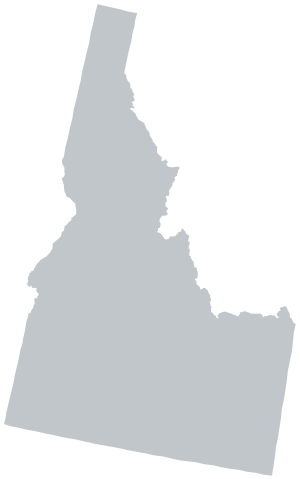
OPEN MINDS

Idaho Health & Human Services State Profile: 2025

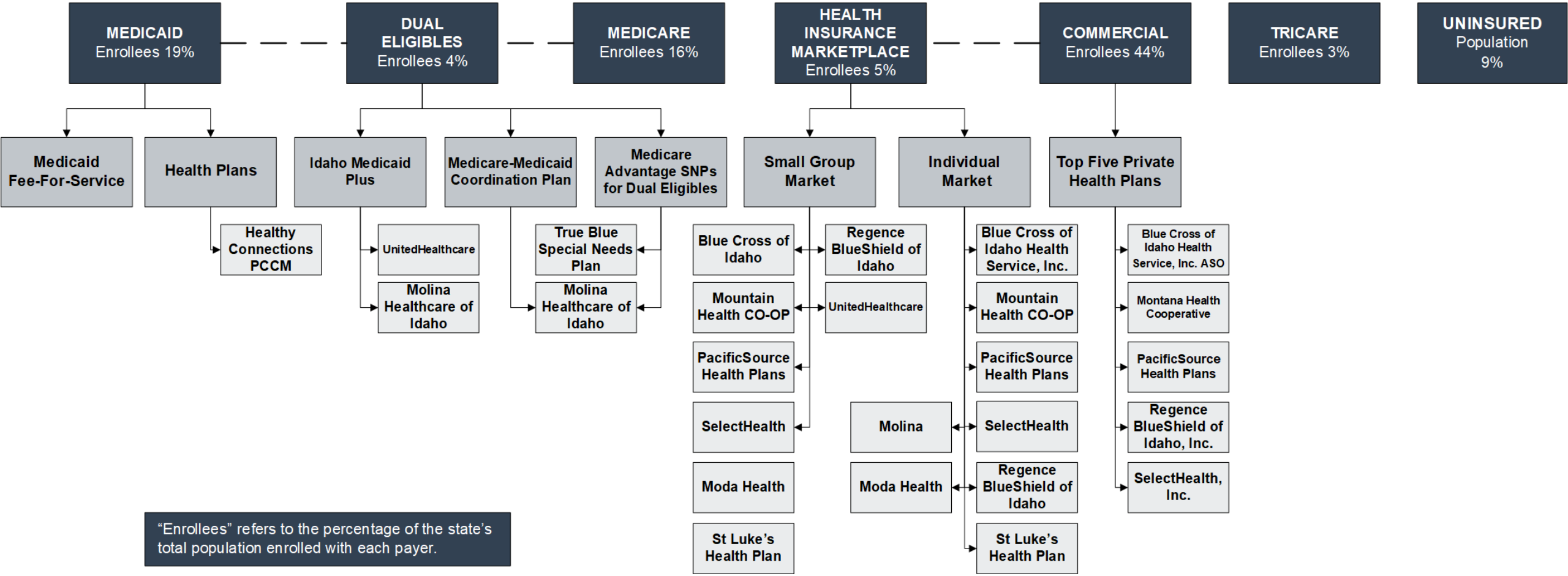


Health & Human Services System Market Profile Overview

A. Executive Summary

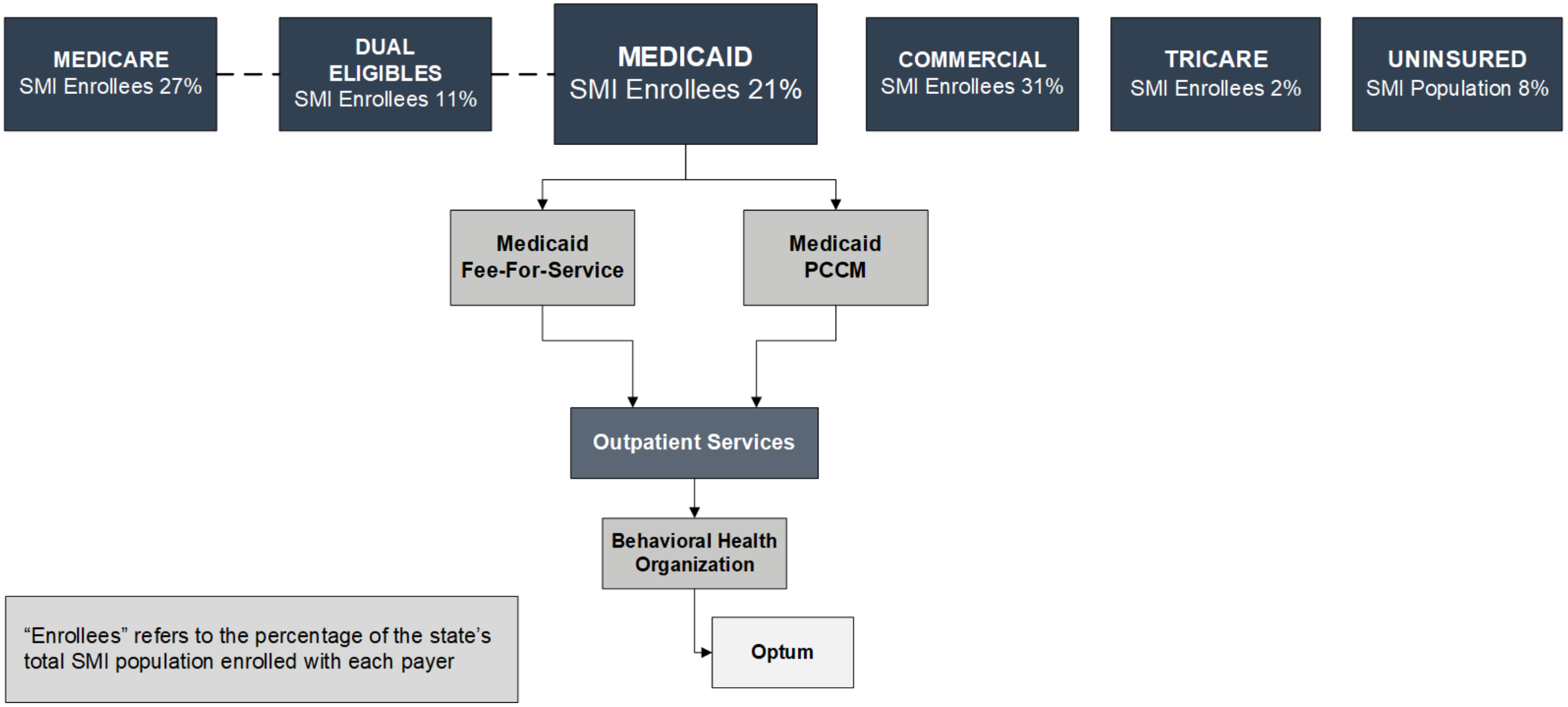
A.1. Idaho Physical Health Care Coverage by Payer

Total Idaho Population- 1,964,726
Estimated SMI Population- 117,884



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Idaho Behavioral Health Care Coverage by Payer



"Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer

A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state operates two small managed care programs that coordinate services for dual eligibles.
Primary Care Case Management (PCCM)	✓	The state's PCCM program for Medicaid enrollees is called Healthy Connections.
Accountable Care Organization (ACO) Program	✓	The state implemented ACOs as part of the Healthy Connections program.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program has a medical home component, and the state also has a multi-payer PCMH program.
Dual Eligible Demonstration	✓	The state has a managed care program for dual eligible beneficiaries in select counties.
Managed Long-Term Services and Supports (MLTSS)	✓	Eligible beneficiaries receive MLTSS through the dual eligible demonstration.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates four CCBHCs.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Health & Welfare, Bureau of Rural Health and Primary Care, is responsible for funding physical health services for the safety-net population.

Mental Health Services

- The Department of Health & Welfare, Behavioral Health Division, is responsible for funding mental health services to the uninsured population. Mental health services are delivered through seven state-operated regional behavioral health centers (RBHCs), each with its own catchment area of counties.

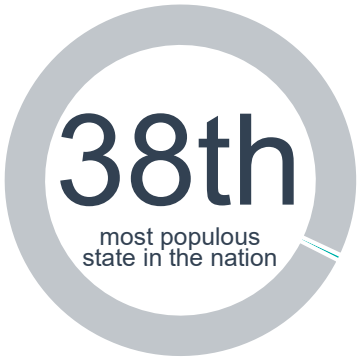
Addiction Treatment Services

- The Department of Health & Welfare, Behavioral Health Division, is responsible for funding addiction treatment services to the uninsured population. Addiction treatment services are delivered through a network of private and public provider organizations. Business Psychology Associates (BPA) Health acts as the utilization manager.

