



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

August 2024

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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.

Misrepresentation of Services

The Medicaid Program Integrity Unit has found instances when services were performed by a physician who is not enrolled and/or affiliated with the billing group and billed to Medicaid using another physician's name and provider number. Instances have also been found where non-physician services are billed to Medicaid as performed by physicians. Examples of non-physician services include, but are not limited to: physical therapist, nurse practitioner, physician assistant, and registered dietician. A list of provider specialties who must enroll with Medicaid as a performing provider can be found in the [Idaho Medicaid Provider Handbook for Provider Types and Specialties](#).

Providers must be enrolled and affiliated with the billing group before the services they provide can be billed to Medicaid. Idaho Medicaid prohibits 'Incident to' billing. 'Incident to' is a term that relates to Medicare services and is not recognized by Medicaid. All providers must submit claims using their own Idaho Medicaid provider number and National Provider Identification (NPI) number.

Idaho Medicaid also requires individuals who order, refer, or prescribe treatments, supplies, or services for Medicaid participants to be enrolled in Medicaid. Billing providers must obtain the name and provider number of the ordering, referring, and/or prescribing (ORP) provider and include it on claims. Additional information regarding ORP providers can be found in [Sections 1.3 and 5.1 of the Idaho Medicaid Provider Handbook, General Information and Requirements for Providers](#).

IDAPA 16.03.09.504.01 addresses physician services, provider qualifications and duties. It states:

01. Misrepresentation of Services. Any representation that a service provided by a nurse practitioner, nurse midwife, physical therapist, physician assistant, psychologist, social worker, or other nonphysician professional as a physician service is prohibited.

Section 9.4 of the Idaho Medicaid Provider Handbook, [Physician and Non-Physician Practitioner](#), addresses misrepresentation of services provided by non-physicians and states:

9.4. Misrepresentation of Services

Any representation that a service provided by a nurse practitioner, nurse midwife, licensed midwife, physical therapist, physician assistant, psychologist, social worker, or other non-physician professional was rendered as a physician service is prohibited. For the purposes of misrepresentation of services, the Department considers a non-physician professional to be any professional with a provider type or specialty enrolled by Idaho Medicaid. All providers, of a provider type and specialty eligible for enrollment, must submit claims using their own National Provider Identification (NPI) number. Idaho rule and policy requires payment be made only for claims submitted by the enrolled provider who is physically present (not simply on-site) and performing the service.

Examples of misrepresentation of services prohibited by Idaho Medicaid includes, but is not limited to:

- 'Incident to' billing of services performed by a non-physician provider of a type or specialty enrolled by Idaho Medicaid under a physician's NPI;
- Global billing when services are rendered by two different provider types in the same group practice;
- By any provider who is not an enrolled with Idaho Medicaid, under the NPI of any enrolled provider;
- Students or unlicensed aides of an Idaho Medicaid provider;
- Unenrolled subcontractors to an Idaho Medicaid provider; and
- For supervision of services rendered by any other provider of medical services or supplies, whether or not enrolled with Idaho Medicaid.

Providers are solely responsible for ensuring claims submitted to Medicaid were, medically necessary, documented at the time they were provided, and provided in accordance with professionally recognized standards of healthcare, applicable Medicaid rules, policies, and their provider agreements. Services billed not in compliance with Medicaid rules and policies are subject to recoupment and/or civil monetary penalties pursuant to IDAPA 16.05.07.200 and IDAPA 16.05.07.205.

Healthy Connections Open Enrollment July 1 through August 31

The Healthy Connections (HC) program follows a fixed enrollment process. Fixed Enrollment encourages a long-term patient-provider relationship that can facilitate better preventive care, chronic disease management, and care coordination. As part of Fixed Enrollment, there is a designated time during the year when participants are allowed to request a change to their Primary Care Provider (PCP) for any reason. This is commonly known as the "annual enrollment period". The annual enrollment period is July 1st – August 31st each year.

Important reminders:

- Enrollment changes to a PCP will be effective the date the enrollment is approved, not the date the request is received.
- Enrollment requests must be submitted by the participant or an authorized representative.
- HC clinics may submit HC enrollment forms on behalf of a participant, as long as the form contains an original signature from the participant or their authorized representative.
- HC providers are required to check eligibility to determine the correct PCP prior to rendering services.
- If you are not the PCP of record, a referral must be documented and meet all requirements in the provider handbook for the service to be considered a Medicaid covered service.

