

November 14, 2014

KEY FEATURES OF HEALTHY IDAHO PLAN 3.5

While this blending of options is unique to Idaho, we are confident CMS will approve the approach as it is similar to what has been done in other states. The goal should be to create both an accountable healthcare delivery system and an accountable patient—by merging the best features.

- *Insures adults between 100% and 138% FPL through the purchase of private insurance on Your Health Idaho, Idaho's state-based insurance exchange.*
- *Insures adults below 100% FPL through care managed contracts held by private insurance companies, ACOs or other care management organizations.*

I. General benefits of this option:

- Saves Idaho taxpayers more than \$1 billion during the next 10 years.
- Provides ~25,000 Idahoans between 100% and 138% FPL with access to private insurance via the insurance exchange and provides ~78,000 Idahoans below 100% FPL with access to healthcare coverage via managed care.
- Supported by CMS which has indicated it will approve Idaho going forward with this model.

II. Benefits specific to purchase of private insurance for adults between 100% - 138% FPL:

- Purchases premiums for those adults between 100% - 138% FPL on the state insurance exchange, providing continuity with the insurance plans they are already eligible to purchase.
- Supports the private insurance model and Idaho's state based insurance exchange.

III. Benefits specific to purchase of insurance through managed care contracts for adults below 100% FPL:

- Redesigning Idaho's Medicaid program, starting with the expansion population to support Idaho's larger healthcare system transformation, will permit Idaho to:
 - Promote the patient centered medical home (PCMH) model through the State Healthcare Innovation Plan (SHIP).
 - Strengthen the PCMH model by building individual assignment to PCP/DPC (primary care provider or direct primary care provider) into care management contracts
 - Build requirements into care management contracts that shift the payment model towards paying for value based on health outcomes, rather than paying for volume through fee for service model, as envisioned by the SHIP.
 - Build requirements into care management contracts that incentivize personal responsibility and accountability through healthy behavior incentives which would offset the nominal co-pays allowable by CMS.
 - Build requirements into care management contracts that require co-pays for non-emergent ER utilization.
 - Develop RFP that is open to variety of care management structures, including emerging network/accountable care models, as well as traditional managed care organizations.