16
September 18, 2023 – Amended October 6, 2023
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Thank you for your continued participation in the Idaho Medicaid program.

JC/js

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October 25, 2023

MEDICAID INFORMATION RELEASE MA23-19

To: Hospice Providers
From: Juliet Charron, Administrator *Juliet Charron*
Subject: Medicaid Hospice Rates Fiscal Year 2024

[Section 3004 of the Affordable Care Act](#) amended the Social Security Act to authorize a Medicare quality reporting program for hospice providers. The two tables below include Medicaid hospice rates for federal fiscal year 2024. Table 1 includes the Medicaid hospice rates for those providers that have complied with the quality reporting requirements. Table 2 includes rates for those providers that have not complied with the reporting requirements.

Effective for dates of service on and after October 01, 2023 through September 30, 2024, Medicaid hospice rates are as follows:

- Revenue Code 0651: Routine Home Care
- SIA – Service Intensity Add-on (15 minute units, up to four (4) hours per day)
- Revenue Code 0652: Continuous Home Care
- Revenue Code 0655: Inpatient Respite Care
- Revenue Code 0656: General Inpatient Care

Table 1 – Hospice Providers that Have Submitted Medicare Required Quality Data

County	Revenue Code					
	651		SIA	652	655	656
	Days 1-60	Days 61-∞	Up To	All Days		
Franklin	\$204.35	\$162.49	\$243.68	\$15.23	\$505.58	\$1,080.99
Kootenai	\$206.84	\$163.28	\$244.96	\$15.31	\$507.83	\$1,086.00
Jerome County and Twin Falls County	\$199.80	\$157.72	\$235.36	\$14.71	\$491.92	\$1,050.51
Nez Perce	\$197.44	\$155.86	\$232.16	\$14.51	\$486.61	\$1,038.66
Bannock and Power	\$210.50	\$166.17	\$249.92	\$15.62	\$516.11	\$1,104.48

Bonneville, Butte, and Jefferson	\$192.32	\$151.82	\$225.28	\$14.08	\$475.03	\$1,012.84
Ada, Boise, Canyon, Gem, and Owyhee	\$205.38	\$162.13	\$243.04	\$15.19	\$504.54	\$1,078.66
RURAL (all others)	\$189.75	\$149.79	\$221.76	\$13.86	\$469.23	\$999.90

Table 2 – Hospice Providers that Have Not Submitted Medicare Required Quality Data

County	Revenue Code					
	651		SIA	652	655	656
	Days 1-60	Days 61-∞	Up To	All Days		
Franklin	\$193.90	\$153.06	\$229.56	\$14.35	\$476.24	\$1,018.22
Kootenai	\$194.84	\$153.80	\$230.81	\$14.43	\$478.36	\$1,022.95
Jerome County and Twin Falls County	\$188.20	\$148.56	\$221.72	\$13.86	\$463.37	\$989.52
Nez Perce	\$185.99	\$146.81	\$218.74	\$13.67	\$458.37	\$978.35
Bannock and Power	\$198.29	\$156.52	\$235.51	\$14.72	\$486.16	\$1,040.35
Bonneville, Butte, and Jefferson	\$181.16	\$143.00	\$212.15	\$13.26	\$447.47	\$954.03
Ada, Boise, Canyon, Gem, and Owyhee	\$193.46	\$152.71	\$228.93	\$14.31	\$475.26	\$1,016.03
RURAL (all others)	\$178.74	\$141.09	\$208.86	\$13.05	\$442.00	\$941.84

Counties not specifically stated above fall into the "RURAL (all others)" category.

The hospice cap amount for the cap year ending September 30, 2024, is \$33,494.01.

Rate information is based on the Federal Register and the Centers for Medicare and Medicaid [publications](#). If you have any questions regarding these rates please contact the Medicaid Reimbursement Team, at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov.

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

JC/js

Information Release MA23-19
October 25, 2023
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Provider Training Opportunities

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

November: Long Term Care

This training will show Long Term Care providers how to submit for admissions, discharges, and ICF/ID preadmissions, how to upload, fax, and mail supporting documentation, how to use the LTC case status, and how to verify eligibility.

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.

