DRAFT

Complex Medical Needs Waiver Application

January 22, 2018
Executive Summary

Today Idahoans afflicted with a complex life-threatening medical condition rely on a mix of federally subsidized insurance, catastrophic health care fund coverage, and charity care to meet their needs. Accessing these variable methods of coverage results in an additional burden for Idahoans and their families at a time when they have the most difficulty in effectively managing the daily challenges of life related to their condition.

The Idaho Department of Health and Welfare (IDHW) and the Idaho Department of Insurance (DOI) are proposing a unique, two-pronged approach, entitled the “Idaho Health Care Plan” (IHCP) as part of the solution to address the need for affordable, consistent, comprehensive coverage for Idahoans with complex medical needs and those who need access to affordable healthcare coverage.

The IDHW is requesting the Centers for Medicare and Medicaid Services (CMS) approval of a Section 1115(d) Demonstration Waiver, as part of the IHCP. The goal of the 1115 waiver is to allow Idahoans with Complex Medical Needs (CMN), who have household incomes up to 400% of the Federal Poverty Level (FPL), to access comprehensive coverage under the Medicaid program.

The Idaho DOI is requesting the CMS and the United States Department of the Treasury’s approval of a Section 1332 State Innovation Waiver. The 1332 is a companion waiver to the 1115 demonstration waiver. The goal of the 1332 waiver is to: increase participation in Idaho’s individual health insurance market, to provide affordable coverage options to Idaho households with income below 100% of the FPL and to stabilize premiums for Qualified Health Insurance plans within the State based exchange.

The 1115 demonstration waiver and the 1332 waiver will work in concert as part of a specifically designed sustainable Idaho solution. This proposed solution will address Idaho’s gaps in coverage, encourage accountability, provide more affordable options for health coverage, and provide a comprehensive source of coverage to those with complex medical needs. The long-term result will be better outcomes, a reduction in negative impacts of unpredictable costs for these consumers and stability for the healthcare marketplace.
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Q1:

Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act). (This summary will also be posted on Medicaid.gov after the application is submitted. If additional space is needed, please supplement your answer with a Word attachment).

A1:

The IDHW proposes a Section 1115 demonstration to expand eligibility to children and adults with medically complex healthcare needs, whose household income is less than 400% FPL. Individuals with conditions requiring ongoing complex medical support such as hemophilia, cystic fibrosis and those with end of life needs will be covered under the CMN Demonstration Waiver. The CMN waiver will allow Idaho to ensure its high-needs individuals have consistent access to comprehensive healthcare coverage through the Medicaid program.

The demonstration will establish consistent and reliable coverage, where none currently exists, for individuals with medically complex conditions whose income is less than 100% of the FPL. These individuals either have no healthcare coverage at all or are subject to extremely limited, inefficient, and variable levels of healthcare services provided through charity care and the Idaho Catastrophic Health Care Fund. This new mode of coverage will achieve the objectives of title XIX by increasing overall Medicaid coverage and improving health outcomes for low-income individuals.

The demonstration will also achieve title XIX objectives by improving efficiency and quality of care through the provision of more comprehensive coverage for individuals with medically complex conditions whose income is above 100% of FPL but less than 400% of FPL and at a lower cost than their current coverage under a private plan.

Both groups will receive better end of life care consistent with patient desires. All individuals covered by this demonstration will have access to coverage for advance care planning which is not consistently available to them in the current system of care. This will promote better quality, end-of-life care and a better care experience in alignment with title XIX objectives.

Q2:
Include the rationale for the demonstration (if additional space is needed, please supplement your answer with a Word attachment).

A2:

The coverage groups described above present specific challenges for coverage under commercial plans operating in Idaho. The demonstration will improve health outcomes, patient care experiences, and reduce the overall cost of care in the Idaho healthcare system by shifting their coverage to a Medicaid plan that is better able to meet their needs.

Q3:

Describe the hypotheses that will be tested/evaluated during the Demonstration’s approval period and the plan by which the State will use to test them (if additional space is needed, please supplement your answer with a Word attachment).

A3:

See Appendix – E.

Q4:

Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State. If the Demonstration will not operate statewide, please indicate the geographic areas/regions of the State where the Demonstration will operate (if additional space is needed, please supplement your answer with a Word attachment);

A4:

The demonstration will operate statewide.

Q5:

Include the proposed timeframe for the Demonstration (if additional space is needed, please supplement your answer with a Word attachment; and

A5:

Idaho is requesting a 5-year period for the waiver with an effective date of July 1, 2018.

CMS approval is requested by March 2018 to allow sufficient time for planning and enrollment activities. See Appendix – A for the project timeline.

Q6:
Describe whether the Demonstration will affect and/or modify other components of the State’s current Medicaid or Children’s Health Insurance Program (CHIP) programs outside of eligibility, benefits, cost sharing or delivery systems (if additional space is needed, please supplement your answer with a Word attachment).

A6:

The Demonstration is not expected to affect or to require modifications of other components of the State’s current Medicaid or CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

The State will leverage its existing processes and resources currently utilized for Medicaid participants with the same complex medical conditions to ensure continuity of care and medical necessity is determined on a case by case basis.

Enhancements currently in development within the Idaho Medicaid system of care will greatly benefit the demonstration population. These enhancements include:

- Alignment of Healthcare Common Procedure Coding System advance planning codes with Medicare
- Integrated models of care
- Launch of patient center medical homes – phase two
Section II – Demonstration Eligibility

Q1:

Include a chart identifying any populations whose eligibility will be affected by the Demonstration (an example is provided below; note that populations whose eligibility is not proposed to be changed by the Demonstration do not need to be included). Please refer to Medicaid Eligibility Groups: [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Eligibility-Groups.pdf](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Eligibility-Groups.pdf) when describing Medicaid State plan populations, and for an expansion eligibility group, please provide the state name for the groups that is sufficiently descriptive to explain the groups to the public.

A1:

Optional State Plan / Expansion Group

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Eligibility Criteria</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Complex</td>
<td>- Children and adults up through age 64</td>
<td>- Up to 400% FPL</td>
</tr>
<tr>
<td>Individuals</td>
<td>- Not otherwise eligible for the Medicaid program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Do not have access to an affordable employer-sponsored plan as defined in 26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR 1.36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Diagnosis of a targeted medically complex condition as listed in the table below</td>
<td></td>
</tr>
</tbody>
</table>

Diagnoses from the following Hierarchical Conditions Categories (HCC) will be included in the Demonstration:

<table>
<thead>
<tr>
<th>HCC</th>
<th>HCC Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Metastatic Cancer</td>
</tr>
<tr>
<td>9</td>
<td>Lung, Brain, and Other Severe Cancers, Incl. Pediatric Acute Lymphoid Leukemia</td>
</tr>
<tr>
<td>10</td>
<td>Non-Hodgkin's Lymphomas and Other Cancers and Tumors</td>
</tr>
<tr>
<td>111</td>
<td>Amyotrophic Lateral Sclerosis and Other Anterior Horn Cell Disease</td>
</tr>
<tr>
<td>G08</td>
<td>Disorders of Immunity (Combined/severe immunodeficiencies, etc.)</td>
</tr>
<tr>
<td>66</td>
<td>Hemophilia</td>
</tr>
<tr>
<td>118</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>159</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>G02</td>
<td>Child Metabolic/Endocrine Disorders (Mucopolysaccharidosis, Lipidoses, Glycogenosis, etc.)</td>
</tr>
</tbody>
</table>
The IDHW reviewed many diagnosis relative to the State Based Exchange’s High Cost Conditions list. The diagnoses each had to meet the following selection criteria:

a) listed on high cost conditions list for Idaho Carriers, 2nd
b) medically complex, end of life or severe genetic disorders, 2nd
c) cost effective to be covered under Medicaid versus private plan

Information on the list is available here:

The HHS-HCC grouping of diagnoses is originally developed by HHS for purposes of individual/small group risk adjustment purposes. They have some publicly available documents that explain the HCCs on their website, in particular: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/ Instructions: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ Diy- Instructions-2017.pdf Tables of HCCs and ICD10s: https://www.cms.gov/CCIIO/Resources/Regulations-and- Guidance/Downloads/ Technical-Details-2017.xlsx In that last link, Table 4 has each of the HCCs listed, Table 3 has the underlying ICD-10s.

Q2: 1115 Demonstration January 22, 2018
Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan (if additional space is needed, please supplement your answer with a Word attachment);

A2:

The State will:

- Leverage qualified health plans (QHP), in conjunction with the Idaho DOI, to engage and conduct outreach to potentially eligible participants and refer potential eligibles to the state based on diagnoses contained in their claims data.
- Leverage its existing Medicaid provider network of primary care providers, hospitals and specialty physicians to identify potentially eligible participants based on diagnosis and engage them to conduct outreach and refer potential eligibles to the state.
- Use modified adjusted gross income (MAGI) methodology standards to determine income eligibility for the population targeted by this demonstration. Participants with needs for 1915(c) waiver or 1915(i) State Plan services will be subject to the same eligibility requirements as any other Medicaid participant. Methodology changes will not be required for any population currently covered by the Idaho State plan.

Q3:

Specify any enrollment limits that apply for expansion populations under the Demonstration (if additional space is needed, please supplement your answer with a Word attachment);

A3:

The State does not seek to cap or limit enrollment for the population covered by this demonstration.

Q4:

Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs (i.e., Medicaid State plan, or populations covered using other waiver authority, such as 1915(c)). If applicable, please specify the size of the populations currently served in those programs (if additional space is needed, please supplement your answer with a Word attachment);
The State projects an initial enrollment of 3,300 participants based on carrier data provided by the Idaho DOI and an estimation of the number of individuals under 100% FPL that will gain Medicaid eligibility through this demonstration project. The enrollment growth over the life of the Demonstration is estimated at 1.6% based on standard population growth rate.

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Demonstration Year</th>
<th>Projected Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>1</td>
<td>3,300</td>
</tr>
<tr>
<td>2020</td>
<td>2</td>
<td>3,400</td>
</tr>
<tr>
<td>2021</td>
<td>3</td>
<td>3,450</td>
</tr>
<tr>
<td>2022</td>
<td>4</td>
<td>3,500</td>
</tr>
<tr>
<td>2023</td>
<td>5</td>
<td>3,500</td>
</tr>
</tbody>
</table>

Q5:
To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the Demonstration will utilize spousal impoverishment rules under section 1924, or will utilize regular post-eligibility rules under 42 CFR 435.726 (SSI State and section 1634) or under 42 CFR 435.735 (209b State) (if additional space is needed, please supplement your answer with a Word attachment);

A5:
CMN Waiver participants will not be eligible for benefits provided under the following:
- Idaho’s 1915(c) HCBS waivers
- 1915(i) State Plan benefits for children or adults

Participants with appropriate levels of need may access these services through existing pathways outside of the demonstration.

Q6:
Describe any changes in eligibility procedures the state will use for populations under the Demonstration, including any eligibility simplifications that require 1115 authority (such as continuous eligibility or express lane eligibility for individuals or express lane eligibility for children after 2013) (if additional space is needed, please supplement your answer with a Word attachment);

A6:
Not Applicable

Q7:

*If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014 (if additional space is needed, please supplement your answer with a Word attachment).*

A7:

Not Applicable
Q1:

*Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:*

A1:

( ) No (X) Yes (if no, please skip questions 3-7)

Q2:

*Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:*

A2:

( ) No (X) Yes (if no, please skip questions 8-11)

Demonstration participants with countable incomes at or above 250% FPL will be subject to a monthly premium based on their countable household income. Participants with countable household income above 250% FPL will be assessed a premium equal to 1% of their income.

Q3:

*If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration (an example is provided):*

A3:

Demonstration participants will not have access to 1915(i) or 1915(c) benefits under the demonstration.

Q4:

*If electing benchmark-equivalent coverage for a population, please indicate which standard is being used:*
A4:

( ) Federal Employees Health Benefit Package

( ) State Employee Coverage

( ) Commercial Health Maintenance Organization

( ) State Employee Coverage

( ) Secretary Approved

(X) Plan from largest small group product, preferred provider organization (Blue Cross of Idaho Preferred Blue PPO)

Q5:

In addition to the Benefit Specifications and Qualifications form: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Interim1115-Benefit-Specifications-and-Provider-Qualifications.pdf, please complete the following chart if the Demonstration will provide benefits that differ from the Medicaid or CHIP State plan, (an example is provided).

A5:

Not applicable

Q6:

Indicate whether Long Term Services and Supports will be provided.

A6:

( ) No  (X) Yes (if yes, please check services being offered)
<table>
<thead>
<tr>
<th>Long Term Services and Supports Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
</tr>
<tr>
<td>Case Management (DD Adults only)</td>
</tr>
<tr>
<td>Adult Day Health Services</td>
</tr>
<tr>
<td>Habilitation – Supported Employment</td>
</tr>
<tr>
<td>Habilitation – Day Habilitation</td>
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<tr>
<td>Habilitation – Other Habilitative</td>
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<tr>
<td>Respite</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation</td>
</tr>
<tr>
<td>Environmental Modifications (Home Accessibility Adaptations)</td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
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<tr>
<td>Home Delivered Meals</td>
</tr>
<tr>
<td>Personal Emergency Response</td>
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<tr>
<td>Community Transition Services</td>
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<tr>
<td>Day Supports (non-habilitative)</td>
</tr>
<tr>
<td>Supported Living Arrangements</td>
</tr>
<tr>
<td>Assisted Living</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

Demonstration participants will have access to support services available under the State Plan as listed above (this list of services does not include our 1915(i) State plan Services or 1915(c) waiver services).

Idaho covers all beneficiaries under one of three alternative benefit plans (ABP): Basic, Enhanced (for individuals with special health needs) and Coordinated (for duals). We plan to cover all demonstration participants under our Enhanced ABP.

Premiums will be waivable in part or in whole for those who are not able to pay due to their health condition or if payment of the premium would compromise the individual’s ability to pay for reasonable, basic living expenses such as housing, food or utilities. All mandatory exempt
populations, as specified in the Social Security Act, including American Indians and Alaskan Natives, will be exempt from premiums.

Attestation of hardship based on income, housing and utility cost will be verified on a case by case basis. This will be based upon attestation by the enrollee and verified by the state’s contractor.

Q7:

**Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.**

A7:

( ) Yes (if yes, please address the questions below)

(No) (if no, please skip this question)

a) Describe whether the state currently operates a premium assistance program and under which authority, and whether the state is modifying its existing program or creating a new program (if additional space is needed, please supplement your answer with a Word attachment);

b) Include the minimum employer contribution amount (if additional space is needed, please supplement your answer with a Word attachment);

c) Describe whether the Demonstration will provide wrap-around benefits and cost- sharing (if additional space is needed, please supplement your answer with a Word attachment); and

d) Indicate how the cost-effectiveness test will be met (if additional space is needed, please supplement your answer with a Word attachment).

Q8:

**If different from the State plan, provide the premium amounts by eligibility group and income level (if additional space is needed, please supplement your answer with a Word attachment).**

A8:

Demonstration participants with countable incomes above 250% FPL will be subject to a monthly premium based on their countable household income. Participants with countable household income above 250% FPL will be assessed a premium equal to 1% of their income.
Q9:

Include a table if the Demonstration will require copayments, coinsurance and/or deductibles that differ from the Medicaid State plan (an example is provided):

If the state is proposing to impose cost sharing in the nature of deductions, copayments or similar charges beyond what is permitted under the law, the state should also address in its application, in accordance with section 1916(f) of the Act, that its waiver request:

a) will test a unique and previously untested use of copayments;

b) is limited to a period of not more than two years;

c) will provide benefits to recipients of medical assistance which can reasonably be expected to be equivalent to the risks to the recipients;

d) is based on a reasonable hypothesis which the Demonstration is designed to test in a methodologically sound manner, including the use of control groups of similar recipients of medical assistance in the area; and

e) is voluntary, or makes provision for assumption of liability for preventable damage to the health of recipients of medical assistance resulting from involuntary participation.

A9:

Not applicable

Q10:

Indicate if there are any exemptions from the proposed cost sharing (if additional space is needed, please supplement your answer with a Word attachment).

A10:

Premiums will be waivable in part or in whole for those who are not able to pay due to their health condition or if payment of the premium would compromise the individual’s ability to pay for reasonable, basic living expenses such as housing, food or utilities. All mandatory exempt populations, as specified in the Social Security Act, including American Indians and Alaskan Natives, will be exempt from premiums.

Attestation of hardship based on income, housing and utility cost will be verified on a case by case basis. This will be based upon attestation by the enrollee and verified by the state’s contractor.
Section IV – Delivery System and Payment Rates for Services

Q1:

*Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:*

A1:

(X) Yes

( ) No (if no, please skip questions 2 – 7 and the applicable payment rate questions) Idaho benefits are provided entirely through ABPs. The Idaho standard plan meets minimal requirements for Medicaid coverage and has an enrollment of zero individuals because of selection of more beneficial ABP enrollment options by participants. The demonstration will leverage existing Idaho ABP coverage.

Q2:

*Describe the delivery system reforms that will occur as a result of the Demonstration, and if applicable, how they will support the broader goals for improving quality and value in the health care system. Specifically, include information on the proposed Demonstration’s expected impact on quality, access, cost of care and potential to improve the health status of the populations covered by the Demonstration. Also include information on which populations and geographic areas will be affected by the reforms (if additional space is needed, please supplement your answer with a Word attachment); A2:*

A2:

Delivery system reforms are being explored outside of this waiver application within our integrated care model planning. These reforms are independent of this waiver authority and will promote better care through accountable care and patient centered medical home shared savings options for Idaho providers.
Q3:

*Indicate the delivery system that will be used in the Demonstration by checking one or more of the following boxes:*

A3:

(X) Managed care

( ) Managed Care Organizations (MCO)

( ) Prepaid Inpatient Health Plans (PIHP)

(X) Prepaid Ambulatory Health Plans (PAHP)

(X) Fee-for-service (including Integrated Care Models)

(X) Primary Care Case Management (PCCM)

( ) Health Homes

( ) Other (please describe)

Q4:

*If multiple delivery systems will be used, please include a table that depicts the delivery system that will be utilized in the Demonstration for each eligibility group that participates in the Demonstration (an example is provided). Please also include the appropriate authority if the Demonstration will use a delivery system (or is currently seeking one) that is currently authorized under the State plan, section 1915(a) option, section 1915(b) or section 1932 option:*

A4:

Idaho Medicaid is a mixed delivery system of fee-for-service (FFS) and managed care. The service delivery for the Demonstration population will utilize the current provider networks and existing waiver authorities. Managed care benefits are authorized as follows:

<table>
<thead>
<tr>
<th>Authorities</th>
<th>Service(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1932(a)</td>
<td>Primary Care Case Management</td>
</tr>
<tr>
<td>1915(b)</td>
<td>Dental Services</td>
</tr>
<tr>
<td>1915(b)</td>
<td>Behavioral Health Services</td>
</tr>
</tbody>
</table>
Q5:

*If the Demonstration will utilize a managed care delivery system:*

A5:

a) *Indicate whether enrollment be voluntary or mandatory. If mandatory, is the state proposing to exempt and/or exclude populations (if additional space is needed, please supplement your answer with a Word attachment)?*

Enrollment for our applicable managed care benefits (dental and outpatient behavioral health services) is mandatory, under Idaho’s 1915(b) waiver provisions, except for populations specifically exempted by federal law.

b) *Indicate whether managed care will be statewide, or will operate in specific areas of the state (if additional space is needed, please supplement your answer with a Word attachment);*

Idaho’s applicable managed care benefits are operated on a statewide basis.

c) *Indicate whether there will be a phased-in rollout of managed care (if managed care is not currently in operation or in specific geographic areas of the state. If additional space is needed, please supplement your answer with a Word attachment);*

The full Idaho Medicaid managed care network will be available to the demonstration population at implementation. There will not be a phased-in rollout of managed care services.

d) *Describe how will the state assure choice of MCOs, access to care and provider network adequacy (if additional space is needed, please supplement your answer with a Word attachment);*

The State will leverage its existing contracts, waivers and State Plan assurances to ensure access to care and adequacy of our managed care provider network.

e) *Describe how the managed care providers will be selected/procured (if additional space is needed, please supplement your answer with a Word attachment).*

The managed care provider networks currently in place will be utilized for this population. Additional recruitment will not be required.
Q6:

*Indicate whether any services will not be included under the proposed delivery system and the rationale for the exclusion (if additional space is needed, please supplement your answer with a Word attachment);*

A6:

All services currently available in the Idaho Medicaid State Plan, except 1915(i) services, will be available to the demonstration population.

Q7:

*If the Demonstration will provide personal care and/or long-term services and supports, please indicate whether self-direction opportunities are available under the Demonstration. If yes, please describe the opportunities that will be available, and also provide additional information with respect to the person-centered services in the Demonstration and any financial management services that will be provided under the Demonstration (if additional space is needed, please supplement your answer with a Word attachment).*

A7:

( ) Yes  (X) No

Q8:

*If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology (if additional space is needed, please supplement your answer with a Word attachment);*

A8:

The State will utilize its existing State Plan reimbursement methodologies which consist of a mixed delivery system for our fee-for-service and managed care network.

Q9:

*If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438 (if additional space is needed, please supplement your answer with a Word attachment); and*
A9:
The State will leverage actuarially sound methods consistent with 42 CFR 438 requirements to adjust rates for the new population, if necessary. All services will be provided through our fee-for-service network except the following services which are authorized under our managed care program:

<table>
<thead>
<tr>
<th>Authority</th>
<th>Service(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1932(a)</td>
<td>Primary Care Case Management</td>
</tr>
<tr>
<td>1915(b)</td>
<td>Dental Services</td>
</tr>
<tr>
<td>1915(b)</td>
<td>Behavioral Health Services</td>
</tr>
</tbody>
</table>

Q10:
If quality-based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected (if additional space is needed, please supplement your answer with a Word attachment).

A10:
Not Applicable
Section V – Implementation of Demonstration

Q1:

Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone (if additional space is needed, please supplement your answer with a Word attachment);

A1:

Idaho is requesting a five-year Demonstration with the eligibility expansion to be effective July 2018. The determination of eligibility, delivery of services and state wideness is not based on a phased in approach. See Appendix - A for the project timeline.

Q2:

Describe how potential Demonstration participants will be notified/enrolled into the Demonstration (if additional space is needed, please supplement your answer with a Word attachment); and

A2:

Enrollment will take place through two pathways

**Enrollment Pathway #1 – Qualified Health Plan Identification Process**

Insurance Carriers, from the individual market, will do a one-time data share of existing carrier data which identifies potential enrollees with qualifying diagnoses, based on their claims history. The Single State Agency will work with the individual to enroll in the Medicaid program.

Insurance Carriers will then complete an ongoing monthly referral process to the IDHW (Single State Agency).

**Enrollment Pathway #2 – Client Driven Process**

Clients can apply for Medicaid and will be considered for this waiver if they have a qualifying diagnosis. Enrollment and diagnosis certification forms will be completed by the participant and signed by their physician. IDHW staff will verify eligibility based on condition and financial standards through existing enrollment processes. The state will then issue a Notice of Decision to notify the participant of their eligibility for Medicaid and Medicaid benefit information.
Outreach Strategy:

The Department of Insurance, the IDHW (Single State Agency) and YourHealthIdaho (State based insurance exchange) will collaborate to develop a strong outreach strategy with the goal to educate and inform all potential eligibles about their opportunities for healthcare coverage as afforded by the waiver. YourHealthIdaho has an existing extensive statewide network of brokers, outreach counselors, carriers, agents and social media resources.

Idaho Medicaid will utilize its existing primary care program, stakeholder forums and outreach mechanisms to inform the public regarding new pathways to Medicaid eligibility and enrollment requirements.

Q3:

*If applicable, describe how the state will contract with managed care organizations to provide Demonstration benefits, including whether the state needs to conduct a procurement action (if additional space is needed, please supplement your answer with a Word attachment).*

A3:

Idaho Medicaid will amend its existing managed care contracts for behavioral health services and dental services to include the demonstration population and leverage our annual actuarial review process to incorporate the demonstration population. Procurement actions will not be required as the State’s existing managed care contracts specify a fixed capitated amount for an unlimited number of eligible participants.
Section VI – Demonstration Financing and Budget Neutrality

All funding for demonstration participants will be provided by federal and state funds at the standard Idaho Medicaid title XIX federal financial participation rate. There is no historical data available, so the projected enrollment and spend numbers are based on Medicaid historical spending for the same health care conditions and carrier data for people with the same complex medical needs.

The projected aggregate expenditure for the Demonstration are based on our standard 3% growth rate and are estimated as follows:

<table>
<thead>
<tr>
<th>Demonstration Year</th>
<th>Cost Per Demonstration Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$96,354,235</td>
</tr>
<tr>
<td>2</td>
<td>$100,847,727</td>
</tr>
<tr>
<td>3</td>
<td>$105,550,814</td>
</tr>
<tr>
<td>4</td>
<td>$110,473,056</td>
</tr>
<tr>
<td>5</td>
<td>$115,624,801</td>
</tr>
<tr>
<td><strong>Total for the Demonstration</strong></td>
<td><strong>$528,850,633</strong></td>
</tr>
</tbody>
</table>

Final numbers for the fiscal impact will be determined once the cost effectiveness calculations have been finalized.

*See Appendix D – for the financing form related to this section.*
Q1:

Provide a list of proposed waivers and expenditure authorities; and

A1:

The State requests federal authority to receive Federal Financial Participation (FFP) for individuals with medically complex health needs whose household incomes are less than 400 percent of the FPL (i.e. hemophilia, cystic fibrosis and those with end of life needs).

<table>
<thead>
<tr>
<th>Social Security Act Citation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(23)(A)</td>
<td>Freedom of Choice as based on our existing managed care waivers</td>
</tr>
<tr>
<td>1915(b)(4)</td>
<td>Mandate to single PIHP or PAHP managed care</td>
</tr>
<tr>
<td>1902(a)(4)</td>
<td>State wideness for managed care plans</td>
</tr>
<tr>
<td>1902(a)(10)(B)</td>
<td>Comparability of Services under managed care</td>
</tr>
</tbody>
</table>

Q2:

Describe why the state is requesting the waiver or expenditure authority, and how it will be used.

A2:

The State is requesting this waiver to provide consistent, comprehensive coverage to this population which is not currently available to them through Medicaid or private market insurance. Eligibility determination for this population is based on MAGI eligibility methods in addition to diagnosis with a CMN and countable income up to 400% FPL. This population will be subject to the requirements in our managed care network unless otherwise exempted in federal law.
Q1:

Start and end dates of the state’s public comment period (if additional space is needed, please supplement your answer with a Word attachment);

A1:

Public comment period spanned November 1, 2017 to December 15, 2017.

Q2:

Certification that the state provided public notice of the application, along with a link to the state’s web site and a notice in the state’s Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS (if additional space is needed, please supplement your answer with a Word attachment);

A2:

Full public notice of the application was posted on the state’s website on November 1, 2017, (located at http://complexmedicalneeds.dhw.idaho.gov). The full public notice was also published in the newspapers with the widest circulation in the state between November 1st and November 5, 2017. Those publications are: The Idaho Statesman, The Idaho Press Tribune, Idaho State Journal, Post Register and the Coeur d’Alene Press.

An abbreviated public notice was posted in the state’s Administrative Bulletin on December 6, 2017 and is located at: https://adminrules.idaho.gov/bulletin/. This notice was also published in our Medicaid provider newsletter, the MedicAide on November 3, 2017 and December 1, 2017.

Q3:

Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted (if additional space is needed, please supplement your answer with a Word attachment);
A3:

The State certifies that it conducted three public hearings in the regional hubs to solicit public comments. The Boise hearing was held on December 7, 2017; Pocatello was held on December 8, 2017 and the Coeur d’Alene hearing was held on December 12, 2017. Specific details on the hearings are listed in Appendix - B and Appendix - C of this application. The State also conducted two informal town hall meetings with stakeholders, one in Boise on December 6th and the other in Coeur d’ Alene on December the 11th of 2017.

Q4:

Certification that the state used an electronic mailing list or similar mechanism to notify the public. (If not an electronic mailing list, please describe the mechanism that was used. If additional space is needed, please supplement your answer with a Word attachment);

A4:

The State certifies that it utilized multiple email blasts to notify stakeholders as described in Appendix – B.

Q5:

Comments received by the state during the 30-day public notice period (if additional space is needed, please supplement your answer with a Word attachment);

A5:

The State received comments from pertinent stakeholders regarding the Demonstration application. A summary of those comments, the state’s response and any modifications of the application based on those comments is summarized in Appendix - C.

Q6:

Summary of the state’s responses to submitted comments, and whether or how the state incorporated them into the final application (if additional space is needed, please supplement your answer with a Word attachment);

A6:

The State received comments from pertinent stakeholders regarding the Demonstration application. A summary of those comments, the state’s response and any modifications of the application based on those comments is summarized in Appendix - C.
Q7:

Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state’s approved Medicaid State plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation (if additional space is needed, please supplement your answer with a Word attachment).

A7:

The state certifies it conducted tribal notification according to its formal process outlined in its approved State Plan. Idaho’s formal tribal notice, which included information on the public hearings and the demonstration application, was provided to the tribes via email, USPS mail and posted to the tribal website on November 1, 2017. The state sought additional discussion with the tribes regarding the application during the quarterly tribal meeting held in Lapwai, ID on November 8, 2017 and as described in the documents contained in Appendix – B and Appendix - C.

Q8:

If this application is an emergency application in which a public health emergency or a natural disaster has been declared, the State may be exempt from public comment and tribal consultation requirements as outlined in 42 CFR 431.416(g). If this situation is applicable, please explain the basis for the proposed emergency classification and public comment/tribal consultation exemption (if additional space is needed, please supplement your answer with a Word attachment).

A8:

Not applicable
Name and Title:  Matt Wimmer, Administrator, Division of Medicaid, Idaho Department of Health and Welfare

Telephone Number:  208.364.1804

Email Address:  matt.wimmer@dhw.idaho.gov
Appendix A – Project Timeline

Phase I – Pre-Application Submittal

September 2017 – November 2017

- Legislation content developed
- Identification of project resources
- Development of the waiver application
- Development of the public notice, tribal notice and the abbreviated public notice
- Development of application communications plan
- Logistics development for public notice and comment process

Phase II – Public Notice and Comment Period

November 1, 2017 – December 15, 2017

See Appendix B for detailed information

Phase III – Application Submittal and Legislation

January 2018 – April 1, 2018

- Submittal of application to CMS and completeness review begins
  The Demonstration application will be submitted to CMS the week of January 1st – 8th, 2018. Idaho is requesting CMS’s approval of the waiver by April 1, 2018 with implementation date of July 1, 2018
- Proposed legislation for two statutes changes will proceed through the legislative process. The Medicaid statutory change is to seek the authority for the 1115 demonstration and its companion statutory change, facilitated by the Idaho DOI, is to seek authority for a 1332 waiver. The request is for the legislation to be effective July 1, 2018.
- Design of automated system changes
- Development of outreach and enrollment strategy
- Development of program operations and monitoring strategy
- Drafting of policy components (Administrative rules process)
Phase –IV Pre-Program Launch Post Application Approval

April 1, 2018 – June 30, 2018

- Implementation of automated system project
- Implementation of outreach, notification and enrollment activities

Phase V – Delivery of Services

July 1, 2018 – March 30, 2023

- Implementation of operations for service delivery, monitoring and reporting

Phase VI – Development of Amendment #1

July 1, 2018 – April 1, 2018

- 2nd phase of Automated System Design
- Modifications to operations and policy

Phase VII – Evaluation of the Program

January 1, 2020 – April 30, 2020

- Evaluation of the demonstration
- Submittal of the evaluation to CMS

Phase VIII – Renewal of the Demonstration

January 1, 2021 - March 30, 2023

- Renewal activities begin
Public and Tribal Notice

The IDHW implemented a webpage designated to the 1115 demonstration and the dual waiver proposal. The IDHW published the public, tribal and abbreviated notices on the page along with the draft applications for both the 1115 demonstration and the 1332 waiver. The site offered the public an interactive comment form, as a mechanism for submitting public comment. The public comment spanned a six-week period from November 1, 2017 – December 15, 2017.

Multiple discussions were conducted with the Tribes. Our regularly scheduled quarterly Tribal meeting occurred on November 8, 2017. IDHW staff also had the opportunity to conduct presentations and less formal discussions with the Tribes on December 8th and 12th as described in the documents contained in Appendix – C.

Engagement with our Medical Care Advisory Committee regarding the demonstration occurred via electronic email during the first week of November, as a regularly scheduled meeting was not available during this time frame.

The IDHW also leveraged an abbreviated notice in the December edition of our Administrative Bulletin (publication date of December 6, 2017) and our November and December editions of our Medicaid provider newsletter, the MedicAide, to solicit public comment and to publicize the logistics of the public hearings.

Town Hall Meetings

The IDHW’s senior leadership invited stakeholders of the Idaho system of care to attend two town hall information sessions to learn about the proposed waivers and the IHCP. Interested parties were provided with a fact sheet about the plan, which is also the same fact sheet available on the CMN website to the general public. These informal opportunities afforded members of the healthcare system, local political systems, legislators, health districts and others to ask questions and provide their feedback about the proposed plan. These sessions were conducted in Pocatello on December 7, 2017 and Coeur d’ Alene on December 11, 2017.
**Public Hearings**

The IDHW conducted three public hearings in distinctly different geographic areas of the state. Our regional hubs in eastern, southern and northern Idaho served as the venues. Hearings were held on December 7th, 8th and 12th of 2017 and included statewide access via teleconference.

**Public Comment**

Public comment was compiled, analyzed and recommendations for modifications to the waiver application were incorporated as indicated in the public comment summary components located in Appendix- C.

**Electronic Mailing List Certification**

The State certifies that it notified the following stakeholders via email blast: tribal communities, the Idaho Primary Care Association, Idaho Hospital Association, the Idaho Medicaid Medical Care Advisory Committee, Idaho Medical Association, the Idaho Medicaid Pharmacy & Therapeutics Committee, Idaho Osteopathic Physicians Association, the Idaho Health Care Association, Idaho Chapter of the American Academy of Pediatrics and the Idaho Academy of Family Physicians of the submittal of the demonstration application and the opportunity for public comment. Notification was made via email distribution and included information regarding the location of the State’s website, all notices, the demonstration application, detailed information on the public hearings and the opportunity for public comment.

**Tribal Notification Certification**

The state certifies it conducted tribal notification according to its formal process. Idaho’s formal tribal notice, which included information on the public hearings and the demonstration application, was provided to the tribes via email, USPS mail and posted to the tribal website on November 1, 2017. The state sought additional discussion with the tribes regarding the application during the quarterly tribal meeting held in Lapwai, ID on November 8, 2017 and as described in the documents contained in Appendix - C.
Public Notice

Idaho Department of Health and Welfare Demonstration Waiver for Complex Medical Needs

Notice of Public Hearing and Public Comment Period

Pursuant to 42 CFR §431.408, §440.386 and §440.345 and in compliance with the provisions of section 5006(e) of the ARRA of 2009, the Idaho Department of Health and Welfare (IDHW), gives notice of its intent to apply for a demonstration waiver to the Centers for Medicare and Medicaid Services (CMS), The waiver is requested under the authority provided in §1115(d) of the Social Security Act. The waiver application will be submitted on or after January 1, 2018. The proposed effective date for the waiver is July 1, 2018.

Description and Goal of the Waiver

The Department intends to submit an application to the Centers for Medicare and Medicaid Services (CMS) for a demonstration waiver. The purpose of the waiver is to provide Medicaid coverage to children and adults with a complex medical condition with the goal of improving access to consistent and comprehensive coverage which fully meets their needs.

Today Idahoans afflicted with a complex life-threatening medical condition rely on a mix of federally subsidized insurance, catastrophic health care fund coverage, and charity care to meet their needs. Accessing these variable methods of coverage results in an additional burden for Idahoans and their families at a time when they have the most difficulty in effectively managing the daily challenges of life related to their condition. By providing a reliable and comprehensive source of coverage, the CMN waiver will allow for better outcomes for this population while reducing the negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.

The waiver application is available for review on our website at www.cmnwaiver@dhw.idaho.gov. The Department is seeking public comment through the website, public hearings, via email, through the website or USPS mail through the contact provided at the end of this notice.

Evaluation of the Demonstration

The Department will conduct an evaluation to determine if the needs of those with complex medical needs had their medical needs more effectively met prior to or after coverage by Medicaid and to determine if their outcomes and experience of care improved, stayed the same or declined.

The Department will leverage available data resources to conduct the evaluation which will include obtaining information regarding experience of care and services prior to the waiver, Medicaid claims data and standardized survey tools to measure quality, outcomes and care experiences after the implementation and on an annual basis. This will provide a baseline and an ongoing assessment of the waivers status.
Eligibility Requirements

Participants must meet the following requirements:

- Children and adults, up through age 64, with household income between 0 - 400% of the FPL
- Not otherwise eligible for Medicaid
- Do not have access to an affordable employer-sponsored plan as defined in 26 CFR 1.36
- Diagnosis of a targeted medically complex health care condition as listed in the table below:

<table>
<thead>
<tr>
<th>HCC</th>
<th>HCC Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>Hemophilia</td>
</tr>
<tr>
<td>8</td>
<td>Metastatic Cancer</td>
</tr>
<tr>
<td>G07</td>
<td>Diseases of the Blood (Hemolytic anemia, sickle cell anemia, thalassemia major, etc)</td>
</tr>
<tr>
<td>159</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>9</td>
<td>Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia</td>
</tr>
<tr>
<td>118</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>G06</td>
<td>Disorders of Bone Marrow (Myelodysplastic syndromes, Myelofibrosis, Aplastic Anemia)</td>
</tr>
</tbody>
</table>

Services and Delivery System

Participants eligible for the demonstration will have access to all inpatient, outpatient, primary care, physician specialty care, surgical, diagnostic, rehabilitative, hospice, dental, transportation, long-term supports, prescription drug and behavioral health services currently approved in the Idaho Medicaid State Plan, except 1915(i) services. Services are currently delivered under a delivery system of both fee-for-service and managed care provider networks.

Cost-Sharing

Consistent with other Idaho Medicaid programs, participants of CNM will be subject to the assessment of a premium based on household income and not to exceed the maximums set forth in federal law and regulations for the Medicaid program. The Department will establish a premium fee schedule and publish it on its website. Eligible individuals will be notified of their eligibility for Medicaid and cost-sharing requirements.

Financing and Enrollment

The projected fiscal impact for State Fiscal Year 2019 is estimated at a federal cost of ~$53,200,000-$69,300,000 and a State General Fund estimated between $22,500,000-$29,700,000 for a total estimated fiscal impact of $76,000,000-$99,000,000. Final numbers for the fiscal impact will be determined once the cost effectiveness calculations have been completed. The Department projects enrollment during the first year of the demonstration will be approximately 1,400-2,000 participants. Enrollment in years two through five will be
approximately 1,500-2,200 participants based on disease prevalence data for the covered conditions as monitored by the Centers for Disease Control and Prevention and commercial coverage data provided by the Idaho Department of Insurance.

Public Hearings

Pursuant to CFR 431.408(C)(iv), Idaho Medicaid will hold public hearings to provide an opportunity for stakeholders to provide comment on the waiver application. Interested stakeholders are afforded three opportunities to attend in person or by teleconference.

**Boise Public Hearing**
- Location: Pete T. Cenarrusa Bldg. 7th Floor, Conference Rm. 7A
- 450 W. State St.
- Date: December 7, 2017
- Time: 11:00AM - 1:00 PM

**Pocatello Public Hearing**
- Location: DHW Region VI Suite #230
- 1070 Hiline Rd.
- Date: December 8, 2017
- Time: 11:00AM - 1:00PM

**Coeur d’Alene Public Hearing**
- Location: DHW Region I Large Conference Rm.
- 1120 Ironwood Dr.
- Date: December 12, 2017
- Time: 10:00AM - 12:00PM PDT

Conference line for all dates and locations: Call: 1-877-820-7831
Guest Code: 701700

Tribal Notification Process

The Department has implemented its Medicaid Tribal Notification Process regarding this waiver application. The process includes providing a written notice to the Tribes (via USPS mail) sixty (60) days prior to the submission of the waiver application, posting of the notice on the Tribal website and engaging Tribal representatives during our routine quarterly meeting on November 8, 2017 in Lapwai, ID.

Public Review and Comment Opportunities

Copies of all notices regarding the waiver application and the waiver application itself are available for viewing at any Idaho Department of Health and Welfare office or on our website at www.cmnwaiver@dhw.idaho.gov. Interested parties may also request hard copies of the waiver application or submit comments via email or traditional USPS mail to:

Attention: Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720; Boise, Idaho 83720-0009
E-mail to: cmnwaiver@dhw.idaho.gov

Public comments will be accepted until December 15, 2017.
November 1, 2017

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 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 (Idaho Medicaid) seeks your advice on the following matter.

Purpose
The Department intends to submit an application to the Centers for Medicare and Medicaid Services (CMS) for a demonstration waiver. The purpose of the waiver is to provide Medicaid coverage to children and adults with a complex medical condition with the goal of improving access to consistent and comprehensive coverage which fully meets their needs.

Today Idahoans afflicted with a complex life-threatening medical condition rely on a mix of federally subsidized insurance, catastrophic health care fund coverage, and charity care to meet their needs. Accessing these variable methods of coverage results in an additional burden for Idahoans and their families at a time when they have the most difficulty in effectively managing the daily challenges of life related to their condition. By providing a reliable and comprehensive source of coverage, the CMN waiver will allow for better outcomes for this population while reducing the negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.

The waiver application is available for review on our website at www.cmnwaiver@dhw.idaho.gov. The Department is seeking public comment through the website, public hearings, via email or USPS mail through the contact provided at the end of this notice. You are afforded three opportunities to attend a hearing in person or by teleconference on the days and times listed below:

**Boise Public Hearing**
Location: Pete T. Cenarrusa Bldg. 7th Floor, Conference Rm. 7A
450 W. State St.
Date: December 7, 2017
Time: 11:00AM - 1:00 PM

**Pocatello Public Hearing**
Location: DHW Region VI Suite #230
1070 Hiiline Rd.
Date: December 8, 2017
Time: 11:00AM - 1:00PM

**Coeur d’Alene Public Hearing**
Location: DHW Region I
Large Conference Rm.
1120 Ironwood Dr.
Date: December 12, 2017
Time: 10:00AM - 12:00PM PDT

Conference line for all dates and locations:
Call: 1-877-820-7831
Guest Code: 701700
**Anticipated Impact on Indians/Tribal Health Programs/Urban Indian Organizations (ITU)**

While this waiver will provide access to Medicaid services for this population, no significant impact to ITU providers is anticipated. Some Idaho resident members of tribes in Idaho may be provided greater access to coverage than is currently available.

**Comments, Input, and Tribal Concerns**

Idaho Medicaid would appreciate any input or concerns that Tribal Representatives wish to share regarding this waiver application. In order to allow for a timely submission to CMS, this solicitation is being made under expedited circumstances. Please submit any comments prior to December 15, 2017, to Cindy Brock, Alternative Care Coordinator at cmnwaiver@dhw.idaho.gov.

Idaho Medicaid's development of the waiver application will be reviewed as part of the Policy Update at the next quarterly Tribal meeting, currently scheduled for November 8, 2017 in Lapwai, Idaho.

