

Medicaid Advisory Committee-MAC meeting
Monday, July 24, 2017
MINUTES

Time: Start-1:05pm End-4:20pm **Location:** Garrey Carruthers State Library, 1205 Camino Carlos Rey, Santa Fe 87507

Chair: Larry A. Martinez, Presbyterian Medical Services
Recorder: Maria Roybal-Varela, Medical Assistance Division

Committee Members:

Michael Batte, Public Member	Kyky Knowles, Aging and Long Term Services Department
Natalyn Begay, Ohkay Owingeh	Carol Luna-Anderson, the Life Link/Behavioral Health Planning Council
Jim Copeland, NM Department of Health	Richard Madden, NM Chapter of the American Academy of Family Physicians
Ramona Dillard, Pueblo of Laguna	Carolyn Montoya, UNM College of Nursing
Mary Eden, Presbyterian Healthcare Services	Eileen Goode, NM Primary Care Association
Joie Glenn, NM Association for Home and Hospice Care	Tracy Alter for Linda Sechovec, NM Health Care Association
Karen Wells for Michael Hely, NM Legislative Council	Laurence Shandler, Pediatrician
Ruth Hoffman, Lutheran Advocacy Ministry NM	Dale Tinker, NM Pharmacists Association
Jim Jackson, Disability Rights	Gene Varela, AARP New Mexico

Absent Members:

Jeff Dye, NM Hospital Association	Monique Jacobson, NM Children, Youth, and Families Department
Kristin Hendricks, Pediatric Dentist	Steve McKernan, UNM Hospital

Staff & Visitors Attending:

Nancy Smith-Leslie, HSD/MAD	Michael Nelson, HSD Deputy Secretary	Jason Sanchez, HSD/MAD
Angela Medrano, HSD/MAD	Harris Silver, Bernalillo County CHC	Doris Husted, The Ark of NM
Ellen Pines	Denise Leonardi, UHC	Brenda R. Suarez, Health Action New Mexico
Joe Martinez	Sun Vega, Vega Diagnostic and Consulting	Margaret White, Health Insight New Mexico
James Chavez, Molina	Chuck Milligan, UHC	Karen Armitage, NM Pediatric Society
Joe Rope, BMS	Wanicha Burapa, HSD/MAD	Judy Harris, UNM Hospital
Dan Clavio, HSD/MAD	Tina Rigler, Molina Healthcare	Jeanene Kerestes, BCBS
Karen Wiley, DVR	Joe Cin	Amy Bormann, AmeriHealth Caritas
Jennifer Robinson, Nurse Midwife	Meggyn Lorino, NM Assoc for Home and Hospice care	Russ Toal, Consultant
Wayne Lindstrom, BHSD	Ben Kellman, AmeriHealth Caritas	Ruby Ann Esquibel, LFC
Jennifer Rotuman	Kim Stout, Small Steps Child Counseling	Yvonne Gurule, Bernalillo Academy
Health Ingram, PHP	Jeff Mussack, OTSUKA	Lisa Mortensen, BCBS
Robyn Nardone, NMICSS	Heath Seaman, UHC	Susan Kelly, Sparil Therapeutics
Gina Gallard, ALTSD	Carlos Moya, ALTSD	Mary Kay Pera, NMASBHC
Pilo Bueno, PHP	Karen Wells, LCS	Bill Wiese
Amir Wodajo, Molina Healthcare	Suzette Lindemuth, Center for Ageless Living	Scott Allocco, Sellers Dorsey
Abuko Estrada, NMCLP	Dana Dermott	Buffie Saavedra, UHC
Liz Stefanics	Patsy Gad, UHC	Martin Rosenblatt, IGMN
Susan Sattell, Consumer	Alysia Beltran, HSD/MAD	Adonica Montano, HSD/MAD
Esperanza Dodge, Young Women United	Barbara Webber, Health Action NM	

