

Public Engagement on Centennial Care 2.0

NM HSD 1115 Waiver Renewal Public Meeting - Pre-Application Concept Paper

Date: June 14, 2017, 3:30 pm

Location: Albuquerque, NM, CNM Workforce Training Center, 5600 Eagle Rock Ave., NE

Attendance: Approximately 160 public attendees, 18 from HSD

Public Meeting Notes

The meeting started at 3:31 pm. A powerpoint slideshow presentation was projected to support the discussions.

HSD Cabinet Secretary Brent Earnest welcomed the group, thanked them for attending, and allowed the head table of HSD presenters to introduce themselves: Nancy Smith-Leslie, Director, Medical Assistance Division (MAD); Karen Meador, Deputy Director, Behavioral Health Services Division; Kari Armijo, Deputy Director, MAD; Jason Sanchez, Deputy Director, MSD; and Jessica Osborne, a consultant from Mercer who will assist during group discussion sessions.

Secretary Earnest provided a general overview of the meeting, the process, and background on Centennial Care:

- The presentation will be structured in six segments, each a topic that presents opportunities to improve Centennial Care in the new iteration, “Centennial Care 2.0” under a renewed waiver with CMS. Ideas will be presented in each segment, followed by a public comment and question-and-answer period for each.
- Other topics can be discussed at the end of the meeting. Also, note cards are being provided for audience members to submit questions and comments to HSD if they are not comfortable talking in a public forum or if we run out of time. There are also opportunities to submit comments to HSD on the HSD website.
- The (pre-application) Concept Paper articulates the ideas that have been generated with stakeholder feedback during the past eight months, specifically from meetings of the Subcommittee of the Medicaid Advisory Committee (MAC) and the Native American Technical Advisory Committee (NATAC) from October 2016 through February 2017.
- The overarching idea is to improve Centennial Care. We are asking everyone for feedback on how we might make it better.
- The process timeline was reviewed.
- Medicaid in NM prior to Centennial Care was fragmented. The Centennial Care model, which started in January 2014, consolidated programs and services, became more comprehensive and streamlined, and focused on improving health outcomes and keeping costs down.

- Acknowledged uncertainty at the federal level with regards to changes in Medicaid and other healthcare policies and programs. We are moving forward in this process based on current laws and rules.
- Accomplishments of Centennial Care to date were reviewed, which includes huge growth in enrollment (currently covering approximately 700,000 members/beneficiaries) with a modest growth in per capita costs (1%, which is less than national averages).
- Reiterated the goal of improving Centennial Care by refining initiatives, not making major changes.

Nancy Smith-Leslie presented on the topic of **Care Coordination** (3:45 pm):

- Reviewed care coordination goals and accomplishments.
- Discussed three major areas as opportunities for changes
 - Increasing care coordination at the provider level;
 - Improving transitions of care; and
 - Expanding programs working with high needs populations.

Comments from the public on Care Coordination (3:52 pm):

- Lisa Hural, NM Coalition to End Homelessness: Urged HSD to support housing initiatives which will lead to better health outcomes and reduced costs for many members.
- Leslie Pacheco, Santa Fe County: Questioned how we would know when someone is going to be released from incarceration to provide proposed care coordination prior to release. And could care coordination occur on the “front end” of an incarceration period?
 - Ms. Armijo (MAD) responded: Incarcerated members are currently still eligible for benefits (including care coordination) during their first 30 days of incarceration; the proposed changes in the waiver would allow for care coordination activities to be conducted prior to release.
- David Roddy, NM Primary Care Association: Noted that they like (HSD’s) direction (changes in Centennial Care), that care coordination shouldn’t be fragmented, and he “knows you’ll do a good job”.
- Bill Jordon, NM Voices for Children: Noted that state spending on Medicaid has been fairly flat for the past four years (per capita, under Centennial Care) and the HSD presentation should show spending in 2013 (prior to Centennial Care) which was much higher; this would illustrate the savings the state is achieving with Centennial Care. He asked: why would home visiting services have to wait until 2019 under the waiver renewal when the legislature provided for home visiting in HB2 for state fiscal year 2018? That would be a lag of at least six months where the state would be out of compliance.
 - Secretary Earnest (HSD) responded that HB2 provided for HSD to coordinate those services with CYFD (NM Children Youth and Families Department), and HSD is currently working on it in this planning phase.
- Karyna Serrano, Sandoval County Determiner: Noted that many members have difficulty with English and need help with Spanish versions of forms and support services.

