The mission of the Department of Insurance is to serve and protect Idahoans by equitably, effectively and efficiently administering the Idaho Insurance Code and the International Fire Code.

Who Do We Regulate?

- **Insurance companies**
  - Health, life & annuity, property & casualty, title, workers' compensation, marine, surety, mortgage guaranty
  - Domestic insurers: 20
  - Self-funded plans: 17
  - Other domestic: 20
  - Foreign insurers: 1,314
- **Licensed individuals and entities**
  - Agents and brokers, agencies or firms: 227,093
  - Other domestic entities: 19
  - Foreign other: 761
- **Specialized entities**
  - Adjusters, independent & public: 28,983
  - Third-Party Administrators (TPAs): 392
  - Pharmacy Benefit Managers (PBMs): 58
  - Surplus lines carriers (on White List): 211
  - Other (i.e. Reinsurers, Fraternal Benefit): 58

How Idahoans are Insured – Private and Employer Insurance

Coverage Type	2021	2022	2023	2024	2025
Individual	81,937	78,534	100,636	113,698	122,118
Small Group	106,367	102,993	111,522	106,555	105,271
Mid-Size Group	29,522	30,290	31,580	29,487	28,985
Large Group	127,369	149,125	168,193	155,497	168,344
Fed. Employee Plans	45,361	49,364	50,281	48,432	56,629
MEWAS/Trusts	1,363	1,383	1,151	1,275	883
Non-renewable STLDI	2,318	1,859	1,181	1,197	609
Enhanced STLDI	5,505	6,908	7,331	7,148	5,768
Medicare Advantage	167,756	155,726	177,898	191,874	203,321
Self-funded	374,982	407,858	478,430	524,945	422,331
Total Privately Insured	**942,480**	**984,040**	**1,128,203**	**1,180,108**	**1,114,259**

How Idahoans are Insured – Public (Government) Insurance

Coverage Type	2021	2022	2023	2024	2025
Medicare (original)	216,540	210,640	204,640	202,746	203,698
Medicaid	350,644	416,219	316,175	320,000	313,952
CHIP	34,368	39,329	22,737	20,533	19,848
TRICARE	56,633	57,323	52,913	75,000	Not yet available
VA Care	66,170	66,170	66,291	59,000	Not yet available
Total Publicly Insured	**724,355**	**789,681**	**662,756**	**677,279**	**Not yet available**

How We Regulate Insurance

Consumer Services – Bureau Chief (1)

- Consumer Affairs – 7 FTE
  - External Review
- Fraud Investigations – 6 FTE
- Seniors (SHIBA) – 10 FTE

Market Oversight – Bureau Chief (1)

- Rates & Forms – 6 FTE
- Market Conduct – 6 FTE
  - Title Examiner (1), Market Examiner (1), PBM Examiner (1), Health Insurance Specialist (1), Market Analyst (1), Research Analyst (1)

Company Activities – Bureau Chief (1)

- Examinations – 3 FTE
- Analysis – 6 FTE
- Producer Licensing – 5 FTE
- Premium Tax – 2 FTE

Pharmacy Benefit Managers (PBMs) Issues

PBM Oversight

- Nearly 60 “active” PBMs
- Almost 550 complaints (many duplicative)
- Over 20 cases currently open
- 18 administrative actions filed
- 12 cases resolved; 5 cases pending
- Nearly $400,000 in fines to date

Administrative Actions and Settlements

Cigna Health and Life (CHLIC)	$5,000 fine for failure to report.
Matrix Healthcare Services	$5,000 fine for failure to report.
Express Scripts Admin	$5,000 fine for failure to report. $10,000 fine for failure to respond.
Mark Cuban Cost Plus LLC	$6,000 fine for failure to report.
Exouza Inc.	$10,000 fine for failure to report and license surrendered.
OP Pharmacy LLC	$2,000 fine for failure to report.
Procare PBM Inc.	$3,000 fine for failure to report.
CarelonRx, Inc.	$85,000 fine for dispensing fee and will increase to $11.51
Prime Therapeutics LLC	$48,000 fine for dispensing fee and will increase to $11.26
Navitus Health Solutions LLC	$75,000 to $200,000 fine for dispensing fee and will increase to $11.50