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	The meeting convened and introductions of all committee members, staff and guests took place.	None	Larry Martinez, MAC Chairperson	Completed
II. Approval of Agenda	The agenda was approved with no changes.	None	Larry Martinez, MAC Chairperson	Completed
III. Approval of Minutes	The committee approved the minutes from the April 3, 2017 meeting.	None	Larry Martinez, MAC Chairperson	Completed
IV. Medicaid Budget Projections	<p>Jason Sanchez presented the Medicaid Budget Projections.</p> <p>FY16 - Jason Sanchez reported FY16 is closed.</p> <p>FY17 – He reported that the FY17 is a lag model projection based on actual data and explained the different lines in the model. Jason reported on significant changes that had an impact on expenditures such as DD, Medically Fragile and MiVia having higher enrollment which is leading to higher expenditures. Jason also reported larger reconciliation and recoupment amounts from MCOs, and reductions in projected member months for the Long-Term Services program have resulted in a decreased expenditures. Jason reported that an increase in Medicare Part B premiums has increased expenditures due to higher numbers of retroactive premium payments to Medicare. The County Supported Medicaid Fund Revenue decreased by \$1.9million as additional gross receipts data are available. The DSH settlement decreases the shortfall by adding \$16.8 million in revenue. HB2 authorized the movement of up to \$5 million from program budget for the replacement of the Medicaid Management Information System.. The net effect of all changes is a surplus of \$11.3 million GF, which is \$6.1 million higher than last reported.</p> <p>FY18 – Jason Sanchez reported that the FY18 projection is a trend model and there are similar themes as those seen in the FY17 projections. The General Fund need is reduced by \$8.3 million and, coupled with a General Fund appropriation increase of \$2 million, it results in a General Fund need of just under \$32 million. This includes a projection of cost containment projected to be \$55.3 million total dollars or \$16million GF.</p> <p>Enrollment Projection – Jason Sanchez explained this model has minor shifts and the current trends are holding.</p>	None	Jason Sanchez, Deputy Director, Medical Assistance Division, Human Services Department	Completed
V. Updated Medicaid Data <ul style="list-style-type: none"> • Health Home Update 	<p>Nancy Smith-Leslie presented an update on the Medicaid 1115 Waiver Renewal which included information on the release of the 1115 waiver renewal concept paper. HSD conducted statewide public input sessions throughout the month of June. Locations included Albuquerque, Silver City, Roswell, and Farmington. The Department is currently reviewing public comments to inform the development of the 1115 draft waiver application that will be released in September 2017. In October 2017, HSD will conduct public hearings on the draft waiver application. One public hearing will be held in Santa Fe and another in Las Cruces. HSD will also scheduling a Tribal Consultation in October. The final 1115 waiver renewal application will be submitted to</p>	None The information on each 1115 subcommittee meeting is available on the HSD website.	Nancy Smith-Leslie, Director Medical Assistance Division, Human Services Department	Completed

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	<p>CMS in November 2017. Centennial Care 2.0 begins on January 1, 2019.</p> <p>Nancy Smith-Leslie provided an update on the RFP for the Managed Care Organizations (MCOs) - The procurement will be released in September 2017. Announcement of the selected MCOs will be released in February 2018. HSD and the MCOs will conduct the readiness review prior to the implementation of the new contracts which are effective on January 1, 2019. Nancy also shared a letter from HHS Secretary with information about flexibilities available to states through 1115 waiver authorities as well as policies that have been approved by CMS in other states' 1115 waivers.</p> <p>Nancy Smith-Leslie provided an update on the Health Homes initiative known as Carelink NM, which is an intense care coordination program for adults with serious mental illness and children with severe emotional disturbance. The program launched in April 2016 with two counties and two sites. Based on positive preliminary outcomes, HSD is planning an expansion of the program in calendar year 2018 to nine additional counties.</p> <p>Nancy Smith-Leslie provided an update on HSD's co-payment implementation. Nancy reminded the committee that the Department currently requires copayments for the CHIP and WDI programs. The new copayment process aligns existing copayments and applies new copayments to expansion adults with household income that is greater than 100 percent FPL. There are populations that will be exempt from copays along with certain services and medications.</p> <p>Ruth Hoffman asked to be on record stating, "Just to reiterate that the subcommittee met on this topic last summer and the recommendation was for none of this, and this should be on the record, in addition to my own personal objection."</p> <p>Other comments from members included concerns about emergency room copays.</p> <p>Nancy Smith-Leslie reviewed the Medicaid Dashboard Report which is provided quarterly and includes actual expenditures for the Centennial Care program. One significant change from the previous dashboards presented in April is an increase in expenditures for Behavioral Health brand name drugs of 14 percent. Total program expenditures have increased overall by 4 percent but on a per capita basis there is a negative 1 percent growth rate. There are overall increases in expenditures for community benefit services, pharmacy expenditures and BH services—both medical and pharmacy.</p>			

