Public Engagement on Centennial Care 2.0

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

Date: June 21, 2017, 4:30 pm

Location: Farmington, NM, Bonnie Dallas Senior Center, 109 E. La Plata St.

Attendance: Approximately 30 public attendees, 8 from HSD

Public Meeting Notes

The meeting started at 4:32 pm. A powerpoint slideshow presentation was projected to support the discussions. A Navajo translator was available.

HSD Medical Assistance Division (MAD) Director Nancy Smith-Leslie welcomed the group, thanked them for attending, and asked the HSD staff presenters to introduce themselves: Theresa Belanger, Tribal Liaison, Medical Assistance Division (MAD); Tallie Tolen, Long Term Services and Supports Bureau Chief, MAD; Mika Tari, Deputy Director, Behavioral Health Services Division (BHSD); Quality Bureau Chief, MAD. Kathy Slater-Huff, MAD Communication and Education Bureau Chief, lead each comment (Q&A) session.

Ms. Smith-Leslie 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 agenda, goals and timeline were 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 managing costs.

- 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 enrollment growth (currently covering approximately 700,000 members/beneficiaries) and managing costs with a modest growth in per capita costs (1%, which is less than national averages).

Ms. Belanger (MAD) presented on the topic of **Care Coordination** (4:44 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 (4:52 pm):

- Katherine Duncan, MD, Pediatrician, San Juan Regional Medical Center: Asked how the proposed changes will affect members, like the proposed retro-eligibility change?
    - Ms. Smith-Leslie (MAD) responded: We will discuss the retro-eligibility topic later in the discussion.
- Abuko Estrada, NM Center on Law and Poverty: Noted that this area (Care Coordination) had the most promise to make Medicaid better. He asked how capitated payments would work, and would counties be compensated for doing care coordination?
    - Ms. Smith-Leslie responded: HSD has encouraged the MCOs to identify practices (providers) to delegate care coordination (CC) functions to and negotiate agreement on payments for providing CC services.
- Katherine Duncan, MD, Pediatrician, San Juan Regional Medical Center: Noted that this sounds like the Medical Home model, and stated that she's not sure some (provider) practices have been receiving capitated payments for doing CC.
    - Ms. Smith-Leslie responded: A Medicaid Health Home model has been established in San Juan County, and it does receive capitated payments to manage CC. It is serving adults and children with complex behavioral health issues.
    - Dr. Duncan asked: Is that a Medical Home?
    - Ms. Smith-Leslie responded: This is the Health Home model as noted in the ACA and established specific to New Mexico in its Medicaid State Plan. She also noted that the MCOs may have implemented different models that similar to health homes in various areas around the state with various providers, and they may also have other CC arrangements with providers through value-based purchasing arrangements in San Juan County.
    - Ms. Duncan asked: Will this be an option for providers?

    - Ms. Smith-Leslie responded: Yes, that is included in the proposal.
- Michelle Gonzales:
    - Stated that her daughter, who is on the Medically-Fragile waiver program, hasn't heard from a care coordinator in a year, and said that HSD should get current care coordinators to do their jobs.
    - She said that she's "been fighting for everything for the past five years, and they're not doing a good job at this time".
- Sarah Shelby, Presbyterian Medical Services: Noted that CC is already supposed to be happening in hospitals for transitions of care.
    - Ms. Smith-Leslie responded: HSD has identified transitions of care as an area to improve upon for the waiver renewal.
- Alisa Ellison, Capacity Builders: Asked who evaluates the Centennial Care program and if there is research that providers are doing a good job?
    - Ms. Smith-Leslie responded: HSD has an external quality review organization that conducts annual audits of the MCOs. We have a Quality Bureau that conducts audits of care coordination and nursing facility level of care reviews, a Financial Bureau that works with outside auditors, and a Quality Plan and an evaluation of Centennial Care currently underway by independent evaluator which was approved by the feds.
- Margie Buckner, Presbyterian Medical Services: Asked if the purpose of transitioning more care coordination functions to providers may help to relieve the pressure of so many Medicaid members?
    - Ms. Smith-Leslie responded: Yes, and oftentimes providers know the members better than others doing care coordination.
- Mark Chapman, Friends Helping Friends: Noted that he has a care coordinator who is very good and is also a consultant.
- Katherine Duncan, MD, Pediatrician, San Juan Regional Medical Center: Offered an idea on how to improve CC: Have a local office provide CC services. This makes it easier for a patient to contact his/her care coordinator.
- Rose Schreiner: Shared some personal experiences in the healthcare system that bothered her.

Mika Tari (BHSD) presented on the topic of **Behavioral Health (BH) Integration** (5:18 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 (5:23 pm):

- Mark Chapman, Friends Helping Friends: Suggested implementing a peer support system, or "something like that".

- Ms. Tari responded: HSD is interested in expanding peer support services and offering peer training.

