

MINUTES
Approved by the Committee
Medicaid Managed Care Task Force
Thursday, October 05, 2023
1:30 P.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 Dori Healey, Jordan Redman, Josh Tanner and Nate Roberts. Non-legislative members in attendance: Juliet Charron and Sara Stover. Legislative Services Office (LSO) staff in attendance: Elizabeth Bowen, Jill Randolph, 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 Vander Woude called the meeting to order at 1:42 p.m.; a silent roll call was taken.

Opening Remarks

Cochairs Vander Woude and VanOrden provided opening remarks. **Senator Wintrow moved to approve the August 31, 2023, minutes and the September 11, 2023, minutes. The motion passed unanimously by voice vote.**

Community Health Center Network of Idaho VCO

Matt Wimmer, Director of Network Enhancement at the Community Health Center Network of Idaho (CHCNI), provided an overview of the CHCNI Value Care Organization (VCO). He detailed the services that Community Health Centers (CHCs) provide, explained the management of downside risk, and provided a comparison of VCOs and Managed Care Organizations (MCOs).

- Senator Zuiderveld asked what Mr. Wimmer meant when he referenced a scorecard. Mr. Wimmer explained that CHCNI used the Azara Healthcare software to track information on quality measures from the participating organizations.
- Senator Wintrow asked how downside risk was being managed. Mr. Wimmer explained that the CHCNI VCO depended on preventative care and managing the cost of care.
- Senator Cook asked what the CHCNI VCO was doing to prepare for taking on a higher percentage of downside risk in the next cycle year. Mr. Wimmer explained that CHCNI was creating a reserve fund to prepare for any losses. Senator Cook asked why the Centers for Medicare and Medicaid Services (CMS) was more involved with contract approval under the MCO model versus the VCO model. Mr. Wimmer explained that CMS had been updating regulations for the MCO model because it was the most dominant Medicaid model in the country.
- Cochair Vander Woude asked how many members in CHCNI's network lost coverage after redeterminations. Mr. Wimmer estimated that there was a 30% decrease in coverage. Cochair Vander Woude asked for the specific number of members who lost coverage. Mr. Wimmer stated that the information was included on the Idaho Department of Health and Welfare's (DHW) website but estimated that the number of members dropped from around 50,000 to

around 40,000. Cochair Vander Woude wondered why 91% of enrollees in VCOs didn't respond to DHW's letter regarding redeterminations. Mr. Wimmer explained that centers under CHCNI have outreach and enrollment staff that were doing their best to get ahold of members but were stretched thin with their job duties and that other smaller centers may not have the staffing capabilities for outreach efforts. Cochair Vander Woude asked if CHCNI networks warned their members of the possibility of losing coverage. Mr. Wimmer explained that outreach efforts varied by networks and their resources. Cochair Vander Woude asked about the structure of ownership of CHCNI. Mr. Wimmer explained the CHCNI was an LLC but was wholly owned by nonprofits, including 14 centers and the Idaho Community Health Center Association (ICHCA), who received shared savings. Cochair Vander Woude asked where the nonprofits get their funding from. Mr. Wimmer explained that the ICHCA received federal funding and funds from grants.

- Senator Cook asked if the feature on the website that shows the cost of services was helpful for patients. Mr. Wimmer explained that it helped patients with limited resources to expect how much they would pay for services. Senator Cook asked if this applied to Medicaid patients. Mr. Wimmer explained that Medicaid patients were not charged anything except the copays established in Idaho Code. Senator Cook asked if CHCNI accepted copays from Medicaid patients. Mr. Wimmer said that it varied across centers because it took effort to collect only \$3.65. Senator Cook asked if the clinics in the CHCNI network used the Idaho Health Data Exchange (IHDE). Mr. Wimmer stated that the clinics had access to IHDE but there are challenges with it since some of the clinics in the eastern part of the state were not connected to it.
- Representative Tanner asked if adding more optional quality metrics should be considered. Mr. Wimmer stated that DHW had taken steps to allow more optional measures and that it was important to stay engaged with DHW to find measures that were tightly connected with costs. Representative Tanner asked if there were areas within CHCNI that needed improvement. Mr. Wimmer stated that good progress had been made in the first year and that it was important to focus on care management.
- Senator Wintrow asked if health history determines the level of case management. Mr. Wimmer explained that health history was important for determining the level of case management along with finding what health issues were most important to the patient.
- Cochair Vander Woude wondered if the VCO program should get an actuarial review to set rates like an MCO. Mr. Wimmer stated that actuaries should be involved because it was important to have expertise to set downside risk. Cochair Vander Woude asked if the VCO program lacks the proper oversight when setting rates. Mr. Wimmer explained that DHW was taking a thoughtful approach to setting rates and that Idaho's VCO program was one of the most aggressive VCO models in the nation.

AdvantagePoint Northwest VCO

Delana Buntin, Executive Director of AdvantagePoint Northwest, provided an overview of the AdvantagePoint Northwest VCO. She provided details on the network structure, financial performance, quality performance, and success barriers.