Sincerely,

MATT WIMMER  
Administrator  
MW/cb
VALIDATION OF EMAIL BLAST TO THE TRIBES AND POSTING TO THE PORTAL

From: Kellom, Dea
Sent: Wednesday, November 1, 2017 5:12 PM
To: 'Angele Smith' <smith.angele@shopai.org>; 'Angie Sanchez' <asanchez@bmc.portland.ihs.gov>; 'Artrette Sampson' <artrettes@nimiipuu.org>; 'Bridget Canniff' <bcanniff@npaihb.org>; Broadsword, Joyce - Reg1 <Joyce.Broadsword@dhw.idaho.gov>; 'Charlie Way' <cway@bmc.portland.ihs.gov>; 'Chris Watershed' <cwaterhouse@sbth.nsn.us>; 'Connie Farmer' <constance.farmer32@yahoo.com>; 'debbie Dombrowski' <debbie.dombrowski@cms.hhs.gov>; Delavan, JamieLou - CO6th <JamieLou.Delavan@dhw.idaho.gov>; 'Dora Axtell' <doraa@nimiipuu.org>; 'Elizabeth Lindroth-Jim' <elindroth.jim@sbth.nsn.us>; 'Eva Davison' <edavison@bmc.portland.ihs.gov>; 'Jason Walker' <jswalker@ida.net>; 'Jenifer Williams' <jeniferw@nimiipuu.org>; 'Joe Finkbonner' <jfinkbonner@npaihb.org>; 'Johanna J. Jones' <jjones@sde.idaho.gov>; 'Johnna Pokibro' <johnna.pokibro@ihs.gov>; 'Karen Hansen' <karen@kootenai.org>; 'Kathi Murray' <kathi.murray@ihs.gov>; 'Kitty Marx' <kitty.marx@cms.hhs.gov>; 'Kristy Broncho' <kbroncho@sbth.nsn.us>; 'Laura Bird (lbird@npaihb.org)'<lbird@npaihb.org>; 'Leslie Smith' <leslies@nimiipuu.org>; 'Lisa Griggs' <lgiggs@npaihb.org>; 'Molly Schnebly' <mschnebly@bmc.portland.ihs.gov>; 'Nancy Mathieson' <nancy.mathieson@acf.hhs.gov>; 'Nanette Yandell' <NYandell@npaihb.org>; 'Peggy Biery' <pegy.biery@ihs.gov>; 'Pete Putra' <putra.pete@shopai.org>; Reynolds, Trish - Reg2 <Trish.Reynolds@dhw.idaho.gov>; 'Rhonda Martinez-McFarland' <Rhonda.Martinez-McFarland@cms.hhs.gov>; 'Salena Nicole Dean' <salena.dean@ihs.gov>; 'Shirley Alvarez' <shirley.alvarez@ihs.gov>; 'Terry Rhuby' <trruby@bmc.portland.ihs.gov>; 'Tina Bullock' <tinab@nimiipuu.org>; 'Tony Marshall' <marshall.anthony@shopai.org>; 'Velma Bahe' <velma@kootenai.org>; 'Verona Blossom' <blossom.verona@shopai.org>; 'Vesta Moe' <vestam@nimiipuu.org>
Cc: Jason Berry <jason.berry@cms.hhs.gov>; Walter Neal <walter.neal@cms.hhs.gov>
Subject: 1115 Waiver Tribal Notice

The attached notice was posted to http://healthandwelfare.idaho.gov/meditribe/ on 11/01/2017.

It is no longer necessary to log in to view this page.

Thank you,
Idaho Department of Health and Welfare Demonstration Waiver for Complex Medical Needs
Notice of Public Hearing and Public Comment Period

The Idaho Department of Welfare gives notice of intent to apply to the Centers for Medicare and Medicaid Services (CMS) for an 1115(d) demonstration waiver on or about January 5, 2018. The purpose of the Complex Medical Needs (CMN) waiver is to provide Medicaid coverage to children and adults who have a complex medical condition(s). The waiver will provide access to consistent and comprehensive coverage which fully meets the needs of this population. The proposed effective date for the waiver is July 1, 2018.

Today, Idahoans living with complex, life-threatening medical conditions rely on a mix of federally subsidized insurance, catastrophic health care fund coverage, and charity care to meet their needs. This variable coverage results in challenges for people who are trying to manage their complex condition at a time when they have the most difficulty in managing those challenges effectively due to their condition. By providing a reliable and comprehensive source of coverage, the CMN waiver will allow for better outcomes for this population while reducing the negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.

The Department’s comprehensive public notice, tribal notice and the waiver application are available on our website at www.complexmedicalneeds.dhw.idaho.gov. The Department is seeking public comment through public hearings, the interactive form available on the website, via email or traditional mail as indicated below. Public hearings will be held at the following locations:

**Boise Public Hearing**
Location: Pete T. Cenarrusa Bldg.
7th Floor, Conference Rm. 7A
450 W. State St.
Date: December 7, 2017
Time: 11:00AM - 1:00 PM

**Pocatello Public Hearing**
Location: DHW Region VI
Suite #230
1070 Hiline Rd.
Date: December 8, 2017
Time: 11:00AM - 1:00PM

**Coeur d’Alene Public Hearing**
Location: DHW Region I
Large Conference Rm.
1120 Ironwood Dr.
Date: December 12, 2017
Time: 10:00AM - 12:00PM PDT

Conference line for all dates and locations:
Call: 1-877-820-7831
Guest Code: 701700

Interested parties may also request hard copies of the waiver packet or submit comments via email or traditional USPS mail to:

Attention: Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720; Boise, Idaho 83720-0009
E-mail to: CMNwaiver@dhw.idaho.gov
Public comments will be accepted until December 15, 2017.
TOWN HALL TYPE FORUM

Please join us:

Idaho Health Care Plan
Information Session

Time: 5:30 p.m. - 6:30 p.m.
Date: Monday, Dec. 11, 2017
Location: Kootenai Health Resource Center in the Fox Auditorium
2003 Kootenai Health Way, Coeur d’Alene

***

Because of your knowledge and engagement with health care policy issues, you are invited to attend a presentation and Q&A session about the Idaho Health Care Plan.

Lori Wolff, deputy director for the Idaho Department of Health and Welfare, Richard Armstrong, chairman of the Governor’s Health Care Advisory Panel, Dean Cameron, director of the Department of Insurance, and Pat Kelly, director of Your Health Idaho, will present an overview of the plan, which is a two-pronged proposal that would allow a customized health care strategy to meet the needs of Idaho.

It’s complicated, which is why your knowledge and ability to influence decisions is important to this process. The plan is a unique solution for Idaho that would help stabilize the insurance market and premium costs and help people gain access to health insurance who earn too little to qualify for a tax credit to help them purchase insurance on the individual market, but too much to qualify for Medicaid.

If you’d like a little background before the session, please review this fact sheet about the plan.

We hope to see you there.
TOWN HALL TYPE FORUM

Please join us:

Idaho Health Care Plan Information Session

Time: 5:30 p.m. - 6:30 p.m.
Date: Thursday, Dec. 7, 2017
Location: Portneuf Medical Center, 777 Hospital Way, Pocatello
(Please use the main entrance to the hospital. The meeting will be in conference rooms behind and to the right of the information desk at the entrance.)

***

Because of your knowledge and engagement with health care policy issues, you are invited to attend a presentation and Q&A session about the Idaho Health Care Plan.

Lori Wolff, deputy director for the Idaho Department of Health and Welfare, Richard Armstrong, chairman of the Governor’s Health Care Advisory Panel, Dean Cameron, director of the Department of Insurance, and Pat Kelly, director of Your Health Idaho, will present an overview of the plan, which is a two-pronged proposal that would allow a customized health care strategy to meet the needs of Idaho.

It’s complicated, which is why your knowledge and ability to influence decisions is important to this process. The plan is a unique solution for Idaho that would help stabilize the insurance market and premium costs and help people gain access to health insurance who earn too little to qualify for a tax credit to help them purchase insurance on the individual market, but too much to qualify for Medicaid.

If you’d like a little background before the session, please review this fact sheet about the plan.

We hope to see you there.
Appendix C – Public Comments Summary

Summary

The sections of this Appendix summarize the comments received by the public, the State’s responses and any changes made to the demonstration application based on those comments. The IDHW received a tremendous amount of support from stakeholders regarding the draft application for the 1115 CMN waiver. Comments on its companion, the 1332 waiver were deferred to the Idaho DOI.

Public and tribal notifications were posted on November 1, 2017 and information was distributed to our stakeholder groups via blast emails, blog posting, MedicAide Provider Newsletter and the State’s Administrative Bulletin. The IDHW implemented a new website, located at ComplexMedicalNeedsWaiver.dhw.idaho.gov, to ensure statewide access to the application, to provide ample opportunity for stakeholders to comment with ease via an interactive form and to support transparency for this proposal. The IDHW also developed a designated email address to facilitate this process.

Public comment on the draft waiver application was accepted between Nov 1, 2017 through Dec. 15, 2017. Three public hearings were held in the regional hubs and enhanced by statewide access to conference call capabilities. Two town hall meetings were also held as informal question and answer sessions in two of the hubs.

Ninety percent of both verbal and written comments were overwhelmingly positive and supportive of the waivers. All written comments for the 1115 waiver have been added as supporting documentation as part of Appendix C.3.
**Gaps in Coverage**

**C.1** Twenty-seven percent of commenters specifically voiced their concern that the waiver application would not provide coverage for all Idahoans below 100% of the FPL and that the list of Hierarchical Conditions Categories (HCC) coverable under the waiver did not include any behavioral health diagnosis. These commenters encouraged full expansion, as provided by the Affordable Care Act, in lieu of the proposed waivers. However, they also indicated if full expansion was not an option through the dual waiver proposal, they were supportive of the waivers as an alternative.

**R.1** Expanding Medicaid, as provided by the Affordable Care Act, has been explored and declined multiple times by the Idaho legislature. The dual waiver proposes to provide Medicaid coverage only for those with specific complex diagnosis (specified by the HCC list), stabilize premiums for those covered through the marketplace and to provide access affordable health care coverage for U.S Citizens at or below 100% of the FPL who file a federal tax return and select a private plan on individual market.

The State is aware that behavioral health diagnoses disproportionately impact Idahoans under 100% of the FPL and that healthcare coverage for Idahoans with behavioral health diagnosis is a significant need. The dual waivers address this current “coverage gap” by allowing access to affordable private coverage on the individual market, which must provide coverage for medications and physician and counseling visits. Other Idahoans will still be able to leverage existing Department resources through the Division of Medicaid or the Division of Behavioral Health.

**Change in Application:** No

**Requests for a Comprehensive Public Outreach Strategy**

**C.2** Fifteen-percent of commenters specifically encouraged the State to conduct an extensive public outreach campaign to ensure all Idahoans who are potentially eligible for either Medicaid or APTC were informed and knowledgeable about their options for coverage.

**R.2** The State assures that the IDHW, DOI and Your Health Idaho will collaborate to develop a strong outreach strategy with the goal to educate and inform all potential eligibles about their opportunities for healthcare coverage as afforded by the waivers.

The strategy will include leveraging:
- Your Health Idaho’s existing extensive statewide network of brokers, outreach counselors, carriers, agents and social media resources
- Idaho Medicaid’s Primary Care Program and contracts within its existing provider network
<table>
<thead>
<tr>
<th>Change in Application: Yes, additional information has been included in Section V of the application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Support</td>
</tr>
<tr>
<td><strong>C.3</strong> Ninety-percent of commenters, including advocacy groups, provider associations and the public at large, voiced their support for the dual waiver proposal to address the gaps in access to the Idaho healthcare system. Many felt this was an affordable and common-sense approach to providing access to healthcare for Idahoans and to mitigate the rising cost of health care premiums.</td>
</tr>
<tr>
<td><strong>R.3</strong> The State is appreciative of the support provided for the Idaho Healthcare Plan. We believe it is a unique Idaho solution to address many of the gaps in access to the healthcare system. This dual waiver proposal addresses the need for comprehensive care for those afflicted with certain complex medical diagnosis and allows U.S. citizens within Idaho at or below 100% of the FPL to access the premium tax credits that make private market healthcare coverage affordable. The dual waiver proposal has the added benefit of lowering premiums and making health care coverage affordable for all those purchasing private insurance through the Idaho Individual Marketplace.</td>
</tr>
<tr>
<td>Change in Application: No</td>
</tr>
<tr>
<td>Concerns with Share of Cost for Home and Community Based Services (HCBS) and Long-Term Support Services (LTSS)</td>
</tr>
<tr>
<td><strong>C.4</strong> Disability Rights of Idaho (DRI), an advocacy organization for the disabled and an Idaho Medicaid stakeholder, voiced their concern and asked questions regarding how the 1115 CMN waiver would handle coverage and associated share of cost obligations for long term care, services and supports if they were medically necessary.</td>
</tr>
<tr>
<td><strong>R.4</strong> CMN participants may choose to access medically necessary long-term supports and services as part of their benefits included in the Enhanced Plan. CMN Participants may choose to transition their Medicaid coverage to another eligibility path to access additional LTSS through our 1915(C) HCBS waivers or 1915(i) eligibility options. However, those who do choose to access services through this path must meet the same eligibility requirements as any other Medicaid participant.</td>
</tr>
<tr>
<td>Change in Application: Yes, changes were made to the application in both Sections II and III.</td>
</tr>
</tbody>
</table>
### Requirement for enrolling in Medicaid Coverage In lieu of Advance Premium Tax Credit (APTC) for Qualified Health Plan (QHP)’s

<table>
<thead>
<tr>
<th><strong>C.5</strong></th>
<th>Three Tribal and stakeholder organizations were concerned that waiver eligible participants, who are currently accessing APTC for a QHP, would be required to enroll in Medicaid for coverage instead.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R.5</strong></td>
<td>An individual would have a choice to move to Medicaid if they qualified for the CMN 1115 Waiver due to their complex condition. However, as current federal law states, if an individual is eligible for Medicaid, they are not eligible for APTC, so individuals eligible for the Medicaid program would lose APTC, if they choose to stay on private coverage. As required by federal law, any person eligible for Medicaid is no longer eligible for APTC. Medicaid eligible participants would need to either pay the full premium for a QHP without APTC assistance or enroll with Medicaid.</td>
</tr>
</tbody>
</table>

**Change in Application:** No. However, concerns were addressed specifically in letters to the Tribes, which are available in Section C.2 of this Appendix.

### Expansion Concerns

| **C.6** | The Idaho Freedom Foundation provided oral comment during the Boise hearing testifying against the concept of the waivers. Their concerns included:  
- The 1115 waiver would take Idahoans with complex medical needs from a QHP and move them into Medicaid, when Medicaid was intended for those who are uninsured.  
  Similar to expansion of Medicaid under the Affordable Care Act (ACA). |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| **R.6** | Yes, the 1115 waiver would provide Medicaid to those who meet the eligibility requirements, some of which may currently be covered by a QHP. Others who meet the eligibility requirements, may have no coverage at all and may either not be receiving treatment for their condition, may be relying on inconsistent care provided through other community resources (such as charity care) or may lose access to their QHP due to the deterioration of their health.  
  Continuity of care is crucial for those afflicted with a complex medical condition to ensure the best outcomes possible. The 1115 waiver would provide the continuity of care needed by this population.  
  The 1115 waiver is not an expansion of Medicaid as afforded under the ACA, as that would allow all Idahoans at or below 100% of the FPL (regardless of the condition of their health) access to Medicaid. The Idaho solution proposes to allow access to Medicaid only to those Idahoans afflicted with specified complex medical diagnosis similar to how those with breast and cervical cancer are allowed to access Medicaid today. |

**Change in Application:** No
## Continuity of Care

| C.7 | The American Cancer Society Cancer Action Network of Idaho and expressed concern as to how the State would ensure patients moving from QHP’s to Medicaid coverage would have continuity of care for life for active treatment of life threatening diagnosis such as cancer or adjuvant therapy. |
| R.7 | Medicaid patients with the diagnosis specified on the HCC list are currently managed within the Idaho Medicaid program today by Idaho Medicaid staff and our quality improvement organization, who work in a collaborative approach to ensure our patients have access to the providers and services they need. Idaho Medicaid’s existing processes allow access to all medically necessary Food and Drug Administration approved and trialed prescription medications. Payment for medically necessary medications not currently included in our formulary, is conducted on a patient by patient basis. These existing resources would be leveraged to ensure continuity of care and medical necessity would continue to be determined on a case by case basis. |

**Change in Application:** Yes, additional information was included in Section I of the application.

## Impact to Families Receiving APTC when a Family Member Transitions to Medicaid

| C.8 | Concern was voiced regarding the cost impact on families receiving APTC who have purchased a private plan when an individual family member transitions to the CMN waiver. |
| R.8 | When an individual transitions from a private plan to coverage under the 1115 CMN waiver, the individual may have to pay a Medicaid premium for their coverage if their annual income is over 250% of the FPL. Once they transition to Medicaid, they will not be responsible for additional deductibles or co-pays for their health care treatment. The Department’s intent is to avoid any additional increases in costs to the families as this transition occurs. |

**Change in Application:** Yes, adjustments were made to Section III of the application.

## Methodology for Determining what HCC’s were Chosen

| C.9 | How did the Department determine what diagnosis would be included on the list? |
| R.9 | Since one of the goals of the 1115 waiver was to reduce overall premiums on the individual insurance market, IDHW made it a priority to select diagnosis for coverage which would have a significant impact on the market from the individual... |
markets high cost conditions list. The IDHW reviewed many diagnoses on the list. The diagnoses each had to meet the following selection criteria:

a) Identified as a high cost condition by the individual insurance market
b) medically complex, end of life or severe genetic disorder
c) cost effective to be covered under Medicaid versus private plan

Several diagnoses would have challenged IDHW’s financial limitations under the 1115 waiver and our ability to show cost neutrality in our application for the 1332 waiver. As a result, some diagnoses on the high cost conditions list could not be included for the purposes of this demonstration.

All the diagnoses required for eligibility for the CMN waiver (based on modifications made as a result of public comment) clearly meet the above criteria and demonstrate the need for access to health care services either through coverage provide by the CMN waiver or the 1332 waiver.

**Change in Application:** Yes, information was added to Section II of the application.
 December 13, 2017

Sent via e-mail: CMNwaiver@dhw.idaho.gov
Attn: Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

RE: SHOSHONE-BANNOCK TRIBES COMMENTS ON WAIVER FOR COMPLEX MEDICAL NEEDS -- 1115 & 1332 WAIVERS

As the Chairman of the Fort Hall Business Council of the Shoshone-Bannock Tribes (Tribes), I write to express our recommendations for changes to the proposed 1115 and 1332 waivers that the State of Idaho will be submitting to the Centers for Medicare and Medicaid Services (CMS), which is under the US Department of Health and Human Services (HHS). Since the HHS is a federal agency, this would assist the Tribes in receiving healthcare services, which is a federal duty to the Tribes under the federal trust obligation. The Tribes also have a federal treaty right for medical care. This proposed waiver would provide access to more consistent and comprehensive coverage to better meet the needs of the tribal communities for more medical conditions.

Thank you for coming to visit the Shoshone-Bannock Tribes (“Tribes”) for an informal meeting and discussing your proposed approaches for the 1115 and 1332 Waivers to address complex medical needs of the citizens of Idaho. It is important that the Tribes is afforded an opportunity to be informed of and respond to proposed changes in the Idaho Department of Health and Welfare Departmental programs and services that place a direct compliance cost or impact on the Tribe. Since our Tribal members and other American Indians are also served by your program, we appreciate the opportunity to provide comments and concerns regarding the suggested policy changes. While we applaud and endorse the idea and concept, we do have additional issues and changes to the waivers.

Specifically, we request that the final changes reflect:

1. The Tribes would like to see a special waiver (possible a separate waiver) which would recognize a special exception to permit members of a federally recognized Tribe to be fully covered by Medicaid since services to Tribal members are dollar for dollar reimbursable.
2. Include medical conditions which have a heavy impact on the indigenous people. Indian Country, and specifically, the Fort Hall health care facilities, have a well-documented and researched history of more complex illnesses which then causes increased cost of treatment and additional intervention not typically needed in illnesses in the general population. While the approach of choosing conditions which affect the majority of citizens may address a large need, it may overlook the needs the unique needs of Tribal members or other American Indians who receive services in Fort Hall. The Tribes request the following medical conditions be included in both waivers, in the following order of priority:

- a. Cirrhosis;
- b. Chronic Liver and Biliary Disease;
- c. Immune Disorders;
- d. Coronary Artery Disease (including MI); and
- e. Chronic Obstructive Pulmonary Disease.

3. Please include standard language and conditions negotiated in the recent 1915(b) waiver with the Tribes and carry that into the proposed waivers. The Tribes will work with you directly to identify the necessary language that could be carried over from the prior waiver.

4. The Tribes desires language in the waiver that it shall be a part of the evaluation process identified to occur in the year 2020 and at any other stage of the program.

5. The Tribes request to include a provision to address funding for the implementation of the new waivers and any additional cost the Tribes may have for implementation.

6. The Tribes request a provision in the waiver that would provide for benefit and technical assistance to the Tribes.

7. The Tribes request an extension to submit detailed Tribal comments, because of the limited comment period does not allow sufficient time to prepared anything more than highlights of our comments, considering the complexity of the issues being discussed.

8. We request provisions in the waivers to recognize restrictions on recovery from the property and lands owned by Tribal members located within the exterior boundaries of the reservation under both federal and Idaho laws.

9. The Tribes request that additional provisions be included in the waivers to address that if land is recovered that is located inside the boundaries of the reservation, that the Tribes will be afforded a first right of refusal on the sale of those assets. This may more come into play for nonmembers who own fee land inside the reservation.

In summary, the Shoshone-Bannock Tribes request the Idaho Health and Welfare include the suggested medical conditions and proceed with the necessary process to gain approval from the
Idaho Legislature and HHS. These waivers and necessary and will assist those Medicaid-eligible American Indians access to the program without further strings attached to prevent additional burden on the already very limited IHS appropriations and provide for vitally necessary health care to the Tribal members of our Tribes and other American Indians. The Tribes strive every day to empower our people to take care of their health and have a better life outcome. We are pleased to see that the State consider options to increase healthcare for needy individuals. The Tribes look forward to resolving these issues and for further questions, please contact Elizabeth Ann Jim at 208-478-3744 or via email at elindroth.jim@sbt.no.us.

Best regards,

Nathan Small, Chairman
Fort Hall Business Council
Shoshone-Bannock Tribes

CC: Monte Gray, SBT Attorneys
   Elizabeth Ann Jim, SBT Health Director
   Yvette Tuell, SBT Policy Analyst
   Shirley Alvarez, CEO, Fort Hall Indian Health Service
January 22, 2018

Nathan Small
Chairman
Fort Hall Business Council
Shoshone-Bannock Tribes
P.O. Box 306
Fort Hall, Idaho 83203

RB: Public comment on Idaho’s 1115 demonstration waiver

Dear Chairman Small,

Thank you for your December 13, 2017, letter regarding Idaho’s draft application for an 1115 demonstration waiver. We appreciate your concerns outlined in the letter. The concerns regarding the 1332 waiver application have been forwarded to the Department of Insurance for their consideration.

Thank you for the opportunity on December 8, 2017 to engage in informal discussions between department staff and tribal staff during our regular quarterly meeting to discuss the concept of the 1115 waiver and its companion the 1332 waiver. We would also like to express our appreciation for the time allowing an informal presentation at Fort Hall with members of the Fort Hall Business Council and tribal staff in early December.

Your letter specified nine areas you would like addressed in the waiver application and I will specifically address each area as follows:

1) **Medicaid Waiver for Tribal Members**
   We do appreciate your request for a special waiver for Tribal members to be fully covered under Medicaid. However, this request is not within the scope of this proposal and I would recommend you consult with your legislative representation for support of such a waiver.

2) **Inclusion of Medical Conditions**
   Thank you for identifying conditions specific to indigenous people. Adopting all the conditions requested in your letter is not within the budget neutrality requirements of this project. However, we have updated the list. (see attached).

3) **Standard Terms and Conditions for Managed Care**
   Idaho Medicaid is committed to collaboration with the Tribes on Standard Terms and Conditions applicable to this waiver. We intend to work with CMS to include language regarding tribal rights and state responsibilities to tribes within the special terms and conditions for the 1115 waiver agreement. We will work with you as these
January 22, 2018
Page 2

terms are developed and provide an opportunity for input on appropriate language within a reasonable time frame.

4) **Evaluation Process**
   Idaho Medicaid will engage the Tribes in the evaluation process as part of our regularly scheduled quarterly meetings.

5) **Costs for Implementation**
   Idaho Medicaid will ensure all costs associated with the implementation of the waiver will be incurred by the State and any cost concerns the Tribes might have, can be addressed through technical assistance resources.

6) **Technical Assistance**
   Idaho Medicaid will clarify within the waiver application that we will provide the Tribes with any technical assistance needed regarding implementation of the waiver.

7) **Extension of the Comment Period**
   Idaho Medicaid declines to extend the comment period, as we have provided six weeks for the comment period and an extension of this timeline would delay the proposal’s submission to our federal partners.

8) **Cost-Sharing and Third-Party Liability Provisions**
   Idaho Medicaid assures that it will adhere to all federal and state regulations, specific to American Indians/Alaskan Natives for eligibility determination, cost sharing and estate recovery related to the 1115 waiver. Exclusions for estate recovery for Tribal members is provided as specified in IDAPA 16.03.09.905 which states:

   "Excluded Land. Restricted allotted land, owned by a deceased participant who was an enrolled member of a federally recognized American Indian tribe, or eligible for tribal membership, which cannot be sold or transferred without permission from the Indian tribe or an agency of the Federal Government, will not be subject to estate recovery."

Idaho Medicaid maintains a shared interest with the Shoshone-Bannock Tribes in improving the health care of its members and we are dedicated to working through our existing quarterly meetings and in Consultation as requested. Thank you again for your interest in this proposal and feel free to contact me if you have any additional questions.

Sincerely,

Matt Wimmer
MATT WIMMER
Administrator

MW/5eb

cc:  Fort Hall Business Council
     Russell Barron, Director, Idaho Health and Welfare
     Weston Trelow, Bureau Chief, Department of Insurance
     Joyce Broadsword, Tribal Programs Manager
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<td>Non-Hodgkin's Lymphomas and Other Cancers and Tumors</td>
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<td>Amyotrophic Lateral Sclerosis and Other Anterior Horn Cell Disease</td>
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<td>115</td>
<td>Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy</td>
</tr>
</tbody>
</table>
December 15, 2017

SUBMITTED VIA EMAIL:
CMNwaiver@dhw.idaho.gov

SUBMITTED VIA EMAIL:
DOI.Reform@doi.idaho.gov

Idaho Department of Health and Welfare,
Attn: Cindy Brock
Alternative Care Coordinator, Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Idaho Department of Insurance
Attn: Weston Trexler
Product Review Bureau Chief
P.O. Box 83720
Boise, ID 83720-0043

Re: Comments on Idaho Department of Health and Welfare (IDHW)
Complex Medical Needs (CMN) 1115(d) Demonstration Waiver Application
and 1332 State Innovation Waiver Application

Dear Ms. Brock and Mr. Trexler:

The Northwest Portland Area Indian Health Board (NPAIHB) is a Public Law 93-638 Tribal organization that represents health care issues of forty-three federally-recognized Tribes in the states of Washington, Oregon, and Idaho. We write to submit comments on the Idaho Department of Health and Welfare (IDHW) Section 1115(d) Demonstration waiver application and the Idaho Department of Insurance (DOI) Section 1332 State Innovation waiver application to the Centers for Medicare and Medicaid Services (CMS). The IDHW and the DOI are proposing a unique approach to expand health coverage. Their proposal consists of a dual waiver (1115(d) and 1332) and is Idaho’s solution to address consistent, comprehensive coverage for Idahoans with complex life-threatening medical conditions who rely on federally subsidized insurance, catastrophic health care coverage, and charity care to meet their needs.

Idaho is requesting a 5-year 1115 waiver demonstration, effective July 1, 2018; and 1332 state innovation waiver, effective January 1, 2019. Comments on the waivers are due by December 15, 2017. Final applications submission to CMS will occur in early January 2018. IDHW and DOI sent tribal notices on 1115 and 1332 waivers on November 1, 2017. Tribal notice on 1115 waiver, dated November 1, 2017, stated that “[w]hile this waiver will provide access to Medicaid services for [Indians], no significant impact to [Indians/Tribal Health Programs/Urban Indian Organizations] is anticipated.” We believe that there is a significant impact on American Indians/Alaska Natives (AI/ANs), IHS and Tribal health programs related to the 1115 and 1332 waivers.
NPAIHB requests an extension of the 1115 demonstration waiver and 1332 waiver comment deadline. There has not been enough information provided to tribes for the state to even conduct meaningful tribal consultation on the demonstration waiver. There has not been adequate time to evaluate the implications on tribal providers and tribal communities as well as analyze the health care needs and complex medical conditions of tribal patients that should be included in the demonstration. Tribes need to have the time and assistance to review their records to understand the billing and eligibility impacts.

I. **1115 DEMONSTRATION WAIVER**

A. **Purpose**

Section 1115 demonstrations can have a significant impact on beneficiaries, providers, states, tribes and local governments. They can also influence policy-making at the tribal, state, and federal level by introducing new approaches that can be models for other states and lead to programmatic changes nationwide. The purpose of the Idaho 1115(d) demonstration waiver is to provide Medicaid coverage to approximately 5,000 Idahoan children and adults up to 64 years of age with a complex medical condition who have household incomes up to 400% of the Federal Poverty Level (FPL) with the goal of improving access to consistent and comprehensive coverage which fully meets their needs.

Individuals with genetic conditions requiring ongoing complex medical support such as hemophilia, cystic fibrosis and those with end of life needs will be covered under the Complex Medical Needs (CMN) Demonstration Waiver. According to IDHW, the demonstration will establish consistent and reliable coverage, where none currently exists, for individuals with medically complex conditions whose income is less than 100% of the FPL. The demonstration also proposes to achieve title XIX objectives for individuals with medically complex conditions and incomes between 100 – 400% of FPL by improving efficiency and quality of care through the provision of more comprehensive coverage at a lower cost than is available through existing methods of support.

B. **Tribal Consultation**

IDHW stated in the 1115 waiver application that there will not be a significant impact to tribes. We believe that the 1115 waiver will impact tribal members’ benefits, eligibility and finances so there is a significant impact. In accordance with section 1902(a)(73)(A) of the Social Security Act, in the case of any state in which one or more Indian Health Programs or Urban Indian Organizations furnishes health care services, state must provide for a process under which the state seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application prior to the submission of any Medicaid State Plan Amendment (SPA), waiver requests, and proposals for demonstration projects that are likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations.¹

¹ *Social Security Act Title 19*
December 15, 2017  
NPAIHB Comments Waiver  
Page 3

To foster greater notice and a meaningful opportunity for input, in 2000, the Administration issued Executive Order 13175 regarding “Consultation and Coordination with Indian and Tribal governments.” This Executive Order applies to the programs operated by the Federal government and, since States administer Medicaid and CHIP, CMS has issued guidance to states to conduct consultation with tribes prior to implementing 1115 demonstration or 1915 waiver requests. In July 2001, CMS issued a letter to State Medicaid Directors (SMDL #01-024) that provided direction to states to allow federally-recognized tribes to participate in the planning and development of Medicaid and CHIP demonstration applications and extensions through a consultation process. The guidance encouraged states to provide information to tribal governments at least 60 days prior to implementation and to provide 30 days for tribes to comment on a state’s planned demonstration request. The letter also articulated principles of consultation, such as respect for the sovereign rights of tribes.

CMS established consultation procedures that allow states to meet simultaneously both the new statutory requirements pertaining to Indian health care providers and urban Indian organizations, as well as the new statutory requirements that pertain to the public at large under the Affordable Care Act. The Affordable Care Act required the Secretary to set forth transparency and public notice procedures for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act in order to increase the degree to which information about Medicaid and CHIP demonstration applications and approved demonstration projects is publicly available, as well as to promote public input as states develop and the federal government reviews these demonstrations. Transparency regulations dictate “Public Notice Process” at 42 CFR 431.408(a). The tribal consultation process is set forth at 42 CFR 431.408(b). The public process and the tribal consultation are separate processes.

We are concerned that the IDHW is not aware that the public notice process and the tribal consultation process are separate on an 1115 demonstration waiver. The IDHW tribal notification letter, dated November 1, advises the tribes to participate via the public process (See tribal letter in 1115 application at page 36).

On August 1, 2010, the Idaho Divisions of Medicare and Welfare in the Department of Health and Welfare acknowledged through a tribal consultation policy the unique relationship and recognition of the right of Indian tribes to self-determination and self-government. This special relationship constitutes a government-to-government relationship between American Indian tribes and federal and state governments. To determine direct effect on AI/AN or tribal health programs, State must answer questions to determine the direct effect on “Native Americans or tribal programs” when a waiver proposal is being considered. In looking at these questions, we would propose these answers:

1. Does the proposal or change directly affect Native Americans or tribal programs but is federally or statutorily mandated? YES

---

2 EO 13175 Title 3  
3 SMDL #01-024  
4 CMS Transparency Information Bulletin
2. Does the proposal or change impact services or access to services provided, or contracted for, by Tribes or Indian Health Services (IHS) including but not limited to:
   a. Decrease/increase in services. **YES**
   b. Change in provider qualifications/requirements. **NO**
   c. Change service eligibility requirements (i.e. prior authorization). **YES**
   d. Place compliance costs on IHS and tribal health programs. **NO**
   e. Change in reimbursement rate or methodology. **NO**

3. Does the proposal negatively impact or change the eligibility for, or access to, Tribal members’ Medicaid? **YES**

Clearly, based on these proposed answers, there is a direct effect on “Native Americans or tribal programs” and tribal consultation is required.

C. Tribal Notification Process

IDHW sent a tribal notice letter to tribal representatives on November 1, notifying tribal representatives of the state’s intent to submit an application to CMS for an 1115 demonstration waiver for the purpose of providing “Medicaid coverage to children and adults with a complex medical condition with the goal of improving access to consistent and comprehensive coverage.” The State asserted in the letter that the “CMN waiver will allow for better outcomes for this population while reducing negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.” The letter cites a website where waiver application is available for review as www.cmnwaiver@dhw.idaho.gov. This link is incorrect and does not link to the 1115 demonstration waiver application.

The letter further states that the State is seeking public comment through public hearings, website, email and mail and notified tribes of the public hearings are scheduled for December 7 (Boise), December 8 (Pocatello), and December 9 (Couer d’Alene). State’s November 1st letter did not state that tribal consultations would be scheduled with each tribe. Scheduling tribal meetings or consultations without a full understanding of the waivers and the impact on Indian health programs does not allow for full discussion and engagement.

NPAIHB is concerned that IDHW could have engaged with tribes months ago when the demonstration was being considered and developed, and that tribal consultations were not set up with proper or advance notice. The November 8, 2017 quarterly meeting in Lapwai, Idaho was not a tribal consultation on the 1115 demonstration waiver. IDHW included the waiver on the agenda but only provided a short verbal presentation on the waiver and did not handout the draft application at the meeting. Therefore, tribes were not able to ask questions or participate in meaningful discussion on the waiver about impacts to their tribal members or health programs. Additionally, we are concerned that there was no joint tribal consultation scheduled for all tribal leaders and tribal health directors where tribes could have all collectively engaged
in meaningful consultation with the IDHW solely on the 1115 waiver and that would have been in addition to the state-tribal meetings scheduled by the state.

Besides consultation on the waivers, state should be conducting tribal consultation on state’s effort to transform the Medicaid system. For example, tribes are not supportive of value based purchasing models and tribes request that the fee for service system be preserved.

D. Medicaid Expansion

Idaho tribes have repeatedly requested that the state expand Medicaid in Idaho as this would significantly benefit Idaho tribes, tribal members and AI/ANs in Idaho. The politics in our state are harming our most vulnerable populations who need healthcare, which includes our tribal members. We request that the state expand the 1115 waiver to include Medicaid coverage to our tribal members, and all AI/AN in the state, without a diagnosis of a medically complex condition. Even before Medicaid Expansion, states like Arizona, California and Oregon expanded Medicaid services to American Indians through 1115 waivers. Currently, Wyoming and Oklahoma have 1115 waivers pending to expand Medicaid services to American Indians. In addition, besides having an uncompensated care waiver for Medicaid services to AI/ANs, Arizona has an 1115 waiver pending that would cover traditional healing services. We recommend that IDHW explore similar options and expand Medicaid services to all AI/AN in Idaho.

E. Eligibility and Enrollment

The demonstration states that individuals with complex medical conditions will be eligible for enrollment in the demonstration if they meet these criteria:

1. Children and adults up to age 64.
2. Up to 400% FPL
3. Not otherwise eligible for the Medicaid Program.
4. Do not have access to an affordable employer-sponsored plan as defined in 26 CFR 1.36.
5. Diagnosis of a targeted medically complex condition.

Under the demonstration, we would like IDHW to confirm that AI/AN currently enrolled in a Marketplace qualified health plan (QHP) will not be automatically enrolled in this demonstration. AI/ANs should have the option to remain in a QHP if they so choose and not enroll in this program.

We believe that the selected diagnoses from the hierarchical condition categories (HCC) (p. 6) that are considered Medically Complex Conditions is too limited and that AI/ANs with other life-threatening diseases or conditions will not have the opportunity to participate in the demonstration. State did not engage with tribes in the development of the waiver to determine the conditions or diagnoses that could have been included from the full HCC listing. In addition, tribes have not had the opportunity to assess their records to determine how many of their patients have the HCC diagnoses included in the demonstration. We request the inclusion of
additional life-threatening conditions or diseases affecting AI/ANs that are of highest costs on Indian health programs which were not included in the insurance data that the state based the HCC list off of. For example, renal failure and liver disease are two diseases that should be included.

F. Services to Demonstration Population

IDHW asserts that the full Idaho Medicaid managed care network will be available to the demonstration population at implementation. There will not be a phased-in rollout for managed care. Participants will eligible for the demonstration will have access to all inpatient, outpatient, primary care, physician specialty care, surgical, diagnostic, rehabilitative, hospice, dental, transportation, long-term supports, prescription drug and behavioral health services currently approved in the Idaho Medicaid State Plan. Participants who meet institutional level of care requirements will also be eligible for benefits described in Idaho’s 1915(c) HCBS waivers (adult development disabilities, children development disabilities, childrens act early, aged and disabled). Participants who meet needs based eligibility criteria for 1915(i) benefits described in the Idaho State plan will have access to those benefits. What services will the new Complex Medical Needs Program include to better serve our tribal members? Are any services being reduced or that differ from QHPs?

IDHW has further stated that it will utilize the existing State Plan reimbursement methodologies which consist of a mixed delivery system for their fee-for-service and managed care network. All services will be provided under the Idaho fee-for-service network except services that are authorized under managed care: 1932(a) primary care case management; 1915(b) dental services; and 1915(b) behavioral health services. Idaho will amend its existing managed care contracts for behavioral health services, dental services and its transportation brokerage to include the demonstration population. There is a concern that the state is proposing to fold in the 1915(b) waivers including the behavioral health program into the 1115 waiver. The tribes currently have tribal Standard Terms and Conditions (STCs) in the 1915(b) behavioral health waiver and the application makes no reference to whether or not those negotiated terms will continue or cover the demonstration population. In addition, the 1115 demonstration should include Indian STCs similar to the ones included in the 1915(b) behavioral health waiver.

G. Premiums and Cost Sharing

According to IDHW, premiums are included for participants with countable income; and premiums will be waivable in part of in whole for those not able to pay due to their health condition or if payment of the premium would compromise the individual’s ability to pay for reasonable, basic living expenses such as housing, food, or utilities. The 1115 waiver includes that all mandatory exempt populations in the Social Security Act will be exempt from premiums. The 1115 waiver will make changes to the delivery system, which will impact Idaho tribal providers especially those with tribal sponsorship programs.

We expect that there will be no premiums or cost sharing for AI/ANs who are eligible for participation in the demonstration as this is just an expansion of the Medicaid program to
individuals with Complex Medical Needs who meet the proposed eligibility requirements. In addition, we request clear, transparent language in the demonstration application and waiver that premiums and cost-sharing will not apply to AI/ANs. In addition, as requested above, we request that this 1115 demonstration waiver include Indian STCs clearly stating that Indians are exempt from premiums and cost sharing among other terms.

II. 1332 WAIVER

A. Purpose

Idaho's Section 1332 Waiver proposes to extend Advanced Premium Tax Credits (APTC) and cost sharing reductions (CSR) eligibility to those working citizens who file federal income tax returns with income below 100% FPL. These individuals and families, expected to be around 22,000 lives, will qualify for APTC to the same extent as those with incomes of 100% FPL. APTC will offset premium in excess of 2% of countable income. These Idahoans will also qualify for cost sharing reductions (CSRs) when enrolled in a silver plan through the exchange, which will provide cost sharing at a 94% actuarial value.

The goals of the proposed Section 1332 Waiver are to:
1. Increase overall participation in Idaho's individual health insurance market.
2. Provide affordable coverage options to working Idaho households with incomes below 100% of the Federal Poverty Level (FPL) who are U.S. citizens not eligible for Medicaid, through the same mechanism that lawfully-present aliens currently obtain affordable coverage.
3. In conjunction with Idaho's proposed Section 1115 Medicaid Waiver and Idaho Individual High-Risk Pool, stabilize and decrease the cost of insurance premiums in the individual health insurance market.

B. Tribal Notification and Consultation

On November 1, the Idaho Department of Insurance sent a tribal notice letter to tribal representatives of the state's intent to apply to CMS and U.S. Department of Treasury for a Section 1332 State Innovation waiver on or about January 5, 2018. The tribal notice provided the purpose of the waiver to extend eligibility for help in paying monthly health insurance premiums through APTC and help in paying health care out-of-pocket costs (CSRs) to working U.S. citizens who file federal income tax returns with income below 100% of the Federal Poverty Level (FPL). The tribal notice also stated that the 1332 waiver application would be reviewed as part of the Policy Update at the November 8th meeting in Lapwai, Idaho.

The letter further states that the State is seeking public comment through public hearings, website, email and mail and notified tribes that the public hearings were scheduled for December 7 (Boise), December 8 (Pocatello), and December 9 (Coeur d'Alene). State's November 1st letter did not state that tribal consultations would be scheduled with each tribe. Scheduling tribal meetings or consultations without a full understanding of the waivers and the impact on Indian health programs does not allow for full discussion and engagement.
In addition, Idaho’s “Draft Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging Waivers for State Innovation,” dated November 1, 2018, includes an implementation timeline on page 12. The 1332 waiver timeline references a date of November 8, 2017 as the date “separate tribal consultation held.” At the November 8, 2017 quarterly meeting in Lapwai, there was only a brief discussion about the 1332 demonstration waiver and no handouts were provided to the tribes. Therefore, tribes were not able to ask questions or participate in meaningful discussion on the 1332 waiver about impacts to their tribal members or health programs. No tribal consultation on the 1332 waiver occurred at the November 8th Lapwai meeting.

NPAIHB, is concerned that DOI could have engaged with tribes months ago when this innovation waiver was being considered and developed, and that tribal consultations were not set up with proper or advance notice. Tribes entered into tribal consultation policy agreements in 2014 with the Idaho Health Exchange. Since the 1332 waiver involves the Exchange, the established tribal consultation policy should be applicable to the 1332 waiver process.

Finally, we are concerned that there was no joint tribal consultation scheduled for all tribal leaders and tribal health directors where tribes could have all collectively engaged in meaningful consultation with the DOI solely on the 1332 waiver and that would have been in addition to the state-tribal meetings scheduled by the state.

C. Eligibility and Enrollment

The 1332 demonstration waiver expands Marketplace QHPs, AFTCs and CSRs coverage for individuals below 100% FPL to “working US citizens” who file federal income taxes. NPAIHB requests that AI/ANs under 100% FPL be eligible without the “working” requirement. Imposing a work requirement in tribal communities where there may be limited to no work opportunities should not be a barrier to our tribal members enrolling in this program. We request that Indians under 100% FPL be eligible for the 1332 demonstration waiver without the “working” requirement.

Additionally, according to DOI, eligible participants must enroll in a Marketplace silver plan. Since AI/AN are eligible for the zero cost sharing plan variations, they should not be required to enroll in the silver plan and should be able to enroll in the bronze plan as well.

D. Premiums and Cost Sharing

We request that AI/AN the zero cost sharing variation be extended to AI/ANs eligible for this program. We also request that Indian Standard Terms and Conditions (STCs) be included as part of the 1332 waiver so that it is clear that the zero cost sharing plan variation will be available to AI/ANs.

