MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **July 2019**

In This Issue

Information Releases

Idaho Medicaid Plus: Provider Feedback Opportunity

Idaho Medicaid is hosting a meeting for providers to share feedback on the new mandatory Medicaid program, Idaho Medicaid Plus, which launched in Kootenai, Nez Perce, and Bonner counties on June 1, 2019. These meetings are for Residential Assisted Living Facility providers, Personal Assistance Agencies, Skilled Nursing Facility Providers, Behavioral Health providers, and others that serve dual eligible members.

July 17, 2019 at 11:30 am
Idaho Department of Labor
600 North Thornton Street
Post Falls, ID

To Register simply click the link below https://app.keysurvey.com/f/1417241/bb8c/.

To learn more about Idaho Medicaid Plus, please visit http://mmcp.dhw.idaho.gov or contact IdahoDuals@dhw.idaho.gov.

Provider Handbook Updates

The General Billing Instructions were updated to add instructions for Injury Liability.

The General Provider and Participant Information handbook was updated to:

- Align record keeping requirements with IDAPA 16.05.07;
- Update information about Healthy Connections program changes;
- List place of service and codes approved for telehealth;
- Include coverage for participants over the age of 65 in an IMD; and
- Clarify that Substance Use Disorder services do not require a referral.

The Adult Residential Care handbook was updated to:

- Add reference to the requirement of following general handbooks;
- Direct Residential Assisted Living Facilities to the fee schedule for services;
- Add covered codes for Certified Family Homes; and
- Consolidate information about Adult Residential Care reimbursement.

The Agency Professional handbook was updated to:

- Remove T2001 – Patient Attendant/Escort from Non-Medical Transportation (NMT) procedure codes as this code is not being authorized under this waiver service;
- Add information about Commercial Bus passes (A0110) to the A&D Waiver NMT service; and
- Clarify references to Non-Emergent Medical Transportation services versus Non-Medical transportation so it is clear which service is referred to.

The Eye and Vision Services handbook was updated to:

- Add reference to the requirement of following general handbooks;
- Add information on checking eligibility;
- Add EPSDT information under eligibility;
- Note on each service for who reviews prior authorization requests;

- Update limitations and policy on contact lenses for Keratoconus to match the policy posted online;
- Update the Vision Therapy Policy to current requirements; and
- Add more information about how to request prior authorizations.

The Hospital handbook was updated to add revenue code 0259 for long-acting reversible contraception placed while the participant is inpatient.

The Physician and Non-Physician Practitioner handbook was updated to:

- Add a link to the Glossary;
- Update and clarify abortion coverage;
- Clarify order requirements for Physicians supplying DME;
- Incorporate evaluation and management documentation requirements and CMS guidance;
- Add screening for substance use disorders as an element of wellness checks;
- Provide guidance on adult wellness checks;
- Include more detail on site of service reduction;
- Provide new billing requirements for refugee screenings;
- Include acceptable screening instruments for maternal postpartum depression screening as well as guidance for next steps;
- Clarify obstetric billing;
- Incorporate covered diagnoses, codes and places of service for cardiac rehabilitation;
- Add information about when cervical cancer screening is covered;
- Incorporate psychiatric crisis telehealth coverage;
- Incorporate criteria for EpiCord® and EpiFix®;
- Clarify global surgery packages to align with NCCI requirements;
- Clarify the use of Modifier 25 and 57;
- Clarify dental implants must have a prior authorization for reimbursement; and
- Add new transplant coverage for live donors and lungs.

The Podiatric Medicine and Surgery Services handbook was updated to:

- Add a link to the Glossary;
- Incorporate evaluation and management documentation requirements and CMS guidance;
- Include more detail on site of service reduction; and
- Clarify that unspecified diagnoses codes that fall into the ranges of the ICD-10-CM codes listed in the appendices are not covered.

The Suppliers handbook was updated to:

- Clarify the book applies to any Medicaid provider distributing DME or DMS;
- Add a link to the Glossary;
- Clarify that participants are not eligible for Medicaid services after their date of death;
- Add EPSDT information under eligibility;
- Minor reorganization to distinguish between DME and DMS requirements;
- Incorporated information about rolling months for DMS;
- Incorporate documentation requirements for DMS resupply;
- Clarify what criteria is to be followed for DMEPOS;Clarify and include new requirements for nutritional products.
- Add reminder in Oxygen Services that EPSDT coverage can be requested if children under 21 don't meet criteria;
- Reorganize and flush out prosthetic and orthotics section to match IDAPA 16.03.09;
- Update and incorporate prior authorization procedure for non-waiver items;
- Include in documentation requirement for manually priced codes;

- Update physician order requirements on acceptable detailed order formats and face-to-face encounter details;
- Incorporate list of items that cannot be issued with a verbal order; and
- Incorporate correct coding is required to align with PDAC.

The Transportation Services-Ambulance handbook was updated to:

- Change the name to just Transportation Services;
- Add reference to the requirement of following general handbooks;
- Correct the term emergency services to match IDAPA 16.03.09;
- Include information about downgrading services; and
- Incorporate information about Non-Emergent Medical Transportation (NEMT) services provided by Medical Transportation Management (MTM) and the Non-Medical Transportation (NMT) benefit for participants on the A&D and DD waivers. These services were previously included in the Non-Emergent Non-Medical Transportation book.

The Non-Emergent Non-Medical Transportation book has been removed and integrated into the Transportation Services handbook.

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

Provider Responsibilities

Medicaid Program Integrity has encountered cases in which overpayments have been caused by an individual working for the provider. Examples include staff submitting documentation for services they did not provide, billing for services which overlap with other Medicaid services provided at the same time, or not providing services for the time documented on service records. In these instances, providers have requested that the Medicaid Program Integrity Unit seek recoupment from the employee. Providers should be aware the Department has no financial recourse against provider employees. The provider is responsible to the Department for repayment of identified overpayments.

Section 5 of the Idaho Medicaid Provider Agreement regarding accurate billing reads as follows:

> To certify by the signature of the Provider or designee, including electronic signatures on a claim form or transmittal document, that the items or services claimed were actually provided and medically necessary, were documented at the time they were provided, and were provided in accordance with professionally recognized standards of health are, applicable Department rules, and this Agreement. The Provider shall be solely responsible for the accuracy of claims submitted and shall immediately repay the Department for any items or services the Department or the Provider determines were not properly provided, documented, or claimed. The Provider must assure that a duplicate claim under another program or provider types is not submitted.

In cases of suspected fraud, the Department may refer individual employees to the Medicaid Fraud Control Unit for further investigation and possible prosecution. Providers may also contact

local law enforcement or take independent civil action against employees to recover losses caused by the employee.

Documentation Requirements

Providers are required to generate records at the time the service is delivered and maintain all records necessary to fully document the extent of services submitted for Medicaid reimbursement. This includes documentation of referrals made or received on behalf of Medicaid participants enrolled in the Healthy Connections (HC) Program. Services that haven't been documented are considered to not have occurred and are not reimbursable. The person delivering the services and any supervising providers must legibly sign, date and time the documentation to attest that the records are a true and accurate account of the services delivered. Any records requiring amendment or corrections must be clearly and permanently identified as such while leaving the original contents of the document legible. Amendments and corrections separately require the author to be clearly identified with their credentials, a signature and the date of the changes.

