

# IDAHO MEDICAID HEALTH PLAN BOOKLET

**July 2024 - June 2025**



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# WELCOME TO THE IDAHO MEDICAID HEALTH PLAN

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# WELCOME TO THE IDAHO MEDICAID HEALTH PLAN

## WELCOME

### Welcome to Idaho Medicaid.

You are receiving this booklet because you are eligible for Idaho Medicaid, and we want you to get the healthcare that meets your needs.

Idaho Medicaid is administered by the Idaho Department of Health and Welfare's Division of Medicaid. This booklet will answer many of the questions you may have about getting started with Idaho Medicaid and using your benefits. People are different, and so are their healthcare needs.

Idaho Medicaid offers three different benefit plans based on your healthcare needs. This booklet tells you about your coverage under the Basic, Enhanced, or Medicare-Medicaid Coordinated healthcare plans through June 30, 2025. It explains healthcare services, behavioral health (mental health and substance use disorder) services, prescription drug coverage, and long-term services and supports. It also includes phone numbers for our programs, so you know who to call when you have questions.

No matter which health plan you are enrolled in, it is important to use your healthcare services wisely. We want to help you improve your health, find health issues early, and manage your current health issues. You can help by making healthy choices that help you stay well and make your health plan work for you.

### Disclaimers

When this booklet says “we,” “us,” or “our,” it means the Idaho Department of Health and Welfare and its divisions (like the Division of Medicaid). This booklet will introduce you to coverage information and explain your rights and responsibilities. Please be advised this booklet does not create any legal rights or entitlements. You should not rely on this booklet as your only source of information about Idaho Medicaid. You can get more detailed information about Idaho Medicaid and rules by looking at the Idaho Department of Health and Welfare website at [healthandwelfare.idaho.gov](https://healthandwelfare.idaho.gov).

### Privacy Notes

Never give personal information, like your Social Security number, banking information, or debit card number to someone who calls or emails you asking for it. We will not contact you directly for information about your Idaho Medicaid identification card to verify your identity.

Idaho Medicaid uses and shares protected health information with your healthcare providers to deliver and pay or reimburse healthcare services, and for other reasons allowed and required by federal and state laws. However, we keep your health information private and limit access as required by federal and state laws.

To read Idaho's privacy policy, go to <https://www.idaho.gov/about-us/privacy-policy/>.

### Information to Remember

We are available from 8 a.m. to 5 p.m. Monday through Friday and are here to help. You can also visit us online at [healthandwelfare.idaho.gov](https://healthandwelfare.idaho.gov) any time. See the end of this booklet for contact information, a list of services, programs, units, contractors, and organizations listed throughout this health plan booklet.

# WHAT ARE MY RESPONSIBILITIES?

When you apply for Medicaid benefits you agree to give true, correct, accurate, and up-to-date information. Below is a list of some of your responsibilities as an Idaho Medicaid Health Plan participant.

As a participant you agree to report the following changes to the department as soon as possible, within 10 days of the change occurring:

- You change your name, address, or other contact information.
- Someone moves in or out of your household (even if they aren't related to you).
- You marry, divorce, become pregnant, or have a child (including adoptions).
- Your income goes up or down (including child support, unemployment, job wages, etc.).
- You get or lose other health insurance (including Medicare coverage).

Read all letters and notices that you receive from the department. Letters have important information for you about your eligibility, services, and benefits. If you have problems reading or understanding the letters or information, call and ask for help.

Call the Idaho Department of Health and Welfare's toll-free Benefits Customer Service center line at 877-456-1233 to report any changes.

## HOW DO I APPLY FOR MEDICAID?

You can apply for Medicaid using one of the methods below:

### Online

Log in or register at [idalink.idaho.gov](https://idalink.idaho.gov) on your computer, phone, or tablet. Once logged in, you can follow the steps to complete the application and upload your verification documents.

### Over the phone

Call toll-free at 877-456-1233 or 800-377-3529 (TTY) or 800-377-1363 (Voice), Monday through Friday, 8:00 a.m. to 5:00 p.m. (MT), to complete an over the phone application with a Self-Reliance Specialist.

### In person

Visit any Idaho Department of Health and Welfare office, Monday through Friday from 8:00 a.m. to 5:00 a.m.

Find a location near you: [healthandwelfare.idaho.gov/offices](https://healthandwelfare.idaho.gov/offices)

### Mail, email, or fax

Call us to request a paper application by mail or visit [mybenefitforms.dhw.idaho.gov](https://mybenefitforms.dhw.idaho.gov) to print, complete, and submit the form using the included instructions.

Return the completed application by:

**Email:** [MyBenefits@dhw.idaho.gov](mailto:MyBenefits@dhw.idaho.gov)

**Fax:** 866-434-8278

**Mail:** Self-Reliance Programs  
PO Box 83720  
Boise, ID 83720-0026

# WHAT ARE MY RESPONSIBILITIES?

## Help with Your Application

The Idaho Department of Health and Welfare (IDHW) offers these free services. Please ask if you need help with:

- Understanding the application
- Help with a disability
- A language interpreter

To get these services, please call: 877-456-1233 (toll free) or 800-377-3529 (TTY) or 800-377-1363 (Voice) for those with a hearing impairment.

## Information Needed to Finish Your Application

After you send your application, we might ask for more details about your household. We will mail you a notice asking for this information.

Once we decide if you are eligible, you will get a notice in the mail. If approved, you will get a Medicaid Benefits Plan.

## How to get Idaho Medicaid for Workers with Disabilities

Idaho Medicaid has a health program for people who work and have a disability. This program helps those who usually can't get Medicaid.

To apply, check "Yes" to the question, "Are you interested in the Medicaid for Workers with Disabilities program?" on the printed Medicaid application.

You can join this program if you:

- Have a disability (defined by Social Security)
- Are between 16 and 64 years old
- Have a job or are self-employed
- Live in Idaho
- Meet certain income and resource limits

If you have questions or need more information, visit [healthandwelfare.idaho.gov](https://healthandwelfare.idaho.gov) or call the Idaho Department of Health and Welfare at 877-456-1233.

## WHAT DO I NEED TO KNOW ABOUT MY IDAHO MEDICAID IDENTIFICATION CARD?

The first time you are eligible for Idaho Medicaid, you will receive an identification card in the mail. If you are eligible and have not received your card within 14 days of receiving your letter, please call 877-456-1233.

It is important to remember:

- Keep your card in your purse or wallet so you will have it with you to show to your doctor, dentist, or pharmacy. You might have to show picture identification in addition to your Medicaid card.
- Always show your identification card and ask before you get medical services if the provider will accept your identification card as payment. Ask even when your doctor refers you to a specialist. Not all doctors accept Idaho Medicaid.
- Report name changes to your local Health and Welfare office by calling 877-456-1233. Your card may not work at providers' offices if you are going by a different name than what appears on your identification card.
- Your identification card is permanent. Do not throw it away, ever. If you lose benefits and then get benefits again, you will use the same card.
- If you lose your card, call the Department of Health and Welfare at 877-456-1233 or call the Gainwell participant line at 866-686-4752.



### Idaho Health Plan

Member First/Last Name

**MID** 0001234567

0001

# WHAT DO I NEED TO KNOW ABOUT IDAHO MEDICAID BENEFIT PLANS

Idaho Medicaid administers comprehensive healthcare coverage for eligible Idahoans. Medicaid contracts with individual healthcare providers, agencies, institutions, and managed care entities to provide healthcare services for low-income people and families, including children, pregnant women, the elderly, and people with disabilities.

