



# Idaho Medicaid Update

*Premium Assistance / Direct Coverage through Title XXI*

*Medicaid managed Care*

*House bill 260*

*Medicaid eligible growth*

---

Paul Leary, State Medicaid Director

Health Care Task Force

October 7, 2013

# 2013 CHIP-B and ACCESS CARD UPDATE

## *Premium Assistance / Direct Coverage through Title XXI*

Program	Number of Eligible Children (June 12)	Number of Eligible Children (June 13)
Direct coverage for Title XXI children up to 150% of Federal Poverty Level (FPL)	17,334	16,320
Direct coverage for children 150-185 FPL	7,903	7,913
Children Access Card	28	10
Access to Health Insurance	445 ( 361 adults & 84 children)	395 (322 adults & 73 children)
<b>TOTAL</b>	<b>25,710</b>	<b>24,638</b>

Access to Health Insurance	
Participating Employers	129

# 2013 CHIP-B and ACCESS CARD UPDATE

## *Premiums*

- Number of children required to pay a premium as of June 2013 = 13,688
- Approximately 70% of these children have earned Preventive Health Assistance (PHA) wellness points which offset some or all of the premiums owed
- Number of children closed for not paying premiums in SFY13 = <1%

# 2013 CHIP-B and ACCESS CARD UPDATE

## *Recent Outreach Activities*

- Updated brochures and posters distributed to all Idaho school districts, health departments, primary care providers, and other stakeholders
- Standardized health coverage only application available in October through community partners and the Health Insurance Exchange
- Mountain States Group continuing targeted outreach through community health centers

# 2013 CHIP-B and ACCESS CARD UPDATE

## *Premium Assistance Authority Changes*

- Federal waiver authority for the Title XXI Children's Access Card program ended on September 30, 2013
- Approval from CMS to move these participants for a three month period to the Title XIX waiver through December 31, 2013
- No premium assistance authority or funding available after December 31<sup>st</sup> for children
- Children transitioning to direct coverage, effective January 1, 2014
- Adults >100%FPL transitioning from premium assistance on waiver to health insurance exchange coverage

# 2013 CHIP-B and ACCESS CARD UPDATE

## *Premium Assistance Authority Changes*

- Transition activities for participants for the Access to Health Insurance and Access Card programs have begun
- Most adult participants will be transitioned to coverage through the Idaho Health Insurance Exchange
- Adults below 100%FPL have premium assistance coverage available through Access to Health Insurance through September 30, 2014 when waiver ends



# Medicaid Managed Care Update

# Dental Services Update

- Annual contract update completed effective August 1, 2013
  - Children accessing services continues at or above 60% as compared to 40% previously
  - Contractor is reinvesting in the community
    - Smiling Stork program for pregnant women
    - Increased sealant coverage
    - Dental home for children – 3 years and younger
  - Average rate per member per month reduced due to lower cost experienced

# Behavioral Health Managed Care

- September 1, 2013 Optum, a national health management organization, began the management of Medicaid outpatient community-based mental health services and addiction disorder services
- Optum is nationally certified by NCQA in Behavioral Health
- Optum's NCQA certification requires their provider network to maintain minimum certification or licensure standards – will work with providers who want to meet those standards
- Only significant issue identified in the first month was providers getting clean claims through Optum

# Behavioral Health Managed Care

## Optum analysis/response:

- 84% of denied claims due to missing the correct provider name and NPI – issue of non-licensed/non-contracted provider vs. supervising contracted provider
  - Continuous and ongoing education needed
    - FaxBlast to all network providers
    - Additional training sessions for providers (webinar)
    - Reach out to highly impacted providers in 1:1 education
- Optum claims and provider service staff researching other denial issues and will do targeted calls to providers
- No significant access or patient care issues identified

# Integrated Managed Care for Dual Eligible

- One of two health plans dropped out of the demonstration in late August – two plans are required for mandatory managed care in Medicaid
- On September 11<sup>th</sup> - CMS Medicare-Medicaid Coordination Office notified Idaho that they could not support moving forward with the demonstration with only one plan
- Idaho Medicaid exploring all options:
  - Pursue Demonstration starting in 2015
  - Transition current Duals Special Needs Plan (D-SNP) into a fully integrated dual eligible SNP (FIDE) – 2014 and/or 2015
  - Both options require letters of intent from plans – November 2013



# IDAHO'S STATE HEALTH CARE INNOVATION PLAN (SHIP)

# Idaho Statewide Healthcare Innovation Planning Project

- March 2013 Center for Medicare-Medicaid Innovation (CMMI) awarded six month planning grant to Idaho to develop a State Health Care Innovation Plan.
- CMMI project goal to promote “government sponsored multi-payer healthcare delivery and payment models with broad stakeholder engagement to achieve delivery system transformation.”

# Idaho Statewide Healthcare Innovation Planning Project

- Idaho SHIP goal is to design a model that evolves Idaho's healthcare delivery system from a fee-for-service, volume-based system to a value-based model of care based on improved health outcomes.
- SHIP planning grant managed by DHW.
- DHW contracted with Mercer Consulting to provide process facilitation.