For more information on the Healthy Connections program, please refer to the Idaho Medicaid Provider Handbook at www.idmedicaid.com.

Elimination of Paper Enrollments

A small population of providers have been required to perform new enrollments and maintenance requests on paper enrollment forms, since the implementation of our PEA 2.0 system in late 2020.

Gainwell, in partnership with IDHW, have successfully developed, implemented, and tested our functionality to share the Provider Enrollment Application system with the remaining specialties, and this will be live in the system come August 19th, 2024, for the named specialties below. Once this change is implemented, all paper enrollment and maintenance requests will be processed electronically, and thus, will fully eliminate our paper enrollment forms.

- Dental Providers - Dentist General Practice, Endodontics, Oral & Maxillofacial Pathology, Oral & Maxillofacial Radiology, Oral & Maxillofacial Surgeons, Orthodontics & Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, Prosthodontics
- Agency - Professional - Early Intervention Provider Agency
- Other Service Providers - PHA-Weight Management-Personal Trainer
- Residential Treatment Facilities - Psychiatric Residential Treatment Facility
- Behavioral Health and Social Service Providers - Psychologist
- Pharmacy Service Providers – Pharmacist

A letter will be mailed to the address on file for any impacted provider, and provider action will be necessary. The letter will include instructions on establishing your Trading Partner Account (TPA) in order to access the enrollment application online. If you are eligible to bill for services, you may also check prior authorization status and submit claims through this provider portal. If you do not register your TPA, you will not be able to perform required maintenance on your provider record or utilize the functionality within the portal.

We are eager to bring this enhancement forward and look forward to supporting the Medicaid provider community through this transition.

We encourage our provider community to [visit the many resources](#) available to them. Please engage with your Provider Relations Consultant with any questions you may have.

Enhancement to Pharmacist Providers – Enrollment and Billing Changes

Gainwell is pleased to announce an enhancement for all Pharmacist provider specialties – as of August 19th, 2024, all pharmacist providers are eligible to enroll as an individual provider. Additionally, Groups and certain Clinics (FQHC, RHC, and IHS) can affiliate Pharmacist provider specialties within their provider record, to bill for the reimbursable fee for service pharmacist services that are rendered to our Medicaid community.

For any Pharmacist ORP who wishes to become an individual pay-to provider, that is already enrolled in the Idaho Medicaid system, you may [convert your ORP record to an Individual provider record](#).

To affiliate a Pharmacist to a Group or Clinic, access the pay-to record, navigate to the Rendering Providers tab, select the ADD button, and input the Pharmacists information.

In either situation, the effective date may be backdated to 1/1/2024. Be sure to input the begin/effective date on the Provider Type/Provider Specialty sub-tab. The provider must have active credentials for the requested effective date.

As the healthcare landscape and regulations in the Idaho Medicaid program change, we are delighted to implement and enhance the system as directed by IDHW. In addition to expanding the enrollment abilities, 82 specific codes have been configured into the processing system for claims to be reimbursed at 85% of the Medicaid fee schedule rate, when the pharmacist is billed as the rendering provider on the claim. FQHC, RHC, and IHS providers are able to submit claims under their FFS locations for reimbursement.

Gainwell will be hosting Open Office Hours at various times in the months of August and September to support any questions that may arise. Please refer to the [Training Calendar](#) for information on these events.

Reminder – Payment Error Rate Measurement (PERM) Audits

The current PERM cycle is reviewing payments made by Idaho Medicaid from July 1, 2023, through June 30, 2024. Requests from PERM auditors for provider medical records associated with the sampled FFS claims will begin in May/June 2024. Providers will have seventy-five (75) calendar days from the date of the request letter to submit the record. For more information about PERM, please see our Frequently Asked Questions at: <https://www.idmedicaid.com/Lists/FAQs/Current.aspx>

Therapy Providers: Evaluations

Idaho Medicaid is updating its guidance on when therapy evaluations should be performed. New and re-evaluations shall only be performed in the following four circumstances:

- The beginning of new therapy services.
- Annually for therapy services required for more than a year.
- If the participant experiences significant changes in their condition or progress; and
- If the participant is changing practices, the new practice can choose to conduct an evaluation. The new practice may also use the plan of care of the previous practice if obtainable.

