



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

November 6, 2012

Dear Tribal Representative:

Idaho Medicaid intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS), which will update primary care physician codes and pay rates. Primary care physician codes related to a specific group of providers will be paid through an alternate fee schedule at 100% of the Medicare rate. The specific group of eligible providers includes all specialists and subspecialists recognized by the American Board of Medical Specialties within the three specialty designations-family medicine, general medicine, and pediatric medicine. These specialty types will be eligible for increased payment for primary care services. For physicians who are not certified by the American Board of Medical Specialties, a method is defined for determining eligibility, which aligns with the methods used for the Medicare Incentive Payments for Primary Care.

The proposed changes are implementing section 1202 of the Health Care and Education Reconciliation Act of 2010, which requires States to increase Medicaid reimbursement for certain primary care services in 2013 and 2014 (77 Fed. Reg. 27,671.1).

The effective date for the change is January 1, 2013. Please provide the feedback regarding these changes to Robert Kellerman, Office of Reimbursement, Bureau of Financial Operations, Division of Medicaid at (208) 364-1994, or by e-mail at kellermr@dhw.id.gov, by December 6, 2012.

Sincerely,



PAUL J. LEARY
Administrator

PJL/rs



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 8, 2013

Carol J.C. Peverly
Regional Administrator
Division of Medicaid and Children's Health Operations
M/S RSX-43
2201 Sixth Avenue
Seattle, WA 98121

Dear Ms. Peverly:

The State of Idaho is submitting a State Plan Amendment, Transmittal #13-004, to give us authority to pay the primary care physician incentive payment required by 42 CFR §447.205.

Beginning January 1, 2013 primary care physician codes for all specialists and subspecialists recognized by the American Board of Medical Specialties within the three specialty designations of family medicine, general medicine, and pediatric medicine will be paid additional funds quarterly so that Medicaid reimbursement equals 100% of the calculated 2013 Medicare rate.

Please add the following enclosed pages in your copy of the Idaho State Medicaid Plan:

- Attachment 4.19-B page 12a, 12b and 12c

Tribal notification letters were presented for this SPA. Please see attached Tribal Representative Letters. The letters were mailed, e-mailed and posted to the Medicaid-Tribes SharePoint (website).

Idaho appreciates your review of these changes, and anticipates your approval of this amendment. Please direct any questions regarding this SPA to Robert Kellerman, Office of Reimbursement, Division of Medicaid at (208) 364-1994, or by e-mail at KellermR@dhw.idaho.gov.

Sincerely,



PAUL J LEARY
Administrator

PJL/rs

Enc.

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

1. TRANSMITTAL NUMBER:

13-004

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, 2013

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)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

Total (\$) Federal Funds
FFY 2013 \$14,200,000
FFY 2014 \$19,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, pages 12a, 12b, and 12c (new pages)

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

10. SUBJECT OF AMENDMENT:

These changes will allow Idaho Medicaid to pay quarterly incentive payments to a specific group of primary care physician providers.

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:

13. TYPED NAME:

Paul J. Leary

14. TITLE:

Administrator

15. DATE SUBMITTED:

3/8/13

16. RETURN TO:

Paul J. Leary, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Physician Services

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- x The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: N/A since there is only one Medicare locality for the State of Idaho

Method of Payment

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.
- x The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: monthly x quarterly

Primary Care Services Affected by this Payment Methodology

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- x The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).

99406 and 99407

(Primary Care Services Affected by this Payment Methodology – continued)

x The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

99224 1/1/11, 99225 1/1/11, 99226 1/1/11, 99368 7/1/11, 99460 1/1/11, 99461 1/1/11, 99495 1/1/13

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

x Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program

Rate using the CY 2009 conversion factor

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

x The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \$15.73.

A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: _____.

Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: _____

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at www.healthandwelfare.idaho.gov.

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at www.healthandwelfare.idaho.gov.

PROOF OF PUBLICATION

STATE OF IDAHO
County of Bannock

LN20257

KAREN MASON

LEGAL NOTICE

Pursuant to 42 CFR § 447.205, the Idaho Department of Health and Welfare gives notice of its proposed change to the Idaho State Medicaid Plan.

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The proposed changes are in accordance with section 1202 of the Health Care and Education Reconciliation Act of 2010, which requires States to increase Medicaid reimbursement for certain primary care services in 2013 and 2014. (77 Fed. Reg. 66,671.1)

The effective date is January 1, 2013. The estimated cost of \$9.5 million is 100% federally funded per the affordable care act (ACA).

