

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 21, 2023

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman VanOrden, Vice Chairman Zuiderveld, Senators Lee, Wintrow, and Taylor

ABSENT/ EXCUSED: Senators Harris and Bjerke

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman VanOrden** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

MINUTES APPROVAL: **Senator Wintrow** moved to approve the Minutes of January 24, 2023. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

Senator Harris was excused. There was no approval for the Minutes of January 25, 2023.

Senator Taylor moved to approve the Minutes of January 26, 2023. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

Senator Zuiderveld moved to approve the Minutes of January 31, 2023. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

Senator Lee moved to approve the Minutes of February 2, 2023. **Senator Taylor** seconded the motion. The motion carried by **voice vote**.

PRESENTATION: **Medicaid Eligibility Unwinding Process (Process)**. **Shane Leach**, Administrator, Division of Health and Welfare (Division), provided information regarding the process, as the unwinding period would begin April 1, 2023, now that the Public Health Emergency was no longer in effect (see Attachment 1).

DISCUSSION: **Senator Lee** inquired as to what group would have priority in the unwinding process. **Mr. Leach** explained they prioritized individuals likely to be over income and no longer eligible. **Senator Lee** asked if it would be easier to prioritize the individuals they had not heard from in 2 years. **Mr. Leach** replied the Centers for Medicaid Services (CMS) were aware of those individuals, however they were still required to give each individual the opportunity to renew their eligibility.

Senator Taylor asked Mr. Leach out of the 150,000 individuals, if there was an estimate as to how many would be found ineligible. **Mr. Leach** replied they had no estimate.

Senator Wintrow asked how the Division's self-reliant staff would interface with developmentally disabled individuals when they applied for benefit renewal. **Tonya Standerfer**, Reevaluation Deputy Administrator, Division of Health and Welfare, stated there were 2 options. A person could call in to access their account, or go through idalink.idaho.gov, the Division's website, to complete their renewal.

Senator Wintrow asked when forms were needed from the recipient to prove their income, how a developmentally disabled applicant would achieve submitting those forms. **Ms. Standerfer** replied the self-reliant staff could verify their information through their interfaces, and would make a phone call to verify other information when necessary. **Senator Wintrow** inquired how long the reevaluation process took. **Ms. Standerfer** stated the average renewal took around 45 minutes.

Senator Wintrow asked how often individuals respond negatively to their loss of eligibility. **Ms. Standerfer** replied there were times when a person would become upset. Sometimes it was due to additional steps that were needed to complete their renewal or were referred out to other resources.

Senator Lee asked if there was a way the Department could move the eligibility determination process along faster. **Mr. Leach** replied they had conversations with another firm to help see what they could provide for potential supporting staff for the unwinding, however there were limitations on how much they could work because they were a contractor, not a state employee. The contractor rate of pay was higher than what the customer service representatives employed by the Department were paid.

Senator Lee asked if the Division had calculated the cost to the State when continuing to pay benefits for individuals who were no longer eligible. **Ms. Standerfer** replied there would still be reimbursements coming into the State through the ongoing eligibility determination Process.

Vice Chairman Zuiderveld asked what the transition from Medicaid to the state based marketplace looked like for those ineligible for Medicaid, and what that cost was. **Mr. Leach** replied when an individual no longer qualified for Medicaid, they were over the income limit, which was 138 percent of the federal poverty level. The individuals information was automatically transferred from the Division's system to the state based marketplace. The state based marketplace then reached out to that individual or family to inform them that they may qualify for what's called an advanced premium tax credit (APTC) that offset the cost of the insurance premium.

Vice Chairman Zuiderveld asked if that information could be found on the Division's website. **Mr. Leach** recommended the yourhealthidaho.org website for state based marketplace information.

Chairman VanOrden asked if there was a process for a fair hearing to go into effect. **Mr. Leach** replied the Division had a Fair Hearing Unit. **Chairman VanOrden** asked when an individual was found ineligible, was their Medicaid coverage continued when a fair hearing was requested. **Ms. Standerfer** replied the individual's case would be closed at the time found ineligible, and remain closed until a decision was made by the fair hearing staff.

**MINUTES
APPROVAL:**

Senator Bjerke moved to approve the minutes of February 1, 2023. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

ADJOURNED:

There being no further business at that time, **Chairman VanOrden** adjourned the meeting at 3:48 p.m.

Senator VanOrden
Chair

Michelle Tierney
Secretary