Claim Submission and Denials

Health Market Conduct Annual Statement (MCAS) Data Summary (2025) - National vs. Idaho Health Ratios

Claims Received / Paid / Denied	National	Idaho
The number of claim denials to the total number of claims received (Excluding Pharmacy)	15.478%	15.000%
Percentage of in-network claims (Excluding Pharmacy)	92.649%	97.120%
Percentage of out-of-network claims (Excluding Pharmacy)	7.351%	2.880%
Percentage of in-network claims paid within 30 days (Excluding Pharmacy)	96.672%	96.780%
Percentage of in-network claims denied within 30 days (Excluding Pharmacy)	92.081%	92.940%
Percentage of out-of-network claims paid within 30 days (Excluding Pharmacy)	93.160%	87.670%
Percentage of out-of-network claims denied within 30 days (Excluding Pharmacy)	90.587%	84.670%
Percentage of claims paid (Pharmacy Only)	53.069%	75.850%

Health Market Conduct Annual Statement (MCAS) Data Summary (2025) - National vs. Idaho Health Ratios

Copayment / Deductible Responsibility	National	Idaho
Insured co payment responsibility to covered lives (Excluding Pharmacy)	$230.18	$145.47
Insured coinsurance responsibility to covered lives (Excluding Pharmacy)	$226.31	$286.45
Insured deductible responsibility to covered lives (Excluding Pharmacy)	$546.78	$748.85
Cost sharing responsibility to covered lives (Pharmacy Only)	$377.17	$219.03

Health Market Conduct Annual Statement (MCAS) Data Summary (2025) - National vs. Idaho Health Ratios

Determinations	National	Idaho
Adverse determination grievances per 1,000 member months	2.162	1.830
Adverse determinations overturned to total grievances involving adverse determinations	26.644%	35.000%
Adverse determinations upheld to total grievances involving adverse determinations	72.955%	67.000%
Grievances not involving adverse determinations per 1,000 member months	0.345	0.160
Customer requested appeals on final adverse determinations to an external review organization (ERO) per 1,000 member months	0.037	0.120
Final adverse determinations upheld upon request for external review to number of requested appeals on final adverse determinations to an external review organization (ERO)	0.551	0.260
Final adverse determinations overturned upon request for external review to number of requested appeals on final adverse determinations to an external review organization (ERO)	0.400	0.170

Number of Complaints (2024-2026)* Accident and Health

2024	2025	2026
189	233	171

*As of September 3, 2026

Top 10 Companies with Most Consumer Complaints Submitted (2024-2026)*

	2024	2025	2026*
Blue Cross of Idaho Health Service, Inc.	80	62	78
Regence Blue Shield of Idaho Inc.	34	44	19
Montana Health Cooperative	2	22	14
Select Health Inc.	7	5	5
Pacific Source Health Plans	2	9	6
Moda Health Plan Inc.	5	3	3
United Healthcare Insurance Company	4	4	3
Globe Life and Accident Insurance Company	4	5	2
Aetna Life Insurance Company	0	8	2
St. Luke's Health Plan	2	5	1

**As of September 3, 2026*

Top 10 Types of Complaints – Accident & Health (2024-2026)*

	2024	2025	2026*
Claim denial	23	25	26
Pharmacy benefits	5	44	21
Cancellation	29	15	17
Out of network benefits	15	30	12
Premium notice / billing	19	16	18
Coverage question	7	17	16
Co-pay, deductible, co-insurance issues	8	17	12
Claim delay	9	9	8
State specific	15	3	3
Coordination of benefits	4	7	3

