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State/Territory Name: Idaho

State Plan Amendments (SPA) #: ID-20-0010

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Children and Adults Health Programs Group

July 23, 2020

Matt Wimmer
Administrator
Division of Medicaid
Idaho Department of Health and Welfare
Post Office Box 83720
Boise, ID 83720-0009

Dear Mr. Wimmer:

This letter is to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), ID-20-0010, submitted on June 29, 2020, has been approved. This SPA has an effective date of July 1, 2019.

This amendment, as it applies to the COVID-19 public health emergency (PHE), makes the following changes beginning March 13, 2020, through the duration of the Federally-declared PHE:

- Conduct tribal consultation following submission of this SPA, as permitted under section 1135 of the Social Security Act;
- Delay processing of renewals and extend deadlines for families to respond to renewal requests;
- Delay acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d);
- Waive collection of co-payments; and
- Temporarily institute a premium reduction for all CHIP applicants and beneficiaries and suspend the premium lock-out policy.

Your title XXI project officer is Ms. Janice Adams. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
701 Fifth Avenue, Suite 1600, Mail Stop: RX-200
Seattle, WA 98104
Telephone: (206) 615-2541
E-mail: Janice.Adams@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky
Acting Deputy Director

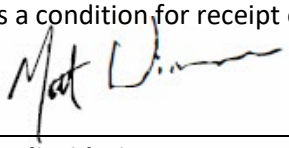
cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Idaho
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))



June 26, 2020

Medicaid Director Date
Division of Medicaid
Idaho Department of Health and Welfare

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Matt Wimmer	Position/Title: Medicaid Administrator, Idaho Department of Health and Welfare
Name: Jodi Osborn	Position/Title: Financial Executive Officer, Idaho Department of Health and Welfare
Name: Alexandria Fernandez	Position/title: Acting Deputy Administrator of Policy, Division of Medicaid
Name: Elizabeth Kriete	Position/Title: Deputy Administrator of Operations, Division of Medicaid

*Disclosure. 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 09380707. The time required to complete this information collection is estimated to average 160 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05**,** Baltimore, Maryland 21244-1850

Effective Date: July 1, 2019 Approval Date:

1.4

Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Amendment #ID-20-0010		Idaho will provide temporary adjustments to the following policies: Tribal consultation, delays in renewals and most changes in circumstances, premiums and premium lock-out periods and cost sharing. This SPA relates to the Federal COVID-19 public health emergency and impacts all counties of the State of Idaho, as declared by the Governor on March 13, 2020.
Submitted		
Approved		
Effective Date	July 1, 2019 Implementation Date: March 13, 2020	

1.4- TC Tribal Consultation (Section 2107(e)(1)(C))

Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

~~The State used its standard negotiation (with the Tribes of Idaho) process for Tribal Consultation for this SPA. A hard copy of the Tribal notice was sent to Tribal Leaders and e-mailed to a contact list of Tribal Representatives as indicated in the table below. The notice was subsequently posted to the Idaho Medicaid Tribes website.~~

To address the Federal COVID-19 public health emergency, the State seeks a waiver under section 1135 of the Act to modify the tribal consultation process by conducting tribal consultation after the SPA submission.

SUBJECT	DATE OF NOTIFICATION	DESCRIPTION
Coronavirus Federal (COVID-19) Public Health Emergency of 2020	March 19, 2020	The State provided notification within its global 1335 notification to our Tribal partners for the policy modifications necessary as a result of the state of emergency which would remove barriers to care, support our provider network and facilitate care to our title XXI participants. Hard copies of the Tribal notice were sent to Tribal leaders and e-mailed to a contact list of Tribal Representatives. The notice was subsequently posted to the Idaho Medicaid Tribes website. The quarterly meeting for the Tribes of Idaho was delayed due to the emergency

		until June, and this SPA will be discussed as part of the policy update during that meeting and every quarterly meeting until the end of the emergency or approval of the SPA, whichever occurs first. No additional requests for discussion or consultation have been received at this time.

4.3. Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2)) (42CFR 457.350)

Methods of establishing eligibility and continuing enrollment include a combined application for all Idaho children's health insurance programs. The application can be mailed to DHW. Face-to-face interviews are not required. All eligibility determinations will be made within the 45 days following receipt of the application. All applicants are notified in writing regarding the outcome of their eligibility and enrollment status.

Described in 42CFR 457.342(a) cross-referencing 435.926(d)

Federally Declared Disaster Area

The State will temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by Federal **COVID-19** such that processing the change in a timely manner is not feasible. The state will continue to act on changes in circumstance in circumstance described in 42CFR 457.342(a) cross-referencing 435.926(d).

