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Federally Qualified Health Center and Rural Health Clinic Services

This chapter of the Idaho Medicaid Provider Handbook describes Medicaid-covered services provided by:

- Federally Qualified Health Centers (FQHC); and
- Rural Health Clinics (RHC).

Services or situations that only apply to a specific provider type will be specified where applicable. Should the handbook ever appear to contradict relevant provisions of Idaho or federal regulations, the regulations prevail. Any paper or digital copy of these documents is considered out of date except the version appearing on Gainwell Technologies' [Idaho Medicaid](#) website. Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbook chapters which always apply include the following:

- [General Billing Instructions](#);
- [General Information and Requirements for Providers](#); and
- [Glossary](#).

Handbooks can only be used properly in context. Providers must be familiar with the handbooks that affect them and their services. The numbering in handbooks is also important to make note of as subsections rely on the content of the sections above them.

Example

Section 1.2.3.a The Answer requires the reader to have also read Section 1, Section 1.2 and Section 1.2.3 to be able to properly apply Section 1.2.3.a.

References are included throughout the handbook for provider and staff convenience. Not all applicable references have been incorporated into the handbook. Not all references provided are equal in weight.

- **Case Law:** Includes references to court cases that established interpretations of law that states and providers would be required to follow.
- **CMS Guidance:** These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- **Federal Regulations:** These references are regulations from the federal level that affected policy development. Usually these include the Code of Federal Regulations, the Social Security Act and other statutes. They are required to be followed.
- **Idaho Medicaid Publications:** These are communications from Idaho Medicaid to providers that were required to be followed when published. These are included in the handbook for historical reference. The provider handbook supersedes other communications unless the documents are listed in the [Rules, Policies, Procedures, and Waivers](#) webpage under [Medicaid Policies](#) in the Policies & Standards Library.
- **Idaho State Plan:** The State Plan is the agreement between the State of Idaho and the Centers for Medicare and Medicaid Services on how the State will administer its medical assistance program.
- **Professional Organizations:** These references reflect various publications of professional organizations that Idaho Medicaid reviewed in the formulation of their

policy. Providers may or may not be required to follow these references, depending on the individual reference and its application to a provider's licensure and scope of practice.

- **Scholarly Work:** These references are publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- **State Regulations:** These references are regulations from the state level that affected policy development. They usually include statute and IDAPA. They are required to be followed.

Some citations may not be available on the internet. Copies of the documents may be requested with a [public records request](#). Guidance for public records requests is available on the Department's website.

1. Important Contacts

The [Directory](#), Idaho Medicaid Provider Handbook contains a comprehensive list of contacts. The following contacts are presented here for provider convenience.

1.1. Gainwell Technologies

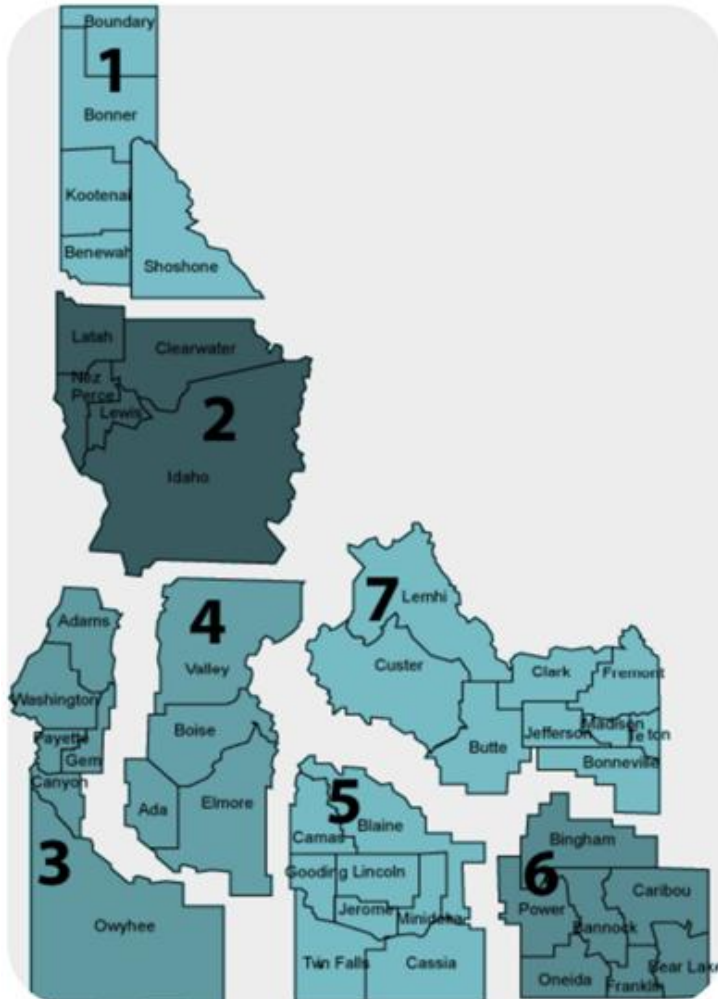
[Gainwell Technologies](#) is Idaho Medicaid's fiscal agent that handles all claims processing and customer service issues for participants not on a managed care plan.