- Ms. Smith-Leslie (MAD) responded: Thanks for the feedback. All members can request translation services, and the MCOs must provide for them. Let us (HSD) know if this is not the case.
- Ms. Serrano noted that Spanish-speaking members have difficulty with over-the-phone services and often find the processes intimidating.
- Ms. Smith-Leslie responded that HSD could consider requiring the MCOs to provide bilingual care coordinators to better support these members.
- Adam Shand, Parents Reaching Out: Noted that many disabled members have great difficulty getting the services they need, that many of these members are not happy with their services, and many are afraid they may lose services due to the proposed changes in retroactive eligibility.
- Sandy Whisler, MD, Pediatrician: Noted a transition of care issue for members moving from pediatric providers to adult providers.
- Paula Bouker, Molina Health Care: Noted that there are sometimes waiting lists for members to get an appointment with a provider.

Karen Meador presented on the topic of **Behavioral Health (BH) Integration** (4:13 pm):

- Reviewed BHI goals and accomplishments.
- Discussed two major areas as opportunities for changes:
 - Expanding Health Homes; and
 - Supporting workforce development in the BH field.

Comments from the public on Behavioral Health Integration (4:20 pm):

- Harris Silver, Drug Policy Analyst and Advocate: Noted that HSD “has done a lot of good work in this area.” Other comments:
 - Advocating for “medication assisted treatment” as there are few providers in NM other than UNM to give treatment to those on methadone and suboxone; members often can’t get appropriate treatment.
 - Notes lack of payments for case management in many cases, which is a real deterrent.
 - Commended Wayne and Karen at BHSD for doing a great job.
 - Encouraged HSD to continue investing in BH.
- Pam Hyde, Consultant: Noted that there is a lot of confusion about care coordination and case management and how they are funded; suggested that HSD clarify these services. She also thanked HSD for trying to deal with incarceration issues, and noted that since diversion is better than incarceration HSD should make crisis interventions easier to fund.
 - Secretary Earnest (HSD) responded that HSD does fund crisis triage services, and HSD is working on crisis support programs today without having to wait for the waiver renewal.
- Matthew Bernstein, Pegasus Legal Services for Children: Noted the importance of comprehensive socio-emotional screening for young children and suggested adding a performance indicator for evidence-based practices and EPSDT providers.

- Marian Sawyer, Nursing Instructor: Noted a lack of diversion programs in NM, the cost-effectiveness of diversions programs, and opportunities to support more of them.

Nancy Smith-Leslie presented on the topic of **Long Term Services and Supports (LTSS)** (4:32 pm):

- Reviewed LTSS goals and accomplishments.
- Discussed five areas as opportunities for changes:
 - Allow for one-time start-up goods for transitions from agency-based to self-directed;
 - Provide additional caretaker respite hours;
 - Establish costs limits on certain community benefit services for NFLOC-eligible members;
 - Implement automatic NFLOC approval for certain members; and
 - Include nursing facilities in value-based purchasing (VBP) arrangements, and use Project Echo to support nursing home staff.

Comments from the public on LTSS (4:37 pm):

- Adam Shand, Parents Reaching Out: Noted that program and policy changes could be communicated to members via Coordinators, and various advocacy groups and organizations could help get the word out about program changes, especially to younger members.
- Karyna Serrano, Sandoval County Determiner: Suggested communicating with members via TV commercials in various languages.
- Chris Hollis, NM Public Health Institute: Noted that outreach to rural areas in NM could be done with County Health Councils.
- (unidentified), Support Broker: Suggested that HSD look at regional differences within NM for cost considerations.

Jason Sanchez presented on the topic of **Payment Reform** (4:42 pm):

- Reviewed payment reform goals and accomplishments.
- Discussed two areas as opportunities for changes:
 - Increase the percentage of risk-based payments, shift to paying for quality and improved outcomes; and
 - Increase value-based purchasing (VBP) arrangements to drive program goals.

Comments from the public on payment reform (4:47 pm):

- Marian Sawyer, Nursing Instructor: Wondered if there are potential problems with risk-based payments and VBP arrangements that may incentivize providers to not provide the services needed by members in order to save money.
 - Secretary Earnest (HSD) responded that the way these programs work is that the provider takes on some risk for the treatment(s), and if there are lower costs they share the savings with the state.
 - Ms. Sawyer asked how abuse and fraud are prevented in these arrangements?

