MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **July 2024**

In This Issue

Information Releases

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.

Unacceptable Documentation Practices

The Medicaid Program Integrity Unit identified provider records used to support services rendered that did not meet documentation requirements for Medicaid reimbursement. Documentation provided lacked participant specific information necessary to support services rendered and/or was used on multiple services dates for the same or multiple participants. These practices are often referred to as cloned notes. Identified examples include but are not limited to, the date of service and/or appointment time was the only change; the rendering provider signature, date, and/or time stamp was the only change; and/or exact same "canned" text was used to support medical necessity for services rendered.

Electronic health record systems often have the ability to: generate documentation that has already been recorded elsewhere, insert "canned" text into documentation that is not participant specific, and/or use templates with preloaded documentation. Providers must ensure that the documentation accurately represents the clinical work performed, is participant specific, and is relevant to the visit.

Cloned notes are not acceptable and compromises the credibility of the participant's medical records. Cloned documentation lacks specificity to support medical necessity requirements. Participants are not expected to have the exact same problem, symptoms, and require the exact same treatment or the same problem on every encounter. All documentation in the medical record must be specific to the participant's problem/situation at the time of the encounter.

IDAPA 16.05.07.101.01 outlines requirements for documentation of services and states:

> 01. Documentation of Services. Providers must generate documentation at the time of service sufficient to support each claim or service, and as required by rule, statute, or contract. Documentation must:
>
> a. Be legible and consistent with professionally recognized standards; and
>
> b. Be retained for a period of five (5) years from the date the item or service was provided.

Sections 1.2 and 1.2.1 of the January 30, 2024, Idaho Medicaid Provider Handbook, General Information and Requirements for Providers, address documentation. It states:

> 1.2. Documentation
>
> 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 submitted for Medicaid reimbursement. Services which have not been sufficiently documented are not reimbursable. The person delivering the services and any supervising providers must ensure all documentation is legible, complete, dated, time-stamped, and includes a written or electronic dated signature to attest that the records are a true and accurate account of the services delivered.
>
> 1.2.1. Additional Documentation

Additional documentation requirements may vary by provider or service type and are listed in the appropriate sections of the Idaho Medicaid Provider Handbook. Providers should consult the applicable sections or chapter of the Provider Handbook prior to delivering or billing for services.

Please be advised services supported by cloned documentation will be subject to recoupment and civil monetary penalties.

Healthy Connections Open Enrollment begins July 1st

The Healthy Connections (HC) program follows a fixed enrollment process. Fixed Enrollment encourages a long-term patient-provider relationship that can facilitate improved rates of 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 http://www.idmedicaid.com.

Healthy Connections (RALF)

The Healthy Connections Program (HC) has encountered instances where participants have moved into a Residential Assisted Living Facility (RALF) and would like to transfer their assigned primary care provider (PCP). Not updating the assigned PCP could lead to issues obtaining needed referrals to specialty services. Healthy Connections is requesting RALF staff assist the participant, who wishes to update their primary care provider, in contacting Healthy Connections to update the assigned primary care provider. Updates can be submitted by any of the following methods:

- Call Healthy Connections at 888-528-5861
- Fax an enrollment form to 888-532-0014, or
- Visit our website at https://healthyconnections.idaho.gov
    - Select "Find a Healthy Connections PCP" to search for a new PCP.
    - Once a PCP is chosen, select "Choose this clinic as my Healthy Connections provider" and complete the form.
    - Once the form is complete, select "Submit for Review".

New Idaho Behavioral Health Plan (IBHP) goes into effect July 1, 2024

The new IBHP, managed by Magellan Healthcare, Inc., will oversee behavioral health services for Idahoans who have Medicaid, who have some other types of insurance, and who do not have insurance. Dual-eligible participants enrolled in Idaho Medicaid Plus or the Medicare Medicaid Coordinated Plan (MMCP) continue to receive their behavioral health services under the health plan in which they are enrolled.

Eligible members under the IBHP who receive outpatient, inpatient, emergency department, and residential treatment services with a primary diagnosis of behavioral health will be covered by Magellan Healthcare beginning July 1, 2024. Gainwell will continue to pay fee-for-service for inpatient, emergency department, and residential services with a primary diagnosis of physical health.

For eligible members, Magellan Healthcare will honor all authorizations from Telligen, Gainwell, and BPA Health that have been approved and span past July 1, 2024. Magellan will also waive outpatient authorizations (previously managed by Optum Idaho) for the first 90 days after July 1, 2024, for eligible members. An eligible member in active treatment with an out-of-network provider may continue receiving services from that provider for the first 90 days after July 1, 2024, and Magellan will cover the services.

Visit Magellan's website https://magellanofidaho.com/important-transition-information for more details about the transition and to access Magellan trainings.

Gender Transition Services

Effective July 1, 2024, Idaho Medicaid coverage and reimbursement will be consistent with Idaho Bill H0668 (2024) and Idaho Code § 18-8901.

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

July 2024 Changes to the APC Prep – Fee Schedule Paid Procedure Codes List

The APC Prep – Fee Schedule Paid Procedure Codes list will be updated July 2024 in association with updates realized on the Idaho Medicaid Fee Schedule. Ongoing updates will occur quarterly to align with the updated published fee schedules.

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 75 calendar days from the date of the request letter to submit the record. For more information about PERM,

please see the Frequently Asked Questions under the Payment Error Rate Measurement (PERM) category at: https://www.idmedicaid.com/Lists/FAQs/Current.aspx

Developmental Disability Agencies

A developmental disability agency (DDA) must be comprised of an administrator and their employees. An individual cannot be an agency and instead would have to seek qualification as an independent provider. Medicaid will allow agencies until October 1, 2024, to come into compliance with this definition.

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

Billing for Encounters

A claim review recently revealed approximately $1.2 million in inappropriate reimbursement for encounter claims to IHS, FQHC, and RHC providers. Reasons for claims paid inappropriately include:

- No HCPCS were listed underneath T1015 on the claim. All services bundled into the encounter are required to be listed on the claim.
- No covered HCPCS were listed underneath T1015 on the claim. Services must be covered to be reimbursable.
- HCPCS were not denied due to coverage policies. Codes that could be denied for various reasons were unidentifiable. This may lead to a denial for the encounter if no covered services are identified under T1015.

The claims processing system has been updated to deny these claims correctly. Providers should ensure they are billing correctly to receive reimbursement.

Additional information on encounters can be found in the IHS, FQHC and RHC Services, Idaho Medicaid Provider Handbook. Questions and comments about this article may be submitted to the Policy Team at MCPT@dhw.idaho.gov.

Timely Filing Exception for Eligibility Changes

Under the Medicaid Protection Rules, the Idaho Department of Health and Welfare is finding that approximately 5,000 individual participants may have been entitled to full Medicaid coverage. These participants are being contacted via letter to explain the change in their eligibility and coverage.

Providers should expect to be contacted by the participant to notify them that their coverage was changed. A copy of the letter from should also be provided to your office by the individual within 30 day(s) of receipt.

Gainwell and IDHW expect providers to either submit or resubmit the claim(s) for processing. If the claim start date of service is within timely filing (365 days) the claim may be submitted without a copy of the letter, however, if the claim start date of service is outside of timely filing the claim must be submitted with the letter attached for processing.

If any support is needed, please contact Gainwell Technologies at 1 (866)686-4272, Monday through Friday 7:00 AM to 7:00 PM MST.

Now Available! e-Learning Series – Provider Enrollment Application

Body: 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've 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@gainwelltechologies.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.

Provider Handbook Updates

The following substantive Idaho Medicaid Provider Handbook updates have been published.

The Ambulatory Health Care Facility handbook was updated in July to:

- Added information for Magellan Healthcare, Inc.
- Add a section for dialysis.
- Add a section on prior authorizations.
- Add a section on documentation.

The Behavioral Health and Social Services Providers handbook was completely rewritten in July. Effected providers are encouraged to review the handbook in its entirety.

The Directory handbook was updated in July to:

- Update behavioral health services contact information to Magellan Healthcare, Inc.
- Updated Healthy Connections contact information.
- Update prior authorization contacts for medical services and devices.

The General Information and Requirements for Providers handbook was updated in July to:

- Update contact information for Payment Error Rate Measurement (PERM) audits.
- Clarify requirements for checking benefit eligibility.
- Add a section on secure messaging.

- Update the Idaho Behavioral Health Plan contractor to Magellan Healthcare, Inc.
- Add a time frame for change of ownership notifications.
- Update the eligibility for incarcerated individuals.
- Extend coverage for pregnant women to 12 months.
- Remove Healthy Connections Value are sections.
- Update the virtual care services policy.
- Add the latest provider agreement.

The IHS, FQHC and RHC Services handbook was updated in July to:
- Add information for Magellan Healthcare, Inc.
- Add information about co-payments for Indian Health Services.
- Update encounters policy with new provider types, denial reasons and types of encounters.
- Clarify SL modifier requirement for government provided vaccines.
- Add payers that are secondary to Medicaid.
- Clarify interest calculation.

The Laboratory Services handbook was updated in July to:
- Added information for Magellan Healthcare, Inc.

The Licensed Midwife handbook was updated in July to:
- Added information for Magellan Healthcare, Inc.

The Physician and Non-Physician Practitioner handbook was updated in late July to:
- Add an appendix of services a pharmacist can provide.
- Add a Behavioral Health Services section for new policy around the Idaho Behavioral Health Plan and Magellan Healthcare, Inc. services.
- Add pregnancy-related services.
- Update OPTUM to Magellan for behavioral health services.
- Update Magellan to Prime for pharmacy services.
- Add clarification on billing an evaluation and management service with a wellness visit.
- Incorporate newsletter requirements for hysterectomy form.

The Provider Types and Specialties handbook was updated in late July to:
- Remove Children's Service Coordination.
- Require ordering, referring, or prescribing provider for Dialysis.
- Remove behavioral health provider types that are now required to go through Magellan Healthcare, Inc.

The Suppliers handbook was updated in late July to:
- Change insulin infusion pumps to a purchase.
- Update a limitation on oximeter sensors.
- Clarify language on wheelchair seating and mobility evaluations.

Questions about this article or suggestions about the provider handbook may be submitted to the Medicaid Policy Team at MCPT@dhw.idaho.gov.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
ALEX J. ADAMS –Director

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

June 6, 2024

MEDICAID INFORMATION RELEASE MA24-10

To: All Medicaid Providers

From: Juliet Charron, Administrator

Subject: Behavioral Health Services

Idaho Medicaid has contracted Magellan Healthcare, Inc. (Magellan) to be the managed care organization administering the Idaho Behavioral Health Plan (IBHP). Magellan will cover all inpatient, residential, and outpatient behavioral health services. This change does not apply to participants with dual eligibility and coverage under the managed care organizations Blue Cross of Idaho and Molina Healthcare.

Historically, only outpatient behavioral health services have been covered under the Idaho Behavioral Health Plan while inpatient and residential services have been covered through fee-for-service contracts. Under the new IBHP contract effective July 1, 2024, all providers will need to be enrolled with Magellan and bill all services with a behavioral health primary diagnosis on the attached list to them with a few exceptions. Exempted providers are encouraged, but not required, to enroll with Magellan and may continue to bill Gainwell Technologies for all services including those with an attached behavioral health primary diagnosis.

Providers that are exempt from billing Magellan for claims with a primary behavioral health diagnosis on the attached list are:

- Indian Health Services;
- Neurologists;
- Physicians and non-physician practitioners (EXCEPT those providing services through a behavioral health clinic, psychiatrists and providers with a behavioral health or addiction specialty);
- Schools;
- Social workers providing only pregnancy-related services as defined in the Behavioral Health and Social Services, Idaho Medicaid Provider Handbook; and
- Providers of waiver services.

Psychiatrists and physicians, nurse practitioners and physician assistants with a behavioral health or addiction specialty or who are working in a setting that provides primarily behavioral health services; federally qualified health centers (FQHC); and rural health clinics (RHC) are required to bill Magellan for services provided for a primary behavioral health diagnosis on the attached list.

Additionally, Medicare has begun covering some additional behavioral health services as announced in "Guidance to State Medicaid Agencies on Dually Eligible Beneficiaries Receiving Medicare Part B Marriage and Family Therapist Services, Mental Health Counselor Services, and Intensive Outpatient Services Effective January 1, 2024". Behavioral health providers are encouraged to enroll with Medicare to receive reimbursement for care provided to dual-eligible participants. More information about enrolling with Medicare is available here.

Managed care organizations that provide behavioral health services (IBHP & Duals) will be required to review and set their own provider rates to ensure adequate networks and access to care. The state will continue to oversee compliance with contract requirements for access to care.

Providers are encouraged to enroll with Magellan before July 1st to ensure no interruption of service or reimbursement. To reach Magellan via email, please contact IdahoProvider@MagellanHealth.com.

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

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Diagnosis Codes Covered by Magellan
July 1, 2024

The following diagnosis codes are covered under Magellan reimbursement when listed on the claim as primary and provided by an eligible provider in a covered place of service.

