

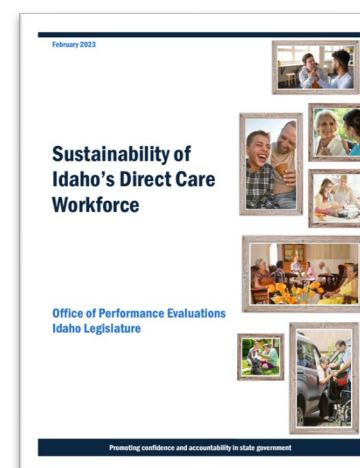
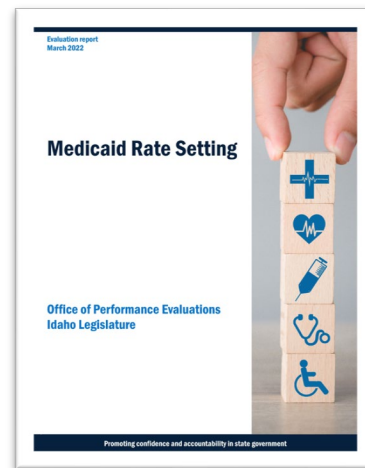
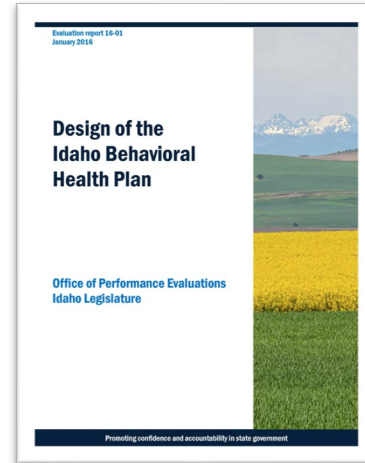
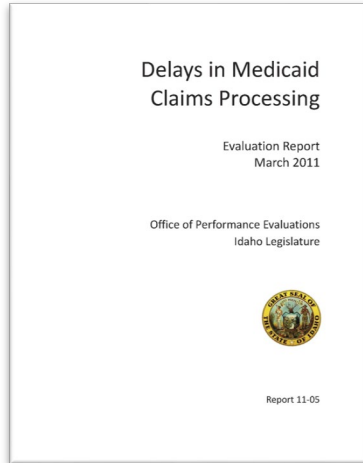


