



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

December 2023

In This Issue

- Casting, Splinting, or Strapping During Surgical Global Periods 2
- Rescission of COVID-19 Related Information Releases 3
- BLTC Launches a New Auditing System..... 4
- Did You Know? Empowering Through Self-Service..... 4
- Help Gainwell Help You 5
- Trading Partner Cleanup 6
- Billing 340B Pharmacy Claims..... 6
- Coverage of Omnipods..... 6
- Supported Living: Feedback Regarding 6
- Resident Limits Requested 6
- Vision Therapy Coverage..... 7
- Provider Training Opportunities.....13
- DHW Resource and Contact Information14
- Insurance Verification.....14
- Gainwell Technologies Provider and Participant Services Contact Information15
- Gainwell Technologies Provider Services Fax Numbers.....15
- Provider Relations Consultant (PRC) Information.....16

Information Releases

- MA23-20 Administrative Rule Changes..... 8
- MA23-22 PCS By Parents and Spouses.....11

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.

Casting, Splinting, or Strapping During Surgical Global Periods

The Medicaid Program Integrity Unit has identified providers billing application of casts, splints, and/or strapping Current Procedural Terminology (CPT) code(s) during a post-operative period. Cast, splint, and strap applications are included in the global surgical package and cannot be reported separately if a service from the Musculoskeletal System section of American Medical Association's (AMA) CPT codebook (codes 20100-28899 and 29800-29999) was performed for the same anatomic area. The global surgical package includes all medical and surgical services related to the initial surgery that do not require a return to the operating room.

The [National Correct Coding Initiative \(NCCI\)](#) is a program of coding policies and edits established by the Centers for Medicare and Medicaid services to ensure accurate coding and reporting of services. Federal law mandates NCCI edits be implemented for Medicaid services. Idaho Medicaid recognizes there are times when AMA's CPT codebook guidelines conflict with NCCI. In the event of a conflict, NCCI policy and edits supersede AMA's CPT codebook.

The April 2011, Medicaid Information Release MA11-05, addressed implementation of Medicaid National Correct Coding Initiative (MCDNCCI). It states, in pertinent part:

Federal law mandates that the NCCI and MUE edits must be implemented. The MCDNCCI edits supersede the Medicaid State Plan, all Idaho Medicaid policies, Medicaid articles, and other previous guidance provided on procedure-to-procedure and units-of-service edits.

[Section G of Chapter 4, Surgery: Musculoskeletal System, CPT codes 20000-29999, of the National Correct Coding Initiative \(NCCI\) Policy Manual for Medicaid Services](#), effective January 2023, as well as previous versions, states in pertinent part:

6. The CPT codes for closed, percutaneous, or open treatment of fractures or dislocations include the application of casts, splints, or strapping. The CPT codes for casting/splinting/strapping shall not be reported separately.

7. If a physician treats a fracture, dislocation, or injury with an initial cast, strap, or splint and also assumes the follow-up care, the physician cannot report the casting/splinting/strapping CPT codes since these services are included in the fracture and/or dislocation CPT codes

8. If a practitioner treats a fracture, dislocation, or injury with a cast, splint, or strap as initial service without any other definitive procedure or treatment and only expects to perform the initial care, the physician may report an evaluation and management (E&M) service, a casting/splinting/strapping CPT code, and a cast/splint/strap supply code (Q4001-Q4051).

[Section C of Chapter 1, General Correct Coding Policies, of the NCCI Policy Manual for Medicaid Services, effective January 2023](#), as well as previous versions, addresses medical/surgical package and states, in pertinent part:

14. Treatment of complications of primary surgical procedures is separately reportable with some limitation. The global surgical package for an operative procedure includes all intra-operative services that are normally a usual and necessary part of the procedure. Additionally, the global surgical package includes all medical and surgical services required of the surgeon

during the postoperative period of the surgery to treat complications that do not require return to the operating room. Thus, treatment of a complication of a primary surgical procedure is not separately reportable:

- (1) if it represents usual and necessary care in the operating room during the procedure; or
- (2) if it occurs postoperatively and does not require return to the operating room...

Claims billed to Idaho Medicaid must be in accordance with coding policies and guidelines as defined in AMA's CPT codebook and must comply with NCCI policy and edits. Codes for the application of casts, splints, or straps should only be billed during the global period if it is unrelated to the original fracture or dislocation being treated and documented in the participant's medical record. Providers can bill for casting/splinting/strapping supply codes (Q4001-Q4051) when used during the surgical global period. Application codes for casting, splinting, or strapping billed that are not in compliance with coding and NCCI policy guidelines are subject to recoupment and civil monetary penalties.

