

Idaho Department of Insurance



Coverage Choice Waiver Application

**Pursuant to Section 1332 of the Patient Protection & Affordable Care Act,
Encouraging State Innovation**

July 15, 2019

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EXECUTIVE SUMMARY

The State of Idaho, through the Idaho Department of Insurance (IDOI) and in conjunction with Idaho's state-run health insurance exchange, Your Health Idaho, submits this Section 1332 State Innovation Waiver (the Waiver or Section 1332 Waiver) request to the Centers for Medicare and Medicaid Services (CMS), a division of the United States Health and Human Services (HHS), and to the United States Department of the Treasury (collectively, the Departments). This Waiver is being submitted in conjunction with a Section 1115 waiver (the Section 1115 Waiver), which is expected to be submitted to the United States Health and Human Services (HHS) and to the United States Department of Treasury on or about August 12, 2019. Collectively, the Section 1332 Waiver and this Section 1115 Waiver (the Waivers) seek to obtain any and all necessary federal approvals to empower Idahoans with income between 100% and 138% of the federal poverty level (FPL) to choose the healthcare coverage option that is right for them- whether private insurance through Your Health Idaho, or through the future Medicaid option.

The goals of the proposed Section 1332 Waiver, also known as the Idaho Coverage Choice Waiver, are to:

1. Empower individuals to choose to participate in commercial health insurance coverage over public insurance options.
2. Provide affordable coverage options to working Idahoans with household incomes above 100% of the Federal Poverty Level (FPL) who are U.S. citizens, regardless of Medicaid eligibility.

As background, the Patient Protection & Affordable Care Act (ACA) expanded affordability of health coverage in the individual health insurance market. Individuals and families with income between 100% and 400% FPL who were not otherwise eligible for Medicaid or affordable employer-sponsored health insurance have been able to qualify for help paying their health insurance premiums via Advance Premium Tax Credits (APTC). In addition, individuals and households with incomes between 100% and 250% FPL became eligible for help in paying out-of-pocket costs such as deductibles, coinsurance or copayments through cost-sharing reductions (CSRs).

In Idaho, citizens between 100% and 400% FPL currently have access to ACA-compliant, affordable qualified health plans through our state-based exchange, Your Health Idaho. This Idaho-driven solution has resulted in approximately 85,000 citizens of our state attaining health insurance coverage, including approximately 18,000 citizens between 100% and 138% FPL. In fact, Your Health Idaho has one of the highest enrollments nationwide on a per capita basis, while also maintaining the lowest operating costs of any fully functioning state-based exchange. Further, the local control of the exchange has allowed Your Health Idaho to be more responsive to local needs, and it remains one of the more robust and stable exchanges in the country in terms of insurer participation, with at least three to four available options throughout Idaho in 2019.

Idahoans value the success of our state-based exchange and believe Idaho citizens deserve the choice to access private insurance. Idahoans also value a safety net option for our lowest-income citizens. In November 2018, Idahoans voted, via a referendum, to expand Medicaid in accordance

with the ACA, which allows Medicaid eligibility to individuals with income up to 138% FPL who were not previously eligible for public coverage under previously established eligibility categories (age, disability, parental status, etc.).¹ Through this vote, access to health coverage was expanded to individuals with income below the poverty level, but, consequently, this ballot measure also threatened continued access to affordable coverage options for individuals and families with income slightly above the federal poverty level who are enrolled in, or wish to begin taking advantage of, the many affordable health plans available through Your Health Idaho.

Idahoans place great importance on the freedom to make choices that best suit their individual situation and the needs of their families. In passing the ballot measure for Medicaid expansion, the objective was to add an affordable coverage choice for our most vulnerable citizens. Unfortunately, certain provisions in the ACA apply too broadly and threaten to remove health care coverage options available to a subset of low-income Idahoans currently eligible for or enrolled in coverage through the exchange. Many of these individuals have chosen coverage through a specific health insurer due to existing doctor relationships, for example, which may be more difficult to maintain if they are enrolled in Medicaid.

Due to the discrepancies between Medicaid eligibility and APTC eligibility, individuals with income between 100% and 138% FPL currently receiving APTC and CSR will lose the ability to take advantage of those subsidies upon implementation of Medicaid expansion in Idaho. The 2019 Idaho State Legislature sought to correct this unintended consequence of Medicaid expansion through the passage of SB 1204, which requires the submission of this Waiver to receive federal approval to maintain choice for these individuals. Consistent with this legislation, the Idaho Coverage Choice Waiver seeks to extend APTC and CSR eligibility to individuals and families with income between 100% and 138% FPL to enable the choice to retain their subsidies and continue participation in Your Health Idaho, regardless of their potential future eligibility for public assistance through the Medicaid expansion.

In October 2018, the Departments released new guidance related to Section 1332 of ACA stating: “The new guidance gives states more flexibility to address problems caused by the PPACA and to give Americans more options to get health coverage that better meets their needs.”² The Idaho Coverage Choice Waiver recognizes that a one size fits all Medicaid option may not be the best coverage option for everyone, particularly for individuals who have been participating in the available Your Health Idaho coverage for more than five years. A Medicaid expansion should *expand* coverage options, not eliminate them.

In Idaho, we have a history of working together to help vulnerable citizens with affordable, comprehensive coverage options. Our voters have used the ballot box to support Medicaid

¹ The Idaho Department of Health and Welfare is currently working to effectuate and operationalize Medicaid expansion in the state. The State Plan Amendments required for this expansion have not yet been approved by CMS but are expected to be in place by January 1, 2020.

² Fact Sheet: State Relief and Empowerment Waiver Guidance, October 22, 2018. Available at: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Downloads/SRE-Waiver-Fact-Sheet.pdf>.

expansion. We are seeking this Waiver to accomplish the complementary goal of further expanding health care coverage choices and maintaining current coverage options that are working for many Idahoans.

Through this Section 1332 Waiver, Idaho aims to empower individuals between 100% and 138% FPL to choose between keeping their current coverage by maintaining their APTC or moving to the newly available public Medicaid option. Over time, as new applicants between 100% and 138% FPL consider their coverage options, we seek to empower their informed decision making and honor their selections between APTC or Medicaid as well. Ultimately, the goals of the Idaho Coverage Choice Waiver are aligned with one of the key objectives of the Section 1332 State Relief and Empowerment Waiver—“to give all Americans the opportunity to gain quality and affordable health coverage regardless of income, geography, age, sex, or health status.”³ Idahoans between 100% and 138% FPL should be able to keep their quality and affordable health coverage rather than being forced to a public option. Promoting private coverage options and consumer choice is the keystone of this Waiver and, as such, is aligned with the goals of the Departments and meets all the criteria for a Section 1332 Waiver approval.

ASSURANCES

Idaho’s Coverage Choice Waiver is designed to meet the four key requirements of any Section 1332 Waiver: comprehensiveness; affordability; scope of coverage; and federal deficit neutrality. As demonstrated by the full economic and actuarial analyses in Appendix A of this application, the State of Idaho provides the following assurances:

Comprehensiveness. Section 1332(b)(1)(A) of the ACA requires that any waivers provide coverage at least as comprehensive as that defined in Section 1302(b) of the ACA. Comprehensiveness of coverage will be unchanged by the Waiver, as Idaho does not propose to waive any of the requirements concerning the Essential Health Benefits. Further, the Waiver will not result in individuals losing coverage or moving to less comprehensive coverage, but rather it enables Idahoans the choice to **maintain their existing comprehensive ACA-compliant health plan** as opposed to being mandated into Medicaid coverage.

Affordability. As required under Section 1332(b)(1)(B) of the ACA, the proposed Waiver provides for coverage and cost-sharing protections at least as affordable as those provided under Title I of the ACA. The proposed Waiver does not propose to waive any of the affordability requirements of the ACA. In fact, this Waiver will **increase affordable health coverage options** for individuals currently participating in the exchange with income between 100% and 138% FPL by opening up the choice to retain their Your Health Idaho qualified health plan once otherwise eligible for Medicaid.

³ Section 1332 State Relief and Empowerment Waiver Concepts, Discussion Paper, November 29, 2018. Available at: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Downloads/Waiver-Concepts-Guidance.PDF>.

Scope of Coverage. Section 1332(b)(1)(C) of the ACA requires that any Section 1332 Waiver must provide coverage to at least a comparable number of state residents as is provided under Title I of the ACA. Idaho’s proposed Waiver, in isolation, will simply allow Idahoans currently with health coverage through the exchange to continue with the same coverage choices available to them today. When considered in combination with any future Medicaid expansion, APTC participation may decrease modestly over time, but any such decreases will be a result of individuals choosing alternative comprehensive coverage, resulting in **potential increases in total coverage within the state.**

Deficit Neutrality. Section 1332(b)(1)(D) of the ACA requires that waivers be deficit neutral. Idaho’s proposed Waiver will not result in increased federal spending, and instead it is **expected to result in a savings of federal money** compared to the status quo. Because we anticipate some individuals with income between 100% and 138% FPL will decline their APTC and choose to enroll in Medicaid, the Waiver will result in reduced federal APTC spending. That said, if every individual were to maintain their current exchange plan choice, the Waiver would, inherently, still be deficit neutral each year and over any ten-year projection.

Table 1

Projected Federal Government Expenditures Changes: 2020 through 2029 (Millions)											
Revenue / (Expense) Item	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Federal APTC Expenditures (Current Eligibility Criteria)	\$ 434.1	\$ 454.6	\$ 487.4	\$ 522.4	\$ 553.6	\$ 592.0	\$ 632.3	\$ 673.2	\$ 713.8	\$ 756.7	\$ 802.4
Federal APTC Expenditures (Waived Medicaid Eligibility)	\$ 434.1	\$ 436.9	\$ 463.8	\$ 492.5	\$ 516.6	\$ 547.3	\$ 579.4	\$ 611.6	\$ 643.0	\$ 676.2	\$ 711.4
Net Change in Federal Expenditures w/ Waiver	\$ 0.0	(\$17.6)	(\$23.6)	(\$30.0)	(\$37.0)	(\$44.7)	(\$52.9)	(\$61.6)	(\$70.7)	(\$80.5)	(\$91.0)

Note: Total values are rounded separately.

DESCRIPTION OF IDAHO'S SECTION 1332 WAIVER PROGRAM

The Idaho legislature passed SB 1204, instructing the Idaho Department of Health and Welfare (IDHW) and the Idaho Department of Insurance (IDOI) to seek a waiver from the federal government to permit individuals and families who have an adjusted gross income at or above 100% of FPL to receive the APTC to purchase a qualified health plan through the Idaho health insurance exchange, notwithstanding the implementation of Medicaid expansion. Any individual who is otherwise eligible for Medicaid may still choose to enroll in Medicaid instead of receiving the APTC to purchase a qualified health plan; however, this Waiver seeks to ensure that no Idahoan is forced to leave his or her exchange coverage due to the termination of federal subsidies for individuals between 100% and 138% FPL.

The Idaho Coverage Choice Waiver is projected to affect the Idaho individual health insurance market beginning in 2020. This Waiver application assesses the coverage and spending in the individual market as it currently exists in 2019, compared to the coverage and spending in the individual market with the Waiver in place once individuals between 100% and 138% FPL are given the opportunity to choose between Medicaid or subsidized exchange coverage.⁴

COMPREHENSIVENESS & AFFORDABILITY ANALYSIS OF IDAHO COVERAGE CHOICE WAIVER PROGRAM

Per recent CMS guidance, comprehensiveness and affordability guardrails are met if the waiver provides *access* to coverage that is at least as comprehensive and affordable as coverage to a comparable number of people as would have access absent the waiver.⁵ This revised waiver guidance does not require consideration of the number of people actually purchasing the comprehensive coverage through the exchange but is rather focused on access, regardless of the individual's ultimate choice of coverage.

The Idaho Coverage Choice Waiver does not seek to make any changes to the comprehensiveness or affordability requirements of existing exchange plan products. Your Health Idaho will continue to offer the same quality health plans that meet the high standards of the state and federal requirements, including coverage of the essential health benefits. Further, this Waiver will not make any changes to the cost sharing requirements of the ACA. The Idaho Coverage Choice Waiver merely adds an additional choice, specifically, the Medicaid alternative benefit plan, for individuals with income between 100% and 138% FPL. With the Waiver, individuals in this income bracket will retain full access to the affordable and comprehensive health coverage options they have come to

⁴ Per CMS and Treasury Department guidance, future proposed changes to the Medicaid state plan that are subject to federal approval are not factored into the assessment, and, therefore, are not within the scope of this Waiver application. *See* 83 Fed. Reg. 53575, 53583 (Oct. 24, 2018); *available at* <https://www.govinfo.gov/content/pkg/FR-2018-10-24/pdf/2018-23182.pdf>.

⁵ Overview of 1332 Guidance for State Relief and Empowerment Waivers, November 2018; *available at* <https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Downloads/State-Relief-Empowerment.PDF>.

expect from Your Health Idaho, regardless of any future eligibility changes occurring within Idaho’s Medicaid program.

COVERAGE ANALYSIS OF IDAHO COVERAGE CHOICE WAIVER PROGRAM

The Idaho Coverage Choice Waiver will offer more coverage options for Idahoans. The full analysis of the coverage guardrail, including data & assumptions, actuarial certification, and economic analysis, are found in Appendix A, and summarized below.

Individual market ACA-compliant enrollment is estimated at 98,300 Idaho residents in the 2019 plan year. Without this Section 1332 Waiver, this is expected to rise to an estimated 108,100 in 2029, as shown in Table 2 below.

Table 2: Without Waiver Individual Market Enrollment

Projected Individual Market Enrollees by Household Income Status Quo (Thousands)											
Income Level % of FPL	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Below 100%	1.4	1.5	1.5	1.5	1.5	1.6	1.6	1.6	1.6	1.7	1.7
100% to 138%	18.6	18.8	19.1	19.3	19.5	19.8	20.0	20.2	20.5	20.7	21.0
138% to 400%	53.7	54.4	56.2	56.9	57.6	58.4	59.1	59.9	60.6	61.4	62.1
400%+	24.6	24.4	25.4	25.0	24.5	24.1	23.6	23.2	23.2	23.2	23.3
Total	98.3	99.0	102.1	102.6	103.2	103.8	104.3	104.9	105.9	107.0	108.1

Notes:

1. Total values are rounded separately.
2. Values exclude non-ACA compliant coverage.
3. Persons with income below 100% FPL reflect lawfully present non-citizens qualifying for federal premium assistance.

By contrast, with the Idaho Coverage Choice Waiver, individuals with income between 100% and 138% FPL will be able to choose to participate in Medicaid coverage. Due to this change, individual market enrollment growth is projected to decrease slightly from 2020 to 2029 relative to growth without the waiver, as a portion of individuals with income between 100% and 138% are instead expected to choose to obtain coverage through the Medicaid program. See Table 3 below.

Table 3: With Waiver Individual Market Enrollment

Projected Individual Market Enrollees by Household Income With Waiver (Thousands)											
Income Level % of FPL	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Below 100%	1.4	1.5	1.5	1.5	1.5	1.6	1.6	1.6	1.6	1.7	1.7
100% to 138%	18.6	17.1	16.9	16.6	16.4	16.1	15.9	15.7	15.5	15.2	15.0
138% to 400%	53.7	54.4	56.2	56.9	57.6	58.4	59.1	59.9	60.6	61.4	62.1
400%+	24.6	24.4	25.4	25.0	24.5	24.1	23.6	23.2	23.2	23.2	23.3
Total	98.3	97.3	99.9	100.0	100.1	100.2	100.2	100.3	100.9	101.5	102.1

Notes:

1. Total values are rounded separately.
2. Values exclude non-ACA compliant coverage.
3. Persons with income below 100% FPL reflect lawfully present non-citizens qualifying for federal premium assistance.

The Idaho Coverage Choice Waiver is not expected to have any impact on the number of insured Idahoans, rather it is expected to cause a redistribution of covered lives due to the individual choice of participation in either Medicaid or Your Health Idaho plans, as demonstrated in Table 4.

Table 4: Total Coverage Changes With/ Without Waiver

Projected Insured Lives Between 100-138% FPL Receiving Subsidized Coverage			
Waiver Year	Status Quo (Without Waiver)	Idaho Coverage Choice (With Waiver)	
		Medicaid Enrollment Choice	APTC Enrollment Choice
2019	18.6	0.0	18.6
2020	18.8	1.7	17.1
2021	19.1	2.2	16.9
2022	19.3	2.7	16.6
2023	19.5	3.1	16.4
2024	19.8	3.6	16.1
2025	20.0	4.1	15.9
2026	20.2	4.6	15.7
2027	20.5	5.0	15.4
2028	20.7	5.5	15.2
2029	21.0	6.0	15.0

Note: Values are rounded.

Amongst the population with income between 100% and 138% FPL already receiving APTC, it is estimated that approximately 1,700 would choose to enroll in Medicaid in 2020, increasing over time to approximately 6,000 by 2029. These values do not reflect Idahoans with income between 100% and 138% FPL who are already eligible but not participating in APTC who may be more likely to select Medicaid coverage, if that option is made available. By offering a choice of coverage options, overall, the Idaho Coverage Choice Waiver, taken together with any future Medicaid expansion, is expected to maximize the potential for reductions in the uninsured rate for the population with income between 100% and 138% FPL.

SPENDING ANALYSIS OF IDAHO COVERAGE CHOICE WAIVER PROGRAM

Amongst the population already eligible for APTC (100% to 400% FPL)⁶, there are approximately 73,500 Idahoans enrolled in individual market health insurance plans and receiving the APTC in 2019, growing to approximately 84,600 in 2029. Without the Waiver, the average APTC is projected to increase to \$790.19 PMPM in 2029. By contrast, under the Idaho Coverage Choice Waiver, because a percentage of individuals currently receiving APTC with higher acuity health care needs are expected to choose to enroll in Medicaid, average APTC spending is estimated to be reduced slightly to \$753.71 PMPM by 2029. Table 5 summarizes the projected APTC enrollment and expenditures for 2019 through 2029, both with and without the Idaho Coverage Choice Waiver.

Table 5

Projected APTC Enrollment With and Without Waiver											
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Without Waiver											
APTC Enrollees	73,536	74,484	76,571	77,526	78,539	79,557	80,546	81,541	82,547	83,575	84,620
APTC PMPM	\$491.94	\$508.56	\$530.39	\$561.54	\$587.41	\$620.12	\$654.20	\$688.02	\$720.56	\$754.50	\$790.19
Aggregate APTC	\$ 434.1	\$ 454.6	\$ 487.4	\$ 522.4	\$ 553.6	\$ 592.0	\$ 632.3	\$ 673.2	\$ 713.8	\$ 756.7	\$ 802.4
With Waiver											
APTC Enrollees	73,536	72,796	74,383	74,867	75,396	75,931	76,445	76,971	77,511	78,073	78,653
APTC PMPM	\$491.94	\$500.16	\$519.55	\$548.14	\$570.98	\$600.69	\$631.60	\$662.15	\$691.32	\$721.72	\$753.71
Aggregate APTC	\$ 434.1	\$ 436.9	\$ 463.8	\$ 492.5	\$ 516.6	\$ 547.3	\$ 579.4	\$ 611.6	\$ 643.0	\$ 676.2	\$ 711.4
Net Change											
APTC Enrollees	0	(1,688)	(2,188)	(2,659)	(3,143)	(3,627)	(4,100)	(4,570)	(5,036)	(5,502)	(5,967)
APTC PMPM	\$0.00	(\$8.40)	(\$10.84)	(\$13.40)	(\$16.43)	(\$19.43)	(\$22.59)	(\$25.87)	(\$29.24)	(\$32.78)	(\$36.48)
Aggregate APTC	\$ 0.0	(\$ 17.6)	(\$ 23.6)	(\$ 30.0)	(\$ 37.0)	(\$ 44.7)	(\$ 52.9)	(\$ 61.6)	(\$ 70.7)	(\$ 80.5)	(\$ 91.0)

Note: Net values are rounded separately.

⁶ Table also includes lawfully present individuals with income below 100% FPL qualifying for federal premium assistance.

Beginning in 2020, savings to the federal government in the form of APTC payments are estimated at approximately \$18 million, growing to \$91 million in 2029. The full assumptions and methodologies of this projection can be found in Appendix A.

In summary, the Idaho Coverage Choice Waiver is substantially less costly to the federal government over the ten-year budget than compared to current status quo spending projections, all while maintaining and growing coverage levels overall. Despite the decreased spending on APTC, the number of covered lives will increase. By simply empowering individuals to choose their preferred coverage option for their particular needs, the Idaho Coverage Choice Waiver meets the coverage, affordability, accessibility, and cost guardrails established in the ACA for 1332 waivers.

LEGISLATION

Legislation was passed by the 2019 Idaho State Legislature mandating the content and submission of this Section 1332 Waiver application. Please see Appendix B for the full text of statute.

LIST OF REQUESTED WAIVED PROVISIONS

Section 1332 of the ACA allows states to apply for a State Innovation Waiver/ State Relief and Empowerment waiver. The key aim of a Section 1332 waiver is to support states' innovation in offering their citizens greater choice and affordability in health insurance coverage options. Section 1332 authorizes the Secretaries to waive specific requirements of the ACA to foster state innovation, provided the statutory guardrails are met.⁷ This Waiver application seeks to waive a specific constraint in Section 36B of the Internal Revenue Code related to eligibility for federal subsidies for qualified health plans. Specifically, 26 U.S. Code § 36B(c)(2)(B) provides that individuals are not eligible for federal subsidies if such individuals are eligible for other qualifying coverage, including Medicaid. By waiving this restriction, individuals with income between 100% and 138% FPL will be able to maintain their APTC and CSR, and by extension the affordable health coverage they have been receiving, regardless of any potential future changes to the Medicaid eligibility that would, absent this Waiver, make them ineligible to maintain those subsidies.

Below is the specific waiver provision requested:

1. Eligibility for Federal Subsidies: Section 36(B) of the Internal Revenue Code (and, as applicable Section 1402 of the ACA)

- To the extent necessary to modify the eligibility criteria for APTC and CSR to permit Idahoans with income between 100% and 138% FPL to qualify for these federal subsidies,

⁷ Per the ACA, the Secretaries have authority to waive the following: Part I of Subtitle D of Title 1 of the ACA (Qualified Health Plans); Part II of Subtitle D of Title I of the ACA (exchange); Sections 36B of the Internal Revenue Code (IRC) and 1402 of the ACA (federal subsidies for exchange plans); Section 4980H of the IRC (employer shared responsibility); and Section 5000A of the IRC (individual shared responsibility).

provided they are not *enrolled* in Medicaid, regardless of their underlying *eligibility* for Medicaid.

IMPACT IF WAIVER NOT GRANTED

The Waiver, if not approved by January 1, 2020, will directly disrupt health care coverage availability for Idahoans with incomes between 100% and 138% FPL currently receiving health care coverage through Your Health Idaho and eligible to receive the APTC to help offset their out-of-pocket premium costs. If this Waiver is not approved (and at such time Medicaid expansion becomes effective in Idaho), these individuals will lose their existing APTC eligibility. Loss of this critical cost sharing subsidy will effectively eliminate access to their Your Health Idaho health plan and force enrollment into a public option these individuals did not choose.⁸ Because healthcare provider networks vary between coverage plans, this change could cause additional disruptions to their health care, potentially altering these individuals' access to healthcare providers as well.

CHARACTERISTICS OF IDAHO HEALTH INSURANCE MARKET

Per the United States Census Bureau, the overall Idaho population was estimated at 1,754,208 as of July 1, 2018. Of these Idahoans, 25.8% are under age 18; 58.8% are at least age 18 but under age 65; and 15.4% are age 65 and older. As of July 2017, the Department of Labor estimated median household income was \$50,985, with 12.8% of Idahoans living below the federal poverty level.

Concerning the health insurance status of Idaho residents, the IDOI performs an annual survey of health insurers to determine the number of Idahoans with commercial health insurance coverage, as well as the type of coverage (individual versus group, fully-insured versus self-funded, etc.). At the end of 2017, 110,140 Idaho residents were enrolled in individual major medical coverage, including both on-exchange and off-exchange. Approximately 18,000 of these enrollees are estimated to have income between 100% and 138% FPL. Another 292,782 residents were enrolled in group coverage; of these, 80,376 were covered through small employers. Self-funded employer plans reported 328,717 covered individuals as of the end of 2017.

Concerning coverage through public programs, CMS estimated that 188,702 Idahoans were enrolled in original Medicare and 75,964 were enrolled in Medicare Advantage plans in 2017. CMS further estimated Medicaid enrollment for Idahoans was 261,030 in 2017 (including children and adults), while enrollment in the Children's Health Insurance Program (CHIP) was 36,658 for the same year. 2017 TRICARE enrollment for Idahoans was 52,483, and those enrolled in VA Care numbered 44,935.

Idaho has been operating a successful state-based exchange since 2015. The local, state-based control of Your Health Idaho has led to a robust and stable markets since its inception. For 2019 in

⁸ See SEA 1204, Section 1, Section 56-253(9)(b), which provides, "If the waivers described in this subsection are not approved before January 1, 2020, then the person described in this subsection shall be enrolled in Medicaid."

Idaho, the four on-exchange insurers are offering a total of 113 individual and 144 small group health plans, with a wide range of low-cost options and plans with modest rate increases year over year.

For a more detailed analysis of the Idaho Health Insurance Market and the data provided herein, please refer to the Health Insurance Survey Report, published by the Idaho Department of Insurance.⁹

ADMINISTRATIVE BURDEN

Idaho anticipates that any administrative burden under the Idaho Coverage Choice Waiver would be slight or otherwise immaterial. As previously noted, Idaho already has effective administrative processes and systems for assessing eligibility for, and enrolling individuals in, Your Health Idaho coverage plans. Likewise, the same systems are also used to process Medicaid enrollment applications today.

Idahoans between 100% and 138% FPL already have access to, or are enrolled in, health care coverage through Your Health Idaho. The Idaho Coverage Choice Waiver allows these individuals between 100% and 138% FPL to maintain their existing health care coverage after Idaho's Medicaid expansion takes effect. Idaho would continue utilizing its existing processes and systems for those individuals who retain their coverage and APTCs under Idaho's State-Based health exchange after January 1, 2020. Idaho expects to incur minimal administrative costs through any notices to beneficiaries that may be necessary as a result of the approved waiver. To the extent possible, Idaho's approach will be to include new notices as part of existing mailings and online notices, because our goal is to make it seamless and easy for consumers to make informed coverage choices.

Due to the state-based exchange, the administrative changes necessary to support the Idaho Coverage Choice Waiver (which are expected to be minimal) will occur entirely at the state level. No changes will be required of the federal government to support the Waiver, as this Section 1332 Waiver would simply preserve currently established coverage options and insurance infrastructure. Further, Idaho does not expect the Waiver to increase the administrative burden on individuals, insurers, or employers.

EFFECT ON ACA PROVISIONS NOT WAIVED

The Waiver seeks only to preserve individual choice after Idaho's Medicaid expansion takes effect for individuals between 100% and 138% FPL. The Waiver affects no other section of the ACA than those provisions cited herein.

⁹ Health Insurance Survey Report, *Idaho Lives Covered-End of Survey Year*. August 10, 2018. Available at: <https://doi.idaho.gov/DisplayPDF?id=17HealthInsuranceSurvey&cat=Company>

EFFECT ON IDAHOANS NEEDING TO OBTAIN SERVICES OUT OF STATE

The Waiver maintains existing coverage options for Idahoans, including those who wish to retain their current Your Health Idaho health plan, and its coverage for out-of-state services. Idaho does not seek to change or eliminate out-of-state services provided to individuals in their health plan under this Waiver. Rather, individuals will continue to be able to receive out-of-state health care services state consistent with the terms and conditions of their exchange health plan or under the terms of their Medicaid coverage, as applicable. As a result, the Waiver does not affect residents who need out-of-state services or the States in which individuals receive such health care services.

PROVIDING THE FEDERAL GOVERNMENT WITH INFORMATION

45 C.F.R. 155.1308(f)(4)(v)(D) is not applicable because the proposed Waiver will not be administered at the Federal level. Rather, this Section 1332 Waiver modifies eligibility for health coverage through Idaho's existing, state-based health exchange program.

WASTE, FRAUD AND ABUSE

Neither the IDHW nor the IDOI are seeking to establish any new programs under the Waiver, but rather the two departments request that individuals between 100% and 138% FPL be allowed to remain on Your Idaho Health and receive APTCs after Idaho's Medicaid expansion takes effect. Under an approved Waiver, Idaho would continue utilizing existing processes and procedures to both monitor and take necessary action to address waste, fraud, and abuse under both programs by individuals, employers, and/or insurers both within the state and out-of-state. Examples of such existing processes and procedures include:

- Your Health Idaho's APTC verification currently follows robust procedures and standards, as previously approved by CMS and maintained by the Idaho State Plan.
- All applicants must establish residency and legal status and are subject to periodic verification. Suspected fraud is promptly reported to the IDOI for investigation.
- Your Health Idaho conducts initial and periodic verification of non-financial criteria; consumers are disenrolled for fraud, intentional misrepresentation, or non-payment of premiums. In addition, it also monitors enrollment counselors to ensure interactions with the public are ethical.
- The Board and its Finance Committee oversee Your Health Idaho's financial integrity and work to ensure funds are spent wisely; an independent auditor performs annual financial and programmatic audits for the Committee's review.
- The IDOI's Consumer Services Bureau serves to protect consumers from illegal or deceptive practices, investigates allegations of individuals filing fraudulent insurance claims, and receives and researches consumer complaints against insurers and others transacting insurance business.
- Idaho Attorney General's Medicaid Fraud Control Unit investigates and prosecutes Medicaid fraud in any facility that accepts Medicaid funds.

- The IDOI's Company Activities Bureau monitors the financial condition of all health insurers transacting business in Idaho, with particular emphasis including examination of those domiciled within the state, to assure company solvency. It also licenses and regulates insurance producers.

PUBLIC HEARINGS AND TRIBAL NOTICE

The draft Section 1332 Waiver was publicly posted on the IDOI and IDHW websites. Public hearings were held in two different locations on June 24, 2019 (Boise) and June 27, 2019 (Lewiston). (See Appendix C). Public comments were received in person and in writing at the hearings, as well as in writing via mail and electronically via email through the comment period, which ended June 30, 2019.

Separate notice to tribal representatives was provided (Appendix D), and a tribal consultation was held June 17, 2019. Comments at that meeting requested inclusion of language recognizing tribal status and protections into the special terms and conditions for the Waivers. In addition, discussions focused on ensuring adequate education, including relevant information specific to American Indian/ Alaskan Native (AI/AN) individuals eligible for the Waiver. As described in more detail below, consumer education will be a key component in the successful implementation of this Waiver.

PUBLIC COMMENTS

The public comment period for this Section 1332 waiver facilitated robust public input, generating nearly 300 comments from stakeholders. In addition to expressing generalized opposition or support for the Waiver, the public commentary contained several regularly occurring themes regarding the relative covered benefits and costs of the available plan choices as well as the importance of member education in the process. These broad themes are summarized and discussed below, while copies of the individual comments received through the public notice period on this Section 1332 Waiver application are included as Appendix E of this application.

On the whole, a substantial number of commenters compared the covered benefits and costs of Your Health Idaho plans relative to Medicaid. Some individuals presumed that Medicaid was superior in terms of all relevant factors (i.e. benefits, costs, etc.) and, therefore, concluded that individuals should not be permitted to choose a perceived lesser choice. By contrast, others highlighted the benefits of private coverage, and concluded that individuals should be permitted to maintain their existing coverage, particularly their existing provider relationships. Ultimately, healthcare coverage selection is a highly individualized decision (as demonstrated by the variety of opinions received during the public comment period). The Idaho Coverage Choice waiver simply seeks to empower individuals to make the healthcare decision that is right for their unique individual circumstances.

However, empowered individuals must be *informed* individuals, and IDOI and IDHW recognize that comprehensive education is paramount to the success of this Waiver. One resounding theme that dominated the majority of comments, both those in support and in opposition to the Waiver,

stressed the importance of presenting the coverage choice through a clear and unbiased eligibility and enrollment process, by providing consumer education and comparisons, as well as training to enrollment assisters. Only through such an undertaking would Idahoans have the tools and information to make a truly informed decision as to the most appropriate coverage for themselves and their families. The IDOI and the IDHW agree, and recognize and appreciate the necessity for transparency, education and training in implementing this Section 1332 Waiver. IDHW currently handles eligibility determinations for both Medicaid and APTC through a unified application, which is expected to continue under this Waiver. While the detailed operational processes for implementing changes to that system to support the Idaho Coverage Choice Waiver are still being developed, the public comments related to education will be taken under advisement and will inform the ultimate implementation of the Waiver with the intention that Idahoans affected by this waiver clearly understand their available coverage options, and the impact of their choice.

One particular point that will be included in any consumer education will be the ability and limitations on changing plan selection during the benefit year. The public comments on the Waiver demonstrated a predominate misconception that individuals would be locked into their choice for the duration of the benefit year. To clarify, individuals participating in this Waiver may voluntarily choose to transition from Your Health Idaho plan to Medicaid at any time during the benefit year. However, once enrolled in Medicaid, individuals eligible for the Idaho Coverage Choice Waiver will only be able to transition to a Your Health Idaho health plan during the annual open enrollment period or during a special enrollment period in accordance with existing exchange enrollment rules. This policy aligns with the policies of each underlying program.

Beyond clarifying this policy and taking other operational recommendations under advisement, the Idaho Coverage Choice Waiver is being submitted in accordance with its enabling state legislation, SB 1204, and must comply with the requirements set forth in the law. Therefore, IDOI and IDHW are unable to make any other substantive changes to this Waiver based on public comments.

TIMELINE AND IMPLEMENTATION PLAN

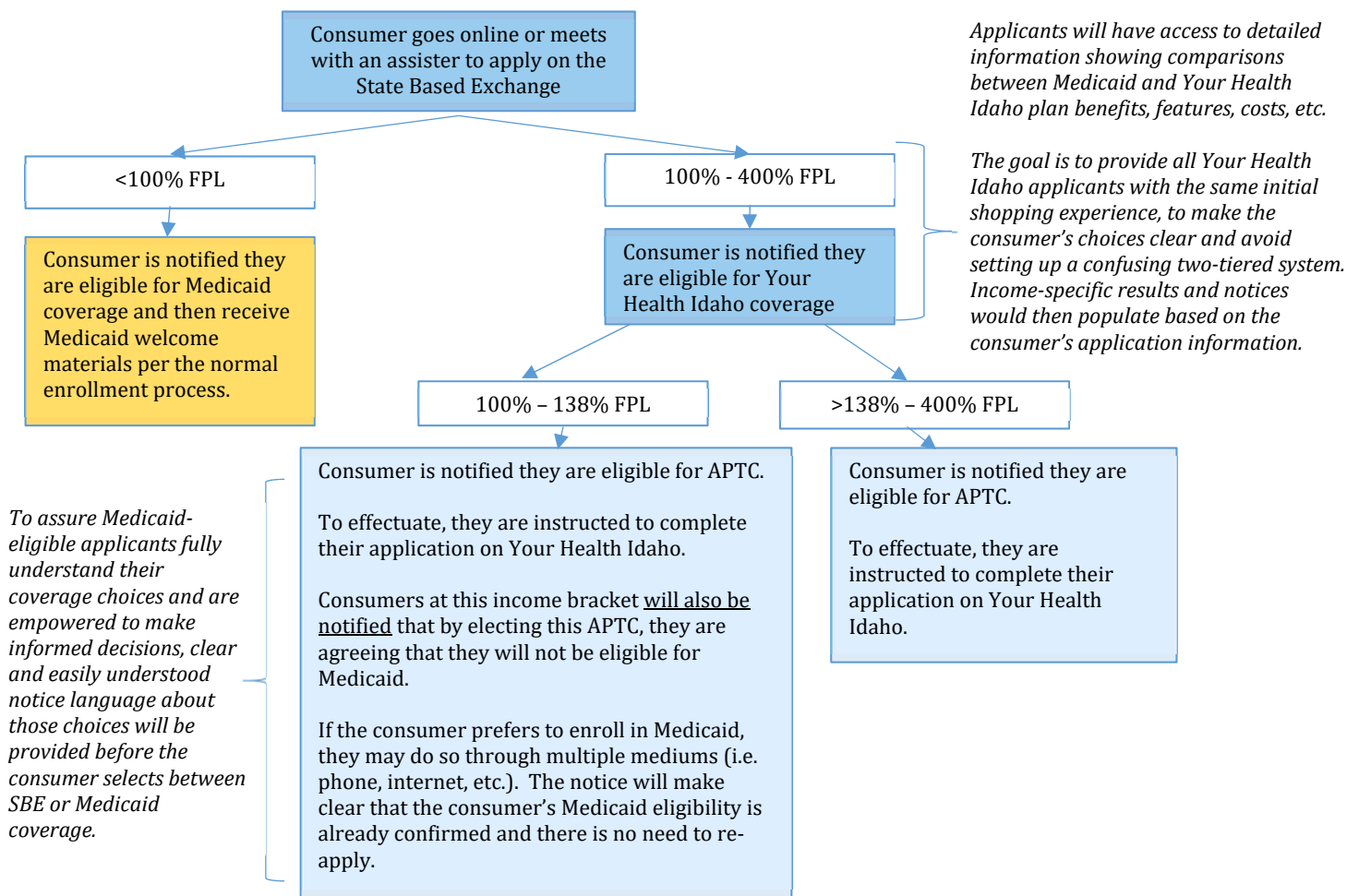
The implementation plan under the Idaho Coverage Choice Waiver focuses foremost on ensuring simplicity and transparency for the consumer in making their healthcare coverage choices. As noted earlier in this application, Idaho manages and makes eligibility determinations for both exchange and Medicaid applications through a single state system. Since one of the primary goals of the Waiver is to maintain choice, simple yet effective changes will be made to the user experience for applicants on the system, so that based upon their application information (e.g., income, family size, etc.), they will receive clear instructions about the coverage options available to them.

Inherent in the word “choice” is the concept that an active, educated role is being taken by the individual, bringing into thoughtful consideration what options will work best for that individual’s personal situation. After the Waiver is approved and once new coverage options are made available to Idahoans, individuals in the affected 100% to 138% FPL income bracket who are currently covered by an exchange plan will be proactively identified by Your Health Idaho and the Department of Health and Welfare. All identified individuals will be notified of the changes and provided an opportunity to make coverage adjustments or to remain on their Your Health Idaho

plan. In addition, the agencies will provide public notice to the general Idaho population about the new coverage choices once they become available, so that new potential applicants in this income group will also be made aware of their coverage options.

On an ongoing basis, Your Health Idaho and the Department of Health and Welfare will continue to ensure all applicants have access to easy to understand information on their coverage options in order to enable full understanding of the impact of their coverage selection. Further, individuals will be educated that they are not locked into their exchange plan selection and may choose to participate in Medicaid at any time during the plan year. A flowchart of the application process, noting educational and notification touchpoints, is shown below.

Proposed User Experience for Idaho Coverage Choice Selection



The State of Idaho is already fully responsible for determining all tax credit eligibility, and, therefore, the implementation of this Waiver would be the full responsibility of the state. The Idaho Coverage Choice Waiver will be implemented through operational system changes at the IDHW, which currently processes all APTC applications. The nominal required changes in that one eligibility system would cascade through the other relevant systems of Your Health Idaho and

insurers without additional complex programming required. No new state program or board would be needed. Beyond the legislation authorizing this Waiver, the IDHW may have administrative rule changes that will require further approval.

The proposed timeline for full implementation of the Idaho Coverage Choice Waiver is September 30, 2019, so that changes can be put in place and made operational before the fall open enrollment occurs for Your Health Idaho. This timeline will allow Idahoan’s to make coverage choices during open enrollment. However, recognizing that this critical date may not provide adequate time for federal waiver approval, an alternative proposed timeline is also supplied that would allow for full implementation of the Idaho Coverage Choice Waiver by January 1, 2020, the proposed effective date of Medicaid expansion. Dependent upon the timing of the Waiver approval, both proposed implementation timelines would allow for affected enrollees to consider their coverage choices and make an informed decision for their 2020 coverage. Further, each of the proposed timelines are subject to change, as the exact dates may need to adjust as the process continues.

TIMELINE: WAIVER APPROVAL BEFORE OPEN ENROLLMENT FOR PLAN YEAR 2020	
September 2019	CMS grants Idaho Coverage Choice Waiver.
October 2019	Your Health Idaho eligibility system updates finalized to operationalize the Waiver for 2020 open enrollment period determinations.
November 1 to December 15, 2019	Open enrollment for plan year 2020. Individuals applying for coverage with income between 100-138% FPL will continue to be permitted to enroll in Your Health Idaho health plans with APTC eligibility, and will be notified of additional Medicaid coverage option.
January 2020	Health coverage and APTC payments begin for new plan year, and individuals with income between 100-138% FPL may retain exchange coverage, regardless of Medicaid eligibility.

TIMELINE: WAIVER APPROVAL AFTER OPEN ENROLLMENT FOR PLAN YEAR 2020	
November 1 to December 15, 2019	Open enrollment for plan year 2020 based on current eligibility processes and systems.
December 31, 2019	CMS grants Idaho Coverage Choice Waiver.
January 1, 2020	Health coverage and APTC payments begin for new plan year. Your Health Idaho eligibility system updates finalized per Waiver.
January 2020	Individuals with income between 100-138% FPL are identified and advised of the newly available additional Medicaid coverage option through a special notice.

REPORTING RESPONSIBILITIES

In accordance with 45 CFR 155.1308(f)(4)(vi), the IDOI will submit quarterly, annual and cumulative targets for the scope of coverage requirements, the affordability requirement, the comprehensive requirement, and the federal deficit requirement.

The Idaho Coverage Choice Waiver is not expected to result in any measurable changes to comprehensiveness, affordability, or scope of coverage. However, the IDOI will continue to closely

monitor each of these guardrails to ensure that the Waiver does not result in any unintended consequences. Idaho will report on a quarterly basis the PMPM premium for ACA-compliant plans in the individual market, as well as the individual market enrollment for both on and off exchange plans in order to monitor the Waiver impact.

The Waiver is expected to result in reduced federal expenditures. It is anticipated that some individuals with higher morbidity in the targeted income bracket may choose to enroll in Medicaid rather than the exchange products as a result of the QHP premium and cost sharing requirements. As a result, the Waiver may marginally reduce overall premiums in the individual health insurance market. IDOI will report each quarter on enrollment and the APTC expended on Idaho residents who enroll through the state’s exchange, Your Health Idaho. As detailed in Table 6, enrollment and expenditure detail in the report will be broken out to specifically identify the impact of enrollment and expenditure changes for the 100% to 138% FPL income bracket.

Table 6: Proposed Table for Reporting Enrollment & Expenditure Data

2020 APTC Enrollment and Expenditures					
	Q1	Q2	Q3	Q4	Annual
Estimated (100%-138%)					
APTC Enrollees					
APTC PMPM					
Aggregate APTC					
ACTUAL (100%-138%)					
APTC Enrollees					
APTC PMPM					
Aggregate APTC					
Estimated (138%-400%)					
APTC Enrollees					
APTC PMPM					
Aggregate APTC					
ACTUAL (138%-400%)					
APTC Enrollees					
APTC PMPM					
Aggregate APTC					
Estimated Total					
APTC Enrollees					
APTC PMPM					
Aggregate APTC					
ACTUAL Total					
APTC Enrollees					
APTC PMPM					
Aggregate APTC					

In addition to tracking the enrollment and expenditure data on a quarterly, annual and cumulative basis, Idaho proposes to include the following information in the reports:

- Evidence of compliance with public forum requirements, including date, time, place, description of attendees, the substance of any public comments, and Idaho's response.
- Information about any challenges Idaho may face in implementing and sustaining the Waiver program and its plan to address the challenges.
- A description of any substantive changes in Idaho's insurance market.
- Any other information consistent with the terms and condition in Idaho's approved Waiver.

The first quarterly report will be submitted on or about June 1, 2020 and will report 2020 enrollment and cost information as of the first quarter of 2020 (through March 31, 2020).

APPENDICES

A. ACTUARIAL ANALYSIS AND CERTIFICATION, ECONOMIC ANALYSIS & DATA AND ASSUMPTIONS



Section 1332 State Relief and Empowerment Waiver

Actuarial Analyses and Certification and Economic Analyses: Idaho Coverage Choice Waiver

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EXECUTIVE SUMMARY

Milliman, Inc. (Milliman) has been retained by the State of Idaho to provide actuarial and consulting services related to its proposed Idaho Coverage Choice Waiver (Choice Waiver). The Choice Waiver is intended to maintain access to private health insurance coverage and federal premium assistance offered through Your Health Idaho (YHI) for qualifying individuals with income between 100% and 138% of the federal poverty level (FPL). Without the Choice Waiver, approximately 18,000 Idahoans currently insured through a qualified health plan (QHP) purchased on YHI would become eligible for Medicaid (and no longer qualify for federal premium assistance) on January 1, 2020 as part of the State's Medicaid expansion under the Affordable Care Act (ACA). The State is seeking a Section 1332 waiver to preserve access to QHP coverage and federal premium assistance for these YHI participants, regardless of Medicaid expansion.

This report provides the required actuarial analysis, certification, and economic analyses supporting the State's determination that the Choice Waiver meets the requirements for a Section 1332 State Relief and Empowerment Waiver. Our certification of the 1332 waiver is dependent upon the State's interpretation of Section 1332 regulations and guidance, as well as its interpretation of the allowable baseline and 'with waiver' scenarios under this waiver. Future guidance from federal agencies may require a revision to this report and its certification.

Section 1332 waiver

Legislation authorizing the Choice Waiver was signed on April 9, 2019 by Governor Brad Little. This waiver application seeks to waive a specific provision in Section 36B of the Internal Revenue Code related to eligibility for federal subsidies for qualified health plans. Specifically, 26 U.S. Code § 36B(c)(2)(B) provides that individuals are not eligible for federal subsidies if the individual is eligible for other qualifying coverage, including Medicaid. By waiving this provision, individuals with income between 100% and 138% FPL will be able to maintain APTCs, and by extension the health coverage they have been receiving through YHI. Persons with income between 100% and 138% FPL will also have the choice of enrolling in Medicaid.

1332 waiver guardrails

For the Choice Waiver to meet the federal requirements for a 1332 waiver, it must meet the following standards:

- *Scope of Coverage:* The 1332 waiver must provide health insurance to *at least* as many people as would be projected under the status-quo ACA (without waiver).
- *Affordability:* The 1332 waiver must provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable as would be projected without the waiver.
- *Comprehensiveness:* The 1332 waiver must provide coverage at least as comprehensive (as defined by the ACA's essential health benefits) as would be projected without the waiver.
- *Deficit Neutrality:* The 1332 waiver must be deficit neutral to the federal government as would be projected without the waiver.

Note, under October 2018 guidance, the Department of Health and Human Services (HHS) and Department of the Treasury (Treasury) indicated the affordability and comprehensiveness guardrails would be met if *access* to coverage that is as affordable and comprehensive as coverage forecasted to have been available in the absence of the waiver is projected to be available to a comparable number of people under the waiver.¹

The Choice Waiver maintains access to APTC and QHP coverage for this income cohort, but also allows these persons to elect to enroll in Medicaid coverage. While there is significant uncertainty regarding the distribution of enrollment between Medicaid and QHP coverage, fewer APTC enrollees are estimated under the Choice Waiver as a portion of current QHP enrollees are anticipated to enroll in Medicaid coverage. The State of Idaho is not seeking federal pass-through funding under this waiver.

¹ <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-23182.pdf>

It should be stressed that these requirements are in relation to scope of coverage, affordability, comprehensiveness, and deficit neutrality without the waiver. For example, a 1332 waiver is not required to result in more insured individuals relative to a period before its implementation. Rather, it must be estimated to ensure at least as many insured individuals are covered during the projection period relative to if the 1332 waiver was not implemented.

Our analysis indicates that Idaho's 1332 waiver, the Choice Waiver, meets all of the federal requirements cited above. This assessment reflects the State's interpretation that without the waiver, persons with income between 100% and 138% FPL would have access to QHP coverage offered through YHI.

Impact of other program changes on assessment of waiver proposal

Per CMS and Treasury guidance, future proposed changes to the Medicaid state plan that are subject to federal approval are not factored into the assessment, and, therefore, are not within the scope of this Waiver application.² As such, any status quo projection in this report excludes Medicaid expansion. However, since the Choice Waiver would not be necessary without Medicaid expansion, our analysis reflected in the "with waiver" illustrations contained in this report includes the impact of Medicaid expansion as well. Specifically, when estimating the impact of the Choice Waiver, we also include the impact of the planned Medicaid expansion for persons with income between 100% and 138% FPL population. To the extent future guidance from federal agencies requires a modification to these assumptions, our assessment of the Choice Waiver's compliance with the 1332 waiver guardrails will need to be re-evaluated.

Scope of Coverage

During the course of the five-year initial waiver period and the ten-year projection period, we estimate the Choice Waiver will result in a stable number of insured Idahoans.

- Without the waiver, individual market coverage is estimated to decline during the first five years of the projection period (primarily as a result of decline in non-ACA compliant coverage, which is estimated to also occur under the waiver), while slightly increasing in the second half of the projection period as a result of estimated population growth.
- Under the Choice Waiver, individual market coverage is estimated to decline slightly further relative to without the waiver as a portion of the 100% to 138% FPL QHP population is assumed to transition to Medicaid coverage. The Choice Waiver is not estimated to materially change the number of Idahoans that purchase non-group coverage that have income above 138% FPL.

We do not estimate the Choice Waiver having any material impacts to the number of Idahoans covered under employer-sponsored plans, Medicaid (with the exception of QHP enrollees with income between 100% and 138% FPL), Medicare, or other public programs. Figure 1 illustrates estimated non-group market group enrollment under the Choice Waiver relative to if the program was not implemented, as well as the estimated number of Idahoans expected to transition to Medicaid coverage under the waiver. As shown in Figure 1 on the following page, the enrollment changes in the individual market under the waiver are assumed to occur entirely from persons transitioning from QHP to Medicaid coverage. On a net basis, the number of insured Idahoans is not estimated to change as a result of the Choice Waiver.

Our assumptions for the number of Idahoans electing to transition to Medicaid coverage have been based on discussions with Idaho Department of Health and Welfare and Idaho Department of Insurance (IDOI) personnel. We believe these assumptions are reasonable, while at the same time, recognizing significant uncertainty exists regarding the distribution of future health insurance enrollment between Medicaid and QHP coverage for the population with income between 100% and 138% FPL.

² See 83 Fed. Reg. 53575, 53583 (Oct. 24, 2018); available at <https://www.govinfo.gov/content/pkg/FR-2018-10-24/pdf/2018-23182.pdf>

Figure 1 Idaho Department of Insurance Estimated Impacts to Health Insurance Coverage from Coverage Choice Waiver				
Calendar Year	Individuals Insured in Non-Group Market			Medicaid Expansion (Former QHP)
	Without 1332 Waiver	With 1332 Waiver	Waiver Change	
2019	112,000	112,000	-	0
2020	108,000	106,000	(2,000)	2,000
2021	102,000	100,000	(2,000)	2,000
2022	103,000	100,000	(3,000)	3,000
2023	103,000	100,000	(3,000)	3,000
2024	104,000	100,000	(4,000)	4,000
2025	104,000	100,000	(4,000)	4,000
2026	105,000	100,000	(5,000)	5,000
2027	106,000	101,000	(5,000)	5,000
2028	107,000	101,000	(6,000)	6,000
2029	108,000	102,000	(6,000)	6,000

Note: Values are rounded.

Transitions from QHP to Medicaid coverage are estimated to occur incrementally across the ten-year projection period. Actual Medicaid enrollment is certain to differ from the estimates illustrated in Figure 1. Out-of-pocket premium and cost sharing requirements for QHP coverage and provider access differences between Medicaid and QHP coverage are two primary factors that may influence the division of health insurance coverage for Idahoans with income between 100% and 138% FPL.

The Choice Waiver, in conjunction with Medicaid expansion, is estimated to reduce QHP premium rates between (1%) and (4%) across the projection period.

- *APTC-eligible population.* Because the ACA's APTC structure caps household out-of-pocket premium expenses, we estimate insignificant changes in the affordability of coverage for the APTC-eligible population. For the population with income above 138% FPL, we estimate slight increases in APTC enrollment after 2019, with or without the Choice Waiver, due to population growth.
- *Non-APTC eligible population.* While the Choice Waiver is estimated to slightly lower premium rates for the non-APTC eligible population, we do not believe the projected premium rate changes are significant enough to have a measurable effect on future market enrollment.

Affordability

The Choice Waiver is not estimated to impact premium rates for employer-sponsored insurance, nor change affordability for public programs such as Medicaid and Medicare.

For the non-group market, the Choice Waiver and Medicaid expansion is estimated to reduce Silver benchmark premium rates by approximately 1% to 4% (relative to without the waiver) over the ten-year projection period. As a portion of the current QHP population with income between 100% and 138% is anticipated to transition to Medicaid coverage, this will reduce the number of Silver plan enrollees receiving a 94% cost sharing reduction (CSR) plan. With the federal government no longer funding CSR payments directly, Idaho insurers have built the cost of the enhanced CSR plan designs into the premium for Silver-level coverage offered through YHI. The magnitude of "Silver loading" for CSR payments will decrease under the waiver as fewer individuals with Silver QHP coverage will qualify for enhanced CSR plan designs.

As a result of the Choice Waiver and Medicaid expansion, we estimate that morbidity among the QHP population will improve. It is assumed that persons with known healthcare costs may be more likely to transition to Medicaid due to its lower out-of-pocket costs.

Under the ACA's premium assistance program, qualifying households with income between 100% and 400% FPL have out-of-pocket premium expenses capped to a specified percent of income. In 2019, we estimate approximately 75% of Idahoans purchasing coverage in the ACA-compliant individual market will receive federal premium assistance. To a large degree, we estimate the vast majority of individuals receiving premium assistance without the waiver will also receive premium assistance under the Choice Waiver. For these individuals, the small amount of premium savings will accrue to the federal government, as it reduces the amount of premium assistance necessary to ensure the out-of-pocket cost of coverage does not exceed the maximum specified by the ACA. It is possible that some young adults and other persons with income approaching 400% FPL receiving premium assistance without the waiver will see out-of-pocket premiums fall below the maximum specified by the ACA under the Choice Waiver. In these cases, only partial premium savings accrue to the federal government, while the consumer also directly benefits from the premium reduction.

For households not eligible for premium assistance, the full amount of premium rate reduction will be realized under the Choice Waiver, with the federal government not accruing any savings. Figure 2 illustrates premium rate reductions for a 21-year old and a 64-year old for the second lowest cost Silver plan (the benchmark plan that is used to determine available premium assistance). The magnitude of premium rate reductions is estimated to grow slightly over the ten-year projection period as a result of additional QHP enrollees transitioning to Medicaid (with incremental reductions in Silver loading³ and improved morbidity for the residual individual market risk pool).

Figure 2 Idaho Department of Insurance Coverage Choice Waiver Changes in Second Lowest Cost Silver Plan Monthly Premium from 1332 Waiver Implementation						
	21-Year Old Monthly Premium			64-Year Old Monthly Premium		
Calendar Year	Without 1332 waiver	With 1332 waiver	Change	Without 1332 waiver	With 1332 waiver	Change
2019	\$380	\$380	\$0	\$1,140	\$1,140	\$0
2020	\$395	\$390	(\$5)	\$1,185	\$1,170	(\$15)
2021	\$412	\$406	(\$6)	\$1,236	\$1,217	(\$19)
2022	\$431	\$424	(\$8)	\$1,294	\$1,271	(\$24)
2023	\$455	\$445	(\$10)	\$1,364	\$1,335	(\$29)
2024	\$479	\$467	(\$11)	\$1,436	\$1,402	(\$34)
2025	\$504	\$491	(\$13)	\$1,512	\$1,472	(\$40)
2026	\$530	\$514	(\$15)	\$1,589	\$1,543	(\$46)
2027	\$554	\$537	(\$17)	\$1,662	\$1,610	(\$52)
2028	\$580	\$560	(\$20)	\$1,739	\$1,681	(\$59)
2029	\$607	\$585	(\$22)	\$1,820	\$1,755	(\$65)

Notes:

1. Values are rounded.
2. Values do not reflect available premium assistance for qualifying individuals.
3. Premiums are for non-tobacco user and assume federal default 3:1 age rating.
4. The magnitude of premium rate decreases is estimated to be lower for off-exchange and non-Silver insurance plan designs.
5. Premium savings would be realized by consumers not qualifying for federal premium assistance and the federal government (through lower premium assistance expenditures).

Based on the above summary of our analysis, we believe the Choice Waiver meets the affordability requirement for federal approval of a 1332 waiver.

³ See <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Offering-plans-not-QHPs-without-CSR-loading.pdf> for additional background.

Comprehensiveness

The Choice Waiver meets the comprehensiveness requirement for a 1332 waiver. This waiver makes no change to insurer benefit requirements for plans offered in Idaho's health insurance markets as Idaho does not propose to waive any of the requirements concerning the Essential Health Benefits, and the waiver will not result in individuals losing coverage or moving to less comprehensive coverage. Therefore, the focus of the actuarial analysis was related to coverage and affordability requirements under the Choice Waiver, as presented above and discussed in greater detail later in this report.

By maintaining access to comprehensive and affordable ACA-compliant insurance coverage for the population with income between 100% and 138% FPL, we believe the Choice Waiver meets the federal government's guardrail requirements outlined in its October 2018 guidance.

Deficit Neutrality

A 1332 waiver application must demonstrate it will not increase the federal deficit. By reducing non-group premiums, the Choice Waiver is estimated to result in federal savings on premium assistance provided through YHI for the population qualifying for federal APTCs. Additionally, the Choice Waiver is estimated to reduce the number of persons receiving an APTC (through an expansion of health insurance coverage choice). The State will not be seeking federal pass-through funding under the Choice Waiver. Figure 3 illustrates estimated changes in federal APTC expenditures for QHP enrollees during the ten-year projection period. Approximately 80% of the APTC savings are the result of QHP enrollees with income between 100% and 138% FPL transitioning to Medicaid. The remainder of the APTC savings is attributable to the population with income between 139% and 400% FPL, as premium rate decreases for the second-lowest cost Silver plan are projected to reduce federal premium assistance expenditures. APTC expenditure changes by income level are provided in Figure 31.

Calendar Year	APTC Expenditures Without Waiver	APTC Expenditures with Waiver	Net Change in Federal Expenditures
2019	\$434	\$434	\$0
2020	\$455	\$437	(\$18)
2021	\$487	\$464	(\$24)
2022	\$522	\$492	(\$30)
2023	\$554	\$517	(\$37)
2024	\$592	\$547	(\$45)
2025	\$632	\$579	(\$53)
2026	\$673	\$612	(\$62)
2027	\$714	\$643	(\$71)
2028	\$757	\$676	(\$81)
2029	\$802	\$711	(\$91)

Note: Values are rounded.

To the extent that the number of persons transitioning to Medicaid under the waiver is greater than the estimates assumed in this report, additional APTCs savings are projected to occur relative to without the waiver.

Sensitivity of Results

It should be noted that there is significant uncertainty surrounding future enrollment and premiums in health insurance programs, particularly the individual market. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Actual enrollment and premium changes may vary for several reasons, including but not limited to:

- Consumer behavior as a result of the individual mandate being repealed beginning for the 2019 coverage year
- Consumer preferences for Medicaid vs. private health insurance coverage
- Direct federal funding of cost sharing reduction (CSR) payments
- Health care inflation

The actuarial and economic analyses presented in this report solely reflect the estimated incremental impact of the Choice Waiver. Other current or pending state or federal policy changes may impact actual amounts presented in this report.

We specifically note that our projections of enrollment and premium rates in the individual market assume CSR variants continue and insurer pricing assumptions do not materially deviate from 2019 assumptions. In Idaho, insurance carriers were allowed to increase Silver premiums in 2018 in response to the federal government eliminating the CSR payments as of October 2017.⁴ To the extent that direct CSR payments are reinstated, our analysis will need to be updated. To the extent judicial, legislative, or regulatory changes are made to the ACA or state-based insurance regulations, the values presented in this report may be impacted by a significant degree.

⁴ <https://www.hhs.gov/about/news/2017/10/12/trump-administration-takes-action-abide-law-constitution-discontinue-csr-payments.html>

SECTION I. ACTUARIAL ANALYSIS

This section provides the required actuarial analysis for Idaho's Section 1332 Waiver application. The appendix of this report contains the actuarial certification for the 1332 waiver.

A description of the actuarial analysis meeting the requirements under 45 CFR 155.1308(f)(4)(i) and other applicable information as requested in the Checklist for Section 1332 Waiver Applications has been provided in this section. For purposes of this analysis, calendar year 2019 serves as the baseline year for the ten-year required projections.

As discussed in the Assumptions and Methodology section of this report, we utilized a combination of census bureau survey and projection data, YHI enrollment and APTC data, publicly available health insurance enrollment and premium data, modeling of the ACA's premium assistance structure, estimated Medicaid expansion enrollment and costs, and proprietary data to model the estimated impact of the Choice Waiver during the ten-year projection period. Our analysis reflects the estimated demographics of Idahoans during the projection period and models insurance purchasing behavior based on changes in premium rates and federal premium subsidies. Our modeling allows for the summarization of projected enrollment and premium information by age, gender, health status, household income, and insurance market.

Prior to performing any projections, we calibrated our projection model's census, premium, claims expense, and other assumptions to reflect Idaho's insurance markets. As the Choice Waiver is estimated to primarily impact Idaho's individual health insurance market, the focus of our modeling efforts was on impacts to this market under both the status-quo ACA and the 1332 Waiver.

1. PROJECTED CHOICE WAIVER POPULATION

Figure 4 illustrates the estimated number of Idahoans enrolled in ACA compliant and Medicaid expansion coverage under the Choice Waiver during the 2019 baseline year and ten-year projection period. Enrollment has been separately estimated for the following population segments:

- QHP Choice Waiver (100% to 138% FPL):** This column represents individuals that are expected to maintain access to QHP coverage and federal premium assistance under the Choice Waiver. In the 2019 baseline year, 18,600 Idahoans with income between 100% and 138% are estimated to have enrolled in QHP coverage through YHI. During the course of the ten-year projection period, QHP enrollment from this population is estimated to slowly decline because of enrollment churn (an increasing proportion of 2019 QHP enrollees are estimated to qualify for other forms of health insurance each year, such as employer-sponsored or Medicare coverage). Without the waiver, these individuals would no longer be eligible for premium assistance under Medicaid expansion (assumed to begin January 1, 2020) and would transition to Medicaid coverage.
- Other ACA Compliant Individual Market Enrollment:** This column reflects individuals with income above 138% FPL who are estimated to enroll in QHP coverage within YHI or purchase ACA compliant coverage outside the state exchange. Other ACA compliant enrollment is not estimated to be materially affected by the Choice Waiver. Enrollment over the ten-year projection period is estimated to slowly increase with overall population growth.
- Total ACA Compliant Enrollment:** This column equals the sum of QHP Choice Waiver and Other ACA Compliant individual market enrollment.
- Opt-Out QHP Medicaid Expansion (100% to 138% FPL):** This column represents individuals that are expected to opt-out of QHP coverage and enroll in Medicaid under the state's Medicaid expansion. In the 2019 baseline year, these individuals are enrolled in QHP coverage. Note, enrollment excludes individuals who are expected to not purchase QHP coverage in the absence of Medicaid expansion.

Note, Figure 4 excludes enrollment for persons with non-ACA compliant coverage in the individual market.

Figure 4 Idaho Department of Insurance Coverage Choice Waiver Estimated ACA Compliant Individual Market and Medicaid Expansion Enrollment under Waiver				
Calendar Year	QHP Choice Waiver (100% to 138% FPL)	Other ACA Compliant Individual Market Enrollment	Total ACA Compliant Enrollment	Opt-Out QHP Medicaid Expansion (100% to 138% FPL)
2019	19,000	79,000	98,000	-
2020	17,000	80,000	97,000	2,000
2021	17,000	83,000	100,000	2,000
2022	17,000	83,000	100,000	3,000
2023	16,000	84,000	100,000	3,000
2024	16,000	84,000	100,000	4,000
2025	16,000	84,000	100,000	4,000
2026	16,000	84,000	100,000	5,000
2027	15,000	86,000	101,000	5,000
2028	15,000	86,000	101,000	6,000
2029	15,000	87,000	102,000	6,000

Note: Values are rounded.

2. ESTIMATED PREMIUM IMPACT FROM 1332 WAIVER

Figure 5 illustrates the estimated claims expense per member per month (PMPM), non-claims expense PMPM, composite premium PMPM and corresponding medical loss ratio (MLR), without adjustment for taxes and assessments or quality improvement expenses, under both the status-quo ACA and the Choice Waiver for the ACA-compliant risk pool.

- Our modeling estimates the ACA-compliant individual market's morbidity will be slightly improved by higher cost individuals with income between 100% and 138% FPL electing to enroll in Medicaid due to its lower out-of-pocket costs.
- Additionally, this enrollment migration will reduce the number of Silver plan enrollees receiving a 94% cost sharing reduction (CSR) plan. With the federal government no longer funding CSR payments directly, Idaho insurers have built the cost of the enhanced CSR plan designs into the premium for Silver-level coverage offered through YHI. The magnitude of "Silver loading" for CSR payments will decrease under the waiver as fewer individuals with Silver QHP coverage will qualify for enhanced CSR plan designs.
- Composite premium PMPMs are also estimated to decline under the waiver as a result of a lower proportion of YHI enrollees choosing Silver coverage. Approximately 80% of QHP enrollees with income between 100% and 138% FPL that are expected to transition to Medicaid under the waiver are assumed to have Silver coverage.

Figure 5 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Claims Expenses and Individual Market Medical Loss Ratio								
Year	Without Waiver				With Waiver			
	Premium PMPM	Claims Expense PMPM	Non-Claims Expense PMPM	MLR	Premium PMPM	Claims Expense PMPM	Non-Claims Expense PMPM	MLR
2019	\$ 514	\$ 445	\$ 69	87%	\$ 514	\$ 445	\$ 69	87%
2020	\$ 534	\$ 464	\$ 70	87%	\$ 527	\$ 457	\$ 70	87%
2021	\$ 557	\$ 485	\$ 72	87%	\$ 548	\$ 477	\$ 71	87%
2022	\$ 583	\$ 510	\$ 74	87%	\$ 573	\$ 499	\$ 73	87%
2023	\$ 614	\$ 539	\$ 76	88%	\$ 601	\$ 526	\$ 75	87%
2024	\$ 647	\$ 570	\$ 78	88%	\$ 632	\$ 554	\$ 77	88%
2025	\$ 681	\$ 601	\$ 80	88%	\$ 663	\$ 584	\$ 79	88%
2026	\$ 716	\$ 634	\$ 82	89%	\$ 695	\$ 614	\$ 81	88%
2027	\$ 749	\$ 665	\$ 84	89%	\$ 726	\$ 642	\$ 84	88%
2028	\$ 784	\$ 697	\$ 87	89%	\$ 757	\$ 672	\$ 86	89%
2029	\$ 820	\$ 731	\$ 89	89%	\$ 791	\$ 703	\$ 88	89%

Notes:

1. Values have been rounded.
2. MLR estimates have not been adjusted for fees and taxes or quality improvement expenses.
3. Values exclude non-ACA compliant coverage.

There is significant uncertainty regarding insurer pricing assumptions with or without the implementation of the 1332 waiver. Insurer competition, regulatory changes, and other unknown factors may result in actual claims and non-claims expenses varying materially from the above values.

3. COVERAGE REQUIREMENTS

As required under 45 CFR 155.1308(f)(3)(iv)(C), a State’s proposed waiver must provide coverage to at least a comparable number of its residents as the provisions of Title I of the ACA. Under Idaho’s 1332 waiver, we expect the number of Idahoans with health insurance coverage will remain stable. The number of Idahoans with health insurance coverage may increase under the waiver to the extent a subset of current QHP enrollees with income between 100% and 138% FPL would opt to not enroll in Medicaid coverage in the absence of the waiver.

The following paragraphs detail 2019 (baseline year) health insurance coverage in the non-group market, as well as estimated coverage changes during the ten-year projection period, 2020 through 2029.

A. NON-GROUP MARKET ENROLLEES BY HOUSEHOLD INCOME

Figure 6 illustrates estimated non-group market enrollment in thousands under the status-quo ACA (without waiver) during the baseline year (2019), and the projection period (2020 through 2029) by household income, as measured as a percentage of the FPL. Enrollment figures include all comprehensive non-group coverage, including transitional and grandfathered coverage.

Figure 6 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees by Household Income: 2019 through 2029 (Thousands) Without Waiver											
Income Level % of FPL	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
0% to <100%	1	1	1	2	2	2	2	2	2	2	2
>=100% to <=150%	24	24	24	24	25	25	25	26	26	26	26
>150% to <=200%	18	19	19	19	19	20	20	20	20	21	21
>200% to <=250%	15	15	16	16	16	16	17	17	17	17	17
>250% to <=300%	8	8	8	8	8	8	8	8	8	8	9
>300% to <=400%	9	8	9	9	9	9	9	9	9	10	10
>400%	37	32	25	25	25	24	24	23	23	23	23
Total Individual	112	108	102	103	103	104	104	105	106	107	108

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are rounded separately.