June 12, 2023

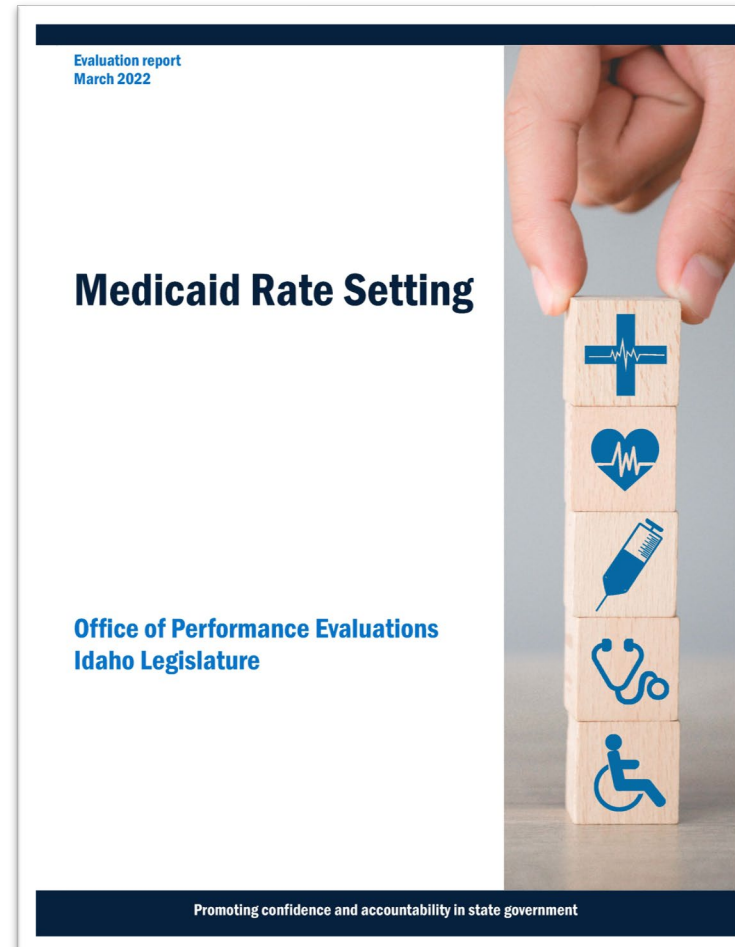
Ryan Langrill

Review of OPE's Medicaid reports

The Office of Performance Evaluations has completed 5 reports with recommendations about Medicaid since 2011.



These reports document long-standing deficits in Medicaid's management capacity.



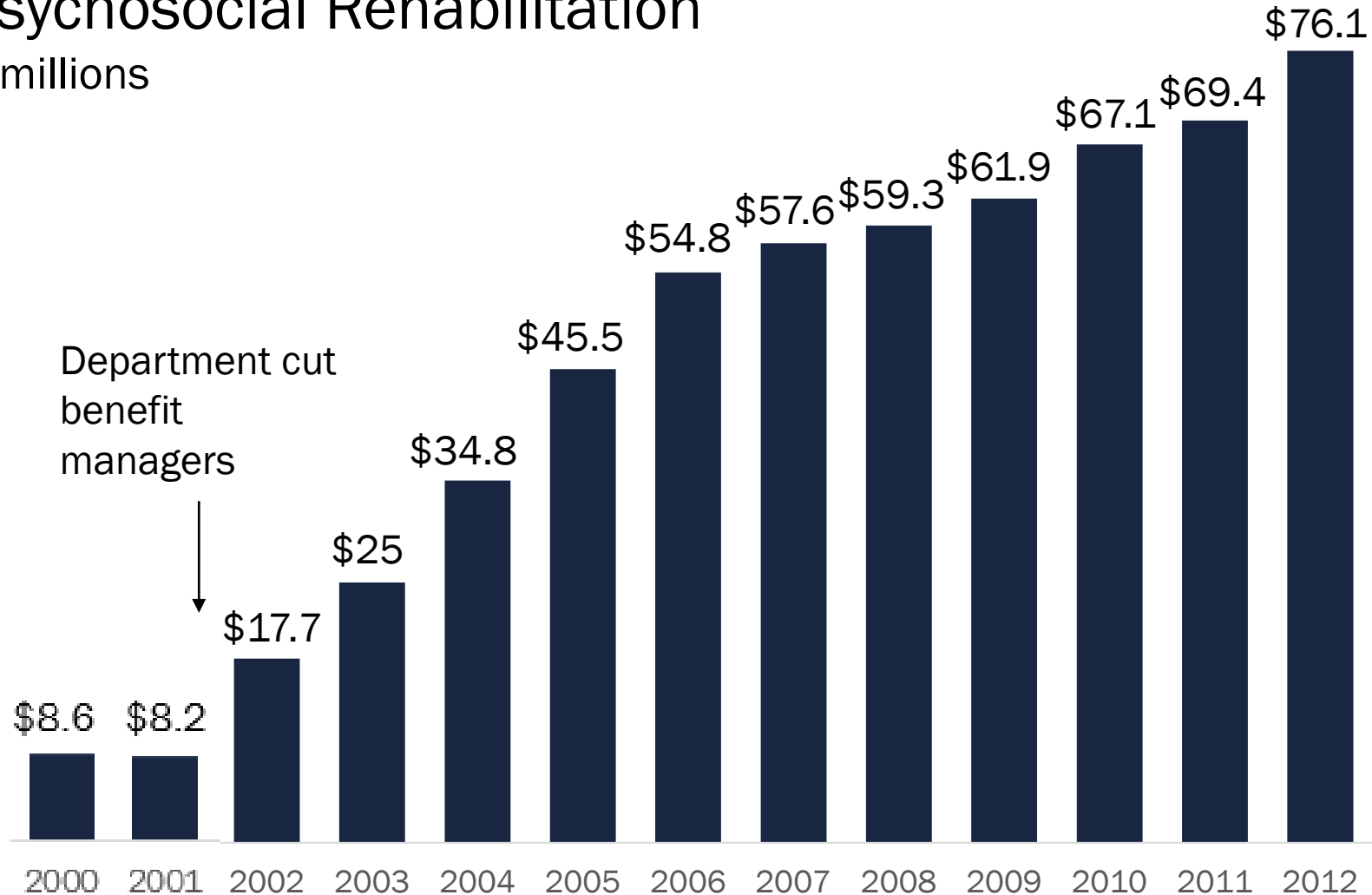
We found Medicaid lacked the management capacity to conduct timely and adequate rate reviews.