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	**Description**
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F01.511	Vascular dementia, unspecified severity, with agitation
F01.518	Vascular dementia, unspecified severity, with other behavioral disturbance
F01.52	Vascular dementia, unspecified severity, with psychotic disturbance
F01.53	Vascular dementia, unspecified severity, with mood disturbance
F01.54	Vascular dementia, unspecified severity, with anxiety
F01.A11	Vascular dementia, mild, with agitation
F01.A18	Vascular dementia, mild, with other behavioral disturbance
F01.A2	Vascular dementia, mild, with psychotic disturbance
F01.A3	Vascular dementia, mild, with mood disturbance
F01.A4	Vascular dementia, mild, with anxiety
F01.B11	Vascular dementia, moderate, with agitation
F01.B18	Vascular dementia, moderate, with other behavioral disturbance
F01.B2	Vascular dementia, moderate, with psychotic disturbance
F01.B3	Vascular dementia, moderate, with mood disturbance
F01.B4	Vascular dementia, moderate, with anxiety
F01.C11	Vascular dementia, severe, with agitation
F01.C18	Vascular dementia, severe, with other behavioral disturbance
F01.C2	Vascular dementia, severe, with psychotic disturbance
F01.C3	Vascular dementia, severe, with mood disturbance
F01.C4	Vascular dementia, severe, with anxiety
F02.80	Dementia in oth diseases classd elswhr w/o behavrl disturb
F02.81	Dementia in oth diseases classd elswhr w behavioral disturb
F02.811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
F02.818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F02.82	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F02.83	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.84	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder w hallucin due to known physiol condition
F06.1	Catatonic disorder due to known physiological condition

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F06.2	Psychotic disorder w delusions due to known physiol cond
F06.30	Mood disorder due to known physiological condition, unsp
F06.31	Mood disorder due to known physiol cond w depressv features
F06.32	Mood disord d/t physiol cond w major depressive-like epsd
F06.33	Mood disorder due to known physiol cond w manic features
F06.34	Mood disorder due to known physiol cond w mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.71	Mild neurocognitive disorder due to known physiological condition with behavioral disturbance
F06.8	Oth mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F07.81	Postconcussional syndrome
F07.89	Oth personality & behavrl disord due to known physiol cond
F07.9	Unsp personality & behavrl disord due to known physiol cond
F09	Unsp mental disorder due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.130	Alcohol abuse with withdrawal, uncomplicated
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.139	Alcohol abuse with withdrawal, unspecified
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse w alcoh-induce psychotic disorder w delusions
F10.151	Alcohol abuse w alcoh-induce psychotic disorder w hallucin
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unsp
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.229	Alcohol dependence with intoxication, unspecified
F10.230	Alcohol dependence with withdrawal, uncomplicated

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence w withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol depend w alcoh-induce psychotic disorder w delusions
F10.251	Alcohol depend w alcoh-induce psychotic disorder w hallucin
F10.259	Alcohol dependence w alcoh-induce psychotic disorder, unsp
F10.26	Alcohol depend w alcoh-induce persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.90	Alcohol use, unspecified, uncomplicated
F10.91	Alcohol use, unspecified, in remission
F10.920	Alcohol use, unspecified with intoxication, uncomplicated
F10.921	Alcohol use, unspecified with intoxication delirium
F10.929	Alcohol use, unspecified with intoxication, unspecified
F10.930	Alcohol use, unspecified with withdrawal, uncomplicated
F10.931	Alcohol use, unspecified with withdrawal delirium
F10.932	Alcohol use, unspecified with w/drawal w perceptual disturb
F10.939	Alcohol use, unspecified with withdrawal, unspecified
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.950	Alcohol use, unsp w alcoh-induce psych disorder w delusions
F10.951	Alcohol use, unsp w alcoh-induce psych disorder w hallucin
F10.959	Alcohol use, unsp w alcohol-induced psychotic disorder, unsp
F10.96	Alcohol use, unsp w alcoh-induce persist amnestic disorder
F10.97	Alcohol use, unsp with alcohol-induced persisting dementia
F10.980	Alcohol use, unsp with alcohol-induced anxiety disorder
F10.981	Alcohol use, unsp with alcohol-induced sexual dysfunction
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F10.99	Alcohol use, unsp with unspecified alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.11	Opioid abuse, in remission
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.13	Opioid abuse with withdrawal
F11.14	Opioid abuse with opioid-induced mood disorder
F11.150	Opioid abuse w opioid-induced psychotic disorder w delusions
F11.151	Opioid abuse w opioid-induced psychotic disorder w hallucin
F11.159	Opioid abuse with opioid-induced psychotic disorder, unsp
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.188	Opioid abuse with other opioid-induced disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence w intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid depend w opioid-induc psychotic disorder w delusions
F11.251	Opioid depend w opioid-induc psychotic disorder w hallucin
F11.259	Opioid dependence w opioid-induced psychotic disorder, unsp
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F11.91	Opioid use, unspecified, in remission
F11.920	Opioid use, unspecified with intoxication, uncomplicated
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unsp w intoxication with perceptual disturbance
F11.929	Opioid use, unspecified with intoxication, unspecified
F11.93	Opioid use, unspecified with withdrawal
F11.94	Opioid use, unspecified with opioid-induced mood disorder
F11.950	Opioid use, unsp w opioid-induc psych disorder w delusions
F11.951	Opioid use, unsp w opioid-induc psych disorder w hallucin
F11.959	Opioid use, unsp w opioid-induced psychotic disorder, unsp
F11.981	Opioid use, unsp with opioid-induced sexual dysfunction

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F11.982	Opioid use, unspecified with opioid-induced sleep disorder
F11.988	Opioid use, unspecified with other opioid-induced disorder
F11.99	Opioid use, unsp with unspecified opioid-induced disorder
F12.10	Cannabis abuse, uncomplicated
F12.11	Cannabis abuse, in remission
F12.120	Cannabis abuse with intoxication, uncomplicated
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.129	Cannabis abuse with intoxication, unspecified
F12.13	Cannabis abuse with withdrawal
F12.150	Cannabis abuse with psychotic disorder with delusions
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence w intoxication w perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.23	Cannabis dependence with withdrawal
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence w psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unsp cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.91	Cannabis use, unspecified, in remission
F12.920	Cannabis use, unspecified with intoxication, uncomplicated
F12.921	Cannabis use, unspecified with intoxication delirium
F12.922	Cannabis use, unsp w intoxication w perceptual disturbance
F12.929	Cannabis use, unspecified with intoxication, unspecified
F12.93	Cannabis use, unspecified with withdrawal
F12.950	Cannabis use, unsp with psychotic disorder with delusions
F12.951	Cannabis use, unsp w psychotic disorder with hallucinations

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F12.959	Cannabis use, unsp with psychotic disorder, unspecified
F12.980	Cannabis use, unspecified with anxiety disorder
F12.988	Cannabis use, unsp with other cannabis-induced disorder
F12.99	Cannabis use, unsp with unsp cannabis-induced disorder
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F13.120	Sedatv/hyp/anxiolytc abuse w intoxication, uncomplicated
F13.121	Sedatv/hyp/anxiolytc abuse w intoxication delirium
F13.129	Sedative, hypnotic or anxiolytic abuse w intoxication, unsp
F13.130	Sedatv/hyp/anxiolytc abuse with withdrawal, uncomplicated
F13.131	Sedatv/hyp/anxiolytc abuse with withdrawal delirium
F13.132	Sedatv/hyp/anxiolytc abuse with w/drawal w perceptl disturb
F13.139	Sedatv/hyp/anxiolytc abuse with withdrawal, unspecified
F13.14	Sedative, hypnotic or anxiolytic abuse w mood disorder
F13.150	Sedatv/hyp/anxiolytc abuse w psychotic disorder w delusions
F13.151	Sedatv/hyp/anxiolytc abuse w psychotic disorder w hallucin
F13.159	Sedatv/hyp/anxiolytc abuse w psychotic disorder, unsp
F13.180	Sedative, hypnotic or anxiolytic abuse w anxiety disorder
F13.181	Sedative, hypnotic or anxiolytic abuse w sexual dysfunction
F13.182	Sedative, hypnotic or anxiolytic abuse w sleep disorder
F13.188	Sedative, hypnotic or anxiolytic abuse w oth disorder
F13.19	Sedative, hypnotic or anxiolytic abuse w unsp disorder
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F13.220	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp
F13.221	Sedatv/hyp/anxiolytc dependence w intoxication delirium
F13.229	Sedatv/hyp/anxiolytc dependence w intoxication, unsp
F13.230	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated
F13.231	Sedatv/hyp/anxiolytc dependence w withdrawal delirium
F13.232	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb
F13.239	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp
F13.24	Sedative, hypnotic or anxiolytic dependence w mood disorder
F13.250	Sedatv/hyp/anxiolytc depend w psychotic disorder w delusions
F13.251	Sedatv/hyp/anxiolytc depend w psychotic disorder w hallucin
F13.259	Sedatv/hyp/anxiolytc dependence w psychotic disorder, unsp
F13.26	Sedatv/hyp/anxiolytc depend w persisting amnestic disorder
F13.27	Sedatv/hyp/anxiolytc dependence w persisting dementia
F13.280	Sedatv/hyp/anxiolytc dependence w anxiety disorder

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F13.281	Sedatv/hyp/anxiolytc dependence w sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence w sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence w oth disorder
F13.29	Sedative, hypnotic or anxiolytic dependence w unsp disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unsp, uncomplicated
F13.91	Sedative, hypnotic or anxiolytic use, unspecified, in remission
F13.920	Sedatv/hyp/anxiolytc use, unsp w intoxication, uncomplicated
F13.921	Sedatv/hyp/anxiolytc use, unsp w intoxication delirium
F13.929	Sedatv/hyp/anxiolytc use, unsp w intoxication, unsp
F13.930	Sedatv/hyp/anxiolytc use, unsp w withdrawal, uncomplicated
F13.931	Sedatv/hyp/anxiolytc use, unsp w withdrawal delirium
F13.932	Sedatv/hyp/anxiolytc use, unsp w w/drawal w perceptl disturb
F13.939	Sedatv/hyp/anxiolytc use, unsp w withdrawal, unsp
F13.94	Sedative, hypnotic or anxiolytic use, unsp w mood disorder
F13.950	Sedatv/hyp/anxiolytc use, unsp w psych disorder w delusions
F13.951	Sedatv/hyp/anxiolytc use, unsp w psych disorder w hallucin
F13.959	Sedatv/hyp/anxiolytc use, unsp w psychotic disorder, unsp
F13.96	Sedatv/hyp/anxiolytc use, unsp w persist amnestic disorder
F13.97	Sedatv/hyp/anxiolytc use, unsp w persisting dementia
F13.980	Sedatv/hyp/anxiolytc use, unsp w anxiety disorder
F13.981	Sedatv/hyp/anxiolytc use, unsp w sexual dysfunction
F13.982	Sedative, hypnotic or anxiolytic use, unsp w sleep disorder
F13.988	Sedative, hypnotic or anxiolytic use, unsp w oth disorder
F13.99	Sedative, hypnotic or anxiolytic use, unsp w unsp disorder
F14.10	Cocaine abuse, uncomplicated
F14.11	Cocaine abuse, in remission
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.121	Cocaine abuse with intoxication with delirium
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.129	Cocaine abuse with intoxication, unspecified
F14.13	Cocaine abuse, unspecified with withdrawal
F14.14	Cocaine abuse with cocaine-induced mood disorde
F14.150	Cocaine abuse w cocaine-induc psychotic disorder w delusions
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unsp
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.182	Cocaine abuse with cocaine-induced sleep disorder

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence w intoxication w perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.250	Cocaine depend w cocaine-induc psych disorder w delusions
F14.251	Cocaine depend w cocaine-induc psychotic disorder w hallucin
F14.259	Cocaine dependence w cocaine-induc psychotic disorder, unsp
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F14.91	Cocaine use, unspecified, in remission
F14.920	Cocaine use, unspecified with intoxication, uncomplicated
F14.921	Cocaine use, unspecified with intoxication delirium
F14.922	Cocaine use, unsp w intoxication with perceptual disturbance
F14.929	Cocaine use, unspecified with intoxication, unspecified
F14.93	Cocaine use, unspecified with withdrawal
F14.94	Cocaine use, unspecified with cocaine-induced mood disorder
F14.950	Cocaine use, unsp w cocaine-induc psych disorder w delusions
F14.951	Cocaine use, unsp w cocaine-induc psych disorder w hallucin
F14.959	Cocaine use, unsp w cocaine-induced psychotic disorder, unsp
F14.980	Cocaine use, unsp with cocaine-induced anxiety disorder
F14.981	Cocaine use, unsp with cocaine-induced sexual dysfunction
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
F14.988	Cocaine use, unspecified with other cocaine-induced disorder
F14.99	Cocaine use, unsp with unspecified cocaine-induced disorder
F15.10	Other stimulant abuse, uncomplicated
F15.11	Other stimulant abuse, in remission
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.121	Other stimulant abuse with intoxication delirium

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F15.122	Oth stimulant abuse w intoxication w perceptual disturbance
F15.129	Other stimulant abuse with intoxication, unspecified
F15.13	Other stimulant abuse with withdrawal
F15.14	Other stimulant abuse with stimulant-induced mood disorder
F15.150	Oth stimulant abuse w stim-induce psych disorder w delusions
F15.151	Oth stimulant abuse w stim-induce psych disorder w hallucin
F15.159	Oth stimulant abuse w stim-induce psychotic disorder, unsp
F15.180	Oth stimulant abuse with stimulant-induced anxiety disorder
F15.181	Oth stimulant abuse w stimulant-induced sexual dysfunction
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.19	Other stimulant abuse with unsp stimulant-induced disorder
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Oth stimulant dependence w intox w perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.23	Other stimulant dependence with withdrawal
F15.24	Oth stimulant dependence w stimulant-induced mood disorder
F15.250	Oth stim depend w stim-induce psych disorder w delusions
F15.251	Oth stimulant depend w stim-induce psych disorder w hallucin
F15.259	Oth stimulant depend w stim-induce psychotic disorder, unsp
F15.280	Oth stimulant dependence w stim-induce anxiety disorder
F15.281	Oth stimulant dependence w stim-induce sexual dysfunction
F15.282	Oth stimulant dependence w stimulant-induced sleep disorder
F15.288	Oth stimulant dependence with oth stimulant-induced disorder
F15.29	Oth stimulant dependence w unsp stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F15.91	Other stimulant use, unspecified, in remission
F15.920	Other stimulant use, unsp with intoxication, uncomplicated
F15.921	Other stimulant use, unspecified with intoxication delirium
F15.922	Oth stimulant use, unsp w intox w perceptual disturbance
F15.929	Other stimulant use, unsp with intoxication, unspecified
F15.93	Other stimulant use, unspecified with withdrawal
F15.94	Oth stimulant use, unsp with stimulant-induced mood disorder
F15.950	Oth stim use, unsp w stim-induce psych disorder w delusions
F15.951	Oth stim use, unsp w stim-induce psych disorder w hallucin

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F15.959	Oth stimulant use, unsp w stim-induce psych disorder, unsp
F15.980	Oth stimulant use, unsp w stimulant-induced anxiety disorder
F15.981	Oth stimulant use, unsp w stim-induce sexual dysfunction
F15.982	Oth stimulant use, unsp w stimulant-induced sleep disorder
F15.988	Oth stimulant use, unsp with oth stimulant-induced disorder
F15.99	Oth stimulant use, unsp with unsp stimulant-induced disorder
F16.10	Hallucinogen abuse, uncomplicated
F16.11	Hallucinogen abuse, in remission
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F16.121	Hallucinogen abuse with intoxication with delirium
F16.122	Hallucinogen abuse w intoxication w perceptual disturbance
F16.129	Hallucinogen abuse with intoxication, unspecified
F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder
F16.150	Hallucinogen abuse w psychotic disorder w delusions
F16.151	Hallucinogen abuse w psychotic disorder w hallucinations
F16.159	Hallucinogen abuse w psychotic disorder, unsp
F16.180	Hallucinogen abuse w hallucinogen-induced anxiety disorder
F16.183	Hallucign abuse w hallucign persisting perception disorder
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.19	Hallucinogen abuse with unsp hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F16.21	Hallucinogen dependence, in remission
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.24	Hallucinogen dependence w hallucinogen-induced mood disorder
F16.250	Hallucinogen dependence w psychotic disorder w delusions
F16.251	Hallucinogen dependence w psychotic disorder w hallucin
F16.259	Hallucinogen dependence w psychotic disorder, unsp
F16.280	Hallucinogen dependence w anxiety disorder
F16.283	Hallucign depend w hallucign persisting perception disorder
F16.288	Hallucinogen dependence w oth hallucinogen-induced disorder
F16.29	Hallucinogen dependence w unsp hallucinogen-induced disorder
F16.90	Hallucinogen use, unspecified, uncomplicated
F16.91	Hallucinogen use, unspecified, in remission
F16.920	Hallucinogen use, unsp with intoxication, uncomplicated
F16.921	Hallucinogen use, unsp with intoxication with delirium
F16.929	Hallucinogen use, unspecified with intoxication, unspecified