AI/ANs under 100% FPL should extended coverage under the 1115 demonstration waiver with no premiums or cost sharing rather than this 1332 waiver where they may be subject premiums.
III. CONCLUSION

NPAIHB hopes that IDHW and DOI, in the spirit of its partnership and shared interest in improving AI/AN health care in Idaho will work with Idaho tribes. We thank you for this opportunity to provide our comments and recommendations and look forward to further engagement with IDHW and DOI on the implementation of the 1115 demonstration waiver and 1332 demonstration waiver, respectively.

If you have any questions about the information provided above, please contact Laura Platero, NPAIHB Governmental Affairs/Policy Director at lplatero@npaihb.org or by phone at 503.416.32276

Sincerely,

Andy Joseph, Jr., Chairperson
NW Portland Area Indian Health Board
Colville Tribal Council Member

Cc: Matt Wimmer, Administrator, Division of Medicaid
January 22, 2018

Andy Joseph, Jr., Chairperson
Northwest Portland Area Indian Health Board
Colville Tribal Council Member
2121 SW Broadway, Suite 300
Portland, OR 97201

RE: Public comment on Idaho’s 1115 demonstration waiver

Dear Chairperson Andy Joseph, Jr.,

Thank you for your December 15, 2017 letter regarding Idaho’s application for an 1115 demonstration waiver. The concerns regarding the 1332 waiver application have been forwarded to the Department of Insurance for their consideration.

We appreciate your concerns outlined in your letter and agree that there is a direct effect on the Tribes. Our intent was to communicate that this did not change business practices or requirements for Indian Health Programs under Medicaid, and I apologize for any lack of clarity in our messaging. We also appreciate that tribal consultation and public notice are separate requirements, but we respectfully disagree that there is a requirement for joint tribal consultation with all tribal leaders and health directors as you suggest. Representatives of our director’s office and my staff and I did engage in meaningful discussion about the waiver application with members of the Fort Hall Business Council, the Coeur d’Alene Tribal Council and the Nez Perce Tribe Executive Council in December. We did not receive any requests for formal consultation focused on the waiver application from any Tribe.

Idaho Medicaid provided a six week comment period for all comments, with the intention of exceeding all federal requirements and allowing ample time for full engagement with our Tribal partners. As part of the extended outreach to the Tribes within Idaho, Idaho Medicaid sent an email blast which provided information on accessing the waiver website, the application, notices, and the public hearing logistics. Idaho Medicaid also initiated its general notice to the public of opportunity to comment or testify through multiple avenues on November 1, 2017. This process included a legal notice, a dedicated website for the waiver, public outreach including blast emails to stakeholder groups, and a blog post. Our purpose for including details of the public process within the tribal notification was to ensure full transparency with the Tribes and to make them aware of all avenues available to request consultation, review the application, comment or provide testimony, or to easily share information with all interested parties.
As outlined above, the Department exceeded their requirements for public and Tribal input, as specified in 42 CFR §431.408, and by adhering to our Tribal Consultation Process by providing a six week period for all comment in a concerted effort to provide ample opportunity for all stakeholders to provide feedback.

The Department appreciates your concerns regarding options for Medicaid Expansion. We have presented multiple options for addressing the healthcare gaps within Idaho to the Legislature over the course of the past several years. However, they have declined to move forward with those options and have asked for innovative options to address the healthcare gaps in Idaho, thus the development of the Idaho Healthcare Plan. We are always interested in opportunities to improve the health and well being of Idahoans and I will have my staff review your recommendation to explore other 1115 waivers specific to the American Indian/Alaskan Native (AI/AN) population.

Now, I would like to address the eligibility and enrollment concerns in your letter. Unfortunately, one of these concerns is not within the control of the State. As required by federal law, any person eligible for Medicaid, must enroll with Medicaid or lose Advanced Premium Tax Credit for a Qualified Health Plan. Waiving this requirement is not an option available under the authority of either the 1115 or the 1332 waiver.

Your other concern in this area, regarding the selection of the hierarchical condition categories for eligibility, we were able to address. Based on your concerns and those voiced by other Tribal stakeholders, we gave much consideration to the recommendations for the conditions which impact indigenous people. As a result, we have modified the list of conditions and added end stage liver disease, cirrhosis of the liver and chronic hepatitis to the list of conditions for eligibility. (See attached list.)

Regarding the area of service delivery, the Department is committed to working with the Tribes to develop Standard Terms and Conditions applicable to this waiver, as we did within our managed care program. The Department intends to work with CMS to include language regarding tribal rights and state responsibilities to tribes within the special terms and conditions for the 1115 waiver agreement. We will work with you as these terms are developed and provide an opportunity for input on appropriate language within a reasonable time frame.

We do not anticipate the waiver will have a negative impact on the Tribes and all services available in the State Plan will be available to Tribal members who meet the eligibility requirements and of course their cost sharing will be waived in accordance with federal law. We have added clarifying language within the waiver application to ensure this is understood.

Idaho Medicaid maintains a shared interest with the Tribes in improving AI/AN health care in Idaho. We are dedicated to working through our existing quarterly meetings, Consultation as requested, the incorporation of Standard Terms and Conditions within this waiver and working with the IDHW's Tribal Program Manager to ensure good communication and coordination with our Tribal partners. Thank you for interest in the waiver.
January 22, 2018
Page 3

Sincerely,

[Signature]

MATT WIMMER
Administrator

MW/cesb

cc: Russ Barron, Director Idaho Department of Health and Welfare
Weston Trexler, Bureau Chief Idaho Department of Insurance
Joyce Broadsword, Tribal Programs Manager
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December 19, 2017

Attention: Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720
Boise, Idaho 83720-0009

SUBMITTED VIA EMAIL
CMNwaiver@dhw.idaho.gov
DOI_Reform@doi.idaho.gov
Lori.Wolff@dhw.idaho.gov
Lisa.Hettinger@dhw.idaho.gov

Re: Comment on Dual Waiver Proposal

The Coeur d’Alene Tribe appreciated the opportunity to meet with Idaho Department of Health and Welfare and Department of Insurance (“Departments”) representatives and discuss the effects and implications of the proposed dual waiver strategy. The Tribe also appreciates the opportunity to submit comments on that proposal, which we hope will assist the Departments in formulating the waiver structures and future proposals.

1. Tribal Consultation
   The Tribe appreciates the direct communication channels we have with the Departments, particularly our relationship with Joyce Broadsword who visits regularly. We also appreciate the time and effort the Departments put forth last week to meet in person with the Tribal Council and staff to explain the proposed waiver process, the goals, the challenges and details of the changes. We felt that it was a positive meeting and productive dialogue. That said, we would comment that the consultation process itself could use some improvement. While we have had frequent communication with Joyce, we did not see the details of the proposed waivers until shortly before the comment period. Further, we did not have the opportunity to discuss the effects of the proposed waivers on the Tribal population specifically until the consultation meeting December 12. Of course, the rest of Idaho also had a very short time to digest the proposed changes so we realize the Tribe was not being singled out. We would simply suggest that in the future the Tribe would like to work
on improving the consultation process by having more in-depth discussion at an earlier time in the proposal process to allow more time to submit comments. Thank you.

2. 1332 Waiver

The Coeur d'Alene Tribe supports increasing Medicaid coverage in Idaho. In fact, the Tribe would have preferred to see the State simply expand Medicaid coverage as allowed under the Affordable Care Act since in the Tribe's view it would make the best use of State and Federal resources to cover our vulnerable populations. However, the Tribe also understands the political realities at play and based on the information presented by the Departments during the consultation, agrees that the dual waiver strategy would be a positive course to pursue. While the Tribe still is uncertain about exactly how our specific populations would be impacted, it appears based upon those representations that additional individuals would be covered by Medicaid than previously had access to coverage, which could alleviate some of the financial burden to provide care.

3. 1115 Waiver

With regard to the 1115 waiver specifically, the Tribe would like to emphasize certain complex conditions that historically affect our population as the Department of Health and Welfare finalizes the list of conditions. A review of the last couple of years' claims reveals that Rheumatoid Arthritis, Persistent Severe Mental Illness and Hepatitis C were some of the highest cost conditions we faced. The Tribe would request adding those conditions if not already included.

The Coeur d'Alene Tribe appreciates the work the Department does to increase medical coverage to vulnerable populations in Idaho and on the Coeur d'Alene Reservation. We look forward to improving the consultation process as well as the delivery and availability of healthcare in our community.

Sincerely,

[Signature]

Chief J. Allan
Chairman
January 22, 2018

Coeur d’Alene Tribe
Chairman
Chief J. Allan
P.O. Box 408
Plummer, Idaho 83851

RE: Public comment on Idaho’s 1115 demonstration waiver

Dear Chairman Allan,

Thank you for your December 19, 2017 letter regarding Idaho’s application for an 1115 demonstration waiver. We appreciate your concerns outlined in the letter. The concerns regarding the 1332 waiver application have been forwarded to the Department of Insurance for their consideration.

I also thank you for the opportunity on the 12th of last month for our staff to meet with the Coeur d’Alene Tribal Council on the concept of the waivers. I feel our meetings on proposed healthcare changes or concerns, within the Idaho Medicaid program, always brings about good dialogue.

Idaho Medicaid provided a six week comment period for all comments, with the intention of exceeding all federal requirements. We will continue to strive to keep our Tribal partners engaged and informed in our work to improve the Idaho Medicaid program and Idaho’s system of care. We did take your recommendations for the health care conditions list under consideration as we weighed our federal requirements for budget neutrality for the waiver application. Including all the conditions you requested was not within the financial limitations of this project. However, we did make some modifications based on feedback we received from our tribal partners. (See the updated list attached).

Idaho Medicaid intends to work with CMS to include language regarding tribal rights and state responsibilities to tribes within the special terms and conditions for the 1115 waiver agreement. We will work with you as these terms are developed and provide an opportunity for input on appropriate language within a reasonable time frame.
January 22, 2018
Page 2

Thank you for expressing your interest and I look forward to additional engagement with you as this proposal moves forward.

Sincerely,

[Signature]

MATT WIMMER
Administrator

MW/csb

cc:  Coeur d' Alene Tribal Council
Russell Barron, Director, Idaho Department of Health and Welfare
Weston Trewler, Bureau Chief, Idaho Department of Insurance
Joyce Broadsword, Tribal Programs Manager
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<td>151</td>
<td>Monoplegia, Other Paralytic Syndromes</td>
</tr>
<tr>
<td>G10</td>
<td>Quadriplegia and Traumatic Complete Lesion Cervical Spinal Cord</td>
</tr>
<tr>
<td>G11</td>
<td>Paraplegia and Traumatic Complete Lesion Dorsal Spinal Cord</td>
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<tr>
<td>1</td>
<td>HIV/AIDS</td>
</tr>
<tr>
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<td>End-Stage Liver Disease</td>
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<tr>
<td>36</td>
<td>Cirrhosis of Liver</td>
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<tr>
<td>37</td>
<td>Chronic Hepatitis</td>
</tr>
<tr>
<td>115</td>
<td>Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy</td>
</tr>
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</table>
Appendix C.3 – All Comments
Note: The following written comments were received via email regarding the 1115/1332 Waiver. Personal information such as email, addresses and phone numbers have been removed, only the submitters name is included if provided.

From: Anonymous
Sent: Thursday, November 2, 2017 12:03 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

This would be so helpful for me. I have cardiomyopathy, and work only 12 hours per week. I'm sixty-one years old with no minor children and cannot afford insurance and rarely get to go to the doctor because I can't afford it! I live in a rural area and must travel 150 miles to see my cardiologist.

From: Anonymous
Sent: Friday, November 3, 2017 6:35 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

I am in favor of helping people.

From: Anonymous
Sent: Friday, November 3, 2017 2:25 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

Thank you for the opportunity to provide comment regarding the Idaho Health Care Plan. I truly appreciate the efforts being made by the Idaho Department of Health and Welfare to work to continue to find a solution to narrow the Health Care Coverage Gap for Idaho's citizen. This is a step in the right direction however the waivers will not close the gaps for those citizens with a severe mental illness. As I said I appreciate all your efforts thus far, but hope that you will continue your efforts to find an affordable solution that will close the coverage gap for all.

From: Anonymous
Sent: Friday, November 3, 2017 10:20 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

Yes for children with medical needs. I hate paying taxes to treat people at public health agencies that engage in risky behaviors, i.e., drug users, risky sexual encounters, smoking, drinking, etc. I also hate paying taxes to have people deliver babies at public health expense. 68 out of every 100 babies born in Idaho are public health issues. These folks have babies and are the least qualified to pay for bringing a new life into the world. The taxpayer should not have to bear the burden for these services. Same goes for illegal aliens, no matter what country they are from. California is a sanctuary state, please send them there for their health care. I have worked all my life, came from a very poor background and have never received a handout. I have paid my taxes all my life and I absolutely hate it when I hear about my tax money going to irresponsible people. Also for fed programs like shrimp on a treadmill and cow farts hurting the environment. I say shame on all these programs for tobacco users. Increase the cost of cigarettes like New York to pay for their health care rather than placing the burden on the taxpayer.
From: Anonymous
Sent: Saturday, November 4, 2017 9:57 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

I support any changes in Medicaid that will extend health care coverage to Idahoans in need. I support this legislation as a long time Idaho resident and voter.

From: Anonymous
Sent: Sunday, November 5, 2017 9:26 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

Damned Hospitals apparently have too much money and control in Boise. Not to mention owning 25% of downtown, trading land to Boise City for a 'soccer/baseball stadium' to gain approval for more expansions. The Hospitals now employ almost all the doctors and own the doctor's offices. 139.00 for the first 15 minutes and then the dr's request additional tests or referrals back and forth to milk more $$. All of this is on the backs of the tax payers- coming and going!! DOI should be able to assist pharmacies in providing PA's for annual med updates for a reasonable flat visit fee. State of Kansas has a business model for this. Also hospitals and their physicians should provide sliding scale payment options based upon income (upfront). The cost of assistance should not require going through the county's indigent process unless there is no other option (extremely catastrophic and indigent-not by putting liens on patients homes to obtain a discounted price). Many small solutions are available to help (even food and diet). Just do it the KISS principal works!! Having been on both sides of the fence -Feel free to call me, I'd love to discuss other viewpoints with someone that truly cares for the people and not perpetual politics with votes and income streams.

From: David Anderson
Sent: Monday, November 6, 2017 6:32 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Comment on 1332 Waiver

Good morning —
I would like to comment on the proposed 1332 waiver that Idaho is assembling[1]. I believe that there will be significant issues with approval as the Center for Medicare and Medicaid Services has already indicated on other state waivers (specifically Minnesota and Iowa) how they will score proposals. Table 1 shows that Idaho projects that the federal government will spend $615 million dollars on advanced premium tax credits. Table 4 1115/1332 column shows your projection of total federal expenses of $613 million dollars.

I believe this calculation is flawed. As I understand the 1332 budget neutrality calculation under the 2015 guidance, CMS must consider all budgetary impacts. In their response to the questions put forward by Iowa’s Department of Insurance, CMS noted that they would take a comprehensive look at all changes in federal expenditures and revenue (2):

If the Departments were to pass the entire premium tax credit savings through to Iowa, the waiver likely would increase the Federal deficit. This is because several .AJOR permutations of the State’s proposed plan would reduce Federal revenues or increase Federal costs. First, any increase in the number of insured persons may reduce individual shared responsibility payments for failure to maintain health coverage due under Internal Revenue Code (IRC) Section 5000 A....

This applies to Idaho. Table 4 shows a 19% reduction in per member per month costs for the 138%-400% population. The cost reduction will flow through to off-Exchange policies as well. Some number of non-subsidized individuals who are currently not covered will elect to buy lower premium policies in this counterfactual. As most unsubsidized individuals earn over 400% FPL, they are less likely to qualify for hardship exemptions from the individual mandate on
cost grounds today and they will be even less likely to qualify for hardship exemptions from the individual mandate if this waiver was to be approved. CMS would most likely score the waiver as increasing coverage for non-subsidized individuals who buy qualifying policies off the Exchange and thus they will score this component as increasing net federal costs and therefore they will reduce the state pass-through amount. The $2 million dollar cushion that you show between Table 1 and Table 4 may not be sufficient to absorb this analytical shock.

I am encouraged at the creative policy approach that Idaho is engaged in. I believe that this type of state level innovation is critical to success. However the mechanics of waiver approval rely on counter-intuitive and unusual score keeping so I encourage the state of Idaho to meticulously count costs and benefits from the point of view of the CMS Office of the Actuary in order to minimize the probability of a negative surprise result.

Sincerely,
David Anderson

(1) http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/1115%20Waiver/Draft1332Application.pdf

From: Anonymous
Sent: Wednesday, November 8, 2017 11:12 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

I commend the IDHW in their efforts to close the "insurance gap", but there do not seem to be any provisions in the waiver that would cover people with severe mental illness. However, I am in favor of this waiver, and would like to see it implemented, as a first step in getting health care coverage for all Idahoans.

From: Bonita Douglas
Sent: Friday, November 10, 2017 5:10 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Further Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

It is good to see that the coverage gap would narrow under the proposed Idaho Health Care Plan. I hope that further proposals will close the gap even further. A major concern is the behavioral health coverage gap that would remain if this is not included.

I hope that other options are prepared in case Federal approval is not granted. Idaho should leave no one behind in the coverage gap.

The emergency room can not continue to be the first choice for medical care any longer. Public education about health care access should be available in the one stop approach when an Idahoan seeks help from agencies.

Thanks for working to improve access to healthcare in Idaho.

Sincerely,
Bonita Douglas
From: Frank Batcha, MD  
Sent: Friday, November 10, 2017 1:46 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Please support this measure. This is a relatively low cost opportunity to provide medical coverage to our "gap" population.

Sincerely,

Frank Batcha MD

-----Original Message-----
From: Lynette Holzer  
Sent: Friday, November 10, 2017 1:35 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

We MUST expand Medicaid. People are dying from lack of care.

Sincerely,

Lynette Holzer

From: Mary McLaughlin  
Sent: Friday, November 10, 2017 1:04 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

First, I’d like to thank you for looking for solutions to come to the aid of our low income, working poor Idahoans who fall through the cracks when it comes to healthcare. This first step will bring us closer to the goal of making sure all Idahoans can get the coverage they need. At the same time, we realize that this is just the first step towards that goal and that the proposal does not address the needs of Idaho’s behavioral healthcare system, to give resources to health issues that clearly need to be addressed.

Please make sure there is an outreach by way of public medias, that being TV, newspapers, social media, radio, etc., to promote and ensure public enrollment. To safeguard this our people, please continue to work diligently to provide alternative proposals that will not only win federal approval but greater enhance the healthcare of all our Idahoans who fall into our gap.

Thank you.

Sincerely,

Mary McLaughlin
From: Caitlin Copple  
Sent: Friday, November 10, 2017 12:56 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan  

Dear Division of Medicaid Brock,  

I am concerned about those who fall into Idaho's gap population, including my brother who suffers from mental illness. I think the cost of health insurance and uncertainty in the market deters entrepreneurship in our state as well. People feel like they have to have a job with benefits to be responsible parents, partners, etc. I hope you'll continue to work on this issue and expand affordable healthcare coverage for all Idahoans, especially the most vulnerable among us. Thanks for listening!  

Sincerely,  

Caitlin Copple Masingill

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From: Katie Best  
Sent: Friday, November 10, 2017 11:18 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan  

Dear Division of Medicaid Brock,  

Thank you for giving me the opportunity to share with my comments about the Idaho Health Care Plan. I commend the IDHW for continuing to work on a solution to narrow the coverage gap in Idaho and increase access to affordable care. I am a social worker employed by a large hospital in Boise Idaho and I work everyday with patients who find themselves in the health care gap. Many of my patients are hard working, often working more than two jobs to provide for their families, but do not make enough to qualify for the APTC tax credit and make too much to qualify for Medicaid. I see first hand the negative patient health outcomes that result from not having insurance. My patients often suffer from preventable illnesses and utilize the emergency room more often due to not having insurance. These negative health outcomes and frequent ER drive up healthcare costs and reduce quality of life for my patients. I know the IDHW is familiar with this problem and the Idaho Health Care Plan proposal is the first step in addressing it. I hope this is the first of many future efforts to solve the coverage gap.

One area I hope future efforts focus on is behavioral health. I notice that this proposal does not address deficiencies in Idaho's behavioral health system. I work at a primary care clinic that provides social services to patients. Quality and comprehensive health care access includes providing patients with medical, mental health and substance use treatment.

I am excited about the Idaho Health Care plan. If implemented, I hope a strong public outreach campaign is crafted to ensure maximum enrollment for eligible Idahoans, especially for those patients that have limited English language capacities. I am hopeful that through IDHW's strong administrative, public policy expertise and advocacy efforts the Idaho Health Plan proposal will receive federal approval. If not, I encourage the IDHW to prepare and alternative proposal to close Idaho's coverage gap.

Thank you again for your time and consideration.

Sincerely,

Katie Best, LCSW
From: Elizabeth Woodruff  
Sent: Friday, November 10, 2017 9:58 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Thank you for the opportunity to comment on the Idaho Health Care Plan. I want to commend IDHW for continuing to work on a solution to narrow Idaho's health care coverage gap.

While I support this proposal as a first step, I want to emphasize the need for the state to continue these efforts until all Idahoans have access to affordable, comprehensive health coverage. I am also very concerned that the Idaho Health Care Plan, as is, does not address gaps in Idaho's behavioral health system. I encourage IDHW to work with the Idaho Legislature to find ways to cost-effectively ensure access to behavioral health services for Idahoans with severe mental illness and other behavioral health issues.

This proposal will only be as effective as the state's ability to make sure newly eligible Idahoans enroll in the program. Please ensure this outcome via a public outreach campaign designed to maximize enrollment. In the event that this proposal does not get federal approval, I strongly encourage the Idaho Department of Health and Welfare to develop an alternative proposal to close Idaho's coverage gap by 2019.

Thank you.

Sincerely,

Elizabeth Woodruff

From: Melinda Kile  
Sent: Saturday, November 11, 2017 4:44 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: comments on proposed Idaho Health Insurance waiver

Thank you for your efforts to help the working poor get health insurance.

I read the short policy. a few questions

1) are the tax credits proposed to reduce the cost of private healthcare refundable? are they to be received monthly so each monthly payment can be reduced. I worry that a tax refund received once a year will not work

2) Why is this tied to the private insurance market. the medicaid plans pay doctors and hospitals less for services that private plans. what not use the medicaid plan?

3) How does someone who is unemployed qualify for this. my 23 year old daughter in unemployed because she missed too much work for being sick and because she was fired for missing too much work. she can not get unemployment payments.

thank you
Dear Division of Medicaid Brock,

Affordable healthcare coverage is vital not only on an individual level but for the welfare of our society as a whole. I cannot stress enough how important I feel it is for adults, seniors and children to get affordable access to services they need to maintain both their physical and mental health. I urge you to do all that you can to close the gap and ensure that all Idahoans are able to access both medical and psychological services - whether that's pressuring our Senators and Congressman (none of whom seem to care despite public outcry) or forming an alternative plan.

Thank you,

Elizabeth Clark

Sincerely,

Elizabeth Clark

From: Andrea Ayres
Sent: Saturday, November 11, 2017 11:12 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Thanks so much for allowing this comment period and working to find a solution for the health care coverage gap in Idaho. In the United States of America it is a disgrace that we leave people vulnerable and without regular health care access. I was in the gap for several years even though I was working. Luckily I was close to the edge of the gap and so every year I would scramble for a few odd jobs to get enough money to push me over the limit so that I could get healthcare through the ACA. I was lucky I had the ability to do this but there are many who cannot.

Yes, we have emergency rooms for health emergencies but that is not an answer, especially for mental and behavioral health. We need to stand up for what is right and help all Idahoans have health care access. I also want to see a solid, effective outreach campaign to make sure that the people who are eligible for care are aware of their opportunities. This means that outreach should be targeted in a way that the audience will actually see it and that it is clear and understandable.

I support the current proposal but urge you to take this forward to complete coverage for those in the gap. I also want you to look at other solutions to provide coverage in case the federal approval does not come through.

Thank you.

Sincerely,

Andrea Ayres
From: Kathryn Haley
Sent: Sunday, November 12, 2017 5:41 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Thank you for your ongoing work towards a solution to narrow Idaho's coverage gap by increasing affordable health insurance coverage.

Personally, I've paid individual market premiums since I left my state job in 2000 to care for an aging relative and start a home business, so am familiar with the market's exclusions and high costs long before the ACA came along. I have been deeply troubled by partisan attempts to erode, rather than strengthen, the ACA, and am perplexed that the latest Idaho proposal does not address deficiencies in the state's behavioral health system.

Finally, it is my sincere hope that the Idaho Department of Health and Welfare will prepare an alternative proposal to close Idaho's coverage gap, just in case the feds withhold approval. A public outreach campaign to encourage maximum enrollment would also be a way to alleviate rampant confusion for eligible Idahoans.

Again, thank you for your efforts.

Sincerely,

Kathryn Haley

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From: Robert Gehrke
Sent: Monday, November 13, 2017 9:01 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I have recently learned that the Idaho Department of Health and Welfare continues to work on a solution to narrow the Idaho health coverage gap with two waiver proposals: 1115 and 1332. I am pleased that every effort is being made by H&W to cover those who fall into this income gap, and that it is in the best interest for the people of Idaho that this gap is filled with a solution that provides comprehensive health care coverage. I support these waiver proposals. While the waiver solutions being proposed go far in filling this gap there are still a number of Idahoans left without health care coverage.

Especially disturbing is that these waivers do not solve the gaps in Idaho’s behavioral health. This gap, if left unresolved, directly impacts the efforts in criminal justice reform to reduce incarceration and recidivism because those dealing with mental illness and addiction are left, in most cases, without medical care when they are released. It also impacts those not in the criminal justice system with mental illness the ability to receive medical help. Help should not be obtained by committing a crime so that some, but inadequate help, can be received in jail.

Realizing that these waivers do not resolve providing health care coverage for all those presently in the health care gap and may not be accepted by the state legislature and the federal government, I encourage you to continue to work toward alternative proposals that would complete the effort of providing comprehensive health insurance to all Idahoans. I realize that this has been a very evasive goal, but it is essential for the economic vitality of our state. In the process of seeking the 1115 and 1332 waivers it is especially important that this process be transparent throughout. This means that there must be public access to all written comments and clear information about the budget implications of the proposal. Further, it is important to provide to the public what safeguards are being
established to ensure that individuals with complex medical conditions that would be moved to Medicaid under waiver 1115 continue to be able to access their existing medical provider.

Finally, once these waivers are approved it is essential that there be an aggressive public outreach campaign to ensure maximum enrollment. This process should be at least as extensive as the campaign “Your Health Idaho” to get all who qualify for these waivers apply.

Sincerely,

Robert Gehrke

From: Anonymous
Sent: Monday, November 13, 2017 6:10 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

While it is laudable that Idaho is finally considering an expansion to Medicaid, this proposal is so limited that it is bordering on the absurd. There are many Idahoans who need medical coverage, and who would qualify under the ACA. To refuse them based on political maneuvering is morally and economically wrong. The state should expand Medicaid as outlined by the ACA.

From: Mary Bostick
Sent: Tuesday, November 14, 2017 4:43 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

-I commend the Idaho Department of Health & Welfare for continuing to work on a solution to narrow Idaho’s coverage gap and increase access to affordable health insurance coverage.
-While I support for the proposals as a first step, there needs to be continued efforts towards a complete solution to the coverage gap.
- The proposal does not address deficiencies in Idaho’s behavioral health system.
- I request a public outreach campaign to ensure maximum enrollment for newly eligible Idahoans Finally, I request that the Idaho Department of Health & Welfare prepare an alternative proposal to close Idaho’s coverage gap, in the event that this proposal does not receive federal approval.

Thank you for your time and consideration.

Sincerely,

Mary Bostick

From: Anonymous
Sent: Wednesday, November 15, 2017 1:07 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

Thank you for your efforts to generate access for more Idahoans to affordable healthcare. Thus work is so important to sustain the lives and health of so many. It is these type of efforts that demonstrate the commitment to closing the gap. Please continue to explore creative strategies and partnerships so that ALL Idahoans have access to affordable healthcare.
From: Rick Anderson  
Sent: Thursday, November 16, 2017 5:16 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Thank you for your efforts to get everyone insured medically. It is my wish as a Medicaid recipient that each and every citizen has access to health insurance. Please make every effort to come up with a plan to close the gap. Insurance for all!

Sincerely,

Rick Anderson

From: Diane Schwarz  
Sent: Thursday, November 16, 2017 9:15 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

If implemented, the Idaho Health Care Plan could result in as many as 35,000 Idaho adults gaining access to affordable health insurance. While not a complete solution to the coverage gap, the proposal has the potential to significantly decrease the number of uninsured in Idaho and reduce the costs of uncompensated care.

The Idaho Health Care Plan includes two federal waiver applications - the 1332 Waiver and the 1115 Waiver - that will work in tandem to achieve two stated goals:
1) Provide access to affordable health insurance coverage to low-income Idaho adults;
2) Bring down overall health care premium costs on Idaho's individual health care market.

Sincerely,

Diane Schwarz

From: Anonymous  
Sent: Monday, November 20, 2017 11:58 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Public Notice

I would rather see Idaho simply accept the full scope of the ACA, allowing the Medicaid expansion and receiving close to one hundred million more Federal dollars come into our system.

From: Logan Dennis  
Sent: Tuesday, November 21, 2017 10:13 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan
Dear Division of Medicaid Brock,

I am very happy that Idaho is trying to find a solution to its coverage gap. There are thousands of Idahoans without health insurance by no fault of their own, but by fault of circumstance. This proposal is progress, and a step in the right direction to ensuring that all Idahoans have access to the care that they need. But it is not a complete solution.

The 1115 waiver does not address mental health and developmental disabilities, something that Idaho has failed to substantively address for far too long. While it does provide an opportunity for those with physical conditions to gain access to improved and Medicaid managed care, this opportunity is not available to those struggling with behavioral health issues. It needs to be, investing money in mental health is smart, and strengthens the communities in our state. The Idaho Health Care Plan needs to be changed so that it adequately addresses the behavioral health gap in Idaho, otherwise this will remain an incomplete solution to a growing problem.

-Logan Dennis

Sincerely,

Logan Dennis

From: Teresa Schmalz
Sent: Tuesday, November 21, 2017 10:42 AM
To: Complex Medical Needs Waiver <CMNWAiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I was so please when I read that DHW is working on a solution to "Close the Gap." I am very supportive of this first step in increasing access to affordable health insurance coverage, and look forward to affordable coverage for ALL Idahoans in the near future! One item I wish was included in this proposal would be coverage for severe mental illness.

I am hopeful that this Idaho Health Care Plan will be implemented, and once it is, I am also hopeful that DHW will have public outreach to make sure that every eligible Idahoan is aware and has access to enrollment.

If for some reason this proposal does not receive federal approval, I hope you keep up the good work of finding another solution for closing Idaho's coverage gap.

Thank you

Sincerely,

Teresa Schmalz

From: Anonymous
Sent: Wednesday, November 22, 2017 6:55 AM
To: Complex Medical Needs Waiver <CMNWAiver@dhw.idaho.gov>
Subject: Public Notice

This is a very important proposal. We NEED to help our most vulnerable citizens. It's the right thing to do.
From: Mary Getchell  
Sent: Wednesday, November 22, 2017 7:29 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I don’t care who gets the credit, JUST DO SOMETHING! So many Idahoans can not afford healthcare. Do you not look into their faces and see a fellow human being? If we want all our citizens to be able to contribute to our state and national well being, they need to be healthy. And they are worthy of our support via Medicaid or whatever we decide to call it. Just do it, for heaven sake.

Do we really have to reinvent the wheel? It seems our legislature is more interested in who gets credit than in what needs to be done. And quit using “Obama” as a swear word. At least he did something. Shall we move forward and help our citizens or wallow in partisan acrimony?

Sincerely,

Sincerely,

______________________________________________

From: Margaret Wiggin  
Sent: Thursday, November 23, 2017 9:00 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Low-income Idaho adults desperately need access to affordable health insurance.

Sincerely,

Margaret Wiggin

______________________________________________

From: Anonymous  
Sent: Thursday, November 23, 2017 1:11 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Public Notice

Congratulations. This waiver is an important first step

______________________________________________

From: Linda Larson  
Sent: Friday, November 24, 2017 1:38 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Dear Idaho Department of Health and Welfare,

Thank you for continuing to work towards a solution to expanding coverage to my fellow Idahoans who are in the gap.
I support this effort wholeheartedly. I also understand that there will still be people left uninsured so I hope that you will continue your efforts to help these people. I have a friend who is blind in his left eye now because he had no insurance and waited until the infection was beyond help. His emergency bill was $5,000 and we, the taxpayers picked up the bill. It is past time to find economically sound solutions to this growing issue.

I see some deficiencies in the behavioral health care in this proposal. I hope that you will continue to work to find solutions to this issue.

I would ask that you make sure to do a thorough outreach and that you will have a plan B ready in case this does not receive Federal approval.

Thank you for your efforts,

Linda Larson

Sincerely,

Linda Larson

From: Megan Goodhew
Sent: Saturday, November 25, 2017 1:15 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

This proposal does not address deficiencies in Idaho's behavioral health system.

We need a public outreach campaign to ensure maximum enrollment for newly eligible Idahoans!

Sincerely,

Megan Goodhew

From: Robert McFarland
Sent: Monday, November 27, 2017 3:37 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

As a physician, I have for decades seen the injury to my patients' health that occurs when they can not afford to have their medical problems managed in an appropriate ongoing way. The 78,000 Idahoans who are ineligible for Medicaid but can't afford insurance are doing their best, but will never be able to afford necessary medical care in the current system. In my opinion, we should have helped them long ago by expanding Medicaid coverage. If our state continues to refuse to do that, the creative proposal by Dick Armstrong and others to cover the most expensive patients is second best, and a very appropriate first step. It is humane, just, a cost saver for Idaho, and necessary. I hope that our lawmakers support it, and develop any other program to help these citizens if the current proposal is somehow not workable.
From: Diane Schwarz  
Sent: Tuesday, November 28, 2017 11:33 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Thank you for continuing to work on solutions. We need to close the gap for all Idahoans! We need solutions for behavioral and mental health. We need to have solutions for Idaho in case federal funds do not come through. Thank you.

Sincerely,

Diane Schwarz

From: Jessica Wardwell  
Sent: Thursday, November 30, 2017 9:34 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Health insurance is unfordable for us, because we do NOT qualify for the tax credit. My husband’s employer offers a family plan, which makes us ineligible for the tax credit. The plan offered to us by the employer is unfordable, almost $1000 monthly which is a little less than half of our take home income. The plans through the health exchange are also extremely high.

Our family needs CHIP, access to the tax credit, and overall health insurance reform.

Thank you,
Jessica

Sincerely,

Jessica Wardwell

From: Marciano, Diane E.  
Sent: Thursday, November 30, 2017 11:30 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Medicaid Waiver - Magellan Healthcare Comment Letter

Dear Ms. Brock,

Thank you for the opportunity to comment on the Department of Health and Welfare proposal to seek a Section 1115(d) Demonstration Waiver to provide Medicaid coverage to approximately 2,000 Idahoans living with complex, life-threatening medical conditions.
Magellan Healthcare’s comments are attached.

Thank You – Diane

Diane Marciano, MBA
VP, Business Development Government Relations
Magellan Healthcare Division

1 W. Broad Street, Suite 100, Bethlehem, PA 18018
magellanofpa.com
November 30, 2017

Ms. Cindy Brock
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Dear Ms. Brock:

Magellan Healthcare Inc. (Magellan) welcomes the opportunity to comment on the Department of Health and Welfare proposal to seek a Section 1115(d) Demonstration Waiver to provide Medicaid coverage to approximately 2,000 Idahoans living with complex, life-threatening medical conditions. We are writing to comment favorably on the proposal from both a public health perspective and because of its favorable impact on access to health care in Idaho. A specialized healthcare company with over 18 years of Medicaid experience, Magellan provides behavioral health services in both the commercial and public sector, and through a range of delivery systems including Medicaid carve-out programs and a specialized Medicaid managed care organization (MCO) that offers both comprehensive medical and behavioral health services for individuals with serious mental illness. Overall, Magellan and its affiliates provide behavioral health services to approximately 3 million Medicaid or otherwise publicly funded members nationwide.

We believe that this demonstration waiver will allow the state to maximize the opportunity to improve the health of the population that would be covered by the waiver. The proposal is intended to provide comprehensive healthcare coverage to Idaho’s most chronically and catastrophically ill individuals. Our experience in Idaho has shown that the state’s leadership in managing Medicaid programs through managed care will allow the state to maximize its ability to improve the quality of public healthcare through the opportunities presented by the requested waiver.

The proposal envisions providing Medicaid coverage to individuals with medically complex healthcare needs whose household income is less than 400% FPL. Under current conditions the majority of these individuals are either not covered by any system of healthcare coverage or are subject to a balkanized system of charity care and the Idaho Catastrophic Health Care Fund. However, some of these individuals are currently enrolled in the individual insurance market. The removal of all of these individuals from the individual insurance risk pool will remove the actuarial need to consider these individuals in the calculation of premiums. This will reduce the cost of individual health insurance and improve access to insurance and to healthcare, while at the same time providing a targeted focus on the unique medical needs of the covered population.

Increasing access to healthcare coverage remains a top priority in Idaho; we believe the waiver addresses both existing barriers to access as well as the associated costs. Based upon our evaluation of the proposal by the Department of Health and Welfare, Magellan Health, Inc. highly recommends that the Department apply for the waiver.

Sincerely,

Diane Marciano, MBA
Vice President, Government Relations Business Development
Magellan Healthcare
From: Lesleigh Box  
Sent: Friday, December 1, 2017 12:35 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Public comment 1332, 1115 waiver

I am an Internal Medicine physician practicing in Boise as a hospitalist and primary care physician. I would like to see Idaho provide better health coverage for its most vulnerable residents. Idaho should do better to protect individuals with low income and chronic medical conditions. The Section 1332 and 1115 Medicaid waivers will provide an opportunity to advance healthcare in this state. I have witnessed the preventable suffering of many patients with chronic medical conditions. Without adequate health care coverage, they must wait until their condition becomes so severe that they are forced to seek help in an emergency department. One such unfortunate person is a 19-year old man I took care recently with insulin dependent diabetes. Without health coverage, he was unable afford insulin but could not sustain a job to get insurance secondary to recurrent admissions to the hospital with poorly controlled diabetes. Frequently he would require costly admissions to the intensive care unit to bring his diabetes back under control. Another example is a woman without insurance suffering bipolar disorder. As I admitted her to the hospital, she asked me if there was anywhere she could go for regular mental health care so that she did not have to use the emergency room to find help. Sadly, I know of no such place. Providing a way for such patients to receive regular medical care would be cost effective and allow these residents to lead productive lives benefiting the great state of Idaho.
Section 1332 Medicaid Waiver
The extension of the advanced premium tax credit would provide approximately 35,000 more Idahoans with an opportunity to obtain affordable health insurance. This would reduce the cost of poorly controlled medical conditions and improve the quality of life of these individuals. This is an innovative approach to providing opportunities for Idaho residents in our complex health care system. I applaud the effort to work with the existing system to help Idaho residents.
Section 1115 Medicaid Waiver
A small subset of individuals with severe chronic medical conditions require a significant amount of health care funds. Providing those patients with Medicaid rather than keeping them on the healthcare exchange will provide a more cost-effective way to manage their medical conditions. The medical conditions set forth in the under the Section 1115 Medicaid Waiver to be covered are limited. I would ask for the inclusion of mental illness among the severe chronic medical conditions covered under this waiver. Severe mental illness that is untreated often results in multiple costly visits to the emergency room and inpatient hospitalizations. Providing routine care and medication management can prevent use of such high cost services and increase the productivity of affected individuals. In the future, inclusions of other severe chronic medical conditions such as heart failure and diabetes would provide further benefit to Idaho residents and reduce the cost of healthcare in this state.

The combination of the Section 1332 and Section 1115 Medicaid Waiver provides an innovative cost-effective way to improve the lives of the most vulnerable residents in Idaho. As a practicing physician in Idaho, I am fully supportive of the waivers.

From: Anonymous  
Sent: Friday, December 1, 2017 6:17 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Public Notice

I think this is a vital need in the state of Idaho. Many people need help with medical conditions and do not have the means.
From: Anonymous
Sent: Friday, December 1, 2017 6:01 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

Please do this. Our state needs coverage for these people

From: Anonymous
Sent: Friday, December 1, 2017 5:47 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

These programs are absolutely essential for those who need them. Please approve the application for three programs which will save the lives of many Idahoans.

From: Anonymous
Sent: Friday, December 1, 2017 7:58 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

Thank you.

From: Maggie Wright
Sent: Saturday, December 2, 2017 10:09 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I would like to thank the Idaho Department of Health and Welfare for continuing to work on a solution to give everyone in the state access to affordable health insurance. I support the current proposals with the expectation that eventually everyone in this state will have access to health care. From my own personal experience this proposal does not address the problems with Idaho’s behavioral health system though. Although my son is now on Medicaid I remain committed to many families that were in the situation my family was before he received this medical assistance. Obviously we were devastated, not only emotionally but financially because we had to pay for our son’s insurance out of our pocket not only for his psychiatrist and psychologist but also for all of his medicines. Keep in mind that my husband and I are retired and this created a huge impact on our own survival. This was an IMMENSE burden. Not only are the mentally ill people impacted but their whole families are impacted. Having medical insurance I realize does not take care of the emotional aspects of the disease but it certainly takes care of the financial aspects which are equally as overwhelming. Please keep in mind that Idaho families need your support. We support our child in every way we can and have never reached out for support from the government before throughout our lives but when families are torn apart because of lack of medical coverage as a state and federal government we would certainly hope they would be there when hardship is overwhelming. We hope the state of Idaho can look past corporate greed and look out for the greater welfare of its less fortunate citizens.

Sincerely,

Maggie Wright
From: Lynsey Winters Juel  
Sent: Monday, December 4, 2017 12:00 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan  

Dear Division of Medicaid Brock,

I support the proposal as a first step. Please ensure that outreach (funding and a strategy) is included to ensure Idahoans are made aware of the program.

Sincerely,

Lynsey Winters Juel

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From: Mary Bostick  
Sent: Monday, December 4, 2017 6:16 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan  

Dear Division of Medicaid Brock,

I support the Idaho Department of Health & Welfare for continuing to work on a solution to narrow Idaho's coverage gap and increase access to affordable health insurance coverage. This is only a first step, and I would like to see continued efforts towards a complete solution to the coverage gap. The proposal does not address deficiencies in Idaho's behavioral health system. I would also request a public outreach campaign to ensure maximum enrollment for newly eligible Idahoans. The Idaho Department of Health & Welfare must develop an alternative proposal to close Idaho's coverage gap, in the event that this proposal does not receive federal approval.

Thank you.

Sincerely,

Mary Bostick

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From: Tami Wade  
Sent: Tuesday, December 5, 2017 11:25 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan  

Dear Division of Medicaid Brock,

Thank you for working to close the gap in Idaho! I am so proud of our state and all it has done to help those in need. BUT- we really need to close the gap all the way! If that means that we need to have a back up proposal PLEASE have that ready to go. I appreciate that is will cost extra up front- but I believe in the long run it will save Idaho money- and be a shining example to the rest of the United States. Way to go Idaho! :)

Sincerely,

Tami Wade
From: fern van maren
Sent: Wednesday, December 6, 2017 1:14 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Health and Welfare is to be commended for its work to close the coverage gap through this proposal. It's a great first step which I hope will be followed by an effort to also address deficiencies in the behavioral health system. Let's also have a public outreach campaign to ensure maximum enrollment!

Sincerely,

Fern VanMaren, voter

From: Denise Caruzzi
Sent: Thursday, December 7, 2017 11:06 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Health Care for Idaho’s communities

Dear Division of Medicaid Brock,

Thank you for your work on behalf of Idahoans and for reopening this opportunity to structure the health care of a larger portion of our disenfranchised community. Their health impacts all of us in both large and small ways, including educational attainment and the economy. We also know that a structured program is less expensive to the citizens of Idaho than coping with emergency care and/or lack of care.

