

National Medicaid Congress
Washington, DC
New Approaches to Medicaid



Modernizing Idaho Medicaid
Value-Based Reform
Prevention/Wellness/Responsibility

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Forces Driving Change

- Medicaid is unsustainable in its existing form.
- Access, quality, and cost containment must be balanced.
- Medicaid operates within an interconnected state health system.
- Meaningful improvements exist largely outside traditional program parameters.



Modernization “Filters” for Decision Making

- Is the change holistic?
- Does the change foster simplicity?
- Does the change promote fairness?
- Does the change create value?



Existing Idaho Medicaid Program

- Program administration focus vs. outcomes focus.
- Based on rules, not desired results.
- Eligibility categories do not describe health needs of populations.
- Eligibility structure results in cost controls without regard to health needs.
- One size fits all.



Approach to Modernization

- Simplify eligibility to match identified needs.
- Establish policy goals relevant to specific populations.
- Modify benefits to meet identified needs and promote policy goals.
- Alter delivery systems to efficiently and effectively meet needs and policy goals.
- Match quality and performance improvement to population served.



Idaho Medicaid Simplification Act

- Provides framework and policy goals for Idaho Medicaid reform.
- Three distinct health need categories:
 - Low-income children and working-age adults;
 - Individuals with disabilities or special health needs; and
 - Elders (i.e. dually eligible for Medicare & Medicaid).
- Three distinct benefit packages:
 - Basic Benefits
 - Enhanced Benefits
 - Coordinated Benefits (for dual eligibles)



Policy Goals

Low-Income Children and Working-Age Adults

- The broad policy goal is to achieve and maintain wellness by emphasizing prevention and by proactively managing health.
- Additional specific goals are:
 - To emphasize preventive care and wellness;
 - To increase participant ability to make good health choices; and
 - To strengthen the employer-based health insurance system.



Policy Goals

Individuals With Disabilities or Special Health Needs

- The broad policy goal is to finance and deliver cost-effective individualized care.
- Additional specific goals are:
 - To emphasize preventive care and wellness;
 - To empower individuals with disabilities to manage their own lives;
 - To provide opportunities for employment for persons with disabilities; and
 - To provide and to promote family-centered, community-based, coordinated care for children with special health care needs.

