

DEPARTMENT OF ADMINISTRATION

OFFICE OF GROUP INSURANCE (OGI)

IDAHO HEALTH INSURERS WORKING GROUP

AUGUST 11, 2026



PURPOSE

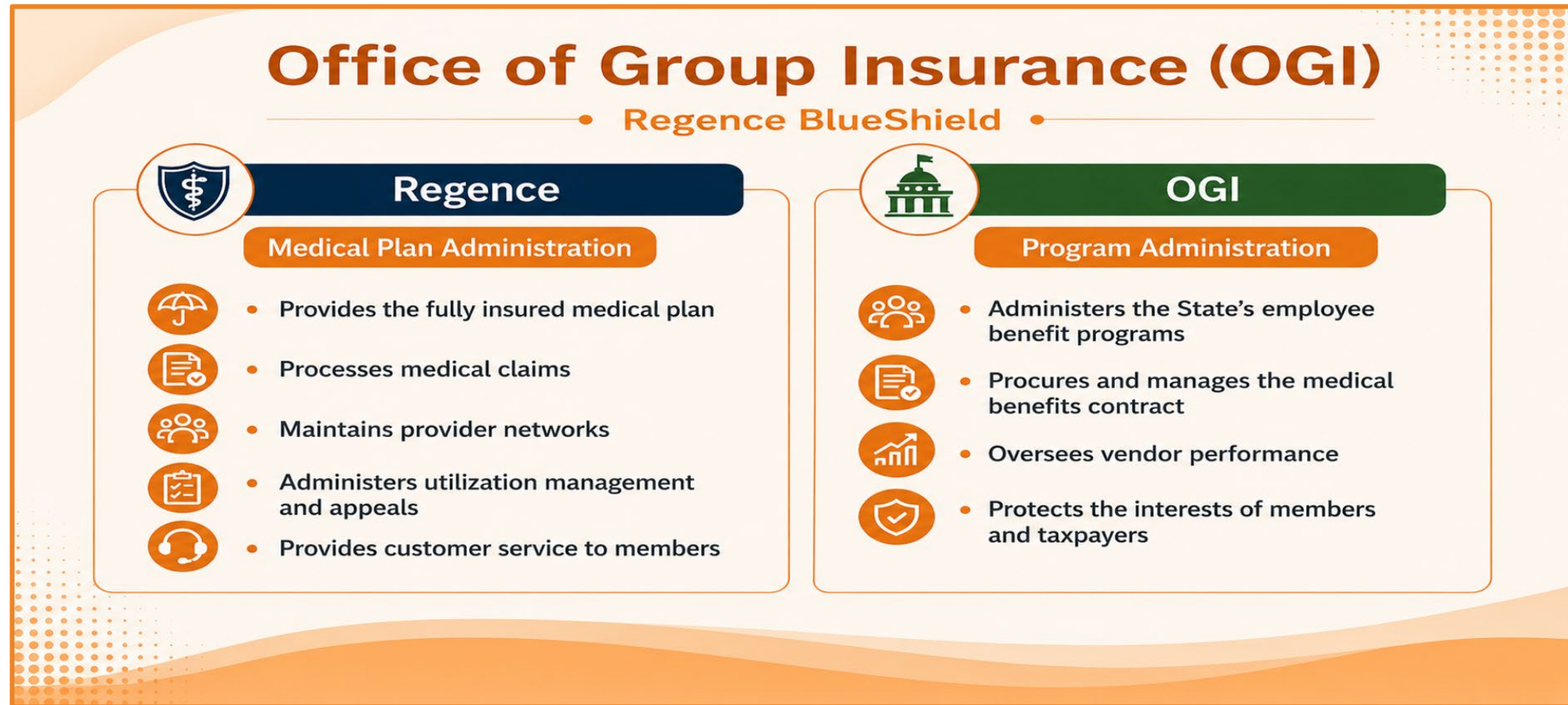


This presentation addresses:

-  Roles and Responsibilities
-  Regence contractual obligations
-  How OGI monitors contract performance
-  The claims denial and appeals process
-  Data ownership and reporting
-  Claim denial categories
-  Provider network disruptions
-  Comparisons with other carriers



ROLES AND RESPONSIBILITIES



WHAT THE STATE EXPECTS FROM REGENCE

Under its contract with OGI, Regence is expected to:



Process claims accurately and timely.



