MedicAide

An Informational Newsletter for Idaho Medicaid Providers

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

December 2017

In This Issue

Information Releases

No Information Releases Available

Idaho Medicare-Medicaid Coordinated Plan (MMCP) Update

Two Health Plan Choices Starting January 1, 2018

Idaho Medicaid is excited to announce that there is a new health plan, in addition to Blue Cross of Idaho, that will be offering the Medicare-Medicaid Coordinated Plan (MMCP) in 2018. The MMCP is a program available to Idaho Dual Eligible residents who are 21 or older and are eligible and enrolled in Medicare Part A and Part B and full Medicaid coverage. The program covers all medically necessary and preventive services covered under Medicare Part A, Part B, and Part D prescription drug coverage as well as most services covered by Medicaid, including Aged and Disabled Waiver, behavioral health services, personal care services, and Targeted Service Coordination for individuals with developmental disabilities. The program also includes a care coordination component to ensure that Medicare and Medicaid services are integrated and meet each participants' unique needs.

Today's MMCP is currently administered by Blue Cross of Idaho. Molina Healthcare is looking forward to joining the MMCP network in Idaho starting January 1, 2018.

Currently, the MMCP program is available in the following counties administered by Blue Cross of Idaho: Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls

Starting January 1, 2018:

	Medicaid Fee for Service	**Blue Cross of Idaho**	**Molina Healthcare**
	http://healthandwelfare.idaho.gov/Home/tabid/55/Default.aspx	https://www.bcidaho.com/medicare/true-blue/dsnp-home.asp	http://www.molinahealthcare.com/members/id/en-US/mem/medicare/plans/optp/Pages/optp.aspx
Phone Number	1 (877) 456-1233 or 1 (208) 732-1482	1 (888) 495-2583	Member: 1 (844) 239-4913 Provider: 1 (844) 239-4914
Counties Served	ALL Idaho counties **(**Including the following counties that do not have MMCP option):** Adams, Bear Lake, Benewah, Blaine, Butte, Camas, Caribou, Clearwater, Custer, Franklin, Gooding, Idaho, Jerome, Latah, Lemhi, Lewis, Lincoln, Oneida, Shoshone, Teton, Valley, Washington	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, Twin Falls **In addition to above counties:** Boise, Boundary, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, Power	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, Twin Falls

Providers who wish to join the MMCP in 2018 or have questions, contact:

Blue Cross of Idaho
1 (888) 495-2583 or
Contact the regional provider relations department

Molina Healthcare
Rachelle Lopez 1 (801) 316-9564
or toll free 1 (888) 562-5442 ext. 179564
Rachelle.Lopez@MolinaHealthcare.com

1115(d) Demonstration Waiver

Idaho Department of Health and Welfare Demonstration Waiver for Complex Medical Needs Notice of Public Hearing and Public Comment Period

The Idaho Department of Welfare gives notice of intent to apply to the Centers for Medicare and Medicaid Services (CMS) for an 1115(d) demonstration waiver on or about January 5, 2018. The purpose of the Complex Medical Needs (CMN) waiver is to provide Medicaid coverage to children and adults who have a complex medical condition(s). The waiver will provide access to consistent and comprehensive coverage, which fully meets the needs of this population. The proposed effective date for the waiver is July 1, 2018.

Today, Idahoans living with complex, life-threatening medical conditions rely on a mix of federally subsidized insurance, catastrophic health care fund coverage, and charity care to meet their needs. This variable coverage results in challenges for people who are trying to manage their complex conditions at a time when they have the most difficulty in managing those challenges effectively due to their conditions. By providing a reliable and comprehensive source of coverage, the CMN waiver will allow for better outcomes for this population while reducing the negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.

The Department's comprehensive public notice, tribal notice, and the waiver application are available on our website at complexmedicalneeds.dhw.idaho.gov. The Department is seeking public comment through public hearings, the interactive form available on the website, and via e-mail or traditional mail as indicated below. Public hearings will be held at the following locations:

Boise Public Hearing	**Pocatello Public Hearing**	**Cour d'Alene Public Hearing**
Location: Pete T. Cenarrusa Bldg.	**Location**: DHW Region VI	**Location:** DHW Region I
7th Floor, Conference Rm. 7A	Suite #230	Large Conference Rm.
450 W. State St.	1070 Hiline Rd.	1120 Ironwood Dr.
Date: December 7, 2017	**Date**: December 8, 2017	**Date**: December 12, 2017
Time: 11:00AM - 1:00 PM	**Time:** 11:00AM - 1:00PM	**Time**: 10:00AM - 12:00PM PDT

Conference line for all dates and locations:
Call: 1-877-820-7831
Guest Code: 701700

Interested parties may also request hard copies of the waiver packet or submit comments via e-mail or traditional USPS mail to:

Attention: Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720; Boise, Idaho 83720-0009
E-mail to: CMNwaiver@dhw.idaho.gov

Public comments will be accepted until December 15, 2017

Yes, You *DO* Need a Trading Partner Account!