As shown in Figure 6, the greatest concentration of non-group market enrollment in the 2019 baseline year and ten-year projection period has household income ranging from 100% to 250% FPL, representing more than half of market enrollment in each year. It is assumed that the vast majority of these households are receiving federal premium assistance to purchase health insurance coverage through YHI. The structure of the ACA’s premium subsidy has resulted in minimal out-of-pocket premium rate increases for households purchasing coverage with federal premium assistance through YHI. We expect out-of-pocket premium rates for the APTC-eligible population will not materially change during the ten-year projection period, resulting in steady APTC-eligible enrollment, with slight increases driven by population growth.

The population with household income above 400% FPL or below 100% FPL (with the exception of lawfully present non-citizens) is not eligible for premium assistance under the ACA. As a result of additional premium rate increases, and the phase-out of non-ACA coverage assumed to occur in 2021, we estimate the number of individuals purchasing coverage in the non-group market without APTC declines during the ten-year projection period.

- At the end of 2020, we assume transitional/grandfathered coverage will end, with a portion of these individuals electing to become uninsured in 2021.
- From 2021 through the end of the projection period, we estimate a slow erosion of enrollment from the population not qualifying for premium assistance.

Figure 7 illustrates estimated non-group market enrollment in thousands under the 1332 waiver (with waiver) during the baseline year (2019), and projection period (2020 through 2029). Additionally, the figure illustrates estimated Medicaid expansion enrollment for individuals with income between 100% and 138% FPL who would have otherwise enrolled in QHP coverage absent the waiver.

Note, other Medicaid expansion enrollment, which is not estimated to be impacted by the Choice Waiver, has been excluded from Figure 7. Enrollment figures include all comprehensive non-group coverage, including transitional and grandfathered coverage.

Figure 7 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market and Medicaid Expansion (former QHP) Enrollees by Household Income: 2019 through 2029 (Thousands) With Waiver											
Income Level % of FPL	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
0% to <100%	1	1	1	2	2	2	2	2	2	2	2
>=100% to <=150%	24	22	22	22	22	21	21	21	21	21	20
>150% to <=200%	18	19	19	19	19	20	20	20	20	21	21
>200% to <=250%	15	15	16	16	16	16	17	17	17	17	17
>250% to <=300%	8	8	8	8	8	8	8	8	8	8	9
>300% to <=400%	9	8	9	9	9	9	9	9	9	10	10
>400%	37	32	25	25	25	24	24	23	23	23	23
Total Individual	112	106	100	100	100	100	100	100	101	101	102
Medicaid Expansion (former QHP)	0	2	2	3	3	4	4	5	5	6	6

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are rounded separately.

Figure 8 illustrates the estimated net non-group market and Medicaid expansion enrollment change resulting from the implementation of the 1332 waiver from 2020 through 2029. As a result of the Medicaid expansion, we estimate enrollment declines within Idaho's individual market and corresponding increases to Medicaid coverage. Enrollment figures include all comprehensive non-group coverage, including transitional and grandfathered coverage. Medicaid expansion reflects only enrollment for individuals with income between 100% and 138% FPL who would have otherwise enrolled in QHP coverage absent the waiver.

Figure 8 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees by Household Income: 2019 through 2029 (Thousands) Net Enrollment Change Resulting from Waiver											
Income Level % of FPL	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
0% to <100%	0	0	0	0	0	0	0	0	0	0	0
>=100% to <=150%	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)
>150% to <=200%	0	0	0	0	0	0	0	0	0	0	0
>200% to <=250%	0	0	0	0	0	0	0	0	0	0	0
>250% to <=300%	0	0	0	0	0	0	0	0	0	0	0
>300% to <=400%	0	0	0	0	0	0	0	0	0	0	0
>400%	0	0	0	0	0	0	0	0	0	0	0
Total Individual	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)
Medicaid Expansion (former QHP)	0	2	2	3	3	4	4	5	5	6	6

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are rounded separately.

As observed in Figure 8, overall health insurance coverage enrollment is estimated to remain stable under the waiver. We estimate the waiver results in a transition from QHP to Medicaid expansion coverage for some persons with household income between 100% and 138% FPL.

B. NON-GROUP MARKET ENROLLMENT BY PREMIUM TAX CREDIT ELIGIBILITY

Figures 9, 10, and 11 illustrate the impact to non-group market enrollment resulting from the Choice Waiver based on enrollee APTC eligibility status with waiver, without waiver, and the net change. Under the ACA, qualifying households with income between 100%⁵ and 400% of the FPL are eligible for an APTC that may be used to purchase health insurance coverage through YHI. These figures illustrate estimated non-group market enrollment without waiver, with waiver, and the net change. Enrollment figures under the Choice Waiver (with waiver) include all comprehensive non-group coverage, including transitional and grandfathered coverage.

Figure 9 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees by Premium Tax Credit Status: 2019 through 2029 (Thousands) Without Waiver											
APTC Status	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Eligible	74	74	77	78	79	80	81	82	83	84	85
Not Eligible	39	34	26	25	25	24	24	23	23	23	23
Composite	112	108	102	103	103	104	104	105	106	107	108

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

Figure 10 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees by Premium Tax Credit Status: 2019 through 2029 (Thousands) With Waiver											
APTC Status	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Eligible	74	73	74	75	75	76	76	77	78	78	79
Not Eligible	39	34	26	25	25	24	24	23	23	23	23
Composite	112	106	100	100	100	100	100	100	101	101	102
Medicaid Expansion (former QHP)	0	2	2	3	3	4	4	5	5	6	6

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

Figure 11 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees by Premium Tax Credit Status: 2019 through 2029 (Thousands) Net Enrollment Change Resulting from Waiver											
APTC Status	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Eligible	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)
Not Eligible	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Composite	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)
Medicaid Expansion (former QHP)	0	2	2	3	3	4	4	5	5	6	6

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

⁵ Lawfully present non-citizens with income below 100% FPL may also receive a premium tax credit.

Nearly two-thirds of individual market enrollees are expected to receive an APTC to purchase health insurance coverage during the 2019 baseline year. As a result of a portion of the 100% to 138% FPL population transitioning to Medicaid coverage, APTC enrollees are estimated to represent a lower proportion of the residual individual market during the projection period.

- Without the waiver (Figure 11), APTC eligibility increases to 79% (85/108) of total individual market enrollment by 2029.
- With the waiver (Figure 12), the percentage of market enrollees estimated to receive an APTC is slightly reduced to approximately 77% (79/102) of total market enrollment in 2029.

The enrollment decreases illustrated from 2019 to 2020 reflect the impact of transitional coverage assumed to end on December 31, 2020. Changes to the State's transitional coverage policy may impact individual market enrollment during the course of the projection period.

C. NON-GROUP MARKET ENROLLMENT BY METALLIC LEVEL

Figures 12, 13, and 14 illustrate the estimated impact to non-group market enrollment by plan level with waiver, without waiver, and the net change. Under the ACA, households may purchase a non-group plan in one of four metallic tiers: Bronze, Silver, Gold, or Platinum.⁶ However, insurers participating in Idaho's non-group market do not currently offer Platinum level coverage. Catastrophic plans are available for individuals under 30 or persons qualifying for an unaffordability or hardship exemption. Additionally, there is a relatively small portion of the non-group market that has maintained grandfathered or transitional coverage that was first purchased prior to the ACA's reformed rating rules implemented in 2014. Based on discussions with the IDOI, we assumed transitional coverage will end and grandfathered coverage would phase-out after 2020.

Figure 12
Idaho Department of Insurance
Coverage Choice Waiver
Estimated Non-Group Market Enrollees by Plan Level: 2019 through 2029 (Thousands)
Without Waiver

Plan Level	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Catastrophic	1	1	1	1	1	1	1	1	1	1	1
Bronze	50	50	52	52	52	53	53	53	53	54	54
Silver	37	38	38	39	39	40	40	40	41	41	42
Gold	10	10	11	11	11	11	11	11	11	11	11
Platinum	0	0	0	0	0	0	0	0	0	0	0
Non-ACA	14	9	0	0	0	0	0	0	0	0	0
Composite	112	108	102	103	103	104	104	105	106	107	108

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

Figure 13
Idaho Department of Insurance
Coverage Choice Waiver
Estimated Non-Group Market Enrollees by Plan Level: 2019 through 2029 (Thousands)
With Waiver

Plan Level	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Catastrophic	1	1	1	1	1	1	1	1	1	1	1
Bronze	50	50	52	52	52	52	52	52	52	53	53
Silver	37	36	37	37	37	37	37	37	37	37	37
Gold	10	10	11	11	11	11	11	11	11	11	11
Platinum	0	0	0	0	0	0	0	0	0	0	0
Non-ACA	14	9	0	0	0	0	0	0	0	0	0
Composite Individual	112	106	100	100	100	100	100	100	101	101	102
Medicaid Expansion (former QHP)	0	2	2	3	3	4	4	5	5	6	6

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

⁶ See <https://www.healthcare.gov/choose-a-plan/plans-categories/> for more information.

Figure 14
Idaho Department of Insurance
Coverage Choice Waiver
Estimated Non-Group Market Enrollees by Plan Level: 2019 through 2029 (Thousands)
Net Enrollment Change Resulting from Waiver

Plan Level	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Catastrophic	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Bronze	0	(0)	(0)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Silver	0	(1)	(2)	(2)	(2)	(3)	(3)	(4)	(4)	(4)	(5)
Gold	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Platinum	0	0	0	0	0	0	0	0	0	0	0
Non-ACA	0	0	0	0	0	0	0	0	0	0	0
Composite	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)
Medicaid Expansion (former QHP)	0	2	2	3	3	4	4	5	5	6	6

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

As shown in Figure 14, the majority of individual market enrollment decreases resulting from the waiver are estimated to come from the Silver coverage tier, as individuals with income between 100% and 150% predominately enroll in Silver coverage to have access to the 94% CSR plan design.⁷

⁷ Note, native Americans with below 300% FPL receive a 100% CSR plan design regardless of coverage tier selected.

D. NON-GROUP MARKET ENROLLMENT BY AGE

Figures 15, 16, and 17 illustrate the estimated impacts to non-group market enrollment by age group without waiver, with waiver, and the net change.

Figure 15 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees by Plan Level: 2019 through 2029 (Thousands) Without Waiver											
Age Group	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
17 and Under	18	17	15	15	15	15	15	15	15	15	15
18 to 25	12	11	10	10	10	10	10	10	10	10	10
26 to 34	17	17	16	16	17	17	17	17	17	17	18
35 to 44	17	17	16	16	16	16	16	16	16	16	16
45 to 54	18	18	17	16	16	16	16	16	16	16	16
55 to 64	29	29	28	28	29	29	30	30	31	32	32
65 and Over	0	0	0	0	0	0	0	0	0	0	0
Total	112	108	102	103	103	104	104	105	106	107	108

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

Figure 16 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees by Plan Level: 2019 through 2029 (Thousands) With Waiver											
Age Group	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
17 and Under	18	17	15	15	15	15	15	15	15	15	15
18 to 25	12	11	10	10	10	10	10	10	10	9	9
26 to 34	17	16	16	16	16	16	16	16	16	16	16
35 to 44	17	16	16	15	15	15	15	15	15	15	15
45 to 54	18	17	16	16	16	16	16	16	16	16	16
55 to 64	29	28	27	28	28	28	29	29	29	30	31
65 and Over	0	0	0	0	0	0	0	0	0	0	0
Total	112	106	100	100	100	100	100	100	101	101	102

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

Figure 17
Idaho Department of Insurance
Coverage Choice Waiver
Estimated Non-Group Market Enrollees by Plan Level: 2019 through 2029 (Thousands)
Net Enrollment Change Resulting from Waiver

Age Group	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
17 and Under	0	0	0	0	0	0	0	0	0	0	0
18 to 25	0	(0)	(0)	(0)	(0)	(0)	(1)	(1)	(1)	(1)	(1)
26 to 34	0	(0)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
35 to 44	0	(0)	(0)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
45 to 54	0	(0)	(0)	(0)	(0)	(1)	(1)	(1)	(1)	(1)	(1)
55 to 64	0	(0)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(2)	(2)
65 and Over	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Total	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)

Notes:

1. Values are rounded to the nearest thousand.
2. Total values are separately rounded.

As shown in Figure 17, the change in enrollment in the individual market due to the Choice Waiver is projected to decrease individual market enrollment across each age group. Note, children with household income between 100% and 138% FPL have existing Medicaid eligibility; therefore, we do not project any changes to individual market enrollment amongst the 17 and under population.

E. NON-GROUP MARKET ENROLLMENT BY HEALTH STATUS

This section provides the estimated impact to non-group market enrollment by health status from the 1332 waiver. As discussed in the methodology section of this report, health status is defined based on an individual's estimated risk score relativity. Figure 18 illustrates the estimated change in non-group market morbidity under the status-quo ACA (without waiver) and under the Choice Waiver during the baseline year (2019), and projection period (2020 through 2029).

Figure 18 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Market Enrollees Morbidity: 2019 through 2029											
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Morbidity Change	0.0%	(1.0%)	(1.3%)	(1.5%)	(1.7%)	(1.9%)	(2.1%)	(2.3%)	(2.5%)	(2.6%)	(2.8%)

As the Choice Waiver is estimated to have a higher likelihood of transitioning higher morbidity individuals to Medicaid, the morbidity of the non-group risk pool is estimated to improve under the waiver.

4. AFFORDABILITY REQUIREMENTS

As required under 45 CFR 155.1308(f)(3)(iv)(B), a state's proposed 1332 waiver must provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable under Title I of the ACA. As described in CMS-9936-N, increasing the number of state residents with large health care spending burdens relative to their incomes would result in a waiver proposal failing to meet the affordability requirement of the 1332 waiver application.⁸ Additionally, regulations state an evaluation of the affordability requirement will take into account the impact of the waiver proposal to "vulnerable residents, including low-income individuals, elderly individuals, and those with serious health issues or who have a greater risk of developing serious health issues".

The Choice Waiver is estimated to result in premium rate decreases of approximately (1%) to (4%) (relative to without the waiver). This decrease is driven by two factors:

Reduced Silver CSR Loading: As a portion of the current QHP population with income between 100% and 138% is anticipated to transition to Medicaid coverage, this will reduce the number of Silver plan enrollees receiving a 94% cost sharing reduction (CSR) plan. With the federal government no longer funding CSR payments directly, Idaho insurers have built the cost of the enhanced CSR plan designs into the premium for Silver-level coverage offered through YHI. The magnitude of "Silver loading" for CSR payments is estimated to decrease under the waiver as fewer individuals with Silver QHP coverage will qualify for enhanced CSR plan designs.

Individual market morbidity: We estimate that morbidity among the QHP population will improve. It is assumed that persons with known healthcare costs may be more likely to transition to Medicaid due to its lower out-of-pocket costs.

While the overall premium rate impacts from the Choice Waiver are minimal, the following directional impacts are estimated to be experienced by different cohorts of Idaho's individual health insurance market.

- For the majority of the existing APTC-eligible population, the 1332 waiver will not impact out-of-pocket premium costs for the second-lowest cost Silver plan (subsidy benchmark plan). These households will continue to pay up to a maximum percentage of their household income for the subsidy benchmark plan.
- A very small portion of consumers receiving an APTC in the absence of the Choice Waiver may no longer be eligible for the subsidy after the implementation of the Choice Waiver, due to the premium expense not exceeding the maximum percentage of household income as defined under the ACA. These consumers will realize out-of-pocket premium savings as a result of the Choice Waiver.
- For consumers purchasing coverage through YHI without an APTC or outside YHI, premium savings will be realized from the Choice Waiver.
- For persons qualifying for APTC that are purchasing Bronze level coverage, it is possible that out-of-pocket premiums may increase as a result of the Choice Waiver. As the Choice Waiver is estimated to reduce the dollar amount of the APTC for qualifying individuals, the available financial assistance that can be applied to the purchase of Bronze level coverage is reduced. Based on 2019 enrollment data provided by IDOI, and adjusting for effectuated enrollment assumptions, approximately 30,000 Idahoans are purchasing Bronze coverage with an APTC.
- For low income individuals, the ACA's subsidy structure may create the availability of a \$0 out-of-pocket premium for Bronze coverage. Due to the federal government no longer making direct CSR payments to insurers, the premium gap between Bronze and Silver coverage significantly widened, with average Bronze premium rates increasing by less than 10% relative to approximately 40% for Silver plans in 2018.⁹ In 2019, we estimate a significant portion of persons with income under 200% FPL qualifying for premium assistance are eligible to purchase a \$0 Bronze plan.¹⁰

⁸ See <https://www.gpo.gov/fdsys/pkg/FR-2015-12-16/pdf/2015-31563.pdf> for more information.

⁹ See <https://doi.idaho.gov/DisplayPDF?id=4039> for more information.

¹⁰ See <https://www.kff.org/health-reform/issue-brief/how-premiums-are-changing-in-2018/> for more information.

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- Due to the ACA's permissible 3:1 age rating factor and the discontinuation of federal CSR payments, some older adults are eligible for a \$0 Bronze plan at income levels above 300% FPL. As the Choice Waiver is estimated to reduce premiums, it is likely the number of marketplace enrollees qualifying for a \$0 Bronze plan will decrease to a very small degree relative to without the waiver.
 - For enrollees with income under 200% FPL, we estimate a large portion of marketplace enrollees will continue to have access to a Bronze plan with \$0 out-of-pocket premium. Additionally, the majority of consumers with income less than 200% FPL are projected to purchase Silver coverage to access plans with reduced cost sharing (CSR variants).

Premium savings from the Choice Waiver will vary by allowable rating factors under the ACA and the APTC structure: age, tobacco-usage, geographic location, plan metallic level (Silver plans are estimated to have the largest premium rate decreases due to less CSR loading), and household income. Enrollees will realize out-of-pocket premium savings consistent with their demographics as they relate to these factors. The Choice Waiver does not make any changes to required insurer plan design, cost sharing limitations, or cost sharing assistance in the non-group market.

The following sections provide estimates of changes in market premiums and APTC amounts resulting from the Choice Waiver.

A. NON-GROUP MARKET PER MEMBER PER MONTH PREMIUM

Figures 19, 20, and 21 illustrate estimated non-group PMPM premiums for 2019 and the ten-year projection period without the waiver, under the waiver, and the net change in PMPM premiums. We have illustrated premiums separately for ACA-compliant coverage (ACA) and transitional/grandfathered coverage (Non-ACA). ACA coverage reflects premiums attributable to coverage purchased through YHI, as well as coverage outside YHI that is compliant with ACA rating rules. Note, drivers of premium rate changes include direct impacts from the Choice Waiver, as well as age and plan mix changes. Non-ACA coverage is assumed to end after 2020 under both the without and with waiver scenarios. In projecting premium rates beyond 2020, we have relied on CMS Office of the Actuary's National Health Expenditure projections for per capita private health insurance spending (excluding Medigap and Property & Casualty insurance).¹¹ The CMS projections estimate per capita premium annual premium trends of approximately 5%.

Figure 19 Idaho Department of Health and Welfare Coverage Choice Waiver Estimated Non-Group Premium PMPM by Plan Type: 2019 through 2029 Without Waiver											
Plan Type	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
ACA	\$ 514	\$ 534	\$ 557	\$ 583	\$ 614	\$ 647	\$ 681	\$ 716	\$ 749	\$ 784	\$ 820
Non-ACA	\$ 258	\$ 273	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Composite	\$ 482	\$ 512	\$ 557	\$ 583	\$ 614	\$ 647	\$ 681	\$ 716	\$ 749	\$ 784	\$ 820

Note: Values are rounded to the nearest whole dollar.

Under the Choice Waiver, we assumed incremental transitions from QHP to Medicaid expansion coverage for the population with income between 100% and 138% FPL. In each projection year, there is an incremental premium rate reduction from reduced Silver loading for CSR payments, and slightly improved risk pool morbidity. To the extent a full transition from QHP to Medicaid expansion occurred in 2020, the incremental premium rate change from the waiver would be experienced fully in 2020. Conversely, if no transition occurred during the projection period, we would estimate zero impact to individual market premium rates from the waiver (although actual premiums may reflect insurers assuming transitions would occur).

Figure 20 Idaho Department of Health and Welfare Coverage Choice Waiver Estimated Non-Group Premium PMPM by Plan Type: 2019 through 2029 With Waiver											
Plan Type	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
ACA	\$ 514	\$ 527	\$ 548	\$ 573	\$ 601	\$ 632	\$ 663	\$ 695	\$ 726	\$ 757	\$ 791
Non-ACA	\$ 258	\$ 273	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Composite	\$ 482	\$ 506	\$ 548	\$ 573	\$ 601	\$ 632	\$ 663	\$ 695	\$ 726	\$ 757	\$ 791

Note: Values are rounded to the nearest whole dollar.

Figure 21 Idaho Department of Health and Welfare Coverage Choice Waiver Estimated Non-Group Premium PMPM by Plan Type: 2019 through 2029 Net PMPM Dollar Change											
Plan Type	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
ACA	\$ 0	\$ (7)	\$ (9)	\$ (11)	\$ (13)	\$ (16)	\$ (18)	\$ (21)	\$ (24)	\$ (26)	\$ (29)
Non-ACA	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Composite	\$ 0	\$ (6)	\$ (9)	\$ (11)	\$ (13)	\$ (16)	\$ (18)	\$ (21)	\$ (24)	\$ (26)	\$ (29)

Note: Values are rounded to the nearest whole dollar.

¹¹ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2018Tables.zip>, Table 17.

As observed in the above figures, the Choice Waiver is estimated to result in a PMPM premium decrease for ACA compliant coverage of \$7 to \$29 PMPM during the ten-year projection period relative to estimated premium levels without the waiver. The above premium rate changes have not been normalized for changes in age and metallic plan mix resulting from the Choice Waiver. Premium rates under the waiver in 2020 and beyond are estimated to increase due primarily to healthcare expense inflation, while still being lower than if the waiver and Medicaid expansion were not implemented.

B. NON-GROUP MARKET AGGREGATE PREMIUM

The following tables illustrate estimated non-group aggregate premium for 2019 and the ten-year projection period without the waiver, under the waiver, and the net change in aggregate premium. We have illustrated premiums separately for ACA-compliant coverage (ACA) and transitional/grandfathered coverage (Non-ACA). ACA coverage reflects premiums attributable to coverage purchased through YHI, as well as coverage outside YHI that is compliant with ACA rating rules.

Figure 22 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Aggregate Premium by Plan Type: 2019 through 2029 (\$ Millions) Without Waiver											
Plan Type	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
ACA	\$ 606	\$ 634	\$ 682	\$ 718	\$ 761	\$ 806	\$ 853	\$ 901	\$ 952	\$ 1,006	\$ 1,064
Non-ACA	\$ 43	\$ 29	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Composite	\$ 649	\$ 664	\$ 682	\$ 718	\$ 761	\$ 806	\$ 853	\$ 901	\$ 952	\$ 1,006	\$ 1,064

Note: Dollar amounts are rounded to the nearest million.

As illustrated in Figure 22, aggregate ACA-compliant premiums in 2019 are estimated to be \$606 million. Non-ACA compliant premiums are estimated to represent less than 10% of 2019 aggregate individual market premiums without the waiver, totaling approximately \$43 million in 2019. During the projection period, individual market premium volume is estimated to increase to approximately \$1.1 billion.

Figure 23 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Aggregate Premium by Plan Type: 2019 through 2029 (\$ Millions) With Waiver											
Plan Type	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
ACA	\$ 606	\$ 616	\$ 657	\$ 687	\$ 722	\$ 759	\$ 798	\$ 837	\$ 878	\$ 922	\$ 969
Non-ACA	\$ 43	\$ 29	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Composite	\$ 649	\$ 645	\$ 657	\$ 687	\$ 722	\$ 759	\$ 798	\$ 837	\$ 878	\$ 922	\$ 969

Note: Dollar amounts are rounded to the nearest million.

Figure 24 Idaho Department of Insurance Coverage Choice Waiver Estimated Non-Group Aggregate Premium by Plan Type: 2019 through 2029 (\$ Millions) Net Change											
Plan Type	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
ACA	\$ 0	\$ (19)	\$ (25)	\$ (32)	\$ (39)	\$ (47)	\$ (55)	\$ (64)	\$ (74)	\$ (84)	\$ (95)
Non-ACA	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Composite	\$ 0	\$ (19)	\$ (25)	\$ (32)	\$ (39)	\$ (47)	\$ (55)	\$ (64)	\$ (74)	\$ (84)	\$ (95)

Note: Dollar amounts are rounded to the nearest million.

The above figures illustrate a decrease to aggregate ACA premiums resulting from the implementation of the Choice Waiver in 2020. This decrease is driven by slightly lower per capita premiums, as well as the transition from ACA-compliant to Medicaid coverage for persons with income between 100% and 138% FPL.

C. SECOND-LOWEST-COST SILVER PLAN PREMIUM – 40 YEAR OLD

Figures 25, 26, and 27 illustrate the estimated second-lowest-cost Silver plan PMPM premiums (also referred to as the “subsidy benchmark plan”) for a single, 40 year old, non-tobacco user in Idaho’s six rating areas.¹² The majority of enrollment is estimated to be in Rating Areas 3 through 5, representing 73% of statewide individual market enrollment. We have assumed variation by rating area during the projection period is consistent with the observed variation in the baseline year.

Figure 25 Idaho Department of Insurance Coverage Choice Waiver Estimated Second Lowest Cost Silver Plan PMPM Premium, Single 40 Year Old: 2019 through 2029 Without Waiver											
Rating Area	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
1	\$ 470	\$488	\$ 509	\$ 533	\$ 562	\$ 592	\$ 623	\$ 655	\$ 685	\$ 717	\$ 750
2	\$ 511	\$ 531	\$ 554	\$ 580	\$ 611	\$ 644	\$ 678	\$ 712	\$ 745	\$ 780	\$ 816
3	\$ 479	\$ 497	\$ 519	\$ 543	\$ 572	\$ 603	\$ 635	\$ 667	\$ 698	\$ 730	\$ 764
4	\$ 483	\$ 502	\$ 524	\$ 549	\$ 578	\$ 609	\$ 641	\$ 673	\$ 704	\$ 737	\$ 771
5	\$ 500	\$ 520	\$ 542	\$ 568	\$ 598	\$ 630	\$ 663	\$ 697	\$ 729	\$ 763	\$ 798
6	\$ 510	\$ 530	\$ 553	\$ 579	\$ 610	\$ 642	\$ 676	\$ 711	\$ 744	\$ 778	\$ 814
Composite	\$ 486	\$ 505	\$ 526	\$ 551	\$ 581	\$ 612	\$ 644	\$ 677	\$ 708	\$ 741	\$ 775

Notes:

1. Values are rounded to the nearest whole dollar.
2. Premiums reflect non-tobacco user.

Figure 26 Idaho Department of Insurance Coverage Choice Waiver Estimated Second Lowest Cost Silver Plan PMPM Premium, Single 40 Year Old: 2019 through 2029 With Waiver and Medicaid Expansion											
Rating Area	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
1	\$ 470	\$482	\$ 501	\$ 523	\$ 550	\$ 578	\$ 606	\$ 636	\$ 663	\$ 692	\$ 723
2	\$ 511	\$ 524	\$ 545	\$ 569	\$ 598	\$ 628	\$ 660	\$ 691	\$ 722	\$ 753	\$ 786
3	\$ 479	\$ 491	\$ 511	\$ 533	\$ 560	\$ 588	\$ 618	\$ 647	\$ 676	\$ 705	\$ 736
4	\$ 483	\$ 496	\$ 516	\$ 538	\$ 566	\$ 594	\$ 624	\$ 654	\$ 682	\$ 712	\$ 744
5	\$ 500	\$ 513	\$ 534	\$ 557	\$ 585	\$ 615	\$ 646	\$ 677	\$ 706	\$ 737	\$ 770
6	\$ 510	\$ 523	\$ 544	\$ 568	\$ 597	\$ 627	\$ 658	\$ 690	\$ 720	\$ 752	\$ 785
Composite	\$ 486	\$ 498	\$ 518	\$ 541	\$ 569	\$ 597	\$ 627	\$ 657	\$ 686	\$ 716	\$ 748

Notes:

1. Values are rounded to the nearest whole dollar.
2. Premiums reflect non-tobacco user.

¹² <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/id-gra.html>

Figure 27 Idaho Department of Insurance Coverage Choice Waiver Estimated Second Lowest Cost Silver Plan PMPM Premium, Single 40 Year Old: 2019 through 2029 Net Change											
Rating Area	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
1	\$ 0	\$ (6)	\$ (8)	\$ (10)	\$ (12)	\$ (14)	\$ (17)	\$ (19)	\$ (22)	\$ (24)	\$ (27)
2	\$ 0	\$ (7)	\$ (9)	\$ (11)	\$ (13)	\$ (15)	\$ (18)	\$ (21)	\$ (23)	\$ (26)	\$ (29)
3	\$ 0	\$ (6)	\$ (8)	\$ (10)	\$ (12)	\$ (14)	\$ (17)	\$ (19)	\$ (22)	\$ (25)	\$ (27)
4	\$ 0	\$ (6)	\$ (8)	\$ (10)	\$ (12)	\$ (15)	\$ (17)	\$ (20)	\$ (22)	\$ (25)	\$ (28)
5	\$ 0	\$ (7)	\$ (8)	\$ (10)	\$ (13)	\$ (15)	\$ (18)	\$ (20)	\$ (23)	\$ (26)	\$ (29)
6	\$ 0	\$ (7)	\$ (9)	\$ (11)	\$ (13)	\$ (15)	\$ (18)	\$ (21)	\$ (23)	\$ (26)	\$ (29)
Composite	\$ 0	\$ (6)	\$ (8)	\$ (10)	\$ (12)	\$ (15)	\$ (17)	\$ (20)	\$ (22)	\$ (25)	\$ (28)

Notes:

1. Values are rounded to the nearest whole dollar.
2. Premiums reflect non-tobacco user.

As shown in Figure 27, each rating area is expected to experience a reduction in the premium amount for the subsidy benchmark plan under the “with waiver” scenario. We have assumed the baseline premium rates accurately reflect the underlying insured population in each rating region. Therefore, on a PMPM basis, rating areas with higher baseline premiums are estimated to have a greater PMPM reduction relative to rating areas with less expense premiums. On a percentage basis, we estimate premium rate reductions of approximately (1%) to (4%) resulting from the Choice Waiver and Medicaid expansion for the subsidy benchmark plan.

Because of loading for CSR plan designs on Silver exchange plans, the premium rate change resulting from the waiver will be impacted by the number of persons electing to transition from QHP to Medicaid coverage. To the extent no transitions occur, we estimate the waiver will have no impact to individual market premium rates. Conversely, if all QHP enrollees in the 100% to 138% FPL cohort transitioned to Medicaid, we would estimate a larger decrease to Silver marketplace premium rates as significantly fewer persons would qualify for the 94% actuarial value CSR plan variant (which would reduce the amount of loading necessary for insurers to include in Silver exchange premiums).

To the extent direct federal funding of CSR payments is restored, the premium rate estimates in this report would be materially impacted. Direct funding of CSR payments would result in the premium rate change estimated under the waiver being driven by individual market risk pool morbidity changes, rather than a combination of morbidity and CSR loading variances.

Figure 28 illustrates the sensitivity of premium rate change estimates based on the number of persons with income between 100% and 138% FPL transitioning to Medicaid from QHP coverage. In addition to the without waiver and with waiver premium rate estimates, the figure also provides the estimated premium rates under a “full transition” scenario (all QHP enrollees in the 100% to 138% FPL cohort transition to Medicaid).

Figure 28
Idaho Department of Insurance
Coverage Choice Waiver
Estimated Second Lowest Cost Silver Plan PMPM Premium, Single 40 Year Old: 2019 through 2029
Waiver Scenarios

Scenario	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Without Waiver	\$ 486	\$ 505	\$ 526	\$ 551	\$ 581	\$ 612	\$ 644	\$ 677	\$ 708	\$ 741	\$ 775
With Waiver – Best Estimate	\$ 486	\$ 498	\$ 518	\$ 541	\$ 569	\$ 597	\$ 627	\$ 657	\$ 686	\$ 716	\$ 748
With Waiver – Full Transition	\$ 486	\$ 481	\$ 501	\$ 524	\$ 551	\$ 579	\$ 609	\$ 639	\$ 667	\$ 697	\$ 728
% Change Best Estimate	0.0%	(1.3%)	(1.5%)	(1.8%)	(2.1%)	(2.4%)	(2.7%)	(2.9%)	(3.1%)	(3.4%)	(3.6%)
% Change Full Transition	0.0%	(4.7%)	(4.8%)	(5.0%)	(5.2%)	(5.3%)	(5.5%)	(5.7%)	(5.8%)	(6.0%)	(6.1%)

Note: Values are rounded.

As shown in Figure 28, a full transition scenario is estimated to result in greater premium rate reductions relative to our best estimate waiver scenario. The additional premium rate reduction is attributable to further reduction in Silver loading for CSR costs and improved risk pool morbidity. The full transition scenario would also result in greater reductions in federal premium assistance expenditures relative to the best estimate with waiver scenario.

Note, while persons electing to not purchase QHP coverage without the waiver will be eligible for both Medicaid and QHP coverage under the waiver, we have assumed these persons will enroll in Medicaid (or remain uninsured) under the waiver. As out-of-pocket QHP premium costs are not estimated to materially change as a result of the waiver for persons qualifying for premium assistance that have income between 100% and 138% FPL under the waiver, we have assumed the Choice Waiver will not change the likelihood of this population cohort purchasing QHP coverage through YHI.

D. ADVANCED PREMIUM TAX CREDIT

Figures 29, 30, and 31 illustrate the estimated number of average monthly enrollees receiving an APTC through YHI, the average APTC PMPM amount, and aggregate APTC expenditures for 2019 and the ten-year projection period without the waiver, under the waiver, and the net change for these values resulting from waiver implementation. In the without waiver scenario, we estimate aggregate APTC expenditures of approximately \$434 million in 2019, increasing to approximately \$800 million by 2029.

Figure 29 Idaho Department of Insurance Coverage Choice Waiver Estimated Premium Tax Credit Enrollment and Expenditures: 2019 through 2029 Without Waiver											
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
100% to 138% FPL											
APTC Enrollees ¹	19	19	19	19	20	20	20	20	20	21	21
APTC PMPM ²	\$ 600	\$ 621	\$ 649	\$ 680	\$ 714	\$ 751	\$ 790	\$ 829	\$ 866	\$ 906	\$ 947
Aggregate APTC ³	\$ 134	\$ 140	\$ 148	\$ 157	\$ 167	\$ 178	\$ 190	\$ 201	\$ 213	\$ 225	\$ 238
Other FPL											
APTC Enrollees ¹	55	56	58	58	59	60	61	61	62	63	64
APTC PMPM ²	\$ 456	\$ 471	\$ 491	\$ 522	\$ 546	\$ 577	\$ 609	\$ 642	\$ 672	\$ 705	\$ 738
Aggregate APTC ³	\$ 301	\$ 314	\$ 339	\$ 365	\$ 386	\$ 414	\$ 443	\$ 472	\$ 501	\$ 531	\$ 564
Total											
APTC Enrollees ¹	74	74	77	78	79	80	81	82	83	84	85
APTC PMPM ²	\$ 492	\$ 509	\$ 530	\$ 562	\$ 587	\$ 620	\$ 654	\$ 688	\$ 721	\$ 754	\$ 790
Aggregate APTC ³	\$ 434	\$ 455	\$ 487	\$ 522	\$ 554	\$ 592	\$ 632	\$ 673	\$ 714	\$ 757	\$ 802

Notes:

1. Values for APTC enrollees are rounded to the nearest thousand.
2. Values for APTC PMPM are rounded to the nearest whole dollar.
3. Values for Aggregate APTC are rounded to the nearest million.
4. Figures represent estimated average monthly effectuated enrollment each year.
5. Other FPL includes non-citizens with income under 100% FPL qualifying for premium assistance.
6. Total values are separately rounded.

Figure 30
Idaho Department of Insurance
Coverage Choice Waiver
Estimated Premium Tax Credit Enrollment and Expenditures: 2019 through 2029
With Waiver

	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
100% to 138% FPL											
APTC Enrollees ¹	19	17	17	17	16	16	16	16	15	15	15
APTC PMPM ²	\$ 600	\$ 614	\$ 640	\$ 669	\$ 701	\$ 735	\$ 771	\$ 807	\$ 842	\$ 879	\$ 917
Aggregate APTC ³	\$ 134	\$ 126	\$ 129	\$ 133	\$ 138	\$ 142	\$ 147	\$ 152	\$ 156	\$ 161	\$ 165
Other FPL											
APTC Enrollees ¹	55	56	58	58	59	60	61	61	62	63	64
APTC PMPM ²	\$ 456	\$ 465	\$ 484	\$ 514	\$ 535	\$ 564	\$ 595	\$ 625	\$ 654	\$ 684	\$ 715
Aggregate APTC ³	\$ 301	\$ 311	\$ 334	\$ 359	\$ 379	\$ 405	\$ 432	\$ 460	\$ 487	\$ 516	\$ 546
Total											
APTC Enrollees ¹	74	73	74	75	75	76	76	77	78	78	79
APTC PMPM ²	\$ 492	\$ 500	\$ 520	\$ 548	\$ 571	\$ 601	\$ 632	\$ 662	\$ 691	\$ 722	\$ 754
Aggregate APTC ³	\$ 434	\$ 437	\$ 464	\$ 492	\$ 517	\$ 547	\$ 579	\$ 612	\$ 643	\$ 676	\$ 711

Notes:

1. Values for APTC enrollees are rounded to the nearest thousand.
2. Values for APTC PMPM are rounded to the nearest whole dollar.
3. Values for Aggregate APTC are rounded to the nearest million.
4. Figures represent estimated average monthly effectuated enrollment each year.
5. Other FPL includes non-citizens with income under 100% FPL qualifying for premium assistance.
6. Total values are separately rounded.

Figure 31
Idaho Department of Insurance
Coverage Choice Waiver
Estimated Premium Tax Credit Enrollment and Expenditures: 2019 through 2029
Net Change

	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
100% to 138% FPL											
APTC Enrollees ¹	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)
APTC PMPM ²	\$ 0	\$ (7)	\$ (9)	\$ (11)	\$ (13)	\$ (16)	\$ (18)	\$ (21)	\$ (24)	\$ (27)	\$ (30)
Aggregate APTC ³	\$ 0	\$ (14)	\$ (19)	\$ (24)	\$ (30)	\$ (36)	\$ (42)	\$ (49)	\$ (57)	\$ (65)	\$ (73)
Other FPL											
APTC Enrollees ¹	0	0	0	0	0	0	0	0	0	0	0
APTC PMPM ²	\$ 0	\$ (5)	\$ (7)	\$ (9)	\$ (11)	\$ (12)	\$ (15)	\$ (17)	\$ (19)	\$ (21)	\$ (23)
Aggregate APTC ³	\$ 0	\$ (4)	\$ (5)	\$ (6)	\$ (7)	\$ (9)	\$ (11)	\$ (12)	\$ (14)	\$ (16)	\$ (18)
Total											
APTC Enrollees ¹	0	(2)	(2)	(3)	(3)	(4)	(4)	(5)	(5)	(6)	(6)
APTC PMPM ²	\$ 0	\$ (8)	\$ (11)	\$ (13)	\$ (16)	\$ (19)	\$ (23)	\$ (26)	\$ (29)	\$ (33)	\$ (36)
Aggregate APTC ³	\$ 0	\$ (18)	\$ (24)	\$ (30)	\$ (37)	\$ (45)	\$ (53)	\$ (62)	\$ (71)	\$ (81)	\$ (91)

Notes:

1. Values for APTC enrollees are rounded to the nearest thousand.
2. Values for APTC PMPM are rounded to the nearest whole dollar.
3. Values for Aggregate APTC are rounded to the nearest million.
4. Figures represent estimated average monthly effectuated enrollment each year.
5. Other FPL includes non-citizens with income less than 100% FPL qualifying for premium assistance.
6. Total values are separately rounded.

As shown in Figure 31, the Choice Waiver is estimated to decrease the number of APTC enrollees by 2,000 to 6,000 per year. The per capita APTC amount is estimated to decrease by approximately 2% in 2019. The per capita APTC savings, coupled with the decrease in APTC enrollees, results in APTC savings under the waiver ranging from \$18 to \$91 million. To the extent additional QHP enrollees opt to transition to Medicaid, APTC savings would increase.

5. COMPREHENSIVENESS REQUIREMENTS

As required under 45 CFR 155.1308(f)(3)(iv)(A), a state's proposed 1332 waiver must provide coverage that is at least as comprehensive as the coverage defined in Section 1302(b) of the ACA. As described in CMS-9936-N, comprehensiveness refers to the scope of benefits provided by the coverage as measured by the extent to which coverage meets the requirements for essential health benefits (EHBs). The Choice Waiver makes no changes to EHB requirements in the individual market. Persons transitioning from QHP to Medicaid coverage will receive additional transportation and behavioral health benefits. As the Choice Waiver makes no changes to individual market coverage access or EHB requirements, the Choice Waiver fulfills the comprehensiveness requirements of 45 CFR 155.1308(f)(4)(iv)(A).

SECTION II. ECONOMIC ANALYSIS

45 CFR 155.1308(f)(4)(ii) requires the Section 1332 Waiver application to provide economic analyses to support the State's estimates that the proposed waiver will comply with the comprehensive coverage requirement, the affordability requirement, and the scope of coverage requirement and the federal deficit requirement. Analyses related to the estimated impact of the 1332 waiver to health insurance coverage in Idaho has been provided within the actuarial certification. This section addresses the deficit neutrality requirements of the waiver application, providing a ten-year budget plan that includes all costs under the waiver, including administrative and other costs to the federal government.

As shown in the actuarial analysis, Figure 31, the Choice Waiver is estimated to have a significant impact on the federal government APTC expenditures for Idahoans purchasing health insurance coverage through YHI.

Figure 32 provides a summary of estimated federal expenditure changes during the ten-year projection period.

Figure 32 Idaho Department of Insurance Coverage Choice Waiver Estimated Federal Government Expenditures Changes: 2019 through 2028 (in Millions)										
Revenue / (Expense) Item	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Federal APTC Expenditures (Currently Enrolled)	\$ (18)	\$ (24)	\$ (30)	\$ (37)	\$ (45)	\$ (53)	\$ (62)	\$ (71)	\$ (81)	\$ (91)
Aggregate Shared Responsibility Payments	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Exchange User Fee	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Health Insurer Fee	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Net Change in Federal Expenditures	\$ (18)	\$ (24)	\$ (30)	\$ (37)	\$ (45)	\$ (53)	\$ (62)	\$ (71)	\$ (81)	\$ (91)

Notes:

1. Dollar amounts are rounded to the nearest million.
2. Total values separately rounded.
3. Analysis does not reflect the federal government's costs related to Medicaid expansion.

Federal APTC Expenditures: As the Choice Waiver is estimated to reduce both the number of Idahoans receiving an APTC as well as the cost of the second lowest cost Silver plan (subsidy benchmark plan) during the projection period, the federal government's APTC expenditures for currently-eligible Idahoans is expected to be reduced. Further detail on APTC savings is provided in Figure 31 of the actuarial certification.

Aggregate Shared Responsibility Payments: Under 26 U.S. Code § 5000A, a taxpayer must maintain minimum essential coverage for his or herself, as well as dependents, or otherwise be subject to a penalty for failure to maintain coverage.¹³ This provision is commonly referred to as the "individual mandate penalty". Under the Tax Cuts and Job Act of 2017, the individual mandate penalty was repealed beginning for the 2019 tax year.¹⁴ We have assumed the absence of an individual mandate penalty for the duration of the ten-year projection period. Therefore, we do not project any changes in federal revenue related to shared responsibility payments.

Exchange User Fee: For states electing to use the federally-facilitated marketplace (FFM), the federal government requires a 3.0% assessment on insurance marketplace premium to support the operation of the FFM. We have assumed YHI, Idaho's state-based insurance marketplace, will continue to operate during the ten-year projection period. Therefore, we do not estimate any change in federal expenditures as it relates to the Exchange User Fee.

¹³ See <https://www.law.cornell.edu/uscode/text/26/5000A> for more information.

¹⁴ See <https://www.congress.gov/bills/115/115th-congress/house-bill/1> for more information.

Health Insurer Fee: Section 9010 of the ACA mandates a national assessment on health insurers of \$14.3 billion in 2018. The national assessment amount is indexed based on the “premium growth rate” as defined under the ACA. For 2019, a moratorium on the HIF was put in place by the Tax Cuts and Job Act of 2017. In 2020 and thereafter, the Internal Revenue Services (IRS) will target collecting \$14.3 billion (plus the indexing adjustment), regardless of changes in premium volume.

Beginning in 2020, the premium growth rate used in the indexing of the collected HIF amounts will be based on an index measure that includes projected individual and group market health insurance premiums.¹⁵ As the Choice Waiver is estimated to reduce individual market premium rates by (1%) to (4%) over the course of the ten-year projection period, the waiver, in theory, would reduce the premium growth rate used to calculate the HIF, resulting in less federal revenue from the tax. However, CMS projects approximately 190 million persons will receive health insurance coverage through the employer-sponsored insurance and direct purchase markets during the projection period.¹⁶ Because Idaho’s individual market represents less than 0.1% of this enrollment total and the minimal magnitude to the premium rate change under the Choice Waiver, we do not estimate the Choice Waiver will have a material effect on the premium growth rate calculation and the corresponding indexing of the HIF annual collection amount.

¹⁵ <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/CMS-9926-F-Fact-Sheet.pdf>

¹⁶ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2018Tables.zip>, Table 17.

SECTION III. ASSUMPTIONS AND METHODOLOGY

1. MARKET CALIBRATION

A key aspect of modeling healthcare reform proposals is establishing a status quo set of assumptions for the population being modeled. For the State of Idaho insurance markets, we developed estimates for the number of Idahoans insured through each insurance market (or uninsured) in 2019 by age, gender, household income, health status, metallic level (if applicable for the market), premium rates, and other factors to establish baseline assumptions for Idaho's population with respect to health insurance coverage. We developed our starting census and premium rate assumptions for each insurance market from a number of publicly available data sources, as well as proprietary information provided by the Idaho Department of Health and Welfare (DHW), Idaho Department of Insurance (DOI), and YHI. The assumptions in the model related to insurance take-up rates and market migration have been calibrated based on observed insurance market experience during calendar years 2015 through 2019. This calibration was based on publicly available data related to insurance marketplace enrollment, as well as proprietary data that we received from the DOI and YHI, along with other sources we have gathered and developed.

Data from the DOI included January and February 2019 enrollment and premium information for individual market coverage, member-level enrollment and claims information from 2016 EDGE server data for participating insurers in the individual ACA-compliant market, and 2018 exchange enrollment by rating area. Proprietary data received from DHW included Medicaid enrollment by household income, aid category, and age group, as well as August 2018 marketplace enrollment by income, metallic level, and associated federal premium assistance. Public data sources used in our census and assumption calibration process include:

- **Idaho Census Projections** – To project statewide census changes by age and gender, we utilized population projections from 2016 through 2026 published by the Idaho Department of Labor.¹⁷ For years after 2025, we assumed annual population growth equal to estimated changes from 2024 to 2025.
- **American Community Survey (ACS) data** – Due to the large sample size, ACS data were used to provide estimated enrollment distributions by insurance coverage, age, gender, FPL, and marital status. Adjustments were made to the ACS data to reflect an over-reporting of non-group coverage relative to actual insurer data, and corresponding under-count of Medicaid enrollment.
- **Medical Loss Ratio Reporting Form data (MLR) data** – MLR data is required to be submitted by carriers offering fully-insured commercial products for the purpose of complying with federal MLR reporting requirements. Publicly available MLR information from 2016 and 2017 was used to evaluate historical changes in the number of covered lives by insurance segment and market per capita premium. This source of information includes a more credible source of insured lives relative to population survey data for non-group and fully insured group markets.
- **Marketplace Enrollment Reports** – We utilized publicly available data provided by the United States Department of Health and Human Services (HHS) related to the 2019 open enrollment period.¹⁸
- **Statutory Financial Statement Data** – For 2018 health insurance market enrollment and premium values, we reviewed 2018 statutory statement information for Idaho's health insurers.

Based on actual insurance enrollment from insurer financial data and public programs, we estimated 2019 enrollment counts for each insurance market. The ACS demographic distributions were used to allocate enrollment in each market by age, gender, and income level. For the individual market, August 2018 APTC enrollment detail was also used to calibrate our model's baseline values. Updated individual market enrollment detail for 2019 may impact our baseline and with waiver estimates contained in this report.

¹⁷ See <http://lmi.idaho.gov/population-projections> for more information.

¹⁸ See https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment.html for more information.

2. POPULATION MODELING

Based on the Idaho census projections, we estimated enrollment in each insurance market from 2020 through 2029 by assuming the distribution of insurance market enrollment by age, gender, and income level would remain constant relative to 2019. Changes in insurance market enrollment during the projection period are a result of changes in the estimated number of Idahoans by age and gender in the census projections. For example, the census projections estimate the number of Idahoans age 65 and over will increase from approximately 254,000 in 2016 to 374,000 by 2026. This results in a corresponding increase in the number of estimated Medicare enrollees during the same time period. We evaluated this methodology on a national basis and observed growth in the number of Medicaid, Medicare, and employer-sponsored insurance enrollees consistent with CMS projections.¹⁹

We have assumed individual market enrollment and premium rates will be relatively stable during the projection period relative to the 2014 through 2018 coverage years, which experienced significant enrollment swings and premium rate changes. Our modeling assumes the economic environment in the baseline year continues during the projection period. An economic downturn during the projection period may materially alter health insurance coverage sources and premiums. For example, if unemployment rates increased, we would estimate a shift in health insurance coverage from employer-sponsored insurance to Medicaid, individual market coverage, or an increase in the number of uninsured individuals.

In our projections, we have estimated immaterial changes in non-group coverage for the population eligible for APTC (other than persons with household income between 100% and 138% FPL). As the structure of the APTC calculation caps a consumer's out-of-pocket premium, we have assumed immaterial enrollment changes (other than those driven by census projections), for the population eligible for APTC that has income above 138% FPL. This assumption is supported by the stability in APTC enrollment from 2016 through 2019, despite significant premium rate increases occurring in the market. As discussed in this report, the Idaho's Choice Waiver is not estimated to have a material impact on out-of-pocket premiums for the population currently eligible for APTCs. Therefore, under both the without waiver and waiver scenarios, we assumed relatively similar APTC enrollment for income cohorts above 138% FPL that have existing APTC eligibility.

Morbidity Levels

For the uninsured and non-group markets, we divided enrollment into five risk levels, and assigned a morbidity factor to each risk level based on allowed claim cost relativities. Claim cost relativities were established by summarizing 2016 EDGE server data collected by the IDOI. Note, 2017 and 2018 EDGE data was not available for our analysis. However, we do not believe the claim cost relativities would materially change with updated experience.

Individual Mandate Repeal

We have assumed individual market enrollment and premium rate changes in 2019 are reflective of the individual mandate repeal²⁰. It is possible that consumer awareness of the individual mandate repeal will increase during the projection period, resulting in enrollment decreases in the individual market.

Individual Market Enrollment Changes

For the population not eligible for APTC (largely Idahoans with income above 400% FPL), we have assumed further attrition in market enrollment will occur after 2019, with or without the Choice Waiver. We estimate individual market enrollment for the population with income above 400% FPL will decrease from 37,000 in 2019 to 23,000 in 2029. The decrease in individual market enrollment in this cohort is primarily attributable to the assumed phase-out of non-ACA coverage in 2021. From 2021 through 2029, enrollment is estimated to decrease by only 2,000 persons.

For overall individual market enrollment, we project minimal market enrollment declines from 2019 through the end of the ten-year projection period under both scenarios:

- Without waiver: 112,000 (2019) to 108,000 (2029)
- With waiver: 112,000 (2019) to 102,000 (2029)

In our review of insurance market enrollment estimates, we examined market projections performed by third parties, including the federal government. In March 2019, the Congressional Budget Office (CBO) estimated non-group insurance market enrollment at 14 million in 2019 but decreasing to 11 million by 2029.²¹ The CBO attributes this decline to the absence of the individual mandate penalty and additional states expanding Medicaid during the projection period.

¹⁹ See <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2018Tables.zip>, Table 17, for more information.

²⁰ Technically, the Tax Cuts and Jobs Act of 2017 set the individual mandate penalty to \$0 for 2019 and future years.

²¹ See https://www.cbo.gov/system/files/2019-05/55085-HealthCoverageSubsidies_0.pdf, Table 1-1, for more information.

Accounting for additional state Medicaid expansion, we believe our enrollment projections for the individual market are generally consistent with the CBO's.

3. PREMIUM AND CLAIMS EXPENSE PROJECTIONS

Premium and claims expenses estimated in the non-group market are based on a combination of the following factors:

- Estimated healthcare inflation (assuming no change in benefit levels or insured demographics);
- Changes in population morbidity (as measured by the assigned morbidity factors to each risk quintile);
- Estimated changes in non-claims expenses (administrative costs, fees and taxes, and insurer margin); and,
- Changes in composite benefit level (the mix of coverage by metallic tier in the non-group market).

Health care inflation assumptions were based on premium rate projections published by the CMS Office of the Actuary.²² Population morbidity changes were developed based on the composite mix of morbidity scores for the population estimated to purchase non-group coverage in a given year.

For individuals estimated to enroll or maintain non-group coverage, a metallic tier plan is assigned based on the distribution of metallic plans selected for 2019 through YHI by income level. For example, based on YHI data, individuals qualifying for CSR payments between 100% and 250% FPL have a much greater likelihood of purchasing a Silver plan, relative to households at higher income levels.

Federal premium assistance was estimated based on premium rate changes for the second-lowest cost Silver plan available through YHI, projected household income by FPL, and the indexing of the premium tax credit expenditures. For each enrollee, a rating factor corresponding to the default federal age curve was assigned.²³

²² <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2018Tables.zip>, Table 17.

²³ See <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-Guidance-Regarding-Age-Curves-and-State-Reporting-12-16-16.pdf>, page 4, for more information.

LIMITATIONS

This analysis was completed under our signed contract agreement with Boise State University and Boise State University's contract with the Idaho DHW dated July 1, 2015.

The information contained in this report has been prepared for IDOI and DHW and their consultants and advisors to provide actuarial certification and economic analyses related to the State of Idaho's Section 1332 Waiver application that seeks the preservation of federal premium assistance for otherwise qualifying persons with income between 100% and 138% FPL. This work product was prepared solely for the Idaho Department of Health and Welfare, related agencies, and their advisors for the purposes described herein and may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Our certification of the 1332 waiver is dependent upon the State's interpretation of Section 1332 regulations and guidance, as well as its interpretation of the allowable baseline and 'with waiver' scenarios under this waiver. Future guidance from federal agencies may require a revision to this report and its certification.

It is our understanding that the information contained in this report will be shared with CMS and may be utilized in a public document. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented. Users should have an understanding of the Affordable Care Act's (ACA) premium rating rules and premium assistance structure when interpreting the information in this document.

Milliman makes no representations or warranties regarding the contents of this correspondence to third parties. Likewise, third parties are instructed that they are to place no reliance upon this correspondence prepared for IDOI by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

Milliman has relied upon certain data and information provided by DHW, YHI, and the IDOI. Additionally, we relied on statutory financial statement information downloaded from S&P Global Market Intelligence (formerly SNL Financial), federal government reports related to insurance marketplace enrollment and premiums, proprietary insurer financial data, and federal economic and healthcare expenditure forecasts. Milliman has relied upon these third parties for the accuracy of the data and accepted it without audit. To the extent that the data provided are not accurate, the estimates provided in this report would need to be modified to reflect revised information.

It should be emphasized that the values in this presentation are estimates based on assumptions and available data. It is certain that actual results will vary from the estimates provided in this presentation. It should be noted there is significant uncertainty surround future enrollment and premiums in health insurance programs, particularly the individual market. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

We specifically note our projections of enrollment and premium rates in the individual market assume direct federal funding of cost sharing reduction (CSR) subsidies remains discontinued, the individual mandate is not reinstated, and insurers' non-benefit expense pricing assumptions do not materially deviate from 2019 assumptions.

It is certain that values presented in this report will deviate from actual amounts. However, to the extent judicial, legislative, or regulatory changes are made to the ACA for state insurance regulations, the values presented in this report may be impacted by a significant degree. Actual insurer premiums in 2020 and beyond may contain additional margin related to these contingencies to provide financial protection for these occurrences.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

APPENDIX: ACTUARIAL CERTIFICATION

**Idaho Department of Insurance
Section 1332 Waiver Application
Coverage Choice Waiver
Actuarial Certification**

I, Paul R. Houchens, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been employed by the State of Idaho to perform an actuarial analysis and certification regarding the Coverage Choice Waiver, Section 1332 State Relief and Empowerment Waiver proposal that preserves access to federal premium assistance and private health insurance for qualifying individuals with income between 100% and 138% FPL under the State of Idaho's Medicaid expansion. I am generally familiar with the federal requirements for Section 1332 waiver proposals, commercial health insurance rating rules, Medicaid eligibility, insurance exchanges, the Affordable Care Act's premium assistance structure, rules surrounding individual shared responsibility payments, and other components of the Affordable Care Act relevant to this Section 1332 State Relief and Empowerment Waiver proposal.

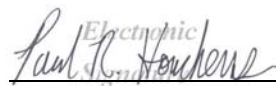
As required under 45 CFR 155.1308 (f)(4)(i), this certification provides documentation that my actuarial analyses support the State of Idaho's finding that the 1332 waiver complies with the following requirements for Section 1332 waivers as defined under 45 CFR 155.1308 (f)(3)(iv)(a)-(c):

- The proposal will provide coverage to at least a comparable number of the state's residents as would be provided absent the waiver;
- the proposal will provide coverage and cost-sharing protections against excessive out-of-pocket spending that are at least as affordable for the state's residents as would be provided absent the waiver; and,
- the proposal will provide access to coverage that is at least as comprehensive for the state's residents as would be provided absent the waiver

My assessment of the waiver meeting the statutory guardrails is dependent upon the waiver evaluation not reflecting the State's pending State Plan Amendment for Medicaid expansion. The assumptions and methodology used in the development of the actuarial certification has been documented in my report provided to the State of Idaho. The actuarial certification provided with this report is for the period from January 1, 2020 through December 31, 2024. To the extent state or federal regulations are modified through the end of the waiver period, it may be necessary for this actuarial certification and corresponding analyses to be amended.

The actuarial analyses presented with this certification is based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the analyses.

In developing the actuarial certification, I have relied upon data and information provided by the State of Idaho agencies, publicly available federal government data sets and reports, and statutory financial statement data downloaded through S&P Global Market Intelligence. I have relied upon these third parties for audit of the data. However, I did review the data for reasonableness and consistency.

Electronic


Paul R. Houchens, FSA
Member, American Academy of Actuaries

July 8, 2019

Date

B. IDAHO LEGISLATION

IN THE SENATE

SENATE BILL NO. 1204, As Amended, As Amended in the House

BY STATE AFFAIRS COMMITTEE

AN ACT

1 RELATING TO MEDICAID; AMENDING SECTION 56-253, IDAHO CODE, TO PROVIDE THAT
2 A HEALTH RISK ASSESSMENT SHALL INCLUDE QUESTIONS RELATING TO SUBSTANCE
3 USE DISORDERS, TO PROVIDE THAT THE DIRECTOR OF THE DEPARTMENT OF HEALTH
4 AND WELFARE SHALL CONDUCT CERTAIN RESEARCH AND SEEK CERTAIN WAIVERS,
5 AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 56-267, IDAHO
6 CODE, TO PROVIDE THAT ELIGIBILITY FOR MEDICAID SHALL NOT BE DELAYED
7 FOR WAIVER CONSIDERATION, NEGOTIATION, OR APPROVAL, TO PROVIDE THAT
8 A WAIVER SHALL NOT BE IMPLEMENTED IF IT WOULD RESULT IN A REDUCTION IN
9 FEDERAL FINANCIAL PARTICIPATION FOR CERTAIN PERSONS, TO PROVIDE THAT
10 THE LEGISLATURE SHALL DECLARE THE SECTION TO BE NULL, VOID, AND OF NO
11 FORCE AND EFFECT UNDER CERTAIN CIRCUMSTANCES, TO PROVIDE FOR CERTAIN
12 REVIEWS AND RECOMMENDATIONS, TO PROVIDE THAT PERSONS PARTICIPATING IN
13 MEDICAID PURSUANT TO THE SECTION BE PLACED IN MANAGED CARE TO THE EXTENT
14 POSSIBLE, AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 56-263,
15 IDAHO CODE, TO PROVIDE THAT THE DEPARTMENT SHALL SEEK CERTAIN APPROVAL
16 OR A WAIVER AND TO PROVIDE APPLICABILITY; PROVIDING FOR THE APPOINTMENT
17 OF A TASK FORCE; PROVIDING SEVERABILITY; AND DECLARING AN EMERGENCY.
18

19 Be It Enacted by the Legislature of the State of Idaho:

20 SECTION 1. That Section 56-253, Idaho Code, be, and the same is hereby
21 amended to read as follows:

22 56-253. POWERS AND DUTIES OF THE DIRECTOR. (1) The director is hereby
23 encouraged and empowered to obtain federal approval in order that Idaho de-
24 sign and implement changes to its medicaid program that advance the qual-
25 ity of services to participants while allowing access to needed services and
26 containing excessive costs. The design of Idaho's medicaid program shall
27 incorporate the concepts expressed in section 56-251, Idaho Code.

28 (2) The director may create health-need categories other than those
29 stated in section 56-251(2)(a), Idaho Code, subject to legislative ap-
30 proval, and may develop a medicaid benchmark plan for each category.

31 (3) Each benchmark plan shall include explicit policy goals for the
32 covered population identified in the plan, as well as specific benefit pack-
33 ages, delivery system components and performance measures in accordance
34 with section 67-1904, Idaho Code.

35 (4) The director shall establish a mechanism to ensure placement of
36 participants into the appropriate benchmark plan as allowed under section
37 6044 of the deficit reduction act of 2005. This mechanism shall include,
38 but not be limited to, a health risk assessment. This assessment shall com-
39 ply with federal requirements for early and periodic screening, diagnosis
40 and treatment (EPSDT) services for children, in accordance with section
41 1905(a)(4)(B) of the social security act. The health risk assessment shall

1 include questions related to substance use disorders to allow referral to
2 treatment for such disorders by the department.

3 (5) The director may require, subject to federal approval, partici-
4 pants to designate a medical home. Applicants for medical assistance shall
5 receive information about primary care case management, and, if required to
6 so designate, shall select a primary care provider as part of the eligibility
7 determination process.

8 (6) The director may, subject to federal approval, enter into contracts
9 for medical and other services when such contracts are beneficial to partici-
10 ipant health outcomes as well as economically prudent for the medicaid pro-
11 gram.

12 (7) The director may obtain agreements from medicare, school districts
13 and other entities to provide medical care if it is practical and cost-effec-
14 tive.

15 (8) The director shall research options and apply for federal waivers
16 to enable cost-efficient use of medicaid funds to pay for substance abuse
17 and/or mental health services in institutions for mental disease.

18 (9) The director shall, in cooperation with the director of the depart-
19 ment of insurance, seek waivers from the federal government to provide that
20 persons eligible for medicaid pursuant to section 56-267, Idaho Code, who
21 have a modified adjusted gross income at or above one hundred percent (100%)
22 of the federal poverty level shall receive the advance premium tax credit to
23 purchase a qualified health plan through the Idaho health insurance exchange
24 established by chapter 61, title 41, Idaho Code, instead of enrolling in med-
25 icaid, except as provided in paragraph (a) of this subsection.

26 (a) A person described in this subsection may choose to enroll in med-
27 icaid instead of receiving the advance premium tax credit to purchase a
28 qualified health plan.

29 (b) If the waivers described in this subsection are not approved before
30 January 1, 2020, then the persons described in this subsection shall be
31 enrolled in medicaid.

32 (10) The director shall seek a waiver from the federal government con-
33 sistent with the provisions of this subsection.

34 (a) A person participating in medicaid pursuant to section 56-267,
35 Idaho Code, must be:

36 (i) Working at least twenty (20) hours per week, averaged
37 monthly, or earning wages equal to or greater than the federal min-
38 imum wage for twenty (20) hours of work per week;

39 (ii) Participating in and complying with the requirements of a
40 work training program at least twenty (20) hours per week, as de-
41 termined by the department;

42 (iii) Volunteering at least twenty (20) hours per week, as deter-
43 mined by the department;

44 (iv) Enrolled at least half-time in postsecondary education or
45 another recognized education program, as determined by the de-
46 partment, and remaining enrolled and attending classes during
47 normal class cycles;

48 (v) Meeting any combination of working, volunteering, and par-
49 ticipating in a work program for a total of at least twenty (20)
50 hours per week, as determined by the department; or

1 (vi) Subject to and complying with the requirements of the work
 2 program for temporary assistance for needy families (TANF) or par-
 3 ticipating and complying with the requirements of a workfare pro-
 4 gram in the supplemental nutrition assistance program (SNAP).

5 (b) A person is exempt from the provisions of paragraph (a) of this sub-
 6 section if the person is:

7 (i) Under the age of nineteen (19) years;

8 (ii) Over the age of fifty-nine (59) years;

9 (iii) Physically or intellectually unable to work;

10 (iv) Pregnant;

11 (v) A parent or caretaker who is the primary caregiver of a depen-
 12 dent child under the age of eighteen (18) years, as determined by
 13 the department;

14 (vi) A parent or caretaker personally providing care for a per-
 15 son with serious medical conditions or with a disability, as de-
 16 termined by the department;

17 (vii) Applying for or receiving unemployment compensation and
 18 complying with work requirements that are part of the fed-
 19 eral-state unemployment insurance program;

20 (viii) Applying for social security disability benefits, until
 21 such time eligibility is determined;

22 (ix) Participating in a drug addiction or alcohol treatment and
 23 rehabilitation program, as determined by the department; or

24 (x) An American Indian or Alaska native who is eligible for ser-
 25 vices through the Indian health service or through a tribal health
 26 program pursuant to the Indian self-determination and education
 27 assistance act and the Indian health care improvement act.

28 (c) The department shall verify a medicaid participant's compliance
 29 with paragraph (a) of this subsection every six (6) months and shall
 30 promulgate rules based on federal final waiver approval relating to
 31 the requirements of this subsection. A person who fails to comply with
 32 paragraph (a) of this subsection shall:

33 (i) Be ineligible for medicaid but may reapply for medicaid two
 34 (2) months after such determination is made or earlier if in com-
 35 pliance; or

36 (ii) If the provisions of subparagraph (i) of this paragraph are
 37 not federally approved or are found unlawful by a court of compe-
 38 tent jurisdiction, be subject to the maximum allowable copayments
 39 on covered Idaho medicaid services for a period of six (6) months
 40 or until the person complies with paragraph (a) of this subsec-
 41 tion, whichever is earlier.

42 (d) It is the intent of the legislature, in enacting the requirements of
 43 this subsection, to enable coverage of medicaid participants while also
 44 promoting the participants' health and financial independence.

45 (e) The department shall implement the waiver described in this subsec-
 46 tion as soon as possible once federal approval has been obtained.

47 (11) The director is given authority to promulgate rules consistent
 48 with this act.

49 SECTION 2. That Section 56-267, Idaho Code, be, and the same is hereby
 50 amended to read as follows:

1 56-267. MEDICAID ELIGIBILITY EXPANSION. (1) Notwithstanding any pro-
 2 vision of law or federal waiver to the contrary, the state shall amend its
 3 state plan to expand Medicaid eligibility to include those persons under
 4 sixty-five (65) years of age whose modified adjusted gross income is one hun-
 5 dred thirty-three percent (133%) of the federal poverty level or below and
 6 who are not otherwise eligible for any other coverage under the state plan,
 7 in accordance with sections 1902(a)(10)(A)(i)(VIII) and 1902(e)(14) of the
 8 Social Security Act.

9 (2) No later than ninety (90) days after approval of this act, the
 10 department shall submit any necessary state plan amendments to the United
 11 States Department of Health and Human Services, Centers for Medicare
 12 and Medicaid Services to implement the provisions of this section. The
 13 department is required and authorized to take all actions necessary to im-
 14 plement the provisions of this section as soon as practicable.

15 (3) Eligibility for Medicaid as described in this section shall not be
 16 delayed if the centers for Medicare and Medicaid services fail to approve any
 17 waivers of the state plan for which the department applies, nor shall such
 18 eligibility be delayed while the department is considering or negotiating
 19 any waivers to the state plan. The department shall not implement any waiver
 20 that would result in a reduction in federal financial participation for per-
 21 sons identified in subsection (1) of this section below the ninety percent
 22 (90%) commitment described in section 1905(y) of the social security act.