- Senator Zuiderveld asked about coding gaps. Ms. Buntin explained that improper submittal of data could cause gaps in quality care and diagnosis, which leads to a fallacy in the VCO's data. Senator Zuiderveld asked for suggestions to fix the issue of coding gaps. Ms. Buntin stated that there were a number of different ways to submit data and encouraged VCOs to work together to communicate about data submissions. Ms. Charron stated that DHW was looking at ways to standardize data submission.
- Senator Cook asked if there was a hole in data when a Medicaid patient leaves Medicaid for a period of time and then re-enrolls. Ms. Charron explained that there was a hole in data when that happens because the state does not accept supplemental data. Senator Cook asked if IHDE

could be used for data submission. Ms. Charron explained that it could potentially be used to standardize data submission but not every clinic was connected.

- Senator Wintrrow asked why wasn't every clinic connected to IHDE. Ms. Charron stated that it was not a requirement because not every clinic has the infrastructure to support it.
- Cochair VanOrden wondered what the purpose of having IHDE was if there was only a handful of clinics connected to it. Ms. Charron said that the idea was to have connection across the state to promote interconnectivity and improve health outcomes but the system needs investments. Cochair VanOrden asked if states were required to have a health data exchange. Ms. Charron explained that federal funds were given to states to create infrastructure for a data exchange, but many states have struggled to get full connectivity throughout the state and to maintain the system after federal funds have been spent.
- Senator Cook commented that the Legislature was not willing to subsidize the system so it did not require providers to be connected. Cochair Vander Woude added that the Legislature decided to take the federal funding to create the system but did not want to provide ongoing state funds to maintain it.
- Representative Tanner wondered how the AdvantagePoint Northwest VCO could claim to have produced savings when the Medicaid budget continues to grow. Ms. Buntin explained that the cost of care was rising but the AdvantagePoint Northwest VCO saw a decrease in individual patients costs during its first year. Representative Tanner asked about the management of the pharmacy benefit. Ms. Buntin explained how the AdvantagePoint Northwest VCO was managing pharmaceuticals but expressed concern with including the pharmacy benefit in the total cost of care.
- Cochair Vander Woude asked for a comparison of AdvantagePoint Northwest's experience working with Utah's and Washington's MCO program and Idaho's VCO program. Ms. Buntin stated that AdvantagePoint Northwest's partners in Utah and Washington who participated in an MCO program found that there was little flexibility within the contracts.
- Senator Wintrrow wondered if a VCO was more local and provided more control but with less risk and if an MCO was a larger organization that took on more risk to potentially save money. Ms. Buntin stated that an MCO could be more localized and a VCO could take on more risk but it depended on the confines of the contract.

A VCO with an Independent Clinic Perspective

Jessica Perry, Administrator at Pocatello Children's Clinic, provided an overview of the Pocatello Children's Clinic VCO. She provided details on the perspective of a small and independent clinic, the advantages of a VCO program, and concerns with the MCO model.

- Senator Wintrrow asked how the Pocatello Children's Clinic VCO was reinvesting its savings to create an efficient system. Ms. Perry stated that it planned to continue reinvesting savings to hire staff for care coordination efforts.
- Senator Cook wondered why Ms. Perry believed that collaboration wouldn't happen under an MCO model. Ms. Perry explained that DHW and the other VCOs regularly collaborate to discuss objectives and outcomes and she stated that she feels this would be lost if the state moved to an MCO model.
- Cochair Vander Woude asked how many patients in the Pocatello Children's Clinic VCO lost coverage after redeterminations. Ms. Perry estimated that the number of covered patients went from 8,200 to 7,500.

Overview of Castell VCO

Eric Cragun, Executive Director of Government Programs at Castell, provided an overview of the Castell VCO. He provided details on quality target achievements, financial performance, and recommendations for the VCO program.

- Representative Redman asked how Castell worked with Utah's Accountable Care Organization (ACO) program. Mr. Cragun explained that Castell provides similar services in Utah but was able to provide more services in Utah because its program offered more incentives.

Indian Health Care and Managed Care

Karol Dixon, Director of Government Affairs and Health Policy at the Northwest Portland Area Indian Health Board, gave an overview of Medicaid for tribal populations. She provided details on federal legislation, reimbursements, issues with managed care plans, and recommendations.

- Senator Wintrow asked if tribal populations were carved out of managed care unless they opt into it. Ms. Dixon explained that, unless a managed care entity was run by a tribe, managed care cannot be mandatory and the tribes have the ability to opt into the program.
- Cochair VanOrden asked if the federal match was being used in specific circumstances. Ms. Charron stated that she would have to check.

Task Force Discussion

Senator Cook and Ms. Charron discussed copays and care coordination. The task force discussed future meeting dates and agenda items.

The meeting was adjourned at 4:08 p.m.