Gainwell Technologies Contact Information
<p>Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 661-0974 IDProviderServices@gainwelltechnologies.com</p> <p>The Medicaid Automated Call Service (MACS) is available twenty-four (24) hours a day, seven (7) days a week. Provider service representatives are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.</p>
<p>Provider Enrollment P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2041 IDProviderEnrollment@gainwelltechnologies.com</p>
<p>Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 IDEDISupport@gainwelltechnologies.com</p>

1.2. Provider Relations Consultants

Gainwell Technologies Provider Relations Consultants help keep providers up to date on billing changes required by program policy changes implemented by the Division of Medicaid. Provider Relations Consultants accomplish this by:

- Conducting provider workshops;
- Conducting live meetings for training;
- Visiting a provider’s site to conduct training; and
- Assisting providers with electronic claims submission



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

1.3. Magellan Healthcare, Inc.

Magellan Healthcare, Inc. is Idaho Medicaid's managed care contractor for the Idaho Behavioral Health Plan. Magellan covers all behavioral health and substance use disorder claims as listed in the [Behavioral Health and Social Services](#), Idaho Medicaid Provider Handbook.

Magellan Healthcare, Inc.
P.O. Box 1029
Maryland Heights, MO 63043
Phone: 1 (855) 202-0983
Fax: 1 (888) 656-9795
E-mail: IdahoProvider@MagellanHealth.com

The Idaho Behavioral Health Plan does not cover participants enrolled in Idaho Medicaid Plus or the Medicare Medicaid Coordinated Plan (MMCP). Participants enrolled in dual plans receive their behavioral health services from the health plans in which they are enrolled.

1.4. Medicaid

The Medical Care Unit is Idaho Medicaid's team that reviews prior authorizations for services as listed on the [Numerical Fee Schedule](#).

Medical Care Unit
PO Box 83720
Boise, ID 83720-0009
Phone 1 (866) 205-7403
MedicalCareUnit@dhw.idaho.gov

The status of a prior authorization request submitted to the Medical Care Unit can be checked online at the [Gainwell Technologies](#) portal under "Authorization Status", using your National Provider Identifier (NPI). If you have questions on a Denial, click on the Notes, which will explain the reason for the Denial.

1.5. Telligen, Inc.

Telligen, Inc. is Idaho Medicaid's quality improvement organization (QIO) that reviews [Prior Authorization](#) (PA) requests for some services and surgical procedures as listed on the [Numerical Fee Schedule](#). They also conduct reviews of inpatient stays and laboratory services.

Telligen, Inc.
670 E Riverpark Ln. Suite 120
Boise, ID 83706
Phone: 1 (866) 538-9510
E-mail: idmedicaidsupport@telligen.com

See the [QIO Provider Manual](#) for a listing of diagnoses and procedures that require PA and details regarding review processes.

2. Provider Qualifications

2.1. Federally Qualified Health Center

A Federally Qualified Health Center (FQHC) is a community health center, a migrant health center, a provider of care for the homeless, an outpatient health program, or a facility operated by an Indian tribal organization under the [Indian Self-determination and Education Assistance Act](#) that provides ambulatory services receives grants under *Section 329, 330, or 340* of the [Public Health Service Act](#). An FQHC that doesn't receive a grant can enter into a respective provider agreement observing all conditions applicable to all providers of the service after the Department of Health and Human Services (HHS) and the Health Resources and Service Administration (HRSA) determine that the center meets the requirements to qualify for FQHC status.

Providers must be licensed or certified in the state services are performed or be under an interstate compact that accepts the provider's license or certification. Services must be within the scope of practice, licensure, and training of the provider rendering them. The provider must have certification and a National Provider Identifier (NPI) to be eligible for enrollment. Enrollment as an Idaho Medicaid provider and entering into a provider agreement must be completed prior to providing services for Idaho Medicaid participants. A group roster with signatures is required for provider enrollment. If an FQHC is enrolled as a Rural Health Clinic (RHC), it must terminate its RHC enrollment when enrolling as an FQHC.

All provider handbook and applicable state and federal regulations must be followed to maintain eligibility for reimbursement. See [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.1.1. References: Federally Qualified Health Center

(a) Federal Regulations

Coverage of Rural Health Clinic and Federally Qualified Health Center (FQHC) Services, 42 CFR 440.365 (2013). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-365.pdf>.

"Definitions." Social Security Act, Sec. 1905(a)(2)(A) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Definitions." Social Security Act, Sec. 1905(a)(2)(C) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Definitions." Social Security Act, Sec. 1905(l)(2) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Definitions of Services, Institutions, Etc." Social Security Act, Sec. 1861(aa) (2024). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title18/1861.htm.

Public Health Service Act. P.L. 119-44 (2025). Government Printing Office, <https://www.govinfo.gov/content/pkg/COMPS-8776/pdf/COMPS-8776.pdf>.

"State Flexibility in Benefit Packages." Social Security Act, Sec. 1937(b)(4) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1937.htm.

(b) Idaho State Plan

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

(c) State Regulations

"Conditions for Payment." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 025. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Federally Qualified Health Centers (FQHC)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 300.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Individual Provider Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 020. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 007.10. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Agreements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 022. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Application Process." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 021. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

2.2. Rural Health Clinics

A Rural Health Clinic (RHC) is located in a rural area designated as a physician shortage area and is neither a rehabilitation agency nor does it primarily provide for the care and treatment of mental diseases. The provider must be confirmed as eligible by the Public Health Service and the Centers for Medicare and Medicaid Services (CMS). Providers must be licensed or certified in the state services are performed or be under an interstate compact that accepts the provider's license or certification. RHCs must have Medicare certification. Services must be within the scope of practice, licensure, and training of the provider rendering them. The provider must have a National Provider Identifier (NPI) to be eligible for enrollment. Enrollment as an Idaho Medicaid provider and entering into a provider agreement must be completed prior to providing services for Idaho Medicaid participants. A group roster with signatures is required for provider enrollment. If an RHC is enrolled as a federally qualified health center (FQHC), it must terminate its FQHC enrollment when enrolling as an RHC.

