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October 18, 2019

Judith Cash, Director  
State Demonstrations Group  
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Dear Ms. Cash:

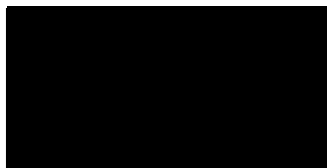
I am pleased to submit Idaho's application for an 1115 demonstration waiver relating to family planning referrals.

Idaho Medicaid requires enrollment into a medical home under its Healthy Connections primary care case management program for most beneficiaries. This demonstration waiver will link the provision of Medicaid family planning services to the enrollee's medical home. By requiring enrollees to obtain a referral for family planning services delivered outside the medical home, primary care providers can gain increased visibility into the whole-person care of patients and work more effectively toward improving health outcomes.

This application is submitted in accordance with legislation enacted by the 2019 Idaho Legislature. Included within this transmittal is the text of the proposed demonstration, a description of how Idaho met the transparency requirements outlined in federal regulations and the budget neutrality calculations.

We appreciate your review of this application and we look forward to working with you towards its approval. Please direct any questions regarding the application to Matt Wimmer, Administrator for the Division of Medicaid at (208) 364-1804 or [matt.wimmer@dhw.idaho.gov](mailto:matt.wimmer@dhw.idaho.gov).

Sincerely,



DAVE JEPPESEN  
Director

Enc:

cc: David Meacham, Deputy Director, Division of Medicaid Field Operations-West

# Idaho Department of Health and Welfare



## Idaho Family Planning Referrals

Section 1115 Medicaid Waiver Demonstration Project Application

October 18, 2019

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## **Section I – Program Description**

### **A. Summary**

The Idaho Department of Health and Welfare (IDHW, or the Department), is seeking Section 1115 demonstration waiver authority to require changes to the ways in which Medicaid enrollees will be allowed to access Medicaid-reimbursable family planning services and supplies.

### ***Legislative Background***

On November 6, 2018, Idaho voters passed Proposition 2, a citizen initiative to close the Medicaid gap in Idaho by expanding coverage to the population of non-disabled, working-age adults with incomes up to 138% of the federal poverty level (FPL). Proposition 2 created a new Section 56-267, Idaho Code, setting forth the conditions under which Medicaid eligibility would be expanded to the new Adult population group.

In response to the ballot initiative, the Idaho Legislature passed Senate Bill 1204, which directed the Department to make specific changes to the family planning benefit as follows:

*(3) The department shall seek federal approval or a waiver to require that a medicaid participant who has a medical home as required in section 56-255(5)(b), Idaho Code<sup>1</sup>, and who seeks family planning services or supplies from a provider outside the participant's medical home, must have a referral to such outside provider. The provisions of this subsection shall apply to medicaid participants upon such approval or the granting of such a waiver.*

S1204 was signed into law by Idaho Governor Brad Little on April 9, 2019.

The objective of this demonstration application is to request federal authority to operationalize the legislative directive related to family planning in S1204.

### **B. Program Background and Purpose**

The Idaho Medicaid primary care case management (PCCM) program, known as Healthy Connections, has been an integral part of the Idaho Medicaid fee-for-service delivery system since 1993, when it originally implemented as a section 1915(b) waiver. Over the past 26 years, the program has evolved and now operates under Section 1932(a) authority. The Healthy Connections network of primary care providers and health care providers serves more than 250,000 participants statewide within a managed fee-for-service medical home network. Under this arrangement, the Primary Care Provider (PCP) is responsible for monitoring and managing the participants' care, providing primary care services and making timely referrals to other

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<sup>1</sup> Idaho's primary care case management program known as Healthy Connections

providers to ensure medically necessary services are provided promptly and without compromise to quality of care.

In February 2016, Idaho Medicaid restructured the Healthy Connections and Health Home Programs to incentivize primary care providers to expand the Patient-centered Medical Home (PCMH) model of care. The goal of these changes is to:

- Improve access to care
- Improve care coordination
- Encourage patients to be involved in their healthcare decisions
- Improve overall health outcomes

Because the Healthy Connections Primary Care Program is based upon the concept of a PCMH, it is essential that the healthcare team is led by a primary care physician. The PCP takes an active role to coordinate and collaborate with the participant to address the full scope of the participant's healthcare needs. It is understood that the PCP does not direct or provide all services, but rather the most important aspect of PCMH is the coordination of care across all elements of the healthcare system. This coordination has many benefits:

- Improving the quality of the participant's healthcare and overall well-being;
- Making sure the participants get any necessary appointments with the healthcare team quickly and without undue hurdles; and
- Increasing the participants' satisfaction with the services they are receiving

A wide body of evidence supports the value of the PCMH model to provide enhanced quality of care and satisfaction for the participants. Positive outcomes include higher rates of preventive service use, including cancer screenings, across socioeconomic levels,<sup>2</sup> as well as improved quality measures and lower use of the emergency department.<sup>3</sup> Importantly, the team-based structure of a PCMH, including case management by the PCP, have been shown to create higher levels of patient satisfaction for the participants.<sup>4</sup> In short, the participants tend to like being part of a PCMH because they have a team dedicated to them who helps them navigate the complex healthcare system.

### ***Family Planning and Care Coordination***

In contrast to the coordinated system of Patient-centered Medical Homes, Medicaid participants seeking family planning services frequently seek care outside of their primary care practice. This can lead to disengagement with primary care and a lack of information on their whole healthcare experience, which may constrain a primary care provider's ability to provide whole-person care. Fragmented healthcare delivery processes may also result in more expensive care than if the participant received all care through the more integrated approach of a primary care practice.

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<sup>2</sup> <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2110999>

<sup>3</sup> <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2296117>

<sup>4</sup> [https://www.pccpcc.org/sites/default/files/resources/pcmh\\_evidence\\_report\\_08-1-17%20FINAL.pdf](https://www.pccpcc.org/sites/default/files/resources/pcmh_evidence_report_08-1-17%20FINAL.pdf)

By instituting a referral requirement for family planning services, participants will be encouraged to engage with their primary care providers, which in turn creates additional opportunities to perform annual exams, receive depression screenings, detect and treat STIs, and receive immunizations. All of these activities can be expected to result in better health outcomes for the participant.

The purpose of this waiver application is to seek authority to require Idaho Medicaid participants to obtain a referral for family planning services in order to receive such services outside of a medical home. IDWH believes this referral requirement will support the positive impacts of Patient-centered Medical Homes by improving care coordination and leading to better health outcomes for Medicaid participants. The specific goals of the waiver are as follows:

1. Increase the ability of the PCMH primary care provider to perform coordination of care;
2. By increasing potential encounters between participants of childbearing age and their PCMH primary care providers, increase concomitant receipt of preventative care services; and
3. Maintain access to quality family planning services and whole-person care.

### **C. Demonstration Hypotheses and Evaluation**

In conducting the evaluation for this demonstration, IDHW will contract with an independent external evaluator to ensure a critical and thorough assessment of program goals that is consistent with sound and accepted research practices. The section below summarizes some tentative hypotheses and a high-level evaluation plan for this demonstration. The state's contractor will develop more detailed evaluation approaches, data sources, collection frequency, proposed analyses, timelines for deliverables, and other specific components related to the evaluation of this demonstration.

- **Hypothesis 1 (H1):** Requiring referrals from primary care for family planning services and supplies will result in improved care coordination for individuals of childbearing age enrolled in Idaho Medicaid. For those accessing family planning services, this will be measured by beneficiary perceptions of primary care engagement, including the convenience of receiving all their care within one care organization/location.
- **Hypothesis 2 (H2):** Participants' engagement with their primary care provider will increase as measured by an increase in contacts between the primary care provider and participant and increased use of preventive services provided by the primary care provider. PCP utilization rates will be monitored via claims data.
- **Hypothesis 3 (H3):** By engaging with their primary care provider sooner and benefiting from improved care coordination, participants will be supported to have better birth outcomes, as measured by earlier engagement in prenatal care, fewer neonatal intensive

care unit admissions, and fewer preterm deliveries. These health measurements will be monitored via claims data throughout the demonstration.