Medicaid participants have access to covered benefits through one of three plans that align with your health needs:

- The **Basic Plan** is designed to meet the health needs of people in generally good health, without disabilities or special health needs. This plan provides health, prevention, and wellness benefits. Most participants will be in this benefit plan.
- The **Enhanced Plan** is for people with more complex needs and medical conditions, disabilities or special health needs, and people over the age of 65. This plan has all the benefits of the Basic Plan, plus developmental disability services, children's service coordination, and long-term services and supports.
- The **Medicare-Medicaid Coordinated Plan** is for people who are eligible and enrolled in both Medicare and Medicaid, also known as dual eligibles. This plan has all the benefits of the Enhanced Plan, plus allows people to enroll in a managed care plan to help coordinate Medicare and Medicaid benefits. There are many advantages to enrolling in managed care, one of the most valuable is access to a care coordinator who assists people with complex medical conditions to achieve better health.

Health and Welfare has partnered with insurance companies to administer and provide coordinated health coverage between Medicare Part A (hospital insurance), Part B (medical insurance), Part D (drug coverage), and Medicaid through Medicare Advantage plans. There is no additional cost to you when you follow the plan rules and requirements.

**For more information you can visit Medicare at the links below:**

- **Part A** <https://www.medicare.gov/what-medicare-covers/what-part-a-covers>
- **Part B** <https://www.medicare.gov/what-medicare-covers/what-part-b-covers>
- **Part D** <https://www.medicare.gov/drug-coverage-part-d>
- **Medicare Advantage Plans** <https://www.medicare.gov/health-drug-plans/health-plans/your-health-plan-options>

# MEDICAID VS. MEDICARE

People sometimes confuse Medicaid and Medicare. They are not the same, but they can work together to provide benefits for some Idaho residents who qualify for both.

## MEDICAID

Medicaid is a state program you might qualify for if you are a U.S. citizen, U.S. citizen, or eligible immigrant and:

- You are any age and your income makes you eligible to receive Medicaid benefits.
- You are a child under age 21.
- You are, or were, in foster care.
- You are an adult, living in the same household unit with an eligible dependent child.
- You are blind or disabled (based on Social Security criteria).
- You are age 65 or older.
- You are pregnant.

If you or someone in your family needs healthcare, you should apply for Medicaid even if you are not sure you qualify. Some income and resources are not counted when determining your eligibility. For example, owning your home might not prevent you from getting Medicaid.

## MEDICARE

Medicare is a federal program you might qualify for if:

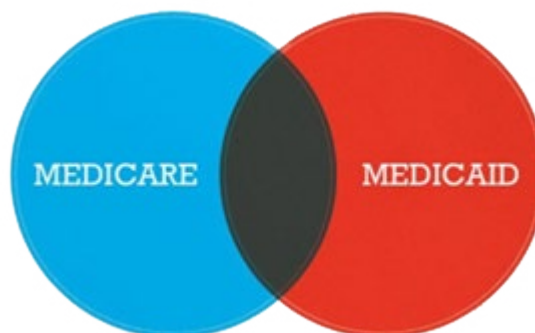
- You are age 65 or older.
- You are age 18 or older with ESRD (End-Stage Renal Disease, permanent kidney failure requiring dialysis or transplant).
- You have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease).
- You are a younger person with a permanent disability.

Some people qualify for both Medicaid and Medicare. If you are eligible for both, you may also be able to enroll in the Medicare-Medicaid Coordinated Plan.

Some people who do not qualify for full Medicaid benefits are eligible for Qualified Medicare Beneficiary programs <https://www.benefits.gov/benefit/6177>, where Medicaid helps pay for Medicare costs including:

- Monthly Medicare premiums.
- Co-insurance.
- Deductibles.

For more information, visit the Medicare website at <https://www.medicare.gov/> or call 800-633-4227.



# IDAHO MEDICAID HEALTH PLAN - THE BASIC PLAN

The **Basic Plan** is for people with generally good health, without disabilities or special health needs. This plan provides health, prevention, and wellness benefits. Most participants will be in this benefit plan.

Here is a summary of the services you may be eligible for if you are on the Basic Plan:

- Behavioral health (mental health and substance use disorder treatment)
- Chiropractic
- Children's Habilitative Intervention Services)
- Dental
- Doctors and other healthcare providers
- Durable medical equipment and supplies
- Early intervention services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Hearing
- Home health
- Hospital
- Immunizations
- Lead screening
- Nutrition
- Physical, occupational, and speech therapy
- Podiatry
- Pregnancy and family planning
- Prescription drugs
- Preventative Health Assistance
- School-based services
- Transportation for covered services
- Vision services
- Wellness exams for adults and children

Keep in mind that there are limits to some services, and some might require you or your healthcare provider to get prior authorization from Medicaid.

If you are enrolled in the Basic Plan and your health changes, you might need to get an assessment to see if you qualify for the Enhanced Plan to receive additional services.

Some services may be available through virtual care.

If you need assistance in communicating in a different language or format, let your provider know and they will make arrangements to accommodate you. This is a free service to you.



# IDAHO MEDICAID HEALTH PLAN - THE BASIC PLAN

## BRIEF DESCRIPTION OF THE SERVICES AVAILABLE THROUGH THE BASIC PLAN:

### Behavioral Health

If you have a behavioral health condition (like depression, anxiety, substance use, or other mental health conditions), the Idaho Behavioral Health Plan offers outpatient behavioral healthcare services that include:

- Assessments and Treatment Planning
- Case Management, Intensive Care Coordination, and Wraparound Intensive Services
- Crisis Intervention and Mobile Response Team
- Crisis Response
- Crisis Centers
- Family Psychoeducation
- Health and Behavior Assessment and Intervention (HBAI)
- Intensive Outpatient Program
- Medication Management and Therapeutic Injection
- Partial Hospitalization
- Peer Services
- Psychological and Neuropsychological Testing
- Psychotherapy (counseling)
- Skills Building/Community-Based Rehabilitation (CBRS)
- Skills Training and Development
- Substance Use Disorder (SUD)

Services are available when medically necessary to meet an individual's treatment needs and are provided by professionals enrolled in the Idaho Behavioral Health Plan provider network.

For more information about outpatient behavioral health services, please contact 855-202-0973 (TTY 711) or visit [www.magellanofidaho.com/for-members](http://www.magellanofidaho.com/for-members).

If you need assistance in communicating in a different language or format, let them know and they will make arrangements to accommodate you. This is a free service to you.

### Chiropractic

Limited to treatment of back pain due to subluxation of the spine. Does not pay for x-rays taken by a chiropractor. A referral from the Healthy Connections primary care physician is required for more than six visits in a calendar year for adults and all visits for children.

### Children's Habilitative Intervention Services

These services are medically necessary, evidence-informed or evidence-based therapeutic techniques based on applied behavior analysis principles used to result in positive outcomes. These intervention services are delivered directly to Medicaid-eligible participants with identified developmental limitations that impact the participant's functional skills and behaviors across an array of developmental domains.

These services require prior authorization. The intervention services available are:

- Habilitative Skill Building
- Behavioral Intervention
- Interdisciplinary Training
- Crisis Intervention

### Counseling

- See Behavioral Health.

# IDAHO MEDICAID HEALTH PLAN - THE BASIC PLAN

## Dental

These benefits are covered by Medicaid through a dental insurance program called Idaho Smiles.

Idaho Smiles covers the following dental care:

- Children and young adults under the age of 19, or 19 through 20 if determined still eligible for Medicaid, for basic and preventive dental care, which includes exams, x-rays, fillings, oral surgery, emergency dental care, restorative services (including root canals and crowns), dentures, orthodontics when necessary, and other medically necessary treatment.
- Adults, age 21 years and older, for basic and preventive dental care, which includes exams, x-rays, fillings, oral surgery, dentures, and other medically necessary treatment. Root canals and crowns are not covered for adults.