23 (4) If section 1905(y) of the social security act is held unlawful or
 24 unconstitutional by the United States supreme court, then the legislature
 25 shall declare this section to be null, void, and of no force and effect.

26 (5) If federal financial participation for persons identified in sub-
 27 section (1) of this section is reduced below the ninety percent (90%) commit-
 28 ment described in section 1905(y) of the social security act, then the senate
 29 and house of representatives health and welfare committees shall, as soon as
 30 practicable, review the effects of such reduction and make a recommendation
 31 to the legislature as to whether Medicaid eligibility expansion should re-
 32 main in effect. The review and recommendation described in this subsection
 33 shall be conducted by the date of adjournment of the regular legislative ses-
 34 sion following the date of reduction in federal financial participation.

35 (6) The department:

36 (a) Shall place all persons participating in Medicaid pursuant to
 37 this section in a care management program authorized under section
 38 56-265(5), Idaho Code, or in another managed care program to improve the
 39 quality of their care, to the extent possible; and

40 (b) Is authorized to seek any federal approval necessary to implement
 41 the provisions of this subsection.

42 (7) No later than January 31 in the 2023 legislative session, the sen-
 43 ate and house of representatives health and welfare committees shall review
 44 all fiscal, health, and other impacts of Medicaid eligibility expansion pur-
 45 suant to this section and shall make a recommendation to the legislature as
 46 to whether such expansion should remain in effect.

47 SECTION 3. That Section 56-263, Idaho Code, be, and the same is hereby
 48 amended to read as follows:

1 56-263. MEDICAID MANAGED CARE PLAN. (1) The department shall present
2 to the legislature on the first day of the second session of the sixty-first
3 Idaho legislature a plan for medicaid managed care with focus on high-cost
4 populations including, but not limited to:

- 5 (a) Dual eligibles; and
6 (b) High-risk pregnancies.

7 (2) The medicaid managed care plan shall include, but not be limited to,
8 the following elements:

9 (a) Improved coordination of care through primary care medical homes.

10 (b) Approaches that improve coordination and provide case management
11 for high-risk, high-cost disabled adults and children that reduce costs
12 and improve health outcomes, including mandatory enrollment in special
13 needs plans, and that consider other managed care approaches.

14 (c) Managed care contracts to pay for behavioral health benefits as de-
15 scribed in executive order number 2011-01 and in any implementing leg-
16 islation. At a minimum, the system should include independent, stan-
17 dardized, statewide assessment and evidence-based benefits provided by
18 businesses that meet national accreditation standards.

19 (d) The elimination of duplicative practices that result in unneces-
20 sary utilization and costs.

21 (e) Contracts based on gain sharing, risk-sharing or a capitated basis.

22 (f) Medical home development with focus on populations with chronic
23 disease using a tiered case management fee.

24 (3) The department shall seek federal approval or a waiver to require
25 that a medicaid participant who has a medical home as required in section
26 56-255(5) (b), Idaho Code, and who seeks family planning services or supplies
27 from a provider outside the participant's medical home, must have a referral
28 to such outside provider. The provisions of this subsection shall apply to
29 medicaid participants upon such approval or the granting of such a waiver.

30 SECTION 4. TASK FORCE. (1) The 2019 Legislative Council shall appoint a
31 bipartisan task force to undertake and complete a study of the impact of Med-
32 icaid eligibility expansion on the financial obligation of counties and the
33 state to provide indigent medical assistance. The Legislative Council shall
34 determine the number of legislators and membership from each house appointed
35 to the task force and shall authorize the task force to receive input, ad-
36 vice, and assistance from interested and affected parties who are not mem-
37 bers of the Legislature. Nonlegislative members of the task force shall be
38 appointed by the cochairs of the task force who are appointed by the Legisla-
39 tive Council and shall include, but are not limited to, a person represent-
40 ing the Department of Health and Welfare, a person representing the Idaho
41 Association of Counties, and a person representing the health care profes-
42 sions. Nonlegislative members of the task force shall not be reimbursed from
43 legislative funds for per diem, mileage, or other expenses. The task force
44 shall evaluate the effectiveness of Medicaid eligibility expansion and its
45 impact on the financial obligation of the counties and the state in providing
46 indigent assistance including, but not limited to:

47 (a) The county indigent program and how to leverage savings, if any, re-
48 sulting from Medicaid eligibility expansion;

49 (b) The catastrophic health care cost program and how to leverage sav-
50 ings, if any, resulting from Medicaid eligibility expansion;

1 (c) The impact of Medicaid eligibility expansion on the obligation of
2 counties to provide assistance for involuntary mental health commit-
3 ments pursuant to chapter 3, title 66, Idaho Code; and

4 (d) The county charity levy and how to use the levy to pay for the
5 remaining county nonmedical indigent obligations including, but not
6 limited to, public defense, indigent burials, jail medical, and other
7 criminal justice and mental health-related services.

8 (2) Upon concluding its study, the task force shall report its findings
9 and recommendations to the Legislature and the Governor.

10 SECTION 5. SEVERABILITY. The provisions of this act are hereby declared
11 to be severable and if any provision of this act or the application of such
12 provision to any person or circumstance is declared invalid for any reason,
13 such declaration shall not affect the validity of the remaining portions of
14 this act.

15 SECTION 6. An emergency existing therefor, which emergency is hereby
16 declared to exist, this act shall be in full force and effect on and after its
17 passage and approval.

C. PUBLIC NOTICE OF HEARING

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone 208-334-4250
Fax 208-334-4398
Website: <https://doi.idaho.gov>

DEAN L. CAMERON
Director

May 31, 2019

**Idaho Department of Insurance Section 1332 State Relief and Empowerment Waiver
Notice of Public Hearing and Public Comment Period**

The Idaho Department of Insurance gives notice of intent to apply to the Centers for Medicare and Medicaid Services (CMS) and to the United States Department of the Treasury for a Section 1332 State Relief and Empowerment Waiver on or about July 15, 2019. The purpose of the waiver, the *Coverage Choice Waiver*, is to allow individuals with incomes from 100% to 138% of the Federal Poverty Level (FPL) the choice to receive help paying health insurance premiums while enrolled in private health insurance coverage, while also allowing the choice to be enrolled in Medicaid. The proposed effective date for the waiver is January 1, 2020.

In November 2018, voters passed a proposition to expand Medicaid eligibility to individuals with incomes up to 138% FPL. The Idaho legislature then passed SB1204aa, instructing the Department of Health and Welfare and the Department of Insurance to seek a waiver from the federal government to give certain individuals eligible for Medicaid expansion the choice to continue to receive a tax credit to purchase a qualified health plan through the Idaho health insurance exchange instead of enrolling in Medicaid. Under current federal law, individuals who are eligible for Medicaid do not qualify for the tax credit.

Under the waiver, expansion of coverage to Idahoans with incomes of 138% FPL or lower will be as follows:

- Income 100% - 138% FPL – enrollment in private coverage with tax credits can continue; if an individual declines to take the tax credit, the individual may choose Medicaid if eligible.
- Income under 100% FPL – generally eligible for Medicaid and not eligible for tax credits.

The Department's comprehensive public notice, tribal notice and the waiver application are available on our website at <https://doi.idaho.gov/publicinformation/publiccomments>. The Department is seeking public comment through public hearings, email or traditional mail as indicated below. Public hearings will be held at the following locations:

Boise Public Hearing

Location: Dept. of Health & Welfare
Westgate Office, Room 131
1720 Westgate Drive, Boise
Date: June 24, 2019
Time: 2:00-3:00 PM

Lewiston Public Hearing

Location: Dept. of Health & Welfare
Lewiston Office, 3rd Floor Conference Room
1118 F Street, Lewiston
Date: June 27, 2019
Time: 10:00-11:00 AM

The hearing site will be accessible to persons with disabilities. Requests for accommodation must be made to the agency address above not later than five days prior to the hearing.

Conference line for all dates and locations:

Call: 877-820-7831
Guest Code: 925974

Interested parties may also request hard copies of the waiver packet or submit comments via email or traditional USPS mail to the attention of:

Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, Idaho 83720-0043

Email: DOI.Reform@doi.idaho.gov

Public comments will be accepted until June 30, 2019, 6:00 PM Mountain Time.

D. TRIBAL NOTICE

State of Idaho
DEPARTMENT OF INSURANCE



DEAN L. CAMERON
 Director

BRAD LITTLE
 Governor

DAVE JEPPESEN
 Director

700 West State Street, 3rd Floor
 P.O. Box 83720
 Boise, Idaho 83720-0043
 Phone 208-334-4250
 Fax 208-334-4398
 Website: <https://doi.idaho.gov>

450 West State Street, 10th Floor
 P.O. Box 83720
 Boise, Idaho 83720-0036
 PHONE 208-334-5500
 FAX 208-334-6558

May 13, 2019

Dear Tribal Leaders and Representatives,

We are writing to inform you that Idaho intends to submit three waiver requests to the federal government and to request your input and collaboration on our waiver applications. These requests to waive provisions of federal laws for Idaho’s Medicaid and insurance exchange programs are expected to be submitted as soon as July 26th, 2019. We are requesting these waivers as required by changes to Idaho code in [Senate Bill 1204](#)* recently passed by the legislature and signed into Idaho law by Governor Little.

Many of the new provisions in Idaho code and the waivers we will be requesting revolve around Medicaid expansion coverage for adults established through ballot initiative last November. The initiative established coverage for Idahoans age 19 through 64 with incomes up to 138% of the federal poverty limit who do not otherwise qualify for Medicaid. Coverage for this adult expansion group will start on January 1, 2020.

The waivers we intend to request are described in the table below:

<i>Waiver</i>	<i>Purpose</i>	<i>Anticipated Impact to Tribal Members</i>
1. <i>1332 Waiver: Coverage Choice Waiver</i>	To allow expansion group members with household incomes over 100% of the federal poverty limit to choose coverage supported by an Advanced Premium Tax Credit through Your Health Idaho instead of enrolling in Medicaid. Expansion group members may also decline their tax credit and choose to enroll in Medicaid coverage.	Tribal members may choose to keep their tax credit and cost share reductions to help pay for their Qualified Health Plan through Your Health Idaho rather than switching to Medicaid coverage. Those who choose exchange coverage will pay more for their insurance compared to Medicaid. Choice of coverage may have impacts on tribal healthcare systems and how they assist tribal members with their healthcare needs.

* <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1204E2.pdf>

<i>Waiver</i>	<i>Purpose</i>	<i>Anticipated Impact to Tribal Members</i>
2. <i>1115 Waiver: Coverage Choice, Community Engagement, and Primary Care Family Planning</i>	a. To limit coverage for expansion group members with incomes over 100% of poverty to exchange coverage or Medicaid, but not both.	Tribal members in the adult Medicaid expansion group who qualify and select exchange coverage will not have access to Medicaid coverage in addition to exchange coverage. The impacts are described above.
	b. To require the adult Medicaid expansion coverage group to participate in work, volunteering, job training, or education as a condition of their eligibility.	Tribal members will be exempt from this requirement and there is no impact anticipated. Tribal health programs who serve non-tribal members may be impacted because some of the population they serve may be ineligible for Medicaid benefits because of these requirements.
	c. To require all Medicaid participants served through Medicaid's Healthy Connections primary care program to obtain a referral for family planning services or supplies before receiving them from a provider other than their chosen primary care provider*.	Tribal members will need to work with their primary care provider to obtain a referral rather than accessing services directly without a referral today. This may increase the work that needs to be done by tribal primary care providers serving tribal members or others eligible for Medicaid.
3. <i>1115 Waiver: Institution for Mental Diseases Waiver</i>	To allow Medicaid to pay for services provided to adults over age 20 and under age 65 in an institution for mental diseases	This will allow tribal members eligible for Medicaid with needs for these services an additional treatment option. Tribal health programs who help to pay for these services today may see reductions in their costs as coverage shifts to Medicaid.

The 1332 waiver is intended to be submitted through the Idaho Department of Insurance and the 1115 waivers are intended to be submitted through the Department of Health and Welfare. If you are interested in commenting on these waivers, learning more, or discussing them with state government representatives, we ask that you respond by June 13th, 2019. We will be working with the federal Centers for Medicare and Medicaid Services (CMS) on these requests and will keep tribes updated on the progression of waiver work and any changes to the approach presented here.

* Or an assigned primary care provider if they decline to choose one.

We will also be holding a meeting and conference call in Boise from 1:00 to 4:00 PM MDT on June 17th to discuss these waiver requests and their potential impact for tribes in Idaho:

East Conference Room
Joe R. Williams Building, 700 West State Street, Boise, ID 83702
Conference call: WEBEX 1-240-454-0879
Meeting Access Code: 806 527 494 Meeting Password: Qjze3dxJ (Dial: 75933395)
Meeting Link:
<https://idhw.webex.com/idhw/j.php?MTID=m975f3d698bc1458e0db66aa820fcb160>

We invite your participation and input at this meeting and will also meet with tribal representatives in person at other times upon your request.

To make commenting or asking questions about these requests simpler, we have designated a single point of contact for your responses. Please send your written comments via mail to:

*Tribal Waiver Comments
P.O. Box 83720
Boise, ID 83720-0009*

Please send email comments to tribalwaivercomments@dhw.idaho.gov. You may also fax written comments to (208) 364-1811. You may also call Cindy Brock with the Division of Medicaid at (208) 364-1983 with questions or verbal comments on these waivers.

We apologize for the limited time frame for the requested response. We wish we had more time to work with tribes in Idaho on these waivers but have a restricted amount of time to prepare and submit them in time for expansion coverage commencement on January 1st, 2020. We thank you for your comments and input in advance and appreciate the government to government relationship we share with your tribes.

Sincerely,



Dean Cameron
Director
Idaho Department of Insurance



Dave Jeppesen
Director
Idaho Department of Health and Welfare

E. PUBLIC COMMENTS ON DRAFT WAIVER

Comments on Idaho's 1332 "Coverage Choice" Waiver
Liz Woodruff, Assistant Director, Idaho Voices for Children

Thank you for the opportunity to comment on Idaho's 1332 "Coverage Choice" waiver application. My name is Liz Woodruff and I am the assistant director of Idaho Voices for Children. Voices champions policies that help Idaho's kids and families thrive. Because affordable health coverage makes such a huge impact on the well-being of Idaho families, we have been working on closing the health coverage gap in Idaho for the past several years. We are deeply invested in ensuring that Idaho's voter-approved Medicaid expansion is implemented in a way that supports low-income families in Idaho receiving comprehensive and affordable health coverage. We are concerned that the proposed "coverage choice" waiver could lead to losses in coverage and increased financial burdens for Idahoans newly eligible for Medicaid under expansion.

While we understand the desire of some lawmakers in Idaho to provide a choice of coverage between Medicaid and exchange coverage, we are not confident that the proposed application does enough to clarify how this will be a true choice for Idahoans now eligible for Medicaid.

For example, it appears as though an Idahoan between 100-138% FPL will first have to decline coverage on the state exchange before they are informed about their option to choose Medicaid. To be a true choice, these options must be shared in tandem and the full costs and benefits of each program should be provided side-by-side for the consumer. It is also unclear how a true choice can work seamlessly when eligibility for Medicaid and subsidized coverage through the exchange using advanced premium tax credits (APTCs) operate on different timelines.

Medicaid expansion is intended to reduce the significant burden of health coverage costs for Idaho's low-income working families. Exchange plans require out-of-pocket costs while Medicaid does not. In most instances, Medicaid offers a better benefits package, especially for Idahoans with behavioral health conditions. Therefore, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out-of-pocket costs, such as premiums and copays, they may incur depending on which plan they choose.

If approved and implemented, this proposal must also include an approach to safeguard consumers from being steered into either Medicaid coverage or exchange coverage by providers, brokers, or insurance companies. Since the people who often help consumers choose their insurance plans have a vested financial interest in which insurance a given individual chooses, a process must be in place to ensure this choice is not unduly influenced by these vested interests.

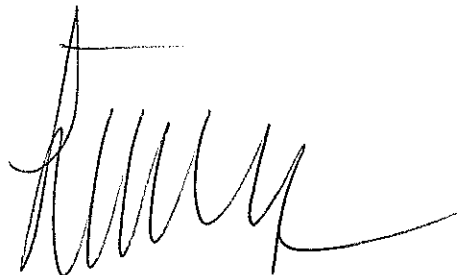
We are also struggling to understand some of the logistical aspects of administering the proposed program. For example, what if a family chooses private insurance and then fails to pay their premiums? How and when will they be made aware of the

availability of Medicaid coverage? Or what if a family chooses to enroll in the exchange during open enrollment, and then has an unexpected medical event and determines they can't cover the deductible; would they be able to access retroactive Medicaid to help cover costs? And how would mid-year changes in coverage plans impact the deficit neutrality claims made in Idaho's application?

It's also important to note that the baseline assumption regarding deficit neutrality in the application is flawed. Because these Idahoans will be eligible for Medicaid as of January 1, 2020 the baseline assumption (against which the 1332 waiver proposal is judged) must be that they will be covered through Medicaid rather than purchasing health insurance on the state exchange. Allowing this group of people to claim a monthly tax credit to cover their premium costs, as the waiver proposes, will actually increase federal spending relative to current law; costing the federal government \$3,822 more per person than covering them through Medicaid.

Idaho is poised to make historic strides toward ensuring all families have comprehensive and affordable health coverage. This comes on the heels of a new report showing Idaho had the largest decline in enrollment—11 percent— of children in CHIP/Medicaid than any other state in the country. We are very concerned that many of these children are becoming uninsured as there is no clear evidence that they are all moving to employer-sponsored insurance. We know that when parents are insured, children are more likely to be insured. Will the proposed waiver only serve to confuse families seeking health coverage, and therefore exacerbate this alarming trend in children's coverage in Idaho?

While this waiver application is well intended, in its current form the proposal could create more confusion for families seeking affordable coverage options. This confusion could lead to lapses in coverage and increased financial burdens. Thank you for your consideration of our comments.

A handwritten signature in black ink, appearing to be the name "KIMMY" followed by a long, sweeping horizontal line that extends to the right.



Product Review Bureau Chief
Department of Insurance
P.O. Box 83720; Boise, Idaho 83720-0043
June 24, 2019

Thank you for the opportunity to comment on Idaho's 1332 waiver application. While American Association of University Women (AAUW) understands the desire to provide a choice of health coverage options for Idahoans below 138% of the Federal Poverty Level (FPL), there are factors about this particular waiver request that raise concerns about how it would be implemented.

AAUW advances equity for women and girls through advocacy, education and research. Idaho AAUW represents 400 members and is a part of a nationwide network of more than 170,000 members and supporters. AAUW supports increased access to quality, affordable health care.

AAUW is concerned that under this waiver Idahoans may not have a fully informed choice or a true choice at all when it comes to their health insurance options. The application seems to indicate that Idahoans in the 100-138%FPL income range would be first screened for Medicaid, but then funneled towards private coverage on the exchange first rather than presented a choice between private insurance and Medicaid. If Idahoans have to decline private insurance before being able to enroll in Medicaid or even learn of the option for Medicaid coverage, then this isn't an honest choice.

One aspect of this process is that Medicaid coverage is more comprehensive than private insurance. Idahoans with mental illness will likely find Medicaid is better tailored to their needs as it pertains to case management, therapy and detoxification. On a personal level, my daughter at age 15 was diagnosed with anorexia nervosa. I was fortunate that the company I worked for provided mental health insurance. I cannot express how important that safety net was for my family. Will Idahoans with behavioral health conditions be adequately counseled on options are available to them and what private insurance may not cover?

In addition, insurance companies and health care providers have vested interests in which people enroll in Medicaid and which people stay on the exchange. Will protections be in place to ensure these interests do not bias consumer information?

AAUW supports providing choice for Idahoans. However, it is important, in fact critical, that Idahoans having to choose between private insurance and Medicaid have all the information upfront and clearly presented in order to make an informed decision and truly have a choice.

Thank you,
Bonnie McKay Pfaff
Co-President, AAUW Idaho

A handwritten signature in cursive script that reads "Bonnie McKay Pfaff". The signature is written in dark ink and is positioned below the typed name and title.

According to the National Alliance on Mental Illness nearly a quarter of Idahoans are living with a mental illness. Nearly 6 percent of those people are living with a serious mental illness like schizophrenia or bipolar disorder. In addition, Idaho has one of the highest suicide rates in the country. On average, Idaho's suicide rate is 48 percent higher than the national rate. (<https://www.boisestatepublicradio.org/topic/crisis-understanding-idahos-fragmented-mental-health-system#stream/0>)

The 1332 waiver tells an Idahoan who works but whose wages are at poverty level or just above that they can go on Medicaid ... or they can go on the Idaho exchange and pay a premium, maybe small, and have a deductible, maybe a small deductible, and then need to reapply next year without any assurances that their plan will still exist the next year. Will anyone from the Idaho Department of Insurance guide them through their choice? Will that person be educated to handle the needs of the diagnosed and undiagnosed mentally ill?

We have a daughter with diagnosed mental illness. She's a wonderful, intelligent, sweet person, a single mom who works her day job plus at least one more and donates plasma to make ends meet. That is if she's not in illness crisis. Right now she has employer group insurance. Her goal is to not lose that, her illness makes that goal unpredictable, many days it seems unlikely.

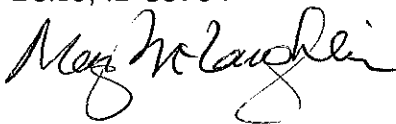
When she's in a panic attack, or dealing with self harm urges, she needs medical help, not to have to deal with the process of premiums and deductibles and uncertainty, all on her own. She doesn't need Idaho legislator's red tape.

Statistically, we all have someone we love with mental illness. What do we want for them? We may be stuck with this waiver for now. Please make it doable for our Idahoans in crisis. Please, don't be part of the second gap our legislators gave Idahoans with mental illness. Give qualified guidance on this waiver.

Additional information:

Only 47.5% of adults with mental illness in Idaho receive any form of treatment from either the public system or private providers (according to SAMHSA). The remaining 52.1% receive no mental health treatment. According to Mental Health America, Idaho is ranked 48 out of the 50 states and Washington D.C. for providing access to mental health services. (<https://www.rtor.org/directory/mental-health-resources-in-idaho/>)

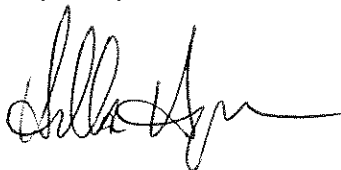
Mary McLaughlin
1155 N Camelot Dr
Boise, ID 83704



For example, Medicaid provides more comprehensive coverage and stability than plans on the exchange. Even with cost sharing and premium assistance, the financial obligations associated with exchange plans can be higher and need to be clearly explained to all consumers – especially those who are eligible for Medicaid under expansion. In the case of someone like Sherry, who may need expensive medical care for herself or her son, a marketplace plan could severely set her back financially, compared to the care that would be covered under Medicaid. If Sherry mistakenly thought she had to purchase coverage through the marketplace, would she be able to switch to a Medicaid plan down the road? I also think of someone like Anita, a single mom of two, who just this month needed an emergency surgery to save her life. She is currently uninsured and doesn't know how she is going to pay her massive medical bills. To top it all off, she worries she might lose her job because of all the missed work. If she had been on private coverage and suddenly couldn't afford it because of this medical emergency, would she be automatically enrolled in Medicaid if she loses her coverage? Would retroactive Medicaid coverage apply to her?

Additionally, how will the implementation of a tax credit work outside of open enrollment? If an individual applies for Medicaid in July, will they be given the option of an exchange plan with premium assistance? How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not? Will insurance representatives be trained to accurately counsel people on the differences between private insurance and Medicaid coverage?

We insist that safeguards must be in place to ensure Idahoans are given all the information they need to compare the cost and benefits of exchange plans with health insurance through Medicaid. We must make sure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options. Thank you.

 6/24/19

To: Product Review Bureau Chief
Department of Insurance

From: Hillarie Hagen - Close the Gap Idaho
1607 W Jefferson St
Boise, ID 83702

RE: 1332 "Coverage Choice" waiver public hearing testimony

Hello. My name is Hillarie Hagen and I'm here representing Close the Gap Idaho. Thank you for having me today.

For the past two years, I have been speaking with Idahoans in the health coverage Gap about their experiences going uninsured and how their lack of access to affordable health insurance has impacted their lives. Medicaid expansion, as passed by 61 percent of voters, provides a straightforward path to comprehensive health coverage for these Idahoans.

As our state considers the 1332 "Coverage Choice" waiver, we have some serious concerns—and many questions—about how Idahoans would be impacted. In my work, I see how confusing health care can be for consumers and how the voter-passed Medicaid expansion was to be a clear way to connect Idahoans in the coverage gap with quality health insurance. If approved, this 1332 "Coverage Choice" waiver could make accessing affordable coverage more complicated and confusing for these consumers. I am here today to stand for the thousands of Idahoans who would need to be fully informed of this choice as well as the potential consequences of choosing private coverage on the exchange.

For example, the application indicates consumers between 100 and 138 percent Federal Poverty Level would first be offered an Advance Premium Tax Credit to purchase a plan on Idaho's insurance exchange before they are ever informed of their Medicaid eligibility. If someone mistakenly thinks they have to purchase a marketplace plan, this could cost them [hundreds more a month] than if they elected to get their health insurance through Medicaid. Will consumers be informed that Medicaid is an option, and could cost them less than a marketplace plan, or will they have to first decline their tax credit before they get that information? What's more, will they have to go through a second application process to access Medicaid?

Just last week I spoke with Sherry, a 50-year-old woman in the coverage gap who lives in Saint Anthony. She suffers from significant health conditions and also serves as caretaker to her adult son who has special needs. Sherry has a lot on her plate and was struggling to understand what was happening in general with Medicaid expansion – not to mention what she personally qualifies for under the new rules. Sherry, and countless others like her, needs to be informed, up front, that she can choose Medicaid OR private coverage with a tax credit. She needs to know the differences between Medicaid and exchange plans so she can make an informed decision based on the care her family needs.

Thank you for allowing me to testify. I am here to state my concerns with the 1332 waiver application.

I understand this policy was written with the intent to give people a choice, however I am concerned with how the implementation of the actual policy would unfold.

I am concerned that people may be steered onto a more costly private plan as there is no mechanism to give individuals a clear understanding between the two options. I am concerned that the financial obligations for private plans would not be fully explained, up front, to enrollees and then compared to the cost of being enrolled in Medicaid.

There needs to be a well thought out transparent system in place that fully informs enrollees about what choices they have and the costs related to each. This system should be unbiased and protect consumers.

Administers of the program must be adequately trained and safeguards put in place to ensure that the interests of insurance companies or health care providers are not put before the needs of enrollees.

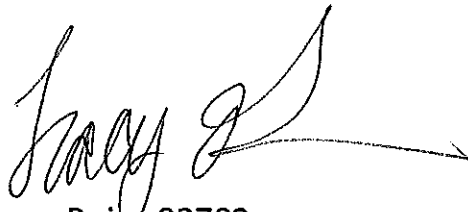
As the policy is currently written, individuals would have to decline private health coverage before being offered information on Medicaid. This is not giving enrollees a true choice.

Idahoans who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid.

I sincerely hope these concerns are taken under serious review when considering whether or not to approve this waiver.

Respectfully,

Tracy Olson

A handwritten signature in black ink, appearing to read "Tracy Olson", with a long horizontal flourish extending to the right.

1562 Sendero Lane, Boise 83702

Statement from Reclaim Idaho re: 1332 Waiver - Boise Idaho Hearing June 24, 2019

My name is Sam Sandmire and I represent Reclaim Idaho – the nonpartisan, volunteer organization responsible for putting Medicaid Expansion on the November 2018 ballot. Reclaim Idaho opposes this restriction to healthcare coverage for Idaho families. We believe it is a “bait and switch” scheme designed to steer Idahoans to more expensive and less reliable healthcare plans. An estimated 10,000 Idahoans may be affected by this restriction.

The stated purpose of this restriction is to give Idahoans earning between 100-138% of the federal poverty level a quote-unquote “choice” to enroll in, or, maintain exchange-based coverage even though those same Idahoans qualify for Medicaid Expansion.

Medicaid Expansion provides far more reliable and valuable healthcare coverage than exchange-based plans. The subsidized plans come with large co-pays and even larger deductibles and out-of-pocket expenses. While this restriction is cloaked in the veil of “choice,” it is nothing more than a mechanism to confuse thousands of working-class Idahoans who may be denied, even inadvertently, information about the benefits of Medicaid Expansion.

There is no indication from the language of the law that thousands of working Idahoans will be given a real “choice” about whether to stay on subsidized plans or switch to Medicaid Expansion. Reclaim Idaho is concerned about the transparency and availability of information regarding this “choice.” If working Idahoans don’t have access to the pros and cons of subsidized insurance versus Medicaid Expansion, then the “choice” is a false one.

For instance, will Idahoans in this group be given a side-by-side comparison of the benefits of exchange-based coverage versus Medicaid Expansion? If someone decides to stay on exchange-based plans and misses a payment, will they lose healthcare coverage – even if they qualify for Medicaid Expansion? Are working Idahoans in this group expected to independently navigate the exchange-based healthcare program AND Medicaid Expansion?

These are daunting and dangerous questions which have nothing to do with Medicaid Expansion’s stated purpose, which is providing healthcare access to American families and communities.

Finally, there is the cost. It is unclear whether this restriction is “deficit-neutral.” By law, any restriction to healthcare coverage must be cheaper to taxpayers than denying the restriction. It’s difficult to predict the reasons why Idahoans would choose to stay on expensive and unreliable exchange-based coverage as opposed to Medicaid Expansion. However, Idaho’s 2018 application for a healthcare “waiver” indicates that subsidies for exchange-based insurance costs will run us twice as much as putting those same people on Medicaid Expansion benefits.

All told, this restriction to coverage, or “waiver,” provides a false “choice” to an estimated 10,000 Idahoans who may get stuck with expensive and unreliable healthcare access. Approving this waiver will increase costs both for taxpayers and for working Idahoans who need healthcare.

We thank you for your consideration and the opportunity to speak publicly on this issue.

Yvonne “Sam” Sandmire – Reclaim Idaho



800 W. Ranch Rd. Boise, ID 83702 - [REDACTED]

opportunities, especially jobs that offer healthcare. Research indicates that 1 in 4 families in rural counties have a very difficult time managing healthcare costs, as opposed to 14% in urban areas. Additionally, this will have greater implications on Idaho's LatinX community, since the vast majority of these consumers live in rural areas and already lack healthcare coverage at more than twice the rate of white Idahoans.

The state of Idaho needs to foster an environment where consumers are informed of their choices. This is a critical step toward ensuring better health outcomes. If this waiver is approved, Idaho must commit to educating and advising all Idaho consumers, so their decisions are made with adequate facts.

Thank you.

Ceci Thunes

[REDACTED]

<https://www.idahovoices.org/behavioralhealth/>

<https://www.facebook.com/IdahoBehavioralHealthAlliance/>





Idaho Behavioral Health Alliance

System Transformation through Consumer Advocacy

June 24, 2019

1332 Waiver Comment

Thank you for the opportunity to comment on Idaho's 1332 waiver application. My name is Ceci Thunes, and I represent the Idaho Behavioral Health Alliance, an advocacy network of consumers, consumer advocates, and other stakeholders dedicated to healthcare system transformation through payment reform and integration of behavioral health into Idaho's primary care system. While we appreciate the efforts to provide health coverage options for Idahoans below 138% of the Federal Poverty Level, this particular waiver request raises concerns about implementation and impact on affordability and coverage for Idahoans, especially for those with mental illness or substance use disorders.

The expansion of Medicaid in Idaho opens the door to accessible and affordable comprehensive behavioral health coverage and services to all Idahoans - ensuring a critical foundation to maintain self-sufficiency and the ability to take care of their families and serve their communities. Offering easy access should be simple and the primary objective.

However, under this waiver Idahoans between 100-138% FPL may not be fully informed of their health insurance options. The application seems to indicate that, if approved, Idahoans in this income range would remain eligible for the Advanced Premium Tax Credit to purchase private health coverage on the state exchange *and* also be notified of their option to enroll in Medicaid. It is not clear what detailed information will be provided, such as comparisons in costs and benefits associated with private plans versus Medicaid.

This is important because Medicaid coverage can be more comprehensive than private insurance, and Idahoans with mental illness or substance use disorders could expect to find Medicaid better-suited to their needs, as it is more likely to cover case management, individual and group therapy, detoxification, and various other critical services. Failing to present a clear choice between private insurance and Medicaid may lead to inadequate coverage or even loss of coverage, resulting in poorer health outcomes and other negative impacts for the individuals, their families, and their communities. Lack of access to consistent behavioral health services also puts increased pressure on crisis care centers, emergency rooms, and local law enforcement – especially in rural areas and on local budgets.

This waiver could have further negative effects on families in Idaho's rural communities. People in rural areas already experience a higher rate of being uninsured due to lack of employment

Lori Wright
3520 Meadow Dr.
Boise, ID. 83706

6/24/2019

To the Idaho Department of Health and Welfare,

Thank you for taking my comments. I volunteered with Reclaim Idaho through the Medicaid expansion initiative. I have been in business in Idaho for over 35 years.

My second concern is about cost
My first concern is about the process of enrolling on the state exchange with a private company vs being automatically enrolled with Medicaid. It is my belief that private insurers should bear the burden of education, and marketing about their option to purchase insurance through the state exchange. Every business for profit incurs cost and education/marketing should be built into private insurers estimated costs vs putting this back on the people of Idaho and Health and Welfare.

My second concern is about mandating an "opt out" on the state exchange in order to be able to access Medicaid Expansion. I hope we can make this as easy as possible for that 100% to 138% and follow through with the will of the people to simply provide Medicaid Expansion to this population. I hope that the process is transparent with no more cost or additional work to the state of Idaho than would have been incurred with clean expansion.

Thank you,



Lori Wright
LX2 LLC.



PUBLIC HEARING
Idaho Department of Health and Welfare
Idaho Department of Insurance

Please Sign In

Waiver Application:

Idaho Department of Insurance Section 1332 State Relief and Empowerment Waiver

DATE: Thursday, June 27, 2019

TIME: 10:00 AM - 11:00 AM

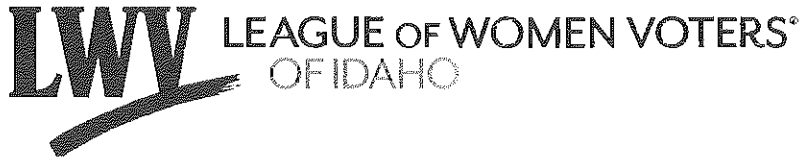
LOCATION: Health & Welfare Lewiston Office, 3rd Floor

*Please provide a written copy of your comments for the official record on this matter, if possible.

NAME (Please Print)	ADDRESS / E-MAIL	ORGANIZATION REPRESENTED	DO YOU WISH TO TESTIFY?
Eric K. Peterson	[REDACTED]	self	yes
Susan Ripley	811 N Grant St. Moscow	League of Women Voters of ID	yes
Jeremy J. Gagnon	701 E. Jefferson St., Boise, ID 83712 / [REDACTED]	Reclaim Idaho	no
Bill GOESLING	1141 PARADISE RIDGE RD MOSCOW	HOUSE OF REPRESENTATIVE	NO
Laurie Larsen	1632 Cedar Ave Lewiston, ID	self	YES
Mary Bastick	1436 Pine Cone Rd Moscow	self	no
Laura Bracken	1613 Alder Ave Lewiston	self	yes
Dan Schmirjat	267 Circle Dr. Moscow ID	self	YES
David Nelson	804 E E Moscow Id	Idaho Senate	Maybe
Gretchen Wissner	1043 Blue Heron Lane, Moscow	self	YES

Testimony
NO TESTIFY
on Record
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statement
yes
should
also
written
data.

NAME (Please Print)	ADDRESS / E-MAIL	ORGANIZATION REPRESENTED	DO YOU WISH TO TESTIFY?
Iem Sterling	[REDACTED]	Idaho Community Action Network	YES ✓
Cheryl Towsley	[REDACTED]		possibly ✓ yes
Rick Towsley	[REDACTED]		" Nox
Wendy	[REDACTED]		
MARY Lou Amidei	[REDACTED]		No
Michael Riley	[REDACTED]		Yes ✓
Rebecca Schroeder	[REDACTED]	Reclaim Idaho	YES ✓
Shawn Keenan	[REDACTED]	SELF	yes ✓
Carol Fletcher	[REDACTED]		✓ verbal NO
Alicia Abbott	[REDACTED]	SELF	yes ✓



June 27, 2019

To: Dept of Insurance, Boise Idaho

From: League of Women Voters of Idaho, Susan Ripley, president

A handwritten signature in black ink, appearing to read "Susan Ripley". The signature is written in a cursive style and is located to the right of the "From:" line.

RE: 1332 Waiver Comment

The League of Women Voters Idaho supports any and all efforts to implement the Medicaid expansion (Proposition 2) as passed by voters in November 2018.

Expansion legislation during the 2019 session made several crucial changes to the original intent of the initiative including applying for federal waivers for the additions made by the Legislature.

At the forefront of the changes is the so-called Opt-In 1332 Waiver that allows Idahoans within 100-138% of the federal poverty level to choose between enrolling in Medicaid or by using federal tax credits to enroll in Idaho marketplace insurance coverage.

On the surface, the 1332 waivers look as if they offer alternatives with the same result. Further review of the two alternatives reveals differences that will be costly.

An analysis by state officials in 2018 found the opt-in waivers would cost the federal government \$7,700 per eligible person per year for coverage using the exchange option. For the same group, coverage under Medicaid expansion option would cost the feds only \$3,878 per person. That's a significant difference.

In addition, Medicaid offers mental health services and benefits that might not be available through private insurance. Such services are essential in all communities throughout Idaho and the state would be remiss if anyone would be left without an option for that coverage.

A mechanism also must be put in place to inform eligible Idahoans of the pros and cons of both options, including all benefits and costs, in understandable terms before they are required to choose.

Estimates of Idahoans who are eligible under Medicaid expansion run around 62,000. The LWV Idaho believes those thousands would be best served under federal Medicaid coverage rather than insurance bought through the exchange.

Proposition 2 was presented to the voters as an initiative to allow those "in the gap" (100-138% of the FPL) to be eligible for Medicaid coverage. Prop. 2 didn't include

any mention of possible recipients buying insurance in the private sector, or any of the other waiver subjects applied for.

While it would be ideal if Medicaid expansion was implemented as passed without the addition and tweaks from the Legislature, we understand the political realities of the situation.

We urge all caution be taken when considering the 1332 waivers to be submitted to the federal government to ensure those 62,000 Gem Staters are allowed to make informed health care decisions applicable to their options and needs.

Public Comment for 1332 Waiver application

Good morning, My name is Laure' Larsen. I am a resident of Lewiston and have practiced as a registered nurse in the region since 1988. As a registered nurse I have seen first hand Idahoans who are suffering from diseases and mental health conditions that are managed poorly due to a lack of resources for medications and regular provider visits. I also know many Idahoans that do not have any health insurance due to the high cost of premiums. My specialty is critical care. When mental health, hypertension and diabetes are not well managed these people end up with emergency conditions that require expensive emergent care to treat depression, overdose, suicide, mental health conditions, stroke, heart attack, out of control blood sugars to name a few.

Idahoans deserve access to affordable health care that does not require them to pay high out of pocket costs and premiums or meet work reporting requirements. I support Medicaid expansion in the state of Idaho and waiver 1332 if it meets these requirement. It is very important that the plan is developed in a manner that makes it easy to access, affordable and effective.

The system is complicated and many people are confused about what their options are. Information needs to be available that explains the enrollment process, costs and coverage available through Idaho Medicaid so informed decisions can be made.

Research shows that providing preventative care results in improved health and reduced costs. Idahoans in the 100-138% poverty level should be given a choice to enroll in Medicaid or to received federal tax credits if they enroll in marketplace insurance.


Thank you!



Laure' Larsen

1632 Cedar Ave.

Lewiston, ID 83501





Dan J Schmidt
Moscow ID

June 27, 2019
Lewiston ID

Testimony to Idaho Department of Insurance regarding 1332 Waiver application

I applaud the Department of Insurance in your attempt to increase choice for Idaho Health Insurance subscribers. But your calculations have deeply flawed assumptions.

First, with the passage of Prop. 2, and the failure of the legislature to repeal the law, this current status should be considered the baseline for comparison of any costs or "savings" when analyzing the requirement that a 1332 waiver be cost neutral.

As far as I can tell, the Draft Coverage Choice Application May 2019 uses our current status, without Medicaid Expansion as a baseline, and thus every calculation is mistaken.

For example, Table 2 "Without Waiver Individual Market Enrollment" line 3 "100-138% FPL" shows a slow increase from 18 thousand to 21 thousand members. In fact, this line should show zero in all the boxes, since these people are eligible for Medicaid enrollment, thus not eligible to participate in Your Health Idaho.

With this reformatting of assumptions, all the subsequent calculations of savings fall apart. Second, the "savings" claimed by this application are only those of lost Advance Premium Tax Credits to the federal budget. By moving more people off YHI and onto Medicaid under the current law of full Medicaid Expansion, the "savings" to the federal budget of lost APTC costs would actually be much greater if all enrollees 0-138% FPL are enrolled in Medicaid. These were the findings of the initial Milliman report 2012, which I can no longer find online. This was part of the reasoning for the Governor's first work group to recommend full expansion. It saved both Idaho and the federal budget the most. The recommendation of the second workgroup (also text no longer available online that I could find) was to expand eligibility to 100% FPL and saved the state and the federal government less.

Finally, the "savings" claimed by this application must be more inclusive, not just citing the decrease in APTC, but comparing the government costs of health insurance under both proposals. I tried to find a reference to this in Appendix "A" but the draft has no text in Appendix "A". I can appreciate that estimating what products will be chosen by enrollees between 100-138% FPL would be daunting, let alone their costs by different insurers. It is telling that Table 5 suggests an APTC cost with or without the waiver to the federal government ranges from \$430-\$802. At the same time Milliman in a report to the Idaho Department of Health and Welfare July 2018 estimated a Medicaid PMPM cost of enrollment ranging from \$212-\$496 (Exhibit 2 page 16). With the 90% federal obligation of a net lower PMPM cost for Medicaid enrollment, rather than private coverage costing a higher APTC, the lowest cost choice is clearly full enrollment.

Again, I thank the Department of Insurance the opportunity to comment on this proposal. I wish we could offer more choices to lower income folks. I just don't think we can afford it.

June 27, 2019

Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, Idaho 83720

My name is Gretchen Wissner. I am a resident of Moscow, Idaho. I thank you for the opportunity to comment in person on Idaho's 1332 waiver application.

My primary concern with the *choice waiver* is related to the complexity involved in navigating our health care system. Will Idahoans eligible for Medicaid under the expanded coverage guidelines be provided with the information they need to knowledgeably compare the services Medicaid provides with the often confusing options available through the marketplace exchange?

As a public school teacher in the Moscow School District for 36 years, I was very appreciative of those who served on the district's medical insurance committee. As the costs of health care increased dramatically, they were tasked with finding the best coverage possible for the dollars the district was willing and able to provide. At some point during that time, an insurance broker was hired to do the research for our committee members, who then narrowed the choices to a reasonable number for district employees to choose through a district-wide vote. The broker also assumed responsibility for making sure that we received the benefits which were part of our chosen plan. Too often the insurance company denied coverage for benefits which were clearly part of our plan or service providers requested co-pays that were not consistent with our plans.

I use this as example of how difficult it is to navigate health care in this country, even for those of us with paid benefits, assistance in selecting plans appropriate for our needs, and money in reserve for unexpected, uncovered expenses.

Idahoans qualify for Medicaid Expansion because they have limited financial resources. Medicaid provides more comprehensive coverage than most private insurance plans. Health care providers are familiar with the services covered. Therefore, unexpected costs are unlikely to arise. If the *choice waiver* is granted, what agencies will be tasked with explaining to enrollees the coverage options, premiums and co-pays, the potential loss of coverage if premiums are not paid, etc.? This task cannot be delegated to private insurance providers with policies to sell. A true choice for consumers is one where they are completely informed of their options and understand them.

I am opposed to this waiver unless it is accompanied by a comprehensive information and selection assistance plan.

Thank you.



Gretchen Wissner
Moscow, Idaho 83843



Statement from Reclaim Idaho in Opposition to "1332" Waiver

(Submitted at Health and Welfare Public Hearing, June 27th, 2019)

Reclaim Idaho is the nonpartisan, volunteer organization responsible for putting Medicaid Expansion on the November 2018 ballot. Reclaim Idaho opposes this restriction to healthcare coverage for Idaho families. We believe it is a "bait and switch" scheme designed to steer Idahoans to more expensive and less reliable healthcare plans. An estimated 10,000 Idahoans may be affected by this restriction.

The stated purpose of this restriction is to give Idahoans earning between 100-138% of the federal poverty level a quote-unquote "choice" to enroll in, or, maintain exchange-based coverage even though those same Idahoans qualify for Medicaid Expansion.

Medicaid Expansion provides far more reliable and valuable healthcare coverage than exchange-based plans. The subsidized plans come with large co-pays and even larger deductibles and out-of-pocket expenses. While this restriction is cloaked in the veil of "choice," it is nothing more than a mechanism to confuse thousands of working-class Idahoans who may be denied, even inadvertently, information about the benefits of Medicaid Expansion.

There is no indication from the language of the law that thousands of working Idahoans will be given a real "choice" about whether to stay on subsidized plans or switch to Medicaid Expansion. Reclaim Idaho is concerned about the transparency and availability of information regarding this "choice." If working Idahoans don't have access to the pros and cons of subsidized insurance versus Medicaid Expansion, then the "choice" is a false one.

For instance, will Idahoans in this group be given a side-by-side comparison of the benefits of exchange-based coverage versus Medicaid Expansion? If someone decides to stay on exchange-based plans and misses a payment, will they lose healthcare coverage – even if they qualify for Medicaid Expansion? Are working Idahoans in this group expected to independently navigate the exchange-based healthcare program AND Medicaid Expansion?

These are daunting and dangerous questions which have nothing to do with Medicaid Expansion's stated purpose, which is providing healthcare access to American families and communities.

Finally, there is the cost. It is unclear whether this restriction is "deficit-neutral." By law, any restriction to healthcare coverage must be cheaper to taxpayers than denying the restriction. It's difficult to predict the reasons why Idahoans would choose to stay on expensive and unreliable exchange-based coverage as opposed to Medicaid Expansion. However, Idaho's 2018 application for a healthcare "waiver" indicates that subsidies for exchange-based insurance costs will run us twice as much as putting those same people on Medicaid Expansion benefits.

All told, this restriction to coverage, or "waiver," provides a false "choice" to thousands of Idahoans who may get stuck with expensive and unreliable healthcare access. Approving this waiver will increase costs both for taxpayers and for working Idahoans who need healthcare.

We thank you for your consideration and the opportunity to speak publicly on this issue.

Rebecca Schweder
Executive Director - Reclaim Idaho

Statement Opposing Section 1332 Waiver for Medicaid Expansion

Hello my name is Shawn Keenan, a small business owner and constituent from Idaho district 4 in Kootenai County. I am here today to make a statement in opposition to Waiver 1332.

According to my research, this unnecessary restriction will create a secondary gap for thousands of Idahoans and cost the tax payers much more than Medicaid enrollment challenging the federal requirement of deficit neutrality. Even as Gov. Little signed S1204aa, a bill into law, he had serious reservations about the costs of this bill urging the legislature to reevaluate the sideboards attached to Prop 2.

In my experience, Medicaid is the most cost efficient way to extend insurance to those thousands of Idaho Citizens making 100-138% of the FPL. As a constituent and small business owner, insurance costs are a major concern as I too live in the gap. After pricing plans on the exchange, the cheapest plans that fit my needs would cost me around \$500 per month. This does not include any co-pays or deductibles. In order to lower costs I have to consider catastrophic coverage plans in which deductibles and out of pocket costs are much higher than I have in Savings. Missing a monthly premium payment would mean I could lose coverage putting my life and health at risk. Medicaid plans offer stable and affordable coverage for my fellow Idahoans without the risk of being under insured.

Thank you for your time and consideration. 

National Hemophilia Foundation – Idaho Chapter
4696 Overland Road, Suite 234
Boise, ID 83705
www.idahoblood.org • Phone: [REDACTED] •

June 27, 2019

Dean L. Cameron
Director
Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

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JUL 01 2019

Dear Director Cameron:

The Idaho Chapter of the National Hemophilia Foundation appreciates the opportunity to submit comments on Idaho's "Coverage Choice Waiver Application."

The Idaho Chapter believes everyone should have access to quality and affordable health coverage. Unfortunately, this waiver will create additional confusion resulting in lower income individuals and families enrolling in more expensive and potentially less-comprehensive coverage. To ensure all low-income hemophilia patients have access to and enroll in quality and affordable healthcare, Idaho should oppose the Coverage Choice Waiver Application.

Affordability

Most low-income Idahoans have lacked quality and affordable healthcare due to the state's previous refusal to expand its Medicaid program to 138 percent of the federal poverty level or about \$2,390 a month for a family of three. In November 2018, voters in Idaho approved full expansion of the Medicaid program, but the Idaho legislature defied this decision and approved additional restrictions on coverage including a work reporting requirement. The Coverage Choice Waiver, also resulting from this legislation, will not improve these families' access to quality and affordable healthcare. The Coverage Choice Waiver would allow individuals between 100 and 138 percent of the federal poverty level to choose to enroll in either Medicaid or private insurance through the Idaho State Exchange.

Private health insurance, even with Advanced Premium Tax Credits (APTCs) and cost-sharing reductions (CSRs), is more expensive than Medicaid. By law, Medicaid cost-sharing cannot exceed more than five percent of an enrollee's income. Typically, Medicaid enrollees don't pay premiums and have minimal cost-sharing. Those enrolled in private insurance are required to pay premiums and are subject to additional cost-sharing in the forms of co-pays, co-insurance and deductibles. Research shows that even limited cost-sharing can deter low-income individuals from accessing necessary healthcare services.¹ Additionally, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.² The proposed waiver does not include the actuarial analysis to demonstrate coverage under this waiver would be as affordable as without it. Based on the information available and previous experiences with similar population, it appears the Coverage Choice Waiver does not meet the statutory requirement that coverage under a 1332 waiver be as affordable as it would be absent the waiver.

The Cover Choice Waiver application does not provide specific information on how individuals between 100 and 138 percent of the federal poverty level will be informed about their healthcare choices. Will these individuals be presented the option to enroll in Medicaid when they start the open enrollment process, or will that option only exist if they decline private coverage through the exchange? If it is the later, that is not a true choice. To further ensure enrollees would have a choice between exchange and Medicaid coverage, any enrollment assistance must be neutral and not biased towards one option or the other. Additionally, if a Medicaid-eligible individual enrolled in private insurance wishes to enroll in Medicaid during the middle of a plan year, can they change their coverage? hemophilia patients, any gap in coverage can be detrimental to their prognosis and health. It is

For



Imperative that there is a clear and simple way for individuals to enroll in Medicaid if they become eligible during a time other than open enrollment.

Adequacy

While both Medicaid expansion plans and private insurance sold in the exchange are required to cover the ten essential health benefits, there are some additional services Medicaid is required to cover, but private insurance is not. For example, Medicaid expansion plans provide non-emergency transportation services, a benefit private insurance does not provide. Additionally, Medicaid covers certain home health services and other services, including things like case management, that private insurance is not required to cover. Again, to ensure that enrollees fully understand the differences in their coverage options, robust and unbiased enrollment assistance would be crucial.

Budget Neutrality

The proposed Coverage Choice Waiver claims to meet the budget neutrality guardrail for a 1332 waiver. Unfortunately, based on the information provided, this does not appear to be accurate. The waiver incorrectly calculates the budget neutrality assuming Medicaid expansion does not exist and the individuals between 100 and 138 percent of the federal poverty level enrolled in exchange coverage would otherwise be uninsured. This is incorrect, as they would be otherwise enrolled in Medicaid expansion. On top of that it is more expensive for the federal government for individuals between 100 and 138 percent FPL to enroll in exchange coverage than Medicaid expansion.

A previous Idaho 1332 waiver analysis found that APTC and cost-sharing reductions for individuals between 100 and 138 percent of FPL would cost the federal government \$7,700 per person. The same analysis found Medicaid expansion would cost the federal government \$3,878 per person.ⁱⁱ The proposed waiver application does not include the actuarial analysis needed to understand costs and coverage implications of this waiver. This information is needed as part of a complete application. Absent the official actuarial analysis, previous estimates imply the Coverage Choice Waiver does not meet the budget neutrality guardrail.

The Idaho Chapter of the Hemophilia Foundation believes healthcare should be affordable, accessible, and adequate. The Idaho Coverage Choice Waiver compromises the affordability of healthcare coverage for some of Idaho's most vulnerable residents. The Idaho Chapter opposes this waiver. Thank you for the opportunity to comment.

Sincerely,



Barbara Fawcett
Executive Director

ⁱ Artiga, Samantha, Petry Ubri and Julia Zur. *The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings*. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱ Artiga, Samantha, Petry Ubri and Julia Zur. *The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings*. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱⁱ Idaho Department of Insurance. *DRAFT Fair Access to Health Coverage Waiver Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging State Innovation*. February 12, 2018. Accessed at: <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>

1332 Coverage Choice Waiver Public Comment

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JUL 01 2019

This comment will be submitted to the Department of Insurance by mail or via email. Please write your formal comment for the official public record on Idaho's proposed 1332 Coverage Choice waiver.

To: Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, Idaho 83720-0043

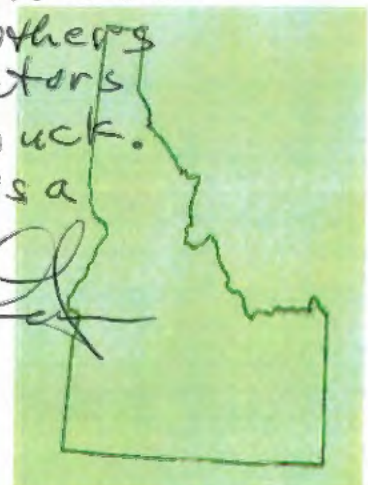
From: (Name) John Gannon
(Street) 1104 Johnson Street
(City, State, Zip) Boise Id 83705
(Optional: Email/Phone number) [REDACTED]

I work as a private attorney. Many of my clients are low income people whose fees are paid to me by Idaho Legal Aid Services. Even if they may have a very legitimate and strong case involving matters I handle ~~before~~ such as consumer sales disputes or collection agency issues, they would hesitate or decline my services if Legal Aid or a contingent fee isn't offered. It's quite simple: They often simply don't have the money - even \$166 to file a lawsuit. In addition there are those who simply don't trust the system enough.

I think this same situation exists with regard to healthcare & this waiver. Many will not seek medical care - especially preventive care, using that extra \$50 or more for gas, rent or food. Others may view preventive care as doctors just wanting to make an extra buck. So I don't think this waiver is a good idea.

Tips for writing a comment:

- 1) Address specific elements of the waiver that are problematic or cause concern
- 2) Describe the impact the proposed waiver would have on you if implemented
- 3) Ask questions you have about the waiver



1332 Coverage Choice Waiver Public Comment

This comment will be submitted to the Department of Insurance by mail or via email. Please write your formal comment for the official public record on Idaho's proposed 1332 Coverage Choice waiver.

To: Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, Idaho 83720-0043

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JUL 01 2019

From: (Name) Diane Schwarz
(Street) 876 E Pennsylvania Lane
(City, State, Zip) Boise, ID 83706
(Optional: Email/Phone number) [REDACTED]

I have concerns about the process & how choices will be presented to Medicaid patients. They need to know from the start that they are eligible for Medicaid, upfront. The way it seems is that they have to decline insurance on the exchange (w/ tax credit) & they would have to initiate Medicaid enrollment. It should be presented at the same time (both exchange & Medicaid) w/ pros/cons & costs & coverage. Fully informal! True choice & transparent!

Thank you!
Diane Schwarz

Tips for writing a comment:

- 1) Address specific elements of the waiver that are problematic or cause concern
- 2) Describe the impact the proposed waiver would have on you if implemented
- 3) Ask questions you have about the waiver



JUL 01 2019

From: Ingrid Brudenell [REDACTED]
Subject: Idaho's coverage Choice Waivers
Date: June 26, 2019 at 9:28 PM
To: DOI.Reform@doi.idaho.gov

My comments on the Coverage choice waiver focus on three main points:

1. Waivers and insurance on the health exchange don't offer the same comprehensive health care as Medicaid and often come with co pays, deductibles which lead to decisions about affordability. People living in poverty are faced with choices like paying rent or buying insurance. Many can't afford both, housing affordability is a major public health crises, and compounds the expenses of paying for insurance.

2. Will there be counselors available to explain the differences in options and plans to potential recipients who may not speak English, be familiar with making comparisons, etc? Is there a plan that if some one misses a payment or co pay that they can be reinstated or begin Medicaid? I'm concerned about those with mental health problems who may not get the care they need on the exchange and may not be able to make informed choices about Medicaid.

3. If some one opts to use the exchange can they return to Medicaid, if eligible, without penalty and will this be communicated to recipients? Are there additional costs to Medicaid or the exchange if a recipient goes from one plan to another? This might happen. Do all family members need to be on the same plan or will the systems adapt to members on the exchange and others on Medicaid? Please consider the best way to communicate about the use of the subsidies and the differences with Medicaid.

Thank you for accepting my comments and please include the answers to these questions in your report. My goal in supporting Medicaid expansion is to have health care available to each person. In fifty years as a R.N. I know the importance of timely and effective health care. A waiver should not be sought if it will result in exclusion, lengthy delays or additional burdens for the recipient. It's life and death issue.

1332 Coverage Choice Waiver Public Comment

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JUL 01 2009

This comment will be submitted to the Department of Insurance by mail or via email. Please write your formal comment for the official public record on Idaho's proposed 1332 Coverage Choice waiver.

To: Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, Idaho 83720-0043

From: (Name) SHANNEEY
(Street) 9031 WEST TELLER DR
(City, State, Zip) BOISE ID 83704
(Optional: Email/Phone number)

I FEEL THE PROCESS OF CHOOSING MEDICAL
COVERAGE VERY FRUSTRATING & CONFUSING. I BELIEVE
FOR MYSELF & IDAHIANS NEED A VERY CLEAR
UNBIASED ENROLLMENT PROCESS TO ENSURE HEOR
GIVE THEM A FULL UNDERSTANDING OF COVERAGE,
WHAT REQUIREMENTS MUST BE FOLLOWED & WHAT
TYPES OF FOLLOWUP OR CONTINUED CHECK-INS
ARE NEEDED/REQUIRED.

- CONCERNS →
- HOW WILL IDAHIANS BE INFORMED OF CHANGES, FAILURE TO PAY OR LOSE OF COVERAGE?
 - HOW WILL UNROLLERS KNOW WHAT SERVICES ARE COVERED OFFERED COMPARED TO PRIVATE INSURANCE?
 - SAFEGUARDS IN PLACE TO ENSURE CONSUMER CHOICE IS NOT BIASED BY THE INTERESTS OF INSURANCE COMPANIES OR HEALTH PROVIDERS.

Tips for writing a comment:

- 1) Address specific elements of the waiver that are problematic or cause concern
- 2) Describe the impact the proposed waiver would have on you if implemented
- 3) Ask questions you have about the waiver




From: [Bob Fitzgerald](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 20, 2019 10:00:08 PM

Dear DOI Bureau Chief,

Please deny the waiver 1332 asked for by the GOP members of the Idaho Legislature who opposed the Petition to accept Medicaid expansion put on the ballot and passed into law by the Idaho voters. We voted for expanding Medicaid without any restrictions, waivers, or other interference by the Idaho GOP members of the Legislature. We expected to have Medicaid expanded when the AHCA was passed into law almost 8 years ago!

Sincerely,

Bob Fitzgerald
4079 N 3000 W
Tetonia, ID 83452




From: [Anne Olden](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 20, 2019 5:40:09 PM

Dear DOI Bureau Chief,

Please disapprove the 1332 waiver so all Idahoans who qualify for expanded Medicaid can receive this more comprehensive coverage. Private plans can be costly and confusing. Limiting the people who can receive Medicaid reduces their opportunities to improve their lives so they can move beyond the need for Medicaid.

Sincerely,

Anne Olden
6101 N Portsmouth Ave
Boise, ID 83714


From: [Peter Carman](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 20, 2019 11:50:08 AM

Dear DOI Bureau Chief,

A result of waiver 1332 will be (perhaps unintended, likely not) to reduce the number of applicants enrolling for Medicaid.

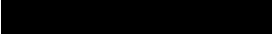
All of the claims regarding the value of choice in private insurance on the exchange are a smokescreen. 'Choice' in this context usually means many conflicting options and many ways for the process to be confusing.

This is counter to the whole point of expanded Medicaid. That goal is, as I see it, and as I voted for it, to make it easy for people to enroll and thereby reduce the number of uninsured citizens.

So - keep it simple - no waivers.

Sincerely,

Peter Carman
299 Mountain Side Blvd
Victor, ID 83455




From: [Nancy Harris](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 20, 2019 11:22:16 AM

Dear DOI Bureau Chief,

Barriers to coverage like work restrictions increase the cost and deny people of need of medical coverage. I am fully against implementing expensive and unnecessary blocks to Idaho's successful Medicaid Expansion initiative and now law.

Sincerely,

Nancy Harris
3116 N Redway Rd
Boise, ID 83704


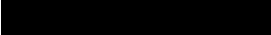
From: [Margaret Koger](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 20, 2019 9:40:10 AM

Dear DOI Bureau Chief,

Department of Insurance; Dear Friends;

I am writing on behalf of my neighbors and fellow Idaho citizens who work hard, perhaps even at just taking care of themselves with the many demands of parenting, care of the elderly, taking necessary steps to stay healthy and in a healthy environment. This may not include pay adequate for health care! And as noted below, these citizens should not have to decline benefits in order to study benefits! This must be an error of some kind that could be remedied. How will private insurance patrons know the kinds of services and treatments that Medicaid would cover that private insurance might not? And where will most get the money for premiums and deductibles? And why do so many--about 10,000 who are eligible for private insurance with assistance--go without healthcare because they can't afford or are to confused and frustrated by the complexity of private insurance?

Sincerely,

Margaret Koger
1026 E Strawberry Ln
Boise, ID 83712


From: [Glen Robinson](#)
To: [DOI Reform](#)
Subject: COMMENT
Date: Thursday, June 20, 2019 8:33:33 AM

I wish the federal government to know that I do not want the State of Idaho to impose restrictions on healthcare for citizens of Idaho.

Sent from [Mail](#) for Windows 10


From: [John Michael Schert](#)
To: [DOI Reform](#)
Subject: : Public Comment on 1332 Waiver Application
Date: Thursday, June 20, 2019 7:20:10 AM

Dear DOI Bureau Chief,

My brother has had a mental illness for over 20 years. Without the coverage provided by Medicaid, he would likely be homeless and unstable. A private plan would be impossible for him to navigate, even with family help, and give him LESS coverage and options. My concern is for a transparent enrollment process that will allow Idahoans, like my brother, to have a pathway to Medicaid coverage. How can he, and others like him, be informed if they fail to pay their premiums and lose their coverage? How will he know the services and options that Medicaid would cover that private insurers might not? He does not have the ability to navigate a market-based system that is profit-seeking. Americans with mental illnesses, like my brother, need a social safety net that ensures they get the coverage they need. Safeguards have to be in place to ensure insurance companies and health care providers cannot be biased in their coverage. It is imperative consumers are informed of their options.

Thank you for considering this request.

Sincerely,


John Michael Schert
812 W Brumback St
Boise, ID 83702


From: [B A McClain](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 20, 2019 7:10:10 AM

Dear DOI Bureau Chief,

I am writing to express my objection to the 1332 "waiver" being sought by the State of Idaho which would keep thousands of Idahoans on exchange-based health plans even though they qualify for Medicaid Expansion. I resented that lawmakers thought that Idahoans did not know what they voted for. I think Medicaid coverage would benefit many Idahoans, it will provide better health care than private insurance, and be more affordable.

Sincerely,

B A McClain
PO Box 374
Idaho City, ID 83631


From: [Annaliese Jacobsson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 9:40:06 PM

Dear DOI Bureau Chief,

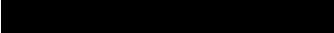
I am writing to express my objection to the 1332 "waiver." I am a mental health counselor who has worked in both Washington, where Medicaid is expanded, and Idaho, where it is not (despite the vote of the people). Seeing the contrast has been disheartening and at times, tragic. My colleagues and I frequently provide probono services to those who would qualify for Medicaid under the expansion but cannot afford health insurance-- while we attempt to offer this service, our availability barely even touches the surface of what is needed. These people cannot access health services, including screenings, testing, medications and other treatments that are vital.

My concerns with the 1332 "waiver" include the confusion and lack of clarity on what choice is actually available, the way that this "waiver" actually ends up costing more government funds, and the confusion that this so called "waiver" serves for regular Idahoans. The propaganda against Medicaid Expansion is ridiculous and needs to stop-- in my opinion, healthcare is a right, and more and more Idahoans and other Americans are recognizing this too. I have met people who have become bankrupt and have lost homes because of medical bills. I myself, as a young college student, had a seizure disorder and ended up with far more student debt because of attempting to pay medical bills. My parents helped as they could as missionaries overseas with limited income themselves. We by no means are struggling regularly, but the thousands of dollars on ambulance rides, ER visits, medical testing, medications and specialist visits were extremely disturbing to our family's financial well-being and caused tremendous stress. I was lucky enough to be a student where I had access to funds to borrow to pay those bills. I WOULD HAVE QUALIFIED FOR MEDICAID. A WAIVER WOULD NOT HAVE BEEN HELPFUL. IT IS NOT TRUE CHOICE.

Thank you to whoever took the time to read this and for the service of each lawmaker to our state.

Sincerely,

Annaliese Jacobsson
2920 N High Desert Way
Meridian, ID 83646




From: [Marilyn Arp](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 7:00:20 PM

Dear DOI Bureau Chief,

While having a choice sounds alluring, it is not really a choice if people do not have full information. I am concerned that people who are eligible for Medicaid Expansion will not get enough information to make an informed choice. Will they be clearly told that Medicaid offers more comprehensive coverage than private insurance and without premiums, co-pays, and deductibles ? It seems to me that this waiver could do more harm than good by creating a confusing situation. People receive information in different ways and I do not see how it can be guaranteed that everyone gets full, understandable information with which to make their choice.

Sincerely,

Marilyn Arp
PO BOX 228
MCCALL, ID 83638


From: [Linda Paul](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 6:50:08 PM

Dear DOI Bureau Chief,


I am one of the lucky few Idahoans who has affordable health insurance. But I am writing on behalf of the thousands of Idahoans who earn between 100-138 of the Federal Poverty Level, who will be harmed by the 1332 Waiver to voter approved Medicaid Expansion. On the surface, the waiver appears to provide individuals with a choice. But in reality, it effectively discourages poor Idahoans from signing on to Medicaid even though their marketplace insurance plans are more expensive and less comprehensive than Medicaid. My reasoning is based on the following concerns:

- As I learned when faced with making Medicare decisions, marketplace insurance is cumbersome and difficult to navigate. I'm an educated retiree with time and some ability to do research, yet I needed the help of an insurance broker to understand my insurance needs and select the appropriate provider. The population most in need of Medicaid Expansion does not have the time, the energy, and in many cases, the education to be able to navigate the confusing private insurance quagmire.
- Subsidized plans carry large co-pays and even larger deductibles and out-of-pocket expenses. What will happen to individuals who stay on an exchange-based plan but fall behind in paying those huge premiums? Will they then be denied Medicaid coverage because they came too late to the party?
- Will working Idahoans be given a real "choice" about whether to stay on subsidized plans or switch to Medicaid Expansion? I am concerned about the transparency and availability of information regarding this "choice." If working Idahoans don't have access to the pros and cons of subsidized insurance versus Medicaid Expansion, then the "choice" is a false one. As such, I would encourage you to deny this waiver as requested.
- All savings and economic stimulus rely on full, unmodified Medicaid Expansion, as passed by Idaho voters. Additional requirements or restrictions to Medicaid, will result in the state spending more in administrative, legal and oversight costs to develop the bureaucracy needed to enforce new requirements. In Kentucky alone, programs to restrict eligibility are estimated to cost \$374 million to administer over two years and the state has been mired in lawsuits. Reducing the number of people covered from Medicaid Expansion would reduce estimated state savings and diminish the forecasted positive economic impact of the new law.
- I'm tired of seeing the state of Idaho through money down the drain fighting senseless court battles over poorly written and thought out legislation.

Please protect Medicaid Expansion in Idaho as the voters of this great state voted for it in 2018.

Thank you for your consideration.

