



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

January 2025

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

Service Coordination Documentation

Medicaid Program Integrity has identified service coordination providers who have not met documentation requirements. Providers are required to fully document the extent of services submitted for Medicaid reimbursement. Services which have not been sufficiently documented are not reimbursable.

IDAPA 16.03.10.728.03 describes requirements for documentation of service coordination services and states, in pertinent part:

03. Documentation of Service Coordination. Agencies must maintain records that contain documentation describing the services provided, review of the continued need for service coordination, and progress toward each service coordination goal. Documentation must be completed as described in Section 56-209(h), Idaho Code. All active records must be immediately available. Documentation must include the following:

- a.** The name of the eligible participant.
- b.** The name of the provider agency and the person providing the services.
- c.** The date, time, duration, and place the service was provided.
- d.** The nature, content, units of the service coordination received, and whether goals specified in the plan have been achieved.
- e.** Whether the participant declined any services in the plan.
- f.** The need for and occurrences of coordination with any non-Medicaid case managers.
- g.** The timeline for obtaining needed services.
- h.** The timeline for re-evaluation of the plan.
- i.** A copy of the assessment or prior authorization from the Department that documents eligibility for service coordination services, and a dated and signed plan.
- j.** Agency records must contain documentation describing details of the service provided, signed by the person who delivered the service.
- k.** Documented review of participant's continued need for service coordination and progress toward each service coordination goal. A review must be completed at least every one hundred eighty (180) days after the plan development or update. Progress reviews must include the date of the review, and the signature of the service coordinator completing the review.

Please be advised that services billed to Medicaid without the required documentation will be subject to recoupment and civil monetary penalties.

Therapy Services

Annual evaluations may be completed 30-days early or 30-days late. Providers must document the reason the evaluation was not completed in the required timeframe. If an evaluation is late then it must be completed before claims are submitted.

Clinical fellows providing therapy services may be billed under the supervising therapist's provider number until their program is completed. Documentation must contain the signature of those providing the service and the supervising therapist.

When billing 92523 (Evaluation of speech sound production with evaluation of language comprehension and expression) with the UC modifier place the UC modifier as the first modifier on the claim line to ensure correct reimbursement. An exception on a case-by-case basis may be made for software that does not give the provider the option to determine the order of the modifier.

See the [Therapy Services](#), Idaho Medicaid Provider Handbook for additional information on this benefit.

January 2025 Changes to the APC Prep – Fee Schedule Paid Procedure Codes List

The [APC Prep – Fee Schedule Paid Procedure Codes](#) list will be updated January 2025 in association with updates realized on the [Idaho Medicaid Fee Schedule](#). Ongoing updates will occur quarterly to align with the updated published fee schedules.

Provider Handbook Updates

The [Behavioral Health and Social Service Providers](#) handbook was updated in November to clarify which services and providers bill Magellan.

The [Physician and Non-Physician Practitioner](#) handbook was updated in November and January to:

- Clarify pharmacist reimbursement for MTM;
- Update providers exempt from billing Magellan for behavioral health services;
- Allow virtual care for diabetes education and training;
- Update evaluation and management requirements to current standards;
- Update when an interperiodic child wellness examination may be performed;
- Add gender transition services policy;
- Clarify hysterectomies using Sterilization Forms must be completed before the procedure;
- Clarify the methodology that applies to providers for inpatient stay reviews;
- Remove telehealth from the site of service differential;
- Clarify that the employee requirements also apply to non-physician practitioners; and
- Move anesthesia base units from the handbook to the [Numerical Fee Schedule](#); and
- Add additional codes to the pharmacist services appendix.

The [Suppliers](#) handbook was updated in November to:

- Remove the requirement for a certificate of medical necessity for oxygen used to treat cluster headaches;
- Add E0468 to the ventilator benefit; and

- Update seating and mobility evaluation requirements and capped rental utilization.

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

CPT® and HCPCS Coverage Update

The following codes are being added for coverage. These codes pertain to benefits already approved under the Idaho Medicaid State Plan and Waivers. Please, allow additional time for the system to be updated. Claims will be reprocessed when the updates are complete. All statute, rule and provider handbook requirements apply.