For more information, call Idaho Smiles at 855-233-6262 or visit <https://www.mcnaid.net/members>.

If you need assistance in communicating in a different language or format, let them know and they will make arrangements to accommodate you. This is a free service to you.

## Doctors and Other Healthcare Providers

- Office visits.
- Exams or treatments by a doctor, physician assistant, or nurse practitioner.
- Surgery or other treatments performed by a doctor.
- Diagnostic lab and radiology testing.

## Durable Medical Equipment and Supplies

- Prescribed by a doctor.
- Artificial limbs and braces.
  - To replace parts of the body that are weak or missing.
- Special shoes or inserts for diabetics.
- Wheelchairs.
- Oxygen and oxygen equipment.

## Early Intervention Services

- Children from birth to age 3 years.
  - Developmental screening and assessments.
  - Physical, occupational, and speech therapy.
  - Family training and counseling in the natural environment.

## Family Planning (excluded from copayments)

- Pap test performed during family planning or at yearly physical.
- Family planning, counseling, prescriptions, and supplies to prevent pregnancy.
- Sterilization (includes vasectomies and tubal ligations).

# IDAHO MEDICAID HEALTH PLAN - THE BASIC PLAN

## Hearing

- Adults
  - Hearing tests are covered when your doctor cannot determine the cause for your hearing loss.
  - Hearing aids for adults are not covered.
- Children and young adults up to age 21
  - Replacement hearing aids with prior authorization.
  - Exam and testing once each calendar year when ordered by a doctor.
  - Batteries, follow-up testing, and repairs from normal use.
  - Lost, misplaced, stolen, or destroyed hearing aids are not covered.

## Home Health

- When ordered by a doctor
  - Limited to 100 visits during a calendar year, including all visits such as skilled nursing, aide visits, physical therapy, occupational therapy and speech language pathology therapy.

## Hospital

Your doctor might need to get prior authorization for some hospital services from Medicaid's Quality Improvement Organization. For more information, call 866-538-9510. For more information about psychiatric services, call Magellan at 855-202-0973.

- Inpatient
  - Semi-private room, prescription drugs, lab tests, and other medically necessary services.
  - Lab, x-ray, and other tests ordered by your doctor.
  - Physical therapy and other services ordered by your doctor.
  - Psychiatric services.
- Outpatient
  - Diagnostic and treatment services.
  - The emergency room is not for routine medical care. If you are not sure you have an emergency, call your doctor for medical advice.

## Immunizations

Medicaid covers some vaccines for adults and children and the fee for the healthcare provider to give the immunization. There is no copay for immunizations recommended by the Advisory Committee for Immunization Practices.

- Provided in your healthcare provider's office, a doctor's office, pharmacy, a free clinic, or through your local public health district.
- Ask your medical provider about all immunizations. You should not be billed for preventive health immunizations.
- Ask to have you or your child's immunizations recorded into Idaho's Immunization Reminder Information System (IRIS). This system is a secure health information system containing the names and immunization history of people who have received vaccinations in Idaho. This information is available only to authorized healthcare providers, childcare providers, and schools.

## Lead Screening

- Your doctor should test your child for lead at 12 months old and again at 24 months. Anyone under the age of 21 years should be tested if they have not been tested before. Ask your child's doctor to test your child if they haven't been tested or if you have concerns.

## Nutrition

- Nutritional services for pregnant women and children.
- Nutritional support therapy when medically necessary and ordered by a doctor.
- Diabetes education.
  - Limited to 12 individual hours or 24 group hours every five years.

# IDAHO MEDICAID HEALTH PLAN - THE BASIC PLAN

## Physical, Occupational, and Speech Therapy

- Covered as an outpatient hospital service, in schools, or by independent therapists.
- Some service limits apply. Your therapist may be able to continue treatment beyond service limits under some circumstances.
- Inform your therapist any time you receive therapy services from another provider to avoid problems with service limits.

## Podiatry

- Care of your feet and ankles.
  - Limited to severe conditions from your mid-calf down.
  - Limited to routine foot care for chronic disease-related care (such as diabetes).

## Pregnancy Services

- Prenatal, delivery, and postpartum services provided by a doctor, an RN certified nurse midwife, or a licensed midwife.
- Fertility services or medications for the inducement of fertility are not covered.
- Services are not covered if you are a surrogate.

## Prescription Drugs

- Idaho Medicaid health plans cover medicines prescribed by your provider unless they are covered by another insurance such as Medicare.
  - Some types of medicines and some brand name prescription drugs require prior authorization. Your pharmacist or provider will know which medicines need prior authorization and will submit the request for you.
- Some non-prescription items are covered if your provider orders them.

## Preventative Health Assistance (PHA)

- Weight Management PHA benefits.
  - Weight Management PHA must be recommended to you by your doctor if you have a body mass index either in the obese range or the underweight range.
  - If you qualify for PHA, you can earn points and use them to pay for services to help you achieve a healthy weight.
  - Maximum benefit is 200 points a year (1 point = \$1).
- Wellness PHA benefits (Children up to the age of 19 and enrolled in Children's Health Insurance Program).
  - If you pay a monthly premium for your child's health plan you can reduce your monthly bill by \$10 per month by earning PHA points. PHA points are awarded when you keep your child's wellness exams and immunizations up to date.
  - Points can only be used to pay your monthly premium.



# IDAHO MEDICAID HEALTH PLAN - THE BASIC PLAN

## School-Based Services

- The school might test your child and determine that your child is eligible for services under an Individualized Educational Plan (IEP) or Individualized Family Services Plan.
- With your permission, your child's school can bill Medicaid for the services.
- Services listed on your child's plan are counted separately from services your child might be getting in other places.
- Ask your child's school if they bill Medicaid.
- Give your child's Medicaid identification number and the name of your child's doctor to the school.
- Tell the school if your child is working with other therapists or doctors.

## Substance Use Disorder Services

- See Behavioral Health.

## Transportation for Covered Services

If you or your child have a medical appointment, but you do not have a car, cannot operate a car, or do not have a friend or family member who can take you, you can request non-emergency medical transportation (NEMT).

- If you have a vehicle to transport yourself or family members to their appointments, please contact the NEMT broker and ask about their mileage reimbursement program.
- The NEMT broker will review your request and decide if Medicaid will pay for your transportation. The NEMT broker will review your request based on the least expensive transportation available and the closest available Medicaid provider for the service.
- If you have been referred for medical care outside your community, the NEMT broker might ask for a referral from your doctor before they will schedule your transportation.
- You need to call at least 48 hours before your appointment to schedule routine trips Monday through Friday from 8 a.m. to 6 p.m.

Call the NEMT broker toll free at 877-503-1261 or visit <https://www.mtm-inc.net/idaho/>.

If you need assistance in communicating in a different language or format, let them know and they will make arrangements to accommodate you. This is a free service to you.

## Vision

- For adults age 21 and older.
  - Limited to treatment for acute needs such as removal of foreign objects in the eye.
  - Adults with chronic diseases such as diabetes or glaucoma that require regular eye care can get eye exams once every year.
- For children and young adults under age 21 years.
  - Covers frames and lenses when needed.
  - The doctor who does the exam might not be the provider who supplies your glasses. Be sure to ask if your doctor orders glasses from the Medicaid supplier.
  - Does not pay for transition or progressive lenses for any age, or tints unless an extreme condition makes it medically necessary.
  - Contacts.
  - Contacts are covered if your vision cannot be corrected with glasses. Contacts for convenience or cosmetic reasons are not covered.
  - Cornea surgery for myopia is not covered.

## Wellness Exams for Adults

Preventative visits with your PCP can keep you healthy. In addition to checking your general health, your PCP will make sure you get any tests, immunizations or screenings you need. The earlier a problem is found and treated, the healthier you will be.