Sincerely,


Linda Paul
1715 S Grant Ave
Boise, ID 83706


From: [Jean Weingartner](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 5:20:11 PM

Dear DOI Bureau Chief,

Please- the voters in Idaho voted overwhelmingly to expand Medicaid after years of inaction by our legislators who are against the ACA and Medicaid. Please do not allow these sidebars like work requirements to be added. It will be costly and ineffective. Listen to the people. Our legislators are doing everything to shut up and weaken the voters. They even passed a bill that would have effectively banned voter initiatives. Luckily the governor vetoed it. Do not allow the restrictions on Medicaid expansion in Idaho.

Sincerely,


Jean Weingartner
307 N Picardy Pl
Boise, ID 83706


From: [Steve Barber-Hansen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 5:10:08 PM

Dear DOI Bureau Chief,

I am emailing in support of all lower income citizens of Idaho. I DO NOT SUPPORT our legislators' attempts to circumvent the vote of the people. The intent was to provide expanded medicaid to all qualified citizens, including those in the 100-138% of poverty level income. If approved the 1332 waiver being requested by the legislature will adversely affect the health of many Idaho citizens. Our citizens deserve stable affordable health insurance. Research shows that is the best way to take care of health and reduce healthcare costs over time. Please do not approve this waiver.

Sincerely,

Steve Barber-Hansen
35 Wright Rd
Kingston, ID 83839



From: [William Thomas](#)
To: [DOI Reform](#)
Subject: : Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 5:00:09 PM

Dear DOI Bureau Chief,

Medicaid provides a full comprehensive package for low income individuals and families. Medicaid Covers medical non emergent transportation to outpatient care which is especially needed in rural areas where providers are often a distance away from home. It will be very difficult to inform enrollees of they benefits and negatives of either private plans or Medicaid. I am afraid that the state will make it difficult for people to understand the difference and in fact push people off Medicaid option to private ACA based care. Also what about people signing up for the ACA plan and then finding out they can not afford the co pays or monthly premiums will they fall through the cracks and find themselves without coverage.

I oppose this waiver because it moves away from the intent to meet the medical needs of low income citizens and this waiver does not serve that mission.

Sincerely,

William Thomas
PO BOX 1274
MCCALL, ID 83638



From: [Gretchen Fors](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 4:40:09 PM

Dear DOI Bureau Chief,

I am against the 1332 Waiver Application. Idahoans in the 100- 134% of the poverty level need to have a clear pathway to medicaid. Medicaid covers MORE than most private health insurance plans. To be honest I wish I could BUY medicaid. It would be better coverage than our families pay thousands of dollars a year for.

Idahoans should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

Sincerely,

Gretchen Fors
7008 E Sky Bar St
Boise, ID 83716


From: [Robert Goetsch](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 4:40:09 PM

Dear DOI Bureau Chief,

I oppose the waiver, mainly because it increases costs for poorer Idahoans. Why should the waiver be granted when Medicare provides better coverage at lower cost? (If this is not the case, if private insurance covers medical expenses at lower cost, why don't more Idahoans buy such health insurance?) Also, there is great danger in putting the power of information in the hands of insurance representatives. What incentive do they have to give accurate information to consumers? The federal government should deny this waiver request.

Sincerely,

Robert Goetsch
1230 S Higbee Ave
Idaho Falls, ID 83404


From: [Charles Cole](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 3:50:09 PM

Dear DOI Bureau Chief,

I oppose Idaho's request for a section 1332 waiver. It is difficult, perhaps impossible, to imagine a situation where a Medicaid-eligible individual would be better off choosing coverage under Idaho's "Your Health Idaho" insurance exchange in lieu of Medicaid coverage for various reasons, including the following:


- Unlike Medicaid, coverage under the Idaho exchange requires monthly premiums and is subject to deductibles.
- Failure to pay a premium timely can result in loss of coverage which, even if subsequently corrected, creates a coverage gap; this risk does not arise under Medicaid coverage.
- Medicaid covers more comprehensive mental health services.

I understand that proponents of the 1332 waiver argue that citizens should be given choices, and that a program that requires them to accept Medicaid is paternalistic. In fact, free choice is meaningful only if all of the pros and cons are disclosed, and any comprehensive explanation would be so complicated and lengthy that I fear the vast majority of affected citizens would not read or understand the explanation.

I urge you not to grant this waiver request.

Sincerely,

Charles Cole
1519 E Holly St
Boise, ID 83712



From: [Cliff Elliott, B.](#)
To: [DOI Reform](#)
Subject: The Dept. of Insurance 1332 Waiver
Date: Wednesday, June 19, 2019 3:50:08 PM

Dear DOI Bureau Chief,

My name is Cliff Elliott, and I live in Boise. I am against this time-wasting, money-wasting bureaucratic bamboozle called the 1332 Waiver. Especially if this is used by said bureaucrats to discourage hard-working wage earners from getting adequate healthcare. If this proposal is made law anyway, these people should be advised fully of both choices they would have, and they should know that they would get more comprehensive health care with the Medicaid coverage. They should be informed that should they choose a private plan, they will have to pay out-of-pocket premiums, and would lose coverage if they can't pay. A full explanation of both types of coverage is the only fair and just way to apply this waiver.

I urge you to not adopt this pointless, needless, expensive waiver.

Sincerely,

Cliff Elliott
4526 W Alamosa St
Boise, ID 83703



From: [Ronald Nitz](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 3:40:10 PM

Dear DOI Bureau Chief,

The people of Idaho demanded a clean, un-waivered expansion of Medicaid when they voted for the measure. Any waiver flies in the face of the will of the people! The 1332 Waiver Application must not go forward!

Sincerely,

Ronald Nitz
1472 Terry Dr
Idaho Falls, ID 83404



From: [Kam Majer](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 3:10:09 PM

Dear DOI Bureau Chief,

TO: DOI Product Review Bureau Chief

The citizens of the state of Idaho voted for medicaid coverage for low income individuals and families by a large majority. Attempting to limit medicaid for these individuals, as evidenced by the above mentioned waiver application, is an attempt by the legislature to by pass the obviously demonstrated wishes of the citizens of this state. They are using politics to impact and regulate health care decisions for the people who need the most help. Making and keeping medicaid available, as approved by the voters, is more important than politics. We're talking about people health and lives, and medicaid is the best option available for the less fortunate, hard working citizens of this state. Purchasing insurance on the open market is not a good option and I ask you to reject this waiver application.

Sincerely,

Kam Majer
1501 Westwood Dr
Sandpoint, ID 83864



From: [Janis Perry](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 3:00:12 PM

Dear DOI Bureau Chief,

Co-pays and out of pocket costs for private insurance are confusing for many consumers. Helping people know their options and the costs involved is complicated. As a voter in Idaho, I support Medicaid coverage with no strings attached and no more hoops to jump through.

Sincerely,

Janis Perry
PO Box 1870
Boise, ID 83701



From: [suellen.carman](#)
To: [DOI Reform](#)
Subject: 1332 Waiver
Date: Wednesday, June 19, 2019 2:25:20 PM

To Idaho Department of Insurance,

I write to share my thoughts on the proposed Waiver #1332.

I can't understand why any Idahoan who is eligible for Medicaid would choose private insurance instead. Private insurance will cost more for coverage that is not as good. No one in his or her right mind would choose that. Unless, of course, they were not aware of the facts.

This waiver appears to be an ideological effort to promote financial advantage for insurance companies. I would expect heavy advertising from the insurance industry to promote their policies to people who are eligible for Medicaid. The advertising, of course, is unlikely to be fully transparent about the facts because transparency would cut into profits.

How will Idahoans know what insurance will best meet their without a sustained public relations campaign to counter the insurance companies' advertising? Who is going to provide and pay for this?

I urge you to deny the application for Waiver #1332. It is not in the interest of Idaho's people.

Thank you for your consideration,
Suellen Carman

--

Suellen Carman
299 Mountainside
Victor, ID 83455



From: [Diane Schwarz](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 12:30:09 PM

Dear DOI Bureau Chief,

Medicaid provides more comprehensive coverage than private insurance

- Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.
- If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.
- Idahoans up to 138% FPL will be eligible for Medicaid and this should be made clear to enrollees up front. They should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

Medicaid offers more affordability and stability than plans on the exchange


- Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.
- Idahoans who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid.
- While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.
- Research shows that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5, are associated with reduced use of care, including necessary services.

Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the cost of health insurance. All eligible Idahoans should be shown a clear choice and pathway towards Medicaid coverage at the time of enrollment.

- Idahoans need a transparent and unbiased enrollment process and a clear pathway to Medicaid coverage
- Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage?
- How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not? Will insurance representatives be trained to accurately counsel people on the differences between private insurance and Medicaid coverage?
- Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,

Diane Schwarz
876 E Pennsylvania St
Boise, ID 83706



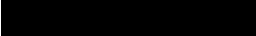
From: [Mr. & Mrs. Fred Jager](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 12:20:08 PM

Dear DOI Bureau Chief,

Idahoans need an enrollment to Medicare. Medicaid is more affordable.

Sincerely,

Fred Jager
4115 E Clocktower Ln
Meridian, ID 83642




From: [Dominik Schneider](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 12:00:09 PM

Dear DOI Bureau Chief,

I am writing to object to the 1332 waiver that is currently in the state of Idaho legislature. We should be no means be creating loopholes for poor Idahoans to fall out of coverage. While I generally agree in having choices, Medicaid Expansion is designed to specifically address the need for health insurance for low income citizens. Providing subsidized plans from the private exchange is unlikely to provide the same benefits, and it is very difficult to understand what type of coverage is being purchased. I have purchased insurance on exchange in the past. Medicaid expansion provides stable insurance that citizens can rely on for times of need without the potential for non-transparent loopholes in coverage.

Thanks
Dominik

Sincerely,

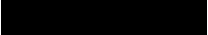
Dominik Schneider
725 S Blaine St
Moscow, ID 83843


From: [Jean Holland](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 11:40:08 AM

Dear DOI Bureau Chief,

For persons with mental health problems, Medicare is the best coverage. I am concerned for people in "the gap" who seriously need life saving health care. A recent case of suicide reminds me so many need serious help with health care issues. So many fall in this lack of care category, it is imperative we plan a better life for all.

Sincerely,


Jean Holland
1100 Burnett Dr Unit 263
Nampa, ID 83651


From: [Sally White](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 11:00:10 AM

Dear DOI Bureau Chief,

I am against any conditions put on the Medicaid expansion that the Idaho Initiative approved. I want the process kept simple so it can be comprehensive, affordable, stable and unbiased. Restrictions will just create another unnecessary battle later.

Sincerely,

Sally White
311 Jachetta Rd
Priest River, ID 83856


From: [Bill Rutherford](#)
To: [DOI Reform](#)
Subject: Medicaid Expansion
Date: Wednesday, June 19, 2019 10:39:14 AM

To Whom it May Concern:

I am writing to express my objection to the 1332 "waiver" being sought by the State of Idaho which would keep thousands of Idahoans on exchange-based health plans even though they qualify for Medicaid Expansion. My objections are as follows:

1. Medicaid Expansion provides far more reliable and valuable healthcare coverage than exchange-based plans. That's the whole point of Medicaid Expansion. The subsidized plans come with large co-pays and even larger deductibles and out-of-pocket expenses. Also, will people be denied healthcare coverage if they stay on exchange-based plans and fail to pay for premiums?

2. It is unclear whether thousands of working Idahoans will be given a real "choice" about whether to stay on subsidized plans or switch to Medicaid Expansion. I am concerned about the transparency and availability of information regarding this "choice." If working Idahoans don't have access to the pros and cons of subsidized insurance versus Medicaid Expansion, then the "choice" is a false one. As such, I would encourage you to deny this waiver as requested.

Thank you for your consideration.

Sincerely

William and Susan Rutherford

From: [Pat Huffaker](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 10:10:09 AM

Dear DOI Bureau Chief,

As the grandparent of a young adult man with mental health issues that have affected his ability to work at skilled or full-time employment, I cringe at the unnecessary and complicated additions made with the waiver proposition.

Understanding and making a wise decision is difficult for him. I have these questions:

How will those on low incomes, health or cognitive impairment access or understand the information needed to make a decision? Computer accessibility, computer skills, telephone accessibility, office visits requiring time off work and transportation are all issues for individuals with low income, health or cognitive impairment.


Will taxpayers be expected to pay for additional staff to help these people through the process? Or will the current help staff just bare a greater burden?

Why must this vulnerable population have to choose to decline exchange coverage in order to learn more about Medicaid eligibility which offers more affordability and stability than plans on the exchange?

Please take down the roadblocks!

Sincerely,

Pat Huffaker
1796 W Yukon Dr
Kuna, ID 83634



From: [Sandy Christensen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 10:10:23 PM


Dear DOI Bureau Chief,

I am extremely disappointed in the Idaho legislature's attempt to alter the Medicaid Expansion initiative passed by the folks of Idaho this past year. One of my concerns is the 1332 Waiver. Those people needing information about their health care choices should be well informed. How will this information be decimated to the population that needs it most?

Though my knowledge is limited, it appears that Medicaid would be a more dependable and affordable option for many Idahoans than plans from private companies. I am suspicious of this waiver and the restrictions placed upon Idahoans who cannot afford health care.

Sandy Christensen

Sincerely,

Sandy Christensen
13768 Clear View Rd
McCall, ID 83638


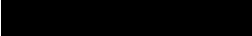
From: [Joe Bejsovec](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 7:00:13 PM

Dear DOI Bureau Chief,

Health care for all, even republicans who prefer freedom of choice (like none).

Sincerely,

Joe Bejsovec
3623 S Williamsburg Way
Boise, ID 83706



From: [William Schreib](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 6:41:05 PM

Dear DOI Bureau Chief,

To Whom it May Concern:

Before my move to Lewiston, I was a council member for the Idaho city of Culdesac for 8 years. This small community consists of many citizens with low income, since many are part-time farm workers. Over the years, I saw many avoid medical attention because they could not even afford the huge co-pays and deductibles of their private "health insurance".

I recall Nez Perce's newly-elected Sheriff Joe Rodriguez at one of our council meetings, where he told us that the biggest expense for the new county jail was "health insurance" for the inmates--since many were in very bad health, when they were brought to jail. Does this not show us how expensive it is, when a person's health goes beyond "fixable"?


With many of our local citizens avoiding "primary health examinations", many of the small medical facilities in our area's communities are facing closure. That is why I supported the Medicaid Expansion initiative that was passed last fall. It is also why I am writing to express my objection to the 1332 "waiver", being sought by the State of Idaho, which would keep many of these citizens on exchange-based health plans, even though they qualify for Medicaid Expansion.

With this confusion on the choice (and cost) of service, many are still reluctant to seek early medical help. One exchange makes its easier for people to take action on their health issues. These healthy citizens contribute to their communities and/or become tax paying citizens.

thank you.

Sincerely,

William Schreib
1019 11th St
Lewiston, ID 83501



From: [Sharon Katz](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 6:27:58 PM

Dear DOI Bureau Chief,


I am a licensed psychologist in the state of Idaho and firmly believe that the mental health benefits available with Medicaid expansion are far superior to the mental health benefits available through private insurance. Many people who require mental health benefits have difficulties making choices and understanding complex information. It would be extremely unfair to them to expect them to wade through all of detailed information involved in choosing private health insurance. I fear that many of these low functioning patients will just go without health insurance and increase the burden on our hospitals and non-profit services. The majority of people who are mentally ill are not only low income, but are uneducated and have a host of other medical problems that would be better served by Medicaid expansion. The process of requiring them to wade through the various plans, keep track of deductibles and all the other "business" aspects of private insurance is not something that most of these people who are most in need are capable of doing. The hospitals and physicians will have to bear the costs of their care which will make everybody cost increase.

thank you,

Dr. Sharon B. Katz, Licensed Psychologist

Sincerely,

Sharon Katz
1129 E Kimberley Ln
Boise, ID 83712



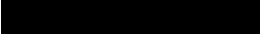
From: [Dana Dawes](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 5:48:59 PM

Dear DOI Bureau Chief,

I am opposed to this waiver and any other waivers that come along. As one of the 60% of Idahoans who passed Medicaid Expansion, my intent in voting for this was that Idahoans up to 138% of the federal poverty level would be fully eligible for Medicaid, with no restrictions, because it provides comprehensive health care coverage for those who need it. In fact, it provides more comprehensive coverage than private plans do. All Idahoans deserve affordable healthcare. There are thousands of Idahoans currently who are eligible to purchase a plan on the exchange but don't, so there is no reason to offer that option to them when Medicaid is now available to them. They need to be fully informed about the advantages of signing up for Medicaid and urged to do so as soon as possible.

Sincerely,

Dana Dawes
1018 E E St
Moscow, ID 83843



From: [Judith Butler](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 5:48:50 PM

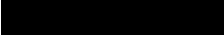
Dear DOI Bureau Chief,

I object to the 1332 "waiver" being sought by the State of Idaho which would keep thousands of Idahoans on exchange-based health plans even though they qualify for Medicaid Expansion. The waiver will add steps and make it more difficult for people to obtain healthcare under the Medicaid Expansion.

The subsidized plans come with large co-pays and even larger deductibles and out-of-pocket expenses. Idahoans may not have access to the pros and cons of subsidized insurance versus Medicaid Expansion and therefore may not get the healthcare they need. People need clear, unbiased, and transparent information. The waivers confuse the issue and may increase the cost to the federal government over straight Medicaid expansion.

Please reject the 1332 waiver. Thank you.

Sincerely,

Judith Butler
140 Monarch View Ln
Hope, ID 83836



From: [Hannah West](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 5:46:42 PM

Dear DOI Bureau Chief,

I am writing to express my total opposition to the 1332 waiver that the state of Idaho is seeking for Medicare expansion. It isn't clear whether Idahoans will be given choice about whether to stay on subsidized plans or switch to Medicaid Expansion and whether information will be easily accessible for people to make this decision. Straight Medicaid expansion will be cheaper for the feds than maintaining a choice. Thank you for your consideration.

Sincerely,

Hannah West
2708 S Holden Ln
Boise, ID 83706



From: [John Jolley](#)
To: [DOI Reform](#)
Subject: : Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 5:46:40 PM

Dear DOI Bureau Chief,


I hereby express my objection to the 1332 "waiver" being sought by the State of Idaho.

1. Medicaid Expansion provides far more reliable and valuable healthcare coverage than exchange-based plans.
2. It is unclear whether thousands of working Idahoans will be given a real "choice" about whether to stay on subsidized plans or switch to Medicaid Expansion. I am concerned about the transparency and availability of information regarding this "choice." If working Idahoans don't have access to the pros and cons of subsidized insurance versus Medicaid Expansion, then the "choice" is a false one. As such, I would encourage you to deny this waiver as requested.

Finally, there is the cost. While it is difficult to predict the factors that will contribute to a decision to stay on the exchange, it is almost certain that maintaining access to a federal tax credit, rather than moving this population to Medicaid will result in a higher cost to the federal government than straight Medicaid expansion.

Sincerely Nate & Suzy Jolley

Sincerely,

John Jolley
2194 E Woodstone Dr
Hayden, ID 83835


From: [Roger Rosentreter](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 5:26:21 PM

Dear DOI Bureau Chief,

Please respond to the public's vote to provide Medicaid to Idahoans.

Medicaid provides more comprehensive coverage than private insurance

Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.

If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.

Idahoans should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

Medicaid offers more affordability and stability than plans on the exchange


Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.

Idahoans who need the dependable and inclusive coverage should not have to decline private coverage to access Medicaid.

While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.

Sincerely,

Roger Rosentreter
2032 S Crystal Way
Boise, ID 83706



From: [Kate Ryan](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 5:09:59 PM

Dear DOI Bureau Chief,

To whom it may concern -

I am writing to express my objection to the 1332 waiver application being sought by the state of Idaho.

This waiver would allow Idahoans at 100-138% of poverty level remain on state-run insurance exchanges. My concerns regarding this, should the waiver be granted, are as follow:

Medicaid offers more stable, simpler health coverage than most insurance options offered on the state exchange. By encouraging Medicaid-eligible citizens to remain on the exchange, the state would be, in effect, encouraging worse, more expensive insurance. This is bad for individuals, and for medical establishments and providers in the state.

Additionally, I am concerned about the cost of administering this waiver, and do not feel that there has been adequate analysis and transparency around this issue. My sense is that no one actually knows. The decision to pursue this waiver has been based on a political belief that federal money is bad money and therefore be resisted, rather than careful analysis of the best way to insure lower income Idahoans.

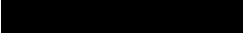
Lastly, I'm concerned about transparency regarding the costs, risks and benefits being explained to those eligible. Health insurance is maddeningly complex, even for those with expertise to figure it out. I'm doubtful that should this waiver be granted, that eligible citizens will have access to culturally and educationally appropriate resources to determine what is best for them, and thus will not fully realize the benefit of Medicaid eligibility.

Thank you for your time and consideration.

Kate

Sincerely,

Kate Ryan
1109 N 10th St
Boise, ID 83702



From: [Mary Wolfinger](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 4:41:55 PM

Dear DOI Bureau Chief,

I am writing to express my objection to the 1332 "waiver" being sought by the State of Idaho which would keep thousands of Idahoans on exchange-based health plans even though they qualify for Medicaid Expansion. My objections are as follows:

1. Medicaid Expansion provides far more reliable and valuable healthcare coverage than exchange-based plans. That's the whole point of Medicaid Expansion. The subsidized plans come with large co-pays and even larger deductibles and out-of-pocket expenses. While this restriction is cloaked in the veil of "choice," it is nothing more than a mechanism to confuse thousands of working-class citizens who may be denied, even inadvertently, information about the benefits of Medicaid Expansion. Also, will people be denied healthcare coverage if they stay on exchange-based plans and fail to pay for premiums?


2. It is unclear whether thousands of working Idahoans will be given a real "choice" about whether to stay on subsidized plans or switch to Medicaid Expansion. I am concerned about the transparency and availability of information regarding this "choice." If working Idahoans don't have access to the pros and cons of subsidized insurance versus Medicaid Expansion, then the "choice" is a false one. As such, I would encourage you to deny this waiver as requested.

3. Finally, there is the cost. While it is difficult to predict the factors that will contribute to a decision to stay on the exchange, it is almost certain that maintaining access to a federal tax credit, rather than moving this population to Medicaid will result in a higher cost to the federal government than straight Medicaid expansion.

Thank you for your consideration.

Sincerely,
Mary E. Wolfinger

Sincerely,

Mary Wolfinger
2408 W Canyon Dr
Coeur d Alene, ID 83815


From: [Carrie Crom](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 2:34:56 PM

Dear DOI Bureau Chief,

For years Idaho has had the opportunity to expand Medicaid and help hard working people retain their jobs, both full and part time, that have to health insurance. Medicaid will keep these people employed and productive. One Idaho legislator said those on the health insurance exchange will be too proud to go on Medicaid. This was said by a legislator who has taxpayer-funded health insurance. Individuals need to understand all their options for health insurance. They need to be able to make an educated decision on which option to choose. Their choices need to be transparent and easily understandable. Don't support the Idaho legislature's attempt to hurt these hardworking people.

Sincerely,


Carrie Crom
784 E 13th St
Idaho Falls, ID 83404


From: [Amy Granger](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 2:34:53 PM

Dear DOI Bureau Chief,

As someone who is self-employed, I've had to buy insurance on the open market for the last 10 years. It is incredibly complicated. And expensive. Costs have been rising and service/coverage levels have been declining. Our citizens around the poverty line are barely hanging on. Please don't make choosing/keeping insurance any harder, more expensive, or lesser quality. Keep it simple. Waivers, vouchers, etc. are a smokescreen for confusing the customer with the hopes that they opt out of healthcare all together.

Sincerely,

Amy Granger
PO Box 1295
Donnelly, ID 83615


From: [Kathy Corless](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 2:25:48 PM

Dear DOI Bureau Chief,

This letter is created to convey my objection to the 1332 “waiver” that is requested by the State of Idaho. The concern is that it will keep thousands of Idahoans from much needed affordable health care which they qualify for Medicaid expansion by keeping them on expensive exchange based health plans. Here are the specific reasons for my concerns:

1) The reason we need Medicaid expansion is due to it being more reliable and affordable then exchange plans. If people’s only true choice is a plan with a high deductible, co-pay or out of pocket expense the reality is the person will choose not to seek medical help. The result is without regular check-ups and access to care, medical issues go undiagnosed until the person is so ill they go through the emergency room which results in a much higher cost and usually the medical problem is more expensive to remedy if it can be remedied.

2) My mother could not afford the expensive cost of insurance. When she raised me and my three sisters, it was rare we could afford medical visits or dental care and often waited until it was unavoidable and we’d be taken to the emergency room. In one situation, my sister contracted encephalitis. She remained in the hospital for several days, my mother was guilt ridden and my sister was forced to be held back a year in school from her twin which was mentally a challenge for her. Then my mother held back from going to the doctors on her fixed income which she could barely afford rent and food, and found out too late her Cancer she was diagnosed with was inoperable. Sadly, had she come in months prior it would have been a surgical fix and she could have lived to see the two kids I have today. But sadly, that did not happen, she passed away and could have lived many more years had she had access to affordable care.

Please understand, while there is a cost, we are talking about real human lives. We should all want every single person in this great State of Idaho to live the healthiest live they can possibly live. All of us should want and expect basic access to preventative care and medicine that will prevent diseases from occurring and pre-mature death. I ask you to please consider objection to 1332 “waiver” so that health care access is affordable.

Thank you for your consideration.
Sincerely,
Kathy Corless

Sincerely,

Kathy Corless
2015 S Three Mile Creek Rd
Boise, ID 83709



From: [Nancy Chaney](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 2:02:21 PM

Dear DOI Bureau Chief,

Department of Insurance and Product Review Bureau Chief:

Last November, Idaho voters spoke decisively by approving a grassroots initiative to expand Medicaid, no strings attached. (That, in spite of the stumbling blocks the Legislature has placed to make Idaho's initiative process almost insurmountable.) Still, the Legislature couldn't resist another big switch-a-roo. In an affront to voters and the poor, they added so-called sideboards: waivers that are apparently intended to limit participation. The first of those waivers is before you now.

That 1332 waiver would allow low-income residents who earn 100-138% of the poverty level (practically speaking, not a livable income) to keep private health insurance plans, even when those plans have high co-pays and jaw-dropping deductibles. On its face, having an option sounds good, but in this case, without consumer protections built-in, this sideboard needs sideboards. The fallout would wreck individual health and households, and perpetuate reliance on county indigent funds (which, by the way, the Legislature is reportedly eyeballing as a way to pay for Medicaid Expansion), in addition to provider write-offs and the State catastrophic fund.


I encourage you to deny that waiver, but if it is approved, transparency and hands-on guidance for consumers are imperative. People need to know up front that they have a choice. They shouldn't need to decline coverage through the State's insurance exchange before being told that they are eligible for Medicaid. They should know the pros and cons of what will and won't be covered in each scenario, particularly concerning comprehensive coverage with behavioral health services, prescription drug coverage, and limits on treatment of chronic diseases, what their monthly premiums and co-pays will be, and what happens if they can't pay. Legal and procedural safeguards are vital to protecting consumer interests, so their options are not biased in favor of insurers or healthcare providers, and against some of the most vulnerable working poor.

Medicaid is an affordable, comprehensive, relatively stable and reliable system. It exists to serve the low-income population who need it, just as the voters said last November. Please deny the 1332 waiver request from the State of Idaho.

Respectfully,

Nancy Chaney

Sincerely,

Nancy Chaney
1333 Ponderosa Dr
Moscow, ID 83843


From: [Susan Kirkpatrick](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 1:56:08 PM

Dear DOI Bureau Chief,

I am writing to register my opposition to the 1332 Waiver Application. This waiver would keep thousands of Idahoans on exchange-based health plans instead of Medicaid through the expansion of the Medicaid program. Even with cost-sharing assistance, these citizens would end up paying large co-pays and deductibles for market-based private insurance, when they could receive more reliable and usable coverage under Medicaid.

A big concern is whether information about the pros and cons of staying on the subsidized plans vs choosing Medicaid Expansion will be made fully available to the Idahoans who will be eligible for the Expansion. Experience in other states that have received similar waivers to Medicaid Expansion suggests that many citizens have not understood that, for example, they will be denied healthcare coverage if they remain on private plans but fail to make a payment.

For these reasons, I urge you to deny the requested Waiver.

Sincerely,

Susan Kirkpatrick
231 Berg Rd
Sagle, ID 83860


From: [Terri Cowgill](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 1:20:09 PM

Dear DOI Bureau Chief,

To Whom it May Concern:

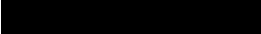
I am writing to express my objection to the 1332 "waiver" being sought by the State of Idaho which would keep thousands of Idahoans on exchange-based health plans even though they qualify for Medicaid Expansion. It was asked to not cut and paste the objection example, but the example is so succinct that I'm not sure I could add to the following reasons:

1. Medicaid Expansion provides far more reliable and valuable healthcare coverage than exchange-based plans. That's the whole point of Medicaid Expansion. The subsidized plans come with large co-pays and even larger deductibles and out-of-pocket expenses. While this restriction is cloaked in the veil of "choice," it is nothing more than a mechanism to confuse thousands of working-class citizens who may be denied, even inadvertently, information about the benefits of Medicaid Expansion. Also, will people be denied healthcare coverage if they stay on exchange-based plans and fail to pay for premiums?
2. It is unclear whether thousands of working Idahoans will be given a real "choice" about whether to stay on subsidized plans or switch to Medicaid Expansion. I am concerned about the transparency and availability of information regarding this "choice." If working Idahoans don't have access to the pros and cons of subsidized insurance versus Medicaid Expansion, then the "choice" is a false one. As such, I would encourage you to deny this waiver as requested.
3. Finally, there is the cost. While it is difficult to predict the factors that will contribute to a decision to stay on the exchange, it is almost certain that maintaining access to a federal tax credit, rather than moving this population to Medicaid will result in a higher cost to the federal government than straight Medicaid expansion.

Thank you for your consideration. Sincerely Terri Cowgill

Sincerely,

Terri Cowgill
1108 W Willow Lake Loop
Coeur d Alene, ID 83815




From: [Michael Sessions](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 1:20:09 PM

Dear DOI Bureau Chief,

I support all of "Close The Gap" talking points. Along wit these points, I add: I do not appreciate legislators that disregard the wants, needs, and rights of citizens. It will not end well for these.

Sincerely,


Michael Sessions
417 Bridlewood Ave
Caldwell, ID 83605


From: [Eden Irgens](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 1:20:07 PM

Dear DOI Bureau Chief,

Many of the legislators and non-legislators (aka unelected Brent Regan in N Idaho) who are working to add rails to Medicaid Expansion, approved by the voters, don't get it and have never been in an unfortunate financial circumstance that requires financial assistance.

Sincerely,

Eden Irgens
3876 W Fairway Dr
Coeur d Alene, ID 83815


From: [Kenny Tower](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 1:10:10 PM

Dear DOI Bureau Chief,

I believe that the Waiver Application 1332 is in violation of the lay.

In short Medicaid will provide for better care at a more stable and affordable price for people that need it. It is past time for you to take the step and implement Medicaid expansion and doing so you will not only lift up the people that need it but in implementing Medicaid expansion you will lift up the entire state of Idaho. By not doing so you are refusing to do you duty as elected officials, plain and simple.

Idahoans voted for the expansion of Medicaid to better serve the underserved people in Idaho and it is you duty to see that happen without any added, changed or removed language.


Lastly you are in office to help and protect the will of the people not your own self interest or the interest of corporations whether they be insurance companies, hospitals, urgent care facilities or investors.

Please step up and do your job as an elected official.

Thank you for your time, Ken Tower

Sincerely,

Kenny Tower
2206 N 23rd St
Boise, ID 83702



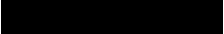
From: [Margo Thompson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 1:00:17 PM

Dear DOI Bureau Chief,

Idahoans who are not insured or underinsured are at distinct disadvantages in so many areas of life because of the burden this creates. We voted to expand Medicaid to remove many of the barriers that this causes and the Idaho legislature should have voted ensure that our wishes are instituted. Any waivers should not dilute the wishes of a majority of Idahoans.

Thanks.

Sincerely,

Margo Thompson
330 E 1st N
Saint Anthony, ID 83445


From: [Joseph Schueler](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:50:10 PM

Dear DOI Bureau Chief,

I am an Idaho nonprofit administrator who works regularly with low income families with children and those commonly referred to as the working poor. I find the sidebars and other attempts to restrict access to medicaid from this targeted group who is often un-insured or under-insured and I see firsthand the impact it has on families, their finances, and the risky behaviors that can result in youth, particularly when parents cannot get access to mental health treatment and/or medications to ensure they can lead productive lives.


I would like to see a study of how many medicaid gap qualified applicants possess private health insurance that is equal to or better than Medicaid and what the premiums are for those policies. As an employer, I see the premiums we must pay for our employees and even at the lowest cost option, the premiums are very expensive even for low quality, high deductible "catastrophic coverage only" plans. Even if a household qualified for Medicaid from this gap of incomes, I can think of no household who knows finance that would choose to pay for a plan when they are qualified for a free one in today's market. Those who would be simply making poor financial decisions and will stiff people like me as a landlord in other areas or bills. For this demographic, most are much too busy managing daily issues and near crisis level budget decisions to take the time to continue jumping through the sidebar hoops the Idaho legislature seems intent on creating for budget reasons. However, the Idaho legislature seems to be poor managers in finance, because to deny, delay, or treat differently these folks in regards to enrolling in Medicaid and/or in any way limiting their access to a coverage they qualify for only means larger costs in indigent care funds, lost work time, loss of employment, childcare problems, and ultimately for me, children not receiving the care and attention they need to grow into successful, productive citizens. Legislative tropes like these are what create systemic poverty, as opposed to a pathway to independence.

Please, see the importance of expanded health care coverage for qualifying, low income households. The whole work requirement was enough of a charade, as non-working households would already qualify for medicaid if they were not employed. This all should be a non-issue, all they want to do is create hurdles to access so they can offset the cost of care from government subsidized health insurance, a right U.S. citizens deserve if they, for whatever reason (and I already know the reasons based upon how this state funds education and other prevention based methods of improving quality of life in a low wage state), do not earn enough to cover their bills and have enough left over to afford private health insurance.

Give these families a chance to get out of their situation. Primarily, they need coverage to go to night school, to get their child up to school aged so they can take on a second job, cover their medications or other health costs so they can continue to work and lead independent, productive lives and grow in their companies and accept promotions that enable them to rise out of Medicaid and back into the private market. Without a safety net, their alternatives are bleak at best and typically result in lost employment, homelessness, substance abuse, and even entrance into the system in far worse channels like Health & Welfare and indigent care, which cost us far more in lost taxes and increased costs.

Sincerely,

Joseph Schueler
1002 N 8th St
Boise, ID 83702



From: [Robert Ancker, MD](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:40:12 PM

Dear DOI Bureau Chief,

I am writing to express my OBJECTION to the 1332 "waiver" being sought by the State of Idaho which would keep thousands of Idahoans on exchange-based health plans even though they qualify for Medicaid Expansion. My objections are as follows:

-Medicaid provides more comprehensive coverage than private insurance:

Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead. If this waiver is approved, a process must be in place to ensure Idahoans are INFORMED about the benefits package they will receive and the out of pocket costs, such as premiums and copays, that they may incur depending on what choice they make. Idahoans should NOT have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

-Medicaid offers more affordability and stability than plans on the exchange:


Exchange coverage requires payment of a monthly premium and deductibles. These must be clearly explained to this portion of the Medicaid eligible population in Idaho. Idahoans who need the dependable and inclusive coverage should not have to decline private coverage to access Medicaid. While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly HIGHER out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription. Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the COST of health insurance.

Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage:

Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely INFORMED of their options.

These waivers were NOT voted on per the citizens of Idaho. The will of the people is being ignored with these waivers.

Sincerely,

Robert Ancker
2290 W Prairie Ave
Coeur d Alene, ID 83815


From: [Nancy Sathre-Vogel](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:40:11 PM

Dear DOI Bureau Chief,

The people of Idaho have spoken. We have shouted in fact. We want Medicaid Expansion, and we want it available to every person eligible.

We did not vote to restrict it. We did not vote for guardrails. We voted for the state to provide Medicaid coverage to each and every person eligible.


Why do we want Medicaid? Because it's better than the private options - plain and simple. Medicaid offers excellent care that is easy to use. We don't want to be forced into private plans - and our employers should have ZERO say in what kinds of health care we can access.

We expect a transparent and unbiased enrollment process. We should not have to jump through hoops. We should not have to beg and plead for coverage.

In short, the state of Idaho should provide exactly what we voted for - and should not twist and mangle it beyond recognition.

Sincerely,

Nancy Sathre-Vogel
3813 W Palouse St
Boise, ID 83705



From: [Charles Cavanaugh](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:30:15 PM

Dear DOI Bureau Chief,

Just 3 Americans control as much wealth as half the rest of Americans. I think we can manage to take care of sick people. Just need fair taxes. It's supposed to be govt for the people, not just for the wealthy and well-connected.

Sincerely,

Charles Cavanaugh
2880 W Cherry Ln Apt 101
Boise, ID 83705



From: [Kathy Dawes](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:30:13 PM


Dear DOI Bureau Chief,

I am opposed to this waiver, mainly because a very significant majority (60%) of Idahoans passed Medicaid Expansion (Proposition 2) with the intention of having no restrictions at all for those who qualify. Restrictions like this waiver confuse enrollees and therefore will provide a barrier for people who need health care. Although Idahoans up to 138% of the federal poverty level will be eligible for Medicaid, they need to be fully informed about the benefits and costs of Medicaid compared to private health care plans. Medicaid provides much more comprehensive health care coverage, including services and benefits for mental illness, than any private insurance, and this should be made perfectly clear to them.

Whatever happens, they should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility. All choices must be completely transparent and fully explained. Any possible barriers to signing up for Medicaid will cause them to avoid making a decision, and when they don't seek the care they need, they end up with even more serious health problems and have to go to an emergency room, which costs all of us more through catastrophic funds from our property taxes.

Idahoans deserve healthcare they can afford. Since there are nearly 10,000 Idahoans today who are eligible to purchase a plan on the exchange but don't, it is obvious that Medicaid is an obvious solution.

Sincerely,

Kathy Dawes
1018 E E St
Moscow, ID 83843


From: [Jessica Brennan](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:30:13 PM

Dear DOI Bureau Chief,


I object the 1332 waiver. Medicaid Expansion is the only viable way to provide critical healthcare coverage to Idahoans who need it most. Exchange-based plans have large copays, deductibles and out-of-pocket expenses, which many can't afford. Also, I'd like to see more transparency in the plan, which should clearly state the pro's and con's of subsidized insurance versus Medicaid Expansion.

Thank you for hearing my voice and taking my concerns into consideration.

Jessica Brennan

Sincerely,

Jessica Brennan
1212 N 7th St
Boise, ID 83702




From: [Iselda Gonzalez](#)
To: [DOI Reform](#)
Subject: : Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:30:12 PM

Dear DOI Bureau Chief,

My partner almost died from cancer. He is still unable to get a CT Scan post chemo due to the front assault on the ACA. We need our legislators to act now, there are people dying out there.

Sincerely,

Iselda Gonzalez
3704 W Rose Hill St
Boise, ID 83705




From: [Terry Wilson II](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 12:30:12 PM

Dear DOI Bureau Chief,

The first "waiver" Idaho is seeking would allow poor Idahoans earning between 100-138% of the poverty level to retain their subsidized private health insurance plans even though they qualify for Medicaid Expansion. These "plans" often have huge co-pays and astronomical deductibles that can run into the thousands of dollars. It's almost like not having health insurance.

Sincerely,


Terry Wilson II
2500 Rocket Bar Rd
Eagle, ID 83616


From: [Michael Larkin](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 10:30:56 AM

Dear DOI Bureau Chief,

Please keep Medicaid Expansion simple and easily usable for the public. What we don't want is a huge amount of paperwork and a high cost to administer the program.

Sincerely,

Michael Larkin
7505 W Portneuf Rd
Pocatello, ID 83204


From: [Scott Dunn](#)
To: [DOI Reform](#)
Subject: 1332 wavier
Date: Tuesday, June 18, 2019 12:00:43 AM

Department of Insurance,

The proposed waiver to allow citizens to receive the advance premium tax credit and purchase a qualified health plan instead of automatically enrolling in Medicaid is a disservice to our citizens.

Health insurance coverage rules are complex and often opaque to the average person at the time they purchase a policy. Many don't know exactly what is covered and what will be applied to deductible and copay until after they have had the medical service. Moreover, they are complete unaware of the services they are likely to need and how much those services will cost.

Medicaid coverage is easy to understand and transparent. It is accepted essentially everywhere in the state. There is no need to worry about network coverage. For the vast majority of Idahoans, the Medicaid option is going to be far superior coverage.

If the 1332 waiver is granted, it will be absolutely critical for citizens who are potentially faced with the decision to have as much information as possible on likely maladies, their costs, and the difference in coverage between the average silver plan and their Medicaid option. For the small slice of citizens who wish to continue a QHP and are appropriate candidates, the cost of administration of the waiver will far outweigh any potential savings to the state.

Scott Dunn MD
Sandpoint, Idaho

From: [Tracy Olson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 17, 2019 8:00:19 PM

Dear DOI Bureau Chief,


Dear DOI Product Review Bureau Chief,

I believe Medicaid Expansion provides far more reliable and valuable healthcare coverage than exchange-based plans. The subsidized plans come with large co-pays and even larger deductibles and out-of-pocket expenses. I know people are concerned with providing people "choice" which is the basis of this waiver, however, I believe this waiver will confuse thousands of working class citizens who may be denied information about the benefits of Medicaid Expansion. They may also be denied healthcare coverage if they stay on exchange-based plans and fail to pay for premiums.

2. I am very concerned whether or not thousands of working Idahoans will be given a clear explanation about the differences of the private versus Medicaid plans. I am very concerned about the transparency and availability of information regarding the choices presented to them. If working Idahoans don't have access to the pros and cons of subsidized insurance versus Medicaid Expansion at the same time either is offered, then then I don't think this is a valid "choice". I remain concerned that there is not language in the law that protects consumers from misleading information or protection against predatory insurance providers who are not required to disclose all available options for consumers. There are far too many details lacking in this waiver and with unclear process that consumers would face, I strongly encourage a denial of this 1332 waiver application. Respectfully, Tracy Olson

Sincerely,

Tracy Olson
1562 E Sendero Ln
Boise, ID 83712




From: [Robin Piet](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 17, 2019 3:20:08 PM

Dear DOI Bureau Chief,

I request that the State of Idaho and its lawmakers respect the will of the people. We did not put restrictions on Medicaid Expansion. Do not add the “waiver” designed to keep thousands of Idahoans who earn between 100-138 of the Federal Poverty Level on private insurance instead of Medicaid Expansion.

Sincerely,


Robin Piet
3779 Meadowbrook Cir
Ammon, ID 83406


From: [Heather Hayes](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Sunday, June 16, 2019 1:21:39 PM

Dear DOI Bureau Chief,

I don't understand why the governing body of this State wants to restrict people's access to healthcare. The fact that we don't have universal healthcare is beyond me in the first place, but to continue to impede access is just ridiculous. Provide clear communication about the impact of their choices and provide easy access to those who need it.

Sincerely,


Heather Hayes
62 Finn Church Ln
McCall, ID 83638


From: [Mr. & Mrs. Merton Burleigh](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Sunday, June 16, 2019 9:10:08 AM

Dear DOI Bureau Chief,

Idaho citizens have decisively voted to expand Medicaid availability, and view such ideologically-inspired "waivers" as counter to the wishes of the voting public. Although private insurance can be a viable option for many of us, Medicaid does provide a range of benefits and stability which would be neither affordable nor sufficiently inclusive for those of us near the Federal Poverty Level. We are believers in market place-based plans, however for those whose earnings are in the 100 - 138 percent of the Federal Poverty Level, Medicaid without the restrictions of waivers is the simplest, most effective solution.

Sincerely,

Merton Burleigh
10149 W Lariat Dr
Garden City, ID 83714


From: [Cheryl Hymas](#)
To: [DOI Reform](#)
Subject: health care
Date: Sunday, June 16, 2019 12:23:09 AM

I am concerned that by not renewing the rules, Idaho will deny health care coverage to some of its citizens. I do not want that to happen. Cheryl Hymas, 805 Canyon Rd, Hailey, Id : life long Idaho resident


From: [Ann Carlson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 15, 2019 8:40:53 PM

Dear DOI Bureau Chief,

The citizens of Idaho need the uncomplicated, affordable coverage that Medicaid. Please do not encumber citizens with complicated, opaque programs that additionally burden taxpayers with increased administrative costs. Thank you.

Sincerely,

Ann Carlson
2847 S Law Ave
Boise, ID 83706

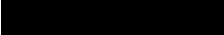


From: [Deborah Jackson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 15, 2019 11:00:09 AM

Dear DOI Bureau Chief,

In this very difficult economy, those who aren't established & well off must worry & be heavy with concern constantly! that illness and/or family tragedies will keep them from getting help when they need it. Idaho needs to be a state that cares for ALL its citizens, not just the ones who lucked into fortunate or easy circumstances!

Sincerely,


Deborah Jackson
7443 E Nottingham Ln
Nampa, ID 83687


From: [Kittie Sieh](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 14, 2019 7:30:12 AM

Dear DOI Bureau Chief,

I oppose the 1332 waiver. This waiver is unnecessary and will add confusion. Qualifying citizens need consistent access to reliable health care. They do not need to be subjected to the private insurance industry with its changing prices, coverage, and fine-print exceptions.

Sincerely,

Kittie Sieh
1333 S Pioneer Rd
Idaho Falls, ID 83402


From: [Dan Green](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 13, 2019 11:30:09 AM

Dear DOI Bureau Chief,

I feel it very important that the people of Idaho be kept abreast of the proposals for Medicaid coverage. I also believe Medicaid is the most affordable and comprehensive choice for health coverage. Limiting Medicaid is NOT an option that the Idaho Legislature should consider.

Sincerely,

Dan Green
16 Cedar Hills Dr
Pocatello, ID 83204



From: [Corliss Neuber](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 13, 2019 11:00:10 AM

Dear DOI Bureau Chief,

Please protect the laws that reflect the will of the people. Idahoans need this health insurance and a clear pathway to Medicaid coverage. Don't Mess It Up!

Sincerely,

Corliss Neuber
2488 E Tiger Lily Dr
Boise, ID 83716



From: [Stephanie Long](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 13, 2019 10:21:36 AM

Dear DOI Bureau Chief,

Medicaid expansion should be pursued with minimal restrictions ensure the most flexible, appropriate access to transparent and fair healthcare. Waivers and work requirements produce unnecessary restrictions. Private e insurance does not provide the same guarantees and transparent comparisons that consumers need to make informed choices. Medicaid expansion further protects the most vulnerable in our communities and invests in their healthcare. Over and over again, studies support that investing in healthcare makes stronger communities and healthy families that in turn reduce the cost of care.

Sincerely,

Stephanie Long
1775 W State St Apt 325
Boise, ID 83702

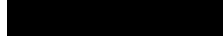

From: [Eddy sundbye](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 13, 2019 8:10:09 AM

Dear DOI Bureau Chief,

Medicare will provide better medical coverage affordability and stability Unbiased enrollment process

Sincerely,

Eddy sundbye
3170 S Gekeler Ln
Boise, ID 83706



From: [Mary Confer](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 13, 2019 6:20:06 AM

Dear DOI Bureau Chief,

I am opposed to the waivers to the Medicare program as requested. The waivers place a burden on individuals that are already struggling for various reasons. The intricacies of the system with the waivers appears to be designed to inhibit those most vulnerable from accessing care. Even small charges are known to reduce access to care.

It is well known also that Private Insurance always is profitable often times by refusing service or access to care especially in low cost products that this population is most likely to access.

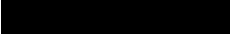
I believe those people who qualify for this Medicare expansion would already have private insurance if they could.

At the least the choices they are presented should include all information in an easy to understand manner.

I do not believe the citizens of Idaho that voted to expand Medicare intended it to be implemented in this way.

Thank you,

Sincerely,

Mary Confer
20503 True Rd
Caldwell, ID 83607


From: [Mary McLaughlin](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 6:40:08 PM

Dear DOI Bureau Chief,


I can not understand what it is that our State GOP legislators don't understand. They are elected officials. Elected by their constituents. Their constituents voted on a citizen initiative that put on the November ballot to approve a clean expansion on Medicaid.

That seems to be unclear because the GOP legislators then placed waivers on the expansion. They were elected to represent their constituents but chose not to.

So. We'll deal with that next November. In the meanwhile, things might go better if those waivers inflicted on the undiagnosed working poor forced into a second gap by GOP legislators carry a few restrictions as now possible.

Seriously, this is so hard to comprehend, the GOP legislators inability to represent those who elected them. It's almost like they don't believe in democracy.

Sincerely,

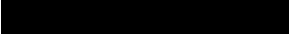
Mary McLaughlin
1155 N Camelot Dr
Boise, ID 83704


From: [Michael Fields](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 5:50:07 PM

Dear DOI Bureau Chief,

I am a physician in Coeur d'Alene and I strongly support the Medicaid expansion but I am certainly opposed to these waivers. Medicaid supplies superior coverage to other plans with similar cost but there is unfortunately a stigma associated with the name of Medicaid so this waiver will likely result in fewer people enrolling for Medicaid to the detriment of their personal finances and the system at large as many of these people will inevitably end up uninsured and will therefore likely receive healthcare in cost inefficient manners such as via emergency departments or hospitalizations. More barriers to entry into the Medicaid pool simply serve to complicate the process and we should be seeking streamlined simplistic government, not bloated systems with multiple layers of complexity built in. Fortunately, simple in this scenario will also result in better health outcomes and cost savings, so rejecting this waiver is a no brainer.

Sincerely,

Michael Fields
3137 N 12th St
Coeur d Alene, ID 83815


From: [Barbara Wood](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 4:40:10 PM


Dear DOI Bureau Chief,

The voters of Idaho have spoken. They want the legislature to put in place Medicaid expansion as worded in the proposition as worded on the ballot. It would save Idaho the costs of inappropriate ER visits and the general cost of medical care with the inclusion of preventive care which is part of the Medicaid program. The application and usage of the program is now made less complicated and transparent. Please support the expansion program with no additional requirements.

Thank you for considering my views.

Barbara Wood
161 W. Willoway Dr.
Boise

Sincerely,

Barbara Wood
161 W Willoway Dr
Boise, ID 83705



From: [Keele Robinson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 4:40:06 PM

Dear DOI Bureau Chief,

I am asking the DOI to reconsider more efforts to complicate the medicaid expansion that Idahoans overwhelmingly voted for. The 1332 Waiver Application is another way to open up Idahoans who meet the Medicaid threshold to exploitation by private interests. They are citizens of the great state of Idaho, but too often the legislature and the organs of government take the opportunity to open them up to exploitation.

We understand where legislative dollars come from for election and re election campaigns. We also understand that bureaucracies are heavily influenced by these same forces, but where is the moral compass of those who enact and administrate these programs? Does it reside with special interests, in this case private and for profit insurance companies, or with the interests of the citizens of Idaho, those who are the true constituency? DOI action on this issue will determine where the department stands. Are you with private insurance companies and ideologues who exploit Idahoans for profit, or are you with the citizenry? Your actions will determine where you stand.

Sincerely,

Keele Robinson
517 E Maryland Ave
Nampa, ID 83686


From: [Laurence Gebhardt](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 3:50:06 PM

Dear DOI Bureau Chief,


I oppose the concept of a proposed 1332 waiver to Medicaid expansion in Idaho. The 1332 waiver as I understand could give Idahoans between 100-138% federal poverty level the option to receive a tax credit for coverage on the state exchange, and pay premiums and copays, instead of enrolling in Medicaid.

I signed a petition and voted for Medicaid expansion in Idaho without 'sideboards' such as the 1332 waiver. We need a healthy population who has access to wellness care and peace of mind that more severe health problems will be resolved. We business owners need healthy employees. All of us need a population with vaccinations and prompt care for communicable disease. I expect most Idaho working poor do not make enough money to even qualify for tax credits. The 'sideboard' plan embedded in the 1332 waiver is simply a scam to keep more Idaho working poor without health coverage, reduce the real support they need to fully participate in the economy and cost them more through sideboard copays or premiums.

The unfunded mandate of a 1332 waiver would add taxpayer costs to create or expand an agency to provide options information to Idahoans. Sideboard costs for low-income Idahoans would be like an imposed tax. A non-sideboard Medicaid expansion would be less costly and connect low-wage Idahoans directly with the healthcare they need without bureaucratic burden.

The purpose of the Idaho Department of Insurance is to protect consumers, not add roadblocks or increase costs.

Sincerely,

Laurence Gebhardt
1200 Aspen Dr
Pocatello, ID 83204


From: [Stormi Stebbins](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 3:01:05 PM

Dear DOI Bureau Chief,

Cost sharing and premium assistance, which exchange coverage will require a monthly premium and financial obligations clearly is not an affordable option for FPL Idahoans. Furthermore, tax credits made available to FPL Idahoans without many means who need coverage should not be forced to decline private coverage and/or jump through additional paperwork hoops. Medicaid already makes coverage demands that impose financial barriers. Require medications to be filled in short durations, require repeatedly, making office visits to PCP to renew prescriptions and when on several medications requires frequent phone calls, appointments, transportation, has turned to requiring FPL Medicaid Idahoans making several trips monthly and yearly.


A marketplace offer of plans to FPL individuals offers significantly higher out-of-pocket costs than in Medicaid, making going to the doctor or filling a prescription an existential and added financial choice as it stands.

Research on cost-sharing for the FPL Medicaid beneficiaries, reduces access to care, and most important necessary services.

Due to the available funds of FPL Idahoans the cost of health insurance is astronomical. At the specified enrollment date eligible FPL Idahoans already have completed the yearly process and documented, certified FPL fulfill the Medicare coverage guidelines.

Sincerely,

Stormi Stebbins
1020 15th Ave
Lewiston, ID 83501

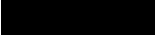


From: [Chuck Broschius](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 1:00:13 PM

Dear DOI Bureau Chief,

It is terrible that ID State is using the waiver designed to steer Idahoans in the 100-138%FPL into private plans on the exchange with tax credits rather than being automatically enrolled in Medicaid. This is yet another example of discrimination that is unconscionable.

Sincerely,

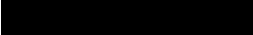
Chuck Broschius
PO Box 220
Troy, ID 83871


From: [Rolland Ooley](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 11:40:08 AM

Dear DOI Bureau Chief,

medicaid was passed by the majority of the voters in Idaho with no restrictions, that's the way it should be implemented.

Sincerely,

Rolland Ooley
460 Gwen Loop
Blackfoot, ID 83221


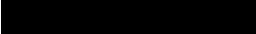
From: [Carol Bottoms](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 11:20:19 AM

Dear DOI Bureau Chief,

Please do the right thing for the poor and mentally ill people in our state. Pass the Medicaid bill with no restrictions.

Sincerely,

Carol Bottoms
460 Gwen Loop
Blackfoot, ID 83221




From: [Josef Bartels](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 9:40:06 PM

Dear DOI Bureau Chief,

As a hospital doctor in Nampa, oppose this particular waiver because medicaid is best when it is applied to more patients. Idahoans need an easy enrollment process that won't put doctors in the role of deciding who deserves coverage, who can work, and who cannot. Limiting coverage and implementing this litmus test will be more expensive than just granting Medicaid to all.

Sincerely,

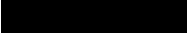
Josef Bartels
1321 S Leadville Ave
Boise, ID 83706


From: [Carol Omel](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 4:00:18 PM

Dear DOI Bureau Chief,

Low income Idahoans desperately need Medicaid Expansion. It must be done in a way that is very simple, that assures that Idahoans understand their choices, and that actively works to alleviate barriers. I do not support waivers that include copays; first accessing the health care exchange; or other policies and procedures that make access and usage difficult.

Sincerely,

Carol Omel
1011 N 5th St
Boise, ID 83702


From: [Marian O'Reilly](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 3:50:06 PM

Dear DOI Bureau Chief,

I am writing to oppose granting the requested Waiver. The category of Idahoans who will be retained by their current coverage will miss out on expanded coverage, additional benefits, lower costs and co-pays and generally not even know what they are losing. Those in Idaho who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid. Potential enrollees need to be shown a clear choice and the pathway towards Medicaid coverage at the time of enrollment.


It is important that, if the waiver is granted, full information be available in simple language prior to making health coverage choices: wan missing premiums result in loss of health insurance? What are co-pays? It needs a chart comparing private coverage vs. Medicaid.

This is a relatively unsophisticated population, often with poor information sources. It should be automatic or very simple for them to make their health insurance choice that will result in highest coverage with lowest cost to them. This is also a group that can afford very little healthcare at retail prices and avoids treatment because of cost. It is also very is susceptible to bankruptcy if costs soar.

I encourage you to deny this waiver request. If you decide to grant it, build in full safeguards for consumers. That is the group you are charged with protecting and representing.

Sincerely,

Marian O'Reilly
413 Saint Clair Ave
Sandpoint, ID 83864




From: [Mary Jensen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 3:00:32 PM

Dear DOI Bureau Chief,

I voted for Medicaid expansion because I want everyone to be able to get the health care and medications that they need. I did not vote for restrictions to the program and do not support them. I know that Medicaid is good comprehensive health coverage. I do not know if private policies are as comprehensive, but fear they are not, as insurance companies are in business to make money, not to help people. If low income people have to pay premiums, those payments may lapse if other unexpected expenses arise in their lives (which they always do for all of us) and they will lose their coverage.

Sincerely,

Mary Jensen
1907 Rolling Hills Dr
Moscow, ID 83843


From: [John C. Kathmann](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 2:00:56 PM

Dear DOI Bureau Chief,

Having entered my retirement, I am grateful that I have decent health insurance, it being provided by my prior employer. Consider the fact that many folks do not have that luxury of their employers which they worked for, to provide good health insurance during retirement, OR the companies simply did not have health plans or benefits, as the companies were small family businesses.


The employees currently working under the same scenarios as noted above are struggling with the high costs of health care, when they or their children become sick. Many private plans have high premiums, plus high deductibles, so low wage earners are forced to forego even basic health insurance.

It is time for the State of Idaho to assist its' citizens to cope with the health-care costs that they are being subjected to, when receiving health care. As we know, many low-income folks avoid doctors due to the costs of treatment. Adults or children should not have to chose between housing and food versus health costs.

The Idaho Department of Innsurance must consider the voice of Idaho's voters to expand Medicaid, and not require applicants to decline exchange insurance before comparing the private insurance costs and benefits versus Medicaid costs and benefits, and therefore withdraw its' restrictive waiver application numbered 1332 ...

Sincerely,

John C. Kathmann
144 E Fisher Dr
Eagle, ID 83616




From: [Alex Jones](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 12:00:10 PM

Dear DOI Bureau Chief,

Idaho voted overwhelmingly to expand Medicaid WITHOUT restrictions/penalties and without convoluted enrollment options that seek to steer them into private insurers hands. This is not what we asked for clearly and simply! What we must do is to cover our poorer, more vulnerable citizens in a simple and straightforward system. DHS continues to try to maneuver this program into an entrapment and a handout to private insurers. Do the people's work, not big pharma and big insurer's.

Sincerely,

Alex Jones
1615 N 25th St
Boise, ID 83702

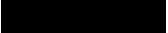


From: [Judy Allen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 10:00:27 AM

Dear DOI Bureau Chief,

As a citizen of Idaho, I am opposed to passage of the 1332 waiver on Medicaid coverage. This waiver prevents too many Idahoans from accessing health insurance. Marketplace plans are often not affordable for families and individuals, considering deductibles and out-of-pocket expenses. Coverage of Medicaid should be as broad as possible, given the mandate of the voters on the initiative.

Sincerely,

Judy Allen
PO Box 660
Driggs, ID 83422


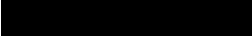
From: [Joe Bejsovec](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 9:50:09 AM

Dear DOI Bureau Chief,

Don't obstruct the will of the people.

Sincerely,

Joe Bejsovec
3623 S Williamsburg Way
Boise, ID 83706



From: [Brenda Foster](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 9:10:11 AM

Dear DOI Bureau Chief,

Thank you for considering my comments on Idaho's Waiver 1332 request regarding Medicaid. I have been using the Idaho exchange since I retired early a few years ago, so I am familiar with how this exchange is evolving.

Medicaid is a much better solution for people in this group than the private plans on the Idaho exchange.


Comprehensive coverage: As I study the exchange each year, and the waiver developments, it is clear to me that the plans offered on the exchange include plans with poor coverage. Medicaid is comprehensive.

Process: And it requires a master sleuth to figure out which ones are good, solid coverage, and which ones do not offer solid coverage of the ten essential benefits outlined in the ACA. I don't think anyone should have to apply guesswork to choosing health insurance, especially the vulnerable people in this particular group who are so busy trying to make ends meet and who may be dealing with health issues.

Affordability/Dependability: The monthly payments required on the exchange will be problematic (in terms of understanding/complying with the process and in terms of making the payments) for this group and will certainly knock people off of coverage. That just isn't right.

Thank you.

Sincerely,


Brenda Foster
723 N Hillview Dr
Boise, ID 83712


From: [Pamela Reidlen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 9:10:08 AM

Dear DOI Bureau Chief,

I am 71 years old, my husband is 81. We have an adequate income to pay our supplemental insurance as well as Medicare. Even with our "comfortable" income, I cannot imagine how devastating medical bills would have been over the past few years. We simply would not have been able to pay them, which means someone else would have - other tax payers whether through taxes or increased medical charges. I firmly believe basic medical care should be available to all. It would not only keep costs down by decreasing emergency and critical care, but is the humanitarian thing to do. I am very willing to pay more in taxes to this end. NO WAIVER!

Sincerely,


Pamela Reidlen
91 Ought Seven Rd
Kooskia, ID 83539


From: [patricia costello](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 8:50:12 AM

Dear DOI Bureau Chief,

Medicaid expansion needs to be enacted as it was voted on - no extra hurdles, loopholes, etc. It will save money in the end too - research shows that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5, are associated with reduced use of care, including necessary services. Why should we subsidize care in the ER? It's fiscally irresponsible.

Sincerely,


patricia costello
415 W Curling Dr
Boise, ID 83702


From: [Liz Keegan](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 7:40:09 AM

Dear DOI Bureau Chief,

Idahoans of modest means deserve better health coverage than 1332. Using 100-138% of the federal poverty level is weak and does very little to provide health care to our most vulnerable neighbors, family and friends. Who in the legislature could afford insurance with this income? Medicaid will benefit our fellow Idahoans in need, and be an economic driver for our state. Further, I voted for Medicaid expansion along with 61% or so of my neighbors. Please adhere to the will of the voters. Idaho needs to get moving and deliver 21st century opportunities to our people.

Sincerely,

Liz Keegan
PO Box 8010
Ketchum, ID 83340


From: [Laura Embry](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 2:00:08 AM

Dear DOI Bureau Chief,

Medicaid expansion should be implemented without waivers. If the Idaho exchange is offered in place of or in first position to Medicaid expansion, less people will be covered and Idahoans will struggle to understand, pay for and access healthcare. I know lots of people who have not signed up for exchange plans because they can't understand how to do it, miss the deadline or believe they don't qualify.

I have used the Idaho insurance exchange since it came online and even after using the system for several years, it's still difficult to figure out how to select a plan that is appropriate and will provide good coverage that is affordable. I have helped many people access the exchange because the plans are confusing and complex with various companies, their plans, their copays, co-insurance percentages, out-of-pocket maxes, deductibles, premiums, tiers, doctor lists, coverage areas, etc... Understanding who qualifies can also be tricky. Even the brokers who are hired by Idaho to answer questions about the exchange are very limited in their knowledge, especially in a rural area.

Another problem with the plans is that the costs have risen exponentially each year. Many of us will be priced out and will be forced to buy a bronze plan or similar that only kicks in after a huge deductible is met. Predicting future income is required on the exchange and that is often difficult. I have struggled to do this for myself and my 20-year-old, who attends college and works a summer job.

The exchange also requires a stable monthly income. A friend told me today that she lost her coverage last month because she is taking time off work to be with her newborn, so her tax credit (APTC) was cancelled while she is on leave making the premium cost-prohibitive. Her baby has coverage on Medicaid, but she will be uncovered until she goes back to work in August (maybe even for the calendar year, I will have to check on it because I helped her sign up for the exchange).

I am currently trying to help a coworker who is separated from his wife as he tries to sign up for insurance. She doesn't want to pay to keep him on her company's insurance and cancelled him from the policy. He says he is being told by Idaho's exchange that he does not qualify since he has insurance available through his wife's company. She doesn't want to keep him on her plan, so I'm not sure what he will do. He has been uninsured since April 1.


My company's president, who does not offer health insurance, did not realize most of her employees qualified to get affordable insurance through the exchange. I had to explain that to her last fall and at the last moment she passed around information telling people I would help them sign up, even though I don't have any special knowledge about the exchanges, except using them.

I moved to Idaho after I was laid off from a career in another state. I had always had company-sponsored insurance. I was only able to acquire part-time low-wage jobs in Idaho when I moved here and had to purchase health insurance for several hundred dollars each month, which was really only catastrophic coverage in nature. It covered almost nothing and had a high deductible equal to my entire year of earnings. My son, on the other hand, qualified for Medicaid. Everything was covered for him. I am glad I was able to stay healthy to raise him while I had the crummy insurance (that didn't cover doctor visits or medicine). I'm also glad that he had health care during those years. His coverage on Medicaid was excellent and it was not difficult to access.

I hope you will consider giving Idahoans healthcare that is accessible and affordable and not require them to go through the exchange, which is difficult to access, getting more expensive, is under constant legislative attack and judicial scrutiny and which, is not currently working in the way it was intended. If you insist on putting the exchange in first position, be sure to inform people that Medicaid will be easier to sign up for, will not be cancelled if you can't pay a monthly premium or you need to stay home with your newborn and will cover more services than the exchanges!

Sincerely,

Laura Embry
617 S A St
Grangeville, ID 83530




From: [Daniel Pierce](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 7:50:07 PM

Dear DOI Bureau Chief,

Please incorporate the Medicaid gap coverage as close as possible to what we (Idahoans) voted on and PASSED last November in the Idaho General Election. If absolutely necessary, and to get close to what I voted FOR in November 2018 please implement the 1332 Waiver Application requirements so it results in the least hassle and confusion to Idahoans as possible. Thanks you.

Sincerely,

Daniel Pierce
811 Kennedy St
Moscow, ID 83843


From: [Dee Ann Childers](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 7:00:10 PM

Dear DOI Bureau Chief,

We the voters, got the signatures needed to place Medicaid Expansion on the ballot. We the voters, then voted for Medicaid Expansion. Congress is not listening to us and this is not acceptable. I work with seniors who sometimes need an extra hand. If we do not have the options to assist them, they will end up homeless, without medical care, etc.

Medicaid offers more affordability and stability than plans on the exchange
Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.

Idahoans who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid.

While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.

Research shows that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5, are associated with reduced use of care, including necessary services.

Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the cost of health insurance. Idahoans should be shown a clear choice and pathway towards Medicaid coverage at the time of enrollment.


Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage

Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage? How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not?

Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,

Dee Ann Childers
9505 W River Beach Ln
Garden City, ID 83714




From: [Gary Hoffman](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 5:30:07 PM

Dear DOI Bureau Chief,

I have 52 units of low-income housing here in the Wood River Valley of Idaho. Many of these tenants have combined incomes that place them above the limits to be eligible for Medicaid, yet none of them are able to afford private insurances that have good coverage...a \$1,000 medical bill is enough to wipe most of these tenants out financially. So they overuse the local emergency rooms or do without. Unfair, unfair, unfair. These people are all working in the community, many doing the jobs and services that others won't do. They deserve much better from the citizens of this State.

Sincerely,

Gary Hoffman
PO Box 1529
Ketchum, ID 83340




From: [Constance Brumm](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 5:10:07 PM

Dear DOI Bureau Chief,

Medicaid expansion will SAVE the state money in the long run, and save our small hospitals which are so necessary outside of the Treasure Valley region. We should be making enrollment in Medicaid as easy as possible. We should not require anyone who might be eligible for Medicaid to remain on a private (and expensive) plan.

Sincerely,

Constance Brumm
1699 Appaloosa Rd
Moscow, ID 83843




From: [Julie Stomper](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:20:08 PM

Dear DOI Bureau Chief,

I am writing in OPPOSITION to Idaho's 1332 Waiver Application. Hardworking Idahoans have already spoken on the need for Medicaid coverage. We need the coverage and not a vague and confusing "option" for private coverage. We have had enough of high deductibles, large out of pocket expenses and expensive premiums in exchange for no meaningful coverage.

Sincerely,

Julie Stomper
4010 W 9500 S
Victor, ID 83455




From: [Judy Ferro](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:10:18 PM

Dear DOI Bureau Chief,

As I understand it, this waiver would require individuals previously "in the gap" to buy private insurance with Federal subsidies. It will relieve the state of any payments or responsibilities to the program and provide individuals and families with more limited coverage. That is not the program that the people of Idaho voted for.