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VI. New Mexico Independent Consumer Support System (NMICSS) Presentation	<p>Robyn Nardone, Carlos Moya, and Tallie Tolen provided a presentation on the NMICSS project.</p> <p>Robyn Nardone - presented on the creation of the NMICSS and its purpose. The NMICSS links together resources throughout the state to assist Centennial Care enrollees receiving long-term services and supports (LTSS) The NMICSS provides members, their advocates and counselors with information and referral resources to assist in choosing the Managed Care Organization. When the project was initiated by HSD four years ago, the NMICSS hosted regular meetings, formed an advisory committee developed branding, created the NMICSS website, consumer friendly resource fact sheets and an informational brochure. Since then the project has evolved and is helping both MCOs and consumers in New Mexico to communicate more effectively and get better results for the members.</p> <p>Carlos Moya – presented information on the Aging & Long Term Services Department (ALTSD) that is a lead partner with the NMICSS. The Department’s Aging and Disability Resource Center (ADRC) and its Care Transition Bureau (CTB) help Medicaid beneficiaries, enrolled in Centennial Care receiving long-term services and supports (institutional, residential and community based), to navigate and access covered healthcare services and supports. The ADRC provides options counseling by offering objective information and assistance empowering people to make informed decisions. He went on to explain the numbers from the ADRC Call Profiler Report which show the types of calls received from consumers and their advocates. Mr. Moya reported that many of the people they assist are happy and comfortable with the home and community based waiver services and stressed the importance of working closely with HSD when providing assistance to individuals applying for the program</p> <p>Tallie Tolen – presented on the Long Term Services and Supports Bureau (LTSSB) established in the fall 2015 within MAD in response to the growing need for long-term services through Medicaid. The LTSS Bureau has oversight of the managed care long-term care program and works with its partners to implement improvements to the Centennial Care program for its LTSS members. Ms. Tolen described a number of improvements made to LTSS to include streamlining the approval process for environmental modifications; allowing Personal Care Services (PCS) agencies to create a flexible individualized schedules for members, clarifying the PCS agency transfer process, adding the purchase of cell phones data as an allowable expense in Self Directed Community Benefits (SDCB) related goods, and increasing non-medical transportation mileage limit from 50 to 75 mile radius in SDCB. The LTSS Bureau worked with the Centennial Care MCOs to</p>	None	Robyn Nardone, NMICSS Contractor Carlos Moya, Director, Consumer & Elder Rights Division, NM Aging and Long Term Services Department Tallie Tolen, Chief, Long Term Services and Supports Bureau, Medical Assistance Division	Completed

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	create a Community Benefits Brochure for care coordinators to share with members.			
VII. Managed Care Organizations (MCO) Update: Innovations in Centennial Care	<p>The four Managed Care Organizations presented on each of their innovations in Centennial Care.</p> <p>Presbyterian Health Plan Pilo Bueno – presented on Emergency Room Peer Support Services PHP is working with Behavior Health (BH) members to manage their condition by providing support from peer members who are in recovery and can relate to members who have BH needs. These members are provided with a peer support specialist to help educate the member on how to use the Emergency Room. The specialist will look at different issues; for example, transportation issues, dissatisfaction with doctor, and those who find visiting the doctor intimidating. PHP has its care coordinators make contact with the member, develop a plan and refer to certified peer support specialists. PHP connects members with EMS, Healthcare for the Homeless and methadone clinics.</p> <p>Molina Healthcare of New Mexico Tina Rigler- presented on Emergency Department The Emergency Department Information Exchange (EDIE) program. The EDIE program alerts the MCOs when a member accesses the hospital emergency room and connects to an electronic medical record. The progress of the EDIE program to date is 72 percent of hospitals in New Mexico are participating and 100 percent of hospitals in Bernalillo county are using the EDIE program. Molina is working with NM Board of Pharmacy Integration, IHS facilities, and Clinical Consensus Committee.</p> <p>Amir Wodajo - presented on Jail involved Care Coordination Pilot Program. In June of 2016 Molina Healthcare began a pilot with three Care Coordinators who went through extensive training and background checks in order to work within Metropolitan Detention Center to provide care coordination for Molina members. Successful outcomes of the program include a significant decrease in ED use upon initiation of care coordination, higher utilization of Behavior Health and Physical Health services, decreases in pharmacy claims and improved medication adherence. Members that receive care coordination intervention show a recidivism rate of 20 percent which is lower than the Community Custody Program recidivism rate of 25 percent. An opportunity to improve this program is better communication about release dates. MDC will be implementing a new alert system to provide email notification on member release in real-time.</p>	None	Presbyterian Health Plan Molina Healthcare of New Mexico United Health Care Blue Cross Blue Shield	Completed

