



El Diario Sin Nombre

The Newsletter Without a Name

Volume 5, Issue 3

March, 2005

Inside this issue:

Medicaid SALUD!
RFP Has Major
Changes 2

Study Done on
HSD's Support of
Native Americans 3

Name the
Program Contest 4

Secretary Hyde Among Subs for Gov.

"It was fantastic!" said UNM student Shanon McCoy-Hayes during a break when asked what she thought of her class being taught that afternoon by Lieut. Gov. Diane Denish, Secretary Pamela Hyde, and the secretaries of Health and Aging and Long-term Services. They were substitute teaching Governor Bill Richardson's college course, *How New Mexico State Government Works*, on Feb. 11.

The instruction was a perfect one-day fit for the class because many of the students are working towards degrees in a health field. "I had no idea that health care coverage was so complicated; yet it's invigorating to know that such strong, powerful women are running these programs," added Shanon-McCoy.

Topics generating the most waving hands (questions) among the 50-plus students were covering the uninsured in New Mexico, many of whom were in the class, and the health care priorities now in play this legislative session.

Hyde offered the class a simplified version of how Medicaid is funded, its cost and the demographics of those served. She said, "The biggest problem we have this year is making up \$60

million in federal funds lost because New Mexico's economy has improved and, subsequently, the federal Medicaid match has decreased." She also told the students that Medicaid recently passed Medicare as the largest payer for health

insurance in the country – but she cautioned them, saying, "Many believe Medicaid is just one big program and everybody on it gets everything. That's just not reality."

The class also asked questions about how block-granting Medicaid would affect states, the intent of a statewide pre-kindergarten program and the exorbitant costs for health insurance today. Student Buckner M. Creel, President of the Graduate and Professional Student Association, said, "This group [the Lieut. Gov. and the HHS Secretaries] is very informed and seems to be in charge of tackling the problems raised here today."



Secretary Pamela Hyde talks informally with UNM students during a class break.



Brian Sanderoff, head of Research and Polling Inc., offers conclusions about the two studies his organization conducted on the uninsured.

Pushing Legislation at the Roundhouse

With thousands of proposed new laws on the table this 60-day session, getting a bill introduced is just the starting point if one is serious about getting it signed into law. That's why the department – with help of Lieut. Gov. Diane Denish, state Health Policy Executive Director Patricio Larragoite, and Brian Sanderoff, head of Research and Polling Inc. – held an early morning news conference in the Capitol Rotunda, on Feb. 23 to spotlight again the *Insure New Mexico!* legislation introduced earlier.

"We knew there were 414,000 uninsured in New Mexico," said HSD Secretary Pamela Hyde at the news conference. "What we didn't know was who they were and why." Using the results of four different surveys conducted last year that included employers, employees, state government and non-profits, the department got a clearer picture. "What we learned about the uninsured in New Mexico is that there are a disproportionate number of low-income Hispanic and Native Americans, young adults, and people living in the northwestern and southern parts of the state," said Hyde. Sanderoff, who conducted the household and employer surveys, said, "In cities like Albuquerque and Santa Fe, 68 percent of employers offer health insurance, but in other parts of the state that percentage is about 41 percent."

The *Insure New Mexico!* legislation zeros in on filling the gaps uncovered by the surveys. "We have bills being voted on this morning that help small employers and young adults, and that provide funding for outreach to Hispanic and Native Americans," Hyde said.

With 15 more days to go in the session, all five *Insure New Mexico!* bills are still very much alive.

Medicaid SALUD! RFP Has Major Changes

With the behavioral health component of Medicaid soon to be carved out from the even larger physical health side of the program, administrative changes for physical health are on the way as well. The even larger *Medicaid Program Initiatives RFP* is already out for bid, with an anticipated public award date of April 21. In it are several important changes that have the potential to expand health care choices for Medicaid members, improve access to health care, increase coordination of care, improve health outcomes and decrease the rate of growth in the program.