Sincerely,


Judy Ferro
20314 Ward Rd
Caldwell, ID 83605


From: [Robert Pemp](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:10:12 PM

Dear DOI Bureau Chief,

Do what you were hired to do. Pretty simple really, your constituents put you there to do **THEIR** will, not your will. Do it, get it, or get voted out...that's how it works.

Sincerely,

Robert Pemp
12585 N Kelly Rae Dr
Hayden, ID 83835


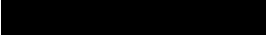
From: [Thomas and Edith Welty](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:10:10 PM

Dear DOI Bureau Chief,

To Idaho Department of Health and Welfare,

We are writing to urge you to oppose the 1332 Waiver Application, because the waiver risks denying thousands of Idahoans the more comprehensive benefits of Medicaid Expansion compared to private insurance. As retired family physicians with 50 years each of medical practice behind us and thus have grave concern that many eligible Idahoans will be blindsided into remaining with their previous insurance plans without realizing that they will have premiums and deductibles to pay and could lose their coverage if they fail to make payments in time and that their coverage will not be as complete as Medicaid coverage. It is critical for the government to carry out an understandable, accurate public education campaign to adequately inform Idahoans currently falling into the gap between 100 and 138% of poverty level about these risks they will incur if they opt out of Medicaid Expansion. PS. We tried to submit this comment but don't think it went so are submitting it again.

Sincerely,


Thomas and Edith Welty
939 Flynn Ln
McCall, ID 83638


From: [Marc Fleisher](#)
To: [DOI Reform](#)
Subject: : Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:10:09 PM

Dear DOI Bureau Chief,

This seems to me to be purely a way to keep private insurance for health care in Idaho. Medicaid is what sick people need, not more rigmarole dealing with insurance companies. The 1332 waiver is a pig. No amount of lipstick is going to help. Please govern FOR the people and NOT against them.

Sincerely,


Marc Fleisher
2444 Blaine Rd
Moscow, ID 83843


From: [Lisa Miller](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:00:21 PM

Dear DOI Bureau Chief,

Please do not restrict access or require riders on the Medicare expansion for Idaho. It limits coverage and just costs taxpayers more money.
Thank you. Lisa Millef

Sincerely,


Lisa Miller
1748 S Gekeler Ln
Boise, ID 83706


From: [Paula Snyder](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:00:12 PM

Dear DOI Bureau Chief,

I thought long and hard about Medicaid expansion for Idaho before voting for it. I don't appreciate my legislators looking for ways to avoid following through with what voters in Idaho have chosen. They are representatives of the people who voted. I'm not impressed at all with the time these same representatives spent not taking care of actual business just to find a path to avoid expansion. We have an opportunity to help citizens who need help with their healthcare costs. It's the right action to take.

Sincerely,


Paula Snyder
3110 Owen St
Ammon, ID 83406


From: [Christopher Wylie](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 2:20:09 PM

Dear DOI Bureau Chief,

Medicaid for all is the most comprehensive and cost effective option available. All modern western democratic countries provide health care for all because it is both morally and financially prudent. Please do the right thing and expand Medicaid, instead of restricting it.

Sincerely,


Christopher Wylie
1775 W State St Apt 371
Boise, ID 83702


From: [diane markus](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 2:10:08 PM

Dear DOI Bureau Chief,

Idaho does NOT need or want restrictive waivers to expand Medicaid for those 100-138% of poverty level. These residents need access without having to decline or opt out of private insurance first. Medicaid coverage is better for mental health issue too, which is a huge in this state and particularly with this population.

Sincerely,

diane markus
15406 Moss Creek Way
Caldwell, ID 83607


From: [Elizabet Rodgers](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:50:08 PM

Dear DOI Bureau Chief,

In Idaho, we voted overwhelmingly to expand Medicaid. Our legislators believe they understand more about this issue than we do. They are wrong.

The restrictions they are trying to pass into law will hurt Idahoans who are in true peril if they don't receive Medicaid.

Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage. Will we be informed that if we fail to pay their premiums we could lose our coverage? How will we know the kinds of services and treatments that Medicaid would cover that private insurance might not?

What I've just mentioned is the tip of the iceberg. Not to mention that adding work requirements has already been deemed unlawful by a Federal judge.

Please help Idahoans pass a clean expansion of Medicaid -- the way we voted for it.

Thanks for listening,
Elizabeth Rodgers

Sincerely,

Elizabet Rodgers
2855 N Mountain Rd
Boise, ID 83702
[REDACTED]

From: [Todd Fischer](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:30:10 PM

Dear DOI Bureau Chief,

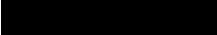
I have followed the debate about increased Medicaid coverage in Idaho and the debate seems to be ideological, not based on simple financial realities or the obtainable goal of better health at less cost. Please set the ideology aside and made decisions based on the facts.

The proposed restrictions are an example of useless overhead that does not lead to better health or lower costs. The restrictions require additional expensive paperwork and monitoring that is already being done for the targeted Idahoans. There is no justification for the extra cost associated with implementing the restrictions.

Drop all restrictions and monitoring requirements beyond what is already needed to participate in Medicaid coverage.

Sincerely,

Todd Fischer
1005 N 12th St
Boise, ID 83702



From: [Eric Jacobs](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:30:07 PM

Dear DOI Bureau Chief,

This "waiver" is nothing more than a way for private insurance companies to pad their bottom line. "Campaign contributions" no doubt play a large role in proposing this law. The fact is, free enterprise is a good thing, and we as Americans are in favor of it. However, when company profits result in sickness, inability to get treatment for injuries and illness and DEATH from lack of ability to pay for medications and treatment - THEN we need to reexamine our priorities!

Sincerely,

Eric Jacobs
7326 S Cloverdale Rd
Boise, ID 83709



From: [Sharon Bixby](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:30:07 PM

Dear DOI Bureau Chief,

Do not weaken or restrict Medicaid expansion.

Sincerely,

Sharon Bixby
2563 S Old Hickory Way
Boise, ID 83716




From: [Janelle Marx](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:20:08 PM

Dear DOI Bureau Chief,

As a medical student and then a hospital chaplain, I saw the inefficiency and unnecessary suffering that gaps in insurance can cause. Results were often a sicker population seeking care later, and subsequently higher cost to government agencies and charities. People who are working and still living at the poverty level need encouragement to stay employed, and facilitate health. Access to Medicaid enables greater disease prevention, education, earlier treatment, and a generally healthier happier - more productive and peaceful - community.

Sincerely,

Janelle Marx
1902 N 22nd St
Boise, ID 83702

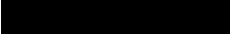


From: [Sherry Cole](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:20:08 PM

Dear DOI Bureau Chief,

To who it may concern, I am really opposed to restrictions as I have been fighting disability since 2001 and even though after an appeal it was recognized I was disabled but denied due to I shouldn't have the issues I did at that age. I do not qualify for medicaid as I am unable to work and it's become a vicious cycle, it does not help that I don't tolerate a lot of pharmaceuticals and surgery won't really help as part of the issue is degenerative., My family helps me where they can which isn't much more than paying for the nerve blocker and the hospital bills I have from almost 2 years ago and an occasional doctors visit if urgent. with 0 income I cannot afford the health care exchange, I survive basically by the Grace of God, food banks and eggs I do get from my chickens that I also help others with that are in need with too. being disabled is no excuse for you to discriminate against us as social security administration already does this in Idaho.

Sincerely,

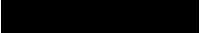
Sherry Cole
350 S 12th W Trlr 14
Saint Anthony, ID 83445


From: [Kathryn Myers](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:10:09 PM

Dear DOI Bureau Chief,

The people of Idaho voted, me included, to expand Medicaid coverage. Putting up walls and "gotchas" was not part of our vote. Please stop adding hurdles such as waiver 1332.

Sincerely,

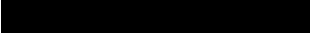
Kathryn Myers
318 Moonlight Ln
Tetonia, ID 83452


From: [Charles Cavanaugh](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:10:08 PM

Dear DOI Bureau Chief,

Our gerrymandered state legislature does not care about the will of the people. The referendum on expanded Medicaid coverage makes clear that Idahoans want better access to health care. Republicans would be more honest if they set up assisted suicide centers for sick people. I hope the legal system will act in accordance with the will of the people.

Sincerely,

Charles Cavanaugh
2880 W Cherry Ln Apt 101
Boise, ID 83705


From: [Jeff Westover](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:00:10 PM

Dear DOI Bureau Chief,

Please allow wider access to Medicaid coverage instead of privatizing healthcare and shutting out more people from getting the medical treatment they need but can't pay for. Idahoans deserve access to Medicaid .

I am in favor of reliability and access and lower costs, which is why you should comply with the law and provide the access to Medicaid that Idahoans have requested.


Citizens worked really hard to get the petition signatures. It is wrong for legislators or the Governor to restrict resources that citizens requested. The efforts of state government to impede democracy are wrong and erode the confidence of the public.

Legislative actions to restrict Medicaid make me mistrust state government in Idaho. Don't muddy the issue by confusing people so they cannot get their needs met. Medicaid covers more than private insurance. Impoverishing people to promote private business is fiscally irresponsible.

I oppose the waiver.

Sincerely,

Jeff Westover
182 E Gettysburg St
Boise, ID 83706



From: [Helene Belanger](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:50:11 PM

Dear DOI Bureau Chief,

I opposed Idaho 1332 Waiver, for many reasons.

I believe that people shouldn't be afraid of losing their insurance coverage due to difficulty paying their premiums. Some of these people's income isn't as stable as we would like it to be.

In addition, I don't agree that someone applying for medicaid should be penalized in any way shape or form.

Everyone should be well educated about the choices they have to insure their family. I believe that Medicaid would offer more stability for those families.


Did you know that nearly 10,000.00 are eligible to purchase insurance on the exchange and don't. This may be due to misinformation or also an inability to afford insurance that offers subsidies.

This country has proven itself to be innovative and creative in so many ways. It is hard to understand that in the area of health care it lets itself be bullied by insurance companies and their interests rather than by its citizens needs.

Thank you for your time.

Sincerely,

Helene Belanger
1775 W State St Apt 371
Boise, ID 83702



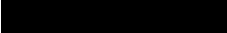
From: [KMJ Rhead](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:50:09 PM

Dear DOI Bureau Chief,

Idahoans voted to expand and then our state reps said forget that, lets do what we want. This is wrong, wrong, wrong in every way.

Sincerely,

KMJ Rhead
138 Wilson Ave
Blackfoot, ID 83221




From: [Cristi Dawson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:50:08 PM

Dear DOI Bureau Chief,

I am against this waiver. Few Idahoans who earn between 100-138 of the Federal Poverty Level can afford private insurance. Those private plans are less reliable, less comprehensive and MORE expensive than Medicaid Expansion. Please do not implement this waiver.

Sincerely,

Cristi Dawson
902 Cedar Ave
Lewiston, ID 83501


From: [Harold Witt](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:40:12 PM

Dear DOI Bureau Chief,


Idaho is a great state, but it has several problems that need to be addressed. In 2018 the people of the State of Idaho passed a referendum for medicad expansion to help those in need get the basic medical care they deserve and should be entitled to. For many in the gap, the jobs they have do not allow for paid leave or sick days, making basic medical care without sideboards (or the requirements placed on the program via the 1332 Waiver Application). Specifically I believe:

- Medicaid offers better services and benefits to Idahoans with mental illness than private insurance. This is critical for Idaho as we are relying on our jails to deal with mentally ill citizens instead of offering them the affordable care they deserve.
- Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations are often barriers to accessing the medical coverage they need.
- Safeguards must be in place to ensure consumer choice is not biased by the interests of state legislators, insurance companies or others with a vested financial interest.

Thanks in advance for considering my comments.

Sincerely,

Harold Witt
2437 W Teano Dr
Meridian, ID 83646




From: [Norman Weinstein](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:40:11 PM

Dear DOI Bureau Chief,

I oppose the 1332 waiver because it would lead to a denser State bureaucracy, one already with a history of erratic and sometimes faint sensitivity to the needs of the poorest and most ill in Idaho.

Sincerely,


Norman Weinstein
2240 S Elderberry Pl
Boise, ID 83706


From: [patricia hennessy](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:40:10 PM

Dear DOI Bureau Chief,

I have been a practicing physician in montana & now idaho for over 40 years.
many of my neighbors and patients are living close to the edge financially.
medicaid is a backstop for those in short term
or long term need as they struggle toward independence.
It is just the right thing to do to help others and not exacerbate their difficulties.
the golden rule says it all.

Sincerely,

patricia hennessy
PO Box 2400
Sandpoint, ID 83864


From: [Gretchen Fors](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:30:12 PM

Dear DOI Bureau Chief,

Please don't add sidebars to the Idaho Medicaid expansion.

I had the opportunity to attend the joint listening session in front of the House Health & Welfare committee during the legislative session. The testimony we heard was compelling.

I really hope that the Idaho Legislators and the Governor will allow the expansion of Medicaid to happen as voted for by the Idaho voters without sidebars and restrictions. As Sam Sandmire said in that joint session: "The people of Idaho voted for you, and you didn't try to change THAT result!"

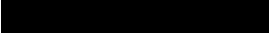
Are there people who abuse the system? Yes! But there are also people that NEED the system the way it was intended to work without work requirements etc.

When I worked at a large Cancer Treatment Center as a Nurse Practitioner it was heartbreaking to hear of those that were undergoing treatment while trying to hold down a job so they wouldn't lose their insurance. Chemo today and work tomorrow is HARD! We also had patients who had lost their private insurance because they had lost their jobs and then relied on medicaid after all their personal funds/savings were depleted. Then I meet a friend whose child had a cleft palate and other developmental delays while my oldest child was an infant. I helped her navigate the medicaid and welfare system. It was HARD! She and her son needed help, not more hoops to jump through. 62.1 % of all bankruptcies in 2017 were because of medical bills. We need a change in the system, BUT not expanding medicaid in Idaho is not the right change. And adding a work requirement is going to harm those already at risk. Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.

Idahoans who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid.

Sincerely,

Gretchen Fors
7008 E Sky Bar St
Boise, ID 83716



From: [Mary Jane Marlow](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 12:30:10 PM

Dear DOI Bureau Chief,

Medicaid is the best choice for Idahoans. In the future if any changes need to be made, it should be done without jeopardizing the Federal Govt.'s payments to Idaho.

Sincerely,

Mary Jane Marlow
485 S Winslow Bay Way
Star, ID 83669




From: [Shari Bolander](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 7, 2019 11:50:09 AM

Dear DOI Bureau Chief,

As an Idahoan constituent, I oppose waiver 1332 for eligible Idaho citizens. They should be clearly informed of options and pros and cons of Medicaid versus private insurance before having to make a choice. I support Medicaid coverage for all eligible Idahoans over private insurance and they should be give an option to be automatically enrolled upon meeting qualifications. Medicaid would give better benefits at a lower and more stable cost, and they would have more reliable and dependable coverage. Private insurance exchanges do not have the best interests of their clients at heart, but rather more concerned with profits. I OPPOSE WAIVER 1332.

Sincerely,

Shari Bolander
2277 N Howell Rd
Post Falls, ID 83854


From: [Loretta Gossi](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 7, 2019 12:30:06 AM

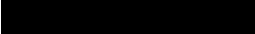
Dear DOI Bureau Chief,

A clear, transparent and compassionate path to Medicaid to assist Idaho's vulnerable citizens, including retirees on Medicare, is vital for having adequate medical/dental coverage. The legislative progress should not be impeded by the interests of insurance companies.

Thank you for keeping the needs of the people as paramount in your decision processes.

Loretta Gossi
Meridian, Idaho
(Native Idahoan, voter, and retired citizen)

Sincerely,

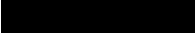
Loretta Gossi
753 E Badley Ave
Meridian, ID 83642


From: [Kenneth Ward](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 6, 2019 3:50:09 PM

Dear DOI Bureau Chief,

Please prevent any and all 'Sideboards' to hinder people getting the service they need. Be fair and not vindictive. I supported the Medicaid expansion, but do not support the 'roadblocks' that may hinder those that need it.

Sincerely,

Kenneth Ward
648 E 4th N
Saint Anthony, ID 83445



From: [David Peterman, MD](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 6, 2019 11:10:07 AM

Dear DOI Bureau Chief,

It absolutely essential that Idahoans have expanded coverage through Medicaid expansion. These patients tend to represent the working poor and should not be denied health care.

Sincerely,

David Peterman
3040 N Mountain Rd
Boise, ID 83702




From: [Joe Mendiola](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 6, 2019 8:00:21 AM

Dear DOI Bureau Chief,

I believe the Idaho voters approved the expansion referendum by a 61% plurality. The referendum passed with NO restrictions on implementation. The legislature, which FAILED for years to pass ANY legislation in this matter, decided to add "waivers" to override the will/intent of the electorate. Their plan seems to be a desire to stall the will of the voters by pursuing waivers that have already been denied in other states that decided that they too knew better than the voters. These waivers should be denied and the Medicaid expansion should be implemented as voted on.

Sincerely,

Joe Mendiola
2411 W Idaho St
Boise, ID 83702



From: [Mary McLaughlin](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 6:10:08 PM

Dear DOI Bureau Chief,

We voted for a clean Medicaid expansion. Now you want the second gap you created, many suffering with mental illness, to jump the bureaucratic hoops that will cost Idaho taxpayers more tax dollars.

Please listen to Idaho voters and not a political party or legislators' egos.

Sincerely,

Mary McLaughlin
1155 N Camelot Dr
Boise, ID 83704


From: [Kim Markey](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 5:20:08 PM

Dear DOI Bureau Chief,

Having every Idaho resident adequately insured for health care stabilizes our economy. People should not be losing homes because they have health care bills, and they should not have to keep working while trying to save their own lives. No one can be secure when they are one hospitalization away from poverty. It's time to do the right thing and it's long past time to do the humane thing.

Sincerely,


Kim Markey
499 N Shady Grove Way
Kuna, ID 83634


From: [chuck broscious](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 4:40:11 PM

Dear DOI Bureau Chief,

After ~ six years of the Legislators failing to join the federal Medicaid services, Close the Gap gathered (despite your additional restrictions on initiatives) enough signatures to get a Medicaid Initiative on the ballot. Given that the Republican dominated Idaho legislature failed to heed the results of the Medicaid initiative that passed by a wide margin in favor), no additional public comment (to the public testimony that nearly totally opposed the sidebar restrictions) is going to change your ideological opposition to working families. Clearly your loyalty lies with corporate interests and not with your constituents.

Sincerely,

chuck broscious
PO Box 220
Troy, ID 83871


From: [Anne Daggett](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 4:10:06 PM

Dear DOI Bureau Chief,

I OPPOSE 1332 Waiver. Idahoans have the right to accurate information and a secured mechanism by which to obtain accurate information regarding the costs and benefits their health care coverage options. I also believe that there must be safeguards in place to prevent insurance companies and health providers from taking unfair economic advantage of Idaho citizens.

Sincerely,

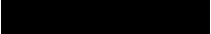
Anne Daggett
13292 W Telemark St
Boise, ID 83713


From: [Ronald Nitz](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 3:20:07 PM

Dear DOI Bureau Chief,

As someone who has never needed Medicaid myself, I am nevertheless wholeheartedly opposed to the stipulations added by the legislature in the 1332 Medicaid waiver application. The people of Idaho strongly endorsed expanding Medicaid in our state without any additional stipulations. It is offensive that legislators so cavalierly ignore this clear message: "The people of Idaho need Medicaid expanded to as many people as possible, and they need it NOW!" Stop this foolish waste of time and money! Get rid of the added stipulations in the 1332 waiver!

Sincerely,


Ronald Nitz
1472 Terry Dr
Idaho Falls, ID 83404


From: [Catalina Gutierrez](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 3:10:08 PM

Dear DOI Bureau Chief,

I do not believe the 1332 waiver is the best interest for Idahoans who are in the GAP. If someone falls under the poverty guidelines they should be able to automatically qualify and obtain medicaid. Marketplace insurance should not be an option due to the fact that premiums/co pays still need to be paid which goes back to not being able to afford.

Sincerely,

Catalina Gutierrez
28761 Highway 20/26
Parma, ID 83660


From: [Mr. & Mrs. Jeff and Janet Brooks](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 1:10:08 PM


Dear DOI Bureau Chief,

Please do not complicate healthcare any more with this waver process. Medicaid for all, and Medicare for the elderly.

There are plenty of for-profit insurance opportunities within the free market, but health care (that is, denying health care) for profit is unethical, uncontrollable, and economically not sustainable. We have witnessed far too much waste of resources on the backs of those in need, to enrich those who simply skim the system. Health care insurance adds nothing to providing actual health care but, but adds non-health related costs for profits, perks, marketing, and of course, lobbying.

No one should unduly profit off health care insurance. Idahoans need a transparent and unbiased enrollment process with a clear, uncomplicated, path to Medicaid coverage.

Sincerely,


Jeff and Janet Brooks
1027 E Cayman Dr
Meridian, ID 83642


From: [Louise Seeley](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 12:30:10 PM

Dear DOI Bureau Chief,

This waiver will cost Idaho, the state run by the "fiscally responsible" and "less government" GOP, more money and cover fewer people and will increase bureaucracy. Idahoans without resources to comply will find themselves without healthcare again. This is a blatant power grab for a greedy, heartless party.

Sincerely,

Louise Seeley
12017 W Ramrod Dr
Boise, ID 83713


From: [Roberta D'Amico](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 4, 2019 11:00:11 PM

Dear DOI Bureau Chief,

I have recently been diagnosed with a complicated tumor which will require surgery followed by radiation treatments. I have private insurance and right now I can afford the monthly payments. I hope my ability to pay remains.

As a result of the tumor discovery I have been immersed in visiting doctors, specialists, and succumbing to various medical tests which require multiple co-pays. Multiple. While the co-pays are adding up, I have the funds to cover them. So far. I am on a retiree's income. For those in the poverty bracket, these co pays can feed their families. I am not one of the Idahoans within the 138% of the FPL. If I was within this bracket, the ability to pay monthly payments is ludicrous. If I was within this bracket, the co-pays would break me.

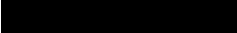
For those in the monetary bracket noted above, Medicaid offers more affordability and stability. Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. I am concerned that those in the FPL will not be able to make the financial obligations. As taxpayers, we'll pay for it in the long run. I do not support 1332 as it wastes taxpayer money.

I am retired and as result I am not in a situation where I would lose my job due to work absences. If I was working there would be absences due to the location of the tumor as it does cause debilitating pain at times. Being retired also has allowed me to wade through the assortment of insurance info in order to understand it. Its critical that education about the choices one has for insurance be made available to those in need in Idaho. What is the education and information process? Insurance is complicated. Its frightening enough to deal with a medical issue, let alone working to decipher insurance jargon when your quality of life depends on it.

I do not support 1332, its inefficient, doesn't serve Idahoans wells and will cost taxpayers money in the long run.

Sincerely,

Roberta D'Amico
3109 S Crossfield Way
Boise, ID 83706




From: [Emily Strizich](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 4, 2019 7:10:08 PM

Dear DOI Bureau Chief,

I do not support this waiver because it is much more expensive for our state to pay for the subsidies for those 100-138% of the FPL. Allowing for those to 138% of the FPL to enroll in Medicaid is the most cost effective and research has shown it is the best way to move people out of poverty and towards greater independence. Please use the evidence and data from other states before creating policies.

Sincerely,

Emily Strizich
225 N Adams St
Moscow, ID 83843


From: [Mary McLaughlin](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 4, 2019 12:30:56 PM

Dear DOI Bureau Chief,

The use of the 1332 Waiver application process is an example of bureaucracy at its worst. Confuse the citizen, make the citizen jump through hoops, then blame the citizen for not being insured. This technique is especially cruel for those who have mental illness.


This is not what we voted on last November. Yet our state congress was hell-bent to put their mark on the citizen initiative. No amount of expert opinion, constituent experience, common sense, or overwhelming support for the Medicaid expansion as voted on could persuade them to not add their personal stamp of bureaucracy and hoops as well as costs to the taxpayers.

If we must have this application process, make it simple, make it clean, make it well known and do not put time restrictions on it.

Imagine your intelligent, beautiful daughter who lives courageously with mental illness just cut herself. Again. How many hoops and confusing forms and deadlines would you want her to have to jump through, complete, and meet?

If you make this harder for your imagined daughter, you make it harder for all our real life daughters, and sons.

Sincerely,

Mary McLaughlin
1155 N Camelot Dr
Boise, ID 83704


From: [Mike Saville](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 3, 2019 3:20:19 PM

Dear DOI Bureau Chief,

It is obvious to me, this waiver is to have Insurance Brokers “Make Money” and put people at Risk of Bankruptcy and Junk Insurance that does Not Pay. The Waivers are unnecessary as 30 other states do Not have Sideboards. This is nothing but a way to “Make Money” from

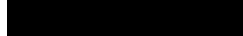
Medicaid Expansion for the benefit of Lobbies and corporations who fund the GOP Elections. I certainly hope the Waivers fail.

Time to Stop “Making Money” from

People getting sick and under the stress of medical bills that eradicated their Life long Assets.

Sincerely,

Mike Saville
PO Box 65
McCammon, ID 83250




From: [Charles W. Page](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 1, 2019 6:10:06 AM

Dear DOI Bureau Chief,

Why are "we" creating roadblocks for people to receive medical insurance? Isn't it better to have a healthy population that can lead more productive lives? The "vote" of the people should stand and allow the public to have medical coverage. Keep it Simple. Compared to other civilized nations "our" health care system creates too many uninsured, which in turn, creates a burden on society.

Sincerely,


Charles W. Page
262 E Santiago Dr
Meridian, ID 83646


From: [Rhonda Rohe](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, May 31, 2019 4:00:09 PM

Dear DOI Bureau Chief,

The citizens of Idaho signed a statewide petition that should have sent a very clear message to the Idaho legislature that we want people between 100 - 138% of the FPL to be eligible for Medicaid. Period. That would be more cost effective and the most likely to get people to sign up for healthcare. Private insurance, even with subsidy, is still expensive. Stop making people choose between their health and paying the rent! The Idaho legislature needs to LISTEN to the citizens who put them in office and do what the people have asked them to do! No waiver!!

Sincerely,

Rhonda Rohe
1076 S 35th W
Idaho Falls, ID 83402


From: [Rebecca Schroeder](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 21, 2019 11:40:20 AM

Dear DOI Bureau Chief,

I oppose the 1332 waiver for several reasons.

1. Medicaid is a more stable, comprehensive form of insurance than low cost plans on the exchange. Co-pays and premiums associated with private policies are burdensome for families, and may cause loss of coverage due to inability to pay. Why not minimize the number of uninsured or underinsured in Idaho by enrolling eligible residents in Medicaid?

2. While this waiver claims to offer "choice," it is unclear if the vast differences in coverage options will be appropriately explained to eligible recipients. Additionally, many Idahoans choose to remain uninsured altogether rather than utilize the exchange. No one ever plans on a catastrophic diagnosis or accident--but people actually need health insurance coverage even if they don't realize their need for a safety net (see Idaho CAT budget, and County Indigent Care budgets for evidence). Preventative, managed care is both cheaper and better for patients than emergency room care. A clean Medicaid expansion, as approved by voters, will leave the fewest number of uninsured individuals in Idaho.


3. Medicaid is the most cost effective way to cover this population. The 1332 waiver jeopardizes the savings we hope to see from Medicaid Expansion by creating a secondary coverage gap.

Thank you for your consideration.

Sincerely,
Rebecca Schroeder

Sincerely,

Rebecca Schroeder
663 W Combine Way
Coeur d Alene, ID 83815



From: [Emily Eckert](#)
To: [DOI Reform](#)
Subject: ID 1332 Waiver
Date: Friday, June 21, 2019 1:20:27 PM
Attachments: [ID ACOG Comments_CoverageChoiceWaiver.pdf](#)

Hello,

The attached comment letter is submitted on behalf of the Idaho Section of the American College of Obstetricians and Gynecologists, representing more than 120 practicing obstetrician-gynecologists (ob-gyns).

Thank you,

Emily

Emily Eckert
Health Policy Analyst
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024

P: [REDACTED]

E: [REDACTED]



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Idaho Section

June 21, 2019

Dean L. Cameron
Director, Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

RE: Idaho ACOG Comments on the Idaho Department of Insurance Coverage Choice Waiver Application

Dear Director Cameron,

The Idaho Section of the American College of Obstetricians and Gynecologists (ACOG), representing more than 120 practicing obstetrician-gynecologists (ob-gyns), welcomes the opportunity to comment on the Idaho Department of Insurance's (DOI) Coverage Choice Waiver Application. As physicians dedicated to providing quality care to women, we are concerned that the proposed waiver may negatively impact affordability and coverage for our patients with incomes between 100-138 percent of the federal poverty level (FPL). We urge the state to follow the will of the voters and prioritize the most affordable and comprehensive health care options for its citizens. It is with these goals in mind that we submit the following comments.

While Idaho's state-based exchange, Your Health Idaho, has successfully provided coverage to more than 85,000 Idahoans over the past five years, coverage gaps remain. To help fill these gaps, Idaho voters in November 2018 overwhelmingly passed Proposition 2, a ballot initiative to expand Medicaid as intended under the Affordable Care Act (ACA). Since the passage of Proposition 2, the Idaho legislature passed SB 1204, a bill which requires the Idaho DOI to submit this waiver request to the Centers for Medicare and Medicaid Services (CMS).

ACOG is concerned that this waiver, by seeking authority to allow the expansion population to remain in their Your Health Idaho plans with federal subsidies, does not promote the most affordable and comprehensive health care options to its citizens. Roughly 10,000 Idahoans who are currently eligible for coverage on Your Health Idaho have not purchased a plan because the coverage is too expensive. Notably, even with the assistance of advanced premium tax credits, plans on the exchange are still more expensive than Medicaid. This is due, in part, to exchange plan's premiums, deductibles, and other cost-sharing requirements that typically do not apply to Medicaid.

Indeed, an adult with income at or around the federal poverty line usually would not have to pay any premiums for Medicaid coverage, but could be required to pay two percent, or \$243 annually in 2019, for the benchmark exchange plan. This makes accessing coverage and health care services costly and could cause some people who end up in exchange plans to delay or avoid needed care due to cost. Alternatively, these individuals could have trouble paying their premiums throughout the year, leaving them uninsured when their exchange plan is terminated.

In addition to higher rates of cost-sharing, exchange coverage provides fewer comprehensive benefits than Medicaid. For example, Medicaid covers non-emergency medical transportation to ensure that lack of transportation does not prevent low-income adults from getting to the doctor. This is an important benefit, as 3.6 million people miss or delay medical care each year because they lack available or affordable transportation.¹ This is particularly important for low-income pregnant women, who frequently cite lack of transportation as a barrier to accessing care.² Medicaid also offers more comprehensive coverage for behavioral and mental health needs, including treatment for substance use disorder. These benefits are vital to the health of our patients and are simply not guaranteed to be offered in all exchange plans.

Lastly, we believe that the proposed waiver fails to meet the deficit neutrality standard that is required of all state relief and empowerment waivers.³ Specifically, because many Idahoans will be eligible for Medicaid expansion effective January 1, 2020, and because, under current law, people with incomes between 100-138 percent FPL will be eligible for Medicaid and not subsidized coverage on Your Health Idaho, the baseline assumption (against which this waiver is judged) is inherently flawed. The state should instead assume that these individuals will be covered through Medicaid rather than purchasing health insurance on the state-based exchange. By altering this assumption, it becomes clear that the proposal is not deficit neutral. This is confirmed by Idaho's 2018 proposal for a different waiver, where the state's analysis found that it would cost the federal government \$7,700 per-person per-year to cover the 100-138 percent FPL income group in subsidized exchange plans in 2019.⁴ To cover the same group via Medicaid expansion in 2019 was projected to cost the federal government \$3,878 per-person per-year.⁵

Thank you for the opportunity to provide comment on the Idaho DOI's Coverage Choice Waiver Application. I hope you have found our comments useful. While we understand that various elements of this waiver are legislatively mandated, we encourage you to reconsider your request and to instead honor the will of the voters and move forward with Medicaid expansion as intended. Should you have any questions, please reach out to Cynthia Hayes, MD, FACOG, Legislative Chair of the Idaho Section, at [REDACTED] or Emily Eckert, ACOG Health Policy Analyst, at [REDACTED] or [REDACTED].

Sincerely,



Cynthia Hayes, MD, FACOG
Legislative Chair, Idaho Section

¹ Kaiser Family Foundation. Medicaid Non-Emergency Medical Transportation: Overview and Key Issues in Medicaid Expansion Waivers. February 24, 2016. Available at: <https://www.kff.org/medicaid/issue-brief/medicaid-non-emergency-medical-transportation-overview-and-key-issues-in-medicaid-expansion-waivers/>

² The National Academies of Sciences, Engineering, and Medicine. Prenatal Care: Reaching Mothers, Reaching Infants. Consensus Study Report. 1988. Available at: <https://www.nap.edu/catalog/731/prenatal-care-reaching-mothers-reaching-infants>

³ CMS-9936-NC: State Relief and Empowerment Waivers. October 24, 2018. Available at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-23182.pdf>

⁴ Idaho Department of Insurance. Fair Access to Health Coverage Waiver Application. February 12, 2018. Available at: <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>

⁵ Ibid.

From: [Sasha Pierson](#)
To: [DOI Reform](#)
Subject: Idaho Department of Insurance Section 1332 Coverage Choice Waiver Comment
Date: Friday, June 21, 2019 2:46:11 PM
Attachments: [Idaho Center for Fiscal Policy, 1332 Waiver Comment.pdf](#)

Good Afternoon,

Please see the attached comment regarding the Idaho Department of Insurance Section 1332 Coverage Choice Waiver application.

Thank you,

:: Sasha Pierson, MSc Economics | Policy Analyst
:: Idaho Center for Fiscal Policy
:: 1607 W. Jefferson St., Boise, ID 83702 | (208) [REDACTED]
:: [REDACTED] | www.IdahoCFP.org

Idaho Center for Fiscal Policy is a project of Jannus, Inc.

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June 24, 2019

Advisory Board

Product Review Bureau Chief
Department of Insurance
PO Box 83720
Boise, ID 83720-0043

Michelle Britton

Hal Bunderson

Steve Burgos

Jerry Evans

Bev Harad

Jasper LiCalzi

Sue Lovelace

Christine Loucks

Bob Maynard

Karan Tucker

Rich Toney

Director

Lauren Necochea

Re: Idaho Department of Insurance Section 1332 State Relief and Empowerment Waiver, Notice of Public Hearing and Public Comment Period

Dear Sir/Madam,

I am writing on behalf of Idaho Center for Fiscal Policy in response to the Idaho Department of Insurance Notice of Public Hearing and Public Comment Period to bring your attention to a potential unintended consequence of the proposed Section 1332 Coverage Choice Waiver. The proposed waiver would add to the federal deficit, going against an explicit requirement of waiver proposals under Section 1332.

Idahoans pride themselves on being fiscally responsible, giving everyone a fair shot, and lending a helping hand when their neighbor is facing a hard time. Each of these contribute to broadly shared opportunity and an economy that is strong and sustainable for Idaho’s future. Idahoans voted to expand Medicaid in 2018, providing health coverage to 91,000 residents earning less than 138% of the Federal Poverty Level (FPL) so they can see a doctor when they need to. Medicaid expansion will generate savings to the state CAT Fund, behavioral health services, community based substance use disorder treatment for offenders, and mental health services for the probation and parole population.¹ By creating new jobs and increasing economic activity across the state, Medicaid expansion will increase state tax revenue by more than enough to cover Idaho’s investment beginning in FY 2022, the first year full savings are realized.^{2,3} Any changes to Medicaid expansion as passed by the voters would influence these projected fiscal impacts and must be thoroughly vetted.

The proposed waiver would allow people who are eligible for Medicaid expansion earning between 100-138% FPL to purchase private insurance on the health exchange instead and receive subsidies to help offset some of the cost. These Idahoans would likely pay more to visit the doctor through a private plan purchased on the exchange than they would through Medicaid. While an adult with income at the poverty line usually does not have a premium under Medicaid, they could be required to pay hundreds of dollars annually for the benchmark plan available on the exchange. Customers would also have fewer wrap around services with exchange plans, like transportation to and from medical appointments. Millions of people miss or delay medical care every year because of transportation barriers, which is an acute challenge in Idaho given its rural and remote landscape.⁴

1607 W Jefferson St
Boise, ID 83702
Ph: [REDACTED]
idahocfp.org

The proposed waiver application indicates that people would be told of their option to enroll in Medicaid only after declining private insurance, which would miss many people who may not start the enrollment process at all because they assume they can’t afford private insurance. Residents who do seek out private insurance through the exchange may

later lose coverage as they are unable to afford cost sharing requirements that would not be present under Medicaid. Fewer coverage gains would mean that the full savings to the CAT Fund and other state programs anticipated under unmodified expansion may not be realized under the proposed waiver.

If customers are not fully informed of their eligibility for both health coverage options and made aware of their differences, participants may also fluctuate between Medicaid and the exchange. The proposal does not take this in to account and instead assumes static enrollment on the exchange. The proposal also does not appear to take in to account that health care providers would have an incentive to steer sicker, higher-cost patients to private plans on the exchange to receive higher reimbursement levels. This would drive up the cost of private health care for all Idahoans and may further increase uninsured rates among those without a subsidy on the exchange. For these reasons, the waiver application does not appear to show the true burden of the proposal on federal funding.

Medicaid expansion is less costly to the federal government than tax credits through the exchange for Idahoans with incomes between 100-138% FPL. The state estimated in 2018 that it would cost the federal government \$3,822 more per person per year to cover residents earning 100-138% FPL with subsidized exchange plans when compared to Medicaid.⁵

The application claims that the federal government would save money under the waiver because people would move from the exchange to Medicaid. However, this inaccurately assumes that residents receiving tax credits would not be eligible for Medicaid expansion without the proposed waiver. The passage of Proposition 2 in 2018 ensures that without the proposed waiver Idahoans earning 100-138% of FPL poverty would be eligible for Medicaid and therefore no longer eligible for subsidized exchange coverage. By allowing this group of people to claim a monthly tax credit to cover their premium costs, the proposed waiver will increase federal spending relative to current law even though waivers under Section 1332 are required to be deficit neutral to the federal government.

We encourage the state to take this information in to account and adjust its waiver application to reflect the true cost to the federal government. Please do not hesitate to reach out to me directly at [REDACTED] or [REDACTED] with any questions regarding the presented concerns.

Respectfully,



Sasha Pierson, MSc
Policy Analyst

¹ Milliman, Inc. (2018, July 19). Financial impacts from Medicaid expansion in Idaho. Retrieved from <https://healthandwelfare.idaho.gov/Portals/0/AboutUs/FromTheNewsroom/Impact%20of%20Medicaid%20Expansion%20for%20Idaho%202018-0718%20-%20Final.pdf>

² Peterson, S. (2018, August 21). Economic impacts of Medicaid and the proposed Medicaid expansion in Idaho.

³ Idaho Center for Fiscal Policy. (2018, October 12). Fiscal impacts of Medicaid expansion. Retrieved from <http://idahocfp.org/new/wp-content/uploads/2018/07/ICFP-Medicaid-Expansion-Fiscal-Impacts-Brief-October-12-Update.pdf>

⁴ U.S. Government Accountability Office. (2016, January). GAO-16-221. Retrieved from <https://www.gao.gov/assets/680/674674.pdf>

⁵ Idaho Department of Insurance. (2018, February 12). Fair access to health coverage waiver application. Retrieved from <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>


From: [Anne Martin](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Sunday, June 23, 2019 11:30:10 PM

Dear DOI Bureau Chief,

In its 1332 Waiver Application, the state of Idaho claims that the proposed waiver would give persons with a income of 100-138% of poverty level the opportunity to choose to apply for a tax credit to help pay for premiums and co-pays to purchase health insurance on the state exchange rather than enroll in Medicaid. I don't understand how anyone with such low income could afford not to enroll In Medicaid which has far better coverage than the cheapest available plans on the exchange and doesn't require any premium payment or co payments. I would hope if this waiver is approved, that the applicant would be fully informed of the the costs and coverage associated with private insurance versus those of Medicaid, so he or she could make the best decision possible for his/her own situation.

In addition I also object to the work requirements imposed by this waiver on Medicaid applicants. Most of them already work low income jobs and often have no control over their work schedules. What happens if the worker becomes ill temporarily and his income falls below the 20 hours per week x \$7.25 per hour? What happens if the person is laid off and hasn't worked long enough or earned enough to qualify for unemployment benefits? What if another job, volunteer opportunity or training program is not immediately available? That worker could lose medical coverage when he needs it most. If the 60% of voters who voted for the Medicaid Expansion Initiative wanted restrictive work requirements and barriers to qualifying for Medicaid they would not have voted for the initiative. The legislature, in proposing this waiver is disregarding the will of the people.

Sincerely,


Anne Martin
429 2nd Ave W
Twin Falls, ID 83301


From: [Gayla Bullock](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Sunday, June 23, 2019 10:40:07 PM

Dear DOI Bureau Chief,

I am retired but cannot afford to retire. Medicare comes out of my Social Security but doesn't cover enough. I cannot afford supplemental insurance. I have to have a part time job but it puts me over the limit for medicaid help currently capped at 1300.00 a month. The money taken out for medicare part b and d take grocery money away from me. I don't understand this 1332 waiver but I voted for Medicaid because I and thousand of others need help. Please do your job and put a plan in place for Medicaid expansion like the voters like myself voted for and passed.

Sincerely,

Gayla Bullock
205 Water St Apt 19
Salmon, ID 83467



From: [Cheryl Slavin](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Sunday, June 23, 2019 3:40:07 AM

Dear DOI Bureau Chief,

Imagine you're me for a moment. A vulnerable member of Idaho's population. A mentally ill individual who somehow managed to gain full-time employment. A person who at any moment could find themselves right back into working part-time non-benefitted positions due to the nature of my disability. Someone who has been on the health exchange and had to abandon it because the market destabilized. How does offering me a tax credit for the exchange offer me any security? The answer is, it doesn't. Politicians in Washington are still attempting to discredit, destabilize, and destroy the affordable care act. It makes no sense to deny those like me true Medicaid expansion, representing a measure Idahoans fought hard to bring to a ballot measure. The people have spoken. It is time to stop these outrageous sideboards and proposals that essentially fly in the face of democracy. It insults the integrity and the intelligence of the Idahoans that fought hard for Medicaid expansion.

My story is this. I cannot afford to go off of my medications or (I've been told) I will destabilize and deteriorate to the point of potential hospitalization. This is terrifying to me. To have the knowledge that many Idahoans fought for Medicaid expansion helps me sleep at night. Offering people like me a credit for a program that is currently under attack gives me nightmares. I can't imagine what it's like for others with physical and mental medical issues, previously in the gap, to hear that our leadership is still proposing alternatives to what was already hard won. There were similar alternatives brought to the legislature, like the Idaho Health Care Plan, that never made it to a vote on the floor. The time for alternatives is over. Implement full Medicaid expansion now.

Sincerely,

Cheryl Slavin
3974 S Pittsfield Way
Boise, ID 83706


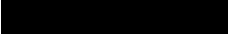
From: [Joanie Fauci](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 22, 2019 11:50:07 AM

Dear DOI Bureau Chief,

Dear Sirs,

Please provide Medicaid coverage to ALL those in need. We don't need more rules like waivers, work requirements, and copays. The users of these services truly need the coverage. Without the Medicaid coverage they likely cost the rest of us even more money.

Sincerely,


Joanie Fauci
2944 N Hillway Dr
Boise, ID 83702


From: [Carol Omel](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 21, 2019 3:00:15 PM

Dear DOI Bureau Chief,

The process for Medicaid expansion should be simple and easy. Individuals and families either qualify by income or they don't. We don't need to add layers of bureaucracy regarding cost sharing, dealing with the exchanges, etc. We do need public service campaigns that help people learn to access and use their medicaid benefit. Idahoans tax money should be used to assure that low income people get health care-not by devising ways to prevent them from eligibility. Keep it simple!!!

Sincerely,

Carol Omel
1011 N 5th St
Boise, ID 83702


From: [Katherine Anderson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 24, 2019 10:50:27 AM

Dear DOI Bureau Chief,


I voted for a clean Medicaid expansion bill and see no reason to burden Idahoans who NEED medicaid. I am a volunteer with St. Vincent De Paul and see many low income families who needed Medicaid to be expanded. These families can not afford to have co-pays of even \$5.00, they live paycheck to paycheck and sometimes it doesn't stretch that far if the car breaks down, the power bill is bigger than planned for etc.

If these additional costs go into effect I believe we are doing these families more harm than good. **THIS IS NOT WHAT I VOTED FOR WHEN I VOTED FOR A CLEAN MEDICAID EXPANSION.** These are our fellow tax paying Idahoan families that we are going to add another financial punch to.

I think that these families need the chance to benefit from having Medicaid and get themselves healthy before we ask them to pay for healthcare.

Thank you for reading this. I write from the place of having been uninsured with huge medical bills to becoming insured under the Affordable Care Act, so I believe I am qualified to speak to this issue.

Sincerely,

Katherine Anderson
11188 W Silver River Loop
Nampa, ID 83686


From: [Cindy Mueller](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 24, 2019 9:00:11 AM

Dear DOI Bureau Chief,

Dear Idaho Department of Health and Welfare,

Good afternoon, and thank you for taking my testimony.

You have heard a great deal about the benefits of Medicaid compared to Your Health Idaho plans. I have been using Your Health Idaho for several years and checked into the exact numbers for people in the expansion. You may be surprised, but it should make the case for Medicaid instead of the ACA:

First, 2 numbers to remember:

- \$35,535 – 138% of household income for a family of four
- \$15,800 – the deductible in the lowest priced plan available

Here is the scenario: A young couple in Sandpoint, both 35 years old, have two young children. He works full time making \$14/hour and she works half time at \$7.25/hour. Their annual income is \$35,250, just about at 138% of poverty level.

Good news! At this income, they are eligible for an insurance subsidy of \$901 per month! That sounds like free healthcare! Time to celebrate.

But Wait! The lowest priced bronze plan still costs \$54.40 per month. On top of that, the deductible is \$15,800.

Let that sink in. This couple has to pay over \$650 in premiums and then pay every single dollar beyond their wellness visits with their own money. Every. Single. Dollar. Up to \$15,800 on an income of \$35,250. Sprained ankle? Pay in cash. Shoulder pain that requires an X-ray? Pay in cash. Birth control? Pay in cash. Medication? Pay in cash. Every single dollar of health care is paid by them until they pay \$15,800. Remember, they are barely above the poverty level. I checked other counties, and the payments are higher, meaning the situation can be even worse.

Think about it. \$35,250 income, minus taxes, housing, car, insurance, food, utilities. And minus \$650 in premiums and up to \$15,800 in deductibles. This is not reasonable.


We are Idahoans. We believe in work. We believe in taking care of our families. Hard working Idahoans in the 100% - 138% of poverty income, who love their families and jobs but barely make ends meet, may choose to not purchase health care coverage on the exchange or go to the doctor in a timely manner, risking their ability to work and contribute to society as they always planned. This is a shame.

There is a better way. The better way to help this family is to provide health care coverage through Medicaid, as allowed by the ACA and as allowed by the Prop 2 initiative passed by Idaho citizens in 2018. It enables more people to work without fear of medical bankruptcy or making a trade-off between food and a doctor visit. It enables more people to contribute to the great state of Idaho. The Section 1332 Waiver helps no one, especially not Idaho and those here who want to work. It should not be allowed.

Sincerely,
Cindy Mueller
Boise, ID

Sincerely,

Cindy Mueller
2950 N Mountain Shadow Ln
Boise, ID 83702




From: [Randell Page](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 24, 2019 12:40:07 PM

Dear DOI Bureau Chief,

I am a physician and wish to oppose the 1332 waiver for a number of reasons. First, the waiver was not part of the inter of the ballot measure as voted for by a large majority of Idahoans in the last election. Secondly, exchange products may not have benefits which are as comprehensive as those offered via Medicaid. The process of comparing benefits and costs of exchange products is difficult and confusing. The inclusion of copays and deductibles with exchange products will discourage many who cannot afford them when the time comes to seek care. This delays care, and results in avoidance of preventive health efforts. The result is increased cost to the patient and to the system. It is reasonable to offer an exchange option for those who prefer it and can avoid it, but Medicaid should also be a first option without having to first opt out of the exchange.

Sincerely,

Randell Page
1826 S Travertine Way
Boise, ID 83712


From: [ARCHIE GEORGE](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 24, 2019 7:00:27 PM

Dear DOI Bureau Chief,

Rural Idaho hospitals and clinics are closing, primarily in rural areas of our great State of Idaho. This has been aggravated by failure to expand Medicaid in Idaho, entirely due to Republican obstinance. While rural Americans often tell reporters that they feel neglected and ignored by big-city coastal elites, the people preventing them from getting health care aren't in New York or D.C., they're in their own state capitals. This waiver request is just one more example of our broken system, with large donors calling the shots, hurting Idaho residents.

But why are Republican state-level politicians so determined to punish their own base? As I said, it's not about the money: Rejecting the Medicaid expansion actually costs a state jobs and hence revenue. And refusing to cover folks making slightly more than the poverty level is perverse. Medicaid offers more affordability and stability than plans on the exchange. Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho. Idahoans who need the dependable and inclusive coverage should not have to decline private coverage to access Medicaid.


Requests of this waiver reflects Republican meanspiritedness, an embrace of cruelty, that was already infecting the G.O.P. even before Donald Trump, and has now become one of the party's defining traits. Yes, that's harsh, but you know that it's true. Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage? How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not? Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

There's also, I suspect, an element of cynical calculation. As I said, rural voters often complain that national elites don't care about their needs. Well, one way to make people feel hostile toward those elites is to block their access to federal benefits, and hope they don't realize who's actually causing their misery. Idahoans who need the dependable and inclusive coverage should not have to decline private coverage to access Medicaid. While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.

In any case, the point is that while rural decline in general is a hard problem, with no easy answers, rescuing rural health care isn't hard at all. We know how to ensure that rural Americans get the health care they need. This isn't a problem of policy, it's a problem of politics. Please don't deny hard working Idahoans the health care coverage they need, especially targeting those who happen to be making better wages than the those even worse off

Sincerely,

ARCHIE GEORGE
1891 Conestoga St
Moscow, ID 83843



From: [Terry Wilson](#)
To: [DOI Reform](#)
Subject: Letter for Modified Expansion for Boise's Public Hearing and Public Comment Record-
Date: Monday, June 24, 2019 5:05:03 PM
Attachments: [TwilsonII- Letter 2019.pdf](#)

DOI (Shannon)

Thank you for taking the time to listen to my testimony today. Attached is my letter for Public Hearing & Public Comment Record.

Terry J. Wilson II,
Sociology, BS
Criminal Justice, MA
PhD candidate (School of Public Policy)
Boise State University
1910 University Drive
Boise, ID 83725-1955



June 24th, 2019

To Whom It May Concern,

My name is Terry J. Wilson II. I earned a Bachelor of Science in Sociology in May 2015 from Boise State University. I am set to take the Comprehensive Exam, graduating in the Fall of 2019, with a Master of Arts in the Criminal Justice Department at Boise State University. I then have made arrangements to apply to attend the School of Public Service for my PhD in Public Policy. I aspire, a career of professorship conducting racial and environmental justice research.

As a graduate student and researcher with stage IV lymphoma & excruciating bone-disintegrating lesion in my iliac crest or hip, although not on disability am unable to find traditional labor or conventional work. I want to take the time to acknowledge oncologist Dr. Stephanie Hodson and radiologist Dr. Joseph Brooks; I wouldn't have made it before this committee if it weren't for them rallying for my treatment because I, among nearly 100K Idahoans fell in the Medicaid and Medicare health coverage gap. I am forced to decide whether to pay for medicine or purchase food. I can personally describe the trauma and difficulties of navigating the bureaucracy of healthcare including attempting to apply for financial assistance(es) or to get support from Idaho's catastrophic care program or indigent service fund, this "safety-net" also failed me. I now am likely unable to purchase a home due to insurmountable medical costs of chemotherapy and radiation (upwards of \$80K). I also want to thank Luke Mayfield and Sam Sandmire of Reclaim Idaho along with the many volunteers who've go unrecognized, it because of you I am present. I also want to thank the Committee Department of Health and Welfare for standing with Idahoans to protect the objective of Medicaid; to protect the needy. I especially want to thank U.S. District Judge James E. Boasberg in Washington, D.C. who found that Medicaid work requirements for low-income people in Arkansas and Kentucky's proposed work requirements stating, "arbitrary and capricious because [they] did not address ... whether and how sideboards, or expansions evasions, are even able implicate the 'core' objective of Medicaid: the provision of medical coverage to the needy."

Idaho's leadership has failed to address what 61% of Idahoans voted to protect; the needs of its most vulnerable like the mentally-troubled, the poor working class, the indigent, along with a growing student population. The recent inaction of Idaho's legislature and current Governor speak to their inability to enact the wishes of the people of the great State of Idaho. Similarly, several other Republican-led states like Arkansas too continue an assault on the Affordable Care Act (ACA) issuing state-based plans resulting in massive coverage gaps that disproportionately effect students and the poorest working class, academics and/or student researchers like myself. Section 1332 is nothing more than a bait-and-switch for Idaho families. While a work requirement could potentially prevent academic stewardship(s) it could quite possibly motivate Idaho's young-healthy adults to seek employment, but there is no research to support this logic that is mechanized by Idaho's current leadership in *House Bill 277's* (SB 1204), which assumes that somehow working can improve one's health condition. The same requirement could harm older adults or those with chronic conditions, for e.g. if they lose Medicaid coverage and become unable to afford effective medical care. Research suggest(s) to the contrary, "it is under/unemployed older adults and people with serious health conditions also face greater challenges in gaining and maintaining employment... & the association between work and better health is due mainly to healthier adults being better able to find and maintain employment — rather than employment resulting in improved health — then the health harms associated with rescinding Medicaid coverage for nonworking adults will probably far out- weigh the uncertain health bene- fits for enrollees who gain jobs." (Ayanian et. al, 2018). The intended effect, "to encourage self-sufficiency and to incentivize the unemployed and under-employed individuals to engage in work and training opportunities to build financial stability." What is interesting is this argument is that our leaders are fiscally irresponsible themselves. We need leaders that rely on data and

research; avoiding Medicaid expansion, not implementing (ACA) is resulting in an estimated 246 million in state dollars, 3.3 billion in federal dollars and another 1.5 billion in hospital reimbursements (Dorn, McGrath, & Holahan, 2014).

According to a report from March 26th, 2019 from the Idaho Center for Fiscal Policy (ICFP) more than unmodified expansion or “sideboards” proposed in *HB 277* would cost Idaho 32.2 million dollars, but also prevents Medicaid coverage to 32,000 people with incomes between 101-138 percent of Federal Poverty Level (FPL) or those making under 20 thousand dollars (\$14-\$19K) jeopardizing the enhanced federal matching rate offered under unmodified implementation of Medicaid expansion. Modifying implementing Medicaid expansion also creates new administrative burdens and costs for physicians and enrollees, work requirements may oblige physicians to be involved in determining whether patients maintain or lose insurance coverage. Physicians will probably play an important role in determining whether their patients are eligible for health-related exemptions from work requirements will likely lead to further racial and gender discrimination(s), resulting in lawsuits. Modified expansion or “sideboards” are indeed “sideswipes” and *HB277 SB 1204* essentially proclaims that my past, current, and future contributions do not matter and that students like myself do not matter, but I am here to testify that we do matter. There are people dying out there. Thank you for your time and consideration.

Sincerely,

Terry J. Wilson II

TJW II

Terry J. Wilson II,
Sociology, BS
Criminal Justice, MA
PhD candidate (School of Public Policy)
Boise State University
1910 University Drive
Boise, ID 83725-1955

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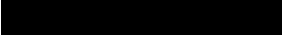
From: [Armando Costales](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 25, 2019 3:30:08 PM

Dear DOI Bureau Chief,

I served this country for 44 years, 24 in uniform and another 20 as a federal civil servant. I am new to Idaho but fully support the citizens' initiative passed by the majority last year. Upholding the Constitution against all enemies foreign and domestic means that everyone, legislators included, is to listen to and honor the wishes of the majority of the citizens whom they have the privilege to represent. The actions of the Idaho legislature are shameful and in the worst interests of the future of our democratic republic.

Build an opt out system from the approved, expanded medicaid. Keep all citizens, especially those affected directly, fully informed. Adhere to the full wishes and intent of the 61% majority who passed the medicaid expansion. Idaho legislators are representatives of their constituents, not above them. If you can't live by this fundamental aspect built by our founding fathers, then resign. It is past time you return to thinking about the common good, and taking action toward that common goal.

Sincerely,

Armando Costales
4125 W Everest St
Meridian, ID 83646



From: [Diane Schwarz](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 25, 2019 8:50:07 PM

Dear DOI Bureau Chief,

The way this is presented it seems that a person will have to decline private insurance before they get information about Medicaid. This will cause much confusion. This seems designed for the private insurers to get more tax credit funds for themselves, rather than giving information to the patient with side by side comparisons so they can make an informed decision. Plus this will be more expensive to tax payers! Why???

Sincerely,

Diane Schwarz
876 E Pennsylvania St
Boise, ID 83706



From: [John Rutten-Turner](#)
To: [DOI Reform](#)
Subject: Against SB1204aa
Date: Wednesday, June 26, 2019 10:40:14 AM

Has an Idaho citizen who voted for medicaid to be expanded I am against having a waiver (SB1204aa) added to the process of getting healthcare to those who need it the most.

Thank you,

John Rutten-Turner
Boise, ID 83705

Sent from my iPhone

From: [Lynn Weaver](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 26, 2019 9:20:06 PM

Dear DOI Bureau Chief,

I am opposed to Idaho's application for Waiver 1332.

It will cost:

- *more money for the State of Idaho to implement (allocating resources and personnel to provide information and answer questions for constituents),
- *more money for the Federal Government with additional insurance costs (on top of what is already allocated to fund Medicaid),
- *and it will cost the currently uninsured people of Idaho more money in co-pays, premiums, etc., if they purchase health insurance through the exchange with an Advanced Premium Tax Credit.


Enrollment in Medicaid is the most efficient and cost effective way to provide health insurance to the currently uninsured people in Idaho who make 100-138% of the federal poverty level. Offering this "choice" through waiver 1332 sounds good, but it will cost people time, energy and resources that they may not have, in order to choose something that will cost them more money and instability of health care services in the long run.

The people of Idaho voted to expand Medicaid to the currently uninsured Idaho citizens making up to 138% of the federal poverty level. They did not vote for the implementation of costly waivers that keep people from receiving health care in the most efficient and cost effective way possible under the current circumstances. All Idaho citizens should have health care to provide stability to their lives and to help them reach their maximum potential as contributing members of their communities.

Thank you for your consideration to deny the application for waiver 1332.

Sincerely,

Lynn Weaver
1222 Juniper Dr
Moscow, ID 83843



From: [Mary Ann Snook](#)
To: [DOI Reform](#)
Cc: [Abbie Olson](#); [Skip Olson](#)
Subject: Medicaid expansion
Date: Thursday, June 27, 2019 10:48:06 AM

Re: restrictions

When I and my entire family signed petitions and then subsequently voted in favor of expansion.

Our votes were for matching the Federal Medicaid Expansion plan with NO RESTRICTIONS!!

Now we need to mount a campaign to vote out the legislatures who “edited” our state wide agreed upon plan.

Mary Ann Snook, registered Democrat

From: [Heather Kimmel](#)
To: [DOI Reform](#)
Subject: Comments Regarding 1332 Idaho Coverage Choice Waiver
Date: Thursday, June 27, 2019 10:35:20 AM
Attachments: [Comments_1332IdahoCoverageChoiceWaiver.pdf](#)

Good Morning,

Attached are comments regarding American Lung Association's concerns with Idaho's 1332 Coverage Choice Waiver.

With best regards,
Heather

Heather E. Kimmel

Director | Health Promotions | Western Division

American Lung Association

1412 W. Idaho Street, Suite 100

Boise, ID 83702

██████████ | ██████████



June 27, 2019

Dean L. Cameron
Director
Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

Re: Idaho Coverage Choice Waiver Application

Dear Director Cameron:

The American Lung Association in Idaho appreciates the opportunity to submit comments on Idaho's "Coverage Choice Waiver Application."

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the 35 million Americans living with lung diseases including asthma, lung cancer and COPD, including more than 196,000 Idaho residents. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The American Lung Association in Idaho believes everyone should have access to quality and affordable health coverage. Unfortunately, the Coverage Choice Waiver, which would allow individuals between 100 and 138 percent of the federal poverty level to choose to enroll in either Medicaid or private insurance through the Idaho State Exchange, will create additional confusion that results in lower income individuals and families enrolling in more expensive and potentially less-comprehensive coverage. To ensure all low-income patients with or at risk of lung disease have access to and enroll in quality and affordable healthcare, the American Lung Association opposes the Coverage Choice Waiver Application.

Affordability

Most low-income Idahoans have lacked quality and affordable healthcare due to the state's previous unwillingness to expand its Medicaid program to 138 percent of the federal poverty level or about \$2,390 a month for a family of three. In November 2018, voters in Idaho approved full expansion of the Medicaid program, but the Idaho legislature acted in opposition to voters' will and approved additional restrictions on coverage including a work reporting requirement. The Coverage Choice Waiver, also resulting from this legislation, will not improve these families' access to quality and affordable healthcare.

Private health insurance, even with Advanced Premium Tax Credits (APTCs) and cost-sharing reductions (CSRs), is more expensive than Medicaid. By law, Medicaid cost-sharing cannot exceed more than five percent of an enrollee's income. Typically, Medicaid enrollees don't pay premiums and have minimal cost-sharing. Those enrolled in private insurance are required to pay premiums and are

subject to additional cost-sharing in the forms of co-pays, co-insurance and deductibles. Research shows that even limited cost-sharing can deter low-income individuals from accessing necessary healthcare services.ⁱ Additionally, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.ⁱⁱ The proposed waiver does not include the actuarial analysis to demonstrate that coverage under this waiver would be as affordable as without it. Based on the information available and previous experiences with similar populations, it appears the Coverage Choice Waiver does not meet the statutory requirement that coverage under a 1332 waiver be as affordable as it would be absent the waiver.

The Coverage Choice Waiver application does not provide specific information on how individuals between 100 and 138 percent of the federal poverty level will be informed about their healthcare choices. Will these individuals be presented the option to enroll in Medicaid when they start the open enrollment process, or will that option only exist if they decline private coverage through the exchange? If it is the later, that is not a true choice. To further ensure enrollees would have a choice between exchange and Medicaid coverage, any enrollment assistance must be neutral and not biased towards one option or the other. Additionally, if a Medicaid-eligible individual enrolled in private insurance wishes to enroll in Medicaid during the middle of a plan year, can they change their coverage? For lung disease patients, including those with asthma, COPD and lung cancer, any gap in coverage can be detrimental to their prognosis and health. It is imperative that there is a clear and simple way for individuals to enroll in Medicaid if they become eligible during a time other than open enrollment.

Adequacy

While both Medicaid expansion plans and private insurance sold in the exchange are required to cover the ten essential health benefits, there are some additional services that Medicaid is required to cover, but private insurance is not. For example, Medicaid expansion plans provide non-emergency transportation services, a benefit private insurance does not provide. Additionally, Medicaid covers certain home health services and other services, including things like case management that private insurance is not required to cover. For patients with asthma, these services can help them manage their disease and live more productive lives. Again, to ensure that enrollees fully understand the differences in their coverage options, robust and unbiased enrollment assistance would be crucial.

Budget Neutrality

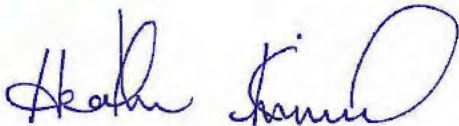
The proposed Coverage Choice Waiver claims to meet the budget neutrality guardrail for a 1332 waiver. Unfortunately, based on the information provided, this does not appear to be accurate. The waiver incorrectly calculates the budget neutrality by assuming Medicaid expansion does not exist and that individuals between 100 and 138 percent of the federal poverty level enrolled in exchange coverage would otherwise be uninsured. This is incorrect, as they would be otherwise enrolled in Medicaid expansion. On top of that, it is more expensive for the federal government for individuals between 100 and 138 percent FPL to enroll in exchange coverage than Medicaid expansion.

A previous Idaho 1332 waiver analysis found that APTC and cost-sharing reductions for individuals between 100 and 138 percent of FPL would cost the federal government \$7,700 per person. The same analysis found Medicaid expansion would cost the federal government \$3,878 per person.ⁱⁱⁱ The

proposed waiver application does not include the actuarial analysis needed to understand costs and coverage implications of this waiver. This information is needed as part of a complete application. Absent the official actuarial analysis, previous estimates imply the Coverage Choice Waiver does not meet the budget neutrality guardrail.

The American Lung Association in Idaho believes that healthcare should be affordable, accessible, and adequate. The Idaho Coverage Choice Waiver compromises the affordability of healthcare coverage for some of Idaho's most vulnerable residents. The Lung Association in Idaho opposes this waiver. Thank you for the opportunity to comment.

Sincerely,



Heather Kimmel
Director, Health Promotions, Western Division
Boise, Idaho

ⁱ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱⁱ Idaho Department of Insurance. DRAFT Fair Access to Health Coverage Waiver Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging State Innovation. February 12, 2018. Accessed at: <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>

From: [Laura Tirrell](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 27, 2019 9:20:13 AM

Dear DOI Bureau Chief,


Department of Insurance:

Please do not grant a waiver to the State of Idaho that would allow poor Idahoans earning between 100-138% of the poverty level to retain their subsidized private health insurance plans even though they qualify for Medicaid Expansion . The only reason our legislators want to offer this choice is a cynical attempt to dissuade poor Idahoans from signing up for Medicaid and thereby increase state expenditures for Medicaid. Fear of Medicaid as payor because of hypothesized loss of choice of providers has been publicized by legislators who opposed Medicaid expansion. The reality is that the real loss of choice is when people do not go to the doctor because of large copays and deductibles charged by private plans. I have witnessed the ill health and deaths of poor Idahoans during my Family Practice career in Idaho. Please deny this waiver and allow low income folks to simply enroll in expanded Medicaid rather than this confusing "choice".

Sincerely yours,
Dr. Laura Tirrell, Board Certified Family Medicine

Sincerely,

Laura Tirrell
2075 E Lamar Ct
Boise, ID 83712



From: [Tim Boyd](#)
To: [DOI Reform](#)
Subject: 1332 Waiver Comments
Date: Friday, June 28, 2019 9:11:41 AM
Attachments: [ID1332 Comments 6.29.19.pdf](#)

Please find NORD's comments attached.

Thank you.

Tim Boyd, MPH

Director of State Policy

National Organization for Rare Disorders

p: (202) [REDACTED]

a: 1779 Massachusetts Ave NW, Suite 500, Washington, DC 20036

w: rarediseases.org e: [REDACTED]

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NORD[®]
National Organization
for Rare Disorders



June 30, 2019

Dean L. Cameron
Director
Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

Re: NORD Opposition to Idaho's 1332 Waiver Application

Dear Director Cameron:

On behalf of the 1-in-10 Idaho residents with one of the over 7,000 known rare diseases, the National Organization for Rare Disorders (NORD) appreciates the opportunity to submit comments on Idaho's Coverage Choice Waiver Application.

NORD is a unique federation of voluntary health organizations dedicated to helping people with rare "orphan" diseases and assisting the organizations that serve them. Since 1983, we have been committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

NORD believes everyone should have access to quality and affordable health coverage. Unfortunately, this waiver will create additional confusion resulting in lower income individuals and families enrolling in more expensive and potentially less-comprehensive coverage. To ensure all low-income rare disease patients have access to and enroll in quality and affordable health care, Idaho should oppose the Coverage Choice Waiver Application.

Affordability

Most low-income Idahoans have lacked quality and affordable health care due to the state's previous refusal to expand eligibility for its Medicaid program to 138 percent of the federal poverty level, or about \$2,390 a month for a family of three. In November 2018, voters in Idaho approved full expansion of the Medicaid program, but the Idaho legislature defied this decision and approved additional restrictions on coverage including a work reporting requirement. The Coverage Choice Waiver, also resulting from this legislation, will not improve these families' access to quality and affordable health care.

The Coverage Choice Waiver would allow individuals between 100 and 138 percent of the federal poverty level to choose to enroll in either Medicaid or private insurance through the Idaho State Exchange. However, private health insurance, even with Advanced Premium Tax Credits (APTCs) and cost-sharing reductions (CSRs), is more expensive than Medicaid. By law,



Medicaid cost-sharing cannot exceed more than five percent of an enrollee's income. Typically, Medicaid enrollees don't pay premiums and have minimal cost-sharing. Those enrolled in private insurance are required to pay premiums and are subject to additional cost-sharing in the forms of co-pays, co-insurance and deductibles. Research shows that even limited cost-sharing can deter low-income individuals from accessing necessary health care services.ⁱ Additionally, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.ⁱⁱ The proposed waiver does not include the actuarial analysis to demonstrate coverage under this waiver would be as affordable as without it. Based on the information available and previous experiences with similar population, it appears the Coverage Choice Waiver does not meet the statutory requirement that coverage under a 1332 waiver be as affordable as it would be absent the waiver.

