

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1805

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2019 Idaho State Legislature for final approval. The pending rule becomes final and effective July 1, 2019, unless the rule is approved or rejected in part by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved or rejected in part by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 56-202(b), Idaho Code; also House Bill 128 (2017) codified as Section 56-265(5), Idaho Code, re: Value-Based Care.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

The 2017 Idaho Legislature passed House Bill 128, amending Section 56-265(5), Idaho Code, that provided the Department with the authority to develop a value-based payment model approach to provide Medicaid services to participants. This rulemaking incorporates new procedural requirements needed to implement a fixed participant enrollment process to support the value-based model through the existing Healthy Connections Program.

The existing Healthy Connections enrollment process allows participants to change their primary care provider (PCP) any time they choose. These proposed rule changes implement an enrollment process, (referred to as a "fixed enrollment process"), which designates a set period of time where participants are free to change their PCP at will. Once this time period ends, participants will not be able to change their PCP at will until the next open enrollment period the following year. There are provisions that allow PCP changes outside of the open enrollment period, for cause, which have been added to meet the requirements of federal law. These changes encourage a long-term provider-patient relationship through which a medical home is established. This ensures the participant is receiving a consistent source of care, provides for better patient outcomes, and supports the value-based model of care, as directed by the legislature.

There are no changes to the pending rule and it is being adopted as originally proposed. The complete text of the proposed rule was published in the October 3, 2018, Idaho Administrative Bulletin, Vol. 18-10, pages 188 through 190.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

There is no anticipated fiscal impact to the State General Fund or any other funds for these rule changes. The rule changes are considered to be budget neutral for providers and there are no benefit changes for participants. Programmatic changes needed to implement this rulemaking are possible within existing Medicaid program funding.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Cindy Brock at (208) 364-1983.

DATED this _____ day of _____, 2018.

Tamara Prisock
DHW - Administrative Rules Unit

450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5500 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.03.09 – MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1805

NOTICE OF INTENT TO PROMULGATE RULES – NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Sections 67-5220(1) and 67-5220(2), Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Sections 56-202(b), 56-264, 56-1610, Idaho Code.

MEETING SCHEDULE: Public meetings on the negotiated rulemaking will be held as follows:

PUBLIC (LIVE) MEETINGS
Tuesday, July 17, 2018 - 8:00 am (MDT) Friday, July 20, 2018 - 8:00 am (MDT)
Department of Health & Welfare Medicaid Central Office 3232 Elder Street Conference Room D (East and West) Boise, ID 83705
TELECONFERENCE CALL-IN (both meetings) 7:00 am (PDT) / 8:00 am (MDT)
Toll Free: 1 (877) 820-7831 Participant Code: 701700

MEDICAID -- PRIMARY CARE CASE MANAGEMENT -- REGIONAL CARE ORGANIZATIONS

METHOD OF PARTICIPATION: Persons wishing to participate in the negotiated rulemaking may do any of the following:

1. Attend or call in to the negotiated rulemaking meetings as scheduled above;
2. Provide oral or written recommendations, or both, at the negotiated rulemaking meetings; or
3. Submit written recommendations and comments to this address on or before Friday, July 27, 2018:

Send to:

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

Hand deliver to:

Idaho Department of Health and Welfare
Division of Medicaid
Attn: Cindy Brock, Alternate Care Coordinator
3232 Elder Street
Boise, ID 83705

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principle issues involved:

The Department invites interested stakeholders to participate in negotiated rulemaking for this chapter, IDAPA 16.03.09, "Medicaid Basic Plan Benefits." Public input is needed on proposed rule changes to implement a fixed enrollment process for shared savings reimbursement for Healthy Connections and Regional Care Organizations (RCOs).

CONTACT INFORMATION, WEB ADDRESS, ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:

For assistance on technical questions concerning this negotiated rulemaking, contact Cindy Brock at (208) 364-1983 or e-mail: Cindy.Brock@dhw.idaho.gov.

Materials pertaining to the negotiated rulemaking for this docket, including any available preliminary rule drafts, can be found on the Department's main Medicaid webpage at <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>, in the "Rulemaking" section of the right-hand column under the "2018" dropdown.

All written comments on the negotiated rules must be directed to the contact person specified above under "Method of Participation" and must be delivered on or before Friday, July 27, 2018.

DATED this 5th day of June, 2018.