Process appeals in compliance with federal and state law.



Maintain an adequate provider network.



Protect member information.



Deliver quality customer service.



Detect fraud, waste, and abuse.



Administer prior authorization and utilization management.



Provide required operational and financial reporting.

HOW IS PERFORMANCE MEASURED

OGI measures performance through contractual Service Level Agreements (SLAs), including:

OGI PERFORMANCE MEASUREMENT: THREE CORE CATEGORIES



OPERATIONAL PERFORMANCE

Claims Administration

- Claims payment accuracy
- Claims payment timeliness
- Appeals turnaround
- Call center responsiveness



- Member satisfaction



NETWORK & ADMINISTRATIVE PERFORMANCE

Provider Access

- Provider network adequacy
- Access to care
- Contract compliance

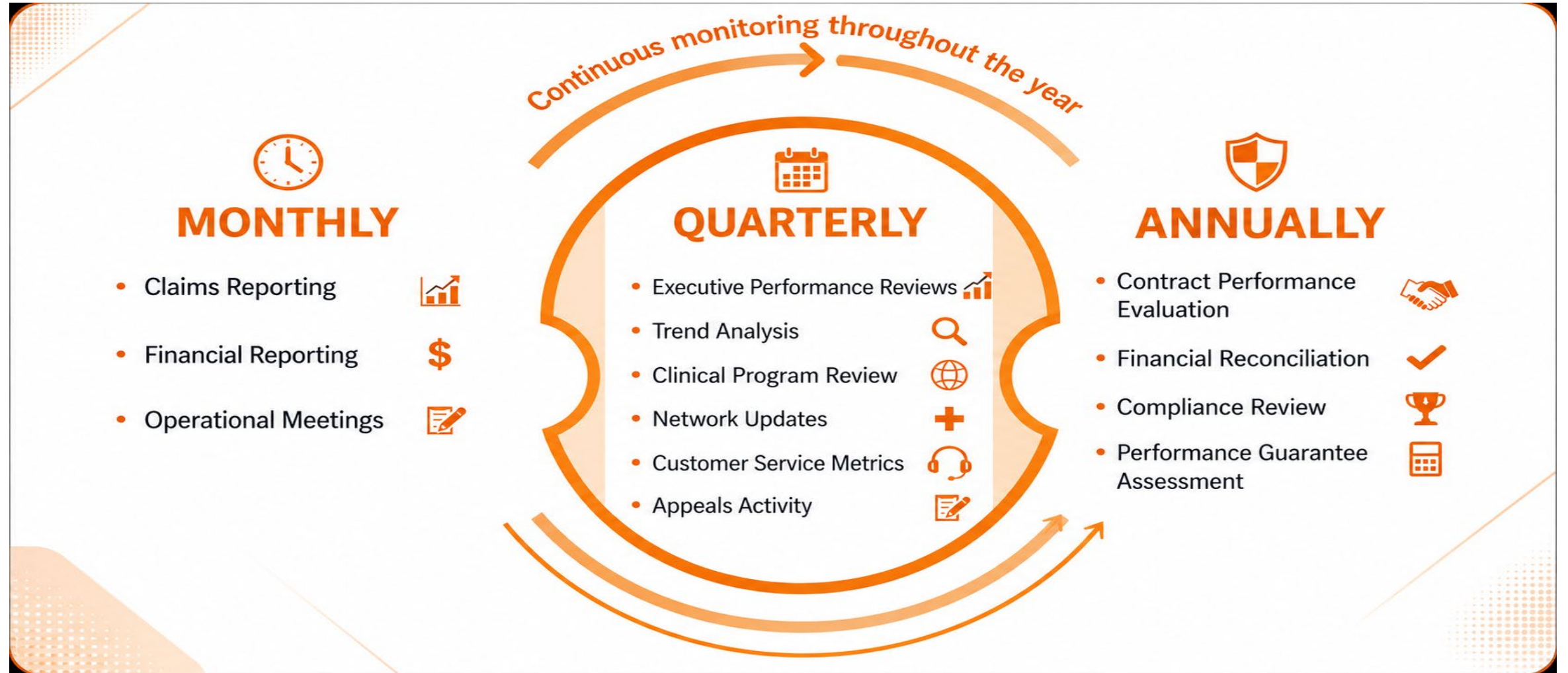


OVERSIGHT & COMPLIANCE

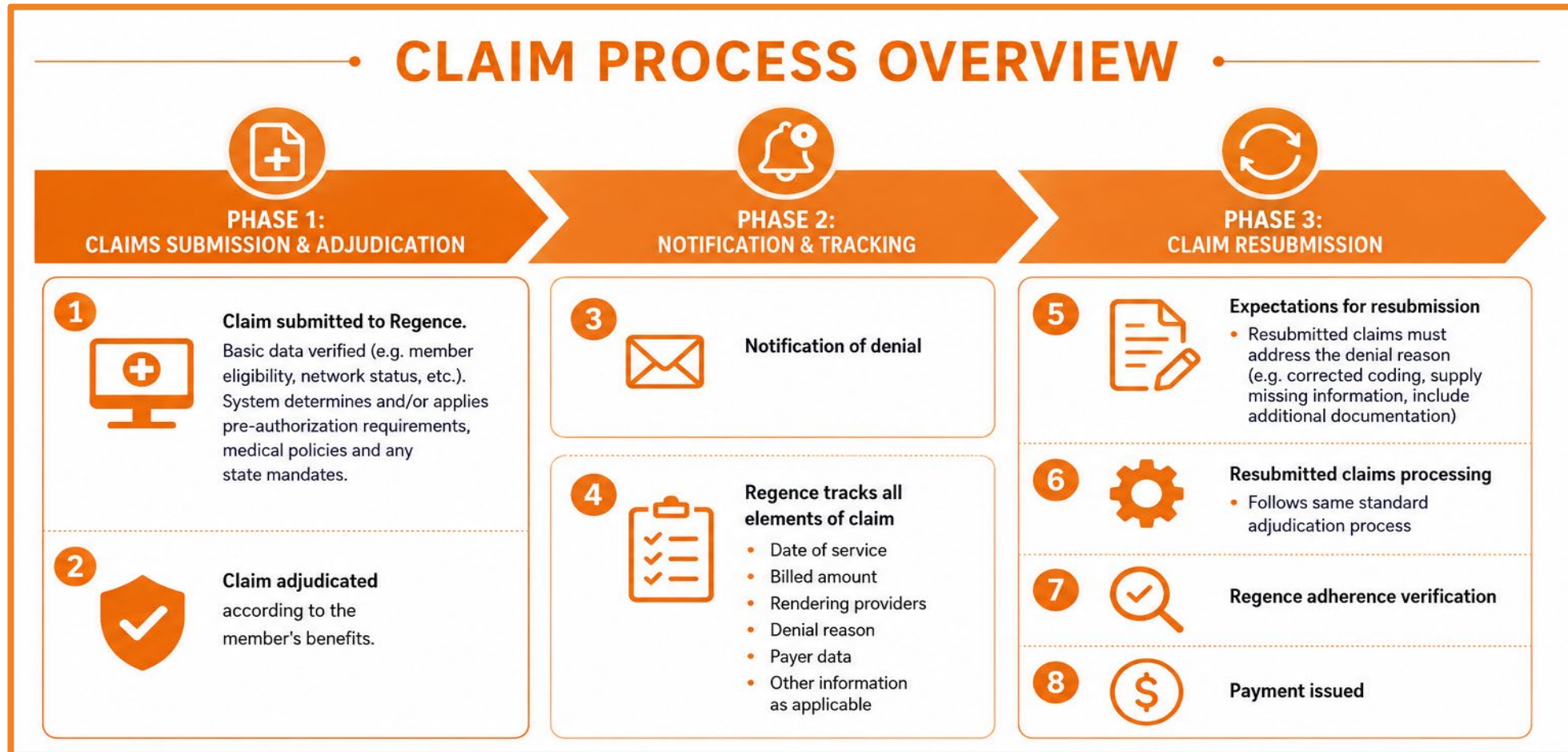
- Reporting accuracy
- Financial accountability
- Regulatory compliance



OGI OVERSIGHT



WHAT HAPPENS WHEN A CLAIM IS DENIED?