Handwritten and electronic signatures are acceptable. Electronic signatures must meet the requirements in the Electronic Signatures subsection of the General Provider and Participant Information, Idaho Medicaid Provider Handbook. Stamped and typed signatures are only allowed for providers with proof of a physical disability that prevents their signing. Records should be signed shortly after the service is provided with time allowed for transcription by a scribe. Signatures cannot be added to documents beyond that time frame, and scribes do not need to sign documents. If a handwritten signature is illegible, a provider may submit a signature log or attestation with requested records to support the identity of the signer. A signature log should have a typed list of provider names, titles and credentials followed by the corresponding handwritten signature. Signature attestations must be signed and dated by the author of the illegible signature. Attestations must include a statement of the document's validity, the name and credentials of the author, the date of service being attested to and the participant's name and MID. Attestations can also be used as documentation for missing signatures.

Providers are required to retain records to document services submitted for Medicaid reimbursement for at least five years after the date of service. Upon request from the Department, Centers for Medicare and Medicaid Services (CMS), and any Department or CMS contractor providers must immediately provide documentation sufficient to substantiate the amount, duration, scope, and medical necessity of billed services. Documentation to support claims for services includes, but is not limited to, medical records, treatment plans, medical necessity justification, assessments, appointment sheets, patient accounts, financial records or other records regardless of its form or media. Medicaid may recoup the payment and apply a penalty if proper documentation cannot be produced by the provider.

Additional documentation requirements may vary by provider type and are listed in the appropriate provider sections of the Idaho Medicaid Provider Handbook.

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

Coverage for Cervical Cancer Screening

Cervical cancer screenings should be billed with Preventive Medicine CPT® Codes and the appropriate ICD-10-CM diagnosis code. Screening with cervical cytology (i.e. pap smear) is a covered benefit for female Idaho Medicaid participants between the ages of twenty-one (21) and sixty-five (65) every three (3) years. Female participants between thirty (30) and sixty-five (65)

may instead receive high-risk human papillomavirus (hrHPV) testing every five (5) years with or without cervical cytology at the same visit (i.e. co-testing). Participants over the age of sixty-five (65) are covered for continued screenings if they have experienced spontaneous regression or management for a precancerous lesion within the past twenty (20) years.

Female participants diagnosed with a compromised immune systems, high-grade precancerous cervical lesion or cervical cancer, or exposure to diethylstilbestrol in utero may receive screenings outside of age and frequency limitations. Participants with a hysterectomy including removal of the cervix are not eligible for screening unless there are indications of a high-grade precancerous lesion or cervical cancer.

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

CPT® and HCPCS Coverage Update for July 2019

The following codes are being added for coverage. 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
C9047	Injection, caplacizumab-yhdp, 1 mg	7/1/2019
C9048	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	7/1/2019
C9049	Injection, tagraxofusp-erzs, 10 mcg	7/1/2019
C9050	Injection, emapalumab-lzsg, 1 mg	7/1/2019
C9051	Injection, omadacycline, 1 mg	7/1/2019
C9052	Injection, ravulizumab-cwvz, 10 mg	7/1/2019
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	7/1/2019
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	7/1/2019
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	7/1/2019
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	7/1/2019
J9030	BCG live intravesical instillation, 1 mg	7/1/2019
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	7/1/2019
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	7/1/2019
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	7/1/2019
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	7/1/2019

Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	7/1/2019
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	7/1/2019

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

Adult Wellness Examinations

Adult wellness exams are annual preventive exams to assess the health status of adult participants. The content of the exam is expected to be similar to an Annual Wellness Visit (AWV) through Medicare. Screenings are covered if they have received an "A" or "B" recommendation from the U.S. Preventive Services Task Force (USPSTF). Elements of an adult wellness exam include:

- A health risk assessment;
- Review of medical and family history (including opioid use);
- A list of providers the participant receives services from;
- Measurement of weight, BMI and blood pressure;
- Survey of potential risk factors for depression and other mood disorders;
- Detection of cognitive impairment;
- A screening schedule aligned with USPSTF "A" and "B" recommendations;
- Review of risk factors;
- Personalized health advice;
- Laboratory and diagnostic orders; and
- Any necessary referrals to other medical professionals.

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

Wellness Examinations for Refugee Screening

Examinations for refugees as part of their immigration process are covered by Idaho Medicaid. Effective for dates of service on and after 07/01/2017, claims should be billed with diagnosis Z02.89 (Encounter for other administrative examinations) and modifier U7 on the claim line. Providers should adjust their claims and reprocess to reflect this requirement for payment.

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

Attention Licensed Midwives: Provider Handbook and Coding Updates

The Licensed Midwife, Idaho Medicaid Provider Handbook, has been significantly updated. Providers are required to be familiar with the contents of the handbook in order to be in compliance with Idaho Medicaid.

The allowed places of service for billing codes has been updated in the handbook and claims processing system. Some codes are no longer compatible with the "Home" place of service as their use is incorrect coding. Separate codes exist for these services to be performed in the home.

The place of service for "Birthing Center" was added to many codes to allow providers to distinguish between services in their office and a facility, and permit correct coding. Birthing centers are not a covered benefit for Idaho Medicaid, however, covered midwife services performed in a self-identified birthing center are covered.

As part of House Bill 0008 signed into law by Governor Little, licensed midwives will be permitted to bill for J2210 (Injection, methylergonovine maleate, up to 0.2 mg) as part of their formulary.

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

Attention Midwives: Maternal Postpartum Depression Screening

Effective July 1, 2019, midwives may bill for maternal postpartum depression screening if a standardized screening instrument is used. Claims should be billed under the infant's Medicaid ID number with G8431 for a positive depression screen or G8510 for a negative depression screen. No additional diagnosis codes should be added for this service.

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

Ordering DMEPOS When You're Also the Supplier

Idaho Medicaid will allow ordering physicians that are also the supplier to meet documentation requirements in the medical record instead of writing a separate order. Allowing this documentation does not constitute a deviance from the Physician Self-Referral Law. Physicians acting as suppliers are still required to follow all other supplier requirements. This update for Idaho Medicaid aligns with guidance from Medicare in MLN Matters Number: MM10984.

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

Supported Employment Services

It has come to the attention of the Bureau of Developmental Disability Services (BDDS) that clarification is needed about those services that are allowable for reimbursement within the current unit cost, as prior authorized, by agencies providing Supported Employment (SE) Services under IDAPA 16.03.10. When SE Services have been prior authorized for adult DD participants, the following activities may be reimbursed, as applicable to the participant:

- Ensuring that natural supports at the worksite are secured through interaction with supervisors and staff;

- Training for the participant, and/or the participant's employer, supervisor or co-workers, to increase the participant's inclusion at the worksite;
- Regular observation or supervision of the participant to reinforce and stabilize the job placement;
- Job-specific or job-related safety training;
- Job-specific or job-related self-advocacy skills training;
- Job-Specific behavior skills training
- Reinforcement of work-related personal care and social skills;
- Training on use of public transportation and/or acquisition of appropriate transportation;
- Coaching and training on job-related tasks such as computer skills or other job-specific tasks;
- Contact with supervisors and coworkers to ensure the individual is able to maintain the position;
- Encouraging identification of natural supports
- Coordination with a residential provider or transportation provider to ensure supports are in place to ensure the individual is successful on the job. This includes, for example, support to arrive at work on time, support to ensure proper hygiene, etc.
- Identifying opportunities for increased hours; and increased work skills development
- Increasing the supported individual's independence in the workplace.

If a participant has been approved for SE services and is at risk of losing employment, additional units of support to resolve the crisis may be accessed through Community Crisis Supports. Crisis Supports may be provided by the participant's SE services provider or the participant's DD Service Coordinator. Information on the rules and processes related to accessing Community Crisis Supports is available at:

https://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/AdultDDCareManagement/AdultDDInformationforProviders/tabid/2310/Default.aspx

The request for authorization of Community Crisis Supports must include a crisis resolution plan which identifies the factors contributing to the crisis and a strategy for addressing those factors to minimize the opportunity for the crisis to re-occur in the future.