Requirements related to timely processing of renewals and deadlines for families to respond to renewal requests will be temporarily waived for CHIP beneficiaries during the Federal COVID-19 public health emergency."

MAGI RELATED CHANGES:
CS24 SUPERSEDES 4.3 SINGLE STREAMLINED APPLICATION SCREEN & ENROLL (SEE MAGI SECTION

An annualized gross income figure is used to determine eligibility. There are no earned income disregards. There is no resource limit. The number of persons in the family determines the applicable income standard.

The eligibility redetermination process entails checking all available interfaces and databases for current pertinent information prior to contacting the participant by phone. If the renewal is not completed at this point, a renewal form is sent to the family at least 45 days before their health coverage will end. The form instructs the family to review the information on the form, provide any updated information, sign and return the form or call and report that there are no changes.

MAGI RELATED CHANGES:
ADDING CS13 TO 4.3 (SEE MAGI SECTION)
ADDING CS15 TO 4.3 (SEE MAGI SECTION)

8.2.3. Coinsurance or copayments:

Co-payment amount: Beginning on November 1, 2011, the nominal fee amount required to be paid by the participant as a co-payment is three dollars and 65 cents ($3.65). The reimbursable amount of the services rendered during a visit must be at least ten times the amount of the co-pay. Visits where the provider is reimbursed $36.50 or less for their services are not subject to co-pay and providers are directed not to assess co-pays for services where reimbursement is less than or equal to $36.50. Well-baby and well-child care as defined in 42 CFR 457.520 are not subject to co-pay.

The State will submit a State Plan Amendment for any future changes to the co-pay amount.

Co-pays for use of emergency services for a non-emergent medical condition

- A participant who seeks care at a hospital emergency department for a condition that is not an emergency medical condition may be required to pay a co-payment to the provider. The determination that the participant does not have an emergency medical condition is made by the emergency room physician conducting the medical screening and using the prudent layperson standard.
- A participant who accesses emergency transportation services for a condition that is not an emergency medical condition may be required to pay a co-payment to the provider of the service. The determination that the participant did not have an emergency medical condition is made by Idaho Medicaid.

Co-pays for other services

- Chiropractic services
- Occupational Therapy
- Optometric Services
- Physical Therapy
- Physician Office Visits unless the visit is for preventive care or family planning
- Speech Therapy
- The reimbursable amount of the services rendered during a visit must be at least ten times the amount of the co-pay. Otherwise, the visit is exempt from co-pay. The provider may provide the service and decline to collect the co-pay at the time of service, if the participant can't pay. The provider may also choose not to bill the participant for the co-pay.
- Population: All children 142% - 185% of the federal poverty guidelines.

Cost sharing may be temporarily waived for CHIP applicants and/or existing beneficiaries during the Federal COVID-19 public health emergency.

Idaho is temporarily instituting a premium reduction for all CHIP applicants and beneficiaries during the Federal COVID-19 public health emergency.

8.7 Provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

Premiums Renewal: If premium payments are two or more months in arrears at the time of renewal, the child(ren) will lose eligibility for the program and be prohibited from participation until the delinquency is paid. Delinquent accounts will be sent a delinquency notice monthly. The notice includes the amount of the delinquency, their right to be considered for Medicaid eligibility and the consequence of not bringing their account current. The notice also includes a reminder that the family may receive help with their premium payments by participating in Wellness PHA.

Co-pays
If a participant is unable to make a co-pay the provider can bill the patient, waive the co-pay or refuse to provide services.

MAGI RELATED CHANGES:
SUPERSEDED BY CS21 (SEE MAGI SECTION)

The premium lock-out policy is temporarily suspended, and coverage is available regardless of whether the family has paid their outstanding premium for existing beneficiaries during the Federal COVID-19 public health emergency.

COST OF APPROVED CHIP PLAN

Benefit Costs **2020**

Insurance payments	$365
Managed Care	$23,733,548
Fee for Service	$65,562,002
Total Benefit Costs	$89,295,915
(Offsetting beneficiary cost sharing payments)	$504,802
Net Benefit Costs	$88,791,113

Administration Costs **2020**

Personnel	
General Administration	$ 1,585,115
Contractors/Brokers (e.g., enrollment contractors)	
Claims Processing	$ 148,660
Outreach/Marketing costs	
Other (e.g., indirect costs)	$ 1,358,556
Health Services Initiatives	$ 406,338
Total Administration Costs	$ 3,498,669
10% Administrative Cap (net benefit costs/9)	$ 9,865,679
Federal Title XXI Share	$ 87,747,279
State Share	$ 4,542,503
TOTAL COSTS OF APPROVED CHIP PLAN	**$ 92,289,782**