- **Hypothesis 4 (H4):** The new requirement for referrals from a primary care provider will improve access to primary care and family planning services, as measured by utilization of those services, as well as monitoring patient experience via member satisfaction survey data.
- **Hypothesis 5 (H5):** Increased care coordination resulting from the referral requirement will decrease unnecessary use of emergency room services and avoidable hospital admissions. IDHW will monitor emergency room utilization and hospital admission rate trends among the population utilizing family planning services before and after the waiver implementation to identify any changes in utilization resulting from the waiver.

#### **D. Demonstration Area and Impact to Medicaid and CHIP**

With the exception of exempt population groups listed in Section II, this waiver will apply to all Medicaid participants on a statewide basis. It will have no other impact to the Medicaid and CHIP programs in the State of Idaho.

## **Section II – Demonstration Eligibility and Enrollment**

### **A. Eligibility**

There will be no waiver-specific eligibility criteria for the proposed demonstration. All Medicaid participants (male or female) enrolled in the Healthy Connections primary care case management program seeking to access family planning services outside the medical home would be subject to the waiver's mandatory referral requirements. The categories of participants exempted from participation in Healthy Connections/Medical Homes are listed below. The standards and methodologies for eligibility determination will remain as currently described in the State Plan. This application does not require any modifications to eligibility procedures.

#### ***Participants Exempt from Participation in Healthy Connections/Medical Homes***

- a. A participant who is unable to access a Healthy Connections provider within a distance of thirty (30) miles, or within thirty (30) minutes to obtain primary care services;
- b. A participant who has an eligibility period that is less than three (3) months;
- c. A participant who has an eligibility period that is only retroactive;
- d. A participant who is eligible only as a Qualified Medicare Beneficiary;
- e. A participant who has an existing relationship with a primary care physician or clinic who is not participating in Healthy Connections;
- f. A participant who is enrolled in the Medicare/Medicaid Coordinated Plan;
- g. A participant who resides in a nursing facility or an ICF/ID; or
- h. A participant who resides in a county where there are not an adequate number of providers to deliver primary care case management services.

Lastly, Tribal members are exempt from mandatory enrollment in Healthy Connections in accordance with 42 U.S.C. 1396u-2(h). Tribal members who opt out of enrollment with Healthy Connections will not be subject to the referral requirement.

### **B. Enrollment**

Currently, as of July 2019, there are approximately 228,250 Idahoans enrolled in Healthy Connections. Beginning in January 2020, approximately 91,000 newly eligible individuals could enroll as part of Idaho's expansion of Medicaid to the Adult population group. Adult expansion coverage is slated to go live on January 1, 2020. Accounting for average enrollment growth, in addition to expansion, IDHW anticipates covering roughly 321,471 Healthy Connections enrollees (monthly average) in 2020.



Since the demonstration imposes no waiver-specific eligibility criteria, the waiver is not anticipated to result in any increase or decrease in total enrollments in Idaho's Medical Assistance Program. The total projected lives impacted by the waiver (i.e., participating in Healthy Connections) are estimated in Table 1 below.

**Table 1: Estimated Medicaid Healthy Connections Enrollment Projections**

<b>Demonstration Year</b>	<b>Healthy Connections Enrollment without Waiver</b>	<b>Healthy Connections Enrollment with Waiver</b>	<b>Difference</b>
Year 1 (2020)	321,471	321,471	0
Year 2 (2021)	325,606	325,606	0
Year 3 (2022)	329,796	329,796	0
Year 4 (2023)	334,040	334,040	0
Year 5 (2024)	338,339	338,339	0

Thus far in 2019, Idaho Medicaid expenditures on family planning items and services for people enrolled with Healthy Connections totaled approximately \$2,256,448. This amount represented 0.1% of total Medicaid expenditures over that period.

Since the waiver's potential consequences will be limited to referral practices applicable to only the small family planning segment of the state's array of covered medical services, this demonstration is not expected to have a material impact on Medicaid expenditures in the state, with the exception of potential decreased emergency room and hospital admissions as described in H5. Existing programs will remain intact, and coverage of all services currently available under the Idaho Medicaid State Plan will remain unchanged.

## **Section III – Demonstration Benefits and Cost Sharing Requirements**

### **A. Benefits**

The waiver does not add or eliminate medical care services benefits. Current programs will remain intact, and coverage of all services currently available under the Idaho Medicaid State Plan will remain unchanged. The only impact to benefits will be the enhanced care coordination through the referral to family planning services.

### **B. Cost Sharing**

Idaho Medicaid imposes no cost sharing for family planning items or services, with or without the proposed waiver. However, non-exempt participants are subject to a \$3.65 co-payment for certain outpatient services. Among the services to which co-pays apply are physician office visits, unless the visit is for a preventive wellness exam, immunizations, or family planning, or the visit is for urgent care provided at a clinic billing as an urgent care facility. The assessment of a co-pay is at the option of the provider; i.e., the provider may choose to waive payment of any co-pay.

While the provider of the family planning services is not allowed to impose any cost charges on the participant, the primary care provider may choose to charge the participant the \$3.65 co-pay amount for the office visit that results in a referral to the outside family planning provider.

In addition to the exemption for Tribal members, the following participants are exempt from co-payments under IDAPA 16.03.18.300:

- a. A child under the age of nineteen (19) with family income less than or equal to 133% FPL;
- b. An individual age of nineteen (19) or older with family income less than or equal to 100% FPL;
- c. A pregnant or post-partum woman when the services provided are related to the pregnancy;
- d. An inpatient in a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities (ICF/ID), or other medical institution;
- e. An adult participant who receives services provided under a 1915(c) waiver;
- f. A participant who has other health care coverage that is the primary payor for the services provided;
- g. A participant receiving hospice care;

- h. A child in foster care receiving aid or assistance under Title IV, Part B of the Social Security Act;
- i. A participant receiving adoption or foster care assistance under Title IV, Part E of the Social Security Act, regardless of age; and
- j. A woman eligible under the breast and cervical cancer eligibility group. (§300.01.a.–j.)

## **Section IV – Delivery System and Reimbursement Methodology**

### **A. Delivery System**

The current delivery system for family planning items or services will not change with the exception of the addition of a referral requirement for family planning services provided through a Medicaid provider other than through the primary care provider chosen (or assigned, if a choice is not made) by the beneficiary.

At initial Medicaid enrollment, non-exempt participants become subject to mandatory enrollment in Healthy Connections, Idaho's Primary Care Case Management (PCCM) managed care program. Enrollees are required to choose a primary care provider within 90 days; if they do not make this selection within that time frame, Medicaid will assign one to them. Selection of this provider establishes the participant's medical home.

With or without the waiver, participants may receive family planning items or services through their chosen medical home. Under the proposed waiver, it is only in cases where the participant seeks family planning services outside the medical home when a referral would be required from the medical home to the outside provider.

### **B. Reimbursement Methodology**

No deviation from current provider reimbursement rates will be implemented as a result of this demonstration.

## **Section V – Implementation of Demonstration**

This demonstration involves no modifications to Medicaid eligibility nor to benefits and as such, the waiver implementation is expected to be relatively straightforward. With minimal changes required in the area of MMIS, Idaho could implement the referral requirements of the waiver on or shortly after the effective date of this waiver. Statewide implementation would not require a phased-in approach.

Primary care providers will have a central role in carrying out the family planning referral requirements in their practices.