- Secretary Earnest (HSD) responded that this requires robust data and much transparency to be successful and avoid fraud.
- Ms. Smith-Leslie (MAD) responded that HSD’s goal with these arrangements is to reduce unnecessary utilization in higher cost settings, help members to stay healthy by obtaining preventive services, and achieve better health outcomes for members.
- (unidentified), Support Broker: Stressed the idea of engaging providers in VBP arrangements, and the complex issues with provider payments.
- David Roddy, NM Primary Care Association: Noted that it takes a larger number of providers (than NM has) to make VBP arrangements work. The challenge here is to engage smaller providers, and he suggested engaging consortiums of rural providers to make VBP work. He also suggested that providers would need to be reimbursed for all the analytics they will be doing to make VBP successful.
- Sandy Whisler, MD, Pediatrician: Noted that risk capitation is problematic for pediatricians working with severe health issues, and perhaps those services/members could be carved out from VBP arrangements.
- Jay Jolly, MD, La Familia: Suggested that the HSD presentation was a good “commercial for FQHCs” and the comprehensive services they provide, which are aligned with Centennial Care goals. He noted that VBP arrangements would require upgrades to the MMIS (state Medicaid information system and database) as everyone will need more and better data for risk analysis, with a statewide data warehouse available to all providers. Currently it seems the MCOs are favored with VBP arrangements because they “have a monopoly on the data.”

Kari Armijo presented on the topics of **Member Engagement and Personal Responsibility** (5:00 pm):

- Reviewed member engagement and personal responsibility goals and accomplishments.
- Discussed three areas as opportunities for changes:
 - Advance the Centennial Rewards program;
 - Allow providers to charge small fees for three or more missed appointments; and
 - Assess premiums for populations with income above 100% of the Federal Poverty Level (FPL).

Comments from the public on member engagement and personal responsibility (5:07 pm):

- Sandy Whisler, MD, Pediatrician: Noted that she is worried that co-pays and premiums would be too expensive for families with multiple children, concerned that parents may not bring their children to the doctor for services, and wondered if there be any provisions for well-child visits.
- Dick Mason, League of Women Voters: Thanked the Governor for supporting Medicaid Expansion and allowing Medicaid to help so many more people in NM. He noted that there are studies showing the effect of premiums on the number of uninsured people, and that instituting premiums would negatively impact the gains we’ve made in Medicaid enrollment and the reduction of uninsured people.
- Abuko Estrada, NM Center on Law & Poverty: Stated that they don’t want premiums to be implemented, that this goes against improving Medicaid, and that families would have to

choose between rent/food and healthcare. He noted that this is a “hidden tax” on the poorest families, and the costs of more uninsured people would ultimately fall back on other tax payers.

- Sarah Coffey, SW Women’s Law Center: Suggested that uncompensated care costs would skyrocket, and that families can’t afford to put food on the table. She asked if premiums would be per family/household or per member?
 - Ms. Armijo (MAD) responded that the current thinking is to base premiums on the individual member, and HSD is open to reviewing this issue. She also noted that this proposal is just for the adult group and CHIP children, and certainly not for the very low income children or adults.
 - Ms. Coffey asked about the administrative costs for instituting premiums, and wondered if the money charged for premiums would just end up paying for the administrative costs (and not save any money). She suggested that HSD take a look at the costs associated with charging premiums.
- Sherry Gonzales, Centro Savila: Noted that premiums are too costly for these families. She also opposed charging for missed appointments, as they are missed usually for good reasons (valid reasons). She asked who would receive the payments for missed appointments, and noted that this would be a hardship for families.
- David Roddy, NM Primary Care Association: Noted that doctors/providers have much experience dealing with co-pays for many years. As for premiums, he said that it would be difficult for members to pay monthly premiums and many members would lose coverage. He said he worries about what would happen to those members, he’s concerned about the potential to lose comprehensive coverage and about the administrative costs.
- Ona Porter, Prosperity Works: Said that none of these ideas (premiums, charges, co-pays) should be implemented because NM is so poor, the job rate is low, poverty is high, and we haven’t recovered from the recession.
- Jim Jackson, Disability Rights NM: Encouraged HSD to exempt medically frail members and members with significant behavioral health issues from premiums as they greatly benefit from their Medicaid healthcare and this would kill it.
- Tannia Esparza, Young Women United: Noted that women with Substance Use Disorders (SUD) – especially those abusing while pregnant -- are a major stress on the healthcare system, that they often have a hard time getting to providers, and additional fees would be prohibitive to families and women.
- Harris Silver, Drug Policy Analyst and Advocate: Noted that he was surprised that HSD is considering premiums, as the body of literature shows that premiums have a negative impact on enrollment and treatment. He said that NM statistics (on healthcare) are so bad, that this would be disastrous and ruin a good program, and the “state needs all the help it can get.”
- (unidentified): Asked if carving out dental and vision services would be done on the next contract for MCOs?
 - Secretary Earnest (HSD): Responded that HSD is only establishing the authority (with the new waiver) should we need it in the future, that it is not expected to happen now. This is just a possibility to consider in the future if needed.