All provider handbook and applicable state and federal regulations must be followed to maintain eligibility for reimbursement. See [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.2.1. References: Rural Health Clinics

(a) Federal Regulations

Coverage of Rural Health Clinic and Federally Qualified Health Center (FQHC) Services, 42 CFR 440.365 (2013). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-365.pdf>.

"Definitions." Social Security Act, Sec. 1905(a)(2)(B) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Definitions." Social Security Act, Sec. 1905(l)(1) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Definitions of Services, Institutions, Etc." Social Security Act, Sec. 1861(aa) (2024). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title18/1861.htm.

"State Flexibility in Benefit Packages." Social Security Act, Sec. 1937(b)(4) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1937.htm.

(b) Idaho State Plan

"Rural Health Clinics." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

(c) State Regulations

"Conditions for Payment." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 025. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"FQHC and RHC Services: Coverage and Limitations." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 303. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Individual Provider Requirements." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 020. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 007.10. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Agreements." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 022. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Application Process." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 021. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Rural Health Clinic (RHC)." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 300.06. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

3. Participant Eligibility

Services in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) are a benefit of Idaho Medicaid plans. Not all participants are eligible for all services. Services are available based on the participant's enrollment eligibility. Incarcerated individuals or otherwise ineligible non-citizens with Medicaid coverage are not eligible for these services. Before delivery of services, providers must check eligibility to validate coverage. Eligibility can be checked by calling Idaho Medicaid Automated Customer Service (MACS) at 1 (866) 686-4272; or through the Trading Partner Account on Gainwell Technologies [Idaho Medicaid](#) website. See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, for more detail on eligibility checks.

3.1. References: Participant Eligibility

3.1.1. Federal Regulations

Persons to Whom Services will be Provided, 42 CFR 136.12 (2025). Government Printing Office, <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-M/part-136/subpart-B/section-136.12>.

4. Covered Services and Limitations

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services are covered benefits under Idaho Medicaid. Covered services are indicated on the Idaho Medicaid [Numerical Fee Schedule](#). Services must meet any criteria established or referenced in chapters of the Idaho Medicaid Provider Handbook. Certain procedures must be prior authorized to be covered. See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook for more information on billing prior authorized services.

4.1. References: Covered Services and Limitations

4.1.1. State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(g) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

“Medical Necessity (Medically Necessary).” IDAPA 16.03.26, “Medicaid Plan Benefits,” Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

4.2. Encounters

Encounters fall into one (1) of three (3) categories depending on the encounter-eligible provider. Federally Qualified Health Centers (FQHC) provide either dental, medical, or mental health encounters. Rural Health Clinics (RHC) provide either medical or mental health encounters. An encounter is defined as face-to-face contact, which includes virtual care services, for the provision of one (1) of these types of services between a participant and one (1) of the following:

- A dentist;
- A dental hygienist;
- A physician;
- A physician assistant;
- A nurse practitioner;
- Any other specialized nurse practitioner;
- A clinical nurse specialist;
- A [visiting nurse](#);
- A podiatrist;
- A chiropractor;
- A licensed professional counselor;
- A licensed clinical professional counselor;
- A licensed marriage and family therapist;
- A licensed social worker;
- A licensed clinical social worker;
- A licensed master's social worker;
- A clinical psychologist; or
- Any other behavioral health or substance use disorder license type recognized by the Idaho Division of Occupational and Professional Licensing (DOPL).

An encounter includes all services that day from providers in the same category of service (dental, medical or mental health). This includes when the participant leaves the clinic and returns. Services in the same category from more than one (1) health professional or multiple contacts with the same professional, group education or activities, and all incidental services provided in the same day constitutes a single encounter. For example, if a participant is seen the same day by a physician for a broken leg, has an x-ray, then sees a nurse practitioner for the flu and has a rapid flu test, these would be a single encounter.

If multiple categories of service are provided by the same provider, for example a physician provides a medical encounter for a broken foot and a behavioral health encounter for psychotherapy, these are billed as a single encounter under either the medical or behavioral health benefit depending on the primary diagnosis of the claim. Providers cannot bill both medical and behavioral health encounters in this situation.

Missed appointments, visits to pick up medication, or incidental services on the day of the encounter are not considered a separate encounter. Encounters are limited to two (2) per day for RHCs, and three (3) per day for FQHCs.

An exception to all services provided on the same day being a single encounter is when after the first encounter, the participant suffers a new illness or injury that requires additional diagnosis and treatment that is supported by documentation. For example, the participant came in earlier for the flu and then breaks their leg after leaving the clinic. It would not be a separate encounter if the participant originally came in for a broken leg and the flu. Qualifying additional encounters should be billed with Modifier 59.

