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]
Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS, 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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **15-0009**

2. STATE: **IDAHO**

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
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 *(If Applicable)*:
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**
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME:
LISA HETTINGER

14. TITLE:
Administrator

15. DATE SUBMITTED: 12/31/15

16. RETURN TO:

Lisa Hettinger, 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: 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 [redacted]

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'

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

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.