B. Idaho Health Financing System Overview

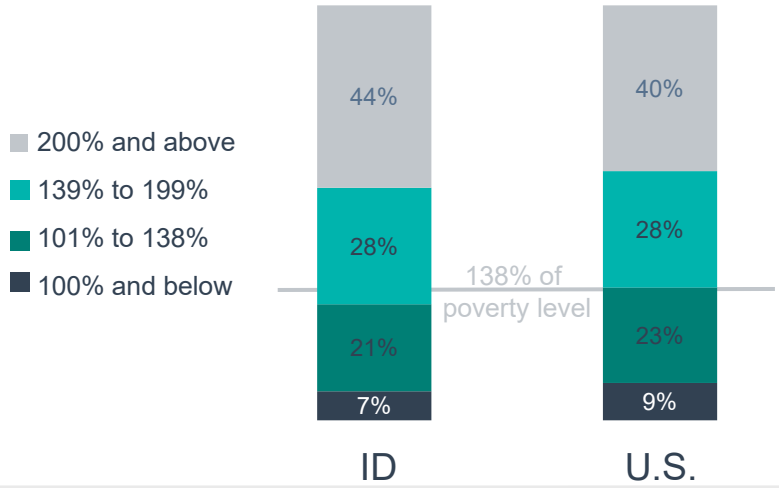
B.1. Population Demographics

Total Idaho Population- 1,964,726
Estimated SMI Population- 117,884



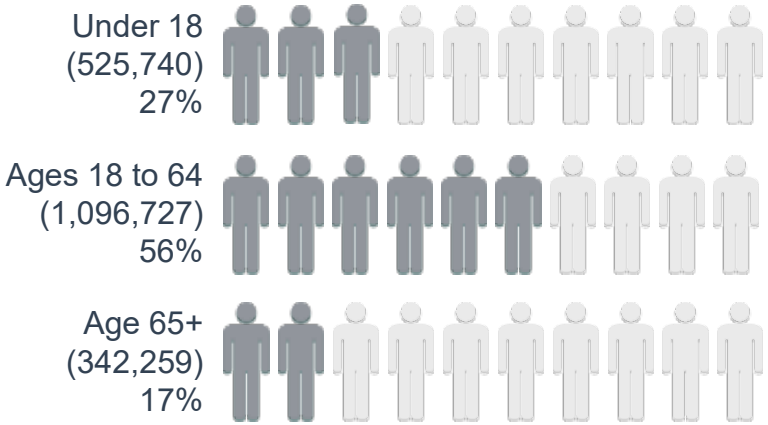
1% of the
U.S. population

Population Distribution By Income To Poverty Threshold Ratio

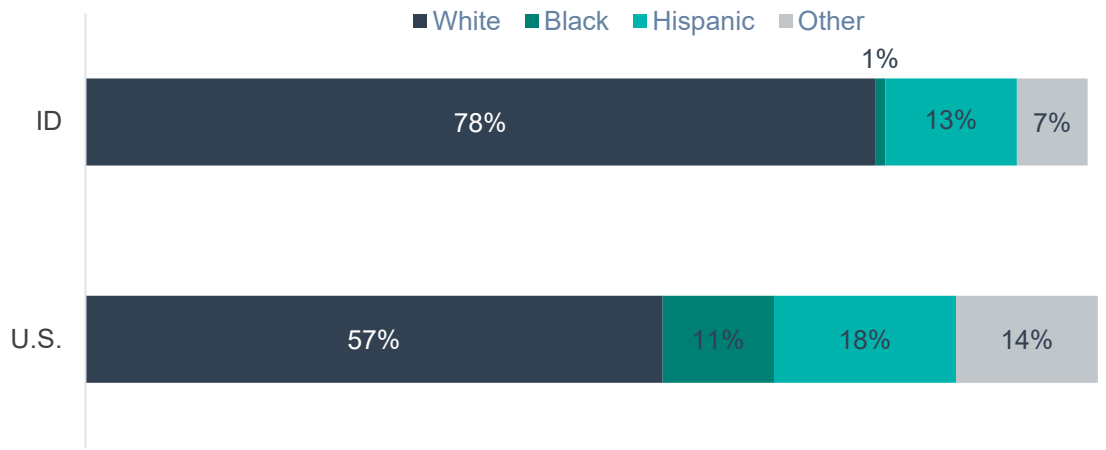


Median Household Income	
Idaho	$74,942
U.S.	$77,719

Population Distribution By Age



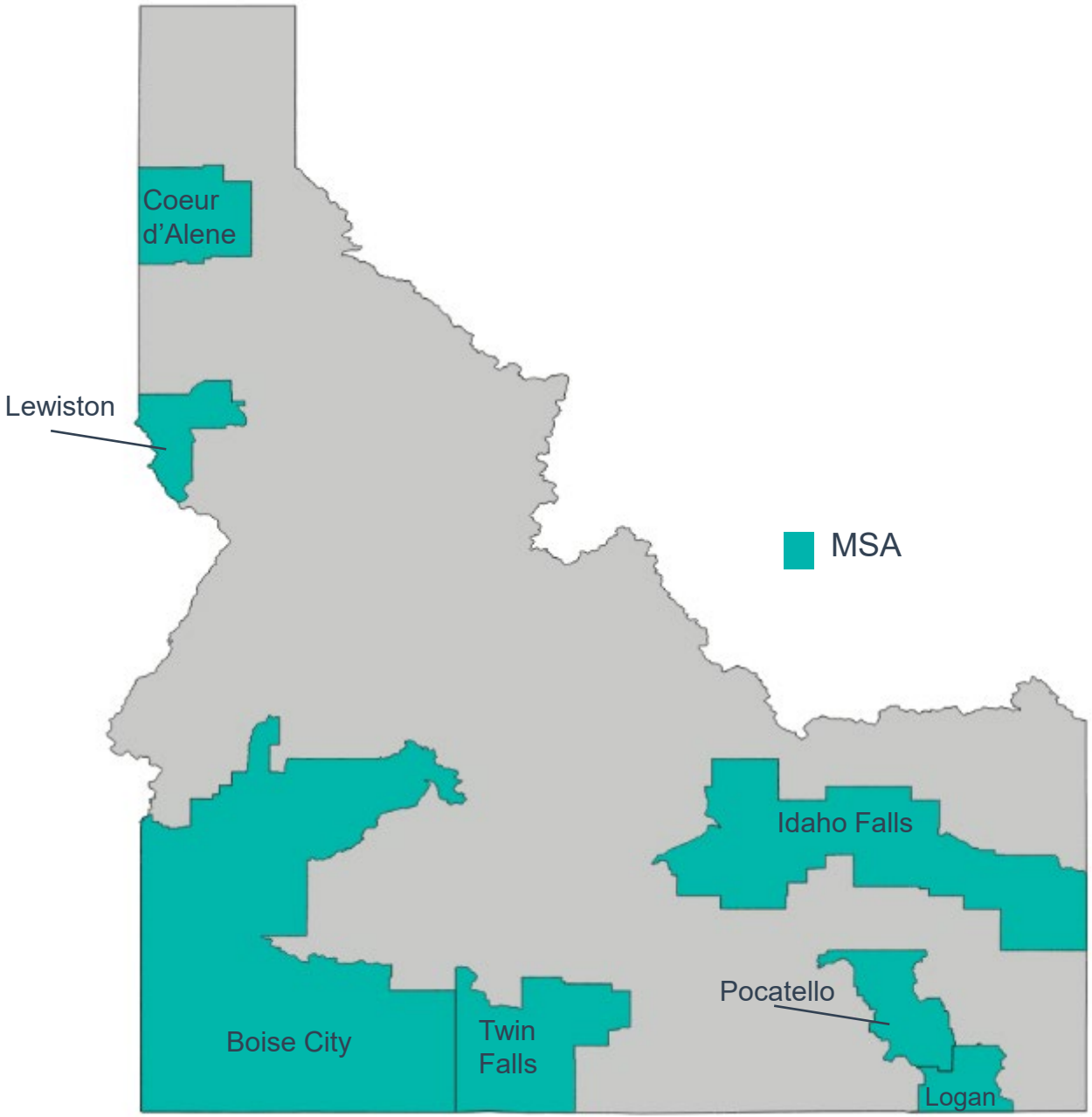
Idaho & U.S. Racial Composition



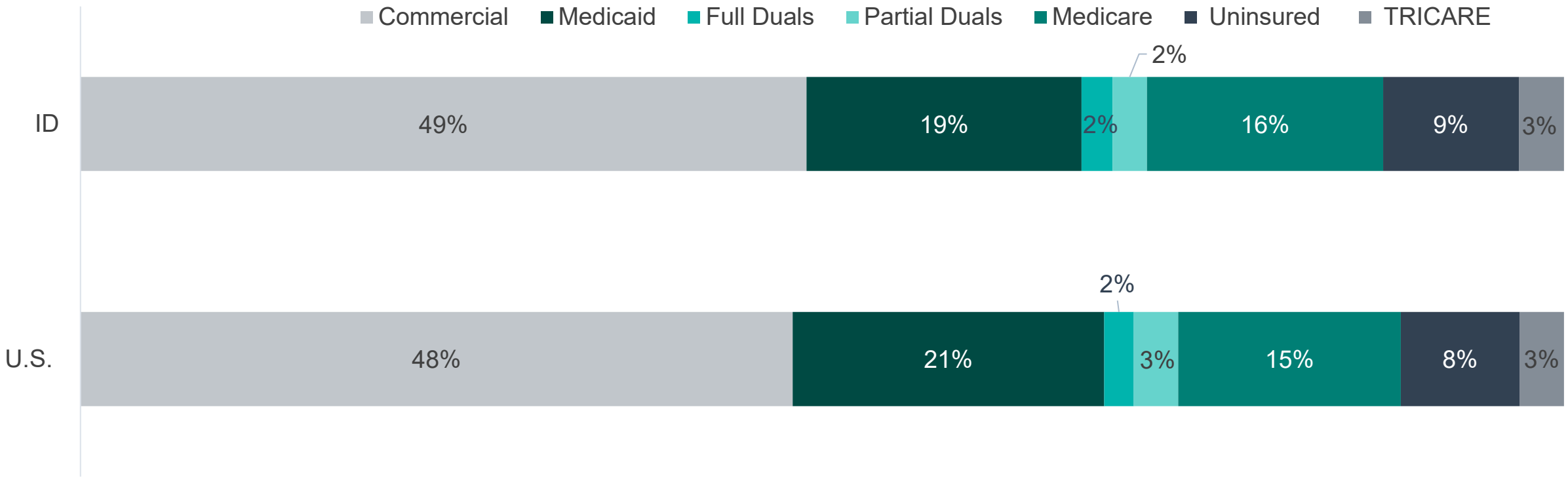
Totals may not equal 100% due to rounding.

