

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

1. TRANSMITTAL NUMBER:
12-012

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
September 1, 2012

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:
42CFR Part 447, Subpart A, sections 1902(a)(4), and 1903
Provider Preventable Conditions (PPCs)

7. FEDERAL BUDGET IMPACT:
FFY 2012 (\$5,000) (1 PPC estimated per quarter) (P&I)
~~SFY 2013 - (\$ 5,000) (1 PPCs identified in 3 months)~~
~~SFY 2014 - (\$20,000) (4 PPCs identified in 12 months)~~
FFY 2013 (\$20,000) (1 PPC estimated per quarter) (P&I)
While the FFP is expected to be a cost savings of at least several thousand dollars per year, this is a new cost-avoidance process which makes it difficult to estimate actual savings, thus we have used 4 hospitalizations with PPCs identified per year as our starting estimate.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-A, pages 24 and 24a (new pages)
Attachment 4.19-B, pages 48 and 48a (new pages)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:
Medicaid will not pay for the portion of provider claims that are needed to treat PPCs, as defined by diagnoses code list from CMS.

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:

13. TYPED NAME:
PAUL J. LEARY

14. TITLE:
Administrator

15. DATE SUBMITTED:
9-24-12

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 1, 2012

18. DATE APPROVED: November 6, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. \$ [REDACTED]

21. TYPED NAME: Carol J.C. Peverly

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

23. REMARKS:
10/19/2012 - Pen and Ink (P&I) changes authorized by State to Block #7.