



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**JAN 19 2011**

Richard Armstrong, Director  
Department of Health & Welfare  
Towers Building – Tenth Floor  
Post Office Box 83720  
Boise, Idaho 83720-0036

**RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-005**


Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-005. This amendment freezes reimbursement rates for physician services to the levels in place for State Fiscal Year (SFY) 2010. The reimbursement changes are reflected in Attachment 4.19-B, page 17.

This SPA is approved effective July 3, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tom Couch at (208) 334-9482 or [Thomas.Couch@cms.hhs.gov](mailto:Thomas.Couch@cms.hhs.gov).

Sincerely,

  
Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Leslie Clement, Administrator, Idaho Department of Health and Welfare  
Rachel Strutton, State Plan Coordinator, Idaho Department of Health and Welfare

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
10-005

2. STATE  
IDAHO

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
~~July 1, 2010~~ July 3, 2010 (P+I)

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42-CFR 447.201

7. FEDERAL BUDGET IMPACT:  
For FFY 2010 (7-1-10 - 9-30-10) total federal savings \$258K.  
For FFY 2011 (10-1-10 - 6-30-11) total federal savings \$775K.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4-19 B page 17, ~~pg 21a (P+I)~~ (P+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4-19 B page 17, ~~pg 21a (P+I)~~ (P+I)

10. SUBJECT OF AMENDMENT:

We are requesting this amendment to our State Plan freeze changes to reimbursement rates paid for physician and dental services for SFY 2011.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
LESLIE M. CLEMENT

14. TITLE:  
Administrator

15. DATE SUBMITTED:

7/30/10

16. RETURN TO:

Leslie M. Clement, Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0036

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **AUGUST 4 2010**

18. DATE APPROVED: **JAN 19 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**JUL - 3 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Barbara K. Richards**

22. TITLE:  
Associate Regional Administrator  
Division of Medicaid &  
Children's Health

23. REMARKS:

Pen & Inc changes authorized by the state on 10/22/10.  
Pen & Inc changes authorized by the state on 12/15/10.

5. a.
- vii. Pursuant to Idaho Code, Chapter 1, Title 56, Section 136 (version effective as of July 1, 2010) the Agency's rates for physician services were updated ~~Effective~~ as of July 1, 2010, and are effective for services rendered on or after that date except as otherwise noted in the plan. State-developed fee schedule rates are the same for both governmental and private providers of physician services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in/at the following website: <http://www.healthandwelfare.idaho.gov>.
  - viii. The Medicaid payment for primary care case management under Idaho's Primary Care Case Management program is paid in addition to FFS to physicians and mid-level providers who are enrolled as providers in the PCCM program. The case management fee is \$3.50 per member per month for all individuals enrolled with the PCCM provider.
  - ix. In addition to FFS, Idaho Medicaid will pay a Pay-for-Performance incentive fee for disease management to PCCM physicians and mid-level practitioners including nurse practitioners and physician assistants. Primary Care Providers who choose to participate in the Pay-for-Performance program will sign an agreement with Idaho Medicaid and provide disease management services to individuals with a chronic disease as identified in Attachment 3.1-F, item B.3. They will then be eligible to receive the enhanced payment after collecting the required data and submitting that data to Idaho in the specified format. The enhanced fee will be paid in the following instances:
    - (1) A one-time fifty dollar (\$50.00) payment will be made when a participant is newly identified by the provider as having a chronic disease defined in Attachment 3.1-F, item B.3; and registered with the Department.
    - (2) Annual payment of ten dollars (\$10.00) for each time one of the selected indicators defined in Attachment 3.1-F, item B.3 is met.