	November	December	January
	Long Term Care	Respite	Eligibility
10-11:00 AM MT	11/15/2023	12/20/2023	1/17/2024
	11/16/2023	12/21/2023	1/18/2024
	11/21/2023	12/19/2023	1/16/2024
2-3:00 PM MT	11/08/2023	12/13/2023	1/10/2024
	11/09/2023	12/14/2023	1/11/2024
	11/16/2023	12/21/2023	1/18/2024
	11/21/2023	12/19/2023	1/16/2024

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 [19](#) 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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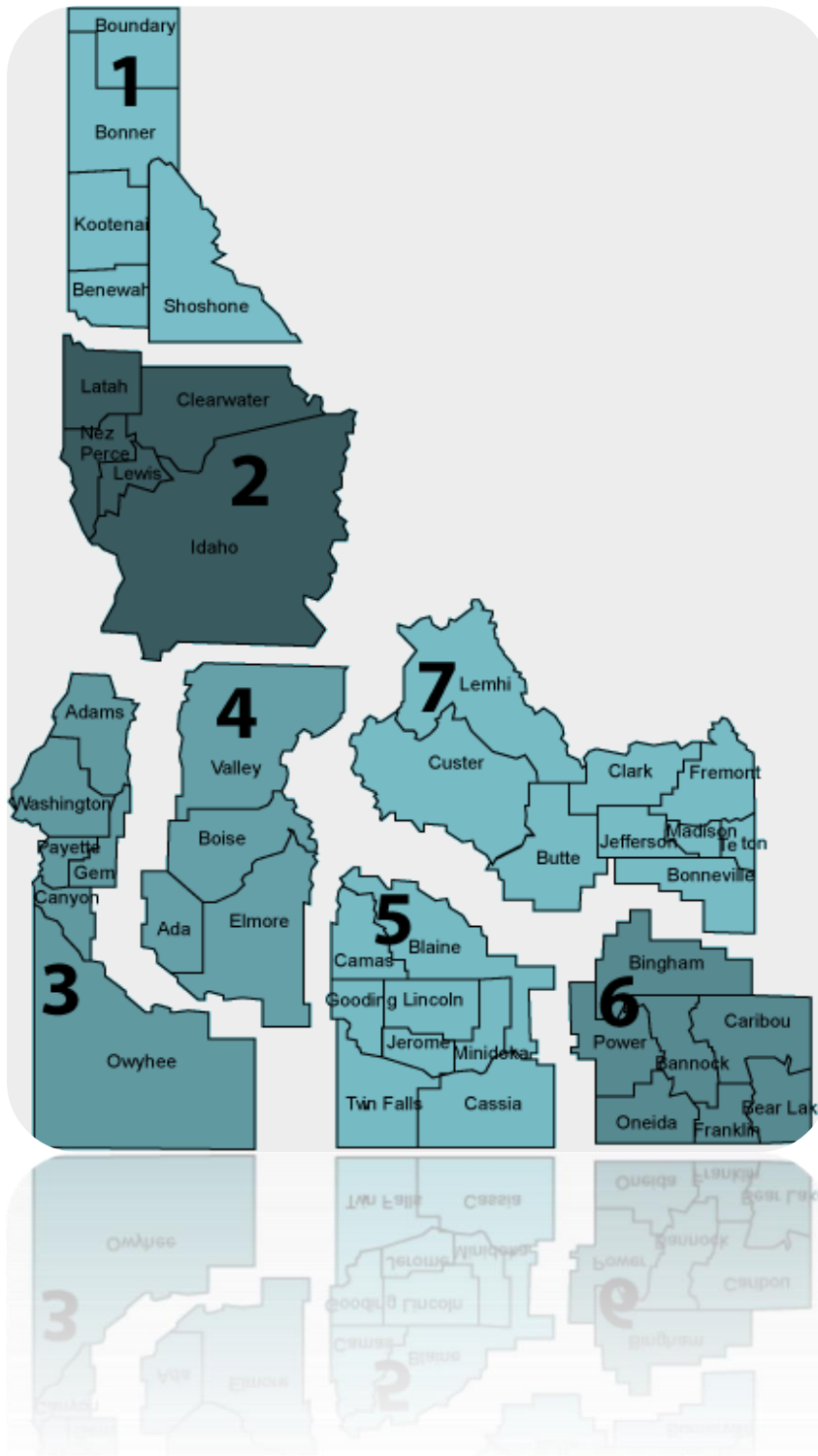
Gainwell Technologies Provider and Participant Services Contact Information

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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PO Box 70082
Boise, Idaho 83707



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Editor: Shannon Tolman**

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please send them to:

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MedicaidCommunications@dhw.idaho.gov

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Boise, ID 83720-0009

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