MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **December 2022**

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.

NCCI Edits – Medical surgical package

The Medicaid Program Integrity Unit would like to remind providers that claims billed to Idaho Medicaid must be in accordance with the coding policies and guidelines as defined in the American Medical Associations Current Procedural Terminology (CPT) Manual as well as the National Correct Coding Initiative (NCCI) policy and edits.

NCCI is a program of coding policies and edits. Effective October 1, 2010, CMS incorporated NCCI methodologies into the state Medicaid programs pursuant to the requirements of Section 6507, Mandatory State Use of NCCI, of the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Recover Act of 2010, together referred to as the Affordable Care Act. Providers were notified of Idaho Medicaid's implementation of these required edits in an April 4, 2011, Information Release that states, in pertinent part:

> "… Federal law mandates that the NCCI and MUE edits must be implemented. The MCDNCCI edits supersede the Medicaid State Plan, all Idaho Medicaid policies, MedicAide articles, and other previous guidance provided on procedure-to-procedure and units-of-service edits."

Section C of the 2022 NCCI Policy Manual for Medicaid Services, General Correct Coding Policies, addresses medical/surgical package and outlines general guidelines to follow. It states, in part:

> "The component elements of the pre-procedure and post-procedure work for each procedure are included component services of that procedure as a standard of medical/surgical practice. Some general guidelines follow:
>
> 1. Many invasive procedures require vascular and/or airway access. The work associated with obtaining the required access is included in the pre-procedure or intra-procedure work. The work associated with returning a patient to the appropriate post-procedure state is included in the post-procedure work…
>
> 2. Under the NCCI program, separate reporting is not allowed for most anesthesia services by the same physician performing a surgical or medical procedure. (Refer to Section G for additional information.) …
>
> 3. If an endoscopic procedure is performed at the same patient encounter as a non-endoscopic procedure to ensure that no intraoperative injury occurred or to verify that the procedure was performed correctly, the endoscopic procedure is not separately reportable with the non-endoscopic procedure.
>
> 4. Many procedures require cardiopulmonary monitoring either by the physician performing the procedure or an anesthesia practitioner. Since these services are integral to the procedure, they are not separately reportable…
>
> 5. See Section A, Introduction.
> 6. Exposure and exploration of the surgical field is integral to an operative procedure and is not separately reportable…

7. If a definitive surgical procedure requires access through diseased tissue (e.g., necrotic skin, abscess, hematoma, seroma), a separate service for this access (e.g., debridement, incision, and drainage) is not separately reportable. Types of procedures to which this principle applies include, but are not limited to, -ectomy, -otomy, excision, resection, -plasty, insertion, revision, replacement, relocation, removal, or closure.…

8. If removal, destruction, or other form of elimination of a lesion requires coincidental elimination of other pathology, only the primary procedure may be reported…

9. An excision and removal (-ectomy) includes the incision and opening (-otomy) of the organ. A HCPCS/CPT code for an –otomy procedure shall not be reported with an –ectomy code for the same organ.

10. Multiple approaches to the same procedure are mutually exclusive of one another and shall not be reported separately…

11. If a procedure uses one approach fails and is converted to a procedure using a different approach, only the completed procedure may be reported…

12. If a laparoscopic procedure fails and is converted to an open procedure, the physician shall not report a diagnostic laparoscopy in lieu of the failed laparoscopic procedure…

13. If a diagnostic endoscopy is the basis for and precedes an open procedure, the diagnostic endoscopy may be reported with modifier 58 appended to the open procedure code. However, the medical record must document the medical reasonableness and necessity for the diagnostic endoscopy. A scout endoscopy to assess anatomic landmarks and extent of disease is not separately reportable with an open procedure. When an endoscopic procedure fails and is converted to another surgical procedure, only the completed surgical procedure may be reported. The endoscopic procedure is not separately reportable with the completed surgical procedure.

14. Treatment of complications of primary surgical procedures is separately reportable with some limitations. The global surgical package for an operative procedure includes all intra-operative services that are normally a usual and necessary part of the procedure. Additionally, the global surgical package includes all medical and surgical services required of the surgeon during the postoperative period of the surgery to treat complications that do not require return to the operating room. Thus, treatment of a complication of a primary surgical procedure is not separately reportable:

    (1) if it represents usual and necessary care in the operating room during the procedure; or

(2) if it occurs postoperatively and does not require return to the operating room. For example, control of hemorrhage is a usual and necessary component of a surgical procedure in the operating room and is not separately reportable. Control of postoperative hemorrhage is also not separately reportable unless the patient must be returned to the operating room for treatment. In the latter case, the control of hemorrhage may be separately reportable with modifier 78."