On a day in which an encounter occurs, all these services are bundled into the encounter rate as incidental services:

- In-house radiology;
- Physical therapy;
- Occupational therapy;
- Speech therapy;
- Audiology;
- In-house laboratory services;
- In-house nutritional education or counseling and monitoring by a registered dietitian; and
- Medical equipment and supplies.

Long-acting reversible contraception (LARC) and non-surgical Transcervical permanent female contraceptive devices reimbursement is made through either 340B drug pricing, or the lower of the provider's customary charge for the service or the rate listed on the [Numerical Fee Schedule](#).

If the services usually bundled into an encounter are provided on a day when a qualifying encounter does not occur, the clinic may bill these services separately and be reimbursed the lesser of their customary charge or the amount listed on the [Numerical Fee Schedule](#). The provider must have a separate provider number to bill for those services. The provider may also bill any other ambulatory services that are not part of the encounter under a separate provider number from their RHC or FQHC National Provider Identifier (NPI).

Encounters are billed with HCPCS T1015 with the appropriate rate charge. All services bundled into the encounter are listed on the claim below the T1015 claim line using the appropriate CPT®/HCPCS for the services provided and billed at \$0. Encounter claims will be denied when there are no payable services listed with CPT®/HCPCS under T1015. This may occur if no codes are listed, codes listed include non-covered services, or a service is denied for another reason.

Places of Service for Encounters	
Place of Service	Description
4	Homeless Shelter
7	Tribal 638; Free-standing Facility
8	Tribal 638; Provider-based Facility
12	Home
14	Group Home
15	Mobile Unit
16	Temporary Lodging
50	Federally Qualified Health Center
72	Rural Health Clinic
99	Other Place of Service

Depending on the service, encounters and non-encounter services are billed to the following:

- Mental health services provided by FQHCs and RHCs are billed to [Magellan Healthcare, Inc.](#) or the dual plan in which a participant is enrolled.
- Dental services are billed to MCNA.
- Medical services are billed to Gainwell Technologies or the dual plan in which a participant is enrolled.

4.2.1. References: Encounters

(a) Federal Regulations

Incident to Services and Direct Supervision, 42 CFR 405.2415 (2017). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-sec405-2415.pdf>.

Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife Services, 42 CFR 405.2414 (2014). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-sec405-2414.pdf>.

Outpatient Hospital Services and Rural Health Clinic Services, 42 CFR 440.20(b) (2009). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-20.pdf>.

Services and Supplies Incident to a Physician's Services, 42 CFR 405.2413 (2017). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-sec405-2413.pdf>.

(b) Idaho Medicaid Publications

"Attention Federally Qualified Health Centers (FQHC), Indian Health Clinic (IHC), and Rural Health Clinic (RHC) Providers." *MedicAide Newsletter*, November 2012, <https://www.idmedicaid.com/MedicAide%20Newsletters/November%202012%20MedicAide.pdf>.

"Encounter Billing for Group Visits." *MedicAide Newsletter*, June 2015, <https://www.idmedicaid.com/MedicAide%20Newsletters/June%202015%20MedicAide.pdf>.

"Federally Qualified Health Clinic/Rural Health Clinic Billing." *MedicAide Newsletter*, October 2006.

Place-of-Service Codes for Professional Claims, *Information Release MA03-85* (11/01/2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

Reimbursement for Long Acting Reversible Contraception (LARC) and Non-Surgical Transcervical Permanent Female Contraceptive Devices, *Information Release MA16-12* (08/12/2016). Division of Medicaid, Department of Health and Welfare, State of Idaho, <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=13362&dbid=0&repo=PUBLIC-DOCUMENTS>.

Rural Health Clinics, Federally Qualified Health Centers (FQHCs), and Indian Health Providers, *Information Release MA03-50* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

(c) Idaho State Plan

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

"Rural Health Clinics." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

(d) State Regulations

“Encounter.” IDAPA 16.03.26, “*Medicaid Plan Benefits*,” Sec. 300.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

“FQHC or RHC Encounter.” IDAPA 16.03.26, “*Medicaid Plan Benefits*,” Sec. 306.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

“FQHC and RHC Services: Coverage and Limitations.” IDAPA 16.03.26, “*Medicaid Plan Benefits*,” Sec. 303. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(iv) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

“Medical Necessity (Medically Necessary).” IDAPA 16.03.26, “*Medicaid Plan Benefits*,” Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

4.3. Advance Directives

Medicaid has directed home health care providers (including FQHCs and RHCs) to give all adult Medicaid participants information on advance directives in an understandable format. See the [General information and Requirements for Providers](#), Idaho Medicaid Provider Handbook section on Advance Directives for more information on requirements for this service.

4.4. Audiology Services

When audiology services are provided on the same day as an encounter, the services are considered part of the encounter. Audiology services provided on a day an encounter did not take place, require the clinic to have a separate audiologist provider number and use audiology procedure codes. The reimbursement will be fee-for-service rather than an encounter rate. See the [Audiology Services](#), Idaho Medicaid Provider Handbook for more information about audiology services.

4.5. Dental Encounter

A dental encounter is a face-to-face contact for the provision of dental services between a participant and a dentist or dental hygienist. Managed Care of North America (MCNA) is the administrator for Idaho Smiles. For eligibility, benefits, and claims processing information, contact MCNA Customer Service at 1 (855) 235-6262, or at the [MCNA website](#).

A participant's identification number for both Idaho Smiles and Medicaid are the same. If a participant does not have an Idaho Smiles insurance card, they may use their Medicaid identification (MID) number.