In addition to covering this population within the coverage gap, I also emphasize the importance of covering mental health care. AGAIN...the impact of lack of coverage for severe issues begins with the individual, their families, and ripples (negatively) through our entire community.

Thank you for insisting on healthy communities for Idaho...and allowing ALL of US to build a better environment for living.

Sincerely,

With my best regards and appreciation,

From: Christine Pisani
Sent: Thursday, December 7, 2017 2:07 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: ICDD Comments on Proposed Idaho Health Care Plan

Please see attached comments from the Idaho Council on Developmental Disabilities regarding the Proposed Idaho Health Care Plan.

Thank you for your consideration of our comments.
December 7, 2017

Idaho Department of Health & Welfare
450 W. State Street
Boise, ID 83702

RE: Idaho Health Care Plan Proposal

The Council on Developmental Disabilities is authorized by federal and state law to monitor systems and policies and to advocate for improved and enhanced services that enable Idahoans with developmental disabilities to live meaningful lives, included in their communities. The Council is comprised of 23 volunteers appointed by the Governor.

The Council applauds the Department of Health and Welfare, The Idaho Department of Insurance, and the Your Health Idaho Health Insurance Exchange for the proactive work done in order to present this proposal to provide access to healthcare coverage for people with specific high-cost and medically complex health conditions through an 1115 Waiver.

The Council is pleased to see conditions such as quadriplegic cerebral palsy, cerebral palsy, spinal cord disorders/injuries, cystic fibrosis, and multiple sclerosis included as conditions proposed to be covered through the 1115 waiver. Based on recent data presented from the Idaho Department of Health & Welfare, an estimated 51,000-62,000 Idahoans are currently in the coverage gap. Of that total number there are approximately 25,000 Idahoans who experience a severe and persistent mental illness that will not be provided coverage through this optional waiver. There was a brief period of time in the past month where the proposed conditions to be covered included schizophrenia, but it has since been removed from that list. The Council viewed coverage for people who experience schizophrenia as a step in the right direction to move Idaho from a crisis model to a preventative model in serving our population of Idahoans who experience a serious and persistent mental illness.

The Council urges the Department to include serious and persistent mental illnesses as conditions to receive coverage through this optional waiver. Coverage through the waiver for almost half of the total population of people in the coverage gap will allow for needed prescriptions and access to community based mental health counseling and treatment. Extending coverage to the 25,000 individuals who experience serious and persistent mental illness would allow Idaho to leverage federal dollars with state dollars, eliminate the state funded Catastrophic Health Care Program and the county funded indigent program which are both inefficient and do not provide needed preventative care.

Thank you for your consideration of our comments.

Christine Pisani
Executive Director
From: Cara Applestein  
Sent: Thursday, December 7, 2017 8:37 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Thank you for working on a plan to help narrow the healthcare gap in coverage. This became very real to me when my fiance, who is seasonally employed, just had to shop for insurance during his months off on Your Health Idaho. It is completely unfathomable to me why he would be able to get a subsidy if his wages were a little higher but has to struggle to pay for insurance he can't really afford completely out of pocket because he doesn't have enough money to qualify.

I think the current proposals are a good first step towards helping to close the gap but they certainly shouldn't be the end, as they will still leave many people uncovered. We will end up paying more in emergency room visits than we would if we were able to offer coverage to everyone in Idaho.

I hope that you will continue to work towards a solution to fix deficiencies in Idaho's behavioral health coverage and that you will also come up with an alternative plan to help close the gap, should the current plan not get federal approval.

Sincerely,

Cara Applestein

From: Jill Bryson  
Sent: Thursday, December 7, 2017 6:04 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Please pass the proposed Idaho Health Care Plan, as it will allow coverage for many Idahoans now in the "gap", but MUST cover mental illness, which we MUST do, & is certainly the RIGHT thing to do. We need to take care of our citizens now. Thank you, Jill Bryson, Hailey

Sincerely,

Jill Bryson

From: Catherine Lewers  
Sent: Thursday, December 7, 2017 4:22 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I support the Idaho Department of Health and Welfare's work on narrowing Idaho's coverage gap and increasing access to affordable health insurance. These proposals are an excellent first step. I urge you to also consider means of improving our behavioral health system. And I ask for a public outreach campaign to make sure we get everyone enrolled once improved coverage is available. Thank you for your work on behalf of Idahoans and for considering my comment.
Sincerely,

Catherine Lewers

From: Patty Tobin
Sent: Thursday, December 7, 2017 2:20 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Dear Department of Health and Welfare,

I appreciate that you are working to help more people get affordable health insurance. With the costs of doctors visits, hospitals, and medications, an Idaho family can become destitute with even one expensive, chronic illness in the family. The effort to extend health care to over 30,000 more Idahoans in need is exemplary, and a wonderful first step in making sure more and more of us are covered. I am hoping that the legislature not only passes this extension, but also funds a public outreach campaign so the Idahoans who are eligible will know to sign up.

Again many thanks for working to keep Idaho families healthy and financially sound.

Patty Tobin

Sincerely,

Patty Tobin

From: Sarah Droegemueller
Sent: Thursday, December 7, 2017 12:53 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

To the Department of Health and Welfare:

Thank you for the first step in closing the Medicaid gap in Idaho. Our family has fallen in to the gap for the past several years and despite both parents working full time, we have no affordable access to insurance for my husband and my son. Let me tell you how the proposed waivers would help our family.

My son Jimmy, age 19, was covered by Medicaid growing up. He has Autism Spectrum Disorder and needed diagnoses, therapy, and counseling to learn to function among his peers. He has also been diagnosed with depression, which runs in our family (my husband and younger son also have depression/anxiety). Thankfully Medicaid helped to provide him with essential health care and interventions at the most critical time of his youth.

When Jimmy turned 19 he aged out of Medicaid. Now he has no access to a primary care doctor to maintain his prescriptions and monitor his behavioral health. He can’t see his counselor anymore. We have been compliant with the Affordable Care Act and purchased for him a single person insurance plan. He works three jobs now, one of which goes to pay his insurance premium (and the insurance plan only covers major medical and hospitalizations, after a $5000 deductible). The stress of his life situation is not helpful to his mental health. If he could qualify for a waiver and receive
a health care tax credit, his insurance would be much more affordable and he would still be able to receive his care. I pray that this proposed solution goes through so that he might be relieved from the stress of scrambling to pay for an inadequate health care solution.

In my husband's case, there has been no health care solutions for him for the past ten years. Before ACA, he had no health care (his employer only had two employees and no benefits). After ACA, he was excluded from the exchange because my employer could have covered him, but it would have taken 60% of my monthly paycheck. He would have qualified for state coverage except that Idaho did not close the Medicaid gap. He has resorted to urgent care providers at over $100/visit just to get a refill for antidepressants. He has no ongoing mental health providers, no counselors or doctors to help him manage his anxiety and depression. His symptoms have worsened and he hasn't held a job in over a year. He wants to provide better for our family and mental health coverage through this new program would be a huge blessing.

Please consider covering mental health and behavioral health issues under your waivers. Mental health problems are just as real as diabetes or cancer or paralysis. They disable you from fully achieving your life goals—but they can be reversed and treated! This could be a success story for my family if we could get coverage through a waiver.

I look forward to seeing the final proposal pass (or an alternative one be prepared in case it doesn't). I know that a full Medicaid gap closure is not going to happen with this first step, but it will be incredibly motivating to see Idaho take this initiative forward. I hope to hear about public information campaigns to reach families such as mine when the waivers go into effect.

I look at my son, at age 19, and I know he's got so much potential to change the world and bless our community. He's working, conversing with friends, growing and becoming an adult—and yet so much is at risk if he can't get the help he needs to manage his autism and depression. Please work to get the Idaho Health Care Plan approved and continue to move for Idahoans in the gap.

Sincerely,

Sarah Droegemueller

From: Mike Saville
Sent: Thursday, December 7, 2017 11:19 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

The Waiver is a "Band Aid" on solving the rising costs - 7% annually of health care, now at 18% of GDP verses 9% of GDP in the rest of the world, $3 Trillion of the USA GDP of $18 Trillion. The costs are driven by unrestricted price fixing nationwide with computers linked together in 8,000 hospitals and 2,000 health insurance and billing corporations. The cry of buying across state lines is nonsense. The Nationwide computer network monitor all services and prices "the market will bear". A 5 day snake bite treatment in California was $153,000. Two months later another snake bite was $150,000 in Georgia. Computers linked together are pushing costs up. The 9% difference of USA verses the rest of the world is $1.5 trillion which is outrageous profit affecting us all. The Waiver is a "gimmick" of the super majority in the Idaho legislature who refuse to take about $420 million annually to expand Medicaid for 78,000 Idahoans, 5,000 are Veterans and their families. The refusal to expand Medicaid like 30 other states is most likely due to the requirement that taxable income is the qualifier to receive a tax credit. With so many being paid in cash from business and others, low taxable income might raise questions to the administrators who authorize tax credits via ACA. A lot of misinformation is funneled via health insurance agents slamming ACA and people do not realize that the cheapest policy like a Bronze plan is minimum coverage with high deductibles with the super majority blaming ACA and corporate health care media that wants to return to the days of 800,000 medical bankruptcies for medical bills in 2008 with "junk insurance" policies that did not
pay the $10,000 a day hospital stay. The mandate came from the super majority party in the 18 months before ACA was passed. The super majority seems to justify turning down $420 million a year but those making that decision, many in the AG business have no problem taking millions of dollars annually from the Federal Government FDA not to grow crops, along with Federal money for roads and bridges, The taxable income reporting is the main issue. If it was not a requirement to receive ACA expansion of Medicaid, the non sense of the Waiver scheme would not be the band aid that is really not an answer to solve health care costs. At a forum at a well known doctor in Pocatello in March, one of the candidates for Governor said "We can make a lot of Money with an Idaho health care program" aka gimmick. The question that came to my mind is "where is the money that will make him and others lots of money going to come from.....easy answer...us" and risk of bankruptcy, assets long in families like farms and land transferred to "those with inside information to family stress of medical bills". Taking the $420 million that has been on the table since 2014 should be not an option, then do whatever the super majority wants, with gimmicks like Wavers.

Sincerely,

Mike Saville

From: Mary Bostick
Sent: Thursday, December 7, 2017 9:27 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I commend the Idaho Department of Health & Welfare for continuing to work on a solution to narrow Idaho's coverage gap and increase access to affordable health insurance coverage.
These proposals are a first step, I expect continued efforts towards a complete solution to the coverage gap.
The proposal does not address deficiencies in Idaho's behavioral health system.
Further, I request a public outreach campaign to ensure maximum enrollment for newly eligible Idahoans, and that the Idaho Department of Health & Welfare prepare an alternative proposal to close Idaho's coverage gap, in the event that this proposal does not receive federal approval.

Sincerely,

Mary Bostick

From: Thomas Neale
Sent: Thursday, December 7, 2017 10:07 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Public Notice

The country of Costa Rica provides health care to all of its citizens. A doctor or nurse visits each and every citizen once a year to check on their health. Their people are healthy and happy. Prevention is a key factor in keeping their health costs under control. The more we can do to provide health care for Idahoans the more we will do to keep our medical costs down, keep our citizens healthier and happier. If a country like Costa Rica can do it, why can't Idaho? Please do what we can to take care of our citizens. Thank You, Thomas Neale

From: Janet Abromeit
Sent: Friday, December 8, 2017 10:28 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan
Dear Division of Medicaid Brock,

I would like to commend the IDHW for continuing to work on a solution to narrow ID coverage gap and increase access to affordable health insurance coverage. These proposals are a first set, however, there must be continued efforts towards a complete solution the coverage gap.

I want to strongly urge IDHW to prepare an alternative proposal to close ID coverage gap, in the event that this proposal does not receive federal approval. The proposal does not address the major deficiencies in ID behavioral health system. I would like to also urge a public outreach campaign to ensure maximum enrollment for newly eligible Idahoans.

Sincerely,

Janet Abromeit

From: Anonymous
Sent: Friday, December 8, 2017 8:01 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>; Clffh@sd381.k12.id.us
Subject: Public Notice

The two waivers that were discussed at the Pocatello meeting, 1115 and 1332, is a good step in closing part of the gap of uninsured individuals along with offering insurance plans that will entice uninsured individuals to purchase affordable insurance plans. I applaud the work and efforts of the committee in developing a comprehensive Idaho Health Plan to present to the federal government. I strongly believe that the plan that was presented utilizes the tools provided; i.e. ACA, 1115 and 1332 waivers, Medicaid, etc... has met the goal of the committee. I am concern that the Idaho Health Plan is relying on the federal government in covering the cost to make the gap smaller in Idaho is based upon shaky assumptions and promises from the current administration. My question regarding my concern, “Is our representatives in Congress backing the efforts of our State?” And are willing to study Idaho Health Plan to ensure that actions being taken by Congress does not undermine our efforts as a State in addressing the needs of our citizens. I am in hopes that this first step in closing the gap in Idaho will be accepted by the federal government to enable our State to move forward in addressing other priorities regarding Children Health Insurance Program that covers 39,000 children in the State of Idaho along with Mental Health. Thank you.

From: Karen Robison, Pharm D
Sent: Saturday, December 9, 2017 3:50 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I commend the Idaho Department of Health and Welfare for its continuing work on a solution to narrow Idaho’s coverage gap. I believe their proposal is a first step in this process. I would like the public to have full access to all written comments and what are the expected costs to Idaho taxpayers. It is extremely important that individuals with incomes below the poverty level that enroll for plans on the Your Health Exchange have affordable coverage options. We must include mental illness and complex medical conditions coverage. I have been a health care provider in the state of Idaho for over 20 years. I see on a daily basis what happens to people who are left behind when it comes to health care. They are a financial burden on the entire system. Taking care of our citizens improves our workforce, the mental and physical health of our communities, and represents our American values. If this doesn’t pass, then an alternate plan will need to be discussed. Doing nothing is not an option.

Sincerely,
From: Anonymous  
Sent: Saturday, December 9, 2017 11:00 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Public Notice

Both my husband and daughter will lose insurance in 2018 because they'll be in the gap. They both take medications for mental health issues. I'm currently paying $350 a month for my daughter because she lost her job after a break down. That put us in the gap. I can't afford to do that anymore.

From: Anonymous  
Sent: Sunday, December 10, 2017 8:29 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>; jockboy@cableone.net  
Subject: Public Notice

In the name of basic humanity, I want to see the State of Idaho do everything it can to include the 5000 people with complex medical needs under medicaid. It is my understanding that all that needs to be done is for Idaho to accept Medicaid funds from the federal government. And in the past, accepting Medicaid funds has been refused because of a political point of view. I consider this a travesty.

From: Melissa Green  
Sent: Monday, December 11, 2017 8:44 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I propose that all Americans have the same health care as our Senators who work for all the people of the United States of America.

Sincerely,

Melissa Green

From: Cliff Elliott, B.  
Sent: Monday, December 11, 2017 4:22 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Comment on the Idaho Health Care Plan

Dear Division of Medicaid Brock,

Although the Idaho Health Care Plan is a good start, I still think it needs improvement in several areas: It needs a lot of work to fix the abysmal deficiencies in Idaho's behavioral health care. I have seen, first hand, how people with none, or poor health insurance are treated by Idaho's mental health system. They are typically referred to the bottom of the barrel of counselors, some of whom have not even finished their bachelor degrees in psychology. Apparently that is because people with great health insurance typically are referred to the best, most experienced counselors, while the
poor and disabled get the dregs. Obviously, this inequality exists because Idaho doesn’t want to spend money on mental health.

Another problem will be to get the word out to those people that are the most needy. Press releases to the media would help, but some of the sickest and poorest people don’t even have a place to live, let alone a television or radio. What is needed there is a campaign that will inform these people of these opportunities to receive health care. It might involve person-to-person contact, for instance, where volunteers would go to shelters and rescue missions and talk to the residents, and put up posters at the shelters that would explain how these people can access these health care services. This is just one way needy people could be contacted. At any rate, Health and Welfare should have an alternative plan ready, if the federal government rejects this proposal.

I thank the Dept. of Health and Welfare for taking this step, which is long overdue, and I hope we can convince our legislators to get behind this proposal, and institute it.

Thank you,
Clifford Elliott
Boise, ID

Sincerely,

Cliff Elliott B.

From: Frank Monasterio
Sent: Monday, December 11, 2017 1:14 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Idaho Health Care Plan

Departmental Staff:

Please accept the attached comment on the Idaho Health Care Plan Waivers. The comment contains my complete contact information.

Thank you!

--Frank Monasterio
Mountain Home, Idaho

To: The Idaho Department of Health and Welfare
The Idaho Department of Insurance

From: Frank C. Monasterio
430 North 8th East
Mountain Home, Idaho 83647
Ph.: (208) 587-3278

Re: 1332 and 1115 Waiver Requests

Date: December 11, 2017

Thank you for your indispensable public service.

I’m Frank Monasterio from Mountain Home, Idaho and I support your applications to the appropriate federal agencies for a 1332 Waiver and a 1115 Waiver. Though these waivers are far from a complete solution, they constitute first steps. They would substantially increase the number of Idahoans who can obtain medical
treatment. They would also help stabilize the Idaho medical insurance marked by opening the Medicaid system to those who suffer from the most expensive and complex conditions.

I belong to the Society of St. Vincent de Paul. Our Society lives out Catholic Social Teaching, including the belief in the infinite dignity of each human person and his corresponding right to health care, as proclaimed by Pope Francis.

A major and distinctive part of our work involves visits to hard-working, struggling families in their homes when they call our helpline. We connect with them and see how we can offer support. And when we visit, we often find family members gravely limited and distressed because of their inability to afford the medical treatment. They may be unable to work or to fulfill the duties of parenthood because of an untreated medical disorder. Their cancers may go unattended until it is too late, or their mental illness be untreated because medicine is too costly. They may be dying due to a lack of timely treatment. And families facing huge medical bills spiral into destitution and may cease to function as a family.

I think of a woman—a single parent—I met on an afternoon home visit. She could not leave home to seek work because she could not pay for the asthma inhaler her doctor had prescribed. Because of this, the young woman lost her freedom and self-sufficiency. And her otherwise manageable asthma remained life-threatening, possibly resulting in expensive emergency-room visits. Further, my work on our local school board teaches the importance of parental health to children’s school performance.

Further, I urge you to include the following improvements to your requests: First, I urge you to expand further the coverage for treatment of mental disorders beyond schizophrenia. Conditions like bipolar disorder, major depression, and generalized anxiety disorder—left untreated—can prevent the exercise of personal responsibility as thoroughly as any organic disorder. Second, experience shows us that programs people don’t know about do no good. The Departments need to build in a substantial campaign to notify people of their eligibility. Third, I ask that all agencies involved take care that insurance plans be affordable to those living below the poverty line.

Finally, I urge the Idaho Department of Health and Welfare to prepare a backup proposal for diminishing Idaho’s medical coverage gap should federal officials deny their request.

Thank you!

From: Van Scovill  
Sent: Monday, December 11, 2017 3:33 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Idaho Health Care Plan

There is a catastrophic failure in mental health care in Idaho. I encourage including funding in the Idaho Health Care Plan for Behavior Health Care. Recent studies indicate that mentally ill individuals in Idaho are over 70 percent more likely to end up in jail rather than receive mental health care. The legal system does not ensure that necessary medications and treatment are provided, rather medication and treatment are specifically withheld in jail. I encourage a system where the mentally ill are funneled to medical care where they can receive treatment and counseling. I encourage a system where Idaho jails are required to evaluate anyone suspected or known to have mental health concerns, and immediately refer such individual to medical treatment facilities. Of course funding for such actions will be necessary. A cost benefits study should be conducted to determine the cost of arresting and processing mentally ill individuals through the legal system, to include recidivism rates, rather than medical treatment.

Thanks you for your consideration,  
Van Scovill

From: Anonymous
The Hemophilia Foundation does not agree with the waiver. Many of our members are on Medicaid and count on it to purchase the medicine that keeps their blood from non-stop bleeding. This medicine, called factor, is very expensive — running $300,000 to $1M per patient per year. Any special "fund" that is going to be put together would not be able to cover their needs for very long. We ask that the waiver not be put in place.

From: James Baugh
Sent: Monday, December 11, 2017 4:18 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Supplemental comments of DRI on the 1115 Waiver Application
DisAbility Rights Idaho Comments on Idaho’s Application for §1115 Waiver for Complex Medical Conditions -Supplemental

We have previously submitted comments on this application. We are submitting this supplemental comment to address an issue not included in our previous comment.

In order for the combined waiver proposals to have the desired effect on individual insurance exchange costs and premiums, at least some of the people with complex medical conditions (CMC) who are currently covered by the exchange must be motivated to switch from the private insurance market to Medicaid. There are several incentives for doing so, such as, no deductible or co-pay and better prescription drug coverage. One of the most important incentives is access to long term services and supports (LTSS) such as HCBS services under the §1915(c) waivers.

However, if cost sharing rules apply, recipients may be required to contribute all of their income above the level of the Personal Needs Allowance (PNA) currently set at 180% of SSI or about $1323/month. Many people living at 300 or 400% of FPL would not be able to buy food and make their mortgage payments on this level of PNA, and their contribution would be very large.

I am unable to determine what the post eligibility treatment of income will be for people in this waiver. If the 3% of income premium payment is their only share of cost, as the application suggests, then there would be no disincentive. If people who seek services under the HCBS waivers are also assessed a share of cost which reduces them to the level of the PNA, it could be a serious disincentive to moving from an insurance exchange policy to Medicaid.
From: Linda Richardson  
Sent: Tuesday, December 12, 2017 2:05 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>;  
Subject: Public Notice

I am a 65 year old citizen of Idaho and the United States. I’ve been covered by Idaho Medicaid, the enhanced plan, since 2010 when I sustained cervical spinal damage requiring surgical fusion that forced us to liquidate whatever we had to pay. I’ve read your Draft Complex Medical Needs Waiver Application. If I understand it right, a person like myself, with 50 years of Type 1 Diabetes (some complications), Graves Disease and Psoriatic Arthritis, also some residual C4-C5 spinal damage that affects my balance and coordination (though I can still walk and do things, if slowly) - Someone like me would qualify for this Waiver, even if they weren't completely destitute. Bless your souls!! Since I turned 65 in September, I was forced to go on Medicare as my primary coverage with Medicaid backup. This has caused me to spend untold hours on the phone with medical equipment providers, my pharmacy, Medicare's Express Scripts, Idaho Medicaid, and my doctors, appealing denials of coverage for several of the multiple drugs and durable medical equipment that make my life both possible and livable. I learned that the medications and equipment that keep me alive would cost over $100,000./year if we had to pay for it over the counter. Whoa! That's many times what we live on as it is. I think of disabled people who are less grumpy and persistent than I, and wonder if they just give up and die, or what? -So unfair that people already struggling to get through their days are also tasked with battling the vicious maze that is American healthcare nowadays. Anyway, my comment on your plan is that if it will simplify access to complexly disabled people's medical requirements, I am FOR IT 1,000%! I am so very grateful to Idaho Medicaid, every day. I can still see, work in my vegetable garden, tend my house, walk my dog, fix dinner for my husband and enjoy my family. All because of Medicaid's help in providing the tools and medications required. So, THANK YOU!! And PASS THIS DRAFT 1115 WAIVER!! It is kind, and needed. Sincerely, Linda Richardson

From: Anonymous  
Sent: Wednesday, December 13, 2017 10:02 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>; jullpaul@yahoo.com  
Subject: Public Notice

After listening to the public presentations on the Idaho Health Care plan and doing further research, I strongly support the proposal to address the healthcare coverage gap. The coverage gap has been a central focus of policy discussions in the Idaho Legislature for years. The workgroups appointed by the governor have clarified the issues to be addressed: At least 52,000 Idahoans don't qualify for Medicaid and cannot afford health insurance, ending up in emergency rooms costing us even more as tax payers. The 1115 waiver combined with the 1332 waiver will cover the gap and provide funds to pay for it. While I still support full Medicaid expansion for Idahoans, this is a step in the right direction. An eventual goal should be a one party payer system.

From: Anonymous  
Sent: Wednesday, December 13, 2017 8:36 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>; kytietyner@gmail.com  
Subject: Public Notice

I support the Idaho Health Plan which includes Waiver 1332 and Waiver 1115. I support this attempt to increase health care coverage for more Idahoans. This is a step in the right direction, although I would prefer full Medicaid coverage. It seems like a more simple and economical solution.

From: Corey Surber, MHS  
Sent: Wednesday, December 13, 2017 12:26 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Saint Alphonsus Health System Comments on Idaho Health Care Plan

Dear Division of Medicaid Brock,

Saint Alphonsus wishes to thank both the Idaho Department of Health & Welfare and the Idaho Department of Insurance for their diligent work to develop a solution to address Idaho’s coverage gap, and increase access to affordable health insurance coverage for Idahoans.

We are encouraged by the innovative and collaborative policy development process that has taken place, and DHW’s openness to feedback and suggestions for improvement. We appreciate and support these proposals moving forward as an important first step in addressing Idaho delivery system gaps; however we raise several concerns that should be taken into consideration as this proposal continues to be refined:

- **Budget Neutrality:** Being mindful of whether CMS will allow budget neutrality to be achieved by the two waivers working together in concert, or whether they will hold to their previous requirement of budget neutrality for each waiver independent of the other.

- **Behavioral Health:** The waiver does not address current deficiencies in Idaho’s behavioral healthcare system, and leaves patients with serious mental illness without adequate care while other serious medical conditions remain addressed within the current list of complex medical conditions.

- **Managed Care Experience:** Given Idaho Medicaid’s limited experience in managed care, extra care should be taken to ensure patients with medically complex conditions are provided well-coordinated, comprehensive care with a network adequate to ensure their health needs are fully met.

- **Data Transparency.** The state has offered a number of projections on the cost and coverage implications of the waivers. However, greater transparency and a better understanding of the assumptions underlying the data would be beneficial to fully evaluate the impacts of the dual waiver approach. In addition, stakeholders may be able to offer additional data or suggestions to ensure estimates of cost and coverage impacts are as accurate as possible. Lastly, data on those with chronic and complex illnesses that would move into Medicaid is especially critical to assess the impacts of the waiver on these populations.

- **Provider Role/Assumption of Risk.** As a large national health system, our parent system Trinity Health understands the challenges of managing care for those with chronic and complex conditions. It will be important for any waiver to ensure that providers are equipped to manage the care of beneficiaries with chronic and complex conditions across settings – and to assume appropriate levels of risk. In particular, provider networks must be robust to meet the needs of those with chronic and complex needs and to manage any associated risks.

- **New Exchange Population.** It will be important to ensure that individuals below 100% FPL that would gain Marketplace coverage under this plan could both afford premiums and access necessary care given the additional cost-sharing for individual and families relative to Medicaid.

- **Timeline.** While there are additional steps to clear in gaining waiver approval, a clear and feasible timeline is essential for success. Implementation should allow sufficient time for the development of a strong managed care infrastructure, education and outreach to providers, and education to beneficiaries on changes in coverage and care.

Our policy card on Safeguards for Medicaid Reform outlines more fully our policy recommendations relative to this proposal, and outlines our support for utilizing state waivers: [https://cengage.com/trinityhealth/file/cfQR7CyxueV/Medicaid%20Reform%20Safeguards%20Policy%20Card.pdf](https://cengage.com/trinityhealth/file/cfQR7CyxueV/Medicaid%20Reform%20Safeguards%20Policy%20Card.pdf)

Section 1115 Waivers are a Preferred Tool for State Innovation, because they:

- Are a proven mechanism for testing innovation in the Medicaid program.
Allow states to approach innovation in ways that reflect their unique values and politics. For example, Indiana's HIP 2.0 waiver allows enrollees who contribute to a health savings account (HSA) to access benefits not otherwise available, including dental and vision. It also waives the requirement for non-emergent medical transportation.

- Provide state flexibility without unreasonable downside risk (unlike block grants and per capita allotments).
- Can move forward immediately, no need to wait for Congressional action.

Saint Alphonsus supports efforts that will extend meaningful coverage to as many Idahoans as possible, with as many safeguards as possible. We hope our comments are helpful as DHW refines the dual waiver proposals, and we stand ready to assist and provide feedback as the process moves forward. Thank you for the opportunity to submit comments and participate in this important process.

Respectfully,

Corey Surber, Director of State Advocacy Saint Alphonsus/Trinity Health
(208)367-7078
corey.surber@saintalphonsus.org

Sincerely,

Corey Surber

From: Anonymous
Sent: Thursday, December 14, 2017 9:44 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>; cmerritt@boisechamber.org
Subject: Public Notice

The Boise Metro Chamber of Commerce supports the Dual Waiver concept, also known as the Idaho Healthcare Plan. This plan is a first step in providing health insurance for Idaho’s citizens who fall into the gap population. The plan also aims to reduce the cost of premiums for those in the individual market. This position is in line with the Chamber’s long-term interest in advocating for affordable healthcare solutions.

From: Katherine Daly
Sent: Thursday, December 14, 2017 4:32 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>; capdaly@hotmail.com
Subject: Public Notice

I attended the December 7th information session, and the December 8th public hearing in Pocatello last week. Both gatherings helped me glean a little more understanding of this very complex issue. I'd like to offer my support for both waiver 1115 and waiver 1332, and I applaud the work you've done in looking for ways to extend coverage to a much needed population in Idaho. Thank you. Sincerely, Katherine Daly

From: Roger Turner
Sent: Thursday, December 14, 2017 11:03 AM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>; rogarst@gmail.com
Subject: Public Notice

I support Medicaid Expansion! in Idaho. However if this cannot be passed, then i support the Idaho Health Plan. This includes my support for the 1115 waiver and the 1332 waiver. I support these two waivers in order to increase the health care coverage for more Idahoans. Thank-you Roger Turner
From: Luke Cavener  
Sent: Friday, December 15, 2017 9:30 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: ACSCAN Idaho Comments on Idaho Combined Waiver  

Good morning,

Please see the attached letter containing comments on the proposed Idaho Combined 1332 and 1115 Waiver Proposal. Thank you for taking ACSCAN's comments and feedback into consideration.

Best,
Luke Cavener

Luke Cavener | Idaho Government Relations Director  
American Cancer Society Cancer Action Network, Inc.  
2676 Vista Ave.  
Boise, ID 83705  
acscan.org  

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December 15, 2017

Dean Cameron
Director
Idaho Department of Insurance
P.O. Box 83720
Boise, ID 83720-0043

Matt Wimmer
Administrator
Division of Medicaid
Idaho Department of Health and Welfare
P. O. Box 83720
Boise, ID 83720-0009

Re: Idaho Combined 1332 and 1115 Waiver Proposals

Dear Commissioner Cameron and Administrator Wimmer:

The American Cancer Society Cancer Action Network (ACS CAN) Idaho appreciates the opportunity to comment on Idaho’s proposed joint Section 1332 and 1115 waiver applications. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation’s leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

Access to health care is paramount for persons with cancer and survivors. An estimated 7,310 Idahoans are expected to be diagnosed with cancer this year and an estimated 70,970 Idahoans are cancer survivors.\(^1\) For these Idahoans, access to affordable health insurance can be a matter of life or death. Research from the American Cancer Society has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.\(^2\)

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. We also support state flexibility and efforts to improve eligibility, quality, efficiency, and effectiveness in Medicaid through innovative approaches. States that expanded their Medicaid program have seen significantly greater gains in coverage compared to those that have not expanded their programs.\(^3,4\) Additionally, states that have expanded Medicaid coverage have seen a trend towards early-stage diagnosis for select cancers\(^5\) as well as increased smoking cessation among low-income...

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expansion adults\textsuperscript{6} due to improved access to preventive health care services and evidence-based smoking cessation services. We share your concern that thousands of Idahoans currently lack access to comprehensive coverage, in part because the state has not expanded the Medicaid program. We believe that the proposed joint waivers seek to address this issue, but unfortunately fall short of expanding coverage to all low-income Idahoans.

As discussed in more detail below, we have a number of questions and concerns with the proposed waivers – both as individual waivers as well as the policy issues that may arise with simultaneous implementation of the waivers. We strongly urge the State to work with Idaho stakeholders to address these issues before proceeding with federal approval of the waivers. As a precursor to potential future discussions, we offer the following detailed comments:

Comments on the Joint Waiver Proposals

Under the proposed 1332 and 1115 waivers, individuals whose income is between 138 percent to 400 percent of the federal poverty level (FPL) who otherwise would qualify for advanced premium tax credits (APTCs)\textsuperscript{7} and have one of the identified hierarchical condition categories (HCC) categories listed in the 1115 waiver application would move from the marketplace to the Medicaid program. This proposal raises a number of questions:

\textit{Required vs. optional policy:} It is not clear whether individuals who meet the HCC would be "strongly encouraged" to move to the Medicaid program (either through financial or other incentives) or whether they would be required to move to the Medicaid program from the Marketplace. It is also unclear whether individuals could choose to remain in the Marketplace and forego access to APTCs or whether they would be denied that option outright. We urge the State to clarify its intent.

\textit{Moving Between Coverage:} The proposed waivers are not clear on what happens if an individual is diagnosed with one or more HCCs during the middle of the plan year. For example, would the individual be permitted to remain in the marketplace plan (and continue to be entitled to receive the APTCs) or would the individual be immediately moved into the Medicaid program upon diagnosis of one of the HCCs?

If the diagnosis of one or more of the HCCs becomes a triggering event that requires the individual to move to the Medicaid program, such policy raises a number of questions. It is not clear how the State will be alerted to the fact that the individual has received a diagnosis of one or more of the HCCs. Will the marketplace plan be required to conduct routine chart reviews to determine whether a diagnosis has been made? Will participating providers be required to notify the state if an enrollee is diagnosed with one or more HCCs? If so, how will the provider know whether the individual qualifies for an APTC or whether they are enrolled in a marketplace plan without qualifying for any tax credits. This requirement seems overly burdensome on the marketplace plan, and indeed, is not a requirement imposed on any marketplace plan offered in any other state.

\textsuperscript{6} Konrad JW, Donohue JM, Barry CL, Huskamp HA, Jarlenski M. Medicaid coverage expansions and cigarette smoking cessation among low-income adults. \textit{Med Care.} 2017; 55: 1023-29.

\textsuperscript{7} For purposes of this comment letter, unless otherwise stated references to "APTCs" are presumed to include individuals who also meet the eligibility requirements to obtain CSRs, which are available to individuals whose income is between 100 percent and 250 percent of FPL.
Continuity of Care Issues: Cancer patients undergoing an active course of treatment for a life-threatening health condition, such as cancer, need uninterrupted access to the providers and facilities from whom they receive treatment. Disruptions in primary cancer treatment care, as well as longer-term adjuvant therapy, such as hormone therapy, can result in negative health outcomes.

It is unclear from the waivers, how the State intends to ensure that individuals transitioning from one type of insurance coverage to another can continue to see their health care provider if medically necessary. Failure to consider the care delivery and/or treatment regimen of patients, especially those individuals managing a complex, chronic condition like cancer, could have devastating effects on patients, their families, and providers.

We strongly urge the State to add additional continuity of care provisions that would minimize disruptions in coverage and care for individuals in active treatment for life-threatening illnesses, such as cancer. We urge the State to establish a clearly defined process through which enrollees being transitioned to either the marketplace or Medicaid can inform the Department that they are in active treatment, allowing them to maintain their cancer care treatment regimen and continue to see their providers through the same health care systems through the end of their treatment. This will ensure that the Department’s goal of establishing “consistent and reliable coverage” is met.

New Enrollees: It is unclear from the waivers whether a new enrollee (one who previously had private insurance and did not receive coverage under a marketplace plan) and who has one or more HCCs — but who is no longer in active treatment for the condition — would be required to enroll in coverage in the Medicaid program (and be denied access to coverage in the marketplace). For example, if an individual lived in another state and received successful treatment for lung cancer, it is not clear whether the previous diagnosis of lung cancer would preclude the individual from enrolling in the Marketplace or whether the pre-existing condition would require the individual to enroll in Medicaid.

We note that due to advancements in lung and brain cancers, the long-term survival of these diseases has increased. In addition, advancements in pediatric oncology treatments have resulted in improvements in long-term mortality rates for childhood cancer. If a child successfully completes treatment for cancer, it is unclear whether the diagnosis will permanently exclude the individual from receiving APTCs in the marketplace.

Enrollee notification: Assuming that a diagnosis of one or more HCCs constitutes a triggering event that causes the individual to leave the marketplace plan and obtain coverage under the Medicaid program, it is unclear how the individual will be notified of the change in coverage. Neither waiver makes any mention of whether there is an affirmative requirement that the individual cease enrollment in the marketplace and subsequently affirmatively applies for coverage under the Medicaid program. It is hard to imagine how an individual would be made aware of these requirements, unless notified by the State. We would caution that if such policy were to be implemented (e.g., the individual was required to switch coverage) such notification should not be made to the individual in the form of notice of termination of APTCs. Such a policy would be overly burdensome because it remains unclear under the waivers where (and if) the individual would receive coverage during the adjudication of an appeal.

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denial of coverage during the adjudication of an appeal could raise a number of federal due process requirements.

Family coverage: Both waivers are silent on what happens in cases where one or more of the members of a family who have obtained family coverage in the marketplace and receive APTCs are diagnosed with one or more of the HCCs during the plan year. Conceivably the individual(s) who have one or more of the HCCs would be required to obtain coverage under the Medicaid program. However, were this policy to be implemented, it changes the coverage for the other family members who could remain in marketplace and receive APTCs. For example, if a family is enrolled in coverage that counts all enrollee’s costs towards the family deductible, then removing a high-cost family member will have financial ramifications for the family members who remain covered under the marketplace plan (i.e., they may have a harder time meeting their combined deductible).

Remaining uninsured: It is not clear from the combined waivers whether the waivers intend to provide universal coverage for all Idahoans or whether specific populations may still remain uninsured under this waiver. Table 4 (below) clearly indicates that if the state simply expanded its Medicaid program 186,000 individuals under 400 percent FPL would receive coverage through the expansion or Marketplace APTCs/CSR, whereas under the proposed joint waivers, only 109,000 individuals under 400 percent FPL would receive coverage:

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Status Quo</th>
<th>Medicaid Expansion</th>
<th>1332/1115 Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100% FPL</td>
<td>0</td>
<td>79,000</td>
<td>22,000</td>
</tr>
<tr>
<td>100% to 138% FPL</td>
<td>21,000</td>
<td>40,000</td>
<td>21,000</td>
</tr>
<tr>
<td>139% to 400% FPL</td>
<td>67,000</td>
<td>67,000</td>
<td>66,000</td>
</tr>
<tr>
<td>Total</td>
<td>88,000</td>
<td>186,000</td>
<td>109,000</td>
</tr>
</tbody>
</table>

From this table, 77,000 Idahoans would still be without coverage under the combined waivers (relative to a traditional Medicaid expansion).

We strongly urge Idaho to provide additional information on the populations of individuals who may remain without health insurance coverage under these waivers. For example, it appears from the information provided in the 1332 waiver, that 78,000 Idahoans currently lack health coverage due to the fact that the State did not expand its Medicaid program. At the same time, Table 3 estimates that 22,000 Idahoans would receive APTCs and CSR under the 1332 waiver proposals.

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10 Page 2 of the 1332 waiver application states that “Idaho estimates that 78,000 Idaho residents have incomes under 100% FPL and are without health coverage.” Page 5 of the same document states that “Another 79,000 Idahoans with incomes under 100% FPL would also gain eligibility through the Medicaid expansion.”
Comments Specific to the Section 1332 Waiver

Amount of CSR Subsidy: Under federal law, individuals between 100 percent and 250 percent of FPL qualify for cost-sharing reduction subsidies, depending on the person's income. Idaho seeks to waive this requirement to extend CSRs to individuals below 100 percent of the FPL. While we applaud the State for seeking a creative solution to provide coverage to individuals below 100 percent FPL, it is not clear from the waiver how much subsidy will be provided to individuals below 100 percent FPL.

The CSRs were designed by Congress for individuals whose income is between 100 to 250 percent FPL. Extending CSRs to some individuals below 100 percent FPL will help some qualifying individuals afford coverage. However, it is not clear whether under the waiver the state intends to provide a greater subsidy for individuals under 100 percent FPL. For example, a childless adult at 50 percent FPL would pay a greater share of his/her income for coverage under the waiver than an individual at 100 percent FPL. We are concerned that lower-income individuals—the very people to whom this waiver is intending to extend coverage—may still not be able to afford coverage even under the waiver. We do not believe this is the State's intent and ask for further clarification on how to ensure that low-income individuals can afford coverage under the waivers.

Work Requirements Unclear: Throughout the 1332 waiver, references are made to “working Idaho households.” It is unclear whether this is a term of art intended to refer to Idahoans who do not meet eligibility for other coverage (e.g., coverage under the Children’s Health Insurance Program (CHIP)) or whether Idaho is intending to impose a work requirement, as other states have sought to do under their 1115 waiver demonstration authority.

We would be concerned that proposing any type of work requirement as a condition of eligibility for Idahoans to maintain their health care could adversely impact the most vulnerable Idaho residents, particularly low-income cancer patients and survivors. A work requirement as a condition of eligibility could severely limit eligibility and access to care for low-income Idaho residents managing complex chronic conditions, including cancer patients and recent survivors. While we understand the intent of a work requirement is to further encourage employment, many cancer patients in active treatment are often unable to work for periods of time or require significant work modifications due to their treatment.\textsuperscript{11,12,13} Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the treatment.\textsuperscript{14} If this requirement is included as a condition of eligibility for coverage, many cancer patients could find they are ineligible for the lifesaving cancer treatment services provided through their Marketplace insurance plan or the Medicaid program.

If it is the Departments' intent to include a work requirement as a condition of eligibility, we urge the Departments to utilize the federal medically frail designation (42 CFR §440.315(f)) that would exempt individuals with serious, complex medical conditions from the proposed work requirement – particularly those with cancer and recent survivors. With respect to cancer, the definition of medically frail should explicitly include individuals who are currently undergoing active cancer treatment – including chemotherapy, radiation, immunotherapy, and/or related surgical procedures – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

*High-Risk Pool: The 1332 waiver makes several references to the Idaho Individual High Risk Pool (IIHRP), however the application provides little information regarding how this program will be utilized. We urge the State to provide further clarification. One can assume from the application that the IIHRP will be utilized as an “invisible” high-risk pool, which is more akin to a reinsurance program rather than a high-risk pool that requires individuals with certain conditions to obtain coverage only through the high-risk pool. We strongly urge the State to utilize an IIHRP more akin to a reinsurance program. Similar programs adopted in other states have been shown to prove successful in reducing premiums and adding some stability to the market.*

*Federal Budget Neutrality: The 1332 waiver states that proposed policies will be budget neutral to the federal government. The application also notes that the State is currently working on actuarial certifications, which it intends to submit to CMS as part of its final application in January 2018. While we are pleased the proposed waiver is anticipated to meet the budget neutrality requirement, we are disappointed that such actuarial analysis was not included as part of the proposal that was made available for stakeholder input.*

We strongly urge the State to make the actuarial analysis available for public review and comment before a federal application is sought. Not only will this ensure compliance with the federal requirements – which require a public notice and comment period for the complete application – but it will also allow stakeholders the opportunity to review the actuarial analysis to determine its impact. Without this analysis stakeholders are not made aware of whether the federal requirement has been met. If the federal budget neutrality requirement is not met, it is not clear whether the State intends to make other changes – such as reducing eligibility or benefits and/or increasing premiums and cost-sharing – to ensure compliance with the budget neutrality requirement. Were such changes proposed, given that they would significantly impact that overall scope of the waiver, we would strongly urge the State to resubmit the application for public review and comment at the state level before submitting an application for federal approval.
Comments Specific to the Section 1115 Demonstration

Hierarchical Condition Categories: Under the 1115 waiver, individuals who meet certain eligibility criteria\(^{15}\) and who have one of the hierarchical condition categories (HCC) laid out in the waiver application will be eligible for a new category of Medicaid eligibility, referred to as “Medically Complex Individuals.” We note that some, but not all cancer types are included in the HCC categories. Neither the 1332 waiver nor the 1115 waiver offers any evidence or justification for how they chose the 24 HCC categories. We ask for clarification on how and why the Idaho Department of Health & Welfare chose these categories.

