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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 22-0003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 19, 2022

Juliet Charron
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 8320
Boise, ID 83720-0009

Re: Idaho State Plan Amendment (SPA) 22-0003

Dear Ms. Charron:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid SPA submitted under transmittal number (TN) 22-0003. This amendment proposes to update the Idaho State Plan regarding third party liability.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Idaho Medicaid SPA 22-0003 was approved on May 19, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Charles Beal

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: ID-22-0003	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 01-01-2022	
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: 42 CFR 433.139 42 CFR 447.20	7. FEDERAL BUDGET IMPACT: FFY2022 \$391,430 FFY2023 \$544,177
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.22 (page 69a) Attachment 4.22-b page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Section 4.22 (page 69a) Attachment 4.22-b page 1

10. SUBJECT OF AMENDMENT:

Amendment to the State Plan to update the Third Party Liability.

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:

JULIET CHARRON, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

13. TYPED NAME:

JULIET CHARRON

14. TITLE:

Administrator

15. DATE SUBMITTED:

03-31-2022

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2022	18. DATE APPROVED: May 19, 2022
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2022	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

citation

42 CFR 433.139(b)(3)(ii)(A)

(c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the state IV-D agency. The state has the flexibility to make payments without regard to potential third party liability for up to one hundred (100) days for claims related to child support enforcement beneficiaries.

(d) ATTACHMENT 4.22-B specifies the following:

42 CFR 433.139(b)(3)(ii)(C)

(1) The method used in determining a provider's compliance with the party billing requirements at 433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2)

(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

42 CFR 433.139(f)(3)

(3) The dollar amount or time period the state uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20

(e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

Requirements for Third Party Liability - Payment of Claims

(1) Recipients with third party resources, Medicare or injury diagnosis claims will suspend in the system by use of the edit process. These claims are routed to the TPR unit for manual review. If the provider has not billed the third party, the claim is returned with instructions to bill **insurance**.

The requirement for States to apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services.

The requirement for States to make payments without regard to potential TPL for pediatric preventive services, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to ninety (90) days.

The state has the flexibility to make payments without regard to potential third party liability for up to one hundred (100) days for claims related to child support enforcement beneficiaries.

(2) The Third Party Recovery Unit has a threshold amount of \$50.00 on injury related claims only. There is no threshold for claims with other identified **resources**.

(3) On a monthly basis, a report is generated showing, in recipient ID number order, all claims paid during that month showing a trauma related diagnosis code and a billed amount of \$50.00 and under. If the total for anyone recipient exceeds \$50.00, a TPR injury questionnaire is sent to the recipient. Also, reports are kept six months and compared at the end of the six month period to determine if, over the six month period, the total of paid claims for anyone recipient exceeds \$50.00.