# Idaho Statewide Healthcare Innovation Planning Project

- SHIP planning process has involved numerous Idaho healthcare stakeholders, including providers, payers and consumers, providing perspectives on how to improve Idaho's healthcare system.
- 60 focus group and town hall meetings held.
- SHIP Steering Committee received recommendations from four workgroups:
  - Network Design                      --HIT/Data
  - Quality Measures                      --Payment Reform

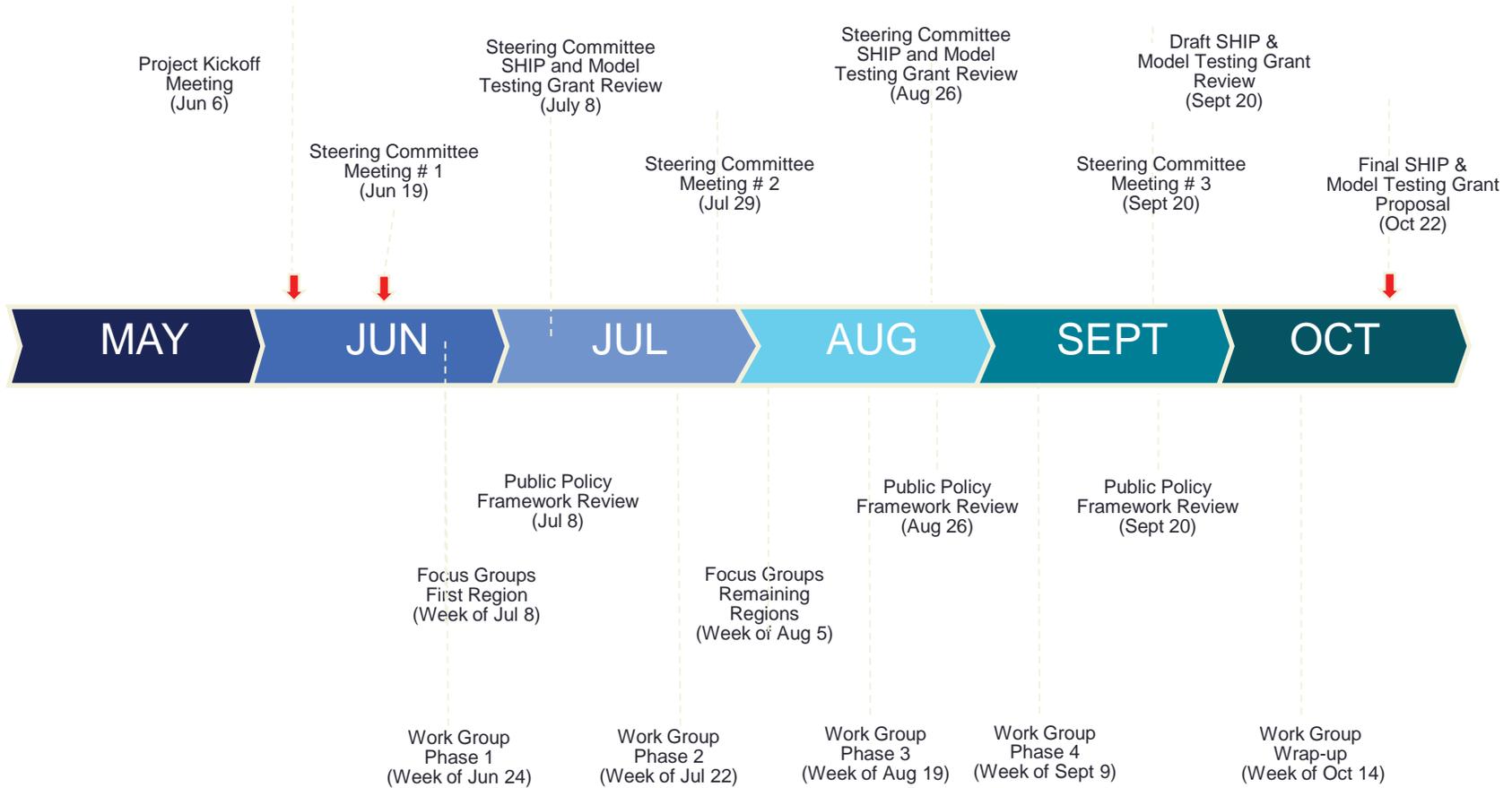
# Idaho Statewide Healthcare Innovation Planning Project

- SHIP steering committee considered recommendations and is finalizing plan design.
- Plan due to CMMI November 2013.
- Plan will be basis of design for model testing proposal/grant application to be submitted to CMI in 2014.
- This model testing funding opportunity could result in significant federal funding to assist Idaho in implementing SHIP.

# Idaho Statewide Healthcare Innovation Planning Project

## Timeline and Project Flow – Steering Committee Meetings

↓ = Mission critical item





# House Bill 260 Update

# House Bill 260 Update

- All benefit modifications in HB 260 have been fully implemented and are incorporated in the Medicaid SFY 2014 appropriation.
- Two line item requests for provider rate increases were implemented in SFY 2013 and are incorporated in the Medicaid SFY 2014 appropriation.
- The Hospital assessment, Nursing Facility assessment and ICF assessment used to augment the Medicaid T&B budget had sunset provisions in statute and are no longer in play.

# Medicaid Eligibles Experience

## SFY 2012, SFY 2013 and SFY 2014

### Full benefit

TIME FRAME	START – END ELIGILBES	PERCENT CHANGE
SFY 2012	227,418 – 236,111	3.9%
SFY 2013	236,842 – 241,496	2.0%
SFY 2014	August 242,076	1.5% annualized



# MEDICAID UPDATE

Questions?

Contact – Paul Leary

364-1804

[learyp@dhw.idaho.gov](mailto:learyp@dhw.idaho.gov)