Section D of the 2022 NCCI Policy Manual for Medicaid Services, General Correct Coding Policies, addresses E&M services. It states, in pertinent part:

"…An E&M service is separately reportable on the same date of service as a major or minor surgical procedure under limited circumstances.

If an E&M service is performed on the same date of service as a major surgical procedure for the purpose of deciding whether to perform this surgical procedure, the E&M service is separately reportable with modifier 57. Other E&M preoperative services on the same date of service as a major surgical procedure are included in the global surgical package for the procedure and are not separately reportable.

In general, E&M services performed on the same date of service as a minor surgical procedure are included in the payment for the procedure. The decision to perform a minor surgical procedure is included in the global surgical package for the minor surgical procedure and shall not be reported separately as an E&M service. However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25. The E&M service and minor surgical procedure do not require different diagnoses. If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. The fact that the patient is "new" to the provider is not sufficient alone to justify reporting an E&M service on the same date of service as a minor surgical procedure. The NCCI program contains many, but not all, possible edits based on these principles…

Many non-surgical procedures are performed by physicians and have inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed. This work shall not be reported as a separate E&M code. Other non-surgical procedures are not usually performed by a physician and have no physician work relative value units associated with them. A physician shall not report a separate E&M code with these procedures for the supervision of others performing the procedure or for the interpretation of the procedure."

Modifiers should only be used when appropriate. In general, these circumstances relate to separate patient encounters, separate anatomic sites or separate specimens. Examples of NCCI PTP associated modifiers are: 24, 25, 27, 57, 58, 59, 78 and 79. Additional information regarding NCCI edits can be found in the NCCI Policy Manual for Medicaid Services. Services billed to

Medicaid that do not comply with NCCI edits may be subject to recoupment and/or civil monetary penalties.

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

The APC Prep – Fee Schedule Paid Procedure Codes list has been updated to remove expired and informational procedure codes. These updates are effective for dates of service starting on or after July 1, 2022. Except for instate Critical Access Hospitals (CAH), Institutions for Mental Disease (IMDs) and State-Owned Hospitals, acute care hospitals will continue to be required to bill a CPT or HCPCS code on each outpatient hospital claim line where procedure codes are required under national billing guidelines.

CPT® and HCPCS Coverage Code Update from January 2022

Configuration for new codes covered as of January 2022 has been underway throughout the calendar year, but several codes are still pending configuration. Claims should be submitted with the new codes, however, those claims lines may deny as non-covered and will not process correctly. We are recommending that all claims be submitted to secure timely filing on the claim. Claims will be reprocessed once configuration is finished.

Updated Idaho Medicaid Provider Relations Consultants (PRC) Contact Phone Number

Our PRC contact information has changed. It is critical for you to update the contact information for your Gainwell PRC in order for you to contact us and for us to best assist you! Here is the up-to-date contact information:

Region	Regional Email Address	Regional Numbers
Region 1	Region.1@gainwelltechnologies.com	208-202-5735
Region 2	Region.2@gainwelltechnologies.com	208-202-5736
Region 3	Region.3@gainwelltechnologies.com	208-202-5816
Region 4	Region.4@gainwelltechnologies.com	208-202-5843
Region 5	Region.5@gainwelltechnologies.com	208-202-5963
Region 6	Region.6@gainwelltechnologies.com	208-593-7759
Region 7	Region.7@gainwelltechnologies.com	208-609-5062
Region 9	Region.9@gainwelltechnologies.com	208-609-5115

Provider Responsibility to Check Eligibility

Gainwell Technologies has noted a significant increase in the participant community inquiring with us if services are eligible for coverage. Per the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook, section 7.2 Verifying Participant Eligibility providers are required to verify and document participant eligibility and Healthy Connections enrollment status on the date of service prior to rendering services to qualify for reimbursement.

Additionally, per IDAPA 16.03.09.210.01.c. providers are required to check a participant's eligibility for services on the date the service is rendered. Providers are also required to maintain proof that they checked eligibility. Providers may not require participants to check their eligibility for services for them.

