MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **April 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.

Documentation Requirements

The Medicaid Program Integrity Unit has identified instances in which providers did not maintain documentation necessary to support services billed to Medicaid. Providers are required to generate documentation at the time of service in accordance with rule, statute, or contract. Documentation must be retained for five years from the date of the service. Upon written request, providers must grant the Department (DHW) immediate access to records for review and copying during normal business hours. Documentation created after a DHW records request has been made, will not be accepted.

Idaho Code § 56-209h(3) addresses review of documentation of services. It states:

> (3) Review of documentation of services. All claims submitted by providers for payment are subject to prepayment and post payment review as designated by rule. Except as otherwise provided by rule, providers shall generate documentation at the time of service sufficient to support each claim and shall retain the documentation for a minimum of five (5) years from the date the item or service was provided. The department or authorized agent shall be given immediate access to such documentation upon written request.

IDAPA 16.05.07.101 addresses 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.
>
> 02. List Of Records. Documentation to support claims for services may include medical records, treatment plans, medical necessity justification, assessments, appointment sheets, patient accounts, financial records or other records regardless of its form or media.
>
> 03. Immediate Access To Records. Providers must grant to the Department, the U.S. Department of Health and Human Services and its agents, immediate access to records for review and copying during normal business hours. These records are listed in Subsection 101.02 of this rule.
>
> 04. Copying Records. The Department may copy any record listed in Subsection 101.02 of this rule.
>
> a. They may request in writing to have copies of records supplied by the provider.
>
> b. The requested copies must be furnished within twenty (20) working days after the date of the written request, unless an extension of time is granted by the Department for good cause.

c. Failure to timely provide requested copies will be a refusal to provide access to records.

05. Removal of Records From Provider's Premises. The Department may remove from the provider's premises copies of any records listed in Subsection 101.02 of this rule.

Please be advised providers who bill Medicaid for services must retain legible documentation consistent with professionally recognized standards for a period of five years. Services billed to Medicaid without supporting documentation may be subject to recoupment and civil monetary penalties pursuant to IDAPA 16.05.07.200 and IDAPA 16.05.07.205.

Paraprofessionals and Service Coordination

Paraprofessionals are eligible to provide service coordination to adult DD participants under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits". Reimbursement for paraprofessional services includes, but it is not limited to:

- Linking participants to appropriate resources and providers to address needs and goals identified in the participant's service coordination plan;
- Coordinating participant programs, services, job training, and transportation;
- Assisting participants with applications for benefits and entitlement programs;
- Advocating for adequate, timely and cost-effective services for the participant;
- Responding to any issues that occur during the delivery of services;
- Contacting the participant, family members, providers, or others when directly related to identifying needs and supports to help the participant access services.;
- Monitoring the services being provided to the participant and staying up to date on any services being added or discontinued, but not completing 90-day visits and 180-day service reviews;
- Assisting participants with accessing community-based services;
- Providing crisis assistance to help participants access community resources to resolve a crisis.

Paraprofessionals must not conduct assessments, evaluations, person-centered planning meetings, ninety (90) day face-to-face contacts described in IDAPA 16.03.10.728.06, one hundred eighty (180) day progress reviews, plan development, or plan changes. Paraprofessionals cannot be identified as the service coordinator on the plan, and they cannot supervise service coordinators or other paraprofessionals. The same limitations apply to paraprofessionals that apply to service coordinators as outlined by IDAPA 16.03.10.727.08-09. Additionally, documentation of services completed by a paraprofessional must be reviewed by the participant's service coordinator and include the date of review and the service coordinator's signature on the documentation.

Supported Living: Resident Limits

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

In the December 2023 MedicAide newsletter, Idaho Medicaid requested stakeholder engagement regarding what the limitation of ResHab SL residents in each setting type should be. All feedback

was to be submitted prior to December 31st, 2023, for consideration. Idaho Medicaid received limited feedback of two (2) email submissions. Upon further research into this issue, Idaho Medicaid identified during the COVID-19 Public Health Emergency when exceptions were granted for more than three (3) participants, it resulted in increased complaints and critical incidents.