In some instances that do not constitute a crisis, a participant may require additional units of SE services than what have been approved per week on a plan. This may be because the participant, on an intermittent basis, agrees to work additional hours during a particular week and a job coach is needed during these additional hours. Or the additional units may be necessary because a participant and their employer agree to the participant working additional hours on a regular and ongoing basis, a job coach is needed during these additional hours, and the number of hours exceeds what was initially approved on the participant's service plan.

If the need for the additional units is based on participant choice, an addendum should be submitted by the DD Service Coordinator (SC) to request the additional units, following the guidance of the Individual Support Plan (ISP) Manual. The addendum must be submitted prior to the end of the plan year. In these instances, it is also required for the SE agency to document the reasons why service delivery was provided differently than what was approved on the plan. Justification for the change must include a level of detail that demonstrates the change was participant driven, consistent with home and community-based services requirements identified in IDAPA 16.03.10.313.

Please contact your regional Quality Assurance Specialist if you have questions concerning SE service provision. Contact information for each of the regions is:

Region I:		
Stephanie Cunnington	Stephanie.Cunnington@dhw.idaho.gov	(208) 665-8908
Region II:		
Sabrina Shropshire	Sabrina.Shropshire@dhw.idaho.gov	(208) 799-4382
Regions III & IV		
Andrea Stuart	Andrea.Stuart@dhw.idaho.gov	(208) 334-0751
Carolyn Bender	Carolyn.Bender@dhw.idaho.gov	(208) 334-0956
Jada Yancey	Jada.Yancey@dhw.idaho.gov	(208) 334-0716
Region V:		
		(208) 732-1351
Region VI		
Elysia Ramirez	Elysia.Ramirez@dhw.idaho.gov	(208) 239-6270
Region VII:		
Jenn Gillespie	Jenn.Gillespie@dhw.idaho.gov	(208) 528-5703

Supported Employment Services: Additional Clarifications for A&D Waiver Providers

Providers working with Aged & Disabled (A&D) Waiver participants who have received prior authorization to provide Supported Employment (SE) services may also reimburse for the same type of activities DD participants are allowed, and as listed above, as long as the activity is applicable to the specific participant and is properly documented to support the reimbursement.

However, A&D Waiver participants are ***not*** eligible to receive the same Community Crisis Supports that are available to DD participants.

When an A&D Waiver participant authorized to receive SE services is at risk of losing employment, additional hours may be authorized under the SE service to allow providers time to manage a crisis situation. Additionally, a participant may require additional units of SE services than what were initially approved on the Individual Support Plan (ISP) for non-crisis related reasons. Participants may request additional hours if they (along with the employer) agree that they would like additional hours on the job than were previously authorized.
Providers follow the standard process for reporting a Significant Change request. **Significant Change Forms** and **Instructions** are available on the Bureau of Long Term Care Provider Forms page of the Medicaid website.

- Send **Significant Change Forms** for participants who are only eligible for Fee For Service Medicaid to the Regional Bureau of Long Term Care (BLTC) office.
- Send **Duals Significant Change Forms** for participants who are on a Medicare Medicaid Coordinated Plan (MMCP) or Idaho Medicaid Plus (IMPlus) dual health care plan to the Care Coordinator/Care Specialist for the specific Health Plan the participant is enrolled (either Blue Cross of Idaho or Molina Healthcare of Idaho).

Nursing Facility Special Rate Changes for Ventilator and Tracheostomy Care

Effective July 1, 2019, ventilator and tracheostomy care in nursing facilities will be reimbursed at a fixed add-on rate per rule changes approved by the last legislative session. The fixed rates for each type of care incorporates supplies and the additional nursing and CNA hours needed to provide this level of care. The effective date for add-on rates for ventilator and tracheostomy care is the day the care is needed by the participant or no earlier than 60-days prior to date the request is received by the Department. The rates will be updated at the beginning of each state fiscal year to account for any changes made to the fee schedule.

On **July 1, 2019**, the add-on rates will be as follows:

Ventilator Fixed Rate: **$333.25**
Tracheostomy Fixed Rate: **$198.95**

The Nursing Facility Special Rate Request form can be found on the Department of Health and Welfare Website – Medicaid Providers, located under Forms on the right hand side of the page. The request form must be completed and submitted to the Department for approval via fax to 1-877-483-0279.

Any questions or concerns regarding these changes can be directed to Alex Childers-Scott at Alexandria.Childers-Scott@dhw.idaho.gov.

Telehealth Place of Service (POS)

Place of service 02 (telehealth) is not used by Idaho Medicaid. All normal Place of Service codes are acceptable for telehealth. The place of service used should be the location of the participant. Claims must include a GT modifier (Via interactive audio and video telecommunications systems) on CPT® and HCPCS. FQHC, RHC or IHS providers should not report the GT modifier with encounter code T1015, but should include it with the supporting codes.

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

IDAHO DEPARTMENT OF
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June 10, 2019

MEDICAID INFORMATION RELEASE MA 19-10

TO: All Medicaid Providers

FROM: Matt Wimmer, Administrator
Division of Medicaid

SUBJECT: **ON HOLD -** Elimination of Healthy Connections Referrals for Urgent Care

The effective date of this Information Release is currently on hold and will not go into effect on July 1, 2019. *This action is being taken in response to significant provider feedback received regarding the proposed policy change.*

We are convening a Healthy Connections (HC) Clinical Provider workgroup led by Dr. Magni Hamso, Medicaid Medical Director, to review the feedback and consider impacts to the upcoming HC Fixed Enrollment process, HC Value Care Program and Medicaid Expansion. This workgroup will meet once in July to present options and hear feedback from clinicians with day to day patient experience. We want your assistance in identifying policy options that will help produce the best health outcomes for our participants.

If you are a HC Primary Care Provider and interested in serving on this workgroup, please e-mail Sandra Knigge, HC Program Supervisor, at Sandra.Knigge@dhw.idaho.gov and provide your name, clinic name, e-mail and phone number. If you have questions, please contact Sandra at 208-799-4463.

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Information Release MA 19-06 ON HOLD:

Effective July 1, 2019, a Healthy Connections (HC) referral will not be required for members to access Urgent Care centers that meet certain criteria. Idaho Medicaid recognizes the role Urgent Care centers play in the transformation of the healthcare delivery system. Urgent Care centers fill the gap between traditional hospital emergency rooms and primary care clinics by offering walk-in care, extended hours and the immediate treatment of urgent, non-life-threatening illnesses or injuries. In addition, reducing excessive emergency room (ER) use continues to be a challenge,

and lack of access to primary care outside common office hours is frequently cited as the reason for an ER visit.