FAQs about Telligen's Processes and Procedures for Idaho Medicaid Post Payment Audits

What does APR DRG stand for and what is it?
All Patient Refined Diagnoses Related Groups

APR DRGs use severity levels 1-4 to account for severity of illness and risk for mortality. These four levels are used in place of the MCC/CC (Major complicating conditions/Complicating Conditions) used in the MS-DRG Grouper.

- Assignment to a "Base" APR DRG based on: Principal Diagnosis, for Inpatient
- Medical patients, or Most Important Surgical Procedure (performed in an O.R.)
- Each Base APR DRG is divided into 4 subclasses. Subclasses are 1-4 based on
- severity of illness and risk of mortality.
- Principal diagnosis or Principal Procedure determine the base DRG
- Factors considered for severity of illness (SOI) or risk of mortality (ROM)
  1. Secondary diagnoses
  2. Procedures
  3. Age
  4. Discharge disposition
  5. Gender
- Every APR DRG has a SOI or ROM level 1 - 4
  Minor, moderate, major, severe

How do I set up my account to use the Qualitrac Portal?
Please navigate to the Telligen Medicaid Services website (http://idmedicaid.telligen.com) and click on the **orange** Register button to get started.

Signatures will be completed electronically using DocuSign technology with a final version of the document routed to you for your files. When you receive your final version, our registration team will automatically receive your packet via DocuSign and will process your registration within 5-7 business days.

NOTE: Once processed, new users will receive a Welcome to Qualitrac email with a link to activate their new account. Any questions regarding this process may be sent to qtregistration@telligen.com.

How do I update my address, phone number, or other provider information with Telligen?
Telligen receives updated provider data from Gainwell Technologies (GWT) daily. Please ensure your provider enrollment information is updated with GWT to ensure Telligen has the correct information. Contact information for GWT can be found at: https://www.idmedicaid.com/Lists/Contact%20Idaho%20Medicaid/AllItems.aspx

What information should I submit?
It is recommended that the full medical chart be submitted for the requested date(s) of

service.

How do I attach requested medical records if I am having issues with my Qualitrac account or in the process of setting it up?
In addition to submitted medical records through the electronic web portal (preferred method), medical records may be submitted by mail (paper or electronic media), or by fax transmission.

Information submitted by mail should be sent to:
Telligen
Attn: Idaho Medicaid
1776 West Lakes Parkway
West Des Moines, IA 50266
Information submitted by fax should be sent to our confidential fax line at (866) 539-0365.

Does Telligen change the APR DRG grouping?
Telligen reviews only the paid claim and does not regroup to review the paid claim. Telligen will regroup the claim if coding revisions affect the DRG.

How long do I have to submit requested medical records?
Requested information must be received by Telligen within 30 calendar days of the date on the medical record request letter. If no medical records are submitted within 30 calendar days, the case is rendered technical denial. You will receive the notification of the Technical Denial in writing.

May I still submit medical records after the Technical Denial is issues?
After the Technical Denial is issues, you have 30 calendar days to submit the records from the date on the technical denial letter. If no records are received within 30 days of the date on the technical denial letter, our initial determination is final and the case will be submitted to DHW with a recommendation to reverse the claims paid to the providers related to that hospitalization.

Will I be notified of the outcome of the audit?
All outcomes (approvals, denials, and technical denials) are notified to the facility in writing. Outcome letters are also available for viewing and downloading in Qualitrac.

How do I request a reconsideration for a denial?
A reconsideration (also known as a first level appeal) may be requested within 30 calendar days of the date of the notice by the provider by submitting additional clinical documentation through the Telligen Qualitrac Portal, via fax, or by mail.

Can I request an appeal directly to DHW?
You may request a Department appeal with DHW on any outcome within 28 days of the date the notice was mailed. The instructions for Department appeals are listed on all Telligen outcome letters.

May I rebill if I agree with Telligen's recommendation that observation status was appropriate?
Yes. A new outpatient claim must be submitted. You have 365 days of the first day of service to submit a new claim.

May I resubmit a claim if I agree with Telligen's recommendation for corrected coding?
You may submit a new claim with the corrected coding within 365 days of the first day of service.

What are the correct steps for reopening a case once a Technical Denial is issued?

QT creates a new request ID for the re-opened Technical Denial on the resulting screen. The case number remains the same. The Authorization Request panel now indicates that the case has been re-opened. Users may edit some fields if changes are necessary but not all fields will be editable.

