

Managed Care in Idaho

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, all Medicaid beneficiaries were enrolled in at least one of four managed care programs. Idaho initiated managed care in 2006 with the **Healthy Connections** primary care case management (PCCM) program, which operates statewide. Enrollment with a primary care provider is mandatory for beneficiaries in 42 of 44 counties. Primary care providers deliver and coordinate primary care and authorize referrals to specialty services. Since 2007, full-benefit dual eligibles have also had the option to receive all Medicare- and limited Medicaid-covered services through the **Medicare-Medicaid Coordinated Plan**, which coordinates benefits and services between the two programs. In 2013, the state also began covering long-term supports and services for the dual eligible population. The state also implemented **Idaho Smiles** in 2007, a prepaid limited-benefit plan that provides dental services to children (including those with special needs), low-income adults, dual-eligibles, individuals enrolled in home and community-based services waivers and American Indian/Alaska Natives. Since 2010, the state has also operated a non-emergency transportation plan, called **Access2Care**, available statewide to most Medicaid beneficiaries.

Since 2011, Idaho has been developing a variety of new managed care initiatives. Until 2013, outpatient mental health, substance use disorder, and case management services had been covered on a FFS basis; starting September 2013, the state began covering these services through a limited benefit capitated managed care program called **Idaho Behavioral Health Plan (IBHP)**. The state has submitted a State Plan amendment (SPA) to expand its dual eligible MMCP program effective July 1, 2014. The expansion will further integrate Medicare and Medicaid services by adding long term supports and services, which are not currently covered by the MMCP. The state is also developing three medical home initiatives: a multi-payer collaborative; pediatric medical homes; and a Medicaid Health Homes program, which launched in 21 practices on January 1, 2013, and serves individuals with serious mental illness, diabetes or asthma. Health homes providers must be participating primary providers in the Healthy Connections (PCCM) program.

Participating Plans, Plan Selection, and Rate Setting

The state contracts directly with primary care physicians to manage care for Medicaid enrollees in the Healthy Connections program. Primary care providers are paid a monthly per-member case management fee in addition to the regular Medicaid fee-for-service reimbursement. The state also contracts with three prepaid, limited benefit plans to provide dental, transportation, and behavioral health benefits. These plans include **one national, not-for-profit** (Blue Cross of Idaho) and **two national, for-profit** entities (Access2Care, owned by American Medical Response, and OptumHealth, owned by United HealthCare, for behavioral health starting in 2013). The state awarded its prepaid contracts through a competitive bidding process. The state has also contracted with Blue Cross of Idaho (BCI) to provide Medicare and Medicaid services (including LTC) to those dually eligible individuals who opt in to the MMCP.

Quality and Performance Incentives

Idaho's Medicare-Medicaid Coordination Plan and non-emergency transportation plan utilize a subset of CAHPS measures to monitor quality of care. Idaho does not require plans to report HEDIS measures. Incentives are included in IBHP contract for stabilization and reduction of behavioral health inpatient costs and in the MMCP contract under a physician incentive plan.

Table: Managed Care Program Features, as of August 2014

Program Name	Healthy Connections	Medicare-Medicaid Coordinated Plan	Idaho Smiles	Non-emergency Medical Transportation
Program Type	PCCM	MCO	Dental PAHP	Transportation PAHP
Program Start Date	May 2006	July 1, 2014	September 2007	September 2010
Statutory Authorities	1937	1915(a)	1915(b) – not submitted yet	1902(a)(70)
Geographic Reach of Program	Statewide	Not statewide until 2015	Statewide	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)				
<i>Aged</i>	X			X
<i>Disabled Children & Adults</i>	X		X	X
<i>Children</i>	X		X	X
<i>Low-Income Adults</i>	X		X	X
<i>Medicare-Medicaid Eligibles (“duals”)</i>	X (excludes partial duals)	X (excludes partial duals)	X (excludes partial duals)	X (excludes partial duals)
<i>Foster Care Children</i>	X			
<i>American Indians/Alaska Natives</i>	X		X	X
Mandatory or Voluntary enrollment?	Mandatory (voluntary in Clark and Custer counties)	Voluntary	Mandatory	Voluntary
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed here also may be covered. Services not marked with an X are excluded or “carved out” of the benefit package.</i>)				
<i>Inpatient hospital</i>		X		
<i>Primary Care and Outpatient services</i>	X (case management only)	X		
<i>Pharmacy</i>		X		
<i>Institutional LTC</i>		X		
<i>Personal care/HCBS</i>		X (home health only)		
<i>Inpatient Behavioral Health Services</i>		X		
<i>Outpatient Behavioral Health Services</i>		X		
<i>Dental</i>		X	X	
<i>Transportation</i>				X
Participating Plans or Organizations	1. Health Connections – participating providers	1. Participating Medicare Advantage Plans	1. Blue Cross of Idaho	1. Access2Care (American Medical Response)
Uses HEDIS Measures or Similar				

Program Name	Healthy Connections	Medicare-Medicaid Coordinated Plan	Idaho Smiles	Non-emergency Medical Transportation
Uses CAHPS Measures or Similar		X		X
State requires HMOs to submit HEDIS or CAHPS data to NCQA	NA	NA	NA	NA
State Requires HMO Accreditation	NA	NA	NA	NA
External Quality Review Organization	Qualis for MMCP			
State Publicly Releases Quality Reports	No			

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.