A key to successfully incorporating Urgent Care services in the Patient Centered Medical Home (PCMH) model of care in Idaho, will be the **timely communication between the Urgent Care centers with the Primary Care Providers** to provide the best integrated patient care. When Urgent Care and Primary Care work together, *the medical neighborhood is expanded and the patient wins*. With appropriate coordination, this highly utilized health care access point can successfully be integrated into the larger PCMH network in Idaho. Urgent Care centers can supplement a Primary Care practice's health care services by:

- Accepting overflow volume when the practice is at capacity
- Providing walk-in coverage when the Primary Care practice is closed
- Providing services not typically offered at the Primary Care practice, such as x-rays, lab testing, and medical procedures such as suturing and casting
- Referring patients with chronic illnesses to the Primary Care provider

The following parameters must be met to be considered an **Urgent Care center with no HC referral required**:

1. Evaluate and treat a broad spectrum of illness and injury
2. Walk-in appointments are the primary scheduling model
3. Posted hours of operation to include:
    a. Open at least one hour daily outside of the standard Monday-Friday 8:00-5:00
    b. Open a minimum of 4 hours on the weekend
4. Primary healthcare delivery model is Urgent Care (not Primary Care)
5. Clearly be identified as an Urgent Care Center both physically and in marketing material

In addition, **Urgent Care Centers are required to**:

1. Communicate the visit summary directly to the patient's HC Primary Care Provider (PCP) within three (3) days of the visit. At a minimum, this shall include:
    a. Facts and findings
    b. Prescriptions and DME ordered
    c. Other pertinent healthcare information
2. Direct the patient to their HC Primary Care Provider
    a. For ongoing treatment or coordination of chronic/complex conditions
    b. When secondary or specialty care is needed
    c. For those seeking wellness services
3. Educate patients when urgent care is appropriate

The Urgent Care Center will be subject to periodic evaluation of policy compliance. **Failure to meet these requirements may result in services considered non-covered and subject to recoupment and/or a civil monetary penalty.**

As the transition date approaches, the Idaho Medicaid Provider Handbook and the Idaho Member Health Plan booklet will be updated to include that Urgent Care access no longer requires a Healthy Connections referral. If you have any questions regarding this change, please contact your regional Healthy Connections Representative or the Healthy Connections Consolidated Unit at 888-528-5861.

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June 27, 2019

MEDICAID INFORMATION RELEASE MA19-11

To: Prescribing Providers, Pharmacists, and Hospitals

From: Matt Wimmer, Administrator
Division of Medicaid

Subject: Update to Idaho Medicaid Preferred Drug List per Pharmacy and Therapeutics Committee Meetings on April 20 and May 18, 2019

Drug/Drug Classes:	Noted below. Agents shaded indicate changes in preferred drug status.
Implementation Date:	Effective for dates of service on or after July 1, 2019

The attached document is an update to the Idaho Medicaid Preferred Drug List. It reflects decisions based on recommendations from the Idaho Medicaid Pharmacy and Therapeutics Committee at the April and May 2019 meetings.

The preferred drug list and drug-class specific prior authorization criteria are based on nationally recognized peer-reviewed information and evidence-based clinical criteria. Medicaid designates preferred agents within a drug-class based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and, secondarily, on cost.

Questions regarding the Preferred Drug List can be referred to the Idaho Medicaid Pharmacy Unit at (208) 364-1829. A current listing of preferred agents, non-preferred agents, and prior authorization criteria for all drug classes is also available online at **www.medicaidpharmacy.idaho.gov**.

MW/SF

May 2019 PDL Recommendations

Therapeutic Class	Divisions Recommendations
Analgesics, Narcotic – Long Acting	<u>Preferred Drugs</u> morphine ER CL tablets <u>Non-Preferred Drugs</u> ARYMO ER (morphine ER) CL BELBUCA (buprenorphine) CL buccal film buprenorphine transdermal CL BUTRANS (buprenorphine transdermal) CL CONZIP (tramadol ER) CL EMBEDA (morphine/naloxone) CL EXALGO (hydromorphone) CL hydromorphone ER CL HYSINGLA ER (hydrocodone ER) CL fentanyl transdermal CL methadone CL MORPHABOND ER (morphine ER) CL morphine ER CL capsules NUCYNTA ER (tapentadol ER) CL oxycodone ER CL OXYCONTIN (oxycodone) CL oxymorphone ER CL tramadol ER CL XTAMPZA ER (oxycodone) ZOHYDRO ER (hydrocodone ER) CL
Analgesics, Narcotic-Short Acting	<u>Preferred Drugs</u> hydrocodone/APAP morphine IR tablet, solution, conc soln oxycodone/APAP tablets tramadol IR tramadol/APAP <u>Non-Preferred Drugs</u> ABSTRAL (fentanyl) CL ACTIQ (fentanyl transmucosal) CL APADAZ (benzhydrocodone/APAP) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol nasal Capital and codeine suspension (codeine/ APAP) carisoprodol compound/codeine codeine codeine/ acetaminophen dihydrocodeine/APAP/caffeine DSUVIA (sufentanil) sublingual fentanyl transmucosal CL FENTORA (fentanyl) CL hydrocodone/ibuprofen

Therapeutic Class	Divisions Recommendations
Analgesics, Narcotic – Short Acting (continued)	hydromorphone tablets, liquid, suppositories IBUDONE (hydrocodone/ibuprofen) LAZANDA (fentanyl) CL nasal spray levorphanol meperidine morphine suppositories NALOCET(oxycodone/acetaminophen) NUCYNTA (tapentadol) oxycodone/APAP solution oxycodone/aspirin oxycodone/ibuprofen oxycodone IR tablets, capsules, solution, concentrate, oral syringe oxymorphone PANLOR (dihyrocodeine/ APAP/caffeine) pentazocine/naloxone PRIMLEV (oxycodone/APAP) ROXICET solution (oxycodone/APAP) SUBSYS (fentanyl sublingual) CL XARTEMIS XR (oxycodone/APAP) XODOL (hydrocodone/APAP)
Androgenic Drugs (Topical)	<u>Preferred Drugs</u> testosterone gel packet (generic Vogelxo) testosterone gel pump (generic Vogelxo) <u>Non-Preferred Drugs</u> ANDROGEL (testosterone) CL packet, pump ANDRODERM (testosterone) CL testosterone gel (generic ANDROGEL, FORTESTA, TESTIM) CL testosterone gel pump (generic ANDROGEL, AXIRON) CL
Angiotensin Modulators	<u>Preferred Drugs</u> benazepril benazepril/HCTZ enalapril enalapril/HCTZ ENTRESTO (sacubitril/valsartan) CL irbesartan irbesartan/HCTZ lisinopril lisinopril/HCTZ losartan losartan/HCTZ ramipril valsartan valsartan/HCTZ <u>Non-Preferred Drugs</u> candesartan candesartan/HCTZ captopril captopril/HCTZ EDARBI (azilsartan)

Therapeutic Class	Divisions Recommendations
Angiotensin Modulators (continued)	EDARBYCLOR (azilsartan/chlorthalidone) EPANED (enalapril) powder for solution, solution eprosartan fosinopril fosinopril/HCTZ MICARDIS (telmisartan) MICARDIS-HCT (telmisartan/HCTZ) moexepril moexepril/HCTZ olmesartan olmesartan/HCTZ perindopril QBRELIS (lisinopril) solution quinapril quinapril/HCTZ TEKTURNA (aliskiren) TEKTURNA HCT (aliskiren/HCTZ) telmisartan telmisartan/HCTZ trandolapril
Angiotensin Modulator Combinations	Preferred Drugs benazepril/amlodipine valsartan/amlodipine Non-Preferred Drugs BYVALSON (valsartan/nebivolol) olmesartan/amlodipine olmesartan/amlodipine/HCTZ PRESTALIA (perindopril/amlodipine) TARKA (trandolapril/verapamil ER) telmasartan/amlodipine trandolapril/verapamil ER valsartan/amlodipine /HCTZ
Antibiotics, GI	Preferred Drugs metronidazole tablet neomycin tinidazole vancomycin capsules Non-Preferred Drugs DIFICID (fidaxomicin) CL FIRVANQ (vancomycin suspension) FLAGYL ER (metronidazole) capsule metronidazole capsule paramomycin XIFAXAN (rifaximin) CL