Tamara Prisock
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
Phone: (208) 334-5500
FAX: (208) 334-6558
E-mail: dhwrules@dhw.idaho.gov

Negotiated Rulemaking for DOCKET NO. 16-0309-1805

July 17, 2018 8AM (MDT) and July 20, 2018 8AM (MDT)

Division of Medicaid
3232 Elder Street; Boise, ID 83705

Facilitator: Cindy Brock – Medicaid Program Policy Analyst
Bureau of Medical Care –Meg Hall, Program Manager

Call to Order

Purpose of the Meeting – Rule development and feedback on the implementation of a fixed enrollment process for Healthy Connections for the transition to value based care.

Discussion Points

- Current Enrollment Process
 - Rules that exist today - **IDAPA 16.03.09.562.02**
- Looking forward
 - Fixed Enrollment Process
 - Benefits of patient/provider consistent relationship
 - Aligns with PCMH – value based care
- Federal law Changes
 - Managed care rules
- Key Elements of the Proposed Process
 - First of the month enrollment
 - Grace period
 - Annual Enrollment
 - Monthly Change
 - Special circumstance changes

Follow Up

Written comments for Docket No. 16-0309-1805 are to be submitted on or before Friday, July 27, 2018 to:

Tamara Priscock DHW – Administrative Procedures Section
450 W. State Street – 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
Phone: (208) 334-5564; Fax: (208) 334-6558
E-mail: dhwrules@dhw.idaho.gov

IDAHO ADMINISTRATIVE RULES – CHAPTER 16.03.09

560. HEALTHY CONNECTIONS: PRIMARY CARE SERVICES.

- 01. Eligible Services.** Participants enrolled with a primary care provider (PCP) are eligible to receive: (3-25-16)
- a. Basic care management and care coordination; (3-25-16)
 - b. Timely access to routine primary care; (3-25-16)
 - c. A patient-centered health care decision making process; (3-25-16)
 - d. Twenty-four (24) hour, seven (7) days per week access to an on-call medical professional; and (3-25-16)
 - e. Referral to other medically necessary services as specified in Section 210 of these rules, based on the clinical judgment of their primary care provider. (3-25-16)
- 02. Change in Primary Care Provider.** Participants may change their primary care provider at any time by contacting Healthy Connections staff. (3-25-16)

PROPOSED HEALTHY CONNECTIONS FIXED ENROLLMENT PROCESS

- ❖ Current HC member enrollment process rule – IDAPA 16.03.09.562.02
 - ❖ *Change in Primary Care Provider – Participant may change their primary care provider at any time by contacting Healthy Connections*
- ❖ Proposed new rule overview to change to Fixed Enrollment Process
 - ❖ Fixed enrollment process limits the participants ability to change enrollment with an HC Service Location from a daily basis to an annual basis, with some exceptions
 - ❖ Aligns with the Patient Centered Medical Home model of care in promoting long-term patient/provider relationships
 - ❖ Embraces value-based care and quality improvement to drive patient engagement, resulting in healthier outcomes at lower costs
 - ❖ Aligns with 2016 Managed Care Rules

NEW HEALTHY CONNECTIONS FIXED ENROLLMENT PROCESS

- ❖ The key components:
 - ❖ Enrollment will always start the *first of the next month* – no mid month changes
 - ❖ Critical to transition to value based reimbursement and standardized attribution model to effectively provide accurate quality and cost data
 - ❖ Participant allowed 90 day “grace period” to change HC Service Location following enrollment with a new HC Service Location, to ensure “mutual” patient/provider relationship established
 - ❖ Thereafter change allowed:
 - ❖ Annually (effective January 1) with requests accepted during Annual Enrollment Period of October 15th- December 7th
 - ❖ Monthly to different HC Service Location within an HC Organization or Medicaid ACO

NEW HEALTHY CONNECTIONS FIXED ENROLLMENT PROCESS

- ❖ Thereafter change allowed (continued):
 - ❖ Outside of annual enrollment period, change allowed under following *special circumstances*
 - ❖ Moved outside of PCP's service area
 - ❖ Due to moral and religious reasons, the PCP does not cover the service member needs
 - ❖ Due to changing to or from a specialty provider (i.e., OB/GYN, Peds, etc.)
 - ❖ Poor quality of care, documentation validated by the Department
 - ❖ Lack of access to covered services, documentation validated by the Department
 - ❖ Lack of access to providers experienced in dealing with the members health care needs
 - ❖ Administrative error on the part of the department