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F16.94	Hallucinogen use, unsp w hallucinogen-induced mood disorder
F16.950	Hallucinogen use, unsp w psychotic disorder w delusions
F16.951	Hallucinogen use, unsp w psychotic disorder w hallucinations
F16.959	Hallucinogen use, unsp w psychotic disorder, unsp
F16.980	Hallucinogen use, unsp w anxiety disorder
F16.983	Hallucign use, unsp w hallucign persist perception disorder
F16.988	Hallucinogen use, unsp w oth hallucinogen-induced disorder
F16.99	Hallucinogen use, unsp w unsp hallucinogen-induced disorder
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.203	Nicotine dependence unspecified, with withdrawal
F17.208	Nicotine dependence, unsp, w oth nicotine-induced disorders
F17.209	Nicotine dependence, unsp, w unsp nicotine-induced disorders
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, w oth disorders
F17.219	Nicotine dependence, cigarettes, w unsp disorder
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.223	Nicotine dependence, chewing tobacco, with withdrawal
F17.228	Nicotine dependence, chewing tobacco, w oth disorders
F17.229	Nicotine dependence, chewing tobacco, w unsp disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, oth tobacco product, w oth disorders
F17.299	Nicotine dependence, oth tobacco product, w unsp disorders
F18.10	Inhalant abuse, uncomplicated
F18.11	Inhalant abuse, in remission
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.121	Inhalant abuse with intoxication delirium
F18.129	Inhalant abuse with intoxication, unspecified
F18.14	Inhalant abuse with inhalant-induced mood disorder
F18.150	Inhalant abuse w inhalnt-induce psych disorder w delusions
F18.151	Inhalant abuse w inhalnt-induce psych disorder w hallucin
F18.159	Inhalant abuse w inhalant-induced psychotic disorder, unsp
F18.17	Inhalant abuse with inhalant-induced dementia

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder
F18.19	Inhalant abuse with unspecified inhalant-induced disorder
F18.20	Inhalant dependence, uncomplicated
F18.21	Inhalant dependence, in remission
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.250	Inhalant depend w inhalnt-induce psych disorder w delusions
F18.251	Inhalant depend w inhalnt-induce psych disorder w hallucin
F18.259	Inhalant depend w inhalnt-induce psychotic disorder, unsp
F18.27	Inhalant dependence with inhalant-induced dementia
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.29	Inhalant dependence with unsp inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F18.91	Inhalant use, unspecified, in remission
F18.920	Inhalant use, unspecified with intoxication, uncomplicated
F18.921	Inhalant use, unspecified with intoxication with delirium
F18.929	Inhalant use, unspecified with intoxication, unspecified
F18.94	Inhalant use, unsp with inhalant-induced mood disorder
F18.950	Inhalant use, unsp w inhalnt-induce psych disord w delusions
F18.951	Inhalant use, unsp w inhalnt-induce psych disord w hallucin
F18.959	Inhalant use, unsp w inhalnt-induce psychotic disorder, unsp
F18.97	Inhalant use, unsp with inhalant-induced persisting dementia
F18.980	Inhalant use, unsp with inhalant-induced anxiety disorder
F18.988	Inhalant use, unsp with other inhalant-induced disorder
F18.99	Inhalant use, unsp with unsp inhalant-induced disorder
F19.10	Other psychoactive substance abuse, uncomplicated
F19.11	Other psychoactive substance abuse, in remission
F19.120	Oth psychoactive substance abuse w intoxication, uncomp
F19.121	Oth psychoactive substance abuse with intoxication delirium
F19.122	Oth psychoactv substance abuse w intox w perceptual disturb
F19.129	Other psychoactive substance abuse with intoxication, unsp
F19.130	Other psychoactive substance abuse with withdrawal, uncomp
F19.131	Other psychoactive substance abuse with withdrawal delirium
F19.132	Other psychoactv sub abuse with w/drawal w perceptl disturb

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F19.139	Other psychoactv substance abuse with withdrawal, unsp
F19.14	Oth psychoactive substance abuse w mood disorder
F19.150	Oth psychoactv substance abuse w psych disorder w delusions
F19.151	Oth psychoactv substance abuse w psych disorder w hallucin
F19.159	Oth psychoactive substance abuse w psychotic disorder, unsp
F19.16	Oth psychoactv substance abuse w persist amnestic disorder
F19.17	Oth psychoactive substance abuse w persisting dementia
F19.180	Oth psychoactive substance abuse w anxiety disorder
F19.181	Oth psychoactive substance abuse w sexual dysfunction
F19.182	Oth psychoactive substance abuse w sleep disorder
F19.188	Oth psychoactive substance abuse w oth disorder
F19.19	Oth psychoactive substance abuse w unsp disorder
F19.20	Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual di
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual dis
F19.232	Oth psychoactv sub depend w w/drawal w perceptl disturb
F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F19.24	Oth psychoactive substance dependence w mood disorder
F19.250	Oth psychoactv substance depend w psych disorder w delusions
F19.251	Oth psychoactv substance depend w psych disorder w hallucin
F19.259	Oth psychoactv substance depend w psychotic disorder, unsp
F19.26	Other psychoactive substance dependence with psychoactive substance-induce
F19.27	Other psychoactive substance dependence with psychoactive substance-induce
F19.280	Other psychoactive substance dependence with psychoactive substance-induce
F19.281	Other psychoactive substance dependence with psychoactive substance-induce
F19.282	Other psychoactive substance dependence with psychoactive substance-induce
F19.288	Other psychoactive substance dependence with other psychoactive substance-
F19.29	Other psychoactive substance dependence with unspecified psychoactive subst
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F19.91	Other psychoactive substance use, unspecified, in remission
F19.920	Other psychoactive substance use, unspecified with intoxication, uncomplicate
F19.921	Other psychoactive substance use, unspecified with intoxication with delirium

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptu
F19.929	Other psychoactive substance use, unspecified with intoxication, unspecified
F19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptua
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.94	Other psychoactive substance use, unspecified with psychoactive substance-in
F19.950	Oth psychoactv sub use, unsp w psych disorder w delusions
F19.951	Oth psychoactv sub use, unsp w psych disorder w hallucin
F19.959	Oth psychoactv substance use, unsp w psych disorder, unsp
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-in
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-in
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-in
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-in
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-in
F19.988	Other psychoactive substance use, unspecified with other psychoactive substan
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive s
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Oth psych disorder not due to a sub or known physiol cond
F29	Unsp psychosis not due to a substance or known physiol cond
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disord, crnt episode manic w/o psych features, unsp
F31.11	Bipolar disord, crnt episode manic w/o psych features, mild
F31.12	Bipolar disord, crnt episode manic w/o psych features, mod
F31.13	Bipolar disord, crnt epsd manic w/o psych features, severe
F31.2	Bipolar disord, crnt episode manic severe w psych features
F31.30	Bipolar disord, crnt epsd depress, mild or mod severt, unsp
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disord, crnt epsd depress, sev, w/o psych features
F31.5	Bipolar disord, crnt epsd depress, severe, w psych features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disord, crnt epsd mixed, severe, w/o psych features
F31.64	Bipolar disord, crnt episode mixed, severe, w psych features
F31.70	Bipolar disord, currently in remis, most recent episode unsp
F31.71	Bipolar disord, in partial remis, most recent epsd hypomanic
F31.72	Bipolar disord, in full remis, most recent episode hypomanic
F31.73	Bipolar disord, in partial remis, most recent episode manic
F31.74	Bipolar disorder, in full remis, most recent episode manic
F31.75	Bipolar disord, in partial remis, most recent epsd depress
F31.76	Bipolar disorder, in full remis, most recent episode depress
F31.77	Bipolar disord, in partial remis, most recent episode mixed
F31.78	Bipolar disorder, in full remis, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressv disord, single epsd, sev w/o psych features
F32.3	Major depressv disord, single epsd, severe w psych features

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F32.4	Major depressv disorder, single episode, in partial remis
F32.5	Major depressive disorder, single episode, in full remission
F32.81	Premenstrual dysphoric disorder
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F32.A	Depression, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressv disorder, recurrent severe w/o psych features
F33.3	Major depressv disorder, recurrent, severe w psych symptoms
F33.40	Major depressive disorder, recurrent, in remission, unsp
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.0	Cyclothymic disorder
F34.1	Dysthymic disorder
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42.2	Mixed obsessional thoughts and acts
F42.3	Hoarding disorder
F42.4	Excoriation (skin-picking) disorder
F42.8	Other obsessive-compulsive disorder
F42.9	Obsessive-compulsive disorder, unspecified
F43.0	Acute stress reaction
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.8	Other reactions to severe stress
F43.81	Prolonged grief disorder
F43.89	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F44.7	Conversion disorder with mixed symptom presentation
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F48.1	Depersonalization-derealization syndrome
F48.2	Pseudobulbar affect
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder
F50.82	Avoidant/restrictive food intake disorder
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified
F51.01	Primary insomnia
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.04	Psychophysiologic insomnia
F51.05	Insomnia due to other mental disorder
F51.09	Oth insomnia not due to a substance or known physiol cond
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.13	Hypersomnia due to other mental disorder
F51.19	Oth hypersomnia not due to a substance or known physiol cond
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F51.5	Nightmare disorder
F51.8	Oth sleep disord not due to a sub or known physiol cond
F51.9	Sleep disorder not due to a sub or known physiol cond, unsp
F52.0	Hypoactive sexual desire disorder
F52.1	Sexual aversion disorder
F52.21	Male erectile disorder
F52.22	Female sexual arousal disorder
F52.31	Female orgasmic disorder
F52.32	Male orgasmic disorder
F52.4	Premature ejaculation
F52.5	Vaginismus not due to a substance or known physiological condition
F52.6	Dyspareunia not due to a substance or known physiological condition
F52.8	Other sexual dysfunction not due to a substance or known physiological condit
F52.9	Unspecified sexual dysfunction not due to a substance or known physiological c
F53.0	Postpartum depression
F53.1	Puerperal psychosis
F54	Psychological and behavioral factors associated with disorders or diseases class
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
F59	Unspecified behavioral syndromes associated with physiological disturbances a
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F63.3	Trichotillomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
F65.0	Fetishism
F65.1	Transvestic fetishism
F65.2	Exhibitionism
F65.3	Voyeurism
F65.4	Pedophilia
F65.50	Sadomasochism, unspecified
F65.51	Sexual masochism
F65.52	Sexual sadism
F65.81	Frotteurism
F65.89	Other paraphilias
F65.9	Paraphilia, unspecified
F66	Other sexual disorders
F68.10	Factitious disorder imposed on self, unspecified
F68.11	Factitious disorder imposed on self, with predominantly psychological signs and
F68.12	Factitious disorder imposed on self, with predominantly physical signs and sym
F68.13	Factitious disorder imposed on self, with combined psychological and physical s
F68.8	Other specified disorders of adult personality and behavior
F68.A	Factitious disorder imposed on another
F69	Unspecified disorder of adult personality and behavior
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
F93.0	Separation anxiety disorder of childhood
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.0	Selective mutism
F94.1	Reactive attachment disorder of childhood
F94.2	Disinhibited attachment disorder of childhood
F94.8	Other childhood disorders of social functioning
F94.9	Childhood disorder of social functioning, unspecified
F95.0	Transient tic disorder

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
F95.1	Chronic motor or vocal tic disorder
F95.2	Tourette's disorder
F95.8	Other tic disorders
F95.9	Tic disorder, unspecified
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
F98.4	Stereotyped movement disorders
F98.5	Adult onset fluency disorder
F98.8	Other specified behavioral and emotional disorders with onset usually occurrin
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in
F99	Mental disorder, not otherwise specified
G44.209	Tension-type headache, unspecified, not intractable
O90.6	Postpartum mood disturbance
O99.310	Alcohol use complicating pregnancy, unspecified trimester
O99.311	Alcohol use complicating pregnancy, first trimester
O99.312	Alcohol use complicating pregnancy, second trimester
O99.313	Alcohol use complicating pregnancy, third trimester
O99.314	Alcohol use complicating childbirth
O99.315	Alcohol use complicating the puerperium
O99.320	Drug use complicating pregnancy, unspecified trimester
O99.321	Drug use complicating pregnancy, first trimester
O99.322	Drug use complicating pregnancy, second trimester
O99.323	Drug use complicating pregnancy, third trimester
O99.324	Drug use complicating childbirth
O99.325	Drug use complicating the puerperium
R37	Sexual dysfunction, unspecified
R45.1	Restlessness and agitation
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.7	State of emotional shock and stress, unspecified
R45.81	Low self-esteem
R45.82	Worries
R45.851	Suicidal Ideations

Diagnosis Codes Covered Under Magellan Healthcare, Inc.	
ICD Code	Description
R46.89	Other symptoms and signs involving appearance and behavior
T14.91XA	Suicide attempt, initial encounter
T14.91XD	Suicide attempt, subsequent encounter
T14.91XS	Suicide attempt, sequela
Z65.8	Other specified problems related to psychosocial circumstances
Z87.890	Personal history of sex reassignment

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
ALEX J. ADAMS – Director

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

June 10, 2024

MEDICAID INFORMATION RELEASE MA24-11

To: All Medicaid Providers

From: Juliet Charron, Administrator

Subject: Update to the Medicaid Provider Agreement

Idaho Medicaid is updating the terms of the Medicaid Provider Agreement (attached). Per the terms of the Medicaid Provider Agreement, section 1. Compliance:

> *"The DEPARTMENT reserves the right to amend this AGREEMENT by providing the PROVIDER twenty-eight (28) day notice, as published within an Information Release (IR), and PROVIDER is deemed to accept, following such notice period. This AGREEMENT will be deemed modified, revised, or terminated to comply with any change on the effective date of such change."*

This update is necessary to prepare for the enrollment of managed care providers with Medicaid as announced in Medicaid Information Release MA24-01.

Notable Changes

- Streamlining terminology throughout for providing medical care, healthcare services, medical equipment, supplies or items to be "SERVICES".
- Clarifying non-discrimination language and related federal citation.
- Clarifying language in the Policy Guidance section, including acknowledging managed care.
- Clarifying language around Employee Training, including acknowledging managed care.
- Adding language in the Provider Enrollment Process section to acknowledge managed care.
- Adding language in the Professionalism section to acknowledge managed care.
- Updating language in the Third-Party Liability section to acknowledge Indian Health Service exceptions.

- Reinforcing provider responsibility in the Reimbursement section.

This version will apply to Medicaid providers enrolling with fee-for-service Medicaid for reimbursement and includes those that may also provide services under a managed care organization. The updated Medicaid Provider Agreement will be effective August 1, 2024. This is not the date managed care providers are required to begin enrollment.

Idaho Medicaid will be implementing a phased roll-out for the required enrollment for managed care providers. Idaho Medicaid will notify providers at least sixty (60) days prior to this requirement being effective. We will do everything we can to provide timely and comprehensive information, reduce confusion, and minimize administrative burden as much as possible.

