NOTICE OF INTENT TO SUBMIT STATE PLAN AMENDMENT
AND SOLICITATION OF PUBLIC INPUT

Pursuant to 42 C.F.R. § 430.25 Waivers of State plan requirements, 42 C.F.R. § 440.345 EPSDT and other required benefits, 42 C.F.R. § 440.386 Public notice, 42 C.F.R. §441.304 Duration, extension, and amendment of a waiver, 42 C.F.R. § 447.203 Documentation of access to care and service payment rates, 42 C.F.R. § 447.204 Medicaid provider participation and public process to inform access to care, 42 C.F.R. § 447.205 Public notice of changes in Statewide methods and standards for setting payment rates, and 42 C.F.R. § 457.65 Effective date and duration of State plans and plan amendments, the Idaho Department of Health and Welfare Division of Medicaid (Department) provides public notice of its intent to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).

PROPOSED CHANGES

Idaho Medicaid intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to update cost sharing requirements for Medicaid members.

These updates are consistent with Idaho Code § 56-2203 Legislative Approval – Medicaid Cost-Sharing (created by Idaho House Bill H0345 Medicaid (2025)).

Members, at the time of their enrollment and reenrollment after a redetermination of eligibility, and when premiums, cost sharing charges, or aggregate limits are revised, are notified of their cost sharing obligations. This occurs in Notice of Decision materials that reference the state's current public schedule or premiums and cost sharing, and the notice to beneficiaries of aggregate limits, as posted on the State Medicaid Agency's website (https://healthandwelfare.idaho.gov/services-programs/medicaid-health).

American Indian / Alaska Native (AI/AN) members are federally exempt from cost sharing.

This amendment:

• Increases Medicaid member copays from three dollars and sixty-five cents ($3.65) to four dollars ($4.00) on benefits already subject to a copay for applicable members, and adds benefits that will be subject to a copay. Services that will be subject to a copay would include:
- Accessing Emergency Transportation Services For Non-Emergency Medical Condition.
- Accessing Hospital Emergency Dept Services For Non-Emergency Medical Condition.
- Ambulatory Surgical Center Services.
- Chemotherapy and Radiation Therapy Services.
- Chiropractic Services.
- Dental Services.
- Diagnostic X-Ray Services.
- Durable Medical Equipment.
- Federally Qualified Health Center (FQHC) Services.
- Home Health Services.
- Inpatient Hospital Services.
- Laboratory Services.
- Occupational Therapy Services.
- Optometric Services.
- Outpatient Hospital Services.
- Physical Therapy Services.
- Physician Office Visits.

- Podiatry Services.
- Rural Health Clinic (RHC) Services.
- Speech Therapy Services.
- Urgent Care Center Services.

• Adds copays on preferred and non-preferred drugs. Preferred drugs will have a four dollar ($4.00) co-pay, and non-preferred drugs will have an eight dollar ($8.00) copay.

The Department intends to submit this amendment to CMS on or before July 1, 2026, with a requested effective date to be determined in consultation with CMS.

ESTIMATE OF EXPECTED CHANGE IN ANNUAL AGGREGATE EXPENDITURES

There is an expected decrease in annual aggregate expenditures.

PUBLIC REVIEW

When available, copies of the draft SPA and waiver pages will be posted on the IDHW website at https://healthandwelfare.idaho.gov/about-dhw/policies-procedures-and-waivers (under "Medicaid policies", PUBLIC-DOCUMENTS > About DHW > Policies & Standards > Medicaid > Draft State Plan Amendments).

Unless otherwise specified, copies are also available upon request for public review during regular business hours at any Regional Medicaid Services office of the Idaho Department of Health and Welfare.

