

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

1. TRANSMITTAL NUMBER:
12-013

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
~~October 1, 2012~~ **January 1, 2013 (P&I)**

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 2013 (\$46,151)
FFY 2014 (\$46,151)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F, pages 1, 2, 8, ~~9~~, and 12 (P&I)
Attachment 4.19-B, pages 9 and 17
Benchmark Benefit Package, Basic Plan, page 2
Benchmark Benefit Package, Enhanced Plan, page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-F, pages ~~1 and 2~~ 1, 2, 8, and 12 (P&I)
Attachment 4.19-B, pages 9 and 17
Benchmark Benefit Package, Basic Plan, page 2
Benchmark Benefit Package, Enhanced Plan, page 2

10. SUBJECT OF AMENDMENT:

Medicaid will no longer reimburse PCCM providers for Chronic Disease Management- Pay for Performance.

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:
PAUL J. LEARY

14. TITLE:
Administrator

15. DATE SUBMITTED: **11/20/2012**

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: **11/20/2012**

18. DATE APPROVED: **02/14/2013**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/2013

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:

11/23/2012 - Pen and Ink (P&I) changes authorized by State for Blocks 8, 9 and 15.
12/07/2012 - Pen and Ink (P&I) changes authorized by State for Block 4.