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

JC/ah

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

TERMS AND CONDITIONS

1. Compliance.

This Provider Agreement ("AGREEMENT") is entered into by and between the Department of Health and Welfare ("DEPARTMENT"), as the State of Idaho's administering agency with authority under Idaho Code, Title 56, Chapter 2, to enter into agreements with individuals or entities ("PROVIDER"). This AGREEMENT is entered into for the purpose of defining the DEPARTMENT's expectations of providers who provide healthcare services, equipment, supplies or items and hereinafter referenced as "SERVICES" through any network to persons eligible for medical assistance and who submit claims for reimbursement in accordance with all applicable provisions of Idaho Statute, administrative code and federal regulations under the Medical Assistance Program ("MEDICAID"). This AGREEMENT and the terms herein are conditions of payment as used in Section 56-§209h (5) of Idaho Code. Failure to comply with any of the Terms and Conditions, or applicable ADDENDUMS incorporated herein, may affect PROVIDER's ability to continue participation in MEDICAID or may result in recovery of payments made by the DEPARTMENT to the PROVIDER, assessment of civil monetary penalties, suspension of payments and/or exclusion from the Medicaid program.

This AGREEMENT and any applicable ADDENDUMS attached hereto and hereby incorporated by reference; are subject to modification, revisions, or termination in accordance with changes in federal or state laws, administrative code or regulations. The DEPARTMENT reserves the right to amend this AGREEMENT by providing the PROVIDER twenty-eight (28) day notice, as published within an Information Release (IR), and PROVIDER is deemed to accept, following such notice period. This AGREEMENT will be deemed modified, revised, or terminated to comply with any change on the effective date of such change.

This AGREEMENT delineates the responsibilities of the PROVIDER and any subcontractor, agent or employee of the PROVIDER, in regard to the MEDICAID Program. The PROVIDER certifies and agrees to the Terms and Conditions set forth below.

2. Regulations, Rules, Policies and Procedures.

2.1 PROVIDER certifies that SERVICES provided will be provided to participants without regard to health status or need for healthcare services and will be provided without regard to race, color, age, sex, disability, or national origin in accordance with 45 CFR Part 90, Part 91 and Part 92 and 42 CFR Part 438, as applicable and as amended.

2.2 PROVIDER shall comply with all applicable provisions of 45 CFR Part 88, consistent with applicable court orders or as amended; the Health Insurance Portability and Accountability Act (HIPAA); Sections 262 and 264 of Public Law 104 -191, 42 USC Section 1320d, and applicable federal regulations at 45 CFR Subchapter C specific to Administrative Data Standards and 45 CFR Subchapter D - Health Information Technology and Related Requirements;170.215. PROVIDER shall additionally be responsible for protecting the confidentiality of participant information that is collected, used, or maintained according to IDAPA 16.05.01, "Use and Disclosure of Department Records," and 42 CFR § 431. Subpart F specific to unauthorized disclosure of applicant and beneficiary information.

2.3 PROVIDER shall comply with 42 USC §1396A(a)(68) and 42 CFR §438.600(a)(6,) as amended and applicable, if PROVIDER receives or makes annual payments of MEDICAID funds of at least five million dollars ($5,000,000).

2.4 PROVIDER shall ensure any individual providing interpretive SERVICES related to the provision of a health-related service, is a minimum of eighteen (18) years of age and meets the definition of qualified interpreter consistent with 28 CFR § 35.104.

2.5 Pursuant to 42 CFR § 431.107, PROVIDER acknowledges their compliance with all requirements specific to AGREEMENTS, as applicable and amended, and Advance Directives, as applicable and specified in 42 CFR Part 489, Subpart I and 42 CFR §417.436(d), as amended.

2.6 PROVIDER acknowledges the responsibility to comply with all applicable parts of the False Claims Act (31 USC §§3729-3733) and 42 CFR §438.608(a)(6) as amended, including, but not limited to, educating employees about federal and State laws pertaining to civil or criminal penalties for false claims, false statements and whistleblower protections under such laws.

2.7 Pursuant to federal regulations at 42 CFR §455.105, PROVIDER shall if requested, furnish to the DEPARTMENT and/or the U.S. Department of Health and Human Services, within thirty-five (35) days of the date of the transaction or the date of the written request, full and complete information related to certain business transactions, specifically:

2.7.1 ownership of any subcontractor with whom the PROVIDER has had business transactions totaling more than $25,000 during the twelve (12) month period preceding the most recent business transaction or ending on the date of the request, as applicable; and

2.7.2 pursuant to 42 CFR Part 455, Subpart B, any significant business transaction, between the PROVIDER and any wholly owned supplier, or between the PROVIDER and any subcontractor, during the 5-year period preceding the most recent business transaction or ending on the date of the request.

2.8 PROVIDER certifies that SERVICES provided to participant are not in violation of Idaho Code § 18-8901.

3. Administrative Code.

PROVIDER shall comply with all applicable provisions of the Idaho Administrative Code, as amended, including but not limited to: IDAPA 16.03.01 - "Eligibility for Health Care Assistance for Families and Children", IDAPA 16.03.05 – "Eligibility for Aid to the Aged, Blind, and Disabled", IDAPA 16.03.09 – "Medicaid Basic Plan Benefits", IDAPA 16.03.10 – "Medicaid Enhanced Plan Benefits", IDAPA, 16.03.13 – "Consumer Directed Services", IDAPA 16.03.17 – "Medicare/Medicaid Coordinated Plan Benefits", and IDAPA 16.03.18 – "Medicaid Cost Sharing", IDAPA – 16.05.03 "Contested Case Proceedings and Declaratory Rulings", IDAPA 16.05.06 "Criminal History and Background Checks", and IDAPA 16.05.07 – "The Investigation and Enforcement of Fraud, Abuse and Misconduct."

4. Policy Guidance.

PROVIDER shall conduct operations in accordance with all applicable policy and guidance accessible to them via the internet at www.idmedicaid.com and healthandwelfare.idaho.gov, including, but not limited to, the MedicAide newsletter, Information Releases, the Idaho Medicaid Provider Handbook (Provider Manual), as applicable and amended. Additionally, PROVIDERS participating in a managed care program must adhere to applicable interpretations of policy specified by the managed care program.

5. Employee Training.

PROVIDER acknowledges responsibility to ensure employees, subcontractors and agents of the PROVIDER receive training specific to the usage and adherence of all applicable provisions of policy within this AGREEMENT for PROVIDERS providing services in any delivery system and by any mode including but not

limited to, all applicable IDAPA rules, policy documents and guidance contained within the MedicAide newsletter, Information Releases, the Idaho Medicaid Provider Handbook (Provider Manual), and managed care program contracts as amended and applicable.

6. Provider Enrollment Process.

6.1 PROVIDER shall comply with the DEPARTMENT's enrollment processes and acknowledges the DEPARTMENT's authority to make provider enrollment decisions, which may include but is not limited to, mandatory denial of a Provider Agreement in accordance with IDAPA 16.03.09.200.06. PROVIDER acknowledges and agrees PROVIDER and its principals will be held responsible for violations of this AGREEMENT through any acts or omissions by the PROVIDER, its employees, its subcontractors or its agents specific to the provider enrollment process, including but not limited to, failure to disclose the revocation, termination or voluntary termination of an enrollment or if any party specified within 42 CFR § 455.106(c) has been convicted of a criminal offense.

6.1.1 PROVIDER understands this includes all applicable disclosures provided within 42 CFR §422.104 applicable to relationships between those who have an ownership interest, a control interest operational or managerial control of the PROVIDER organization as applicable.

6.1.2 Pursuant to federal regulations at 42 CFR Part 455, Subpart B, "Disclosure of Information by Providers and Fiscal Agents" and by reference 42 CFR §438.602(c) as applicable PROVIDER shall comply with the disclosure of ownership requirements; and agrees that for the purposes of this AGREEMENT, principal of the PROVIDER includes all agents, corporate officers, directors, partners of any partnership entity, including a professional corporation, association, limited liability company, those participating through a managed care program or their fiscal agent with either indirect ownership or control interest.

6.1.3 PROVIDER understands they may make agreements to provide SERVICES through a Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP) or Prepaid Ambulatory Health Plan (PAHP) and acknowledge their responsibility under such agreements to comply with all applicable parts of 42 CFR Part 438, as amended in addition to all applicable provisions of this AGREEMENT.

6.1.3.1 PROVIDER further acknowledges this AGREEMENT must be approved within one hundred twenty (120) days if applicable, for enrollment or credentialing with an MCO, PIHP or PAHP, in accordance with 42 CFR §438.602.

6.1.3.2 PROVIDER understands that if rendering services only under an agreement with an MCO, PIHP or PAHP, PROVIDER is not required to render services to participants in the FFS network as provided by 42 CFR §438.608(b).

6.2 PROVIDER acknowledges this AGREEMENT is not transferable or assignable. PROVIDER also acknowledges that at any time during the course of this AGREEMENT, PROVIDER shall notify the DEPARTMENT of any change in information contained in this AGREEMENT or their Provider Enrollment application, including within thirty-five (35) days after the change. Changes PROVIDERs are required to report include, but are not limited to, changes (or impending changes) in ownership or control information described in 42 CFR 455 Subpart B; indirect ownership, service locations, changes to licensure, tax information, bankruptcy; physical, mailing or electronic addresses, phone number; or the addition or removal of Licensed Medical Service

Providers. Change in ownership or control information requires full disclosure of the terms of the sale agreement, submittal of a new enrollment application and execution of a new AGREEMENT.

7. **Professionalism.**

7.1 PROVIDER shall provide SERVICES in accordance with all applicable requirements within, Idaho state statutes, Idaho Administrative Code And 42 CFR Part 438 Managed Care.

7.2 PROVIDER shall obtain and maintain licenses, permits, certification, registration and authority necessary to conduct business and provide service under this AGREEMENT and 42 CFR Part 438 Managed Care, as applicable. Where applicable, PROVIDER shall comply with all laws regarding safety, unemployment insurance and workers compensation. Additionally, PROVIDER understands they must submit copies of applicable licensure/certification when each license/certification is renewed.

7.3 PROVIDER agrees to uphold professionally recognized community standards of care and if applicable, retain non-Physician practitioners or paraprofessionals who have appropriate qualifications, licensing or certification as specified by the DEPARTMENT or a contract under 42 CFR Part 438 Managed Care. PROVIDER additionally agrees to provide appropriate supervision of such individuals.

7.4 PROVIDERs shall verify and ensure all employees, subcontractors and agents meet the fingerprint-based Criminal History Background Check provisions, as required by the DEPARTMENT under IDAPA 16.05.06, "Criminal History and Background Checks" and IDAPA, 16.03.09 "Medicaid Basic Plan Benefits".

7.5 PROVIDER shall abide by all applicable laws regarding the Medicaid participant's right to privacy, dignity, and free choice of providers and agrees to comply with 42 CFR, Chapter I, Subchapter A, Part 2 specific to Confidentiality of Substance Use Disorder Patient Records and 45 CFR, §164.524, as amended to afford access to records for SERVICES.

7.6 PROVIDER shall abide by this AGREEMENT and any applicable Addendums or supplemental agreements, as amended.

8. **Records Management.**

8.1 PROVIDER agrees to legibly document all SERVICES in accordance with professionally recognized standards to support each claim for reimbursement by MEDICAID or its agent, at the time it is provided, in compliance with the requirements specified in the Idaho Medicaid Provider Handbook (Provider Manual), Idaho Code, §56-209h(3), applicable DEPARTMENT rules and this AGREEMENT, as amended. Such documentation shall be maintained for at least five years after the date of service, in accordance with IDAPA 16.05.07.101 or as required by other DEPARTMENT rule. Failure to comply with documentation requirements may result in the recoupment of Medicaid payments.

8.2 PROVIDER shall ensure their cooperation with the DEPARTMENT's Medicaid Program Integrity Unit (MPIU) and the U.S. Department of Health and Human Services, or their agents by providing immediate access in accordance with Idaho Code §56-209h and IDAPA 16.05.07 "The Investigation and Enforcement of Fraud, Abuse and Misconduct" to all records, documents, material, and data in any medium which supports SERVICES billed to MEDICAID or its designee, at the time the MPIU makes its request.

8.2.1 PROVIDER also agrees to comply with applicable Quality Assurance audits specific to IDAPA 16.03.10, and as provided by any ADDENDUM to this AGREEMENT or agreement in a managed care program.

9. **Accurate Billing.**

9.1 PROVIDER shall certify by their signature or through their designee, including electronic signatures on a claim form or transmittal document, that the SERVICES claimed were actually provided in accordance with professionally recognized standards of health care, the Idaho Medicaid Provider Handbook (Provider Manual), all applicable DEPARTMENT rules, and this AGREEMENT.

9.2 PROVIDER agrees to be responsible for the accuracy of claims submitted to the DEPARTMENT or its agent whether submitted on paper, electronically or through a billing service.

9.3 PROVIDER ensures SERVICES are claimed only under one program and one provider type regardless of the delivery system or mode of delivery and to immediately repay the DEPARTMENT or its designee for any SERVICE the DEPARTMENT or the PROVIDER determines were not properly provided, properly documented, or properly claimed.

9.4 Pursuant to 42 USC §1320a-7 and 42 USC §1320c-5, PROVIDER shall bill MEDICAID or its agent only for SERVICES delivered by individuals not excluded from MEDICAID; and additionally, assures all payments are correctly applied to participant accounts and credited timely.

10. Secondary Payor or Third-Party Liability.

10.1 PROVIDER agrees to seek payment first from all other applicable sources of payment prior to submitting a claim for SERVICES to MEDICAID or its agent specific to 42 CFR §433 - Subpart D. for third party liability. Additionally, PROVIDER acknowledges MEDICAID as the payer of last resort and agrees to comply with 42 CFR §447.20(b).

10.1.1 As an exception to 10.1, Indian Health Services (IHS), purchased or referred care healthcare (PRC) by IHS, and health insurance plans self-funded by a federally recognized tribe are secondary to MEDICAID according to 42 CFR §136.203.

10.2 PROVIDER acknowledges that if a secondary payor or third party pays the participant for the SERVICES provided, the PROVIDER may bill the participant for that amount if written notice of financial responsibility was provided in accordance with MEDICAID policy and prior to the delivery of the service; and

10.3 PROVIDER acknowledges they cannot refuse to furnish SERVICES to a participant if a third-party is potentially liable for the service.

10.4 PROVIDER agrees to not bill the DEPARTMENT or its agent if a secondary payor or third-party payment is made to the PROVIDER, unless the secondary payor or third-party payment is less than the amount paid by MEDICAID or its agent.

11. Reimbursement.

11.1 PROVIDER understands they are to complete the appropriate claim form and acknowledges responsibility for the validity and accuracy of claims whether submitted on paper, electronically or through a billing service to MEDICAID or the DEPARTMENT's agent for reimbursement.