Considering the safety concerns and the limited feedback received, Idaho Medicaid has decided not to update this policy at this time. The limitation will remain at three (3) residents who live in their own home or apartment as per the Idaho Medicaid Provider Handbook – Agency Professional, Section 16.2.1. Idaho Medicaid appreciates the feedback received and remains committed to ensuring the highest quality of care for all participants.

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

Depression Screening

Depression screening is an integral part of wellness examination. Reimbursement for depression screening is bundled into the wellness examination. Providers are encouraged to bill G8431 for a positive depression screen or G8510 for a negative depression screen. Value care organizations should consider appropriate use of these codes in support of quality measures.

Maternal postpartum depression screening is reimbursable for mothers of infants under one (1) year of age. This situation is unique in that the service is performed on an individual other than the participant for the benefit of the participant. This may be reimbursed when billed under the infant's MID.

Additional information about depression screenings can be found in the Physician and Non-Physician Practitioner provider handbook. Questions and comments about this article should 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 once complete. All statute, rule and provider handbook requirements apply.

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	4/1/2024	No
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	4/1/2024	No
A4561	Pessary, reusable, rubber, any type	4/1/2024	No
A4562	Pessary, reusable, non rubber, any type	4/1/2024	No
A4564	Pessary, disposable, any type	4/1/2024	No
C9159	Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity	4/1/2024	No

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	4/1/2024	No
C9161	Injection, aflibercept hd, 1 mg	4/1/2024	No
C9162	Injection, avacincaptad pegol, 0.1 mg	4/1/2024	No
C9163	Injection, talquetamab-tgvs, 0.25 mg	4/1/2024	Yes, Pharmacy
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	4/1/2024	No
C9165	Injection, elranatamab-bcmm, 1 mg	4/1/2024	Yes, Pharmacy
C9166	Injection, secukinumab, intravenous, 1 mg	4/1/2024	Yes, Pharmacy
C9167	Injection, apadamtase alfa, 10 units	4/1/2024	Yes, Pharmacy
C9168	Injection, mirikizumab-mrkz, 1 mg	4/1/2024	Yes, Pharmacy
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	4/1/2024	Yes, Telligen
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	4/1/2024	No
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	4/1/2024	Yes, Telligen
G0138	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	4/1/2024	No
J0177	Injection, aflibercept hd, 1 mg	4/1/2024	No
J0208	Injection, sodium thiosulfate (pedmark), 100 mg	4/1/2024	No
J0209	Injection, sodium thiosulfate (hope), 100 mg	4/1/2024	No
J0576	Injection, buprenorphine extended-release (brixadi), 1 mg	4/1/2024	Yes, Pharmacy
J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	4/1/2024	Yes, Pharmacy
J0578	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy	4/1/2024	Yes, Pharmacy
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	4/1/2024	No
J0612	Injection, calcium gluconate, not otherwise specified, 10 mg	4/1/2024	No
J0613	Injection, calcium gluconate (wg critical care), not therapeutically equivalent to j0612, 10 mg	4/1/2024	No
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	4/1/2024	No
J0651	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg	4/1/2024	No
J0652	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to j0650, 10 mcg	4/1/2024	No
J1010	Injection, methylprednisolone acetate, 1 mg	4/1/2024	No
J1020	Injection, methylprednisolone acetate, 20 mg	4/1/2024	No