LOCATIONS FOR PUBLIC REVIEW OF PROPOSED STATE PLAN AMENDMENT

Ada County
DHW Region 4, 1720 Westgate Drive, Boise, ID 83704
Central District Health Department, 707 North Armstrong Place, Boise, ID 83704

Adams County
Adams County Clerk's Office, 201 Industrial Avenue, Council, ID 83612

Bannock County
DHW Region 6, 1070 Hiline, Pocatello, ID 83201
Southeastern Idaho Public Health, 1901 Alvin Ricken Drive, Pocatello, ID 83201

Bear Lake County
Southeastern Idaho Public Health, 455 Washington, Suite #2, Montpelier, ID 83254

Benewah County
Panhandle Health District, 137 N 8th Street, St Maries, ID 83861

Bingham County
DHW Region 6, 701 East Alice, Blackfoot, ID 83221
Southeastern Idaho Public Health, 145 W Idaho Street, Blackfoot, ID 83221

Blaine County
South Central Public Health, 117 East Ash Street, Bellevue, ID 83313

Boise County

Boise County Clerk's Office, 420 Main Street, Idaho City, ID 83631

Bonner County
DHW Region 1, 207 Larkspur Street, Ponderay, ID 83852
Panhandle Health District, 2101 W. Pine Street, Sandpoint, ID 83864

Bonneville County
DHW Region 7, 150 Shoup Avenue, Idaho Falls, ID 83402
Eastern Idaho Public Health, 1250 Hollipark Drive, Idaho Falls, ID 83401

Boundary County
Panhandle Health District, 7402 Caribou Street, Bonners Ferry, ID 83805

Butte County
Southeastern Idaho Public Health, 178 Sunset Drive, Arco, ID 83213

Camas County
Camas County Clerk's Office, 501 Soldier Road, Fairfield, ID 83327

Canyon County
DHW Region 3, 3402 Franklin Road, Caldwell, ID 83605
Southwest District Health, 13307 Miami Lane, Caldwell, ID 83607

Caribou County
Southeastern Idaho Public Health, 55 East 1st South, Soda Springs, ID 83276

Cassia County
DHW Region 5, 2241 Overland Avenue, Burley, ID 83318

Clark County
Eastern Idaho Public Health, 332 West Main, Dubois, ID 83423

Clearwater County
North Central Health District, 105 115th Street, Orofino, ID 83544

Custer County
Eastern Idaho Public Health, 1050 N. Clinic Road, Suite A, Challis, ID 83226

Elmore County
DHW Region 4, 2420 American Legion Blvd., Mountain Home, ID 83647
Central District Health Department, 520 E. 8th Street N, Mountain Home, ID 83647

Franklin County
DHW Region 6, 223 North State, Preston, ID 83263
Southeastern Idaho Public Health, 50 West 1 St. South, Preston, ID 83263

Fremont County
Eastern Idaho Public Health, 45 South 2nd West, St. Anthony, ID 83445

Gem County
Southwest District Health, 1008 East Locust, Emmett, ID 83617

Gooding County
South Central Public Health, 255 North Canyon Drive, Gooding, ID 83330

Idaho County
DHW Region 2, Camas Resource Center, 216 South C Street, Grangeville, ID 83530
North Central Health District, 903 W Main, Grangeville, ID 83530

Jefferson County
Eastern Idaho Public Health, 380 Community Lane, Rigby, ID 83442

Jerome County
South Central Public Health, 951 East Avenue H, Jerome, ID 83338

Kootenai County
DHW Region 1, 1120 Ironwood Drive, Coeur d'Alene, ID 83814
Panhandle Health District, 8500 N. Atlas Road, Hayden, ID 83835

Latah County
DHW Region 2, 1350 Troy Highway, Moscow, ID 83843
North Central Health District, 333 E Palouse River Drive, Moscow, ID 83843

Lemhi County
DHW Region 7, 111 Lillian Street, Suite 104, Salmon, ID 83467
Eastern Idaho Public Health, 801 Monroe, Salmon, ID 83467

Lewis County
North Central Health District, 132 N Hill Street, Kamiah, ID 83536

Lincoln County
South Central Public Health, Lincoln County Community Center, 201 South Beverly St., Shoshone, ID 83352

Madison County
DHW Region 7, 333 Walker Drive, Rexburg, ID 83440
Eastern Idaho Public Health, 314 North 3rd East, Rexburg, ID 83440

Minidoka County
South Central Public Health, 485 22nd Street, Heyburn, ID 83336

Nez Perce County
DHW Region 2, 1118 F Street, Lewiston, ID 83501
North Central Health District, 215 10th Street, Lewiston, ID 83501