We note that earlier versions of the 1115 waiver contained fewer HCCs than the application dated November 22nd. We ask that the state provide additional information on why new HCCs were included and whether the State intends to make any additional HCCs should it choose to file a federal application. We also ask that the Department provide information on the process they would utilize to add any future changes to the list of HCCs.

Network Adequacy: Idaho’s 1115 waiver states that the managed care provider networks currently in place will be utilized. However, according to the Health Resources & Services Administration (HRSA),\(^{16}\) the 2016 Idaho Primary Care Needs Assessment,\(^{17}\) and Get Healthy Idaho publication from the Idaho Department of Health & Welfare,\(^{18}\) Idaho appears to have provider shortages throughout the state. We request clarification from the Department on how they will ensure the greatest possible provider participation in the Medicaid program to ensure that the additional 5,000 Medically Complex Individual enrollees they expect to add to the program will have adequate network coverage of their complex medical needs.

We note that qualified health plans (QHPs) in the marketplace are required to adhere to certain network adequacy requirements. We fear that moving individuals from marketplace coverage into the Medicaid program may limit an individual’s ability to access a medically necessary provider. To the extent that plan networks may be limited in the Medicaid program, particularly if due to the provider shortages in the State, we urge the State to consider allowing individuals to remain in the marketplace (with access to APTCs) in order to ensure they can continue to have access to the providers needed for their care.

\(^{15}\) Under the waiver, individuals would be deemed eligible for the new Medicaid eligibility category if they (1) are under the age of 64 years of age; (2) are not otherwise eligible for Medicaid; (3) do not have access to an affordable employer-sponsored plan; and (4) make up to 400 percent FPL.


Conclusion

We appreciate the opportunity to provide comments on Idaho’s proposed joint 1332 and 1115 demonstration waivers. In light of the comments raised above, we believe the current waiver should undergo a significant redraft before the proposal is submitted to HHS. We stand ready to work with you and other stakeholders to ensure that the proposed waivers are designed in a manner that ensures that consumers have access to the comprehensive coverage that meets their needs, both in the individual market and Medicaid program. If you have any questions, please feel free to contact me at Luke.Cavener@cancer.org or 208-695-4536.

Sincerely,

[Signature]

Luke Cavener
Government Relations Director
Idaho American Cancer Society Cancer Action Network
From: Heather Kimmel  
Sent: Friday, December 15, 2017 10:33 AM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: American Lung Association in Idaho Comments Regarding Idaho Health Care Plan

Good Morning,

The American Lung Association in Idaho appreciates the opportunity to submit comments on the Idaho Health Care Plan and the specific proposals within the 1115 and 1332 waivers.

Our comments are included in the attached document.

With best wishes,
Heather

Heather E. Kimmel  
Executive Director  
American Lung Association in Idaho  
1412 W. Idaho Street, Suite 100  
Boise, ID 83702  
(208) 345-2216 | heather.kimmel@lung.org

†AMERICAN LUNG ASSOCIATION  
IN IDAHO
December 15, 2017

Russell S. Barron
Director, Idaho Department of Health and Welfare
450 W. State Street
Boise, ID 83702

Re: Idaho Healthcare Plan (Draft Complex Medical Needs 1115 Waiver and 1332 Waiver)

Dear Mr. Barron:

The American Lung Association in Idaho appreciates the opportunity to submit comments on the Idaho Healthcare Plan and the specific proposals within the 1115 and 1332 waivers.

The American Lung Association is the oldest voluntary public health organization in the United States, representing 33 million Americans with lung disease including 237,000 million in Idaho. For patients with lung disease, such as asthma, COPD and lung cancer, having access to quality and affordable healthcare is essential. Quitting smoking is the single best thing a person can do for their health; however, without a health plan that covers tobacco cessation treatment this becomes a much more difficult feat.

In March of 2017 the Lung Association committed to a set of healthcare principles (see Appendix A). The principles state that any changes to the healthcare system must achieve healthcare that is affordable, accessible and adequate for patients. While the policies proposed in the 1115 and 1332 waivers would give some patients access to coverage, Idaho is missing an opportunity to close the coverage gap by not expanding Medicaid to 138 percent of the Federal Poverty Level (FPL). We are also concerned that as described, while more people may have access to coverage, the coverage for them and others would be inadequate.

Approximately 10 percent of Idaho’s residents are currently uninsured. The Lung Association in Idaho recognizes the importance of having access to quality and affordable healthcare. While this waiver proposal is an innovative first step to covering high-cost and high needs patients, there is more Idaho can and should do to ensure all Idahoans have quality, affordable healthcare. Additionally, there are significant concerns and questions raised by this proposal. The Lung Association in Idaho asks for clarity on the proposal prior to its submission to the Centers for Medicare and Medicaid Series.

1115 Waiver – Complex Medical Needs Waiver
The 1115 Complex Medical Needs waiver has identified a couple dozen medically complex conditions that would qualify patients up to 400 percent of the federal poverty level to enroll in Medicaid. This proposed policy will help these patients access life sustaining treatment. However, this cannot be a substitute for expanding Medicaid eligibility to residents up to 138 percent of the federal poverty level, in 2017 that would be about $16,642 for an individual. By expanding Medicaid, low-income residents in Idaho will have access to preventive medicine, including cancer
screenings and tobacco cessation treatment. Additionally, by expanding Medicaid, patients with lung diseases such as asthma or COPD will have access to treatment to manage their disease.

Medicaid expansion programs are required to cover all preventive services given an "A" or "B" grade by the United States Preventive Task Force (USPSTF). This includes both lung cancer screenings and tobacco cessation. Currently, Idaho's Medicaid program eligibility is limited. Only adults with dependent children making just over 20 percent of the federal poverty level (just under $300/month for a two-person household) qualify. Parents making more than that and childless adults do not qualify for the program and lack access to life-saving preventive services as well as basic healthcare.

Quitting smoking is the single best thing a person can do for their health. A recent study published by Medical Care found that expanding Medicaid leads to an empirical and significant increase in smoking cessation. Idaho currently has an adult smoking rate of 14.5 percent. Increasing the number of Idaho smokers who quit will help prevent smoking-related diseases, including those that would qualify patients for Medicaid under the Complex Medical Needs waiver.

Cancer screening detects the disease at an earlier stage, when they can be treated and there is a greater chance for survival. In 2011 the New England Journal of Medicine reported the results of the National Lung Screening Trial (NLST), a gold-standard clinical trial funded by the National Cancer Institute. The NLST tested the impact of giving high-risk patients a low-dose CT scan to screen for lung cancer. The results showed there was a significant reduction – 20 percent – in death from lung cancer in the low-dose CT scan population. Cancer screenings, including low-dose CT scans find cancers early, at a treatable stage saving lives. Without healthcare coverage, patients are unable to afford these preventive health measures.

The Lung Association in Idaho is also concerned about patients with chronic illness that does not rise to the level to be included in the complex medical needs conditions. Patients with COPD and asthma have chronic conditions that need regular medical treatment to be managed. In 2002, the then-Institute of Medicine (now National Academy of Medicine) published a report, "Care Without Coverage: Too Little Too Late," that found uninsured Americans do not receive enough healthcare, and they die sooner than their counterparts who have access to quality and affordable healthcare. By expanding Medicaid, patients could get the treatment they need to manage conditions and avoid the poorer outcomes that were reported over 15 years ago.

Under Idaho's proposal, patients would only be treated when sick, rather than using preventive medicine and proven screenings to reduce costs and save lives. The Lung Association in Idaho encourages state officials to explore expanding Medicaid to treat both the sick patients and prevent illness in healthy patients.

The Lung Association in Idaho is concerned and requests clarification on the impact this waiver will have on patients that survive, including cancer survivors and those in remission. The waiver is unclear if they are still eligible for the Medicaid program. It is important that this patient population receive regular screenings to ensure their cancer has not returned. The Lung Association in Idaho asks the Department to clarify this provision.
1332 Waiver
While the 1332 proposal seeks to expand coverage for the low-income population in the state by providing APTCs and reduced cost plans through the cost-sharing reductions (CSRs). The American Lung Association in Idaho is concerned the proposal will not provide coverage that is affordable for all Idahoans. This waiver cannot be a substitute for expanding Medicaid as it will leave many Idahoans, including those with lung disease, uninsured or unable to afford cost-sharing, which creates a barrier to accessing care.

As discussed above, the Idaho Medicaid program's eligibility is very limited, covering very low-income parents and no childless adults. This population would be eligible for CSR plans that have an actuarial value (AV) of 94. One study found that plans with a 94 AV level had median deductibles of $125 and an out-of-pocket maximum of $650.9 Another report found 94 AV silver plans that even higher out-of-pocket costs, including $10 co-pays for hospital visits.9 While these plans may appear to be affordable, they are not affordable for a parent making $300 or $400 per month. If a person making that little has a chronic condition, such as asthma or COPD, it is unrealistic to assume that spending $10 to see a pulmonologist is affordable. Without affordable access to healthcare, many patients will remain uninsured and their diseases untreated—ultimately increasing the amount of uncompensated care.

While the 1332 waiver aims to reduce the number of Idahoans who are uninsured, it cannot be a substitute for expanding Medicaid. Table 4 in the 1332 Waiver proposal shows that if the state expanded Medicaid, an additional 98,000 people under 138 percent of the federal poverty level would have coverage. Under the dual waiver, only 22,000 people under 138 percent of the federal poverty level will have coverage. The Lung Association in Idaho encourages the Idaho Department of Health and Welfare to include Medicaid expansion in their proposal.

Other Considerations
The Lung Association in Idaho is concerned about the transition of care for patients who are diagnosed with a qualifying medically complex condition. The proposed waiver does not specify what happens if an individual is diagnosed with a qualifying medically complex condition, such as lung cancer, in the middle of a plan year. Does the diagnosis become a triggering event for the patient to move into the Medicaid program? What will that mean to their continuity of care? The Lung Association in Idaho would like to know how the state will identify such patients and how those patients will be notified. The Lung Association in Idaho also has significant concerns about how moving plans at the beginning of a diagnosis will impact patients care and how the state intends to maintain a continuity of care for the patients. And it is critical that patients have access to the care they need during the early stages of a diagnosis.

Finally, the Lung Association in Idaho is concerned about the lack of transparency in the development of the Idaho Healthcare Plan. There should be an open and transparent process in determining which diseases qualify for the medically complex condition qualification. Residents of Idaho should have an opportunity to provide feedback on which conditions qualify and should know why diseases were chosen.

The American Lung Association in Idaho is encouraged that the state is attempting to address the gap in healthcare coverage. However, before the state can move forward, it needs to clarify how the plan will be operationalized, including identifying patients and coverage for patients in remission. Additionally, the policies proposed cannot be a substitute for Medicaid expansion. We
urge the Department of Health and Welfare to include the expansion of Medicaid in the proposal 
prior to seeking federal approval. This will achieve our shared goal of reducing the uninsured and 
making sure all Idaho residents have access to quality and affordable healthcare.

Sincerely,

[Signature]

Heather Kimmel
Executive Director

CC: Dean Cameron
Director
Idaho Department of Insurance

Matt Wimmer
Administrator
Division of Medicaid
Idaho Department of Health and Welfare

1 Health Insurance Coverage of Nonelderly 0-64. (2017, September 19). Retrieved December 13, 2017, from 
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64/?currentTimeframe=0&sortModel=%7B%22sort%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D


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8 S. R. Collins, M. Gunja, and S. Beutel, How Will the Affordable Care Act's Cost-Sharing Reductions Affect Consumers' 

9 M. Rae, G. Claxton, and L. Levitt. Impact of Cost Sharing Reductions on Deductibles and Out-Of-Pocket Limits (Mar 22, 
and-out-of-pocket-limits/
Consensus Healthcare Reform Principles

Today, millions of individuals, including many with preexisting health conditions, can obtain affordable health care coverage. Any changes to current law should preserve coverage for these individuals, extend coverage to those who remain uninsured, and lower costs and improve quality for all.

In addition, any reform measure must support a health care system that provides affordable, accessible and adequate health care coverage and preserves the coverage provided to millions through Medicare and Medicaid. The basic elements of meaningful coverage are described below.

Health Insurance Must be Affordable – Affordable plans ensure patients are able to access needed care in a timely manner from an experienced provider without undue financial burden. Affordable coverage includes reasonable premiums and cost sharing (such as deductibles, copays and coinsurance) and limits on out-of-pocket expenses. Adequate financial assistance must be available for low-income Americans and individuals with preexisting conditions should not be subject to increased premium costs based on their disease or health status.
Health Insurance Must be Accessible — All people, regardless of employment status or geographic location, should be able to gain coverage without waiting periods through adequate open and special enrollment periods. Patient protections in current law should be retained, including prohibitions on preexisting condition exclusions, annual and lifetime limits, insurance policy rescissions, gender pricing and excessive premiums for older adults. Children should be allowed to remain on their parents’ health plans until age 26 and coverage through Medicare and Medicaid should not be jeopardized through excessive cost-shifting, funding cuts, or per capita caps or block granting.

Health Insurance Must be Adequate and Understandable — All plans should be required to cover a full range of needed health benefits with a comprehensive and stable network of providers and plan features. Guaranteed access to and prioritization of preventive services without cost-sharing should be preserved. Information regarding costs and coverage must be available, transparent, and understandable to the consumer prior to purchasing the plan.
From: Erin Bennett  
Sent: Friday, December 15, 2017 2:49 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: American Heart Association/ American Stroke Association 1115 Waiver Comments

Ms. Brock,

Please find attached the American Heart Association/ American Stroke Association comments on the proposed Idaho Health Care Plan 1115 and 1332 CMS Waiver Draft Applications. We appreciate your consideration of our feedback, and please feel free to reach out with additional questions or concerns.

Best,

Erin Bennett  
American Heart Association / American Stroke Association  
Government Relations Director  
Idaho Division  
Western States Affiliate  

350 N. 9th St. Suite 404  I  Boise, ID 83702  
www.heart.org  
www.heart.org/lifeiswhy

changing the world is why

American Heart Association  |  American Stroke Association
life is why
December 15, 2017

Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Dear Ms. Brock:

On behalf of the American Heart Association (AHA) and the American Stroke Association, I thank you for the opportunity to provide comments on the Idaho Department of Health and Welfare 1115 Demonstration Waiver for Complex Medical Needs (CMN) and the companion Idaho Department of Insurance 1332 Innovation Waiver applications.

The AHA represents over 100 million patients with cardiovascular disease (CVD), including many who rely on Medicaid as their primary source of health care. In fact, 28 percent of adults with Medicaid coverage have a history of cardiovascular disease. Medicaid plays a crucial role in the care of these individuals by providing critical access to prevention, treatment, disease management, and care coordination services. As the nation’s oldest and largest organization dedicated to fighting heart disease and stroke, we appreciate the intent of these waivers to simplify how Idahoans with complex health issues access healthcare and make affordable coverage available to more low-income residents of our state.

The association, however, also has concerns and questions about how the waivers would be operationalized and their impact on patients, particularly those with Congestive Heart Failure (CHF), a condition that has been identified in the waiver as a hierarchical condition category (HCC) included for demonstration. We also continue to have concern for those who will be left in the coverage gap despite these changes, and call on the Department to reconsider significant modifications to Medicaid that do not provide access to affordable coverage for all 78,000 Idahoans currently in the gap. In this letter, we will pose a number of questions about how these waivers would impact patients. We strongly urge the Departments to consider these questions before pursuing federal approval. We stand at the ready to partner with you to find an Idaho solution to our state’s ongoing healthcare needs.

1332 and 1115 Combined Waiver

Idaho is proposing a unique approach to address affordability and consistency in healthcare through dual waiver requests to modify its Medicaid program and state-run health insurance exchange, Your Health Idaho. Taken together, the waivers are intended to increase overall participation in the individual health insurance market; provide affordable coverage options to low income Idahoans, and decrease costs in the market by moving those with complex medical needs into the Medicaid program. While the AHA applauds the stated intent, we are concerned these proposals may not
meet these goals, and could instead create additional challenges for patients and regulators.

- Our first question hinges on the partnership between the two waivers. How will the state move forward if one is approved and the other is not? Can one standalone without the other and how would that impact consumers? For example, if the 1332 waiver is approved and the 1115 is not, how will that impact costs on the exchange?
- Related, the statutory requirements for a 1332 waiver includes state legislation permitting a state to seek the waiver. If the State Legislature fails to approve the Department’s plans in the upcoming Legislative Session, are there other options for proceeding with waivers, and are there specific legal requirements that would hinder the process?
- Can the Departments provide more explanation for the chosen HCC’s? We are concerned about coverage for those chosen conditions versus disorders that may not incur such expenses individually, but have higher populations that may be living without coverage. The wide variety of conditions and cost explanations, and evidence as to why they were chosen will help with stakeholder analysis.
- For Idahoans whose income is between 138-400% federal poverty level (FPL) and have a designated CMN, who would have qualified for APTC’s, would an option exist to keep their marketplace plan? We are particularly concerned about CHF patients who might be forced to move to a new plan. Often CHF occurs later in the disease process, when a patient has already spent ample time with a care team of nurses, doctors, pharmacists, and specialists. We worry that a move like this, in order to maintain affordable coverage, could create disruption and a lack of consistency in care.
- Similarly, would a Medicaid plan have the same coverage offerings and network adequacy requirements as a private plan? If not, how would they differ?
- Lastly, both waivers reference working citizens, but do not provide details about what the requirements for work will be, if there will be new means and asset testing, or how it will be implemented. We would request additional information be made about this provision before the state move forward with submitting the waivers.

Idaho Department of Insurance 1332 State Innovation Waiver
In order to make coverage affordable to more Idaho families, the 1332 waiver request seeks to extend assistance for covering the costs of healthcare, through an advanced premium tax credit (APTC) and cost sharing reductions (CSRs), to those making 100% or less or the (FPL). We are encouraged by this step in helping approximately 22,000 people afford coverage. However, the details of this plan leave us with a number of questions.

- The waiver application does not seem to detail the relationship between the Idaho Individual High Risk Pool and the 1115 waiver. Can more information about how this will be implemented from a consumer perspective be made available? And how will that information be distributed and available to consumers and stakeholders?
- Table 3 of the 1332 waiver application reflects no additional state investment for Medicaid, how is the state accounting for its share of additional Medicaid enrollees?
- Will an updated actuarial analysis be used for the budget neutrality discussion and be available for stakeholder review? We have deep concerns not being able to review the data at this time.

Idaho Department of Health and Welfare 1115 Complex Medical Needs Waiver
In order to make healthcare comprehensive and reliable for Idahoans with complex medical needs, the waiver request seeks to expand eligibility to children and adults with medically complex healthcare needs, whose household income is less than 400% FPL. Cardiovascular
diseases can be complex and costly, as such the Department has included patients with congestive heart failure in the list of conditions included in this demonstration. Our questions and comments on this waiver hinge on our representation and concern for the care those patients will receive.

- How will the move to Medicaid be implemented for those diagnosed with an HCC condition mid-year? Will they be moved upon diagnosis or at the end of the year? What will the notification process look like?
- Similarly, how will this move impact their family? Will the entire family be moved together to Medicaid or only the individual with an identified condition? How will that impact the purchasing of family plans and continuity of provider networks?
- The waiver includes premiums for these new Medicaid enrollees. How do these costs compare to the costs they would have seen with private market plans?
- For those Idahoans with very low incomes, what are the details about how hardship exemptions would be available? And how would their cost sharing requirements compare to traditional Medicaid eligibility?
- Will there be additional efforts to secure service providers based on additional enrollment on Medicaid, and how will those efforts be undertaken in rural areas with limited clinicians?

Closing the Coverage Gap through Medicaid

The connection between health insurance and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance, or are underinsured, have higher mortality rates\(^1\) and poorer blood pressure control than their insured counterparts.\(^2\) Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays\(^3\), and higher risk of death than similar patients covered by health insurance.\(^4\) Cardiovascular disease is also costly and burdensome to patients, their families and communities, and our system of care. Researchers examining the impact of the Affordable Care Act (ACA) in Arkansas, Kentucky, and Texas found improved health outcomes in Arkansas and Kentucky, which expanded Medicaid, compared to Texas, which did not.\(^5\)

Indeed, Medicaid expansion has been particularly beneficial for individuals with, or at risk of developing CVD. A 2016 study conducted by The George Washington University, found that adults who live in non-expansion states were at higher risk of CVD, or were more likely to have experienced acute CVD while also having lower rates of insurance coverage.\(^6\) Patients in non-expansion states may also have greater difficulties getting preventive, primary or acute care. It is also harder for the physicians treating these patients to collect insurance payments for their services – creating a disincentive for them to provide care to this population. This translates into significantly worse health outcomes for patients and a lost opportunity to stimulate cost-efficient care.

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In closing, as the Idaho Department of Health and Welfare considers their application, we would strongly encourage that the needs of all patient populations be at the forefront. As written, the waiver amendment lacks clarity and explanation for how these two waivers would work together to serve patients, particularly those with complex medical needs. Without further information and clarification, the proposed amendment could create more challenges for patients and providers. Given the number of questions, areas of clarification, and concerns outlined here, we would ask that the state reconsider submitting these waivers at this time and work with stakeholders to create a plan that will best serve all Idahoans health care needs and create a more cost efficient, affordable healthcare system in our state.

If you have any additional questions, please feel free to reach out to our organization at any time. We appreciate the opportunity to offer comments on this waiver request.

Sincerely,

Erin Bennett
Advocacy & Government Relations Director
AHA / ASA Idaho
Dear Cindy Brock,

The Cystic Fibrosis Foundation, along with clinical experts in the state of Idaho, respectfully submit the attached comments. Please consider us a resource going forward.

Best regards,

Stacey (Falardeau) Frisk
Senior State Policy Specialist
Cystic Fibrosis Foundation
240.200.3791
sfrisk@cff.org

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December 15, 2017

Matt Wimmer
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0009

Dear Mr. Wimmer:

Re: Idaho Health Plan 1115 and 1332 Proposal

The Cystic Fibrosis Foundation, which supports the research and development of cystic fibrosis (CF) therapies and represents people with CF in efforts to gain access to quality specialized health care, appreciates the opportunity to comment on Idaho’s request to create the Complex Medical Needs program.

CF is a life-threatening genetic disease that affects 218 people in Idaho and 30,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. However, thanks to recent advances in the development of treatments and a coordinated specialty care center network, people with CF are living longer, healthier lives than ever before. Medicaid plays an important role in ensuring access to the high-quality care and treatment people with CF need to stay healthy.

The CF Foundation applauds the state of Idaho for its efforts to create an affordable, quality source of health care coverage for people with complex, chronic conditions including cystic fibrosis. CFF supports the proposal to extend Medicaid eligibility to people with cystic fibrosis with incomes at or below 400 percent of the federal poverty level but asks that you carefully consider the following:

*Promote access to specialized cystic fibrosis care centers*
Within the 1115 component of the proposal, or any changes to the health care system in Idaho, it is imperative that people with CF have continued access to accredited care centers. These centers employ a multidisciplinary approach from professionals who specialize in the treatment of this multi-organ, chronic disease. A core team of physicians, social workers, respiratory therapists, nurses, and nutritionists provide a level of care that people with CF cannot get anywhere else. The CF Foundation’s care center network has been widely recognized as a national model for care of a chronic disease and for driving improvements in care. Due to the vast geography of the state, many Idahoans with CF receive their care at the Intermountain Cystic Fibrosis Centers in Salt Lake City, Utah or the care centers in Spokane and Seattle, Washington. To maintain the standard of care for people with CF, the CF Foundation strongly urges that Idaho make every effort to ensure that people with CF have uninterrupted access to care centers in Boise, Washington state, and Utah within the Complex Medical Needs Program. People living with this disease should be able to get their care at the center closest to where they live. We ask that Idaho formalize the policy for access to out-of-state cystic fibrosis care centers, including contract agreements with the centers listed above.
identification and outreach to eligible beneficiaries

The CF Foundation recognizes that claims information from the Department of Insurance and health plans will be an important resource for identifying people who are eligible to participate in the Complex Medical Needs Program. As you conduct outreach to enroll new beneficiaries, please recognize that many newly eligible people may not have any insurance coverage. We ask that you consider additional ways to reach this population. CF care centers play an important role in the lives of people with CF, including helping patients identify and enroll in insurance, and should be used as a resource.

Maintain high-quality benefits and affordability

Idaho Medicaid currently provides a vital source of coverage for nearly half of all Idahoans with CF. The CF Foundation appreciates that Idaho’s program includes access to the state’s care center and vital therapies and medications for people with CF. Care providers in the state consistently report that Idaho Medicaid provides an exemplary level of service to its beneficiaries. We ask that Idaho maintain the high standard of Medicaid benefits as the health care system evolves, particularly as the program faces increased scrutiny at the federal level.

Furthermore, we appreciate that the premiums articulated in the proposal are more affordable than those in the marketplace, including for people who are eligible for advance premium tax credits. CF is a resource-intensive disease, and the population to be included in the Complex Medical Needs program is highly sensitive to out-of-pocket costs. Our research shows that one in four people with CF skip or delay care or alter doses of prescribed medications due to cost concerns—twice as often as adults in the general population. Moreover, people with CF with lower household incomes or high out-of-pocket costs are twice as likely to skip care. To this end, we urge that Idaho maintain the affordability of Medicaid premiums and cost-sharing at or below the levels included in the waiver request so people with CF are not priced out of life-saving care and treatments.

The Cystic Fibrosis Foundation appreciates the opportunity to provide input on these important policy changes. Please contact Stacey Frisk, Senior State Policy Specialist, at sfrisk@cff.org or (208) 200-3791 with any questions or comments. We look forward to working with the state of Idaho to ensure high-quality, specialized CF care and improve the lives of all with cystic fibrosis. Please consider us a resource moving forward.

Sincerely,

Mary B. Dwight
Senior Vice President of Policy & Advocacy
Cystic Fibrosis Foundation

Lisa Feng, DrPH
Senior Director of Policy & Advocacy
Cystic Fibrosis Foundation

Perry Brown, MD, FAAP
Co-Director, Cystic Fibrosis Clinic of Idaho
Director of Pediatric Education,
Family Medicine Residency of Idaho

Karen S. Miller, MD
Adult Center Director
St. Luke’s CF Center of Idaho

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From: Laura Keller  
Sent: Wednesday, December 13, 2017 12:22 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: American Diabetes Association Section 1115 Waiver Comments

Dear Russell S. Barron, Director, Idaho Department of Health and Welfare,

Attached are the American Diabetes Association’s comments regarding the 1115 waiver. We appreciate the ability to provide public comments during this process concerning people with diabetes in Idaho.

Please do not hesitate to ask if you have any questions.

Best!

Laura Keller  
Director State Government Affairs and Advocacy  
(AK, AZ, ID, MT, NM, OR, UT, WA, WASH DC)

diabetes.org  
1-800-DIABETES (800-342-2383)

1 in 11 Americans has diabetes today. Together, let’s help every 1.
December 15, 2017

Russell S. Barron
Director
Idaho Department of Health and Welfare
450 W. State Street
Boise, ID 83702

Dear Mr. Barron:

On behalf of the more than 30 million Americans living with diabetes and the 84 million more with prediabetes, the American Diabetes Association (Association) provides the following comments to the state of Idaho’s application for a Section 1115 Medicaid Demonstration Waiver request.

We appreciate the state’s plan to extend federal premium and cost-sharing assistance to Idahoans in the Medicaid gap through its Affordable Care Act Section 1332 waiver application. Nevertheless, we believe for the tens of thousands of low-income Idahoans who lack an affordable coverage option in Idaho, the proposals in the Section 1332 and Section 1115 waiver proposals are not an adequate alternative to Medicaid expansion. We respectfully submit the following comments on the Section 1115 Medicaid waiver.

**Implement Medicaid Expansion to Close the Coverage Gap**

Adults with diabetes are disproportionately covered by Medicaid.\(^1\) For low income individuals, access to Medicaid coverage is essential to managing their health. As a result of inconsistent access to Medicaid across the nation, these low-income populations experience great disparities in access to care and health status, which is reflected in geographic, race and ethnic differences in morbidity and mortality from preventable and treatable conditions. For example, a study conducted in California found “amputation rates varied tenfold between the highest- and lowest-income neighborhoods in the state.”\(^2\)

Medicaid expansion made available through the Affordable Care Act (ACA) offers promise of significantly reducing these disparities. In Medicaid expansion states, more individuals are being screened for and diagnosed with diabetes than in states that haven’t expanded.\(^3\) In addition, a survey of the impact of Medicaid expansion in three states—Kentucky, Arkansas, and Texas—shows that gaining coverage under the ACA “was associated with a 41-percentage point increase in having a usual source of care, a $337 reduction in annual out-of-pocket spending, significant increases in preventive health visits and glucose testing, and a 23-percentage point increase in “excellent” self-reported health.”\(^4\)
The state’s Section 1332 waiver application proposes to make available to Idahoans with incomes under 100% of the federal poverty level (FPL) the federal premium tax credit (PTC) and cost-sharing reduction (CSR) subsidies allowed for individuals in households with incomes equal to 100% FPL. Though these subsidies are relatively generous, they do not provide enrollees with the equivalent level of assistance offered by Medicaid. Moreover, since the amount of proposed assistance is based on a level of household income higher than what individuals in the gap are actually earning, premiums and out-of-pocket costs are likely to remain unaffordable for many residents.

In contrast, expanding Medicaid would extend affordable coverage to far more Idahoans than would the waiver—77,000 more by the state’s own estimate—and do so, as the state acknowledges, at significantly less cost per covered life. Though we appreciate that the state’s proposed approach may improve coverage access compared to the status quo, we urge the state to use the tools already available to it to extend affordable, adequate coverage to all Idahoans living below the poverty line. We strongly recommend the state pursue the more effective way to close the coverage gap by implementing full Medicaid expansion.

Continuity of Care
The state’s Section 1115 waiver application and its companion Section 1332 application describe a plan to enroll individuals with certain complex chronic medical conditions and with household incomes up to 400% FPL in a new Medicaid eligibility group, called the Complex Medical Needs (CMN) program. As part of this process, individuals with incomes from 100% to 400% FPL who are currently enrolled in a health plan through the individual market will be shifted from their existing coverage into Medicaid. By definition, these individuals have significant and ongoing care needs. However, under the proposal, they will be expected to transition from their existing coverage and providers to Medicaid managed care. We seek additional information regarding steps the state will take to provide continuity of care and ensure a seamless transition for individuals affected by this waiver who are in an active course of treatment.

Conclusion
Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk reduction strategies beyond glycemic control. Approximately 10% of the adult population in Idaho has diabetes. Of these, an estimated 36,000 have diabetes but do not know it, greatly increasing their health risk. In addition, 34.9% of the adult population in Idaho has prediabetes. In 2012, diagnosed diabetes cost $990 million in Idaho. This included $720 million in direct medical costs and $270 million in indirect costs such as absenteeism, unemployment due to disability and premature mortality. Diabetes is the leading cause of new cases of adult blindness, non-traumatic lower-limb amputations and kidney failure in the United States. People with uncontrolled diabetes or with diabetes complications have medical costs as high as eight times that of people with well-controlled or non-advanced diabetes.
Fortunately, we know diabetes complications can be avoided or delayed with adequate management of blood glucose. Studies show intensive diabetes management can delay the onset and progression of diabetic nephropathy, which is the leading cause of end stage renal disease. Providing individuals with and at risk for diabetes with access to adequate, affordable health care coverage will help ensure they are able to successfully manage the disease and fend off devastating complications. The Association strongly believes expanding Medicaid as outlined in the ACA is a key step toward achieving that goal and eliminating the coverage gap in Idaho. We strongly urge the state to move toward implementing full Medicaid expansion.

The Association appreciates the opportunity to submit comments on the state of Idaho’s application for a demonstration project under Medicaid Section 1115. Should you have any questions on our comments or recommendations provided, please contact me at 1-800-676-4065 x 7207 or lkeller@diabetes.org.

Sincerely,

Laura Keller
Director State Government Affairs and Advocacy Idaho

2 Stevens CD, Schriger D, Raffetto B, et al., Geographic Clustering of Diabetic Lower-Extremity Amputations in Low-Income Regions of California, 8 Health Affairs 33, August 2014.
6 Economic Costs of Diabetes in the U.S. in 2012.
8 Economic Costs of Diabetes in the U.S.
From: Lee Flinn  
Sent: Friday, December 15, 2017 4:37 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: CMN Waiver Comments - Idaho Primary Care Association  

Please find our comment letter attached.  

Thanks,  
Lee Flinn  

Lee Flinn | Policy Director  
Website: http://idahopca.org  
Supporting vibrant, effective community health centers
December 15, 2017

To: Idaho Department of Health and Welfare
From: Idaho Primary Care Association
Re: Dual Waiver Proposal

We appreciate the opportunity to provide comments for the Idaho Health Care Plan, a dual waiver proposal that includes an 1115 Medicaid waiver and a 1332 Affordable Care Act Waiver.

Since 1982, Idaho Primary Care Association (IPCA) has promoted and supported vibrant, effective community health centers in providing accessible, affordable and high-quality healthcare to all Idahoans. Idaho health centers are leaders in healthcare transformation that achieves better health, better care, and lower costs.

In 2016, over 170,000 people – one in ten Idahoans – received care at a community health center. These nonprofit clinics provide medical, dental and behavioral health to individuals and families regardless of insurance status.

Since the creation of Your Health Idaho marketplace, health centers have seen a dramatic decrease in the number of uninsured patients. As a non-Medicaid expansion state, too many Idahoans have been left behind. Last year, 35% of patients seeking care at a health center were uninsured and nearly half of health center patients fell below 100% of the Federal Poverty Level. Idaho needs policy solutions to address this problem.

On behalf of Idaho’s 16 health center organizations that operate 72 clinic sites across the state, we support the Idaho Health Care Plan as an important step forward. Though it would provide a partial solution to a very serious problem, we support the state’s efforts to work toward solutions.

1332 Waiver
It is our understanding that extending the Advance Premium Tax Credit and Cost Sharing Reductions to those currently ineligible will bring 35,000 Idahoans into a coverage plan. Idahoans with income below 100% Federal Poverty Level deserve the opportunity to purchase affordable insurance.

We support efforts to stabilize Idaho’s insurance marketplace in a way that will provide cost savings and expand coverage to those currently not able to participate.
1115 Waiver
Since our state’s Medicaid eligibility is limited, the vast majority of current Medicaid enrollees are low-income children, pregnant women, seniors and people with disabilities.

Connecting people who have complex medical needs to Medicaid managed care would help approximately 5,000 Idahoans get the care they need, and reduce premium costs on the individual insurance marketplace.

The waiver application includes only physical health conditions. We urge decision makers to include severe mental illness (SMI) to the list of “medically complex” conditions. This would include schizophrenia, major depressive disorder, bipolar and related disorders, post-traumatic stress disorder, anxiety disorders, and substance use disorders.

As a first step, we support this effort. We urge decision-makers to expand the demonstration project in future years so that everyone has healthcare coverage.

Conclusions
We support the Idaho Health Care Plan dual waiver approach. Though not a complete solution, we recognize the urgency in our state taking action. If the 1115 and 1332 waivers gain approval, we recommend:

- Inclusion of severe mental illness to the list of “medically complex” conditions.
- A strong public outreach campaign to ensure awareness and high enrollment of the newly eligible population.
- A continued effort by the state for policy solutions that will close the healthcare coverage gap.

We stand ready to work with you to develop health policy proposals that improve both our overall healthcare system and the lives and health of those we serve.

Respectfully,

Yvonne Ketchum-Ward, CEO
Idaho Primary Care Association
From: Monte Gray
Sent: Friday, December 15, 2017 1:40 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Comments on 1115 & 1332 Waivers

Good afternoon:
Please see the Shoshone-Bannock Tribes’ Comments to the 1115 & 1332 Waivers proposed.
Thanks,
Monte

Monte C. Gray
Asst. General Counsel
Office of Tribal Attorneys
Shoshone-Bannock Tribes
P.O. Box 306
Fort Hall, Idaho 83203
December 13, 2017

Sent via e-mail: CMNwaiver@dhw.idaho.gov
Attn: Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

RE: SHOSHONE-BANNOCK TRIBES COMMENTS ON WAIVER FOR COMPLEX MEDICAL NEEDS – 1115 & 1332 WAIVERS

As the Chairman of the Fort Hall Business Council of the Shoshone-Bannock Tribes (Tribes), I write to express our recommendations for changes to the proposed 1115 and 1332 waivers that the State of Idaho will be submitting to the Centers for Medicare and Medicaid Services (CMS), which is under the US Department of health and Human Services (HHS). Since the HHS is a federal agency, this would assist the Tribes in receiving healthcare services, which is a federal duty to the Tribes under the federal trust obligation. The Tribes also have a federal treaty right for medical care. This proposed waiver would provide access to more consistent and comprehensive coverage to better meet the needs of the tribal communities for more medical conditions.

Thank you for coming to visit the Shoshone-Bannock Tribes (“Tribes”) for an informal meeting and discussing your proposed approaches for the 1115 and 1332 Waivers to address complex medical needs of the citizens of Idaho. It is important that the Tribes is afforded an opportunity to be informed of and respond to proposed changes in the Idaho Department of Health and Welfare Departmental programs and services that place a direct compliance cost or impact on the Tribe. Since our Tribal members and other American Indians are also served by your program, we appreciate the opportunity to provide comments and concerns regarding the suggested policy changes. While we applaud and endorse the idea and concept, we do have additional issues and changes to the waivers.

Specifically, we request that the final changes reflect:

1. The Tribes would like to see a special waiver (possible a separate waiver) which would recognize a special exception to permit members of a federally recognized Tribe to be fully covered by Medicaid since services to Tribal members are dollar for dollar reimbursable.
2. Include medical conditions which have a heavy impact on the indigenous people. Indian Country, and specifically, the Fort Hall health care facilities, have a well-documented and researched history of more complex illnesses which then causes increased cost of treatment and additional intervention not typically needed in illnesses in the general population. While the approach of choosing conditions which affect the majority of citizens may address a large need, it may overlook the needs the unique needs of Tribal members or other American Indians who receive services in Fort Hall. The Tribes request the following medical conditions be included in both waivers, in the following order of priority:
   a. Cirrhosis;
   b. Chronic Liver and Biliary Disease;
   c. Immune Disorders;
   d. Coronary Artery Disease (including MI); and
   e. Chronic Obstructive Pulmonary Disease.

3. Please include standard language and conditions negotiated in the recent 1915(b) waiver with the Tribes and carry that into the proposed waivers. The Tribes will work with you directly to identify the necessary language that could be carried over from the prior waiver.

4. The Tribes desires language in the waiver that it shall be a part of the evaluation process identified to occur in the year 2020 and at any other stage of the program.

5. The Tribes request to include a provision to address funding for the implementation of the new waivers and any additional cost the Tribes may have for implementation.

6. The Tribes request a provision in the waiver that would provide for benefit and technical assistance to the Tribes.

7. The Tribes request an extension to submit detailed Tribal comments, because of the limited comment period does not allow sufficient time to prepared anything more than highlights of our comments, considering the complexity of the issues being discussed.

8. We request provisions in the waivers to recognize restrictions on recovery from the property and lands owned by Tribal members located within the exterior boundaries of the reservation under both federal and Idaho laws.

9. The Tribes request that additional provisions be included in the waivers to address that if land is recovered that is located inside the boundaries of the reservation, that the Tribes will be afforded a first right of refusal on the sale of those assets. This may more come into play for nonmembers who own fee land inside the reservation.

In summary, the Shoshone-Bannock Tribes request the Idaho Health and Welfare include the suggested medical conditions and proceed with the necessary process to gain approval from the
Idaho Legislature and HHS. These waivers and necessary and will assist those Medicaid-eligible American Indians access to the program without further strings attached to prevent additional burden on the already very limited IHS appropriations and provide for vitally necessary health care to the Tribal members of our Tribes and other American Indians. The Tribes strive every day to empower our people to take care of their health and have a better life outcome. We are pleased to see that the State consider options to increase healthcare for needy individuals. The Tribes look forward to resolving these issues and for further questions, please contact Elizabeth Ann Jim at 208-478-3744 or via email at elindroth.jim@sbt.ne.us.

Best regards,

Nathan Small, Chairman
Fort Hall Business Council
Shoshone-Bannock Tribes

CC: Monte Gray, SBT Attorneys
    Elizabeth Ann Jim, SBT Health Director
    Yvette Tuell, SBT Policy Analyst
    Shirley Alvarez, CEO, Fort Hall Indian Health Service
Hello,

The Northwest Portland Area Indian Health Board (NPAIHB) is a Public Law 93-638 Tribal organization that represents health care issues of forty-three federally-recognized Tribes in the states of Washington, Oregon, and Idaho. We write to submit comments on the Idaho Department of Health and Welfare (IDHW) Section 1115(d) Demonstration waiver application and the Idaho Department of Insurance (DOI) Section 1332 State Innovation waiver application to the Centers for Medicare and Medicaid Services (CMS).

Please see enclosed letter.

Thank you,

Lisa L. Griggs
Northwest Portland Area Indian Health Board
Executive and Program Ops. Assistant
2121 SW Broadway, Suite 300
Portland, OR 97201

www.npaihb.org
December 15, 2017

SUBMITTED VIA EMAIL:  
CMNwaiver@dhw.idaho.gov

Idaho Department of Health and  
Welfare,  
Attn: Cindy Brock  
Alternative Care Coordinator, Division of Medicaid  
P.O. Box 83720  
Boise, ID 83720-0009

SUBMITTED VIA EMAIL:  
DOI.Reform@doi.idaho.gov

Idaho Department of Insurance  
Attn: Weston Trexler  
Product Review Bureau Chief  
P.O. Box 83720  
Boise, ID 83720-0043

Re: Comments on Idaho Department of Health and Welfare (IDHW)  
Complex Medical Needs (CMN) 1115(d) Demonstration Waiver Application  
and 1332 State Innovation Waiver Application

Dear Ms. Brock and Mr. Trexler:

The Northwest Portland Area Indian Health Board (NPAIHB) is a Public Law 93-638 Tribal organization that represents health care issues of forty-three federally-recognized Tribes in the states of Washington, Oregon, and Idaho. We write to submit comments on the Idaho Department of Health and Welfare (IDHW) Section 1115(d) Demonstration waiver application and the Idaho Department of Insurance (DOI) Section 1332 State Innovation waiver application to the Centers for Medicare and Medicaid Services (CMS). The IDHW and the DOI are proposing a unique approach to expand health coverage. Their proposal consists of a dual waiver (1115(d) and 1332) and is Idaho’s solution to address consistent, comprehensive coverage for Idahoans with complex life-threatening medical conditions who rely on federally subsidized insurance, catastrophic health care coverage, and charity care to meet their needs.

Idaho is requesting a 5-year 1115 waiver demonstration, effective July 1, 2018; and 1332 state innovation waiver, effective January 1, 2019. Comments on the waivers are due by December 15, 2017. Final applications submission to CMS will occur in early January 2018. IDHW and DOI sent tribal notices on 1115 and 1332 waivers on November 1, 2017. Tribal notice on 1115 waiver, dated November 1, 2017, stated that “[w]hile this waiver will provide access to Medicaid services for [Indians], no significant impact to [Indians/Tribal Health Programs/Urban Indian Organizations] is anticipated.” We believe that there is a significant impact on American Indians/Alaska Natives (AI/ANs), IHS and Tribal health programs related to the 1115 and 1332 waivers.
NPAIHB requests an extension of the 1115 demonstration waiver and 1332 waiver comment deadline. There has not been enough information provided to tribes for the state to even conduct meaningful tribal consultation on the demonstration waiver. There has not been adequate time to evaluate the implications on tribal providers and tribal communities as well as analyze the health care needs and complex medical conditions of tribal patients that should be included in the demonstration. Tribes need to have the time and assistance to review their records to understand the billing and eligibility impacts.

