Public Engagement on Centennial Care 2.0

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

Date: June 26, 2017, 4:30 pm

Location: Roswell, NM, Roswell Public Library, 301 N. Pennsylvania Ave.

Attendance: Approximately 30 public attendees, 8 from HSD

Public Meeting Notes

The meeting started at 4:39 pm. A powerpoint slideshow presentation was projected to support the discussions.

HSD Deputy Cabinet Secretary Michael Nelson welcomed the group, thanked them for coming to provide input, and asked the attending HSD staff to introduce themselves: Jason Sanchez, Deputy Director, Medical Assistance Division (MAD); Dr. Wayne Lindstrom, Director, Behavioral Health Services Division (BHSD); Tallie Tolen, Long Term Services and Supports Bureau Chief, MAD; Megan Pfeffer, Quality Bureau Chief, MAD; Kathy Slater-Huff, Communications and Education Bureau Chief, MAD; Dan Clavio, Compliance Officer, MAD; and Orlando Vasquez, Communications and Education Bureau.

Mr. Nelson (HSD) 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 on improving Centennial Care. We are asking everyone for feedback on how it works today and 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 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 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. Pfeffer (MAD) presented on the topic of **Care Coordination** (4:55 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 (5:00 pm):

- (unidentified): Asked if there were outreach components to these programs and suggested changes.
    - Ms. Pfeffer (MAD) responded: Yes, the MCOs have outreach requirements for all programs.
- (unidentified): Asked if NM Medicaid would work with community groups who provide services to moms.
    - Ms. Pfeffer (MAD) responded: Yes we do.
- Arlene Brown, MD, NM Physicians Association: Discussed issues / concerns with prior authorizations and care plans done by Care Coordinators, and they disconnect with primary care physicians (PCPs).
    - Ms. Pfeffer (MAD) responded: The new proposal would allow care coordination functions to be done directly by PCPs.

Dr. Lindstrom (BHSD) presented on the topic of **Behavioral Health (BH) Integration** (5:05 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 (5:22 pm):

- Ben Salazar, Senator Udall's Office: Suggested that staffing should be fully bilingual (Spanish speaking).
    - Dr. Lindstrom responded: We all know that there aren't enough BH providers that look like their clients; there are typically many white females and few young Hispanics, especially males. In general, fewer young people are entering the BH field.

- Mr. Salazar asked: Would tuition waiver programs be helpful in this area?
- Dr. Lindstrom responded: That's the type of thing we need to look at.

Ms. Tolen (MAD) presented on the topic of **Long Term Services and Supports** (LTSS) (5:25 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 (5:33 pm):

- (unidentified): Commented about outreach issues, that she didn't know about this meeting and only heard about it inadvertently from a colleague. She suggested that HSD utilize every communication vehicle and media available for outreach and communication: email, print/press, advertisements, and social media. She said that she hopes future communications and outreach by HSD will be better.
  - Mr. Sanchez (MAD) asked: How did you hear about this meeting?
  - (unknown) response: I went to a training and heard about it. Since this is the HSD meeting held furthest south (in this part of the state) it should have been advertised.
  - Dr. Lindstrom (BHSD) noted: HSD does have a communication plan, and he finds that people often don't hear about things when we try hard to get the word out, and other times when things happen everybody knows about it right away.
- Sarah Elliot, Heinrich for Senate: Suggested that for the LTSS community it would be helpful to get "real mail" for program information.
- Arlene Brown, MD, NM Physicians Association: Expressed frustration with having to get prior authorization so frequently, month after month, for recurring expenses that don't change; why not have a lifetime (prior) authorization for some clients whose condition will not change?
- Ben Salazar, Senator Udall's Office: Asked if the Governor has been presented and reviewed/endorsed this plan (for the Centennial Care waiver renewal), and has the state legislature reviewed it?
  - Mr. Nelson (HSD) responded: Yes, the Governor's office understands this (proposed) plan, and the legislature is being informed.
  - Mr. Salazar asked: How are we (HSD / State) dealing with the Federal uncertainty?
  - Mr. Nelson (HSD) responded: It is a bit stressful, but we're keeping up with it every day, and we will deal with it as it evolves.
- Doane Reid, Support Broker: Asked if the $2,000 allowance would be fixed or change every year?