Oneida County
Southeastern Idaho Public Health, 175 South 300 East, Malad, ID 83252

Owyhee County
Southwest District Health, 132 E. Idaho, Homedale, ID 83628

Payette County
DHW Region 3, 515 N. 16th Street, Payette, ID 83661
Southwest District Health, 1155 Third Avenue North, Payette, ID 83661

Power County
Southeastern Idaho Public Health, 590 1/2 Gifford, American Falls, ID 83211

Shoshone County
DHW Region 1, 35 Wildcat Way, Suite B, Kellogg, ID 83837
Panhandle Health District, 114 Riverside Avenue W, Kellogg, ID 83837

Teton County
Eastern Idaho Public Health, 820 Valley Centre Drive, Driggs, ID 83422

Twin Falls County
DHW Region 5, 601 Pole Line Road, Twin Falls, ID 83301
South Central Public Health, 1020 Washington Street North, Twin Falls, ID 83301

Valley County
Central District Health Department, 703 1st Street, McCall, ID 83638

Washington County
Southwest District Health, 46 West Court, Weiser, ID 83672

PUBLIC COMMENT

The Department is accepting written and recorded comments regarding the proposed changes for a period of at least thirty (30) calendar days. Any persons wishing to provide input may submit comments and should be aware that personally identifiable information (PII) may be subject to public disclosure. Commentors should refrain from submitting Protected Health Information (PHI).

Comments must be received by the Department within thirty (30) days of the posting of this notice, and must be sent using one of the following methods:

- *Send Email Comments To:* MCPT@dhw.idaho.gov
- *Call and Leave Recorded Comments At:* (208)-364-1887
- *Send Fax Comments To:* 1-208-287-1170
- *Mail Comments To:* Division of Medicaid
  PO Box 83720, Boise, ID 83720-0009
  Attn: Policy Team

  Hand Deliver Comments During Regular Business Hours (M-F from 8AM to 5PM, except holidays) To:

  Division of Medicaid
  450 West State Street, 6th Floor, Boise, ID 83720
  Attn: Policy Team

The Department will review all comments received prior to submitting the amendments to CMS.

PUBLIC HEARING
No public hearings have been scheduled at this time.

QUESTIONS
For technical questions or to review the changes, e-mail the request to MCPT@dhw.idaho.gov.

IDAHO DEPARTMENT OF HEALTH & WELFARE

BRAD LITTLE – Governor
JULIET CHARRON – Director

SASHA O'CONNELL—Deputy Director
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

February 18, 2026

Dear Tribal Representative:

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid or CHIP State Plan Amendment (SPA) or waiver application or amendment likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (IDHW) Division of Medicaid (Idaho Medicaid) provides notice on the following matter.

Purpose

Idaho Medicaid intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to update cost sharing requirements for Medicaid members.

These updates are consistent with Idaho Code § 56-2203 Legislative Approval – Medicaid Cost-Sharing (created by Idaho House Bill H0345 Medicaid (2025)).

Members, at the time of their enrollment and reenrollment after a redetermination of eligibility, and when premiums, cost sharing charges, or aggregate limits are revised, are notified of their cost sharing obligations. This occurs in Notice of Decision materials that reference the state's current public schedule or premiums and cost sharing, and the notice to beneficiaries of aggregate limits, as posted on the State Medicaid Agency's website (https://healthandwelfare.idaho.gov/services-programs/medicaid-health).

American Indian / Alaska Native (AI/AN) members are federally exempt from cost sharing.

For awareness, this amendment:

- Increases Medicaid member copays from three dollars and sixty-five cents ($3.65) to four dollars ($4.00) on benefits already subject to a copay for applicable members, and adds benefits that will be subject to a copay. Services that will be subject to a copay would include:
    - Accessing Emergency Transportation Services For Non-Emergency Medical Condition.
    - Accessing Hospital Emergency Dept Services For Non-Emergency Medical Condition.
    - Ambulatory Surgical Center Services.

