STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Idaho

1:4 State Medical Care Advisory Committee (42 CFR 431.12(b))

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

_X_ The State enrolls recipients in MCP, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

Tribal Consultation Requirements
Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(1) of the Act was also amended to apply these requirements to the Children’s Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Idaho Medicaid, in consultation with the Tribes of Idaho and Indian health providers, developed an “Idaho Medicaid Tribal Consultation Policy & Procedures” document that describes the mutually agreed upon consultation process that Medicaid follows. A current version of this document is posted on Idaho Medicaid’s main web page, www.medicaid.idaho.gov, and also on the Tribal website described in the policy document.

The document is a “living document” that may be changed in collaboration with Tribes of Idaho and Indian health providers. Idaho Medicaid assures that it will forward a copy of any revision made to the document within 30 days of such revision.

According to policies and procedures outlined in the “Idaho Medicaid Tribal Consultation Policy & Procedures” document, the SPA preprint was shared with the Tribes and Indian health providers at the quarterly meeting held on August 12, 2010 in Coeur d’Alene, Idaho. On September 20, 2010, the Tribal Leaders were supplied with a copy of the proposed SPA language and a copy of the draft SPA was posted to the Tribal website.

Determination of Direct Effect
The following policy changes represent a direct effect to the Tribes and Indian health providers:

  a. Decrease/increase in Medicaid services.
  b. Change in Medicaid provider qualifications/requirements.
  c. Change Medicaid service eligibility requirements (i.e. prior authorization).
  d. Place compliance costs on IHS, Tribal health programs or Urban Indian Organizations.
  e. Change in Medicaid reimbursement rate or methodology.
  f. Negative impact or change to eligibility for, or access to, Tribal members’ Medicaid

Timeframe for Consultation
The State will request consultation at the earliest opportunity and to the extent possible give the appropriate tribal and Indian health provider contact(s) an appropriate amount of time to consider and respond to the impact of the consultation request. Whenever possible, the State will provide notification to the Tribes and Indian health providers 60 days prior to submission and allow 30 days for response. Whenever possible, in expedited circumstances, 14 day notice will be given with 7 days allowed for response. The request may be in writing or communicated verbally as part of a quarterly Tribal meeting.

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