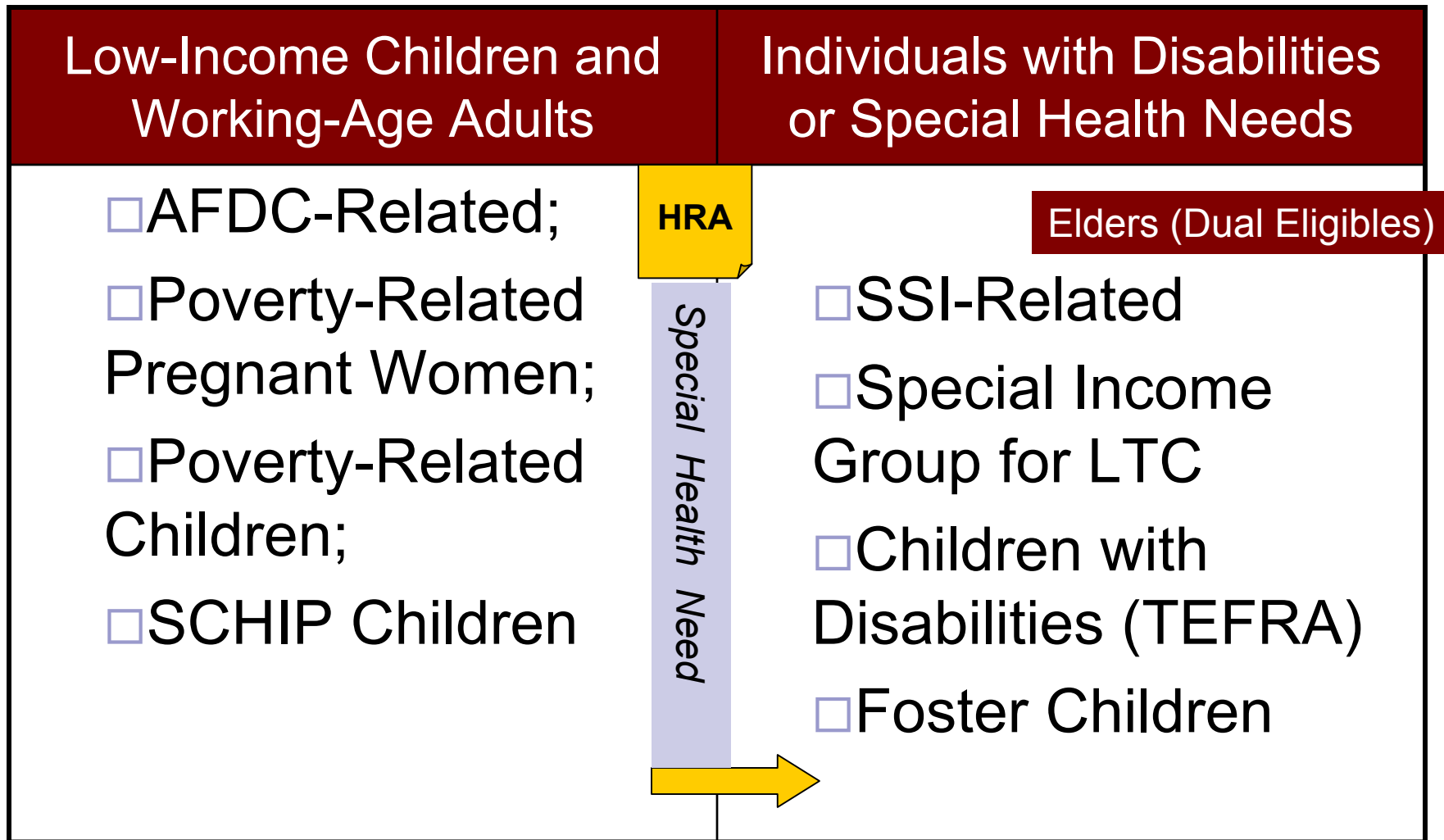


Policy Goals

Elders (Adults Dually Eligible for Medicare & Medicaid)

- The broad policy goal is to finance and deliver cost-effective individualized care which is integrated, to the greatest extent possible, with Medicare coverage.
- Additional specific goals are:
 - To emphasize preventive care and wellness;
 - To improve coordination between Medicaid and Medicare coverage;
 - To increase nonpublic financing options for long-term care; and
 - To ensure participants' dignity and quality of life.

Health Need Categories



Benefit Packages

BASIC	ENHANCED
<ul style="list-style-type: none"><input type="checkbox"/> Major Medical;<input type="checkbox"/> Mental Health<input type="checkbox"/> Dental;<input type="checkbox"/> Vision;<input type="checkbox"/> Transportation;<input type="checkbox"/> Primary Care Case Management	<p><i>All Basic Benefits, plus:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Extensive Mental Health Benefits<input type="checkbox"/> Developmental Disability Services<input type="checkbox"/> Long-Term Care Services<input type="checkbox"/> Targeted Case Management

COORDINATED – Benefits for elders (dual eligibles) for Medicare and Medicaid that supplement Medicare coverage.