  - Chemotherapy and Radiation Therapy Services.
  - Chiropractic Services.
  - Dental Services.
  - Diagnostic X-Ray Services.
  - Laboratory Services.
  - Durable Medical Equipment.
  - Federally Qualified Health Center (FQHC) Services.
  - Home Health Services.
  - Inpatient Hospital Services.
  - Occupational Therapy Services.
  - Optometric Services.
  - Outpatient Hospital Services.
  - Physical Therapy Services.
  - Physician Office Visits.
  - Podiatry Services.
  - Rural Health Clinic (RHC) Services.
  - Speech Therapy Services.
  - Urgent Care Center Services.

- Adds copays on preferred and non-preferred drugs. Preferred drugs will have a four dollar ($4.00) co-pay, and non-preferred drugs will have an eight dollar ($8.00) copay.

These changes are in compliance with *42 C.F.R. § 430.25 Waivers of State plan requirements; 42 C.F.R. § 440.345 EPSDT and other required benefits; 42 C.F.R. § 440.386 Public notice; 42 C.F.R. §441.304 Duration, extension, and amendment of a waiver; 42 C.F.R. § 447.203 Documentation of access to care and service payment rates; 42 C.F.R. § 447.204 Medicaid provider participation and public process to inform access to care; 42 C.F.R. § 447.205 Public notice of changes in Statewide methods and standards for setting payment rates; and 42 C.F.R. § 457.65 Effective date and duration of State plans and plan amendments.*

Proposed Effective Date

The Department intends to submit this amendment to CMS on or before July 1, 2026, with a requested effective date to be determined in consultation with CMS.

Anticipated Impact on Indians/Indian Health Program/Urban Indian Organizations

A. Does this change directly affect American Indians / Alaska Natives (AI/AN) or Indian Health Care Providers (IHCPs) but is federally or statutorily mandated?

Although these changes are driven by changes to state law, ***American Indian / Alaska Native (AI/AN) members are federally exempt from cost sharing.***

B. Does the change impact services or access to services provided, or contracted for, by Indian Health Care Providers (IHCPs) including but not limited to:

- *Decrease/increase in services*
- *Change in provider qualifications/requirements*
- *Change service eligibility requirements (i.e. prior authorization)*

- *Place compliance costs on Indian Health Care Providers (IHCPs)*
- *Change in reimbursement rate or methodology*

The proposed changes do not increase or decrease available services under IHCPs. They do not change provider qualifications/requirements. They do not change service eligibility requirements. They do not place compliance costs on IHCPs. They may affect reimbursement for some non-IHCP claims.

C. Does the change negatively impact or change the eligibility for, or access to, American Indians / Alaska Natives (AI/AN) Medicaid?

The proposed changes do not impact Medicaid eligibility or enrollment of American Indians / Alaska Natives (AI/AN).

Availability for Review

When available, copies of the draft SPA pages will be posted on the IDHW website at https://healthandwelfare.idaho.gov/about-dhw/rules-policies-procedures-and-waivers under "Medicaid policies" (PUBLIC-DOCUMENTS > About DHW > Policies & Standards > Medicaid > Medicaid Public Notices).

Comments, Input, and Tribal Concerns

Idaho Medicaid appreciates any input or concerns that Tribal representatives wish to share regarding these changes. Any persons wishing to provide input may submit comments. Please be aware that personally identifiable information (PII) may be subject to public disclosure. Commentors should refrain from submitting Protected Health Information (PHI).

Please submit any comments prior to **April 18, 2026,** by email addressed to MCPT@dhw.idaho.gov and Mahailla.Emele@dhw.idaho.gov. The proposed SPA will also be reviewed as part of the Policy Update at the next Quarterly Tribal meeting.

Sincerely,

Sasha O'Connell
Deputy Director

SO/at

IDAHO DEPARTMENT OF HEALTH & WELFARE

BRAD LITTLE – Governor
JULIET CHARRON – Director

SASHA O'CONNELL—Deputy Director
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

May 1, 2026

Deputy Director
Center for Medicaid and CHIP Services (CMCS)

Dear Deputy Director:

The State of Idaho is submitting a Title XIX Medicaid State Plan Amendment (SPA), transmittal **#ID-26-0005**, through the federal OneMac portal for the Idaho Medicaid State Plan to update cost sharing requirements for Medicaid members.

