Idaho Medicaid Plus
Public Comment Summary and Department Responses

Public Comment Period: April 2, 2018 through May 1, 2018

Public comment was solicited with respect to:

- Draft 1915(b) waiver application for "Idaho Medicaid Plus"
- Draft amendment to Idaho's Aged and Disabled 1915(c) waiver
- Draft revisions to Idaho's Managed Care Quality Strategy

Comment Type W-Written V-Verbal	Comments	Responses	Waiver Amendment Language Change
V/W	Several individuals stated opposition to the mandatory aspect of the Idaho Medicaid Plus program.	The Idaho Department of Health and Welfare was mandated under HB 260 in 2011 to implement managed care service delivery systems for those individuals who are dually eligible for Medicare and Medicaid. The proposed Idaho Medicaid Plus program will further align with that legislative directive.	No change required.
V/W	Several individuals stated concerns about having to select new medical providers.	Idaho Medicaid Plus is specific to Medicaid-primary services, which include behavioral health services, home and community-based services under the Aged and Disabled waiver, and skilled nursing facility care. Enrollment into Idaho Medicaid Plus will not affect an individual's selection of medical providers, including primary care, hospital services, outpatient therapies, prescriptions, specialists, etc. as these services are covered and paid by Medicare. An individual's Medicare coverage is not affected by enrollment into Idaho Medicaid Plus. Upon enrollment into Idaho Medicaid Plus, members retain providers with whom they have an existing relationship for at least ninety (90) days. The Health Plans will contact these providers to attempt to bring them into the Health Plan provider network.	No change required.

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W	One commenter alleged that the proposed Idaho Medicaid Plus program violates laws pertaining to court-ordered guardianship.	The proposed Idaho Medicaid Plus program does not violate laws pertaining to guardianship.	No change required.
V/W	Some individuals requested that the existing Medicare Medicaid Coordinated Plan (MMCP) or the new Idaho Medicaid Plus to be implemented in a county where it is not currently available.	The availability of the MMCP and Idaho Medicaid Plus are contingent upon the availability of a Health Plan to operate the program. The Department is unable to require that Health Plans serve a specific county.	No change required.
W	One commenter submitted comments pertaining to Federally Qualified Health Centers (FQHCs) and the Medicaid Healthy Connections program. In summary, the commenter a. Indicated that the 1915(b) waiver would require Medicaid beneficiaries to enroll in the MMCP b. Recommended that beneficiaries retain their FQHC patient-centered medical home (when applicable) c. Recommended that the Department require the Health Plans to align with the Medicaid Primary Care Medical Home model.	a. The 1915(b) waiver will not require Medicaid beneficiaries to enroll in the MMCP. It will require enrollment into Idaho Medicaid Plus, which is a different program. b. Beneficiaries who enroll into Idaho Medicaid Plus will retain their selection of primary care provider (PCP). c. The Department will not require the Health Plans to duplicate the Medicaid Primary Care Medical Home payment model. The contract with the Health Plans allows the Health Plans to develop and offer incentive arrangements with providers, upon approval of the Department.	No changes made.

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	d. Recommended that Healthy Connections payments for the population enrolled into Idaho Medicaid Plus continue, to avoid disrupted or fragmented care.	d. The Department will not continue to issue Healthy Connections payments for duals enrolled into Idaho Medicaid Plus. Medicaid is not the primary payer for primary care services, and enrollment into Idaho Medicaid Plus will not affect the members' status related to Accountable Care Organization (ACO) or other Medicare value-based purchasing models.	
W	One commenter submitted comments supporting careful and thorough communication to beneficiaries and providers, and questioning the benefit of Idaho Medicaid Plus in counties where ACOs are currently operating.	The Department agrees that communication will be critically important to successful implementation of Idaho Medicaid Plus. Idaho Medicaid Plus is intended to support, not supplant, the role of Medicare ACOs. The care coordination model of Idaho Medicaid Plus is focused on community and supportive resources and community-based long-term services and supports.	No change required.
W	One commenter had several specific comments: a. The access requirements (the Health Plan must have an adequate network of providers within a certain mileage distance of Enrollees' residences) are too restrictive as members may have to travel considerable distances to access specialists.	a. The access requirements and mileage parameters do not impose limitations on beneficiaries. The requirements are in place to ensure that the Health Plans have an adequate network of providers to support beneficiaries who may not be able to travel long distances to access care. These parameters do not prohibit the Health Plans from having providers in their network outside of the mileage limits (such as out-of-state providers).	No change required.

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	b. The commenter did not want the care specialist to interact with his or her providers and states that the role of the care specialist is to make decisions about his or her care. The commenter stated that this "takes freedom of choice from a Dual Eligible Idahoan."	b. The care specialist component of Idaho Medicaid plus is a benefit available to beneficiaries. Members are not required to contact the care specialist. If the member does not wish for the care specialist to interact with his or her medical and other providers, that request will be honored. The purpose of the care specialist is to be a resource for the member. The care specialist does not participate in authorization of services.	
	c. The commenter had concerns about enrollee and service plan materials being available in non-English languages other than Spanish.	c. The contract requires that printed marketing and enrollment materials be available in the state's prevalent languages. Interpretation services and accessible formats are required of the Health Plans.	
	d. The commenter asked, "what right does the State have to auto-assignment for any Dual?"	d. Idaho Medicaid received legislative direction in HB 260 to implement managed care for duals. In addition, the purpose of seeking a 1915(b) waiver is to request the authority to mandatorily enroll Medicaid members into a managed care service delivery system.	
	e. The commenter identified misspellings in the draft documents.	e. Misspellings in the draft documents have been corrected where possible. Because the waivers are a standardized form, there are fields that the state cannot edit.	
	f. The commenter indicated that there was not a formula included to determine "equitable case mix between the Health Plans."	f. The case mix is defined in the waiver application. Assignment by case mix will vary depending on the mix of duals in each county.	
	g. The commenter indicated that information about the Centers for Independent Living in the Aged and Disabled Waiver, Main Section, A. 5. Assurances.	g. The section referenced is standard text in the waiver application. The state is unable to edit this text but recognizes that the Centers for Independent Living are a resource for a number of habilitative supports for Idahoans.	