The Department will develop multiple means of communication targeting PCCM entities, providers of family planning items and services, and enrollees subject to the referral requirements. Enrollees subject to the referral requirements will be notified of the procedural changes under the waiver at least 30 days before implementation, while PCPs and providers of family planning items and services will receive at least 60 days' notice. In addition to email blast communications, notifications of the upcoming implementation will be prominently featured on the Department's Medicaid Expansion website, the DXC provider claims-processing website, and in the monthly provider newsletter.

## **Section VI – Demonstration Financing and Budget Neutrality**

The Centers for Medicare and Medicaid Services (CMS) requires all 1115 waivers to demonstrate budget neutrality. Budget neutrality is a comparison of without-waiver expenditures (WoW) to with-waiver expenditures (WW). CMS recommends two potential methodologies of demonstrating budget neutrality:

1. Per Capita Method: Assessment of the per member per month (PMPM) cost of the Demonstration
2. Aggregate Method: Assessment of both the number of members and PMPM cost of the Demonstration

Budget neutrality for the Idaho Family Planning Referrals Waiver (waiver) will be demonstrated through the use of the Per Capita method. The budget neutrality projections were developed using CMS budget neutrality requirements.

The member months, per member per month (PMPM) expense values, and PMPM costs without and with the waiver reflect the Medicaid population, including the categories of Medicaid members subject to and exempted from the referral requirements.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. It should be emphasized that the values in the budget neutrality spreadsheet attached to this submission are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this analysis.

### **Without- and With-Waiver Projections for Historical Medicaid Populations**

The Medicaid expansion populations presented here are consistent with the State's budget appropriation. It will be updated once the actual counts and expenditures to the program are known. Idaho's Medicaid expansion is scheduled to be implemented on January 1, 2020, and it will have an impact on the counts used in the with and without charts.

### **Cost Projections for New Populations**

PMPM cost and enrollment changes were estimated through the use of available agency data, including eligibility data and other information from other IDHW operated programs, to develop without- and with-waiver projection estimates as appropriate. The cost projections do not reflect any anticipated increase in administrative costs to the IDHW in relation to the execution of this waiver.

### ***Enrollment Projection***

IDHW anticipates that a total of approximately 321,471 individuals will be impacted by the waiver.

The above estimates are based on projections from current enrollment. It is anticipated that actual enrollment in Medicaid will likely vary and fluctuate over the course of this waiver for a variety of reasons.

### ***Medicaid Cost PMPM Estimates***

The starting cost CY2020 PMPM (Demonstration Year 1) is based on total Medicaid population projections, which is consistent with the state budget appropriation. The initial year over year increases in the resulting expenditures are consistent with historical state budget appropriations over the last three years and reflect the expenditures for both state plan services as well as the administrative operations to launch the new program.

For a given participant in Medicaid, it is assumed the waiver does not impact that person's Medicaid PMPM. Therefore, under the waiver, no changes in the PMPM cost for Family Planning enrollees have been assumed. Additionally, IDHW's program design leverages existing eligibility systems and processes and will not result in administrative costs in excess of what is necessary for Medicaid administration. Accordingly, IDHW does not identify any increase in administrative costs in order to implement this waiver.

### ***Summary of Budget Neutrality***

For the first year of the Demonstration, the Without Waiver expenditures are estimated at \$2,811,745, while the With Waiver expenditures are estimated at \$2,811,745, a finding that supports budget neutrality for this waiver. Likewise, estimates of Without Waiver expenditures are the same as the With Waiver expenditures for Years 2 through 5 of the Demonstration (see projections tables on the following page), so budget neutrality is maintained throughout the full time period in which the waiver would be active.

***Without Waiver Projection***

The state budget expenditures for family planning of those enrolled in Healthy Connections are \$2,256,448 for SFY19. The total population count does include the expansion population that starts January 1, 2020. Year 1 of the waiver reflects the expenditure increase of 4% per state fiscal year, and the base enrollment group has a growth rate of 1.4%, while the Medicaid expansion population group has a growth rate of 1%.

	SFY 2019
2019 Expenditures	\$ 2,256,448
Average CY2019	228,250

	Without Waiver (WOW)				
	Year 1	Year 2	Year 3	Year 4	Year 5
Average Member Months	321,471	325,606	329,796	334,040	338,339
PMPM	\$0.73	\$0.75	\$0.77	\$0.79	\$0.81
Expenditures	\$ 2,811,745	\$ 2,924,215	\$ 3,041,184	\$ 3,162,831	\$ 3,289,345

***With Waiver Projection***

Overall, IDHW expects a year over year percentage rate of 1.4% for the average member months in the base enrollment, while the Medicaid expansion population group has a growth rate of 1%.

	With Waiver (WW)				
	Year 1	Year 2	Year 3	Year 4	Year 5
Average Member Months	321,471	325,606	329,796	334,040	338,339
PMPM	\$0.73	\$0.75	\$0.77	\$0.79	\$0.81
Expenditures	\$ 2,811,745	\$ 2,924,215	\$ 3,041,184	\$ 3,162,831	\$ 3,289,345
Percent of WOW:	100%	100%	100%	100%	100%

***Additional Information to Demonstrate Budget Neutrality***

We do not believe there is any other information necessary for CMS to complete its analysis of the budget neutrality submission.



## **Section VII – List of Proposed Waivers**

Under the authority of section 1115(a)(1) of the Social Security Act, Idaho Medicaid proposes to request the following waivers of state plan requirements contained in section 1902 of the Act. All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable in accompanying expenditure authorities, will apply to the demonstration project.

### **1. Freedom of Choice of Providers; Family Planning**

### **Section 1902(a)(23)**

To enable the state to restrict freedom of choice of providers for the Title XIX population affected by this demonstration; i.e., to prohibit participants from seeking family planning services or supplies from any willing and qualified, Medicaid-enrolled provider, in specific cases when the circumstances—as set forth in Subsection 56-263(3), Idaho Code—require that the participant access services only through referral from the medical home.

## Section VIII – Public Notice

IDHW is providing the public the opportunity to review and provide input on this waiver application in accordance with the transparency requirements set forth at 42 CFR 431.408. On September 11, 2019, the draft waiver was publicly posted on the IDHW website, which serves to formally open the public comment period. In addition, formal public notice was also published in newspapers in the State that serve cities with populations of at least 100,000, which includes the *Idaho Statesman*, serving the cities of Boise (population 228,790) and Meridian (population 106,804).

Two public hearings will be held in two different locations: (1) September 16, 2019, in Boise, Idaho, which will have statewide teleconference capabilities; and (2) a special public meeting of the Medical Care Advisory Committee (MCAC) on September 20, 2019. See Appendix B for a copy of the formal public notice document. Public comments were received in person and in writing at each of the hearings, as well as in writing via mail and electronically via email through the comment period, which closed at the end of the day on October 12, 2019.

Separate notice to tribal representatives was provided on May 13, 2019. An update to that notice was also provided on September 11, 2019. See Appendix C for a copy of the tribal notices. A tribal meeting covering all of the concepts contained in Senate Bill 1204, the state legislation underlying this waiver, was held on June 17, 2019. Further, following the posting of this waiver, IDHW has offered to provide an additional opportunity to meet with tribal representatives to cover any additional comments on the specific draft Section 1115 waiver application prior to submission to CMS, if requested.

IDHW has carefully reviewed and considered all public comments received related to the waiver application. Public comments on the waiver are summarized below, and the issues raised were addressed by IDHW after the close of the public comment period and prior to submission to CMS.

### Summary of Public Comments

IDHW's formal public comment period on the draft of the waiver application opened on September 11, 2019 and ran through October 12, 2019. Idaho used the following methods to provide notice to the public about the opportunity for public comment for this proposed Waiver:

**1. Web postings** – On September 11, 2019, on the IDHW's website at <https://healthandwelfare.idaho.gov>, a banner message specific to this Waiver was featured throughout the comment period. The messaging provided comprehensive information and simple links to access the complete Waiver application and all noticing. The comprehensive public notice and tribal update were also posted on this date on the Medicaid Expansion website located at <https://medicaidexpansion.idaho.gov>. An abbreviated version of the public notice was published in the *Idaho Statesman* on September 13, 2019.