I. 1115 DEMONSTRATION WAIVER

A. Purpose

Section 1115 demonstrations can have a significant impact on beneficiaries, providers, states, tribes and local governments. They can also influence policy-making at the tribal, state, and federal level by introducing new approaches that can be models for other states and lead to programmatic changes nationwide. The purpose of the Idaho 1115(d) demonstration waiver is to provide Medicaid coverage to approximately 5,000 Idahoan children and adults up to 64 years of age with a complex medical condition who have household incomes up to 400% of the Federal Poverty Level (FPL) with the goal of improving access to consistent and comprehensive coverage which fully meets their needs.

Individuals with genetic conditions requiring ongoing complex medical support such as hemophilia, cystic fibrosis and those with end of life needs will be covered under the Complex Medical Needs (CMN) Demonstration Waiver. According to IDHW, the demonstration will establish consistent and reliable coverage, where none currently exists, for individuals with medially complex conditions whose income is less than 100% of the FPL. The demonstration also proposes to achieve title XIX objectives for individuals with medically complex conditions and incomes between 100 – 400% of FPL by improving efficiency and quality of care through the provision of more comprehensive coverage at a lower cost than is available through existing methods of support.

B. Tribal Consultation

IDHW stated in the 1115 waiver application that there will not be a significant impact to tribes. We believe that the 1115 waiver will impact tribal members’ benefits, eligibility and finances so there is a significant impact. In accordance with section 1902(a)(73)(A) of the Social Security Act, in the case of any state in which one or more Indian Health Programs or Urban Indian Organizations furnishes health care services, state must provide for a process under which the state seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application prior to the submission of any Medicaid State Plan Amendment (SPA), waiver requests, and proposals for demonstration projects that are likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations.¹

¹ Social Security Act Title 19
To foster greater notice and a meaningful opportunity for input, in 2000, the Administration issued Executive Order 13175 regarding "Consultation and Coordination with Indian and Tribal governments." This Executive Order applies to the programs operated by the Federal government and, since States administer Medicaid and CHIP, CMS has issued guidance to states to conduct consultation with tribes prior to implementing 1115 demonstration or 1915 waiver requests. In July 2001, CMS issued a letter to State Medicaid Directors (SMDL #01-024) that provided direction to states to allow federally-recognized tribes to participate in the planning and development of Medicaid and CHIP demonstration applications and extensions through a consultation process. The guidance encouraged states to provide information to tribal governments at least 60 days prior to implementation and to provide 30 days for tribes to comment on a state's planned demonstration request. The letter also articulated principles of consultation, such as respect for the sovereign rights of tribes.

CMS established consultation procedures that allow states to meet simultaneously both the new statutory requirements pertaining to Indian health care providers and urban Indian organizations, as well as the new statutory requirements that pertain to the public at large under the Affordable Care Act. The Affordable Care Act required the Secretary to set forth transparency and public notice procedures for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act in order to increase the degree to which information about Medicaid and CHIP demonstration applications and approved demonstration projects is publicly available, as well as to promote public input as states develop and the federal government reviews these demonstrations. Transparency regulations dictate “Public Notice Process” at 42 CFR 431.408(a). The tribal consultation process is set forth at 42 CFR 431.408(b). The public process and the tribal consultation are separate processes.

We are concerned that the IDHW is not aware that the public notice process and the tribal consultation process are separate on an 1115 demonstration waiver. The IDHW tribal notification letter, dated November 1, advises the tribes to participate via the public process (See tribal letter in 1115 application at page 36).

On August 1, 2010, the Idaho Divisions of Medicare and Welfare in the Department of Health and Welfare acknowledged through a tribal consultation policy the unique relationship and recognition of the right of Indian tribes to self-determination and self-government. This special relationship constitutes a government-to-government relationship between American Indian tribes and federal and state governments. To determine direct effect on AI/AN or tribal health programs, State must answer questions to determine the direct effect on "Native Americans or tribal programs" when a waiver proposal is being considered. In looking at these questions, we would propose these answers:

1. Does the proposal or change directly affect Native Americans or tribal programs but is federally or statutorily mandated? **YES**

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2 EO 13175 Title 3  
3 SMDL #01-024  
4 CMS Transparency Information Bulletin
2. Does the proposal or change impact services or access to services provided, or contracted for, by Tribes or Indian Health Services (IHS) including but not limited to:
   a. Decrease/increase in services. **YES**
   b. Change in provider qualifications/requirements. **NO**
   c. Change service eligibility requirements (i.e. prior authorization). **YES**
   d. Place compliance costs on IHS and tribal health programs. **NO**
   e. Change in reimbursement rate or methodology. **NO**

3. Does the proposal negatively impact or change the eligibility for, or access to, Tribal members’ Medicaid? **YES**

Clearly, based on these proposed answers, there is a direct effect on “Native Americans or tribal programs” and tribal consultation is required.

C. Tribal Notification Process

IDHW sent a tribal notice letter to tribal representatives on November 1, notifying tribal representatives of the state’s intent to submit an application to CMS for an 1115 demonstration waiver for the purpose of providing “Medicaid coverage to children and adults with a complex medical condition with the goal of improving access to consistent and comprehensive coverage.” The State asserted in the letter that the “CMN waiver will allow for better outcomes for this population while reducing negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.” The letter cites a website where waiver application is available for review as www.cmnwaiver@dhw.idaho.gov. This link is incorrect and does not link to the 1115 demonstration waiver application.

The letter further states that the State is seeking public comment through public hearings, website, email and mail and notified tribes of the public hearings are scheduled for December 7 (Boise), December 8 (Pocatello), and December 9 (Couer d’Alene). State’s November 1st letter did not state that tribal consultations would be scheduled with each tribe. Scheduling tribal meetings or consultations without a full understanding of the waivers and the impact on Indian health programs does not allow for full discussion and engagement.

NPAIHB is concerned that IDHW could have engaged with tribes months ago when the demonstration was being considered and developed, and that tribal consultations were not set up with proper or advance notice. The November 8, 2017 quarterly meeting in Lapwai, Idaho was not a tribal consultation on the 1115 demonstration waiver. IDHW included the waiver on the agenda but only provided a short verbal presentation on the waiver and did not handout the draft application at the meeting. Therefore, tribes were not able to ask questions or participate in meaningful discussion on the waiver about impacts to their tribal members or health programs. Additionally, we are concerned that there was no joint tribal consultation scheduled for all tribal leaders and tribal health directors where tribes could have all collectively engaged
in meaningful consultation with the IDHW solely on the 1115 waiver and that would have been in addition to the state-tribal meetings scheduled by the state.

Besides consultation on the waivers, state should be conducting tribal consultation on state’s effort to transform the Medicaid system. For example, tribes are not supportive of value based purchasing models and tribes request that the fee for service system be preserved.

D. Medicaid Expansion

Idaho tribes have repeatedly requested that the state expand Medicaid in Idaho as this would significantly benefit Idaho tribes, tribal members and AI/ANs in Idaho. The politics in our state are harming our most vulnerable populations who need healthcare, which includes our tribal members. We request that the state expand the 1115 waiver to include Medicaid coverage to our tribal members, and all AI/AN in the state, without a diagnosis of a medically complex condition. Even before Medicaid Expansion, states like Arizona, California and Oregon expanded Medicaid services to American Indians through 1115 waivers. Currently, Wyoming and Oklahoma have 1115 waivers pending to expand Medicaid services to American Indians. In addition, besides having an uncompensated care waiver for Medicaid services to AI/ANs, Arizona has an 1115 waiver pending that would cover traditional healing services. We recommend that IDHW explore similar options and expand Medicaid services to all AI/AN in Idaho.

E. Eligibility and Enrollment

The demonstration states that individuals with complex medical conditions will be eligible for enrollment in the demonstration if they meet these criteria:

1. Children and adults up to age 64.
2. Up to 400% FPL.
3. Not otherwise eligible for the Medicaid Program.
4. Do not have access to an affordable employer-sponsored plan as defined in 26 CFR 1.36.
5. Diagnosis of a targeted medically complex condition.

Under the demonstration, we would like IDHW to confirm that AI/AN currently enrolled in a Marketplace qualified health plan (QHP) will not be automatically enrolled in this demonstration. AI/ANs should have the option to remain in a QHP if they so choose and not enroll in this program.

We believe that the selected diagnoses from the hierarchical condition categories (HCC) (p. 6) that are considered Medically Complex Conditions is too limited and that AI/ANs with other life-threatening diseases or conditions will not have the opportunity to participate in the demonstration. State did not engage with tribes in the development of the waiver to determine the conditions or diagnoses that could have been included from the full HCC listing. In addition, tribes have not had the opportunity to assess their records to determine how many of their patients have the HCC diagnoses included in the demonstration. We request the inclusion of
additional life-threatening conditions or diseases affecting AI/ANs that are of highest costs on Indian health programs which were not included in the insurance data that the state based the HCC list off of. For example, renal failure and liver disease are two diseases that should be included.

**F. Services to Demonstration Population**

IDHW asserts that the full Idaho Medicaid managed care network will be available to the demonstration population at implementation. There will not be a phased-in rollout for managed care. Participants will eligible for the demonstration will have access to all inpatient, outpatient, primary care, physician specialty care, surgical, diagnostic, rehabilitative, hospice, dental, transportation, long-term supports, prescription drug and behavioral health services currently approved in the Idaho Medicaid State Plan. Participants who meet institutional level of care requirements will also be eligible for benefits described in Idaho’s 1915(c) HCBS waivers (adult development disabilities, children development disabilities, childrens act early, aged and disabled). Participants who meet needs based eligibility criteria for 1915(i) benefits described in the Idaho State plan will have access to those benefits. What services will the new Complex Medical Needs Program include to better serve our tribal members? Are any services being reduced or that differ from QHPs?

IDHW has further stated that it will utilize the existing State Plan reimbursement methodologies which consist of a mixed delivery system for their fee-for-service and managed care network. All services will be provided under the Idaho fee-for-service network except services that are authorized under managed care: 1932(a) primary care case management; 1915(b) dental services; and 1915(b) behavioral health services. Idaho will amend its existing managed care contracts for behavioral health services, dental services and its transportation brokerage to include the demonstration population. There is a concern that the state is proposing to fold in the 1915(b) waivers including the behavioral health program into the 1115 waiver. The tribes currently have tribal Standard Terms and Conditions (STCs) in the 1915(b) behavioral health waiver and the application makes no reference to whether or not those negotiated terms will continue or cover the demonstration population. In addition, the 1115 demonstration should include Indian STCs similar to the ones included in the 1915(b) behavioral health waiver.

**G. Premiums and Cost Sharing**

According to IDHW, premiums are included for participants with countable income; and premiums will be waivable in part or in whole for those not able to pay due to their health condition or if payment of the premium would compromise the individual's ability to pay for reasonable, basic living expenses such as housing, food, or utilities. The 1115 waiver includes that all mandatory exempt populations in the Social Security Act will be exempt from premiums. The 1115 waiver will make changes to the delivery system, which will impact Idaho tribal providers especially those with tribal sponsorship programs.

We expect that there will be no premiums or cost sharing for AI/ANs who are eligible for participation in the demonstration as this is just an expansion of the Medicaid program to
individuals with Complex Medical Needs who meet the proposed eligibility requirements. In addition, we request clear, transparent language in the demonstration application and waiver that premiums and cost-sharing will not apply to AI/ANs. In addition, as requested above, we request that this 1115 demonstration waiver include Indian STCs clearly stating that Indians are exempt from premiums and cost sharing among other terms.

II. 1332 WAIVER

A. Purpose

Idaho’s Section 1332 Waiver proposes to extend Advanced Premium Tax Credits (APTC) and cost sharing reductions (CSR) eligibility to those working citizens who file federal income tax returns with income below 100% FPL. These individuals and families, expected to be around 22,000 lives, will qualify for APTC to the same extent as those with incomes of 100% FPL. APTC will offset premium in excess of 2% of countable income. These Idahoans will also qualify for cost sharing reductions (CSRs) when enrolled in a silver plan through the exchange, which will provide cost sharing at a 94% actuarial value.

The goals of the proposed Section 1332 Waiver are to:

1. Increase overall participation in Idaho’s individual health insurance market.
2. Provide affordable coverage options to working Idaho households with incomes below 100% of the Federal Poverty Level (FPL) who are U.S. citizens not eligible for Medicaid, through the same mechanism that lawfully-present aliens currently obtain affordable coverage.
3. In conjunction with Idaho’s proposed Section 1115 Medicaid Waiver and Idaho Individual High-Risk Pool, stabilize and decrease the cost of insurance premiums in the individual health insurance market.

B. Tribal Notification and Consultation

On November 1, the Idaho Department of Insurance sent a tribal notice letter to tribal representatives of the state’s intent to apply to CMS and U.S. Department of Treasury for a Section 1332 State Innovation waiver on or about January 5, 2018. The tribal notice provided the purpose of the waiver to extend eligibility for help in paying monthly health insurance premiums through APTC and help in paying health care out-of-pocket costs (CSRs) to working U.S. citizens who file federal income tax returns with income below 100% of the Federal Poverty Level (FPL). The tribal notice also stated that the 1332 waiver application would be reviewed as part of the Policy Update at the November 8th meeting in Lapwai, Idaho.

The letter further states that the State is seeking public comment through public hearings, website, email and mail and notified tribes that the public hearings were scheduled for December 7 (Boise), December 8 (Pocatello), and December 9 (Couer d’Alene). State’s November 1st letter did not state that tribal consultations would be scheduled with each tribe. Scheduling tribal meetings or consultations without a full understanding of the waivers and the impact on Indian health programs does not allow for full discussion and engagement.
In addition, Idaho’s “Draft Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging Waivers for State Innovation,” dated November 1, 2018, includes an implementation timeline on page 12. The 1332 waiver timeline references a date of November 8, 2017 as the date “separate tribal consultation held.” At the November 8, 2017 quarterly meeting in Lapwai, there was only a brief discussion about the 1332 demonstration waiver and no handouts were provided to the tribes. Therefore, tribes were not able to ask questions or participate in meaningful discussion on the 1332 waiver about impacts to their tribal members or health programs. No tribal consultation on the 1332 waiver occurred at the November 8th Lapwai meeting.

NPAIHB, is concerned that DOI could have engaged with tribes months ago when this innovation waiver was being considered and developed, and that tribal consultations were not set up with proper or advance notice. Tribes entered into tribal consultation policy agreements in 2014 with the Idaho Health Exchange. Since the 1332 waiver involves the Exchange, the established tribal consultation policy should be applicable to the 1332 waiver process.

Finally, we are concerned that there was no joint tribal consultation scheduled for all tribal leaders and tribal health directors where tribes could have all collectively engaged in meaningful consultation with the DOI solely on the 1332 waiver and that would have been in addition to the state-tribal meetings scheduled by the state.

C. Eligibility and Enrollment

The 1332 demonstration waiver expands Marketplace QHPs, APTCs and CSRs coverage for individuals below 100% FPL to “working US citizens” who file federal income taxes. NPAIHB requests that AI/ANs under 100% FPL be eligible without the “working” requirement. Imposing a work requirement in tribal communities where there may be limited to no work opportunities should not be a barrier to our tribal members enrolling in this program. We request that Indians under 100% FPL be eligible for the 1332 demonstration waiver without the “working” requirement.

Additionally, according to DOI, eligible participants must enroll in a Marketplace silver plan. Since AI/AN are eligible for the zero cost sharing plan variations, they should not be required to enroll in the silver plan and should be able to enroll in the bronze plan as well.

D. Premiums and Cost Sharing

We request that AI/AN the zero cost sharing variation be extended to AI/ANs eligible for this program. We also request that Indian Standard Terms and Conditions (STCs) be included as part of the 1332 waiver so that it is clear that the zero cost sharing plan variation will be available to AI/ANs.

AI/ANs under 100% FPL should extended coverage under the 1115 demonstration waiver with no premiums or cost sharing rather than this 1332 waiver where they may be subject premiums.
III. CONCLUSION

NPAIHBL hopes that IDHW and DOI, in the spirit of its partnership and shared interest in improving AI/AN health care in Idaho will work with Idaho tribes. We thank you for this opportunity to provide our comments and recommendations and look forward to further engagement with IDHW and DOI on the implementation of the 1115 demonstration waiver and 1332 demonstration waiver, respectively.

If you have any questions about the information provided above, please contact Laura Platero, NPAIHB Governmental Affairs/Policy Director at lplatero@npaihb.org or by phone at 503.416.32276

Sincerely,

[Signature]

Andy Joseph, Jr., Chairperson
NW Portland Area Indian Health Board
Colville Tribal Council Member

Cc: Matt Wimmer, Administrator, Division of Medicaid
From: Pastore, Enzo  
Sent: Friday, December 15, 2017 2:12 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Comments to the Medicaid 1115(d) Complex Medical Needs

Russell S. Barron, Director  
Idaho Department of Health and Welfare  
450 West State Street  
Boise, ID 83702

Dear Director Barron:  
On behalf of AARP Idaho, please accept our comments in response to your Medicaid 1115(d) Complex Medical Needs Waiver application.

Should you have any questions or need additional information, please do not hesitate to contact Francoise Cleveland at 208-855-4005 or fcleveland@aarp.org

Sincerely,

Enzo Pastore, MSS, MLSP  
Senior Legislative Representative / State Health and Family Affairs  
AARP Government Affairs  
601 E Street, N.W. Suite 150 / Washington, DC 20049  
epastore@aarp.org  
Office: 202.434.3952  
Mobile: 202.802.7103
Comments on the Idaho Complex Medical Needs 1115 Demonstration Waiver Application

Russell S. Barron, Director
Idaho Department of Health and Welfare
450 West State Street
Boise, ID 83702

Dear Director Barron:

AARP Idaho would like to thank the Idaho Department of Health and Welfare for the opportunity to submit our comments to your Medicaid 1115(d) Complex Medical Needs Waiver application. AARP is a nonprofit, non-partisan membership organization for people 50 and over. We have more than 38 million members nationwide and 184,000 members in Idaho.

Overview
According to the State of Idaho’s waiver application, this Complex Medicaid Needs Waiver will allow more comprehensive and consistent coverage for individuals with certain medically complex diagnoses by enrolling these individuals in Medicaid. The State expects that this program would also pull a portion of the high-cost individuals from the private individual market into Medicaid, reducing insurance premium costs for the rest of the individual market population.

In looking at this waiver through a conceptual lens, these two goals appear laudable in that they strive to provide better access to care and to reduce premiums for those enrolled in the private market. However, with respect to how this waiver will be implemented and operationalized, we have some questions and concerns that we believe need to be addressed.

Section V – Implementation of Demonstration

Enrollment
The waiver indicates that the State will not cap or limit enrollment for the population covered by this demonstration. Enrollment for managed care benefits will be mandatory except for populations specifically exempted by federal law. Enrollment will take place...
through two pathways; identification via qualified health plan carriers and enrollment through the Single State Agency based on physician verification of a qualifying diagnosis.

AARP is pleased to see that the State is not planning to cap or limit enrollment. We would however, appreciate clarification of how the potential enrollee’s consent, choice and privacy will be secured and maintained throughout this process. While the option of providing Medicaid-covered services for persons with high cost exchange insurance is a positive step, an individual may have multiple reasons for wishing to remain with an exchange provider, particularly if the acceptance of Medicaid requires changes in primary care and specialty care providers. AARP believes that high cost individuals who are able to pay premiums should not be placed into a Medicaid program without their consent in order to benefit the exchange.

In addition, the waiver application does not address how changes in condition would affect the enrollee’s insurance. For example, if an enrollee with a life-threatening disease enters a period of remission, does the enrollee lose coverage? If so, how would that determination be made, and by whom? If enrollees will be required to move on and off coverage as their condition improves or declines, quality of care will suffer, possibly placing them at serious risk. AARP would appreciate assurances that enrollees in the waiver program will not be required to move on and off this program as their condition fluctuates. We would appreciate more details on any process that will be used in determining ongoing eligibility.

**Section III – Demonstration Benefits and Cost Sharing Requirements**

**Premiums and Co-Pays**
The waiver indicates that persons with countable household incomes of 150 to 400% of the federal poverty level (FPL) will be subject to monthly premiums from 3 to 5% of household income as well as co-pays. We are very concerned that many low income individuals and families will not be able to afford the required premiums and co-pays that you are proposing. This is especially true when taking into consideration that this is a population that is chronically ill, with high cost, complex medical needs. Therefore, we want to ensure that coverage, including any premiums and co-payments, is affordable for all eligible beneficiaries, especially those at the lower end of the income threshold. We would like to know how the state will ensure the cost-sharing associated with Medicaid coverage offered to these individuals is reasonable. In addition, the waiver application does not address what happens to a potential enrollee who misses premium payments or is unable to pay co-pays. We would appreciate clarity on these matters. Additionally, we would appreciate an understanding of how “countable household income” as it is used in the waiver application will be defined. Furthermore, we would also like to know how premiums and co-pays will be collected.

**Hardships**
The waiver indicates that attestation of hardship based on income, housing and utility cost will be verified on a case-by-case basis. The attestation by the enrollee will be verified by the state’s contractor. AARP appreciates the provision for hardship for those who are not able to pay due to their health condition or financial situation. However, we would like to
know how the Department will approach determining hardship and the time required to conduct reviews. In addition, it would be important to explain how an individual will be able to access services during this period.

Section II – Demonstration Eligibility

Outreach
The state plans to “leverage qualified health plans, in conjunction with the Idaho Department of Insurance to engage and conduct outreach to potentially eligible participants and refer potential eligibles to the state based on diagnoses contained in their claims data. Idaho also plans to “leverage its existing Medicaid provider network of primary care providers, hospitals and specialty physicians to identify potentially eligible participants based on diagnosis and engage them in outreach and refer potential eligible to the state based on diagnosis”.

AARP believes that leveraging qualified health plans to engage and conduct outreach to potentially eligible participants could be inconsistent with HIPAA regulations unless the non-Medicaid individual has agreed to allow the state access to their protected health information. AARP urges the state to take appropriate steps to ensure that the process followed by Medicaid providers to identify, engage and refer potentially eligible individuals protects the individual’s privacy and consent before any action is taken.

Hierarchical Condition Categories
Idaho has chosen to use 24 of 189 Hierarchical Condition Categories (HCCs) of the Medicare Hierarchical Condition Categories to identify non-Medicaid enrollees who would qualify for this program. We urge state officials to provide additional data, information and an explanation of the process followed to design this program, including demographic data on incidence of selected HCC’s in Idaho. We likewise urge the state to explain how the HCCS were selected, the underlying assumptions driving the selections and the purpose of choosing this approach over other methodologies.\(^1\) In this way, all parties affected by this demonstration will be able to make informed decisions.

Thank you for the opportunity to comment on this proposed 1115 waiver. Please do not hesitate to contact Francoise Cleveland at 208-855-4005 or fcleveland@aarp.org if you have questions or need additional information.

Sincerely,

Lupe Wissel, State Director
AARP Idaho

\(^1\) There appears to be a discrepancy in the waiver application regarding the HCCs included in the demonstration. In section II, twenty-four categories are specified. In Appendix B, it is limited to seven HCCs. It is unclear which reference is correct.
From: Liz Woodruff  
Sent: Friday, December 15, 2017 2:52 PM  
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Idaho Health Care Plan comments from Close the Gap Idaho

Hello,

As a steering committee member of the Close the Gap Idaho Network, I have attached and pasted our comments on the Idaho Health Care Plan (1115 and 1332 waiver proposals). Thank you for you consideration and please let me know if you have any questions and please confirm that these comments will be included in the federal record.

Best,

Liz Woodruff

Coordinator, Close the Gap Idaho

Thank you for the opportunity to submit written comments on the Idaho Health Care Plan. These comments are submitted on behalf of Close the Gap Idaho and the organizational members of our Close the Gap Idaho Steering Committee. Our steering committee is made up of health care policy experts, nonprofit advocates and health care providers. Close the Gap Idaho is a network of over 300 organizations and individuals statewide working to support a complete, Idaho-based solution to the “health coverage gap.” For the past several years we have urged Idaho policymakers to address the “coverage gap” — the income range that between 51,000-62,000 uninsured Idahoans fall in between eligibility for Medicaid and eligibility for premium tax credits to purchase coverage on the Your Health Idaho insurance exchange — which exists because Idaho has not expanded Medicaid under the Affordable Care Act (ACA).

We appreciate the efforts of the Idaho Department of Health and Welfare and the Idaho Department of Insurance to develop this plan, which aims to reduce health care costs in Idaho’s individual insurance market, while creating a pathway to coverage for a portion of the uninsured Idahoans in the coverage gap. We have included comments and feedback on both the 1332 waiver and the 1115 waiver below.

**1332 Waiver Comments**

While Idaho runs a cost-effective and efficient Medicaid program, we also have some of the strictest eligibility guidelines in the country. Ninety-two percent of Idaho’s Medicaid enrollees are low-income children, seniors, people with disabilities, and low-income pregnant women. The remaining enrollees are parents with extremely low incomes who have children at home. For example, an adult with one child must earn less than $289 per month to qualify.

Under the proposed 1332 waiver, the plan will still leave somewhere between 16,000-27,000 Idahoan in the coverage gap. Recent census estimates, and data from the Idaho Department of Health and Welfare indicate the gap population is likely between 51,000-62,000. While we support the 1332 waiver proposal because it
narrows Idaho’s coverage gap, its income requirement will leave many Idahoans out, especially those who are suffering from medical conditions that prevent them from working. Since it leaves out Idahoans when they most need care, it can only be viewed as a partial solution to Idaho’s health coverage crisis. We are concerned that Idahoans who want to work, but are too sick to work or lose employment (especially during economic downturns), will be left out. We are also concerned that Idahoans, such as caregivers who operate Certified Family Homes and therefore have no taxable income, will remain in the coverage gap. We ask that the income eligibility requirement in the 1332 waiver be removed.

**1115 Waiver Comments**

We understand the main purpose of the 1115 waiver proposal is to reduce the costs of insurance premiums on the individual insurance marketplace in Idaho by moving Idahoans with high-cost, complex medical needs into Medicaid managed care. The 1115 waiver proposal will cover approximately 5,000 Idahoans. We note that for a similar cost, Idaho could implement a traditional expansion of Medicaid services to the full coverage gap population by accepting the enhanced Medicaid match available under the Affordable Care Act. In addition to not costing significantly more, fully closing the coverage gap would extend coverage to 16,000-27,000 additional uninsured Idahoans.

We support the 1115 waiver proposal as a first step towards improving Idaho’s health care delivery system. However, the proposal creates a lot of complexity and unfairness—if you have horrible condition “A” you have Medicaid coverage, but if you have horrible condition “B” (any number of things which aren’t on the list—end stage liver disease, dementia, lupus, etc.) you don’t. This approach seems arbitrary. If closing the gap entirely is not feasible at this time, we suggest expanding the demonstration in future years to fully close the gap.

Another approach, which has some similarity to Arkansas’s Section 1115 waiver, would be to create a category of those who are deemed “medically fragile/frail” and extend Medicaid coverage to this group. Arkansas provides traditional Medicaid coverage to this group and excludes them from its “private option” approach which places other beneficiaries in the marketplace. In Arkansas the state established a process to determine who is “medically fragile/frail” through a questionnaire and in conjunction with the federal definition at 42 CFR 440.315(f).

The 1115 waiver application describes qualification criteria based on qualified health plan claims data and physician verification. Other states have used more comprehensive approaches for referral, including options such as self-referral, referrals from community organizations, and hospitals. Idaho’s 1115 waiver proposal would only identify people for coverage once they have been diagnosed, and will not capture people who have undiagnosed illness or who do not have a regular provider. Therefore, we suggest enrollment based on a screening process, similar to Virginia’s waiver (see Appendix A of Virginia’s waiver). We suggest also allowing consumer self-attestation, with provider verification.

The current 1115 waiver application includes only physical health conditions. As a result of not expanding Medicaid coverage under the Affordable Care Act, Idaho already has many gaps in the delivery of behavioral health services. These gaps exacerbate behavioral health issues experienced by many Idahoans and results in additional and unnecessary costs to state and county indigent spending and Idaho’s corrections system. Therefore, we ask that severe mental illness be added to the list of “medically complex” conditions. This would include: schizophrenia, major depressive disorder, bipolar and related disorders, post-traumatic stress disorder, anxiety disorders, and substance use disorders. We strongly recommend the state expand coverage to these additional populations.

**Conclusions**
Close the Gap Idaho believes the best approach is to accept enhanced funding to close the coverage gap — this would cost about the same for Idaho, yet provide coverage to thousands more vulnerable Idahoans. If that is not possible, we suggest strong consideration regarding the following administrative issues related to both the 1115 and 1332 waivers:

1) Create safeguards to ensure that individuals with complex medical conditions have ongoing access to their existing medical provider.
2) Develop a robust and strategic public education and outreach campaign to ensure maximum enrollment by newly eligible Idahoans.
3) Institute an “implementation council” or other similar body to provide consumer input into the demonstration.

In the event that the Idaho Health Care Plan does not receive both state and federal approval, we strongly encourage the Idaho Department of Health and Welfare to develop an alternative proposal to close Idaho’s coverage gap in 2018.

Thank you again for your efforts to reduce costs and increase health coverage for Idahoans.

Sincerely,
Close the Gap Idaho
December 15, 2017

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want to work, but are too sick to work or lose employment (especially during economic
downturns), will be left out. We are also concerned that Idahoans, such as caregivers
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delivery system. However, the proposal creates a lot of complexity and unfairness—if
you have horrible condition “A” you have Medicaid coverage, but if you have horrible
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Conclusions

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1. Create safeguards to ensure that individuals with complex medical conditions have ongoing access to their existing medical provider.
2. Develop a robust and strategic public education and outreach campaign to ensure maximum enrollment by newly eligible Idahoans.
3. Institute an “implementation council” or other similar body to provide consumer input into the demonstration.

In the event that the Idaho Health Care Plan does not receive both state and federal approval, we strongly encourage the Idaho Department of Health and Welfare to develop an alternative proposal to close Idaho’s coverage gap in 2018.

Thank you again for your efforts to reduce costs and increase health coverage for Idahoans.

Sincerely,
Close the Gap Idaho
These comments are written on behalf of the board of directors of the Idaho Academy of Family Physicians, which represents over 750 family physicians and medical students across our state. Family physicians are trained to care for the whole patient from preventative care to end of life. "Family medicine integrates a broad-spectrum approach to primary care with the consideration of health-impacting social determinants and community factors, while also serving as an advocate for the patient in an increasingly complex health care system."

As the largest medical specialty organization in the state, we commend the Department of Health and Welfare and the Department of Insurance for tackling the healthcare coverage dilemma for our most at-risk citizens. The Idaho Health Care Plan (IHCP) is a solid foundation to handle the coverage gap but it omits a number of important health conditions that could ultimately save the state taxpayers and the state budget a significant amount of money.

We would like to focus on the list of medically complex conditions included in the 1115 waiver portion of the IHCP. Addressing complex health needs is a thoughtful approach to managing this segment of our population. Excluding severe mental illness (SMI) in your medically complex conditions creates obstacles for family physicians treating patients with multiple conditions. More than half of adults with a mental disorder have a co-occurring health condition which requires care for the SMI along with the medical condition.

Comprehensive care for multiple complex conditions is essential to assure cost-effective use of taxpayer funds and assure the overall health of the patient. According to a study by the Robert Wood Johnson Foundation in 2011, "People with co-occurring physical and mental conditions represent a significant and costly portion of the population. Key findings (of the study) include: Comorbidity is the rule rather than the exception. More than 68 percent of adults with a mental disorder had at least one medical condition. Comorbidity is associated with elevated symptom burden, functional impairment, decreased length and quality of life and increased costs." Excluding patients with a severe mental illness in your list of complex conditions not only threatens the health of the patient but also increases costs to the state.

One in five Americans will suffer from some form of mental health problem, such as depression, anxiety, or hormonal imbalances. When properly treated, mental disorders are very manageable, and those who are affected by them can live perfectly normal lives. In fact, those with these disorders perform better at work, and strive to improve each day as a result of their illnesses. Those who have been treated for their disorders show a decrease in absenteeism and increased productivity.

Patients must have the chance to do well in order for the plan to succeed. Allowing patients to receive appropriate mental health care along with their healthcare will help them improve and move off of the program.

Thank you for allowing the public to comment on this very important plan.

Sincerely,

Board of Directors
Idaho Academy of Family Physicians

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From: Lohnes, Eric
Sent: Friday, December 15, 2017 4:35 PM
To: Complex Medical Needs Waiver <CMNWAiver@dhw.idaho.gov>
Subject: Idaho Complex Medical Needs Waiver, PhRMA Comment Letter

To: Idaho Department of Health and Welfare, Division of Medicaid
From: The Pharmaceutical Research and Manufacturers of America (PhRMA)

Please find PhRMA’s comment letter to the Idaho Complex Medical Needs Waiver attached. We appreciate your consideration. Please feel free to contact us with any questions.

Sincerely,

Eric Lohnes
PhRMA
Senior Director
State Advocacy

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December 15, 2017

Director Russel S. Barron
Idaho Department of Health and Welfare
1720 N Westgate Dr.
Boise, ID 83704

Dear Director Barron:

We are writing on behalf of the Pharmaceutical Research and Manufacturers of America (PhRMA) regarding PhRMA’s concerns with Idaho’s proposed section 1115 Medicaid and section 1332 State Innovation waiver applications (referred to as the “Dual Waiver” or the “1115 application” and the “1332 application”) which were posted for comment on November 1, 2017. PhRMA represents the country’s leading innovative biopharmaceutical research companies, which are devoted to discovering and developing medicines that allow patients to lead longer, healthier, and more productive lives. PhRMA has a long-standing interest in promoting Medicaid beneficiaries’ access to quality care and consequently, we have concerns with the impact of the States’ proposals on patient choice and care stability.

In the first component of the Dual Waiver, Idaho is requesting a 1332 State Innovation waiver to “increase overall participation in Idaho’s health insurance market,” and extend advance premium tax credits (APTC) and cost sharing reductions (CSR) to the estimated 78,000 uninsured Idahoans with income under 100 percent of the federal poverty level (FPL).1 We commend the State for taking steps to increase commercial health insurance coverage in Idaho and reduce the uninsured rate, and support the State’s goal of increasing access to and affordability of coverage in the exchange.

The second component of the Dual Waiver is an 1115 Medicaid waiver to create a new Medicaid eligibility category for individuals with certain “medically complex healthcare needs” who have household incomes below 400 percent FPL.2 Medically complex diagnoses include: hemophilia; metastatic cancer; diseases of the blood (sickle cell, etc.); cystic fibrosis; lung, brain and other cancers, including leukemia; multiple sclerosis; disorders of the bone marrow; and congestive heart failure.3 Idaho states that the 1115 waiver will “reduce the amount of APTC and CSR paid by the federal government,” and “premium rates for individual health insurance plans are anticipated to substantially decrease.”4 Patients under this waiver will become ineligible for premium tax credits and cost-sharing reductions, and will be strongly incentivized to enroll in Medicaid in order to receive comprehensive health care. PhRMA’s central concern with this component of Idaho’s request is the disruption of care for chronically ill patients. Without providing adequate alternatives for this population, it is likely that safety-net providers, who are required to provide care regardless of a patient’s ability to pay, will incur a significant increase in volume of high-needs patients at once. Not only

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1 Section 1332 Application at 1, 2.
2 Section 1115 Application at 4.
3 The 1115 application posted on November 1, 2017 included 7 conditions with a projected initial enrollment of 1,500, while the application posted on November 22, 2017 included 24 conditions with a projected initial enrollment of 5,000. The most recent 1115 application posted on December 5, 2017 included 23 conditions with a projected initial enrollment of 5,000.
4 Section 1332 Application at 2.
would this negatively impact care for the chronically ill, it would also impact low-income patients who currently rely on safety-net providers for services.

The proposed Dual Waiver would endanger patient access and coverage while likely increasing costs for the state and the federal tax payer. Furthermore, neither the 1115 nor the 1332 application demonstrates how Idaho’s proposed programs would meet federal budget neutrality requirements. If Idaho’s goal is to reduce premiums in the private market, other policy options exist, such as the recent law creating a new reinsurance program in the State. For the reasons set forth below, Idaho should consider other approaches for individual market stabilization.

1. The Proposed Waivers Could Leave Chronically Ill Patients Without Continuous and Consistent Access to the Health Care System.

Once eligible for Medicaid, certain chronically ill individuals with incomes between 100-400 percent of FPL would be ineligible for premium tax credits and cost-sharing reductions to help offset the costs of private coverage in the exchange.5 Patients with the conditions targeted by the State will be disincentivized from staying in their current marketplace coverage because maintaining private coverage would require them to pay the full amount of unsubsidized premiums and cost sharing. This change in coverage could create significant barriers to accessing care and treatment. These patients will have no guarantee that the providers they know and trust will accept Medicaid or that their access to medicines chosen by their physicians to best manage their conditions will not be delayed by differences in Medicaid coverage requirements.

The conditions that the State is targeting in the 1115 application require serious health care interventions and access to specialists, and any gap in access or care could lead to costlier complications and the need for additional services. The State’s proposal to drive chronically ill privately insured patients to enroll in Medicaid could overwhelm the system built to serve the most vulnerable low-income Idahoans. It is anticipated that these children and adult patients could have a difficult time finding specialist physicians who accept Medicaid at the same time current Medicaid beneficiaries are also trying to access care. The State also has a well-documented provider shortage and recently proposed cuts to Medicaid provider reimbursement rates, which could further strain patient access.6 While the 1115 application states that Idaho will “leverage our primary care providers, oncologists, and other specialists within our network to provide these services,” it is not at all clear that Idaho’s current network of Medicaid providers would be sufficient to provide the full scale and scope of services that this population will need. Ensuring patient access to providers is crucial to protecting patient health, but this proposal could leave patients with less or no care.

Patients whose health conditions are stabilized by medicines have likely gone through lengthy utilization management processes that required them to try medicines to which they did not respond. Upon enrolling in Medicaid, those patients may again be subject to utilization management and may be required to take medicines that were ineffective in managing their conditions or had unbearable side effects. Patients subject to prior authorization requirements may also experience a disruption in therapy for their conditions if they

5 26 U.S.C. § 36B(o)(2)[B][I]; 26 C.F.R. § 1.36B-2[a][2]; 45 C.F.R. § 155.305(f)[1][i][B]; 45 C.F.R. § 155.305(g)[1][i][B].
switch providers or need to have their medicine reapproved. Health conditions may worsen as a result, increasing health care costs and wasting state and federal tax payer money.

2. **Other Options Exist for Covering the Uninsured and Lowering Premiums in the Exchange.**

We understand the State’s desire to stabilize the individual market and support expanding coverage to uninsured populations. However, other options, including reinsurance, would more directly address the problem without requiring changes to Idaho’s Medicaid program. In fact, the Idaho legislature passed a law just this year to create a reinsurance program that would stabilize the exchange and allow persons with complex conditions to keep the health insurance coverage of their choice. The law, signed by Governor Otter in April, converts the state’s legacy high-risk pool to a reinsurance program for individuals with high-risk medical conditions. Under this program, in-state insurers will be able to “cede” qualifying individual plan enrollees for reinsurance coverage, which will absorb a certain percentage of the medical expenses for that individual within a set expense range. The Board of Directors for the reinsurance program will be responsible for routinely re-evaluating which medical conditions qualify as “high risk” and become eligible for reinsurance, as well as for annually developing the parameters for the reinsurance that the program will provide. The program will be funded by premiums paid by in-state carriers for each qualifying patient that is ceded for reinsurance coverage, with the Board having additional authority to collect assessments from all in-state carriers for any cost-overruns that the program experiences. State experts and other states proposing to use 1332 waivers for reinsurance have said that reinsurance has the potential to lower premiums in the exchange by 10-20%.8,9

Idaho should allow for that program, approved by the State’s lawmakers after proper consideration and debate, to take effect before making additional sweeping changes to its citizens’ health coverage. If the State’s goal is to reduce premiums for Idahoans in the private market, reinsurance is a more effective and less disruptive long-term solution because it limits insurers’ exposure in a flexible, responsive way as their enrollment profile changes over time and does not risk disrupting patient care.

3. **The Waiver Applications Do Not Demonstrate Budget Neutrality.**

As acknowledged in the State’s 1332 application, “[s]ection 1332(b)(1)(D) requires that waivers be deficit neutral.”10 Likewise, “longstanding CMS policy” requires that section 1115 demonstrations “be budget neutral to the federal government; meaning that federal Medicaid expenditures for a state cannot be

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10 Section 1332 Application at 3. Section 1332(b)(1)(D) of the Affordable Care Act (ACA) states that a waiver may be granted if it “will not increase the Federal Deficit.” A state applying for a 1332 waiver must include in its application a budget plan that is “budget neutral for the Federal Government.” ACA § 1332(a)(1)(B)(ii).
allowed to exceed what would have occurred without the demonstration.\textsuperscript{11} Prior CMS guidance states definitively that budget neutrality for a 1332 application cannot be predicated on “further state action” or federal action, including the approval of a coordinated 1115 application.\textsuperscript{12}

The 1332 application requires corresponding changes in the State’s Medicaid program (through its section 1115 application) in order to be budget neutral, and therefore does not meet section 1332’s deficit neutrality requirements. The 1332 application states that the cost of providing premium tax credits and cost-sharing reductions for individuals below 100 percent of FPL will be offset by shifting certain high-cost individuals into Medicaid coverage, which will both reduce the number of individuals eligible for APTC and CSR and reduce the expense of premium supports in Idaho’s insurance marketplace.\textsuperscript{13} However, these offsetting reductions are entirely dependent on the federal government approving the State’s 1115 application, which contradicts CMS’ explicit policy in this area because balancing of expenses between coordinated 1332 and 1115 application waivers is impermissible.

Similarly, the 1115 application shows an estimated increase in Medicaid spending of between $420 and $547 million over the demonstration program’s five-year span, for which the federal government would be responsible for approximately 71% (between $298 and $388 million).\textsuperscript{14} The 1115 application does not otherwise address budget neutrality. Given that the estimated federal savings shown in the State’s 1332 application are approximately $2 million per year, the 1115 application is not federally budget neutral on its own nor in conjunction with the 1332 application.\textsuperscript{15,16}

\textsuperscript{13} Section 1332 Application at 2 ("Moving [individuals with certain chronic medical conditions] to the Complex Medical Needs program will reduce the amount of APTC and CSRs paid by the federal government . . . Additionally, the premium rates for individual health insurance plans are expected to substantially decrease due to a number of these individuals . . . no longer being part of the individual risk pool."); Section 1332 Application at 3 ("Idaho’s proposed waiver will not result in increased federal spending.")
\textsuperscript{14} Section 1115 Application at 22; 81 Fed. Reg. 80,078, 80,080 (Nov. 15, 2016) (FMAP rates for Federal FY 2018).
\textsuperscript{15} Section 1332 Application at 5, 7 (comparison of estimated $615 million Federal expenditure in FY 2019 without waivers versus $613 million with both waivers in effect).
\textsuperscript{16} We also note that both 1115 and 1332 waiver applications require state-level notice and comment processes to allow for “meaningful input” into the waiver process by members of the public. ACA § 1332(a)(4)(B)(I); SSA § 1115(d)(1). CMS regulations require that the State provide the public with a "comprehensive description" of the applications that it intends to submit, including (for 1332 applications) "information and assurances related to all statutory requirements" and (for 1115 applications) an "estimate of the expected increase or decrease in . . . annual aggregate expenditures . . . ." 45 C.F.R. § 155.1312(b)(1); 42 C.F.R. § 431.408 (Section 1115). These requirements must be completed prior to the State submitting its application to CMS. 42 C.F.R. § 431.408(a)(1); 45 C.F.R. § 155.1312(a)(1). Both Idaho’s 1115 and 1332 applications state that their respective public notice process has been completed. 1115 Application at 24; 1332 Application at 12. However, both applications note that the State is withholding financial and actuarial projections pending completion of its analysis. 1332 Application at 3; 1115 Application at 33. These projections are essential for providing "meaningful input" into Idaho’s proposed waiver programs because they demonstrate the potential impact these waivers will have on program beneficiaries, the potential budgetary impact on Idaho taxpayers, and whether or not these programs will meet budget neutrality requirements. We would encourage State officials to provide these figures as soon as they are available to ensure that the Idaho public can participate in the waiver process in a fully informed manner.
Thank you for the opportunity to comment on this important matter. We welcome the opportunity to continue this conversation with you and your staff. Please contact me at (360) 480-1851 if you have any questions related to this issue.