11.2 PROVIDER agrees to submit a request for prior authorization, if one is required, and to receive an approval for that request, prior to providing the requested SERVICES to the participant except where allowed by MEDICAID or its agent.

11.3 PROVIDER understands that reimbursement for the SERVICES by MEDICAID or its agent is contingent on the PROVIDER being correctly enrolled, licensed and credentialed, if applicable; conducting a determination of medical necessity for the SERVICES that meets all DEPARTMENT requirements or its agent if applicable;

eligibility of the participant for the SERVICES at the time it is rendered; coverage limitations at the time provided; timely submittal of prior authorization when applicable; and the PROVIDER billing per all applicable requirements, including but not limited to administrative code, policies and requirements specified by the National Correct Coding Initiative.

12. Payment in Full.

12.1 Pursuant to 42 CFR §447.15 PROVIDER agrees to accept MEDICAID payment or payment by its agent, as payment in full, for any SERVICES.

12.1.1 PROVIDER also agrees that prior to delivering non-covered or excluded MEDICAID SERVICES to a participant, PROVIDER will supply an itemized written notice to the participant, which informs them of their responsibility to pay for the SERVICES they are receiving, prior to rendering the SERVICES and require the participant to affix their signature as acknowledgement of their financial responsibility.

If the participant qualifies for a period of retroactive eligibility for Medicaid, this subsection does not apply during the retroactive period.

12.1.2 PROVIDER agrees to comply with the billing requirements specific to participant financial responsibility as provided within the Idaho Medicaid Provider Handbook (Provider Manual), administrative code or by a managed care program, as applicable.

13. Officers and Employees of the State.

PROVIDER acknowledges that no official, employee, or agent of the DEPARTMENT shall be in any way personally liable or responsible for any term of this AGREEMENT, whether express or implied, nor for any statement, representation, or warranty made in connection with this AGREEMENT. A guarantee of payment for SERVICES cannot be made by an official, employee or agent of the DEPARTMENT.

14. Provider Liability.

PROVIDER agrees if their organization is any type of business entity, the entity and all general or limited partnership interests and all shareholders, with a direct or indirect ownership or control interest, regardless of the percentage of ownership, are jointly and severally liable for any breach of this AGREEMENT, and that action by the DEPARTMENT against the PROVIDER may result in action against any or all such individuals in the entity.

15. Provider Revalidation.

15.1 PROVIDER acknowledges that the DEPARTMENT requires all enrolled providers to revalidate enrollment information at least every five years, in accordance with 42 CFR §455.414 and 42 CFR §438.602(b) if applicable. PROVIDER also acknowledges the DEPARTMENT may conduct off-cycle revalidations for certain program integrity purposes as allowed by 42 CFR §455.452 to ensure compliance with these requirements. Upon the DEPARTMENT's request to revalidate its enrollment, the PROVIDER has ninety (90) days from the postmark on the Revalidation Notice to submit the completed enrollment to the DEPARTMENT for approval.

15.2 PROVIDER also acknowledges all information disclosed by the PROVIDER is subject to verification. Any deliberate omission, misrepresentation or falsification of any information contained in the Provider Enrollment Application, this AGREEMENT (if applicable) and Disclosure Statement or contained in any communication supplying information to the DEPARTMENT may be punishable to the full extent allowed under the law, including but not limited to, revocation of this PROVIDER AGREEMENT, recovery of payments made, and assessment of civil monetary penalties.

16. Breach.

In addition to any breaches specified in other sections of this AGREEMENT, the failure of the PROVIDER to perform any of its obligations hereunder in whole or in part or in a timely or satisfactory manner constitutes a breach. A breach in this AGREEMENT may result in termination, suspension or recoupment of any or all PROVIDER payments and/or assessment of civil monetary penalties.

17. Duration and Termination of Agreement.

17.1 PROVIDER acknowledges this AGREEMENT shall be effective from the date the applicant is enrolled as a PROVIDER or from the date the PROVIDER is approved for continued enrollment and will remain in effect until terminated in writing.

17.2 This AGREEMENT may be terminated by either party, without cause, by giving twenty-eight (28) days notice in writing to the other party except as otherwise provided in this AGREEMENT.

17.2.1 DEPARTMENT's sole obligation, in the event of termination, shall be to pay for SERVICES provided prior to the effective date of the termination that are eligible for reimbursement.

17.3 DEPARTMENT may at its discretion, terminate this AGREEMENT in writing in the event the PROVIDER has failed to submit a claim for reimbursement to Medicaid or its agent within a twenty-four (24) month period.

17.4 DEPARTMENT may terminate this AGREEMENT if judicial interpretation of federal or state laws, regulations, or rules renders fulfillment of this AGREEMENT infeasible or impossible.

17.5 DEPARTMENT shall immediately terminate this AGREEMENT if the PROVIDER's license or certification, required by law or rule, is revoked, not renewed or is otherwise not in effect at the time SERVICE is provided.

17.6 DEPARTMENT may, at its discretion terminate this AGREEMENT if it determines the PROVIDER did not fully and accurately make any disclosure, including but not limited to board actions, or if the PROVIDER failed to notify the DEPARTMENT of any change as specified in "6. Provider Enrollment Process" of this AGREEMENT. All correspondence sent to the mailing or electronic address on file with the DEPARTMENT's fiscal agent shall be deemed to have been received by the PROVIDER.

17.7 DEPARTMENT may, at its discretion, terminate this AGREEMENT in writing when the PROVIDER fails to comply with any applicable regulations, statutes, administrative code, guidance, policy or provision of this AGREEMENT, either immediately or upon such notice as the DEPARTMENT deems appropriate in accordance with IDAPA 16.03.09.205, "Medicaid Basic Plan Benefits" or IDAPA 16.05.07.230, "The Investigation and Enforcement of Fraud, Abuse, and Misconduct."

17.8. PROVIDER understands and agrees its conduct may be subject to additional penalties or sanctions under Idaho Code §§ 56-209h, 56-227, 56-227A, 56-227B, and 56-227E, as amended, IDAPA 16.05.07, "The Investigation and Enforcement of Fraud, Abuse and Misconduct", and 42 CFR Part 438 Managed Care, as applicable and amended. PROVIDER also understands there are federal penalties for false reporting and fraudulent acts committed during the course and scope of this AGREEMENT. Notice of these sanctions shall in no way imply they represent an exclusive or exhaustive list of available actions concerning fraud and abuse.

18. Additional terms,

PROVIDER agrees to abide by any applicable terms if any, as attached and/or any applicable provisions of 42 CFR Part 438 Managed Care, as amended.

19. **Construction, Severability, and Venue**.
This AGREEMENT shall be governed, construed, and enforced in accordance with the laws and regulations of the state of Idaho and appropriate federal statutes and regulations. The provisions of this AGREEMENT are severable and independent, and if any such provision shall be determined to be unenforceable, in whole or in part, the remaining provisions and any partially enforceable provision shall, to the extent enforceable in any jurisdiction, nevertheless, be binding and enforceable. Any action to enforce the provisions of this AGREEMENT shall be brought in State District Court in Ada County, Boise, Idaho.

20. **Interpretation**.
In the event of inconsistency or ambiguity between the provisions of IDAPA and this AGREEMENT, the provisions of IDAPA shall be determinative of the obligations of the parties unless such inconsistency or ambiguity is the result of changes in federal or state law, in which case such federal or state law shall be determinative of the obligations of the parties. In the event IDAPA is silent with respect to any ambiguity or inconsistency, the AGREEMENT (including Appendices) shall be determinative of the obligations of the parties. In the event that a dispute arises which is not addressed in any of the aforementioned documents, the parties agree to make every reasonable effort to resolve the dispute, in keeping with the objectives of the AGREEMENT and the budgetary and statutory constraints of the DEPARTMENT.

21. **Headings.** The headings in this AGREEMENT have been inserted for convenient reference only and shall not be considered in any questions of interpretation or construction of this AGREEMENT.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
ALEX J. ADAMS – Director

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

June 10, 2024

MEDICAID INFORMATION RELEASE MA24-11

To: All Medicaid Providers

From: Juliet Charron, Administrator

Subject: Update to the Medicaid Provider Agreement

Idaho Medicaid is updating the terms of the Medicaid Provider Agreement (attached). Per the terms of the Medicaid Provider Agreement, section 1. Compliance:

> *"The DEPARTMENT reserves the right to amend this AGREEMENT by providing the PROVIDER twenty-eight (28) day notice, as published within an Information Release (IR), and PROVIDER is deemed to accept, following such notice period. This AGREEMENT will be deemed modified, revised, or terminated to comply with any change on the effective date of such change."*

This update is necessary to prepare for the enrollment of managed care providers with Medicaid as announced in Medicaid Information Release MA24-01.

Notable Changes

- Streamlining terminology throughout for providing medical care, healthcare services, medical equipment, supplies or items to be "SERVICES".
- Clarifying non-discrimination language and related federal citation.
- Clarifying language in the Policy Guidance section, including acknowledging managed care.
- Clarifying language around Employee Training, including acknowledging managed care.
- Adding language in the Provider Enrollment Process section to acknowledge managed care.
- Adding language in the Professionalism section to acknowledge managed care.
- Updating language in the Third-Party Liability section to acknowledge Indian Health Service exceptions.

- Reinforcing provider responsibility in the Reimbursement section.

This version will apply to Medicaid providers enrolling with fee-for-service Medicaid for reimbursement and includes those that may also provide services under a managed care organization. The updated Medicaid Provider Agreement will be effective August 1, 2024. This is not the date managed care providers are required to begin enrollment.

Idaho Medicaid will be implementing a phased roll-out for the required enrollment for managed care providers. Idaho Medicaid will notify providers at least sixty (60) days prior to this requirement being effective. We will do everything we can to provide timely and comprehensive information, reduce confusion, and minimize administrative burden as much as possible.

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

JC/ah

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

TERMS AND CONDITIONS

1. Compliance.

This Provider Agreement ("AGREEMENT") is entered into by and between the Department of Health and Welfare ("DEPARTMENT"), as the State of Idaho's administering agency with authority under Idaho Code, Title 56, Chapter 2, to enter into agreements with individuals or entities ("PROVIDER"). This AGREEMENT is entered into for the purpose of defining the DEPARTMENT's expectations of providers who provide healthcare services, equipment, supplies or items and hereinafter referenced as "SERVICES" through any network to persons eligible for medical assistance and who submit claims for reimbursement in accordance with all applicable provisions of Idaho Statute, administrative code and federal regulations under the Medical Assistance Program ("MEDICAID"). This AGREEMENT and the terms herein are conditions of payment as used in Section 56-§209h (5) of Idaho Code. Failure to comply with any of the Terms and Conditions, or applicable ADDENDUMS incorporated herein, may affect PROVIDER's ability to continue participation in MEDICAID or may result in recovery of payments made by the DEPARTMENT to the PROVIDER, assessment of civil monetary penalties, suspension of payments and/or exclusion from the Medicaid program.

This AGREEMENT and any applicable ADDENDUMS attached hereto and hereby incorporated by reference; are subject to modification, revisions, or termination in accordance with changes in federal or state laws, administrative code or regulations. The DEPARTMENT reserves the right to amend this AGREEMENT by providing the PROVIDER twenty-eight (28) day notice, as published within an Information Release (IR), and PROVIDER is deemed to accept, following such notice period. This AGREEMENT will be deemed modified, revised, or terminated to comply with any change on the effective date of such change.

This AGREEMENT delineates the responsibilities of the PROVIDER and any subcontractor, agent or employee of the PROVIDER, in regard to the MEDICAID Program. The PROVIDER certifies and agrees to the Terms and Conditions set forth below.

2. Regulations, Rules, Policies and Procedures.

2.1 PROVIDER certifies that SERVICES provided will be provided to participants without regard to health status or need for healthcare services and will be provided without regard to race, color, age, sex, disability, or national origin in accordance with 45 CFR Part 90, Part 91 and Part 92 and 42 CFR Part 438, as applicable and as amended.

2.2 PROVIDER shall comply with all applicable provisions of 45 CFR Part 88, consistent with applicable court orders or as amended; the Health Insurance Portability and Accountability Act (HIPAA); Sections 262 and 264 of Public Law 104 -191, 42 USC Section 1320d, and applicable federal regulations at 45 CFR Subchapter C specific to Administrative Data Standards and 45 CFR Subchapter D - Health Information Technology and Related Requirements;170.215. PROVIDER shall additionally be responsible for protecting the confidentiality of participant information that is collected, used, or maintained according to IDAPA 16.05.01, "Use and Disclosure of Department Records," and 42 CFR § 431. Subpart F specific to unauthorized disclosure of applicant and beneficiary information.

2.3 PROVIDER shall comply with 42 USC §1396A(a)(68) and 42 CFR §438.600(a)(6,) as amended and applicable, if PROVIDER receives or makes annual payments of MEDICAID funds of at least five million dollars ($5,000,000).

2.4 PROVIDER shall ensure any individual providing interpretive SERVICES related to the provision of a health-related service, is a minimum of eighteen (18) years of age and meets the definition of qualified interpreter consistent with 28 CFR § 35.104.

2.5 Pursuant to 42 CFR § 431.107, PROVIDER acknowledges their compliance with all requirements specific to AGREEMENTS, as applicable and amended, and Advance Directives, as applicable and specified in 42 CFR Part 489, Subpart I and 42 CFR §417.436(d), as amended.

2.6 PROVIDER acknowledges the responsibility to comply with all applicable parts of the False Claims Act (31 USC §§3729-3733) and 42 CFR §438.608(a)(6) as amended, including, but not limited to, educating employees about federal and State laws pertaining to civil or criminal penalties for false claims, false statements and whistleblower protections under such laws.

2.7 Pursuant to federal regulations at 42 CFR §455.105, PROVIDER shall if requested, furnish to the DEPARTMENT and/or the U.S. Department of Health and Human Services, within thirty-five (35) days of the date of the transaction or the date of the written request, full and complete information related to certain business transactions, specifically:

2.7.1 ownership of any subcontractor with whom the PROVIDER has had business transactions totaling more than $25,000 during the twelve (12) month period preceding the most recent business transaction or ending on the date of the request, as applicable; and

2.7.2 pursuant to 42 CFR Part 455, Subpart B, any significant business transaction, between the PROVIDER and any wholly owned supplier, or between the PROVIDER and any subcontractor, during the 5-year period preceding the most recent business transaction or ending on the date of the request.

2.8 PROVIDER certifies that SERVICES provided to participant are not in violation of Idaho Code § 18-8901.

3. Administrative Code.

PROVIDER shall comply with all applicable provisions of the Idaho Administrative Code, as amended, including but not limited to: IDAPA 16.03.01 - "Eligibility for Health Care Assistance for Families and Children", IDAPA 16.03.05 – "Eligibility for Aid to the Aged, Blind, and Disabled", IDAPA 16.03.09 – "Medicaid Basic Plan Benefits", IDAPA 16.03.10 – "Medicaid Enhanced Plan Benefits", IDAPA, 16.03.13 – "Consumer Directed Services", IDAPA 16.03.17 – "Medicare/Medicaid Coordinated Plan Benefits", and IDAPA 16.03.18 – "Medicaid Cost Sharing", IDAPA – 16.05.03 "Contested Case Proceedings and Declaratory Rulings", IDAPA 16.05.06 "Criminal History and Background Checks", and IDAPA 16.05.07 – "The Investigation and Enforcement of Fraud, Abuse and Misconduct."