Therapeutic Class	Divisions Recommendations
Antibiotics, Inhaled	Preferred Drugs BETHKIS (tobramycin inhaled) CL CAYSTON (aztreonam inhaled) CL KITABIS PACK (tobramycin inhaled) CL Non-Preferred Drugs ARIKAYCE (amikacin liposomal inhalation TOBI (tobramycin inhaled) CL TOBI Podhaler (tobramycin inhaled) CL tobramycin solution (inhalation) CL tobramycin pak (for KITABIS PACK)
Antibiotics, Topical	Preferred Drugs mupirocin ointment Non-Preferred Drugs ALTABAX (retapamulin) gentamicin sulfate mupirocin cream
Antibiotics, Vaginal	Preferred Drugs CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) Metronidazole (0.75%) gel NUVESSA (metronidazole 1.3%) gel Non-Preferred Drugs clindamycin cream VANDAZOLE (metronidazole)
Anticoagulants	Preferred Drugs ELIQUIS (apixaban) CL enoxaparin syringe LOVENOX (enoxaparin) vial warfarin XARELTO (rivaroxaban) CL 10 mg, 15mg and 20 mg tablets Non-Preferred Drugs ELIQUIS (apixaban) CL Dose Pack enoxaparin vial fondaparinux FRAGMIN (dalteparin) syringe FRAGMIN (dalteparin) vial PRADAXA (dabigatran) CL SAVAYSA (edoxaban) CL XARELTO (rivaroxaban) CL 2.5 mg tablets XARELTO (rivaroxaban) CL Starter Pack

Therapeutic Class	Divisions Recommendations
Antiemetics-Antivertigo Agents	<u>Preferred Drugs</u> dimenhydrinate OTC EMEND (aprepitant) capsules meclizine metoclopromide ondansetron CL ondansetron ODT CL prochlorperazine (oral, rectal) promethazine (oral, rectal 12.5 and 25 mg) TRANSDERM-SCOP (scopolamine) <u>Non – Preferred Drugs</u> AKYNZEO (netapitant/palonosetron) ANZEMET (dolasetron) CL Aprepitant capsules, powder pack BONJESTA (doxylamine/pyridoxine) CL CESAMET (nabilone) CL COMPRO (prochlorperazine) rectal DICLEGIS (doxylamine/pyridoxine) CL dronabinol CL EMEND (aprepitant) powder pack granisetron CL metoclopramide ODT promethazine 50 mg rectal SANCUSO (granisetron)CL transdermal scopolamine transdermal (TRANSDERM-SCOP) SYNDROS (dronabinol) CL solution trimethobenzamide (oral) VARUBI (rolapitant) ZUPLENZ (ondansetron) CL film
Antifungals, Oral	<u>Preferred Drugs</u> clotrimazole fluconazole suspension, tablets nystatin suspension terbinafine <u>Non-Preferred Drugs</u> CRESEMBA (isavuconazonium) flucytosine griseofulvin suspension griseofulvin tablet itraconazole 100mg itraconazole solution ketoconazoleCL NOXAFIL (posaconazole) suspension, tablets nystatin powder, tablets ONMEL (itraconazole) 200 mg ORAVIG (miconazole) buccal tablet SPORANOX(itraconazole soln) TOLSURA (itraconazole) voriconazole suspension, tablets

Therapeutic Class	Divisions Recommendations
Antifungals, Topical	<u>Preferred Drugs</u> clotrimazole OTC and RX clotrimazole/betamethasone cream ketoconazole cream, gel, powder, shampoo miconazole cream, powder nystatin terbinafine OTC tolnaftate OTC cream, powder, solution <u>Non-Preferred Drugs</u> ALEVAZOL (clotrimazole) butenafine OTC ciclopirox cream, gel, shampoo ciclopirox solution nail lacquer[CL] clotrimazole/betamethasone lotion econazole ECOZA (econazole) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole foam) JUBLIA (efinaconazole) [CL] KERYDIN (tavaborole) [CL] ketoconazole foam ketoconazole/hydrocortisone LAMISIL (terbinafine) cream, gel, spray LOPROX (ciclopirox) luliconazole MENTAX (butenafine) miconazole nitrate OTC miconazole nitrate/zinc oxide/petrolatum miconazole ointment, spray naftifine NIZORAL shampoo (ketoconazole) NIZORAL AD shampoo OTC (ketoconazole) nystatin/triamcinolone cream, ointment oxiconazole tolnaftate spray XOLOGEL (ketoconazole)
Antihypertensives, Sympatholytics	<u>Preferred Drugs</u> CATAPRESS TTS (clonidine transdermal) clonidine guanfacine methyldopa <u>Non-Preferred Drugs</u> clonidine transdermal methyldopa-hydrochlorothiazide

Therapeutic Class	Divisions Recommendations
Antimigraine Agents	Preferred Drugs **Triptans:** rizatriptan oral tablets, MLT RELPAX (eletriptan) sumatriptan nasal, oral sumatriptan syringe, vial **Calcitonin Gene-related Peptide Inhibitors (CGRP):** EMGALITY (galcanezumab-gnlm) CL Non-Preferred Drugs **Triptans:** almotriptan eletriptan FROVA (frovatriptan) frovatriptan naratriptan ONZETRA XSAIL (sumatriptan) nasal sumatriptan/naproxen SUMAVEL DOSEPRO (sumatriptan) TREXIMET (sumatriptan/naproxen) CL ZEMBRACE SYMTOUCH (sumatriptan) zolmitriptan oral, ODT ZOMIG (zolmitriptan) nasal **Calcitonin Gene-related Peptide Inhibitors (CGRP):** AIMOVIG (erenumab-aooe) CL AJOVY (fremanezumab-vfrm) CL
Antiparasitics, Topical	Preferred Drugs NATROBA (spinosad) permethrin OTC and Rx piperonyl butoxide/pyrethrins SKLICE (ivermectin) Non-Preferred Drugs CROTAN (crotamiton) EURAX lotion and cream (crotamiton) lindane malathion spinosad ULESFIA (benzyl alcohol) VANALICE GEL (piperonyl butoxide/pyrethrins)

Therapeutic Class	Divisions Recommendations
Antivirals, Oral	<u>Preferred Drugs</u> **Antiherpectic:** acyclovir capsules, tablets, suspension valacyclovir **Antiinfluenza:** oseltamivir suspension TAMIFLU (oseltamivir) capsule <u>Non-Preferred Drugs</u> **Antiherpectic:** famciclovir SITAVIG (acyclovir) buccal **Antiinfluenza:** oseltamivir capsule RELENZA (zanmivir) inhalation rimantadine XOFLUZA (baloxair marboxil)
Antivirals, Topical	<u>Preferred Drugs</u> None at this time. <u>Non-Preferred Drugs</u> acyclovir cream, ointment CL DENAVIR (penciclovir) CL XERESE (acyclovir/hydrocortisone) CL ZOVIRAX (acyclovir) cream CL ZOVIRAX (acyclovir) ointment CL
Beta Blockers	<u>Preferred Drugs</u> atenolol atenolol/chlorthalidone bisoprolol bisoprolol/HCTZ carvedilol labetalol metoprolol metoprolol XL propranolol propranolol ER sotalol <u>Non-Preferred Drugs</u> acebutolol betaxolol BYSTOLIC (nebivolol) carvedilol ER COREG CR (carvedilol) DUTOPROL (metoprolol succinate/HCTZ) HEMANGEOL (propranolol) CL

Therapeutic Class	Divisions Recommendations
Beta Blockers (continued)	INDERAL LA (propranolol) INNOPRAN XL (propranolol) KASPARGO (metoprolol succinate) metoprolol/HCTZ nadolol nadolol/bendroflumethiazide pindolol propranolol/HCTZ SOTYLIZE (sotalol) [CL] solution timolol
Bladder Relaxant Preparations	<u>Preferred Drugs</u> oxybutynin ER oxybutynin IR TOVIAZ (fesoterodine) VESICARE (solifenacin) <u>Non-Preferred Drugs</u> darifenacin ER ENABLEX (darifenacin ER) flavoxate GELNIQUE (oxybutynin) transdermal, gel pump MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) transdermal tolterodine tolterodine ER trospium trospium ER
Bone Resorption Suppression And Related Drugs (Oral)	<u>Preferred Drugs</u> alendronate tablets calcitonin-salmon <u>Non-Preferred Drugs</u> alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) etidronate disodium FORTEO (teriparatide) [CL] – *preferred agent only for diagnosis of glucocorticoid-induced osteoporosis* FOSAMAX Plus D (alendronate/ cholecalciferol) ibandronate tablets PROLIA (denosumab) risedronate TYMLOS (abaloparatide)
BPH Treatments	<u>Preferred Drugs</u> alfuzosin dutasteride doxazosin finasteride tamsulosin terazosin

Therapeutic Class	Divisions Recommendations
BPH Treatments (continued)	Non-Preferred Drugs CARDURA XL (doxazosin) dutasteride/tamsulosin RAPAFLO (silodosin) silodosin
Calcium Channel Blockers	Preferred Drugs amlodipine diltiazem diltiazem ER (generic Cardizem CD) nifedipine ER nifedipine IR verapamil verapamil ER tablets Non-Preferred Drugs diltiazem ER tablets (generic Cardizem LA) felodipine ER isradipine nicardipine nimodipine nisoldipine TIAZAC (diltiazem) 420 mg verapamil ER PM verapamil ER capsules
Cephalosporins and Related Antibiotics (Oral)	Preferred Drugs **Beta Lactam/Beta Lactamase Inhibitor Combinations:** amoxicillin/clavulanate IR tablets amoxicillin/clavulanate suspension except 125/31.25mg/5ml **Cephalosporins:** cefadroxil capsules, suspension cefdinir capsules, suspension cefprozil suspension, tablets cefuroxime tablets cephalexin capsules, suspension Non-Preferred Drugs **Beta Lactam/Beta Lactamase Inhibitor Combinations:** amoxicillin/clavulanate chew tablets amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) 125/31.25 mg/5 ml suspension **Cephalosporins:** cefaclor capsules, suspension cefaclor ER tablets cefixime suspension CEFTIN (cefuroxime) suspension cefadroxil tablet cefpodoxime suspension, tablets cephalexin tablets DAXBIA (cephalexin) SUPRAX (cefixime) capsules, chew tablets, suspension

Therapeutic Class	Divisions Recommendations
Cystic Fibrosis, Oral	Preferred Drugs KALYDECO(ivacaftor) CL SYMDEKO (ivacaftor/tezacaftor) CL Non-Preferred Drugs ORKAMBI (lumacaftor/ivacaftor) CL
Fluoroquinolones, Oral	Preferred Drugs ciprofloxacin tablet CIPRO (ciprofloxacin) suspension levofloxacin tablets Non-Preferred Drugs BAXDELA (delafloxacin) ciprofloxacin ER ciprofloxacin suspension levofloxacin solution moxifloxacin ofloxacin
GI Motility, Chronic	Preferred Drugs AMITIZA (lubiprostone) CL LINZESS (linaclotide) CL MOVANTIK (naloxegol) CL Non-Preferred Drugs alosetron CL LOTRONEX (alosetron) CL MOTEGRITY (prucalopride) CL RELISTOR (methylnaltrexone) oral, syringe, vial CL SYMPROIC (naldemedine) TRULANCE (plecanatide) CL VIBERZI (elaxadoline) CL
Growth Hormone	Preferred Drugs GENOTROPIN (somatropin) CL NORDITROPIN (somatropin) CL Non-Preferred Drugs HUMATROPE (somatropin) CL NUTROPIN AQ (somatropin) CL OMNITROPE (somatropin) CL SAIZEN (somatropin) CL SEROSTIM (somatropin) CL ZOMACTIN (somatropin) CL ZORBTIVE (somatropin) CL
H.Pylori	Preferred Drugs PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)

Therapeutic Class	Divisions Recommendations
H.Pylori(continued)	Non-Preferred Drugs lansoprazole, amoxicillin, clarithromycin OMECLAMOX-PAK (omeprazole, amoxicillin, clarithromycin)
Hepatitis C Agents (Interferons , Ribavirin)	Preferred Drugs PEGASYS (pegylated interferon alfa-2a) syringe, vial PEG-INTRON (pegylated interferon alfa-2b) ribavirin capsules, tablets Non-Preferred Drugs PEGASYS (pegylated interferon alfa-2a) Proclick RIBAPAK (ribavirin) RIBASPHERE (ribavirin) ribavirin dose pack
Hepatitis C Agents (Direct-Acting Anti-viral Agents)	Preferred Drugs EPCLUSA (sofosbuvir/ velpatasvir) CL MAVYRET (glecaprevir/pibrentasivir) CL VOSEVI (sofosbuvir/velpatasvir/ voxilaprevir) CL Non-Preferred Drugs HARVONI (ledipasvir/sofosbuvir) CL ledipasvir/sofosbuvir CL sofosbuvir/velpatasvir CL SOVALDI (sofosbuvir) CL VIEKIRA PAK (dasbuvir/ ombitasvir/paritaprevir/ritonavir) CL ZEPATIER (elbasvir/grazoprevir) CL
Heriditary Angioedema	Preferred Drugs CINRYZE (C1 esterase inhibitor) CL FIRAZYR (icatibant) CL KALBITOR (ecallantide) CL Non-Preferred Drugs BERINERT (C1 esterase inhibitor) CL HAEGARDA (C1 esterase inhibitor) CL RUCONEST (recombinant C1 esterase) CL TAKHZYRO (lanadelumab-FLYO)
Hypoglycemics, Incretin Mimetics/Enhancers	Preferred Drugs BYDUREON (exenatide ER) CL pens BYETTA (exenatide) CL GLYXAMBI (empaglifloxin/linagliptin) JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) SYMLIN (pramlintide) CL TRADJENTA (linagliptin) VICTOZA (liraglutide) CL Non-Preferred Drugs ADLYXIN (lixisenatide) alogliptin

Therapeutic Class	Divisions Recommendations
Hypoglycemics, Incretin Mimetics/Enhancers (continued)	alogliptin/metformin alogliptin/pioglitazone BYDUREON (exenatide ER) CL subcutaneous BYDUREON BCISE (exenatide) CL JENTADUETO XR (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) OZEMPIC (semaglutide) CL QTERN (dapagliflozin/saxagliptin) SOLIQUA (insulin glargine/lixisenatide) CL STEGLUJAN (ertugliflozin/sitagliptin) TANZEUM (albiglutide) CL TRULICITY (dulaglutide) CL XULTOPHY (insulin degludec/liraglutide) CL
Hypoglycemics, Insulin and Related Agents	Preferred Drugs HUMALOG (insulin lispro) except 200 U/ml and Junior Kwikpen HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) vials (except 500 U/ml) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine) Non-Preferred Drugs ADMELOG (insulin lispro) AFREZZA (insulin, inhaled) CL APIDRA (insulin glulisine) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG (insulin lispro) 200 U/ml HUMALOG JUNIOR KWIKPEN (insulin lispro) HUMULIN (insulin) pens HUMULIN (insulin) vials 500 U/ml insulin lispro NOVOLIN (insulin) TOUJEO (insulin glargine) TOUJEO MAX SOLOSTART (insulin glargine) TRESIBA (insulin degludec) Flextouch, vial
Hypoglycemics, Metformins	Preferred Drugs glyburide-metformin metformin metformin ER (GLUCOPHAGE XR) Non-Preferred Drugs FORTAMET (metformin ER) glipizide-metformin metformin ER (FORTAMET) metformin ER (GLUMETZA) RIOMET (metformin) oral solution