No public hearings have been scheduled at this time.

For technical questions, or to review the changes, call Robert Kellerman at (208) 364-1994, or e-mail the request to kellermr@dhw.idaho.gov.

Written comments may also be sent to and reviewed by the public at the following address: Bureau of Financial Operations, Division of Medicaid, Department of Health and Welfare, 3232 Elder Street, Boise, ID 83720-0036, Phone (208) 364-1833.

December 25, 2012

LN20257

being first duly sworn on oath deposes and says: that SHE was at all times herein mention a citizen of the United States of America more than 21 years of age, and the Principal Clerk of the Idaho State Journal, a daily newspaper, printed and published at Pocatello, Bannock County Idaho and having a general circulation therein.

That the document or notice, a true copy of which is attached, was published in the said IDAHO STATE JOURNAL, on the following dates, to-wit:

Dec. 25	2012	2012
	2012	2012
	2012	2012
	2012	2012

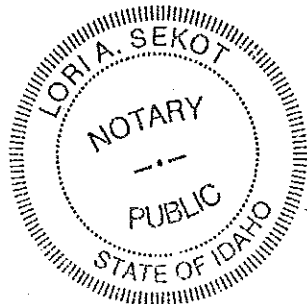
That said paper has been continuously and uninterruptedly published in said County for a period of seventy-eight weeks prior to the publication of said notice of advertisement and is a newspaper within the meaning of the laws of Idaho.

STATE OF IDAHO
COUNTY OF BANNOCK

On this 26th. of Dec. in the year of 2012, before me, a Notary Public, personally appeared KAREN MASON Known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledge to me that he executed the same.

Notary of Public

Lori A. Sekot
Residing at Arimo exp. 3/3/15



283507 812606

1 IDAHO DEPT OF HEALTH & WELFARE

PO BOX 83720
BOISE ID 83720

AFFIDAVIT OF PUBLICATION
STATE OF IDAHO)

County of Canyon)

)SS.

Amanda Weaver
of Nampa, Canyon County, Idaho, being
first duly sworn, deposes and says:

1. That I am a citizen of the United States, and at all times hereinafter mentioned was over the age of eighteen years, and not a party to the above entitled action.
2. That I am the Principle Clerk of the Idaho Press-Tribune, a daily newspaper published in the City of Nampa, in the County of Canyon, State of Idaho; that the said newspaper is in general circulation in the said County of Canyon, and in the vicinity of Nampa and Caldwell, and has been uninterruptedly published in said County during a period of seventy-eight consecutive weeks prior to the first publication of this notice, a copy of which is hereto attached.
3. That the notice, of which the annexed is a printed copy, was published in said newspaper 1 times(s) in the regular and entire issue of said paper, and was printed in the newspaper proper, and not in a supplement.

That said notice was published the following:
12/26/2012

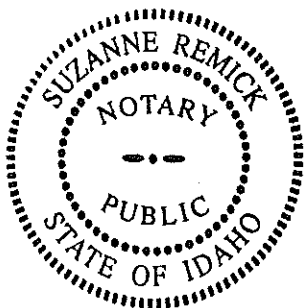
Amanda Weaver

STATE OF IDAHO)
County of Canyon)

On this 26th day of December in the year of 2012 before me a Notary Public, personally appeared. Amanda Weaver, known or identified to me to be the person whose name is subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledge to me that he/she executed the same.

Suzanne Remick

Notary Public for Idaho
Residing at Canyon County
My Commission expires 07/25/2018



LEGAL NOTICE
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December 26, 2012

812606



IDAHO PRESS TRIBUNE
EMMETT MESSENGER-INDEX
C/O ISJ PAYMENT PROCESSING CENTER
PO BOX 1570
POCATELLO ID 83204

ORDER CONFIRMATION

Salesperson: AMANDA WEAVER

Printed at 12/20/12 09:56 by awe14

Acct #: 283507

Ad #: 812606

Status: N

1 IDAHO DEPT OF HEALTH & WELFARE
PO BOX 83720
BOISE ID 83720

Start: 12/26/2012 Stop: 12/26/2012
Times Ord: 1 Times Run: ***
LEG 1.00 X 75.00 Words: 266
Total LEG 75.00
Class: 0001 LEGAL NOTICES
Rate: LG Cost: 60.50
Affidavits: 1

Contact: ATTN ROBERT KELLERMAN
Phone: (208)364-1994
Fax#:
Email: KellermR@dhw.idaho.gov
Agency:

Ad Descrpt: LEGAL NOTICE
Given by: ROBERT KELLERMAN
Created: awe14 12/20/12 09:54
Last Changed: awe14 12/20/12 09:56

PUB ZONE ED TP START INS STOP SMTWTFS
IPT A 96 S 12/26

AUTHORIZATION

Under this agreement rates are subject to change with 30 days notice. In the event of a cancellation before schedule completion, I understand that the rate charged will be based upon the rate for the number of insertions used.

