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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 14-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

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

JUN 04 2014

RE: Idaho State Plan Amendment (SPA) Transmittal Number 14-007

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-007. This SPA removes Idaho's initial Enhanced Benchmark Benefit Plan (Enhanced Plan), authorized under the 2005 Deficit Reduction Act (DRA), from Idaho's State Plan.

Idaho's initial Enhanced Plan is being replaced with the Enhanced Alternative Benefit Plan (ABP), as required by the Affordable Care Act. The CMS is taking this opportunity to remind the state that the approval of the removal of Idaho's initial Enhanced Plan will require the state to submit a Children's Health Insurance Program (CHIP) State plan amendment to remove all benefit references to the initial Enhanced Plan benefits. Idaho must be mindful of the submission timeframes in order to achieve effective date consistency related to the provision of benefits for children enrolled in Idaho's CHIP program.

This SPA, ID 14-007 is approved effective January 1, 2014, as requested by the state.

Please contact Janice Adams in the CMS Regional Office at (206) 615-2541 or via email at Janice.Adams@cms.hhs.gov and Victoria Collins in the CMS Central Office at (410) 786-2176 or via email at Victoria.Collins@cms.hhs.gov for any guidance and technical assistance needs you may have related to the CHIP state plan requirements.

If you have any additional questions or require any further assistance related to the approval of this SPA, please contact me, or have your staff contact Walter Neal at (206) 615-2330 or: Walter.Neal@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area, with blue ink scribbles visible above and to the right of the box.

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

Enclosure

cc:

Denise Chuckovich, State Medicaid Director, Department of Health & Welfare
Lisa Hettinger, Medicaid Benefits Administrator, Division of Medicaid

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

1. TRANSMITTAL NUMBER:
14-007

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
January 1, 2014

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:
Section 2302 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:
FFY 2014 = \$0 (zero)
FFY 2015 = \$0 (zero)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 3.1-C, EBBP, Pre-Print Pages 1 – 8 (Removal)
Attachment 3.1-C, EBBP, Pages 1 – 58 (Removal)

10. SUBJECT OF AMENDMENT:

This amendment removes the Idaho Enhanced Benchmark Benefit Package (EBBP) to comply with the requirements in the Affordable Care act to ensure that the essential health benefits and other standards are met. The Idaho Enhanced Alternative Benefit Plan has been submitted through the MMDL to replace these pages.

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:

Paul J. Leary

14. TITLE:

Administrator

15. DATE SUBMITTED:

3/27/14

Paul J. Leary, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/27/2014

18. DATE APPROVED:

06/04/2014

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE:

**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS: