



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**AUG 08 2011**

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

**RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-019**

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-019. This SPA carves out dental services for participants enrolled in Idaho's Enhanced Benchmark Benefit Plan (EBBP). Previously, EBBP enrollees were receiving dental services via a fee-for-service delivery system. Approval of this SPA carves out the EBBP dental benefit and adds it to Idaho's existing managed care delivery system program, "Idaho Smiles."

During the review of Idaho SPA 10-019, CMS performed an analysis of corresponding coverage sections not originally submitted with this SPA. This analysis revealed issues that will require additional information and/or possible revision through a corrective action plan (CAP). Under separate cover, CMS will release a letter detailing those issues, and provide guidance on timeframes for correction.

This SPA is approved effective November 3, 2010, as requested by the State.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Jan Mertel at (206) 615-2317 or [Jan.Mertel@cms.hhs.gov](mailto:Jan.Mertel@cms.hhs.gov).

Sincerely,

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

cc:  
Leslie Clement, Deputy Director  
Paul Leary, Medicaid Benefits Administrator

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

1. TRANSMITTAL NUMBER:  
10-019

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  
~~November 1, 2010~~ November 3, 2010 (P&I)

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:  
Idaho Medicaid has a selective contract with a Prepaid Ambulatory Health Plan (PAHP), as that term is defined in 42 CFR § 438.2 to provide dental insurance benefits to Basic and Enhanced participants.

7. FEDERAL BUDGET IMPACT:  
N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, page 21a  
Basic Plan Benchmark Benefit Package, page 34  
Enhanced Plan Benchmark Benefit Package, page 41 and 42

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Attachment 4.19-B, page 21a  
Basic Plan Benchmark Benefit Package, page 34  
Enhanced Plan Benchmark Benefit Package, page 41 and 42

10. SUBJECT OF AMENDMENT:  
Dental benefits for Idaho's Basic Plan children and adults have been covered under a selective contract with Blue Cross of Idaho. Access to providers has improved so well that a new selective contract has been awarded to Blue Cross of Idaho to cover both Basic and Enhanced Plan participants.

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:

16. RETURN TO:

13. TYPED NAME:  
LESLIE M. CLEMENT

Leslie M. Clement, Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0009

14. TITLE:  
Administrator

15. DATE SUBMITTED:  
12-2-10

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
DEC 03 2010

18. DATE APPROVED:  
AUG 08 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
NOV 03 2010

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:

6/21/11 - Pen & Ink (P&I) changes authorized by the State.

**BASIC PLAN**  
**(For Low-Income Children and Working-Age Adults)**  
**BENCHMARK BENEFIT PACKAGE**

limitations of practice imposed by state law, and according to applicable Department rules.

**Dentures.** Dentures for the purpose of restoring oral form and function due to loss of permanent teeth that would result in significant occlusal dysfunction are covered for adults and children.

**Limitations.** The following service limitations apply to the Basic Benchmark Benefit Package covered under the State plan.

Elective medical and surgical dental services are excluded from payment unless prior approved by the Department or its authorized agent.

**Excluded Services.** The following dental services are excluded from the Basic Benchmark Benefit Package covered under the State plan.

Non-medically necessary cosmetic services are excluded from payment.

Drugs supplied to patients for self-administration other than those allowed by applicable Department rules are excluded from payment.

**3.Q.2 Other Dental Care**

The Basic Benchmark Benefit Package includes **Other Dental Care** permitted under sections 1905(a)(5)(B) and 1905(a)(6) of the Social Security Act. These services include professional dental services that are provided by a licensed dentist or denturist as described in the contractor's Office Reference Manual (ORM). Specific services covered for children are stated in the contractor's ORM.

The Department will provide dental services for children through the month of their twenty-first (21st) birthday that match the dental benefits of the adults including diagnostic, preventative, restorative, periodontics, prosthodontics,, oral surgery, and adjunctive treatment . In addition children may also receive orthodontics, root canals, crowns, bridges and any other dental services that are considered medically necessary under EPSDT guidelines.

The Department requires recipients to obtain certain services only from specified providers who undertake to provide such services and meet reimbursement, quality and utilization standards which are consistent with access, quality, and efficient and economic provision of covered care and services.

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
**BENCHMARK BENEFIT PACKAGE**

Replacement lenses will be purchased only when there is documentation of a major visual change of at least one-half (.50) diopter plus or minus. One (1) set of frames will be purchased by the Department not more often than once every four (4) years for individuals over the age of twenty-one (21), except when documented by the physician and/or optometrist that there has been a major change in visual acuity that cannot be accommodated in the existing frames. Broken, lost, or missing glasses will not be repaired or replaced by the Department for individuals over the age of twenty-one (21).

**3.Q DENTAL SERVICES**

**3.Q.1 Medical and Surgical Services**

The Enhanced Benchmark Benefit Package includes **Medical and Surgical Services** furnished by a dentist permitted under sections 1905(a)(5)(B), 1905(a)(6) and 2110(a)(17) of the Social Security Act are covered for treatment of medical and surgical dental conditions when furnished by a licensed dentist subject to the limitations of practice imposed by state law, within limitations as outlined in the Contractor's Office Reference Manual (ORM).