- Limited to one visit per year.
- One screening mammogram every other year for women between the ages of 40-74.

# IDAHO MEDICAID HEALTH PLAN - THE BASIC PLAN

## Wellness Exams for Children

- Head-to-toe physical and developmental exams. The number of wellness exams a child needs each year depends on the child's age. All exams recommended by the American Academy of Pediatrics are covered. It is important your children get wellness exams according to the schedule below.

It is just as important to take your children for wellness exams as it is to take them to the doctor when they are sick. Regular exams allow time for you, your child, and your child's doctor to get to know each other and address any health concerns you may have about your child. They help your doctor find health problems early, so your child can be treated before they get worse.

During a wellness exam your doctor should discuss any health concerns you have about your child and do the following activities:

- Document the history of your child's development and health.
- Do a physical examination including measuring your child's height and weight.
- Discuss physical activity habits.
- Discuss sleeping habits.
- Discuss eating or nursing habits.
- Screen for developmental and behavioral issues.
- Do age-appropriate hearing and vision screenings.
- Give any age-appropriate immunizations.
- Order any needed lab tests.
- Perform a lead test at 12 and 24 months or any time up to age 21 if there is no record of the test or if it is recommended.

You will receive letters from Idaho Department of Health and Welfare Division of Medicaid to remind you to schedule your child's wellness exam. Remember, wellness exams for your child and services your doctor recommends during the exams are covered at no cost to you.

## WELL-CHILD VISIT SCHEDULE

The American Academy of Pediatrics recommends the following schedule:

Age	Wellness Exam Schedule
<b>Infant</b> 0-12 mos.	<input type="checkbox"/> First week visit (3 to 5 days old) <input type="checkbox"/> 1 month old <input type="checkbox"/> 2 months old <input type="checkbox"/> 4 months old <input type="checkbox"/> 6 months old <input type="checkbox"/> 9 months old <input type="checkbox"/> 12 months old
<b>Toddler</b> Up to 3 yrs.	<input type="checkbox"/> 15 months old <input type="checkbox"/> 18 months old <input type="checkbox"/> 24 months old <input type="checkbox"/> 30 months old
<b>Preschool to Young Adult</b> 3-21 yrs.	<input type="checkbox"/> One wellness exam every year

# IDAHO MEDICAID HEALTH PLAN - THE ENHANCED PLAN

The **Enhanced Plan** is for people with disabilities or special health needs and people over the age of 65. **This plan includes all the benefits that are in the Basic Plan, plus some additional benefits.**

Here is a summary of the additional services you may be eligible for if you are on the Enhanced Plan:

- Home and Community-Based Services
- Hospice
- Skilled Nursing Facility Care
- Personal Care Services
- Respite
- Service Coordination
- Transition Management

Some services may be available through virtual care. If you need assistance in communicating in a different language or format, let them know and they will make arrangements to accommodate you. This is a free service to you.

## BRIEF DESCRIPTION OF THE SERVICES AVAILABLE THROUGH THE ENHANCED PLAN:

### Home and Community-Based Services

- Supportive services that help people with qualifying diagnoses or conditions live in their home or community.
- Transition services that help people move out of an institution and into a home in the community.
- Home and Community-Based Services are available for:
  - Children with developmental disabilities.
  - Adults with developmental disabilities.
  - Children under 18 with serious emotional disturbance (SED), which is a behavioral health diagnosis and a functional impairment.
  - Adults who are elderly or have a disabling condition.

### Hospice

- In-home care for the terminally ill with six months or less to live.

### Skilled Nursing Facility Care

- Covered if your doctor says you need to be in a nursing facility and Medicaid determines that you need nursing facility level of care.

### Personal Care Services (PCS)

- Services provided in your home.
  - Help people live more independently and have a better quality of life.
  - Limited to 16 hours a week.
  - If your medical condition requires more than 16 hours a week, you might be eligible for one of the Home and Community-Based Waivers for adults or EPSDT services for children and young adults under age 21 years.

### Respite

- Respite can be provided in a member's home or at an enrolled provider agency.
- Respite care is short-term or temporary care, to give relief to non-paid caregivers.
- Respite care is available to children and adults who qualify under certain program requirements.

## Service Coordination

If you qualify for service coordination, you will have a service coordinator to help you gain access and coordinate your necessary care and services. You can only have one kind of service coordination. If you qualify for more than one kind, you must choose the kind you want. The kinds of service coordination are:

- Service coordination for Adult Developmental Disabilities.
  - For adults age 18 years old or older with a developmental disability.
  - Requires prior authorization.
- Children with special healthcare needs.
  - Children under 21 years old.
  - Must have a medical condition that requires the child to be seen by many service providers.
  - An assessment and service coordination plan must be developed before coordination services can be provided.
  - Service coordination services are based on the service coordination plan and must be prior authorized. If your child is between 0-3 years old, the service coordination agency must work with the Idaho Infant Toddler Program. You can contact them at 208-334-5514.
- Children with Serious Emotional Disturbance (SED).
  - Intensive Care Coordination or Wraparound Intensive Services (WInS) for children who have or are at risk of serious emotional disturbance.

Information about both programs can be found in Magellan's member handbook:  
<https://member.magellanhealthcare.com/web/magellan-of-idaho/member-information>

## Transition Management

- Transition management provides relocation assistance and intensive service coordination activities to help participants residing in a qualified institution to transition to a community setting of their choice.
- A participant is eligible to receive transition management when planning to discharge from a qualified institution after living within that institution for a minimum of 45 Medicaid-paid days.
- Qualified institutions include the following; skilled, or intermediate care facilities; nursing facility; intermediate care facilities for individuals with intellectual disabilities; hospitals; and institutions for mental diseases.



# IDAHO MEDICAID HEALTH PLAN - THE MEDICARE-MEDICAID COORDINATED PLAN

The dual eligible plans are available if you qualify for both Medicaid and Medicare. To better serve dual eligible participants, Idaho operates two different managed care programs. The plans that are available are:

- **The Medicare-Medicaid Coordinated Plan (MMCP)** – a voluntary program that is available in most Idaho counties. The Medicare-Medicaid Coordinated Plan integrates most Medicaid and Medicare Part A, B, and D benefits into one plan.
- **Idaho Medicaid Plus (IMPlus)** - a mandatory program in certain Idaho counties if you are eligible for both Medicare and Medicaid and have not enrolled in the Medicare-Medicaid Coordinated Plan. The IMPlus coordinates most Medicaid benefits for people eligible for both Medicaid and Medicare who choose to have their Medicare benefits administered through a separate plan.

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## You can participate in these plans if all the following apply:

- Over age 21 years
- Enrolled in Medicare Parts A and B
- Enrolled in the Medicaid Enhanced Plan

If you are eligible and choose to enroll, you will have a care coordinator/specialist to help you get the services that are right for you. Available Medicaid services include:

- Behavioral Health
- Durable Medical Equipment and Supplies
- Home and Community-Based Services through the Aged and Disabled Waiver
- Personal Care Services
- Skilled Nursing Facility

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The Medicare-Medicaid Coordinated Plan also offers some services that are over and above original Medicare or Medicaid, including access to a 24-hour nurse advice line and a variety of supplemental benefits.

There is no premium or cost to join these plans but if you currently have a share of cost for waiver services or pay a premium for Part D prescription drugs, these costs will not change. These plans are managed through Blue Cross of Idaho and Molina Healthcare of Idaho.

If you would like more information about these plans or would like to enroll, please contact the dual programs team at 833-814-8568 or [IdahoDuals@dhw.idaho.gov](mailto:IdahoDuals@dhw.idaho.gov).