The state's current public schedule or premiums and cost sharing, and the notice to beneficiaries of aggregate limits, are posted on the State Medicaid Agency's website.

This amendment:

- Increases Medicaid member copays from three dollars and sixty-five cents ($3.65) to four dollars ($4.00) on benefits already subject to a copay for applicable members, and adds benefits that will be subject to a copay.
- Adds copays on preferred and non-preferred drugs. Preferred drugs will have a four dollar ($4.00) co-pay, and non-preferred drugs will have an eight dollar ($8.00) copay.

These updates are consistent with Idaho Code § 56-2203 Legislative Approval – Medicaid Cost-Sharing (created by Idaho House Bill H0345 Medicaid (2025)).

The State Medicaid Agency is requesting an effective date to be determined in consultation with CMS.

Tribal solicitation and public notice were completed timely following our established procedures. We have included the details specific to the posting of the notices, distribution methods and tribal consultation in this submission packet. A Tribal Representative Notification Letter was mailed, e-mailed, and posted to the Medicaid-Tribes website on February 18, 2026, with a specified due date of April 18, 2026, for any feedback. Public notice was provided through the statewide process, as required by 42 C.F.R. § 447.205, on February 18, 2026, with thirty (30) days for feedback.

Idaho appreciates your review of this proposed SPA, and anticipates CMS approval. Please direct any questions to Charles Beal, Medicaid Policy Chief, at charles.beal@dhw.idaho.gov.

Sincerely,

SASHA O'CONNELL
Deputy Director

SO/at

cc: Courtenay Savage

Medicaid Premiums and Cost Sharing

State Name: Idaho

OMB Control Number: 0938-1148

Transmittal Number: ID - 26 - 0005

Cost Sharing Requirements G1

1916
1916A
42 CFR 447.50 through 447.57 (excluding 447.55)

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid. Yes

☑ The state assures that it administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57.

General Provisions

☑ The cost sharing amounts established by the state for services are always less than the amount the agency pays for the service.

■ No provider may deny services to an eligible individual on account of the individual's inability to pay cost sharing, except as elected by the state in accordance with 42 CFR 447.52(e)(1).

■ The process used by the state to inform providers whether cost sharing for a specific item or service may be imposed on a beneficiary and whether the provider may require the beneficiary to pay the cost sharing charge, as a condition for receiving the item or service, is (check all that apply):

☒ The state includes an indicator in the Medicaid Management Information System (MMIS)

☒ The state includes an indicator in the Eligibility and Enrollment System

☐ The state includes an indicator in the Eligibility Verification System

☐ The state includes an indicator on the Medicaid card, which the beneficiary presents to the provider

☐ Other process

■ Contracts with managed care organizations (MCOs) provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in 42 CFR 447.50 through 447.57.

Cost Sharing for Non-Emergency Services Provided in a Hospital Emergency Department

The state imposes cost sharing for non-emergency services provided in a hospital emergency department. Yes

☑ The state ensures that before providing non-emergency services and imposing cost sharing for such services, that the hospitals providing care:

■ Conduct an appropriate medical screening under 42 CFR 489.24, subpart G to determine that the individual does not need emergency services;

■ Inform the individual of the amount of his or her cost sharing obligation for non-emergency services provided in the emergency department;

■ Provide the individual with the name and location of an available and accessible alternative non-emergency services provider;

- ■ Determine that the alternative provider can provide services to the individual in a timely manner with the imposition of a lesser cost sharing amount or no cost sharing if the individual is otherwise exempt from cost sharing; and
- ■ Provide a referral to coordinate scheduling for treatment by the alternative provider.

☑ The state assures that it has a process in place to identify hospital emergency department services as non-emergency for purposes of imposing cost sharing. This process does not limit a hospital's obligations for screening and stabilizing treatment of an emergency medical condition under section 1867 of the Act; or modify any obligations under either state or federal standards relating to the application of a prudent-layperson standard for payment or coverage of emergency medical services by any managed care organization.