Scroll to the Documentation panel and select the Add button as previously described, and then upload the requested documentation. Click on the green Continue button in the lower right-hand corner of the screen. Enter the username in the User Attestation section of the resulting screen and click Submit. A "Submit Review" modal will pop up and allow the user to enter any pertinent comments (not required). Click Submit to finish the process. All of these steps must be taken to complete the submission of the re-open request. At that time a new task is automatically created to notify Telligen nurses that the case is ready to be re-reviewed.

The Request for Information task is available for a limited period of time depending on the client/contract. If the task is not accessed and the requested information is not uploaded, then the task will disappear from the provider user's queue. At that time the case/request is technically denied due to lack of response. If the contract/client allows it, providers may have the ability to re-open a technically denied case and submit the previously requested information for review.

To re-open a case, search for the case as described in previous sections and click on the blue link to access it. On the resulting case summary screen click on the Actions button and then select Reopen as shown below.

What's ECHOing at ECHO Idaho?

ECHO Idaho is a virtual platform that gives voice to knowledge. Our CE-eligible series combine interactive learning and case-based discussions that offer every health professional the opportunity to participate in a community where experts and peers share knowledge, experience and expertise using technology to connect.

December 2022

New Series, Coming January 2023

ECHO Idaho is excited to announce two new series, launching January 2023:

- Geriatric Care (2nd and 4th Tuesdays, noon to 1 p.m. Mountain time)
- Alzheimer's Disease and Related Dementias (4th Wednesdays, 1-2 p.m. Mountain time)

Websites and panelist information for these series are still in the works, but check our website for updates about these exciting new series.

Stay tuned to the website and reach out to echoidaho@uidaho.edu or 208-364-4072 with questions.

Free, Virtual, 1-hour continuing education sessions in December

Behavioral Health in Primary Care

Date: Wednesday, December 7, 2022
Time: Noon to 1 p.m. Mountain time
Topic: PHARMACEUTICALS AND SUBSTANCES: UPDATES AND NEW DIRECTIONS: Kratom: What Clinicians Need to Know
Featuring: Anushka Burde, Pharm.D., AAHIVP, BCACP, HIV and Ambulatory Care Pharmacist, Idaho State University

WWAMI MEDICAL EDUCATION • PROJECT ECHO - UNIVERSITY OF IDAHO
322 E. Front Street, Boise ID 83702 | 875 Perimeter Drive MS 4207, Moscow ID 83844-4207 | uidaho.edu/echo | 208-364-4888 | fax 208-364-3178
To enrich education through diversity, the University of Idaho is an equal opportunity/affirmative action employer.

Behavioral Health in Primary Care (cont.) >>>

Date: Wednesday, December 21, 2022
Time: Noon to 1 p.m. Mountain time
Topic: PHARMACEUTICALS AND SUBSTANCES: UPDATES AND NEW DIRECTIONS: Ethics of Gift Giving*
* This session is eligible for Ethics Credits (meaning psychologists can receive APA credits)
Featuring: Jeremy Stockett, LCSW, Social Worker, St. Luke's Psychiatric Wellness Services, Boise

- Register for Behavioral Health in Primary Care
- 2022 Behavioral Health in Primary Care Series Flyer (PDF)
- ECHO Behavioral Health Education FLYER (PDF)

Counseling Techniques for Substance Use Disorders

Date: Thursday, December 1, 2022
Time: Noon to 1 p.m. Mountain time
Topic: Relapse Potential
Featuring: Amy Jeppesen, LCSW, ACADC, Vice President of Corporate Development, Trivium Life Services, Boise

Date: Thursday, December 15, 2022
Time: Noon to 1 p.m. Mountain time
Topic: Compassion Fatigue & Self-Care
Featuring: Natalia Samudovsky, LPC, NCC, Counselor, Trivium Life Services, Boise

- Register for Counseling Techniques for Substance Use Disorders
- Counseling Techniques for Substance Use Disorders Series Flyer (PDF)
- ECHO Idaho Substance Use Disorder Education FLYER (PDF)

COVID-19 and Other Current Infections:

Date: Tuesday, December 6, 2022
Time: Noon – 1 p.m. Mountain time
Topic: Ask Me Anything (Q & A with Specialist Panel)
Featuring: Specialist Panel