The [Therapy Services](#), Idaho Medicaid Provider Handbook will be updated at a later time to reflect these changes. Questions and comments about this article may be submitted to the Policy Team at MCPT@dhw.idaho.gov.

Therapy Providers: Requesting Feedback Regarding Time-in, and Time-out

Speech-Language Pathologist, Occupation Therapist, and Physical Therapist Providers are currently required to document the duration of services, but not the time-in or time-out for those services. The Department is soliciting feedback from therapy providers to determine the effect this would have on their practices with a tracking time-in and time-out requirement. Please provide your comments to MCPT@DHW.Idaho.gov

Now Available! e-Learning Series – Provider Enrollment Application

Gainwell is eager to release this online, on-demand learning series around the Provider Enrollment Application, in a quick and simple format for our provider community. We heard the feedback from many providers and appreciate the opportunity to share this tool with you all! Three different training courses were developed which support Groups, Individuals, and Facility, Agency, Organization provider types, and within each of these courses the navigation is broken down into even shorter segments, to align with the specific application process.

To access the e-Learning modules, you will establish a separate login to the [Idaho Medicaid Training Center](#). If you have ever participated in one of our trainings, you likely have a login and are encouraged to retrieve your account information by following the Forgot Password? Self-help link, if needed. If you must register a new account, you may do so by following the Sign-Up link and entering **EppjC1hvsQAYnnVrvscE** into the Key Name field along with your other demographics. If you encounter any issues with registering, contact us by email at IDTraning@gainwelltechnologies.com.

Once signed into the Training Center, navigate to Catalog, and enroll into the course of your choosing. After enrolling into the course, you may launch the training and navigate to the specific tab of the application you would like to learn about. Again, if any support is needed, feel free to email us for support.

We hope that this training series, along with the recent [Prospective Provider Enrollment](#) toolkit assist all of our Idaho Medicaid providers with understanding our enrollment process and procedures. Thank you for your valuable feedback and continued participation in the Idaho Medicaid program.

Upcoming Provider Meetings

Idaho Medicaid has scheduled provider meetings for September.

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

DMEPOS Providers
Topics: <ul style="list-style-type: none">Welcome and IntroductionsOpen Discussion
Tuesday, September 17, 2024 – 10:30 a.m. (MDT)
Webinar Information & Meeting Link
https://idhw.webex.com/idhw/j.php?MTID=m3a748670a85004cd5e73af8e7e3cf5e2
Join by phone: 1-415-527-5035
Join by meeting number: 2820 381 6683
Meeting Password: mBxP5iJWD97 (62975459 from phones and video systems)
Email for invite: MCPT@dhw.idaho.gov

Therapy Providers

Topics:
<ul style="list-style-type: none"> • Welcome and Introductions • Evaluations • Open Discussion
Tuesday, September 24, 2024 – 10:30 a.m. (MDT)
Webinar Information & Meeting Link
https://idhw.webex.com/idhw/j.php?MTID=m19d9098e5dcf9e6cf8d77c6f6a3679e4
Join by Phone: 1-415-527-5035
Join by meeting number: 2826 541 4414
Meeting Password: CMvaMVsc757 (26826872 from phones and video systems)
Email for invite: MCPT@dhw.idaho.gov

Rule Rewrite Workgroups

[Executive Order No. 2020-01 Zero-based Regulation](#) directs agencies of the executive branch to review all rules every five (5) years to remove outdated and unnecessary regulations. Two workgroups will be convened discuss changes to IDAPA 16.03.09, “Medicaid Basic Plan Benefits” with a focus on Children’s Habilitative Intervention Services, and IDAPA 16.03.13, “Consumer-Directed Services” respectively.