The process for identifying emergency department services as non-emergency for purposes of imposing cost sharing is:

Hospitals are required to comply with federal requirements to screen for and provide services to individuals who visit the emergency department and request emergency care. The hospital may bill the member if the care rendered is determined to be non-emergency.

The hospital may choose to waive collection from the member of any copay.

The State Medicaid Agency assures that hospitals comply with the notice requirements described in 42 C.F.R. 447.54 Cost sharing for services furnished in a hospital emergency department.

Cost Sharing for Drugs

The state charges cost sharing for drugs.	Yes
The state has established differential cost sharing for preferred and non-preferred drugs.	Yes

- ■ The state identifies which drugs are considered to be non-preferred.
- ☑ The state assures that it has a timely process in place to limit cost sharing to the amount imposed for a preferred drug in the case of a non-preferred drug within a therapeutically equivalent or similar class of drugs, if the individual's prescribing provider determines that a preferred drug for treatment of the same condition either will be less effective for the individual, will have adverse effects for the individual, or both. In such cases, reimbursement to the pharmacy is based on the appropriate cost sharing amount.

Beneficiary and Public Notice Requirements

☑ Consistent with 42 CFR 447.57, the state makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, beneficiaries and providers are likely to have access to the notice. Prior to submitting a SPA which establishes or substantially modifies existing cost sharing amounts or policies, the state provides the public with advance notice of the SPA, specifying the amount of cost sharing and who is subject to the charges, and provides reasonable opportunity for stakeholder comment. Documentation demonstrating that the notice requirements have been met are submitted with the SPA. The state also provides opportunity for additional public notice if cost sharing is substantially modified during the SPA approval process.

Other Relevant Information

The State Medicaid Agency posts the required public schedule containing the content required at 42 CFR 447.57 Beneficiary and public notice requirements via a link on the Idaho Department of Health and Welfare webiste. (https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=19932&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1). Tribal solicitation and public notice are completed timely following the State Medicaid Agency's established procedures, as

required by 42 C.F.R. § 447.205 Public notice of changes in Statewide methods and standards for setting payment rates.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

Medicaid Premiums and Cost Sharing

State Name: Idaho

OMB Control Number: 0938-1148

Transmittal Number: ID - 26 - 0005

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals. Yes

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add			$			Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: Accessing Emergency Transportation Services For Non-Emergency Medical Condition — Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit		Remove

Service or Item: Accessing Hospital Emergency Dept Services For Non-Emergency Medical Condition. — Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Trip		Remove

Service or Item: Ambulatory Surgical Center Services. — Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Chemotherapy and Radiation Therapy Services. — Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Medicaid Premiums and Cost Sharing

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Except women enrolled under the Breast and Cervical Cancer Treatment Program. Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Chiropractic Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Dental Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Diagnostic X-Ray Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Durable Medical Equipment. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Federally Qualified Health Center (FQHC) Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	A copy may not be charged when the visit is for a preventative wellness exam, immunizations, or family planning. Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Home Health Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Inpatient Hospital Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	50.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Laboratory Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Occupational Therapy Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Optometric Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Outpatient Hospital Services. Remove Service or Item

Medicaid Premiums and Cost Sharing

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Physical Therapy Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Physician Office Visits. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	A copay may not be charged when the visit is for a preventative wellness exam, immunizations, or family planning. Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Podiatry Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Rural Health Clinic (RHC) Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	A copay may not be charged when the visit is for a preventative wellness exam, immunizations, or family planning. Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Speech Therapy Services. Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Service or Item: Urgent Care Center Services.

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPG	No Limit	4.00	$	Visit	A copay may not be charged when the visit is for a preventative wellness exam, immunizations, or family planning. Provider charge much exceed $40.00, or a copay may not be charged.	Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals. No

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals. No

PRA Disclosure Statement

V.20181119

Medicaid Premiums and Cost Sharing

State Name: Idaho

OMB Control Number: 0938-1148

Transmittal Number: ID - 26 - 0005

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to all medically needy individuals.	No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119

Medicaid Premiums and Cost Sharing

State Name: Idaho

OMB Control Number: 0938-1148

Transmittal Number: ID - 26 - 0005

Cost Sharing Amounts - Targeting G2c

1916
1916A
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals. Yes

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

Add	Service	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add						Remove

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL. Yes

Providers may require payment of cost sharing as a condition for receiving all items or services listed above. Yes