**2. E-mail** – The IDHW established a dedicated e-mail box, 1115\_FamPlan@dhw.idaho.gov, which received a total of 381 e-mails by the October 12, 2019 deadline.

**3. Mailed** – IDHW provided a U.S. Postal Service address: Comments were sent to the Division of Medicaid through traditional mail to P.O. Box 83720, Boise, Idaho 83720, as provided on the notices. A total of three comments were delivered via this method prior to the October 12, 2019 deadline.

**4. Testimony at public hearings** – The IDHW held two public hearings to receive the public’s feedback on the Waiver. The first hearing was held on September 16, 2019 at the Medicaid Central Office, located at 3232 Elder Street in Boise. The second was held on September 20, 2019 during a Medical Care Advisory Committee meeting at the Lincoln Auditorium within the Idaho State Capitol Building in Boise, Idaho. Statewide access to both hearings was provided via teleconference lines and both were recorded for documentation. The Division Administrator provided an overview of the Waiver application and the process for providing feedback. Individuals volunteered to provide oral testimony both in person and via the teleconference line option, in addition to written comments that were submitted in person. In all, 12 individuals provided comments during the two public hearings.

## **Common themes expressed by commenters**

The public comment period for this Section 1115 Waiver generated robust public input, with 396 comments total being submitted by various stakeholders during the comment period.

Commenters included current Medicaid participants, medical providers, advocacy organizations, legislators, and other interested parties. With most responses conveying opposition and others support, a variety of common themes were raised, as discussed below.

### **This Waiver does not deliver what Idahoans voted for**

Many commenters expressed general opposition to the Waiver, on the grounds that the Legislature should have delivered “clean” Expansion in accordance with the will of the citizens who voted for Proposition 2. Instead, state lawmakers enacted Senate Bill 1204, which imposed an unwanted array of conditions and limitations.

This Waiver and the planned implementation of the additional family planning referral requirement are being undertaken pursuant to the passage of this legislation in Spring 2019. The intent of the legislation is not to bypass the will of the voters, but to “enable coverage of Medicaid participants while also promoting the participants’ health.” While acknowledging public comments addressing this theme, the IDHW must comply with the requirements set forth in law and is submitting this Waiver as required by statute. The state made no changes to the waiver application in response to the public comments received on this theme.

### **This Waiver restricts access to Family Planning services**

Other commenters pointed out that Medicaid enrollees would be subject to a copayment charge of \$3.65 for an office visit to the primary care provider to obtain the referral to the chosen provider of family planning services. Their opinion was that even a very small copayment would

reduce utilization of family planning services.

42 U.S.C. 1396o and 42 CFR 447 Subpart A do not allow copayments for family planning services. Idaho is not requesting a waiver of those requirements and does not apply copayments today for family planning services delivered by a primary care provider or any other provider. This waiver will not impose any new cost-sharing on beneficiaries seeking family planning services.

The state made no changes to the waiver application in response to the public comments received on this theme.

### **This Waiver violates federal Medicaid regulations on freedom of choice**

This waiver does ask for a waiver of freedom of choice of providers with respect to family planning services. While this request differs in its application to family planning services, waivers of freedom of choice of providers are well-established and routinely granted by CMS under both 1115 and 1915b waiver authorities.

As the Idaho Code that directed this waiver application inherently requires limitations on freedom of choice of providers, the state made no changes to the waiver application in response to the public comments received on this theme.

### **This Waiver ignores barriers to care imposed by the referral process itself**

Some commenters expressed the opinion that primary care providers were likely to act in their own self-interest and attempt to impede the smooth operation of the referral process to a provider outside the medical home. These respondents argued that primary care providers would seek to provide family planning services themselves and would try to dissuade the participant from going outside the medical home to receive care. A number of these comments asserted that many primary care providers object to certain family planning services on moral or religious grounds and would be likely to try to delay or otherwise obstruct the outside referral.

Some respondents were concerned that since some primary care providers do not offer the full spectrum of family planning services, the primary care provider might focus on the family planning options they could provide rather than the options that best fits the enrollee's needs. The example cited by one commenter was long-acting reversible contraceptives (LARCs); the commenter contended that while all family planning specialty practices offer this service, many primary care providers do not.

42 CFR 438 requires informing and allowing beneficiaries to change providers based on limitations of services based in moral or religious objections. Idaho currently complies with these requirements for its Healthy Connections program. Enrollees in the Healthy Connections program may switch providers at any time in cases where the primary care provider limits treatment options on moral or religious grounds.

While we feel that primary care providers in Idaho would place patient needs first, we are sensitive to this concern. The evaluation strategy outlined in the waiver application would allow us to monitor utilization to identify and address any shift in utilization that indicated potential

disadvantages to beneficiaries or unintended consequences with detrimental impacts.

The state made no changes to the waiver application in response to the public comments received on this theme.

**This Waiver exacerbates the current problem of office visit availability in a state where 39 of 44 counties are considered health professional shortage areas**

A practicing RN summarized this theme as follows:

*Requiring patients to make appointments with a physician that is already over-burdened creates unnecessarily long waits for the initial appointment seeking a referral. Furthermore, these appointments take away appointments from someone that needs to be seen by their physician for an actual health-related issue.*

This waiver does not require an appointment to obtain a referral and primary care providers are free to provide referrals upon request to the patient without an office visit. The Healthy Connections program provides a number that enrollees can call should they experience long wait times or other issues with existing or future referral processes.

Should this application be approved, the IDHW will monitor utilization and referral patterns as outlined in the evaluation plan in the application. We intend to monitor and address any shifts in utilization that indicate potential negative impacts to patient care.

The state made no changes to the waiver application in response to the public comments received on this theme.

**This Waiver undermines women's trusted relationships with their family planning providers**

The point was made by several commenters that many women have relationships with trusted OB/Gyns they have been seeing for years, and they may not be nearly as comfortable discussing sensitive reproductive issues with their primary care providers. This reluctance could end up affecting both their care and outcomes. In a similar vein, respondents surmised that younger women especially would be very uncomfortable going to the family doctor for a referral to a family planning provider, to the point where they might choose to forgo family planning services entirely.

Currently patients who opt to receive their care from an OB/Gyn provider who does not participate in Healthy Connections are exempt from enrollment with Healthy Connections. This policy would continue should the waiver be approved.

The state made no changes to the waiver application in response to these comments, since existing policy addresses these concerns.

**This Waiver discriminates against women in general, and low-income women in particular**

Several commenters felt strongly that the referral requirement was grossly inequitable along gender lines. Since men don't need to get a referral to go to the local drugstore for a box of

condoms, and family planning services for women can be very complex, the Waiver specifically targets women, not men. This Waiver forces women to seek permission for services that should be freely available, and low-income women already face considerable barriers to care; requiring an additional appointment just to obtain the referral only exacerbates these problems.

The waiver application and the law are gender neutral. The same referral requirement applies whether the patient is a man or a woman seeking a Medicaid covered method of birth control. While it is true that women are involved in birth control use more than men, we cannot resolve this concern within the context of this waiver or the requirement in Idaho code.

The state made no changes to the waiver application in response to the public comments received on this theme.