So how can this be done given more anticipated growth in Medicaid and alarming increases in health care costs? “We are going with a proven winner,” said Medicaid Director Carolyn Ingram. “Most of our 270,000 Medicaid members are in managed care, yet less than half the \$2.6 billion program is spent on managed care services. We used some creative strategies in the *Medicaid Program Initiatives RFP* to address escalating costs in the fee-for-service (FFS) side of the program by offering more responsibilities to MCOs.”



State Medicaid Director Carolyn Ingram

The *Medicaid Program Initiatives RFP*, released late last year, is comprised of three sections: the first section describes the scopes of work for three different managed programs: SALUD!, the State Coverage Initiative (see related story, page 4) and the Long Term Care (LTC) program. The second section describes plans for three different FFS programs whose management will be coordinated by one or more MCOs: the large dental, pharmacy and transportation programs. (One important caveat in this section of the RFP is that those bidding these contracts must also bid on the larger SALUD! contract.) The third section covers smaller administrative functions: Utilization Review and the Third-Party-Assessor function for the Personal Care Option program.

Below are highlights in the RFP that intend to improve coordination of services for FFS Medicaid members, which primarily include dual-eligible individuals (receiving Medicaid and Medicare); institutionalized individuals; and Native Americans except those receiving Indian Health Services and those who have not chosen or been assigned to managed care.

Fee-for-Service Long-term Care

In LTC, the department has already transferred much of the administration of these programs over to the new Aging and Long-Term Services Department. What both departments are asking for in the RFP is a partner – in a managed care environment – to continue in the direction of offering more community-based and less institutional care services for low-income elderly and disabled. The RFP notes that 35 percent of Medicaid members not covered by managed care require 56 percent of the budget, this “despite the fact that many of these people also are eligible for and receive health care benefits through the federal Medicare program.”

Fee-for-Service Dental Program

Services to FFS clients will include diagnostic, preventive or corrective procedures to the teeth and associated structures of the oral cavity, furnished by or under the supervision of a dentist, that affect the oral or general health of the recipient.

Fee-for-Service Pharmacy Program

Services will include the design and administration of a pharmacy program for FFS clients using an agreed upon common preferred drug list.

Fee-for-Service Transportation Program

These services include coordination of the emergency and non-emergency medical transportation services for physical and behavioral health FFS Medicaid recipients. Travel expenses include the cost of transportation by public transportation,

(Continued on page 3)

(Continued from page 2)

taxicab, ground and air ambulance, in or out of state. Related expenses include the cost of meals and lodging made necessary by receipt of medical care away from the recipient's home. This also includes similar expenses for an attendant who accompanies the recipient to the medical examination or treatment.

The primary goal of these dental, pharmacy and transportation initiatives is for Medicaid to begin paying a fixed monthly fee – similar to, but technically not managed care – to an MCO rather than to one of thousands of providers each time a bill is presented for services rendered. "These changes, when fully in place, should have no real impact on MAD staff and the way we are currently organized, so I don't foresee any huge administrative changes within the division," said Ingram.

The three current SALUD! MCOs (Lovelace Community Health Plan, Molina Health Care and Presbyterian Health Plan), and Blue Cross and Blue Shield of New Mexico have expressed interest in the RFP.

HSD Focuses on Improving Services for More Native Americans

The department has completed an assessment of how it fares when it comes to serving the Native American population. The *Native American Initiative Report, Building Relationships with New Mexico's Indian Tribes and Pueblos*, January 2005, has a detailed program-by-program status report and a five-year plan for improving outreach and services.

HSD serves nearly one in three New Mexicans through programs such as Medicaid, food stamps, child support enforcement, energy assistance and food and nutrition services. With ten percent of New Mexico's population being Native American, a significant amount of social services money goes to helping tribal members. "While we serve a large number of Native Americans in this department, there will always be room for improvement in areas such as access and quality of services for this mostly rural population," said Liz Stefanics, HSD Deputy Secretary.