Ms. Tolen (MAD) presented on the topic of **Long Term Services and Supports** (LTSS) (5:27 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 (5:34 pm):

- (unidentified): Asked if HSD could be more specific when it refers to "Goods and Services"?
  - Ms. Tolen responded: The use of that phrase in this section of the presentation refers to "related goods" like computers, "start-up goods", and non-medical services like guitar lessons, nutritional supplements, etc. Medical supplies are not included and fall under other benefits without limits.
  - Ms. Smith-Leslie: Added that this is not a limit on medical services, and this is only for the Self-Directed program, for items and services that traditional Medicaid does not cover.
- (unidentified): Asked if these are lifetime limits?
  - Ms. Tolen responded: These are annual limits.
- Sabrina Hood, Navajo Advisory Council: Asked if the assessment would be done by the member's doctor?
  - Ms. Tolen responded: The assessment would be done by the care coordinator annually.
  - Ms. Hood asked: What are the requirements for getting computers? She noted that "we used to get fuel for the home" and it would be good to fund the purchase of fuel pellets.
  - Ms. Tolen responded: We used to allow the purchase of fuel. LIHEAP is a program that could help with fuel costs, and a care coordinator could also help to identify resources in the community.

Ms. Smith-Leslie (MAD) presented on the topic of **Payment Reform** (5:41 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 (5:45 pm):

- Katherine Duncan, MD, Pediatrician, San Juan Regional Medical Center: Stated that VBP arrangements need to be customized in each area (for example, a practice that has lots of pediatric asthma). Can the providers choose the quality measures?
  - Ms. Smith-Leslie responded: The current structure includes agreed-upon quality measures for all providers that is based on HEDIS measures, which does include specific pediatrics measures, as well as efficiency metrics such as avoidance of hospital inpatient readmissions.

Ms. Smith-Leslie (MAD) presented on the topics of **Member Engagement and Personal Responsibility** (5:48 pm):

- Reviewed member engagement and personal responsibility goals and accomplishments.
- Showed two tables indicating positive outcomes of the rewards program
- 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 (5:54 pm):

- Mark Chapman, Friends Helping Friends: Suggested that HSD should reward walking.
  - Ms. Smith-Leslie responded: We do! The "Step Up" program is part of Centennial Rewards, and members earn credits for achieving certain number of steps per days. The program vendor sends step trackers to members who want to participate.
- Abuko Estrada, NM Center on Law and Poverty: Stated that poverty is a hardship, and putting food on the table is primary. He stated that the Center does not think this (these proposals) makes Medicaid better. He also noted that HSD should not move forward with premiums, that research shows this to be detrimental, leading to more uninsured. He suggested that HSD focus on other ideas.
- Michelle Gonzales: Suggested using "word of mouth" to promote the rewards program. She also stated that she agrees with the attorney and the state should not charge premiums and fees, as they would really be a hardship.
  - Ms. Smith-Leslie responded: These (premiums) would only apply to three categories of eligibility with members who have higher household income--the adult expansion above the 100% FPL, the CHIP program and the Working Disabled Program.

- Katherine Duncan, MD, Pediatrician, San Juan Regional Medical Center: Stated that she agrees with the others that there should be no premiums. She noted that a family of four could not afford $30 per month for each child, and they would end up in the ER with costs more than the premiums would generate.
- Mark Chapman, Friends Helping Friends: Noted that premiums would help to pay for the insurance system.
- Sabrina Hood, Navajo Advisory Council: Stated that she agrees with the others, do not charge premiums.

Ms. Smith-Leslie presented on the topic of **Administrative Simplification** (6:02 pm):

- Reviewed administrative simplification goals and accomplishments.
- Discussed four 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;
    - Eliminate three-month retroactive eligibility period; and
    - Eliminate transitional Medicaid coverage.

  (She noted a fifth opportunity idea – more frequent checks of income for eligibility determinations -- that had been discussed at previous meetings is now "off the table" and not going to be including in the waiver application.)

Comments from the public on administrative simplification (6:07 pm):

- Katherine Duncan, MD, Pediatrician, San Juan Regional Medical Center: Noted that people need to "lobby state government" and that Medicaid should be "non-negotiable coverage". She also noted:
    - Not everyone is good at paperwork.
    - Retroactive eligibility / coverage is important.
    - Families can't afford any additional costs or payments.
    - For Dental and Visual buy-ins: people on a budget can't afford it. Dental and Vision are medical issues and the proposed buy-in will lead to less preventative care and higher costs down the road.
    - As pointed out earlier, NM is doing things right, keeping costs down – we need to keep up these good practices.
- Abuko Estrada, NM Center on Law and Poverty: Thanked HSD for not doing more frequent eligibility checks. (This proposal put "off the table" since that last meeting.) He noted that eliminating retro-eligibility would present barriers to getting services for New Mexicans. He stated that he wanted to reiterate: we want to make NM Medicaid better, and these ideas will not. He urged the state to stay away from these ideas.

- (unidentified healthcare worker): Asked if care coordinators working for the MCOs are limited to certain boundaries in the community, and are they limited to a certain number of people they can serve?
    - Ms. Smith-Leslie responded: Care Coordinators are not limited by geography, as the MCOs are required to provide CC statewide. There are ratios for the number of people that may be served by Care Coordinators, based on the type of services.
- Sabrina Hood, Navajo Advisory Council: Noted that she's been having problems with her Care Coordinator, had a really bad experience and "went through a lot".
    - Ms. Smith-Leslie responded: Let's talk after the meeting and help resolve your issues with care coordination.

Mrs. Smith-Leslie thanked the crowd for attending and providing valuable feedback. She mentioned that additional comments/input could be submitted to HSD via the website and email as noted.

The meeting ended at 6:22 pm.

No additional comments on note cards were received after the meeting.