    - Ms. Tolen responded: We may have to adjust this. For example, currently people (in the program) can't buy a new computer more frequently than every three years.
- David Holdridge, 24/7 Center: Suggested that ministries dealing with low income people could help deal with some issues.

Mr. Sanchez (MAD) presented on the topic of **Payment Reform** (5:43 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 (5:50 pm):

- (unidentified): Asked about Value-Based Purchasing (VBP) and risk-based arrangements for providers, and wondered if Medicaid provided funds to the provider for healthcare services, would the provider keep the money if the services weren't rendered? That, it seems, is the logical outcome of these arrangements, to not provide services.
    - Mr. Sanchez (MAD) responded: The VBP model is that they payer (Medicaid) and the Provider (doctor) share the risk and the savings.
    - Dr. Lindstrom (BHSD) responded: Think about car insurance, where we pay every year but may not get the services in any given year, or ever.
- Bob Phillips, ENMU Roswell: Noted that engaging smaller providers in these VBP arrangements may be problematic, and asked how would health outcomes be monitored? He suggested that there were several good models for measuring health outcomes, such as HEDIS. He noted the need to standardize monitoring and measurements, and that providers needed good data to make it work.
    - Ms. Pfeffer (MAD) responded: HSD is using HEDIS (from the NCQA) for outcomes measurements. HSD is currently looking at eight HEDIS performance measures to evaluate outcomes.
    - Dr. Lindstrom (BHSD) responded: VBP arrangements and measuring outcomes are never quite as simple as they seem, in fact it's quite complex, and severity indexes need to be developed and applied.
    - Mr. Nelson (HSD) responded: HSD is committed to ensuring that people get the services they need. HSD is trying to reduce unnecessary Emergency Room visits, reward providers for meeting goals, purchase value and achieve sustainability for the programs.
    - Dr. Lindstrom (BHSD) responded: Goals include not only better health outcomes, but other savings like diversions from other costly programs (incarceration, etc.).
- (unidentified): Wondered if there was a way to include patients in these decisions.

Mr. Sanchez (MAD) presented on the topics of **Member Engagement and Personal Responsibility** (5:59 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 (6:04 pm):

- Elizabeth Stanton, DeBaca Family Practice Clinic (FQHC): Noted that her clinic offered services on a sliding scale, and she asked how the proposed premiums would work with sliding scales?
    - Mr. Sanchez (MAD) responded: Premiums would be handled at the eligibility point, not at the provider point.
- (unidentified): Noted that she is worried that people simply won't apply for Medicaid if the premiums are instituted.
- (unidentified): Stated that the rewards program is great, offering a lot of good items, and suggested offering cell phone minutes as a reward.
- (unidentified): Noted that quite a few people (members) over-used clinic services, and wondered how might we deal with that?
    - Mr. Sanchez (MAD) responded: Care coordination at the provider level would help reduce the over-use of clinic/provider over time.
    - Dr. Lindstrom (BHSD) responded: Many people may be seeking a connection, and perhaps a peer support group could provide support and someone to talk to.
- Ben Salazar, Senator Udall's Office: Wondered if HSD was communicating with county health networks, and suggested that HSD use existing networks as much as possible.
- Bob Phillips, ENMU Roswell: Stated that he likes the suggested incentives, but wondered if there was any evidence that charging for missed appointments helps solve that problem?
    - Mr. Nelson (HSD) responded: HSD wants to support providers, to help keep them in the Medicaid programs, and HSD is being responsive to the provider community.
- (unidentified): Noted that while the number of (Medicaid) insured has risen, fewer are going to Emergency Rooms so counties are reaping some budget savings in the indigent funds they are not paying. Could those (unspent/saved) indigent funds be used to pay premiums?
    - Mr. Sanchez (MAD) responded: The Governor submitted a proposal to the Legislature to use county indigent funds to support Medicaid.
    - Mr. Nelson (HSD) added: That proposal wasn't successful.
- Arlene Brown, MD, NM Physicians Association: Noted that 95% of all physicians in NM are participating in Medicaid. She stated that the proposed premiums are not a good idea, and she noted that in Lincoln County the number of uninsured people dropped from 40% to 20% under the ACA and Medicaid expansion. She stated that these proposals seem like a tax on providers for those members who won't sign up for Medicaid, and she asked that HSD please look at other options.