# WHAT DO I NEED TO KNOW ABOUT IDAHO MEDICAID BENEFIT PLANS

## Healthy Connections

Healthy Connections is the Idaho Medicaid program that connects participants with a primary care provider (PCP) to help coordinate their healthcare needs. Once you are enrolled with Healthy Connections you need to schedule a visit to establish care if you haven't already. It is important to see your primary care provider regularly, to make sure you get the care you need to be healthy.



- You may choose to opt out of Healthy Connections if you are receiving Medicare, foster care, adoption services, or are a member of a federally recognized tribe. To opt out, you must contact Healthy Connections.
  - Even though Medicaid does not require enrollment in Healthy Connections under these scenarios, it may be a requirement of your clinic.
- Once you are enrolled, you will need to schedule an appointment to establish care with your provider, if you haven't already

## Healthy Connections Fixed Enrollment

Healthy Connections follows a Fixed Enrollment process. This means you will stay enrolled with your primary care provider on an annual basis to promote a quality, long-term relationship.

- You can request a change to primary care provider during the annual open enrollment period every July to August.
- You can request a change up to 90 days after enrollment to a new Healthy Connections primary care provider.

## Enrolling with or Changing Your Primary Care Provider

- Once you are approved for Medicaid, you will receive a letter asking you to choose your primary care provider.
- If you already have a primary care provider, please inform the Healthy Connections program. You can request your choice of primary care provider by:
  - Submitting your choice on the "Find a Healthy Connections Primary Care Provider" link at: <https://healthyconnections.idaho.gov>.
  - Returning the enrollment form to Healthy Connections.
  - Completing an enrollment form at your doctor's office.
  - Contacting Healthy Connections at 888-528-5861.
- You will remain enrolled with your primary care provider unless you qualify for a change.
  - Only you or your authorized representative can enroll or request a change in your primary care provider.

## What to Expect from Your Primary Care Provider

- Provide your routine and preventive care.
- Coordinate your healthcare needs.
- Refer you to other healthcare specialists when needed.

## After-Hours Service

You can call your primary care provider 24-hours a day for information, referral, and recommended treatment for emergency medical conditions.

## Urgent Care

If your primary care provider's office is closed or unable to see you immediately for an urgent medical need, you can go to urgent care. Urgent care is a service that does not require a referral or prior authorization. However, some medical services at urgent care might require prior authorization. You should see your primary care provider for all wellness exams, routine care, and care for your chronic conditions.

## Emergency Care

The emergency room or emergency department of a hospital is not the place to get medical care unless it is life-threatening. If you receive routine medical care at the emergency room, you might be charged a copayment (copay). A copay means you may be charged for part of the cost of the care you receive if your symptoms weren't life threatening.

If you have questions about the program, need to find a primary care provider, or need to change your primary care provider, contact Healthy Connections at 888-528-5861 or visit the Healthy Connections website at [healthyconnections.idaho.gov](https://healthyconnections.idaho.gov).

# WHAT DO I NEED TO KNOW ABOUT IDAHO MEDICAID BENEFIT PLANS

## Referrals

A referral is your primary care provider's approval for you to be treated by another provider (a different primary care provider or specialist). You might not be able to get a referral for other healthcare services if you have not seen your primary care provider or if it has been more than a year since your last visit. It is your responsibility to call your primary care provider to find out if you need to be seen before a referral can be given.

It is important for you to:

- Tell your primary care provider about any medical services you need or have received, such as emergency room visits and behavioral health services.
- Understand that you could be responsible for the bill if you access a service that requires a referral, and you don't have one.
- Understand that an existing referral remains valid for the duration of the referral, even if you change your primary care provider.

## You do not need a referral from your provider for:

- Adult developmental disability services
- Aged and Disabled Waiver services
- Anesthesiology services
- Audiology services
- Children's Habilitative Intervention Services
- Children's developmental disability services
- Colonoscopies
- Dental services
- Durable medical equipment
- Emergency services
- Family planning services
- Home and Community Based Waiver services
- Home Health services
- Hospice services
- Hospital admissions through the emergency room
- Immunizations (without an office visit)
- Indian Health Clinic Services (American Indian/Alaskan Native)
- Infant Toddler program services
- Intermediate care facility/ intellectually disabled (ICF/ID) services
- Laboratory services (includes pathology)
- Licensed Midwife services
- Mammograms
- Occupational therapy services
- Outpatient mental health services
- Personal care services
- Pharmacy services
- Physical therapy
- Podiatry services
- Pregnancy-related services
- Prescription Drugs
- Radiology services
- Respiratory services
- School Based Health Center (for acute medical services)
- School based services
- Service coordination for adults with developmental disabilities
- Sexually transmitted disease testing and treatment
- Skilled Nursing Facility
- Speech language pathology
- Substance use disorder services
- Transportation services
- Urgent care services
- Vision services

**Note:** Although you do not need a referral from your Healthy Connections provider to receive these services, you may need to get a prior authorization.

# WHAT DO I NEED TO KNOW ABOUT IDAHO MEDICAID BENEFIT PLANS

## Out of State/Network Coverage

Idaho Medicaid is for residents of the state of Idaho. When you go out of state, you run the risk of not having coverage. Some out of state providers accept Idaho Medicaid as a form of payment. It is up to the individual out of state provider whether they will accept Idaho Medicaid. It is your responsibility to check with the provider prior to receiving services to see if they bill Idaho Medicaid.

## In State/Network Coverage

Not all Idaho providers accept Idaho Medicaid as a form of payment. It is your responsibility to check with the provider prior to receiving services to see if they bill Idaho Medicaid.

## Crisis Services

- For immediate help, call 911 or go to the nearest hospital emergency room. You do not need a prior authorization for help during a crisis.
- For the Idaho Crisis and Suicide Hotline (ICSH), call or text 988.
- Mobile Response Teams may be able to come to you to help you in a crisis. Call 988 for help
- Go to the nearest Crisis Center, where you can stay for up to 23 hours and 59 minutes for help in a mental health crisis. For more information and a list of adult and youth Crisis Centers visit the website at <https://member.magellanhealthcare.com/web/magellan-of-idaho/crisis-support>.
  - Youth Crisis Centers: Youth Crisis Centers: <https://healthandwelfare.idaho.gov/services-programs/behavioral-health/youth-crisis-centers>
  - Adult Crisis Centers: <https://healthandwelfare.idaho.gov/services-programs/behavioral-health/statewide-crisis-centers>
- You can also contact 2-1-1 to help find services you need. The operators connect people to many community resources.

## Poison Control

If your child has swallowed a suspected poison or someone's medication, **call the poison control center immediately at 800-222-1222**. Even if your child doesn't have symptoms of poisoning, they could be in danger.

## Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Medicaid pays for services that are medically necessary for children and young adults under age 21 who are enrolled in the Basic or Enhanced plan offered by Idaho Medicaid. EPSDT services include screenings (beginning with well child check-ups), preventive care (like immunizations), and diagnostic or treatment services the child needs to lessen or correct physical or mental health conditions, even if the service is not normally covered by an Idaho Medicaid Health Plan.

EPSDT services must be prior authorized. Your provider must complete and submit an authorization packet. For more information and to download the packet visit the website at <https://healthandwelfare.idaho.gov/services-programs/medicaid-health/early-periodic-screening-diagnostic-and-treatment-epsdt>

If a child is under 21 years of age and has a need for inpatient or outpatient behavioral health services not covered by the state plan, the EPSDT benefit can be requested for prior authorization and approval through the Idaho Behavioral Health Plan, managed by Magellan Healthcare.

If you have questions about EPSDT or about completing the packet, please contact the EPSDT Coordinator at 208-364-1911.