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	<p>UnitedHealthcare Denise Leonardy –presented on Improving Adolescent Behavioral Health in New Mexico UHCs’ adolescent Behavior Health program works with community organizations such as School Based Health Centers. The New Mexico young adult suicide rate is 72 percent, which is higher than the US average. The goal is to improve behavior health services in New Mexico and work collaboratively with 20 organizations around New Mexico. UHC will offer grant opportunities open to school based health centers beginning in August.</p> <p>UHCs respite for homelessness in acute care facilities. Heading Home is a shelter for men 18 and over which is a respite program with 20 beds. UHC purchased one bed at Heading Home. UHC also reached out to the Barrett House Foundation for female respite to support the purchase of one bed. The services provided are 24 hour shelter, 3 diabetic approved meals each day, staff controlled medication management, case management, transportation, and onsite medical exam rooms. This is not a long term facility but respite for members. This program helps to decrease cost and improve health.</p> <p>Remote Home Monitoring for Congestive Heart Failure Bernalillo and Dona Ana county will be part of the pilot project with 25 members from each county participating. The project consists of 90 days of monitoring with education and 90 days of follow up with self-management.</p> <p>BlueCross BlueShield Lisa Mortensen – presented on Leading the Way to Improved Behavioral Health Engagement and Outcomes. Facility Liaison Program with BCBS noticed readmission rates were high while reengagements rates were low. BCBS conducted member profiles on the top 15 members who were readmitted. Seventy percent of readmission were within the Southwestern Region of New Mexico. They reviewed the main drivers of readmissions. Homelessness is a top barrier, then lack of pharmacy and provider follow-up, and most importantly, lack of information about available community resources. The program strengthened the connection between the hospital and community and reduced readmission rates.. The program was expanded in July 2016 to cover all In-State Acute Facilities servicing BCBS members and to members in need of out of home placements and justice-involved members.</p>			
VIII. Public Comment	<p>Various Public comments included – A thanks to the Department for inviting the MCOs to give updates on care coordination, particularly the justice involved. Charging copays and premiums will not make Medicaid better.</p>	None		Complete

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	<p>Thanks for the public meetings that were held and would like to see a few more hearings in counties with high numbers of Medicaid members.</p> <p>The presentations from the MCOs were very positive. Thanks for exempting behavioral health services from copays. There are several studies that show a negative impact when copays are implemented.</p> <p>A mother spoke about when her child moved from full coverage Medicaid to CHIP Medicaid coverage and said that the copays are affordable. The CHIP program works and is affordable.</p> <p>Support proposal to leverage administrative funding in the waiver for LARC. Also, the family planning program should cover women over the age of 45.</p> <p>A mother of an adult disabled child is worried about becoming bankrupt. Thanked the MAC for its focused work. Thanked the Governor for expanding Medicaid and would not like us to step backward and retreat from providing coverage to 90 percent of NM children.</p>			
IX. Adjournment	The meeting adjourned at 4:20pm.	None	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted:

Maria Roybal-Varela
 Medicaid Advisory Committee Support Person

 Recorder

August 24, 2017

 Date