    - Mr. Nelson (HSD) responded: It's important to differentiate between co-pays and premiums.
    - Dr. Brown noted: Providers will end up absorbing those costs.
    - Mr. Nelson (HSD) responded: The MCOs will manage the premiums, and the proposal for premiums is only for the higher levels of income. He noted that HSD recognizes that this would be challenging.
    - Dr. Brown stated: Patients eligible for Medicaid now do not currently have to pay for services or prescriptions, but these proposals would force patients to choose between buying groceries or medication.
    - Mr. Sanchez (MAD) responded: There is a proposal to let earned rewards pay for premiums.
- Scott Annale, Lincoln County Program Manager: Suggested that for instituting premiums, HSD leave the 138% FPL threshold alone and go up to 275% or 300% FPL.
    - Mr. Nelson (HSD) responded: We (at HSD) have talked about where to set the income levels in lots of detail, and that is a good suggestion.
- William Liankos, Pediatrician, NM Medical Society: Noted that with regards to the proposed changes, we can't talk about "personal responsibility" for kids, and any of these proposals would reduce services for kids. He suggested that there be age limits on these proposals so the kids don't get penalized.
- Arlene Brown, MD, NM Physicians Association: Stated that it takes an "efficiency of scale" to make the system work. She also noted that labs sometimes won't send results to PCPs, and suggested that Medicaid should build in the requirement that lab reports and testing results automatically be sent to PCPs rather than only to the ordering physician or specialist.

Ms. Tolen presented on the topic of **Administrative Simplification** (6:23 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 and has been dropped by HSD.)

Comments from the public on administrative simplification (6:28 pm):

- (unidentified): Stated that Dental and Vision coverage should not be dropped.
    - Mr. Nelson (HSD) responded: The option to implement reductions to Dental and Vision coverage (changing to buy-ins) would happen only if HSD has further state budget

restrictions. He noted that HSD has already done much in the way of cost containment by cutting provider rates, and they don't feel they can cut those rates any more.

- (unidentified): Noted that people would just forego Dental and Vision coverage if there were premiums, and asked what percentage of people in NM were on Medicaid?
    - Mr. Nelson (HSD) responded: Now there's about 40% of the total state population in Medicaid, but the number is always changing, "it's a moving target."
    - Ms. Pfeffer responded: The proposed Dental and Vision buy-ins are for adult populations only, not for children.
- Bob Phillips, ENMU Roswell: Noted that while HSD points out potential cost savings, he pointed out some cost factors that are often overlooked in implementing changes like those proposed, such as workforce stress, turnover in providers, and the burnout factor for providers. He also noted the HSD should look for ways to incentivize and support providers better, such as workforce wellness programs that attend to the health needs of the provider workforce.
    - Dr. Lindstrom (BHSD) responded: Shifting the way we pay for healthcare services and incentivizing for better outcomes will go a long way to support providers.
    - Mr. Phillips asked: What is HSD's integrated care model?
    - Dr. Lindstrom (BHSD) responded: HSD is working on new rules for behavioral-physical health integration.
- Jackie Deen, Molina Healthcare: Asked if there will be tiers for various services?
    - Mr. Nelson (HSD) responded: We haven't gone to that level of detail yet.
- Arlene Brown, MD, NM Physicians Association: Offered a closing thought based on the issues with NM being such a small state: while 50% of NM providers are in large networks, 50% of providers are in small practices and are not ready for risk-sharing arrangements, so please don't move too fast and cause more pressure for small practices.
    - Mr. Nelson (HSD) responded: We understand the technical requirements for risk-based programs, and not every provider will be on this program.

Mr. Nelson thanked the crowd for attending and providing input. He also mentioned that additional comments/input could be submitted to HSD via the website and email as noted.

The meeting ended at 6:37 pm.

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