Idaho Reform Timeline

July 26, 2005. Concept Presentation to CMS

October 19, 2005. Governor Presents Concept to HHS Secretary

October 27, 2005. S. 1932 Introduced in Senate
November 7, 2005. H.R. 4241 Introduced in House

November 18, 2005. Modernizing Idaho Medicaid Concept Summary Published

November 3, 2005. S. 1932 Passed Senate; with amendments (52-47)
November 18, 2005. H.R. 4241 Passed in House (217-215)

January 26, 2006. Governor Presents Proposal to HHS Medicaid Commission

February 13, 2006. Idaho Medicaid Simplification Act Introduced

February 8, 2006. President Signs S.1932, Deficit Reduction Act of 2005



March 31, 2006. Governor Signs Idaho Medicaid Reform Legislation

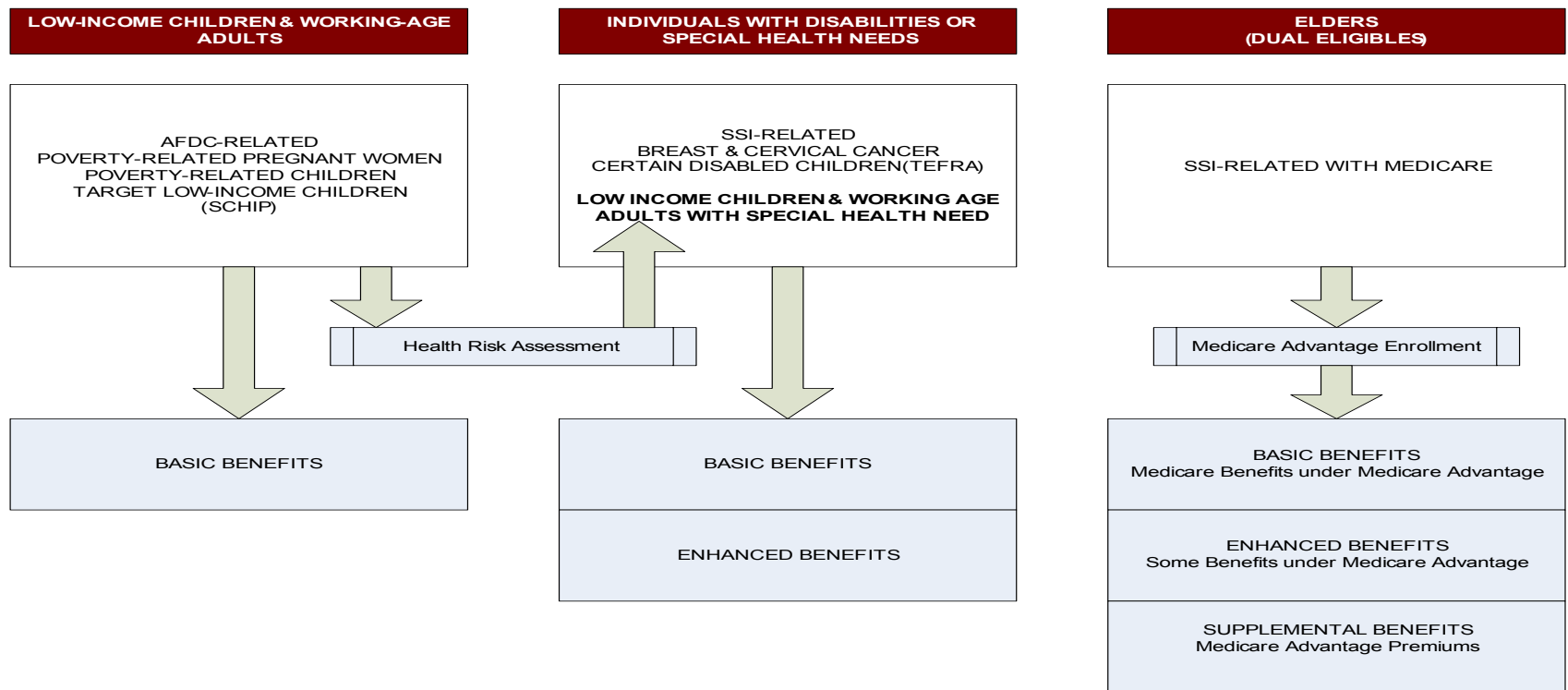
April 24, 2006. 1115 Waiver Submitted.