4. Policy Guidance.

PROVIDER shall conduct operations in accordance with all applicable policy and guidance accessible to them via the internet at www.idmedicaid.com and healthandwelfare.idaho.gov, including, but not limited to, the MedicAide newsletter, Information Releases, the Idaho Medicaid Provider Handbook (Provider Manual), as applicable and amended. Additionally, PROVIDERS participating in a managed care program must adhere to applicable interpretations of policy specified by the managed care program.

5. Employee Training.

PROVIDER acknowledges responsibility to ensure employees, subcontractors and agents of the PROVIDER receive training specific to the usage and adherence of all applicable provisions of policy within this AGREEMENT for PROVIDERS providing services in any delivery system and by any mode including but not

limited to, all applicable IDAPA rules, policy documents and guidance contained within the MedicAide newsletter, Information Releases, the Idaho Medicaid Provider Handbook (Provider Manual), and managed care program contracts as amended and applicable.

6. Provider Enrollment Process.

6.1 PROVIDER shall comply with the DEPARTMENT's enrollment processes and acknowledges the DEPARTMENT's authority to make provider enrollment decisions, which may include but is not limited to, mandatory denial of a Provider Agreement in accordance with IDAPA 16.03.09.200.06. PROVIDER acknowledges and agrees PROVIDER and its principals will be held responsible for violations of this AGREEMENT through any acts or omissions by the PROVIDER, its employees, its subcontractors or its agents specific to the provider enrollment process, including but not limited to, failure to disclose the revocation, termination or voluntary termination of an enrollment or if any party specified within 42 CFR § 455.106(c) has been convicted of a criminal offense.

6.1.1 PROVIDER understands this includes all applicable disclosures provided within 42 CFR §422.104 applicable to relationships between those who have an ownership interest, a control interest operational or managerial control of the PROVIDER organization as applicable.

6.1.2 Pursuant to federal regulations at 42 CFR Part 455, Subpart B, "Disclosure of Information by Providers and Fiscal Agents" and by reference 42 CFR §438.602(c) as applicable PROVIDER shall comply with the disclosure of ownership requirements; and agrees that for the purposes of this AGREEMENT, principal of the PROVIDER includes all agents, corporate officers, directors, partners of any partnership entity, including a professional corporation, association, limited liability company, those participating through a managed care program or their fiscal agent with either indirect ownership or control interest.

6.1.3 PROVIDER understands they may make agreements to provide SERVICES through a Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP) or Prepaid Ambulatory Health Plan (PAHP) and acknowledge their responsibility under such agreements to comply with all applicable parts of 42 CFR Part 438, as amended in addition to all applicable provisions of this AGREEMENT.

6.1.3.1 PROVIDER further acknowledges this AGREEMENT must be approved within one hundred twenty (120) days if applicable, for enrollment or credentialing with an MCO, PIHP or PAHP, in accordance with 42 CFR §438.602.

6.1.3.2 PROVIDER understands that if rendering services only under an agreement with an MCO, PIHP or PAHP, PROVIDER is not required to render services to participants in the FFS network as provided by 42 CFR §438.608(b).

6.2 PROVIDER acknowledges this AGREEMENT is not transferable or assignable. PROVIDER also acknowledges that at any time during the course of this AGREEMENT, PROVIDER shall notify the DEPARTMENT of any change in information contained in this AGREEMENT or their Provider Enrollment application, including within thirty-five (35) days after the change. Changes PROVIDERs are required to report include, but are not limited to, changes (or impending changes) in ownership or control information described in 42 CFR 455 Subpart B; indirect ownership, service locations, changes to licensure, tax information, bankruptcy; physical, mailing or electronic addresses, phone number; or the addition or removal of Licensed Medical Service

Providers. Change in ownership or control information requires full disclosure of the terms of the sale agreement, submittal of a new enrollment application and execution of a new AGREEMENT.

7. **Professionalism.**

7.1 PROVIDER shall provide SERVICES in accordance with all applicable requirements within, Idaho state statutes, Idaho Administrative Code And 42 CFR Part 438 Managed Care.

7.2 PROVIDER shall obtain and maintain licenses, permits, certification, registration and authority necessary to conduct business and provide service under this AGREEMENT and 42 CFR Part 438 Managed Care, as applicable. Where applicable, PROVIDER shall comply with all laws regarding safety, unemployment insurance and workers compensation. Additionally, PROVIDER understands they must submit copies of applicable licensure/certification when each license/certification is renewed.

7.3 PROVIDER agrees to uphold professionally recognized community standards of care and if applicable, retain non-Physician practitioners or paraprofessionals who have appropriate qualifications, licensing or certification as specified by the DEPARTMENT or a contract under 42 CFR Part 438 Managed Care. PROVIDER additionally agrees to provide appropriate supervision of such individuals.

7.4 PROVIDERs shall verify and ensure all employees, subcontractors and agents meet the fingerprint-based Criminal History Background Check provisions, as required by the DEPARTMENT under IDAPA 16.05.06, "Criminal History and Background Checks" and IDAPA, 16.03.09 "Medicaid Basic Plan Benefits".

7.5 PROVIDER shall abide by all applicable laws regarding the Medicaid participant's right to privacy, dignity, and free choice of providers and agrees to comply with 42 CFR, Chapter I, Subchapter A, Part 2 specific to Confidentiality of Substance Use Disorder Patient Records and 45 CFR, §164.524, as amended to afford access to records for SERVICES.

7.6 PROVIDER shall abide by this AGREEMENT and any applicable Addendums or supplemental agreements, as amended.

8. **Records Management.**

8.1 PROVIDER agrees to legibly document all SERVICES in accordance with professionally recognized standards to support each claim for reimbursement by MEDICAID or its agent, at the time it is provided, in compliance with the requirements specified in the Idaho Medicaid Provider Handbook (Provider Manual), Idaho Code, §56-209h(3), applicable DEPARTMENT rules and this AGREEMENT, as amended. Such documentation shall be maintained for at least five years after the date of service, in accordance with IDAPA 16.05.07.101 or as required by other DEPARTMENT rule. Failure to comply with documentation requirements may result in the recoupment of Medicaid payments.

8.2 PROVIDER shall ensure their cooperation with the DEPARTMENT's Medicaid Program Integrity Unit (MPIU) and the U.S. Department of Health and Human Services, or their agents by providing immediate access in accordance with Idaho Code §56-209h and IDAPA 16.05.07 "The Investigation and Enforcement of Fraud, Abuse and Misconduct" to all records, documents, material, and data in any medium which supports SERVICES billed to MEDICAID or its designee, at the time the MPIU makes its request.

8.2.1 PROVIDER also agrees to comply with applicable Quality Assurance audits specific to IDAPA 16.03.10, and as provided by any ADDENDUM to this AGREEMENT or agreement in a managed care program.

9. **Accurate Billing.**

9.1 PROVIDER shall certify by their signature or through their designee, including electronic signatures on a claim form or transmittal document, that the SERVICES claimed were actually provided in accordance with professionally recognized standards of health care, the Idaho Medicaid Provider Handbook (Provider Manual), all applicable DEPARTMENT rules, and this AGREEMENT.

9.2 PROVIDER agrees to be responsible for the accuracy of claims submitted to the DEPARTMENT or its agent whether submitted on paper, electronically or through a billing service.

9.3 PROVIDER ensures SERVICES are claimed only under one program and one provider type regardless of the delivery system or mode of delivery and to immediately repay the DEPARTMENT or its designee for any SERVICE the DEPARTMENT or the PROVIDER determines were not properly provided, properly documented, or properly claimed.

9.4 Pursuant to 42 USC §1320a-7 and 42 USC §1320c-5, PROVIDER shall bill MEDICAID or its agent only for SERVICES delivered by individuals not excluded from MEDICAID; and additionally, assures all payments are correctly applied to participant accounts and credited timely.

10. Secondary Payor or Third-Party Liability.

10.1 PROVIDER agrees to seek payment first from all other applicable sources of payment prior to submitting a claim for SERVICES to MEDICAID or its agent specific to 42 CFR §433 - Subpart D. for third party liability. Additionally, PROVIDER acknowledges MEDICAID as the payer of last resort and agrees to comply with 42 CFR §447.20(b).

10.1.1 As an exception to 10.1, Indian Health Services (IHS), purchased or referred care healthcare (PRC) by IHS, and health insurance plans self-funded by a federally recognized tribe are secondary to MEDICAID according to 42 CFR §136.203.

10.2 PROVIDER acknowledges that if a secondary payor or third party pays the participant for the SERVICES provided, the PROVIDER may bill the participant for that amount if written notice of financial responsibility was provided in accordance with MEDICAID policy and prior to the delivery of the service; and

10.3 PROVIDER acknowledges they cannot refuse to furnish SERVICES to a participant if a third-party is potentially liable for the service.

10.4 PROVIDER agrees to not bill the DEPARTMENT or its agent if a secondary payor or third-party payment is made to the PROVIDER, unless the secondary payor or third-party payment is less than the amount paid by MEDICAID or its agent.

11. Reimbursement.

11.1 PROVIDER understands they are to complete the appropriate claim form and acknowledges responsibility for the validity and accuracy of claims whether submitted on paper, electronically or through a billing service to MEDICAID or the DEPARTMENT's agent for reimbursement.

11.2 PROVIDER agrees to submit a request for prior authorization, if one is required, and to receive an approval for that request, prior to providing the requested SERVICES to the participant except where allowed by MEDICAID or its agent.

11.3 PROVIDER understands that reimbursement for the SERVICES by MEDICAID or its agent is contingent on the PROVIDER being correctly enrolled, licensed and credentialed, if applicable; conducting a determination of medical necessity for the SERVICES that meets all DEPARTMENT requirements or its agent if applicable;

eligibility of the participant for the SERVICES at the time it is rendered; coverage limitations at the time provided; timely submittal of prior authorization when applicable; and the PROVIDER billing per all applicable requirements, including but not limited to administrative code, policies and requirements specified by the National Correct Coding Initiative.

12. Payment in Full.

12.1 Pursuant to 42 CFR §447.15 PROVIDER agrees to accept MEDICAID payment or payment by its agent, as payment in full, for any SERVICES.

12.1.1 PROVIDER also agrees that prior to delivering non-covered or excluded MEDICAID SERVICES to a participant, PROVIDER will supply an itemized written notice to the participant, which informs them of their responsibility to pay for the SERVICES they are receiving, prior to rendering the SERVICES and require the participant to affix their signature as acknowledgement of their financial responsibility.

If the participant qualifies for a period of retroactive eligibility for Medicaid, this subsection does not apply during the retroactive period.

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In addition to any breaches specified in other sections of this AGREEMENT, the failure of the PROVIDER to perform any of its obligations hereunder in whole or in part or in a timely or satisfactory manner constitutes a breach. A breach in this AGREEMENT may result in termination, suspension or recoupment of any or all PROVIDER payments and/or assessment of civil monetary penalties.

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17.3 DEPARTMENT may at its discretion, terminate this AGREEMENT in writing in the event the PROVIDER has failed to submit a claim for reimbursement to Medicaid or its agent within a twenty-four (24) month period.

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17.5 DEPARTMENT shall immediately terminate this AGREEMENT if the PROVIDER's license or certification, required by law or rule, is revoked, not renewed or is otherwise not in effect at the time SERVICE is provided.

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18. Additional terms,

PROVIDER agrees to abide by any applicable terms if any, as attached and/or any applicable provisions of 42 CFR Part 438 Managed Care, as amended.

19. **Construction, Severability, and Venue**.
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20. **Interpretation**.
In the event of inconsistency or ambiguity between the provisions of IDAPA and this AGREEMENT, the provisions of IDAPA shall be determinative of the obligations of the parties unless such inconsistency or ambiguity is the result of changes in federal or state law, in which case such federal or state law shall be determinative of the obligations of the parties. In the event IDAPA is silent with respect to any ambiguity or inconsistency, the AGREEMENT (including Appendices) shall be determinative of the obligations of the parties. In the event that a dispute arises which is not addressed in any of the aforementioned documents, the parties agree to make every reasonable effort to resolve the dispute, in keeping with the objectives of the AGREEMENT and the budgetary and statutory constraints of the DEPARTMENT.

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

June 10, 2024

MEDICAID INFORMATION RELEASE MA24-12

To: All Managed Care and ORP Providers

From: Juliet Charron, Administrator

Subject: Update to the Ordering, Referring and Prescribing Provider Agreement

Idaho Medicaid is creating a new Medicaid Provider Agreement (attached) for ordering, referring and prescribing providers, and managed care only providers. This updated agreement is necessary for the enrollment of managed care providers with Medicaid as announced in Information Release MA24-01. This version will apply to ordering, referring and prescribing providers, and all managed care providers, who are only enrolling to provide services with the managed care organization. Providers enrolling to provide services for fee-for-service Medicaid **and** managed care organizations should review Information Release MA24-11 Base Medicaid Provider Agreement Update.

Idaho Medicaid will be implementing a phased roll-out for the required enrollment. Idaho Medicaid will notify providers at least sixty (60) days prior to this requirement being effective. We will do everything we can to provide timely and comprehensive information, reduce confusion, and minimize administrative burden as much as possible.

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

JC/ah

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

TERMS AND CONDITIONS

1. **Compliance.**

This Provider Agreement ("AGREEMENT") is entered into by and between the Department of Health and Welfare ("DEPARTMENT"), as the State of Idaho's administering agency with authority under Idaho Code, Title 56, Chapter 2, to enter into agreements with individuals or entities that are enrolled with a managed care organization, or are ordering, referring or prescribing referred to as "PROVIDER". This AGREEMENT is entered into for the purpose of defining the DEPARTMENT's expectations of providers who provide healthcare services, equipment, supplies or items and hereinafter referenced as "SERVICES" as a provider enrolled with a managed care organization hereinafter referenced as "NETWORK PROVIDER" to persons eligible for medical assistance and who submit claims for reimbursement in accordance with all applicable provisions of Idaho Statute, administrative code and federal regulations under the Medical Assistance Program ("MEDICAID") ; or who order, prescribe or refer for SERVICES. This AGREEMENT and the terms herein are conditions of payment as used in Section 56-§209h (5) of Idaho Code for NETWORK PROVIDERs. Failure to comply with any of the Terms and Conditions, or applicable ADDENDUMS incorporated herein, may affect PROVIDER's ability to continue participation in MEDICAID or may result in recovery of any payments made by the DEPARTMENT to the PROVIDER, assessment of civil monetary penalties, suspension of payments and/or exclusion from the Medicaid program.