Dental benefits for all Enhanced Plan participants who are not past the month of their 65<sup>th</sup> birthday, and who are not participating in the Medicare Medicaid Coordinated Plan (MMCP), are provided with dental insurance through a selective contract with Blue Cross of Idaho. This insurance plan covers basic dental care including diagnostic, preventive, restorative, and prosthodontics services, within limitations as outlined in the ORM.

Participants who are past the month of their 65<sup>th</sup> birthday, who are eligible for, but have not chosen to enroll in the MMCP, are also provided with dental insurance through the same benefits described above.

Participants who are past the month of their 65<sup>th</sup> birthday, who are eligible for, and who have chosen to enroll in the MMCP are provided dental insurance under their MMCP insurance carrier's plan. Oral surgical services provided by a physician are covered under Enhanced Plan medical benefits.

**Limitations.** The following service limitations apply to the Enhanced Benchmark Benefit Package covered under the State plan.

Elective medical and surgical dental services are excluded from payment unless prior approved by the Department or its authorized agent.

**Excluded Services.** The following services are excluded from the Enhanced Benchmark Benefit Package covered under the State plan.

Non-medically necessary cosmetic services are excluded from payment. Drugs supplied to patients for self-administration other than those allowed by applicable Department rules are excluded from payment.

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
**BENCHMARK BENEFIT PACKAGE**

**3.Q.2 Other Dental Care**

The Enhanced Benchmark Benefit Package includes **Other Dental Care** permitted under sections 1905(a)(5)(B), 1905(a)(6) and 2110(a)(17) of the Social Security Act. These services include professional dental services provided by a licensed dentist or denturist as described in **the Contractor's Office Reference Manual (ORM)**. Specific services covered for children are stated in the Contractor's ORM.

The Department will provide dental services for children through the month of their twenty-first (21st) birthday that match the dental benefits of the adults including diagnostic, preventative, restorative, periodontics, prosthodontics,, oral surgery, and adjunctive treatment . In addition children may also receive orthodontics, root canals, crowns, bridges and any other dental services that are considered medically necessary under EPSDT guidelines.

**3.R ESSENTIAL PROVIDERS**

The Enhanced Benchmark Benefit Package includes **Clinic Services and Rehabilitative Services** furnished by certain essential providers permitted under sections 1905(a)(9), 1905(a)(13) and 2110(a)(5) of the Social Security Act.

Services from essential providers are preventative, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician and which may include those services provided by community health centers.

**3.R.1 Rural Health Clinic Services**

**Rural Health Clinic** services and other ambulatory services furnished by a rural health clinic, which are otherwise included in the State plan.

**3.R.2 Federally Qualified Health Center Services**

**Federally Qualified Health Center (FQHC)** services and other ambulatory services that are covered under the State plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Federally qualified health centers are provided within the scope, amount, and duration of the State's Medical Assistance Program as described under applicable Department rules.

**3.R.3 Indian Health Services Facility Services**

**Indian Health Service Facilities** are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other

“Indian Health Clinics” are described in Idaho’s Basic Benchmark Benefit Package in Sections 3.R.2., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.R.3.

- v. **Diabetes Education and Training Clinics** — Diabetic education and training services are reimbursed at the lower of the provider’s actual customary charge, or the allowable charge as established by the Department’s fee schedule. Diabetes Education and Training Clinic reimbursement is subject to the provisions of 42 CFR 447.321.

The agency’s rates are set from 07/01/1980 on and are effective for services on or after that date. All rates are published on the numerical fee schedule at the agency’s web site:

<http://www.healthandwelfare.idaho.gov>

“Diabetic Education and Training Clinics” are described in Idaho’s Basic Benchmark Benefit Package in Section 3.M., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.M.

- 10. **Dental Services** - Payments for Enhanced Plan participants age 65 or older who are eligible for, but have not enrolled in, the Medicare Medicaid Coordinated Plan (MMCP) are made to participating dentists on the basis of the Department’s Medical Assistance Unit statewide dental fee schedule which is available online at:  
<http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/MedicaidFeeSchedule/tabid/268/Default.aspx>.

“Dental Services” are described in Idaho’s Basic Benchmark Benefit Package in Sections 3.Q. and 3.Q.1. and 3.Q.2, and in Idaho’s Enhanced Benchmark Benefit Plan in Sections 3.Q. and 3.Q.1., and 3.Q.2.

- 11. **Therapy Services by Independent Providers** - Payments for physical therapy, occupational therapy, and speech-language pathology services provided by independent therapists are equal to the rates established by Medicare, and will be adjusted annually according to the Medicare fee schedule.

The agency’s rates are set from 07/01/2009 on and are effective for services on or after that date. All rates are published on the independent therapy provider’s fee schedule at the agency’s web site:

<http://www.healthandwelfare.idaho.gov>

“Therapy Services by Independent Providers” are described in Idaho’s Basic Benchmark Benefit Package in Section 3.M., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.M.