Benefit management and design

Psychosocial Rehabilitation

\$ millions



Benefit management and design

Drug testing costs

Lack of access and quality metrics driving rate review process



Clear communication and stakeholder buy-in

Medical Care Advisory Committee

State- and federally- required committee of medical professionals, policymakers, and advocates meant to be primary citizen interface with Medicaid policy

“The annual report of the Advisory Committee should be an important public document, looked forward to by the public, the professions, and by the consumers.”

Clear communication and stakeholder buy-in

Goals of Idaho Behavioral Health Plan

Lack of pilot testing for new claims system



Contract design and oversight

**Non-emergency medical
transportation RFP**

**Outpatient-only behavioral health
managed care**

Incomplete performance measures



Adapting knowledge and skills to new policies

Behavioral health plan RFP

Outpatient APC payment



Idaho's safety net programs lack good stewardship.



Idaho's old age and disability assistance programs predate Medicaid.

Medicaid has not shown an ability to credibly commit to strategic initiatives.

New initiatives received priority over successful implementation of existing ones.

The Legislature should not expect dynamic management without investment.

Medicaid has **17 fewer positions** than it did in **2009.**

September Joint Legislative Oversight Committee meeting



The Legislature should decide how much Medicaid administration it wishes to control or delegate and invest accordingly.



Medicaid should identify its most urgent staffing needs and include a request for the 2023 legislative session.

Hospital rates

New payment method for FY22 better allows comparison

What does Idaho Medicaid pay compared to Medicare and other state Medicaid programs?



House of Representatives
STATE OF IDAHO
CAPITOL BUILDING
P.O. BOX 83720
BOISE, ID 83720-0038

March 21, 2023

Rep. David M. Cannon, Co-Chair
Sen. Melissa Wintrow, Co-Chair
Joint Legislative Oversight Committee

Dear Co-Chairs,

Starting fiscal year 2022, the Division of Medicaid changed the way it paid for most inpatient hospitalization. Instead of a cost-based reimbursement model, where the division would pay hospitals based on their costs, the division now pays hospitals using a diagnosis-related grouping (DRG) method. Instead of paying for each separate element of a patient's stay, the division makes a single payment based on the DRG of the patient's stay. This method standardizes payment among hospitals.

DRG payment is common among Medicare and state Medicaid programs. According to the Medicaid and CHIP Payment and Access Commission (MACPAC), as of November 2018, 37 states used DRGs.

This standardized categorization and payment method opens up the possibility for meaningful comparisons of Idaho's Medicaid hospital utilization and spending to Medicare and other state Medicaid programs.

We ask the Joint Legislative Oversight Committee to direct the Office of Performance Evaluations to evaluate the following aspects of Idaho's Medicaid hospital payment.

What do you want to know about hospital rates?



**Background
research**

Rakesh Mohan
rmohan@ope.idaho.gov

Ryan Langrill
rlangrill@ope.idaho.gov