**As of September 3, 2026*

Claim Denials (2023-2025)

Category	Total	Overturned/ Corrected/ Settled
Not a covered benefit, exclusion, or exceeding benefit limit	26	5
Coding error / missing information / system error	19	11
Not medically necessary or investigational	6	2
Out of network issue	4	1
No coverage in force at time of service	4	2
Preexisting condition / waiting period not met	4	0
Provider: Untimely billing of claim	4	1
Provider: Giving patient misinformation on coverage	2	1
Provider: Billing issue	2	0
Coordination of benefits issues	2	2
Provider: Not licensed at the time of service	1	1

Top 3 External Review Carriers (2021-2026)*

Regence Blue Shield of Idaho

	2021	2022	2023	2024	2025	2026*
Upheld	14	18	30	41	89	50
Overturned	9	0	9	40	70	44
% Overturned	21%	0%	18%	42%	32%	34%
Total	**42**	**39**	**49**	**96**	**217**	**128**

**As of September 3, 2026*

Top 3 External Review Carriers (2021-2026)*

Blue Cross of Idaho Health Service

	2021	2022	2023	2024	2025	2026*
Upheld	32	29	30	24	22	12
Overturned	12	16	17	7	12	3
% Overturned	20%	26%	32%	14%	20%	10%
Total	**60**	**61**	**53**	**49**	**61**	**29**

**As of September 3, 2026*

Top 3 External Review Carriers (2021-2026)*

Select Health

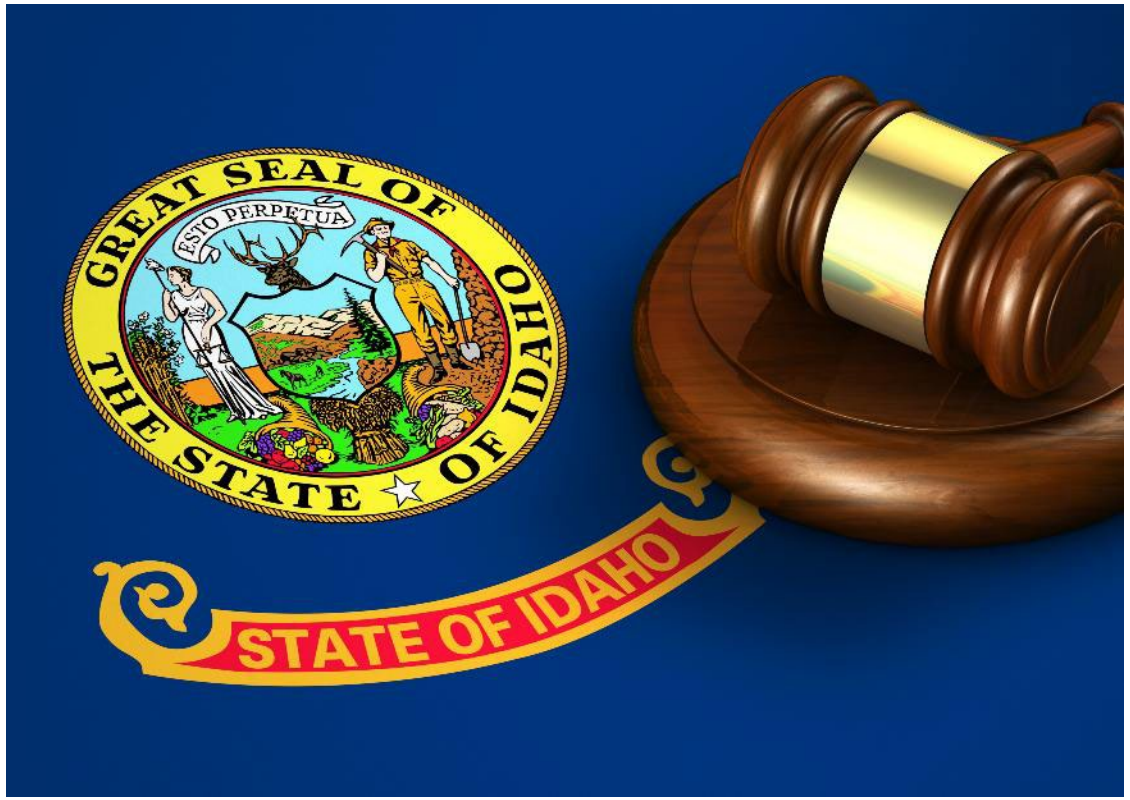
	2021	2022	2023	2024	2025	2026*
Upheld	10	6	15	7	13	11
Overturned	2	3	4	3	8	6
% Overturned	6%	10%	10%	7%	15%	21%
Total	**31**	**31**	**40**	**46**	**53**	**28**