4.6. Family Planning

All claims for services or supplies provided as part of family planning must be billed with encounter code **T1015** and the **FP** (Family Planning) modifier. An exception to billing the encounter code are the charges for long-acting reversible contraception (LARC) and non-surgical Transcervical permanent female contraceptive devices, which may be reimbursed outside the encounter rate under standard fee-for-service reimbursement. The provider must have a separate National Provider Identifier (NPI) to bill for these services outside an encounter. Payment is made through either 340B drug pricing, or the lower of the provider's customary charge for the service or the rate listed on the [Numerical Fee Schedule](#).

Refer to the [Medical Services](#), Idaho Medicaid Provider Handbook for more information about Family Planning services.

4.6.1. References: Family Planning

(a) *Idaho Medicaid Publications*

Federally Qualified Health Centers (FQHC), Rural Health Clinics, *Information Release MA03-64* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho.

(b) *Idaho State Plan*

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

(c) *State Regulations*

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(vi) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

4.7. Laboratory Services

Laboratory services performed in the facility are included in the encounter rate and cannot be billed as a separate service to Medicaid. The exception is when an individual receives laboratory services on a day when there is no encounter. Laboratory services may not be billed as an encounter. The clinic must have a separate laboratory national provider identifier (NPI) or a separate group physician number to bill for lab services. The reimbursement will be fee-for-service rather than an encounter rate. If an outside laboratory instead of the clinic performs a pathology/laboratory service, the outside laboratory must bill Idaho Medicaid directly.

4.8. Mental Health Services

Idaho Medicaid's mental health and substance use services are covered under the [Idaho Behavioral Health Plan \(IBHP\)](#) with benefits administered under contract by [Magellan Healthcare, Inc.](#) for all participants not enrolled in a dual plan. Participants enrolled in the Idaho Medicaid Plus or Medicare Medicaid Coordinated Plan receive these services through the health plan in which they are enrolled. Claims should not be submitted to Gainwell Technologies for services, including encounters, with a primary behavioral health or substance use disorder diagnosis code listed in the [Behavioral Health and Social Services](#), Idaho Medicaid Provider Handbook.

A Tribal 638 Clinic may bill a mental health encounter for services provided to a Medicaid participant with a substance use diagnosis when provided by a certified Alcohol/Drug Counselor with an Idaho Board of Alcohol/Drug Counselor Certification (IBADCC). Substance Use Counselor Certifications from other states will be allowed when the certification requirements are equal to the requirements of the IBADCC.

4.9. Visiting Nursing Services

Visiting nursing services are a covered benefit under Idaho Medicaid. Services include personal care services, (PCS) and those provided by a registered professional nurse (RN) or licensed practical nurse (LPN) as long as the participant's safety and the medical efficacy of the service can be assured. PCS include assistance with bathing, ambulation, and medications incidental to the nursing services provided. It does not include other home care services such as housekeeping. Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) can provide visiting nursing services if the participant is in an area determined by the Secretary of Health and Human Services (HHS) to have a shortage of home health agencies.

Participants must be homebound to receive visiting nursing services. Homebound means a participant who is permanently or temporarily confined to their residence, other than a hospital or nursing facility, because of a medical condition. A participant may still be considered homebound if they leave their residence infrequently.

The services must be provided by an RN or LPN that is employed or contracted by the FQHC or RHC. Visiting nursing services must be furnished under a written plan of care established, signed, and recertified every sixty (60) days by a physician, physician assistant, nurse practitioner, or pharmacist. Plans not established by a physician must be certified by a physician every sixty (60) days.

Visiting nursing services are billed as encounters.

4.9.1. References: Visiting Nursing Services

(a) Federal Regulations

"Definitions." Social Security Act, Sec. 1905(l) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

"Definitions of Services, Institutions, Etc." Social Security Act, Sec. 1861(aa) (2024). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title18/1861.htm.

Outpatient Hospital Services and Rural Health Clinic Services, 42 CFR 440.20(b) (2009). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol4/pdf/CFR-2023-title42-vol4-sec440-20.pdf>.

Visiting Nurse Services: Determination of Shortage of Agencies, 42 CFR 405.2417 (2014). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol2/pdf/CFR-2023-title42-vol2-sec405-2417.pdf>.

(b) Idaho State Plan

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

"Rural Health Clinics." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

(c) State Regulations

"FQHC and RHC Services: Coverage and Limitations." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 303. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(ii) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Visiting Nursing Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 303.04. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

4.10. Obstetric Care

Obstetrical care is considered part of the prospective payment system for encounters. Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) must follow the [Medical Services](#), Idaho Medicaid Provider Handbook for obstetric care. Providers in an FQHC or RHC bill the global charge or, when appropriate, bundled visit code for obstetrical care under a single encounter.

4.11. Pharmacy

The clinic may not bill pharmaceutical services as an encounter. Pharmaceutical services for take home prescription medications are covered under the Medicaid Pharmacy Program. Claims must be submitted to Medicaid on the Idaho Pharmacy claim form under the pharmacy's provider number. Over-the-counter (OTC) pharmaceuticals are not covered by Medicaid, with the exception of those OTC items identified as payable in the [Idaho Medicaid Pharmacy Claims Submission Manual](#). Please, see the 340B Pharmacy Billing section of the [General Billing Instructions](#), Idaho Medicaid Provider Handbook for information about 340B requirements.