Further, the Cover Choice Waiver application does not provide specific information on how individuals between 100 and 138 percent of the federal poverty level will be informed about their healthcare choices. Will these individuals be presented the option to enroll in Medicaid when they start the open enrollment process, or will that option only exist if they decline private coverage through the exchange? If it is the later, that is not a true choice. To further ensure enrollees would have a choice between exchange and Medicaid coverage, any enrollment assistance must be neutral and not biased towards one option or the other. Additionally, if a Medicaid-eligible individual enrolled in private insurance wishes to enroll in Medicaid during the middle of a plan year, can they change their coverage? For rare disease patients, any gap in coverage can be detrimental to their prognosis and health. It is imperative that there is a clear and simple way for individuals to enrollee in Medicaid if they become eligible during a time other than open enrollment.

Adequacy

While both Medicaid expansion plans and private insurance sold in the exchange are required to cover the ten essential health benefits, there are some additional services Medicaid is required to cover, but plans on the Idaho State Exchange are not. For example, Medicaid expansion plans provide non-emergency transportation services, a benefit private insurance does not provide. Additionally, Medicaid covers certain home health services and other services, including things like case management, that private insurance is not required to cover. Again, to ensure that enrollees fully understand the differences in their coverage options, robust and unbiased enrollment assistance would be crucial.

Budget Neutrality

The proposed Coverage Choice Waiver claims to meet the budget neutrality guardrail for a 1332 waiver. However, based on the information provided, this does not appear to be accurate. The waiver incorrectly calculates the budget neutrality assuming Medicaid expansion does not exist and the individuals between 100 and 138 percent of the federal poverty level enrolled in exchange coverage would otherwise be uninsured. This is incorrect, as they would be otherwise



enrolled in Medicaid expansion. On top of that it is more expensive for the federal government for individuals between 100 and 138 percent FPL to enroll in exchange coverage than Medicaid expansion.

A previous Idaho 1332 waiver analysis found that APTC and cost-sharing reductions for individuals between 100 and 138 percent of FPL would cost the federal government \$7,700 per person. The same analysis found Medicaid expansion would cost the federal government \$3,878 per person.ⁱⁱⁱ The proposed waiver application does not include the actuarial analysis needed to understand costs and coverage implications of this waiver. This information is needed as part of a complete application. Absent the official actuarial analysis, previous estimates imply the Coverage Choice Waiver does not meet the budget neutrality guardrail.

NORD believes health care should be affordable, accessible, and adequate. The Idaho Coverage Choice Waiver compromises the affordability of health care coverage for some of Idaho's most vulnerable residents. NORD opposes this waiver. Thank you again for the opportunity to comment. For further questions, please feel free to contact me at [REDACTED]

Sincerely,

Tim Boyd, MPH
Director of State Policy

ⁱ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱⁱ Idaho Department of Insurance. DRAFT Fair Access to Health Coverage Waiver Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging State Innovation. February 12, 2018. Accessed at: <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>

From: [Liz](#)
To: [DOI Reform](#)
Subject: The 1332 waiver
Date: Friday, June 28, 2019 8:57:12 AM

Dear DOI,

I'm writing to tell you that you should not implement the 1332 waiver that would put those Idahoans who earn between 100-138 % of the Federal Poverty Level on private insurance instead of Medicaid Expansion.

Those private plans are less reliable, less comprehensive and more expensive than Medicaid Expansion. A Federal Judge struck down restrictions in two other states based in part on citizens' overwhelming opposition to impediments to coverage.

Please do not use the 1332 waiver for those who fall into the so-called Medicaid gap.

Sincerely,

Elizabeth Roberts
Eagle, Idaho

From: [Tom Renk](#)
To: [DOI Reform](#)
Subject: Medicaid expansion waiver
Date: Sunday, June 30, 2019 7:11:53 PM

I oppose this waiver! Tens of thousands of Idahoans expected to finally get health care coverage they couldn't otherwise afford when Medicare expansion was passed by a wide margin by voters. This waiver seems crafted to confuse people. Medicaid gives more reliable coverage than private health care plans with copays and deductibles. The Idaho Legislature needs to LISTEN to the people and not stand against them !

Tom Renk
1127 Early Breakfast Cr. Rd.
Sandpoint, Idaho

From: [Nancy Foster Renk](#)
To: [DOI Reform](#)
Subject: Medicaid expansion in Idaho
Date: Sunday, June 30, 2019 6:52:33 PM

I am writing in opposition to the proposed Medicaid expansion waiver that would give people earning 100-138 percent of the federal poverty level the "option" to buy subsidized insurance through the state exchange. Without the waiver, they would automatically be enrolled in Medicaid.

I was one of the many hundreds of Idahoans who worked to get Medicaid expansion on the ballot in Idaho and then again to get it passed. Voters approved the expansion by a large margin. We voted to give our families and friends and neighbors access to good medical care, something that so many have not had for years. We approved this expansion without restrictions. This is what the voters want, and this is what Idaho residents need.

I urge you to deny this application for a waiver.

I also ask that you allow my comments, despite their being a couple of hours late. I just read about this earlier in today's paper.

Thank you.
Nancy Foster Renk
1127 Early Breakfast Creek Road
Sandpoint, Idaho 83864

From: [Michael Irvin](#)
To: [DOI Reform](#)
Subject: Ditch the 100-138 waiver application
Date: Sunday, June 30, 2019 3:32:24 PM

Good day.

AN OUNCE OF PREVENTION

I am of the opinion that Medicaid expansion is good for the state of Idaho. No one benefits from an ill workforce, or from people in declining health because it becomes more expensive to care for them later. Requiring poor people to jump through additional bureaucratic hoops is counterproductive.

WHY PROPOSE A TAXPAYER-SUBSIDIZED PRIVATE INSURANCE EXCHANGE? (DON'T DO IT!)

Having observed how miserly Idaho's legislature has behaved over my 24+ years as a resident, I am wary of its offering poor people a "choice" that would require premiums and co-pays. From what I've read, that option would cost more money and provide fewer benefits. I ask the Department of Insurance to drop its request for a waiver from Medicare rules.

I FOLLOW STATE AND NATIONAL POLITICS, AND I CAST MY BALLOTS AT EVERY OPPORTUNITY.

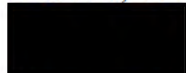
The Idaho legislature has shown disdain for obeying the will of its citizens by substituting by placing restrictions on Medicaid expansion, and by (almost) making it even more difficult for citizens' initiatives to qualify for the ballot. I will carefully be watching the outcome of this process. If I cannot influence your choices, I will seek to influence my neighbors' and friends' choices in every future election.

Most sincerely,

--Michael J. Irvin

--

Michael J. Irvin
406 N. Howard St.
Moscow, ID 83843-5040

 H
C

Skype: michael.j.irvin

From: [Laura Keller](#)
To: [DOI Reform](#)
Cc: [Laura Keller](#)
Subject: Section 1332 State Relief and Empowerment Waiver
Date: Sunday, June 30, 2019 1:50:13 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[American Diabetes Association Comments-ID1332-StateComments .pdf](#)
Importance: High

Dear Director Cameron,

Thank you for taking public comment regarding the Section 1332 State Relief and Empowerment Waiver.

The American Diabetes Association Comments are attached.

Best,

Laura



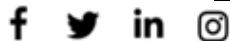
Laura Keller

Director State Government Affairs and Advocacy
(AK, AZ, ID, MT, NM, OR, UT, WA, WASH DC)
Government Affairs and Advocacy

Phone: +1 (703) 676 - 4065 x 7207

diabetes.org

1-800-DIABETES ([REDACTED])





Connected **for Life**

June 28, 2019

Dean Cameron, Director
Idaho Department of Insurance
700 West State Street, 3rd floor
P.O. Box 83720
Boise, Idaho 83720-0043

Dear Director Cameron:

On behalf of the more than 30 million Americans living with diabetes and the 84 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments on the state's draft Section 1332 State Relief and Empowerment Waiver application, titled the *Coverage Choice Waiver*.

As the global authority on diabetes, the ADA funds research to better understand, prevent and manage diabetes and its complications; publishes the world's two most respected scientific journals in the field, *Diabetes* and *Diabetes Care*; sets the standards for diabetes care; holds the world's most respected diabetes scientific and educational conferences; advocates to increase research funding, improve health care, enact public policies to stop diabetes, and end discrimination against those denied their rights because of the disease; and supports individuals and communities by connecting them with the resources they need to prevent diabetes and better manage the disease and its devastating complications.

The ADA appreciates the state's interest in expanding coverage and providing individuals with choice; however, we believe the *Coverage Choice Waiver* fails to meet the requirements of Section 1332 guidance and will result in low-income individuals paying more to access coverage and health care than they would under the Medicaid expansion approved by voters last year.

Below are our specific comments on the application dated May 31, 2019, which we note does not include an actuarial analysis that would allow for a more thorough review of the state's estimates of the full, projected effects of the draft waiver, particularly the cost to the federal government.

Waiver must be considered relative to Medicaid Expansion

The draft waiver application compares the costs to individuals and the federal government to those in effect under the "status quo." Under this comparison, the state points to potential savings to the federal government from those individuals now enrolled in a qualified health plan (QHP) moving to Medicaid under the expansion. However, the comparison should be to the Medicaid expansion that will take effect on January 1, 2020.

2451 Crystal Drive
Suite 900
Arlington, VA 22202

1-800-DIABETES [REDACTED]

diabetes.org
@AmDiabetesAssn



Connected **for Life**

Federal law – which establishes the baseline to which waiver programs must be compared – assumes non-expansion states may take up Medicaid expansion at any time. Beginning in January, Idahoans with income between 100 and 138 percent of poverty will be eligible for Medicaid, regardless of the waiver. Allowing individuals in that income range to elect coverage under a QHP will therefore increase federal spending, since advanceable premium tax credits (APTCs) are funded by the federal government. Thus, the draft waiver application violates the requirement under Section 1332 guidance that a state waiver program must not increase the federal deficit.

In addition, individuals eligible for Medicaid who instead obtain coverage under a QHP will pay more out-of-pocket for their coverage and health care. Although the waiver application talks about giving Idahoans choice, the assumption appears to be that individuals will remain or be enrolled in a QHP with APTCs unless they opt out. Even with the maximum APTC available to individuals in this income range, individuals will be subject to higher premiums and out-of-pocket costs than under Medicaid, which by law cannot impose cost-sharing that exceeds 5 percent of an enrollee's income.

The coverage choice raises risks of steering, gaps in coverage

Even if Medicaid individuals are given a true choice between a QHP and Medicaid, we are concerned that individuals may end up in less-than-optimal coverage. There is no assurance in the waiver application that affected individuals will receive neutral assistance in evaluating their coverage options. Providers that may assist with enrollment have incentives to steer individuals to QHPs instead of Medicaid, in order to maximize reimbursement rates for health care services. At the same time, the state has a financial incentive to shift costs for covered individuals from Medicaid to federally financed APTCs. For people with diabetes, enrolling in the wrong plan may mean essential services and treatments are not be available or affordable.

Finally, it's unclear whether individuals found eligible for Medicaid outside the marketplace open enrollment period will be enrolled without a gap in coverage. Will individuals be enrolled in Medicaid with the option to switch to a QHP during open enrollment, or will they be subject to a waiting period until a QHP is available to them? Diabetes is a complex, chronic illness that requires continuous medical care¹ and individuals with diabetes cannot afford a sudden gap in health insurance coverage. A recent study found that people with type 1 diabetes who experience a gap or interruption in coverage, are five times more likely to use acute care services (i.e. urgent care facilities or emergency departments) than those with continuous coverage.² Uncertainty in coverage acts as a barrier and burden that impedes access to health services that Idaho residents with diabetes need.

For these reasons, we urge the state to **withdraw the waiver application and instead work to implement the Medicaid expansion with a robust outreach campaign to identify individuals newly eligible for Medicaid.** The ADA appreciates the opportunity to comment on the



Connected **for Life**

Department's Waiver. If you have questions or would like to discuss this issue, please contact me at [REDACTED] x 7207 or [REDACTED]

Sincerely,

A handwritten signature in black ink that reads 'Laura Keller'.

Laura Keller
Director State Government Affairs and Advocacy Idaho

¹ American Diabetes Association, Standards of Medical Care in Diabetes – 2018, Diabetes Care, January 2018, available at: http://care.diabetesjournals.org/content/41/Supplement_1.

² Rogers M, Lee J, Tipirneni R, Banerjee T, and Kim C, Health Affairs, Interruptions in Private Health Insurance And Outcomes In Adults with Type 1 Diabetes: A Longitudinal Study. July 2018. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0204>

[REDACTED]
2451 Crystal Drive
Suite 900
Arlington, VA 22202

1-800-DIABETES [REDACTED]

diabetes.org
@AmDiabetesAssn

From: [Scott Milner](#)
To: [DOI Reform](#)
Subject: No Restrictions on Idaho Medicare
Date: Sunday, June 30, 2019 1:45:30 PM

To Whom It May Concern:

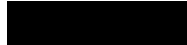
This is a comment regarding the imposition of restrictions on Idaho adoption of Federally supported Medicare.

I strongly disagree with the addition of restrictions, such as a work requirement.

We also are not in favor of a private insurance option in lieu of Medicare. The public made its will and desires in this matter clear by voting to approve Medicare adoption in the past election. Idaho legislators are simply refusing to yield their partisan views and proposals to the clearly expressed will of the people. I urge those whose duty it is to consider the application for a federal waiver to deny it, and to reject the additions and restrictions. Implement Medicare free of restrictions for the qualifying citizens of Idaho. Thank you greatly.

Scott Milner and Miriam F. Hertz
4129 Lenville Rd, Moscow, ID 83843

Scott Milner



From: [Fauna Allen](#)
To: [DOI Reform](#)
Subject: Medicaid Reform
Date: Sunday, June 30, 2019 1:16:24 PM

To Whom It May Concern, I voted for Medicaid Reform in order to assist people in our state that need the help, consequently I am against the suggested reforms that would undermine the purpose that I originally voted for and was passed. Fauna Allen

Sent from my iPad

From: [Donna Stambaugh](#)
To: [DOI Reform](#)
Subject: Waiver for enrollees on the exchange or Medicaid
Date: Sunday, June 30, 2019 1:10:15 PM

I am opposed to your current waiver provision. I do not understand how giving someone less insurance coverage at a greater cost – the exchanges with copays, premiums and deductibles, vs. Medicaid – will be beneficial. Will the individuals have a clear understanding of what the choices they are making and the financial differences between the two? Will these individuals have to specifically decline coverage under the private exchanges before being eligible for Medicaid? This waiver could also result in greater bureaucratic rules, regulations, appeals, etc. at a greater cost to taxpayers.

Nearly 61 per cent of Idaho voters approved Medicaid expansion. Please listen to their voices.

Donna Jacobs Stambaugh
Post Falls Idaho

From: [Steve Lockwood/Molly O](#)
To: [DOI Reform](#)
Subject: Medicaid Expansion Waiver
Date: Sunday, June 30, 2019 10:50:55 AM

The waiver would add cost and complexity. I oppose the waiver. Some of our most vulnerable would be disadvantaged. Only insurance companies would gain.

Stephen Lockwood
413 St Clair Ave
Sandpoint ID 83864

From: [Zoe Rothblatt](#)
To: [DOI Reform](#)
Cc: [Corey Greenblatt](#)
Subject: GHLF Patient Group Opposes Idaho Choice Coverage Waiver
Date: Monday, July 1, 2019 1:38:27 PM
Attachments: [Outlook-5qvsrn1.png](#)
[GHLF_Coverage Choice Idaho Oppose.pdf](#)

Dear Director Dean L. Cameron,

The Global Healthy Living Foundation (GHLF) is a 501 (c)(3) patient group that works to improve the quality of life for people with chronic disease. GHLF advocates for and supports chronically ill patients across the country, many of who rely on comprehensive coverage to manage their conditions.

It is on their behalf that **we are writing to express our opposition to the Idaho Choice Coverage Waiver**. The 1332 half of Idaho's proposal seeks to give enrollees from 100-138% FPL the choice between Medicaid and subsidies for marketplace insurance. Our community desperately needs accessible and affordable coverage, which is limited by this waiver.

Attached please find a more detailed formal letter of support for your consideration.

Thank you for your time and consideration.

Sincerely,



Zoe Rothblatt | Fellow, Advocacy

Global Healthy Living Foundation
515 N. Midland Ave - Upper Nyack, NY 10960
Office: + [REDACTED] Ext.227 | Fax: + [REDACTED]

[GHLF.org](#) | [CreakyJoints.org](#) | [ArthritisPower.org](#)
[Facebook.com/CreakyJoints](#) | [Twitter.com/CreakyJoints](#)

Improving the lives of people with chronic disease through better access to care, education, support, advocacy and patient-centered research.



Global Healthy Living Foundation
515 North Midland Avenue
Upper Nyack, New York 10960 USA
[REDACTED] fax
www.ghlf.org

July 1, 2019

Dean L. Cameron
Director
Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

RE: Coverage Choice Waiver Application

Dear Director Cameron,

The Global Healthy Living Foundation (GHLF) writes in opposition to Idaho's Coverage Choice Waiver Application. GHLF believes that healthcare should be affordable and accessible and this waiver limits both affordability and accessibility.

By way of background, GHLF is a 20-year-old non-profit patient organization reaching millions of chronically ill patients and their caregivers across the country through social media, community events and online support and education. GHLF works to improve the quality of life for patients living with chronic disease by making sure their voices are heard and advocating for improved access to care at the local level. Our patients suffer from chronic conditions including arthritis, psoriasis, gastrointestinal disease, cardiovascular disease and migraines. Our patients rely on affordable and accessible healthcare coverage to manage their complex conditions in order to function in everyday life. It is on behalf of our patients that we urge Idaho to oppose the Coverage Choice Waiver Application.

In November 2018, Idaho voters approved a ballot initiative for a full expansion of Medicaid as allowed by the Affordable Care Act. However, the Idaho legislature subsequently imposed barriers on coverage, including a "work requirement" for enrollees. The Coverage Choice Waiver developed by the legislature would allow Idahoans with incomes from 100 percent to 138 percent of the Federal Poverty Level (FPL) the choice to enroll in Medicaid or enroll in private health insurance on the Idaho State Exchange. This would be accomplished through providing Advanced Premium Tax Credits (APTCs) to reduce premiums and cost-sharing reductions for private health insurance.

GHLF believes that accessibility of necessary health care treatments, which includes making the language accessible and comprehensible by patients, is paramount to achieving reduced health care spending and better health outcomes. As currently proposed, the Coverage Choice Waiver lacks clear explanations and protocols to provide the specific information that patients need to make informed decisions about their health care plans. It is also unclear that the choices will be put out in a clear, straightforward, and unbiased manner. The waiver seeks to preserve choice,

but instead it adds a layer of complication. While we encourage the expansion of coverage options available to patients, this waiver limits autonomy by requiring a level of health literacy that many patients lack.

Medicaid is significantly more affordable compared with private insurance, as Medicaid enrollees generally do not pay premiums and are faced with low cost-sharing. Even with the tax credits and cost sharing reductions, affordability remains an encumbrance for private insurance enrollees. Our patients with chronic conditions face high healthcare costs and should not be discouraged from seeking care as a result of affordability issues. It is not evident that coverage under the Coverage Choice Waiver would match Medicaid's levels of affordability, especially for chronically ill patients who have constant encounters with healthcare.

In terms of adequacy, the Choice Waiver private insurance option does not provide the scope of coverage that Medicaid is required to cover. Under Medicaid expansion services such as home health care, medical transportation, and case management are covered.¹ This type of coverage is not required under private insurance plans. These services are especially important in the chronic disease population that GHLF represents as they focus on coordinated care. Idahoans must be made aware of these discrepancies in coverage a clear manner when making enrollment choices.

Section 1332 requires that the coverage be at least as comprehensive and affordable as would be provided absent the waiver. Due to the expenses resulting from premiums and cost sharing and lack of wide-ranging services, the Coverage Choice Waiver does not fulfill these conditions.

Section 1332 requires that waivers be deficit neutral, however the Coverage Choice Waiver does not meet this requirement. The budget for the waiver is calculated assuming no Medicaid expansion; therefore, assuming those individuals between 100 percent and 138 percent of FPL would be uninsured. However, these individuals would be enrolled in Medicaid, once expansion is taken into effect in 2020, therefore reducing this coverage gap. The Coverage Choice Waiver would increase federal spending as it costs more to provide the tax credits than to provide Medicaid coverage. With the waiver, the individual market is expected to increase by 24,000 to 26,000 enrollees. Estimates indicate that the cost of Medicaid expansion for individuals between 100 percent and 138 percent of FPL is \$3,822 less per person compared to the cost of providing APTC and cost-sharing reductions.² Given this information, the Coverage Choice Waiver is not expected to be budget neutral.

GHFLF opposes the Coverage Choice Waiver as it complicates the affordability, accessibility and scope of coverage for Idahoans. We respectfully ask that you oppose this waiver to ensure that our patients are able to receive the comprehensive coverage they need at an affordable rate.

Thank you for the opportunity to comment. If you have any questions about our comments, please feel free to contact Corey Greenblatt at [REDACTED]

¹ *Services Covered by Medicaid*, Idaho Department of Health and Welfare, healthandwelfare.idaho.gov/Medical/Medicaid/ServicesCoveredByMedicaid/tabid/703/Default.aspx.

² Idaho Department of Insurance. DRAFT Fair Access to Health Coverage Waiver Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging State Innovation. February 12, 2018, <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>



Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Corey Greenblatt', written in a cursive style.

Corey Greenblatt, MPH
Manager of Policy and Advocacy
Global Healthy Living Foundation



From: [Douglas Taylor](#)
To: [DOI Reform](#)
Subject: Medicare Restrictions in Idaho
Date: Monday, July 1, 2019 11:00:58 AM

Gentlemen: Voters in Idaho overwhelmingly approved Medicare expansion in Idaho. Do not let the Idaho legislation and governor restrict Medicare access in our state.

Douglas W. Taylor
PO Box 5803
Ketchum, ID 83340

From: [Tom Lamar](#)
To: [DOI Reform](#)
Subject: 1332 waiver from Latah County
Date: Monday, July 1, 2019 3:56:34 PM
Attachments: [Id Dept of Ins ltr from BOCC \(dated 6-28-19\).pdf](#)

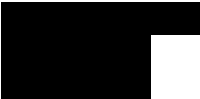
Attached is our letter regarding 1332.

Thanks,

Tom

--

Tom Lamar
Latah County Commissioner, district 2



<http://tomlamar.org>

<https://www.facebook.com/tomlamar.org>

@LamarTom



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Latah County
BOARD OF COUNTY COMMISSIONERS

P.O. Box 8068 ♦ 522 South Adams ♦ Moscow, Idaho 83843

♦ fax ♦ e-mail

Thomas C. Lamar ♦ David McGraw ♦ Kathie LaFortune

June 28, 2019

Idaho Department of Insurance

Via Email: DOI.Reform@doi.idaho.gov

Re: Public Comment on 1332 Waiver Application

Thank you for giving the public a chance to make comment on the proposed 1332 waiver.

The intention of the voters of the state of Idaho in November 2018 when they passed Proposition 2, was to extend Medicaid coverage to Idahoans in the 100-138% of the poverty level. The application for a 1332 waiver to now provide private insurance choice is a step backwards away from full Medicaid coverage, and will likely lead to more people not being insured.

In 2017, the Latah Board of County Commissioners spoke in favor of the state of Idaho applying for two waivers (including a 1332 waiver). Absent of Medicaid expansion, we saw that application as a limited step in the right direction toward closing the insurance gap. Now that Medicaid Expansion in the law in Idaho, we find ourselves opposed to the 1332 waiver being granted in Idaho, as it will be a move away from complete closure of the insurance gap.

As this Board of Latah County Commissioners addresses the best way to serve the roughly 1,500 Latah County residents finding themselves in the insurance gap, we draw the following conclusions about this waiver:

- Medicaid provides more comprehensive coverage than private insurance.
- Medicaid offers more affordability and stability than plans on the exchange.
- Idahoans need a transparent and unbiased enrollment process and to have a clear pathway to Medicaid coverage.

We urge your department, and the other departments of the State of Idaho, to fully implement Medicaid Expansion without unnecessary distractions.

Sincerely,

Thomas C. Lamar
Chair

David McGraw
Commissioner

Kathie LaFortune
Commissioner

From: [Thomas Weingartner](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 5:20:08 PM

Dear DOI Bureau Chief,


Regarding Idaho's 1332 waiver request under the ACA:

Idahoans must be provided with full and easily accessible (and comprehensible) information about the impacts of the choice they might make if this waiver is approved. This includes:

1. Itemizing out-of-pocket costs, premiums, and co-pays.
2. Comparing benefits and services of private plans against Medicaid's coverage, including mental illness care. Again this must be provided in an easily accessible manner.
3. Not requiring declining exchange coverage in order to obtain information on Medicaid.
4. Fully explaining to Idahoans what happens if they fail to pay premiums.
5. Allowing the consumers to be fully aware of their options.

I have gone through the purchase of private insurance for a family member. There is often misleading information provided, or caveats that are not fully explained. This is unfair to the consumer and **MUST BE AVOIDED** under this waiver request.

Sincerely,

Thomas Weingartner
307 N Picardy Pl
Boise, ID 83706


From: [Mary McLaughli](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 4:20:09 PM

Dear DOI Bureau Chief,

According to the National Alliance on Mental Illness nearly a quarter of Idahoans are living with a mental illness. Nearly 6 percent of those people are living with a serious mental illness like schizophrenia or bipolar disorder. In addition, Idaho has one of the highest suicide rates in the country. On average, Idaho's suicide rate is 48 percent higher than the national rate. (<https://www.boisestatepublicradio.org/topic/crisis-understanding-idahos-fragmented-mental-health-system#stream/0>)

If I'm understanding it correctly, the 1332 waiver tells an Idahoan who works but whose wages are at poverty level or just above that they can go on Medicaid ... or they can go on the Idaho exchange and pay a premium, maybe small, and have a deductible, maybe a small deductible, and then need to reapply next year without any assurances that their plan will still exist the next year. Will anyone from the Idaho Department of Insurance guide them through their choice? Will that person be educated to handle the needs of the diagnosed and undiagnosed mentally ill?

We have a daughter with diagnosed mental illness. She's a wonderful, intelligent, sweet person, a single mom who works her day job plus at least one more and donates plasma to make ends meet. That is if she's not in illness crisis. Right now she has employer group insurance. Her goal is to not lose that, her illness makes that goal unpredictable.


When she's in a panic attack, or dealing with self harm urges, she needs medical help, not to have to deal with the process of premiums and deductibles and uncertainty, all on her own. She doesn't need Idaho legislator's red tape.

Statistically, we all have someone we love with mental illness. What do we want for them? We may be stuck with this waiver for now. Please make it doable for our Idahoans in crisis. Please, don't be part of the second gap our legislators gave Idahoans with mental illness.

Additional information:

Only 47.5% of adults with mental illness in Idaho receive any form of treatment from either the public system or private providers (according to SAMHSA). The remaining 52.1% receive no mental health treatment. According to Mental Health America, Idaho is ranked 48 out of the 50 states and Washington D.C. for providing access to mental health services. (<https://www.rtor.org/directory/mental-health-resources-in-idaho/>)

Sincerely,

Mary McLaughli
1155 N Camelot Dr
Boise, ID 83704


From: [Betsy Dunklin](#)
To: [DOI Reform](#)
Subject: : Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 4:20:08 PM

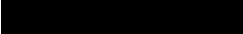
Dear DOI Bureau Chief,

I am concerned that the “1332 waiver” the Idaho legislature has requested may confuse or mislead applicants. When asked to decline coverage under Idaho’s exchange, will they be given a comprehensive and fair comparison of Medicaid vs. some type of marketplace coverage? Will they be warned that if they elect coverage other than Medicaid, they will have to pay regular premiums and probably co-pays and/or deductibles, and that failure to pay the these will likely result in lapse or loss of coverage? Will they be told that the private insurance costs will be higher than those for Medicaid?

The waiver should be granted only if the state is required to give an unbiased, thorough and understandable comparison of the state exchange coverage and Medicaid.

Sincerely,

Betsy Dunklin
1519 E Holly St
Boise, ID 83712



From: [Susan Waddell](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 11:30:07 AM

Dear DOI Bureau Chief,

Medicaid provides more comprehensive coverage than private insurance

Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.

If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.

Idahoans should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.

Research shows that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5, are associated with reduced use of care.

Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the cost of health insurance.


Please do your jobs and keep the health plans that voters requested through our votes.

Thank you.

Susan Waddell

Sincerely,

Susan Waddell
1390 Waddell Rd
Saint Maries, ID 83861



From: [Kathy Haley](#)
To: [DOI Reform](#)
Subject: Medicaid 1332 Waiver
Date: Wednesday, June 19, 2019 10:39:16 AM

Dear Product Review Bureau Chief:

As a concerned Idahoan, I want to share some thoughts about implementation of this waiver, and how the population Medicaid is intended to benefit is best informed about these important, often life-altering decisions.

As a consumer of individual health insurance in Idaho for nearly 20 years, I have been at the mercy of the insurance industry and seen my rates grow exponentially over the years. The state exchange was a tremendous help to me personally, but for many low-income families struggling to make ends meet (and pay their rent or mortgage), Medicaid could at long last provide them with the health care they have been lacking.

Here are a few points to consider: Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.

If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.

Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.

Finally, safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Thank you for listening.

Kathy Haley
4120 Shamrock St.
Boise ID 83713


From: [Robert Gehrke](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 19, 2019 9:20:11 AM

Dear DOI Bureau Chief,

While Idaho has chose to enlist in the state option to Medicaid Expansion, Waiver 1332 can be misleading in that staying with medical insurance from the exchange for those who have such insurance but fall below the 138% of poverty income are choosing the possibility of poorer coverage due to co-pays. To avoid poor choices it is essential that the impact of the choice between Medicaid Expansion and insurance from the exchange be clearly explained.

Sincerely,

Robert Gehrke
2279 Jacqueline Ln
Pocatello, ID 83201



From: [Kathryn Hays](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 18, 2019 1:00:15 PM

Dear DOI Bureau Chief,

I am writing to express my concerns about the 1332 "waiver" being sought by the State of Idaho, which would keep thousands of Idahoans who qualify for Medicaid Expansion saddled with expensive and less stable health care plans.


1) I am concerned that Idahoans will not have enough information to make an informed decision about whether or not they should switch. This waiver is presented as choice. How does the state propose to educate Idahoans about their choices? Will the state invest in advertising, literature, and staff who will distribute and explain the pros and cons of an exchange plan and how it differs from Medicaid Expansion? Will the true benefits of Medicaid Expansion be explained thoroughly and transparently? I want to know the details about how this waiver will roll out, and the investment the state will make to assure us that the rollout will reach the people who need to understand their options. If there is no plan, or the plan is inadequate, I request that you deny the waiver.

2) Will Idahoans who opt to stay on their exchange plan, but then find themselves unable to meet their high premiums, deductibles, and copays be allowed to switch to Medicaid Expansion? If no, then I request that you deny this waiver.

Respectfully,

Sincerely,

Kathryn Hays
11545 W Florida Dr
Boise, ID 83709




From: [Linda Lester](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 15, 2019 6:20:08 PM

Dear DOI Bureau Chief,

Consumers must be given accurate and reliable information to assist them in making choices. Consumers should be able to compare coverage between private exchange plans and Medicaid. If consumers aren't well educated about the differences between Medicaid and one of the private exchange insurance choices, they may wind up with coverage they can't afford. Make this a transparent process., not the be that favors the private exchange coverage.

Sincerely,

Linda Lester
3714 N 39th St
Boise, ID 83703



From: [REDACTED]
To: [DOI Reform](#)
Subject: Medicaid rules
Date: Saturday, June 15, 2019 7:57:34 AM

This comment is being sent because Sally Toone our State District 26 Representative requested comments through an op ed in the local paper, The Times News.

I have great concerns about the method and requirements concerning the Medicaid law recently passed. I know of many families that parents work under the table or off the books simply to qualify for this and other benefits. Some are highly successful and have a higher standard of living than those that follow the rules. The abuse of these free programs is wide spread. Many others have drug problems and expenses that our tax dollars simply support allowing them to live without drug treatment.

Terry Platts

1313 Idaho St


Gooding ID 83330

From: [Brandon Comish](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 15, 2019 4:30:10 AM

Dear DOI Bureau Chief,

For this benefit to finally be within reach of Idahoans who need the coverage to be revoked on technicality is almost as sad as how hard it was to get this bill to pass. The process must be streamlined, and clearly explained, in the simplest of terms, to ensure they are able to meet whatever qualification criteria is established. They should not have to tick a box on some form somewhere that declines private insurance. If they are eligible, they are eligible. I want to know exactly what safeguards there are to prevent insurance companies from steering or guiding my fellow Idahoans into that are inferior to other options available for them.

Sincerely,

Brandon Comish
5412 W Old Highway 91
Pocatello, ID 83204


From: [REDACTED]
To: [DOI Reform](#)
Subject: DisAbility Rights Idaho, Comments on the Idaho Application for a Section 1332 waiver
Date: Friday, June 14, 2019 1:35:06 PM
Attachments: [Comment on 1332 waiver.docx](#)

Comments of DisAbility Rights Idaho on Idaho's Application for a State Innovation Waiver Under §1332

DisAbility Rights Idaho (DRI) is the designated Protection and Advocacy agency for Idahoans with disabilities. We are concerned about the proposed §1332 waiver's impact on people with disabilities who will be covered by Idaho's Medicaid expansion.

Senate Bill 1204 directs the Idaho Department of Insurance to apply for a §1332 waiver to obtain Advanced Premium Tax Credit to purchase coverage on the Your Health Idaho insurance exchange instead of being automatically enrolled in Medicaid. Previous studies and estimates have concluded that Idaho's expansion population will include many people with disabilities and chronic health conditions, including many people with serious mental illness. Your Health Idaho (YHI) exchange policies often fail to cover essential services for people with disabilities and chronic health conditions.

Mental Health coverage in YHI plans generally includes coverage of some psychiatric visits, short term hospitalization, prescription drugs, and a limited number of psychotherapy visits. These services will likely meet the mental health needs of most people. However, people with serious mental illness often need services covered by Medicaid but absent from private health plans. These services include:

1. Adult Partial Care/Skills Training
2. Skills Building/Community Based Rehabilitation Services
3. Adult Peer Support
4. Crisis Services
5. Family Psychoeducation
6. Behavioral Health Case Management
7. Mental Health: Intensive Outpatient Services.

People with other chronic health conditions or disabilities may also need Medicaid services which are not included in YHI plans. These include long term services and supports like personal care services and Home and Community Based (HCBS) waiver services. There may also be differences in the pharmacy formularies of different providers which could impose a significant burden.

People in the expansion group would have the option of choosing Medicaid if they understand the differences in coverage. However, this waiver will create a significant risk of confusion. When the waiver is implemented, many people may be solicited choose a policy on the YHI exchange. There is great risk of making a poor choice in these confusing circumstances.

If this waiver is implemented, it is essential that everyone receive an accurate description of the services and drugs covered in YHI versus Medicaid as well as the provider networks, and the premiums, deductibles and co-pays. The complexity of this information, and the individual differences in what individuals need, will make it very difficult to fully inform consumers of the consequences of their choice. If this waiver is granted, Idaho must commit to investing the resources necessary to educate and advise consumers, so that they can make an informed choice. Insurance

carriers and agents must be required to provide complete and unbiased information that compares coverage, provider networks, premiums, deductibles, and co-pays to eligible people as it will affect each individual.

Submitted by;
James R. Baugh, Executive Director

Sent from [Mail](#) for Windows 10

DISABILITY RIGHTS

IDAHO

Protection & Advocacy for Individuals with Disabilities



Comments of DisAbility Rights Idaho on Idaho's Application for a State Innovation Waiver Under §1332

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People in the expansion group would have the option of choosing Medicaid if they understand the differences in coverage. However, this waiver will create a significant risk of confusion. When the waiver is implemented, many people will be solicited by YHI plans to choose a policy on the YHI exchange. There is great risk of making a poor choice in these confusing circumstances.

BOISE OFFICE
4477 EMERALD ST., SUITE B-100
BOISE, ID 83706
TEL: [REDACTED]
FAX: [REDACTED]

TOLL FREE: [REDACTED]
WEBSITE: www.disabilityrightsidaho.org
E-MAIL: [REDACTED]

POCATELLO OFFICE
1246 YELLOWSTONE AVE., STE A-3
POCATELLO, ID 83201
TEL: [REDACTED]
FAX: [REDACTED]

If this waiver is implemented, it is essential that everyone receive an accurate description of the services and drugs covered in YHI versus Medicaid as well as the provider networks, and the premiums, deductibles and co-pays. The complexity of this information, and the individual differences in what individuals need, will make it very difficult to fully inform consumers of the consequences of their choice. If this waiver is granted, Idaho must commit to investing the resources necessary to educate and advise consumers, so that they can make an informed choice. Insurance carriers and agents must be required to provide complete and unbiased information that compares coverage, provider networks, premiums, deductibles, and co-pays to eligible people as it will affect each individual.

Submitted by;
James R. Baugh, Executive Director

From: [Martha Bibb](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 14, 2019 8:00:15 AM

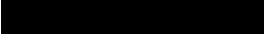
Dear DOI Bureau Chief,

All citizens need to have comprehensive health coverage. Comprehensive coverage for all reduces costs for all by increasing the size of the coverage pool. Coverage should not be based on the whims of employers. Unemployed or underemployed citizens need access to comprehensive health coverage which should include mental health care because underemployment contributes to depression and to drug use.

Coverage should be easy to understand. All costs should be simple to predict. All health care providers and health care facilities should be required to disclose all costs. Those costs should be covered by the insurance. All drugs or procedures should be covered. Numerous non-doctor procedures such as physical therapy, therapeutic massage, acupuncture and all other non allopathic procedures should be covered. Preventive procedures should be covered. This can be paid for by having a tax base that includes all incomes at all levels.

Sincerely,

Martha Bibb
810 Cd Olena Dr
Hailey, ID 83333



From: [Sarah Sullivan](#)
To: CMNwaiver@dhw.idaho.gov; [DOI Reform](#)
Cc: [Andy Joseph Jr.](#); [Laura Platero](#); [Joe Finkbonner](#)
Subject: Northwest Portland Area Indian Health Board Comments: IDOI 1332 Waiver and IDHW 1115 Waivers
Date: Thursday, June 13, 2019 5:18:15 PM
Attachments: [image001.png](#)
[NPAIHB IDOI 1332 and IDHW 1115 Waiver Comments June13.pdf](#)
Importance: High

Good afternoon,

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB) and Chairman Andy Joseph, Jr., I submit comments on the Idaho Department of Health and Welfare (IDHW) and Idaho Department of Insurance (IDOI) Tribal Notice letter dated May 13, 2019 (May 13 Tribal Notice) notifying Tribal representatives of Idaho's intention to submit three waiver requests to the Centers for Medicare and Medicaid Services (CMS). IDHW is proposing to submit a Coverage Choice, Community Engagement, and Primary Care Family Planning Section 1115 Demonstration waiver applications as well as an Institution for Mental Diseases 1115 Demonstration waiver. IDOI is proposing to submit a Coverage Choice Section 1332 State Innovation waiver application. We also note that the May 13 Tribal Notice did not include a copy of the proposed language or provide a link to the proposed language for the two 1115 waivers or the 1332 waiver.

Established in 1972, the NPAIHB is a non-profit, tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, advocating on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific healthcare issues. NPAIHB operates a variety of important health programs on behalf of our member tribes, including the Northwest Tribal Epidemiology Center ^[1], and works closely with the IHS Portland Area Office.

Sarah Sullivan, MPH
Health Policy Analyst
Northwest Portland Area Indian Health Board
2121 SW Broadway, STE 300
Portland, OR 97201

www.npaihb.org



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

[\[1\]](#)

A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."



June 13, 2019

**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw, & Lower
Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispell Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

2121 S.W. Broadway
Suite 300
Portland, OR 97201
Phone: (503) [REDACTED]
Fax: (503) [REDACTED]
www.npaihb.org

Dave Jeppesen
Director
Idaho Department of Health and Welfare
Attn: Cindy Brock
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009
tribalwaivercomments@dhw.idaho.gov

Dean L. Cameron
Director
Idaho Department of Insurance
Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, ID 83720-0043
DOI.Reform@doi.idaho.gov

**Re: Comments on Proposed Idaho Department of Health and Welfare (IDHW)
1115 Demonstration Waiver Applications and Idaho Department of Insurance
(IDOI) 1332 State Innovation Waiver Application**

Dear Director Jeppesen and Director Cameron:

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I submit comments on the Idaho Department of Health and Welfare (IDHW) and Idaho Department of Insurance (IDOI) Tribal Notice letter dated May 13, 2019 (May 13 Tribal Notice) notifying Tribal representatives of Idaho's intention to submit three waiver requests to the Centers for Medicare and Medicaid Services (CMS). IDHW is proposing to submit a Coverage Choice, Community Engagement, and Primary Care Family Planning Section 1115 Demonstration waiver applications as well as an Institution for Mental Diseases 1115 Demonstration waiver. IDOI is proposing to submit a Coverage Choice Section 1332 State Innovation waiver application. We also note that the May 13 Tribal Notice did not include a copy of the proposed language or provide a link to the proposed language for the two 1115 waivers or the 1332 waiver.

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The combined IDHW and the IDOI waiver proposals will waive provisions of federal laws for Idaho's Medicaid and insurance exchange programs as directed by [Senate Bill 1204](#). Many of the new provisions in the Idaho code and the waivers revolve around Medicaid expansion coverage for adults authorized through the November Medicaid expansion ballot initiative. The waivers are expected to be

¹ A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."

submitted as soon as July 26, 2019 with implementation on January 1, 2020. NPAIHB believes that there is a significant impact on American Indians/Alaska Natives (AI/ANs), Indian Health Service (IHS) and tribal health programs related to the 1115 and 1332 waivers.

I. Government-to-Government Treaty and Trust Responsibility

The United States (U.S.) has a unique legal and political relationship with American Indian and Alaska Native (AI/AN) Tribal governments established through and confirmed by the U.S. Constitution, treaties, federal statutes, executive orders, and judicial decisions. Central to this relationship is the federal government's trust responsibility to protect the interests of Indian Tribes and communities, including the provision of healthcare to AI/ANs. This responsibility includes ensuring access to federal health programs like Medicaid. Congress has passed numerous Indian-specific laws to provide for Indian healthcare, including establishing the Indian health care system and permanently enacting the Indian Health Care Improvement Act (IHCIA).² Congress also enacted the Indian Self-Determination and Education Assistance Act (ISDEAA) of 1975 to enable tribes and tribal organizations to directly operate health programs that would otherwise be operated by the IHS, thereby empowering tribes to design and operate health programs that are responsive to community needs.

Congress has declared that "it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians ... to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."³ This authorization allowed tribes to bill Medicare and Medicaid for services and since then, Medicaid is a critically important component of the Indian health funding stream, and allows many IHS and tribal health programs to begin to address some of the chronic health disparities faced by Indian people in the U.S.

Without meaningful access to Medicaid resources, many IHS and tribal health programs would be unable to maintain current levels of service. NPAIHB and IHS/tribal health programs expect the IDHW and IDOI to uphold the statutory and regulatory Indian protections and provisions to ensure that AI/AN beneficiaries have access to needed services in both Your Health Idaho Qualified Health Plans (QHPs) and Medicaid. The health and wellbeing of our people is one of the highest priorities for the tribes. In making these comments, we remind you that AI/ANs are among the nation's most vulnerable populations and that Medicaid plays a critically important role in extending valuable resources to the chronically underfunded Indian health system. The IDHW and IDOI must take into account the trust and treaty based responsibility into consideration when developing these waivers and not dictate to tribes what the state sees as fitting for our people.

II. Tribal Consultation

NPAIHB has not been provided with proposed waiver language for the three waivers. This language must be provided before meaningful consultation can take place with tribes. Meaningful consultation must take place throughout all stages of the process when developing any new policy to comprehensively understand and include our recommendations into the proposed waivers and develop strategic implementation plans to be inclusive of the needs of our patients and providers.

² 25 U.S.C. § 1601

³ 25 U.S.C. § 1602(a)(1)

NPAIHB urges the IDHW and IDOI to provide proposed language for the three waivers so that proper and meaningful consultation can take place.

Once the State provides the proposed language for the waiver, NPAIHB requests that IDHW and IDOI provide 45-day notice of tribal consultation from the date that proposed language for each proposed waiver is provided to tribes. This extension is necessary in order to engage in meaningful tribal consultation on the waivers and prior to submission of the proposed waivers to CMS. There has not been adequate information and time provided to tribes to evaluate the implications on IHS and tribal providers and patients. Additionally, NPAIHB requests that IDOI and Your Health Idaho Qualified Health Plans (QHPs) be more engaged with tribes throughout the development of waivers, submission and implementation process.

III. Medicaid Expansion Tribal Impacts

In November 2018, Idahoans voted, via a referendum, to expand Medicaid in accordance with the Patient Protection and Affordable Care Act (ACA), which allows Medicaid eligibility to individuals with income up to 138% FPL who were not previously eligible for Medicaid under previously established eligibility categories (age, disability, parental status, etc.). The Idaho legislature authorized and modified Medicaid expansion with their own additional requirements in Senate Bill 1204⁴, instructing the IDHW and IDOI to seek a waiver from the federal government to permit individuals and families who have an adjusted gross income at or above 100% FPL to receive the Advanced Premium Tax Credit (APTC) to purchase a coverage plan through the Idaho health insurance exchange, notwithstanding the implementation of Medicaid expansion. Any individual who is eligible for Medicaid may still choose to enroll in Medicaid instead of receiving the APTC to purchase a qualified health plan. Medicaid expansion allows IHS and tribal health facilities to better serve their AI/AN patient populations.

The approval of Medicaid expansion will assist in reducing the persistent disparities in healthcare and medical services for AI/ANs. Many of our patients rely upon direct care provided by IHS, and the high uninsured rate is a significant barrier to obtaining healthcare for both physical and behavioral needs. For example, AI/AN patients often resort to “seasonal sickness” based on the fiscal year, knowing if referrals are necessary to wait until October when funding is available for non-emergency referrals. Medicaid and its recent expansion provide critical access to a broader array of services and providers.

Since the federal government covers 100% of costs for services (federal medical assistance percentage or FMAP) provided to AI/AN Medicaid enrollees through an IHS or tribally-operated facility, there would be no cost to the state. This alleviates 100% of Idaho’s responsibility to allocate state general funds to meet the cost of care provided at IHS or tribal health facilities. In 2016, CMS released guidance that expands the scope of services considered “received through” an IHS/tribal facility that may qualify for 100% FMAP.⁵ Expanding the scope of services that can qualify for 100% FMAP provides potential increased savings to states and incentives to increase access to care for AI/ANs and expand capacity of IHS and tribal health facilities. State should work with tribes on implementation of the expanded 100% FMAP to maximize savings with the goal of improving the health and services available to AI/AN Medicaid beneficiaries in Idaho.

⁴ [Legislature of the state of Idaho. Senate Bill No. 1204, amending section 56-253, Idaho Code. Sixty-fifth Legislative, First Regular Session-2019.](#)

⁵ [CMS State Health Office Letter #16-002. Federal Funding for Services “Received Through” an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives. February 26, 2016.](#)

IV. Section 1332 State Innovation Waiver- Coverage Choice Waiver

A. Purpose

The ACA expanded affordability of health coverage in the individual health insurance market. Individuals and families with income between 100% to 400% of the federal poverty level (FPL) who were not otherwise eligible for Medicaid or affordable employer-sponsored health insurance have been able to qualify for help paying their health insurance via APTC. In addition, AI/ANs with incomes between 100% and 300% FPL will be eligible for zero cost sharing plans and with incomes below 100% FPL or above 300% FPL for limited cost sharing plans. There are also several other benefits and protections for AI/AN under the ACA and IHCA.

The State of Idaho, through the IDOI and in conjunction with Idaho's state-run health insurance exchange, Your Health Idaho, is submitting the Section 1332 State Innovation Waiver (Section 1332 Waiver) request to the CMS and the U.S. Department of Treasury. The Section 1332 waiver allows the Medicaid expansion group with household incomes over 100% FPL to choose coverage with eligibility for an APTC through Your Health Idaho instead of enrolling in Medicaid or declining the tax credit and choosing to enroll in Medicaid coverage. According to IDOI, the goals of the proposed Section 1332 Waiver, also known as the Idaho Coverage Choice Waiver are to: (1) empower individuals to choose to participate in commercial health insurance coverage over public insurance options, and (2) provide affordable coverage options to working Idahoans with household incomes above 100% of the FPL who are U.S. citizens regardless of Medicaid eligibility.

According to May 13 Tribal Notice, the Coverage Choice Waiver has an "anticipated impact to Tribal members and Tribal healthcare systems and how they assist Tribal members with their healthcare needs." NPAIHB is concerned as to why the state is determined to provide more of a focus for individuals between 100% and 138% FPL in the Marketplace, Your Health Idaho, in comparison to Medicaid. We believe the anticipated impact to AI/AN patients, IHS/tribal providers, and tribes is inadequate. **NPAIHB requests that IDOI and IDHW develop and provide to tribes, providers, and AI/ANs a comparison of eligibility and benefits for Medicaid and Your Health Idaho QHPs. We request IDOI and IDHW partner with tribes to develop coverage materials for IHS beneficiaries to ensure transparent enrollment understanding and a clear pathway to Medicaid coverage for each patient.**

B. Eligibility and Enrollment

Failure to address the coverage gap impacts everyone. Research has shown that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5 are associated with reduced use of care, including necessary services. Insurance companies disregard the AI/AN zero and limited cost sharing reductions and do not honor the Indian-provision requirements for Marketplaces required by federal law. **NPAIHB urges IDHW and IDOI to include the federal Indian-specific provisions and protections in the body of the waiver or through Standard Terms and Conditions.**

Individuals up to 138% FPL will be eligible for Medicaid and NPAIHB urges IDHW and IDOI to work with tribes to ensure that Medicaid eligibility is made clear up front. Eligible individuals should not have to choose to decline Your Health Idaho coverage in order to learn

more about Medicaid eligibility because it will be a biased enrollment process, safeguards must be put in place to prevent this. If AI/AN patients select the Your Health Idaho plan and the patient chooses to receive services from an IHS or tribal health facility that is out of network then the clinic will be paid at a lower rate or will not get paid from the QHP. Therefore, it is a barrier and financial burden on the tribe and IHS/tribal clinic. **We request transparency up front during enrollment for whether the IHS/tribal clinic is part of the network and the disadvantages for the patient if the clinic is not in network. NPAIHB requests that IDHW and Your Health Idaho clearly highlight all of the IHS/tribal clinics in Idaho within the provider lists for our patients to easily select our clinic as a provider.**

Currently, Your Health Idaho QHPs require different AI/AN verification for eligibility compared to IDHW Medicaid. Tribal enrollment verification through submission of a tribal identification card, tribal enrollment number or certificate of Indian blood is an unnecessary barrier to care for our people. **NPAIHB requests IDHW and IDOI to only require self-attestation for AI/AN verification** for Your Health Idaho and Medicaid. IHS eligibility should be up to the tribe and IHS/tribal clinic, and no additional verifications should be necessary.

NPAIHB urges IDHW and IDOI to ensure that when AI/ANs complete a paper application that the information in the paper application is clearly transferred electronically into the state's system particularly with AI/AN or IHS beneficiary status. Some AI/AN have not had this information captured in the electronic system when it was clearly indicated in the paper application. **NPAIHB also proposes the need for IDHW and IDOI to streamline and simplify the application process for IHS eligible beneficiaries.**

C. Choice of Your Health Idaho Concerns

IHS beneficiaries who choose Your Health Idaho coverage will pay more for their insurance compared to Medicaid. The choice does not benefit Tribal members or the Tribal clinic to choose coverage through Your Health Idaho that costs more and covers less. The choices are confusing and the plans on Your Health Idaho appear to cover less than Medicaid. It will not be clear to our patients that Medicaid is clearly a better option than Your Health Idaho. Patients who choose the Your Health Idaho would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription. Another barrier is that IHS beneficiary patients will have to file taxes for the APTCs to participate in Your Health Idaho. **NPAIHB requests that IDHW and IDOI clearly explain the considerations with enrollment in Your Health Idaho.**

V. 1115 Demonstration Waivers

A. Purpose

Section 1115 demonstrations can have a significant impact on beneficiaries, providers, states, tribes and local governments. They can also influence policy-making at the tribal, state, and federal level by introducing new approaches that can be models for other states and lead to programmatic changes nationwide. The purpose of Idaho's 1115 waivers are: to require the adult Medicaid expansion coverage group to participate in work, volunteering, job training; and to require all Medicaid participants served through Medicaid's Healthy Connections primary care program to obtain a referral for family planning services or supplies before receiving them from a provider

other than their chosen primary care provider (or an assigned primary care provider if they decline to choose one).

B. Tribal Consultation on 1115 Waivers

This 1115 waiver will impact tribal members' benefits, eligibility and finances so there is a significant impact. In accordance with section 1902(a)(73)(A) of the Social Security Act, in the case of any state in which one or more IHS, Tribal or urban Indian programs furnishes health care services, state must provide for a process under which the state seeks advice on a regular, ongoing basis from designees of such IHS, Tribal or urban Indian programs on matters relating to the application prior to the submission of any Medicaid State Plan Amendment (SPA), waiver requests, and proposals for demonstration projects that are likely to have a direct effect on Indians or IHS, tribal or urban Indian programs.⁶

To foster greater notice and a meaningful opportunity for input, in 2000, the Administration issued Executive Order 13175 regarding "Consultation and Coordination with Indian and Tribal governments."⁷ This Executive Order applies to the programs operated by the Federal government and, since States administer Medicaid and CHIP, CMS has issued guidance to states to conduct consultation with tribes prior to implementing 1115 demonstration or 1915 waiver requests. In July 2001, CMS issued a letter to State Medicaid Directors (SMDL #01-024)⁸ that provided direction to States to allow federally-recognized Tribes to participate in the planning and development of Medicaid and CHIP demonstration applications and extensions through a consultation process. The guidance encouraged States to provide information to Tribal governments at least 60 days prior to implementation and to provide 30 days for Tribes to comment on a state's planned demonstration request. The letter also articulated principles of consultation, such as respect for the sovereign rights of Tribes.

CMS established consultation procedures that allow States to meet simultaneously both the statutory requirements pertaining to IHS, Tribal or urban Indian programs, as well as the new statutory requirements that pertain to the public at large under the ACA. The ACA required the Secretary to set forth transparency and public notice procedures for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act (SSA) in order to increase the degree to which information about Medicaid and CHIP demonstration applications and approved demonstration projects is publicly available, as well as to promote public input as States develop and the federal government reviews these demonstrations.⁹ The Tribal consultation process is set forth at 42 CFR 431.408(b).

On August 1, 2010, IDHW acknowledged through a Tribal consultation policy the unique relationship and recognition of the right of Indian Tribes to self-determination and self-government. This special relationship constitutes a government-to-government relationship between American Indian Tribes and Federal and State governments. To determine direct effects on AI/ANs or Tribal health programs, State must answer questions to determine the direct effect on "Native Americans or tribal programs" when a waiver proposal is being considered. In looking at these questions, we would propose these answers:

⁶ [Social Security Act Title 19](#)

⁷ [EO 13175 Title 3](#)

⁸ [SMDL #01-024](#)

⁹ [CMS Transparency Information Bulletin](#)

1. Does the proposal or change directly affect Native Americans or tribal programs but is federally or statutorily mandated? *YES*
2. Does the proposal or change impact services or access to services provided, or contracted for, by Tribes or Indian Health Services (IHS) including but not limited to:
 - a. Decrease/increase in services. *YES*
 - b. Change in provider qualifications/requirements. *NO*
 - c. Change service eligibility requirements (i.e. prior authorization). *YES*
 - d. Place compliance costs on IHS and tribal health programs. *YES*
 - e. Change in reimbursement rate or methodology. *NO*
3. Does the proposal negatively impact or change the eligibility for, or access to, Tribal members' Medicaid? *YES*

Clearly, based on these proposed answers, there is a direct effect on “Native Americans or tribal programs” and Tribal consultation is required. **We reiterate the request for tribal consultation on both 1115 waivers 45-days after the proposed language for each waiver is provided to tribes for review.**

VI. 1115 Demonstration Waiver-Coverage Choice, Community Engagement, and Primary Care Family Planning

A. Eligibility

1. Income over 100% Federal Poverty Level

The May 13 Tribal Notice (p. 2, Section 2(a)) states that the purpose of this waiver is to limit coverage for expansion group members with incomes over 100% of federal poverty level (FPL) to exchange coverage or Medicaid, but not both. Per State’s impact assessment on Tribal members, “Tribal members in the adult Medicaid expansion group who qualify and select exchange coverage will not have access to Medicaid coverage in addition to exchange coverage.” For clarification, Medicaid coverage is available to not just Tribal members but to all AI/AN eligible for IHS, tribal and urban Indian health program services. **IDHW must ensure that this broader definition is used for enrollment of newly eligible AI/AN.**

Medicaid coverage is significantly more beneficial for AI/ANs than QHPs in Your Health Idaho. Medicaid has no premiums or cost sharing and is clearly a better option for AI/ANs. For this reason, it is imperative that outreach and education materials clearly explain the difference between Medicaid and QHPs through Your Health Idaho. It would also be critical to include a specific example with cost differences between the two types of coverage. **We request that IDHW also include tribes in the development of all outreach and education materials for AI/AN to ensure the materials are accurately capturing key points related to special benefits for AI/AN enrolled in Medicaid.**

In addition, we request that IDHW enrollment assisters be educated on the differences between Medicaid and QHPs to ensure that assisters are providing clear and accurate information to AI/ANs who are newly eligible for Medicaid. Thus, we request to be involved in reviewing outreach and education materials (i.e, scripts, Q&As, etc.) to enrollment

assisters as to AI/ANs to ensure that the materials provide full and accurate information specific to AI/AN.

2. Work, Volunteering, Job Training, or Education

The May 13 Tribal Notice states (p. 2, Section 2(b)) that this 1115 waiver will require the adult Medicaid expansion coverage group to participate in work, volunteering, job training, or education as a condition of their eligibility. Per State's impact assessment on tribal members, "Tribal members will be exempt from this requirement and there is no impact anticipated. Tribal health programs who serve non-tribal members may be impacted because some of the population they serve may be ineligible for Medicaid benefits because of these requirements."

According to the Idaho Senate Bill 1204, an AI/AN who is eligible for services through the IHS or through a Tribal health program pursuant to the Indian Self-determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA) is eligible for an exemption from the work, volunteering, job training or education Medicaid eligibility requirements. **Since the exemption is broader than Tribal members, we remind the State to use the broader definition for the exemption to include all AI/AN eligible for the exemption. We also do not expect that AI/AN will be required to provide tribal enrollment information to enroll in Medicaid. Self-attestation should be sufficient for determination of IHS/tribal services eligibility.**

As to non-Indian individuals who receive services at an IHS or Tribal facility, benefits coordinators are concerned about having an additional burden of monitoring these additional eligibility requirements. This request puts more stress on the benefits coordinators and will be more time consuming. **We request that IDHW work with tribes to ensure a streamlined and simplified process for capturing work, volunteering, job training or education of non-Indians eligible for Medicaid.**

B. Referral for Family Planning Services or Supplies

The Tribal Notice further states (p. 2, Section 2(c)) that this 1115 waiver will require all Medicaid participants served through Medicaid's Healthy Connections primary care program to obtain a referral for family planning services or supplies before receiving them from a provider other than their chosen primary care provider. Per the State's impact assessment on Tribal members, "Tribal members will need to work with their primary care provider to obtain a referral rather than accessing services directly without a referral today. This may increase the work that needs to be done by Tribal primary care providers serving Tribal members or others eligible for Medicaid.

Tribes have not seen the 1115 waiver language to properly and comprehensively address this referral requirement. Per the brief language provided by the state, the referral requirement appears to only apply to those individuals enrolled in Medicaid's Healthy Connection primary care program, a managed care program. The State is reminded that out-of-network IHS and Tribal facilities may refer AI/AN Medicaid beneficiaries to an in network provider pursuant to the managed care rules at §§ 438.14(b)(6) and 457.1209. This provision is intended to avoid duplicate visits to a network provider to obtain a referral and any delay in treatment when referrals are made under these circumstances.

Importantly, most AI/ANs are enrolled in Medicaid fee for service and receive services from IHS or a Tribal facility. AI/ANs receiving services at an IHS or Tribal facility, and not enrolled in Medicaid's Healthy Connection primary care program, would not be required to obtain such a referral even if the AI/AN patient is referred out to another provider for the services.

We generally disagree with the requirement that individuals enrolled in Medicaid's Healthy Connection primary care program be required to obtain a referral for family planning services and supplies. Family planning services and supplies should be made available to all Medicaid beneficiaries from any Medicaid provider without a referral from their primary care provider. This requirement is especially burdensome on women and is a barrier to care and access to services. Women should be able to choose from a list of Medicaid providers that provide these services and access these services through any of these providers. Some women may decide not to seek these services if they have to obtain a referral. We request that this referral requirement be eliminated.

In addition, IDHW needs to improve how AI/ANs can find IHS and Tribal facilities. While many AI/ANs are receiving services at an IHS or tribal facility, there may be other AI/ANs in the State looking for IHS and tribal facility Medicaid providers. For Medicaid (livebetteridaho), there needs to be a list of IHS and tribal facilities easily available on the website. In addition, the current system does not allow patients to search statewide for an IHS or tribal facility. We also note that Kootenai and Shoshone Bannock clinics do not come up on the state's website.

C. Indian Special Terms and Conditions

Special Terms and Conditions (STCs) are articulated in 1115 demonstration approval documents to reflect the policy agreements between states and CMS, and describe the parameters of the authority granted to the state. They are legally binding upon the state and are designed to clearly layout the state's commitment to its Medicaid stakeholders, and the state's implementation and financing approach to medical assistance services under the demonstration authority. CMS previously approved Indian STCs in the 1915(b) behavioral health waiver in Idaho.

We request that this 1115 demonstration waiver include Indian STCs that expressly state applicable federal law, including tribal consultation requirements, Medicaid protections for AI/AN, and Indian managed care rules. CMS published an information bulletin on the [Managed Care Rules](#). In addition, we request that the STCs also include other provisions that will streamline the provision of services under the waiver that must be negotiated between the tribes and the state, such as conflict resolution, data collection and sharing, cultural competency training for state staff and Medicaid transformation initiatives.

VII. 1115 Demonstration Waiver – Institution for Mental Diseases (IMDs)

A. Purpose

Currently, federal rules prohibit the use of Medicaid funds for treatment in IMDs. An IMD is a facility that is larger than 16 beds and primarily engages in the treatment of mental health or substance use disorder (SUD). The purpose of the Institution of Mental Diseases (IMD) 1115 Demonstration waiver is to allow Medicaid to pay for services provided to adults over age 20 and under age 65 in an IMD. IDHW anticipates the impact on AI/ANs will be to increase treatment

May 10, 2019

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options for Medicaid eligible IHS beneficiaries and Tribal health programs who assist their patients in paying for these services could see reductions in costs as coverage shifts to Medicaid.

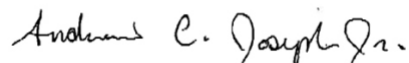
NPAIHB supports the 1115 Demonstration waiver for the state of Idaho to use Medicaid funds to pay for treatment of SUD in IMD facilities. We recommend that language in the waiver allow for the use of Medicaid funds in IMD facilities, regardless of the length of stay for treatment. **NPAIHB requests IDHW to provide an implementation plan to the tribes to understand the state process to: (1) provide access to a full array of SUD services; (2) implement comprehensive treatment and prevention strategies to address opiate use disorder (OUD) and SUD; and (3) ensure improved care coordination and transitions.**

VIII. Conclusion

NPAIHB hopes that IDHW and DOI, in the spirit of its partnership and shared interest in improving AI/AN health care in Idaho will conduct meaningful consultation, extend the comment deadline period and work with Idaho Tribes prior to the submission of the waivers to CMS. Our comments are intended to uphold the federal trust responsibility and to ensure that resources continue to be invested in and improve the Indian health system. We thank you for this opportunity to provide our comments and recommendations and look forward to further engagement with IDHW and DOI on the development and implementation of the 1115 demonstration waiver and 1332 waiver, respectively.

If you have any questions about the information provided above, please contact Laura Platero, Director of Government Affairs/Health Policy Analyst, Northwest Portland Area Indian Health Board (NPAIHB), at [REDACTED] or [REDACTED] and Sarah Sullivan, Health Policy Analyst, Northwest Portland Area Indian Health Board (NPAIHB), at [REDACTED] or [REDACTED]

Sincerely,



Andrew C. Joseph, Jr.
NPAIHB Chair
Colville Tribal Council Vice Chair

Cc: Matt Wimmer, Administrator, Division of Medicaid
Kitty Marx, Director, Division of Tribal Affairs/IEAG/CMCS

From: [Norma Wadsworth](#)
To: tribalwaivercomments@dhw.idaho.gov; [DOI Reform](#)
Cc: [REDACTED] [Broadsword, Joyce - Reg1](#) <[REDACTED]>
[Yvette Tuel](#) <[REDACTED]> [Elizabeth Ann Jim](#); [Monte Gray](#)
Subject: Shoshone-Bannock Tribes Comments on Proposed 1115 and 1332 waiver applications
Date: Thursday, June 13, 2019 3:27:06 PM
Attachments: [Shoshone-Bannock Lt. re IDHW 1115 and IDI 1332 waivers.pdf](#)
Importance: High

This communication is sent on behalf of the Shoshone-Bannock Tribes, Fort Hall Business Council.

TO: Dave Jeppesen, Director Idaho Department of Health and Welfare
Dean L. Cameron, Director Idaho Department of Insurance

REGARDING: The Shoshone-Bannock Tribes comments to the proposed Idaho Department of Health and Welfare (IDHW) 1115 Demonstration Waiver Applications and Idaho Department of Insurance 1332 State Innovation Waiver Application. Please note the letter includes a request for meaningful government to government consultation to address the issues/concerns specified therein. The proposed June 17, 2019 phone call will not replace a formal consultation with the Fort Hall Business Council. An original signed copy is being mailed to you today.

Respectfully,

Norma Wadsworth
Administrative Officer
Tribal Health and Human Services
Shoshone-Bannock Tribes

Phone: [REDACTED]

-----[CONFIDENTIALITY NOTICE:]-----

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---[Tribal Health Websites:]---

[Tribal Health and Human Services Website](#)

[Shoshone Bannock Community Health Center Website](#)

The SHOSHONE-BANNOCK TRIBES

FORT HALL INDIAN RESERVATION
PHONE [REDACTED]
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FORT HALL BUSINESS COUNCIL
P.O. BOX 306
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June 13, 2019

Dave Jeppesen
Director
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Dean L. Cameron
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Re: Comments on Proposed Idaho Department of Health and Welfare (IDHW) 1115 Demonstration Waiver Application and Idaho Department of Insurance 1332 State Innovation Waiver Application

Dear Director Jeppesen and Director Cameron:

The Shoshone-Bannock Tribes (Tribes) have received the State of Idaho Department of Health and Welfare's letter seeking comments on Idaho's three waiver requests which they will submit to the Centers of Medicare and Medicaid Services. On behalf of the Fort Hall Business Council, the governing body of the Tribes, we offer our formal comments to the Idaho Department of Health and Welfare on these proposed waiver requests.

One of the primary governmental services provided to our tribal membership is health care and with the approval of Idaho's Medicaid expansion coverage, the Tribes are better suited to collaborate on payment and billing services with the Indian Health Service (IHS) and other health care providers to provide improved health care services for tribal patient populations. The Tribes have reserved rights as set forth in the Fort Bridger Treaty of July 3, 1868, between the Shoshone-Bannock Tribes and the United States. Since those reserved treaty rights include health services, it is the responsibility of the Health and Human Services (HHS) and the Indian Health Service (IHS) to ensure adequate health care is available to American Indians who use our health care facility.

In the 2019 approvals by the Idaho Legislature and Governor Little of Medicaid expansion who included additional requirements, along with an exemption for American Indians/Alaska

Natives who are eligible for services through the Indian health service or through a tribal health program pursuant to the Indian Self-Determination and Education Assistance Act and the Indian Health Care Improvement Act. The Tribes construe the exemption to include all IHS or Tribal Medicaid beneficiaries, and not just our American Indian Medicaid beneficiaries.