Attention all providers: If you haven't yet signed up for a Trading Partner Account (TPA), you might be wondering if you truly **need** one. The answer is yes, *you will need a TPA account* when the upgrade takes place in December!

What happens if you *don't* register for a TPA account?

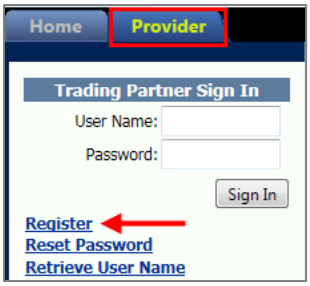
When the portal upgrade occurs, ONLY **providers** who have a TPA account will have access to perform provider enrollment and maintenance functions and materials. Billing agencies **will no longer be able to access** provider enrollment and maintenance. *If you cannot access these materials and fail to perform maintenance in a timely manner, your claims processing and payments can be affected.*

It is important to note that access to ALL provider enrollment and maintenance materials, including paper maintenance forms, will now require a provider TPA account. If you have saved copies of the paper maintenance forms, you must have a TPA account in order to ensure you have the most current versions of the forms.

If you have a TPA account, **it is critical** that you ensure the individual responsible for your credentialing is added as a user under your account. This individual **MUST** be able to log into your Trading Partner Account in order to perform enrollment and maintenance tasks after the portal is upgraded.

If you don't have a TPA account, register for one TODAY. Visit www.idmedicaid.com and select the **Provider** tab on the left side of the screen. Then select the **Register** link.

If you have any questions or need assistance registering for a TPA account, please contact your regional Provider Relations Consultant (PRC) or the Molina provider services line at 1 (866) 686-4272.



CPT and HCPCS Coverage Added

Code	Description	Effective Date
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure	01/01/2016; Claims will be reprocessed
91200	Liver elastography, mechanically induced shear wave (e.g., vibration), without imaging, with interpretation and report	12/01/2017
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	07/01/2017
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	07/01/2017
Q9984	Levonorgestrel-releasing Intrauterine Contraceptive System (Kyleena), 19.5 mg	07/01/2017

Advanced Care Planning CPTs 99497 and 99498 are Covered as of January 1, 2018

99497 Advance care planning includes the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate.

99498 Each additional 30 minutes (List separately in addition to code for primary procedure).

Per the AMA CPT 2017 Manual Advanced Care Planning summary on page 51:

> "An advance directive is a document appointing an agent and/or recording the wishes of a patient pertaining to his/her medical treatment at a future time should he/she lack decisional capacity at that time. Examples of written advance directives include, but are not limited to, Health Care Proxy, Durable Power of Attorney for Health Care, Living Will, and Medical Orders for Life-Sustaining Treatment (MOLST)."

Idaho Medicaid follows CMS Medicare guidelines for advanced care planning. Per CMS Medicare FAQ (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf), Advanced Care Planning is covered when:

- It is a voluntary choice to receive the counseling service or not.
- There are no limits on how many times it can be billed.
- There are no limits on place of service.
- Not limited to any particular physician specialties.
- Is a time-based face-to-face service between a physician/qualified non-physician practitioner and a **patient, family member, or surrogate** in counseling and discussing advance directives.
- Provided by physicians, non-physician practitioners and other staff under the order and management of the treating physician/provider (those authorized to bill independently) meeting minimum direct supervision requirements and other incident to rules.
- Requires documentation of service and time in face-to-face encounter.
- The Advance Directive form does not have to be completed for the service to be billed.
- Can be reported with an annual wellness visit, or
- Can be reported in addition to an E&M, based on medical necessity.
- Can be reported in addition to transitional care management or chronic care management services.
- Can be reported within a global surgical period.
- No specific diagnosis needed. It would be appropriate to report a condition for which a participant receives counseling, an ICD-10-CM code to reflect an administrative examination, or a well exam diagnosis when furnished as part of the Medicare Annual Wellness Visit (AWV).
- Advanced Care Planning encounter time is not spent on treating the problem.
- Documentation of the encounter must include but not be limited to, time spent in the face-to-face encounter, voluntary consent to the encounter, the explanation of an advance directive, and who was present.