Date: Tuesday, December 20, 2022
Time: Noon – 1 p.m. Mountain time
Topic: Epidemiological Updates & Case Conversations
Featuring: Christine Hahn, M.D., State Epidemiologist and Medical Director, Division of Public Health, Idaho Department of Health and Welfare and expert panel

- Register for COVID-19 and Other Current Infections

WWAMI MEDICAL EDUCATION • PROJECT ECHO - UNIVERSITY OF IDAHO
322 E. Front Street, Boise ID 83702 | 875 Perimeter Drive MS 4207, Moscow ID 83844-4207 | uidaho.edu/echo | 208-364-4698 | fax: 208-364-3178
To enrich education through diversity, the University of Idaho is an equal opportunity/affirmative action employer.

Medications for Opioid Use Disorder (MOUD) Consultation Hours*

*CE not offered for this series

Thursday: December 1 and 15, 2022
Time: 12:30 – 1:30 p.m. Mountain time
Topic: Audience Q & A
Featuring: Rotating Expert Panel

- **Registration is not required for this series**
- **2022 MOUD Consultation Hours Flyer (PDF)**

Opioids, Pain and Substance Use Disorders

Date: Thursday, December 8, 2022
Time: 12:15 – 1:15 p.m. Mountain time
Topic: SOMATIZATION AND FUNCTIONAL DISORDERS: Post-Op Pain Control & MOUD
Featuring: Derek Hayton, D.O., Addiction Medicine, Boise VA Medical Center

- Register for Opioids, Pain and Substance Use Disorders
- 2022 Opioids, Pain and Substance Use Disorders Series Flyer (PDF)
- ECHO Idaho Substance Use Disorder Education FLYER (PDF)

Pediatric Autism

Date: Thursday, December 8, 2022
Time: 1 – 2 p.m. Mountain time
Topic: PRESCHOOL: Early Language Development and Apraxia
Featuring: Molly Reider, MA, CCC-SLP, ESDM-C, Pediatric Speech Language Therapist, St. Luke's Children's Rehabilitation, Meridian

Date: Thursday, December 22, 2022
Time: 1 – 2 p.m. Mountain time
Topic: SCHOOL AGE: Social Skill Development in Groups
Featuring: Travis Haase, LCPC, Clinical Manager, St. Luke's Children's Hospital, Center for Autism and Neurodevelopmental Disabilities, Boise

- Register for Pediatric Autism
- Pediatric Autism Series Flyer (PDF)
- ECHO Behavioral Health Education FLYER (PDF)

Viral Hepatitis and Liver Care

Date: Monday, December 12, 2022
Time: Noon to 1 p.m. Mountain time
Topic: Navigating HCV Treatment in the Criminal Justice System
Featuring: Winslow Gerrish, Ph.D., Full Circle Health, Boise

- Register for Viral Hepatitis and Liver Care
- Viral Hepatitis and Liver Care Series Flyer (PDF)
- Quality Improvement Protocol
- Register for MOC Part IV credit (MDs/DOs), Category 1 PI-CME (PAs)

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

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

November 1, 2022

MEDICAID INFORMATION RELEASE MA22-19

To: Medicaid Providers

From: Juliet Charron, Administrator

Subject: Change in Diagnostic Related Groups (DRG) Phase II Additional Terms for Signature

The 3M™ All Patient Refined DRG (APR DRG) updates effective October 1, 2022 have resulted in a updated Medicaid Provider Agreement that will need to be filed with the Department. The agreement will be distributed through a mass mailing and is also available under, "Additional Terms - Reimbursement for Hospital Services October 2022" here:

https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=17777&dbid=0&repo=PUBLIC-DOCUMENTS.

Signed agreements should be sent to:
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise, ID 83720-0009
Attn: Reimbursement Unit

Or submitted via email to MedicaidReimTeam@dhw.idaho.gov or by fax to 208-287-1170.

Medicaid thanks its providers for their involvement in this update and looks forward to the upcoming system implementation, which will provide better health outcomes for the citizens of Idaho.

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 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.

Provider Training Opportunities in 2022

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

December: Respite Care
This training will walk Respite Care providers through the process of signing up for a trading partner account, viewing prior authorizations, creating patient rosters, verifying eligibility, accessing remittance advice reports, and submitting and reviewing claims.

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.