4.12. Radiology

If radiology services are provided on the same day as an encounter, the service is considered part of the encounter. The exception is when an individual receives radiology services on a day when there is no encounter billed. These radiology services cannot be billed as an encounter. To bill for the radiology services, the clinic must have a separate provider number and bill using the correct CPT® codes. See the [Medical Services](#), Idaho Medicaid Provider Handbook for more information.

4.13. Virtual Care Services

Virtual care services provided as an encounter by a facility are reimbursable when the services are delivered in accordance with the Virtual Care Services section of the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook.

4.14. Vaccinations

If a participant sees an encounter eligible healthcare professional, vaccine administration is included as part of the encounter rate, even when no other service is provided. The vaccine and administration CPT® must be listed under the encounter code for billing. If the participant does not see an encounter eligible health professional, the vaccine administration rate should be billed as fee-for-service, using the vaccine and administration codes under a separate provider number. Fee-for-service reimbursement is paid at the provider's usual and customary fee up to the Medicaid maximum allowance listed in the [Numerical Fee Schedule](#). When the vaccine is free to the provider, then the SL modifier must be included.

See the [Medical Services](#), Idaho Medicaid Provider Handbook for more information about vaccines and immunizations including age and other requirements.

4.14.1. References: Vaccinations

(a) Idaho Medicaid Publications

"COVID-19 Vaccinations." *MedicAide Newsletter*, May 2023,
<https://www.idmedicaid.com/MedicAide%20Newsletters/May%202023%20MedicAide.pdf>.

4.15. Vision Services

Services provided by an ophthalmologist are billable as an encounter. However, vision exams provided by other providers such as optometrists must be billed under a vision service provider number. See the [Eye and Vision Services](#), Idaho Medicaid Provider Handbook for more information about criteria, and billing for non-ophthalmologist services.

5. Prior Authorization

See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook for more information on prior authorizations.

6. Documentation

All providers are required to generate records at the time the service is delivered and to maintain documentation to support reimbursement for services. Individual services may have additional documentation requirements. General requirements for documentation and signatures can be found in [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, including standard retention requirements. Records limited to checklists with attendance/appointments, procedure codes, and units of time are insufficient to meet this requirement. Documentation must be signed and dated by the person delivering the service with their name clearly printed. In addition, Federally Qualified Health Centers must submit a copy of their Medicare cost report to the Department on an annual basis using the same deadline as Medicare.

Documentation must be made available immediately upon request by Department personnel acting in their official capacity. Services delivered without adequate documentation are not eligible for reimbursement. Providers should only submit records for utilization management when requested by the Department. Documentation sent unsolicited, or not for a service requiring prior authorization, may not be reviewed by the Department. Unreviewed documentation does not constitute approval or authorization of a service.

6.1. References: Documentation

6.1.1. State Regulations

Administrative Remedies, Idaho Code §56-209h(3) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-209h>.

"Annual Filing Requirements." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 307.04. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Documentation of Services and Access to Records." *IDAPA 16.05.07, "The Investigation and Enforcement of Fraud, Abuse, and Misconduct,"* Sec. 101. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160507.pdf>.

"Records." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 035. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

7. Reimbursement

7.1. FQHC/RHC Reimbursement

Providers must be enrolled to receive reimbursement from Idaho Medicaid. Providers have the burden of proof to establish entitlement to payment. Idaho Medicaid reimburses medically necessary services through Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) using a prospective payment system (PPS) for qualifying encounters.

Annual Medicare cost reports must be submitted to Idaho Medicaid at the same time as Medicare.

Prospective payment rates are set based on the amount paid in the previous federal fiscal year for the encounter categories medical, mental health, and dental. The amount is calculated by taking the total amount of annual costs in the previous year for the encounter category and dividing it by the total number of encounters of that category for the year. The resulting encounter rate is then adjusted by the percentage increase in the Medicare Economic Index (MEI) for primary care services with additional adjustments for any [Changes in Scope](#). This sets the interim encounter rate for existing FQHCs.

Out-of-state FQHC/RHC providers with less than one hundred (100) encounters or less than ten thousand dollars (\$10,000) in payments are designated a low utilization provider. Low utilization providers have encounter rates set as if they were a new FQHC/RHC. At the Department's discretion an audit may be conducted to set a new rate if there is an increase in encounters or payments on the provider's Medicare cost report.

New FQHC/RHC PPS interim rates are established by reference to centers with similar caseloads in the same or adjacent areas. If one (1) is unavailable, rates are set using historical cost information. In the absence of historical cost information, the Department will use budgeted cost reporting submitted by the provider. Prospective payment rates can be adjusted to an interim rate if the FQHC or RHC experiences [Changes in Scope](#) of services.

The Department sets a finalized rate for FQHC/RHCs that have been FQHC/RHCs for at least twenty-four (24) months and provides historical cost and encounter information. The finalized rate is calculated using the second full twelve (12) month Medicare cost report. A supplemental worksheet is available to identify additional costs. Once a finalized rate is set, claim payments will be adjusted on all interim rates to the finalized amount, which may cause an [overpayment or underpayment](#).

Idaho Medicaid reimburses medically necessary services that do not qualify as an encounter on a fee-for-service basis. Usual and customary fees are paid up to the Medicaid maximum allowance listed in the [Numerical Fee Schedule](#). Rates are set when the code becomes covered by Idaho Medicaid, if a Medicare amount is available. Rate updates require legislative approval.