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals. No

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals. No

Remove Population

Add Population

Medicaid Premiums and Cost Sharing

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119

Medicaid Premiums and Cost Sharing

State Name: Idaho

OMB Control Number: 0938-1148

Transmittal Number: ID - 26 - 0005

Cost Sharing Limitations G3

42 CFR 447.56
1916
1916A

☑ The state administers cost sharing in accordance with the limitations described at 42 CFR 447.56, and 1916(a)(2) and (j) and 1916A(b) of the Social Security Act, as follows:

Exemptions

Groups of Individuals - Mandatory Exemptions

The state may not impose cost sharing upon the following groups of individuals:

- ■ Individuals ages 1 and older, and under age 18 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118).
- ■ Infants under age 1 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118), whose income does not exceed the higher of:
  - ■ 133% FPL; and
  - ■ If applicable, the percent FPL described in section 1902(l)(2)(A)(iv) of the Act, up to 185 percent.
- ■ Disabled or blind individuals under age 18 eligible for the following eligibility groups:
  - ■ SSI Beneficiaries (42 CFR 435.120).
  - ■ Blind and Disabled Individuals in 209(b) States (42 CFR 435.121).
  - ■ Individuals Receiving Mandatory State Supplements (42 CFR 435.130).
- ■ Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age.
- ■ Disabled children eligible for Medicaid under the Family Opportunity Act (1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act).
- ■ Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends, except for cost sharing for services specified in the state plan as not pregnancy-related.
- ■ Any individual whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs.
- ■ An individual receiving hospice care, as defined in section 1905(o) of the Act.
- ■ Indians who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services.
- ■ Individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group (42 CFR 435.213).

Groups of Individuals - Optional Exemptions

The state may elect to exempt the following groups of individuals from cost sharing:

The state elects to exempt individuals under age 19, 20 or 21, or any reasonable category of individuals 18 years of age or over.	No
The state elects to exempt individuals whose medical assistance for services furnished in a home and community-based setting is reduced by amounts reflecting available income other than required for personal needs.	Yes

Services - Mandatory Exemptions

The state may not impose cost sharing for the following services:

- ■ Emergency services as defined at section 1932(b)(2) of the Act and 42 CFR 438.114(a).
- ■ Family planning services and supplies described in section 1905(a)(4)(C) of the Act, including contraceptives and pharmaceuticals for which the state claims or could claim federal match at the enhanced rate under section 1903(a)(5) of the Act for family planning services and supplies.
- ■ Preventive services, at a minimum the services specified at 42 CFR 457.520, provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics.
- ■ Pregnancy-related services, including those defined at 42 CFR 440.210(a)(2) and 440.250(p), and counseling and drugs for cessation of tobacco use. All services provided to pregnant women will be considered pregnancy-related, except those services specificially identified in the state plan as not being related to pregnancy.
- ■ Provider-preventable services as defined in 42 CFR 447.26(b).

Enforceability of Exemptions

The procedures for implementing and enforcing the exemptions from cost sharing contained in 42 CFR 447.56 are (check all that apply):

- ■ To identify that American Indians/Alaskan Natives (AI/AN) are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services in accordance with 42 CFR 447.56(a)(1)(x), the state uses the following procedures:
  - ☒ The state accepts self-attestation
  - ☒ The state runs periodic claims reviews
  - ☐ The state obtains an Active or Previous User Letter or other Indian Health Services (IHS) document
  - ☒ The Eligibility and Enrollment and MMIS systems flag exempt recipients
  - ☐ Other procedure

Additional description of procedures used is provided below (optional):

The State Medicaid Agency will review historical claims data and identify any American Indian/Alaskan Native (AI/AN) Medicaid participants who have ever received an item or service furnished by an Indian healthcare provider or through referral under contract health services in accordance with 42.CFR 447.56(a)(1)(x). Additionally, the State Medicaid Agency will use Appendix B of the single streamlined application for assistance to identify individuals who have received, are receiving, or are eligible to receive services furnished by an Indian healthcare provider or through referral under contract health services.

