

Medicaid

An Informational Newsletter for Idaho Medicaid Providers

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

May 2013

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Medicaid Program Integrity Unit

Immediate Access to Provider Records

The Medicaid Program Integrity Unit (MPIU) has encountered instances in which providers do not grant immediate access to records due to an inability to download/copy/ print electronic medical records, not having records on-site, HIPAA concerns, etc.

Pursuant to Idaho Code, provider agreements, and Idaho Administrative Code, records must be provided to Department staff immediately upon written request. With the increased use of electronic medical records, providers must take steps to ensure they are able to provide requested records in a format that is readily accessible and legible.

The MPIU has also encountered instances in which physicians are unable to produce records for services they provided at a hospital. The billing provider is responsible for maintaining documentation sufficient to support the services billed.

Idaho Code §56-209h, IDAPA 16.05.07.100, IDAPA16.05.07.101, and Section 4 of the Idaho Medicaid Provider Agreement, provide that medical assistance providers are required to generate documentation at the time of service sufficient to support each claim for payment, and must retain that documentation for a minimum of five years. During normal business hours, providers are required to grant, upon written request, the Department or authorized agent immediate access for review and copying the documentation required to be maintained. All claims submitted by providers for payment are subject to prepayment and post payment review by the Department of Health and Welfare.

Failure to grant immediate access to such documentation may result in the Department taking action to correct the problem. Such corrective action may include, but is not limited to, exclusion from participation in the Medicaid Program, IDAPA 16.05.07.250.02; a recoupment of funds, IDAPA 16.05.07.205; denial of payment, IDAPA 16.05.07.200.03; termination of provider agreement, IDAPA 16.05.07.230.05; and civil monetary penalties, IDAPA 16.05.07.235.

Providers Weigh in Regarding Their ICD-10 Readiness

Idaho Medicaid in partnership with the Idaho ICD-10 Collaboration completed a provider readiness survey in March. These results are now available on the Collaborative website. See link to survey at: <http://www.teamiha.org/Documents/ICD10/ICD-10%20Collaborative%20Survey%20Results%20for%20Website%20Draft-FINAL.pdf>.

Additionally, the National Workgroup for Electronic Data Interchange (WEDI) completed an industry wide ICD-10 readiness survey which has recently been published and is available online at: <http://www.wedi.org/knowledge-center/comment-letters-testimony/comment-letters/2013/04/11/wedi-comment-letter-to-hhs-regarding-2013-icd-10-readiness-survey>.

Physician Administered Drugs (PAD) Requiring Prior Authorization

Drugs billed with the HCPCS listed below require prior authorization by the Idaho Medicaid Pharmacy Unit. The pharmacy request forms can be found at www.medicaidpharmacy.idaho.gov. If there is no PA form listed for the specific drug given, use the Universal PA form. At the top of the form please write "Physician Administered Drug" so that your PA is directed to the correct authorizing entity.

Procedure Code	Description
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH
C9294	INJECTION, TALIGLUCERASE ALFA, 10 UNITS (USE FOR ELELYSO)
C9295	INJECTION, CARFILZOMIB, 1 MG (USE FOR KYPROLIS)
C9296	INJECTION, ZIV-AFLIBERCEPT, 1 MG (Use for zaltrap)
J0178	INJECTION, AFLIBERCEPT, 1 MG
J0215	INJECTION, ALEFACEPT, 1 MG (USE FOR EYLEA)
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG
J0256	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (USE FOR ARALAST, ARALAST NP, PROLASTIN C, ZEMIRA)
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG
J0490	INJECTION, BELIMUMAB, 10 MG
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
J0775	INJECTION, COLLOGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG (USE FOR XIAFLEX)
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS (USE FOR H.P. ACTHAR GEL)
J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)
J0897	INJECTION, DENOSUMAB, 1 MG (USE FOR XGEVA, PROLIA)
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUIE), 500 MG
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUIE), 500 MG
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100MG,
J1561	INJECTION, IMMUNEGLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500MG
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500MG (USE FOR CARIMUNE)
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS NONLYOPHILIZED, (E.G., LIQUID), 500MG
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NONLYOPHILIZED, (E.G., LIQUID), 500MG

