
Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group/ Division of Reimbursement Review

January XX, 2020

Dave Jeppesen, Director
Department of Health and Welfare
Towers Building - Tenth Floor
PO Box 83720
Boise, ID 83720-0036

RE: TN 19-0009

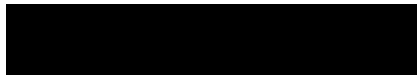
Dear Mr. Jeppesen:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0009. The proposed amendment authorizes 100% FFP for services provided by non-IHS/Tribal providers to Medicaid-eligible individuals who are Tribal Medicaid beneficiaries when the provider has a written care coordination agreement with an IHS/Tribal facility.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official Idaho State Plan with an effective date of October 1, 2019. A copy of the CMS-179 and the approved plan page are enclosed with this letter.

If you have any questions, please call DRR Analyst, Thomas Couch at (208) 861-9838 or by email at Thomas.Couch@cms.hhs.gov

Todd McMillion



Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0009	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 10-01-2019	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 1905(a)(29) of the Social Security Act	7. FEDERAL BUDGET IMPACT: \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 9b (new page)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B Page 9b (new page)

10. SUBJECT OF AMENDMENT:


Amendment to the State Plan to update the payment policy which affects federal funding for services received by Medicaid-eligible Individuals who are Tribal Medicaid beneficiaries through facilities operated by Indian Health Services (IHS) or Tribes.

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: Matt Wimmer, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME: MATT WIMMER	
14. TITLE: Administrator	
15. DATE SUBMITTED: 11/7/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/7/2019	18. DATE APPROVED: 1/29/2020
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Acting Director

23. REMARKS:

2. c. v.

- a. Under section 1905(1)(2)(B) of the Social Security Act and the Indian Self-Determination Act (Public Law 93-638), facilities operated by a Tribe or Tribal organization are, by definition, FQHCs. A Tribal FQHC may bill Idaho Medicaid for covered services on a per-visit basis whether those services are furnished at the facility, outside the facility, or provided by off-site providers under contract to the Tribal FQHC. Tribal FQHCs are responsible for contracting the care of their Tribal beneficiaries with the non-Tribal provider.
- b. Under the authority of section 1902(bb)(6) of the Social Security Act, IHS/Tribal facilities that are enrolled with Idaho Medicaid as a Tribal FQHC have agreed through tribal consultation to be paid using an Alternative Payment Methodology (APM) that is the all-inclusive rate (AIR) for services published annually in the Federal Register. Tribal FQHCs may bill the appropriate number of payable daily encounters based on the services that members receive. Tribal FQHCs will receive reimbursement for the same services that are currently reimbursable as an IHS/Tribal facility.
- c. Idaho Medicaid will establish a Prospective Payment System (PPS) methodology for the Tribal FQHC so that the agency can determine on an annual basis that the published, all-inclusive rate is higher than the PPS rate. The PPS rate will be established by comparing the PPS rate that is currently paid to non-tribal FQHC's to determine if the all-inclusive rate is higher.