Rescission of COVID-19 Related Information Releases

During the COVID-19 public health emergency, Idaho Medicaid issued many Information Releases (IRs) to support communication with our providers and implement policy flexibilities to facilitate timely and safe access to care.

[MA23-09 COVID-19 Medicaid Flexibilities Under The PHE](#), provided new policy direction for many of those IR's. Other COVID-19 related IRs (listed below) are no longer relevant policy and are considered rescinded. They will remain available for public viewing on our website but will reflect their rescinded status.

All Medicaid Providers	
MA#	Subject
MA20-12	Temporary Suspension of Medicaid Co-payments for All Services - Amended
MA20-13	COVID-19 Telehealth HIPAA Guidance
MA20-41	Returning to School and Requesting CHIS Increases
MA20-45	COVID-19 CFAC Medicaid Provider Stabilization Fund - Amended
MA21-01	COVID-19 Vaccine And Idaho Medicaid - AMENDED
MA21-03	COVID-19 CFAC Medicaid Provider Stabilization Fund
MA21-06	COVID-19 NEMT Providers - Vaccination Priority Group Clarification
MA21-14	COVID-19 CFAC Medicaid Provider Stabilization Fund
MA21-20	COVID-19 CFAC Medicaid Provider Stabilization Fund - Amended
MA21-25	COVID-19 Vaccine And Idaho Medicaid - AMENDED
MA22-01	Ongoing COVID-19 Flexibilities Under the PHE

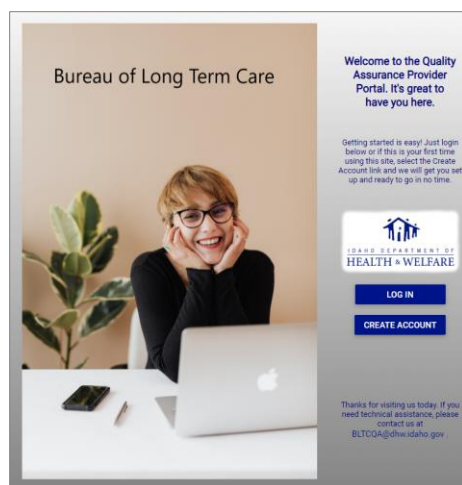
Current policy for all immunization services can be found in the Immunization and Vaccines section of the [Physician and Non-Physician Practitioner](#), Idaho Medicaid Provider Handbook. The latest additions to COVID-19 vaccine and immunization procedure codes have been published in the [November 2023 edition](#) of the *MedicAide* newsletter in the *CPT® and HCPCS Coverage Update* article.

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

BLTC Launches a New Auditing System

The Bureau of Long Term Care (BLTC) has the responsibility to provide quality assurance oversight to Personal Assistance Agencies (PAA), Residential Assisted Living Facilities (RALF) as well as Personal Emergency Response (PERS) and Meals providers. BLTC is excited to announce that it has launched a new Quality Assurance auditing system. The new system is web based and has been designed to streamline the auditing process and allow for better data integrity and more efficient operational process for the QA team, but it also vastly improves the auditing experience for the provider. Each provider will be given a unique login where they can access information specific to their agency including a dashboard that allows them to upload all required documentation and staff rosters, track the progress of their current audit as well as view past audits, update their demographics and communicate with the Quality Assurance Specialist assigned to their audit.

The new system was designed and developed by the QA team working collaboratively with the state IT contractors.



Did You Know? Empowering Through Self-Service

Did you know that each billing provider that is enrolled with Idaho Medicaid is able to establish a secure Trading Partner Account (TPA) on the provider portal, which offers multiple resources and tools, on demand, for quick resolutions? We are happy to share more information with you! Our goal is to empower the provider community with the tips and tools they need, when they need them.

The [Trading Partner Account \(TPA\) User Guide](#) provides specific instruction on how to: verify eligibility, utilize the patient roster, access payment details, view or submit referrals, look-up a prior authorization, view claim status and even submit or adjust claims directly on the portal. The tool is user friendly and if any specific training is needed, [Gainwell's Provider Services Representatives](#) are trained and standing-by to assist you with navigating the portal.

Did you know that you can refer to the [Remittance Advice Analysis](#) and Top Claim Denial Reasons reference materials as resources that may better explain how to interpret the remit details and the reason a claim was denied? We encourage all providers to familiarize themselves with the Remittance Advice and any claim denial; providers only have two years from the start date of service to make corrections or adjustments to their claims.