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
38228	Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	1/1/2025	Yes, Telligent
49186	Removal or destruction of growth(s) in the abdomen, 5.0 cm or less	1/1/2025	No
49187	Removal or destruction of growth(s) in the abdomen, 5.1 to 10.0 cm	1/1/2025	No
49188	Removal or destruction of growth(s) in the abdomen, 10.1 to 20.0 cm	1/1/2025	No
49189	Removal or destruction of growth(s) in the abdomen, 20.1 to 30.0 cm	1/1/2025	No
49190	Removal or destruction of growth(s) in the abdomen, more than 30.0 cm	1/1/2025	No
60660	Destruction using heat of one or more nodules on one thyroid lobe	1/1/2025	No
60661	Destruction using heat of one or more nodules on additional thyroid lobe	1/1/2025	No
61715	MRI guided high intensity focused ultrasound, computer-assisted destruction of intracranial tissue	1/1/2025	No
64466	Unilateral thoracic fascial plane block by injection(s)	1/1/2025	No
64467	Unilateral thoracic fascial plane block by continuous infusion(s)	1/1/2025	No
64468	Bilateral thoracic fascial plane block by injection(s)	1/1/2025	No
64469	Bilateral thoracic fascial plane block by infusion(s)	1/1/2025	No
64473	Unilateral lower extremity fascial plane block by injection(s)	1/1/2025	No
64474	Unilateral lower extremity fascial plane block by infusion(s)	1/1/2025	No
76014	Assessment by trained clinical staff of implant and/or foreign body for MR safety, including identification and verification of implant components from appropriate sources, analyzing current MR conditional status of individual components and	1/1/2025	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
	systems, and consulting published professional guidance with written report, initial 15 minutes		
76015	Assessment by trained clinical staff of implant and/or foreign body for MR safety, including identification and verification of implant components from appropriate sources, analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report, each additional 30 minutes	1/1/2025	No
76016	Determination of MR safety by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	1/1/2025	No
76017	Medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert for MR safety, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	1/1/2025	No
76018	Preparation under supervision of physician or other qualified health care professional of electronics for MR safety, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	1/1/2025	No
76019	Implant positioning and/or immobilization under supervision of physician or other qualified health care professional for MR safety, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	1/1/2025	No
81515	Test for detection of bacteria causing vaginosis and vaginitis	1/1/2025	No
82233	Test for beta-amyloid 1-40	1/1/2025	No
82234	Test for beta-amyloid 1-42	1/1/2025	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
83884	Test for neurofilament light chain	1/1/2025	No
84393	Test for phosphorylated Tau protein	1/1/2025	No
84394	Test for total Tau protein	1/1/2025	No
86581	Test for streptococcus pneumonia antibody	1/1/2025	No
87513	Detection test by nucleic acid for helicobacter pylori clarithromycin resistance, amplified probe technique	1/1/2025	No
87564	Detection test by nucleic acid for mycobacterium tuberculosis rifampin resistance	1/1/2025	No
87594	Detection test by nucleic acid for pneumocystis jirovecii	1/1/2025	No
87626	Detection test by nucleic acid for Human Papillomavirus (HPV), separately reported high-risk types	1/1/2025	No
90695	Influenza vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use	1/1/2025	No
92137	Imaging of retina with optical coherence tomography angiography	1/1/2025	No
93896	Ultrasound of blood flow within brain to assess flexibility of vessels	1/1/2025	No
93897	Ultrasound of vessels in brain for detection of blood clots	1/1/2025	No
93898	Detection of abnormal blood flow in brain vessels using ultrasound with microbubble injection	1/1/2025	No
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more	1/1/2025	No
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more	1/1/2025	No
98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more	1/1/2025	No
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more	1/1/2025	No
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more	1/1/2025	No
98005	Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more	1/1/2025	No
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more	1/1/2025	No
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more	1/1/2025	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
98008	New patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 15 minutes or more	1/1/2025	No
98009	New patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more	1/1/2025	No
98010	New patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 45 minutes or more	1/1/2025	No
98011	New patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 60 minutes or more	1/1/2025	No
98012	Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 10 minutes or more	1/1/2025	No
98013	Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more	1/1/2025	No
98014	Established patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more	1/1/2025	No
98015	Established patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 40 minutes or more	1/1/2025	No
A9615	Injection, pegulicianine, 1 mg	1/1/2025	No
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	1/1/2025	No
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	1/1/2025	No
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	1/1/2025	No
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	1/1/2025	No
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	1/1/2025	No
E1813	Dynamic adjustable knee extension only device, includes soft interface material	1/1/2025	No
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	1/1/2025	No
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	1/1/2025	No
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	1/1/2025	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
E1826	Dynamic adjustable finger extension only device, includes soft interface material	1/1/2025	No
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	1/1/2025	No
E1828	Dynamic adjustable toe extension only device, includes soft interface material	1/1/2025	No
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	1/1/2025	No
G0532	Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a medicare-enrolled opioid treatment program);(list separately in addition to each primary code)	1/1/2025	No
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	1/1/2025	No
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	1/1/2025	No
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	1/1/2025	No
J0139	Injection, adalimumab, 1 mg	1/1/2025	No
J0666	Injection, bupivacaine liposome, 1 mg	1/1/2025	No
J0870	Injection, imetelstat, 1 mg	1/1/2025	No
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	1/1/2025	No
J1307	Injection, crovalimab-akkz, 10 mg	1/1/2025	Yes, Pharmacy
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	1/1/2025	Yes, Pharmacy
J1552	Injection, immune globulin (alyglo), 500 mg	1/1/2025	Yes, Pharmacy
J2290	Injection, nafcillin sodium, 20 mg	1/1/2025	No
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	1/1/2025	No
J2802	Injection, romiplostim, 1 microgram	1/1/2025	No
J3392	Injection, exagamglogene autotemcel, per treatment	1/1/2025	Yes, Pharmacy
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	1/1/2025	No