## **Section IX – Demonstration Administration**

Matt Wimmer  
Administrator, Division of Medicaid  
Idaho Department of Health and Welfare  
[matt.wimmer@dhw.idaho.gov](mailto:matt.wimmer@dhw.idaho.gov)  
(208) 364-1804

## **Appendix A: Senate Bill 1204**



LEGISLATURE OF THE STATE OF IDAHO  
Sixty-fifth Legislature First Regular Session - 2019

IN THE SENATE

SENATE BILL NO. 1204, As Amended, As Amended in the House

BY STATE AFFAIRS COMMITTEE

AN ACT

RELATING TO MEDICAID; AMENDING SECTION 56-253, IDAHO CODE, TO PROVIDE THAT A HEALTH RISK ASSESSMENT SHALL INCLUDE QUESTIONS RELATING TO SUBSTANCE USE DISORDERS, TO PROVIDE THAT THE DIRECTOR OF THE DEPARTMENT OF HEALTH AND WELFARE SHALL CONDUCT CERTAIN RESEARCH AND SEEK CERTAIN WAIVERS, AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 56-267, IDAHO CODE, TO PROVIDE THAT ELIGIBILITY FOR MEDICAID SHALL NOT BE DELAYED FOR WAIVER CONSIDERATION, NEGOTIATION, OR APPROVAL, TO PROVIDE THAT A WAIVER SHALL NOT BE IMPLEMENTED IF IT WOULD RESULT IN A REDUCTION IN FEDERAL FINANCIAL PARTICIPATION FOR CERTAIN PERSONS, TO PROVIDE THAT THE LEGISLATURE SHALL DECLARE THE SECTION TO BE NULL, VOID, AND OF NO FORCE AND EFFECT UNDER CERTAIN CIRCUMSTANCES, TO PROVIDE FOR CERTAIN REVIEWS AND RECOMMENDATIONS, TO PROVIDE THAT PERSONS PARTICIPATING IN MEDICAID PURSUANT TO THE SECTION BE PLACED IN MANAGED CARE TO THE EXTENT POSSIBLE, AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 56-263, IDAHO CODE, TO PROVIDE THAT THE DEPARTMENT SHALL SEEK CERTAIN APPROVAL OR A WAIVER AND TO PROVIDE APPLICABILITY; PROVIDING FOR THE APPOINTMENT OF A TASK FORCE; PROVIDING SEVERABILITY; AND DECLARING AN EMERGENCY.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 56-253, Idaho Code, be, and the same is hereby amended to read as follows:

56-253. POWERS AND DUTIES OF THE DIRECTOR. (1) The director is hereby encouraged and empowered to obtain federal approval in order that Idaho design and implement changes to its medicaid program that advance the quality of services to participants while allowing access to needed services and containing excessive costs. The design of Idaho's medicaid program shall incorporate the concepts expressed in section 56-251, Idaho Code.

(2) The director may create health-need categories other than those stated in section 56-251(2)(a), Idaho Code, subject to legislative approval, and may develop a medicaid benchmark plan for each category.

(3) Each benchmark plan shall include explicit policy goals for the covered population identified in the plan, as well as specific benefit packages, delivery system components and performance measures in accordance with section 67-1904, Idaho Code.

(4) The director shall establish a mechanism to ensure placement of participants into the appropriate benchmark plan as allowed under section 6044 of the deficit reduction act of 2005. This mechanism shall include, but not be limited to, a health risk assessment. This assessment shall comply with federal requirements for early and periodic screening, diagnosis and treatment (EPSDT) services for children, in accordance with section 1905(a)(4)(B) of the social security act. The health risk assessment shall

1 include questions related to substance use disorders to allow referral to  
2 treatment for such disorders by the department.  
3 (5) The director may require, subject to federal approval, partici-  
4 pants to designate a medical home. Applicants for medical assistance shall  
5 receive information about primary care case management, and, if required to  
6 so designate, shall select a primary care provider as part of the eligibility  
7 determination process.  
8 (6) The director may, subject to federal approval, enter into contracts  
9 for medical and other services when such contracts are beneficial to partic-  
10 ipant health outcomes as well as economically prudent for the medicaid pro-  
11 gram.  
12 (7) The director may obtain agreements from medicare, school districts  
13 and other entities to provide medical care if it is practical and cost-effec-  
14 tive.  
15 (8) The director shall research options and apply for federal waivers  
16 to enable cost-efficient use of medicaid funds to pay for substance abuse  
17 and/or mental health services in institutions for mental disease.  
18 (9) The director shall, in cooperation with the director of the depart-  
19 ment of insurance, seek waivers from the federal government to provide that  
20 persons eligible for medicaid pursuant to section 56-267, Idaho Code, who  
21 have a modified adjusted gross income at or above one hundred percent (100%)  
22 of the federal poverty level shall receive the advance premium tax credit to  
23 purchase a qualified health plan through the Idaho health insurance exchange  
24 established by chapter 61, title 41, Idaho Code, instead of enrolling in med-  
25 icaid, except as provided in paragraph (a) of this subsection.  
26 (a) A person described in this subsection may choose to enroll in med-  
27 icaid instead of receiving the advance premium tax credit to purchase a  
28 qualified health plan.  
29 (b) If the waivers described in this subsection are not approved before  
30 January 1, 2020, then the persons described in this subsection shall be  
31 enrolled in medicaid.  
32 (10) The director shall seek a waiver from the federal government con-  
33 sistent with the provisions of this subsection.  
34 (a) A person participating in medicaid pursuant to section 56-267,  
35 Idaho Code, must be:  
36 (i) Working at least twenty (20) hours per week, averaged  
37 monthly, or earning wages equal to or greater than the federal min-  
38 imum wage for twenty (20) hours of work per week;  
39 (ii) Participating in and complying with the requirements of a  
40 work training program at least twenty (20) hours per week, as de-  
41 termined by the department;  
42 (iii) Volunteering at least twenty (20) hours per week, as deter-  
43 mined by the department;  
44 (iv) Enrolled at least half-time in postsecondary education or  
45 another recognized education program, as determined by the de-  
46 partment, and remaining enrolled and attending classes during  
47 normal class cycles;  
48 (v) Meeting any combination of working, volunteering, and par-  
49 ticipating in a work program for a total of at least twenty (20)  
50 hours per week, as determined by the department; or

1           (vi) Subject to and complying with the requirements of the work  
2 program for temporary assistance for needy families (TANF) or par-  
3 ticipating and complying with the requirements of a workfare pro-  
4 gram in the supplemental nutrition assistance program (SNAP).  
5 (b) A person is exempt from the provisions of paragraph (a) of this sub-  
6 section if the person is:  
7           (i) Under the age of nineteen (19) years;  
8           (ii) Over the age of fifty-nine (59) years;  
9           (iii) Physically or intellectually unable to work;  
10          (iv) Pregnant;  
11          (v) A parent or caretaker who is the primary caregiver of a depen-  
12 dent child under the age of eighteen (18) years, as determined by  
13 the department;  
14          (vi) A parent or caretaker personally providing care for a per-  
15 son with serious medical conditions or with a disability, as de-  
16 termined by the department;  
17          (vii) Applying for or receiving unemployment compensation and  
18 complying with work requirements that are part of the fed-  
19 eral-state unemployment insurance program;  
20          (viii) Applying for social security disability benefits, until  
21 such time eligibility is determined;  
22          (ix) Participating in a drug addiction or alcohol treatment and  
23 rehabilitation program, as determined by the department; or  
24          (x) An American Indian or Alaska native who is eligible for ser-  
25 vices through the Indian health service or through a tribal health  
26 program pursuant to the Indian self-determination and education  
27 assistance act and the Indian health care improvement act.  
28 (c) The department shall verify a medicaid participant's compliance  
29 with paragraph (a) of this subsection every six (6) months and shall  
30 promulgate rules based on federal final waiver approval relating to  
31 the requirements of this subsection. A person who fails to comply with  
32 paragraph (a) of this subsection shall:  
33          (i) Be ineligible for medicaid but may reapply for medicaid two  
34 (2) months after such determination is made or earlier if in com-  
35 pliance; or  
36          (ii) If the provisions of subparagraph (i) of this paragraph are  
37 not federally approved or are found unlawful by a court of compe-  
38 tent jurisdiction, be subject to the maximum allowable copayments  
39 on covered Idaho medicaid services for a period of six (6) months  
40 or until the person complies with paragraph (a) of this subsec-  
41 tion, whichever is earlier.  
42 (d) It is the intent of the legislature, in enacting the requirements of  
43 this subsection, to enable coverage of medicaid participants while also  
44 promoting the participants' health and financial independence.  
45 (e) The department shall implement the waiver described in this subsec-  
46 tion as soon as possible once federal approval has been obtained.  
47 (11) The director is given authority to promulgate rules consistent  
48 with this act.  
  