Procedure Code	Description
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/ FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG
J1620	INJECTION, GONADORELIN HCL, PER 100 MCG (USE FOR FACTREL, LUTREPULSE)
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG (USE FOR MAKENA)
J1743	INJECTION, IDURSALFASE, 1 MG (USE FOR ELAPRASE)
J1744	INJECTION, ICATIBANT, 1 MG (USE FOR FIRAZYR)
J1930	INJECTION, LANREOTIDE 1 MG (USE FOR SOMATULINE)
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG (USE FOR ELIGARD, LUPRON, LUPRON-3, LUPRON-4, LUPRON DEPOT)
J2170	INJECTION, MECASERMIN, 1 MG (USE FOR IPLEX, INCRELEX)
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG (USE FOR RELISTOR)
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (USED FOR SANDOSTATIN LAR)
J2354	INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG (USE FOR SANDOSTATIN)
J2357	INJECTION, OMALIZUMAB, 5 MG (USE FOR XOLAIR)
J2425	INJECTION, PALIFERMIN, 5 MCG (USE FOR KEPIVANCE)
J2426	INJECTION, PALIPERIDONE (INVEGA SUSTENNA), 1MG
J2503	INJECTION PEGAPTANIB SODIUM, 0.3 MG (USE FOR MUCAGEN)
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU (USE FOR ADAGEN)
J2507	INJECTION, PEGLOTICASE, 1 MG (USE FOR KRYSTEXXA)
J2778	INJECTION, RANIBIZUMAB, 0.1 MG, USE FOR LUCENTIS)
J2783	INJECTION, RASBURICASE, 0.5 MG (USE FOR ELITEK)
J3396	INJECTION, VERTEPORFIN, 0.1 MG (USE FOR VISUDYNE)
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT USE WITH VITRASERT)
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (USE FOR RETISERT)
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU (USE FOR ERWINAZE)
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG (USE FOR ADCENTRIS)
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (USE FOR LUPRON DEPOT, ELIGARD)
J9218	LEUPROLIDE ACETATE, PER 1 MG (USE FOR LUPRON)
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG
J9226	HISTRELIN (SUPPRELIN LA), 50 MG
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG
S0189	TESTOSTERONE PELLET, 75 MG
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS

Upcoming Changes for Long Term Care Providers

Effective May 2013

Per IDAPA, 16.03.10, the date of discharge from a long term care facility has not been covered by policy except in specific cases. The system will now enforce this policy, and the day of discharge will no longer be paid except in certain circumstances. A provider can be paid for the date of discharge, if the following criteria can be established. Documentation will need to be included on the claim using the discharge time and patient status code to alert Molina to **one** of the following exceptions:

- Discharge is equal to the date of Death
- Participant is discharged from an ICF-ID facility after 3:00 pm. This does not apply to Nursing facilities and does not apply if participant is discharged to a facility within the same company
- Participant enters a facility the same day they are discharged.

Future Changes

The April newsletter announced some additional changes coming in May 2013. Additional testing is needed before these can be implemented. Therefore, the following changes will NOT be implemented in May:

- Providers will no longer be required to collect additional share of cost from Medicaid participants when the share of cost is recalculated for past months. If share of cost is determined to be higher for past periods, the Department's Self Reliance Division will collect the additional amount from the participant.
- Providers will no longer submit the paper HW-0458 to the Self Reliance Long Term Care Unit. Instead, providers will key entrance and discharge information directly into the Medicaid Molina web site.

Please watch the Molina Medicaid website for announcements of the date these changes will be implemented.

To All Current and Potential Medicaid Providers: Provider Screening and Enrollment Provisions from the Affordable Care Act

To become compliant with requirements of the *Affordable Care Act (ACA)*, Idaho Medicaid is making significant changes to provider enrollment policies and procedures. The enhanced enrollment activities are required for all initial enrollments, revalidation of enrollment status, change-of-ownership, new locations, and re-enrollments.

Idaho has implemented enhanced screening measures including but not limited to disclosures, federal database checks, and licensure screening. The changes in the enrollment process ensure that the State is compliant with the new requirements.