On behalf of the Shoshone-Bannock Tribes, I submit comments on the Idaho Department of Health and Welfare (IDHW) and Idaho Department of Insurance (IDOI) Tribal Notice letter dated May 13, 2019 notifying Tribal representatives of Idaho's intention to submit three waiver requests to the Centers for Medicare and Medicaid Services (CMS). IDHW is proposing to submit a Coverage Choice, Community Engagement, and Primary Care Family Planning Section 1115 Demonstration waiver applications as well as an Institution for Mental Diseases 1115 Demonstration waiver. IDOI is proposing to submit a Coverage Choice Section 1332 State Innovation waiver application. We also note that the Tribal Notice did not include a copy of the proposed language or provide a link to the proposed language for the two 1115 waivers or the 1332 waiver.

The combined IDHW and the IDOI waiver proposals will waive provisions of federal laws for Idaho's Medicaid and insurance exchange programs that are required by Senate Bill 1204. Many of the new provisions in the Idaho code and the waivers revolve around Medicaid expansion coverage for adults authorized through the November Medicaid expansion ballot initiative. The waivers are expected to be submitted as soon as July 26, 2019. The Shoshone-Bannock Tribes believes that there is a significant impact on American Indians/Alaska Natives (AI/ANs), Indian Health Service (IHS) and tribal health programs related to the 1115 and 1332 waivers. Medicaid expansion and the IDHW and IDOI waivers coverage will commence on January 1, 2020.

Government-to-Government Treaty and Trust Responsibility

The United States (U.S.) has a unique legal and political relationship with American Indian and Alaska Native (AI/AN) Tribal governments established through and confirmed by the U.S. Constitution, treaties, federal statutes, executive orders, and judicial decisions. Central to this relationship is the federal government's trust responsibility to protect the interests of Indian Tribes and communities, including the provision of healthcare to AI/ANs. This responsibility includes ensuring access to federal health programs like Medicaid. Congress has passed numerous Indian-specific laws to provide for Indian healthcare, including establishing the Indian health care system and permanently enacting the Indian Health Care Improvement Act (IHCIA).¹ Congress also enacted the Indian Self-Determination and Education Assistance Act (ISDEAA) of 1975 to enable tribes and tribal organizations to directly operate health programs that would otherwise be operated by the IHS, thereby empowering tribes to design and operate health programs that are responsive to community needs.

Congress has declared that "it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians ... to ensure the highest possible health status for

¹ 25 U.S.C. § 1601

Indians and urban Indians and to provide all resources necessary to effect that policy.² This authorization allowed tribes to bill Medicare and Medicaid for services and since then, Medicaid is a critically important component of the Indian health funding stream, and allows many Indian Health Care Providers (IHCPs) to begin to address some of the chronic health disparities faced by Indian people in the U.S.

Without meaningful access to Medicaid resources, many IHCPs would be unable to maintain current levels of service. The Shoshone-Bannock Tribes and IHCPs expect the IDHW and IDOI to uphold the statutory and regulatory Indian protections and provisions to ensure that AI/AN beneficiaries have access to needed services in both Your Health Idaho Qualified Health Plans (QHPs) and Medicaid. The health and wellbeing of our people is one of the highest priorities for the tribes. In making these comments, we remind you that AI/ANs are among the nation's most vulnerable populations and that Medicaid plays a critically important role in extending valuable resources to the chronically underfunded Indian health system. The IDHW and IDOI must take into account the trust and treaty based responsibility into consideration when developing these waivers and not dictate to tribes what the state sees as fitting for our people.

Tribal Consultation

The Shoshone-Bannock Tribes has not been provided with proposed waiver language for the three waivers. This language must be provided before meaningful consultation can take place with tribes. Meaningful consultation must take place throughout all stages of the process when developing any new policy to comprehensively understand and include our recommendations into the proposed waivers and develop strategic implementation plans to be inclusive of the needs of our patients and providers. **The Shoshone-Bannock Tribes urges the IDHW and IDOI to provide proposed language for the three waivers so that proper and meaningful consultation can take place.**

The Shoshone-Bannock Tribes

Once state provides the proposed language for the waiver, The Shoshone-Bannock Tribes requests that IDHW and IDOI provide 45-day notice of tribal consultation from the date that each proposed waiver is provided to tribes. The Shoshone-Bannock Tribes This extension is necessary in order to engage in meaningful tribal consultation prior to submission of the proposed waivers to CMS. There has not been adequate information and time provided to tribes to evaluate the implications on IHS and tribal providers and patients. Additionally, The Shoshone-Bannock Tribes request that IDOI and Your Health Idaho Qualified Health Plans (QHPs) be more engaged with Tribes throughout the process.

Medicaid Expansion Tribal Impacts

In November 2018, Idahoans voted, via a referendum, to expand Medicaid in accordance with the ACA, which allows Medicaid eligibility to individuals with income up to 138% FPL who were

² 25 U.S.C. § 1602(a)(1)

not previously eligible for Medicaid under previously established eligibility categories (age, disability, parental status, etc.). The Idaho legislature authorized and modified Medicaid expansion with their own additional requirements in Senate Bill 1204³, instructing the IDHW and IDOI to seek a waiver from the federal government to permit individuals and families who have an adjusted gross income at or above 100% FPL to receive the Advanced Premium Tax Credit (APTC) to purchase a coverage plan through the Idaho health insurance exchange, notwithstanding the implementation of Medicaid expansion. Any individual who is eligible for Medicaid may still choose to enroll in Medicaid instead of receiving the APTC to purchase a qualified health plan. Medicaid expansion allows IHS and Tribal health facilities to better serve their Tribal patient populations.

The approval of Medicaid expansion will assist in reducing the persistent disparities in healthcare and medical services for AI/ANs. Many of our patients rely upon direct care provided by IHS, and the high uninsured rate is a significant barrier to obtaining healthcare for both physical and behavioral needs. For example, tribal patients often resort to “seasonal sickness” based on the fiscal year, knowing if referrals are necessary to wait until October when funding is available for non-emergency referrals. Medicaid and its recent expansion provide critical access to a broader array of services and providers.

Since the federal government covers 100% of costs for services provided to AI/AN Medicaid enrollees through an IHS or tribally-operated facility, there would be no cost to the state. This alleviates 100% of Idaho’s responsibility to allocate state general funds to meet the cost of care provided at IHS or tribal health facilities. In 2016, CMS released guidance that expands the scope of services considered “received through” an IHS/Tribal facility that may qualify for 100% federal match.⁴ Expanding the scope of services that can qualify for 100% federal match provides potential increased savings to states and incentives to increase access to care for AI/ANs and expand capacity of IHS and tribal health facilities. State should work with tribes on implementation of the expanded 100% FMAP to maximize savings with the goal of improving the health and services available to AI/AN Medicaid beneficiaries in Idaho.

I. Section 1332 State Innovation Waiver- Coverage Choice Waiver

A. Purpose

The Patient Protection & Affordable Care Act (ACA) expanded affordability of health coverage in the individual health insurance market. Individuals and families with income between 100% to 400% of the federal poverty level (FPL) who were not otherwise eligible for Medicaid or affordable employer-sponsored health insurance have been able to qualify for help paying their health insurance via Advance Premium Tax Credits (APTC). In addition, AI/ANs with incomes between 100% and 250% FPL will be eligible for zero cost sharing plans and with incomes below

³ Legislature of the state of Idaho. Senate Bill No. 1204, amending section 56-253, Idaho Code. Sixty-fifth Legislative. First Regular Session-2019.

⁴ CMS State Health Office Letter #16-002. Federal Funding for Services “Received Through” an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives. February 26, 2016.

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Page 5

100% FPL or above 300% FPL for limited cost sharing plans. There are also several other benefits and protections for AI/AN under the ACA and IHCA.

The State of Idaho, through the IDOI and in conjunction with Idaho's state-run health insurance exchange, Your Health Idaho, is submitting the Section 1332 State Innovation Waiver (Section 1332 Waiver) request to the CMS and the U.S. Department of Treasury. The Section 1332 waiver allows the Medicaid expansion group with household incomes over 100% FPL to choose coverage with eligibility for an APTC through Your Health Idaho instead of enrolling in Medicaid or declining the tax credit and choosing to enroll in Medicaid coverage. According to IDOI, the goals of the proposed Section 1332 Waiver, also known as the Idaho Coverage Choice Waiver are to: (1) empower individuals to choose to participate in commercial health insurance coverage over public insurance options, and (2) provide affordable coverage options to working Idahoans with household incomes above 100% of the FPL who are U.S. citizens regardless of Medicaid eligibility.

According to IDOI and IDHW, the Coverage Choice Waiver has an "anticipated impact to Tribal members and Tribal healthcare systems and how they assist Tribal members with their healthcare needs." The Shoshone-Bannock Tribes is concerned as to why the state is determined to provide more of a focus for individuals between 100% and 138% FPL towards the state health insurance exchange, Your Health Idaho in comparison to Medicaid. We believe the anticipated impact to AI/AN patients, IHS/tribal providers, and tribes is inadequate. **The Shoshone-Bannock Tribes requests that IDOI and IDHW develop and provide to tribes, providers, and patients a comparison of eligibility and benefits for Medicaid and Your Health Idaho QHPs. We request IDOI and IDHW partner with tribes to develop coverage materials for IHS beneficiaries to ensure transparent enrollment understanding and a clear pathway to Medicaid coverage for each patient.**

B. Eligibility and Enrollment

Failure to address the coverage gap impacts everyone. Research has shown that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5 are associated with reduced use of care, including necessary services. Insurance companies disregard the AI/AN zero and limited cost sharing reductions and do not honor the Indian-provision requirements for Marketplaces required by federal law. **The Shoshone-Bannock Tribes urges IDHW and IDOI to include the federal Indian-specific provisions and protections in the waiver.**

Currently, Your Health Idaho QHPs require different AI/AN verification for eligibility compared to IDHW Medicaid. Tribal enrollment verification through submission of a tribal identification card, tribal enrollment number or certificate of Indian blood is an unnecessary barrier to care for our people. **The Shoshone-Bannock Tribes requests IDHW and IDOI to only use self-attestation for AI/AN verification for Your Health Idaho and Medicaid. IHS eligibility should be up to the tribe and IHS/tribal clinic, and no additional verifications should be necessary.**

C. Medicaid provides more comprehensive coverage than Your Health Idaho

Lack of coverage has a direct negative impact on the health of an individual. Persons without coverage live sicker and die younger than those with comprehensive coverage. Patients who are not covered go without necessary diagnostic and wellness care. Since they do not have insurance, many individuals wait until their illness or injury gets so advanced, they have to go to the emergency room.

D. The Shoshone-Bannock Tribes of Your Health Idaho Concerns

IHS beneficiaries who choose Your Health Idaho coverage will pay more for their insurance compared to Medicaid. The choice does not benefit Tribal members or the Tribal clinic to choose coverage through Your Health Idaho that costs more and covers less. The choices are confusing and the plans on Your Health Idaho appear to cover less than Medicaid. It will not be clear to our patients that Medicaid is clearly a better option than Your Health Idaho. Patients who choose the Your Health Idaho would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription. Another barrier is that IHS beneficiary patients will have to file taxes for the APTCs to participate in Your Health Idaho. **The Shoshone-Bannock Tribes requests that IDHW and IDOI clearly explain the considerations with enrollment in Your Health Idaho.**

II. 1115 Demonstration Waiver – Coverage Choice, Community Engagement, and Primary Care Family Planning

A. Purpose

Section 1115 demonstrations can have a significant impact on beneficiaries, providers, states, tribes and local governments. They can also influence policy-making at the tribal, state, and federal level by introducing new approaches that can be models for other states and lead to programmatic changes nationwide. The purpose of this 1115 waiver is: (1) to limit coverage for expansion group members with incomes over 100% of poverty to exchange coverage or Medicaid, but not both; (2) to require the adult Medicaid expansion coverage group to participate in work, volunteering, job training; and (3) to require all Medicaid participants served through Medicaid's Healthy Connections primary care program to obtain a referral for family planning services or supplies before receiving them from a provider other than their chosen primary care provider (or an assigned primary care provider if they decline to choose one).

B. Tribal Consultation on 1115 Waivers

This 1115 waiver will impact tribal members' benefits, eligibility and finances so there is a significant impact. In accordance with section 1902(a)(73)(A) of the Social Security Act, in the case of any state in which one or more Indian Health Programs or Urban Indian Organizations furnishes health care services, state must provide for a process under which the state seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application prior to the submission of any Medicaid State

Plan Amendment (SPA), waiver requests, and proposals for demonstration projects that are likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations.⁵

To foster greater notice and a meaningful opportunity for input, in 2000, the Administration issued Executive Order 13175 regarding "Consultation and Coordination with Indian and Tribal governments."⁶ This Executive Order applies to the programs operated by the Federal government and, since States administer Medicaid and CHIP, CMS has issued guidance to states to conduct consultation with tribes prior to implementing 1115 demonstration or 1915 waiver requests. In July 2001, CMS issued a letter to State Medicaid Directors (SMDL #01-024)⁷ that provided direction to states to allow federally-recognized tribes to participate in the planning and development of Medicaid and CHIP demonstration applications and extensions through a consultation process. The guidance encouraged states to provide information to tribal governments at least 60 days prior to implementation and to provide 30 days for tribes to comment on a state's planned demonstration request. The letter also articulated principles of consultation, such as respect for the sovereign rights of tribes.

CMS established consultation procedures that allow states to meet simultaneously both the statutory requirements pertaining to Indian health care providers and urban Indian organizations, as well as the new statutory requirements that pertain to the public at large under the Affordable Care Act. The Affordable Care Act required the Secretary to set forth transparency and public notice procedures for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act in order to increase the degree to which information about Medicaid and CHIP demonstration applications and approved demonstration projects is publicly available, as well as to promote public input as states develop and the federal government reviews these demonstrations.⁸ The tribal consultation process is set forth at 42 CFR 431.408(b).

On August 1, 2010, the Idaho Divisions of Medicare and Welfare in the Department of Health and Welfare acknowledged through a tribal consultation policy the unique relationship and recognition of the right of Indian tribes to self-determination and self-government. This special relationship constitutes a government-to-government relationship between American Indian tribes and federal and state governments. To determine direct effect on AI/AN or tribal health programs, State must answer questions to determine the direct effect on "Native Americans or tribal programs" when a waiver proposal is being considered. In looking at these questions, we would propose these answers:

1. Does the proposal or change directly affect Native Americans or tribal programs but is federally or statutorily mandated? *YES*
2. Does the proposal or change impact services or access to services provided, or contracted for, by Tribes or Indian Health Services (IHS) including but not limited to:
 - a. Decrease/increase in services. *YES*

⁵ Social Security Act Title 19

⁶ EO 13175 Title 3

⁷ SMDL #01-024

⁸ CMS Transparency Information Bulletin

- b. Change in provider qualifications/requirements. *NO*
 - c. Change service eligibility requirements (i.e. prior authorization). *YES*
 - d. Place compliance costs on IHS and tribal health programs. *YES*
 - e. Change in reimbursement rate or methodology. *NO*
3. Does the proposal negatively impact or change the eligibility for, or access to, Tribal members' Medicaid? *YES*

Clearly, based on these proposed answers, there is a direct effect on "Native Americans or tribal programs" and tribal consultation is required. We reiterate the request for tribal consultation on this 1115 waiver 45-days after the proposed language is provided to tribes for review.

C. Eligibility

1. Income over 100% Federal Poverty Level

The May 13 tribal notice (p. 2, Section 2(a)) states that the purpose of this waiver is to limit coverage for expansion group members with incomes over 100% of federal poverty level to exchange coverage or Medicaid, but not both. Per State's impact assessment on tribal members, "Tribal members in the adult Medicaid expansion group who qualify and select exchange coverage will not have access to Medicaid coverage in addition to exchange coverage." For clarification, Medicaid coverage is available to not just tribal members but to all American Indian/Alaska Natives (AI/AN) eligible for IHS, tribal and urban Indian health program services. IDHW must ensure that this broader definition is used for enrollment of newly eligible AI/AN.

Medicaid coverage is significantly more beneficial for AI/ANs than QHPs in Your Health Idaho. Medicaid has no premiums or cost sharing and is clearly a better option for AI/ANs. For this reason, it is imperative that outreach and education materials clearly explain the difference between Medicaid and QHPs through Your Health Idaho. It would also be critical to include a specific example with cost differences between the two types of coverage. We request that IDHW also include tribes in the development of all outreach and education materials for AI/AN to ensure the materials are accurately capturing key points related to special benefits for AI/AN enrolled in Medicaid.

In addition, we request that IDHW enrollment assisters be educated on the differences between Medicaid and QHPs to ensure that assisters are providing clear and accurate information to AI/ANs who are newly eligible for Medicaid. Thus, we request to be involved in reviewing outreach and education materials (i.e. scripts, Q&As, etc.) to enrollment assisters as to AI/ANs to ensure that the materials provide full and accurate information specific to AI/AN.

2. Work, Volunteering, Job Training, or Education

The tribal notice also states (p. 2, Section 2(b)) that this 1115 waiver will require the adult Medicaid expansion coverage group to participate in work, volunteering, job training, or education as a condition of their eligibility. Per State's impact assessment on tribal members, "Tribal

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members will be exempt from this requirement and there is no impact anticipated. Tribal health programs who serve non-tribal members may be impacted because some of the population they serve may be ineligible for Medicaid benefits because of these requirements."

According to the Idaho SB 1204, an American Indian or Alaska Native who is eligible for services through the IHS or through a tribal health program pursuant to the Indian Self-determination and Education Assistance Act and the Indian Health Care Improvement Act is eligible for an exemption from the work, volunteering, job training or education Medicaid eligibility requirements. Since the exemption is broader than tribal members, we remind the state to use the broader definition for the exemption to include all AI/AN eligible for the exemption. We also do not expect that AI/AN will be required to provide tribal enrollment information to enroll in Medicaid. Self-attestation should be sufficient for determination of IHS/tribal services eligibility.

As to non-Indian individuals who receive services at an IHS or tribal facility, benefits coordinators are concerned about having an additional burden of monitoring these additional eligibility requirements. This request puts more stress on the benefits coordinators and will be more time consuming. We request that IDHW work with tribes to ensure a streamlined and simplified process for capturing work, volunteering, job training or education of non-Indians eligible for Medicaid.

D. Referral for Family Planning Services or Supplies

The tribal notice further states (p. 2, Section 2(c)) that this 1115 waiver will require all Medicaid participants served through Medicaid's Healthy Connections primary care program to obtain a referral for family planning services or supplies before receiving them from a provider other than their chosen primary care provider. Per State's impact assessment on tribal members, "Tribal members will need to work with their primary care provider to obtain a referral rather than accessing services directly without a referral today. This may increase the work that needs to be done by tribal primary care providers serving tribal members or others eligible for Medicaid.

Tribes have not seen the 1115 waiver language to properly and comprehensively address this referral requirement. Per the brief language provided by the state, the referral requirement appears to only apply to those individuals enrolled in Medicaid's Healthy Connection primary care program, a managed care program. State is reminded that out-of-network IHS and tribal facilities may refer AI/AN Medicaid beneficiaries to an in network provider pursuant to the managed care rules at §§ 438.14(b)(6) and 457.1209. This provision is intended to avoid duplicate visits to a network provider to obtain a referral and any delay in treatment when referrals are made under these circumstances.

Importantly, most AI/ANs are enrolled in Medicaid fee for service and receive services from IHS or a tribal facility. AI/ANs receiving services at an HIS or tribal facility, and not enrolled in Medicaid's Healthy Connection primary care program, would not be required to obtain such a referral even if the AI/AN patient is referred out to another provider for the services.

We generally disagree with the requirement that individuals enrolled in Medicaid's Healthy Connection primary care program be required to obtain a referral for family planning services and

supplies. Family planning services and supplies should be made available to all Medicaid beneficiaries from any Medicaid provider without a referral from their primary care provider. This requirement is especially burdensome on women and is a barrier to care and access to services. Women should be able to choose from a list of Medicaid providers that provide these services and access these services through any of these providers. Some women may decide not to seek these services if they have to obtain a referral. We request that this referral requirement be eliminated.

In addition, IDHW needs to improve how AI/AN can find IHS and tribal facilities. While many AI/ANs are receiving services at an IHS or tribal facility, there may be other AI/ANs in the state looking for IHS and tribal facility Medicaid providers. For Medicaid (livebetteridaho), there needs to be a list of IHS and tribal facilities easily available on the website. In addition, the current system does not allow patients to search statewide for an IHS or tribal facility.

E. Tribal Standard Terms and Conditions

Standard Terms and Conditions (STCs) are articulated in 1115 demonstration approval documents to reflect the policy agreements between states and CMS, and describe the parameters of the authority granted to the state. They are legally binding upon the state and are designed to clearly layout the state's commitment to its Medicaid stakeholders, and the state's implementation and financing approach to medical assistance services under the demonstration authority. CMS previously approved Tribal Standard Terms and Conditions (STCs) in the 1915(b) behavioral health waiver. Standard Terms and Conditions are critical to Idaho Tribes requests that the 1115 demonstration waiver include In addition, the 1115 demonstration should include Indian STCs similar to the ones included in the 1915(b) behavioral health waiver.

We request that this waiver include Indian specific STCs that expressly state applicable federal law, including tribal consultation requirements, Medicaid protections for AI/AN, and Indian managed care rules. CMS published an information bulletin on the Managed Care Rules. In addition, we request that the STCs also include other provisions that will streamline the provision of services under the waiver that must be negotiated between the tribes and the state, such as conflict resolution, data collection and sharing, cultural competency training for state staff and Medicaid transformation initiatives.

III. 1115 Demonstration Waiver – Institution for Mental Diseases (IMDs)

A. Purpose

Currently, federal rules prohibit the use of Medicaid funds for treatment in IMDs. An IMD is a facility that is larger than 16 beds and primarily engages in the treatment of mental health or substance use disorder (SUD). The purpose of the Institution of Mental Diseases (IMD) 1115 Demonstration waiver is to allow Medicaid to pay for services provided to adults over age 20 and under age 65 in an IMD. IDHW anticipates the impact on AI/ANs will be to increase treatment options for Medicaid eligible IHS beneficiaries and Tribal health programs who assist their patients in paying for these services could see reductions in costs as coverage shifts to Medicaid.

The Shoshone-Bannock Tribes supports the 1115 Demonstration waiver for the state of Idaho to use Medicaid funds to pay for treatment of SUD in IMD facilities. We recommend that language in the waiver allow for the use of Medicaid funds in IMD facilities, regardless of the length of stay for treatment. The Shoshone-Bannock Tribes requests IDHW to provide an implementation plan to the tribes to understand the state process to: (1) provide access to a full array of SUD services; (2) implement comprehensive treatment and prevention strategies to address opiate use disorder (OUD) and SUD; and (3) ensure improved care coordination and transitions.

CONCLUSION

The Shoshone-Bannock Tribes hopes that IDHW and DOI, in the spirit of its partnership and shared interest in improving AI/AN health care in Idaho will conduct meaningful consultation, extend the comment deadline period and work with Idaho Tribes prior to the submission of the waivers to CMS. Our comments are intended to uphold the federal trust responsibility and to ensure that resources continue to be invested in and improve the Indian health system. We thank you for this opportunity to provide our comments and recommendations and look forward to further engagement with IDHW and DOI on the development and implementation of the 1115 demonstration waiver and 1332 waiver, respectively.

The Tribes request Idaho Medicaid to consult directly with the Fort Hall Business Council and tribal staff to understand and consider our input into the amendments that must be developed and submitted to the Centers for Medicare and Medicaid Services (CMS). There are numerous issues to discuss with Idaho to facilitate expanded health and medical care coverage for AI/AN in our community and we look forward to effective consultation discussions and developing plans and strategies to improve our health care needs. For more information, please contact Ann Jim, Tribal Health and Human Services Director, at [REDACTED], or call her at [REDACTED].

Sincerely,



TINO BATT
Fort Hall Business Council
Shoshone-Bannock Tribes

Cc: Matt Wimmer, Administrator, Division of Medicaid

From: [Ralph Mossman](#)
To: [DOI Reform](#)
Subject: 1332 Waiver Application Comment
Date: Thursday, June 13, 2019 11:50:08 AM

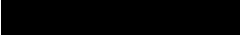
Dear DOI Bureau Chief,

Of course having the choice is a good idea, but it also seems like people should be informed that using the exchange instead of Medicaid will likely cost them more money for less coverage.

Thanks!

Sincerely,

Ralph Mossman
246 N 5th E
Driggs, ID 83422



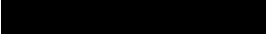
From: [Christine Sugg](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 13, 2019 10:50:08 AM

Dear DOI Bureau Chief,

It seems inconceivable to me how insurance companies (designed to make money) could provide the same coverage at the same savings that Medicaid can in savings to our State and savings (without co-pays, etc.) would to our citizens.

I am very concerned that consumers may not realize and/or understand there may be a choice of Medicaid.

Sincerely,


Christine Sugg
11490 W Cumberland River Dr
Nampa, ID 83686


From: [Mary Jo Van Gerpen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 9:30:06 PM

Dear DOI Bureau Chief,

I am concerned that the Medicaid population get explained fully the difference between being on the exchange and getting Medicaid. There will be a cost difference between the two and the Medicaid population needs to know the exact cost of being on the exchange. The Medicaid population also needs to know if there will be differences in coverage, especially in regard to mental health. Counseling from the private insurance spokesmen as well as the Medicaid counselors should be thorough and unbiased.

Sincerely,

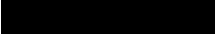
Mary Jo Van Gerpen
1858 E 6th St
Moscow, ID 83843


From: [Jane B Middlesworth](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 9:00:08 PM

Dear DOI Bureau Chief,

Under this waiver, too many Idahoans can be too easily steered into a private plan and risk losing out on more comprehensive coverage that they are eligible for.
Idahoans -- unless clearly informed -- will then be unable to access the dependable and inclusive coverage without declining a less dependable and more expensive private coverage.
Real choice cannot be based on the interests of insurance companies or health care providers.
-- but rather one where there is completely information on options.
Please make sure that Idahoans are informed of all choices.

Sincerely,

Jane B Middlesworth
251 Carbonate Dr
Hailey, ID 83333



From: [Muriel Roberts](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 12, 2019 9:50:10 AM

Dear DOI Bureau Chief,

I fear that, under the proposed waiver, people who would be better served through Medicaid will not be informed that they can leave the Idaho Health Exchange.

Sincerely,

Muriel Roberts
545 1/2 S 19th Ave
Pocatello, ID 83201



From: [Mr. & Mrs. Kevin Ward](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 7:10:07 PM

Dear DOI Bureau Chief,


We are concerned about Idaho's Medicaid Expansion Plan due to the 1332 Waiver Application for many reasons.

First, the plan proposes to offer the choice of the health exchange rather than Medicaid. Medicaid provides more comprehensive coverage than private insurance, especially in offering services to Idahoans with mental illness. Second, Idahoans must be informed about the benefits they will receive, as well as out of pocket costs, (premiums and copays) depending on their options. Third, Idahoans up to 138% FPL will be eligible for Medicaid. They should not have to decline exchange coverage in order to learn more about Medicaid eligibility.

Medicaid is more affordable and stable than exchange insurance plans. Exchange plans require monthly premiums and deductibles. This must be explained to the Medicaid eligible Idahoans. These Idahoans should not have to decline private coverage to access Medicaid. Currently they pay higher out-of-pocket costs than in Medicaid and cannot afford doctors and prescription.

Why are 10,000 eligible Idahoans not on the exchange? Is it due to the cost of health insurance? These Idahoans deserve a comprehensive insurance plan. These Idahoans should be able to access Medicaid coverage in a simple and transparent process without any red tape or work requirements. Safeguards must be in place to meet their needs.

Sincerely,


Kevin Ward
12805 W Reservation Rd
Pocatello, ID 83202


From: [Mr. & Mrs. Vance Wegner](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 2:10:29 PM

Dear DOI Bureau Chief,

I am deeply concerned about the negative impact of the 1332 Waiver on Idahoans in the coverage gap, who should not be required to decline private insurance in order to learn more or in order to access Medicaid. These low-income families need dependable and inclusive medical coverage for their families without incurring significantly higher out-of-pocket costs, and they should be provided full information about all of their options before making a decision.

Sincerely,


Vance Wegner
1420 N Shire Pl
Meridian, ID 83642


From: [Jon Glick](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 1:40:19 PM

Dear DOI Bureau Chief,

A significant number of people who fall in the 100%-138% of the federal poverty line have serious mental health issues and insurance on the exchange does not cover these issues nearly as well. I am also deeply concerned that if someone fails to pay their premium, they would likely lose their coverage also. I am also concerned that folks may not have adequate information about the differences between what Medicaid will cover versus insurance on the exchange.

Sincerely,


Jon Glick
PO Box 4195
McCall, ID 83638


From: [Wannetta Bolin](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 12:00:11 PM

Dear DOI Bureau Chief,

Idahoans should not be forced to stay with private insurance if they would under Federal income levels qualify for Medicaid. However, if they are satisfied with their private insurance they should have the option to keep it.

Sincerely,

Wannetta Bolin
PO Box 812
Sagle, ID 83860


From: [Jeffrey Nee](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 11, 2019 10:10:09 AM

Dear DOI Bureau Chief,

Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage


Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage? How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not?

Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Unfortunately obfuscatory practices are the hallmark of insurance companies.

Sincerely,

Jeffrey Nee
5796 S Schooner Way
Boise, ID 83716




From: [Del Blackburn](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 10:40:08 PM

Dear DOI Bureau Chief,

On the surface this waiver appears good. I question two areas that I feel must be dealt with 1. is proper unbiased information available before people make their choice. 2. What is services and treatments will Medicaid cover? Also hose with premiums that are missed be notified, keeping in minds that many of the people this will help area on the move due to economics at lot.

Sincerely,

Del Blackburn
32020 S Bella Vista Rd
Worley, ID 83876


From: [Christine Argyle](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 9:50:07 PM

Dear DOI Bureau Chief,


I object to the bait and switch changes that the legislature has made to the citizens initiative. The objective of the Medicaid expansion was to provide low cost and comprehensive insurance plans to our fellow citizens. The changes made by the legislature appear to have been made specifically to reduce the opportunity for our fellow citizens to obtain health care coverage.

Any individual who is seeking coverage should have all available options explained to them. It is not right that citizens should have to reject one policy before they can find out about other options that could be available to them. Consumers should have full information about ANY out of pocket costs for both Medicare and marketplace policies as well as what services and benefits are available with those policies. They should have an opportunity to understand the trade-offs between costs and coverage so that they may make an informed decision about the coverage they choose. Choosing a policy with intentionally incomplete information is hard enough without withholding information on options that are available.

Safeguards must be in place to ensure consumer choice is not biased by the interests of the State of Idaho, insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,

Christine Argyle
3085 N Mitchell St
Boise, ID 83704




From: [Hilary Simonetti](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 4:10:07 PM

Dear DOI Bureau Chief,

Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.

If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.

Sincerely,


Hilary Simonetti
31200 Landau Blvd Apt 308
Cathedral City, CA 92234


From: [Ronnee McGee](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:40:11 PM

Dear DOI Bureau Chief,

People should not have to decline exchange coverage before being told about Medicaid eligibility and its possible costs and benefits. Exchange and Medicaid comparisons should be provided before people have to decide whether to waive or accept either option.

Sincerely,

Ronnee McGee
625 S Dollar St
Coeur d Alene, ID 83814


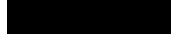
From: [Zoe Cooley](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:20:12 PM

Dear DOI Bureau Chief,

and that is especially important for the people who need it.

Sincerely,

Zoe Cooley
PO Box 416
Troy, ID 83871



From: [Catherine Carmen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:10:11 PM

Dear DOI Bureau Chief,

To Whom It May Concern at Idaho's Department of Health and Welfare;

Hello! I wish to express my concern regarding 1332 Waiver Application before your department as the potential for serious negative impact upon those Idaho citizen most in need of basic medical coverage. I'm referring to Idahoans who have in the past fall into the 'Gap Population' meaning they earned too much to qualify for current Medicaid coverage but too little to qualify for subsidies on the state health insurance exchange. Now, with this 1332 Waiver Application, it may add a layer of confusion and lack of clarity to what exactly this same group of people will actually receive. By encouraging those who originally did not qualify for the state exchange to now be required to apply (instead of being eligible for Medicaid Expansion), these citizens will need a level of coaching and support to first understand the various options/plans available and even with well informed enrollees, some of the cost-sharing measures that are apart of state exchange health insurance policies, might present barriers to these same people to continue coverage long term.


Other concerns I have include ensuring the overall enrollment process for Medicaid be clearly mapped out, transparent to the newcomer and unbiased by private insurance companies or health care providers that may have a stake in how coverage is distributed among the eligible population.

Unless these and other reasonable concerns regarding the difference between what private insurance plans cover and what Medicaid itself provides so that applicants have informed choices, I am opposed to this waiver application.

Thank you for the chance to submit public opinion and thank you for taking these comments into consideration as Medicaid Expansion in Idaho rolls out.

Sincerely,

Catherine Carmen
6282 N Eugene Ln
Boise, ID 83703



From: [Laura Clark](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 3:00:20 PM

Dear DOI Bureau Chief,

I am 71 years old, and am a single, divorced woman living in my own home, with 3 independent adult children, and a surviving former husband. All 5 members of our former immediate family unit, currently live independently of one another, but maintain close contact and frequent visiting.

I have been receiving assistance for my health care since I became eligible for Medicare, through a Pacific Source Medicare plan, which has effectively served my health needs for the past 7 years, or a bit more.

I am also still able to continue working part- time to help cover my basic living, health, and recreational costs.

My health issues now include rather severe Osteoporosis and Osteo Arthritis, a tendency to high blood sugar, a high level of undesirable cholesterol, and some mental health issues which have only manifested in the last few years, but have become a significant concern.

I have seen an excellent PCP on a regular basis, since the start of my Pacific Source Medicare plan and have been referred to other care providers on multiple occasions, including a semi-emergency treatment for a retinal tear in my left eye, which could have resulted in blindness in that eye, had it been left untreated, by an excellent eye surgeon in Coeur d'Alene (who now continues to monitor my eye health regularly) and more recently to a foot surgeon, also in Coeur d'Alene, as some bone structure issues in my feet may result in the need foot surgery in the near future.

I am very happy with the care I have received through this insurance plan, which is primarily supported by the federal government, with some cooperation on the State level, and am indeed, quite dependent on continuing to receive the quality of care I have been receiving, @ the extremely low premium rates and very high level of coverage, especially on co-pays, which I have been eligible for, in order to continue to take care of my health, and continue to lead an active and productive life.


My regular health care has in the last year, included regular weekly visits with an excellent counselor, who has also referred me to several specialists to address my mental health concerns.

It is essential that all Idahoans be provided with detailed information about the benefits package that might come into play w. any change in health care program administration, so that all concerned individuals can evaluate whatever the changes might entail, like a possible reduction in critically needed services, to be able to maintain their health in the most affordable and functionally successful way.

Thank you for taking the above letter into careful consideration when making any decisions over waivers to restrictions on health services.

Sincerely,
Laura Clark

Sincerely,


Laura Clark
608 W Superior St
Sandpoint, ID 83864


From: [david ransom](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 2:40:09 PM

Dear DOI Bureau Chief,

If this waiver is in place at The Idaho Dept of Insurance, I need to be informed about choices for my adult son who is mentally ill. I need to be provided with costs and descriptions of benefits. I feel the Idaho Legislature is dictating to citizens when they have the chance to do so and would restrict Medicaid payments whenever they can. The Idaho Dept of Insurance should be transparent with Medicaid.

Sincerely,

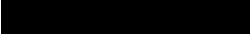
david ransom
2702 N 26th St
Boise, ID 83702


From: [lynne certain](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:40:07 PM

Dear DOI Bureau Chief,

Health insurance provides life saving services that everyone should be able to access. I had a stroke, I had health coverage, but when it came time to renew my policy, they raised my payment from \$300/month to \$1500/month. That was Blue Cross. They paid for my recovery from my stroke and I would have lost everything if I didn't have insurance. I choose to pay the monthly payment until the Affordable Care Act kicked in that January. That saved my money I had saved for my retirement. I was lucky that I could afford the payment. Most people are not as fortunate as I was at that time and I only had to pay the monthly increase for 6 months. I believe no one should have to stress about health coverage especially when you have a health crisis.

Sincerely,

lynne certain
PO Box 2101
Sandpoint, ID 83864


From: [Josie Gray](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 10, 2019 1:30:09 PM

Dear DOI Bureau Chief,

With my experience with family members who were devastated by medical bills because of inadequate private insurance, I have taken the time to inform myself about the 1332 Waiver and have been very interested in how the state will follow through on the demand by Idaho citizens like me who want to see that all Idahoans have fair and informed access to quality health care, including through the Medicaid expansion.

This waiver would unnecessarily inhibit access to Medicaid for working people on the margins, and create unnecessary hardship. The fact is that Medicaid coverage is a better and more comprehensive and reliable option. I strongly disagree that this waiver is needed— it will cost the state and people of Idaho even more to manage it. Most importantly, if this waiver goes through, the state must expend (I demand that it must!) significant resources to inform citizens and proactively aid them to navigate a complex system, and ensure that they are given the best information and opportunity to make informed decisions about health insurance. They should be encouraged, not discouraged in any way, to sign up for Medicaid if they have a choice.

Let's make it easy and humane for Idaho residents to obtain and maintain the proper health coverage! Peoples lives are busy and complex and dynamic — few, especially those folks who also live with mental or physical health challenges, can afford to have a system made even harder for them.

The state should encourage all Idahoans to enroll in the Medicaid coverage if they qualify. Marketing and multilingual information must be provided that describes the options honestly and does not lean in favor of the private companies.

Do what is right for Idahoans first, helping them live stable and healthy lives, not serving insurance company interests.

Sincerely,

Josie Gray
320 Chris Ln
Driggs, ID 83422



From: [Lori Wright](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Sunday, June 9, 2019 3:30:53 PM

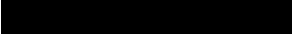
Dear DOI Bureau Chief,

Dear Idaho Department of Insurance. I am concerned about waiver 1332 of Medicaid expansion. I am not against people having the opportunity to choose private insurance over Medicaid or vice versus. I am against a mandatory decline for private insurance in order to access Medicaid. Additionally as concerning is how will people get honest information on comparisons for care, in particular mental health issues? Will the State be required to provide a column on the exchange for comparisons? If the waiver goes through additional cost will be incurred by Medicaid. Will those cost be payed by Idaho or federal government?

Thank you for taking my comment.

Sincerely,

Lori Wright
3520 W Meadow Dr
Boise, ID 83706



From: [Nadine Barth](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 8, 2019 12:00:09 PM

Dear DOI Bureau Chief,

Since the majority of Idahoans, including myself, voted to expand Medicaid to cover Idahoans without health insurance, our intent was to provide the uninsured with Medicaid, NOT with private insurance. Having said that, I feel strongly that in order to adopt the 1332 Waiver Application, it is imperative that a comprehensive program be developed to ensure that candidates for this waiver be fully and completely educated as to what the difference would be between Medicaid coverage and private insurance being offered. The new Medicaid candidates must become educated consumers in order to opt out of Medicaid. If they are not, and they choose the 1332 waiver, I fear many will be without the health care coverage they need.

Sincerely,

Nadine Barth
3382 N Park Crossing Ave
Meridian, ID 83646



From: [Gail Kirkpatrick](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 6, 2019 4:00:08 PM

Dear DOI Bureau Chief,


This waiver concerns me for various reasons. First, there must be full transparency and informed consent on the differences between exchange insurance and medicaid - full costs, premiums, co-pays, deductibles, and well as coverage given by each including mental health, hospital stays, and prescriptions. All of this information on both choices must be given before a decision is made by the client.

Second, these individuals that will be covered are very low income, many times not knowing where food will come from let alone the cost for a doctor's visit. Medicaid will give them more stability, knowing that if they get sick they will be able to get care whether or not they have the co-pay or deductible amount. When these people get really sick, many times they lose their jobs and they need to be able to continue to get medical care for no additional cost (i.e. premiums, co-pays, etc.)

Third, the cost of health insurance, even with subsidies from the government, is extremely high and certainly will be for people who have not had much medical care in the past. This demographic of people have little stability in their lives and if they have to choose between food for the children and paying a health insurance premium, obviously the food will win. And then what? They lose their health insurance and they're back where they started.

Please look at this waiver from the recipients standpoint - they are not numbers, they are individual people that have stories that should be listened to.

Sincerely,

Gail Kirkpatrick
1987 S Springbrook Ln
Boise, ID 83706



From: [Hillarie Hagen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 6, 2019 1:00:11 PM

Dear DOI Bureau Chief,

This 1332 waiver application leaves many questions and concerns regarding actual implementation. Medicaid is a more comprehensive and stable benefit than exchange plans. The general public does not know the differences in Medicaid and private insurance. When people go to an insurance agent to sign up for coverage will they be informed of the differences in benefit and cost to the consumer? Currently, Medicaid is accessed through the Department of Health and Welfare. How are insurance agents outside of the department going to be trained on the Medicaid program and the benefits it provides? What safeguards will be in place to ensure consumers are adequately informed and not steered to private insurance that benefits the insurance agent? Many would agree that navigating the complex world of health insurance is intimidating and the average person relies on the recommendations of a trusted professional - the insurance agent - to steer them to the best possible plan for their health needs. Agents also don't receive compensation for helping consumers enroll in Medicaid, this leads to an increase risk in bias of the insurance agent in the recommendation of health coverage. What happens if a consumer between 100-138% of FPL that chooses an exchange plan and then fails to pay their premium? Will they be automatically enrolled in Medicaid? For this change in the law to reflect a true choice there needs to be a system in place to ensure consumers are adequately informed of their health care options taking into consideration health needs, income, and financial capability. Consumers need to be shown the comparison between Medicaid and private insurance benefits and costs to make the best choice for their families.

Sincerely,

Hillarie Hagen
9153 W Calico St
Boise, ID 83709



From: [Elinor Chehey](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 6, 2019 11:50:07 AM

Dear DOI Bureau Chief,


I believe that if the 1332 Waiver is approved, people who are eligible for Medicaid should have the opportunity to make a really informed choice between Medicaid and the tax credits to purchase marketplace insurance.

They should be given good information about the costs and benefits and disadvantages of each choice--enrolling in Medicaid or taking the federal tax credits for marketplace health insurance, and then given the choice to enroll in the plan that best suits them.

Elinor Chehey, Boise ID

Sincerely,

Elinor Chehey
617 N Ross St
Boise, ID 83702



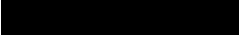
From: [James Peccia](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Thursday, June 6, 2019 10:00:54 AM

Dear DOI Bureau Chief,

Idahoans must be able to discern all their options. With decent health insurance people will be more able to contribute to the economy. Mental illnesses will be better served.

Most of all: Medicaid will have more comprehensive coverage than private insurance.

Sincerely,

James Peccia
1246 Homer Ave
Idaho Falls, ID 83404


From: [Mary Bostick](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Sunday, June 2, 2019 3:50:07 PM

Dear DOI Bureau Chief,

Medicaid provides more comprehensive coverage than private insurance.

Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.

If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.

Idahoans up to 138% FPL will be eligible for Medicaid and this should be made clear to enrollees up front. They should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

Medicaid offers more affordability and stability than plans on the exchange

Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.

Idahoans who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid.

While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.

Research shows that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5, are associated with reduced use of care, including necessary services.

Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the cost of health insurance. All eligible Idahoans should be shown a clear choice and pathway towards Medicaid coverage at the time of enrollment.

Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage


Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage?

How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not?

Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,

Mary Bostick
1436 Pine Cone Rd Apt 2
Moscow, ID 83843



From: [Michael Hrehor](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, May 31, 2019 3:50:08 PM

Dear DOI Bureau Chief,

Medicaid provides more comprehensive coverage than private insurance

Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.

If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.

Idahoans up to 138% FPL will be eligible for Medicaid and this should be made clear to enrollees up front. They should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

Medicaid offers more affordability and stability than plans on the exchange

Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.

Idahoans who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid.

While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.

Research shows that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5, are associated with reduced use of care, including necessary services.


Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the cost of health insurance. All eligible Idahoans should be shown a clear choice and pathway towards Medicaid coverage at the time of enrollment.

Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage
Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage?

How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not?

Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,

Michael Hrehor
1229 W Bentwood Loop
Coeur d Alene, ID 83815


From: [Lindsey Hippe](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, May 31, 2019 3:30:10 PM

Dear DOI Bureau Chief,

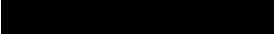
Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the cost of health insurance. All eligible Idahoans should be shown a clear choice and pathway towards Medicaid coverage at the time of enrollment.

How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not?

Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,

Lindsey Hippe
2321 N 16th St
Boise, ID 83702



From: [Terry Briggs](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, May 31, 2019 2:50:08 PM

Dear DOI Bureau Chief,

Please accept these comments on Idaho's "coverage choice" 1332 waiver.

Medicaid provides more comprehensive coverage than private insurance
Medicaid offers better services and benefits to Idahoans with mental illness than private insurance; many people could risk losing out on more comprehensive coverage that they are eligible for because they were steered into a private plan instead.

If this waiver is approved, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out of pocket costs, such as premiums and copays, they may incur depending on what choice they make.

Idahoans up to 138% FPL will be eligible for Medicaid and this should be made clear to enrollees up front. They should not have to choose to decline exchange coverage in order to learn more about Medicaid eligibility.

Medicaid offers more affordability and stability than plans on the exchange
Even with cost sharing and premium assistance, exchange coverage requires payment of a monthly premium and deductibles. These financial obligations must be clearly explained to this portion of the Medicaid eligible population in Idaho.

Idahoans who need the dependability of affordable and inclusive coverage should not have to decline private coverage to access Medicaid.


While marketplace plans offer cost-sharing assistance to low-income individuals, these individuals would still face significantly higher out-of-pocket costs than in Medicaid, making it more difficult to afford going to the doctor or filling a prescription.

Research shows that even relatively small levels of cost-sharing on Medicaid beneficiaries, ranging from \$1 to \$5, are associated with reduced use of care, including necessary services.
Nearly 10,000 Idahoans today are eligible to purchase a plan on the exchange but don't, most likely due to the cost of health insurance. All eligible Idahoans should be shown a clear choice and pathway towards Medicaid coverage at the time of enrollment.

Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage
Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage?
How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not?

Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,


Terry Briggs
PO Box 1621
Boise, ID 83701


From: [Joe and Ann Delmastro](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 21, 2019 12:30:31 PM

Dear DOI Bureau Chief,

With regard to the 1332 Waiver Application, we have several concerns and several opositions. The proposed choice between Medicaid and ACA exchange insurance for some individuals needs to be fully explained to those involved. For example there are differences in mental health coverage which could significantly affect Idahoans. There are also differences in copays that must be explained. Overall Medicaid provides more reliable coverage and is generally less costly than private coverage. There needs to be total transparency and the ability to have a true choice where it is not necessary to decline ACA coverage before learning of Medicaid coverage and eligibility.

Sincerely,

Joe and Ann Delmastro
2670 Homestead Ln
Idaho Falls, ID 83404



From: [Alice Stevenson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Friday, June 21, 2019 1:10:28 PM

Dear DOI Bureau Chief,

I am concerned that the proposed 1332 waiver would result in some people not receiving all the coverage for which they are eligible, due to not understanding all the choices or being steered in a certain direction. Full and unbiased information must be made available to all Idahoans who want to explore the options of private insurance and Medicaid. There are many safeguards that must be put in place to protect consumer choice from any biases of insurance companies or health care providers. Also, cost-sharing for Medicaid users should be avoided, since it might result in them getting less health care if they feel they can't afford the cost-sharing.

Sincerely,

Alice Stevenson
1101 E 5250 S
Victor, ID 83455



From: [Mary Jane Marlow](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 22, 2019 11:00:07 AM

Dear DOI Bureau Chief,

Medicaid is a very viable program and Idaho should make it available.

Sincerely,

Mary Jane Marlow
485 S Winslow Bay Way
Star, ID 83669



From: [Judy Halverson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 22, 2019 8:50:06 AM


Dear DOI Bureau Chief,

I have a concern that Idaho citizens who fall into the health care "gap" may again fall into another "gap" if they make a choice to go with a private insurance plan that they didn't clearly understand what benefits it offered and didn't offer. Private insurance may not be the best care in some cases.

My hope is that there is some clear and understandable communication made available for these folks who fall into the gap category and can now have Medicaid cover their health care needs. When I voted for the Medicaid Expansion last November, I was voting for the best medical care to be made available for those who fall in the gap.

Sincerely,

Judy Halverson
431 S Curtis Rd
Boise, ID 83705



From: [Ann Sandven](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 24, 2019 11:00:25 AM

Dear DOI Bureau Chief,

I am concerned about the 1352 Waiver Application the State of Idaho is applying for. I worked for over 30 years at Terry Reilly Health Services, initially as a registered dietitian and then doing program management and grant writing/fundraising.

At the time, over 60% of our population were uninsured. Many also had low educational levels. Most were part of working families.

My concern is that folks newly eligible for Medicaid be presented with the pros and cons of Medicaid coverage vs private insurance. They need to be aware of what is covered and what is not, and at what premium or co-pay price. It is especially important to check for parity in mental health diagnoses with other medical conditions.


The process needs to be transparent, with explanations of Medicaid first before the private option. Co-payments for private plans add up, with research showing that even modest ones deterring visits to a health care provider.

Thank you for this opportunity to make comments. Ann Sandven, MPH

medical conditions.

Sincerely,

Ann Sandven
1916 N 24th St
Boise, ID 83702



From: [REDACTED]
To: [DOI Reform](#)
Subject: Comment on 1332
Date: Monday, June 24, 2019 11:20:18 AM

Our adult daughter has a condition that makes full time employment overwhelming. So she takes part-time work that doesn't pay well and lacks benefits. If she had to make a choice between state coverage or medicaid she would have a hard time understanding the commitment to the premiums, copays, and prescription benefits versus the advantages of medicaid. She is intelligent but struggles to "see the forest for the trees." She works hard to get by-and we continue to support her. We're 70 and small business owners trying to retire so it's not easy to imagine a future where we would have to help her with health care.

We believe the state should lessen the burden of managing the complexities of health care coverage with the state plan and provide medicaid coverage for those who have disadvantages physically and mentally like our daughter.

Peace of mind would be a welcome improvement for all of us!

Thank you for considering our issues.

Margo & Dennis Proksa
Pocatello

From: [Nancy Wycoff](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Monday, June 24, 2019 11:20:10 AM


Dear DOI Bureau Chief,

If 1332 Waiver is approved it must be required that people are given all the financial obligation information regarding their options in a timely manner before the deadline to enroll. Including the benefits package, what premiums will be, out of pocket costs, co pays, deductibles, procedures or illnesses not covered.

I know from experience you are not given all the information you need to make an informed decision when signing up for cost sharing.

Why would someone need to deny a marketplace plan to sign up for Medicaid? Medicaid. If you qualify for Medicaid you should be simply put on it. Why the bureaucracy?

Sincerely,

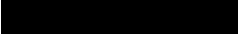
Nancy Wycoff
6394 Washington St
Bonners Ferry, ID 83805


From: [Mary Knudsen](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Tuesday, June 25, 2019 4:10:07 PM

Dear DOI Bureau Chief,

The effect of choosing Medicaid or private insurance under the exchange needs to be made very clear to Idahoans who can apply. Mental health coverage is much better under medicaid than private insurance and patients need to know that. Costs for premiums and co-pays vary as well and that needs to be made clear. There needs to be no bias given to private insurance and the possible cost assistance definitely needs to be weighed and made clear to people.

Sincerely,

Mary Knudsen
2818 N Boyer Ave
Sandpoint, ID 83864


From: [Logan Dennis](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 26, 2019 11:30:08 AM

Dear DOI Bureau Chief,

While the notion of being able to choose between private insurance and Medicaid coverage isn't a bad thing, I believe that in practice the implementation of this waiver could cause serious issues for Idahoans. The application seems to indicate that people would only be notified of their Medicaid eligibility if they turn down their tax credit. If this is true, this doesn't present a true choice at all. Idahoans should have all of their options presented to them up front and transparently, without influences of insurance companies or representatives that have incentives to steer people into private plans rather than Medicaid.

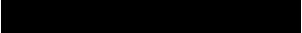
Medicaid provides more comprehensive coverage than plans on the exchange. While exchange plans are certainly still ACA compliant and quality, they don't offer the same depth of coverage and services to enrollees as Medicaid does. For Idahoans with mental illness, they are likely to be better suited by Medicaid coverage. Medicaid is more likely to cover detoxification services, individual and group therapy, medication management, case management, and psychiatric hospital visits. It is vital that when offered coverage, Idahoans with mental illness are counseled accurately on their options so that they can choose a plan that best suits their needs.

I think that the approach to reach deficit neutrality in the waiver is problematic. It ignores that under current law, people between 100-138% FPL will be eligible for Medicaid and not subsidized exchange coverage. Allowing this group of people to claim a monthly tax credit to cover their premium costs, as the waiver proposes, will actually increase federal spending relative to current law. Figures from a previous 1332 application in 2018 indicate the same problem, that covering this population through subsidized private insurance instead of expanded Medicaid will be more expensive for the federal government. I do not think the waiver meets this burden.

The waiver presents many administrative challenges and unanswered questions. I hope that problems in the application are substantively addressed or that the proposal is reconsidered.

Sincerely,

Logan Dennis
2860 W Nez Perce St
Boise, ID 83705

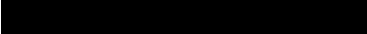


From: [Kate Anderson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 26, 2019 9:30:06 PM

Dear DOI Bureau Chief,

Idahoans need a transparent and unbiased enrollment process and have a clear pathway to Medicaid coverage. Will Idahoans be informed that if they fail to pay their premiums they could lose their coverage? How will enrollees know the kinds of services and treatments that Medicaid would cover that private insurance might not? Safeguards must be in place to ensure consumer choice is not biased by the interests of insurance companies or health care providers. A true choice for consumers is one where they are completely informed of their options.

Sincerely,

Kate Anderson
11155 N Falkirk St
Hayden, ID 83835


From: [Zajac, Thea \(National Office\)](#)
To: [DOI Reform](#)
Subject: Public Comment for 1332 Waiver
Date: Thursday, June 27, 2019 5:23:23 PM
Attachments: [LLS ID 1332 Waiver Written Public Comment.pdf](#)

Please consider the attached public comment letter in regards to the Coverage Choice 1332 Waiver application.

Best,

THEA ZAJAC, MSW | Regional Director, Government Affairs

The Leukemia & Lymphoma Society | Office of Public Policy
Office [REDACTED] | Cell [REDACTED] | [REDACTED]



BEATING CANCER IS IN OUR BLOOD.

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June 27, 2019

Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720

Re: Section 1332 Waiver Public Comment

On behalf of The Leukemia & Lymphoma Society (LLS) and the thousands of Idahoans living with blood cancer, we thank you for the opportunity to comment today. While LLS appreciates the efforts of the Idaho Department of Insurance to create choice in the health insurance market, we are concerned that the waiver as proposed will have a negative impact on Idahoans' access to meaningful coverage and urge the department to address these concerns prior to submitting this waiver to the Centers for Medicare & Medicaid Services.

At LLS, our mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. We support that mission by ensuring that blood cancer patients have sustainable access to quality, affordable, coordinated healthcare. We are confident that meaningful engagement with the department can advance access to care for Idahoans with blood cancer and thus very much appreciate your consideration of stakeholder input from organizations like LLS.

Research shows that people with lower incomes are more likely to develop certain cancers and die from the disease.¹ For that reason, among many others, Medicaid is a crucial safety net program for those living with chronic and life-threatening diseases like cancer. Indeed, access to Medicaid increases the chance that cancer will be detected earlier, increases access to appropriate treatment, and improves survival.² For example, states that expanded Medicaid experienced a 6.4 percent increase in early detection of cancer from pre-Affordable Care Act (ACA) levels.³ Further, Medicaid expansion has helped to all but eliminate disparities in timely access to cancer treatment between African Americans and white patients that existed prior to the implementation of Medicaid expansion.⁴

One of LLS's primary concerns with the proposed waiver is that it does not address whether or how the department will ensure that those in the expansion population (i.e. Idahoans with income between 100-138% of the federal poverty level) will have the information necessary to identifying the coverage option that will best suit their needs. Information regarding affordability will be especially critical for the expansion population, as imposing copayments or out-of-pocket costs on low-income populations has been shown to decrease the likelihood that they will seek health care services, including

¹ Facts & Figures 2018. Atlanta, GA: American Cancer Society; 2018.

² Fox J, Shaw, F. Morbidity and Mortality Weekly Report. (July 17, 2015). Retrieved from: <http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf>.

³ Soni, A, Simon, K, Cawley, J, Sabik, L. Effect of Medicaid expansions of 2014 on overall and early-state cancer diagnoses. (December 21, 2017). *Am J Public Health*, doi: 10.2105/AJPH.2017.304166.

⁴ Racial Disparities in Access to Timely Cancer Treatment Nearly Eliminated in States With Medicaid Expansion. American Society of Clinical Oncology; 2019. Retrieved from: <https://www.asco.org/about-asco/press-center/news-releases/racial-disparities-access-timely-cancer-treatment-nearly>

Office of Public Policy
10 G Street NW, Suite 400
Washington, D.C. 20002
Main [REDACTED]
www.LLS.org

**BEATING
CANCER
IS IN
OUR BLOOD.**



preventative screenings. Thus, Medicaid – rather than commercial coverage – is likely to be the better coverage option for many in this population.

It's important to note that providing tax credits to individuals for buying exchange coverage is much more costly to the federal government than enrolling them in Medicaid. In a 2018 financial analysis, the state of Idaho found that covering the cost of a tax subsidy for an individual in the expansion population would cost the federal government approximately \$7,700 while enrolling an individual in Medicaid would cost approximately \$3,800. Given the profound importance of increasing access to coverage for low income Idahoans, LLS strongly urges the state to implement its waiver in a manner that maximizes resources.

Expanding Medicaid provides nearly 62,000 Idahoans access to the care they need to manage their health and treat disease. For cancer patients and others living with serious medical need, access to primary care providers, specialists, prescription drugs, and other services is essential to their well-being.

Thank you again for your consideration of stakeholder voices on this important healthcare issue. We look forward to continuing to work with you to ensure all Idahoans can have access to quality, affordable, coordinated healthcare.

Sincerely,

Thea Zajac, MSW
Regional Director, Government Affairs
[REDACTED]

From: [REDACTED]
To: [DOI Reform](#)
Subject: 1332 Waiver Comments
Date: Thursday, June 27, 2019 2:31:17 PM

June 27, 2019

Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, Idaho 83720-0043

Subject: 1332 Waiver

Dear Bureau Chief:

The Idaho Academy of Family Physicians (IAFP) appreciates this opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) Section 1332 Waiver application allowing Idahoans below 138% of the Federal Poverty Level (FPL) a choice of health coverage options.

While the IAFP is grateful for the work of the policymakers and the department to make this option of benefit for all those who qualify for Medicaid expansion, we are concerned about the lack of transparency in this particular waiver request, which raise questions about how it would be implemented and its impact on affordability and coverage.

The IAFP Board of Directors is concerned that under this waiver Idahoans may not be fully informed when it comes to their health insurance options. The application seems to indicate that Idahoans in the 100-138%FPL income range would be first screened for Medicaid, but then directed towards private coverage on the exchange rather than presented a choice between private insurance and Medicaid. This confusing process creates additional barriers for Idaho citizens trying to access care, and was not the intent of Idaho voters when proposition two was approved by 61% of Idaho voters.

The IAFP empowers family physicians to improve the health of their patients and their communities. Our physician members provide primary care to Idahoans all across the state. Access to quality healthcare for the local citizens is paramount to the strength of communities. We know that having a usual source of care and healthcare coverage helps citizens stay healthier and be more productive. The IAFP would like to ensure that our citizens between 100-138% FPL receive coverage information in a clear and concise way so they are able to make an educated decision about their healthcare coverage. Transparency of choice is vital to this process.

If Idahoans have to decline private insurance before being able to enroll in Medicaid or even learn of the option for Medicaid coverage, then this isn't a well-informed choice. Medicaid coverage is more comprehensive than private insurance. Idahoans with mental illness will likely find Medicaid better tailored to their needs than private coverage. Medicaid is more likely to cover case management, individual and group therapy, detoxification, subspecialist care, hospitalizations and various other services. In addition to offering better coverage, Medicaid is also more affordable with lower cost-sharing and out of pocket expenses. Almost 10,000 Idahoans are eligible for plans on the exchange but don't purchase a plan because it is too expensive. Even with tax credits, the exchange is still more expensive than Medicaid.

The following questions need addressed prior to submitting the waiver request.

- [if !supportLists]-->1. <!--[endif]-->Will Idahoans with behavioral health conditions be adequately counseled on what options are available to them?
- [if !supportLists]-->2. <!--[endif]-->Will they be informed of what private insurance might not cover?
- [if !supportLists]-->3. <!--[endif]-->Will Idahoans be told they will lose their coverage if they fail to pay their premiums?

Family physicians care for the majority of Medicaid recipients in Idaho and will care for this newly enrolled population. Research has shown that even small amounts of cost sharing are associated with reduced use of care. The state should prioritize affordable and comprehensive options for its citizens; the plans on the exchange offer coverage but they

do not match the comprehensiveness and affordability that Medicaid offers Idahoans.

Family physicians, especially those in small rural communities, depend on the coverage Medicaid provides to keep their patients healthy and keep their practices viable. Since family physicians will be communicating with their patients about which plan may suit them, it is essential that our members be informed about Medicaid coverage.

The IAFP is happy to partner with the department to ensure our physician members are well informed about the aspects of coverage. We want to propose that Medicaid coverage not be influenced by brokers or financial interests. Please make sure the process is transparent for all those involved. The choice of an exchange policy or Medicaid coverage must be fair and transparent for all involved. Idahoans need an up front and detailed description of what they are eligible for.

Please provide a clear understanding of the options for our patients and the citizens in our communities. Thank you for your consideration.

Sincerely,

Boyd Southwick, DO
President

<!--[endif]-->

<!--[if !supportAnnotations]-->

<!--[endif]--><!--[if !supportAnnotations]--><!--[endif]-->

Neva Santos, CAE

Executive Director

Idaho Academy of Family Physicians

██████████ ██████████ (Cell)

www.idahofamilyphysicians.org

From: [Ryan, Lauren](#)
To: [DOI Reform](#)
Subject: CFF Comments - Idaho Coverage Choice Waiver Application
Date: Friday, June 28, 2019 1:48:28 PM
Attachments: [CFF State Comments Idaho 1332 Waiver - Coverage Choice 2019.06.pdf](#)

Good afternoon,

On behalf of people with cystic fibrosis (CF), the Cystic Fibrosis Foundation appreciates the opportunity to submit comments on Idaho's "Coverage Choice Waiver Application." Please see attached for our full comments.

Best,

|

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Lauren A. Ryan

Sr. Specialist, State Policy
Cystic Fibrosis Foundation

[REDACTED]

[REDACTED]



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June 28, 2019

Dean L. Cameron
Director
Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

Dear Director Cameron:

The Cystic Fibrosis Foundation appreciates the opportunity to submit comments on Idaho's "Coverage Choice Waiver Application."

Cystic fibrosis (CF) is a life-threatening genetic disease that affects 30,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications. Medicaid is a crucial source of coverage for patients with serious and chronic health care needs, including those with CF—often serving as a payer of last resort, filling important gaps in coverage left by private health plans. Specifically, Medicaid helps people living with CF to afford the increasingly costly co-pays and co-insurance rates for prescription medications and inpatient and outpatient care, ensuring access to life-saving services and helping them to maintain their health and well-being.

The Cystic Fibrosis Foundation believes everyone should have access to quality and affordable health coverage. While we are not opposed to efforts to increase plan choice for Idahoans, we want to ensure this policy does not disrupt access to affordable, adequate coverage for people with CF. Should this waiver be approved, we urge you to ensure the proposed policies do not create additional confusion resulting in lower income individuals and families enrolling in more expensive and potentially less-comprehensive coverage. We also ask the state to not promote less-comprehensive coverage through this waiver, which could bifurcate the individual market and drive up prices for people with serious health care needs.

Affordability and comprehensiveness of coverage

The Coverage Choice Waiver would allow individuals between 100 and 138 percent of the federal poverty level to choose to enroll in either Medicaid or private insurance through the Idaho State Exchange.

Private health insurance, even with Advanced Premium Tax Credits (APTCs) and cost-sharing reductions (CSRs), is more expensive than Medicaid. By law, Medicaid cost-sharing cannot exceed more than five percent of an enrollee's income. Typically, Medicaid enrollees do not pay premiums and have minimal

cost-sharing. Those enrolled in private insurance are required to pay premiums and are subject to additional cost-sharing in the forms of co-pays, co-insurance and deductibles. Research shows that even limited cost-sharing can deter low-income individuals from accessing necessary healthcare services.ⁱ

While both Medicaid expansion plans and private insurance sold on the exchange are required to cover the ten essential health benefits, there are some additional services Medicaid is required to cover, but private insurance is not. For example, Medicaid expansion plans provide non-emergency transportation services, a benefit private insurance does not provide. Additionally, Medicaid covers certain home health services and other services that private insurance is not required to cover.

Detailed plan information and cost comparisons

To ensure enrollees fully understand the differences in their coverage options, robust and unbiased enrollment assistance will be crucial. The Cover Choice Waiver application does not provide specific information on how individuals between 100 and 138 percent of the federal poverty level will be informed about their healthcare choices. Will these individuals be presented the option to enroll in Medicaid when they start the open enrollment process, or will that option only be presented if they decline private coverage through the exchange? The latter scenario does not lead to true consumer choice. To ensure enrollees have the ultimate freedom to choose Medicaid or an exchange plan that best meets their health care needs, state-sponsored enrollment assistance must be upfront and neutral about the risks and benefits of all available options.

We request the state provide clear, detailed, and unbiased plan information and cost comparisons so enrollees can make an informed choice on which plan is best for them and their families.

Limitations on APTCs for ACA-compliant plans

We greatly appreciate the state's decision to continue requiring enrollees use APTCs to purchase Affordable Care Act (ACA)-compliant plans. This provision should remain in place no matter what types of plans are offered on the Your Health Idaho state-based exchange. APTCs or cost-sharing reduction subsidies should not be offered for the purchase of non-compliant plans. Promoting enrollment in non-compliant plans could bifurcate the individual market between younger, healthier people and people with serious health conditions who need comprehensive coverage, driving up the cost of coverage for the later.

Budget Neutrality

Additionally, while the proposed Coverage Choice Waiver claims to meet the budget neutrality guardrail for a 1332 waiver, this does not appear to be accurate based on the information provided. The waiver incorrectly calculates the budget neutrality assuming Medicaid expansion does not exist and the individuals between 100 and 138 percent of the federal poverty level enrolled in exchange coverage would otherwise be uninsured. This is incorrect, as they would be otherwise enrolled in Medicaid expansion.

Moreover, it is more expensive for the federal government for individuals between 100 and 138 percent FPL to enroll in exchange coverage than Medicaid expansion. A previous Idaho 1332 waiver analysis found that APTC and cost-sharing reductions for individuals between 100 and 138 percent of FPL would cost the federal government \$7,700 per person. The same analysis found Medicaid expansion would cost the federal government \$3,878 per person.ⁱⁱ

The proposed waiver application does not include the actuarial analysis needed to understand costs and coverage implications of this waiver. This information is needed as part of a complete application. Absent the official actuarial analysis, previous estimates imply the Coverage Choice Waiver does not meet the budget neutrality guardrail. We recommend you revisit the budget neutrality and analysis section of this waiver so that you and third-party organizations, including the Cystic Fibrosis Foundation, can have a more accurate understanding of how this proposal will impact the state and federal budgets.

The Cystic Fibrosis Foundation believes healthcare should be affordable, accessible, and adequate and appreciates your attention to these important issues. As the health care landscape continues to evolve, we look forward to working with the state of Idaho to improve the lives of all people with cystic fibrosis. Please consider us a resource moving forward.

Sincerely,



Mary B. Dwight
Senior Vice President of Policy & Advocacy



Lisa Feng, DrPH
Senior Director of Policy & Advocacy

ⁱ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱ Idaho Department of Insurance. DRAFT Fair Access to Health Coverage Waiver Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging State Innovation. February 12, 2018. Accessed at: <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>

From: [Close the Gap Idaho](#)
To: [DOI Reform](#)
Subject: Close the Gap Idaho Comment on 1332 Waiver Application
Date: Sunday, June 30, 2019 2:58:33 PM
Attachments: [Close the Gap Idaho 1332 Coverage Choice Comment.pdf](#)

Hello,

Attached and pasted in the body of this email are comments from Close the Gap Idaho on Idaho's 1332 Waiver Application. Please contact us with any questions or concerns, thank you.

Close the Gap logo.jpg



**Product Review Bureau Chief
Department of Insurance
P.O. Box 83720; Boise, Idaho 83720-0043
6/29/19**

Thank you for the opportunity to comment on Idaho's 1332 Coverage Choice waiver application. While Close the Gap Idaho understands the desire to provide a choice of health coverage options, many factors about this waiver request raise concerns about implementation and its impact on affordability and coverage for Idahoans between 100-138% FPL. The notion of choice is desirable and fair, but Close the Gap fears that this waiver could potentially be implemented in a manner that leaves Idahoans without an honest choice.