The report details the level of work on Native American issues within the department, which varies from program to program. Recommendations to better coordinate and strengthen the services now provided to Native Americans are also in the report. "This is where the development of a five-year plan is important," said Terrelene Gene, HSD's new Native American Liaison, who helped prepare the report. "We want to be able to measure our progress as we look to improve and better coordinate our services to the diverse Native American population in New Mexico."

One of the catalysts for the report was a public meeting the Human Services Department and the other

health and human services departments held with representatives from all 22 New Mexico Indian tribes and pueblos (in Albuquerque in March 2003). The meeting produced a list of topics that all social services departments should consider for improving services to Native Americans.

Some of the health issues identified by the tribes were: improving behavioral health outcomes for Native Americans, fighting diabetes, men's health issues and health needs for the elderly. "We have made progress in addressing the number one health issue among the tribes: improving the way behavioral health, including substance abuse services are provided," said Stefanics. "In July, the way government-financed behavioral health services are delivered to everyone in the state will change for the better because of our work with the tribes and others on the Interagency Behavioral Health Purchasing Collaborative. The Collaborative will streamline behavioral health services, creating better delivery, better access and the more efficient use of taxpayer dollars," said Stefanics.

The Native American Initiative Report can be found at http://www.state.nm.us/hsd/pdf/HSD_NAInitiativeRptJan05.pdf.



One of Terrelene Gene's duties will be to focus on the ensuring the plan's goals are met.

WHAT'S IN A NAME?

State Coverage Initiative Needs a More Descriptive Name

The Medical Assistance Division's State Coverage Initiative program is scheduled to begin in July 2005, but it needs a more descriptive, marketable name.

The program targets low-income adults, ages 19-64, who have family incomes up to 200 percent of federal poverty level (\$31,340 for a family of three and \$37,700 for a family of four) who are uninsured and are not eligible for certain government health insurance benefits.

This program is an innovative insurance product, combining features of Medicaid and a basic commercial plan. In this premium assistance program, the employer and employee pay about a third of the premium and state and federal funds will pay the remainder.

Please email your recommendations to Geraldine Roybal (geraldine.roybal@state.nm.us) by the end of March. The person submitting the winning name will receive a special prize.

Editors note: The editors of the *El Diario Sin Nombre* want to make it clear to our long and valued readers that Medicaid staff firmly requested the use of the headline in this article!

Cystic Fibrosis Foundation Marks 50 Years in the Fight Against Cystic Fibrosis

This year, the Cystic Fibrosis Foundation, an organization founded by a group of parents whose children had cystic fibrosis, is marking its 50th year.

And again this year, the Human Services Department is participating in the *Great Strides* walk to cure Cystic Fibrosis. *Great Strides* walks will take place on May 20-21 at the following locations: Las Vegas (May 20), Albuquerque, Clovis, El Paso (Anthony/Las Cruces), Farmington, Roswell and Santa Fe (May 21).

So far, Peggy Montoya (SE ISD Office) and her husband have expressed an interest in walking in Albuquerque this year. We are looking for walkers in each city where *Great Strides* events are taking place. For more information please contact Marty.Eckert@state.nm.us.



Anthony Castor of ISD's Central Office has participated in Cystic Fibrosis Great Strides walks here for the past three years, helping to raise thousands of dollars for CF from kind donations by Santa Fe employees.



New Mexico Human Services Department

2009 S. Pacheco St.
Santa Fe, NM 87504
Phone: 505-827-7750
Fax: 505-827-6286
Email: Marty.Eckert@state.nm.us
Email: Barbara.Gay@state.nm.us

We're on the web:
www.state.nm.us/hsd/home.html

If you have a photograph you'd like to share with *Sin Nombre* readers, let Marty or Barbara know.

Do you remember when this view of the Santa Fe mountains was a normal scene in winter? This picture was taken last week and, unlike recent years, has been a common sight recently this year. The trees and other parched plants will be grateful for the moisture this spring, and we're certain that skiers and snowboarders are elated!