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
J1030	Injection, methylprednisolone acetate, 40 mg	4/1/2024	No
J1040	Injection, methylprednisolone acetate, 80 mg	4/1/2024	No
J1202	Miglustat, oral, 65 mg	4/1/2024	No
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	4/1/2024	Yes, Pharmacy
J1323	Injection, elranatamab-bcmm, 1 mg	4/1/2024	Yes, Pharmacy
J1434	Injection, fosaprepitant (focinvez), 1 mg	4/1/2024	No
J1840	Injection, kanamycin sulfate, up to 500 mg	4/1/2024	No
J1850	Injection, kanamycin sulfate, up to 75 mg	4/1/2024	No
J2277	Injection, motixafortide, 0.25 mg	4/1/2024	No
J2782	Injection, avacincaptad pegol, 0.1 mg	4/1/2024	No
J2801	Injection, risperidone (rykindo), 0.5 mg	4/1/2024	No
J2919	Injection, methylprednisolone sodium succinate, 5 mg	4/1/2024	No
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	4/1/2024	No
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	4/1/2024	No
J3055	Injection, talquetamab-tgvs, 0.25 mg	4/1/2024	Yes, Pharmacy
J3380	Injection, vedolizumab, intravenous, 1 mg	4/1/2024	Yes, Pharmacy
J3424	Injection, hydroxocobalamin, intravenous, 25 mg	4/1/2024	No
J3425	Injection, hydroxocobalamin, intramuscular, 10 mcg	4/1/2024	No
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	4/1/2024	No
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	4/1/2024	No
J7516	Injection, cyclosporine, 250 mg	4/1/2024	No
J9070	Cyclophosphamide, 100 mg	4/1/2024	No
J9071	Injection, cyclophosphamide (auromedics), 5 mg	4/1/2024	No
J9072	Injection, cyclophosphamide (dr. reddy's), 5 mg	4/1/2024	No
J9073	Injection, cyclophosphamide (ingenus), 5 mg	4/1/2024	No
J9074	Injection, cyclophosphamide (sandoz), 5 mg	4/1/2024	No
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	4/1/2024	No
J9248	Injection, melphalan (hepzato), 1 mg	4/1/2024	No
J9249	Injection, melphalan (apotex), 1 mg	4/1/2024	No
J9250	Methotrexate sodium, 5 mg	4/1/2024	No
J9260	Injection, methotrexate sodium, 50 mg	4/1/2024	No
J9376	Injection, pozelimab-bbfg, 1 mg	4/1/2024	Yes, Pharmacy
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	4/1/2024	No

Covered Codes			
Codes	**Description**	**Effective Date**	**Prior Authorization**
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	4/1/2024	No
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	4/1/2024	No
Q4244	Procenta, per 200 mg	4/1/2024	No
Q4310	Procenta, per 100 mg	4/1/2024	No
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	4/1/2024	No
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	4/1/2024	Yes, Pharmacy

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

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

The APC Prep – Fee Schedule Paid Procedure Codes list will be updated April 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.

Pharmacist Addition to Evaluation and Management

As a reminder to providers, Pharmacists are eligible to provide evaluation and management services. Pharmacists are only eligible to be ordering, prescribing, referring, and cannot be enrolled as billing providers. Pharmacist services are billed under the pharmacy or clinic's NPI, and the pharmacist is listed as the referring on the claim. Pharmacist services can also be billed by Indian Health Services (IHS) clinics, Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC). Pharmacist services are not eligible for the encounter rate but are eligible for fee-for-service reimbursement, as long as an encounter with an eligible healthcare professional does not occur and is not billed on the same day of service.

The following codes are covered for Pharmacists in addition to those listed in the current Physician and Non-Physician Practitioner, Idaho Medicaid Provider Handbook:

CPT®	Description
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)

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

Provider Handbook Updates

The following Idaho Medicaid Provider Handbook updates have been published.

The Chiropractor handbook was updated in February to:

- Add disclaimer about when regulations conflict with handbook; and
- Add information about reimbursement for services in a hospital.

The General Billing Instructions handbook was updated in March to:

- Incorporate instructions provided in recent MedicAide articles related to Electronic Visit Verification (EVV) and 340B Pharmacy billing;
- Update the prior authorization section and subsections;
- Clarify manually priced services and items procedure;
- Add "A" codes to HCPCS requiring NDC;
- Update Medically Unlikely Edits (MUE) section;
- Add Indian health plans information related to third party liability; and
- Update HMS contact information.