Did you know that our [Frequently Asked Questions](#) page has helpful topics and answers, along with our Best Practice reminders? The [MedicAide Newsletter](#) is released at the beginning of each month and serves as direct communication with the provider community regarding reminders, changes to policy, training opportunities and other tips to support the Idaho Medicaid program.

We appreciate the opportunity to partner with the Idaho Medicaid provider community. Both the Idaho Department of Health and Welfare and Gainwell Technologies would like to thank you for the important work you do to help Idahoans and our community.

Help Gainwell Help You

Gainwell's goal is to offer quick, efficient support in one interaction. We are asking to partner with the provider community to ensure adequate levels of access and training is made available to their respective staff, including billing agents or clearinghouses. We have identified many messages coming into our staff without enough information for us to resolve in one interaction; this is causing more traffic and longer resolution times for us to support you.

By establishing the level of access and understanding an individual may need to support the provider's office, Gainwell will have greater ability to interact and offer the best support to assist in complex claim, eligibility, or enrollment questions.

We encourage you to engage with us via [phone](#) Monday-Friday from 7:00 AM to 7:00 PM MST, schedule a meeting with your [Provider Relations Consultants](#) or send us a secure message through your portal when assistance is needed.

As a reminder, when communicating with us via secure message:

- Limit inquiries. If you have multiple claims for the same participant, include them all in one secure message rather than sending one message for each claim. Please provide no more than five claims numbers per inquiry.
- Provide your claim number(s). You can look up a claim number by navigating to your View & Submit Claims tile by using the Search button and entering search criteria.
- Provide enough information for us to assist and resolve the question in the first secure message that is sent to us. Each message should include your pay-to or billing NPI or atypical provider ID and name of the provider and your question or concern. Include the following, based on the type of message you are sending:
 - Claims
 - Claim number or
 - Pay-to or billing NPI and name of the provider, participant's Medicaid ID number and full name, the date of service and billed amount.
 - Eligibility
 - Participant's Medicaid ID number and name, the date of service(s), and service codes (CPT, HCPCS, and/or Revenue)
 - For Prior Authorization (PA): Participant's Medicaid ID number and name, the PA request date, date of service(s) the PA was requested for, and service codes.
 - EDI
 - Claim submission date, claim number(s) (if on file), participant's Medicaid ID number and full name, the date of service and billed amount.

Trading Partner Cleanup

Beginning December 11, 2023, in an effort to enhance security, Gainwell Technologies will begin to evaluate all Trading Partner Account users and terminate those user accounts that have not been active for the past 365 days.

A notification will be sent to the email address associated to the user whose account has been identified for termination 30 days prior to the termination taking place. Following the termination another notification will be delivered.

If a user receives the notification and wishes to have their account remain active, they should simply login to their account.

If a user's account was terminated and access needs to be restored, their Trading Partner Account Administrator must invite them back to the account.

For any questions, please [contact us by phone](#) Monday-Friday from 7:00 AM to 7:00 PM MST.

Billing 340B Pharmacy Claims

Effective January 1, 2024, Idaho Medicaid will begin accepting the UD modifier for drugs provided through the 340B program. Providers will no longer be required to maintain a separate NPI for 340B only claims. Providers opting to "carve-in Medicaid" will need to append claim lines for drugs procured under the 340B program with the UD modifier. There are no changes for providers that "carve Medicaid out."

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

Coverage of Omnipods

Effective November 1, 2023, the Omnipod® is a covered benefit under Idaho Medicaid with a prior authorization through Telligen, Inc. The introductory kit is billed with E0784 and modifier SC as a purchase. Supplies are billed using A9274.

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

Supported Living: Feedback Regarding Resident Limits Requested

Residential Habilitation - Supported Living (ResHab SL) is a service offered under Idaho's two (2) 1915c waivers, the [1915c Home and Community Based Services \(HCBS\) Aged & Disabled Waiver \(A&D\)](#) and the [1915c HCBS Developmental Disabilities Waiver](#), consisting of an integrated array of individually tailored services and supports designed to assist participants in residing successfully in their own home, or in their family's home.