(Continued on next page)

(Advanced Care Planning Cont'd)

CPT 99497 is a minimum of thirty (30) minutes before the service can be billed. One unit of 99497 (first 30 min) should be billed when the interaction with the participant or collateral contact is a minimum of 30 minutes to 38 minutes. If time is greater than 38 minutes, the add-on code of 99498 (each additional 30 min) may be billed.

The beginning and ending time of the service, as well as a description of the service, must be recorded in the participant's medical record.

For more information on billing time-based codes, see the Determining How to Bill Units for 15-Minute Timed Codes *section of the Idaho MMIS Provider Handbook, General Billing Instructions.*

CPT 99497 and 99498 have been added to the site of service code reduction list.

Non-Covered
Advanced Care Planning services cannot be billed on same service date as critical care E&M codes, pediatric or adult. Critical care codes: Do not report 99497 and 99498 on the same date of service as 99291, 99292, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480.

Advance Directives are regulated by 42 CFR 489, Subpart I. Per the Idaho Medicaid Provider Agreement, Part 1.6, all Medicaid Providers are required to comply with a participant's advance directive:

> Part 1.6. To comply with the advance directives requirements of 42 CFR Part 489, Subpart I, and 42 CFR § 417.436(d), when applicable.

Physicals for Non-Medical Reasons are Not Covered

The Idaho MMIS Provider Handbook and communications in the September 2015 and October 2016 MedicAide newsletters specify that **all** physical exams must be medically necessary. Routine well checks for children (periodic screens) and interperiodic screens are an important part of preventive health services and are covered by Idaho Medicaid, when provided in accordance with *IDAPA 16.03.09.580, 581, 582* and *583*. Idaho Medicaid follows the American Academy of Pediatrics (AAP) periodicity schedule for these exams. Well checks for adults are limited to once per year in accordance with *IDAPA 16.03.09.590*.

Physical exams for other purposes such as sports participation, camp attendance, employment, driving licensure, admission to an educational institution, military recruitment, insurance coverage, paternity determination, adoption, immigration, or marriage are not considered medically necessary and are not covered by Idaho Medicaid. A non-covered physical may be rendered as incidental to a Medicaid-covered service, but only the Medicaid-covered service will be reimbursed and no additional payment will be made for the physical exam.

Any claims paid for these services are considered overpayments. Providers should adjust claims to repay the identified overpayments. Failure to repay overpayments may result in recoupment and penalties from the Medicaid Program Integrity Unit.

Locum Tenens and Reciprocal Billing Arrangements

Idaho Medicaid allows for physicians to bill for locum tenens and reciprocal billing arrangements. Arrangements may be made with one or more substitute physicians, and do not have to be in writing. The absent physician continues to bill and receive payment for the substitute physician's services as though they were performed by the absent physician.

Locum tenens and reciprocal billing arrangements are allowed when:

- The regular physician is unavailable to provide the services.
- The Medicaid participant has arranged or seeks to receive services from their regular physician.
- The regular physician identifies the services provided by a substitute physician by appending the appropriate modifier to the procedure code on claims.
- The regular physician maintains a record of each service provided by the substitute physician and their National Provider Identifier (NPI). Records must be available to DHW upon request.
- Services are not reported separately as substitute services for an operation and/or post-operative care covered by a global fee.

Locum tenens arrangements occur when the substitute physician covers the regular physician during absences for illness, pregnancy, vacation, or continuing education. The regular physician pays the substitute physician for their services on a per diem, or similar fee-for-time basis. Locum tenens arrangements cannot exceed a period of 90 continuous days. The regular physician must use the Q6 modifier on claims for services provided by the substitute physician in a locum tenens arrangement.

Reciprocal billing arrangements occur when the substitute physician covers the regular physician during occasional absences such as on-call coverage. The absent physician agrees to cover the substitute physician at a later time in exchange for their services. Arrangements are not to exceed a period of 14 continuous days. The regular physician must use the Q5 modifier on claims for services provided by the substitute physician in a reciprocal billing arrangement.