The Hospital handbook was updated in February to:

- Add disclaimer about when regulations conflict with handbook;
- Add section on Chimeric Antigen Receptor Therapy;
- Add section on chiropractic services;
- Update the dialysis section;
- Clarify billing on take home drugs;
- Update therapy cap limitations;
- Add section on virtual care services;
- Clarify inpatient prorated billing;
- Remove revenue code 0192 from inpatient behavioral health services;
- Add section on case management services;
- Clarify source of inpatient only list;
- Remove prohibition on lung transplants for participants over 21;
- Clarify change of coverage during inpatient stay;
- Clarify reimbursement for Outpatient for State-owned hospitals, IMDs and CAHs;
- Clarify reimbursement for Outpatient Acute Care Hospitals;
- Update revenue code requirements for 0871-0874 and add 0891;
- Update codes for ICD-10-PCS prior authorization required and the authorizing entity; and
- Add section on non-covered ICD-10-PCS codes.

The Laboratory Services handbook was updated in March to:

- Add disclaimer about when regulations conflict with handbook;
- Clarify the use of the provider portal and trading partner account;
- Incorporate requirement for form for Coverage of Serologic Testing for SARS-CoV-2 from information release; and
- Clarify billing for genetic counseling to include additional provider types.

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

Upcoming Provider Portal Enhancements

Gainwell is excited to announce that our provider portal will be enhanced towards the end of April and offer a functional and simple experience for our users. Many of the changes were recommendations or feedback from the provider community – thank you for your continued partnership!

Here is a quick overview of the changes and a sneak peak into the simplified look on the home page:

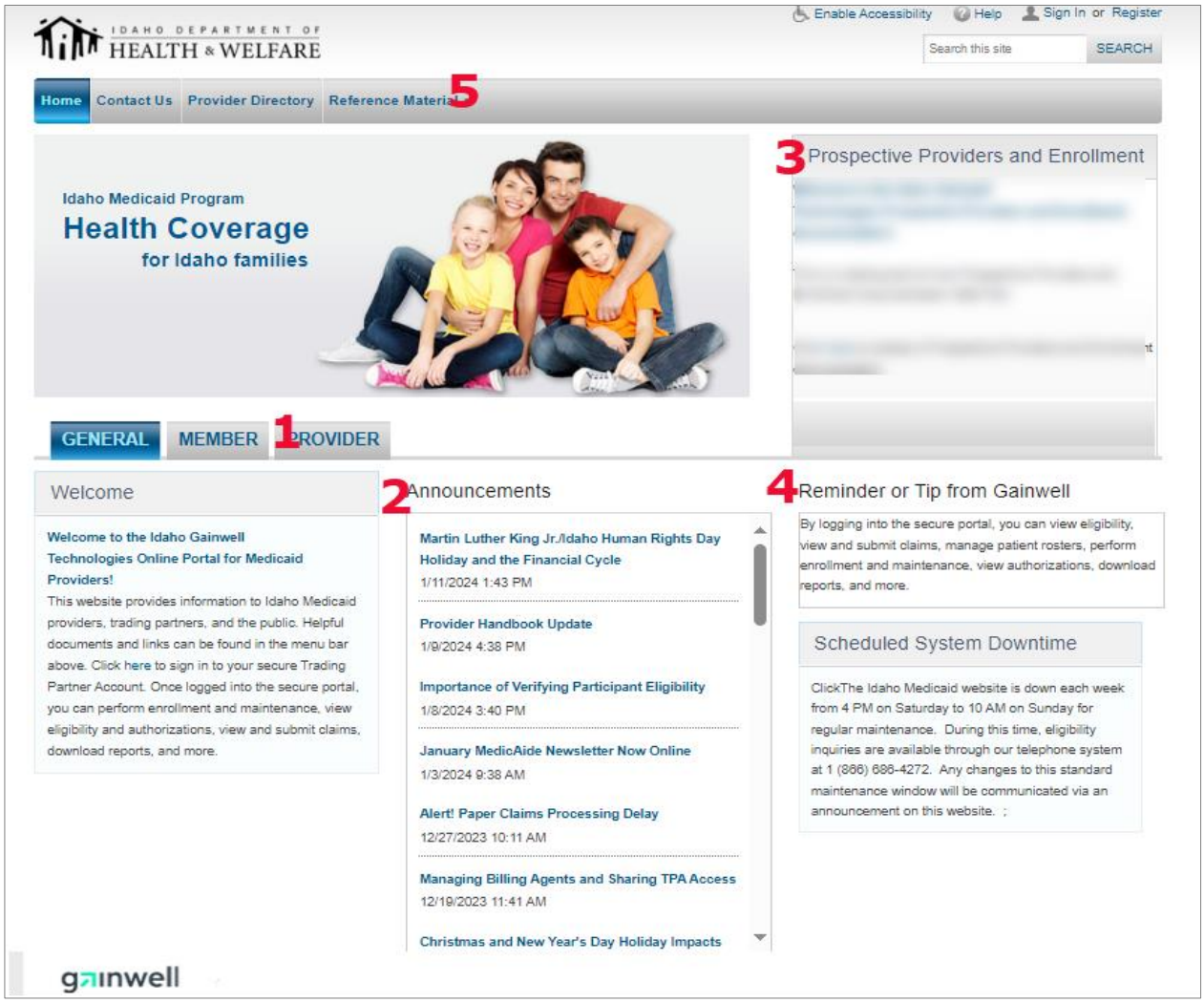
1. We moved the Claims Processing Cycle and Medicaid Program Integrity information from the General home page to the Provider page.

