MINUTES
Approved by the Committee
Medicaid Review Panel
Wednesday, March 04, 2026
5:00 P.M.
Room EW20
Boise, Idaho

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

Others in attendance (signed in): Matt Beu - self; and Marnie Packard - Molina.

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

At 5:02 p.m., Cochair VanOrden called the meeting to order; a silent roll call was taken.

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 more options for the program's design.

- Sen. Cook inquired whether prior authorization granted by one managed care organization (MCO) would be honored by others. Ms. O'Connell noted that was an option under consideration, even if for a time-certain during a transition.
- Cochair Vander Woude, concerned about targeted enhancements over outcome-based options, inquired how often a contract could be modified (slide 7 - Member Protections). Ms. O'Connell stated that protection for members should be identified up front in the contract so that the contract does not need to be modified but rather has consequences of not meeting the stipulations. Cochair Vander Woude asked whether payment could be withheld if targeted enhancements were not met. Ms. O'Connell agreed that it could be an option.
- Rep. Wheeler inquired whether a more aggressive plan than option #3 (slide 8 - Timely Payment) existed. Cochair VanOrden believed there was proposed legislation circulating that may be more assertive on that issue. Ms. O'Connell stated other options, such as increasing the share of claims to be paid or decreasing the time frame, or considering the dollar amount of the liquidated damages. She cautioned creating a contract that no one would bid on if too confusing or difficult.
- Sen. Cook asked about the use of a third-party entity to manage the contract to ensure timely payment. Ms. O'Connell was not aware of such a situation being used by other states but would look into it.
- Cochair Vander Woude asked what states currently use option #3 (slide 8). Ms. O'Connell needed to identify those states at a later time, but noted that more states were trending toward that model. Cochair Vander Woude asked whether additional fees could be applied when claims were not paid on time. Ms. O'Connell noted that such an option could be applied.
- Rep. Wheeler inquired which plan (slide 9 - Utilization Management Standards) would best accommodate a standardized submission process for providers. Ms. O'Connell submitted that

option #1 was more in alignment with that idea, but felt that a standardized process could be required in any of the options.

- Cochair Vander Woude inquired whether the new Medicaid management information system (MMIS) was capable of accommodating credentialing (slide 10). Ms. O'Connell submitted that the new Medicaid system may have the capability. Rep. Wheeler inquired why a provider's current credentials could not simply be acknowledged. Ms. O'Connell clarified that the credentials needed to be verified. Sen. Cook asked about employing the Division of Occupational and Professional Licenses (DOPL) for verification. Ms. O'Connell submitted that DOPL would be the source for verification, but the process needed to be implemented into the system.
- Rep. Tanner requested that the department identify its key factors so that the panel could focus on decisions in an order of importance. Ms. O'Connell explained that all of the decisions were of utmost importance and were integral to each other in creating the RFP.
- Cochair Vander Woude inquired whether any burden existed for providers to be enrolled as Medicaid providers. Ms. O'Connell stated that concerns were not generally about receiving approval as a provider but rather for the re-validation process.
- Cochair Vander Woude asked what states currently endorsed option #3 (slide 11 - Cost Containment and Program Efficiency). Ms. O'Connell replied that she would compile a list for the panel.

At 6:00 p.m., Cochair VanOrden stopped Ms. O'Connell's presentation to determine the members' desire to continue or to hold the remainder of the discussion for another date. The members agreed to postpone the remainder of the presentation and discussion to another date (March 12, 2026). The cochairs requested the department identify preferred plan options for each of the design pillars and submit that information to the panel members for consideration. Ms. O'Connell acknowledged the request and noted that supplemental materials have been submitted to panel members via email as requested at the previous meeting, along with examples from other states.

With no further business, the meeting was adjourned at 6:08 p.m.