
Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 11-016

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
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

DEC 21 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 11-016

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 11-016. This SPA implements copayments for certain services under the authority of 1916A of the Social Security Act (the Act) for the eligibility group of "Katie Beckett/TEFRA" children covered under 1902(e)(3) of the Act.

This SPA is approved effective November 1, 2011, for chiropractic, optometry, and podiatry services; and January 1, 2012, for physical therapy, occupational therapy, speech therapy, and physician services except for preventative and family planning services, as requested by the state.

If you have any questions concerning this SPA, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or Janice.Adams@cms.hhs.gov.

Sincerely,

A large 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

Enclosure

cc: Paul Leary, Medicaid Benefits Administrator

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

1. TRANSMITTAL NUMBER:
11-016

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, 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:
1916A of the SSA & 42 CFR 447

7. FEDERAL BUDGET IMPACT:
FFY12- <\$1.7M>
FFY13- <\$2.2M>

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.18-F; pages 1,3,4,5,6,7

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 4.18-F; pages 1,3,4,5,6,7

10. SUBJECT OF AMENDMENT:
Co-payments (Co-pays) for certain services

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:
LESLIE M. CLEMENT

Paul J. Leary, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

14. TITLE:
Deputy Director

15. DATE SUBMITTED: 12-28-11

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/28/11

18. DATE APPROVED: December 21, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Carol J.C. Peverly

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

23. REMARKS:

Revision:
June 2009

OMB Approved # 0938-0993
Attachment 4.18-F
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

It should be noted that States can select one or more options in imposing cost-sharing (including co-payments, co-insurance, and deductibles) and premiums.

A. For groups of individuals with family income above 100 percent but below 150 percent of the FPL:

1. Cost Sharing
 - a. Amount of Cost Sharing
 - i. / No cost sharing is imposed.
 - ii. X / Cost sharing is imposed under section 1916A of the Act as follows
(specify the amounts by group and services (see below)):

Group of Individuals	Item/Service	Type of Charge & Amount	*Method of Determining Family Income (including Monthly or quarterly period)
Individuals eligible for Medicaid who do not have private insurance as primary payer and who are eligible under the following sections of the Social Security Act: Optional 1902(e)(3) Participants eligible for Home Care for Certain Disabled children	Each visit to a: <ul style="list-style-type: none">• Chiropractor• Occupational therapist• Optometrist• Physical Therapist• Physician's office• Podiatrist• Speech therapist	Co-payment of \$3.65	Same as used for determining eligibility for a monthly period

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

N/A

TN No.: 11-016
Supersedes TN No.: 10-003

Approval Date: **DEC 21 2012**

Effective Date: 11-1-2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Idaho

d. Enforcement

- i. ☒ Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
- ii. ☒ (If above box selected) Providers are permitted to reduce or waive cost sharing on a case-by-case basis.
- iii. ☒ State payments to providers must be reduced by the amount of the beneficiary cost-sharing obligations, regardless of whether the provider successfully collects the cost-sharing.

2. Premiums

a. Amount of Premiums

- i. No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

B. For groups of individuals with family income above 150 percent of the FPL:

1. Cost Sharing

a. Amount of Cost Sharing

- i. ☐ No cost sharing is imposed.
- ii. ☒ Cost sharing is imposed under section 1916A of the Act as follows (specify amounts by groups and services (see below)):

Group of Individuals	Item/Service	Type of Charge & Amount	*Method of Determining Family Income (including Monthly or quarterly period)
Individuals eligible for Medicaid who do not have private insurance as primary payer and who are eligible under the following sections of the Social Security Act: Optional 1902(e)(3) Participants eligible for Home Care for Certain Disabled children	Each visit to a: <ul style="list-style-type: none">• Chiropractor• Occupational therapist• Optometrist• Physical Therapist• Physician's office• Podiatrist• Speech therapist	Co-payment of \$3.65	Same as used for determining eligibility for a monthly period

DEC 21 2012

Revision:
June 2009

OMB Approved # 0938-0993
Attachment 4.18-F
Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility. N/A

Attach a copy of the schedule of the cost-sharing amounts for specific items and the various eligibility groups. See table on page 3.

b. Limitations:

- The total aggregate amount of all cost sharing and premiums imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 20 percent of the cost of such item or service.

c. No cost sharing shall be imposed for the services specified at section 1916A(b)(3) of the Act.