Sincerely,

[Signature]

Eric Lohnes
Senior Director, State Policy
To DHW,

As a Medicaid provider I'm asking you to please include behavioral/mental health services like counseling and peer/family support services. Individuals and families can benefit greatly from these services while facing the difficulties having a complex illness brings.

Thank you for all that you do.

From: Ceci Thunes
Sent: Friday, December 15, 2017 2:50 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Idaho Voices for Children's Public Comment on the Idaho Health Care Plan
Division of Medicaid  
Attn: Cindy Brock  
P.O. Box 83720  
Boise, ID 83720-0009  

Dear Ms. Brock,

Thank you for the opportunity to comment on the Idaho Health Care Plan. At Idaho Voices for Children, we work to develop and promote statewide public policy that advocates for children and their families on issues of health, education, safety and family economic security.

Families in Idaho are stronger when they have comprehensive access to both physical and behavioral health services. We recently launched an initiative to accelerate behavioral health care integration and increase access to care. Sound and integrated health care includes providing patients with medical, mental health and substance use treatment.

We acknowledge the continued efforts of the Department of Health & Welfare to reduce the number of Idahoans who are in the coverage gap. We are concerned that many Idahoans, including those with serious behavioral health conditions, will remain in the gap under this proposal.

While some Idahoans with severe mental illness (SMI) may qualify for coverage on the exchange under the 1332 waiver, exchange plans do not provide the same array of behavioral health services that would be available with Medicaid under the 1115 waiver. This proposal could potentially strand thousands of Idahoans who struggle with mental illness and substance use disorders in the coverage gap and without access to behavioral health services.

Regardless of the approval of this proposal, we strongly encourage the Idaho Department of Health and Welfare to develop alternative plans to address behavioral health care needs by 2019 and commit to working to fully close Idaho's coverage gap.

We have the following suggestions for your consideration:

- **Promote Parity:** Behavioral health care is just as fundamental as care for physical health issues to families in Idaho. Excluding behavioral health in the list of qualifying conditions for the 1115 waiver overlooks many people who face comparable challenges that are as commonplace and financially draining as covered conditions. Expanding the list of medically complex conditions to include SMI will positively impact Idahoans suffering from schizophrenia, major depressive disorder, bipolar and related disorders, post-traumatic stress disorder, anxiety disorders, and substance use disorders.

- **Leverage Corrections Savings:** Successful criminal justice reform depends on programs and policies that use incarceration as a last resort and reduce recidivism. Those unnecessarily in the criminal justice system due to mental illness and substance use disorders place crippling pressure on an institution that is designed to incarcerate and punish and is not effective enough at rehabilitation.
Once released, Idahoans incarcerated because of mental illness face the added burden of a criminal record, which can be a barrier to securing employment. Adding SMI to the list of medically complex conditions could result in significant savings in corrections spending. We ask that the state fully explore any potential fiscal savings to Idaho’s corrections spending that may be realized by adding SMI to the list of medically complex conditions.

- **Promote Consumer Representation:** It is essential that consumers are represented in decisions that will affect their care. The state should consider instituting a consumer implementation council for consumer oversight and input.

- **Ensure Effective Outreach and Enrollment:** This proposal will only be as effective as the state's ability to make sure newly eligible Idahoans enroll in the program. The waiver proposal describes outreach only to primary care and specialty providers. A broader public outreach and education effort should be designed to maximize enrollment. The Department of Health & Welfare should consider partnering with community organizations to achieve that result. For instance, sending notices of eligibility to everyone in the self-reliance system would be a great start.

- **Ensure Care Coordination:** Consistent care coordination and case management are fundamental to determining successful treatment of individuals with complex needs. The waiver should specify requirements for care coordination and case management, identify who is responsible for those functions, and describe any measures related to the patient’s experience to evaluate care coordination and quality of life.

- **Including Evaluation and Data Collection Procedures:** The state’s monitoring and evaluation plan should be robust. The state should have strong accountability markers for patient outcomes and satisfaction in any managed care contracts. The state should also require that Idahoans participating in qualified health plans are receiving comprehensive benefits and have access to an adequate provider network. Claims-based measures are associated with significant time lags in reporting; therefore a more comprehensive approach to evaluation will provide timely information about the impact of the demonstration. The state should regularly share data with the public about the demonstration’s status and performance.

Thank you for taking into consideration our comments on the proposed dual waivers. We look forward to the state finding additional solutions to provide health care for all of Idaho’s families.

Sincerely,

[Signature]

Executive Director, Idaho Voices for Children
From: Jenny Wallace On Behalf Of Todd Lovshin  
Sent: Friday, December 15, 2017 2:02 PM  
To: doi.reform@doi.idaho.gov; Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>  
Subject: Dual Waivers in Idaho  

Directors Barron, Cameron and Kelly:

Please see our attached letters regarding the proposed waivers. Should you have any questions please feel free to reach me by phone or email anytime.

Thank you,
Todd

Todd Lovshin  
Vice President and interim Idaho Regional Director  
pacificsource.com
828 Great Northern Blvd., Ste. 101  
Helena, MT 59601

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December 15, 2017

Russell S. Barron
Director, Idaho Department of Health and Welfare
450 W. State Street
10th Floor
PO Box 83720
Boise, ID 83720-0036

RE: Proposed Section 1115(d) Demonstration Waiver aka Complex Medical Needs (CMN) Waiver

Director Barron:

PacificSource Health Plans is and has been committed to providing high quality, affordable health insurance policies in Idaho. We value our business in Idaho and want to ensure a robust individual health insurance market for our company, our members, the health insurance industry in general, and for the benefit of all Idahoans.

PacificSource has reviewed the Proposed Section 1115(d) Demonstration Waiver and submits this letter in support of the goals of the proposed waiver, including:

1. Expanding eligibility to children and adults with medically complex healthcare needs, whose household income is less than 400% Federal Poverty Level (FPL);
2. Establishing consistent and reliable coverage, where none currently exists, for individuals with medically-complex conditions whose income is less than 100% of the FPL; and
3. Promoting better quality, compassionate end-of-life care focused on the wishes of the patient, and a better care experience for all eligible individuals with incomes below 400% FPL.

As proposed, the Section 1115(d) Demonstration Waiver “as part of a sustainable solution for Idaho, will provide a reliable and comprehensive source of coverage, allow for better outcomes and reduce the negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.” To make progress towards the goal of stabilizing the individual health insurance market premiums, it is critical that the Section 1115(d) Demonstration Waiver is approved. If just the Section 1332 Waiver is approved without the Section 1115(d) Waiver, the individual health insurance market will be faced with adding additional high risk conditions in a community-rated premium environment. Although each of the dual waivers (the Section 1332 and Section 1115(d) Demonstration) are filed separately, PacificSource believes the success of the Section 1332 Waiver is tied directly to the approval of the Section 1115(d) Demonstration Waiver.
The Section 1115(d) Demonstration Waiver will allow Idaho to ensure its high-needs individuals have consistent access to comprehensive healthcare coverage through the Medicaid. The comprehensive coverage provided by Medicaid is important for high-need members so the members will have the ability to access the care they need with limited financial barriers. PacificSource supports efforts to provide comprehensive case management and managed care services to support members who receive benefits as a result of the Section 1115(d) Demonstration Waiver.

The ability to have a financially viable and stable individual insurance market is critical to the health care system in Idaho. PacificSource appreciates the creative and careful approach defined by the dual waiver program. Success will depend upon the adoption of both waivers, making proper premium adjustments, and ensuring care is delivered through robust care management going forward.

If you have any questions about our position or would like to discuss further please contact me at your convenience.

Sincerely,

Todd Lovshin
Vice President and Interim Idaho Regional Director
PacificSource Health Plans
(406) 441-3490
Todd.Lovshin@PacificSource.com
December 15, 2017

Dean L. Cameron
Director, Idaho Department of Insurance
PO Box 83720
Boise, ID 83720-0043

Patrick Kelly
Executive Director, Your Health Idaho
1010 West Jefferson Street
Boise, ID 83702

RE: Proposed Section 1332 State Innovation Waiver

Directors Cameron and Kelly:

PacificSource Health Plans is and has been committed to providing high quality, affordable health insurance policies in Idaho. We value our business in Idaho and want to ensure a robust individual health insurance market for our company, our members, the health insurance industry in general, and for the benefit of all Idahoans.

PacificSource has reviewed the Proposed Section 1332 State Innovation waiver and submits this letter in support of the goals of the proposed waiver including:

1. Increasing overall participation in Idaho’s individual health insurance market.
2. Providing affordable coverage options to working Idaho households with incomes below 100% of the Federal Poverty Level (FPL) who are U.S. citizens not eligible for Medicaid, through the same mechanism that lawfully-present aliens currently obtain affordable coverage.
3. In conjunction with Idaho’s proposed Section 1115(d) Demonstration Waiver and Idaho Individual High Risk Pool, stabilizing the insurance premiums in the individual health insurance market.

As noted in the waiver, the “Section 1332 Waiver is but one component of Idaho’s Dual Waiver approach. Idaho is also applying for a Section 1115 Medicaid Waiver.” To make progress towards the third goal of stabilizing the individual health insurance market premiums, it is critical that the Section 1115(d) Demonstration Waiver is also approved. Without this component, the individual health insurance market will be faced with adding additional high-risk conditions in a community-rated premium environment. Although each of the dual waivers (the Section 1332 and Section 1115(d) Demonstration) are filed separately, PacificSource believes the success of the Section 1332 Waiver is tied directly to the approval of the Section 1115(d) Demonstration Waiver.

PacificSource has also supported concurrent changes to the Individual High Risk Reinsurance Program during the last year that are intended to help reduce premium and stabilize the market. We see this as a multiple prong approach: Section 1332, Section 1115(d) Demonstration, and changes to the Individual High Risk Reinsurance Program must all work together to support future premium stability in the
individual insurance market. Given the financial challenges the individual market has endured since 2014, we suggest a conservative approach when it comes to estimating the total premium impact of these combined programs and look forward to working with the Department of Insurance to ensure the proper adjustment is made.

The ability to have a financially viable individual insurance market is critical to a stable health care system in Idaho. PacificSource appreciates the creative and careful approach defined by the dual waiver program. Success will depend upon the adoption of both waivers and making proper premium adjustments going forward.

If you have any questions about our position or would like to discuss further please contact me at your convenience.

Sincerely,

Todd Lovshin
Vice President and Interim Idaho Regional Director
PacificSource Health Plans
(406) 441-3490
Todd.Lovshin@PacificSource.com
Hi,

I sent our comments a few days ago and need to amend them.

First of all our daughter's insurance made a mistake when they said her policy would be over at the end of the year. She will have coverage and we are so grateful.

I failed to comment that this effort to have health care to cover the poor and mentally ill citizens of Idaho is a first step in the right direction. It must be followed up diligently and without fail, to find the solution that will provide the best coverage possible for those who have to struggle for their needs. It would be preferable to just accept the federal opportunity to expand Medicaid.

Thank you for listening!

Margo & Dennis Proksa
What safeguards will be established to ensure that individuals with identified complex medical health conditions will continue to be able to access their existing medical provider? What is being done to address access issues that could arise if providers limit the number of Medicaid patients they will see?

Please be certain that Idahoans who qualify for health coverage under the Idaho Health Care Plan are notified of their eligibility and make a public outreach campaign ensure a maximum enrollment.

It is important to prepare an alternative proposal to close the Idaho coverage gap in the event this proposal does not receive federal approval!

Thank you again for helping every citizen of Idaho obtain health care regardless of their income, or health issues.

Sincerely,

Margo & Dennis Proksa

From: Cheryl Slavin
Sent: Wednesday, December 13, 2017 7:33 PM
To: Complex Medical Needs Waiver <CMNWaiver@dhw.idaho.gov>
Subject: Improve the Idaho Health Care Plan

Dear Division of Medicaid Brock,

I paid my bills tonight and came to the conclusion that I cannot afford the binder payment for next year's health insurance. As I have three anxiety disorders and a mood disorder, this disturbs me greatly. I shouldn't have to choose between paying rent and paying my health insurance premiums so that I may have a decent quality of life.

Without insurance, I will be further disabled. Permanently, perhaps irreparably. These waiver proposals are the only hope I have at this point. I have supported efforts to narrow the gap after finding myself lost in it. How many others in this gap have it worse than I do? Thousands.

I appreciate the efforts made to close the gap. But I know that further steps must be taken in order to ensure that Idahoans across the board have access to a better quality of life. Raising awareness of this campaign to ensure maximum enrollment regarding waivers is essential.

In the event that this proposal does not gain federal traction, some alternative needs to be sought. Like many others, I don't deserve to be penalized because I fall into a particular income bracket. It seems ridiculous that this situation even exists. It seems like a direct attack on the working poor in some ways.

Behavioral health should be an essential part of any type of health care coverage. We as the mentally ill already have obstacles to maintaining any sense of self—it can even be difficult to ask for help when we have access to it. Lack of access to services can be devastating if not deadly. We need to address these issues so that so many lives are not in anguish or in jeopardy.

Again, I appreciate the efforts made thus far regarding this critical issue. Thank you for looking at the working poor and the disadvantaged and recognizing that we matter. It matters not only to me, but to my daughter, that you succeed in your mission to make health care accessible.
Sincerely,

Cheryl Slavin

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**From:** Denise Myler  
**Sent:** Wednesday, December 13, 2017 1:28 PM  
**To:** Complex Medical Needs Waiver <CMNWAiver@dhw.idaho.gov>  
**Subject:** Medicaid 1115/1332 Complex Medical Needs Waiver

I support the complex medical needs waiver for Medicaid 1115/1332 waivers. As an Idahoan with a disability, the benefits of traditional Medicaid helps me access doctors and therapists. All Idahoans should have access to the medical care they need.

This includes Idahoans with mental and behavioral health needs. The state has unwarranted view that mental health is not a medical issue but a criminal behavior. This waiver unfortunately does not include mental health under the complex medical needs mentioned in the draft waiver. The criminal justice system is untrained and ill equipped to properly handle the complex needs of those with mental and behavioral medical needs. Until Idaho stops criminalizing mental health, we will have family and friends who are being denied medical care access. This waiver must include mental health or else the state is creating a permanent criminalized class of Idahoans and denying the opportunities available to the rest of Idahoans.

As a disabled advocate, I want all Idahoans with all the various types of disabilities to have access to medical care. Therefore, complex medical needs must include behavioral and mental disability needs.

Denise Myler  
Disabled Advocate

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**From:** James Giuffre  
**Sent:** Friday, December 15, 2017 9:23 AM  
**To:** Complex Medical Needs Waiver <CMNWAiver@dhw.idaho.gov>  
**Subject:** Public Notice

Dear Idaho Colleagues, I am speaking only for myself in this communication as an Idaho taxpayer and 40 year resident. In full disclosure, I am a member of the State Board of Health and Welfare and I have been a District Health Director in North Central and Central Idaho during the years 1986-19993. I want to thank both the Dept of Health and Welfare and the Dept of Insurance for their innovative and creative solutions, using the waiver process, to begin addressing the 'gap population'. I know this so-called gap population having served them as public health director. Almost without exception, these are hard-working Idahoans who can't afford health insurance and often do not have access to healthcare services. As a last resort they go to the emergency room, an expensive and inappropriate care setting to treat people with chronic conditions and those needing primary care services. I urge you to support both waivers for the following reasons: 1. It's the right thing to do...to provide a low cost way and a basic health services plan and funding to give working people access to care and access to care management and coordination for those living with chronic conditions. 2. It will reduce the tremendous expense of the counties medical indigent payments. Counties are forced to divert funds meant to improve services for their entire county population, to pay for significantly increasing medical costs for a small fraction of their population. 3. It will reduce the cost of providing care to those with chronic conditions, while increasing the quality of care management and care coordination services these people need to have to successfully manage their conditions. Thank you for the opportunity to comment. James Giuffre

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**From:** Anonymous  
**Sent:** Thursday, December 14, 2017 9:44 PM
The Boise Metro Chamber of Commerce supports the Dual Waiver concept, also known as the Idaho Healthcare Plan. This plan is a first step in providing health insurance for Idaho’s citizens who fall into the gap population. The plan also aims to reduce the cost of premiums for those in the individual market. This position is in line with the Chamber’s long-term interest in advocating for affordable healthcare solutions.

From: CMNwaiver@dhw.idaho.gov [mailto:CMNwaiver@dhw.idaho.gov]  
Sent: Sunday, December 17, 2017 1:31 PM  
To: Complex Medical Needs Waiver <CMNwaiver@dhw.idaho.gov>; Trevon.burk@yahoo.com  
Subject: Public Notice

Will beign tumors be covered through section 1115(d)? I currently have lymphangioma. It has caused my whole life: scholarships, muscle spasms, gruesome amounts of emotional and physical pain, sleep deprivation, no physical workout regimen, to plummet into the darkness. I will never know what it's like to be a fit and motivational person again and I'm only 19. If you don't cover beign tumors then at least help all those people who feel like their life isn't worth living because of there medical condition.

From: Tyrel Stevenson  
Sent: Wednesday, December 20, 2017 5:17 PM  
To: Complex Medical Needs Waiver <CMNwaiver@dhw.idaho.gov>; DOI_Reform@doi.idaho.gov;  
Subject: Coeur d'Alene Tribe Comments on dual waiver proposal [External Email]

Please find the attached comments from the Coeur d’Alene Tribe on the dual waiver proposal. Thank you.

Tyrel Stevenson  
Legislative Director  
Coeur d’Alene Tribe  
850 A Street P.O. Box 408  
Plummer, ID 83851

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December 19, 2017

Attention: Cindy Brock
Alternative Care Coordinator
Division of Medicaid
P.O. Box 83720
Boise, Idaho 83720-0009

SUBMITTED VIA EMAIL
CMNwaiver@dhw.idaho.gov
DOI.Reform@doi.idaho.gov
Lori.Wolff@dhw.idaho.gov
Lisa.Hettinger@dhw.idaho.gov

Re: Comment on Dual Waiver Proposal

The Coeur d'Alene Tribe appreciated the opportunity to meet with Idaho Department of Health and Welfare and Department of Insurance ("Departments") representatives and discuss the effects and implications of the proposed dual waiver strategy. The Tribe also appreciates the opportunity to submit comments on that proposal, which we hope will assist the Departments in formulating the waiver structures and future proposals.

1. Tribal Consultation

The Tribe appreciates the direct communication channels we have with the Departments, particularly our relationship with Joyce Broadsword who visits regularly. We also appreciate the time and effort the Departments put forth last week to meet in person with the Tribal Council and staff to explain the proposed waiver process, the goals, the challenges and details of the changes. We felt that it was a positive meeting and productive dialogue. That said, we would comment that the consultation process itself could use some improvement. While we have had frequent communication with Joyce, we did not see the details of the proposed waivers until shortly before the comment period. Further, we did not have the opportunity to discuss the effects of the proposed waivers on the Tribal population specifically until the consultation meeting December 12. Of course, the rest of Idaho also had a very short time to digest the proposed changes so we realize the Tribe was not being singled out. We would simply suggest that in the future the Tribe would like to work
on improving the consultation process by having more in-depth discussion at an earlier time in the proposal process to allow more time to submit comments. Thank you.

2. 1332 Waiver
The Coeur d’Alene Tribe supports increasing Medicaid coverage in Idaho. In fact, the Tribe would have preferred to see the State simply expand Medicaid coverage as allowed under the Affordable Care Act since in the Tribe’s view it would make the best use of State and Federal resources to cover our vulnerable populations. However, the Tribe also understands the political realities at play and based on the information presented by the Departments during the consultation, agrees that the dual waiver strategy would be a positive course to pursue. While the Tribe still is uncertain about exactly how our specific populations would be impacted, it appears based upon those representations that additional individuals would be covered by Medicaid than previously had access to coverage, which could alleviate some of the financial burden to provide care.

3. 1115 Waiver
With regard to the 1115 waiver specifically, the Tribe would like to emphasize certain complex conditions that historically affect our population as the Department of Health and Welfare finalizes the list of conditions. A review of the last couple of years’ claims reveals that Rheumatoid Arthritis, Persistent Severe Mental Illness and Hepatitis C were some of the highest cost conditions we faced. The Tribe would request adding those conditions if not already included.

The Coeur d’Alene Tribe appreciates the work the Department does to increase medical coverage to vulnerable populations in Idaho and on the Coeur d’Alene Reservation. We look forward to improving the consultation process as well as the delivery and availability of healthcare in our community.

Sincerely,

Chief J. Allan
Chairman

Chief
Note: The following are images of the written comments submitted during the 1115/1332 Waiver Public Hearing on December 7, 2017. Personal information such as email, addresses and phone numbers have been removed.
My name is Mary McLaughlin and I want to thank you for providing me the opportunity today to testify on this important proposal.

Since I was a young adult I’ve had health insurance except for one day. This is the story of that one day.

I’m not an Idahoan who falls into the healthcare gap. But I know the fear of losing healthcare insurance. In September 2008, on the day the market first fell 600 points during the Great Recession, I was called by my physicians with concerns about the mammogram I had done that day. That began my journey through breast cancer.

I was working seasonally for a garden nursery when I found out about the cancer. I had insurance through that company, and it was the end of the gardening season, so when I was diagnosed I didn’t have to worry about doing physical labor during treatment. But 16 chemo’s later I had to start worrying if my job was secure. I went back to work two or three weeks into radiation, bald headed and with fingernails that looked like they could fall off into a customer’s bag if I wasn’t careful. I needed the health insurance and saw no other choice. I drove 35 minutes north, worked 4 hours, then drove 1 1/2 hours south, got my radiation and drove home another 1 1/4 hours. This was Monday’s, Wednesdays, and Fridays. On Tuesdays and Thursdays I just drove an hour and 15 minutes south for radiation.

I worked for that company for 3 more years. I lived in fear of losing my job and with it my healthcare, being an older employee with health issues. The last year with that company I made it all the way to Obamacare with just one uninsured day. One year after being covered on ACA I was eligible for Medicare.

Why did I put myself through all that? Because if I didn’t keep that job, I’d be in medical debt to the tune of a quarter of a million dollars. That’s what it costed without coverage. That’s the fear Idahoans who fall in the gap go through everyday. “How do I make this work without destroying my family, my credit, my ability to go on in life if I’m faced with a catastrophic medical diagnosis.”

So, my worries are not over. I worry for family and friends and all Idahoans without the financial ability to have quality healthcare.

I want to thank those that have developed this proposal so Idahoans can access critical health coverage they so desperately need. I hope all stakeholders will also see the value in the 1115 and 1332 waivers and make this available to Idahoans.
I'd like to talk to you briefly about the aspect of providing for Behavior Health within the Idaho Health Care Plan. I am a registered nurse and I most recently worked as a school nurse. I saw first hand how families struggle when trying to find help for a child or family member with a mental health concern. As proposed, this plan does not address significant gaps and deficiencies in Idaho's behavioral health care system. Quality and comprehensive health care access must include caring for patients with medical, mental health and substance use treatment. I am asking that behavioral health conditions which includes severe mental illness be added to the list of qualifying conditions. Mental health illness is highly prevalent in Idaho. Due to a lack of individual resources, people seek treated in hospital emergency rooms which as we all know is cost prohibited. Adding behavioral health care would reduce incarceration and re-ecid-i-ism and thereby result in significant cost savings for the state, not to mention help mitigate the human cost of those dealing with mental illness and addiction.

I encourage the creators of the The Idaho Health Care Plan to work with the Idaho Legislature and local providers to find cost-effective ways to ensure
access to behavioral health services for Idahoans with severe mental illness and other behavioral health issues. This would include care coordination and case management, which is vital to help those with complex behavioral health needs. I strongly urge that this proposal include more comprehensive approaches for referral, including options such as self-referral, referrals from community organizations, and hospitals. People who are undiagnosed as well as those do not have a regular provider should also be included within this plan.

Lastly I urge the committee to create a strong public outreach campaign to maximize enrollment once this program is approved. Idahoans suffering from mental health illness and addiction deserve the same access to care as someone with a physical condition. Please do not exclude them in the Idaho Health Care Plan.
Thank you for the opportunity to provide testimony on the Idaho Health Care Plan as part of Idaho’s dual 1115 and 1332 federal waiver applications. My name is Hillarie Hagen, and I’m the Story Collection Specialist for Idaho Voices for Children. Idaho Voices for Children is a statewide, non-profit organization focused on promoting policies that support children and families in Idaho. Health care affordability and access is critical to the health, well-being and financial stability of Idaho’s families.

Between 2010 and 2016, Idaho’s rate of uninsured children has dropped from 11% to 5%. This progress will be accelerated by narrowing Idaho’s coverage gap because research show that when parents are insured, children are more likely to be insured.

In my role with Idaho Voices for Children, I talk to Idahoans from all walks of life and all parts of the state about the value of health coverage. My work has taught me one central thing: living without insurance creates stress, financial insecurity and can lead to ongoing and serious health issues that could have been prevented.

The Idaho Health Care Plan is an excellent first step towards making health care more affordable for Idahoans. Working together, the 1332 and 1115 waivers would make significant progress towards narrowing Idaho’s coverage gap and potentially reducing the costs of premiums for Idahoans on the health insurance exchange.

We share the following suggestions as this application moves forward and will provide more input in our extended written comments.
1) We strongly recommend the state explicitly ensure the expansion of coverage to Idahoans with Severe Mental Illness (SMI) by adding SMI to the list of medically complex conditions. This could potentially provide additional savings in Idaho's state and county indigent programs and state correction's costs.

2) While we understand that the 1332 waiver is focused on providing coverage for working Idahoans, we are concerned that Idahoans without taxable income are excluded. (Give example of person with non-taxable income you collected story from). Will this proposal provide coverage for this Idahoan?

3) We commend the state for its ambitious effort to get Idahoans into coverage soon and want to know more about how the state plans to ensure robust care coordination and case management, which is crucially important to improve the care of individuals with complex health needs.

4) We want to emphasize the need for a robust and strategic outreach campaign to ensure the maximum number of newly eligible Idahoans enroll under each waiver.

Thank you for your time and consideration.
The country of Costa Rica provides health care to all of its citizens. A doctor or nurse visits each and every citizen once a year to check on their health. Their people are healthy and happy. Prevention is a key factor in keeping their health costs under control. The more we can do to provide health care for Idahoans the more we will do to keep our medical costs down, keep our citizens healthier and happier. If a country like Costa Rica can do it, why can't Idaho? Please do what we can to take care of our citizens. Thank You, Thomas Neale

Reference: National Geographic Magazine 2017
December 5, 2017

Idaho Parents Unlimited, Inc. (IPUL) is the statewide organization that houses the Idaho Parent Training and Information Center, the Family to Family Health Information Center, Idaho Family Voices, and VSA Idaho, an affiliate of VSA, the international organization on arts and disability.

Through programs within the Parent Training and Information Center, the Family to Family Health Information Center, and Idaho Family Voices, IPUL ensures that parents of children ages birth to 26 years with disabilities and special health care needs receive training and information on their rights, responsibilities, and protections under the Individuals with Disabilities Education Act (IDEA) in order to develop the skills necessary to cooperatively and effectively participate in planning and decision making relating to early intervention, educational, and transitional services. Furthermore, IPUL assists families in making informed choices about health care, assists in helping families navigate the health care system effectively, provides a model of collaboration between families of children with special health care needs and professionals, and assists families whose children are transitioning into adulthood.

As such, IPUL is very pleased about the State’s application for the Your Health Idaho 1332 Waiver and the Medicaid 1115 Waiver for people who have complex health needs. According to the Idaho Department of Health and Welfare, these waivers will do the following:

- **Your Health Idaho 1332 Waiver:** This waiver would allow individuals with incomes under 100 percent of the FPL to receive the premium tax credits to make the coverage affordable so they can purchase insurance on the private market. To receive the tax credit, these individuals would have to report some taxable income – adding a work requirement for individuals receiving federal subsidies.

- **Medicaid 1115 Waiver:** Allows individuals on the private market with certain medically complex diagnoses to move to Medicaid and receive treatment for the duration of their illness. This would allow more comprehensive and consistent coverage for these individuals in keeping with the goals of the Medicaid program. It would also pull a portion of the high-cost individuals from the private individual market, reducing insurance premium costs for the rest of the individual market population.

While we appreciate this as a wonderful first step toward ensuring all Idahoan’s have appropriate and affordable healthcare, we would like to see the eligibility coverage expanded to people who have a diagnosis that is consistent with children who have severe emotional disturbance (SED) criteria including adults with schizophrenia. Furthermore, we also believe that care coordination and case management that is consistent with the Medical Home Model Is a critical component to ensuring effective healthcare treatment while also containing costs.

We appreciate the opportunity to share our position with you, and we look forward to a healthier Idaho!

Angela Lindig  
Executive Director
Comments on Idaho State Innovation Medicaid Waiver (§1115) Application for People with Complex Medical Needs.

DisAbility Rights Idaho is Idaho's Protection and Advocacy System for people with disabilities. We provide advocacy, legal assistance and public policy analysis on behalf of Idahoans with disabilities.

We recognize that this waiver, in conjunction with a proposed §1332 Affordable Care Act, State Innovation Waiver, seeks to provide health care coverage for about 35,000 Idahoans who are currently without coverage, and to provide Medicaid eligibility for Idahoans with certain diagnoses. **We support the waiver application as a significant first step in shrinking the coverage gap and providing an appropriate range of long term services and supports for some Idahoans with disabilities.**

The last comprehensive attempt to quantify the number of Idahoans without access to affordable health coverage found approximately 78,000 people in the insurance gap. Several years of improved economic conditions and increased employment have probably substantially reduced that number. Current estimates using SNAP data and other sources suggest that the population is currently around 54,000. It is likely that the people who remain in the gap are even more disproportionately people with disabilities, and chronic health conditions, since these people are the least likely to benefit from increased job availability.

**By far the best option for Idaho and Idahoans with disabilities is to take advantage of the enhanced federal match associated with the Affordable Care Act’s expansion provision to provide coverage for everyone in the gap.** The Legislature has not been willing to do that so far. This proposal is a positive step in that direction.

We recognize that the selection of conditions for the §1115 waiver are based primarily on the impact that these conditions have on private insurance costs, and the impact that those costs have on premiums. Our concern however, is the impact on people with disabilities. We are very supportive of the changes released on November 22, 2017 to the list of eligible conditions to include, spinal cord injuries, and others.

The Application for the Complex Medical Condition waiver (CMC) will provide Medicaid coverage for some people with disabilities, that is, people with the listed conditions. This is obviously a significant benefit for those people currently in the "gap", but it is also a significant benefit for people with disabilities who have an insurance policy on the state exchange. Private health insurance policies do not provide significant coverage for either long term care or for Home and Community Based Services (HCBS). Under the
CMC waiver, both are covered. This will improve the risk pool for the exchange plans while providing coverage better suited to the needs of people with complex health conditions. Appropriate HCBS can delay or eliminate the need for long term care facility placements, and can prevent deterioration in health conditions, thereby reducing preventable hospitalizations, surgeries and other high cost treatments. The CMC waiver does not include any coverage for people with serious mental illness (SMI). We strongly recommend that the department include people with SMI. Although their inclusion will increase the cost of the Medicaid program, those costs to the state are offset by savings in the Division of Behavioral Health, the State Catastrophic Care fund, the county indigent programs, and the regional crisis centers. Indirectly, there will eventually be savings to local law enforcement, emergency departments, jails, first responders and the courts. Medicaid coverage for people with SMI is an overall fiscal benefit to Idaho.

It may be argued that the 1332 waiver will provide an opportunity for coverage for Idahoans with SMI who are "in the gap". First, it is not clear how people without taxable income will qualify for the 1332 waiver. This is likely to be a problem for people with SMI. Second, private insurance plans will cover psychiatrist visits, prescription drugs, and some level of hospitalization. But private policies do not cover the range of services that have been demonstrated to be needed to support people with SMI in the community. Some of the most critical services such as psychiatric rehabilitation, intensive outpatient, peer supports, case management, partial care, and medication management, are covered by Medicaid, but not by insurance. Without some of these supportive services many people with SMI will not be able to comply with their psychiatrist's appointments, or their medication regime. DBH provides some supports like ACT teams, but only for people who are already in crisis, not as ongoing supports. It may be the case that the inclusion of people with SMI, makes it more difficult to establish the budget neutrality component of the application, if the Medicaid costs are not offset by reduced premium credits. We do not have the actuarial information needed to assess this issue. However, if it is possible to develop a waiver application which includes people with SMI, we should not let the opportunity pass by.

Idaho has a broken and fragmented mental health system which provides few services for people with SMI until they are in a serious crisis, posing a risk to themselves or others. We have little to offer these Idahoans unless they qualify for Idaho Medicaid. This approach to mental health has filled our jails and clogged our courts with people whose only offense is having inadequately treated mental illness. By failing to implement the expansion offered by the ACA, we have refused funding which could help Idaho make significant improvements to our system. If there is any way that we can use this waiver to improve mental health services for Idahoans with SMI, it would be a shame to let another opportunity pass by.

Submitted by James R. Baush, Executive Director, DRI

December 7, 2017
SILC comments on 1115 Waiver

My name is Mel Leviton. I’m the Executive Director of the Idaho State Independent Living Council (SILC). The SILC and by extension, the Centers for Independent Living, serve Idahoan’s with disabilities across disabilities and lifespan.

We believe that the proposed 1115 waiver is an excellent step toward increasing access to affordable and healthcare coverage for people with disabilities and chronic health conditions. We applaud the expansion of the list of conditions that may potentially be eligible for healthcare through the proposed waiver. We are, however, concerned by the apparent lack of coverage for people who experience serious mental health conditions and need treatment for stability, productivity and inclusion in their communities.

We fully support the state’s efforts to provide comprehensive coverage to Idahoans with complex needs. As a Council made up of a majority of people with disabilities and families who support family members with disabilities, we understand that coverage of our population does not come cheap. We face the daily challenge deciding what bills to pay and what services and medications we will go without – this is true for many of us, regardless of insured status.

Yet, we cannot leave behind our brothers and sisters who face the daily battle of securing appropriate mental health and substance use treatment. The struggle is not only related to our health, including mental health, but also the systems we face as we seek the means to a healthy life. Often, our health is exacerbated by going from agency to agency, door to door to get the help we need – we face a daily struggle to find and get through the right door and then to stay in the room as we seek continuous treatment and support.

The behavioral health care gap needs to be filled before a person is in crisis and in need of a crisis bed, hospitalization or becomes involved in the criminal justice system. Again, we applaud this first step, but we ask that you include behavioral health care within this waiver or create another to do so. We look forward to opportunities to be involved in the process of determining what conditions – what people will be included under the 1115 waiver. At this time, I will respectfully ask you for criteria used to determine who will make the cut and receive care under this important program.

Thank you for your efforts to address the healthcare needs of those with disabilities and chronic illness.

Mel Leviton
SILC, Executive Director

Voice/IDD: 208.334.3800 http://www.silc.idaho.gov Fax: 208.334.3803
My name is Gwynn Reed. I live in Garden City. I am 58 years old. I am lucky enough to have health insurance. I have noticed many changes in my health as I age. I was lucky enough to have health care as a child also. I have never gone to see a doctor much, but it is a gift when I am ill and I can simply make an appointment.

After a medical episode last weekend which entailed a visit to a clinic, open on Sunday, I was grateful for the ability to see a doctor. How scary it is this was not true. What if a child needed care and you were the responsible adult, with no doctor to call?

Thank you to the ID Dept of Health & Welfare for working on a solution to close the gap. While insuring more Idahoans, I hope to goal is to insure ALL Idahoans who lack insurance.

Please keep the public involved as you develop your plans to this goal sharing the process. As you develop coverage, what will it mean to Idahoans who need it?

We need affordable health care for both young families and aging adults. It is not good to need to see a doctor, but not have an idea about how much it will cost or if you can afford it.

Mental Health Coverage is very important. People with Mental Health issues spiral out of bigger problems, these end up costing more.

Again, Thank you for the work you are doing. Is there a back up plan?

Thank you for listening.
12/7/17

Thank you for trying to find a solution to the coverage gap.

This is step in the right direction.

As a retired nurse Case Manager in the mental health system, in hospice and most recently for a Blue Cross/Blue Shield subsidiary as a telephonic Case Manager in PA for employer groups. I spoke with people all across the US. Case Managers are assigned the most complex cases with expected high dollar costs.

Over and over again, people in the middle of a health care crisis would have to navigate and fight to understand what benefits they have while suffering.

No one really understands their policy until they use it. Not even medical professionals.

I worked as a Case Manager before the ACA was passed and after. The care received was vastly improved.

When people ran out of benefits, my job was to refer them to community resources. My cases in Kansas who needed extended home care and were dependent on waivers had waiting lists up to 18 months because the state was in a financial crisis.

My concern is the complexity of this process. If I learned nothing else managing their care it was the system needs to be more user friendly. I had many cases that had no computer in the home. People who work in factories, shift work, language barriers etc.

I strongly feel we should shift to a Medicare for all system. Trust me the insurance companies would survive. This would save money in the long run and people would get better care.

For now my question is the 1115 Waiver. What are the specific high cost conditions to qualify for Medicaid?
- Also concern about access to care with no income.
- Also much concern that the waivers will have limited impact when the dollar runs out.

Thank you,

Roland Weissmann

--- next page ---
I am so weary of the suffering caused by this long standing and solvable problem by such a rich nation.

Thank you for your time in holding this hearing.

PS. Also amazed that removing individuals mandate in TAX bill is a disgrace and shows more concern for industry than the health of our nation. We cannot continue to treat our citizens as if our minds are separate from our bodies.
Thank you to the Idaho Department of Health and Welfare and the Department of Insurance Staff for listening to my testimony today. My name is Katie Best and I'm here today because I care deeply about the health and well-being of all Idahoans. And I believe your hard work on these waiver applications and your presence here today means that you all care too. I am a social worker employed by one of the area hospitals and I see first-hand every day the impact not having insurance has on patients. I work at a family practice clinic and primarily serve New Americans that have come through Office of Refugee Resettlement. One of my responsibilities is to assist patients with understanding their options when it comes to paying for healthcare. Most work two jobs to support their families. Most of their employers do not provide health insurance. And while some of my patients earn enough to receive the APTC, many do not make enough to qualify. They bring me the letters they receive from Idaho Health and Welfare and I explain that they fall into "the gap": they make too much to qualify for Medicaid and not enough to qualify the APTC. They cannot afford insurance premiums and therefore go without. I help them when they bring me large ER bills after they've been in a motor vehicle accident or had an emergency health issue. They tell me about the impossible decisions they have to make between paying for healthcare and paying their power bills. Many of the patients I work with have experienced trauma in their home countries and some struggle with mental health symptoms as a result. Counseling and case management could help them heal but if they fall into this gap, they are unable to access these services and their symptoms often intensify, requiring greater invention. That is why I am so grateful that the Idaho Department of Health and Welfare is applying for the 1332 and 1115 waivers. If these waivers are approved, many of the families I work with may be able to afford access to the healthcare they need. In order to ensure the folks I work with can receive coverage, please ensure that individuals with incomes below the poverty level have affordable insurance options to purchase on the exchange. Please include mental health diagnoses like Major Depressive Disorder, Schizophrenia, Schizoaffective Disorder, PTSD, and Bipolar Disorder on the 1115 waiver's list of high cost and medically complex health conditions.
Taking these steps will ensure that these hard working Idahoans receive insurance coverage and have access to the healthcare they need. Our clinic specializes in working with the New American population and our patients trust us. I hope that if approved, safeguards are established to ensure that our patients can continue to come to our clinic for their healthcare. I urge you to support a public outreach campaign, that includes supports for new English learners, to inform those that qualify for the Idaho Health Plan to ensure maximum enrollment. Finally, I hope that an alternative proposal is developed to close the Idaho insurance gap, in the event that these applications do not receive federal approval. Thank you for taking this first step in addressing the coverage gap in Idaho and for listening to my testimony today.
Laurie A. DuRocher

Division of Medicaid
P.O. Box 8372
Boise, ID 83720-0009

Attn: Cindy Brock

Subject: Close the Gap – Legislative Solution

Dear Ms. Brock,

I want to commend the Idaho Department of Health and Welfare for their work to provide a solution to the Idaho coverage gap and to increase coverage and access to affordable health insurance for all Idahoans.

Although a 1st step toward a workable solution we recognize this as a vital 1st step toward humane healthcare coverage for our most vulnerable citizens. I request that the process be transparent to all Idaho citizens with public access to all comments and information which may affect decisions affecting all Idaho citizens including the process of determining how medical conditions are deemed to be qualified complex conditions and qualified.

Any solution must ensure that individuals with incomes below the poverty level who enroll on the Your Health Idaho exchange have affordable coverage options. Mental health coverage is vital to many families and can protect all of Idaho from undue pain and suffering, excluding coverage for behavioral health issues hurts all of Idaho.

What steps are being taken to protect those identified with complex medical conditions will have continued access to their existing medical provider? Is there an outreach process to notify people that are eligible to ensure maximum enrollment?

I request that the Idaho Department of Health and Welfare prepare an alternate proposal to close the Idaho’s coverage gap, in the event this proposal does not receive federal approval.

We all know how life can change quickly. We are all vulnerable to medical bills which could take all of our savings including our home and our livelihood. This is not charity this is how a humane society behaves. We care for our infirm, we educate our children we feed the hungry.

Thank you for all you do for Idaho and its people.

Laurie DuRocher
IN SUPPORT OF 1332 + 1115

JAMIE RICHMOND 8072 W ARAPAHO CT GARDEN CITY, ID 83714

I am a second generation Idahoan, a mother of 2 girls, and I have multiple sclerosis. Thank you to IDHW for starting to address these issues.

I am fortunate that I can afford an amazing Affordable Care Act that helps me pay for my $82,000/year. I also have to get 3 MRIs per year, multiple blood tests, multiple doctors appointments. I am so lucky - I have friends, amazing Idahoans, who have MS still working - but they can't afford health insurance because they make too much to qualify for Medicaid but not enough to qualify for assistance through the marketplace, so they don't go to their neurologist, they don't take a disease modifying therapy and their disease or multiple sclerosis attacks their body and wreaks havoc driving them to severe disability much faster than my disease is attacking me. Because all because my husband makes enough money for me to pay ACA premiums with any assistance.

Thank you to IDHW - but it is important to note that one of the symptoms caused by MS is depression (helpingmedicine.org/neurology-neurosurgery/clusters-clinics/multiple-sclerosis/symptoms.html). It is listed as the second symptom on a list of 12 symptoms. Mental illnesses are serious, they are an illness, they need to be covered.
Thank you for starting this movement to ensure all Idahoans have health insurance.
Please help my friends and my fellow Idahoans. Help the children, the poor and the sick - it is the right thing to do!

Thank you,

Jamie Richmond
I will be brief + to the point.

First, I want to Thank Health + Welfare for coming up with a creative solution for a portion of Idahoans in the coverage gap.

H+W is in the trenches, dealing daily with people who are in crisis mode.

These waivers are a good 1st step towards covering ALL of the people in the gap who are desperate for health care.

I implore you to activate these waivers now so some Idahoans are covered + to please consider doing the fiscally responsible and morally compassionate thing which is to EXPAND MEDICAID to cover all Idahoans in the coverage gap so OUR federal taxdollars cover Idahoans instead of ONLY covering citizens of OTHER states that HAVE expanded Medicaid.

Frankly, people (who are also voters) can not understand MEDICAID EXPANSION why Idaho legislators continue to reject a program that pays at least 90% of the cost of covering ALL of the Idahoans in the gap.

In conclusion: I request that you URGENTLY

1. Enact these waivers +
2. Act to EXPAND MEDICAID even if the waivers are enacted, so that all Idahoans can receive the health care they desperately need.

Now is the TIME.

Thank you.