- Lance Chilton, MD, NM Pediatric Society: Noted that premiums would be a hardship for people in poverty, particularly for children. Measures that place NM 49th in the nation are traced back to poverty. He asked if he could comment now on the proposed co-pays, which he feels would reduce treatment to members with a decrease in preventive care.
 - Secretary Earnest (HSD): Responded that the co-pays are proceeding under State Plan authority, which is a separate process from this waiver renewal process. Public hearings on co-pays would occur in the next month.

Nancy Smith-Leslie presented on the topic of **Administrative Simplification** (5:35 pm):

- Reviewed administrative simplification goals and accomplishments.
- Discussed three areas as opportunities for changes:
 - Cover most adults under one comprehensive benefit plan (consolidate benefit packages);
 - Develop buy-in premiums for dental and vision services, if needed; and
 - Eliminate three-month retroactive eligibility period.

Comments from the public on administrative simplification (5:48 pm):

- Adam Shand, Parents Reaching Out: Noted (and referring back to his earlier comments) that HSD needs to let people with disabilities know what is happening (with regards to policy and rule changes). He said that public forums are great, but we need to reach out more effectively to young people and those in the disabled community who “can’t be in this room.” He also mentioned that disabled people are sometimes uncertain about whether they can work or not (with regards to income levels and eligibility).
- (unidentified): Thanked HSD for the information provided. Asked HSD to think about how they’re supporting long-term services, and if assessments of daily living exist anymore.
- Terrie Rodriguez, NM Association of Health Councils: Noted that streamlining will affect the entire family, and the cost of streamlining will ultimately be passed on to consumers. She noted that these proposals would impact county indigent funds, and that premiums will impact people so they won’t seek healthcare. She asked that HSD keep premiums off the table.
- Doris Husted, The Arc of NM: Noted that they fought hard for dental services in the past, and that these services – especially dental cleanings – are critical for many people with disabilities. She encouraged HSD to not eliminate dental services for those who can’t clean their own teeth adequately.
- (unidentified): Requested that grandparents who take care of their grandchildren be allowed to keep their eligibility and services, that streamlining (removing) this benefit (eligibility category) would impact them and lead to untreated conditions.
- Abuko Estrada, NM Center on Law & Poverty: Noted that they are “not trying to beat up the Department” (HSD) and they “give you credit for making Medicaid better” in NM. They request that HSD NOT implement the following:
 - Elimination of retroactive enrollment, as this is critical for many families.

- Checking income more frequently, as this would be a hardship for families, and it would increase administrative costs for the state.
- Elimination of the parent caretaker benefit package (eligibility category), which would reduce critical services for families in poverty.
- Elimination of certain behavioral health services due to having one adult benefit plan
Secretary Earnest (HSD) responded: Behavioral Health services would not be impacted by the proposed change to have one adult plan for the Expansion adults and Parent/Caretakers.
- Barbara Webber, Health Action NM: Commented that transitions coverage (eligibility) is still needed in the current changing healthcare environment, and that many people would likely lose their coverage due to this change. She also noted that 53% of the kids they serve have gum disease, most elementary kids have never been to a dentist, and she encourages Medicaid to keep dental coverage and focus on preventive care.
- Dick Mason, League of Women Voters: Noted that Medicaid in NM is so large that it is de facto “THE System” for healthcare in NM, and said we need to keep dental coverage as it contributes to better overall health.
- Jay Jolly, La Familia: Suggested that implementing additional eligibility checks and premiums would be an administrative burden on providers, in effect a “hidden tax” on providers.
 - Secretary Earnest (HSD): Responded that this is not the intention.
- Lance Chilton, MD, NM Pediatric Society: Asked if the more-frequent eligibility (income) checks would be for both adults and children.
 - Ms. Armijo (HSD) responded that this would be for adults only, that continuous eligibility for children would remain.
- Juliana (family member): Commented that she was proud and grateful to the state for Medicaid Expansion. She noted that quarterly income checks would be difficult to navigate for many members, that the forms are hard to understand, and increasing this requirement would be intimidating to members. She also noted that members might think twice about taking a job when they consider that the income might bump them off expansion coverage. Lastly, she noted that all citizens need to hold the legislators accountable for not providing adequate benefits.
- Bill Jordan, NM Voices for Children: Suggested that it is premature to simplify eligibility categories because the feds are going to do something unknown, and coverage options will change. He expressed opposition to all cost sharing proposals (co-pays, premiums, etc.).
- Harris Silver, Drug Policy Analyst and Advocate: Commented that the state has done a good job in the expansion and changes to Medicaid, and offered a “Thank You” to the NM Human Services Department and the NM Department of Health (DOH). He said he supports coverage of alternative treatments for opioid addiction.

The meeting ended at 6:10 pm.

Note: No note cards with public comments were received during or after the meeting.