# WHAT DO I NEED TO KNOW ABOUT IDAHO MEDICAID BENEFIT PLANS

## Prior Authorization

Prior authorization means you or your provider must obtain approval from Medicaid **before** you get a service. Medicaid may require you or your healthcare provider to submit additional information to show the service or item you are requesting is medically necessary.

Usually your doctor, healthcare provider, or pharmacist will request prior authorization for you. You might have to request prior authorization for yourself or your family for other services like transportation.

The following are examples of services that may need a prior authorization:

- Services that exceed limitations.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
- Non-emergency medical transportation (NEMT).
- Some durable medical equipment and supplies.
- Some hospitalizations or inpatient and outpatient medical procedures.
- Some vision services.
- Personal care services.
- Private duty nursing.
- Some prescription drugs and most brand name drugs when generics are available.
- Home and Community-Based Waiver services.
- Some laboratory and radiology.
- Some outpatient behavioral health services may require prior authorization.

# WHAT DO I NEED TO KNOW ABOUT PAYING FOR SERVICES?

Before you start seeing providers, it is important that you understand what you might need to pay for and why. The information in this section will answer questions you might have about cost sharing, including copayments and premiums, and why Medicaid might not pay for some services. Providers must accept Medicaid's payment as payment in full except what's listed below. They cannot charge you for a "remaining balance." Cost sharing amounts will depend on your age, your income, and other factors. The department will let you know if you need to pay and how much you will need to pay.

Additional information on cost sharing can be found at: <https://healthandwelfare.idaho.gov/services-programs/medicaid-health>

## Copayments

- A copayment is a low fee that some providers might charge for some routine, non-emergency services. If a doctor decides you need emergency treatment, you will not have to pay a copayment for any of the services that are used during that treatment.

You might need to pay a copayment for:

- Using the emergency room when it is not an emergency
- Using emergency medical transportation when it is not an emergency
- Chiropractic care
- Doctor and healthcare provider visits
- Occupational therapy
- Physical therapy
- Podiatry
- Speech therapy
- Vision

## Additional Information About Payment for Services

- If a doctor decides you need emergency treatment, you will not have to pay a copayment for any of the services used during that treatment.
- If you are on the Aged and Disabled or the Adults with Developmental Disabilities Waiver, you might be required to pay a copayment for the services you receive under the waivers each month. This is called your "share of cost."
- If you have a share of cost, you will be notified by the Idaho Department of Health and Welfare. You will have to pay this amount directly to your waiver service provider each month.
- You only pay a monthly share of cost toward the actual cost of waiver services you use. If your calculated share of cost is higher than the cost of your services, you only pay the lesser amount to your waiver provider.
- Share of cost only applies to waiver and skilled nursing facility services. It does not apply to other Medicaid services.

## No Show or Missed Appointments

You are responsible for making and keeping appointments. Your healthcare provider cannot charge you a fee for missing appointments, but they can decide to no longer see you as a patient.

# WHAT DO I NEED TO KNOW ABOUT PAYING FOR SERVICES?

## Premiums

A premium is your monthly bill. Premium amounts are determined by your income, and typically range from \$0 to \$15. Department of Health and Welfare will send you a letter with your monthly premium amount and how to pay that premium. You might need to pay a premium if:

- Your child is on the Children's Health Insurance Program. Participants on this program receive a statement each month with the amount the premium they owe. You can't make payments by debit or credit card, they must be mailed into the address on the invoice. If you lose your invoice, please call 1 (866) 686-4752 toll-free for help.
- Your child qualifies for the Home Care for Certain Disabled Children Program (Katie Beckett) – premiums for these children are suggested and voluntary. If you are unable to pay the premium amount you can request a hardship waiver and your child's Medicaid eligibility will not be affected
- Your child with serious emotional disturbance is eligible for Medicaid through the Youth Empowerment Services (YES) program. If you are unable to pay the premium amount you can request a hardship waiver and your child's Medicaid eligibility will not be affected
- You are participating in the Medicaid for Workers with Disabilities program.

## Non-Covered Services

There are certain services that Medicaid does not pay for under certain circumstances, including the following:

- **Non-covered services or services excluded from coverage**  
You are responsible for the cost of an item or service that is not covered by Medicaid. Before receiving the service, your healthcare provider should inform you that it is not covered and tell you what your cost is if you decide to receive it.
- **Care you receive from a provider who is not an Idaho Medicaid provider**  
Whether you receive care in Idaho or another state, Idaho Medicaid will not cover the services you receive if the provider is not an Idaho Medicaid provider. It is your responsibility to ask if the provider you are receiving services from is an Idaho Medicaid provider.
- **Care you receive without a Healthy Connections referral**  
Medicaid will not pay for care that requires a Healthy Connections referral if you do not get a referral **before** receiving the care. Once you are approved for Medicaid, you will receive a letter asking you to choose your primary care provider. You can complete a Healthy Connections enrollment form at your primary care clinic. If you do not choose a primary care provider, one will be assigned to you. Your Healthy Connections primary care provider must know about any health conditions you might have to make the right referrals for your care. It is your responsibility to call your Healthy Connections primary care provider and ask whether you need to be seen before you can obtain a referral. Your health plan may not pay for some services without a referral.
- **Care you receive without a prior authorization**  
Medicaid does not pay for care that requires a prior authorization if you do not get the prior authorization **before** receiving services.

# WHAT OTHER INFORMATION DO I NEED TO KNOW?

## Other Medical Insurance

If you have other medical insurance (like Medicare or private insurance), email [MyBenefits@dhw.idaho.gov](mailto:MyBenefits@dhw.idaho.gov) or call 877-456-1233 and let the department know. Your other insurance must pay before Medicaid will pay. If your insurance has changed or stopped, email or call the department and provide your new insurance information or say why you stopped your insurance. If you do not, you or your children might not be able to get Idaho Medicaid.

**If your primary insurance ends or changes**, call 877-456-1233.

If Medicaid pays a bill and you get money from your other insurance, you are required to give the money to Medicaid. You are responsible for helping Medicaid collect money from another insurance plan or a responsible person such as a non-custodial parent. The provider of the services will need to re-bill or do an adjustment.

For instructions about how to pay Medicaid, call the Financial Recovery Unit at 208-287-1175 or the Department of Health and Welfare's third-party recovery contractor (HMS) toll free at 800-873-5875.

## Health Insurance Premium Payment Program

If you have Medicaid and have other health insurance available, such as employer-sponsored group coverage, ask your Department of Health and Welfare representative about this program. If you or your children qualify, the Department of Health and Welfare may pay the premiums, deductibles, and copayments for your other insurance.

## Your Rights

When you are eligible for Idaho Medicaid's health insurance coverage, you have certain guaranteed rights. These include:

- **You have the right to fair treatment.** You have the right to all covered benefits without regard to race, color, national origin, religion, disability, sex, gender identity, sexual orientation, marital status, national origin, health status, pregnancy, need for services, or age. You have the right to be treated with respect and with due consideration for your dignity and privacy. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

If you believe that anyone in the Department of Health and Welfare has discriminated against you because of your race, color, national origin, religion, disability, sex, gender identity, sexual orientation, marital status, national origin, health status, pregnancy, need for services, or age you can file a complaint by contacting:

Civil Rights Manager

Idaho Department of Health and Welfare  
PO Box 83720

Boise, Idaho 83720-0036

208-334-5617 (voice) or 208-332-7205 (TTY)

### **You can also file a complaint by contacting:**

U.S. Department of Health and Human Services (HHS)

Director, Office for Civil Rights

Room 506-F, 200 Independence Avenue, S.W.  
Washington, D.C., 20201

Phone: 800-368-1019 (TDD) or 800-537-7697

Web: <https://ocrportal.hhs.gov/ocr/smarscreen/main.jsf>

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)



# WHAT OTHER INFORMATION DO I NEED TO KNOW?

## Your Rights (continued)

When you are eligible for Idaho Medicaid’s health insurance coverage, you have certain guaranteed rights. These include:

- **You have the right to timely and accurate notice.** Written notifications must be mailed to you before your eligibility is ended, so keeping your address up to date is important.
- **You have the right to receive information about available treatment options.** The information should be given to you in a manner that is appropriate to your condition and ability to understand.
- **You have the right to make decisions about your healthcare.** Your provider must discuss your options with you before you start medical treatment. You should let your family and your doctor know your wishes before you become too ill to make a decision about your medical treatment.
- **You have the right to request and receive a copy of your medical records.** You can request that they be amended or corrected.