2. We changed the view on the Announcements page and moved them to the center of the home page, to allow more room and visibility into the current announcements. The full announcement text can be viewed with a single click and should offer better viewing for the reader.

3. We have created a new section on the home page for our prospective providers and the enrollment process. The toolkit is full of information related to the enrollment process, Trading Partner Account and Training registration, new enrollment checklists that guide different provider types through the process of enrollment, along with full enrollment and Trading Partner User guides that describe navigational aspects of the system at great length.

4. Reminders or Tips from Gainwell is a place that providers could reference for system, claim, or eligibility reminders that will be frequently refreshed.

5. The Reference Material window was updated to realign the Medicaid Fee Scheduled under the Links header, the FAQs language was updated to include our Best Practices reference along with the new Prospective Providers and Enrollment page.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Provider Directory
Reference Materials
5
Idaho Medicaid Program
Health Coverage
for Idaho families
3
Prospective Providers and Enrollment
GENERAL
MEMBER
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PROVIDER
Welcome
Welcome to the Idaho Gainwell Technologies Online Portal for Medicaid Providers!
This website provides information to Idaho Medicaid providers, trading partners, and the public. Helpful documents and links can be found in the menu bar above. Click here to sign in to your secure Trading Partner Account. Once logged into the secure portal, you can perform enrollment and maintenance, view eligibility and authorizations, view and submit claims, download reports, and more.
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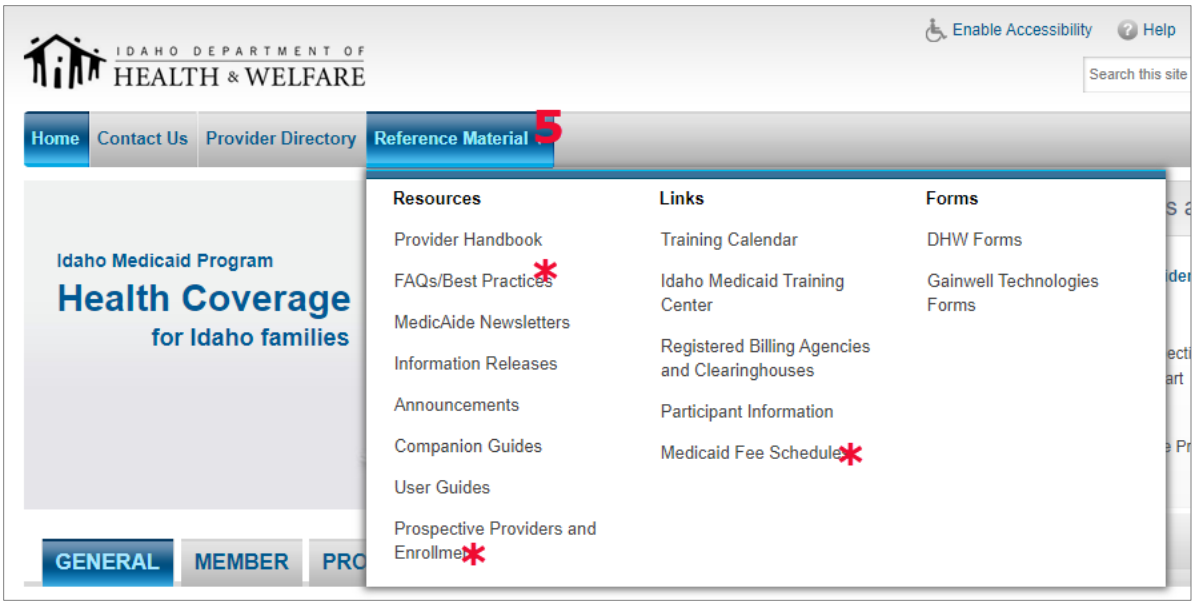
Announcements
Martin Luther King Jr./Idaho Human Rights Day Holiday and the Financial Cycle
1/11/2024 1:43 PM
Provider Handbook Update
1/9/2024 4:38 PM
Importance of Verifying Participant Eligibility
1/8/2024 3:40 PM
January MedicAide Newsletter Now Online
1/3/2024 9:38 AM
Alert! Paper Claims Processing Delay
12/27/2023 10:11 AM
Managing Billing Agents and Sharing TPA Access
12/19/2023 11:41 AM
Christmas and New Year's Day Holiday Impacts
4
Reminder or Tip from Gainwell
By logging into the secure portal, you can view eligibility, view and submit claims, manage patient rosters, perform enrollment and maintenance, view authorizations, download reports, and more.
Scheduled System Downtime
ClickThe Idaho Medicaid website is down each week from 4 PM on Saturday to 10 AM on Sunday for regular maintenance. During this time, eligibility inquiries are available through our telephone system at 1 (866) 686-4272. Any changes to this standard maintenance window will be communicated via an announcement on this website. ;
gainwell