Section 6401 of the ACA requires States to revalidate all provider enrollments every five years. All screening criteria and application fees apply during revalidation. Idaho Medicaid re-enrolled all providers starting in 2009. Idaho will use a staggered approach, and begin revalidation in late 2014. Providers will be notified when their provider type is scheduled for revalidation.

Watch your Medicaid newsletter and the Idaho Medicaid Portal for more information about other changes and enhancements to the provider enrollment/revalidation process.

New ICD-10 Webpage Launched!

Check out our new ICD-10 webpage on the Provider portal complete with countdown clock at: <https://www.idmedicaid.com/ICD/10%20Transition.aspx>.

Medicaid and Molina will use this webpage to share news about ICD-10 and the Idaho Medicaid transition to the new ICD-10 billing code set effective October 1, 2014.

Additional items posted include links to industry news, ICD-10 resources and an opportunity for you to ask questions and share information. We are looking forward to hearing from you!

Do Your Patients Need to Lose or Gain Weight?

The Preventive Health Assistance (PHA) benefit may be able to help pay for a weight management program. PHA provides assistance to Medicaid patients who meet the Centers for Disease Control definition of being obese or underweight.

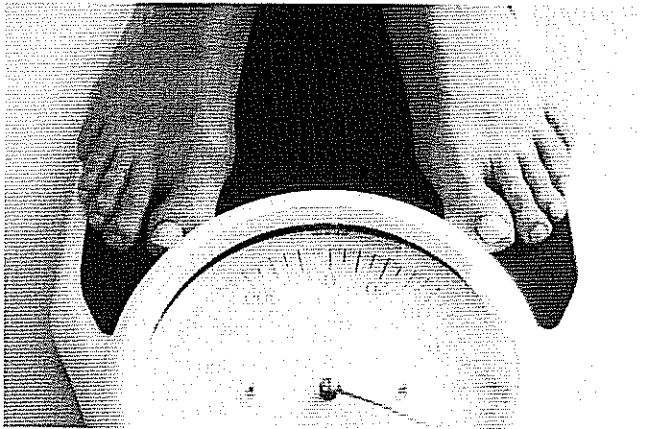
To qualify for this benefit, Medicaid patients must:

- be over the age of 5
- have a Body Mass Index (BMI) in the obese or underweight range, **and**
- want to improve health through weight management.

If you have a patient you think may qualify, please give them a PHA brochure or refer them to the PHA Unit at

1-877-364-1843.

If you would like to request a supply of PHA brochures or if you would like more information on PHA benefits, please call the PHA Unit at **1-877-364-1843 (toll-free)**.



Attention Vision Providers; KX Modifier Use

To expedite claims and to ensure accurate payment, vision providers can use the KX modifier in two instances.

- 1) The participant has a chronic condition that could cause vision damage but that diagnosis is not included on Idaho Medicaid's list of covered diagnoses; or
- 2) The participant requires an eye exam more frequently than once a year.

In each of these cases, the provider must use the KX modifier, and attach supporting documentation to the claim. Claims that do not meet the above criteria and do not have the supporting documentation attached will be denied.

Idaho Behavioral Health Plan (IBHP) Contract Awarded

On April 24, 2013, Medicaid awarded a contract to Optum for the administration of Medicaid-reimbursed behavioral health managed care services, known as the Idaho Behavioral Health Plan (IBHP). Idaho Medicaid and Optum are working together closely to implement a smooth transition to the new managed care system.

Optum has distributed network provider application letters and packets throughout the state of Idaho. If you have not received network provider information, please contact Optum. Optum is establishing its offices in Idaho at 205 East Watertower in Meridian, Idaho. For additional information you may visit their website at www.OptumIdaho.com or contact:

Reggie Hanley, Idaho Network Manager
Optum Behavioral Network Services
PO Box 25186
Santa Ana, CA 92799-5186
1 (714) 440-0723
Regina.hanley@optum.com

Tips for Primary Care Providers on Tobacco Cessation

The Preventive Health Assistance (PHA) benefit provides assistance to participants to help them quit using tobacco. Medicaid provides assistance to:

- Locate cessation programs
- Pay for prescription and over the counter cessation products such as: Prescription medication, inhalers, nasal spray, patches, lozenges or gum.

