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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 15-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Page
- 3) Approved SPA Pages

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

February 24, 2016

Denise Chuckovich, Deputy Director
Department of Health and Welfare
Towers Building - Tenth Floor
Post Office Box 83720
Boise, ID 83720-0036

RE: ID State Plan Amendment (SPA) Transmittal Number #15-0009 – Approval

Dear Ms. Chuckovich:

We have reviewed the proposed amendment to Attachment 4.19-B, Supplement 1 of your Medicaid State plan submitted under transmittal number (TN) 15-0009. This SPA updates the state's payment methodology for Coordination of Benefits (COB) claims.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 15-0009 is approved effective as of December 2, 2015. For your files, we are enclosing the HCFA-179 transmittal form and the amended plan pages.

If there are any questions concerning this approval, please contact me or your staff may contact Tom Couch at Thomas.couch@cms.hhs.gov or (208) 861-9838.

Sincerely,

[Redacted Signature]

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2016.02.26 12:09:11 -08'00'

David L. Meacham
Associate Regional Administrator

Enclosures

Page 2 – Ms. Chuckovich

cc:

Lisa Hettinger, Idaho Department of Health and Welfare

Cale Coyle, Idaho Department of Health and Welfare

Dea Kellom, Idaho Department of Health and Welfare

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|--|--|--------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 15-0009 | 2. STATE IDAHO |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | | |

FOR: HEALTH CARE FINANCING ADMINISTRATION

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|---|---|
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE 02 December 2015 |
|---|---|

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: 1902(a)(10)(E), 1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act | 7. FEDERAL BUDGET IMPACT: Total (\$) Federal Funds FFY 2016 – (\$1,370,888.17) FFY 2017 – (\$1,677,967.12) |
|--|--|

| | |
|--|--|
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Supplement 1, Pages 2-3 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Supplement 1, Pages 2-3 |
|--|--|

10. SUBJECT OF AMENDMENT:
The method by which Coordination of Benefit (COB) claims are paid is being revised. For claims submitted on or after 02 December 2015, claims will be priced in one of three ways based on the claim type.: Member Responsibility, Medicaid Allowed Amount Minus Primary Insurance Payment, or Lesser Of Member Responsibility or Medicaid Allowed Amount Minus Primary Insurance Payment.

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: Lisa Hettinger, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009 |
| 13. TYPED NAME: LISA HETTINGER | |
| 14. TITLE: Administrator | |
| 15. DATE SUBMITTED: 12/31/15 | |

| FOR REGIONAL OFFICE USE ONLY | |
|------------------------------------|------------------------------------|
| 17. DATE RECEIVED: 12/31/15 | 18. DATE APPROVED: 02/24/16 |

PLAN APPROVED – ONE COPY ATTACHED

| | |
|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/02/15 | 20. SIGNATURE |
| 21. TYPED NAME: David L. Meacham | 22. TITLE: Associate Regional Administrator |

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2016.02.26 12:11:11 -08'00'

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER
TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

| | | | | | |
|---------------------------------|--------|-----|-------------|-----|-------------|
| QMBs: | Part A | MR | Deductibles | MR | Coinsurance |
| | Part B | MR | Deductibles | MR | Coinsurance |
| Other Medicaid Recipients | Part A | MR* | Deductibles | MR* | Coinsurance |
| | Part B | NR | Deductibles | NR | Coinsurance |
| Dual Eligible (QMB Plus) | Part A | MR* | Deductibles | MR* | Coinsurance |
| | Part B | NR | Deductibles | NR | Coinsurance |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER
TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

* For skilled nursing facilities, Medicaid will pay the Medicaid allowed amount minus Medicare's Part A payment without regard to Medicare's co-insurance, co-pay, or deductible.

Minimum payment to non-institutional providers of services for individuals eligible for Medicare and Medicaid will be the lesser of Medicare and any other third-party payments, co-insurance, co-pay, and deductible subtracted from the Medicaid allowed amount. When the Medicaid allowed amount is less than the amount Medicare and any other third-party paid, the payment is zero.