Therapeutic Class	Divisions Recommendations
Hypoglycemics, SGLT2	Preferred Drugs FARXIGA (dapagliflozin) CL INVOKANA (canagliflozin) CL JARDIANCE (empagliflozin) CL SYNJARDY (empagliflozin/metformin) CL Non-Preferred Drugs INVOKAMET (canagliflozin/metformin) CL INVOKAMET XR (canagliflozin/metformin) CL SEGLUROMET (ertugliflozin/metformin) CL STEGLATRO (ertugliflozin) CL SYNJARDY XR (empagliflozin/metformin) CL XIGDUO XR (dapagliflozin/metformin XR) CL
Hypoglycemics, TZD	Preferred Drugs pioglitazone Non-Preferred Drugs AVANDIA (rosiglitazone) CL pioglitazone/glimepiride CL pioglitazone/metformin CL
Immunosuppressives, Oral	Preferred Drugs azathioprine cyclosporine, modified mycophenolate mofetil capsules, tablets RAPAMUNE (sirolimus) solution tacrolimus Non-Preferred Drugs ASTRAGRAF XL (tacrolimus) AZASAN (azathioprine) cyclosporine capsules cyclosporine softgel ENVARUS XR (tacrolimus) mycophenolate mofetil solution mycophenolic acid sirolimus solution, tablets ZORTRESS (everolimus)
Lipotropics, Other	Preferred Drugs cholestyramine colestipol granules, tablets ezetimibe fenofibrate (generic for TRICOR) gemfibrozil 600 mg Non-Preferred Drugs colesevelam fenofibrate (generic for ANTARA, FENOGLIDE, LIPOFEN, LOFIBRA, TRIGLIDE) fenofibric acid (generic for FIBRICOR, TRILIPEX) FENOGLIDE (fenofibrate) JUXTAPID (lomitapide mesylate) CL

Therapeutic Class	Divisions Recommendations
Lipotropics, Other (continued)	KYNAMRO (mipomersen) CL niacin niacin ER NIACOR (niacin) omega-3 fatty acids (generic for LOVAZA) PRALUENT (alirocamab) CL REPATHA (evolocumab) CL TRIGLIDE (fenofibrate) VASCEPA (icosapent ethyl) WELCHOL (colesevalam)
Lipotropics, Statins	Preferred Drugs atorvastatin lovastatin pravastatin rosuvastatin Non-Preferred Drugs ALTOPREV (lovastatin ER) atorvastatin/amlodipine fluvastatin fluvastatin ER LESCOL XL (fluvastatin) LIVALO (pitavastatin) simvastatin simvastatin/ezetimibe VYTORIN (simvastatin/ezetimibe)CL ZYPITAMAG (pitavastatin)
Macrolides (Oral)	Preferred Drugs azithromycin clarithromycin IR tablets erythromycin base capsules erythromycin ethylsuccinate 200 mg suspension Non-Preferred Drugs clarithromycin ER clarithromycin suspension E.E.S. (erythromycin ethylsuccinate) 400 mg tablets ERYPED suspension (erythromycin ethyl-succinate) ERY-TAB (erythromycin) erythromycin base tablets erythromycin ethylsuccinate 400mg suspension
Multiple Sclerosis Agents	Preferred Drugs AVONEX (interferon beta – 1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) 20 mg syringe REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a) TECFIDERA (dimethyl fumarate) CL Non-Preferred Drugs AMPYRA (dalfampridine) CL

Therapeutic Class	Divisions Recommendations
Multiple Sclerosis Agents (Continued)	AUBAGIO (teriflunomide) CL COPAXONE (glatiramer) 40 mg syringe CL dalfampridine ER EXTAVIA (interferon beta-1b) GILENYA (fingolimod) CL glatiramir 20 mg, 40 mg syringe LEMTRADA (alemtuzamab) CL IV OCREVUS (ocrelizumab) CL PLEGRIDY (peginterferon beta-1 a) IV TYSABRI (natalizumab)
Opiate Dependence Treatments	<u>Preferred Drugs</u> buprenorphine/naloxone SL tablets naloxone vial, syringe NARCAN (naloxone) nasal SUBOXONE FILM (buprenorphine/naloxone) <u>Non-Preferred Drugs</u> BUNAVAIL (buprenorphine/naloxine) buccal buprenorphine buprenorphine/naloxone SL film LUCEMYRA (lofexidine) CL naltrexone oral CL PROBUPHINE (buprenorphine implant) CL SUBLOCADE (buprenorphine) injection CL VIVITROL (naltrexone) injection CL ZUBSOLV (buprenorphine/naloxone) SL tablet
Pancreatic Enzymes	<u>Preferred Drugs</u> CREON ZENPEP <u>Non-Preferred Drugs</u> PANCREAZE PERTZYE VIOKACE
Phosphate Binders	<u>Preferred Drugs</u> calcium acetate capsules (generic for PhosLo) RENAGEL (sevelamer HCl) <u>Non-Preferred Drugs</u> AURYXIA (ferric citrate) calcium acetate tablets (generic for ELIPHOS) FOSRENOL (lanthanum) lanthanum PHOSLYRA (calcium acetate) solution sevelamer carbonate sevelamer HCL (generic for RENAGEL) VELPHORO (sucroferric oxyhydroxide)

Therapeutic Class	Divisions Recommendations
Platelet Aggregation Inhibitors	Preferred Drugs clopidogrel dipyridamole prasugrel Non-Preferred Drugs AGGRENOX (dipyridamole / asprin BRILINTA (ticagrelor) dipyridamole/ asprin ticlopine ZONTIVITY (vorapaxr)
Proton Pump Inhibitiors	Preferred Agents lansoprazole capsule CL NEXIUM (esomeprazole) suspension CL omeprazole RX CL pantoprazole tablets CL Non-Preferred Drugs ACIPHEX (rabeprazole) sprinkle CL DEXILANT (dexlansoprazole) CL esomeprazole magnesium capsules CL esomeprazole strontium capsules CL lansoprazole solutabs CL omeprazole OTC CL omeprazole magnesium OTC CL omeprazole/sodium bicarbonate CL PREVACID SOLUTAB (lansoprazole) CL PRILOSEC (omeprazole) suspension CL PROTONIX suspension (pantoprazole) CL rabeprazole tablets CL
Pulmonary Arterial Hypertension Agents, Oral and Inhaled	Preferred Drugs LETAIRIS (ambrisentan) sildenafil CL tablets TRACLEER (bosentan) tablets Non-Preferred Drugs ADCIRCA (tadalafil) CL ADEMPAS (riociguat) OPSUMIT (macitentan) ORENITRAM ER (treprostinil)) REVATIO (sildenafil) CL suspension tadalafil CL TRACLEER (bosentan) suspension TYVASO (teprostinil) UPTRAVI (selexipag) VENTAVIS (iloprost)