IDAPA 16.03.09, “Medicaid Basic Plan Benefits”
Friday, August 23, 2024, 1:00 p.m. (MDT)
Webex
https://idhw.webex.com/idhw/j.php?MTID=m2185f95bd0119142692b932f29781ce9
Teleconference Call-in
USA Toll: 1-415-527-5035
Access Code: 2831 214 0575
Meeting Password: bVq8hDuAm67 (28784382)

IDAPA 16.03.13, “Consumer-Directed Services”
Friday, August 16, 2024, 1:00 p.m. (MDT)
Webex
https://idhw.webex.com/idhw/j.php?MTID=m6b42a2579c2d43b5389e3823116a6270
Teleconference Call-in
USA Toll: 1-415-527-5035
Access Code: 2829 099 9202
Meeting Password: jJWTSSJ533 (55988775)

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



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July 1, 2024

MEDICAID INFORMATION RELEASE MA24-17

To: Medicaid Providers

From: Juliet Charron, Deputy Director 

Subject: Provider Reimbursement Rate Increases for SFY 2025

The State Fiscal Year 2025 budget request outlined in [Senate Bill S1456 \(2024\)](#) for provider reimbursement rate increases was approved by the legislature and signed into law by the Governor on April 9, 2024.

The Medicaid providers listed below will receive a change to their fee-for-service reimbursement rates on July 1, 2024, for the procedure codes in the tables. Managed care reimbursement rate changes will be effective on September 1, 2024, for the procedure codes in the tables.

Providers must submit claims in two batches: claims for dates of service up to June 30, 2024, and claims for dates of service July 1, 2024 and onwards.

Reimbursement rate changes for State Fiscal Year 2025 are approved for both fee-for-service (Gainwell Technologies (GWT)) and managed care (Blue Cross of Idaho and Molina Healthcare of Idaho) Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus (IM Plus) participants. Please refer to any publications issued by Blue Cross of Idaho and Molina Healthcare of Idaho for additional information related to claims processing by those vendors.

Residential Assisted Living Facilities (RALF) providers who serve participants on the Aged & Disabled waiver will receive new prior authorizations from the appropriate entity (GWT, Blue Cross of Idaho, or Molina Healthcare of Idaho) for dates of service on and after July 1, 2024, with a recalculated rate.

The Medicaid Bureau of Financial Operations does not handle a participant's plan of service, person-centered planning review, or prior authorizations. If a provider has a question about care plans or prior authorizations, please contact the appropriate Medicaid program.

Please see the following [link](#) for all home and community based and long-term support reimbursement rate schedules. If your fee schedule does not reflect the new reimbursement rate increases, your provider type does not qualify for the reimbursement rate increases effective July 1, 2024.

The legislature has required a mandatory audit of provider rate increases. Your provider type will be contacted by Idaho Medicaid staff to gather the necessary information. Participation is mandatory in the future reimbursement rate audit.

The following table is an update to the Adult Developmental Disabilities waiver and associated State Plan services.

Adult Developmental Disabilities Waiver & Associated State Plan Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
S5100		Adult Day Health (Standalone Provider)	15 Min	\$2.79
T1005		Respite Care	15 Min	\$5.77
T1013		Interpretive Services (Oral)	15 Min	\$3.72
T1013	CG	Interpretive Services (Sign Language)	15 Min	\$15.30

The following table is an update to the Aged & Disabled waiver and associated State Plan services.

Aged & Disabled Waiver & Associated State Plan Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
H2020		Therapeutic Behavioral Services – Agency	1 Day	\$47.85
S5100		Adult Day Health (Standalone Provider)	15 Min	\$2.79
S5115		Consultation	15 Min	\$10.30
S5120		Chore Services – Agency	15 Min	\$5.17
S5125		Attendant Care	15 Min	\$6.11
S5130		Homemaker Services	15 Min	\$5.48
S5135		Companion Services	15 Min	\$5.77
T1001		Nursing Assessment/Evaluation – Agency	1 Visit	\$101.90
T1002		Nursing Services RN – RN Services	15 Min	\$20.38
T1003		Nursing Services LPN – LPN/LVN Services	15 Min	\$14.62
T1005		Respite – Agency	15 Min	\$5.77
G9001		Coordinated Care Fee – Initial – Agency	1 Visit	\$123.69
G9002		RN Care Plan Development and Placement (Initial – 10 units, Redetermination – 5 units)	15 Min	\$20.38
T1019		PCS – Agency	15 Min	\$6.11
T1019		Personal Care Services - RALF	15 Min	\$5.12