49           SECTION 2. That Section 56-267, Idaho Code, be, and the same is hereby  
50 amended to read as follows:

1       56-267. MEDICAID ELIGIBILITY EXPANSION. (1) Notwithstanding any pro-  
2 vision of law or federal waiver to the contrary, the state shall amend its  
3 state plan to expand Medicaid eligibility to include those persons under  
4 sixty-five (65) years of age whose modified adjusted gross income is one hun-  
5 dred thirty-three percent (133%) of the federal poverty level or below and  
6 who are not otherwise eligible for any other coverage under the state plan,  
7 in accordance with sections 1902(a)(10)(A)(i)(VIII) and 1902(e)(14) of the  
8 Social Security Act.

9       (2) No later than ninety (90) days after approval of this act, the  
10 department shall submit any necessary state plan amendments to the United  
11 States Department of Health and Human Services, Centers for Medicare  
12 and Medicaid Services to implement the provisions of this section. The  
13 department is required and authorized to take all actions necessary to im-  
14 plement the provisions of this section as soon as practicable.

15       (3) Eligibility for Medicaid as described in this section shall not be  
16 delayed if the centers for Medicare and Medicaid services fail to approve any  
17 waivers of the state plan for which the department applies, nor shall such  
18 eligibility be delayed while the department is considering or negotiating  
19 any waivers to the state plan. The department shall not implement any waiver  
20 that would result in a reduction in federal financial participation for per-  
21 sons identified in subsection (1) of this section below the ninety percent  
22 (90%) commitment described in section 1905(y) of the social security act.

23       (4) If section 1905(y) of the social security act is held unlawful or  
24 unconstitutional by the United States supreme court, then the legislature  
25 shall declare this section to be null, void, and of no force and effect.

26       (5) If federal financial participation for persons identified in sub-  
27 section (1) of this section is reduced below the ninety percent (90%) commit-  
28 ment described in section 1905(y) of the social security act, then the senate  
29 and house of representatives health and welfare committees shall, as soon as  
30 practicable, review the effects of such reduction and make a recommendation  
31 to the legislature as to whether Medicaid eligibility expansion should re-  
32 main in effect. The review and recommendation described in this subsection  
33 shall be conducted by the date of adjournment of the regular legislative ses-  
34 sion following the date of reduction in federal financial participation.

35       (6) The department:

36       (a) Shall place all persons participating in Medicaid pursuant to  
37 this section in a care management program authorized under section  
38 56-265(5), Idaho Code, or in another managed care program to improve the  
39 quality of their care, to the extent possible; and

40       (b) Is authorized to seek any federal approval necessary to implement  
41 the provisions of this subsection.

42       (7) No later than January 31 in the 2023 legislative session, the sen-  
43 ate and house of representatives health and welfare committees shall review  
44 all fiscal, health, and other impacts of Medicaid eligibility expansion pur-  
45 suant to this section and shall make a recommendation to the legislature as  
46 to whether such expansion should remain in effect.

47       SECTION 3. That Section 56-263, Idaho Code, be, and the same is hereby  
48 amended to read as follows:



1       56-263. MEDICAID MANAGED CARE PLAN. (1) The department shall present  
2 to the legislature on the first day of the second session of the sixty-first  
3 Idaho legislature a plan for medicaid managed care with focus on high-cost  
4 populations including, but not limited to:

5       (a) Dual eligibles; and

6       (b) High-risk pregnancies.

7       (2) The medicaid managed care plan shall include, but not be limited to,  
8 the following elements:

9       (a) Improved coordination of care through primary care medical homes.

10       (b) Approaches that improve coordination and provide case management  
11 for high-risk, high-cost disabled adults and children that reduce costs  
12 and improve health outcomes, including mandatory enrollment in special  
13 needs plans, and that consider other managed care approaches.

14       (c) Managed care contracts to pay for behavioral health benefits as de-  
15 scribed in executive order number 2011-01 and in any implementing leg-  
16 islation. At a minimum, the system should include independent, stan-  
17 dardized, statewide assessment and evidence-based benefits provided by  
18 businesses that meet national accreditation standards.

19       (d) The elimination of duplicative practices that result in unneces-  
20 sary utilization and costs.

21       (e) Contracts based on gain sharing, risk-sharing or a capitated basis.

22       (f) Medical home development with focus on populations with chronic  
23 disease using a tiered case management fee.

24       (3) The department shall seek federal approval or a waiver to require  
25 that a medicaid participant who has a medical home as required in section  
26 56-255(5)(b), Idaho Code, and who seeks family planning services or supplies  
27 from a provider outside the participant's medical home, must have a referral  
28 to such outside provider. The provisions of this subsection shall apply to  
29 medicaid participants upon such approval or the granting of such a waiver.

30       SECTION 4. TASK FORCE. (1) The 2019 Legislative Council shall appoint a  
31 bipartisan task force to undertake and complete a study of the impact of Med-  
32 icaid eligibility expansion on the financial obligation of counties and the  
33 state to provide indigent medical assistance. The Legislative Council shall  
34 determine the number of legislators and membership from each house appointed  
35 to the task force and shall authorize the task force to receive input, ad-  
36 vice, and assistance from interested and affected parties who are not mem-  
37 bers of the Legislature. Nonlegislative members of the task force shall be  
38 appointed by the cochair of the task force who are appointed by the Legisla-  
39 tive Council and shall include, but are not limited to, a person represent-  
40 ing the Department of Health and Welfare, a person representing the Idaho  
41 Association of Counties, and a person representing the health care profes-  
42 sions. Nonlegislative members of the task force shall not be reimbursed from  
43 legislative funds for per diem, mileage, or other expenses. The task force  
44 shall evaluate the effectiveness of Medicaid eligibility expansion and its  
45 impact on the financial obligation of the counties and the state in providing  
46 indigent assistance including, but not limited to:

47       (a) The county indigent program and how to leverage savings, if any, re-  
48 sulting from Medicaid eligibility expansion;

49       (b) The catastrophic health care cost program and how to leverage sav-  
50 ings, if any, resulting from Medicaid eligibility expansion;

1           (c) The impact of Medicaid eligibility expansion on the obligation of  
2           counties to provide assistance for involuntary mental health commit-  
3           ments pursuant to chapter 3, title 66, Idaho Code; and  
4           (d) The county charity levy and how to use the levy to pay for the  
5           remaining county nonmedical indigent obligations including, but not  
6           limited to, public defense, indigent burials, jail medical, and other  
7           criminal justice and mental health-related services.  
8           (2) Upon concluding its study, the task force shall report its findings  
9           and recommendations to the Legislature and the Governor.

10          SECTION 5. SEVERABILITY. The provisions of this act are hereby declared  
11          to be severable and if any provision of this act or the application of such  
12          provision to any person or circumstance is declared invalid for any reason,  
13          such declaration shall not affect the validity of the remaining portions of  
14          this act.

15          SECTION 6. An emergency existing therefor, which emergency is hereby  
16          declared to exist, this act shall be in full force and effect on and after its  
17          passage and approval.