Idaho Medicaid Recommends Following the Surgeon General's "5 A" Approach

- 1. Ask** Systematically identify all tobacco users at every visit.
- 2. Advise** Strongly urge all tobacco users to quit.
- 3. Assess** Determine willingness to make a quit attempt.
- 4. Assist** Aid the patient in quitting.
- 5. Arrange** Schedule a follow up and refer your Medicaid patients to the PHA Unit at our toll free number, **1 (877) 364-1843**, or give them a PHA brochure.

If you would like to request a supply of PHA brochures or if you would like more information on PHA benefits, please call the PHA Unit at **1 (877) 364-1843**.

Go to www.surgeongeneral.gov/tobacco to obtain the entire *Quick Reference Guide for Clinicians - Treating Tobacco Use and Dependence*.

Please note: Cessation products are not covered under the Medicaid Pharmacy program. They are only available through the PHA program authorization process.



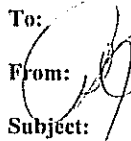
IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RICHARD M. ARMSTRONG - Director

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0069
PHONE: (208) 334-5747

April 3, 2013

MEDICAID INFORMATION RELEASE MA13-06

To: All Opticians, Optometrists, and Ophthalmologists
From:  Paul J. Leary, Administrator
Subject: New Optical Product Supplier Effective June 1, 2013

Effective June 1, 2013, all orders for eyeglass lenses, frames, and contact lenses must be submitted to Idaho Medicaid's new optical products supplier, Classic Optical Laboratories, Inc.

- Active dispensing providers will soon receive a welcome letter from Classic Optical explaining how to set up an account, how to place an order, and how to select up to 20 frames (V2020) from the frame brochure. These frames are free of charge and are to be used to display the product for ordering. If you have not received the welcome letter by May 1, 2013, please inform Classic Optical Customer Service:

Classic Optical
Telephone: (888) 522-2020
FAX: (888) 522-2022
Website: www.classicoptical.com
Mail: PO Box 1341, Youngstown, OH 44501

- Beginning June 1, 2013, orders for eligible Medicaid participants must be placed through Classic Optical using the web site, by fax, or by postal service mail. Please see www.idmedicaid.com for general program information and prior authorization requirements – click on Provider Handbook on the left side of the screen then on Eye and Vision Services under the Provider Guidelines tab at the bottom of the page.
- Barnett & Ramel Optical (B&R) will accept and process orders through Friday, May 31, 2013, through their website or by FAX. If you have questions or concerns about orders placed with them, call B&R Optical at (800) 228-9732. Providers who received the free B&R Optical sample frame kit will be contacted in the near future with instructions for returning the kit.

If you have questions about the transition to the new optical product supplier, please see www.medunit.dhw.idaho.gov for a Frequently Asked Questions document for your reference. You may also contact the Medical Care Unit at (208) 287-1177.

Thank you for participating in the Idaho Medicaid Program.

PJL/rs



IDAHO DEPARTMENT OF
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April 29, 2013

MEDICAID INFORMATION RELEASE MA13-07

To: All Hospice Providers
From: Paul J. Leary, Administrator
Subject: Hospice Rates

This information release replaces information release MA12-17. Effective for dates of service on or after October 1, 2012, hospice rates are as follows:

Revenue Code/Description	Rural	Ada, Canyon, Boise, Gem, and Owyhee Counties
651 - Routine Care	\$132.54	\$148.70
652 - Continuous Care	\$772.79	\$867.04
655 - Respite Care	\$148.98	\$162.83
656 - General Inpatient Care	\$595.20	\$662.10

Revenue Code/Description	Coeur d' Alene and Kootenai Counties	Bonneville, Idaho Falls, and Jefferson Counties
651 - Routine Care	\$148.06	\$147.73
652 - Continuous Care	\$863.32	\$861.38
655 - Respite Care	\$162.28	\$161.99
656 - General Inpatient Care	\$659.44	\$658.07