Aged & Disabled Waiver & Associated State Plan Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
T1019	UM	PCS – Family Alternate Care Home	15 Min	\$5.28
T1019	V1	FPCS – Family Personal Care Services	15 Min	\$6.11
T1013		Interpretive Services (Oral)	15 Min	\$3.72
T1013	CG	Interpretive Services (Sign Language)	15 Min	\$15.30

The following table is an update to the Aged & Disabled waiver and associated State Plan services for Residential Assisted Living Facility (RALF) providers.

New prior authorizations with updated daily rates will be issued and can be viewed online through the View Authorization tile.

For RALFs that bill through Gainwell Technologies, you may contact your GWT Provider Relations Consultant (PRC) for support with the necessary adjustments needed to bill claims. See the PRC contact list [here](#).

For RALFs that bill through either Blue Cross of Idaho or Molina Healthcare of Idaho, you will receive communication directly from the managed care vendor on how to bill and/or receive support with the necessary adjustments needed to bill claims with the new reimbursement rates.

Residential Assisted Living Facilities (RALF) Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
S5140		Adult Residential Care – A&D Services provided in a RALF	1 Day	As Authorized
T1001		Nursing Assessment/Evaluation – Agency	1 Visit	\$101.90
T1002		Nursing Services RN – RN Services	15 Min	\$20.38
T1003		Nursing Services LPN – LPN/LVN Services	15 Min	\$14.62
T1019		Personal Care Services – RALF	15 Min	\$5.12

The following table is an update to the Children’s Developmental Disability Agency (DDA) services procedure codes.

Children's Developmental Disability Agency (Children's DDA) Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
H2014		Habilitative Skill - Individual	15 Mins	\$14.10
H2014	HQ	Habilitative Skill - Group	15 Mins	\$5.64
H2000	HN	Eligibility Screening - Intervention Specialist	15 Mins	\$16.12
H2000	HO	Eligibility Screening - Intervention Professional	15 Mins	\$22.23
H2000	TF	Eligibility Screening - EBM Intervention Specialist	15 Mins	\$18.36
H2000	TG	Eligibility Screening - EBM Intervention Professional	15 Mins	\$22.73
H0032	HN	Assessment and Clinical Treatment Plan - Intervention Specialist	15 Mins	\$16.12
H0032	HO	Assessment and Clinical Treatment - Intervention Professional	15 Mins	\$22.23
H0032	TF	Assessment and Clinical Treatment - EBM Intervention Specialist	15 Mins	\$18.36
H0032	TG	Assessment and Clinical Treatment - EBM Intervention Professional	15 Mins	\$22.73
H0004	HA	Behavioral Intervention - Individual - Intervention Technician	15 Mins	\$14.10
H0004	HN	Behavioral Intervention - Individual - Intervention Specialist	15 Mins	\$16.12
H0004	HO	Behavioral Intervention - Individual - Intervention Professional	15 Mins	\$22.23
H0004		Behavioral Intervention - Individual - EBM Intervention Paraprofessional	15 Mins	\$14.94
H0004	TF	Behavioral Intervention - Individual - EBM Intervention Specialist	15 Mins	\$19.28
H0004	TG	Behavioral Intervention - Individual - EBM Intervention Professional	15 Mins	\$25.71
H0005	HA	Behavioral Intervention - Group - Intervention Technician	15 Mins	\$5.64
H0005	HN	Behavioral Intervention - Group - Intervention Specialist	15 Mins	\$6.44
H0005	HO	Behavioral Intervention - Group - Intervention Professional	15 Mins	\$8.89
H0005		Behavioral Intervention - Group - EBM Intervention Paraprofessional	15 Mins	\$5.97