Sterilizations Incidental to Medical Procedure

Procedures performed for a purpose other than sterilization, but result in sterilization, require attached chart notes and an operative report to the claim. Should the claim deny for lack of sterilization diagnosis code Z30.2, a claim review request as detailed in the *Claim Review Request* section of the Idaho Medicaid Provider Handbook – General Billing Instructions, will be required for successful processing.

Attention Pediatric Care Providers

Postpartum Depressions Screening During an EPSDT Well-Child Visit as of January 1, 2018

Idaho Medicaid follows the American Academy of Pediatrics "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents." Please see the updated *Idaho MMIS Provider Handbook, General Provider and Participant Information,* section on *Wellness Exams.* The recommended maternal depression screening is a benefit for the child and part of the Early & Periodic Screening, Diagnostic & Treatment (EPSDT) visit benefit billed to Molina Health PAS MMIS (not to Optum Idaho through the Idaho Behavioral Health Plan).

During a well-baby visit for an infant, the Department encourages screening of new mothers for postpartum depression. The codes can be submitted with the well-baby visit under the infant's Medicaid ID number.

Use one of the two new codes to indicate the screening results of a positive or negative result:

- G8431 will be used to code for a positive depression screen
- G8510 will be used to code for a negative depression screen

These codes are effective as of January 1, 2018. Medicaid reimbursement is $10.28 per screening. The available limit is three screenings per infant under 12 months of age. See the American Academy of Pediatrics Bright Futures Periodicity Table for a recommended schedule.

Please follow the guidelines below when billing G8431 or G8510:

- Bill only when one of the standardized screening instruments is used.
    - Edinburgh Postnatal Depression Scale (EPDS)
    - Patient Health Questionnaire – 9 (PHQ-9) Screener
    - Beck Depression Inventory (BDI)
- Bill using the child's Idaho Medicaid participant ID number. Claims billed under the mother's Medicaid ID number will be denied.

Medicaid Program Integrity

Residential Assisted Living Facility Administrator Requirements

During recent audits, the Medicaid Program Integrity Unit has encountered instances of Residential Assisted Living Facilities (RALFs) billing for services when there is not a licensed administrator to oversee the facility or when a licensed administrator is overseeing multiple facilities without an approved plan of operation.

The Idaho Administrative Procedures Act (IDAPA) requires RALFs to have a licensed administrator, who is responsible for the day-to-day operation of the facility. A facility operating without a licensed administrator is out of compliance with the Idaho rules. A facility operating more than thirty days without a licensed administrator rises to the level of a core issue.

On July 1, 2015, new rules for shared administrators for RALFs went into effect and are set out in *IDAPA 16.03.22.216.01*. It states:

(Continued on next page)

(Medicaid Program Integrity Cont'd)

216. REQUIREMENTS FOR A MULTIPLE FACILITY ADMINISTRATOR.
Each facility must have a Department approved plan of operation to have one (1) administrator assigned as the person responsible for the operation of multiple facilities.

01. Approved Plan of Operation. Under Section 39-3321, Idaho Code, multiple facilities under one (1) administrator may be approved when the following is provided in the plan of operation:

a. The multiple facility administrator must provide proof of a current license in Idaho with no actions or pending actions taken against licensee;

b. The plan must provide for full-time on-site supervision by trained and experienced staff, including:

i. Who is responsible for on-site management of each facility when administrator is not on-site; and

ii. How each individual responsible for on-site management of each facility is qualified to perform those duties.

Before determining if an approved plan of operation will be accepted for a shared administrator, the Division of Licensing & Certification considers the number of beds for each facility, the number of facilities in the proposed plan, and ensures the facilities requesting the shared administrator have not had any unresolved core issues. When a plan of operation is approved, the approval is specific to the facilities named in the plan and the identified licensed residential care administrator.

Administrators may appoint an administrator designee during an administrator's absence such as during vacation, days off, illness, or training. The administrator must appoint the designee in writing and the appointment must not extend beyond 30 consecutive days. However, the administrator's designee does not replace the administrator. The facility must continue to have a licensed administrator overseeing the day-to-day operations.

The Medicaid Program Integrity Unit will recover overpayments and may assess civil monetary penalties to providers who bill services for clients in a RALF without proper administrator oversight.

Provider Training Opportunities in 2017 & 2018

You are invited to attend the following webinars offered by Molina Medicaid Solutions Regional Provider Relations Consultants.

