




IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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**MEDICAID INFORMATION RELEASE MA16-06**

**TO:** Hospital Administrators  
**FROM:** Lisa Hettinger, Administrator   
**SUBJECT:** Notice of 2016 Medicaid Rates for Swing-bed Days and Administratively Necessary Days (ANDs)

Effective for dates of service on or after **January 1, 2016**, Medicaid will pay the following rates:

- |                                  |          |
|----------------------------------|----------|
| – Swing-bed Day                  | \$271.06 |
| – Administratively Necessary Day | \$222.58 |

If you have questions about this information, please contact the Senior Financial Specialist in the Office of Reimbursement Policy at the Division of Medicaid at (208) 287-1162.

Thank you for participating in the Idaho Medicaid Program.

LH/lm