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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 15-0010

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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 10, 2016

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

RE: Idaho State Plan Amendment (SPA) Transmittal Number 15-0010 (MMDL 2397)

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 15-0010. This SPA amends the Medicare-Medicaid Coordinated Plan (MMCP) Alternative Benefit Package (ABP) to reflect the MMCP's expanded geographic availability to forty-two (42) of Idaho's forty-four (44) counties. The coverage exceptions are Lemhi and Franklin Counties.

The enclosed SPA was approved on February 4, 2016 with an effective date of January 1, 2016.

If you have any questions concerning this SPA approval or require further assistance, please contact me or have your staff contact Walter Neal at walter.neal@cms.hhs.gov or (206) 615-2330.

Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

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: 2016.02.10 13:54:37 -08'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Lisa Hettinger, Administrator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Idaho**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

ID-15-0010

Proposed Effective Date

01/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 2302 of the Affordable Care Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$ 0.00
Second Year	2017	\$ 0.00

Subject of Amendment

The purpose of this ABP SPA is to ensure the applicable sections of the ABP reflect the expanded geographic availability of the Idaho Medicare-Medicaid Coordinated Plan (MMCP). The Health Plan that administers the MMCP received approval from CMS to expand this Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) to all but two of Idaho's 44 counties effective January 1, 2016.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Dea Kellom**
Last Revision Date: **Jan 4, 2016**
Submit Date: **Jan 4, 2016**



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- M

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	SSI Beneficiaries	Voluntary	X
+	Disabled Adult Children	Voluntary	X
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X
+	Individuals Receiving Mandatory State Supplements	Voluntary	X

Enrollment is available for all individuals in these eligibility group(s).

Targeting Criteria (select all that apply):

Income Standard.

Income Standard:

- Income standard is used to target households with income at or below the standard.
- Income standard is used to target households with income above the standard.

The income standard is as follows:

- A percentage:
- A specific amount

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Other basis for income standard



Alternative Benefit Plan

	Household Size	Income Standard	
+	1	233	X
+	2	289	X
+	3	365	X
+	4	439	X
+	5	515	X
+	6	590	X
+	7	666	X
+	8	741	X
+	9	816	X
+	10	892	X

Additional incremental amount?

Yes No

Increment amount \$

Disease/Condition/Diagnosis/Disorder.

Other.

Other Targeting Criteria (Describe):

Enrolled in Medicare Part A and Medicare Part B
Individuals over the age of 21

Excluded from the MMCP are:

- Individuals under age 21
- Individuals obtaining eligibility for Medicare due to End Stage Renal Disease (ESRD)

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Select a method of geographic variation:

- By county.
- By region.
- By city or town.
- Other geographic area.

Specify counties:

MMCP-ABP is available in 42 of 44 counties including the following: Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Custer, Elmore,



Alternative Benefit Plan

Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, and Washington

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- M

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The program was authorized under 1937 authority. The 2014 Affordable Care Act replaces in whole the previously authorized program under the 2005 Deficit Reduction Act authority. The MCO agreement replaced the previously established PAHP agreement for the Idaho Medicare-Medicaid Coordinated Plan (MMCP) effective July 1, 2014. Idaho Medicaid has conducted over a dozen web-based seminars from April 2012 forward to engage stakeholders in the development and implementation of changes to the MMCP. Medicaid continues to keep participants, providers, and other stakeholders apprised of implementation activities via webinars, website postings, and member and provider notifications.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

No

- The Alternative Benefit Plan will be provided through a managed care organization (MCO) consistent with applicable managed care requirements (42 CFR Part 438, and sections 1903(m), 1932 and 1937 of the Social Security Act).

MCO Procurement or Selection Method

Indicate the method used to select MCOs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.



Alternative Benefit Plan

Describe the method used by the state/territory to procure or select the MCOs:

Any willing MAO may apply with the State Medicaid agency to become a Medicaid provider.

Other MCO-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization. No

MCO service delivery is provided on less than a statewide basis. Yes

The limited geographic area where this service delivery system is available is as follows:

- MCO service delivery is available only in designated counties.
- MCO service delivery is available only in designated regions.
- MCO service delivery is available only in designated cities and municipalities.
- MCO service delivery is available in some other geographic area (geographic area must not be smaller than a zip code).

Specify counties:

Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, and Washington

MCO Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan: Yes

Select all that apply:

- Individuals with other medical insurance.
- Individuals eligible for less than three months.
- Individuals in a retroactive period of Medicaid eligibility.
- Other:

Describe:

Individuals under age 21. Individuals whose Medicare eligibility is due to end-stage renal disease (ESRD).

General MCO Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- Mandatory participation.
- Voluntary participation. Indicate the method for effectuating enrollment:
 - Affirmative selection of MCO.
 - State enrolls individual in MCO and permits disenrollment.
 - Other:

Additional Information: MCO (Optional)



Alternative Benefit Plan

Provide any additional details regarding this service delivery system (optional):

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