December: Trading Partner Account Upgrade
This training will walk all providers through the upgraded Trading Partner Account portal. Providers will learn how to navigate the new site and how to utilize new functionality such as Secure Messaging and billing agent/provider association requests.

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 and click on the **Training** link in the left-hand menu.

	December	January	February	March
	Trading Partner Account Upgrade	**Trading Partner Account Upgrade**	**Eligibility**	**Coordination of Benefits**
10:00 - 11:00 AM MT	12/13/2017	1/16/2018	2/14/2018	3/1/2018
	12/19/2017	1/17/2018	2/15/2018	3/14/2018
	12/20/2017	1/18/2018	2/20/2018	3/15/2018
	12/21/2017			3/26/2018
2:00 - 3:00 PM MT	12/14/2017	1/10/2018	2/6/2018	3/8/2018
	12/19/2017	1/11/2018	2/8/2018	3/15/2018
	12/21/2017	1/16/2018	2/14/2018	3/20/2018
		1/18/2018	2/15/2018	

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 14 of this newsletter.

Medical Care Unit Contact and Prior Authorization Information

Prior Authorizations, Forms, and References
To learn about prior authorization (PA) requirements, QIO review, or print request forms, go to the medical service area webpage at www.medunit.dhw.idaho.gov. Prior authorization request forms containing the "fax to" number can be found at www.idmedicaid.com. Click on **Forms** under the References section and you will see the PA request forms under the DHW Forms heading. If you prefer to mail in your form, the mailing address is:

Medicaid Medical Care Unit
P.O. Box 83720
Boise, ID 83720-0009

Note: The Medical Care Unit (MCU) does not give authorizations for services over the telephone or for services which do not require a prior authorization.

To Check Prior Authorizations Status
Log on to your Trading Partner Account on www.idmedicaid.com. Choose **Form Entry**, then choose **Authorization Status**. If you are unable to identify the reason for a denied service, a Molina Medicaid Solutions representative can provide the medical reviewer's reason captured in the participant's non-clinical notes. If you are unable to view the authorization status, please review the Trading Partner Account (TPA) User Guide located under **User Guides** on www.idmedicaid.com.

To speak to a Molina Medicaid Solutions representative, call 1 (866) 686-4272, option 3.

MCU Medical Review Decisions
If you have any questions about medical review decisions, please refer to the following contact numbers or e-mail MedicalCareUnit@dhw.idaho.gov.

	Fax Number	Phone Number
Administratively Necessary Days	1 (877) 314-8779	1 (866) 205-7403
Ambulance*	1 (877) 314-8781	1 (800) 362-7648
Breast & Cervical Cancer	1 (877) 314-8779	1 (208) 364-1826
Durable Medical Equipment	1 (877) 314-8782	1 (866) 205-7403
Hospice	1 (877) 314-8779	1 (866) 205-7403
Preventive Health Assistance	1 (877) 845-3956	1 (208) 364-1843
Service Coordination	1 (877) 314-8779	1 (866) 205-7403
Surgery-Procedure-Lab	1 (877) 314-8779	1 (866) 205-7403
Therapy: OT, PT, SLP	1 (877) 314-8779	1 (866) 205-7403
Vision	1 (877) 314-8779	1 (866) 205-7403

***** Idaho Medicaid contracts with Veyo Logistics for all non-emergency medical transportation services. Please go to http://idahotransport.com or call 1 (877) 503-1261 for more information.

DHW Resource and Contact Information

DHW Website	www.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 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) 455-7244 1 (208) 642-7006 1 (800) 494-4133
Region IV **Boise**	1 (208) 334-0717 1 (208) 334-0718 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