Idaho's Hepatitis Elimination Planning Effort

Idaho's Hepatitis Prevention Program is working on the hepatitis C (HCV) elimination plan. This plan will focus on increasing HCV testing and treatment for Idahoans.

The Hepatitis Prevention Program is interested in hearing from individuals who have lived experience with HCV, either having HCV themselves or knowing someone close to them who has/had HCV to share their experience. This short survey will take 5 minutes or less to complete and responses will remain anonymous. The survey information will help inform Idaho's Viral Hepatitis Elimination Plan and prevention activities conducted throughout the state. We kindly ask if you would be willing to share this survey (QR code or survey link) with patients that have viral hepatitis lived experience or knows someone close to them who has lived experience.

If you are interested in learning more about the hepatitis elimination planning effort including attending a meeting, please contact DaNae Schoenborn at DaNae.Schoenborn@dhw.idaho.gov.

Hepatitis Lived Experience Survey Link:
https://app.keysurvey.com/f/41626655/f3db/

Lived Experience QR Code:


SAVE THE DATE 2024 IDAHO
HEALTH CARE CONFERENCE
May 23, 2024
North Idaho
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Post Falls, ID
June 4, 2024
Eastern Idaho
Shoshone Bannock Casino
777 Bannock Ave. Building B
Fort Hall, ID
June 6, 2024
Treasure Valley
Wahooz Galaxy
1385 S Blue Marlin Lane
Meridian, ID
BACKSTAGE PASS
IDAHO HEALTHCARE CONFERENCE
SCHEDULE
ALL LOCATIONS
CHECK IN: 7:30am-8:30am
SESSIONS: 8:30am-12:15pm
LUNCH: 12:15pm-1:30pm
SESSIONS: 1:30pm-3:45pm
DOOR PRIZE DRAWINGS: 4:00pm
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March 14, 2024

MEDICAID INFORMATION RELEASE MA24-05

To: Medicaid Hospice and Skilled Nursing Facility Providers

From: Juliet Charron, Administrator

Subject: Hospice and Skilled Nursing Facility Provider Enrollment

When a provider type is eligible for enrollment in Medicare, section 1902(k)(k)(1) of the Social Security Act requires the State Medicaid Agency to apply risk levels to providers corresponding with Medicare risk levels. Medicaid must use the same risk level or higher. The risk levels for hospice and skilled nursing facility providers are being adjusted due to recent changes in Medicare.

The final rule, CMS-1780-F, *"Medicare Program; Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements"* changes the risk level for hospice agencies from "moderate" to "high-risk" for newly enrolling providers or those adding owners, and providers going through revalidation would remain at a "moderate" level. **Idaho Medicaid will be setting all hospice providers as "high-risk" providers in order to maintain program integrity and ensure equity across the network. No action is necessary at this time for current providers unless they are going through revalidation or adding a new owner.**

The final rule, CMS-1770-F, *"Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs To Provide Refunds With Respect to Discarded Amounts; and COVID-19 Interim Final Rules"* changes the risk level for skilled nursing facilities from "limited" to "high-risk" for newly enrolling providers, and "limited" to "moderate" for providers going through revalidation. **Idaho Medicaid will be setting all skilled nursing facility providers as "high-risk" providers in order to maintain program integrity and ensure equity across the network. No action is necessary at this time for current providers unless they are going through revalidation.**

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

JC/db

The content of this guidance document is not new law but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to 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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DEAN L. CAMERON – Interim Director

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

March 14, 2024

MEDICAID INFORMATION RELEASE MA24-07

To: Agency Providers of Children's Developmental Disability Services

From: Juliet Charron, Administrator

Subject: Children's Developmental Disability Services Cost Survey

The Department has contracted with the accounting firm Myers and Stauffer LC to perform a cost survey to identify the operating expenses related to Children's Developmental Disability Services.

This cost survey is being conducted in accordance with IDAPA 16.03.10.038.02.a, and is required for all agency providers. Independent providers are not required to complete this survey. As stated in IDAPA 16.03.10.038.03.a, refusal or failure to participate in the cost survey process may result in the disenrollment from the Medicaid program.

The cost survey and instructions will be emailed to agency providers on March 18, 2024 and will also be available for download at https://myersandstauffer.com/client-portal/idaho/. To find the required file, scroll down to the "Medicaid Program Resources" section and click on the plus sign to the left of the "Children's Developmental Disabilities" section.

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

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

Thank you for participating in the Idaho Medicaid Program.

JC/js

The content of this guidance document is not new law but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to supply clarity to the public about existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Division of Medicaid by emailing MCPT@dhw.idaho.gov or by calling 888-528-5861.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 14, 2024

MEDICAID INFORMATION RELEASE MA24-08

TO: Hospital Administrators

FROM: Juliet Charron, Administrator

SUBJECT: Notice of 2024 Medicaid Rates for Swing-bed Days and Administratively Necessary Days (ANDs)

Effective for dates of service on or after **January 1, 2024,** Medicaid will pay the following rates:

- Swing-bed Day $296.25
- Administratively Necessary Day $308.75

If you have questions about this information, please contact the Office of Reimbursement Policy at the Division of Medicaid at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov.

Thank you for participating in the Idaho Medicaid Program.

JC/ar

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Provider Training Opportunities

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

April: Provider Enrollment Application New Enrollment
A comprehensive overview of how to submit a Provider Enrollment Application using the Provider Enrollment Application system. The simplified, electronic enrollment process features dynamic screens and electronic signature options, which will result in quicker processing times and less paper transactions. Join us to learn more!

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

	April	May	June
	PEA New Enrollment	**PEA Maintenance**	**Eligibility**
10-11:00 AM MT	4/17/2024	5/15/2024	6/19/2024
	4/18/2024	5/16/2024	6/20/2024
	4/16/2024	5/21/2024	6/17/2024
2-3:00 PM MT	4/10/2024	5/8/2024	6/12/2024
	4/11/2024	5/9/2024	6/13/2024
	4/18/2024	5/16/2024	6/20/2024
	4/16/2024	5/21/2024	6/17/2024

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Provider Relations Consultant contact information can be found on page 22 of this newsletter.