- **You have the right to file an appeal.**
  - **For eligibility appeals, the Department of Health and Welfare must receive your appeal in writing within 30 days from the date the notice was mailed.**

If you disagree with a decision regarding your eligibility coverage, or if you feel that your medical needs have not been properly met, you can file an appeal or request a Fair Hearing Form at your local Health and Welfare Office or by calling 877-456-1233.
  - **For managed care service and benefits appeals. The managed care contractor must receive your appeal request within the deadline provided on the notice you received.**

If you disagree with a decision made regarding your service and benefits provided by one of Idaho Medicaid’s managed care partners, you must first file your appeal with the contractor as outlined below. After you’ve completed your appeal with the managed care contractor, you may appeal to Medicaid if you do not agree with the outcome. Follow the instructions on your Appeal Determination Letter from the managed care contractor.

<b>Behavioral Health services</b>	Magellan Healthcare, Inc. Attn: Idaho Appeals Department P.O. Box 2188 Maryland Heights, MO 63043  Fax: 888-656-9795 Phone: 855-202-0973 <a href="mailto:IDAC@magellanhealth.com">IDAC@magellanhealth.com</a>
<b>Dental services</b>	MCNA Dental Attn: Grievances and Appeals Department P.O. Box 740370 Atlanta, GA 3037 Or Email To: <a href="mailto:ga@mcna.net">ga@mcna.net</a>  Fax: 954-628-3330 Phone: 855-233-6262 TTY: 800-377-3529 Appeal form: <a href="http://docs.mcna.net/forms/id-member-appeal">http://docs.mcna.net/forms/id-member-appeal</a>
<b>Dual Eligible, Medicare-Medicaid Coordinated services</b>	If you want to appeal a decision about your dual eligible benefits, call the number on the back of the healthcare card you receive from your health plan or call your care coordinator.

# WHAT OTHER INFORMATION DO I NEED TO KNOW?

## Your Rights (continued)

When you are eligible for Idaho Medicaid's health insurance coverage, you have certain guaranteed rights. These include:

- **You have the right to file an appeal. (continued)**

- **Non-Emergency Medical Transportation (NEMT). The NEMT contractor must receive your appeal request within 28 days from the date on the notice.**

If you disagree with a decision made by MTM, you can file an appeal, grievance, or a state fair hearing request. You can do this by calling or writing to us within 28 days of the date on your denial letter. You can also submit an appeal for NEMT directly to Medicaid.

MTM, Inc.

Attn: Quality Management

16 Hawk Ridge Drive

Lake St. Louis, MO 63367

Phone: 866-436-0457

- **Appeal Rights and State Fair Hearings - Medicaid services and benefits. For Medicaid appeals for services outside of the managed care programs on the previous page, the Department of Health and Welfare must receive your appeal within 28 days from the date the notice was mailed.**

Idaho Department of Health and Welfare must allow appeals and State Fair Hearings to protect individuals' rights, this is known as due process.

Individuals who disagree or are not satisfied with a decision made by the Department or its contractors may want to file an appeal. An appeal is a request to change a decision. Appeals may be submitted by mail, email, fax, or phone using the contact information on the Notice of Decision. If an appeal is filed over the phone, the individual may be asked to submit something in writing afterwards.

If a mutually agreed upon resolution cannot be reached during the appeal review process, a State Fair Hearing may take place.

To request an appeal form, please contact the number listed below. A letter, email, or other written form can also be accepted. You can submit your appeal in-person to your regional office or send it by mail, e-mail or fax to the following:

Medicaid Appeals

Idaho Department of Health and Welfare

PO Box 83720

Boise, Idaho 83720-0009

Phone: 208-334-5747

Fax: 208-364-1811

Email: [MedicaidAppeals@dhw.idaho.gov](mailto:MedicaidAppeals@dhw.idaho.gov)

If a hearing is scheduled, you will receive a notice of scheduling letter with the date and time of your hearing. During the hearing, you can have anyone you want present to speak on your behalf, if they are an authorized representative. If you decide you want an attorney to represent you, you are responsible for any fees.

# WHAT OTHER INFORMATION DO I NEED TO KNOW?

## Fraud, Abuse, and Misuse

Everyone in your family eligible for health benefits will get their own Medicaid card with their name listed on the card. It is against the law for anyone else to use the card. If you knowingly break the rules, you can lose your coverage. You also can be prosecuted, and you might have to pay for the benefits you received but were not entitled to receive.

If you think someone receiving assistance from the state of Idaho is abusing the programs or you think a provider is improperly billing for services they have not provided, you should report this to Medicaid.

- To report member fraud, call the Idaho CareLine at 2-1-1 or 800-926-2588.
- To report provider fraud, fill out the electronic form found <https://healthandwelfare.idaho.gov/report-provider-fraud>.

## Estate Recovery

Medicaid estate recovery is the process through which each state recovers the costs of medical services it has paid from the estate of the person who received those services. The federal government directs states to pursue Medicaid estate recovery for these services. Federal and state law also permits the recovery of these benefits from the estate of the Medicaid recipient's spouse.

The Medicaid estate recovery program impacts two groups of people receiving Medicaid benefits:

- Anyone over the age of 55 who has received Medicaid assistance; and
- Anyone who is permanently institutionalized and has received Medicaid assistance, regardless of age.

The estate recovery program may recover money from the estate of a deceased Medicaid recipient as repayment for any medical care services that were provided to the recipient and paid for by Medicaid, while the recipient was over 55 years of age, or permanently institutionalized, regardless of age. The state may place a lien on real property when a Medicaid member passes away or becomes permanently institutionalized.

Recoverable medical care includes a wide range of services including, but not limited to: hospital services, prescription drug services, skilled nursing facility services, and community based in-home care services. Recoverable medical care also includes monthly capitation payments to Medicaid contracted health insurance companies or medical providers administering a defined package of benefits. Medicare premiums, co-insurance, and deductibles paid by Medicaid may be recoverable if paid prior to January 1, 2010.

Federal law recognizes that the needs of certain relatives can take precedence over the state's interest in recovering assets from the deceased. For this reason, states are not allowed to pursue Medicaid estate recovery under the following circumstances:

- During the lifetime of the surviving spouse, regardless of where he or she lives; and
- When there is a surviving child who is under age 21 years or is blind or permanently disabled (based on Social Security criteria), regardless of where he or she lives.

Idaho Medicaid Estate Recovery will exempt all property, whether held in trust or not, if the property is owned by an American Indian or Alaskan Native and located within the boundaries of a tribal reservation.

As individual circumstances vary, and for more information, please call the Estate Recovery Office at 866-849-3843 or email at [FinancialRecovery@dhw.idaho.gov](mailto:FinancialRecovery@dhw.idaho.gov).

# WHO CAN I CALL IF I HAVE QUESTIONS OR NEED INFORMATION?

## Behavioral Health

### **Magellan Healthcare**

To find a provider, contact Magellan at 855-202-0973, or dial 711 (TTY).

Visit Magellan's website at [www.magellanofidaho.com/for-members](http://www.magellanofidaho.com/for-members).