Effective September 1st, 2023, [IDAPA 16.03.10](#). Sections 326.15.a and 514.02 were updated with the following statement: "*The number of residents in a setting will be limited by an amount in the Idaho Medicaid Provider Handbook unless otherwise authorized by the Department.*" Idaho

Medicaid's current policy for Adult Developmental Disability services in the [Agency Professional, Idaho Medicaid Provider Handbook](#) states *"Supported Living is defined as one, two, or three participants who live in their own home or apartment and require staff assistance. A residence is considered to be the participant's own home when it is owned or rented by the participant. The home is defined to be owned or rented by the participant when the participant has entered into a valid mortgage, lease, or rental agreement for the residence and when the participant is able to provide the Department with a copy of the agreement."* Idaho Medicaid's current policy for the A&D waiver services in the Agency Professional, Idaho Medicaid Provider Handbook only includes allowance for up to two (2) participants in the same residence.

Idaho Medicaid is aware that there may be situations due to previous COVID-19 Public Health Emergency flexibilities in which there may be more than three (3) participants in ResHab-SL setting environments and is considering an update to the Idaho Medicaid Provider Handbook. Idaho Medicaid is seeking stakeholder engagement regarding what the limitation of ResHab SL residents in each setting type should be.

Please provide any feedback via email to MCPT@dhw.idaho.gov prior to December 31st, 2023, for consideration in updating this policy.

Vision Therapy Coverage

Effective January 1, 2024, vision therapy eligibility and limitations will be updated to coverage for only participants nine (9) to 21 years of age and limited to 12 visits per lifetime.

After review of recent guidance published by the American Optometric Association, Idaho Medicaid is updating billing requirements for vision therapy. Effective January 1, 2024, Idaho Medicaid will no longer cover CPT® code 92066. Idaho Medicaid will instead use CPT® 92065 for physicians, ophthalmologists, optometrists, and occupational and physical therapists. No other provider types are eligible to provide these services.

Providers with existing authorizations may request to have authorizations retroactively updated with 92065 for visits in 2023. They should contact the Medical Care Unit (MedicalCareUnit@dhw.idaho.gov) with the authorization numbers they wish to have updated. The provider will need to reverse and reprocess any effected claims once the authorizations are changed.

Additional information on Vision Therapy services can be found in the Vision Therapy section of the [Eye and Vision Services](#), Idaho Medicaid Provider Handbook. Questions and comments about this article may be submitted to the Policy Team at MCPT@dhw.idaho.gov.



BRAD LITTLE – Governor
DAVE JEPPESEN – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

JULIET CHARRON – Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

November 6, 2023

MEDICAID INFORMATION RELEASE MA23-20

To: Medicaid Providers

From: Juliet Charron, Administrator

Subject: Administrative Rule Changes in IDAPA 16.03.10. "Medicaid Enhanced Plan Benefits" and IDAPA 16.03.13. "Consumer-Directed Services"

Beginning September 1, 2023, temporary administrative rule changes went into effect for IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits" and 16.03.13. "Consumer-Directed Services." These rules are in effect and will be presented to the 2024 Idaho Legislature to be made permanent.

Please review the [October 2023 Idaho Administrative Bulletin](#) for the full rule changes. IDAPA 16.03.10. "Medicaid Enhanced Plan Benefits" begins on page 430. IDAPA 16.03.13. "Consumer-Directed Services" begins on page 486.

These rule changes decrease regulatory burdens, make technical corrections, implement operations for the end of the public health emergency, update rules to comply with the K.W. Settlement, and align with federal regulations regarding conflict of interest. The full details of the public health emergency (PHE) Unwinding can be found at [Idaho DHW PHE Unwinding Activities](#).

These rule changes will be reviewed by the 2024 Idaho Legislature for permanency.

Highlights of the Temporary Rule Changes are listed below:

- Added non-medical transportation providers to those required to receive a background check.
- Added definition for "Complaint" – The process by which an individual registers dissatisfaction with program operations, quality of services, or relevant concerns. The complaint process is separate from the appeal process; but doesn't limit access to the appeal process under these rules.