Children's Developmental Disability Agency (Children's DDA) Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
H0005	TF	Behavioral Intervention – Group – EBM Intervention Specialist	15 Mins	\$7.72
H0005	TG	Behavioral Intervention – Group – EBM Intervention Professional	15 Mins	\$10.29
H2011	HA	Crisis Intervention – Technician	15 Mins	\$9.07
H2011	HM	Crisis Intervention – Habilitative Skill Technician	15 Mins	\$14.10
H2011	HN	Crisis Intervention – Intervention Specialist	15 Mins	\$16.12
H2011	HO	Crisis Intervention – Intervention Professional	15 Mins	\$22.23
H2011		Crisis Intervention – EBM Intervention Paraprofessional	15 Mins	\$14.94
H2011	TF	Crisis Intervention – EBM Intervention Specialist	15 Mins	\$18.36
H2011	TG	Crisis Intervention – EBM Intervention Professional	15 Mins	\$22.73
H2019	HT	Interdisciplinary Training	15 min	\$16.12

The following table is an update to the Children's Developmental Disability Independent Provider services procedure codes.

Children's Developmental Disability Independent Provider Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
H2014		Habilitative Skill Building – Individual	15 min	\$9.85
H2014	HQ	Habilitative Skill Building – Group	15 min	\$3.95
H2000	HN	Eligibility Screening – Intervention Specialist	15 min	\$11.26
H2000	HO	Eligibility Screening – Intervention Professional	15 min	\$15.52
H2000	TF	Eligibility Screening – EBM Intervention Specialist	15 min	\$12.82
H2000	TG	Eligibility Screening – EBM Intervention Professional	15 min	\$15.88
H0032	HN	Assessment and Clinical Treatment Plan – Intervention Specialist	15 min	\$11.26
H0032	HO	Assessment and Clinical Treatment – Intervention Professional	15 min	\$15.52

Children's Developmental Disability Independent Provider Services				
Updated Procedure Codes Effective July 1, 2024				
Procedure Code	Modifier	Short Description	Unit	Rate
H0032	TF	Assessment and Clinical Treatment – EBM Intervention Specialist	15 min	\$12.82
H0032	TG	Assessment and Clinical Treatment – EBM Intervention Professional	15 min	\$15.88
H0004	HN	Behavioral Intervention – Individual – Intervention Specialist	15 min	\$11.26
H0004	HO	Behavioral Intervention – Individual – Intervention Professional	15 min	\$15.52
H0004	TF	Behavioral Intervention – Individual – EBM Intervention Specialist	15 min	\$13.48
H0004	TG	Behavioral Intervention – Individual – EBM Intervention Professional	15 min	\$17.96
H0005	HN	Behavioral Intervention – Group – Intervention Specialist	15 min	\$4.51
H0005	HO	Behavioral Intervention – Group – Intervention Professional	15 min	\$6.22
H0005	TF	Behavioral Intervention – Group – EBM Intervention Specialist	15 min	\$5.40
H0005	TG	Behavioral Intervention – Group – EBM Intervention Professional	15 min	\$7.18
H2011	HN	Crisis Intervention – Intervention Specialist	15 min	\$11.26
H2011	HO	Crisis Intervention – Intervention Professional	15 min	\$15.52
H2011	TF	Crisis Intervention – EBM Intervention Specialist	15 min	\$12.82
H2011	TG	Crisis Intervention – EBM Intervention Professional	15 min	\$15.88
H2019	HT	Interdisciplinary Training	15 min	\$11.26

If a procedure code is not listed in a table above, the reimbursement rate was not changed.

For the Children's DDA providers currently undergoing a cost survey, the reimbursement rate effective July 1, 2024 will not affect the survey information providers submitted as of May 1, 2024. The Myers and Stauffer cost survey team has the most current reimbursement rate sheet and will adjust calculations in the survey to account for this rate adjustment.

For Intermediate Care Facilities (ICF) providers, the legislature approved an increase to the base per diem reimbursement and direct care special rate add-on effective July 1, 2024. The increase in the reimbursement rate will be found on an ICF provider's reimbursement rate letter under "Legislative Add-on" and "Legislative add-on (wage specific)". Any ICF provider

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July 1, 2024
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receiving a special rate add-on for direct care will receive a revised special rate letter with the new special rate add-on total. The base rate and special rate increases will be processed and input by Department staff. ICF providers must split their claims for services up to and on June 30, 2024, and then services on or after July 1, 2024.

Skilled nursing facilities and participants in a skilled nursing facility setting are not eligible for the increase to special rates.