■ To identify all other individuals exempt from cost sharing, the state uses the following procedures (check all that apply):

- ☒ The MMIS system flags recipients who are exempt
- ☒ The Eligibility and Enrollment System flags recipients who are exempt
- ☐ The Medicaid card indicates if beneficiary is exempt
- ☐ The Eligibility Verification System notifies providers when a beneficiary is exempt
- ☐ Other procedure

Additional description of procedures used is provided below (optional):

Providers are instructed to check a member's eligibility prior to rendering services. The copay field of the eligibility response indicates whether the member is subject to copay or is exempt.

Payments to Providers

☑ The state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation, regardless of whether the provider has collected the payment or waived the cost sharing, except as provided under 42 CFR 447.56(c).

Payments to Managed Care Organizations

The state contracts with one or more managed care organizations to deliver services under Medicaid. Yes

☑ The state calculates its payments to managed care organizations to include cost sharing established under the state plan for beneficiaries not exempt from cost sharing, regardless of whether the organization imposes the cost sharing on its recipient members or the cost sharing is collected.

Aggregate Limits

☑ Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household do not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.

■ The percentage of family income used for the aggregate limit is:

- ◉ 5%
- ○ 4%
- ○ 3%
- ○ 2%
- ○ 1%
- ○ Other: ____ %

■ The state calculates family income for the purpose of the aggregate limit on the following basis:

- ○ Quarterly
- ◉ Monthly

Medicaid Premiums and Cost Sharing

The state has a process to track each family's incurred premiums and cost sharing through a mechanism that does not rely on beneficiary documentation. **Yes**

■ Describe the mechanism by which the state tracks each family's incurred premiums and cost sharing (check all that apply):

☒ As claims are submitted for dates of services within the family's current monthly or quarterly cap period, the state applies the incurred cost sharing for that service to the family's aggregate limit. Once the family reaches the aggregate limit, based on incurred cost sharing and any applicable premiums, the state notifies the family and providers that the family has reached their aggregate limit for the current monthly or quarterly cap period, and are no longer subject to premiums or cost sharing.

☐ Managed care organization(s) track each family's incurred cost sharing, as follows:

☐ Other process:

■ Describe how the state informs beneficiaries and providers of the beneficiaries' aggregate family limit and notifies beneficiaries and providers when a beneficiary has incurred premiums and cost sharing up to the aggregate family limit and individual family members are no longer subject to premiums or cost sharing for the remainder of the family's current monthly or quarterly cap period:

The State Medicaid Agency posts notice to members of aggregate cost sharing limit via a link on the Idaho Department of Health and Welfare webiste. (https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=19932&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1).

The State Medicaid Agency monitors assessed copays and premiums on at least a monthly basis and tracks the amount paid compared with family income. When the State Medicaid Agency identifies that copays and premiums assessed have reached five percent (5%) or more of the maximum amount for the eligibility period, a letter is sent to the family informing them that they are approaching their limit and that they will exempted for the remainder of the period. The status of the member is changed to copay exempt in the information system at that point for the remainder of the eligibility period.

The state has a documented appeals process for families that believe they have incurred premiums or cost sharing over the aggregate limit for the current monthly or quarterly cap period. **No**

■ Describe the process used to reimburse beneficiaries and/or providers if the family is identified as paying over the aggregate limit for the month/quarter:

The member may bring documentation to the State Medicaid Agency to demonstrate payment of cost-sharing in excess of the aggregate limit for the month. The State Medicaid Agency will review the documentation and will direct providers to reimburse participants for any amounts paid after the five percent (5%) aggregate limit was exceeded.

■ Describe the process for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are being terminated for failure to pay a premium:

At any time, members may notify the State Medicaid Agency of a change in income or other circumstances that might affect the current aggregate cost-sharing limit. Once a member notifies the Medicaid agency of such a change, the State Medicaid Agency will review the updated information and change aggregate limits, if necessary.

The state imposes additional aggregate limits, consistent with 42 CFR 447.56(f)(5). **No**

PRA Disclosure Statement

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V.20160722