WHAT DATA IS TRACKED?

Regence Tracks

Original Claim

Denial Reason

Appeal Activity

Corrected Claims

Payment Adjustments

Final Disposition

Processing Timelines

OGI Receives

Aggregate Claims Reporting

Appeals Summaries

Performance Metrics

Financial Reports

Trend Analyses

WHY OGI MAY REQUEST ADDITIONAL INFORMATION

DIFFERENT ORGANIZATIONS MAINTAIN DIFFERENT DATA

REGENCE

Individual claims

Claims adjudication history

Denial reason codes

Provider billing corrections

Maintain medical policy

Provider network files

OGI

Enrollment

Contract oversight

Vendor performance

Appeals summaries

Financial reporting

Benefit oversight

WHY ADDITIONAL REQUESTS ARE SOMETIMES NECESSARY

Although OGI receives extensive reporting under the contract, detailed claim-level information resides within Regence's operational systems. Legislative requests involving specific denial reasons, corrected claims, or level analyses may require Regence to prepare additional reports.

- **Executive Summary: Claim Denial Analysis & Appeals Data**
 - Overall Claim Denials: Data classifying total claim denials by administrative/technical errors vs. medical necessity across all SOID claims is currently unavailable and will require additional time to aggregate.
 - Medical Appeals Tracking: Specific denial reasons for medical appeals are not currently included in quarterly reporting. Regence has committed to adding these details for future reporting.

CLAIM DENIAL CATEGORIES

PHARMACY APPEALS

PHARMACY APPEALS BREAKDOWN: UPHELD APPEALS

Data period: July 2025 – Mar 2026

TOTAL 580 APPEALS

305 UPHELD APPEALS

Upheld means the decision was not changed.

ADMINISTRATIVE / PLAN DESIGN EXCLUSIONS



41% of total
(238 total)

- Benefit exclusions (238 total)

MEDICAL NECESSITY & CLINICAL CRITERIA



38% of total
(220 total)

- Criteria not met (110 total)
- Non-covered weight loss medications (97 total)
- Not taking for recommended use (13 total)

FORMULARY / STEP THERAPY REQUIREMENTS



11% of total
(64 total)

- Try different medication first (28 total)
- Lower cost alternative required (36 total)

DOSING & QUANTITY CONSTRAINTS



10% of total
(58 total)

- Quantity limits exceeded (10 total)
- Attempt lower dose first (4 total)
- Medication overlap (44 total)

NETWORK DISRUPTIONS – EMPLOYEES OUT OF NETWORK

- We recognize that healthcare network changes create real challenges for state employees and their families. While regulatory standards set maximum time and distance requirements for coverage, we understand that traveling outside your local community to see a doctor is a burden.
- Ensuring all employees have convenient access to care from local providers is a priority for the State. We are actively advocating for network stability while working with Regence to ensure affected members receive direct support, transition of care coverage for ongoing conditions, and clear local care options
- <https://doi.idaho.gov/wp-content/uploads/Health/2027-Idaho-ACA-HBP-and-QDP-Standards-FINAL.pdf>

REGENCE / BLUE CROSS PERFORMANCE GUARANTEES

Regence Contract: Robust Performance Guarantees



Regence's 22 performance guarantees provide enhanced accountability across seven key service and operational areas.



Regence achieved all performance guarantees in FY 2025; same results are expected in FY 2026.



Regence performance guarantees are designed to drive transparency, accountability, and oversight.

MORE GUARANTEES. STRONGER PERFORMANCE.

REGENCE
CURRENT CONTRACT

22
PERFORMANCE
GUARANTEES

REGENCE PERFORMANCE GUARANTEES COVER:



ACCOUNT
MANAGEMENT



CUSTOMER
SERVICE



CLAIMS
PROCESSING



STRATEGIC
FINANCE



UNDERWRITING



CLINICAL
SERVICES



VENDOR
PERFORMANCE

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Thank You!