After reviewing the waiver application, Close the Gap remains concerned regarding the transparency of health care options for Idahoans eligible for Medicaid expansion. The waiver application appears to indicate that Idahoans in the 100-138%FPL income range would be first screened for Medicaid, but instead funneled towards private coverage on the exchange first rather than presented a choice between private insurance and Medicaid, which they would be legally eligible for starting on January 1, 2020.

Will Idahoans have both options presented to them at the same time? What materials will they be given regarding their Medicaid eligibility? Will they have to decline their advanced premium tax credit before learning of their eligibility? Will Insurance representatives be adequately trained to provide information about the differences between private insurance and Medicaid? How will the state ensure that incentives of insurance representatives don't steer Idahoans towards a coverage option that might not be their best fit?

If Idahoans have to decline private insurance before being able to enroll in Medicaid or even learn of the option for Medicaid coverage, then this isn't an honest choice. What's more, many Idahoans may choose to remain uninsured if they believe that private insurance which they may not be able to afford is their first option. We believe that an unclear enrollment process may discourage Idahoans from seeking coverage in the first place, we hope that these concerns will be addressed before to ensure a smooth process for the state as well as enrollees.

Even though the plans on the exchange are ACA compliant, they do not offer the same comprehensive coverage as Medicaid. Idahoans with mental illness are likely to be better served by

Medicaid, will they be informed of this when they enroll? Medicaid is more likely to cover detoxification services, individual and group therapy, medication management, case management, and psychiatric hospital visits. These are crucial services for many Idahoans, and they need be made aware of this when they are presented a choice of health care options.

Medicaid is also a more affordable health insurance option for Idahoans. Under Medicaid, enrollees won't be burdened by monthly premiums and cost sharing associated with private insurance. Research shows that even small amounts of cost sharing ranging from \$5-\$20 is likely to reduce use of care. Given that around 10,000 Idahoans are currently eligible to purchase insurance on the exchange but choose to remain uninsured, it is clear that cost is an important factor in coverage options for Idahoans.

Will Idahoans be informed/educated about their premiums and deductibles up front at the time of enrollment? Close the Gap has no issue with Idahoans choosing to purchase private insurance instead of enrolling in Medicaid, but we believe that eligible Idahoans need to be presented the price differences of their health care options.

In addition to concerns over Medicaid eligible Idahoans, Close the Gap believes that this 1332 waiver application does not meet the deficit neutrality guardrail. Current law assumes Medicaid eligibility of those in the 100-138% FPL range. Covering these people through Medicaid is less expensive for the federal government than subsidizing their private coverage monthly. In Idaho's 2018 proposal for a different 1332 waiver, the state's analysis found that it would cost the federal government \$7,700 per person per year to cover the 100-138% income group in subsidized exchange plans in 2019. To cover the same group via Medicaid expansion in 2019 was projected to cost the federal government \$3,878 per person per year. Idaho is a state that takes pride in spending tax payer dollars in an efficient manner. When compared to clean Medicaid expansion, this waiver would increase federal costs and spend tax dollars in sub optimal way.

There is nothing wrong with the prospect of choice, as long as it is fair and transparent. We have many concerns that we hope are addressed before this waiver is approved or implemented. We hope that these concerns will be taken into consideration, and that if approved this waiver will be implemented in a manner that provides all eligible Idahoans a transparent and easy path to navigate towards the health insurance option that best suits them.

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Close the Gap Idaho



closethegapidaho.org



**Product Review Bureau Chief
Department of Insurance
P.O. Box 83720; Boise, Idaho 83720-0043
6/29/19**

Thank you for the opportunity to comment on Idaho's 1332 Coverage Choice waiver application. While Close the Gap Idaho understands the desire to provide a choice of health coverage options, many factors about this waiver request raise concerns about implementation and its impact on affordability and coverage for Idahoans between 100-138% FPL. The notion of choice is desirable and fair, but Close the Gap fears that this waiver could potentially be implemented in a manner that leaves Idahoans without an honest choice.

After reviewing the waiver application, Close the Gap remains concerned regarding the transparency of health care options for Idahoans eligible for Medicaid expansion. The waiver application appears to indicate that Idahoans in the 100-138%FPL income range would be first screened for Medicaid, but instead funneled towards private coverage on the exchange first rather than presented a choice between private insurance and Medicaid, which they would be legally eligible for starting on January 1, 2020.

Will Idahoans have both options presented to them at the same time? What materials will they be given regarding their Medicaid eligibility? Will they have to decline their advanced premium tax credit before learning of their eligibility? Will Insurance representatives be adequately trained to provide information about the differences between private insurance and Medicaid? How will the state ensure that incentives of insurance representatives don't steer Idahoans towards a coverage option that might not be their best fit?

If Idahoans have to decline private insurance before being able to enroll in Medicaid or even learn of the option for Medicaid coverage, then this isn't an honest choice. What's more, many Idahoans may choose to remain uninsured if they believe that private insurance which they may not be able to afford is their first option. We believe that an unclear enrollment process may discourage Idahoans from seeking coverage in the first place, we hope that these concerns will be addressed before to ensure a smooth process for the state as well as enrollees.

Even though the plans on the exchange are ACA compliant, they do not offer the same comprehensive coverage as Medicaid. Idahoans with mental illness are likely to be better served by Medicaid, will they be informed of this when they enroll? Medicaid is more likely to cover detoxification services, individual and group therapy, medication management, case management, and psychiatric hospital visits. These

are crucial services for many Idahoans, and they need be made aware of this when they are presented a choice of health care options.

Medicaid is also a more affordable health insurance option for Idahoans. Under Medicaid, enrollees won't be burdened by monthly premiums and cost sharing associated with private insurance. Research shows that even small amounts of cost sharing ranging from \$5-\$20 is likely to reduce use of care. Given that around 10,000 Idahoans are currently eligible to purchase insurance on the exchange but choose to remain uninsured, it is clear that cost is an important factor in coverage options for Idahoans.


Will Idahoans be informed/educated about their premiums and deductibles up front at the time of enrollment? Close the Gap has no issue with Idahoans choosing to purchase private insurance instead of enrolling in Medicaid, but we believe that eligible Idahoans need to be presented the price differences of their health care options.

In addition to concerns over Medicaid eligible Idahoans, Close the Gap believes that this 1332 waiver application does not meet the deficit neutrality guardrail. Current law assumes Medicaid eligibility of those in the 100-138% FPL range. Covering these people through Medicaid is less expensive for the federal government than subsidizing their private coverage monthly. In Idaho's 2018 proposal for a different 1332 waiver, the state's analysis found that it would cost the federal government \$7,700 per person per year to cover the 100-138% income group in subsidized exchange plans in 2019. To cover the same group via Medicaid expansion in 2019 was projected to cost the federal government \$3,878 per person per year. Idaho is a state that takes pride in spending tax payer dollars in an efficient manner. When compared to clean Medicaid expansion, this waiver would increase federal costs and spend tax dollars in sub optimal way.

There is nothing wrong with the prospect of choice, as long as it is fair and transparent. We have many concerns that we hope are addressed before this waiver is approved or implemented. We hope that these concerns will be taken into consideration, and that if approved this waiver will be implemented in a manner that provides all eligible Idahoans a transparent and easy path to navigate towards the health insurance option that best suits them.

From: [Liz Woodruff](#)
To: [DOI Reform](#)
Subject: Comments on Idaho's 1332 Waiver--Idaho Voices for Children
Date: Sunday, June 30, 2019 2:55:39 PM
Attachments: [Comment on 1332 from Idaho Voices for Children 6 30 19.pdf](#)

Please see the attached comments regarding Idaho's 1332 "Coverage Choice" waiver application submitted on behalf of Idaho Voices for Children. Please let us know if you have any questions and please acknowledge receipt of these comments.

Best
Liz Woodruff
Assistant Director
Idaho Voices for Children




June 30, 2019

Product Review Bureau Chief
Department of Insurance
P.O. Box 83720;
Boise, Idaho 83720-0043

To Whom It May Concern:

Idaho Voices for Children respectfully submits these comments in response to the 1332 “Coverage Choice” waiver application prepared by the Idaho Department of Insurance. Idaho Voices for Children champions policies that help Idaho’s kids and families thrive. Because affordable health coverage makes such a huge impact on the well-being of Idaho families, we have worked to close the health coverage gap in Idaho for the past several years. We are deeply invested in ensuring that Idaho’s voter-approved Medicaid expansion is implemented in a way that supports low-income families in Idaho receiving comprehensive and affordable health coverage. We are concerned that the proposed “coverage choice” waiver could lead to losses in coverage and increased financial burdens for Idahoans newly eligible for Medicaid under expansion.

While we understand the desire of some lawmakers in Idaho to provide a choice of coverage between Medicaid and exchange coverage, we are not confident that the proposed application does enough to clarify how this will be a true choice for Idahoans now eligible for Medicaid. For example, on page 6 of the application, it appears as though an Idahoan between 100-138% FPL will first have to decline coverage on the state exchange before they are informed about their option to choose Medicaid: “Because we anticipate some individuals between 100-138% FPL will decline their APTC and choose to enroll in Medicaid...” Other materials from the state have indicated that until an individual declines their APTC credit they won’t be informed of the option to enroll in Medicaid. Even more troubling, it appears that a person who does decline their APTC will then have to initiate a new process to begin Medicaid enrollment.

To be a true choice, the option of exchange coverage vs. Medicaid must be shared in tandem and the full costs and benefits of each program should be provided side-by-side for the consumer. It is also unclear how a true choice can work seamlessly when eligibility for Medicaid and subsidized coverage through the exchange using advanced premium tax credits (APTCs) operate on different timelines.

Medicaid expansion is intended to reduce the significant burden of health coverage costs for Idaho’s low-income working families. Exchange plans require out-of-pocket costs while Medicaid does not. In most instances, Medicaid offers a better benefits package, especially for Idahoans with behavioral health conditions. Therefore, a process must be in place to ensure Idahoans are informed about the benefits package they will receive and the out-of-pocket costs, such as premiums and copays, they may incur depending on which plan they choose.



If approved and implemented, this proposal must also include an approach to safeguard consumers from being steered into either Medicaid coverage or exchange coverage by providers, brokers, or insurance companies. Since the people who often help consumers choose their insurance plans have a vested financial interest in which insurance a given individual chooses, a process must be in place to ensure this choice is not unduly influenced by these vested interests.

Further, we take issue with the claim on page 4 of the application that the voter measure to expand Medicaid in Idaho, which passed with 61% of the vote, “threatened continued access to access to affordable health coverage options for individuals and families with income slightly above the federal poverty level.” This claim is erroneous, as Medicaid is a comprehensive benefit with no cost-sharing requirements. Access to Medicaid provides an opportunity to Idahoans in this income range and poses no threat to insurance coverage.

Also on page 4 of the application is the assertion that individuals on the exchange may not be able to “maintain” access to existing providers. We would like to formally request the insertion of data into this application to quantify the number of Idahoans on the exchange between 100-138% that currently utilize providers that don’t accept Medicaid coverage.

We are concerned about the logistical aspects of administering the proposed program. For example, what if a family chooses private insurance and then fails to pay their premiums? How and when will they be made aware of the availability of Medicaid coverage? Or what if a family chooses to enroll in the exchange during open enrollment, and then has an unexpected medical event and determines they can’t cover the deductible; would they be able to access retroactive Medicaid to help cover costs? And how would mid-year changes in coverage plans impact the deficit neutrality claims made in Idaho’s application?

It’s important to note that the baseline assumption regarding deficit neutrality in the application is flawed. The table on page 6 does not assume a baseline of Medicaid expansion. On page 7 the application clearly states that the baseline is based on the 2019 individual market. Because these Idahoans will be eligible for Medicaid as of January 1, 2020, and this waiver, if approved, will not be implemented until that time, the baseline assumption (against which the 1332 waiver proposal is judged) must be that they will be covered through Medicaid rather than purchasing health insurance on the state exchange. Allowing this group of people to claim a monthly tax credit to cover their premium costs, as the waiver proposes, will actually increase federal spending relative to current law; costing the federal government \$3,822 more per person than covering them through Medicaid.

We are disappointed that the actuarial analysis that supports the assertions in the application of deficit neutrality were not made available to the public during the public comment period. There are currently ~ 18,000 Idahoans between 100-138% FPL that have exchange coverage. There are also another 10,000 Idahoans between 100-138% that are not on the exchange. The application makes no mention of this population. In fact, this issue is noticeably absent from the explanation of Idaho’s insurance market that begins on page 12 of the application. This group of individuals are likely not on the exchange because they cannot afford coverage, even with an APTC. If



implemented, will the proposed “choice” to receive exchange coverage confuse these Idahoans who have already declined to purchase coverage on the exchange? It is very important that there is a clear path to Medicaid coverage for all Idahoans up to 138% FPL.

Idaho is poised to make historic strides toward ensuring all families have comprehensive and affordable health coverage. This comes on the heels of a [new report](#) showing Idaho had the largest decline in enrollment—11 percent— of children in CHIP/Medicaid than any other state in the country. We are very concerned that many of these children are becoming uninsured as there is no clear evidence that they are all moving to employer-sponsored insurance. We know that when parents are insured, children are more likely to be insured. Will the proposed waiver only serve to confuse families seeking health coverage, and therefore exacerbate this alarming trend in children’s coverage in Idaho?

While this waiver application is well intended, in its current form the proposal could create more confusion for families seeking affordable coverage options. This confusion could lead to lapses in coverage and increased financial burdens. Thank you for your consideration of our comments.

Sincerely,

Liz Woodruff
Assistant Director
Idaho Voices for Children
1607 W Jefferson Street
Boise, ID 83702

From: [Toni Lawson](#)
To: [DOI Reform](#)
Subject: comments re 1332 waiver application
Date: Saturday, June 29, 2019 2:55:37 PM
Attachments: [1332 - IHA Comments.docx](#)

Please accept these comments regarding Idaho's 1332 waiver application. Thank you.

Toni Lawson

Vice President, Governmental Relations

██████████ (office)

██████████ (mobile)

████████████████████



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TO:
Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, ID 83720-0043

FROM:
Toni Lawson, Vice President Government Relations
Idaho Hospital Association
P.O. Box 1278
Boise, ID 83701

On behalf of the Idaho Hospital Association, I would like to submit comments regarding the Idaho 1332 waiver application. The Idaho Hospital Association represents every community hospital in the state of Idaho and has been a strong advocate for proposals that increase access to health coverage for Idahoans throughout the state. While we are supportive of the concept of choice for Idahoans, we have some concerns regarding the 1332 waiver application that we would like to submit for consideration.

Idaho's 1332 waiver application states the objective of its first goal is to "Empower individuals to choose to participate in commercial health insurance coverage over public insurance options." We believe Idahoans who are eligible for coverage in this category should have a true choice in their coverage. There should be no systemic bias to one type of coverage over another. The elements proposed in the 1332 waiver should not prevent, in any way, an Idahoan from having the coverage that best fits their needs.

If this waiver is approved, there should be clear guidance that requires enrollees be provided all necessary information to make an informed choice of the benefits and restrictions of each option. They should be able to compare the requirements, or lack thereof, for deadlines and payment of premiums, co-pays or deductibles. They should have accurate information regarding networks and provider participation. Enrollees must have a true choice of plans rather than an "opt out" of any specific plan.

We cannot assume that a person enrolled in a plan on the Your Health Idaho (YHI) exchange prefers commercial insurance over Medicaid coverage. Those currently enrolled on YHI exchange plans didn't necessarily choose that option over others. It was their only option given their income level. When they initially enrolled in the Idaho exchange, there was only one choice of payer type. Now that Medicaid is an option for this population, they must have true choice between the two rather than an "opt out" of one or the other.

Any system approved by this waiver should not create a secondary gap. We must avoid the "family glitch" scenario some Idahoans face when an individual is not eligible for the exchange because they may have access to coverage through a spouse's employer sponsored plan. In these cases, they may have access to the employer sponsored plan but simply cannot afford to take up that coverage option. If an individual meets the criteria for Medicaid enrollment, they should not be excluded because a family member has employer sponsored coverage.

We appreciate this opportunity to submit comments. We support the option for some Medicaid eligible individuals to choose commercial insurance coverage, as long as it is an unbiased, informed choice.

From: [Miriam Goldstein](#)
To: [DOI Reform](#)
Subject: Comments on Idaho waiver application
Date: Saturday, June 29, 2019 10:13:46 AM
Attachments: [image003.png](#)
[ID 1332 comments_HFA_NHF.pdf](#)

Please find attached comments on Idaho's proposed 1332 waiver, submitted by Hemophilia Federation of America and the National Hemophilia Foundation.

Thank you for considering our comments.

Miriam Goldstein, J.D. | Director of Policy | Hemophilia Federation of America
999 North Capitol Street NE, Suite 201 | Washington DC | 20002
DC Office: [REDACTED] | Mobile: [REDACTED]
www.hemophiliafed.org



June 29, 2019

Mr. Dean L. Cameron
Director
Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

Dear Director Cameron:

Hemophilia Federation of America (HFA) and the National Hemophilia Foundation (NHF) are national non-profit organizations that represent individuals with bleeding disorders across the United States. Our missions are to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies, and services, regardless of financial circumstances or place of residence. HFA and NHF appreciate the opportunity to submit comments on Idaho's "Coverage Choice Waiver Application."

HFA and NHF believe everyone should have access to quality and affordable health coverage. Unfortunately, this waiver will create additional confusion resulting in lower income individuals and families enrolling in more expensive and potentially less-comprehensive coverage. To ensure that all low-income patients, including patients with bleeding disorders, have access to and enroll in quality and affordable health care, Idaho should withdraw the Coverage Choice Waiver Application.

Affordability

Most low-income Idahoans have lacked quality and affordable health care due to the state's previous refusal to expand its Medicaid program to 138 percent of the federal poverty level or about \$2,390 a month for a family of three. In November 2018, voters in Idaho approved full expansion of the Medicaid program, but the Idaho legislature defied this decision and approved additional restrictions on coverage including a work reporting requirement. The Coverage Choice Waiver, also resulting from this legislation, will not improve these families' access to quality and affordable health care. The Coverage Choice Waiver would allow individuals between 100 and 138 percent of the federal poverty level to choose to enroll in either Medicaid or private insurance through the Idaho State Exchange.

Private health insurance, even with Advanced Premium Tax Credits (APTCs) and cost-sharing reductions (CSRs), is more expensive than Medicaid. By law, Medicaid cost-sharing cannot exceed more than five percent of an enrollee's income. Typically, Medicaid enrollees don't pay premiums and have minimal cost-sharing. By contrast, individuals who enroll in private insurance are required to pay premiums and are subject to additional cost-sharing in the forms of co-pays, co-insurance and deductibles. Research shows that even limited cost-sharing can deter low-income individuals from accessing necessary health care services.ⁱ For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.ⁱⁱ In the present instance, Idaho's waiver application does not include the actuarial analysis to demonstrate that coverage under the proposed waiver would be as affordable as without it. Based on the information available, and on previous experiences with similar populations, it appears the Coverage Choice Waiver does not meet the statutory requirement that coverage under a 1332 waiver be as affordable as it would be absent the waiver.

The Coverage Choice Waiver application does not provide specific information on how individuals between 100 and 138 percent of the federal poverty level will be informed about their health care choices. Will these individuals be presented the option to enroll in Medicaid when they start the open enrollment process, or will that option only exist if they decline private coverage through the exchange? If it is the latter, that is not a true choice. To further ensure enrollees

would have a choice between exchange and Medicaid coverage, any enrollment assistance must be neutral and not biased towards one option or the other. Additionally, if a Medicaid-eligible individual enrolled in private insurance wishes to enroll in Medicaid during the middle of a plan year, can they change their coverage? For bleeding disorders patients, any gap in coverage can be detrimental to their prognosis and health. It is imperative that there is a clear and simple way for individuals to enroll in Medicaid if they become eligible during a time other than open enrollment.

Adequacy

While both Medicaid expansion plans and private insurance sold in the exchange are required to cover the ten essential health benefits, there are some additional services that Medicaid is required to cover, but private insurance is not. For example, Medicaid expansion plans provide non-emergency transportation services, a benefit private insurance does not provide. Additionally, Medicaid covers certain home health services and other services, including things like case management, that private insurance is not required to cover. Again, to ensure that enrollees fully understand the differences in their coverage options, robust and unbiased enrollment assistance would be crucial.

Budget Neutrality

The proposed Coverage Choice Waiver claims to meet the budget neutrality guardrail for a 1332 waiver. Unfortunately, based on the information provided, this does not appear to be accurate. The waiver incorrectly calculates the budget neutrality assuming Medicaid expansion does not exist and the individuals between 100 and 138 percent of the federal poverty level enrolled in exchange coverage would otherwise be uninsured. In fact, these individuals could be enrolled in Medicaid rather than left uninsured.

On top of that, it is more expensive for the federal government for individuals between 100 and 138 percent FPL to enroll in exchange coverage rather than Medicaid expansion. A previous Idaho 1332 waiver analysis found that APTC and cost-sharing reductions for individuals between 100 and 138 percent of FPL would cost the federal government \$7,700 per person. The same analysis found Medicaid expansion would cost the federal government \$3,878 per person.ⁱⁱⁱ The proposed waiver application does not include the actuarial analysis needed to understand costs and coverage implications of this waiver. This information is needed as part of a complete application. Absent the official actuarial analysis, previous estimates suggest that the Coverage Choice Waiver does not meet the budget neutrality guardrail.

HFA and NHF believe that health care should be affordable, accessible, and adequate. The Idaho Coverage Choice Waiver compromises the affordability of health care coverage for some of Idaho's most vulnerable residents, including people living with bleeding disorders. We therefore oppose this waiver. Thank you for the opportunity to comment.

If you have any questions or would like any additional information, please contact Nathan Schaefer, Vice President of Policy at NHF ([REDACTED]) and Kim Isenberg, Vice President for Policy, Advocacy, and Government Education at HFA ([REDACTED]).

Sincerely,



Kim Isenberg
Vice President
Policy, Advocacy & Gov't Education
Hemophilia Federation of America



Nathan Schaefer
Vice President
Public Policy
National Hemophilia Foundation

ⁱ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

ⁱⁱⁱ Idaho Department of Insurance. DRAFT Fair Access to Health Coverage Waiver Application Pursuant to Section 1332 of the Patient Protection & Affordable Care Act, Encouraging State Innovation. February 12, 2018. Accessed at: <https://doi.idaho.gov/DisplayPDF?id=Draft1332Application&cat=publicinformation>

From: [Holly Kilness Packett](#)
To: [DOI Reform](#)
Cc: [Kristen Tjaden](#)
Subject: Comments on ID Coverage Choice Waiver Application
Date: Friday, June 28, 2019 9:49:42 PM
Attachments: [image001.png](#)
[ViiV Ltrr - ID 1332 Consumer Choice Waiver - 6.28.2019 Final.pdf](#)

To Whom It May Concern,

ViiV Healthcare appreciates the opportunity to submit the attached comments to the Idaho Department of Insurance regarding the proposed Coverage Choice Waiver Application.

Please feel free to contact Kristen Tjaden at [REDACTED] or [REDACTED] or should you have any questions.

Best,

Holly Kilness Packett
Manager, HIV Policy
Public Policy US

GlaxoSmithKline (GSK)
1050 K Street NW, Washington, DC 20001
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June 28, 2019

Via: DOI.reform@doi.idaho.gov

Product Review Bureau Chief
Department of Insurance
P.O. Box 83720
Boise, Idaho 83720-0043

Re: Draft Idaho Coverage Choice Waiver Application

ViiV Healthcare appreciates the opportunity to submit comments to the Idaho Department of Insurance regarding the proposed Coverage Choice Waiver Application.

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in human immunodeficiency virus (HIV) treatment and prevention to support the needs of people living with HIV (PLWH). From its inception in 2009, ViiV has had a singular focus to improve the health and quality of life of people affected by this disease and has worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV remains committed to developing meaningful treatment advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

As a manufacturer of HIV medicines, ViiV is proud of the scientific advances in the treatment of this disease. These advances have transformed HIV from a terminal illness to a manageable chronic condition. Effective HIV treatment can help people living with HIV (PLWH) to live longer, healthier lives, and has been shown to reduce HIV-related morbidity and mortality at all stages of HIV infection.^{1, 2} Furthermore, effective HIV treatment can also prevent the transmission of the disease.³

More than 1.1 million people living in the United States are infected with HIV, and fifteen percent are unaware that they are infected.⁴ As of 2016, there were 1,102 PLWH residing in Idaho.⁵

¹ Severe P, Juste MA, Ambrose A, et al. Early versus standard antiretroviral therapy for HIV-infected adults in Haiti. *N Engl J Med*. Jul 15 2010;363(3):257-265. Available at

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=20647201

² Kitahata MM, Gange SJ, Abraham AG, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med*. Apr 30 2009;360(18):1815-1826. Available at

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19339714

³ Roger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *The Lancet*. Published Online May 2, 2019 [http://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](http://dx.doi.org/10.1016/S0140-6736(19)30418-0).

⁴ HIV in the United States: At a Glance, CDC, <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>. Accessed June, 19, 2019.

⁵ AIDS Vu, Idaho: <https://aidsvu.org/state/idaho/>

Despite groundbreaking treatments that have slowed the progression and burden of the disease, treatment of the disease is low – only half of PLWH are retained in medical care, according to the Centers for Disease Control and Prevention (CDC).⁶ Medicaid has played a critical role in HIV care since the epidemic began, and it is the largest source of coverage for people living with HIV.⁷ It is imperative to preserve continuous access to comprehensive health care, including antiretroviral therapy (ART) for people with HIV in order to improve health outcomes and reduce new transmissions.

Effective HIV Treatment

Treatment of HIV is a dynamic area of scientific discovery, and treatment protocols are constantly changed and updated to reflect advances in medical science. PLWH often face a variety of medical challenges that impede access to, retention in, and adherence to HIV care and treatment.

Strict adherence to antiretroviral therapy (ART) – taking HIV medicines every day and exactly as prescribed – is essential to sustained suppression of the virus, reduced risk of drug resistance, and improved overall health.⁸ The Health Resources and Services Administration (HRSA) stated in its *Guide for HIV/AIDS Clinical Care* that “adherence to ART is the major factor in ensuring the virologic success of an initial regimen and is a significant determinant of survival.”⁹ Nonadherence – or skipping HIV medicines – may lead to drug-resistant strains of the virus for which HIV medicines are less effective.¹⁰ In fact, the World Health Organization (WHO) recently reported that resistance among people retained on ART ranged from four to 28 percent, while among people with unsuppressed viral load on first-line ART regimens, resistance ranged from 47 to 90 percent.¹¹

Federal HIV clinical treatment guidelines (DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents¹²) emphasize the importance of adherence to ensure long-term treatment success.¹³ The effective treatment of HIV is highly individualized and accounts for a patient’s size, gender, treatment history, viral resistance, comorbid conditions, drug interactions, immune status, and side effects¹⁴. Aging beneficiaries who are living with HIV often experience non-HIV related comorbidities.¹⁵ Clinically significant drug interactions have been reported in 27 to 40 percent of HIV patients taking antiretroviral therapy requiring regimen changes or dose modifications.¹⁶ Medical challenges for PLWH also include an increased risk for, and prevalence of, comorbidities such as depression and substance use disorders,¹⁷ as well as cardiovascular disease, hepatic and renal disease, osteoporosis, metabolic

⁶ Understanding the HIV Care Continuum, CDC, <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf> Accessed June 19, 2019

⁷ Kaiser Family Foundation. Medicaid and HIV, <http://www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/>.

⁸ Chesney MA. The elusive gold standard. Future perspectives for HIV adherence assessment and intervention. *J Acquir Immune Defic Syndr*. 2006;43 Suppl 1:S149-155, <http://www.ncbi.nlm.nih.gov/pubmed/17133199>.

⁹ HRSA, *Guide for HIV/AIDS Clinical Care* (April 2014), <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/2014guide.pdf>. Accessed October 13, 2017.

¹⁰ AIDS Info, HIV Treatment Fact Sheet (March 2, 2017), <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/56/drug-resistance>. Last accessed October 13, 2017.

¹¹ WHO, HIV Drug Resistance Report 2017, <http://apps.who.int/iris/bitstream/10665/255896/1/9789241512831-eng.pdf?ua=1>. Accessed October 13, 2017.

¹² DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, NIH.gov <https://aidsinfo.nih.gov/guidelines> Accessed on 6/26/2019

¹³ DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, NIH.gov <https://aidsinfo.nih.gov/guidelines> Accessed on 6/26/2019

¹⁴ HHS, Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, p. 183, <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0>. Accessed October 13, 2017.

¹⁵ Schouten J, et al. *Clin Infect Dis*. 2014 Dec 15;59(12):1787-97.

¹⁶ Evans-Jones JG et al. *Clin Infect Dis* 2010;50:1419–1421; Marzolini C et al. *Antivir Ther* 2010;15:413–423.

¹⁷ CDC, Medical Monitoring Project, United States, 2013 Cycle (June 2013–May 2014)

disorders, and several non–AIDS-defining cancers.^{18,19} The most common non-infectious co-morbidities of HIV are hypertension, hyperlipidemia, and endocrine disease.²⁰

Prevention

Effective treatment of HIV also helps to prevent new transmissions of the virus. In studies sponsored by the National Institutes of Health (NIH), investigators have shown that when treating the HIV-positive partner with antiretroviral therapy,²¹ there were no linked infections observed when the infected partner's HIV viral load was below the limit of detection. Reduced transmissions not only improve public health, but also save money. It is estimated PLWH who are not retained in medical care may transmit the virus to an average of 5.3 additional people per 100-person years.²² Other studies estimate that each HIV positive patient may approach \$338,400 in additional costs to the healthcare system over his or her lifetime even if diagnosed early and retained in care.²³ Successful treatment with an antiretroviral regimen results in virologic suppression and virtually eliminates secondary HIV transmission to others. As a result, it is possible to extrapolate that successful HIV treatment and medical care of each infected patient may save the system up to \$1.79 million by preventing²⁴ further transmission to others. These savings can only occur, however, if PLWH are diagnosed, have access to medical care, receive treatment, and remain adherent to their prescribed therapy.

Proposed Waiver

While ViiV applauds the state's goal of offering low-income patients choice in their health coverage, we are concerned that proper planning and execution is needed to ensure these efforts protect the health of PLWH.

We respectfully offer the following comments:

- **Informing Eligible Population**

ViiV encourages the state to take all possible measures to make sure the population covered by this waiver is aware of their option to enroll in Medicaid coverage. We encourage the state to take on the task of informing eligible individuals of this systemic change, and not leave this crucial task up to private companies.

Recently in the state of Georgia, 17,000 elderly and disabled individuals fell out of care because the state claims the individuals did not respond to their renewal notices, yet eligible individuals

¹⁸ Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>

¹⁹ Rodriguez-Penney, Alan T. et al. "Co-Morbidities in Persons Infected with HIV: Increased Burden with Older Age and Negative Effects on Health-Related Quality of Life." *AIDS Patient Care and STDs* 27.1 (2013): 5–16. PMC. Web. 21 June 2018.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3545369/>

²⁰ Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>

²¹ Roger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *The Lancet*. Published Online May 2, 2019 [http://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](http://dx.doi.org/10.1016/S0140-6736(19)30418-0).

²² Skarbinski, et al. *JAMA Intern Med*. 2015;175(4):588-596.

²³ Schackman BR, Fleishman JA, Su AE, Berkowitz BK, Moore RD, Walensky RP, et al. The lifetime medical cost savings from preventing HIV in the United States. *Medical care*. 2015;53(4):293–301, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4359630/>

²⁴ Schackman BR, Fleishman JA, Su AE, Berkowitz BK, Moore RD, Walensky RP, et al. The lifetime medical cost savings from preventing HIV in the United States. *Medical care*. 2015;53(4):293–301, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4359630/>

said they were never contacted by the state,²⁵ This confirms the importance of having a verified and accurate system for outreach, and making sure patient options are simple to understand.

We also encourage the state to provide consumers with clear information about drug coverage formularies, cost-sharing and access to medical care providers, including specialists, under both Medicaid and plans in the exchanges. This information is critical to patients with serious conditions, such as PLWH, in order to ensure they are able to maintain their health, stay retained in medical care, and remain adherent to necessary medications.

- **Continuous Coverage**

ViiV is concerned that during this transition, those PLWH who change coverage sources might be left vulnerable to dangerous interruptions in their care and treatment. Uninterrupted access to medical care and HIV treatment are a necessity for PLWH.

In addition to Medicaid, many PLWH also have some portion of their care and treatment needs met through another coverage source. Data from the Ryan White HIV/AIDS Program shows that in 2016, more than 28,000 ADAP clients nationwide were also Medicaid-eligible at some point of the calendar year as a result of changes in income.²⁶ Given the tendencies for fluctuations in eligibility for the Medicaid population, we encourage the state to ensure that there are no coverage barriers for this population by streamlining enrollment, and promote continuous coverage in order to protect PLWH from potential disruptions in care and treatment.

In a study, PLWH who faced drug benefit design changes were found to be nearly six times more likely to face treatment interruptions than those with more stable coverage, which can increase virologic rebound, drug resistance, and increased morbidity and mortality.²⁷ Drug benefits for PLWH and other complex medical conditions should be given special consideration within system efforts that may create potential disruptions in access to necessary medications.

- **Broad Coverage of ARTs in Formulary Design**

We encourage the state to undertake efforts to promote broad coverage of antiretroviral treatment in both state exchange plans, and the Medicaid state formulary in order to promote access and adherence to treatment for PLWH. Uninterrupted access to lifesaving treatments are essential for PLWH to reach viral load suppression and lower transmission rates.

The state of Texas - this legislative session - passed a measure that calls for availability of all ARTs in the Medicaid program to treat or prevent HIV. This was signed by the Governor and is one of the strongest efforts ViiV has seen in protecting PLWH.²⁸

The need for broad access to a robust formulary of treatment options for PLWH is critical. Strict adherence to ART treatment regimens is essential to sustained suppression of the virus and

²⁵ Governing.com, "17,000 Medicaid Patients Are Losing Their Health Care in Georgia" By Tribune News Service, JUNE 10, 2019, Author: Ariel Hart; <https://www.governing.com/topics/health-human-services/tns-georgia-cuts-medicaid-for-17000-patients.html> Accessed June, 26, 2019

²⁶ 2018 Annual Report- National Ryan White HIV/AIDS Program Part B & ADAP Monitoring Project Annual Report. NASTAD <https://www.nastad.org/sites/default/files/Uploads/2018/2018-national-rwhap-partb-adap-monitoring-project-annual-report.pdf> Accessed August 2, 2018. Page 8.

²⁷ Das-Douglas, Moupali, et al. "Implementation of the Medicare Part D prescription drug benefit is associated with antiretroviral therapy interruptions." AIDS and Behavior 13.1 (2009): 1

²⁸ Texas 2019 Senate Bill, <https://www.legiscan.com/TX/bill/SB1283/2019>

reduced risk of drug resistance.²⁹ Gaps in HIV treatment of days to weeks can reverse viral suppression, increase risk of transmission to others, and lead to serious complications, including development of a virus that is drug resistant, and more difficult to treat.³⁰ We encourage the state to refer to the federal HIV clinical treatment guidelines (DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents³¹) as a basis for all policy decisions that affect access to HIV drug treatment.

ViiV Healthcare looks forward to working with the Department of Insurance and other stakeholders to ensure that Idaho's public programs continue to ensure that PLWH have access to quality care and to improved health outcomes. Please feel free to contact me at [REDACTED] or [REDACTED] should you have any questions.

Sincerely,

A handwritten signature in black ink on a light-colored background. The signature reads "Kristen Tjaden" in a cursive, flowing script.

Kristen Tjaden
Government Relations Director
ViiV Healthcare

²⁹ DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, NIH.gov <https://aidsinfo.nih.gov/guidelines>
Accessed on 6/26/2019

³⁰ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf> [Discontinuation or Interruption of Antiretroviral Therapy].

³¹ DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, NIH.gov <https://aidsinfo.nih.gov/guidelines>
Accessed on 6/26/2019

From: [Luke Cavener](#)
To: [DOI Reform](#)
Subject: ACS CAN Waiver Comments
Date: Monday, July 1, 2019 1:47:11 PM
Attachments: [image001.png](#)
[image002.png](#)
[20190701134542421.pdf](#)

Please be in receipt of ACS CAN Idaho's Coverage Choice Waiver.

Regards,

Luke

[Luke Cavener](#)

Idaho Government Relations Director

m: [REDACTED]

American Cancer Society Cancer Action Network, Inc.

2676 Vista Ave.

Boise, ID 83705

fightcancer.org | [REDACTED]

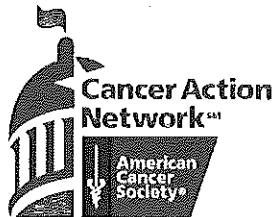


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June 30, 2019

Dean Cameron
Director
Idaho Department of Insurance
P.O. Box 83720
Boise, ID 83720-0043

Re: Idaho Department of Insurance Coverage Choice Waiver Application

Dear Commissioner Cameron:

The American Cancer Society Cancer Action Network (ACS CAN) Idaho appreciates the opportunity to comment on Idaho's Coverage Choice waiver application. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

Access to health care is paramount for persons with cancer and survivors. An estimated 8,390 Idahoans are expected to be diagnosed with cancer this year.¹ For these Idahoans, access to affordable health insurance can be a matter of life or death. Research from the American Cancer Society has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.²

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. We are pleased the Coverage Choice waiver anticipates the state's expansion of its Medicaid program. Medicaid expansion is associated with improved rates of cancer screenings.^{3,4,5} Research has also demonstrated that individuals in expansion states are more frequently diagnosed with cancer at earlier stages than those in non-expansion states,^{6,7} likely due to improved access to cancer screenings. Additionally, individuals enrolled in Medicaid prior to their diagnosis have better survival rates than those who enroll after their diagnosis.⁸

¹ American Cancer Society. *Cancer Facts & Figures 2010*. Atlanta, GA: American Cancer Society; 2010.

² E Ward et al, "Association of Insurance with Cancer Care Utilization and Outcomes, CA: A Cancer Journal for Clinicians 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-with-cancer-care>.

³ Hendryx M & Luo J. Increased Cancer Screening for Low-income Adults Under the Affordable Care Act Medicaid Expansion. *Medical Care*, -. doi:10.1097/MLR.0000000000000984.

⁴ Mazurenko O, Balio C, Agarwal R, Carrol A, & Menachemi N. The Effects Of Medicaid Expansion Under The ACA: A Systematic Review. *Health affairs (Project Hope)*, 37(6), 944–950. doi:10.1377/hlthaff.2017.1491.

⁵ Fedewa SA, Yabroff R, Smith RA, et al. Changes in breast and colorectal cancer screening after Medicaid expansion under the Affordable Care Act. *Am J Prev Med*. 2019;57(1):3-12.

⁶ Jemal A, Lin CC, Davidoff AJ, Han X. Changes in insurance coverage and stage at diagnosis among non-elderly patients with cancer after the Affordable Care Act. *J Clin Oncol*. 2017; 35:2906-15.

⁷ Soni A, Simon K, Cawley J, Sabik L. Effect of Medicaid Expansion of 2014 on overall and early-stage cancer diagnoses. *Am J Public Health*. 2018; 108:216-18.

⁸ Adams E, Chien LN, Florence CS, et al. The Breast and Cervical Cancer Prevention and Treatment Act in Georgia: effects on time to Medicaid enrollment. *Cancer*. (2009); 115(6):1300-9.

Under the Coverage Choice waiver application Idahoans with household incomes between 100 percent and 138 percent of the federal poverty level (FPL) would have the choice to enroll in a plan on Idaho's state-based exchange (called *Your Health Idaho*) and take advantage of federal subsidies⁹ or to enroll in Idaho's Medicaid program once it is expanded in 2020. Current federal law prohibits individuals who are eligible for expanded Medicaid coverage (which covers individuals up to 138 percent FPL) from receiving subsidies in the exchange. The Coverage Choice waiver application estimates approximately 18,000 Idahoans have incomes between 100-138 percent FPL and thus would be most impacted by the waiver. The waiver does not seek to make other changes to Idaho's state-based exchange.

We recognize that some individuals may prefer coverage in the state-based exchange – particularly those individuals who currently are covered through the exchange -- and thus would benefit from the proposed waiver. Conversely other individuals may prefer coverage in the Medicaid program – particularly to the extent the Medicaid program covers items and services that are not covered by plans on the exchange.

At the same time, offering consumers a choice of coverage options works best if consumers are also provided with non-biased information that is presented in an easy-to-understand manner. Thus, we strongly urge the Department of Insurance – working in collaboration with the Idaho Department of Health and Welfare – to develop appropriate materials and commit to undergoing an extensive educational campaign, specifically targeting individuals between 100 and 138 percent FPL to inform them of their choice of coverage, including the relative benefits of each coverage option.

Finally, if the state chooses to move forward with its waiver application, we urge the state to recalculate its budget neutrality estimates. Currently the waiver's estimates incorrectly assume that the state is not poised to expand its Medicaid program. We also note that the waiver does not include the statutorily required actuarial analysis necessary to understand cost and coverage implications under the waiver. Such analysis must be conducted prior to the application's submission to CMS.

Conclusion

We appreciate the opportunity to provide comments on Idaho's Coverage Choice waiver application. We stand ready to work with you and other stakeholders to ensure that the proposed waivers are designed in a manner that ensures that consumers have access to the comprehensive coverage that meets their needs, both in the individual market and Medicaid program. If you have any questions, please feel free to contact me at [REDACTED] or [REDACTED].

Sincerely,



Luke Cavener

Government Relations Director
Idaho American Cancer Society Cancer Action Network

⁹ The waiver seeks to allow eligible Idahoans to receive both advance premium tax credits (APTCs) and cost-sharing reductions (CSRs).

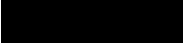
From: [Janine Wilson](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver
Date: Thursday, June 20, 2019 10:28:52 PM

I support the approval of the 1332 waiver as indicated in the description. Idaho needs approval of a 1332 waiver to waive federal regulations under 36B of the IRS code so that households between 100 - 138% of FPL remain eligible for the premium tax credit to enroll in a QHP. However, under the waiver, households with income of 100% of FPL or above may still choose to enroll in Medicaid instead of receiving the advance premium tax credit to purchase a QHP.

--

Namaste

Janine Wilson



From: [Roscoe Orton](#)
To: [DOI Reform](#)
Subject: Section 1332 State Relief and Empowerment Waiver application
Date: Tuesday, June 18, 2019 5:48:19 PM

To Dean Cameron and the Idaho Department of Insurance

We are requesting that the Idaho Department of Insurance extend Medicaid benefits only to Idahoan's whose income is between 0% and 100% of the FPL if Medicaid expansion is implemented. We believe offering Medicaid coverage to individuals whose income is above 100% of the FPL would not be prudent and cause multiple unintended consequences, such as:

- Those that already have a health insurance tax-credit (Advanced Premium Tax-Credit, or APTC) would lose that benefit. This is a Federal-government paid benefit that averages over \$5,600 per person per year. Idaho dollars aren't being spent to provide this current assistance.
- Roughly 22,000 Idahoans would be forced to drop their current health insurance plan, be driven out of the private health insurance market, and into the Medicaid system.
- Prevent Idahoan's from being able to pick their own doctors outside of the Medicaid network.
- Take away their freedom to choose from over 30 health insurance options, leaving them only one single option for coverage.
- Strip from Idahoans the ability to receive help from a local servicing agent, broker, advocate, and advisor, forcing them to deal only with Medicaid employees directly.
- Take from Idaho's health coverage exchange, "Your Health Idaho" and Idaho's insurers over 22,000 participants.
- Medicaid doesn't require its participants to share in the cost of the care. This leads to higher utilization and poor treatment choices (i.e. like going to the Emergency room for a non-emergency instead of going to an Urgent Care clinic, or scheduling a regular doctor visit).
- Introducing more demand on Idaho's already limited supply of medical care providers will lead to both longer wait times for procedures, and higher costs being charged per procedure.

Thanks for taking time to listen!
Roscoe

Roscoe O. Orton, CLU | Gary R. Orton



859 S Yellowstone, Suite 2503, Rexburg ID 83440

Ph [REDACTED] Cell [REDACTED] | Fax [REDACTED] | [REDACTED]

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From: [Lindsay Clarke Youngwerth](#)
To: [DOI Reform](#)
Subject: Support of Waiver for Medicaid Expansion
Date: Sunday, June 16, 2019 6:30:06 PM

Hello,

I would like you to know that I am in support of the following Waiver:

plans to submit the waiver application to the Centers for Medicare and Medicaid Services (CMS) and to the United States Department of the Treasury mid-July 2019. The purpose of the waiver, titled the *Coverage Choice Waiver*, is to allow Idahoans with incomes from 100% to 138% of the Federal Poverty Level (FPL) the choice to continue receiving tax credits to reduce premiums for private health insurance, or alternatively to enroll in Medicaid.

To make meeting easier please add yourself to my calendar here: <https://calendly.com/lindsay-youngwerth>

In Gratitude,

Lindsay Clarke Youngwerth NPN - 8690792

Strategic Benefits Consultant

www.shandrogroup.com

1605 N 13th Street

Boise ID 83702

 Mobile

 Desk

From: [Carey Spears](#)
To: [DOI Reform](#)
Subject: Idaho Medicaid Expansion
Date: Friday, June 14, 2019 9:18:59 AM





I submit my request that the Idaho Department of Insurance extend Medicaid benefits only to Idahoan's whose income is between 0% and 100% of the FPL if Medicaid expansion is implemented.

Offering Medicaid coverage to individuals whose income is above 100% of the FPL would not be prudent and cause multiple unintended consequences, such as:

- Those that already have a health insurance tax-credit (Advanced Premium Tax-Credit, or APTC) would lose that benefit. This is a Federal-government paid benefit that averages over \$5,600 per person per year. Idaho dollars aren't being spent to provide this current assistance.
- Roughly 22,000 Idahoans would be forced to drop their current health insurance plan, be driven out of the private health insurance market, and into the Medicaid system.
- Prevent Idahoan's from being able to pick their own doctors outside of the Medicaid network.
- Take away their freedom to choose from over 30 health insurance options, leaving them only one single option for coverage.
- Strip from Idahoans the ability to receive help from a local servicing agent, broker, advocate, and advisor, forcing them to deal only with Medicaid employees directly.
- Take from Idaho's health coverage exchange, "Your Health Idaho" and Idaho's insurers over 22,000 participants.
- Medicaid doesn't require its participants to share in the cost of the care. This leads to higher utilization and poor treatment choices (i.e. like going to the Emergency room for a non-emergency instead of going to an Urgent Care clinic, or scheduling a regular doctor visit).
- Introducing more demand on Idaho's already limited supply of medical care providers will lead to both longer wait times for procedures, and higher costs being charged per procedure.

Respectfully Submitted,
Carey Spears

Spears Insurance, Inc.
300 Bonner Mall Way, Ste 48
Ponderay, Idaho 83852

 office |   fax
cell


www.careyspears.com

From: [Stacie Anthony](#)
To: [DOI Reform](#)
Date: Thursday, June 13, 2019 6:15:25 PM

Please, only extend Medicaid benefits only to Idahoan's whose income is between 0% and 100% of the FPL if Medicaid expansion is implemented.

Offering Medicaid coverage to individuals whose income is above 100% of the FPL would not be prudent and cause multiple unintended consequences, such as:

- Those that already have a health insurance tax-credit (Advanced Premium Tax-Credit, or APTC) would lose that benefit. This is a Federal-government paid benefit that averages over \$5,600 per person per year. Idaho dollars aren't being spent to provide this current assistance.
- Roughly 22,000 Idahoans would be forced to drop their current health insurance plan, be driven out of the private health insurance market, and into the Medicaid system.
- It would prevent Idahoan's from being able to pick their own doctors outside of the Medicaid network.
- Take away their freedom to choose from over 30 health insurance options, leaving them only one single option for coverage.
- Strip from Idahoans the ability to receive help from a local servicing agent, broker, advocate, and advisor, forcing them to deal only with Medicaid employees directly.
- Take from Idaho's health coverage exchange, "Your Health Idaho" and Idaho's insurers over 22,000 participants.
- Medicaid doesn't require its participants to share in the cost of the care. This leads to higher utilization and poor treatment choices (i.e. like going to the Emergency room for a non-emergency instead of going to an Urgent Care clinic, or scheduling a regular doctor visit).
- Introducing more demand on Idaho's already limited supply of medical care providers will lead to both longer wait times for procedures, and higher costs being charged per procedure

From: [Elise Daniel](#)
To: [DOI Reform](#)
Subject: Protect Idahoans
Date: Thursday, June 13, 2019 4:02:50 PM

To the Department of Insurance,

Please limit the Medicaid expansion to individuals whose income is between 0% and 100% of the Federal Poverty Level.

For those who already have coverage through Your Health Idaho and receive a tax credit from the Federal Government you are limiting their coverage options by forcing them onto Medicaid. Currently individuals who are between 100% and 138% of FPL are getting great benefits through YHI and using FEDERAL dollars instead of state dollars. Forcing them onto Medicaid will limit their options for care, prevent them from having an advocate by way of a broker, agent, or advisor and will also lead to higher utilization.

Please think this through before you proceed!!!

Sincerely,

Elise Ann Daniel

From: [Brett Thomas](#)
To: [DOI Reform](#)
Subject: Medicaid Expansion Waiver
Date: Thursday, June 13, 2019 3:06:22 PM

Hello,

I'm writing in support of the waiver to extend Medicaid benefits only to Idahoan's whose income is between 0% and 100% of the FPL if Medicaid expansion is implemented. I believe offering Medicaid coverage to individuals whose income is above 100% of the FPL would not be prudent and cause multiple unintended consequences, such as:

- Those that already have a health insurance tax-credit (Advanced Premium Tax-Credit, or APTC) would lose that benefit. This is a Federal-government paid benefit that averages over \$5,600 per person per year. Idaho dollars aren't being spent to provide this current assistance.
- Roughly 22,000 Idahoans would be forced to drop their current health insurance plan, be driven out of the private health insurance market, and into the Medicaid system.
- Prevent Idahoan's from being able to pick their own doctors outside of the Medicaid network.
- Take away their freedom to choose from over 30 health insurance options, leaving them only one single option for coverage.
- Strip from Idahoans the ability to receive help from a local servicing agent, broker, advocate, and advisor, forcing them to deal only with Medicaid employees directly.
- Take from Idaho's health coverage exchange, "Your Health Idaho" and Idaho's insurers over 22,000 participants.
- Medicaid doesn't require its participants to share in the cost of the care. This leads to higher utilization and poor treatment choices (i.e. like going to the Emergency room for a non-emergency instead of going to an Urgent Care clinic, or scheduling a regular doctor visit).
- Introducing more demand on Idaho's already limited supply of medical care providers will lead to both longer wait times for procedures, and higher costs being charged per procedure.

Thank you for your consideration.

Brett Thomas
Twin Falls, Idaho

From: [Mason Watt](#)
To: [DOI Reform](#)
Subject: Keep Medicaid at 0%-100% FDL
Date: Thursday, June 13, 2019 2:51:31 PM

To whom it may concern,

Greetings. I hope to let my voice be heard by giving some of my input. I am of the opinion that the private healthcare sector is the most effective way to providing the proper balance of satisfaction for the patient, medical providers, and the thousands in our country who are employed by the private insurance industry.

Some background on myself, I am a graduate from an Idaho University with a degree in Healthcare Administration. In my course work (some of which was during the November 2018 elections) discussed in great detail the expansion of Medicaid in the state of Idaho. One of my professors had done PhD work that hit the subject in great detail. I met with this professor multiple times on our own watch to discuss the pros and cons of the expansion in our state. Through our discussion, I am of the opinion that the human element behind expansion is vital. Providing healthcare access to children and those who are in a position where the FPL is relevant to their lives adds benefits for mental health, career aspiration, graduation rates, and many other useful benefits. However, I feel that the State of Idaho will have sufficient opportunities for those who need the coverage. This is especially true once the coverage gap under 100% FPL is covered. APTC's are a terrific benefit to families who need coverage. I frequently feel that those who are qualifying for CHIP are those who are making a decent income, and are being treated more than fairly.

In my experience working with those who qualify for an APTC, they are very grateful to the government programs that help them. They feel that they are able to receive much better coverage than those who are on Medicaid. I feel the more people who can be kept on APTC's rather than Medicaid, the better. It is better for the insured, much better for providers, obviously the insurance companies and the associated industry, and the tax payers of this state and country. Providing self-independence is a much better route than any type of enabling. PLEASE don't dangle a free carrot for those who are not willing to seek to better themselves. In other words, keep the best reward for those who work the hardest.

Thank you for your time. I hope you know how much we all appreciate what you do. Thanks for trying to keep work and jobs in Idaho, as APTC's, private insurance, proficient medical reimbursement for providers, and less heavily taxed workers does.

Mason Watt

From: [Stephanie Nelson](#)
To: [DOI Reform](#)
Subject: PUBLIC COMMENT - SECTION 1332 STATE RELIEF AND EMPOWERMENT WAIVER APPLICATION
Date: Thursday, June 13, 2019 1:52:07 PM

My opinion is that Medicaid benefits only to Idahoan's whose income is between 0% and 100% of the FPL if Medicaid expansion is implemented. We believe offering Medicaid coverage to individuals whose income is above 100% of the FPL would not be prudent and cause multiple unintended consequences, such as:

- Those that already have a health insurance tax-credit (Advanced Premium Tax-Credit, or APTC) would lose that benefit. This is a Federal-government paid benefit that averages over \$5,600 per person per year. Idaho dollars aren't being spent to provide this current assistance.
- Roughly 22,000 Idahoans would be forced to drop their current health insurance plan, be driven out of the private health insurance market, and into the Medicaid system.
- Prevent Idahoan's from being able to pick their own doctors outside of the Medicaid network.
- Take away their freedom to choose from over 30 health insurance options, leaving them only one single option for coverage.
- Strip from Idahoans the ability to receive help from a local servicing agent, broker, advocate, and advisor, forcing them to deal only with Medicaid employees directly.
- Take from Idaho's health coverage exchange, "Your Health Idaho" and Idaho's insurers over 22,000 participants.
- Medicaid doesn't require its participants to share in the cost of the care. This leads to higher utilization and poor treatment choices (i.e. like going to the Emergency room for a non-emergency instead of going to an Urgent Care clinic, or scheduling a regular doctor visit).
- Introducing more demand on Idaho's already limited supply of medical care providers will lead to both longer wait times for procedures, and higher costs being charged per procedure.

Stephanie Nelson
9314 N Macie Loop
Hayden, ID 83835

Voice: [REDACTED]
Fax: [REDACTED]
Text: [REDACTED]

From: [David Wilcox](#)
To: [DOI Reform](#)
Subject: Idaho's Choice Waiver
Date: Thursday, June 13, 2019 1:32:39 PM

Here are my thoughts about Idaho's Choice Waiver

I believe offering Medicaid coverage to individuals whose income is above 100% of the FPL would not be prudent for Idaho, and would cause multiple unintended consequences, such as:

- Those that already have a health insurance tax-credit (Advanced Premium Tax-Credit, or APTC) would lose that benefit. This is a Federal-government paid benefit that averages over \$5,600 per person per year. Idaho dollars aren't being spent to provide this current assistance.
- Roughly 22,000 Idahoans would be forced to drop their current health insurance plan, be driven out of the private health insurance market, and into the Medicaid system.
- Prevent Idahoan's from being able to pick their own doctors outside of the Medicaid network.
- Take away their freedom to choose from over 30 health insurance options, leaving them only one single option for coverage.
- Strip from Idahoans the ability to receive help from a local servicing agent, broker, advocate, and advisor, forcing them to deal only with Medicaid employees directly.
- Take from Idaho's health coverage exchange, "Your Health Idaho" and Idaho's insurers over 22,000 participants.
- Medicaid doesn't require its participants to share in the cost of the care. This leads to higher utilization and poor treatment choices (i.e. like going to the Emergency room for a non-emergency instead of going to an Urgent Care clinic, or scheduling a regular doctor visit).
- Introducing more demand on Idaho's already limited supply of medical care providers will lead to both longer wait times for procedures, and higher costs being charged per procedure.

It was also explained to me by an employee of the Department of Health & Welfare that any Medicaid recipient age 55 or older could be subject to Estate Recovery! This is an impending nightmare if accurate. It is not what Idaho is about – forcing a single choice and taking people's estates because we didn't give them a choice!

More choice, more freedom.

Thanks,
David Wilcox

From: [Ben benson](#)
To: [DOI Reform](#)
Subject: Medicare waiver support
Date: Friday, June 7, 2019 3:55:01 PM

Dear DOI:

I am supporting the Coverage Choice Waiver. I believe this is good for the people affected, as it gives them the choice. Those on the Idaho Health Exchange should be able to continue that coverage, if they so choose. This population has been able to afford the premiums in the past and the exchange seems to be working well for those it serves.

Please add me to the people who support this waiver.

Thank you,

Steven Benson
1595 Baldy View Drive
Hailey, ID 83333

From: [LARRY LIGHTNER](#)
To: [DOI Reform](#)
Subject: Coverage Choice Waiver Comment
Date: Thursday, June 6, 2019 8:34:14 AM

I think this waiver is a sensible approach that will be of value in providing medical coverage that is appropriate for the individual circumstances and support its approval.

--

Larry Lightner

From: [Gwen Edington](#)
To: [DOI Reform](#)
Subject: Medicare expansion
Date: Wednesday, June 5, 2019 8:02:48 PM

I did not feel that people that have private insurance should not be allowed to change to Medicare
If they could afford the insurance before the expansion came about unless there is a major change in salary not due to something they changed (like quit a job or changed to a lower paying job) then they should not be allowed to go on Medicare.

Gwen Edington


From: [Ellen McKenzie](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Wednesday, June 5, 2019 4:00:09 PM

Dear DOI Bureau Chief,

Please approve this waiver. I want to make it as easy as possible for single parents and women in unplanned pregnancies to get the medical care they need and deserve. Medicaid is a less expensive alternative to the insurance exchange. No money = more desperation. Let's step up to the plate and do what is right and helpful.

Sincerely,

Ellen McKenzie
204 E A St Apt 3
Moscow, ID 83843



From: Lori Bergsma <[REDACTED]>
Sent: Friday, May 31, 2019 3:26 PM
To: Jennifer McClelland <[REDACTED]>
Cc: Jason Bergsma <[REDACTED]>
Subject: Coverage Choice Waiver - Comments May 31, 2019

May 31, 2019

Idaho Department of Insurance
Public Hearing Comments
Attention: Jennifer McClelland

Dear Jennifer,

On behalf of Balanced Rock Insurance Agency, Inc. and Idaho Benefit Consulting, LLC;

Please allow Idaho Citizens a chance for health care choice between keeping Private Insurance being purchased with a subsidy with incomes from 100% to 138% of the Federal Poverty Income Level.

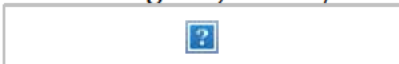
1. Most people with 100-138% subsidy pay little or no premium or out of pocket costs.
2. These current Idahoans are purchasing private insurance and providing Idaho Jobs to health insurance carriers providing benefits, paying Idaho taxes and to Idaho Health Insurance Agents that help them navigate the best coverage for their individual needs.
3. When Expansion of Medicaid was voted into law by the Idaho Public, this population wasn't expected to be included in moving from Private insurance into Medicaid. The expansion was only meant for those in the GAP who dropped below the level of income to receive a subsidy. This was not intended.
4. If the people want Medicaid, they would have a choice with the Waiver.
5. Most of my clients prefer not to be on Medicaid. They might have to change doctors and doctors are not accepting new patients for Medicaid like other insurance plans. Idahoans will not be happy if they are forced onto the government sponsored healthcare

without an Agent to help them especially if they like their healthcare.

Thank you for taking the time to listen and for all you do for Idaho.

Sincerely,

Lori L. Bergsma, Broker/Consultant



Office [REDACTED] Fax: [REDACTED]

From: [Pelz, Douglas W.](#)
To: [DOI Reform](#)
Subject: Coverage Choice Waiver
Date: Saturday, June 1, 2019 1:07:53 PM

Please approved the Section 1332 waiver. I have clients in the 100% - 138% FPL range that have benefited having private YHI (ACA) health insurance, with its very low net premium outlay, very low deductibles, 90/10 Coinsurance, very low OOP limits, and wider access to care providers and services, as well as more timely access, than provided by an already overburdened Medicaid system. The already overburdened Medicaid system is showing its strains by having fewer and fewer providers and services available, time delays, and administrative burdens. Many of my clients that would qualify within the waiver would be loath to lose their fabulous private health insurance. Many of my clients find Medicaid fails to provide services sufficient to reach a point of being better and therefore able to be more productive citizens. Instead, Medicaid seems to provide (when available) just enough services to prevent regression, but not nearly enough to become better in health (a symptom of Medicaid financial strains). Private health insurance provides a broader range of providers and services, and so more timely, and with a willingness to help my clients not just reach a point of no further regression, but actual improvements in health sufficient to help them become more productive, tax-paying citizens (positive outcomes for all). Another harder to quantify, but vital point; my clients feel empowered by paying some effort (even if it is minimal premium, minimum CoPay, low CoInsurance, low total OOP). They feel empowered to receive treatments that don't stop at ending regression, but continue to accomplish improvement in health to make them better able to function as contributing members of society rather than a continual Medicaid burden on society. I have clients in the waiver range that have had their private health insurance improve them so much that they have gone from working part-time minimal earnings to now able to work full-time higher wages and benefits. Years of prior medicaid (if available) did not improve their health while a few years of private health insurance has them substantially healthier and more productive.

There are some folks who will opt-in for the "free-ride" but sick Medicaid system, while many eligible folks will choose to keep their private health insurance and their efforts toward it as a very fair value/benefit program. Idahoans tend to desire their independence rather than dependence. The waiver program is consistent with this desire and is economically good for Idaho, Medicaid, and the health care system. Please approve Section 1332 in full. Thank you

Douglas Pelz, Agent, Financial Services Professional, New York Life Insurance Company
2404 E Thomas Hill Dr / Coeur D Alene, Idaho 83815-6334 / [REDACTED]
P. [REDACTED] / F. [REDACTED] / www.newyorklife.com/agent/dpelz

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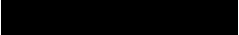
Please copy email [REDACTED] / New York Life Insurance Co., 51 Madison Ave. / New York, New York 10010

From: [Jerry Bartels](#)
To: [DOI Reform](#)
Subject: Public Comment on 1332 Waiver Application
Date: Saturday, June 22, 2019 8:20:07 PM

Dear DOI Bureau Chief,

I voted for IDAHO Medicaid expansion to get the legislature off the dime and force them to address the issue. HOWEVER, I did expect and wanted them to put appropriate limits, or guardrails like work requirements and other innovative items into effect as well. They have done a good job and the waivers should be approved as requested.

Sincerely,

Jerry Bartels
709 Forsythia Ct
Nampa, ID 83651


From: [Dale Ewersen](#)
To: [DOI Reform](#)
Subject: Coverage Choice Waiver
Date: Tuesday, June 25, 2019 12:52:26 PM

Dear Representative:

I am **in favor** of the coverage choice waiver. Thank you.

Dale Ewersen
517 Chestnut Street
Bellevue, ID 83313

From: [Donn Bordewyk](#)
To: [DOI Reform](#)
Subject: Section 1332 State Relief and Empowerment Waiver
Date: Sunday, June 30, 2019 5:14:54 PM

June 30, 2019

Product Review Bureau Chief
Department of Insurance
PO Box 83720
Boise ID

I am writing to express **my support** of the *Coverage Choice Waiver* that the Idaho Department of Insurance intends to apply for in July, 2019.

My income falls within 100% to 138% of the Federal Poverty Level. I want to continue to be able to choose a qualified health plan through the Idaho health insurance exchange. I do have the understanding and ability to make the choice between plans on the exchange, and Medicaid. Let me make the choice for the insurance plan and medical providers I prefer. Please pursue the waiver.

I strongly encourage the Idaho Dept. of Insurance to pursue this waiver.

Sincerely,

Donn Bordewyk
4287 Rim Vista Rd.
Filer ID 83328



Sent from [Mail](#) for Windows 10

From: [Kate Haas](#)
To: [DOI Reform](#)
Subject: Choice Waiver Public Comment
Date: Sunday, June 30, 2019 7:44:44 AM
Attachments: [ID Medicaid choice waiver public comments Final.pdf](#)

Please see the attached letter submitted on behalf of the Opportunity Solutions Project.

--

Kate Haas
Kestrel West





Coverage Choice Waiver

Idaho Department of Health and Welfare

June 28, 2019

Scott Centorino
Visiting Fellow

Opportunity Solutions Project (OSP) supports Idaho’s efforts to mitigate the risk of Medicaid expansion by allowing individuals with incomes between 100 percent and 138 percent of the federal poverty level (FPL) to decline Medicaid coverage and continue enrollment in the individual market. The alternative—forcing these individuals onto Medicaid—would substantially increase costs, divert resources away from the most vulnerable, and crowd out funding for other core priorities, including education and public safety.

Medicaid expansion has created a budget crisis in other states

As Idaho implements its Medicaid expansion, it should prepare for enrollment and costs to exceed expectations. States that have already expanded Medicaid have signed up more than twice as many able-bodied adults as they expected would ever enroll.¹ In some states, four times as many able-bodied adults enrolled than expected.² In other states, more able-bodied adults enrolled than state officials thought would ever even be eligible.³ In California, for example, enrollment exceeded projections by 322 percent.⁴ Nevada’s projections were exceeded by 140 percent.⁵

Worse yet, per-person costs have exceeded expectations by 76 percent.⁶ As a result, costs have come in more than 157 percent higher than projected in states that expanded Medicaid.⁷ Ultimately, this leaves fewer resources for the most vulnerable—including poor children, seniors, and individuals with disabilities.

If Idaho forces more able-bodied, working-age adults into Medicaid and out of private insurance—even those who want to maintain their current coverage—the state will accelerate the program’s insolvency. In the end, the state will have even fewer resources to help the truly needy.

These costs will also crowd out other important investments in Idaho. The more dollars that Idaho spends on Medicaid coverage for individuals who already have private insurance and want to keep it, the less money Idaho has available to spend on other priorities, such as education and public safety.

Medicaid expansion will dump able-bodied adults with private coverage into Medicaid

Nearly 19,000 able-bodied adults with income between 100 percent and 138 percent FPL currently have private coverage in the individual market.⁸ Without the proposed waiver, these individuals would be forced out of their current private coverage and into Medicaid expansion.⁹

This coverage is already heavily subsidized. For example, individuals and families making 100 percent FPL pay only \$21 per month for the Silver plan on the Exchange.¹⁰ If they were to choose a plan with premiums lower than the benchmark plan, their premiums would drop even further.¹¹

The proposed waiver would allow these individuals to maintain their existing private coverage if they so choose. This proposal will not increase costs to taxpayers, as these individuals are already eligible for subsidies through the Exchange. However, the proposal will offer some protection to taxpayers’ other investments from the inevitable encroachment of Medicaid deeper and deeper into Idaho’s budget.

More work will need to be done

Without the proposed waiver, Idaho’s Medicaid expansion would force more low-income individuals and families out of their private insurance coverage and into Medicaid. This would not only stretch the program’s resources and move its focus away from the most vulnerable, it would raise costs for everyone else. Idaho could expect to see the same budget challenges experienced by every other expansion state.

The proposed waiver will not rescue Idaho from all of the inevitable problems of Medicaid expansion. Instead, it will simply mitigate a small portion of the long-term damage. That mitigation is necessary, but more work remains to be done.

REFERENCES

1. Jonathan Ingram and Nicholas Horton, "ObamaCare expansion enrollment is shattering projections: Taxpayers and the truly needy will pay the price," Foundation for Government Accountability (2016), <https://thefga.org/wp-content/uploads/2016/12/ObamaCare-Enrollment-is-Shattering-Projections-1.pdf>.
2. Ibid.
3. Ibid.
4. Ibid.
5. Ibid.
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9. Ibid.
10. Nicholas Horton and Jonathan Ingram, "How Medicaid expansion is crowding out private insurance," Foundation for Government Accountability (2019), <https://thefga.org/wp-content/uploads/2019/04/MedEx-Crowd-Out-Paper-DRAFT7.pdf>.
11. Ibid.

From: [Judy Stockham](#)
To: [DOI Reform](#)
Subject: Idaho Coverage Choice 1332 waiver
Date: Saturday, June 29, 2019 7:52:11 AM

I am in full support of Idaho's application for the 1332 waiver. All citizens with medical insurance should have a choice no matter what that choice may be. As a Medicare recipient, I am allowed the choice of original or advantage programs. These are very different in what they require as deductibles and at times in providers or provider networks. This is not and has not been a detriment to my health care. The person ultimately responsible for the status of their health is the individual not government and not insurance programs. Thank you for accepting this comment.

Judith Stockham
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Sent from [Mail](#) for Windows 10