

**CORRECTED MINUTES**  
**Approved by the Committee**  
**Medicaid Managed Care Task Force**  
**Monday, September 11, 2023**  
**11:00 A.M.**  
**Room EW42**  
**Boise, Idaho**

Members in attendance: Cochairs Senator Julie VanOrden and Representative John Vander Woude; Senators Mark Harris, Kevin Cook, Glenneda Zuiderveld, and Melissa Wintrow; Representatives Jordan Redman, Josh Tanner, and Nate Roberts. Absent/Excused: Representative Dori Healey. Non-legislative members in attendance: Juliet Charron and Sara Stover. Legislative Services Office (LSO) staff in attendance: Elizabeth Bowen, Jill Randolph, Alex Williamson, and Grace King.

Note: Presentations and handouts provided by the presenters/speakers are posted to the Idaho Legislature's website <https://legislature.idaho.gov/sessioninfo/2023/interim/> and copies of those items are on file at the Legislative Services Office in the State Capitol. Recordings of the meeting may be available under the committee's listing on the website.

Cochair VanOrden called the meeting to order at 11:02 a.m.; a silent roll call was taken.

### **Opening Remarks**

Cochair VanOrden provided opening remarks. Before hearing presentations from Idaho's Managed Care Organizations (MCOs), Cochair VanOrden read the following statement:

*Representatives from managed care organizations have been invited to present today so that task force members may gain better insight into how managed care, as a policy, is currently operating in Idaho. These presentations are not meant to influence the specifications in future procurements or to influence the procurement process in any way. The Cochairs ask that task force members limit their questions to matters covered in the presentations and refrain from asking presenters for any recommendations, policy or otherwise, because recommendations might be construed as an effort to influence a future procurement. Questions unrelated to the presentations will be ruled out of order. The Cochairs would also like to emphasize that the presenters are welcome to decline to answer any question that they feel might compromise their organization's ability to participate in a future procurement. The task force secretary is directed to include this statement, in full, in the minutes for today's meeting.*

### **Healthy Connections Value Care Performance Year One**

Juliet Charron, the Idaho Department of Health and Welfare Medicaid Division Administrator, provided an overview of the state's current Value Care Organization (VCO) program and the results from the first contract year. She also highlighted future opportunities.

- Senator Cook asked about quality measures and cost payouts. Ms. Charron explained that the amount of risk selected and the number of quality measures that a VCO met would affect the amount of payout it would receive.
- Cochair Vander Woude asked if the per-member-per-month calculation was based on those who were enrolled or those who were participating. Ms. Charron stated that it was based on those who were participating and that it would have to be recalculated after redeterminations were completed.

- Representative Tanner asked about redeterminations. Ms. Charron explained that the estimated number of people coming off of Medicaid included the expansion population and she added that enrollment in Medicaid is going down. Representative Tanner asked how many VCOs met all of the quality measures. Ms. Charron responded that there were four VCOs that met four or more of the six quality measures.
- Senator Cook asked about claim data. Ms. Charron explained that data was available throughout the contract year but that the data is not final until the end of the contract year plus the six-month claim run-out period.
- Representative Roberts asked if the VCO program will continue to have a positive outcome and produce savings. Ms. Charron explained that it was hard to predict but believed that there could be a possibility for savings. Representative Roberts asked if adding staff to the Division of Medicaid would increase savings in the future. Ms. Charron stated that increasing staff could provide the ability to increase resources, which could lead to savings. Representative Roberts asked how much money would be needed to increase staff. Ms. Charron explained that the budget request for the next fiscal year had been posted and included a request for increased staffing.
- Representative Redman asked about claim outliers. Ms. Charron explained that a claim that equaled more than \$100,000 was considered a claim outlier and was not included in the overall data.

### **Non-Emergency Medical Transportation (NEMT) for Idaho Medicaid Members**

Alaina Macia, CEO of MTM, Inc., provided an overview of the NEMT broker model and MTM's involvement in the Idaho Medicaid program.

- Senator Cook asked how MTM measured member satisfaction because he had received many complaints about NEMT. Ms. Macia explained that MTM took complaints seriously and had an open complaint policy. Senator Cook commented that he had heard many complaints from providers about the increase in administrative work under the NEMT MCO contract. Ms. Macia stated that MTM was working to make the administrative process more automated to help ease the burden.
- Cochair VanOrden commented on the number of complaints legislators receive regarding the NEMT MCO contract.

The task force recessed for lunch at 11:58 a.m.; Cochair VanOrden called the meeting back to order at 12:51 p.m.

### **Our 10-Year Experience Managing the Idaho Behavioral Health Plan**

Georganne Benjamin, Executive Director for Optum Idaho, provided an overview of the Idaho Behavioral Health Plan (IBHP), including information on the cost containment, the expansion of services, and quality management.