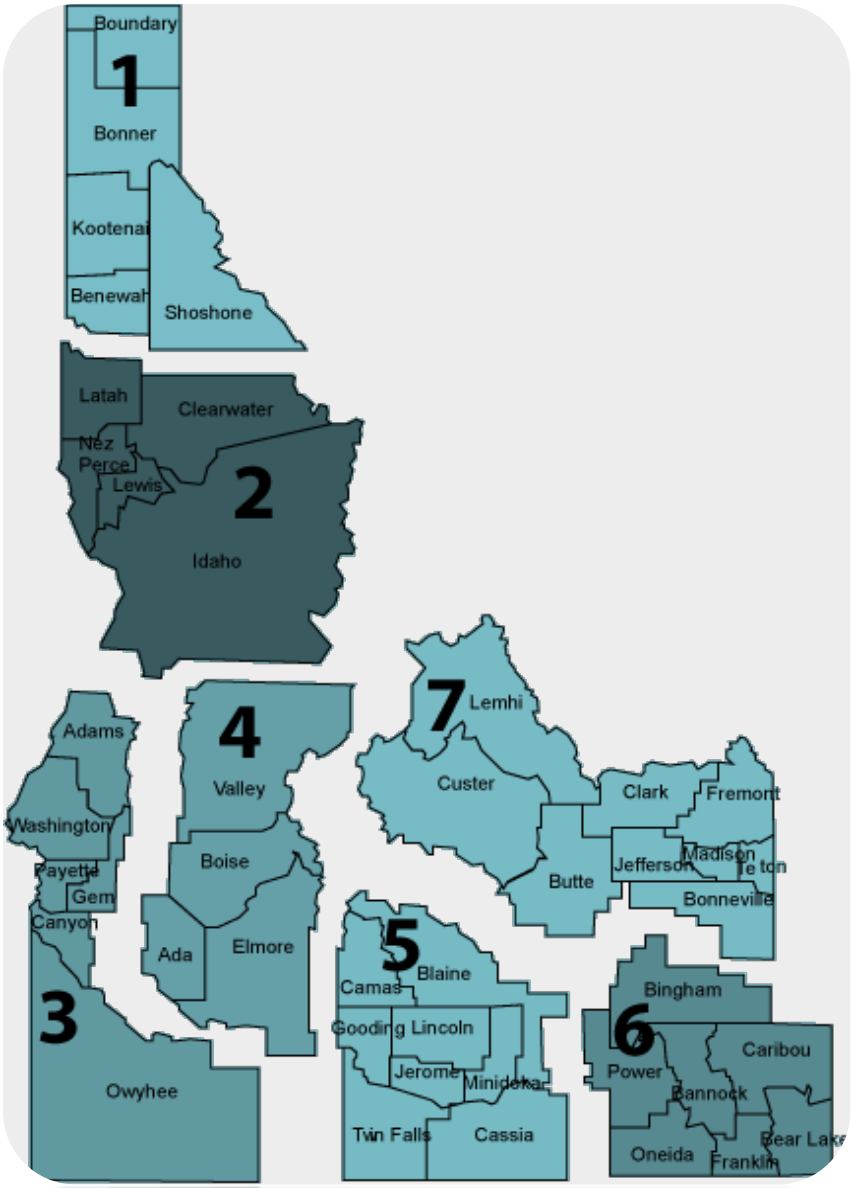
Molina Provider and Participant Services Contact Information

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@molinahealthcare.com idproviderenrollment@molinahealthcare.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@molinahealthcare.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

Molina 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
1120 Ironwood Drive Suite 102
Coeur d'Alene, ID 83814
1 (208) 559-4793
Region.1@MolinaHealthCare.com

Region 2 and the state of Montana
1118 F Street
P.O. Box Drawer B
Lewiston, ID 83501
1 (208) 991-7138
Region.2@MolinaHealthCare.com

Region 3 and the state of Oregon
3402 Franklin
Caldwell, ID 83605
1 (208) 860-4682
Region.3@MolinaHealthCare.com

Region 4 and all other states
1720 Westgate Drive, Suite A
Boise, ID 83704
1 (208) 912-3970
Region.4@MolinaHealthCare.com

Region 5 and the state of Nevada
601 Poleline Road, Suite 7
Twin Falls, ID 83301
1 (208) 484-6323
Region.5@MolinaHealthCare.com

Region 6 and the state of Utah
1070 Hiline Road
Pocatello, ID 83201
1 (208) 870-3997
Region.6@MolinaHealthCare.com

Region 7 and the state of Wyoming
150 Shoup Avenue
Idaho Falls, ID 83402
1 (208) 991-7149
Region.7@MolinaHealthCare.com

Molina Medicaid Solutions
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. To request a paper copy, please call 1 (866) 686-4272.

MedicAide **is the monthly informational newsletter for Idaho Medicaid providers.**
Editors: Shelby Spangler and Shannon Tolman

If you have any comments or suggestions, please send them to:
Shelby Spangler,
Shelby.Spangler@dhw.idaho.gov
Shannon Tolman,
Shannon.Tolman@dhw.idaho.gov
Medicaid – Communications Team
P.O. Box 83720
Boise, ID 83720-0009
Fax: 1 (208) 364-1811