**As of September 3, 2026*

Prior Authorization

- The DOI and Director have long supported improving and standardizing prior authorization processes.
- The DOI participates with the Idaho Physician Well-Being Action Collaborative (IPWAC), focused on advancing prior authorization reform and promoting statewide standardization.
- Idaho and the NAIC are actively working on solutions that avoid increased costs or higher claim denial rates.
- The National Conference of Insurance Legislators (NCOIL) is developing model frameworks.
- AHIP and BCBSA have proposed changes.

DOI Authority and Ability



- The DOI holds broad authority under Title 41 over insurance carriers, multiple welfare trusts and certain government run self-funded plans.
- Idaho Code 41-349 grants regulatory authority over PBMs.
- The DOI takes strong action against carriers and PBM's when evidence-supported complaints are filed.
- Over the past year, more than 230 legal orders issued, including many administrative actions and settlements.

DOI Data and Information

- The DOI obtains data from multiple channels
  - Market Conduct (MCAS) data collected nationally and shared with states
  - Annual survey of carriers on how Idahoans are insured
  - Annual financial analysis
  - Financial examination every 3-5 years.
  - Complaint data
  - *New* data collection call focused on cost drivers

How DOI Enforces Existing Idaho Law

- The DOI strives to clarify its interpretation of the law and carrier responsibilities.
- When the DOI hears or suspects legal violations, the department investigates and assigns the matter to the appropriate area.
- Most investigations begin when a consumer or provider files a complaint; the form is entered, evidence collected, and the carrier is asked to respond.
- The DOI reviews each case to determine whether the law was violated, or the contract terms were followed.
- If the findings are unclear, an external review process commences, and an independent hearing officer is appointed.

Oversight: “Complaint-driven” or “Proactive”

The DOI uses a balanced approach to keep carriers in Idaho with affordable rates and strong financial solvency

Uniform oversight, eliminating exclusions from regulatory review

Increased market conduct personnel and spending authority

Higher penalties for violations

Clear, reasonable statutory guidance on prior authorization

Improved provider submissions

Key Topics for Upcoming Discussion

- Affordability and cost drivers
- Rate increases and review process
- 1332 Waiver application and Idaho's Choice waiver
- Accessibility to coverage. Keeping carriers in Idaho
- Financial solvency of carriers
- Idaho Schools Benefit Trust rehabilitation
- Abuse of independent dispute resolution in the No Surprises Act

Thank you!

"I am writing to voice my appreciation for the Idaho Department of Insurance and the vital assistance they provide to Idaho consumers, healthcare providers, and patients.

"I have worked with the IDOI on many occasions regarding difficult situations created by insurance companies in the past few years. My experience with the IDOI has been nothing but positive and extremely helpful.

"One specific case, I had to obtain their assistance when an insurance company improperly denied coverage for a medically necessary stem cell transplant for a patient that was time sensitive. The IDOI intervened and worked with the insurer to address the issues, and as a result, the patient was ultimately able to receive the transplant needed."

Michelle Leavitt
Billing Denials/Appeals Specialist
Teton Cancer Institute / Mountain View Hospital