# MINUTES
# Approved by the Committee
# Medicaid Review Panel
# Friday, February 27, 2026
# 12:30 P.M.
# Room EW20
# Boise, Idaho

Members in attendance: Cochairs Representative Vander Woude and Senator VanOrden; Senators Harris and Wintrow; Representatives Redman, Tanner (D14), Wheeler, and Rubel. Absent and excused: Senators Bjerke, Cook, and Adams. Legislative Services Office (LSO) staff: Alex Williamson, Alex Penny, and Jennifer Kish.

Others in attendance (signed in): Cody Allred - Atlas Communications; and Christine Pisani - Developmental Disabilities Council.

Presentations and handouts provided by the presenters/speakers are posted to the Idaho Legislature's website https://legislature.idaho.gov/sessioninfo/2025/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.

## Opening Remarks / Approval of Minutes

At 12:39 p.m., Cochair Vander Woude called the meeting to order; a silent roll call was taken. Cochair Vander Woude requested action for the minutes of the February 17, 2026, meeting. **Cochair VanOrden made a motion to approve the minutes as presented; minutes were approved by a unanimous voice vote.**

## Managed Care Program Design Considerations

**Sasha O'Connell**, Deputy Director and Medicaid Administrator for the Department of Health and Welfare (DHW), provided a presentation that covered recent updates about the transition to managed care and options for the program's design.

- Cochair Vander Woude inquired whether pilot programs could operate to test the accuracy of the Medicaid management information system (MMIS). Ms. O'Connell explained that the system would "go live" nine months before the transition to comprehensive managed care, wherein there will be a three-month window to work out any problems and a six-month window where data is sent to the Centers for Medicare and Medicaid Services (CMS) for certification; during that nine months the system will operate with the existing managed care organizations.
- Rep. Tanner expressed concern about the behavioral health transition. Ms. O'Connell stated that the department supported having all services under one contract and, if instructed, contracts could be phased in or extended.
- Rep. Wheeler inquired why participants wouldn't be on the same program (slide 9). Ms. O'Connell explained that family members may be assigned to different providers due to the timing of enrollment, the balancing of providers to participants, or the participant's circumstances.
- Sen. Wintrow inquired how candidates were assigned to programs. Ms. O'Connell explained that individuals were assigned randomly to providers to maintain a 50/50 balance of enrollees. Sen. Wintrow asked how the department handles a situation when no one wants to be assigned to a certain provider. Ms. O'Connell explained that the department considers feedback from enrollees and revisits the performance measures to hold the provider accountable.
- Cochair Vander Woude inquired how other states' choices trended and whether there existed mixed versions of those presented. Ms. O'Connell stated that there was not an overwhelming trend; states employ these ideas and a mixture of the options. Cochair Vander Woude inquired

what action could be taken if a provider is not meeting established standards. Ms. O'Connell explained that the department would have to work with the provider to achieve compliance, possibly limiting enrollment until performance improves.

- Sen. Harris asked whether changes can be made mid-contract. Ms. O'Connell stated that it would be best to plan some flexibility into the contract in advance to allow for changes, but cautioned that that idea may not be receptive to providers.
- Cochair Vander Woude asked whether the options offered on slide 10 regarding the health insurance marketplace would allow participants to keep providers they had when on Medicaid. Ms. O'Connell responded "Yes." Sen. Wintrow inquired whether the cost would be a neutral shift, if this was allowed. Ms. O'Connell noted that that would be the goal.
- Cochair Vander Woude asked how to determine what value-added benefits (slide 15) should be offered. Ms. O'Connell responded that the state could determine which ones should be offered, or determine that none should be offered, or let the providers determine what benefits they would like to offer. Sen. Wintrow asked whether the RFI identified specific value-added benefits. Ms. O'Connell noted that it did not, possibly because the idea is so new.
- Cochair VanOrden inquired how the claims warehouse would operate. Ms. O'Connell submitted that it could possibly reside within the MMIS or it could be a stand alone repository. She suggested an RFI to discover what costs or requirements would be needed for such a service.

With the conclusion of the presentation, the panel members and Ms. O'Connell discussed "next steps." Ms. O'Connell explained that the department had more design pillars to present to the panel for consideration, and then the department sought feedback from the panel to make decisions about which options should be adopted for each pillar. Panel members asked Ms. O'Connell to provide some indication as to which options were favored by the department. Ms. O'Connell reminded the panel that decisions would need to be made soon in order to keep the transition process on target to post the RFP in October. A meeting was scheduled for the following week (March 4, 2026) to continue the discussion.

With no further business, the meeting was adjourned at 2:00 p.m.