For the PCS Case Management that was approved for SFY 2025 in [Senate Bill S1456 \(2024\)](#), the Medicaid Bureau of Long Term Care will reach out to providers for the effective date and reimbursement rate for the re-instated service.

Thank you for participating in the Idaho Medicaid Program.

JC/js

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 supply clarity to the public about 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 MCPT@dhw.idaho.gov or by calling 888-528-5861.



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July 8, 2024

MEDICAID INFORMATION RELEASE MA24-18

To: Providers of Residential Habilitation Services

From: Juliet Charron, Deputy Director 

Subject: Residential Habilitation Services Cost Survey

The Department has contracted with the accounting firm Myers and Stauffer LC to perform a cost survey to identify the operating expenses related to Residential Rehabilitation (ResHab) Services.

This cost survey is being conducted in accordance with [IDAPA 16.03.10.038.02.a. Standard Rate Reviews](#), and is required for all providers. As stated in [IDAPA 16.03.10.038.03.a. Participation](#), refusal or failure to participate in the cost survey process may result in disenrollment from the Idaho Medicaid program.

The cost survey and instructions will be emailed to providers on July 8, 2024 and will also be available for download at <https://myersandstauffer.com/client-portal/idaho/>. To find the required file, scroll down to the "Medicaid Program Resources" section and click on the plus sign to the left of the "Residential Habilitation" section.

You must have access to internet services and Microsoft Excel to complete this cost survey. If you do not have access, please contact Myers and Stauffer LC (point of contact Angelica Morales) at (800) 336-7721, and a paper version of the cost survey will be mailed to you.

If you have other questions regarding the completion of the survey, please contact Myers and Stauffer LC (point of contact Angelica Morales) at (800) 336-7721 or idcostsurvey@MSLC.com. If you have other questions, please contact the Office of Reimbursement at the Division of Medicaid at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov.

Thank you for participating in the Idaho Medicaid Program.

Information Release MA24-18
July 8, 2024
Page 2 of 2

JC/kl

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 MCPT@dhw.idaho.gov or by calling 888-528-5861.



BRAD LITTLE – Governor
ALEX J. ADAMS – Director


IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

July 16, 2024

MEDICAID INFORMATION RELEASE MA24-19

To: All Medicaid Providers

From: Juliet Charron, Deputy Director 

Subject: Gender Transition Services

Effective July 1, 2024, Idaho Medicaid coverage and reimbursement for gender transition services ceased, consistent with Idaho Bill H0668 (2024) and Idaho Code § 18-8901. Idaho Medicaid will cover up to ninety (90) additional days of hormone therapy for gender transition to facilitate tapering as needed. A prior authorization (PA) must be submitted to the Idaho Medicaid Pharmacy Program within thirty (30) days of this notice to qualify for the additional ninety (90) days of hormone therapy. For information on how to submit a PA, please see <https://medicaidpharmacy.idaho.gov>.

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

JC

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 26, 2024

MEDICAID INFORMATION RELEASE MA24-20

To: All Medicaid Providers

From: Juliet Charron, Deputy Director 

Subject: Physical Health Services Related to Behavioral Health Claims

The state is working diligently to address a claims payment concern. We understand the issue to effect physical health claims billed with a behavioral health diagnosis in outpatient and emergency department settings. We are working with our federal partners to address claims payment processing as quickly as we can to formulate a solution. We will be in communication with impacted providers very soon.

Thank you for participating in the Idaho Medicaid Program.

JC/so

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Provider Training Opportunities

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

August: Claims Adjustment

This course will assist you in adjusting claims on the Trading Partner Account for quick resolution.

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 for your schedule. To register for training, or to learn how to register, visit www.idmedicaid.com.