Therapeutic Class	Divisions Recommendations
Skeletal Muscle Relaxants	<u>Preferred Drugs</u> baclofen 10 mg, 20 mg cyclobenzaprine IR 5, 10 mg tablets methocarbamol tizanidine tablets <u>Non-Preferred Drugs</u> AMRIX (cyclobenzaprine ER) baclofen 5 mg carisoprodol[CL] carisoprodol compound[CL] chlorzoxazone cyclobenzaprine IR 7.5 mg tablets dantrolene metaxalone orphenadrine tizanidine capsules
Tetracyclines	<u>Preferred Drugs</u> doxycycline hyclate IR (20 mg, 50 mg, 100 mg) minocycline capsules <u>Non-Preferred Drugs</u> demeclocycline DORYX (doxycycline hyclate) doxycycline hyclate DR doxycycline hyclate IR 75 mg, 150 mg doxycycline monohydrate minocycline ER minocycline tablets MORGIDOX (doxycycline) NUZYRA (omadacycline) ORACEA (doxycycline) SOLODYN (minocycline) TARGADOX (doxycycline) [CL] tetracycline VIBRAMYCIN (doxycycline) suspension, syrup XIMINO (minocycline)

Therapeutic Class	Divisions Recommendations
Ulcerative Colitis Agents	Preferred Drugs APRISO (mesalamine) CANASA (mesalamine) rectal mesalamine rectal sulfasalazine DR sulfasalazine IR Non-Preferred Drugs ASACOL HD (mesalamine) azulfadine tablets azulfadine DR tablets balsalazide budesonide DR DELZICOL (mesalamine) DIPENTUM (olsalazine) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine (generic for ASACOL HD, LIALDA) mesalamine rectal (generic for CANASA) PENTASA (mesalamine) UCERIS (budesonide) oral, rectal
Vasodilators, Coronary	Preferred Drugs isosorbide dinitrate isosorbide mononitrate tablets isosorbide mononitrate SR tablets NITRO-BID (nitroglycerin) ointment nitroglycerin ER capsules nitroglycerin sublingual nitroglycerin transdermal patch NITROLINGUAL SPRAY translingual NITROSTAT sublingual Non-Preferred Drugs BIDIL (hydralazine/isosorbide dinitrate) GONITRO (nitroglycerin) sublingual isosorbide dinitrate ER capsules nitroglycerin translingual spray

Note: Changes are indicated by highlighted area. Non-preferred drugs require failure of 1, 2 or 3 preferred agents for prior authorization approval. Those drugs with a [CL] also have or will have clinical prior authorization criteria for use associated with them.

Provider Training Opportunities in 2019

You are invited to attend the following webinars offered by DXC Technology Regional Provider Relations Consultants.

July: 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.

	July	August	September
	Respite Care	**Home Health and Hospice**	**Vision**
10-11:00 AM MT	7/16/19	8/15/19	9/17/19
	7/17/19	8/20/19	9/18/19
	7/18/19	8/21/19	9/19/19
2-3:00 PM MT	7/10/19	8/8/19	9/11/19
	7/11/19	8/14/19	9/12/19
	7/16/19	8/15/19	9/17/19
	7/18/19	8/20/19	9/19/19

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 39 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. Select **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 **View Authorizations**. If you are unable to identify the reason for a denied service, a DXC Technology 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 DXC Technology 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.

For DMEPOS PA policy, please see the DMEPOS PA Policy and Medical Criteria under the **Resources** tab on the DME page. Please review the DMEPOS PA Policy and Medical Criteria to obtain important information, policy, and guidance relating to requesting PAs for DMEPOS items. This document also includes the medical criteria used by the department in most circumstances related to DMEPOS requests.

	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 Medical Transportation Management (MTM) for all non-emergency medical transportation (NEMT) services. Please go to http://www.mtm-inc.net/idaho/ 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

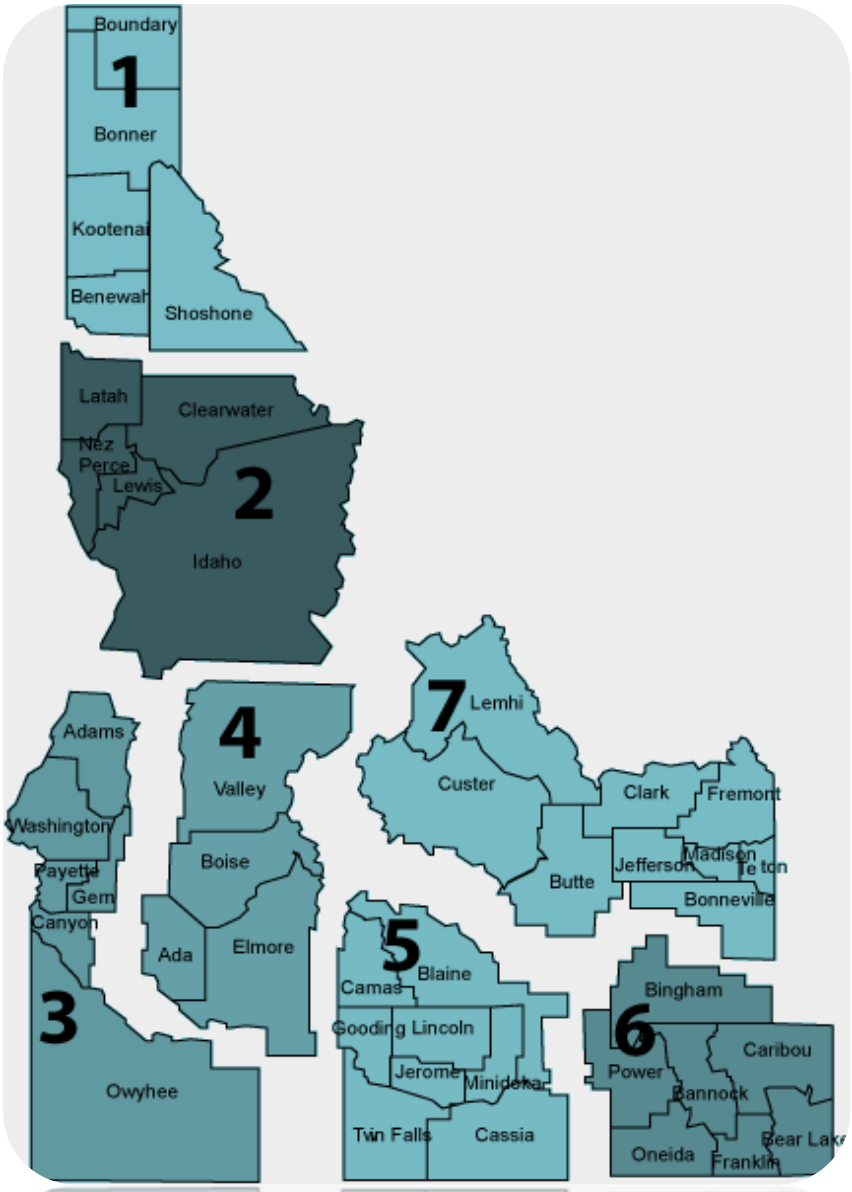
DXC Technology Provider and Participant Services Contact Information

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

DXC Technology 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) 559-4793
Region.1@MolinaHealthCare.com

Region 2 and the state of Montana
1 (208) 991-7138
Region.2@MolinaHealthCare.com

Region 3 and the state of Oregon
1 (208) 860-4682
Region.3@MolinaHealthCare.com

Region 4 and all other states
1 (208) 912-3970
Region.4@MolinaHealthCare.com

Region 5 and the state of Nevada
1 (208) 484-6323
Region.5@MolinaHealthCare.com

Region 6 and the state of Utah
1 (208) 870-3997
Region.6@MolinaHealthCare.com

Region 7 and the state of Wyoming
1 (208) 991-7149
Region.7@MolinaHealthCare.com

DXC Technology
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.**
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If you have any comments or suggestions, please send them to:
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Fax: 1 (208) 364-1811