This AGREEMENT and any applicable ADDENDUMS attached hereto and hereby incorporated by reference; are subject to modification, revisions, or termination in accordance with changes in federal or state laws, administrative code or regulations. The DEPARTMENT reserves the right to amend this AGREEMENT by providing the PROVIDER twenty-eight (28) day notice, as published within an Information Release (IR), and PROVIDER is deemed to accept, following such notice period. This AGREEMENT will be deemed modified, revised, or terminated to comply with any change on the effective date of such change.

This AGREEMENT delineates the responsibilities of the PROVIDER and any subcontractor, agent or employee of the PROVIDER, in regard to the MEDICAID Program. The PROVIDER certifies and agrees to the Terms and Conditions set forth below.

2. **Regulations, Rules, Policies and Procedures.**

2.1 The PROVIDER certifies that SERVICES provided will be provided to participants without regard to health status or need for healthcare services and will be provided without regard to race, color, age, sex, disability, or national origin in accordance with 45 CFR Part 90, Part 91 and Part 92 and 42 CFR Part 438, as applicable and as amended.

2.2 PROVIDER shall comply with all applicable provisions of 45 CFR Part 88, consistent with applicable court orders or as amended; the Health Insurance Portability and Accountability Act (HIPAA); Sections 262 and 264 of Public Law 104 -191, 42 USC Section 1320d, and applicable federal regulations at 45 CFR Subchapter C specific to Administrative Data Standards and 45 CFR Subchapter D - Health Information Technology and Related Requirements;170.215. PROVIDER shall additionally be responsible for protecting the confidentiality of participant information that is collected, used, or maintained according to IDAPA 16.05.01, "Use and Disclosure of Department Records," and 42 CFR § 431. Subpart F specific to unauthorized disclosure of applicant and beneficiary information.

2.3 The NETWORK PROVIDER shall comply with 42 USC §1396A(a)(68) and 42 CFR §438.600(a)(6,) as amended and applicable, if PROVIDER receives or makes annual payments of MEDICAID funds of at least five million dollars ($5,000,000).

2.4 The NETWORK PROVIDER shall ensure any individual providing interpretive SERVICES related to the provision of a health-related service, is a minimum of eighteen (18) years of age and meets the definition of qualified interpreter consistent with 28 CFR § 35.104.

2.5 Pursuant to 42 CFR § 431.107, the NETWORK PROVIDER acknowledges their compliance with all requirements specific to AGREEMENTS, as applicable and amended, and Advance Directives, as applicable and specified in 42 CFR Part 489, Subpart I and 42 CFR §417.436(d), as amended. Ordering, referring and prescribing PROVIDERs acknowledge their compliance with all requirements specific to AGREEMENTS, as applicable, and specified in 42 CFR Part 489.

2.6 PROVIDER acknowledges the responsibility to comply with all applicable parts of the False Claims Act (31 USC §§3729-3733) and 42 CFR §438.608(a)(6) as amended, including, but not limited to, educating employees about federal and State laws pertaining to civil or criminal penalties for false claims, false statements and whistleblower protections under such laws.

2.7 Pursuant to federal regulations at 42 CFR §455.105, PROVIDER shall if requested, furnish to the DEPARTMENT and/or the U.S. Department of Health and Human Services, within thirty-five (35) days of the date of the transaction or the date of the written request, full and complete information related to certain business transactions, specifically:

2.7.1 ownership of any subcontractor with whom the PROVIDER has had business transactions totaling more than $25,000 during the twelve (12) month period preceding the most recent business transaction or ending on the date of the request, as applicable; and

2.7.2 pursuant to 42 CFR Part 455, Subpart B, any significant business transaction, between the PROVIDER and any wholly owned supplier, or between the PROVIDER and any subcontractor, during the 5-year period preceding the most recent business transaction or ending on the date of the request.

2.8 PROVIDER certifies that SERVICES provided to participant are not in violation of Idaho Code § 18-8901.

3. Administrative Code.

PROVIDER shall comply with all applicable provisions of the Idaho Administrative Code, as amended, including but not limited to: IDAPA 16.03.01 - "Eligibility for Health Care Assistance for Families and Children", IDAPA 16.03.05 – "Eligibility for Aid to the Aged, Blind, and Disabled", IDAPA 16.03.09 – "Medicaid Basic Plan Benefits", IDAPA 16.03.10 – "Medicaid Enhanced Plan Benefits", IDAPA, 16.03.13 – "Consumer Directed Services", IDAPA 16.03.17 – "Medicare/Medicaid Coordinated Plan Benefits", and IDAPA 16.03.18 – "Medicaid Cost Sharing", IDAPA – 16.05.03 "Contested Case Proceedings and Declaratory Rulings", IDAPA 16.05.06 "Criminal History and Background Checks", and IDAPA 16.05.07 – "The Investigation and Enforcement of Fraud, Abuse and Misconduct."

4. Policy Guidance.

NETWORK PROVIDERS participating in a managed care program must adhere to applicable policies and communications by the managed care program.

5. Employee Training.

NETWORK PROVIDER acknowledges responsibility to ensure employees, subcontractors and agents of the PROVIDER receive training specific to the usage and adherence of all applicable provisions of policy within this AGREEMENT for PROVIDERS providing services in any delivery system and by any mode including but not limited to, all applicable IDAPA rules, policy documents and guidance, and managed care program contracts as amended and applicable.

6. Provider Enrollment Process.

6.1 PROVIDER shall comply with the DEPARTMENT's enrollment processes and acknowledges the DEPARTMENT's authority to make provider enrollment decisions, which may include but is not limited to, mandatory denial of a Provider Agreement in accordance with IDAPA 16.03.09.200.06. PROVIDER acknowledges and agrees PROVIDER and its principals will be held responsible for violations of this AGREEMENT through any acts or omissions by the PROVIDER, its employees, its subcontractors or its agents specific to the provider enrollment process, including but not limited to, failure to disclose the revocation, termination or voluntary termination of an enrollment or if any party specified within 42 CFR § 455.106(c) has been convicted of a criminal offense.

6.1.1 PROVIDER understands this includes all applicable disclosures provided within 42 CFR §422.104 applicable to relationships between those who have an ownership interest, a control interest operational or managerial control of the PROVIDER organization as applicable.

6.1.2 Pursuant to federal regulations at 42 CFR Part 455, Subpart B, "Disclosure of Information by Providers and Fiscal Agents" and by reference 42 CFR §438.602(c) as applicable PROVIDER shall comply with the disclosure of ownership requirements; and agrees that for the purposes of this AGREEMENT, principal of the PROVIDER includes all agents, corporate officers, directors, partners of any partnership entity, including a professional corporation, association, limited liability company, those participating through a managed care program or their fiscal agent with either indirect ownership or control interest.

6.1.3 NETWORK PROVIDER understands they may make agreements to provide SERVICES through a Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP) or Prepaid Ambulatory Health Plan (PAHP) and acknowledge their responsibility under such agreements to comply with all applicable parts of 42 CFR Part 438, as amended in addition to all applicable provisions of this AGREEMENT.

6.1.3.1 NETWORK PROVIDER further acknowledges this AGREEMENT must be approved within one hundred twenty (120) days if applicable, for enrollment or credentialing with an MCO, PIHP or PAHP, in accordance with 42 CFR §438.602.

6.1.3.2 NETWORK PROVIDER understands that if rendering services only under an agreement with an MCO, PIHP or PAHP, PROVIDER is not required to render services to participants in the FFS network as provided by 42 CFR §438.608(b).

6.2 PROVIDER acknowledges this AGREEMENT is not transferable or assignable. PROVIDER also acknowledges that at any time during the course of this AGREEMENT, PROVIDER shall notify the DEPARTMENT of any change in information contained in this AGREEMENT or their Provider Enrollment application, including within thirty-five (35) days after the change. Changes PROVIDERs are required to report include, but are not limited to, changes (or impending changes) in ownership or control information described in 42 CFR 455 Subpart B; indirect ownership, service locations, changes to licensure, tax information, bankruptcy; physical, mailing or electronic addresses, phone number; or the addition or removal of Licensed Medical Service

Providers. Change in ownership or control information requires full disclosure of the terms of the sale agreement, submittal of a new enrollment application and execution of a new AGREEMENT.

7. **Professionalism.**

7.1 PROVIDER shall provide SERVICES in accordance with all applicable requirements within, Idaho state statutes, Idaho Administrative Code And 42 CFR Part 438 Managed Care.

7.2 PROVIDER shall obtain and maintain licenses, permits, certification, registration and authority necessary to conduct business and provide service under this AGREEMENT and 42 CFR Part 438 Managed Care, as applicable. Where applicable, PROVIDER shall comply with all laws regarding safety, unemployment insurance and workers compensation. Additionally, PROVIDER understands they must submit copies of applicable licensure/certification when each license/certification is renewed.

7.3 PROVIDER agrees to uphold professionally recognized community standards of care and if applicable, retain non-Physician practitioners or paraprofessionals who have appropriate qualifications, licensing or certification as specified by the DEPARTMENT or a contract under 42 CFR Part 438 Managed Care. PROVIDER additionally agrees to provide appropriate supervision of such individuals.

7.4 PROVIDERs shall verify and ensure all employees, subcontractors and agents meet the fingerprint-based Criminal History Background Check provisions, as required by the DEPARTMENT under IDAPA 16.05.06, "Criminal History and Background Checks" and IDAPA 16.03.09, "Medicaid Basic Plan Benefits".

7.5 PROVIDER shall abide by all applicable laws regarding the Medicaid participant's right to privacy, dignity, and free choice of providers and agrees to comply with 42 CFR, Chapter I, Subchapter A, Part 2 specific to Confidentiality of Substance Use Disorder Patient Records and 45 CFR, §164.524, as amended to afford access to records for SERVICES.

7.6 PROVIDER shall abide by this AGREEMENT and any applicable Addendums or supplemental agreements, as amended.

8. **Records Management.**

8.1 The NETWORK PROVIDER agrees to legibly document all SERVICES in accordance with professionally recognized standards to support each claim for reimbursement by MEDICAID or its agent, at the time it is provided, in compliance with the requirements specified in the Idaho Medicaid Provider Handbook (Provider Manual), Idaho Code, §56-209h(3), applicable DEPARTMENT rules and this AGREEMENT, as amended. Such documentation shall be maintained for at least five years after the date of service, in accordance with IDAPA 16.05.07.101 or as required by other DEPARTMENT rule. Failure to comply with documentation requirements may result in the recoupment of Medicaid payments.

8.2 The NETWORK PROVIDER shall ensure their cooperation with the DEPARTMENT's Medicaid Program Integrity Unit (MPIU) and the U.S. Department of Health and Human Services, or their agents by providing immediate access in accordance with Idaho Code §56-209h and IDAPA 16.05.07 "The Investigation and Enforcement of Fraud, Abuse and Misconduct" to all records, documents, material, and data in any medium which supports SERVICES billed to MEDICAID or its designee, at the time the MPIU makes its request.

8.2.1 The NETWORK PROVIDER also agrees to comply with applicable Quality Assurance audits specific to IDAPA 16.03.10, and as provided by any ADDENDUM to this AGREEMENT or agreement in a managed care program.

9. **Accurate Billing.**

9.1 The NETWORK PROVIDER shall certify by their signature or through their designee, including electronic signatures on a claim form or transmittal document, that the SERVICES claimed were actually provided in accordance with professionally recognized standards of health care, their contract with a Managed Care Organization and any policies they may have, all applicable DEPARTMENT rules, and this AGREEMENT.

9.2 The NETWORK PROVIDER agrees to be responsible for the accuracy of claims submitted to the DEPARTMENT or its agent whether submitted on paper, electronically or through a billing service.

9.3 The NETWORK PROVIDER ensures SERVICES are claimed only under one program and one provider type regardless of the delivery system or mode of delivery and to immediately repay the DEPARTMENT or its designee for any SERVICE the DEPARTMENT or the PROVIDER determines were not properly provided, properly documented, or properly claimed.

9.4 Pursuant to 42 USC §1320a-7 and 42 USC §1320c-5, the NETWORK PROVIDER shall bill MEDICAID or its agent only for SERVICES delivered by individuals not excluded from MEDICAID; and additionally, assures all payments are correctly applied to participant accounts and credited timely.

10. Secondary Payor or Third-Party Liability.

10.1 The NETWORK PROVIDER agrees to seek payment first from all other applicable sources of payment prior to submitting a claim for SERVICES to MEDICAID or its agent specific to 42 CFR §433 - Subpart D. for third party liability. Additionally, PROVIDER acknowledges MEDICAID as the payer of last resort and agrees to comply with 42 CFR §447.20(b).

10.1.1 As an exception to 10.1, Indian Health Services (IHS), purchased or referred care healthcare (PRC) by IHS, and health insurance plans self-funded by a federally recognized tribe are secondary to MEDICAID according to 42 CFR §136.203.

10.2 The NETWORK PROVIDER acknowledges that if a secondary payor or third party pays the participant for the SERVICES provided, the PROVIDER may bill the participant for that amount if written notice of financial responsibility was provided in accordance with MEDICAID policy and prior to the delivery of the service; and

10.3 The NETWORK PROVIDER acknowledges they cannot refuse to furnish SERVICES to a participant if a third-party is potentially liable for the service.

10.4 The NETWORK PROVIDER agrees to not bill the DEPARTMENT or its agent if a secondary payor or third-party payment is made to the PROVIDER, unless the secondary payor or third-party payment is less than the amount paid by MEDICAID or its agent.

11. Reimbursement.

11.1 The NETWORK PROVIDER understands they are to complete the appropriate claim form and acknowledges responsibility for the validity and accuracy of claims whether submitted on paper, electronically or through a billing service to MEDICAID or the DEPARTMENT's agent for reimbursement.

11.2 The NETWORK PROVIDER agrees to submit a request for prior authorization, if one is required, and to receive an approval for that request, prior to providing the requested SERVICES to the participant except where allowed by MEDICAID or its agent.

11.3 The NETWORK PROVIDER understands that reimbursement for the SERVICES by MEDICAID or its agent is contingent on the PROVIDER being correctly enrolled, licensed and credentialed, if applicable; conducting a determination of medical necessity for the SERVICES that meets all DEPARTMENT requirements or its agent if applicable; eligibility of the participant for the SERVICES at the time it is rendered; coverage limitations at the time provided; timely submittal of prior authorization when applicable; and the PROVIDER billing per all applicable requirements, including but not limited to administrative code, policies and requirements specified by the National Correct Coding Initiative.

12. Payment in Full.

12.1 Pursuant to 42 CFR §447.15 the NETWORK PROVIDER agrees to accept MEDICAID payment or payment by its agent, as payment in full, for any SERVICES.

12.1.1 The NETWORK PROVIDER also agrees that prior to delivering a non-covered or excluded MEDICAID SERVICES to a participant, PROVIDER will supply an itemized written notice to the participant, which informs them of their responsibility to pay for the SERVICES they are receiving, prior to rendering the SERVICES and require the participant to affix their signature as acknowledgement of their financial responsibility. If the participant qualifies for a period of retroactive eligibility for Medicaid, this subsection does not apply during the retroactive period.

12.1.2 The NETWORK PROVIDER agrees to comply with the billing requirements specific to participant financial responsibility as provided within administrative code or by a managed care program, as applicable.