- Removed requirement for organ transplants to have a prior authorization in rule. Prior authorization requirements remain in place, but the Department can now remove them at its discretion.
- Removed COVID-19 PHE temporary changes to background checks, Private Duty Nursing, Personal Care Services, Aged and Disabled Waiver Services, Transition Management, Adult Developmental Disability (DD) Home and Community-Based Services (HCBS) State Plan Option, Adult DD Waiver Services, and Service Coordination.
- Added allowance for a parent or spouse to provide Personal Care Services and Attendant Care services in extraordinary circumstances.
- Added that the plan developer must sign HCBS Person-Centered Service Plans.
- Added for Residential Habilitation – Supported Living, the maximum number of residents will be set in the Idaho Medicaid Provider Handbook, unless otherwise authorized by the Department.
- Added section on Adult DD Services: Administrative Appeals.
- Added definitions for the Adult DD program for Duplication of Services, Health, Health Risks, Safety and Safety Risks.
- Clarified the due date requirements for provider status reviews for Adult DD Services.
- Provided an exception for Adult DD community crisis support services and Service Coordination from having an implementation plan.
- Added reasons when an addendum to the plan of service for Adult DD services is required.
- Clarification on annual plan of service submission requirements for Adult DD services.
- Provided for participant plan of service and eligibility notifications for Adult DD services.
- Adjusted timelines for submitting crisis resolution plans from seventy-two (72) hours to five (5) business days of providing service.
- Restored limitations on Developmental Therapy back to limitations in place prior to the PHE.
- Clarified that when transporting a participant receiving residential habilitation, driver must have a current and valid driver's license and vehicle insurance.
- Clarified limitations on Service Coordination; Service coordinators may utilize unused hours in the individual's current plan of service from previous months.
- Adjusted limitations on Plan Development to twelve (12) hours per year.
- Clarified that Crisis Assistance hours are unavailable until all available hours of service coordination have been provided in the month.
- Updated Adult DD services Conflict of Interest definitions to align with federal regulations.

Information Release MA23-20
November 6, 2023
Page 3 of 3

Specific questions not answered by the materials referenced above can be directed to MCPT@dhw.idaho.gov.

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 Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling 208-334-5747.



BRAD LITTLE - Governor
DAVE JEPPESEN - Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

JULIET CHARRON - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

November 17, 2023

MEDICAID INFORMATION RELEASE MA23-22

To: Personal Assistance Agencies

From: Juliet Charron, Administrator 

Subject: Personal Care Service (PCS) Reimbursement To Spouses Or Parents

Certain flexibilities in federal rules were granted to state Medicaid Agencies during the COVID-19 Public Health Emergency (PHE), intended to support access to services that may have otherwise become unavailable. 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 extension was originally set to expire November 11, 2023.

Idaho submitted an application for amendment of its 1115 Demonstration Waiver to allow this flexibility to continue. Effective November 11, 2023, the Centers for Medicare and Medicaid Services (CMS) has granted an extension of the previous emergency flexibility for Idaho to allow spouses and parents of minor children to continue to provide personal care services while the application to amend the waiver is being processed.

As noted previously, going forward there are some different parameters applied compared to what was allowed previously. These include:

- An application process for family members to provide PCS services;
- Documentation of the participant contacting two (2) personal assistance agencies and neither having a non-family member direct care worker;
- The care being provided by the family member exceeds activities they would normally perform if the participant did not have a disability or chronic illness;
- The family member to provide services meeting all PCS worker requirements;
- The family agreeing to oversight and acknowledging that failure to allow oversight will result in termination from the program;
- Annual redetermination of eligibility for the program;
- Provider agencies will perform quarterly onsite visits for all participants in the program;

- Updating of quality assurance plans for details regarding RN oversight to be submitted to the Bureau of Long-Term Care quarterly; and
- Agency reporting of family members terminated from providing services for failure to allow oversight.

Idaho Medicaid will create materials that will be published on the Bureau of Long Term Care General Information website at [Long-Term Care Provider Enrollment and General Information | Idaho Department of Health and Welfare](#) and providers and families may contact the bureau at BLTCQA@dhw.idaho.gov with questions.

These requirements are not permanent. They are in effect until the current 1115 demonstration waiver ends in March 2025. Until that time, the requirements will be re-evaluated by a Department-led workgroup, comprised of stakeholders including families in the program (2x parents of minor children, 1x participant's spouse), advocacy groups (2x), providers (3x, 1 from each hub) and state staff. The workgroup will evaluate future approaches to address the benefit's design with intent to either amend the 1115 demonstration waiver for resubmission in 2025, or find alternative avenues of authority to provide the benefit. This group will begin meeting in January 2024. The Department will be engaging with stakeholders to form this workgroup in December 2023.

If you have any questions regarding the waiver submitted to CMS or would like to join the workgroup, please e-mail MCPT@dhw.idaho.gov. If you have questions regarding program requirements, please e-mail BLTCQA@dhw.idaho.gov.

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.