Name (print or type)

Name (signature)

(CONTINUED ON NEXT PAGE)

IDAHO PRESS TRIBUNE
EMMETT MESSENGER-INDEX
C/O ISJ PAYMENT PROCESSING CENTER
PO BOX 1570
POCATELLO ID 83204

ORDER CONFIRMATION (CONTINUED)

Salesperson: AMANDA WEAVER

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Acct #: 283507

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Status: N

LEGAL NOTICE
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December 26, 2012
812606

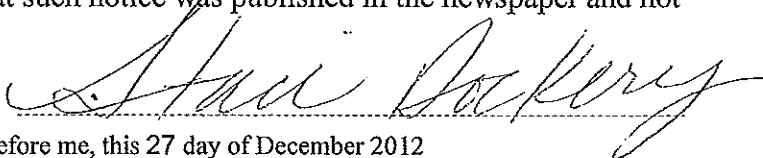
Proof of Publication The Post Register

State of Idaho
Bonneville County:

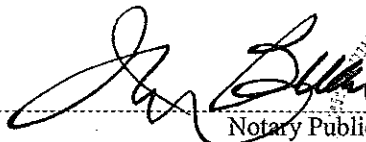
I, ~~Hilary Witt~~ or Staci Dockery, first being duly sworn, depose and say: That I am the ~~Classifieds Manager~~ or Legal Notice Representative of the Post Company, a corporation of Idaho Falls, Bonneville County, Idaho, publishers of The Post Register, a newspaper of general circulation, published Tuesday through Sunday at Idaho Falls, Idaho; said Post Register being a consolidation of the Idaho Falls Times, established in the year 1890, The Idaho Register, established in the year 1880, and the Idaho Falls Post, established in 1903, such consolidation being made on the First day of November 1931, and each of said newspapers have been published continuously and uninterruptedly, prior to consolidation, for more than twelve consecutive months and said Post Register having been published continuously and uninterruptedly from the date of such consolidations up to and including the last publication of notice hereinafter referred to.

That the notice, of which a copy is hereto attached and made a part of this affidavit, was published in said Post Register under this ad number: 525911, for 1 consecutive (days) weeks, between 12/27/2012 and 12/27/2012,

and that the said notice was published in the regular and entire issue of said paper on the respective dates of publication, and that such notice was published in the newspaper and not in a supplement.

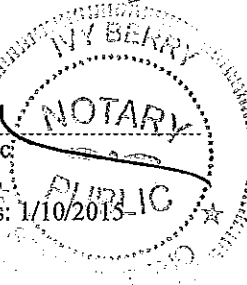


Subscribed and sworn to before me, this 27 day of December 2012



Notary Public

My Commission expires: 1/10/2015



----- attached jurat -----

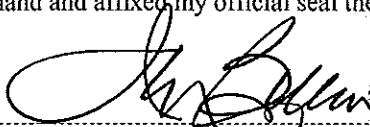
STATE OF IDAHO

ss.

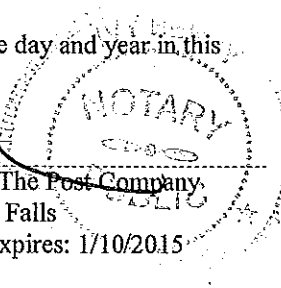
COUNTY OF BONNEVILLE

Subscribed and sworn to before me, this 27 day of December 2012, before me, the undersigned, a Notary public for said state, personally appeared ~~Hilary Witt~~ or Staci Dockery, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and being by me duly sworn, declared that the statements therein are true, and acknowledged to me that he/she/they executed the same,

IN WITNESS WHEREOF, I have herunto set my hand and affixed my official seal the day and year in this certificate first above written.



Notary Public for The Post Company,
Residing at: Idaho Falls
My Commission expires: 1/10/2015



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Published: December 27, 2012 (525911)