	August	September	October
	Claims Adjustment	Residential Assisted Living Facilities (RALF)	PEA Maintenance
10-11:00 AM MT	8/21/2024	9/18/2024	10/16/2024
	8/15/2024	9/19/2024	10/17/2024
	8/20/2024	9/17/2024	10/15/2024
2-3:00 PM MT	8/14/2024	9/11/2024	10/9/2024
	8/08/2024	9/12/2024	10/10/2024
	8/15/2024	9/19/2024	10/17/2024
	8/20/2024	9/17/2024	10/15/2024

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Contact information for Provider Relations Consultants can be found on page [22](#) 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 Contact Numbers	
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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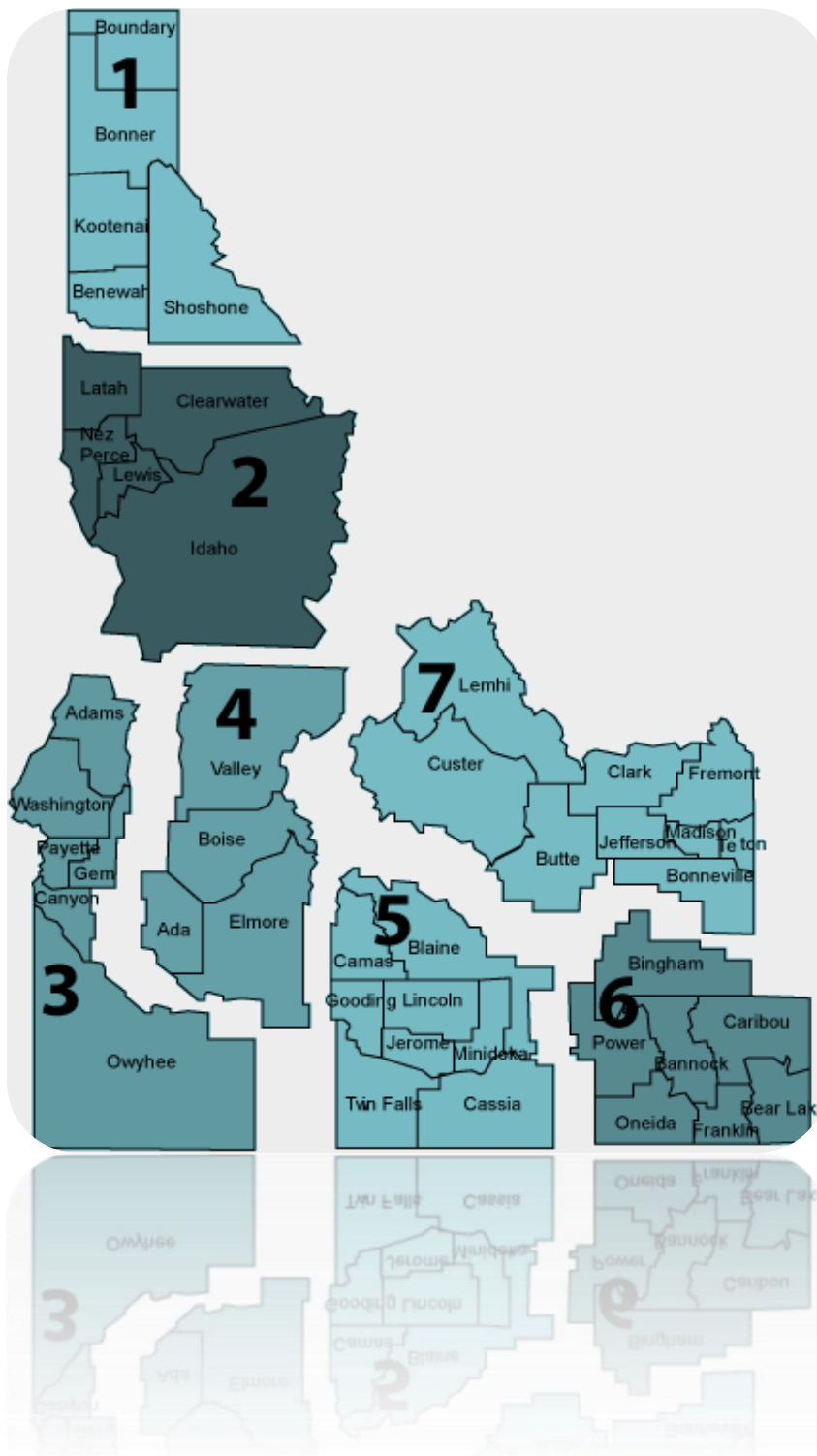
Gainwell Technologies Provider and Participant Services Contact Information

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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