## **Appendix B: Public Notice**



BRAD LITTLE – Governor  
DAVE JEPPESEN – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

MATT WIMMER - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
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## **Idaho Department of Health and Welfare Family Planning Referrals Waiver Notice of Public Hearing and Public Comment Period**

### **Program Description and Affected Beneficiaries**

Pursuant to 42 CFR 431.408, the Idaho Department of Welfare (IDHW) gives notice of its intent to apply on or after **October 12, 2019**, to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 demonstration waiver, known as the *Idaho Family Planning Referrals Waiver*. The purpose of this waiver is to seek federal approval to require Medicaid participants, under certain circumstances, to obtain a referral from their primary care provider for family planning items and services. The proposed effective date for the Idaho Family Planning Referrals Waiver is January 1, 2020. The waiver provisions would apply to all enrollees in Healthy Connections seeking family planning services and supplies, and would not be limited to a targeted subpopulation, such as the Medicaid Expansion adult group.

State law and administrative rules mandate enrollment of non-exempt participants in a managed care plan, known as Healthy Connections, and also require Medicaid participants to select a primary care provider. The selection of this provider establishes the participant's medical home, and enables the primary care provider to manage and coordinate the patient's care.

During the 2019 session, the Idaho state legislature passed Senate Bill 1204, which created a new subsection in state law—Section 56-263(3), Idaho Code—to require participants seeking family planning services and supplies outside the medical home to obtain a referral from the primary care provider. The intent of the demonstration is to determine whether Patient-centered Medical Home (PCMH) monitoring and knowledge of external family planning services—by mandating referrals to family planning providers outside the participant's chosen medical home—can help achieve better care coordination and improved health outcomes.

This demonstration waiver, if approved by CMS, would allow Idaho Medicaid to impose and enforce this referral requirement, and would also require IDHW to measure and report the waiver's effects on health outcomes.



### **Goals**

As stated in the demonstration waiver application, the goals of the Section 1115 demonstration waiver are to:

- 1) Increase the coordination of care by the primary care provider;
- 2) By increasing potential encounters between participants of childbearing age and their primary care providers, increase concomitant receipt of preventative care services; and
- 3) Maintain access to quality family planning services and whole-person care.

### **Hypotheses and Evaluation**

The IDHW proposes to test the following tentative hypotheses for this demonstration:

- Requiring referrals from primary care for family planning services and supplies will result in improved care coordination for individuals of childbearing age enrolled in Idaho Medicaid. For those accessing family planning services, this will be measured by participants' perceptions of primary care engagement, including the convenience of receiving all their care within one care organization/location.
- Participants' engagement with their primary care provider will increase as measured by an increase in contacts between the primary care provider and participant and increased use of preventive services provided by the primary care provider.
- By engaging with their primary care provider sooner and benefiting from improved care coordination, participants will be supported to have better birth outcomes, as measured by earlier engagement in prenatal care, fewer neonatal intensive care unit admissions, and fewer preterm deliveries.
- The new requirement for referrals from primary care will improve access to primary care and family planning services as measured by utilization of those services and patient experience.
- Increased care coordination resulting from the referral requirement will decrease unnecessary use of emergency room services and avoidable hospital admissions.

### **Enrollment and Annual Expenditures**

- **Annual Medicaid Expenditures.** Idaho Medicaid Expansion, which goes live on January 1, 2020, is expected to add up to 91,000 newly eligible enrollees to the program. After adjustments to expenditure data to offset the effects of expansion, the Idaho Family Planning Referrals Waiver is expected to maintain budget neutrality for Medicaid expenditures throughout the 2020–2024 demonstration period. The waiver would implement no changes to existing Medicaid benefits, programs, or coverage.
- **Estimated Medicaid Enrollment.** Currently, as of July 2019, there are approximately 228,250 Idahoans enrolled in Healthy Connections. Beginning in January 2020, approximately 91,000 newly eligible individuals could enroll as part of Idaho's expansion of Medicaid to the Adult population group. Adult expansion coverage is slated to go live on January 1, 2020. Accounting for average enrollment growth, in addition to expansion, IDIIW

anticipates covering roughly 321,471 Healthy Connections enrollees (monthly average) in 2020.

Since the demonstration imposes no waiver-specific eligibility criteria, the waiver is not anticipated to result in any increase or decrease in total enrollments in Idaho’s Medical Assistance Program. The total projected lives impacted by the waiver (i.e., participating in Healthy Connections) are estimated in Table 1 below.

**Table 1: Estimated Medicaid Enrollment Projections**

Demonstration Year	Healthy Connections Enrollment without Waiver	Healthy Connections Enrollment with Waiver	Difference
Year 1 (2020)	321,471	321,471	0
Year 2 (2021)	325,606	325,606	0
Year 3 (2022)	329,796	329,796	0
Year 4 (2023)	334,040	334,040	0
Year 5 (2024)	338,339	338,339	0

#### **Program Features**

The purpose of this demonstration waiver is to help primary care providers coordinate patients’ care more effectively and improve health outcomes. Other than the referral requirement for family planning services and supplies, this demonstration waiver does not propose any changes to existing program features of Medicaid benefit plans—including healthcare delivery systems, services and coverage, eligibility, and cost sharing requirements.

#### **Waiver Authorities**

IDHW is requesting waivers of the following authorities to support the demonstration project:

##### **1. Freedom of Choice of Providers; Family Planning                      Section 1902(a)(23)(A)**

To enable the state to restrict freedom of choice of providers for the Title XIX population affected by this demonstration; i.e., to prohibit participants from seeking family planning services or supplies from any willing and qualified, Medicaid-enrolled provider, in specific cases when the circumstances—as set forth in Subsection 56-263(3), Idaho Code—require that the participant access services only through referral from the primary care provider.

#### **Public Hearings**

The IDHW is seeking public comment through public hearings, via email or traditional mail as indicated below. Public hearings will be held on the following dates and locations:

**Boise Public Hearing**

September 16, 2019, 9:00–10:00 AM  
Medicaid Central Office  
3232 Elder St., Conference Room D  
Boise, ID 83705  
Or call in to 1-877-820-7831, 301388#

**Public Meeting –**

**Medical Care Advisory Committee**

September 20, 2019, 10:30–11:30 AM  
Lincoln Auditorium, WW-02,  
State Capitol Building  
700 W. Jefferson St.  
Boise, ID 83720  
Or call in to 1-877-820-7831, 301388#

**Written Comments**

IDHW will carefully review and consider all public comments received related to the proposed Family Planning Referrals requirement, prior to submitting the full application for review and approval.

Interested parties may request hard copies of the waiver packet or may view it online by visiting our website at <https://medicaidexpansion.idaho.gov/>. In addition to the full waiver application, the website also contains a copy of the IDHW's abbreviated notice, all tribal communications, and other information supporting the waiver. This website will be periodically updated throughout the comment and review process.

Interested parties may also submit written comments via email or traditional USPS mail to:

Attention: Clay Lord  
Medicaid Program Policy Analyst  
Division of Medicaid  
P.O. Box 83720; Boise, Idaho 83720-0009  
E-mail to: [1115\\_FamPlan@dhw.idaho.gov](mailto:1115_FamPlan@dhw.idaho.gov)

**Public comments will be accepted through October 12, 2019.**

## **Appendix C: Tribal Notice**



BRAD LITTLE – Governor  
DAVE JEPPESEN – Director

## IDAHO DEPARTMENT OF HEALTH & WELFARE

MATT WIMMER – Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

September 11, 2019

*Dear Tribal Representative:*

We are writing to update you on our efforts to pursue Medicaid program waivers as described in the notice we sent to you on May 13, 2019 (attached). These waivers are being pursued to comply with new provisions in Idaho Code established during this year's legislative session. The Department intends to apply for a §1115 demonstration waiver to the Centers for Medicare and Medicaid Services (CMS) on or after October 12, 2019. We are posting formal public notice of this intent today (also attached). IDHW is requesting a five-year demonstration period and anticipates full implementation of the Idaho Medicaid Family Planning Referrals Waiver within six months of federal approval.