B.2. Population Centers

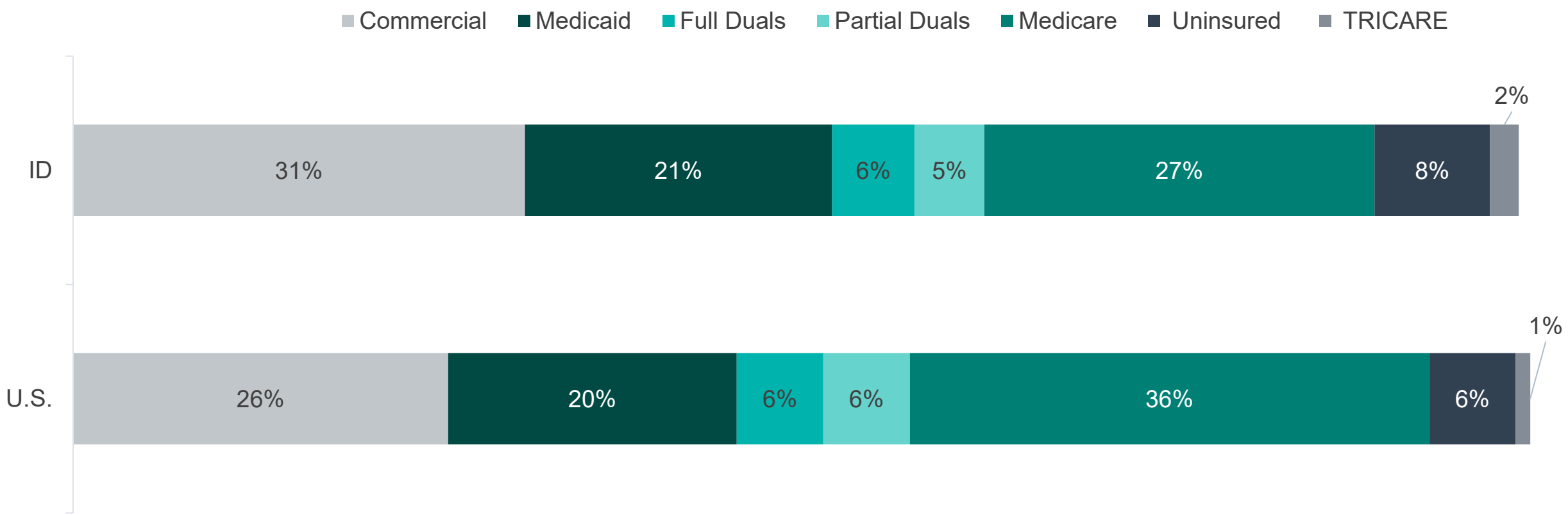
Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent Of Population**
Total MSA Population	**1,645,503**	**84%**
Boise City, ID	845,877	43%
Coeur d'Alene, ID	188,323	10%
Idaho Falls, ID	171,233	9%
Logan, UT-ID	161,125	8%
Twin Falls, ID	122,565	6%
Pocatello, ID	91,010	5%
Lewiston, ID-WA	65,370	3%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Idaho Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Healthy Connections	Medicaid PCCM	576,396
Blue Cross of Idaho	Commercial administrative services organization (ASO)	540,220
Idaho Medicaid Fee-For-Service (FFS)	Medicaid	432,012
Idaho Medicare FFS	Medicare	200,907
Regence BlueShield of Idaho	Commercial	157,203
SelectHealth	Commercial	88,207
True Blue Special Needs Plan	Medicare Advantage	63,171
TRICARE	Other public	56,708
PacificSource Health Plans	Commercial	34,088
Care Improvement Plus South Central Insurance Co.	Medicare Advantage	28,527

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of August 2023; Medicare enrollment as of February 2025

B.4. Largest Idaho Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Healthy Connections	Medicaid PCCM	576,396	50,723
Idaho Medicaid FFS	Medicaid	432,012	38,017
Blue Cross of Idaho	Commercial ASO	540,220	26,471
Idaho Medicare FFS	Medicare	198,215	25,768
True Blue Special Needs Plan	Medicare Advantage	63,171	8,212
Regence BlueShield of Idaho	Commercial	157,203	7,703
SelectHealth	Commercial	88,207	4,322
Care Improvement Plus South Central Insurance Co	Medicare Advantage	28,527	3,709
UnitedHealthcare of Utah	Medicare Advantage	28,231	3,670
TRICARE	Other public	56,708	2,552

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of August 2023; Medicare enrollment as of February 2025

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	5%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.yourhealthidaho.org/
	1-855-944-3246
Small Business Enrollment Contact	https://www.yourhealthidaho.org/howtoenroll/employers/
	1-855-944-3246

2025 Individual Market Health Plans
1. Blue Cross of Idaho
2. Mountain Health CO-OP
3. PacificSource Health Plans
4. SelectHealth, Inc.
5. Regence BlueShield of Idaho
6. Molina
7. St Luke's Health Plan
8. Moda Health

2025 Small Group Market Health Plans
1. Blue Cross of Idaho
2. Mountain Health CO-OP
3. PacificSource Health Plans
4. SelectHealth, Inc.
5. Regence BlueShield of Idaho
6. UnitedHealthcare
7. St. Luke's Health Plan
8. Moda Health

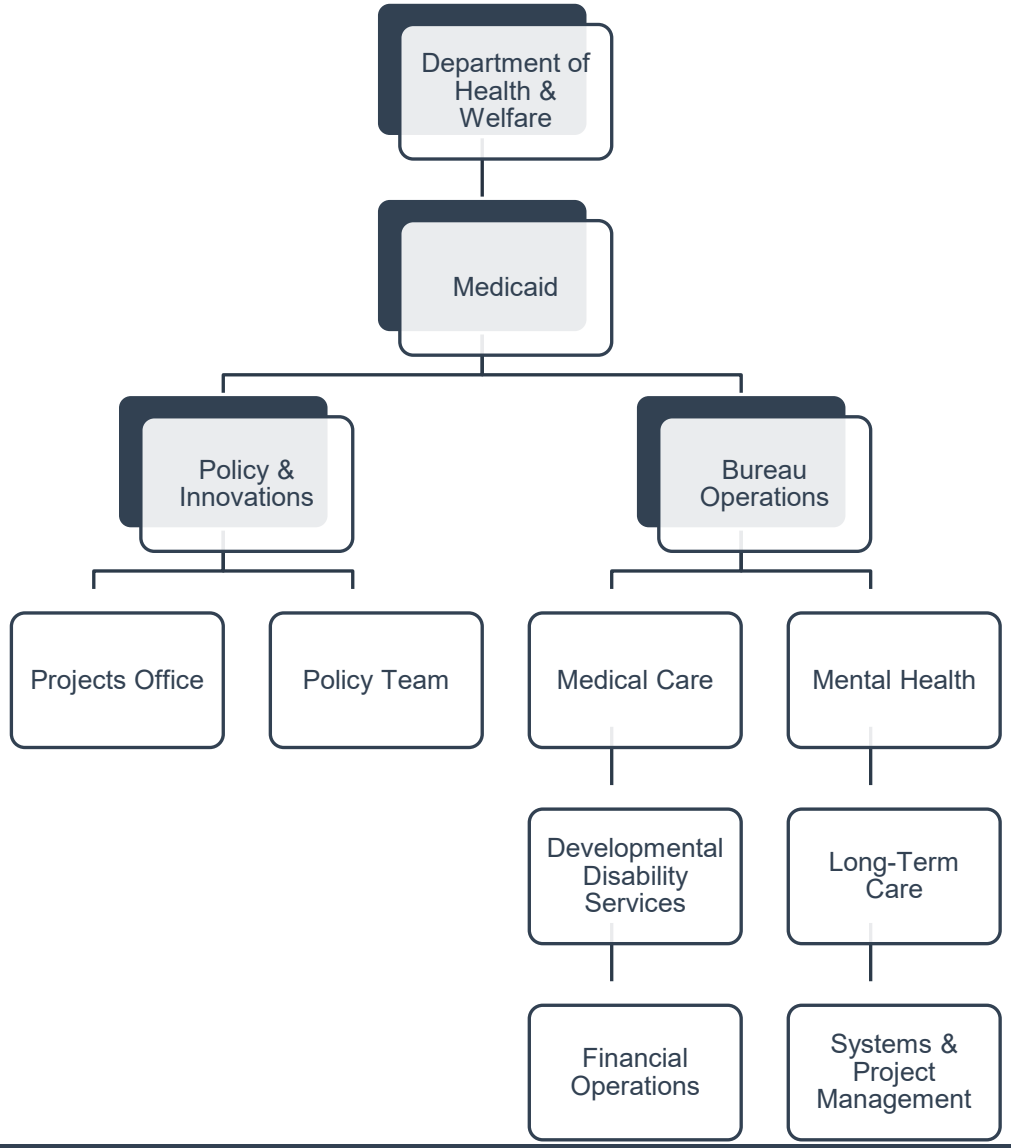
B.6. Accountable Care Organizations (ACOs)

Medicare Shared Savings Model ACOs
1. AdvantagePoint Health Alliance – Northwest, LLC
2. Caravan Health ACO 43 LLC
3. Community Health Center Network of Idaho, LLC
4. Kootenai Accountable Care, LLC
5. MountainStar Care Partners ACO
6. MultiCare Connected Care, LLC
7. Aledade 151 Northern Territories MSSP Enhanced
8. PraxisCare 2
9. Trinity Health Integrated Care

Medicaid Value Care Organizations
1. AdvantagePoint Health Alliance
2. Alliance Medical Group LLC
3. Castell, LLC
4. Community Health Center Network of Idaho, LLC
5. Kootenai Value Care, LLC
6. Mountain View Network
7. Patient Quality Alliance
8. Pocatello Childrens Clinic
9. Saint Alphonsus Health Alliance
10. St Luke's Health Partners

C. Medicaid Administration, Governance & Operations

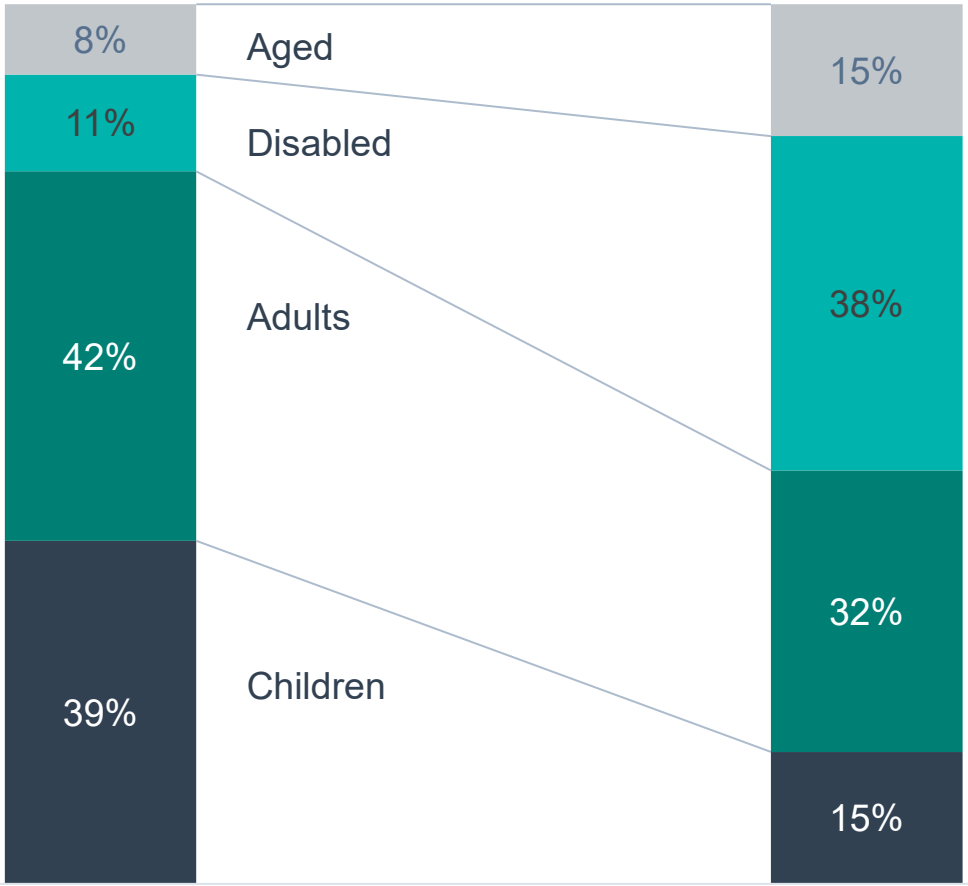
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Juliet Charron	Director	Department of Health & Welfare	juliet.charron@dhw.idaho.gov
Sasha O'Connell	Deputy Director	DHW, Medicaid	Not available

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2022 data

Medicaid Spending Per Enrollee, FY 2022		
	U.S.	ID
All populations	$8,813	$7,716
Children	$3,786	$2,968
Adults	$5,443	$6,433
Expansion adults	$7,569	$5,781
Blind and disabled	$25,483	$24,546
Aged	$19,191	$14,926

C.2. Medicaid Program Spending: Budget

Budget Item	SFY23 Est. Spending	Percent Of Budget
Hospital	$1,057,000,000	30%
Managed care and premium assistance	$784,000,000	22%
Home- and community-based LTSS	$658,000,000	18%
Other acute	$272,000,000	8%
Drugs	$232,000,000	6%
Physician	$197,000,000	6%
Institutional LTSS	$175,000,000	5%
Medicare premiums and coinsurance	$87,000,000	2%
Other practitioner	$59,000,000	2%
Clinic and health center	$58,000,000	2%
Budget Total: $3,579,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	67.6%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time

C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes, In November 2018, Idaho voters passed a proposition to expand Medicaid.
Date Of Expansion	• Enrollment began on November 1, 2019 • Coverage started on January 1, 2020
Medicaid Eligibility Income Limit For Able-Bodied Adults	• 133% of the Federal Poverty Level (FPL) • Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	Senate Bill 1204
Number Of Individuals Enrolled In The Expansion Group (June 2024)	93,337
Number Of Enrollees Newly Eligible Due To Expansion	93,337
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan benefit package.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals aged 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Idaho's Optional Benefits

1. Podiatry services
2. Chiropractor services
3. Other practitioner services
4. Dental services for children
5. Emergency dental services for adults
6. Physical therapy
7. Occupational therapy
8. Services for individuals with speech, hearing, and language disorders
9. Prescribed drugs
10. Diagnostic services
11. Screening services
12. Preventive services
13. Rehabilitative services
14. Skilled nursing facility
15. Intermediate care facility
16. IMDs for persons over 65 years old
17. Case management
18. Respiratory care
19. Personal care services
20. Durable medical equipment
21. Transition management services (enhanced population only)
22. Vision

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics			
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid PCCM**	**Managed Care**
Enrollment (December 2023)	432,012	576,396	27,819
SMI Enrollment	• Idaho does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. • Estimated 56% of SMI population is enrolled in the PCCM program, 3% in managed care, and 42% are in FFS.		
Management	• Physical Health: Idaho DHW • Behavioral Health: Optum	• Physical Health: Idaho DHW • Behavioral Health: Optum	
Payment Model	• Physical Health: FFS • Behavioral Health: Capitated rate	• Physical Health: FFS and per member per month (PMPM) administrative fee • Behavioral Health: Capitated rate	
Geographic Service Area	Statewide	Statewide	

Total Medicaid: 1,036,227 | Total Medicaid With SMI: 91,187

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of December 2023, 56% of the population is enrolled in the PCCM program, 3% in managed care, and 42% are in FFS. • The state considers its PCCM program to be managed care.
SMI population inclusion in managed care	• Idaho does not specifically preclude individuals with SMI from enrolling in managed care. Estimated 42% of population in FFS, 56% in PCCM, and 3% are in traditional managed care
Dual eligible population inclusion in managed care	• Managed care is optional for dual eligibles in non-demonstration counties. • Estimated 18% of population in FFS; 64% in PCCM; and 18% in traditional managed care model

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	• Outpatient behavioral health services are covered by Optum, the state's managed behavioral health organization. • Inpatient services are covered FFS by the state.	• Outpatient behavioral health services are covered by Optum, the state's managed behavioral health organization. • Inpatient services are covered FFS by the state.
Specialty behavioral health		
Pharmaceuticals	Covered FFS by the state	Covered FFS by the state
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state operates two small managed care programs that coordinate services for dual eligibles.
Primary Care Case Management (PCCM)	✓	The state's PCCM program for Medicaid enrollees is called Healthy Connections.
Accountable Care Organization (ACO) Program	✓	The state implemented ACOs as part of the Healthy Connections program.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program has a medical home component, and the state also has a multi-payer PCMH program.
Dual Eligible Demonstration	✓	The state has a managed care program for dual eligible beneficiaries in select counties.
Managed Long-Term Services and Supports (MLTSS)	✓	Eligible beneficiaries receive MLTSS through the dual eligible demonstration.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates four CCBHCs.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Medicaid expansion			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care		✓	
Other populations	• Retroactive eligibility only • Eligibility period of less than three months	• Member of a federally recognized tribe • Unable to access a participating PCCM PCP within 30 miles or 30 minutes • Participant has an existing relationship with a non-PCCM PCP	Pregnant women

Dual eligible beneficiaries have the option to enroll in Medicaid FFS or Idaho's PCCM program, Healthy Connections or a Medicare Advantage D-SNP plan, if they do not reside in a county that has the Medicare-Medicaid Coordinated Plan (MMCP). If a county has the MMCP program, individuals have the option to enroll in this program. In the counties with Idaho Medicaid Plus (IMPlus), dual eligibles are either required to enroll in the IMPlus program or were given the opportunity to opt out.

D.2. Medicaid FFS Program: Overview

- As of December 2023, FFS enrollment was 432,012.
- Idaho Medicaid offers four different health benefit plans to meet different health care needs.
  - The **Basic Plan** is for low-income children and adults with eligible dependent children who do not have special health needs. This plan provides health, prevention, and wellness benefits.
  - The **Enhanced Plan** is for individuals with disabilities or special health needs. This plan includes all benefits of the Basic Plan, plus developmental disability services, children's service coordination, and long-term services and supports.
  - The **Medicare-Medicaid Coordinated Plan** is a voluntary managed care plan available for dual eligible individuals.
  - The **Medicaid Plus** program is a mandatory managed care plan for dual eligible individuals in select counties.
- The state Medicaid field offices determine eligibility and enroll each beneficiary in the appropriate benefit package.
  - Individuals enrolled in the Basic Plan whose health status changes, may need to be reassessed to determine if the Basic Plan will serve their needs. If necessary, individuals can be enrolled in the Enhanced Plan.

D.2. Medicaid FFS Program: Behavioral Health Overview

- Idaho contracts with the Idaho Behavioral Health Plan, Magellan, to administer behavioral health benefits to the FFS population.
  - The waiver excludes partial benefit dual eligibles, dual eligibles enrolled in managed care, individuals residing in an inpatient hospital setting, foster children, and qualified aliens receiving emergency medical services.
- In 2024 Magellan took over running the behavioral health benefits, and is at-risk for services and receives a PMPM payment.
- In addition to the Medicaid state plan services, Optum provides three value-added services without the support of Medicaid dollars—peer support, family support, and community crisis support services.
- Inpatient behavioral health services and pharmacy are reimbursed FFS by the state.

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Idaho contracts with Magellan Health to provide outpatient behavioral health services to FFS beneficiaries on a capitated basis.
2. Medicaid pharmacy, inpatient mental health, and inpatient addiction disorder services are provided FFS.
3. Substance Use Disorder services delivered in an IMD setting are covered

FFS Mental Health Benefits
1. Comprehensive diagnostic assessment
2. Individual, group, and family psychotherapy
3. Case consultation and management
4. Crisis response and intervention
5. Individualized behavioral health treatment plan
6. Psychoeducation
7. Psychological and neuropsychological testing
8. Peer support services
9. Health and Behavioral Assessment and Intervention (HBAI)
10. Skills training and development
11. Skill building/community rehabilitation services
12. Child and Adolescent Needs and Strengths (CANS) Functional Assessment
13. Community transition support
14. Intensive outpatient treatment
15. Habilitation intervention services for children

FFS Addiction Treatment Benefits
1. Individual assessment and treatment plan
2. Outpatient services
3. Intensive outpatient services
4. Drug/alcohol testing
5. Individual and group counseling
6. Intensive outpatient
7. Case management
8. Medication assisted treatment
9. Peer support services

D.2. Medicaid FFS Program: SMI Population

- Idaho does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of December 2023, *OPEN MINDS* estimates that 42% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Idaho FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Medicaid Administration.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotics, and anxiolytics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, alcohol treatment, opioid dependence treatment, tobacco cessation, and opioid reversal agents are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, most antipsychotic injectable medications are covered as a pharmacy benefit. Some generics, such as olanzapine, are covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for most non-preferred mental health and addiction treatment drugs. Non-preferred drugs will be approved if there is documented failure of a preferred drug. • Mental health and addiction treatment drug utilization restrictions vary and may be subject to clinical diagnostic criteria, step therapy, and age restrictions.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	If a member is suspected of medication abuse—as demonstrated by frequent emergency room utilization, excessive provider organization visits, or multiple prescribing physicians—the member may be enrolled in the lock-in program. The lock-in program restricts members to one pharmacy and one provider organization.

D.3. Medicaid Managed Care Program: Overview

- As of December 2023, managed care enrollment was 604,215.
- Idaho considers its primary care case management (PCCM) program, Healthy Connections, to be managed care.
- Primary care providers (PCPs) act as gatekeepers for services, and program payments incentivize them to transform into patient-centered medical homes (PCMHs).
  - The PMPM amount is determined by the individual's health benefit plan and the PCP's tier-based service level.
  - The care coordination fee structures are provided on the next slide.
- The state offers fixed enrollment for PCP, to better align with the PCMH program.
  - All participants must choose a PCP, or they will be assigned to one. Enrollment is effective starting the date enrollment is approved. Newly enrolled members have a 90-day grace period to change their PCP. Afterwards, individuals will only be allowed to change PCPs during the annual enrollment period, or outside of the enrollment period under special circumstances.
- PCPs also have the option to serve Healthy Connections enrollees through accountable care organizations (ACOs) and shared savings arrangements.
- The state operates two small managed care programs for the dual eligible population in select counties.
- The Health Connections and Healthy Connections Value Care Programs will cease operations in 2026. For more information see slide 47.

D.3. Medicaid Managed Care: Healthy Connections Value Care Program

- Idaho launched its Healthy Connections Value Care program (HCVC) in 2022.
- As a part HCVC, Idaho added ACOs to the Healthy Connections Program. There are two types of ACOs:
  - Accountable Primary Care Organizations: PCPs who improve quality and reduce costs are eligible for share of the savings.
  - Accountable Hospital Care Organizations: An integrated network of provider organizations that includes an acute care hospital.
- The state calls their ACOs Value Care Organizations (VCO).
- Each VCO is responsible for publishing a value measure improvement target, based on prior year performance.
- The ACO target is based on individual ACO performance for the state fiscal year (SFY) and trended forward each year.
- 50% of payment is earned through an efficiency pool, which rewards lowering costs. The other 50% is earned in a quality pool, which is based on performance on specific value measures.
  - The quality pool requires at least 30 qualifying individuals; and
  - Must maintain at least 70% to be fully eligible.
- Dual Eligibles and Expansion adults are excluded from participating.
- The state has established two advisory groups, Community Health Outcome Improvement Collation (CHOICE) and Regional Care Collaboratives to advise over the VCO's.
- The Health Connections and Healthy Connections Value Care Programs will cease operations in 2026. For more information see slide 47.

D.3. Medicaid Managed Care: Healthy Connections Value Care Payment Reform Options

Option	Accountable Primary Care Organization (APCO)	Accountable Hospital Care Organization (ACHO)
Symmetrical Minimum Required Risk Share	Year 1: 10% of Savings or Loss Year 2: 15% of Savings or Loss Year 3: 25% of Savings or Loss	Year 1: 10% of Savings or Loss Year 2: 25% of Savings or Loss Year 3: 50% of Savings or Loss
Maximum Savings or Risk Share	80%	80%
Asymmetrical Minimum/Maximum Risk Share	Year 1: 40% of Savings and 20% of Loss Year 1: 40% of Savings and 20% of Loss Year 3: Mandatory Option 1 Year 3 Terms	Year 1: 40% of Savings and 20% of Loss Year 1: 40% of Savings and 20% of Loss Year 3: Mandatory Option 1 Year 3 Terms
Maximum Savings or Risk Limit	Not to exceed 50% of VCO HC Mgmt. Fee	Not to exceed 15% of VCO Target PMPM
Quality Measures	Applicable Quality Measures	Applicable Quality Measures
PCCM Payment	Same as current	Same as current
Minimum Members	1,000 (excluding dual eligibles and expansion adults)	10,000 (excluding dual eligibles and expansion adults)
Term of Agreement	3 years	3 years
Stop Loss (annual) threshold	$100,000 per member	$100,000 per member

D.3. Medicaid Managed Care: Healthy Connections Value Care Payment Reform: Value Measures

Healthy Connections Value Measures	Source	HCVC
(Adult) Diabetes HBA1c Test	Claims	APCO & AHCO
Well Child visits (>5) in first 15 months for Medicaid Child	Claims	APCO & AHCO
Well Child Visits Age 3-6 Years for Medicaid Child	Claims	APCH & AHCO
Well Care visits adolescents on Medicaid	Claims	APCO & AHCO
Breast Cancer screening	Claims	APCO& AHCO
Ambulatory Care Emergency Dept Visits	Claims	APCO & AHCO
Readmissions within 30 days Age 18-64	Claims	APCO& AHCO
Elective Delivery	Reported by VCO	AHCO
Catheter-associated urinary track infections	Report by VCO	AHCO
Clostridium Difficile (C-diff)	Report by VCO	AHCO
H CAHPS (Communication about medication)	Report by VCO	AHCO
H CAHPS (Discharge Information)	Report by VCO	AHCO

D.3. Medicaid Managed Care Program: Healthy Connections Payment Structure

Healthy Connections Payment Structure			
Service Level	**Service Requirements**	**Basic Plan PMPM**	**Enhanced Plan PMPM**
Tier I: Healthy Connections	1. Monitor and manage consumer care 2. Provide preventive, routine, and urgent care 3. Provide coordination for referrals 4. Provide medication management and documentation 5. Provide 24/7 after-hours access to a medical professional	$2.50	$3.00
Tier II: Healthy Connections Access Plus	All Tier I service requirements, plus at least one of the following: 1. At least 46 hours of access to care for consumers per week 2. Nearby service location with extended hours and shared electronic medical records 3. Consumer portal to enhance access to care 4. Enhanced access to primary care services via telehealth 5. Other activity approved by the state	$3.00	$3.50
Tier III: Healthy Connections Care Management	All Tier I and II service requirements plus: 1. Care coordinator staff or support for care management of persons with chronic illnesses 2. Physician leadership for PCMH efforts 3. Established connection to the Idaho Health Data Exchange 4. At least one of the following enhanced care management activities: a. Community health emergency medical services b. Community health worker services c. Population health management capabilities d. Co-located or highly integrated behavioral and physical health care delivery e. Referral tracking and follow-up system in place f. PCMH national recognition	$7.00	$7.50

D.3. Medicaid Managed Care Program: Healthy Connections Payment Structure

Healthy Connections Payment Structure			
Service Level	**Service Requirements**	**Basic Plan PMPM**	**Enhanced Plan PMPM**
Tier IV: Healthy Connections Medical Home	All Tier I and II service requirements, plus: 1. Provide dedicated care coordinator staff or equivalent support for care management of individuals with chronic illnesses 2. Provide physician leadership for PCMH efforts 3. Achieve NCQA level 2 or 3 PCMH recognition, URAC, Joint Commission, AAAHC, or other PCMH national recognition 4. Established bi-directional connection to the Idaho Health Data Exchange, with demonstrated share relationship 5. Quality improvement activities directed at increased performance for quality measures: a. Diabetes A1C completion b. Asthma emergency department visits c. Low birth weight per 100 births d. Adherence to anti-psychotics for individuals with psychotic diagnoses e. Percent of consumers admitted to acute care hospitalization	$9.50	$10.00

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Idaho contracts with Magellan Health to provide outpatient behavioral health services to PCCM beneficiaries on a capitated basis.
2. Medicaid pharmacy, inpatient mental health, and inpatient addiction disorder services are provided FFS by the state. Magellan also serves as the pharmacy benefits administrator.

FFS Mental Health Benefits
1. Comprehensive diagnostic assessment
2. Individual, group, and family psychotherapy
3. Case consultation and management
4. Crisis response and intervention
5. Individualized behavioral health treatment plan
6. Psychoeducation
7. Psychological and neuropsychological testing
8. Peer support services
9. Health and Behavioral Assessment and Intervention (HBAI)
10. Skills training and development
11. Skill building/community rehabilitation services
12. Intensive outpatient
13. Child and Adolescent Needs and Strengths (CANS) Functional Assessment
14. Community transition support

FFS Addiction Treatment Benefits
1. Individual assessment and treatment plan
2. Outpatient services
3. Intensive outpatient services
4. Drug/alcohol testing
5. Individual and group counseling
6. Intensive outpatient
7. Case management
8. Medication assisted treatment
9. Peer support services

D.3. Medicaid Managed Care Program: SMI Population

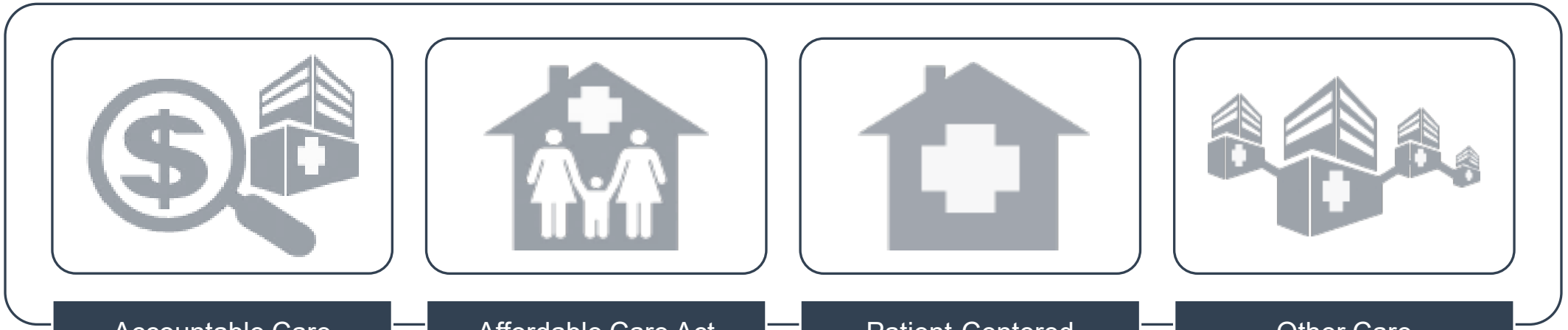
- The SMI population is mandatorily enrolled in managed care, unless they meet FFS criteria for exemption.
  - The waiver excludes partial benefit dual eligibles, dual eligibles enrolled in managed care, individuals residing in an inpatient hospital setting, foster children, and qualified aliens receiving emergency medical services.
- As of December 2023, *OPEN MINDS* estimates that 56% of the SMI population is enrolled in the PCCM, and 3% in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

All Healthy Connections pharmacy benefits are financed by Medicaid FFS.

Idaho PCCM Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Medicaid Administration.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotics, and anxiolytics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, alcohol treatment, opioid dependence treatment, tobacco cessation, and opioid reversal agents are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are covered as a pharmacy benefit. Some generics, such as olanzapine, are covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for most non-preferred mental health and addiction treatment drugs. Non-preferred drugs will be approved if there is documented failure of a preferred drug. • Mental health and addiction treatment drug utilization restrictions vary and may be subject to clinical diagnostic criteria, step therapy, and age restrictions.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	If a member is suspected of medication abuse—as demonstrated by frequent emergency room utilization, excessive provider organization visits, or multiple prescribing physicians—the member may be enrolled in the lock-in program. The lock-in program restricts members to one pharmacy and one provider organization.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
The state implemented ACOs in 2022 (called VCO's). Idaho currently operates 11 VCOs.	None	In the past, the state has worked with PCMHs under the Healthcare Innovation Plan to develop a PCMH network. Many still operate and serve Healthy Connections beneficiaries (see Section D.3).	None

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Dental Smiles (ID-03)	Authorizes the state to provide dental benefits through an at-risk prepaid ambulatory health plan. Medicaid enrollees do not have a choice of plan.	1915 (b)	None	01/01/2023	12/31/2027
Idaho Medicaid Plus (ID-04)	Authorizes the state to establish a managed care program for full benefit dual eligible beneficiaries in select counties.	1915 (b)	None	04/01/2023	03/31/2028
Idaho Behavioral Health Transformation	Authorizes the state to provide treatment to individuals with SMI or SED while they are short term residents in residential and inpatient treatment settings that qualify as an IMD. In April 2020, reimbursement for both IMD and residential settings were added to the waiver authority. In June 2020, the state transitioned all treatment of SUD in institutions under this waiver authority.	1115	None	4/17/2020	3/31/2025*
Idaho Behavioral Health (ID-02)	Authorizes the state to provide outpatient behavioral health services through an at-risk prepaid inpatient health plan. Medicaid members do not have a choice of plan.	1915 (b)	None	01/01/2023	12/31/2027

* Waiver extension application is still pending via CMS.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
ID Aged & Disabled (1076.R07.00)	Individuals who are physically disabled or disabled in other ways ages 18 to 64, and individuals ages 65 and older.	15,095	Division of Medicaid, Bureau of Long-Term Care, Idaho Department of Health and Welfare	Yes, connected to the Medicare-Medicaid Coordinated Program
Idaho Adult Developmental Disabilities Waiver (0076.R07.00)	Individuals with autism or I/DD ages 18 and older.	7,458	Division of Medicaid, Idaho Department of Health and Welfare	No

D.6. Medicaid Program: New Initiatives- Healthy Connections to End

- The Healthy Connections (HC) program is sunsetting. By January 1, 2026, the department will discontinue contracting and reimbursing through value care organizations and the primary care case management program.
  - Healthy Connections providers will receive notice that their Coordinated Care Agreement is being terminated. This does not impact their Medicaid Provider Agreement.
  - The Healthy Connections primary care case management (per member per month) payment will cease December 31, 2025.
- References to Healthy Connections will be removed from the Idaho Administrative Code (IDAPA) after June 30, 2025. The Idaho Medicaid Provider Handbook will continue to have relevant content through the end of the program.
- As of June 30, 2025, Idaho Medicaid stopped enrolling new Healthy Connections providers.
- Idaho Medicaid has also stopped auto-assigning members to HC providers. Members may request to enroll with an HC provider until October 31, 2025.
  - Idaho Medicaid members may now see the primary care provider of their choice, without formal assignment. Referrals from a primary care provider are still encouraged.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (February 2025)	198,215	200,814
SMI Enrollment	• *OPEN MINDS* estimates 50% of the population in Medicare Advantage, 50% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 399,029 | Total Medicare With SMI: 51,874

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of February 2025: 50% Medicare Advantage, 50% in traditional Medicare.
SMI population inclusion in managed care	Estimated 50% of population in Medicare Advantage, 50% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	There are no C-SNP plans in Idaho.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of the population enrolled in an I-SNP plan.

E.2. Medicare System: Overview

- Medicare enrollment as of February 2025 was 399,029.
- It is estimated around 16% of the state's total population is enrolled in Medicare, compared with about 19.5% of the U.S. population enrolled in Medicare.
  - *OPEN MINDS* estimates approximately 27% of the state's SMI population is enrolled in a Medicare health plan.
- Medicare Advantage plans are offered by private insurers that each have their own service area, so plan availability varies from one part of the state to another. In counties where Medicare Advantage is available, plan availability ranges from two plans to 51 options.
  - For 2025 there are 83 Medicare Advantage plans available for purchase.
- There are 24 insurance companies in Idaho approved to offer Medigap plans for 2025.
- As of August 2025, there were 129,416 Idaho Medicare beneficiaries with stand-alone Medicare Part D plans. Another 177,768 had Part D prescription coverage as part of their Medicare Advantage plans.
  - There are 14 stand-alone Medicare Part D plans for sale in Idaho for 2025, with premiums that start at $0/month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings Model ACOs
1. AdvantagePoint Health Alliance – Northwest, LLC
2. Caravan Health ACO 43 LLC
3. Community Health Center Network of Idaho, LLC
4. Kootenai Accountable Care, LLC
5. MountainStar Care Partners ACO
6. MultiCare Connected Care, LLC
7. Aledade 151 Northern Territories MSSP Enhanced
8. PraxisCare 2
9. Trinity Health Integrated Care

E.4 Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care (PCCM)**	**Idaho Medicaid Plus**	**Medicare-Medicaid Coordinated Plan**
Enrollment (March 2024)	28,617		13,304	12,725
Estimated SMI Enrollment	6,009		2,793	2,672
Management	• Physical Health: Idaho DHW • Behavioral Health: Optum	• Physical Health: Idaho DHW • Behavioral Health: Optum	Two health plans	One health plan
Payment Model	• Physical Health: FFS • Behavioral Health: Capitated rate	• Physical Health: FFS • Behavioral Health: Optum	All Medicaid services: Capitated rate	Medicaid and Medicare services: Capitated rate
Geographic Service Area	Statewide	Statewide	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties	22 Counties

Total Dual Eligible Enrollment: 54,646 | Total Dual Eligible Enrollment With SMI: 11,475

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	April 2024 Enrollment	Estimated SMI Enrollment
True Blue Special Needs Plan	BlueCross of Idaho	Medicare Advantage D-SNP	7,921	1,663
Molina Medicare Options Plus	Molina Healthcare	Medicare Advantage D-SNP	4,970	1,044
Molina Medicare Complete Care Select	Molina Healthcare	Medicare Advantage D-SNP	406	85

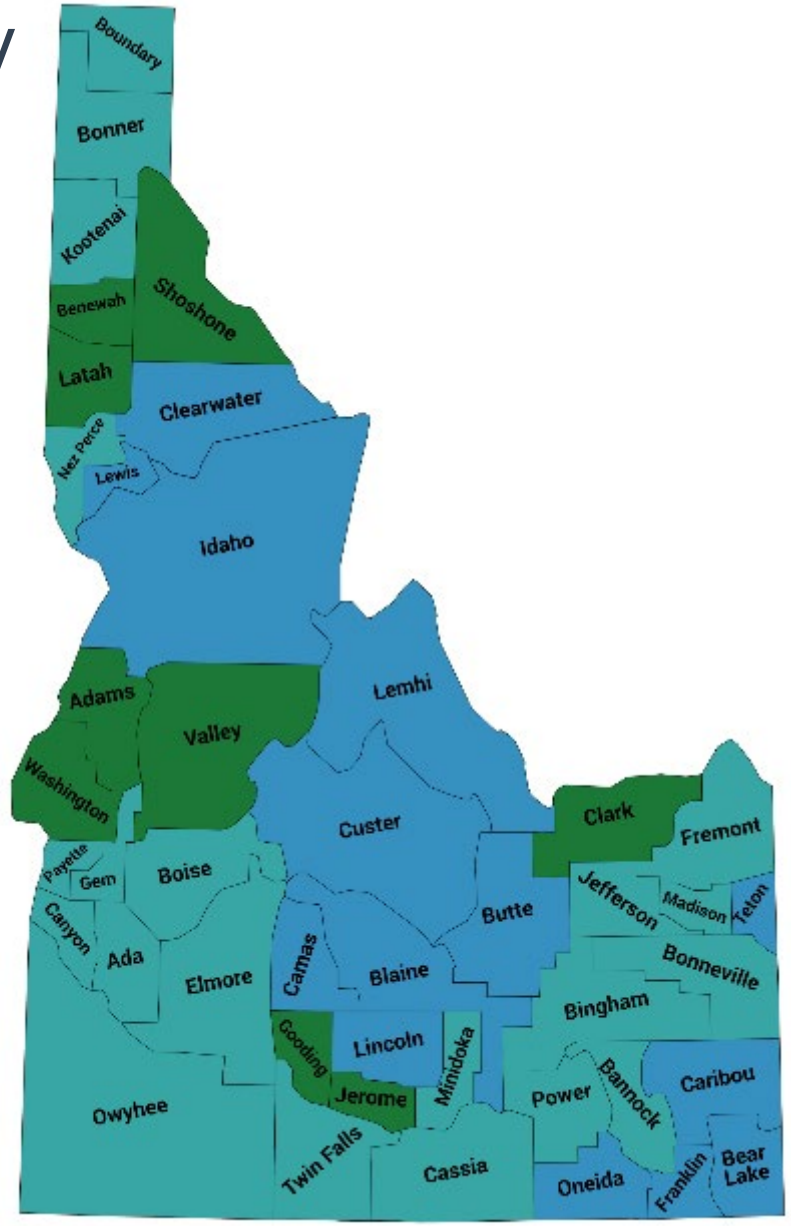
F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of March 2024, dual eligible enrollment was 54,646.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligible beneficiaries have the option to enroll in Medicaid FFS or Idaho's PCCM program, Healthy Connections, if they do not reside in a county that has the Medicare-Medicaid Coordinated Plan (MMCP). If a county has the MMCP program, individuals have the option to enroll in this program.
  - The MMCP is available in 22 of the 44 Idaho counties.
- D-SNP enrollment as of April 2024 was 13,297, SMI enrollment for D-SNP was 2,792.
- In November 2018, the state launched Idaho Medicaid Plus (IMPlus), which coordinates Medicaid benefits only. Dual eligibles not enrolled in the MMCP program are required to enroll in the IMPlus program.
  - IMPlus programs is available in Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties.

F.3. Dual Eligible Medicaid Financing & Delivery System: Medicaid Plus Demonstration Areas

Medicaid Plus Demonstration Areas

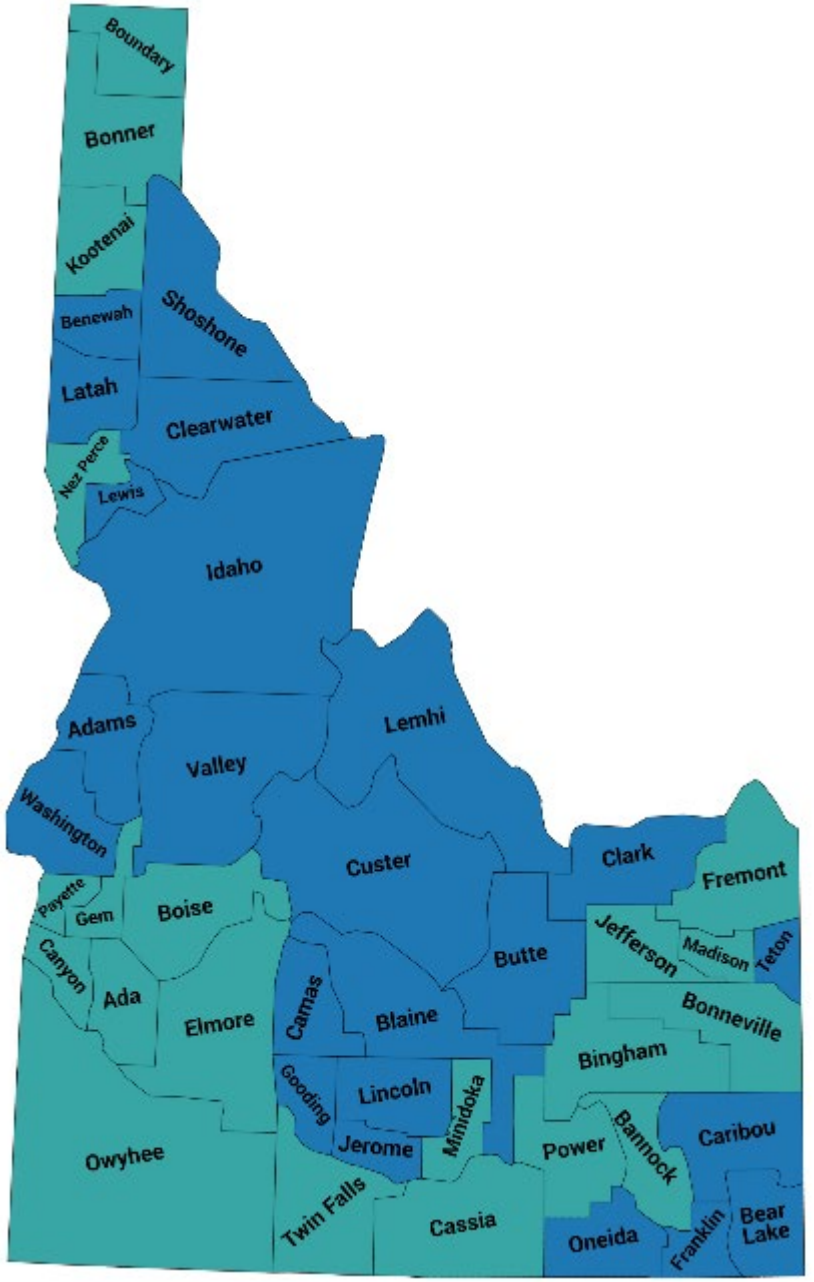
- Medicaid Plus Demonstration Mandatory County
- Medicaid Plus Demonstration Passive County
- Non-Medicaid Plus Demonstration County



F.3. Dual Eligible Medicaid Financing & Delivery System: Dual Eligible Demonstration

Medicare-Medicaid Coordinated Plan Demonstration Areas

- MMCP Demonstration County
- Ineligible county



F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending initiatives currently.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2022)	26,029
Estimated SMI Enrollment	5,466
Management	Two health plans
Payment Model	Physical and TBH: Blended capitation
Geographic Service Area	Specific counties

Total LTSS Enrollment: 26,029 | Total LTSS Enrollment With SMI: 5,466

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles			✓
Individuals with I/DD			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations	• Retroactive eligibility only • Eligibility period of less than three months	• Member of a federally recognized tribe • Unable to access a participating PCCM PCP within 30 miles or 30 minutes • Participant has an existing relationship with a non-PCCM PCP	Pregnant women

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Idaho does not operate a separate program from MLTSS beneficiaries. Instead, Idaho operates two Dual Special Needs Plans (D-SNP) and the Medicare Medicaid Coordination Plan (MMCP) for dual eligible beneficiaries and individuals in need of LTSS.
- Additionally, Idaho operates a mandatory Medicaid-only managed care plan, known as Medicaid Plus, for dual eligible beneficiaries not enrolled in MMCP. Medicaid Plus incorporates all Medicaid services, including long-term services and supports, into the managed care program.

G.3. Medicaid LTSS Program: Health Plan Characteristics

- Idaho does not operate a separate program from MLTSS beneficiaries. Instead, Idaho operates a Dual Special Needs Plan (D-SNP) and the Medicare Medicaid Coordination Plan (MMCP) for dual eligible beneficiaries and individuals in need of LTSS.
- Additionally, Idaho operates a mandatory Medicaid-only managed care plan, known as Medicaid Plus, for dual eligible beneficiaries not enrolled in MMCP. Medicaid Plus incorporates all Medicaid services, including long-term services and supports, into the managed care program.

G.4. Medicaid LTSS Program: Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals aged 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Idaho's Optional Benefits

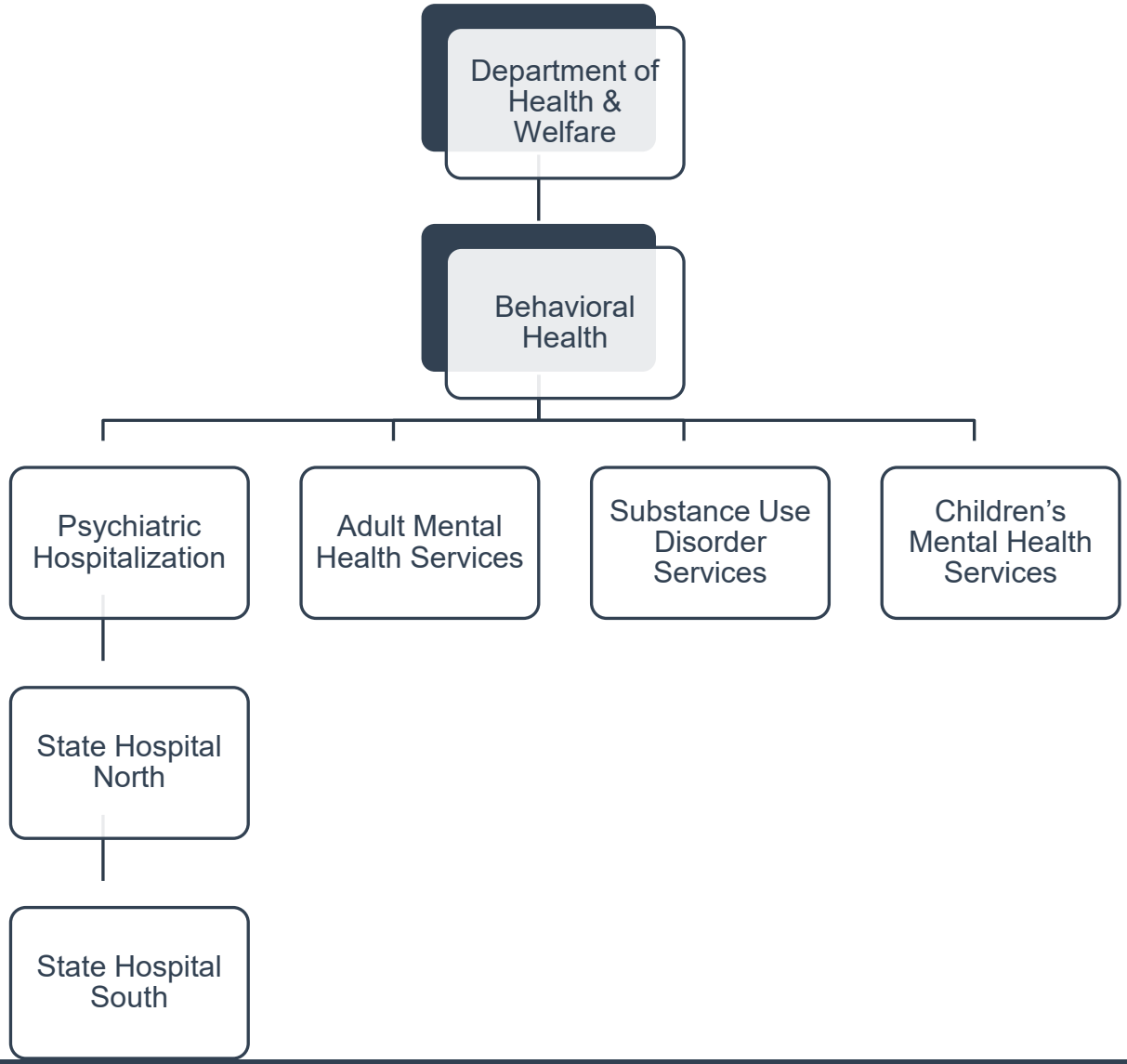
1. Podiatry services
2. Chiropractor services
3. Other practitioner services
4. Dental services for children
5. Emergency dental services for adults
6. Physical therapy
7. Occupational therapy
8. Services for individuals with speech, hearing, and language disorders
9. Prescribed drugs
10. Diagnostic services
11. Screening services
12. Preventive services
13. Rehabilitative services
14. Skilled nursing facility
15. Intermediate care facility
16. IMDs for persons over 65 years old
17. Case management
18. Respiratory care
19. Personal care services
20. Durable medical equipment
21. Transition management services (enhanced population only)

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Idaho does not currently have any new initiatives related to their LTSS program.