FQHC/RHC encounter and fee-for-service services must be billed on a CMS-1500 claim form. See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook regarding policy on billing, prior authorization, and requirements for billing all other third-party resources before submitting claims to Medicaid.

Some participants may be responsible for a co-payment for services. See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for information on when billing a participant is allowable including co-payments.

7.1.1. References: FQHC/RHC Reimbursement

(a) CMS Guidance

State Health Official Letter# 16-006 (2016). Center for Medicaid and State Operations, Department of Health and Human Services, <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/SMD16006.pdf>.

State Medicaid Director Letter# 01-014 (2001). Center for Medicaid and State Operations, Department of Health and Human Services, <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd011901d.pdf>.

(b) Federal Regulations

Outpatient Hospital Services and Rural Health Clinics, 42 CFR 440.20(b) (2009). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol4/pdf/CFR-2023-title42-vol4-sec440-20.pdf>.

Services Furnished by Rural Health Clinics, 42 CFR 447.371 (1986). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec447-371.pdf>.

"State Plans for Medical Assistance." Social Security Act, Sec. 1902(bb) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1902.htm.

(c) Idaho Medicaid Publications

Co-payments (Co-pays), *Information Release MA11-29* (01/22/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho.

Scope of Service Changes, *Information Release MA06-02* (2002). Division of Medicaid, Department of Health and Welfare, State of Idaho.

(d) Idaho State Plan

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

(e) State Regulations

"Burden of Proof." IDAPA 16.05.03, "*Contested Case Proceedings and Declaratory Rulings*," Sec. 133. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/2023%20Archive/16/160503.pdf>.

"Change in Intensity of Services." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 300.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"FQHC and RHC: Rate Setting Methodology." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 307. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"FQHC and RHC Services: Reimbursement Methodology." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 306. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"General Payment Procedures." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec.030. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Mandatory Application." IDAPA 62.01.01, "Office of Administrative Hearings," Sec. 800.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/62/620101.pdf>.

"Medicare Cost Report Period." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 300.04. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Medicare Economic Index (MEI)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 300.05. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Provider Payment, Idaho Code 56-265 (2025). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-265>.

7.1.2. FQHC Residents

Additional payments are available to Federally Qualified Health Centers (FQHC) outside the prospective payment system (PPS) for primary care resident physicians. A primary care resident physician is an individual with an Idaho post graduate training certificate, who is enrolled in an Idaho FQHC primary care residency program. Additional payments are made on a quarterly basis to eligible FQHCs. To be considered eligible, the FQHC must enter into an agreement with the Department and submit quarterly reports with the hours worked by primary care resident physicians and the percentage of participants treated during that quarter. These payments cannot replace or duplicate any Medicare payments for residents.

(a) References: FQHC Residents

(i) Federal Regulations

Allowable Costs, 42 CFR 405.2468(f) (2014). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-sec405-2468.pdf>.

(ii) Idaho State Plan

"Federally Qualified Health Center (FQHC)." Enhanced Alternative Benefit Plan, Attachment 4.19-B. Division of Medicaid, Department of Health and Welfare, State of Idaho.

7.2. Overpayments and Underpayments

Idaho Medicaid will pay interest on underpayments and collect interest on overpayments made to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) at the rate of twelve cents (12¢) per one hundred dollars (\$100) per year.

The Department will send a notice of overpayment to providers. If the provider doesn't pay the balance in full within sixty (60) days of receiving the notice, interest will begin to accrue on the unpaid balance. Interest will be charged every month and applied to the unpaid balance. Payments made will be applied first toward the outstanding interest and then the principal. Interest accrued on overpayments and interest on funds borrowed by a provider to repay overpayments are not an allowable interest expense. The Department has the right to waive interest charges if the administrative cost of collection is greater than the amount due. The principal and accumulated interest will be retroactively adjusted based on any changes ordered through a final determination in the administrative appeal or judicial appeal process. Additionally, the Department may garnish Medicare payments from a provider with an outstanding balance.

Providers may request a repayment plan of one (1) year or less in writing with adequate documentation that full repayment sooner would irreparably compromise the financial integrity of the business. Requests must be made within thirty (30) days of receiving notice of the overpayment.

Information about self-reporting overpayments and the benefits are available in the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook.

7.2.1. References: Overpayments and Underpayments

(a) State Regulations

"Handling of Overpayments and Underpayments for Specified Providers." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 031. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Money of Account and Interest, Idaho Code 28-22-104 (1996). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/title28/t28ch22/sect28-22-104/>.

7.3. Change in Scope

A change in the scope of service is the addition or discontinuation of any service included in the prospective payment system (PPS), or a change to the type, intensity, duration, or amount of services. General increases or decreases in costs associated with services as part of the established rate do not constitute a change. A change in scope may occur when approved by the [Health Resources and Services Administration \(HRSA\), Bureau of Primary Health Care \(BPHC\)](#) or the intensity of services changes. A change in intensity is a change in the quantity and complexity of services that would change total allowable cost per encounter. This could also be the addition or deletion of services. Expansion and remodeling do not qualify.