Revenue Code/Description	Nez Perce County	Bannock, Pocatello, and Power Counties
651 - Routine Care	\$144.86	\$148.69
652 - Continuous Care	\$844.66	\$866.95
655 - Respite Care	\$159.53	\$162.81
656 - General Inpatient Care	\$646.20	\$662.02

Revenue Code/Description	Franklin County
651 - Routine Care	\$139.79
652 - Continuous Care	\$815.09
655 - Respite Care	\$155.19
656 - General Inpatient Care	\$625.21

The hospice cap will be \$25,377.01. For claims that have already been paid with different hospice rates from the ones listed above, they will be reprocessed considering the payment rates above. If you have questions, please contact the principal financial specialist in the Division of Medicaid at (208) 364-1817. Thank you for participating in the Idaho Medicaid Program.

PJL/rs

Provider Training Opportunities in May

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

Claims Adjustment Training - This course will assist you in adjusting claims for quick claim resolution on the Trading Partner Account.

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.

Date	Electronic Referral Training
05/08/2013	10:00 A.M. MT
05/13/2013	10:00 A.M. MT
05/16/2013	10:00 A.M. MT & 2:00 P.M. MT
05/20/2013	2:00 P.M. MT
05/21/2013	10:00 A.M. MT & 2:00 P.M. MT

Register to create your one-time user profile

Click on [Idaho Medicaid Training Center](#)

1. Create your user name
 - A minimum of eight characters
 - Must contain letters, numbers, and special characters
2. Create your password
 - A minimum of eight characters
 - Must contain at least one upper case letter, one lower case letter, one number, and one special character (@, #, \$, %, ^, *, +, -)
3. Obtain the access code
 - You must call 1 (866) 686-4272 to obtain your Access Code

If you need assistance registering for this class contact IDEdisupport@molinahealthcare.com

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

Region 1 and State of Washington	Dianna Adams	Region.1@MolinaHealthCare.com	(208) 559-4793
Region 2 and State of Montana	Kristi Irby	Region.2@MolinaHealthCare.com	(208) 991-7138
Region 3 and State of Oregon	Rainy Natal	Region.3@MolinaHealthcare.com	(208) 860-4682
Region 4 and all other states	Debbie Schiller	Region.4@MolinaHealthCare.com	(208) 373-1343
Region 5 and State of Nevada	Brenda Rasmussen	Region.5@MolinaHealthcare.com	(208) 484-6323
Region 6 and State of Utah	Kelsey Gudmunson	Region.6@MolinaHealthCare.com	(208) 870-3997
Region 7 and State of Wyoming	Kristi Harris	Region.7@MolinaHealthCare.com	(208) 991-7149

Prior Authorization Contact Information

Please use these numbers to submit prior authorization requests to Medicaid or to communicate with Medicaid staff regarding details of prior authorization requests. For questions regarding claims with an existing prior authorization, please call Provider Services at 1 (866) 686-4272.

DME Specialist, Medical Care P.O. Box 83720 Boise, ID 83720-0036	1 (866) 205-7403 Fax: 1 (877) 314-8782 (Attn: DME Specialist)
Pharmacy P.O. Box 83720 Boise, ID 83720-0036	1 (866) 827-9967 Fax: 1 (800) 327-5541
Medical Care Attention: Surgery Authorizations P.O. Box 83720 Boise, ID 83720-0009	1 (208) 287-1148 Fax: 1 (877) 314-8779
Qualis Health (Inpatient hospital stays greater than three days and selected diagnoses & procedures, Telephonic & Retrospective Reviews) 10700 Meridian Avenue N., Ste 100 PO Box 33400 Seattle, WA 98133-0400 http://www.qualishealth.org/healthcare-professionals/idaho-medicaid	1 (800) 783-9207 1 (206) 364-9700 Fax: 1 (800) 826-3836
Preventive Health Assistance PHA Unit P.O. Box 83720 Boise, ID 83720-0009	1 (877) 364-1843 1 (208) 364-1843 Fax: 1 (877) 845-3956
Office of Mental Health and Substance Abuse (OMHSA) P.O. Box 83720 Boise, ID 83720-0009	1 (208) 334-0767 1 (866) 681-7062 Fax: 1 (888) 560-1784

Transportation

Idaho Medicaid contracts with American Medical Response (AMR) for all non-emergency medical transportation services. Please go to www.idahonemt.net or call 1 (877) 503-1267 for more information.