	December	January	February
	Respite Care	**Eligibility**	**Coordination of Benefits**
10-11:00 AM MT	12/21/2022	1/18/2023	2/15/2023
	12/22/2022	1/19/2023	2/16/2023
	12/20/2022	1/17/2023	2/21/2023
2-3:00 PM MT	12/14/2022	1/11/2023	2/8/2023
	12/15/2022	1/12/2023	2/9/2023
	12/22/2022	1/19/2023	2/16/2023
	12/20/2022	1/17/2023	2/21/2023

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 17 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

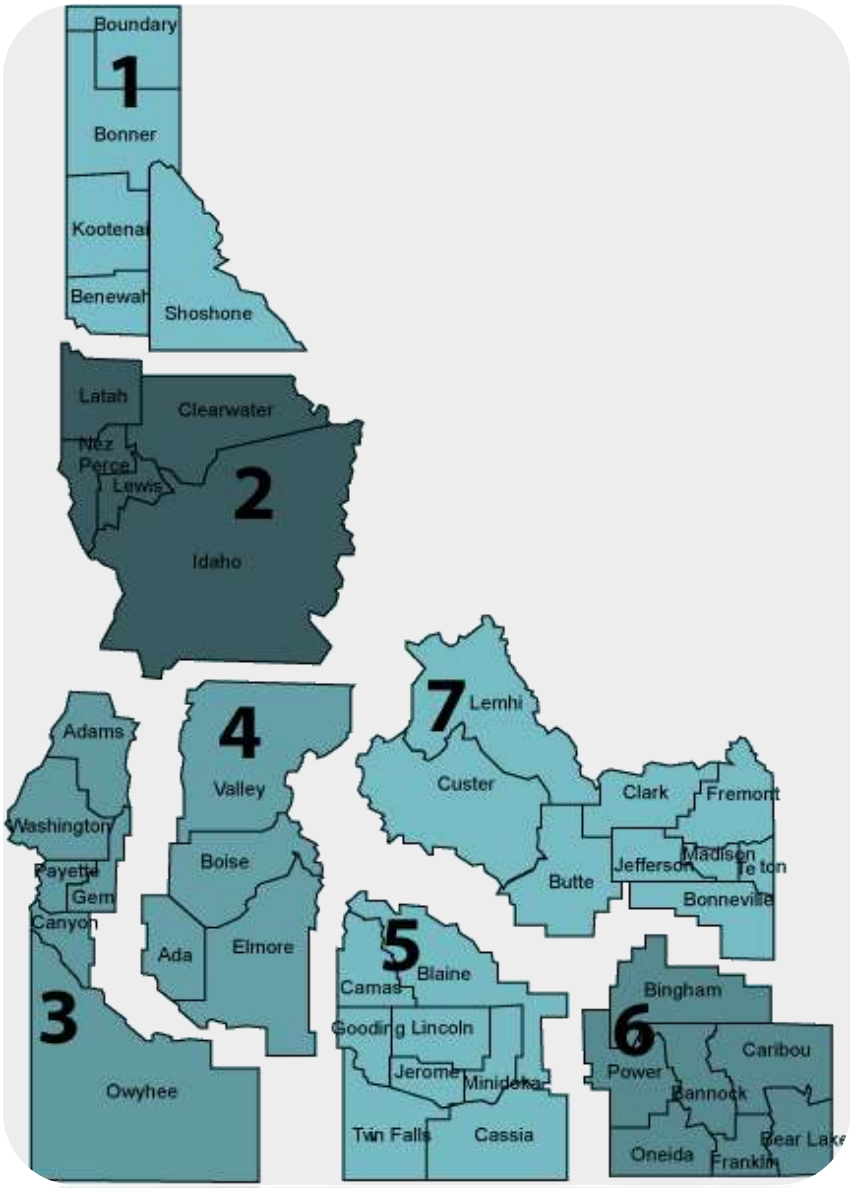
Gainwell Technologies Provider and Participant Services Contact Information

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

Gainwell Technologies
PO Box 70082
Boise, Idaho 83707

IDAHO DEPARTMENT OF HEALTH & WELFARE

Digital Edition

MedicAide is available online by the fifth of each month at www.idmedicaid.com. There may be occasional exceptions to the availability date as a result of special circumstances. The electronic edition reduces costs and provides links to important forms and websites. To request a paper copy, please call 1 (866) 686-4272.

MedicAide **is the monthly informational newsletter for Idaho Medicaid providers.**
Editor: Shannon Tolman

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