Requests for changes of scope must be made to the Department's Bureau of Financial Operations (BFO) at MedicaidReimTeam@dhw.idaho.gov. Requests for changes of scope based on HRSA approval must be made within sixty (60) days of HRSA's approval, or the planned change if approval is not required. The request must contain the same documentation that was, or would be, submitted to HRSA. Additional documents or months may be requested by the Department.

The Department makes the final determination on whether the scope of services has changed and may initiate a review of the provider's services outside their request. Idaho Medicaid will audit the most recent twenty-four (24) months of Medicare cost reports following the date of change in HRSA scope of services or the intensity of services as part of the review. Additional documents or months can be requested.

Multiple changes in scope within the same cost reporting period can be processed simultaneously. If it is determined that the scope of services has changed from the established prospective payment rate, BFO will request a budget from the provider to determine an interim rate and may audit the Medicare cost report.

Audits occur on the first partial year costs are applicable along with the following two (2) full years containing the change in scope costs. If a change in scope occurs within the time frame of the audits, the first year the new change in scope becomes the first partial year. For example, a change in scope occurs in 2022; that is the first partial year with 2023 and 2024 to follow. If a new change in scope occurs in 2024, that then becomes the first partial year (unless change was on the first day of the cost report period), and 2025 and 2026 are the two (2) full cost reports containing costs. A finalized PPS rate must be established on the second full cost report containing change in scope costs.

(a) References: FQHC/RHC Reimbursement

(i) Idaho Medicaid Publications

Scope of Service Changes, *Information Release MA06-02* (2002). Division of Medicaid, Department of Health and Welfare, State of Idaho.

(ii) State Regulations

"Change in an Encounter Rate Due to a Change in Scope of Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 307.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Change in Intensity of Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 300.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Medicare Cost Report Period." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 300.04.
Department of Administration, State of Idaho,
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Appendix A. FQHC and RHC Services, Provider Handbook Modifications

This table lists the last three (3) years of changes to this handbook as of the publication date. Changes to references or of a non-substantive technical nature are not captured.

FQHC and RHC Services, Provider Handbook Modifications				
Version	Section/ Column	Modification Description	Publish Date	SME
7.0	All	Published version	01/21/2026	TQD
6.1	All	Updated due to CR; formerly IHS, FQHC and RHC Services.	01/21/2026	W Deseron T Kinne
6.0	All	Published version	07/01/2024	TQD
5.13	7.3. Overpayments and Underpayments	Clarifies interest calculation.	06/27/2024	W Deseron M Hanifen
5.12	7.2.3.Managed Care Supplemental Payments	Deleted section.	06/27/2024	W Deseron M Hanifen
5.11	7.2. FQHC/RHC Reimbursement	Added mental health as separate category.	06/27/2024	W Deseron M Hanifen
5.10	7.1. Indian Health Service Reimbursement	Added secondary payers to Medicaid.	06/27/2024	W Deseron M Hanifen
5.9	6. Documentation Requirements	Renamed Documentation. Updated to standard language.	06/27/2024	W Deseron M Hanifen
5.8	5. Prior Authorization	Deleted content and subsections to point to the general handbook.	06/27/2024	W Deseron M Hanifen
5.7	4.13. Vaccinations	Clarified SL modifier requirement.	06/27/2024	W Deseron M Hanifen
5.6	4.12. Telehealth Services	Renamed Virtual Care Services.	06/27/2024	W Deseron M Hanifen
5.5	4.7. Mental Health Services	Updated from Optum to Magellan.	06/27/2024	W Deseron M Hanifen
5.4	4.1. Encounters	Updated to reflect latest State Plan Amendment. Clarified when encounters are denied.	06/27/2024	W Deseron M Hanifen
5.3	3.2. Copayments	New Section.	06/27/2024	W Deseron M Hanifen
5.2	1.3. Magellan Healthcare, Inc.	New Section.	06/27/2024	W Deseron M Hanifen
5.1	IHS, FQHC and RHC Services	Updated to standard language regarding regulations and requesting public records.	06/27/2024	W Deseron M Hanifen
5.0	All	Published version	08/16/2023	TQD
4.12	5.3.1. References: Prior Authorizations	New section.	08/02/2023	W Deseron E Garibovic
4.11	5.3. Telligen, Inc.	Updated process.	08/02/2023	W Deseron E Garibovic
4.10	5. Prior Authorizations	Updated process.	08/02/2023	W Deseron E Garibovic
4.9	4.13.1. References: Vaccinations	New section.	08/02/2023	W Deseron E Garibovic
4.8	4.13. Vaccinations	New section.	08/02/2023	W Deseron E Garibovic
4.7	4.7. Mental Health Services	Cleaned up language.	08/02/2023	W Deseron E Garibovic
4.6	4.5. Family Planning	Cleaned up language.	08/02/2023	W Deseron E Garibovic
4.5	4.1. Encounters	Updated professionals eligible for an encounter.	08/02/2023	W Deseron E Garibovic

FQHC and RHC Services, Provider Handbook Modifications				
Version	Section/ Column	Modification Description	Publish Date	SME
4.4	3.1. Referrals	Removed redundant language.	08/02/2023	W Deseron E Garibovic
4.3	3. Eligible Participants	Changed participant to individual.	08/02/2023	W Deseron E Garibovic
4.2	2.2. Federally Qualified Health Center	Added reference to Indian Self-determination Act.	08/02/2023	W Deseron E Garibovic
4.1	1.4. Telligen, Inc.	Removed fax number.	08/02/2023	W Deseron E Garibovic