DHW Resource and Contact Information

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

Insurance Verification

HMS PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134

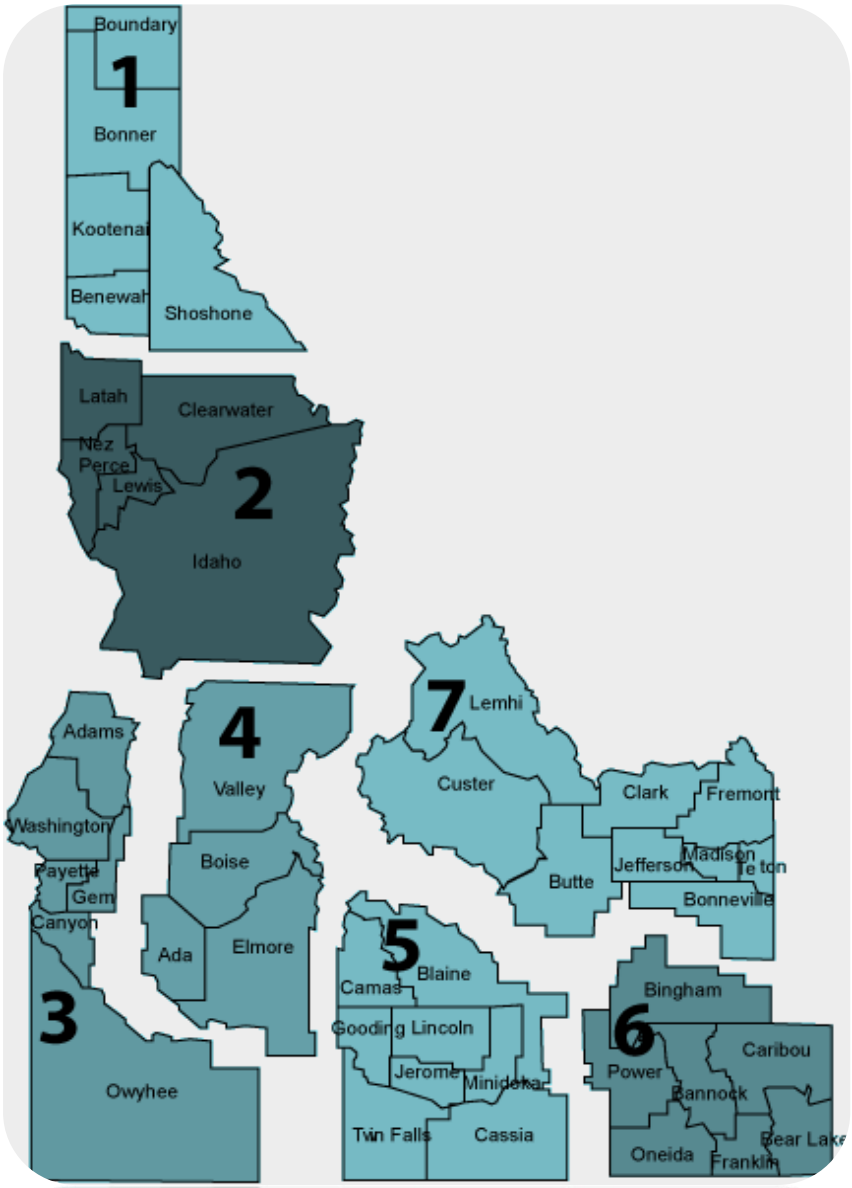
Gainwell Technologies Provider and Participant Services Contact Information

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

Gainwell Technologies Provider Services Fax Numbers

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

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington
1 (208) 202-5735
Region.1@gainwelltechnologies.com

Region 2 and the state of Montana
1 (208) 202-5736
Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon
1 (208) 202-5816
Region.3@gainwelltechnologies.com

Region 4
1 (208) 202-5843
Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada
1 (208) 202-5963
Region.5@gainwelltechnologies.com

Region 6 and the state of Utah
1 (208) 593-7759
Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming
1 (208) 609-5062
Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)
1 (208) 609-5115
Region.9@gainwelltechnologies.com

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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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