



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LISA HETTINGER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

December 22, 2015

Dear Tribal Representative;

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or waiver likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (IDHW) notifies you Idaho Medicaid intends to submit a State Plan Amendment (SPA), to the Centers for Medicare and Medicaid Services (CMS).

State Plan Section and Effective Date

The proposed amendment is in Attachment 4.19-B of the Idaho State Plan. The effective date for this change is 01 January 2016.

Purpose

The payment methodology by which hospice Routine Home Care claims are paid is being revised effective 01 January 2016.

The payment methodology for hospice Routine Home Care claims with dates of service on or after 01 January 2016 will be paid one-of-two rates which will result in a higher base payment for the first sixty (60) days of hospice care and a reduced base payment rate for all days thereafter.

Additionally a Service Intensity Add-on (SIA) payment, paid in conjunction with Routine Home Care, is being established. The SIA payment is for services provided by a registered nurse or social worker during the last seven (7) days of a beneficiary's life. The SIA payment will be equal to the Continuous Home Care incremental rate multiplied by the increment of nursing or social work provided (up to four [4] hours total) that occurred on the day of service and will be adjusted by the appropriate wage index.

Rates for hospice physician services are not increased under this provision.

Impact on Indians/Indian Health Program/Urban Indian Organizations

None anticipated.

Information and Comments

IDHW would appreciate any input, concerns, or other comments Tribal representatives wish to share regarding these SPA's within thirty (30) days from December 22, 2015. To request a copy

SPA 15-0008
Tribal Solicitation
Page 2

of this SPA or to provide feedback, please contact Alan Brewington, Senior Financial Specialist, Office of Reimbursement, Bureau of Financial Operations, Division of Medicaid at (208)364-1994 or brewinga@dhw.idaho.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lisa Hettinger", followed by a long horizontal line extending to the right.

LISA HETTINGER
Administrator

LH/ab