## Dental Coverage – Idaho Smiles

### **MCNA Dental**

For information about dental coverage or to find a dentist in your area, contact MCNA Dental at 855-233-6262 or visit MCNA's website at <https://www.mcnaid.net/members>.

For more information or support please contact the Medicaid Dental team by emailing [medicaiddental@dhw.idaho.gov](mailto:medicaiddental@dhw.idaho.gov)

## Dual Eligible Plans - IMPlus and MMCP **Blue Cross of Idaho & Molina Healthcare of Idaho**

Blue Cross of Idaho

Blue Cross MMCP: 888-495-2583

Blue Cross IMPlus: 800-289-7921

Molina Healthcare of Idaho:

Molina MMCP: 844-239-4913

Molina IMPlus: 844-809-8445

## Health Management Systems (HMS)

To report changes to your other insurance, call the department's third-party recovery contractor (HMS) toll free at 800-873-5875.

## Independent Assessments

### **Liberty Healthcare**

For information about independent assessments, call 877-305-3469 or visit Liberty's website at [idahoias.com](http://idahoias.com). To schedule an eligibility assessment for developmental disability services or Katie Beckett, email [idahoias@libertyhealth.com](mailto:idahoias@libertyhealth.com).

To schedule an eligibility assessment for Youth Empowerment Services, email [IdahoYES@LibertyHealth.com](mailto:IdahoYES@LibertyHealth.com).

## Medicare

For more information about Medicare, call 800-MEDICARE (800-633-4227) or visit Medicare's website at <https://www.medicare.gov/>

## Non-emergency Medical Transportation **MTM**

To schedule a ride to your medical appointment, call 877-503-1261 or visit MTM's website at <https://www.mtm-inc.net/idaho/>. There is other information on the website such as getting signed up for their app or filing a complaint.

For other information and support, please call the Medicaid NEMT team at 800-296-0509 or email [medicaidtransport@dhw.idaho.gov](mailto:medicaidtransport@dhw.idaho.gov).

## U.S. Department of Health and Human Services (HHS)

202-619- 0403 (voice) or

202-619-3257 (TDD)

## Vision

### **National Vision Administrators (NVA)**

For questions regarding vision services and supplies, call 800-672-7723 or email [service@e-nva.com](mailto:service@e-nva.com).

# WHO CAN I CALL IF I HAVE QUESTIONS OR NEED INFORMATION?

## DEPARTMENT OF HEALTH AND WELFARE CONTACTS

### Behavioral Health

For crisis support, call 988.

For more information about the Idaho Behavioral Health Plan (IBHP), call the IBHP Governance Bureau at 866-681-7062 or email [IBHP@dhw.idaho.gov](mailto:IBHP@dhw.idaho.gov). You can also visit the website at <https://healthandwelfare.idaho.gov/newIBHP>.

For information about Youth Empowerment Services (YES), call 208-364-1910 or email [YES@dhw.idaho.gov](mailto:YES@dhw.idaho.gov). You can also visit the YES website at [yes.idaho.gov](https://yes.idaho.gov).

### Beneficiary Support Specialist (for Dual Eligible Plans)

For more information about the duals' programs or to select your Idaho Medicaid Plus health plan, please call 833-814-8568 or email [IdahoDuals@dhw.idaho.gov](mailto:IdahoDuals@dhw.idaho.gov)

For questions about benefits and services, please call the phone number on the back of your duals' plan health insurance card.

To file a complaint with the department, call 877-799-4430 or visit the website at <https://medicaidcomplaints.dhw.idaho.gov/>

### Civil Rights Manager

To file a complaint, call 208-334-5617 (voice) or 208-332-7205 (TTY). You can also submit a complaint on the department's website at <https://healthandwelfare.idaho.gov/about-dhw/non-discrimination>.

### Developmental Disability (DD) Programs

To reach the **adult** DD program call 866-702-5212. To reach the **children's** DD program call 887-333-9681 or email [DDQI@dhw.idaho.gov](mailto:DDQI@dhw.idaho.gov).

### Eligibility Customer Service

Call 877-456-1233. For more information about programs for disabilities, such as home and community-based services, request to talk to a Medical Review Specialist.

### Estate Recovery Office

For information about estate recovery, call 866-849-3843 or email [FinancialRecovery@dhw.idaho.gov](mailto:FinancialRecovery@dhw.idaho.gov).

### Fraud and Program Integrity

To report welfare fraud, call 866-635-7515. To report healthcare fraud, call 208-334-5754 or email [prvfraud@dhw.idaho.gov](mailto:prvfraud@dhw.idaho.gov). You can also submit a report on the department's website at <https://healthandwelfare.idaho.gov/crisis-services/report-fraud>.

### Independent Assessments

To report concerns about Liberty Independent assessments to the department, email us at [IndependentAssmnts@dhw.idaho.gov](mailto:IndependentAssmnts@dhw.idaho.gov).

### Infant Toddler Program (ITP)

For more information about early intervention services for children up to 3 years of age, call 208-334-5514.

### Medicaid Customer Service

Call 888-528-5861.

### Nursing Facility Assistance/Long-Term Care Unit

For information about nursing facility care, call the Long-Term Care Unit at 866-255-1190.

### Help with Other Services

To get help with other services available through the department, such as food or housing assistance, call the Idaho CareLine (2-1-1 or 800-926-2588) or call 877-456-1233.

### Help with Your Covered Services

If you are not enrolled in a duals' plan and have questions about your covered services, please call the Gainwell Member line at 866-686-4752.

Reasons you might call the member line include:

- If a provider reports you to a collection agency or if you get a bill that you think your health plan should pay.
- If you want to know whether a service needs a Healthy Connections referral or prior authorization.
- If you need to know whether an item or service is covered.



# WHO CAN I CALL IF I HAVE QUESTIONS OR NEED INFORMATION?

## Healthy Connections – Regional contacts

Regional contacts can tell you about primary care providers available in your area and help you with changes or answer questions about Healthy Connections. For more program information, please visit the Healthy Connections website [healthyconnections.idaho.gov](https://healthyconnections.idaho.gov).



### Region 1 – Coeur d'Alene

Benewah, Bonner, Boundary, Kootenai, and Shoshone counties  
208-666-6766

### Region 2 – Lewiston

Clearwater, Idaho, Latah, Lewis, and Nez Perce counties  
208-799-5088

### Region 3 – Caldwell

Adams, Canyon, Gem, Owyhee, Payette, and Washington counties  
208-334-4676

### Region 4 – Boise

Ada, Boise, Elmore, and Valley counties  
208-334-4676

### Region 5 – Twin Falls

Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties  
208-736-4793

### Region 6 – Pocatello

Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties  
208-235-2927

### Region 7 – Idaho Falls

Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties  
208-528-5794

## Regional Program Offices

Local offices help with developmental disability service applications, home and community-based waivers, assessments for personal care services, and children's services.

### Region 1 – Coeur d'Alene

1120 Ironwood Dr.  
Coeur d'Alene, Idaho 83814  
208-769-1567

### Region 2 – Lewiston

1118 F St.  
Lewiston, Idaho 83501  
208-799-4430

### Region 3 – Caldwell

3402 Franklin Rd.  
Caldwell, Idaho 83605  
208-455-7150

### Region 4 – Boise

1720 Westgate Dr.  
Boise, Idaho 83704  
208-334-0940

### Region 5 – Twin Falls

601 Pole Line Rd., Suite 3  
Twin Falls, Idaho 83301  
208-736-3024

### Region 6 – Pocatello

1070 Hiline Rd.  
Pocatello, Idaho 83201  
208-239-6260

### Region 7 – Idaho Falls

150 Shoup Ave., Suite 4  
Idaho Falls, Idaho 83402  
208-528-5750

