



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 10-014

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-014. This amendment provides clarification on the reimbursement methodology for audiology services under Idaho's Medicaid program. The methodology clarifications are reflected on Attachment 4.19-B, page 18a.

This SPA is approved effective July 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tom Couch at 334-9482 or 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: 10-014	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Pursuant to 42 CFR § 447.205	7. FEDERAL BUDGET IMPACT: None
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT: 4.19-b page 18 18a (P+I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT: 4.19-B page 18 (PPI)
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10. SUBJECT OF AMENDMENT:
The change will provide clarity in the reimbursement methodology for audiology and dietician services as a result CMS' audit of Idaho Medicaid's Enhance Benefit Benchmark Plan.

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:	16. RETURN TO:
13. TYPED NAME: LESLIE M. CLEMENT	Leslie M. Clement, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036
14. TITLE: Administrator	
15. DATE SUBMITTED: 9/17/10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEPTEMBER 17 2010	18. DATE APPROVED: JAN 19 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11-1-2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Barbara K. Richards	22. TITLE: ASSOCIATE Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:
12/6/10 - Pen & inc changes authorized by the state

- e. Audiologists – The Department will pay the lesser of the submitted charges or the fee assigned to CPT procedure codes 92551-92597 as the upper limit of payment for audiology services provided by audiologists enrolled in the Idaho Medicaid program.

The fee schedule for these services and any annual/periodic adjustments to the fee schedule are published at the following web site:

<http://www.healthandwelfare.idaho.gov>

The fee schedule will be effective for services on or after 7/1/08.