December: Respite Care

This training will walk Respite Care providers through the process of signing up for a trading partner account, viewing prior authorizations, creating patient rosters, verifying eligibility, accessing remittance advice reports, and submitting and reviewing claims.

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.

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

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 [16](#) 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
--	---

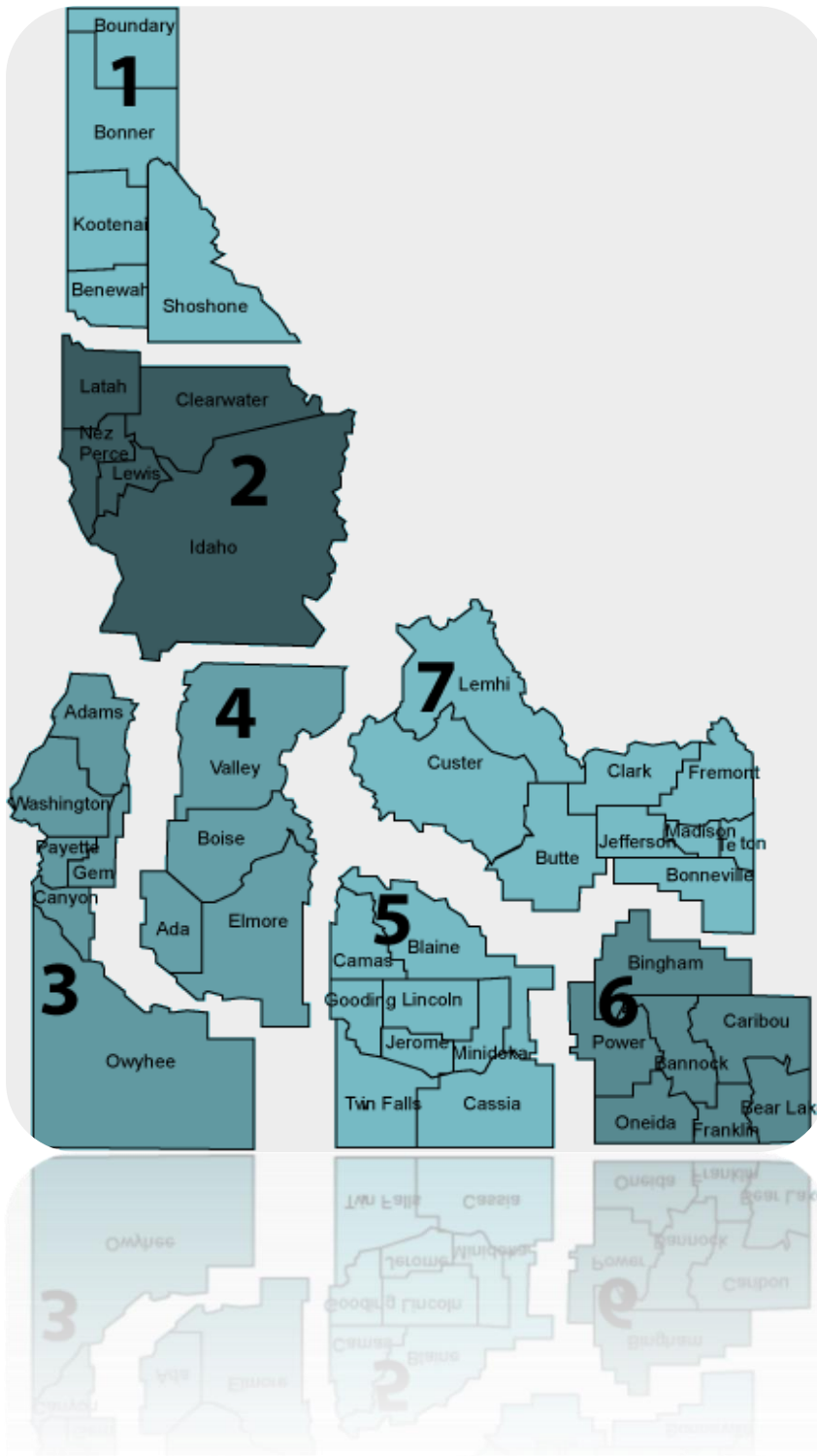
Gainwell Technologies Provider and Participant Services Contact Information

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

Gainwell Technologies
PO Box 70082
Boise, Idaho 83707



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:

Shannon Tolman,
MedicaidCommunications@dhw.idaho.gov

Medicaid – Communications Team

P.O. Box 83720

Boise, ID 83720-0009

Fax: 1 (208) 364-1811