13. Officers and Employees of the State.

PROVIDER acknowledges that no official, employee, or agent of the DEPARTMENT shall be in any way personally liable or responsible for any term of this AGREEMENT, whether express or implied, nor for any statement, representation, or warranty made in connection with this AGREEMENT. A guarantee of payment for SERVICES cannot be made by an official, employee or agent of the DEPARTMENT.

14. Provider Liability.

PROVIDER agrees if their organization is any type of business entity, the entity and all general or limited partnership interests and all shareholders, with a direct or indirect ownership or control interest, regardless of the percentage of ownership, are jointly and severally liable for any breach of this AGREEMENT, and that action by the DEPARTMENT against the PROVIDER may result in action against any or all such individuals in the entity.

15. Provider Revalidation.

15.1 PROVIDER acknowledges that the DEPARTMENT requires all enrolled providers to revalidate enrollment information at least every five years, in accordance with 42 CFR §455.414 and 42 CFR §438.602(b) if applicable. PROVIDER also acknowledges the DEPARTMENT may conduct off-cycle revalidations for certain program integrity purposes as allowed by 42 CFR §455.452 to ensure compliance with these requirements. Upon the DEPARTMENT's request to revalidate its enrollment, the PROVIDER has ninety (90) days from the postmark on the Revalidation Notice to submit the completed enrollment to the DEPARTMENT for approval.

15.2 PROVIDER also acknowledges all information disclosed by the PROVIDER is subject to verification. Any deliberate omission, misrepresentation or falsification of any information contained in the Provider Enrollment Application, this AGREEMENT (if applicable) and Disclosure Statement or contained in any communication supplying information to the DEPARTMENT may be punishable to the full extent allowed under the law, including but not limited to, revocation of this PROVIDER AGREEMENT, recovery of payments made, and assessment of civil monetary penalties.

16. Breach.

In addition to any breaches specified in other sections of this AGREEMENT, the failure of the PROVIDER to perform any of its obligations hereunder in whole or in part or in a timely or satisfactory manner constitutes a breach. A breach in this AGREEMENT may result in termination, suspension or recoupment of any or all PROVIDER payments and/or assessment of civil monetary penalties.

17. Duration and Termination of Agreement.

17.1 PROVIDER acknowledges this AGREEMENT shall be effective from the date the applicant is enrolled as a PROVIDER or from the date the PROVIDER is approved for continued enrollment and will remain in effect until terminated in writing.

17.2 This AGREEMENT may be terminated by either party, without cause, by giving twenty-eight (28) days notice in writing to the other party except as otherwise provided in this AGREEMENT.

17.2.1 DEPARTMENT's sole obligation, in the event of termination, shall be to pay for SERVICES provided prior to the effective date of the termination that are eligible for reimbursement.

17.3 DEPARTMENT may terminate this AGREEMENT if judicial interpretation of federal or state laws, regulations, or rules renders fulfillment of this AGREEMENT infeasible or impossible.

17.4 DEPARTMENT shall immediately terminate this AGREEMENT if the PROVIDER's license or certification, required by law or rule, is revoked, not renewed or is otherwise not in effect at the time SERVICE is provided.

17.5 DEPARTMENT may, at its discretion terminate this AGREEMENT if it determines the PROVIDER did not fully and accurately make any disclosure, including but not limited to board actions, or if the PROVIDER failed to notify the DEPARTMENT of any change as specified in "6. Provider Enrollment Process" of this AGREEMENT. All correspondence sent to the mailing or electronic address on file with the DEPARTMENT's fiscal agent shall be deemed to have been received by the PROVIDER.

17.6 DEPARTMENT may, at its discretion, terminate this AGREEMENT in writing when the PROVIDER fails to comply with any applicable regulations, statutes, administrative code, guidance, policy or provision of this AGREEMENT, either immediately or upon such notice as the DEPARTMENT deems appropriate in accordance with IDAPA 16.03.09.205, "Medicaid Basic Plan Benefits" or IDAPA 16.05.07.230, "The Investigation and Enforcement of Fraud, Abuse, and Misconduct."

17.7. PROVIDER understands and agrees its conduct may be subject to additional penalties or sanctions under Idaho Code §§ 56-209h, 56-227, 56-227A, 56-227B, and 56-227E, as amended, IDAPA 16.05.07, "The Investigation and Enforcement of Fraud, Abuse and Misconduct", and 42 CFR Part 438 Managed Care, as applicable and amended. PROVIDER also understands there are federal penalties for false reporting and fraudulent acts committed during the course and scope of this AGREEMENT. Notice of these sanctions shall in no way imply they represent an exclusive or exhaustive list of available actions concerning fraud and abuse.

18. Additional terms,

PROVIDER agrees to abide by any applicable terms if any, as attached and/or any applicable provisions of 42 CFR Part 438 Managed Care, as amended.

19. Construction, Severability, and Venue.

This AGREEMENT shall be governed, construed, and enforced in accordance with the laws and regulations of the state of Idaho and appropriate federal statutes and regulations. The provisions of this AGREEMENT are severable and independent, and if any such provision shall be determined to be unenforceable, in whole or in part, the remaining provisions and any partially enforceable provision shall, to the extent enforceable in any jurisdiction, nevertheless, be binding and enforceable. Any action to enforce the provisions of this AGREEMENT shall be brought in State District Court in Ada County, Boise, Idaho.

20. Interpretation.
In the event of inconsistency or ambiguity between the provisions of IDAPA and this AGREEMENT, the provisions of IDAPA shall be determinative of the obligations of the parties unless such inconsistency or ambiguity is the result of changes in federal or state law, in which case such federal or state law shall be determinative of the obligations of the parties. In the event IDAPA is silent with respect to any ambiguity or inconsistency, the AGREEMENT (including Appendices) shall be determinative of the obligations of the parties. In the event that a dispute arises which is not addressed in any of the aforementioned documents, the parties agree to make every reasonable effort to resolve the dispute, in keeping with the objectives of the AGREEMENT and the budgetary and statutory constraints of the DEPARTMENT.

21. Headings. The headings in this AGREEMENT have been inserted for convenient reference only and shall not be considered in any questions of interpretation or construction of this AGREEMENT.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
ALEX J. ADAMS – Director

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

June 17, 2024

MEDICAID INFORMATION RELEASE MA24-13

To: Nursing Facility Providers

From: Juliet Charron, Deputy Director

Subject: Nursing Facility Payment Methodology Transition Update

On October 1, 2019, the Centers for Medicare and Medicaid Services (CMS) implemented a Patient Driven Payment Model (PDPM) for skilled nursing facility prospective payment systems covered by Medicare Part A. On September 21, 2022, CMS issued State Medicaid Director's Letter #22-005, to assist states in the transition from a Resource Utilization Group (RUG) to PDPM payment methodology. The transition from RUG to PDPM case mix methodology must be completed by states prior to September 30, 2025.

The Department has been working with nursing facility providers and the provider association since CMS's payment methodology transition, as the department currently uses a RUG-based case mix payment methodology. To change the case mix methodology from RUG to PDPM before September 2025, the department must submit a Medicaid State Plan Amendment (SPA) to CMS and amend Idaho Administrative Code.

The Department plans to submit the state plan amendment to the legislature and CMS with a PDPM case mix methodology effective date of July 1, 2025. In State Fiscal Year 2025 the case mix adjustments will continue to be RUG-based.

The nursing facility providers must continue to use the Optional State Assessment (OSA) to allow for a RUG-based case mix score to be calculated. During State Fiscal Year 2025, the nursing facility providers will receive informational-only PDPM-based shadow payment and case mix information to determine what their rate and resident mix scores would be in a PDPM-based payment methodology using the nursing component at the original case mix weights published by CMS.

Thank you for participating in the Idaho Medicaid Program.

JC/js

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Boise, Idaho 83720-0009
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FAX: (208) 364-1811

June 17, 2024

MEDICAID INFORMATION RELEASE MA24-14

To: Medicaid Providers

From: Juliet Charron, Deputy Director

Subject: Delay in Outpatient Hospital Reimbursement Methodology Update

Outpatient hospital reimbursement will not transition to the hospital outpatient prospective payment system called APCs (Ambulatory Payment Classifications) on July 1, 2024. This delay is driven by system testing requirements, impacts to the Medicaid Management Information System and pending procurement, and necessary provider engagement. This postponement also allows the department to reassess department goals, and engage meaningfully with stakeholders to implement outpatient reimbursement changes including any potential changes in methodology. This delay eases the timeline barriers for updates to the claims system that restricts Idaho Medicaid's ability to apply Idaho specific policies.

As outlined in the Hospital, Idaho Medicaid Provider Handbook, acute care hospitals will continue to be required to bill procedure codes on each outpatient claim line for each revenue code that requires a procedure code under national billing guidelines. Outpatient hospitals will continue to be paid by the rate identified on the most recently posted Idaho Medicaid Fee Schedule for the codes listed in the APC Prep - Fee Schedule Paid Procedure Codes. All other covered procedure codes will be paid percent of charges multiplied by allowable Medicaid charges. The payments will not be retroactively cost settled for services on or after July 1, 2021. In the event there is a material change to the charge master, providers must notify the Department, who will determine whether the prospective payment percentage should be adjusted accordingly. This reimbursement methodology excludes instate Critical Access Hospitals (CAH), and Idaho State-Owned Hospitals.

This information release supersedes any conflicting information found in the following:

- MA22-16 Hospital Reimbursement APC Fee Schedule -and- APC (idaho.gov)
- MA21-28 Change In Outpatient Hospital Reimbursement Methodology - APC (idaho.gov)
- MA21-07 Change In Hospital Reimbursement Methodology (idaho.gov)

Questions around this delay and charge master adjustment notifications can be sent to the Reimbursement Unit inbox at MedicaidReimTeam@dhw.idaho.gov.

JC/ah

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

June 24, 2024

MEDICAID INFORMATION RELEASE MA24-16

To: All Medicaid Providers

From: Juliet Charron, Deputy Director

Subject: Temporary Rules and Effective Dates

Idaho Medicaid is clarifying the applicability of temporary rules promulgated in 2023 and approved by the 2024 legislature to become permanent. Idaho House Bill H0767 (2024) provides that rules now go into effect on July 1st. Previously, permanent rules would become effective at the end of the legislative session, and temporary rules would no longer be in effect. This has created a gap between the effective dates for temporary rules and their permanent effective date. As partners in the shared goal of a sound and sustainable Medicaid program, Idaho Medicaid is requesting providers continue following the language of the temporary rules until they become permanent on July 1st. The content of the updated rules will be reflected in the Idaho Medicaid Provider Handbook, and all providers via the Provider Agreement are expected to follow that.

The following rules are affected by this information release:

- IDAPA 16.03.09, "Medicaid Basic Plan Benefits" effective July 1, 2023.
- IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits" effective September 1, 2023.
- IDAPA 16.03.13, "Consumer-Directed Services" effective September 1, 2023.

JC/db

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Provider Training Opportunities

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

July: Coordination of Benefits (COB)
The Coordination of Benefits training will review COB pricing calculations, entering COB in your Trading Partner Account, and attaching the Explanation of Benefits EOB.

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.

	July	August	September
	COB	**Claims Adjustment**	**Residential Assisted Living Facilities (RALF)**
10-11:00 AM MT	7/17/2024	8/21/2024	9/18/2024
	7/18/2024	8/15/2024	9/19/2023
	7/16/2024	8/20/2024	9/17/2024
2-3:00 PM MT	7/10/2024	8/14/2024	9/11/2024
	7/11/2024	8/08/2024	9/12/2024
	7/18/2024	8/15/2024	9/19/2024
	7/16/2024	8/20/2024	9/17/2024

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 71 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

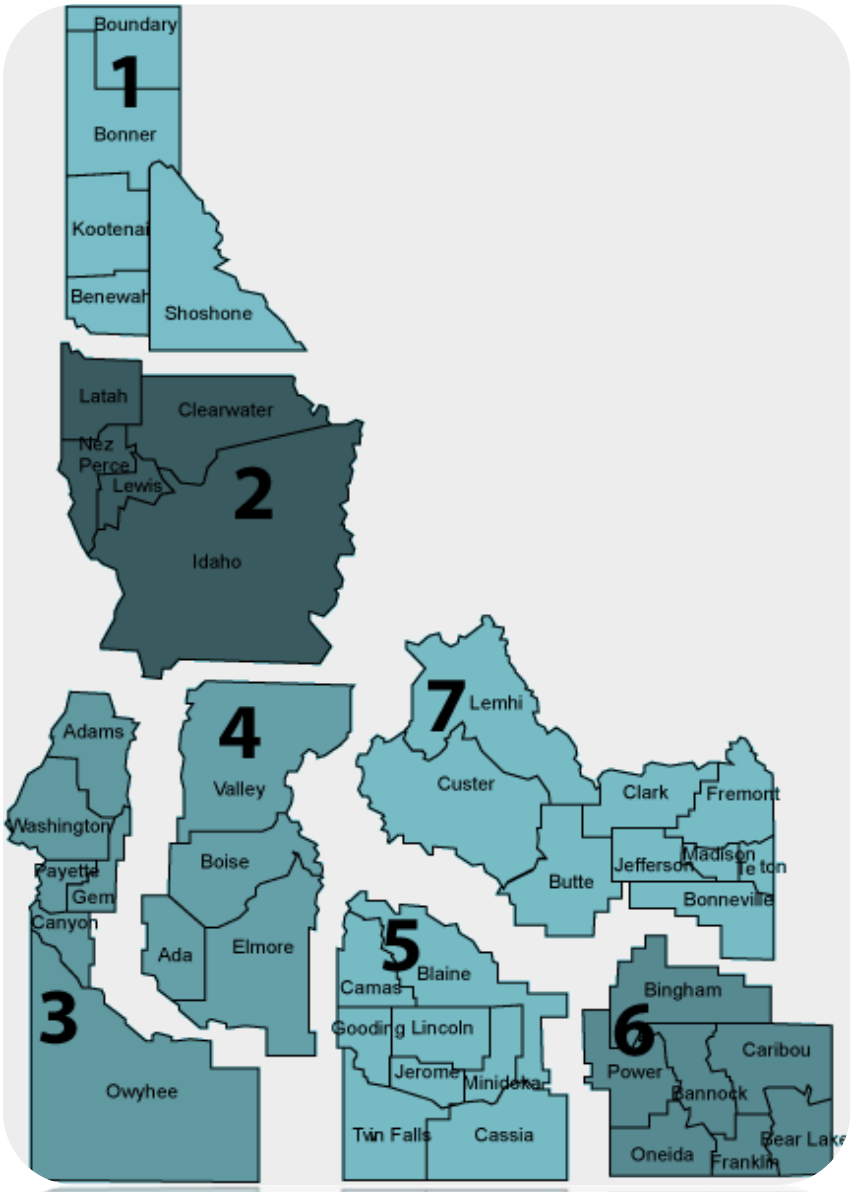
Gainwell Technologies Provider and Participant Services Contact Information

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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