Ambulance Review	1 (800) 362-7648 1 (208) 287-1157 Fax: 1 (877) 314-8781
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DHW Resource and Contact Information

DHW Web site	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
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
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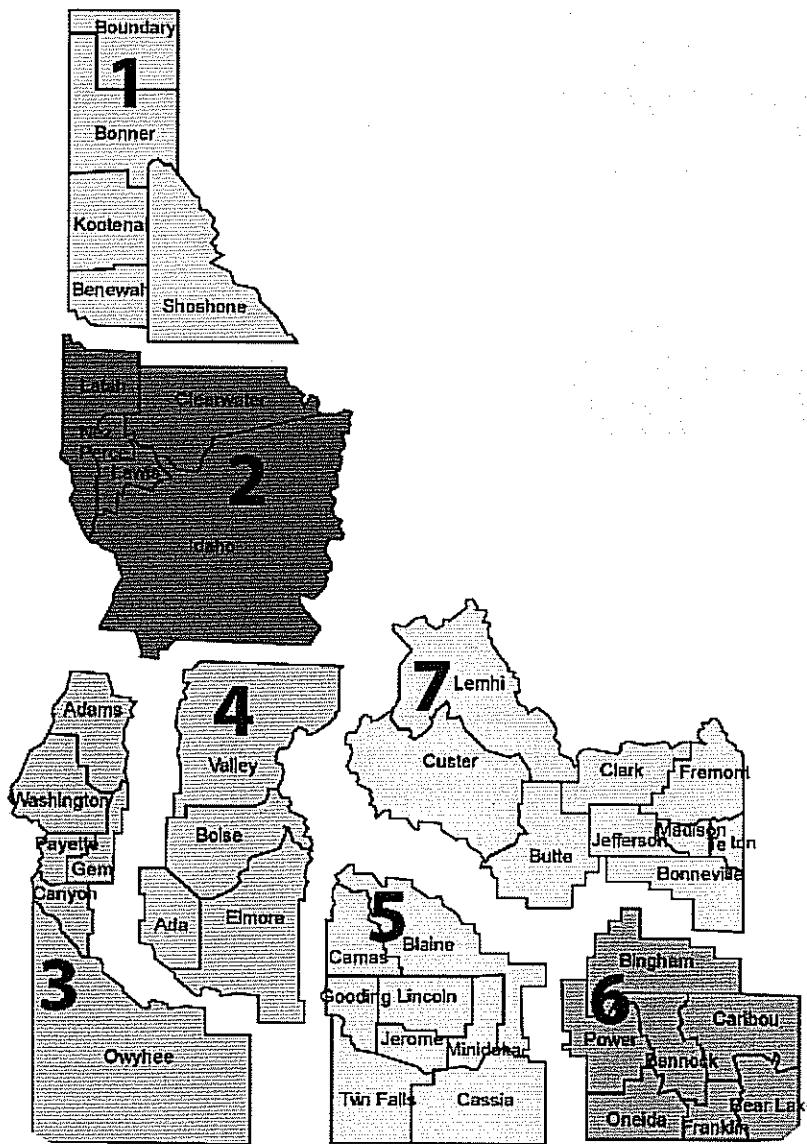
Molina Provider and Participant Services Contact Information

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

Molina Provider Services Fax Numbers

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

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington

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

Region 2 and the state of Montana

Kristi Irby
 1118 F Street
 P.O. Box Drawer B
 Lewiston, ID 83501
 1 (208) 991-7138
Region.2@MolinaHealthCare.com

Region 3 and the state of Oregon

Rainy Natal
 3402 Franklin
 Caldwell, ID 83605
 1 (208) 860-4682
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Region 4 and all other states

Deb Schiller
 1720 Westgate Drive, Suite A
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