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## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 14-010**

This file contains the following documents in the order listed:

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



**Division of Medicaid & Children's Health Operations**

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Richard Armstrong, Director  
Department of Health and Welfare  
Towers Building – Tenth Floor  
Post Office Box 83720  
Boise, Idaho 83720-0036

**JUN 26 2014**

**RE: Idaho State Plan Amendment (SPA) Transmittal Number 14-010**

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-010. This SPA removes Idaho's initial Medicare Medicaid Coordinated Benchmark Benefit Plan (Coordinated Plan), authorized under the 2005 Deficit Reduction Act (DRA), from Idaho's State Plan.

This SPA, ID 14-010 is approved effective January 1, 2014, as requested by the state.

If you have any additional questions or require any further assistance related to the approval of this SPA, please contact me, or have your staff contact Walter Neal at (206) 615-2330 or [Walter.Neal@cms.hhs.gov](mailto:Walter.Neal@cms.hhs.gov).

Sincerely,

A black rectangular box redacts the signature of Carol J.C. Peverly. There are some blue ink scribbles above and to the right of the box.

Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

Enclosure

cc:

Denise Chuckovich, State Medicaid Director, Department of Health & Welfare  
Lisa Hettinger, Medicaid Benefits Administrator, Division of Medicaid

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

1. TRANSMITTAL NUMBER:  
**14-010**

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  
January 1, 2014

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:  
Section 2302 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:  
FFY 2014 \$0 (zero)  
FFY 2015 \$0 (zero)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Attachment 3.1-C, MMCP, Preprint Pages I – 8 (Removal)  
Attachment 3.1-C, MMCP, Pages 1 – 23 (Removal)

10. SUBJECT OF AMENDMENT:

This amendment removes the Idaho Medicare/Medicaid Coordinated Benchmark Benefit Package (MMCP) to comply with the requirements in the Affordable Care act to ensure that the essential health benefits and other standards are met. The Idaho Medicare/Medicaid Alternative Benefit Plan has been submitted on the MMDL to replace these pages.

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:

Paul J. Leary

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

14. TITLE:

Administrator

15. DATE SUBMITTED:

3/31/14

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

3/31/14

18. DATE APPROVED:

**JUN 26 2014**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE:

Associate Regional Administrator  
Division of Medicaid &  
Children's Health

23. REMARKS: