### **HMAIS**



# **Idaho State Overview**

### A Medicaid Program Overview

Almost 350,000 individuals enrolled + Medicaid expansion implemented



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### **Table of Contents**

Medicaid Landscape	
Section 1115 Demonstrations	3
Hot Topics	4
RFP Development and Analysis	7
Table 1. Idaho Medicaid RFP Calendar	8
Managed Care Enrollment Update	9
Table 2. Idaho Medicaid, Average Monthly Enrollees by Eligibility Category, Fiscal 20	_
Fee for Service vs. Managed Care Penetration	10
Table 3. Idaho Expenditures and Enrollment for Total Medicaid vs. Medicaid Manage	
SNPs and Dual Eligibles	11
Table 4. Idaho SNP Enrollment by Plan, November 2024	11
Table 5: Enrollment in Idaho MMCP & IMPlus, by Plan, 2019-20	11
Table 6: Idaho Duals by County, Idaho Medicaid Plus, 2020(1)	12
Table 7: Idaho Duals by County, Medicare-Medicaid Coordinated Plan, 2020	12
Managed Medicaid Plan Financials	13
Table 8. Idaho Medicaid Managed Care Plan Financials, 2023	13
Table 9. Idaho Medicaid Managed Care Plan Financials, 2022	13



#### MEDICAID LANDSCAPE

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Idaho is largely a fee-for-service Medicaid state. However, the Idaho Department of Health and Welfare (DHW) is preparing to implement full managed care with three contractors by 2029. These preparations support the agency's work to comply with a new law passed during the most recent legislative session (see RFP section for more details).

Although most of its Medicaid program is administered through a fee-for-service (FFS) system, Idaho does have several managed care programs for Medicare and Medicaid dual eligibles: the Medicare Medicaid Coordinated Plan (MMCP), a Fully Integrated Dual Eligible Special Needs Plan, and the Idaho Medicaid Plus (IMPlus), a wraparound managed long-term services and supports (MLTSS) program. IMPlus is the mandatory program for dually eligible beneficiaries who are not enrolled in MMCP. The state recently reprocured contracts for the programs (see <a href="RFP section">RFP section</a> for more details).

Both MMCP and IMPlus are currently administered by Blue Cross of Idaho and Molina Healthcare. IMPlus had been implemented in 33 of 44 counties as of May 2024, and is mandatory in 21 of those counties. Blue Cross of Idaho has administered MMCP since 2006. Molina joined the program starting January 1, 2018, and administers plans in 21 of the 30 counties covered by Blue Cross of Idaho.

Following the recent procurement, Blue Cross of Idaho will no longer cover IMPlus and MMCP members beginning June 2, 2025. Molina will continue serving members alongside new entrant United Healthcare. The state also utilizes managed care for behavioral health through the Idaho Behavioral Health Plan (IBHP), dental services, and non-emergent medical transportation (NEMT). The IBHP contractor is Magellan Healthcare, the dental contractor is MCNA, and the NEMT contractor is Medical Transportation Management (see <a href="RFP section">RFP section</a> for more details).

Idaho's voter-approved Medicaid expansion program took effect in January 2020. Expansion enrollment averaged 100,000 in state fiscal year 2024.

Idaho indefinitely delayed a planned Healthy Connections Value Care transformation program aimed at applying a value and risk-based reimbursement model to health systems and primary care beginning with shared savings in 2020. Instead, the state issued a Value-Based Purchasing (VBP) RFI in 2019, to identify organizations interested in participating in new or existing VBP models within Idaho Medicaid. The Healthy Connections Value Care Program launched in January 2022 and has contracted with multiple value care organizations under value-based purchasing contracts.

A long-standing, mandatory Primary Care Case Management Program called Healthy Connections pays providers a fixed fee per member per month to manage care for nearly every Medicaid recipient in the state. In January 2013, Idaho launched the Multi-Payer Medical Home Collaborative pilot to support primary care practices in their transition to Patient Centered Medical Homes (PCMH). Payers involved included Medicaid, Regence Blue Shield, Blue Cross of Idaho, and PacificSource. That pilot ended in January 2015 and was followed by PCMH technical assistance to 165 practices over three years through Idaho's State Innovation Model (SIM) testing grant from the Centers for Medicare and Medicaid Innovation (CMMI). Idaho Medicaid continues to support and expand on the PCMH concept through its Healthy Connections program with enhanced payments for those with national PCMH recognition status.

#### Section 1115 Demonstrations

Idaho has submitted a request to extend its Behavioral Health Transformation Section 1115 demonstration for five years. The request also seeks to add expenditure authority for the Youth Empowerment Services (YES) Group. Idaho's amendment specifies that it is not requesting to extend personal care services; the state had



previously submitted an amendment to CMS seeking to end the program early. In May 2025, Idaho received federal approval for the same demonstration to remove authority allowing legally responsible individuals to render 1905(a) personal care services (PCS) and to revert the state's PCS program to its operations prior to the COVID-19 public health emergency. The demonstration is effective until September 30, 2025.

#### **Hot Topics**

In December 2023, the Idaho Legislature's Medicaid Managed Care Task Force issued its final report with a recommendation to keep the existing Medicaid managed care structure rather than move to a comprehensive managed care program. In 2025, amidst pressure to close the state's budget deficit, however, Governor Brad Little signed a bill (HB 345) to seek federal approval to transition state to fully-capitated managed care. In addition, the new law requires DHW to submit a Section 1115 demonstration proposal to require able-bodied adults in the Medicaid expansion program to meet certain work requirements. The state agency will also implement Medicaid cost sharing, end automatic eligibility renewal using information from other programs, and have more authority to cut costs if the federal government reduces its federal medical assistance percentage for the expansion program. Idaho expects to submit the application for work requirements by July 2026.

HMA Idaho Medicaid Program Snapshot	
Medicaid Indicators	
Expansion Status	Adopted
Total Medicaid Enrollment	Nearly 350,000 at end of SFY 2024
Medicaid Delivery System	FFS, PCCM
Number of Managed Care Plans	N/A
Managed Care Procurement	N/A
Total Medicaid Spending	\$2.8 billion in 2023
State Program Authorities  Managed care delivered regionally	
MLTSS State	Yes, Through IMPlus and MMCP
Bid Separate MLTSS Contract	Yes
Have Specialized MMC Plans for Foster Care	No
Bid Separate Foster Care Medicaid Contract	No
IDD Under Managed Care	No
HCBS Services for Persons with IDD via Capitation	No



HMA Idaho Medicaid Program Snapshot	
Medicare Advantage Dual Eligible Special Needs Plan Type	FIDE-SNP



Idaho Medicaid Managed Care Programs								
Program	Population	ВН	LTSS	Pharmacy	SUD	Dental		
IMPlus	Dual eligible individuals (supports duals' Medicaid benefits)	Υ	Υ	N	Υ	N		
MMCP	Dual eligible individuals (supports duals' Medicaid and Medicare benefits)	Υ	Υ	Υ	Υ	N		



#### RFP DEVELOPMENT AND ANALYSIS

Idaho is set to transition to fully capitated managed Medicaid by 2029, signalizing the state will have an upcoming procurement process. DHW plans to phase out its current managed care contracts for certain benefits for a broader comprehensive managed care contract, which would help reduce administrative burden, according to DHW.

Idaho released in June 2024 a request for proposals (RFP) to procure two vendors to administer the state's two Medicaid managed care programs MMCP and IMPlus. Awarded plans must offer both programs, with a strong focus on care coordination. The Medicaid benefits to be administered under both programs include behavioral health services, home and community-based services under Idaho's Aged and Disabled waiver program, State Plan personal care services, and nursing facility care.

In December 2024, Idaho awarded contracts to new entrant UnitedHealthcare and incumbent Molina Healthcare. Incumbent Blue Cross of Idaho's contract will be ending June 2, 2025, and the plan's enrollees will have the option to transition to Molina, United's IMPlus, or fee-for-service before United and Molina's new contracts are fully implemented. Contracts were initially set to begin January 1, 2026, however, United's IMPlus contract will begin June 1, 2025. United's MMCP contract and Molina's new contracts are still set to begin January 1, 2026. Contracts will run for four years, with a potential one-year renewal.

Idaho currently has managed care programs for dental services, non-emergent medical transportation (NEMT), behavioral health, and dual-eligibles. The state has an NEMT contract with Medical Transportation Management (MTM) which originally expired in August 2023, and the state has contracted with the organization again to provide services until January 2027.

Idaho awarded Magellan Healthcare the Idaho Behavioral Health Plan (IBHP) contract in June 2023, worth \$1.2 billion. The new contract integrates inpatient, residential, and outpatient behavioral health services into a single comprehensive behavioral plan, offer statewide coverage, and target improvements in quality and utilization. The contract began July 1, 2024, and will run for four years.

The state awarded a Prepaid Ambulatory Health Plan (PAHP) contract to MCNA dental in 2016. MCNA coordinates dental benefits to approximately 281,000 children and adults under the Idaho Smiles program. The contract originally expired in October 2023, but the state has not yet released information for rebidding the contract. In November 2019, Idaho issued a Value-Based Purchasing (VBP) RFI to identify organizations interested in participating in new or existing VBP models within Idaho Medicaid. The Healthy Connections Value Care Program launched in January 2022 and has contracted with multiple value care organizations under value-based purchasing contracts.



Table 1. Idaho Medicaid RFP Calendar

Contract	Key Dates	# of Beneficiaries
Idaho Medicaid Plus/ Medicare Medicaid Coordinated Plan	Contract Awarded: December 2024 Implementation Date: January 1, 2026 Current Vendor: Molina, Blue Cross	~ 26,000
Idaho Behavioral Health Program	Contract Awarded: June 27, 2023 Implementation Date: July 1, 2024 Current Vendor: Magellan	425,000
Non-Emergency Medical Transportation	Contract Awarded: January 2023 Current Vendor: Medical Transportation Management	50,000
Value-Based Purchasing	RFI Released: November 22, 2019 Responses Due: January 3, 2020	NA
Idaho Smiles	Contract Awarded: 2016 Current Vendor: MCNA	281,000

Source: Idaho Dept. of Health and Welfare, HMA



#### MEDICAID ENROLLMENT UPDATE

Idaho had 347,387 average monthly Medicaid enrollees in fiscal 2024, ended June 30. Enrollment decreased 22.3% compared to fiscal 2023, after increasing 7.8% in fiscal 2023, 9.2% in 2022, 43.1% in 2021, and falling 5.4% in 2020 and 3.8% in 2019.

Table 2. Idaho Medicaid, Average Monthly Enrollees by Eligibility Category, Fiscal 2019-24, Ended June 30

Eligibility Category	2019	2020	2021	2022	2023	2024
Basic Child	176,924	163,774	172,406	181,693	189,765	149,596
+/- between reporting periods	(7,994)	(13,150)	8,632	9,287	8,072	(40,169)
% chg. between reporting periods	-4.3%	-7.4%	5.3%	5.4%	4.4%	-21.2%
% of total	63.0%	61.7%	45.4%	43.8%	42.4%	43.1%
Enhanced Child	28,357	26,730	27,044	27,361	27,432	24,889
+/- between reporting periods	(1,507)	(1,627)	314	317	71	(2,543)
% chg. between reporting periods	-5.0%	-5.7%	1.2%	1.2%	0.3%	-9.3%
% of total	10.1%	10.1%	7.1%	6.6%	6.1%	7.2%
Basic Adult	28,618	28,451	32,063	34,733	36,771	26,821
+/- between reporting periods	(1,864)	(167)	3,612	2,670	2,038	(9,950)
% chg. between reporting periods	-6.1%	-0.6%	12.7%	8.3%	5.9%	-27.1%
% of total	10.2%	10.7%	8.4%	8.4%	8.2%	7.7%
Coordinated Adult	27,970	28,049	28,987	30,653	32,649	27,685
+/- between reporting periods	439	79	938	1,666	1,996	(4,964)
% chg. between reporting periods	1.6%	0.3%	3.3%	5.7%	6.5%	-15.2%
% of total	10.0%	10.6%	7.6%	7.4%	7.3%	8.0%
Enhanced Adult	18,798	18,589	18,531	18,515	18,798	18,006
+/- between reporting periods	(138)	(209)	(58)	(16)	283	(792)
% chg. between reporting periods	-0.7%	-1.1%	-0.3%	-0.1%	1.5%	-4.2%
% of total	6.7%	7.0%	4.9%	4.5%	4.2%	5.2%
Expansion <sup>(1)</sup>			100,923	121,778	141,715	100,390
+/- between reporting periods				20,855	19,937	(41,325)
% chg. between reporting periods				20.7%	16.4%	-29.2%
% of total			26.6%	29.4%	31.7%	28.9%
Total <sup>(2)</sup>	280,667	265,593	379,954	414,733	447,130	347,387
+/- between reporting periods	(11,064)	(15,074)	114,361	34,779	32,397	(99,743)
% chg. between reporting periods	-3.8%	-5.4%	43.1%	9.2%	7.8%	-22.3%

<sup>(1)</sup> Idaho expanded Medicaid on January 1, 2020 (2) Totals may be affected by rounding. Source: ID Dept. of Health and Welfare, HMA



#### FEE FOR SERVICE VS. MANAGED CARE PENETRATION

Total Medicaid enrollment in Idaho was 338,380 in 2023. Total Medicaid expenditures were nearly \$2.8 billion in 2023, with 20.6% through managed care and the rest through fee-for-service.

Table 3. Idaho Expenditures and Enrollment for Total Medicaid vs. Medicaid Managed Care, 2014-2023

Year	Total Medicaid Expenditures	Medicaid Managed Care Expenditures <sup>(1)</sup>	Medicaid Managed Care Expenditures as % of Total	Total Medicaid/CHIP Enrollment	Medicaid MCO Enrollment	Medicaid MCO Enrollment as % of Total
2023	\$2,779,142,029	\$571,324,786	20.60%	338,380	NA	NA
2022	\$3,195,270,944	\$801,339,040	25.1%	452,903	NA	NA
2021	\$2,872,809,060	\$703,280,923	24.5%	409,836	NA	NA
2020	\$2,486,061,085	\$514,882,858	20.7%	376,689	NA	NA
2019	\$2,143,001,207	\$293,956,781	13.7%	266,030	NA	NA
2018	\$1,901,290,685	\$116,445,083	6.1%	279,575	NA	NA
2017	\$1,822,302,321	\$178,763,930	9.8%	295,591	NA	NA
2016	\$1,689,275,323	\$186,207,046	11.0%	297,497	NA	NA
2015	\$1,715,448,736	\$179,396,824	10.5%	279,855	NA	NA
2014	\$1,585,631,105	\$153,628,032	9.7%	288,402	NA	NA

<sup>(1)</sup> Includes evaluation and management, vaccine codes, Community First Choice, and preventive services Grade A or B, ACIP vaccines and their administration, Prepaid Ambulatory Health Plans, and Prepaid Inpatient Health Plans.

Sources: CMS64 for expenditures. CMS for total Medicaid/CHIP enrollment. States, NAIC for Medicaid managed care enrollment.



#### **SNPS AND DUAL ELIGIBLES**

Idaho had 19,410 Special Needs Plan members as of November 2024.

Table 4. Idaho SNP Enrollment by Plan, November 2024

Plan	Total SNPs	DSNPs	CSNPs	ISNPs	Share
BCBS ID	7,944	7,944			40.9%
Molina Healthcare	7,372	7,372			38.0%
United Healthcare	3,910		3,910		20.1%
American Health Plan	184			184	0.9%
Totals	19,410	15,316	3,910	184	100%

Sources: CMS, HMA

Table 5: Enrollment in Idaho MMCP & IMPlus, by Plan, 2019-20

Plan Name	2019	2020
Blue Cross Blue Shield of ID	10,728	13,776
+/- between reporting periods	10,728	3,048
% chg. between reporting periods		28.4%
% of total	59.9%	60.1%
Molina Healthcare	7,181	9,162
+/- between reporting periods	7,181	1,981
% chg. between reporting periods		27.6%
% of total	40.1%	39.9%
Totals	17,909	22,938
+/- between reporting periods	17,909	5,029
% chg. between reporting periods		28.1%



#### Table 6: Idaho Duals by County, Idaho Medicaid Plus, 2020(1)

Mandatory Counties	Passive Counties
Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls	

(1) Starting January 2020, Idaho introduced a new enrollment structure called passive enrollment in which BCBS of Idaho is the sole health plan. Dual eligible beneficiaries living in the mandatory counties have the choice between BCBS of Idaho and Molina Healthcare.

Source: Idaho Bureau of Long Term Care, HMA

Table 7: Idaho Duals by County, Medicare-Medicaid Coordinated Plan, 2020

BCBS of ID and Molina Healthcare	Only BCBS of ID		
Counties			
Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Twin Falls	Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, Washington		

Source: Idaho Bureau of Long Term Care, HMA



#### MANAGED MEDICAID PLAN FINANCIALS

Average medical cost ratio among two Idaho Medicaid managed care plans was 82.6% in 2023. Per member per month premiums averaged \$3,565.

(Note: Financial metrics and comparisons presented in this overview are based on health plan NAIC filings in the state. Measures like per member per month premiums and medical loss ratios may vary greatly by plan and by state depending on the mix of business (e.g., TANF, ABD, etc.), scope of the state's Medicaid benefit package, geographic variations in the cost of care, and other factors.)

Table 8. Idaho Medicaid Managed Care Plan Financials, 2023

Plan	Publicly Traded	Enrollment	Member Months	РМРМ	Premiums Earned (000)	Medical Costs (000)	Medical Costs After Reinsurance (000)	MLR <sup>(1)</sup>
Blue Cross of Idaho	N	4,878	72,913	\$4,003.52	\$291,908	\$238,218	\$238,218	81.6%
Molina Healthcare <sup>(2)</sup>	Υ	3,991	58,150	\$3,015.38	\$175,345	\$147,953	NA	84.4%
Total		8,869	131,063	\$3,565.10	\$467,253	\$386,171	\$386,171	82.6%

<sup>(1)</sup> After reinsurance recoveries. (2) MLR calculated before reinsurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

Table 9. Idaho Medicaid Managed Care Plan Financials, 2022

Plan	Publicly Traded	Enrollment	Member Months	РМРМ	Premiums Earned (000)	Medical Costs (000)	MLR <sup>(1)</sup>
Blue Cross of Idaho	N	7,682	87,243	\$3,493.21	\$304,758	\$225,369	74.0%
Molina Healthcare	Υ	6,293	70,885	\$2,345.89	\$166,288	\$126,259	75.9% <sup>(2)</sup>
Total		13,975	158,128	\$2,978.89	\$471,047	\$351,628	74.7%

<sup>(1)</sup> After reinsurance recoveries. Source: S&P Global Market Intelligence, NAIC, HMA



## Additional resources can be found on HMAIS

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2023 State Medicaid Agency Contracts  $\rightarrow$ 

Quality Assessment →