Yvonne Sondmire
Sam
Reducing Risk to Stabilize Premiums

High-Risk Individuals Contribute to High Costs in the Individual Market

- Idaho's individual insurance market currently covers 125,000 Idahoans at a total annual cost of $500 million.
- Between 2,000 and 2,500 of those with medically complex conditions account for $200 million of costs on Idaho's individual market.
- By moving at least 2,000 people with specific conditions that are serious and costly to a Medicaid managed care high-risk pool, Idaho could potentially cut increases in premiums by reducing risk in the individual market. This is estimated to bring premium costs down by approximately 20%.
- Specific conditions for the 1112 waiver pool could include either end-stage liver or severe genetic disorders that fall in the high-risk pool. Potential conditions on the list could include quadriplegia, hemophilia, end-stage renal disease, and metastatic cancer.


total presentation, September 14, 2011

High-Risk Individual Market Consumers
Lower-Risk Individual Market Consumers

Note: Individual market universe and high-risk universe figures are simplified to describe concept. Actual figures will change.
Note: The following are images of the written comments submitted during the 1115/1332 Waiver Public Hearing on December 12, 2017. Personal information such as email, addresses and phone numbers have been removed.
Medicaid Waiver Testimony
12/12/17
Krista Kramer

Moscow, ID

Hello, my name is Krista Kramer and I'm from Moscow. For 23 years, I worked for Disability Action Center and during that time I helped countless people with disabilities navigate the maze of access to health care. I'm here because the healthcare industry is one of those places where legal discrimination against people with disabilities is still rampant and the piecemeal nature of the system creates an incredibly inequitable situation of "if this, then that" for all of us.

Access to health care is a social justice issue. It is ethically and morally wrong that people whose income is below the poverty line can't qualify for health care assistance while people who have incomes over the poverty level receive government subsidies to pay for it.

From my vantage point, the proposed Medicaid waivers have a very important goal: to increase access to health care for people who don't currently have the income or other supports to pay for it. I wholeheartedly support that goal.

The medically complex conditions waiver could meet a critical need for continuity of care for people with the conditions that it covers. It could mean that people currently served on the Medicaid for Workers with Disabilities Program wouldn't lose coverage if they are unable to work for a period of time. That gap was a factor in a friend's suicide because when she got sick, she lost access to Medicaid which provided the in-home care that allowed her to stay out of a nursing home and she wasn't willing to be institutionalized again.

My concern is that this specific list of conditions creates additional "if this, then that" outcomes. I often tell people to "choose your disabilities carefully." ALS or kidney failure means you don't have to wait 2 years after your disability determination date before you qualify for Medicare. If you have a mental illness, your long-term disability coverage might only cover two years instead of until full retirement age as it would for another disability... or in the case of this waiver, you wouldn't qualify. This waiver would be one more place where "choosing" a covered disability makes a profound difference in access to coverage and leaves some people discriminated against based on their diagnosis.

Would it also apply to people who might have access to a spouse's health insurance but it isn't affordable, or only to people who are getting insurance through the exchange? I've been in that family glitch where we couldn't qualify for the Healthcare Marketplace rates because my employer offered family coverage but didn't pay for it. We ended up paying $810 each month for my husband and daughter's insurance, which would have been considerably cheaper on the Marketplace.
My co-worker, whose wife was at home with preschool children, couldn't afford to pay for
insurance for her, so they contended with unmet healthcare needs and emergency room visits
instead.

And by the way, my family afforded it by working one full time and 4 part time jobs between my
husband and myself. I finally left the full time job for a university position... same federal source
of funding but vastly better health insurance cost and protections. How many of you make
employment decisions based on access to health insurance?

The tax credit waiver also looks like it would expand the number of people in the state under the
poverty level who could get health insurance... definitely a step in the right direction. However,
the draft of the waiver leaves out details about who would qualify. It says you can have income
0-100% of the poverty level, but also says that you must be a worker and a taxpayer. Does this
mean that a person who becomes too ill to work wouldn't qualify? That a person with another
age/health in the household would qualify when a single person wouldn't?

I also have concerns about the higher cost per person of providing insurance through the
marketplace than through Medicaid. Is the coverage through a Marketplace plan enough better
to justify the cost? What could happen if we put that extra $2000 per person into increasing
Medicaid reimbursement rates?

I now coordinate a statewide low-interest loan program to help people with disabilities finance
assistive technology that is not covered by health insurance. In that process, I see bankruptcies
and incredible financial messes due to medical debt. Last week an application for a loan to
purchase hearing aids came through where the couple were paying $1300 a month on a
$75,000 medical debt. That payment plus their health insurance was 55% of their monthly
income. It shouldn't be this way.

In spite of these concerns, if this is what can be accomplished, for God's sake, please do it. I
know what you are up against. I've met with legislators who told me and the co-worker who
can't get coverage for his wife, "This isn't about you. It is about ideology." Do what you can. But
I also want my voice on the record saying that this isn't the way we should be doing it. Expanding
Medicaid to cover everyone under the poverty level while it is a broader solution for
less money isn't a solution that closes the holes in our safety net. Equal equity and justice
and that won't happen until we adopt universal health care access.

Thank you.
CID Idaho 1115 Waiver Talking Points
12/12/2017

Behavioral Health

- Generally the Idaho Health Care Plan is a great first step towards increasing affordable health coverage for Idahoans. However, the plan does not address extensive gaps and deficiencies in Idaho's behavioral health system. Quality and comprehensive health care access should be providing Idahoans with medical, mental health and substance use treatment in a holistic fashion. This means treating the person with an integrated approach to medical, behavioral, and substance abuse treatment.
- We support this effort to insure more Idahoans.
- But, simply only allowing complex medical needs further silos Idaho's healthcare system. No behavioral health conditions are included in the list of qualifying conditions, yet these conditions are both prevalent and costly.
- We strongly recommend the state explicitly ensure the expansion of coverage to Idahoans with Severe Mental Illness (SMI) by adding SMI to the list of medically complex conditions. This would include: schizophrenia; major depressive disorder; bipolar and related disorders; post-traumatic stress disorder; anxiety disorders; and substance use disorders.
- Idaho is currently transforming healthcare clinics to the patient centered medical home model of care through the Statewide Health Innovation Project, SHIP and this approach treats the mind and body through organized and collaborative care. The Idaho Health Care Plan is counterintuitive to the Statewide SHIP transformation efforts.
- Currently, many behavioral health issues are only addressed in emergency rooms at times of crises. Uninsured patients are often left without ongoing care, resulting in a revolving door effect and a financial burden for both them and the hospitals.
- Additionally, the behavioral health care gap directly impacts efforts in criminal justice reform to reduce incarceration and recidivism because those dealing with mental illness and addiction are left, in most cases, without medical care when they are released. This proposal does not mitigate that problem.
- The Idaho Health Care Plan should not impede additional efforts to work with the Idaho Legislature to find cost-effective ways to ensure access to behavioral health services for Idahoans with severe mental illness and other behavioral health issues.
- While the Idaho Health Care Plan is a considerable improvement of current conditions, closing the coverage gap with still available enhanced matching funds, would be a more cost-effective way to improve Idaho's behavioral health system.
To Whom it May Concern,

December 12, 2017

Thank you for this opportunity to share my story with you. My name is Jessica Rachels, I am a Council member of the Idaho Council on Developmental Disabilities and I live in the Sandpoint area. I have been married for almost 16 years, we have four children, one of which was born with disabilities. My husband is self-employed and we both are in the health coverage gap. This means that we don’t qualify for a tax credit on the healthcare exchange, therefore we don’t have access to affordable health coverage.

However, my eleven year old daughter, Natalie has Medicaid. We are grateful that we live in a state where she can access the needed services she requires and without Medicaid we do not believe she would be here today with us. Natalie was born with disabilities due to the CMV virus. She has undergone ten surgeries, she has several implanted devices, and requires 24/7 care. Natalie has cerebral palsy, hearing loss, seizures, weak lungs, is tube fed, has bladder issues, and high and low muscle tone to name a few. I am grateful that the state provides access to health coverage for kids so that they can grow up healthy. But for children to grow up successfully, they also need to have healthy parents.

Due to being my daughter’s main caregiver I am unable to work outside the home. I also am the full time caregiver to my disabled father. My husband is a hard worker who is supporting a family of six, but we still fall below the income limit to access a tax credit through the healthcare exchange. I have no access to preventative care and I only go to the doctor if it’s an emergency. Being that I am my daughter’s primary caregiver, it takes a toll on my body. I have issues with the right side of my body from lifting my 78 lb. daughter, from my neck and back down to my feet. I live with daily pain in my foot that needs surgery to fix. As time goes on, the pain gets worse and worse from lifting my daughter.

I have not had any preventive care appointments in years because it’s over a hundred dollars for a visit and it’s the choice between buying groceries for my family or getting a check-up. I would love to be able to catch things before they get worse, but it just isn’t in the budget. The only time I ever see a doctor is if it’s an emergency. I am fearful that lack of healthcare will cause me to become ill, catch a serious health condition too late, and that my foot pain will become debilitating. I live in fear that a healthcare emergency will bankrupt us or cause me to be unable to care for my children. If I can’t care for my children, I am afraid Natalie may be forced to live in an institution away from her family.

My story is similar to other parents who stay home to care for a loved one with a disability but in doing so find themselves in the coverage gap. Being a caregiver takes a physical toll on the person providing the care. Covering more people in the coverage gap is a huge step in the right direction. Investing in the healthcare of family caregivers is a cost-effective approach to providing the needed support for family members who would otherwise require expensive institutional placement. Thank you for developing a proposal to give more people health coverage that are in the gap. While this isn’t a complete solution, it is a step in the right direction.

Thank you,
Jessica Rachels

Ponderay, ID

[Signature]
Note: The following are images of the written comments submitted during the 1115/1332 Waiver Public Hearing on December 8, 2017. Personal information such as email, addresses and phone numbers have been removed.
December 8, 2017

Pocatello, Idaho

Idaho Department of Health and Welfare
Boise, Idaho 83720

Dear Director Russell S. Barron:

I have recently learned that the Idaho Department of Health and Welfare continues to work on a solution to narrow the Idaho health coverage gap with two waiver proposals: 1115 and 1332. I am pleased that every effort is being made by H&W to cover those who fall into this income gap, and that it is in the best interest for the people of Idaho that this gap is filled with a solution that provides comprehensive health care coverage. While I support these waiver proposals under the circumstances, the waiver solutions being proposed don’t go far enough in filling this gap, it is not comprehensive and still leaves a number of Idahoans left without health care coverage. And it does little for those dealing with mental health issues. A much more comprehensive and fiscally beneficial solution is to accept Medicaid expansion under the Affordable Care Act, but I realize this takes legislative approval.

Especially disturbing is that these waivers do not solve the gaps in Idaho’s behavioral health. This gap, if left unresolved, directly impacts the efforts in criminal justice reform to reduce incarceration and recidivism because those dealing with mental illness and addiction are left, in most cases, without medical care when they are released. It also impacts those not in the criminal justice system with mental illness the
ability to receive medical help. Help should not be obtained by committing a crime so that some, but inadequate help, can be received in jail.

Realizing that these waivers do not resolve providing health care coverage for all those presently in the health care gap and may not be accepted by the state legislature and the federal government, I encourage you to continue to work toward alternative proposals that would complete the effort of providing comprehensive health insurance to all Idahoans. I realize that this has been a very evasive goal, but it is essential for the economic vitality and health of the residents of our state.

Another concern is that those individuals applying for inclusion in waiver 1332 must have submitted a tax return from the previous year. There are many individuals that may appear healthy that are not able to work and thus do not have any income to submit on a tax return. There are other individuals who, unfortunately, are self-employed as landscapists, direct care givers, small engine repair and handy persons, etc. who deal only in cash avoiding both taxes and social security. While this is wrong and illegal, it is a fact of life for many on low income. If no tax return is submitted they will not qualify for any waiver. No good!

In the process of seeking the 1115 and 1332 waivers it is especially important that this process be transparent throughout. This means that there must be public access to all written comments and clear information about the budget implications of the proposal. Further, it is important to provide to the public what safeguards are being established to ensure that individuals with complex medical conditions that would be moved to Medicaid under waiver 1115 continue to be able to access their existing medical provider. It is rather disturbing
that there are many complex and expensive medical conditions that will not be covered no matter how important it is that they are included in waiver 1115 due to the need for fiscal neutrality, i.e., savings from one waiver pays the cost of implementing the other waiver.

Finally, once these waivers are approved it is essential that there be an aggressive public outreach campaign to ensure maximum enrollment. This process should be at least as extensive as the campaign "Your Health Idaho" to get all who qualify for these waivers apply.

Sincerely,

Robert Gehrke

Pocatello, Idaho

Cell:

Active panel chair, the EnP
Member of NAMI SI
Member of Regional Behavioral Health Board
My name is Stephen Weeg. I am a retired health care administrator. I am currently the Board Chair of Your Health Idaho, Idaho’s health insurance exchange, and serve on the Boards of the Department of Health and Welfare, Portneuf Medical Center, and the Portneuf Health Trust. For almost 20 years, I have been involved in numerous state committees and task forces exploring options to improve access to healthcare for all Idahoans. While some positive movement has occurred (high risk pools, CHIP, YHI), more is needed.

I served on both of Governor Otter’s Medicaid Expansion Work Groups and fully supported the recommendations to expand coverage to adults below 100% of the FPL. However, to date there has not existed the political will to expand coverage at the 90/10 match rate offered through the ACA. In the meantime, thousands of working adults continue to go without health coverage and limited access to care and the cost of health insurance continues to rise.

Three maxims come to mind in this situation:

- Necessity is the mother of invention
- Politics is the art of the possible
- The perfect is the enemy of the good

The Idaho Health Care Plan is a very creative design built out of necessity. By combining both an 1115 and a 1332 waiver, it addresses the high cost of individual insurance premiums for everyone in that market, creates a federally funded high risk pool for persons with specific high cost diseases, and opens the door for coverage for working individuals whose income is below 100% FPL. It could potentially reduce premiums in the individual market on or off the exchange by 20%. That would help many consumers who don’t qualify for a subsidy on the exchange. It would also enable up to 35,000 persons purchase an affordable, subsidized insurance plan through Your Health Idaho.

Politics is the art of the possible. This dual waiver approach has a design that has a strong potential to achieve legislative support and funding. It is not Medicaid expansion. It does use federal funds for the high risk persons in the 1115 waiver. It moves persons below 100% FPL into private insurance. And, one has to file
income taxes to access the subsidy through YHI. I would hope that this design is sufficient to achieve success with the Legislature and Governor.

The perfect is the enemy of the good. To fix all of the problems with the current delivery and payment of healthcare in Idaho is beyond the scope of this proposal. This proposal must be viewed as one piece of a multi-faceted approach. The dual waiver is a very good start; necessary but not sufficient. It would reduce individual premiums. It would enable many more Idahoans access to insurance and care. However, its reach is limited. Not all adults in the gap would be covered. Some, for many reasons, don’t file taxes (often because of MH or SA issues). The behavioral health coverage in many health plans, along with the prescription coverage, is insufficient to fully address the needs of many in this group. While the subsidized premium may be affordable, there will be challenges with out of pocket expenses (deductibles and co-pays). That said, a very good start is still much better than the status quo. Doing nothing is simply not an option; it does not meet the standard of society’s mutual responsibilities to each other.

I support the efforts of the Idaho Department of Insurance, the Department of Health and Welfare, and Your Health Idaho to submit in combination the 1115 waiver and the 1332 waiver as critically important steps in Idaho’s journey to assure access to quality, affordable healthcare to all of our residents.
Idaho Health Care Plan Public Hearing
December 8, 2017
11:00 a.m. - 1:00 p.m.
IDHW Region VI Office, Suite 230
1070 Hiline Rd., Pocatello, Idaho

Public Comments from Pam Ward, President
League of Women Voters of Pocatello
12805 W. Reservation Rd.
Pocatello, ID 83202

Idaho Department of Health and Welfare:

My name is Pam Ward. I am speaking on behalf of the Pocatello League of Women Voters. League is a non-partisan political organization that advocates for public policy issues. Based on our national and state positions on health care, the Pocatello League supports the Idaho Health Care Plan. We commend the Idaho Department of Health & Welfare for working on a solution to narrow Idaho’s coverage gap and increase access to affordable health insurance coverage for those who work and live below the poverty level.

Since 1990 League has studied health care issues. Our current national and state public policy position supports efforts to ensure access to an equitable, affordable and quality health care for all Americans. League supports a basic level of care that includes preventive, primary, acute and long-term care, as well as mental and behavioral health services. League supports administration of the U.S. Health care system by a combination of the private and public sectors, including a combination of federal, state and/or regional agencies. Our League has been advocating for an Idaho health care plan since the Affordable Care Act was passed.

The Pocatello League views the Idaho Health Care Plan as only the first step towards a complete solution to the coverage gap that is neither an entitlement program nor Medicaid expansion. We support the 1332 Waiver which would provide advanced premium tax credits for our friends, families and neighbors who are low-income workers without health insurance.

Although League supports the Medicaid 1115 Waiver to help Idahoans with high-cost health conditions to qualify for Medicaid, we are alarmed that mental and behavioral health care is excluded. The Pocatello League has been instrumental in working to bring a behavioral
health crisis and transition center to our community. It is urgent that this waiver be amended to help needy Idahoans and address deficiencies in Idaho’s behavioral health programs.

Since League works diligently to increase understanding of public policy issues, we encourage the Department of Health & Welfare to establish written protocols in the plan to provide transparency for the public. Idahoans need easy access to and clarification of all information including public comments, determination and costs of medical conditions, and costs to Idaho taxpayers. This transparency must include a timely and informative outreach program to ensure easy enrollment for those who would qualify.

In closing, the Pocatello League thanks the committee and supports the Idaho Department of Health & Welfare’s work as a first step to address the health coverage gap in Idaho. Now is the time for your department to stabilize the health insurance market and insurance rates. It is time to offer affordable insurance to our low income Idaho workers. We encourage you to make some changes, and then submit the Idaho Health Care Plan for approval by the Governor and Idaho Legislature.

###

[Signature]

12/8/17
Testimony of Muriel Roberts  
545 ½ S. Nineteenth Avenue, Pocatello, ID  
Idaho Health Care Plan Hearing  
Pocatello, Idaho  
December 8, 2017  

Thanks to the Idaho Department of Health and Welfare and the Department of Insurance for giving me this opportunity to express my support for improving health insurance coverage for Idaho citizens who are living in "The Gap." Our fellow citizens with too much income to qualify for Medicaid, but too little income to afford health insurance with subsidies through Your Health Idaho deserve to be covered. The more people we can get into insurance, the less counties and the state and hospitals will have to cover the cost of care for the uninsured. The two waivers would be a help to get more people covered, though we know they would not solve the whole problem.

Having been working to establish a Behavioral Health Crisis Center for Southeast Idaho, I am very aware of the unmet needs of Idaho citizens with behavioral health issues. I think that the list of high-cost and medically complex health conditions in the 1115 Waiver should include as many people with these behavioral health issues as possible, so they could be served through Medicaid.

I think the Legislature should be encouraged to appropriate adequate funds to identify everyone who would be eligible for health coverage and to assist them to sign up. Idaho can have our own excellent health insurance system. This is a start on that road.

###
My name is Molly Page. I am a resident of Hailey. My family ranches in Custer and Lemhi counties. I am also a leader of a grassroots group of 600 people in Blaine County. I am writing today in support of the proposed healthcare waivers (1332 and 1115).

This summer, as part of my grassroots work, I helped organize the Medicaid Mobile tour in Idaho. I worked with the leaders of Reclaim Idaho and Medicaid for Idaho to organize their southern tier stops in Hailey, Twin Falls, Blackfoot, Pocatello, Idaho Falls, Driggs and Salmon. We painted an old camper green with the words, “Medicaid for Idaho” on it. On the back was “78,000 Idahoans Need Healthcare”. The trip was inspiring!

The most interesting interactions were at the gas stations in rural areas. In Shoshone, we had a 40 year-old rancher come over to the camper, put his head in through the open window and say, “Medicaid has saved my life! I don’t know what I would do without Medicaid.” This rancher, Ray, has mental illness and Medicaid helps him get the treatment he needs.

In Kellogg, we met John at the local gas/convenience store. He lost his Medicaid when he took the job at that store. He now makes too much to qualify for Medicaid, and too little to qualify for healthcare on the exchange.

In Challis (near my family’s ranch), we met Rod at the local gas station. He felt that we’ve come too far as a country to leave so many people without healthcare. He says that when it comes to healthcare, we ought to be more like the military: Leave no man behind.

Many of the people who would benefit from this extension of coverage through the waivers are busy working jobs 40+ hours a week and cannot take the time to be here. I write to you today to speak for Ray, John and Rod and the tens thousands of others who are working but need healthcare. These waivers will narrow the coverage gap and help low-income Idahoans get the medical care they need.

I am sincerely grateful to the Idaho Department of Health and Welfare for their proposal to extend coverage to those in the gap by moving forward with these waivers. Thank you.

Molly Page
Big Creek Ranch
Appendix D – Demonstration Financing Form

Please complete this form to accompany Section VI of the application in order to describe the financing of the Demonstration.

The State proposes to finance the non-federal share of expenditures under the Demonstration using the following (please check all that are applicable):

☒ State General Funds

☐ Voluntary intergovernmental transfers from governmental entities. (Please specify and provide a funding diagram in the narrative section – Section VI of the application).

☐ Voluntary certified public expenditures from governmental entities. (Please specify and provide a funding diagram in the narrative section – Section VI of the application).

☐ Provider taxes. (Provide description in the narrative section – Section VI of the application).

☐ Other (If the State is interested in other funding or financing arrangements, please describe. Some examples could include, but are not limited to, safety net care pools, designated state health programs, Accountable Care Organization-like structures, bundled payments, etc.)

Section 1903(a)(1) providers that Federal matching funds are only available for expenditure made by States for services under the approved State Plan. To ensure that program dollars are used only to pay for Medicaid services, we are asking States to confirm to CMS that providers retain 100 percent of the payments for services rendered or coverage provided.

Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, DRG, DSH, fee schedule, global payments, supplemental payments, enhanced payments, capitation payments, other), including the Federal and non-Federal share (NFS)?

☒ Yes ☐ No

If no, provide an explanation of the provider payment arrangement.

Do any providers (including managed care organizations [MCOs], prepaid inpatient health plans [PIHPs] and prepaid ambulatory health plan [PAHPs]) participate in such activities as intergovernmental transfers (IGTs) or certified public expenditure (CPE) payments, or is any portion of payments are returned to the State, local governmental entity, or other intermediary organizations?
☐ Yes ☒ No

If providers are required to return any portion of any payment, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount of percentage of payments that are returned, and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.). Please indicate the period that the following data is from.

Section 1902(a) (2) provides that the lack of adequate funds from other sources will not result in the lowering of the amount, duration, scope, or quality of care and services available under the plan.

Please describe how the NFS of each type of Medicaid payment (normal per diem, DRG, fee schedule, global, supplemental, enhanced payments, capitation payments, other) is funded.

Please describe whether the NFS comes from appropriations from the legislature to the Medicaid agency, through IGT agreements, CPEs, provider taxes, or any other mechanism used by the State to provide NFS. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated.

Please provide an estimate of total expenditures and NFS amounts for each type of Medicaid payment. Please indicate the period that the following data is from:

If any of the NFS is being provided using IGTs or CPEs, please fully describe the matching arrangement, including when the state agency receives the transferred amounts from the local governmental entity transferring the funds.

If CPEs are used, please describe the methodology used by the State to verify that the total expenditures being certified are eligible for Federal matching funds is in accordance with 42 CFR 433.51(b).

For any payment funded by CPEs or IGTs, please provide the following, and indicate the period that the data is from:

<table>
<thead>
<tr>
<th>Name of Entity Transferring / Certifying Fund</th>
<th>Type of Entity (State, County, City)</th>
<th>Amount Transferred or Certified</th>
<th>Does the entity have taxing authority?</th>
<th>Did the entity receive appropriations?</th>
<th>Amount of appropriations</th>
</tr>
</thead>
</table>
Section 1902(a)(30)(A) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a) (l) and 2105(a) (l) provide for Federal financial participation to State for expenditures for services under an approved State Plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type, and indicate the time period that the data is from.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Supplemental or Enhanced Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide a detailed description of the methodology used by the State to estimate the upper payment limit for each class of providers, (State owned or operated, non-state government owned or operated, and privately owned or operated).

Does any governmental provider or contractor receive payments (normal per diem, DRG, fee schedule, global, supplemental, enhanced, and other) that, in the aggregate, exceed its reasonable costs of providing services?

☐ Yes  ☒ No

If Yes, provide an explanation.

In the case of MCOs, PIHPs, PAHPs are there any actual or potential payments which supplement or otherwise exceed the amount certified as actuarially sound as required under 42 CFR 438.6(c)? (These payments could be for such things as incentive arrangements with contractors, risk sharing mechanisms such as stop-loss limits or risk corridors, or direct payments to providers such as DSH hospitals, academic medical centers, or FQHCs).

☐ Yes  ☒ No  ☐ Not Applicable

If so, how do these arrangements comply with the limits on payments in §438.6(c) (5) and §438.60 of the regulations?

If payments exceed the cost of services (as defined above), does the State recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

☐ Yes  ☒ No

Use of other Federal Funds

Are other federal funds, from CMS or another federal agency, being used for the Demonstration program?
☐ Yes  ☒ No

If yes, provide a list below of grants the State is receiving from CMS or other federal agencies. CMS must ensure these funds are not being used as a source of the non-federal share, unless such use is permitted under federal law. In addition, this will help to identify potential areas of duplicative efforts and highlight that this demonstration is building off of an existing grant or program.

<table>
<thead>
<tr>
<th>Source of Federal Funds</th>
<th>Amount of Federal Funds</th>
<th>Period of Funding</th>
</tr>
</thead>
</table>
Appendix E – Evaluation of the Demonstration

EVALUATION

Idaho will carry out an evaluation that tests the following hypotheses about the 1115 demonstration waiver:

1. Medicaid coverage will meet the needs of medically complex individuals with incomes from 100% to 400% of FPL more effectively than QHP coverage.
2. Medicaid coverage for medically complex individuals with incomes less than 100% of FPL will result in better health outcomes and care experiences.

To test these hypotheses, the evaluation will collect survey data on health care access, quality, and patient experience from Idahoans who become Medicaid eligible under the waiver, and evaluate changes in these outcomes using statistical models. An initial wave of surveys will capture the experience of newly eligible Medicaid members in the year before the waiver. Subsequent survey rounds will track members’ experience with Medicaid coverage, providing the basis for evaluation of the waiver’s effects.

To more rigorously test Hypothesis 1, the evaluation will also attempt to obtain administrative claims data from QHP carriers for the pre-waiver study period, along with Medicaid claims for the post-waiver period. These data will provide a more extensive set of access and quality measures for assessment. In addition, claims data will allow comparison of changes in access and quality among former QHP members who become Medicaid eligible with changes among an out-of-state population not affected by the waiver, providing more rigorous evidence of the waiver’s effects.

Populations and Data

Three primary groups of Idahoans with medically complex conditions may gain Medicaid coverage under the 1115 demonstration waiver:

- QHP members with income from 100% to 400% FPL who were previously eligible for APTCs
- Idahoans with incomes less than 100% FPL who were not eligible for APTCs, and who received health care through the Idaho Catastrophic Health Care Fund or charity care
- Uninsured Idahoans with incomes less than 400% FPL who were not enrolled in a QHP and who did not receive services through the Catastrophic Health Care Fund or charity care
Ideally, detailed data from periods before and after the waiver would be available to evaluate changes in access, quality, and patient experience. Unfortunately, such data are not currently available for the pre-waiver period. The IDHW can provide detailed data on health care services use of newly eligible Medicaid members after they enroll in Medicaid; however, publicly available data from QHPs and the Catastrophic Health Care Fund are insufficiently detailed to create useful outcome measures, and no statewide data source captures services used by the uninsured. In addition, no publicly available data source on patient experience—for example, “perceived ease of getting care” or “satisfaction with care overall”—includes information needed to identify and report on these populations.

The evaluation will use two potential data sources—a retrospective survey and claims data from QHP carriers—to fill the gap in existing data sources.

**Retrospective Survey**

To capture data on access, quality, and patient experience for all populations, the evaluation will survey Idahoans who gain Medicaid coverage under the 1115 waiver upon their enrollment, resurveying them annually until the waiver ends or they disenroll. The survey will ask about their experience over the previous 12 months, enabling the evaluation to establish baseline outcomes before the members gained Medicaid coverage (i.e., when they were still enrolled in QHPs, receiving care through the Catastrophic Health Care Fund or charity care, or uninsured). The survey will include items from tested and validated survey instruments, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the National Health Insurance Survey (NHIS), enabling the evaluators to calculate a variety of self-reported outcome measures. For example:

- Percentage of people who said they had a doctor’s office visit, specialty visit, ED visit, or inpatient stay
- Percentage who said it was always easy to get needed care, tests, or treatment
- Percentage who rated their overall health good, very good, or excellent
- Percentage who said they didn’t get care because they couldn’t afford it

In addition, the evaluators will identify or develop survey items to determine whether enrollees had advance planning for end-of-life care. The survey will also capture basic demographic information for use in regression analysis. Attachment 1 lists potential survey items that may be drawn from existing instruments.

The evaluators will use regression analysis to assess changes in outcomes before and after the waiver, controlling for the effect of population characteristics on outcomes. Results will be reported by population and other demographic categories of interest if a sufficiently large sample
is available (see Dependencies below). Analysis of survey data will be used to test both Hypotheses 1 and 2.

Data from the retrospective survey will have several limitations. First, retrospective survey data are subject to recall bias—differences in the accuracy or completeness of the reported information among respondents—and are generally considered less reliable than claims or other administrative records. Recall bias may be especially large among patients with complex medical needs given the high volume of services they are likely to have received. Second, retrospective survey data allow only a comparison of outcomes before and after the waiver, and cannot be used to account for unobservable factors that may be driving change independently of the waiver. Comparing change in outcomes among newly eligible Idahoans with change among a similar out-of-state group not affected by the waiver could help account for such factors; however, the evaluation will not be able to identify such a group in existing survey datasets because people with medically complex conditions cannot be identified in these datasets to overcome these limitations, the evaluation will attempt to obtain and analyze claims from QHP carriers.

Claims Data from QHP Carriers

Obtaining claims data from QHP carriers will enable the evaluation to include claims-based measures of health care access and quality that have been tested and validated by national measure stewards and compare changes in these measures among former QHP members before and after the waiver to changes among an out-of-state population. Attachment 2 provides examples of claims-based measure that could be used for the evaluation. These include six overall measures of access and quality, such as Adults’ Access to Preventive-Ambulatory Services and Potentially Avoidable ED Visits, and quality-of-care measures for specific complex conditions. Change in the overall measures will be reported for all former QHP members; in addition, change in three of five overall measures (Emergency Department Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions) will be reported stratified by condition. This will enable the evaluation to measure quality and access for members for whom tested and validated claims-based measures are unavailable for their specific complex conditions. The ability to reliably calculate quality-of-care measures for specific complex conditions will depend on having data for a sufficiently large number of members with those conditions in the overall population (see Dependencies below).

---


At least 12 months of pre-waiver claims data will be requested to establish a baseline. Claims data will also be requested from the period following waiver implementation in order to track outcomes for any members that remain in QHPs. The request will cover a limited set of data elements needed to create outcome measures appropriate for the target population (see Attachment 3). Results will not be reported by QHP carrier.

Claims data will enable the evaluation to test Hypothesis 1 more rigorously than survey data alone: They will allow evaluators to calculate an expanded set of access and quality measures for former QHP members. In addition, they may allow evaluators to compare changes among former QHP enrollees with changes among a similar out-of-state group. This would help account for the effect of secular trends that affect health care use by low-income people with complex medical conditions across the region or nation. Possible comparison groups include Medicaid members in the neighboring states of Oregon or Washington, and QHP members in Oregon, which operates an all-payer claims database that includes data from commercial insurance members. Evaluators in other states have used out-of-state comparison groups to evaluate Medicaid waivers.² ³

Claims data from QHP carriers would increase the rigor of the evaluation, adding high-quality evidence about the waiver’s effects. However, the effort involved in working with QHP carriers to obtain complete and accurate claims data, clean the data, and assign patient identifiers across QHP and Medicaid datasets (described below) would add to the complexity and cost of the evaluation.

 Dependencies

The methods described above will depend on timely administration of a retrospective survey, cooperation from QHP carriers, and obtaining data for a sufficient number of members through surveys or claims:

- For both survey and claims data analysis, a sufficiently large sample of members would be needed to confidently establish that the waiver was associated with changes in outcomes. If too few people respond to surveys; if too few carriers contribute data; or if too few people meet access and quality measure inclusion criteria, it will be challenging to establish that the waiver was associated with changes in outcomes at conventional levels of statistical certainty. Change in measures with a small “N” may be reported descriptively (e.g., 5 of 20 members who met inclusion criteria received the recommended screening or service).

• A retrospective survey will need to be administered to new Medicaid members as soon as possible after enrollment in Medicaid in order to minimize recall bias, and to ensure the same data collection methods apply to each member.

• Carriers would need to submit uniform and complete claims data from members who gained Medicaid eligibility. There were five QHP carriers participating in Idaho’s exchange marketplace in 2017, suggesting that it would be feasible to work with them on obtaining data. However, obtaining and reconciling carrier data would require substantial effort, as carriers often use different systems for data management.

• To identify and track Idahoans who moved from QHPs to Medicaid, and to calculate quality measures for those who moved among QHPs in the pre-waiver period, the evaluation would require direct patient identifiers from carriers. Substantial analytic effort may be needed to match patients across QHP and Medicaid datasets.
<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>SURVEY ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?</td>
</tr>
<tr>
<td></td>
<td>In the last 12 months, how often were you able to get the care you needed from a doctor's office or clinic during evenings, weekends, or holidays?</td>
</tr>
<tr>
<td></td>
<td>In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?</td>
</tr>
<tr>
<td>Services use</td>
<td>In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor’s office or clinic to get health care for yourself?</td>
</tr>
<tr>
<td></td>
<td>In the last 12 months, how many times have you gone to a hospital or emergency room to get care for yourself?</td>
</tr>
<tr>
<td></td>
<td>In the last 12 months, how many times were you a patient in a hospital overnight or longer?</td>
</tr>
<tr>
<td>Experience</td>
<td>Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?</td>
</tr>
<tr>
<td></td>
<td>Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?</td>
</tr>
<tr>
<td>Health status</td>
<td>In general, how would you rate your overall health?</td>
</tr>
<tr>
<td></td>
<td>In general, how would you rate your overall mental or emotional health?</td>
</tr>
<tr>
<td>Affordability</td>
<td>In the last 12 months, was there any time when you needed any of the following, but didn’t get it because you couldn’t afford it? (prescription medicines, to see a specialist, mental health care or counseling, follow-up care, dental care)</td>
</tr>
</tbody>
</table>

*All items are from the CAHPS Commercial Health Plan Survey except for affordability items, which are from the National Health Insurance Survey.*
# ATTACHMENT 2: POTENTIAL CLAIMS-BASED MEASURES OF ACCESS AND QUALITY FOR PEOPLE WITH MEDICALLY COMPLEX CONDITIONS

<table>
<thead>
<tr>
<th>HCC*</th>
<th>EST. # LIVES</th>
<th>CONDITION</th>
<th>POTENTIAL CLAIMS-BASED MEASURE</th>
<th>STEWARD†</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>These measures would be reported for all members eligible under the 1115 waiver. In addition, the following measures would be reported by HCC: Outpatient Visits and Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions.</td>
<td>Adults' Access to Preventive-Ambulatory Services</td>
<td>NCQA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outpatient Visits and ED Utilization</td>
<td>NCQA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Potentially Avoidable ED Visits</td>
<td>Medi-Cal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions</td>
<td>NCQA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Inpatient Hospital Utilization</td>
<td>NCQA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Plan All-Cause Readmissions</td>
<td>NCQA</td>
</tr>
<tr>
<td>G02A</td>
<td>751</td>
<td>Adult Metabolic/Endocrine Disorders</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>G02</td>
<td></td>
<td>Child Metabolic/Endocrine Disorders</td>
<td>Metabolic monitoring for children and adolescents on antipsychotics: percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing</td>
<td>NCQA</td>
</tr>
<tr>
<td>111</td>
<td>422</td>
<td>Amyotrophic Lateral Sclerosis and Other Anterior Horn Cell Disease</td>
<td>ALS: percentage of patients diagnosed with ALS who are screened at least once annually for cognitive impairment and behavioral impairment</td>
<td>American Academy of Neurology</td>
</tr>
<tr>
<td>118</td>
<td></td>
<td>Multiple Sclerosis</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>115</td>
<td></td>
<td>Myasthenia Gravis/Myoneural Disorders and Guillain-Barré Syndrome/Inflammatory and Toxic Neuropathy</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>37</td>
<td>486</td>
<td>Chronic Hepatitis</td>
<td>Hepatitis C: percentage of adults with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12-month reporting period for whom hepatitis C virus genotype testing was performed within 12 months prior to initiation of antiviral treatment</td>
<td>American Gastroenterological Association</td>
</tr>
<tr>
<td>36</td>
<td></td>
<td>Cirrhosis of Liver</td>
<td>Hepatitis C: percentage of adults with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma at least once within the 12-month reporting period</td>
<td>American Gastroenterological Association</td>
</tr>
<tr>
<td>35</td>
<td></td>
<td>End-Stage Liver Disease</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>159</td>
<td>18</td>
<td>Cystic Fibrosis</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>G07</td>
<td>27</td>
<td>Diseases of the Blood (Hemolytic anemia, sickle cell anemia, thalassemia major, etc.)</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>G06</td>
<td>31</td>
<td>Disorders of Bone Marrow</td>
<td>Myelodysplastic syndromes (MDS): percentage of MDS patients whose baseline diagnostic</td>
<td>American Society of Hematology</td>
</tr>
<tr>
<td>HCC*</td>
<td>EST. # LIVES</td>
<td>CONDITION</td>
<td>POTENTIAL CLAIMS-BASED MEASURE</td>
<td>STEWARD*</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>-----------</td>
<td>--------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>evaluation includes cytogenetic testing on bone marrow by standard karyotyping methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G08</td>
<td>235</td>
<td>Disorders of Immunity</td>
<td>Chronic graft versus host disease (cGVHD): percentage of patients with cGVHD who were prescribed pneumococcal prophylaxis</td>
<td>American Society for Blood and Marrow Transplantation</td>
</tr>
<tr>
<td>1</td>
<td>HIV/AIDS</td>
<td>Prescription of HIV antiretroviral therapy</td>
<td>HRSA, HIV/AIDS Bureau</td>
<td></td>
</tr>
<tr>
<td>G04</td>
<td>123</td>
<td>Disorders of Musculoskeletal System &amp; Connective Tissue</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>150</td>
<td>165</td>
<td>Hemiplegia/Hemiparesis</td>
<td>Stroke: percent of ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services</td>
<td>Joint Commission</td>
</tr>
<tr>
<td>G11</td>
<td></td>
<td>Paraplegia and Traumatic Complete Lesion Dorsal Spinal Cord</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>G10</td>
<td></td>
<td>Quadriplegia and Traumatic Complete Lesion Cervical Spinal Cord</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>151</td>
<td></td>
<td>Monoplegia, Other Paralytic Syndromes</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>66</td>
<td>5</td>
<td>Hemophilia</td>
<td>Emergency Department (ED) Utilization, Inpatient Hospital Utilization, and Plan All-Cause Readmissions (see above)</td>
<td>NCQA</td>
</tr>
<tr>
<td>9</td>
<td>728</td>
<td>Lung, Brain, and Other Severe Cancers</td>
<td>Diagnostic flexible bronchoscopy: proportion of adults with suspected lung malignancy having computed tomography scans reported prior to bronchoscopy</td>
<td>British Thoracic Society</td>
</tr>
<tr>
<td>467</td>
<td></td>
<td>Metastatic Cancer</td>
<td>Cancer: 30-day unplanned readmission rate for cancer patients</td>
<td>Alliance of Dedicated Cancer Centers</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Non-Hodgkin’s Lymphomas and Other Cancers and Tumors</td>
<td>Percent of lymphoma patients who are 65 years old or older and receiving CHOP +/-R, prescribed prophylactic myeloid growth factor</td>
<td>American Society of Hematology</td>
</tr>
</tbody>
</table>

*HCC: Hierarchical Condition Category ‡NCQA: National Centers for Quality Assurance; HRSA: Health Resources & Services Administration
### ATTACHMENT 3: ANTICIPATED DATA ELEMENTS TO REQUEST FROM QHP CARRIERS

<table>
<thead>
<tr>
<th>FIELD</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrier ID</td>
<td>Needed for data management; results will not be reported by carrier</td>
</tr>
<tr>
<td>Carrier submission date or batch identifier</td>
<td>Needed for data management</td>
</tr>
<tr>
<td>Claim ID</td>
<td>Needed for claim version control</td>
</tr>
<tr>
<td>Claim status</td>
<td>Example: reversal, adjustment (and dependent claim ID)</td>
</tr>
<tr>
<td>MemberID</td>
<td>Needed for data management</td>
</tr>
<tr>
<td>Member age</td>
<td></td>
</tr>
<tr>
<td>Member birthdate</td>
<td>Needed to accurately calculate some quality measures</td>
</tr>
<tr>
<td>Member gender</td>
<td></td>
</tr>
<tr>
<td>Member zip code of residence</td>
<td></td>
</tr>
<tr>
<td>Enrollment start date</td>
<td>Needed for all enrollment segments if there is discontinuity</td>
</tr>
<tr>
<td>Enrollment end date</td>
<td>Needed for all enrollment segments if there is discontinuity</td>
</tr>
<tr>
<td>Payer/type of business</td>
<td>Example: QHP, Medicare, Catastrophic plan, Dual eligible</td>
</tr>
<tr>
<td>First date of service</td>
<td>Or admit date for inpatient visits</td>
</tr>
<tr>
<td>Last date of service</td>
<td>Or discharge date for inpatient visits</td>
</tr>
<tr>
<td>Claim type code</td>
<td>Example: inpatient, outpatient, ED, professional</td>
</tr>
<tr>
<td>BETOS code</td>
<td></td>
</tr>
<tr>
<td>ICD-9 diagnosis level 1</td>
<td>Could accept ICD-10 if that is what is available</td>
</tr>
<tr>
<td>ICD-9 diagnosis level 2</td>
<td>Could accept ICD-10 if that is what is available</td>
</tr>
<tr>
<td>ICD-9 diagnosis level 3</td>
<td>Could accept ICD-10 if that is what is available</td>
</tr>
<tr>
<td>ICD-9 diagnosis level 4</td>
<td>Could accept ICD-10 if that is what is available</td>
</tr>
<tr>
<td>ICD-9 procedure level 1</td>
<td>Could accept ICD-10 if that is what is available</td>
</tr>
<tr>
<td>ICD-9 procedure level 2</td>
<td>Could accept ICD-10 if that is what is available</td>
</tr>
<tr>
<td>ICD-9 procedure level 3</td>
<td>Could accept ICD-10 if that is what is available</td>
</tr>
<tr>
<td>CPT or HCPCS</td>
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</tr>
<tr>
<td>CPT modifier</td>
<td></td>
</tr>
<tr>
<td>Place of service code</td>
<td>Per CMS standards</td>
</tr>
<tr>
<td>Claim source inpatient admission code</td>
<td>Per CMS standards</td>
</tr>
<tr>
<td>UB revenue code</td>
<td>Per CMS standards</td>
</tr>
<tr>
<td>Patient discharge status code</td>
<td>Per CMS standards</td>
</tr>
<tr>
<td>Type of bill</td>
<td>Per CMS standards</td>
</tr>
<tr>
<td>NDC</td>
<td>Needed for drug-based quality measures</td>
</tr>
<tr>
<td>Quantity dispensed</td>
<td>Needed for drug-based quality measures</td>
</tr>
<tr>
<td>Days’ supply</td>
<td>Needed for drug-based quality measures</td>
</tr>
<tr>
<td>Date dispensed</td>
<td>Needed for drug-based quality measures</td>
</tr>
</tbody>
</table>