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	1/1/2025	No
J9026	Injection, tarlatamab-dlle, 1 mg	1/1/2025	No
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1/1/2025	No
J9076	Injection, cyclophosphamide (baxter), 5 mg	1/1/2025	No
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	1/1/2025	No
Q0155	Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	1/1/2025	No
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	1/1/2025	Yes, Pharmacy
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	1/1/2025	Yes, Pharmacy
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	1/1/2025	Yes, Pharmacy
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	1/1/2025	Yes, Pharmacy
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	1/1/2025	Yes, Pharmacy
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	1/1/2025	Yes, Pharmacy
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	1/1/2025	Yes, Pharmacy
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2025	Yes, Pharmacy
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1/1/2025	Yes, Pharmacy
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	1/1/2025	Yes, Pharmacy
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	1/1/2025	Yes, Pharmacy

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




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December 17, 2024

MEDICAID INFORMATION RELEASE MA24-29

To: Medicaid Enrollees, Providers, and Stakeholders
From: Juliet Charron, Deputy Director 
Subject: Medicare and Medicaid Dual Eligible Program Updates

The Department of Health & Welfare's contracts with Blue Cross of Idaho for Idaho Medicaid Plus (IMPlus) and the Medicare-Medicaid Coordinated Plan (MMCP) will end on June 2, 2025.

Dually eligible participants will have the choice to receive Medicaid coverage through Molina or fee-for-service Medicaid from June through December 2025. The Department of Administration's Division of Purchasing issued an intent to award to United Healthcare and Molina for a service start date of January 1, 2026 for IMPlus and MMCP coverage to dually eligible participants.

The Division of Medicaid understands this will be a significant change for enrollees, providers, and stakeholders. The division will be sending detailed instructions to enrollees and the provider community in the coming weeks.

What to Expect Next

MEMBERS

Members enrolled with Blue Cross MMCP or IMPlus have the right to remain enrolled until June 2025, if they choose to.

Members enrolled with Blue Cross of Idaho MMCP or IMPlus have the right to end their enrollment and receive services with Molina or choose fee-for-service

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(traditional Medicaid). Members should wait to receive their mailed enrollment options from Medicaid as the letter will provide direction in how to do so.

Members have the right to continue to enroll with Blue Cross or Molina for either MMCP or IMPlus until June 2025.

PROVIDERS

Providers enrolled with Blue Cross of Idaho may continue to provide Medicaid covered services to MMCP and IMPlus members enrolled in Blue Cross of Idaho until June 2025.

Providers that want to continue providing Medicaid covered services through MMCP and IMPlus may enroll as a provider with Molina Healthcare of Idaho and with Medicaid as a fee-for-service provider, if they haven't already.

We appreciate your patience as the Division of Medicaid provides more information in the coming weeks.

Sincerely,

Juliet Charron
Deputy Director

JC/so

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Provider Training Opportunities

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

January: Eligibility

This course is designed to instruct primary care physicians on how to determine eligibility.

Training is delivered at the times shown in the table below. Each session is open to any region, but space is limited to 25 participants per session, so please choose the session that works best for your schedule. To register for training, or to learn how to register, visit www.idmedicaid.com.

	January	February	March
	Eligibility	COB	Claims Adjustment
10-11:00 AM MT	1/15/2025	2/18/2025	3/18/2025
	1/16/2025	2/19/2025	3/19/2025
	1/21/2025	2/20/2025	3/20/2025
2-3:00 PM MT	1/08/2025	2/12/2025	3/12/2025
	1/09/2025	2/13/2025	3/13/2025
	1/21/2025	2/18/2025	3/18/2025
	1/23/2025	2/20/2025	3/20/2025

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 [15](#) of this newsletter.