In accordance with Senate Bill 1204, the purpose of this waiver is to require all participants seeking family planning services outside the medical home to obtain a referral to their choice of family planning provider from their primary care provider before such services are rendered.

### **Anticipated Impact on Indians/Tribal Health Programs/Urban Indian Organizations (ITU)**

Since Senate Bill 1204 did not specify any exemptions for targeted groups of Medicaid participants, the referral requirement at the heart of this waiver application would apply universally to all enrollees in Healthy Connections. Tribal members are not required to enroll with the Healthy Connections Program, and those who opt out of enrollment will not be subject to the referral requirement for family planning services.

### **Comments, Input, and Tribal Concerns**

Idaho Medicaid would appreciate any input or concerns that Tribal representatives wish to share regarding this waiver. In order to allow for a timely submission to CMS, please submit any comments regarding the waiver **prior to October 12, 2019**. Idaho Medicaid's development of the proposed waiver will be reviewed as part of the Policy Update at the next quarterly Tribal meeting.

Interested parties may also request hard copies of the waiver packet and submit comments via email or traditional USPS mail to:

Division of Medicaid  
Attention: Clay Lord, Medicaid Program Policy Analyst  
P.O. Box 83720, Boise, Idaho 83720-0009  
E-mail to: [1115\\_FamPlan@dhw.idaho.gov](mailto:1115_FamPlan@dhw.idaho.gov)

September 11, 2019

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Lastly, if your tribe would like to set up a time for formal government-to-government consultation, please contact us as soon as possible so that we can work with you to arrange a meeting for this purpose.

Sincerely,

A handwritten signature in blue ink that reads "Matt Wimmer". The signature is fluid and cursive, with the first name "Matt" and last name "Wimmer" clearly distinguishable.

MATT WIMMER  
Administrator

MW/cl

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

**DEAN L. CAMERON**  
Director

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone 208-334-4250  
Fax 208-334-4398  
Website: <https://doi.idaho.gov>



**IDAHO DEPARTMENT OF  
HEALTH & WELFARE**

**BRAD LITTLE**  
Governor

**DAVE JEPPESEN**  
Director

450 West State Street, 10th Floor  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE 208-334-5500  
FAX 208-334-6558

May 13, 2019

Dear Tribal Leaders and Representatives,

We are writing to inform you that Idaho intends to submit three waiver requests to the federal government and to request your input and collaboration on our waiver applications. These requests to waive provisions of federal laws for Idaho's Medicaid and insurance exchange programs are expected to be submitted as soon as July 26<sup>th</sup>, 2019. We are requesting these waivers as required by changes to Idaho code in [Senate Bill 1204](#)\* recently passed by the legislature and signed into Idaho law by Governor Little.

Many of the new provisions in Idaho code and the waivers we will be requesting revolve around Medicaid expansion coverage for adults established through ballot initiative last November. The initiative established coverage for Idahoans age 19 through 64 with incomes up to 138% of the federal poverty limit who do not otherwise qualify for Medicaid. Coverage for this adult expansion group will start on January 1, 2020.

The waivers we intend to request are described in the table below:

<i><b>Waiver</b></i>	<i><b>Purpose</b></i>	<i><b>Anticipated Impact to Tribal Members</b></i>
1. <i>1332 Waiver: Coverage Choice Waiver</i>	To allow expansion group members with household incomes over 100% of the federal poverty limit to choose coverage supported by an Advanced Premium Tax Credit through Your Health Idaho instead of enrolling in Medicaid. Expansion group members may also decline their tax credit and choose to enroll in Medicaid coverage.	Tribal members may choose to keep their tax credit and cost share reductions to help pay for their Qualified Health Plan through Your Health Idaho rather than switching to Medicaid coverage. Those who choose exchange coverage will pay more for their insurance compared to Medicaid. Choice of coverage may have impacts on tribal healthcare systems and how they assist tribal members with their healthcare needs.

\* <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1204E2.pdf>



<i><b>Waiver</b></i>	<i><b>Purpose</b></i>	<i><b>Anticipated Impact to Tribal Members</b></i>
2. <i>1115 Waiver: Coverage Choice, Community Engagement, and Primary Care Family Planning</i>	a. To limit coverage for expansion group members with incomes over 100% of poverty to exchange coverage or Medicaid, but not both.	Tribal members in the adult Medicaid expansion group who qualify and select exchange coverage will not have access to Medicaid coverage in addition to exchange coverage. The impacts are described above.
	b. To require the adult Medicaid expansion coverage group to participate in work, volunteering, job training, or education as a condition of their eligibility.	Tribal members will be exempt from this requirement and there is no impact anticipated. Tribal health programs who serve non-tribal members may be impacted because some of the population they serve may be ineligible for Medicaid benefits because of these requirements.
	c. To require all Medicaid participants served through Medicaid's Healthy Connections primary care program to obtain a referral for family planning services or supplies before receiving them from a provider other than their chosen primary care provider*.	Tribal members will need to work with their primary care provider to obtain a referral rather than accessing services directly without a referral today. This may increase the work that needs to be done by tribal primary care providers serving tribal members or others eligible for Medicaid.
3. <i>1115 Waiver: Institution for Mental Diseases Waiver</i>	To allow Medicaid to pay for services provided to adults over age 20 and under age 65 in an institution for mental diseases	This will allow tribal members eligible for Medicaid with needs for these services an additional treatment option. Tribal health programs who help to pay for these services today may see reductions in their costs as coverage shifts to Medicaid.

The 1332 waiver is intended to be submitted through the Idaho Department of Insurance and the 1115 waivers are intended to be submitted through the Department of Health and Welfare. If you are interested in commenting on these waivers, learning more, or discussing them with state government representatives, we ask that you respond by June 13<sup>th</sup>, 2019. We will be working with the federal Centers for Medicare and Medicaid Services (CMS) on these requests and will keep tribes updated on the progression of waiver work and any changes to the approach presented here.

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\* Or an assigned primary care provider if they decline to choose one.



We will also be holding a meeting and conference call in Boise from 1:00 to 4:00 PM MDT on June 17<sup>th</sup> to discuss these waiver requests and their potential impact for tribes in Idaho:

East Conference Room  
Joe R. Williams Building, 700 West State Street, Boise, ID 83702  
Conference call: WEBEX 1-240-454-0879  
Meeting Access Code: 806 527 494 Meeting Password: Qjze3dxJ (Dial: 75933395)  
Meeting Link:  
<https://idhw.webex.com/idhw/j.php?MTID=m975f3d698bc1458e0db66aa820fcb160>

We invite your participation and input at this meeting and will also meet with tribal representatives in person at other times upon your request.

To make commenting or asking questions about these requests simpler, we have designated a single point of contact for your responses. Please send your written comments via mail to:

*Tribal Waiver Comments  
P.O. Box 83720  
Boise, ID 83720-0009*

Please send email comments to [tribalwaivercomments@dhw.idaho.gov](mailto:tribalwaivercomments@dhw.idaho.gov). You may also fax written comments to (208) 364-1811. You may also call Cindy Brock with the Division of Medicaid at (208) 364-1983 with questions or verbal comments on these waivers.

We apologize for the limited time frame for the requested response. We wish we had more time to work with tribes in Idaho on these waivers but have a restricted amount of time to prepare and submit them in time for expansion coverage commencement on January 1<sup>st</sup>, 2020. We thank you for your comments and input in advance and appreciate the government to government relationship we share with your tribes.

Sincerely,



Dean Cameron  
Director  
Idaho Department of Insurance



Dave Jeppesen  
Director  
Idaho Department of Health and Welfare