

Citation	Condition or Requirement
42 CFR 438.50 42 CFR 438.10	438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)
1932(a)(5)(D) 1905(t)	<p>L. <u>List all services that are excluded for each model (MCO & PCCM)</u></p> <p>Enrollees are eligible for the following services without a referral from their PCP:</p> <p>Family Planning Emergency Care Dental Services Podiatry Audiology Optical Chiropractic Pharmacy Nursing Facility ICF/MR Immunizations Diagnosis and Treatment for Sexually Transmitted Diseases Mammogram (1 per year for women over 40) Indian Health Clinics Personal Care Services Personal Care Services Case Management Services provided by a School District Laboratory services Anesthesiology services Radiology services Services provided by an Urgent Care Clinic after the Primary Care Provider's office has closed evenings and weekends (after hours)</p>
1932 (a)(1)(A)(ii)	<p>M. <u>Selective contracting under a 1932 state plan option</u></p> <p>To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.</p> <p>1. The state will ___/will not <u>X</u> intentionally limit the number of entities it contracts under a 1932 state plan option.</p> <p>2. <u>NA</u> The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.</p> <p>3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. <i>(Example: a limited number of providers and/or enrollees.)</i></p> <p>Not applicable</p>

5. a. vii. Pursuant to Idaho Code, Chapter 2, Title 56, Section 265 (version effective as of July 1, 2011) Where there is an equivalent the payment to a Medicaid provider will not exceed 100% of the 01/1/2011 Medicare rate for primary care procedure codes as defined by the centers for Medicare and Medicaid service; and will be ninety percent (90%) of the 01/1/2011 Medicare rate for all other procedure codes. Where there is no Medicare equivalent, the payment rate to Medicaid providers will be prescribed by rule.

The fee schedule for these services and any annual/periodic adjustments to the fee schedule are published at the following web site:

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

The fee schedule will be effective for services on or after 7/1/2011.

- viii. The Medicaid payment for primary care case management under Idaho's Primary Care Case Management program is paid in addition to FFS to physicians and mid-level providers who are enrolled as providers in the PCCM program. The case management fee is:
- \$2.50 per member per month for all individuals enrolled in the Basic Benchmark Benefit Plan and with the PCCM provider;
 - \$3.00 per member per month for all individuals enrolled in the Enhanced Benchmark Benefit Plan and with the PCCM provider; and
 - The case management fee is increased by \$0.50 per member per month if the PCCM provider offers extended office hours of 46 hours per week or more to its' enrollees.
- ix. In addition to FFS, Idaho Medicaid will pay a Pay-for-Performance incentive fee for disease management to PCCM physicians and mid-level practitioners including nurse practitioners and physician assistants. Primary Care Providers who choose to participate in the Pay-for-Performance program will sign an agreement with Idaho Medicaid and provide disease management services to individuals with a chronic disease as identified in Attachment 3.1-F, item B.3. They will then be eligible to receive the enhanced payment after collecting the required data and submitting that data to Idaho in the specified format. The enhanced fee will be paid in the following instances:
- (1) A one-time fifty dollar (\$50.00) payment will be made when a participant is newly identified by the provider as having a chronic disease defined in Attachment 3.1-F, item B.3; and registered with the Department.
 - (2) Annual payment of ten dollars (\$10.00) for each time one of the selected indicators defined in Attachment 3.1-F, item B.3 is met.