H. State Behavioral Health Administration & Finance System

H.1. Division Of Behavioral Health: Organization Chart



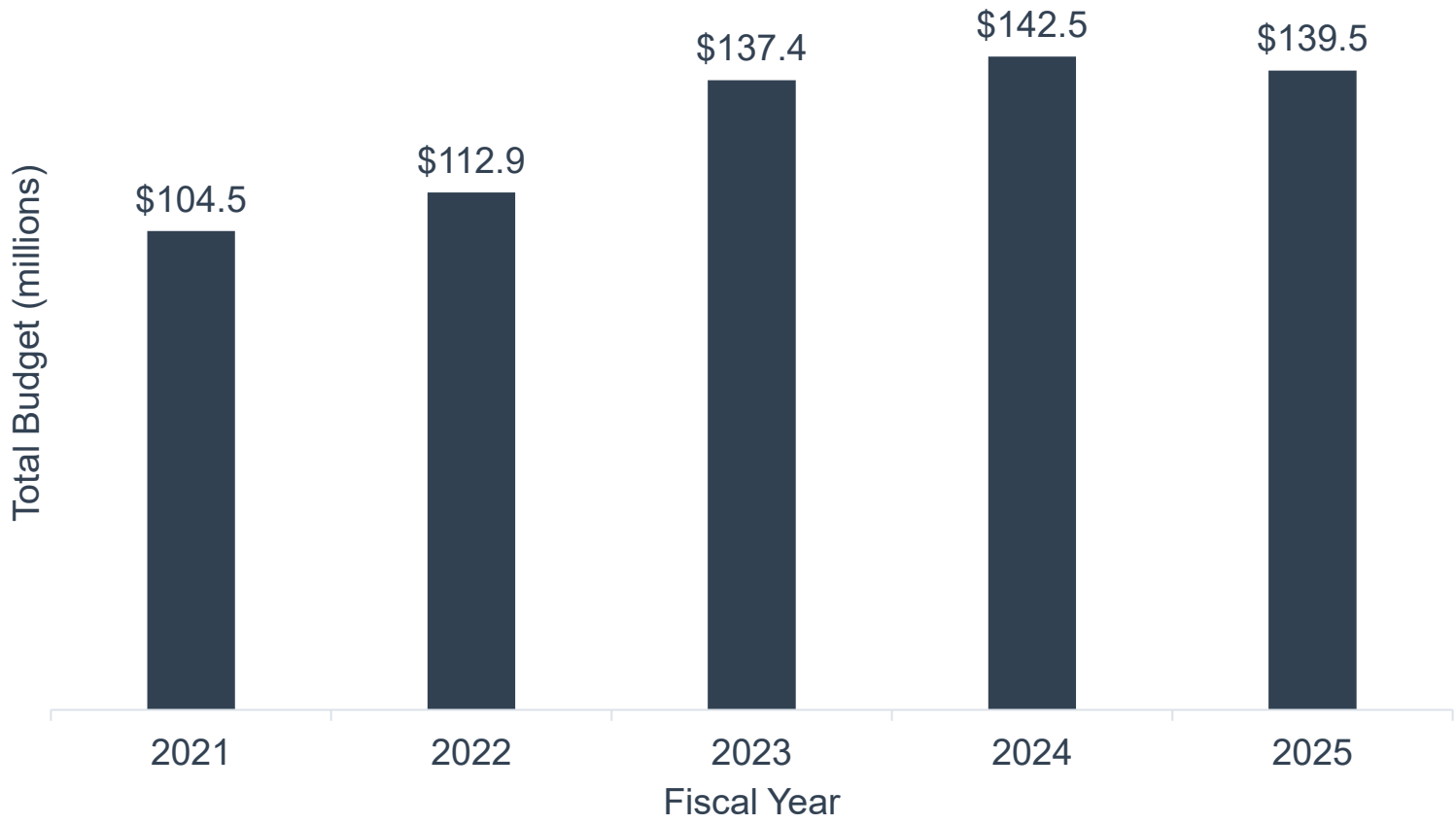
H.1. Division Of Behavioral Health: Key Leadership

Name	Position	Department	Email
Alex Adams	Director	Department of Health and Welfare	alex.adams@dhw.idaho.gov
Juliet Charron	Deputy Director	DHW, Medicaid and Behavioral Health	juliet.charron@dhw.idaho.gov
Ross Edmunds	Administrator	DHW, Division of Behavioral Health	ross.edmunds@dhw.idaho.gov
Randy Rodriguez	Administrator	State Hospital South	randy.rodriguez@dhw.idaho.gov
Teresa Shackelford	Administrator	State Hospital North	teresa.shackelford@dhw.idaho.gov
Gina Westcott	Administrator	State Hospital West	westcotg@dhw.idaho.gov

H.2. Division Of Behavioral Health: Budget

Budget Item	SFY 2025 Budget Request	Percent Of Budget
State Hospital South	$35,407,900	25%
Adult Mental Health	$34,437,900	25%
Substance abuse treatment and prevention	$27,698,600	20%
State Hospital North	$17,353,900	12%
Children's Mental Health	$16,558,900	12%
State Hospital West	$8,082,500	6%
Budget Total: $139,539,700		

H.2. Division Of Behavioral Health: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions				
Institution	**Location**	**Beds**	**FY2024 Admissions**	**FY2024 Average Daily Census**
State Hospital North	Orofino	60	148	39
State Hospital South	Blackfoot	110*	633	91
State Hospital West	Nampa	16	57	32
Total		**186**	**838**	**162**

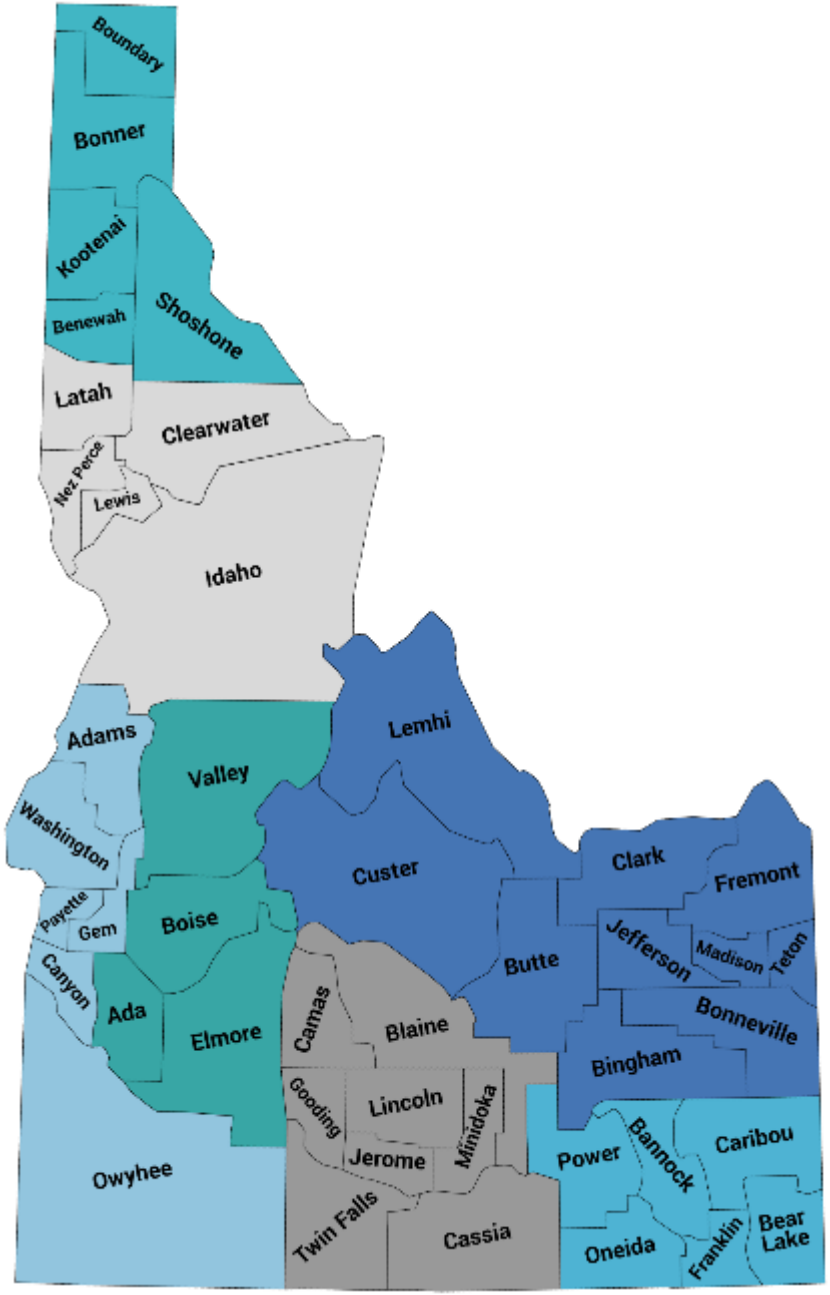
*Psychiatric beds, also has 42 skilled nursing beds.

H.4. Behavioral Health Safety-Net Delivery System

- The Idaho DHW: Behavioral Health Division is responsible for providing both mental health services and addiction disorder treatment services to the uninsured population.
- Mental health services are delivered through seven state-operated regional behavioral health centers (RBHCs), each with its own catchment area of counties.
  - Both adults and children access care through the RBHCs; however, children are usually referred to private provider organizations for treatment.
  - Adult treatment services include crisis services, court-ordered treatment, assertive community treatment, case management services, community support services, and co-occurring addiction disorder treatment.
  - In addition to sliding-scale fees, the RBHCs accept private and public insurance as payment.
- Addiction disorder treatment services are delivered through a network of private and public provider organizations. Business Psychology Associates (BPA) Health acts as the utilization manager.

H.4. Behavioral Health Safety-Net Delivery System: RBHC Regions

Region		Counties
	1	Benewah, Bonner, Boundary, Kootenai, Shoshone
	2	Clearwater, Idaho, Latah, Lewis, Nez Perce
	3	Adams, Canyon, Gem, Owyhee, Payette, Washington
	4	Ada, Boise, Elmore, Valley
	5	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls
	6	Bannock, Bear Lake, Caribou, Franklin, Oneida, Power
	7	Bingham, Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton



H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2024 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is $15,060 for an individual and $31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

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Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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