

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

1. TRANSMITTAL NUMBER:

2. STATE  
**IDAHO**

**11-007**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**July 1, 2011**

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:

**42 CFR 447.201**

7. FEDERAL BUDGET IMPACT:

**Total (\$) Federal Funds**

FFY 2011 (\$278,175)

FFY 2012 (\$774,573)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 1a, 13, 15, 16, 17, 21a, 23, 23a, 23c, 38,  
and 44. (Removing Attachment 4.19-B, 15.5.a.v. (pages 2-6) and  
page 24a)

Additional pages for Attachment 4.19-B: 18a, 20, 21-1, 37, 39 and 40 (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, page 1a, 13, 15, 16, 17, 21a, 23, 23a,  
23c, 38, and 44. (Removing Attachment 4.19-B, 15.5.a.v.  
(pages 2-6) and page 24a)

Additional pages for Attachment 4.19-B: 18a, 20, 21-1, 37, 39 and 40 (P&I)

10. SUBJECT OF AMENDMENT: Idaho is requesting this amendment to our State Plan to update the physician reimbursement reductions imposed by House Bill 260. Reimbursement to Medicaid providers will not exceed 100% of the current Medicare rates for primary care procedure codes as defined by Centers for Medicare and Medicaid (CMS), otherwise the reimbursement rate will be at 90% of the 1/1/11 Medicare rate.

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:

13. TYPED NAME:

Leslie M. Clement

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

**7/29/11**

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **JULY 29 2011**

18. DATE APPROVED: **OCT 24 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JUL 01 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

23. REMARKS:

Associate Regional Administrator  
Division of Medicaid &  
Children's Health

8/9/2011 - Pen and Ink (P&I) changes authorized by the State.