- Senator Cook asked if Ms. Benjamin had any suggestions for cutting the IBHP budget without sacrificing services. Ms. Benjamin explained that the IBHP provided many crucial services to the providers and members under the IBHP.
- Representative Roberts asked how many licensed clinical social workers were in the provider network under the IBHP. Ms. Benjamin stated that all providers under the IBHP were licensed to provide therapy. Representative Roberts asked how many patients were enrolled under the IBHP. Ms. Benjamin explained that Optum's contract allows access to care for every Medicaid enrollee and serves about 8-10% of the Medicaid population.

- Cochair Vander Woude asked if Optum's expansion of the provider network and services was done through the contract, legislation, or Optum's own initiative. Ms. Benjamin stated that it was Optum's initiative to ensure quality access to care.
- Senator Wintrow asked about services for dually diagnosed patients. Ms. Benjamin explained that dually diagnosed members have access to Optum's behavioral health services and, when necessary, Optum works with the Department of Health and Welfare (DHW) to ensure that services are being provided to those patients.

### **MCNA Dental's Idaho Smiles Experience**

Shannon LePage, CEO of MCNA Dental, provided an overview of the MCNA Dental MCO contract, including initiatives, access to care, and member satisfaction.

- Senator Cook asked if the data provided regarding provider network growth included providers who were not accepting new Medicaid patients. Ms. LePage explained that the data included all active providers, but MCNA Dental tracks which providers were not accepting new Medicaid patients and provided that information on its website. Senator Cook commented that Medicaid patients were struggling to find dental providers accepting new patients and providers were struggling with reimbursement rates and administrative work. Ms. LePage stated that MCNA Dental is working to make claim submissions easier on providers and added that she would be happy to work through specific complaints.

### **Blue Cross of Idaho Managed Care Organization Report**

Jenny Robertson, Director of Government Programs for Blue Cross of Idaho (BCI), provided an overview of the MCO contract for dual-eligible enrollees in Medicaid and Medicare. She highlighted the benefits of providing coordinated care for dual-eligible enrollees.

- Senator Wintrow asked how satisfaction with the program was measured. Ms. Robertson explained that there were member satisfaction surveys that members could fill out, but BCI also measures satisfaction by observing engagement rates. Senator Wintrow commented that it was important for MCOs and VCOs to measure member satisfaction and be transparent with complaints. Ms. Robertson explained that BCI tracked all inquiries and complaints in order to fix issues and was implementing new ways of listening to stakeholders to help improve the program.
- Senator Cook asked if BCI had implemented any cost-saving strategies. Ms. Robertson explained that BCI has implemented programs to help reduce costs and reports that information to DHW on a quarterly basis. Ms. Charron explained that as the MCO contracts gained more experience serving its population, it worked with DHW to increase the amount of risk it took, which assisted in cost containment.
- Cochair Vander Woude asked how BCI responded to members who didn't want to fill out satisfaction surveys. Ms. Robertson explained that BCI tracks information about members who have asked not to receive satisfaction surveys and avoids sending surveys to those members.

### **Molina Managed Care Organization Report**

Brandon Hendrickson, Willie Stevens, and Marnie Packard from Molina provided an overview of the MCO contract for dual-eligible enrollees, the success of the program, and the value of managed care for dual-eligible enrollees.

- Senator Wintrow asked how many care managers there were in the state and what was the average case load. Mr. Stevens explained that there were about 35 to 40 case managers and there was a point system to determine case load. Senator Wintrow commented on the importance of lower case loads for care managers and the importance of community

partners to ensure quality care for members. Mr. Stevens stated that Molina strives to increase communication with stakeholders to improve the program.

- Representative Redman asked if there was data available for savings from the Enhanced Management-Fraud, Waste and Abuse program. Mr. Hendrickson explained the program and stated that he would follow up with data. Ms. Charron added that having a special investigations unit is a federal requirement.

### **Coordinated Care Organizations (CCOs): Impact to Medicaid**

Norm Varin, Matt Bell, and Erin Fair Taylor from PacificSource Health Plans provided an overview of PacificSource, CCOs, and Oregon's Medicaid program. Ms. Taylor compared CCOs and VCOs and shared similarities between Oregon's and Idaho's Medicaid programs.

- Senator Wintrow asked how a nonprofit health plan worked. Ms. Taylor explained that the health plan does have to make some margin in order to stay afloat, but she found that having a community governance model helped the plan be successful. Senator Wintrow asked what reinvestments in the community the program had made. Ms. Taylor provided examples that ranged from building a playground to expanding the number of youth residential mental health beds.
- Cochair Vander Woude asked if pharmacy was included under the CCO program and if the program denied high-cost procedures. Ms. Taylor explained that pharmacy was included and that high-cost services were not carved out but there was a reinsurance process for non-pharmacy-related claims that go over a certain dollar amount.
- Representative Redman asked if the major difference between VCOs and CCOs was the level of risk. Ms. Taylor confirmed that it was.

### **Discussion**

The task force members discussed future meeting dates and agenda items.

The meeting was adjourned at 2:50 p.m.