DHW Resource and Contact Information

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

Insurance Verification

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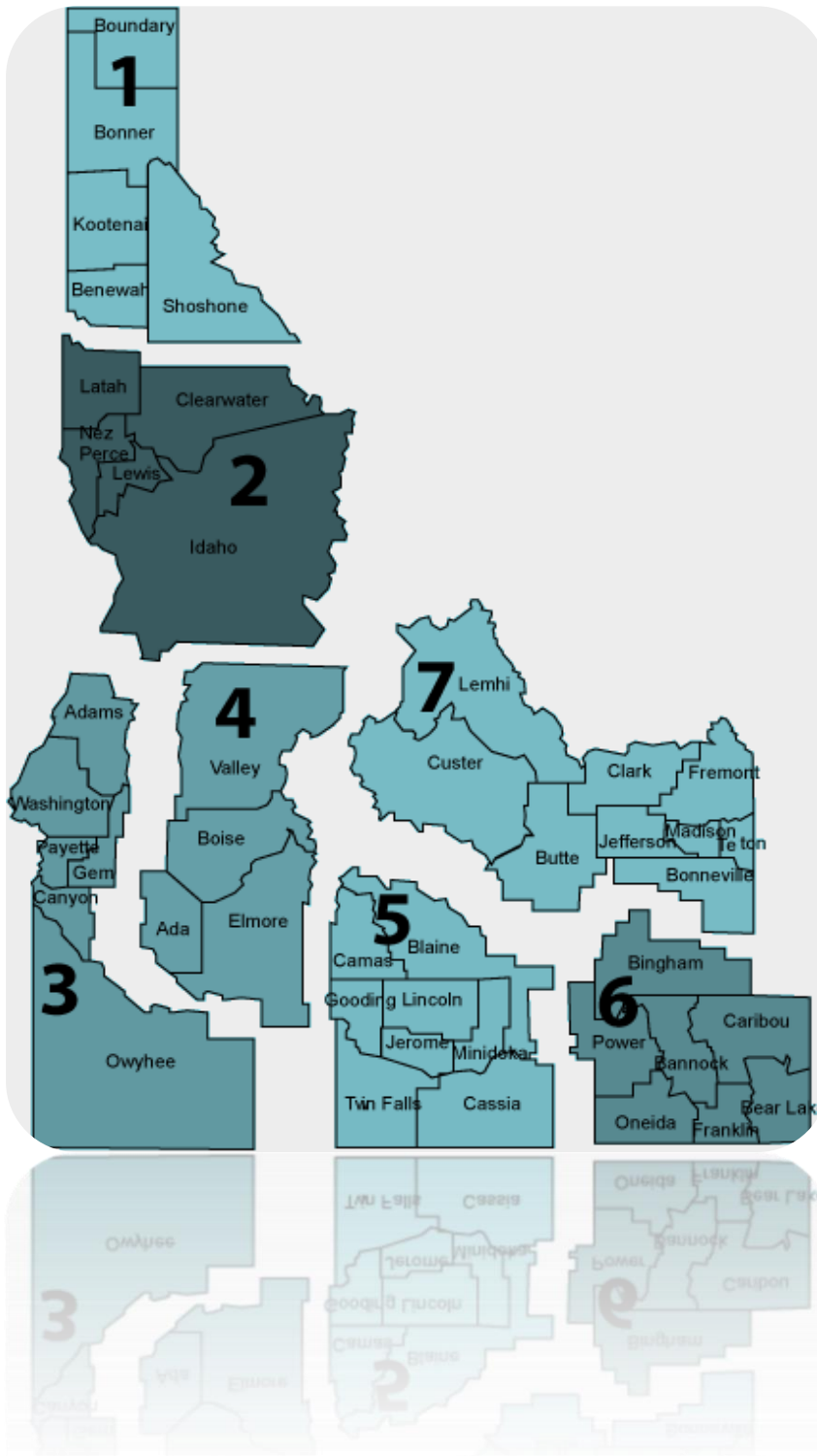
Gainwell Technologies Provider and Participant Services Contact Information

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

Gainwell Technologies Provider Services Fax Numbers

Provider Enrollment	1 (877) 517-2041
Provider and Participant Services	1 (877) 661-0974

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington

1 (208) 202-5735

Region.1@gainwelltechnologies.com

Region 2 and the state of Montana

1 (208) 202-5736

Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon

1 (208) 202-5816

Region.3@gainwelltechnologies.com

Region 4

1 (208) 202-5843

Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada

1 (208) 202-5963

Region.5@gainwelltechnologies.com

Region 6 and the state of Utah

1 (208) 593-7759

Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming

1 (208) 609-5062

Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)

1 (208) 609-5115

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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:

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