March 31, 2006. "Roadmaps to Medicaid Reform" from HHS Secretary



Idaho Shifts to DRA

DRA Benchmark Plans



ALL INDIVIDUALS/POPULATIONS "OPT-IN" TO BENCHMARK BENEFIT PACKAGE(S)

SPA 06-002
BASIC BENCHMARK BENEFIT PACKAGE
FOR
LOW-INCOME CHILDREN AND WORKING
AGE ADULTS

SPA 06-003
ENHANCED BENCHMARK BENEFIT PACKAGE
FOR
INDIVIDUALS WITH DISABILITIES INCLUDING
ELDERS, OR SPECIAL HEALTH NEEDS

SPA 06-012
MEDICARE/MEDICAID COORDINATED
BENCHMARK BENEFIT PACKAGE
FOR
ADULTS WHO ARE DUALY ELIGIBLE FOR
MEDICARE AND MEDICAID

“Elder” Benchmark Plan

- Proposed Integration of Medicare Part D Excluded Drugs.
- Ongoing Collaboration with Medicare Advantage Plans.

Medicare Advantage		Medicaid Integrated	Medicaid Integrated
Medicare FFS Benefits	Non-Medicare Benefits	Benefits – NOW	Benefits- FUTURE
Part D Drugs		Excluded Drugs	
Hospital			
Physician,		PCCM/TCM	
Lab & X-Ray			
DME		Incontinence	
Nursing Facility*		Supplies	LTC- Nursing
Home Health			Home, Personal
Other	Vision/Eyeglasses		Care, Community-
	Hearing Services		Based Services
	Basic Dental	Other Dental	
*Limited to only 100	Health & Wellness	PHA Benefits	
Day Benefit Period.			

**Idaho Medicaid Will Now Pay Premiums/Cost-Sharing
for Full Duals Enrolled in Medicare Advantage**

Technical Submissions

● New DRA Provisions

☑ Approved by CMS

Section 1115 Demonstration Waiver Application		Submitted 4/24/06 ☐
Basic Benchmark Benefit Package for Low-Income Children and Working-Age Adults ●	SPA 06-002	Submitted 4/26/06 ☑
Enhanced Benchmark Benefit Package for Individuals with Disabilities (includes Elders) ●	SPA 06-003	Submitted 4/26/06 ☑
Multi-State Drug Purchasing Pool (to offset new premium payments through PHAs)	SPA 06-007	Submitted 4/26/06 ☑
Removal of Asset Test for Low-Income Children	SPA 06-008	Submitted 4/26/06 ☑
Non-Emergency Transportation Brokerage ●	SPA 06-009	Submitted 4/26/06 ☑
Long-Term Care Partnership Program ●	SPA 06-010	Submitted 4/27/06 ☑
Asset Transfer Restrictions ●	SPA 06-011	Submitted 4/28/06 ☑
Healthy Schools Initiative	XXI 2006-01	Submitted 4/26/06 ☑
Coordinated Benchmark Benefit Package for Elders (Dual Eligibles) ●	SPA 06-012	Submitted 5/05/06 ☑
Medicare Enrollment as a Condition of Medicaid Eligibility	SPA 06-013	Submitted 5/05/06 ☑
Simplified Eligibility (all children below 133% FPL to Title XIX)	SPA 06-014	Submitted 5/05/06 ☑
Simplified Eligibility (only children above 133% FPL in Title XXI)	XXI 2006-02	Submitted 5/05/06 ☑
Premiums above 133%	“ “ “	Submitted 5/05/06 ☑
Expanded Premium Assistance Option	HIFA 1115	Submitted 5/08/06 ☐



Outstanding Issues

- Premium Assistance Expansion
- Caregiver Support Benefits
- Cost-Sharing/Targeted Co-Payments
 - Tiered Co-Pay for Prescription Drugs
 - Co-Pay for Inappropriate ER Use
 - Co-Pay for Inappropriate Ambulance Use
 - Co-Pay for Missed Appointments
- EHR Grants for Primary Care Providers
- Modify (Scale Back) “Standard” Medicaid
- Incorporating Existing Waivers

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