Revision:
June 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

d. Enforcement

- i. X / Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
- ii. X / (If above box selected) Providers are permitted to reduce or waive cost sharing on a case-by-case basis.
- iii. X / State payments to providers must be reduced by the amount of the beneficiary cost-sharing obligations, regardless of whether the provider successfully collects the cost-sharing.

2. Premiums

a. Amount of Premiums

- i. / No premiums are imposed.
- ii. X / Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	Method for Determining Family Income
Optional population 1902(e)(3) children	see below	(including monthly or quarterly period)

In all cases, family income is calculated based on household size and gross annual income of the financially responsible adult or adults with which the child resides.

Family income greater than 150% of FPG and less than or equal to 185% of FPG:

- Premium is \$15 per member per month with a family cap of \$30 per month.

Family income above 185% of FPG: Monthly premium per family calculated per the following chart.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

- c. No premiums shall be imposed for the individuals specified at section 1916A(b)(3) of the Act.
- d. Enforcement
 - i. ☐ / Prepayment required for the following groups of individuals who are applying for Medicaid:
 - ii. ☐ / Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid:
 - iii. ☒ / Payment will be waived on case-by-case basis for undue hardship.

Premiums are **optional and voluntary**. There is no enforcement mechanism to collect a premium and a decision not to pay a premium will in no way affect eligibility for the Katie Beckett program nor will there be any repercussions such as sending non-paid premiums to a collection agency.

C. Period of determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

☐ / Quarterly

☒ / Monthly

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

D. Method for tracking cost-sharing amounts

Describe the State's process used for tracking cost-sharing and informing beneficiaries and providers of the beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Providers are instructed to check each participant's eligibility prior to rendering services. The co-pay field of the eligibility response indicates whether the participant is subject to co-pay or is exempt.

Idaho monitors co-payments and premiums on at least a monthly basis based on information from its systems that show the amount paid compared with family income. When the State identifies that co-pays and premiums assessed have reached 95% or more of the maximum amount for the eligibility period, a letter is sent to the family informing them that they are approaching their limit and that they will be exempted for the remainder of the period. The status of the beneficiary is changed to co-pay exempt in the information system at that point for the remainder of the eligibility period.

Idaho Medicaid will review historical claims data and identify any American Indian/Alaskan Native (AI/AN) Medicaid participants who have received services at an Indian Tribe, Tribal Organization or Urban Indian Organization (I/T/U) or who have received services at a contract health service provider. All identified will be exempted from future co-pay requirements.

The State informs families of the co-payment requirement and limitations in writing at the time of eligibility determination or re-determination.

Provider notification: Providers are instructed to check each participant's eligibility prior to rendering services. The co-pay field of the eligibility response indicates whether the participant is subject to co-pay or is exempt. When the participant is subject to co-pay requirements, the co-pay field is filled with the amount of the co-pay to be charged. Providers are directed not to collect co-pays for services reimbursable at \$36.50 or less (ten times the amount of the co-pay).

Participant notification: Co-pay information is included with the Medicaid identification card sent to newly eligible individuals. Participants will also receive a notice if they are no longer exempt due to an eligibility redetermination.

All newly eligible Medicaid participants who are subject to co-pays will be notified that if they are an AI/AN who has previously received services at an I/T/U facility or a contracted health service (CHS), they can obtain exemption from co-pays by sending in documentation that indicates they have received services at an I/T/U or a CHS facility.