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**State/Territory Name:** Idaho

**State Plan Amendment (SPA) #:** 11-015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form(with 179-like data)
- 3) Approved SPA



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

**JAN 17 2012**

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 11-015**

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-015. This SPA substitutes the Payment Error Rate Management (PERM) review process for the Medicaid Eligibility Quality Control (MEQC) review process in State Fiscal Years 2012, 2015, and 2018.

This SPA is approved effective October 1, 2011, as requested by the State.



If you have additional questions or require further assistance, please contact me, or have your staff contact Tom Couch at (208) 334-9482 or via email at [Thomas.Couch@cms.hhs.gov](mailto:Thomas.Couch@cms.hhs.gov).

Sincerely,

A black rectangular box redacts the signature of Carol J.C. Peverly.

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	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. TRANSMITTAL NUMBER: <b>11-015</b>
2. STATE <b>IDAHO</b>	
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE: <b>October 1, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 431 Subpart Q	7. FEDERAL BUDGET IMPACT: none
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.4, page 35	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 4.4, page 35
10. SUBJECT OF AMENDMENT: In accordance with 431.806(b), Payment Error Rate Measurement (PERM) is implemented in accordance with 42 CFR Part 431, Subpart Q, in substitution to meet the statutory and regulatory ("traditional") Medicaid Eligibility Quality Control (MEQC) review during the State's PERM cycle year.	
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Paul J. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME: LESLIE M. CLEMENT	
14. TITLE: Deputy Director	
15. DATE SUBMITTED: <b>November 28, 2011</b>	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: <b>JAN 17 2012</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>OCT 01 2011</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Carol J.C. Peverly</b>	22. TITLE: <b>Associate Regional Administrator</b>
23. REMARKS:	<b>Division of Medicaid &amp; Children's Health</b>

State/Territory: Idaho

Citation

42 CFR 431 Subparts P and Q  
50 FR 21839  
75 FR 48847  
1903(u) of  
the Act,  
P.L. 99-509  
(Section 9407)  
P.L. 107-300  
P.L. 111-3

4.4 Medicaid Eligibility Quality Control (MEQC)

(a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.

(b) In accordance with 431.806(c), the State operates a Medicaid quality control claims processing assessment system that meets the requirements of 431.830 – 431.836.

Not applicable. The State has an approved Medicaid Management Information System (MMIS).

(c) In accordance with 431.806(b), Payment Error Rate Measurement (PERM) is implemented in accordance with 42 CFR Part 431, Subpart Q, in substitution to meet the statutory and regulatory (“traditional”) Medicaid Eligibility Quality Review (MEQC) during the State’s PERM cycle year.

X Yes.

X Effective for FFY 2012

X Effective for FFY 2015

X Effective for FFY 2018

☐ Not applicable.