

Public Engagement on Centennial Care 2.0

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

Date: June 19, 2017, 4:00 pm

Location: Silver City, NMWNMU-GRC Auditorium, 1000 W College Ave

Attendance: Approximately 30 public attendees, 6 from HSD

Public Meeting Notes

The meeting started at 4:00 pm. A powerpoint slideshow presentation was projected to support the discussions.

HSD Medical Assistance Division (MAD) Deputy Director, Kari Armijo welcomed the group and provided an overview of the purpose of the public forum. The head table of HSD presenters and staff introduced themselves: Wayne Lindstrom, Director, Behavioral Health Services Division; Kathy Slater-Huff, Bureau Chief, MAD Communication and Education Bureau; Orlando Vasquez, Communication and Education Bureau; Crystal Hodges, Long Term Services and Supports (LTSS) Bureau; Jared Nason, a consultant from Mercer who facilitated the group discussions; and Robyn Nardone with the New Mexico Independent Consumer Support System (NMICSS).

Ms. Armijo provided a general overview of the meeting, the process, and background on Centennial Care:

- The presentation is 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 it works today and how we might make it better.
- The process timeline was reviewed noting Centennial Care 2.0 implementation in January 2019.
- Medicaid in NM prior to Centennial Care was fragmented. The Centennial Care model, which started in January 2014, consolidated multiple waivers, 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. HSD is working with the Centers for Medicare and Medicaid Services (CMS) to understand the direction the federal government will take in the Medicaid program. HSD is moving forward with the waiver renewal process based on current laws and rules.
- Accomplishments of Centennial Care to date were reviewed, which included huge growth in overall Medicaid enrollment (currently covering approximately 700,000 members/beneficiaries) and increasing access to LTSS services by leading the nation in providing services in the home rather than in facilities. Reiterated the goal of improving Centennial Care by fine-tuning initiatives, not making major changes.

Mr. Lindstrom presented on the topic of **Care Coordination**

- 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.

Jared Nason led the group discussion. Comments from the public on Care Coordination:

- Mary Stecker, works in behavioral health and retired from the NM Department of Health: She likes the inmate support program coordinators working in the jails and would like to see more support for wrap-around services in the southwestern rural part of the state. Asked for more training access from HSD and CYFD.
 - Mr. Lindstrom offered to work with Ms. Stecker.
- Brain Etheridge, Pediatrician and President of the NM Pediatric Society: Suggested the need to increase care coordination and the need for people on the ground in the office. Asked for early home visitation to be offered statewide and believes it to be very beneficial. Asked to improve the process for newborns who have not been assigned yet to Centennial Care.
- Public comment: Thinks using telehealth for coordinating care is a good idea.
- Linda Pafford, Grant County Democratic Party: Commented that community members supporting family members work better when they have someone to call.
- Public comment: Family members with adults with mental health issues need transportation services and are key in rural areas. Suggested a need for flexibility for individuals transitioning out of hospitals.
 - Mr. Lindstrom explained to the group that there is a statewide crisis hotline at 1-855-NMCRISIS based in Albuquerque. The hotline can assist in accessing a Peer-to-Peer warm line and staff support form HSD is available to help when there are issues with care coordination.

- Provider: Commented that inhibitors to comprehensive support in the MCOs need for market share. It inhibits community based services. Primary care is a good opportunity for care coordination and community health workers.

Wayne Lindstrom presented on the topic of **Behavioral Health (BH) Integration**:

- Reviewed BH integration goals and accomplishments.
- Discussed two major areas as opportunities for changes:
 - Expanding Health Homes; and
 - Supporting workforce development in the BH field.
- Mr. Lindstrom explained to the group that part of the Health Homes expansion included the southwestern part of the state. He highlighted the Treat First model and the pilot project which produced results for meaningful engagement with individuals in need. No-show rates declined with better outcomes for the member.

Mr. Nason led the group discussion. Comments from the public on Behavioral Health Integration:

- Providers thanked the state for primary care training. Expressed concerns that hospitals are using dollars for subspecialty training and not primary care. Asked that this be revised and geared towards behavioral health and primary care.
- Provider reimbursement issue with integration. CPT codes reserved for psychologist in the exam room and no other providers. Integrate substance abuse treatments and look for reimbursement opportunities.
- Public comment: As a person with both mental and physical health issues believes education for members is important and goes along with provider education.
- Ms. Stecker: Asked if primary care providers who are not with a Federal Qualified Health Center (FQHC) providers are also part of the Patient Centered Medical Home (PCMH) model.
 - Ms. Armijo explained that yes, PCMH providers are from across the spectrum not just FQHCs

Crystal Hodges presented on the topic of **Long Term Services and Supports**:

- 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 cost 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.

Mr. Nason led the group discussion. Comments from the public on LTSS:

- Public comment: Lots of mail related to eligibility but not always informational. Suggested inserting flyers into mailings.
- Ms. Stecker: Commented that people have trouble getting to appointments on time because of transportation issues. Asked HSD to consider local transportation options and revisit bus passes.

Mr. Lindstrom presented on the topic of **Payment Reform**:

- 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

Mr. Nason led the group discussion. Comments from the public on payment reform:

- Public comment: Medicaid expansion has contributed to uncompensated care reductions.
- Dan Otero, CEO Hidalgo Medical Services (HMS): Expressed a need for help with data alignment and that the MCOs should be aligned with consistent measures for all four. He indicated that it is cumbersome being in multiple MCOs and there is a need for improving the Health Information Exchange system. Issues with MCOs not knowing which panel of patients the provider is seeing.
- Dr. Etheridge: Pediatricians and other providers are limited because of contracts with hospitals and believe this creates disjointed access.
- Public comment: Safety net care pool funding is not being publicized adequately. Would like to see more standards and conditions on the pool.

Ms. Armijo presented on the topics of **Member Engagement and Personal Responsibility**:

- 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).

Mr. Nason led the group discussion. Comments from the public on member engagement and personal responsibility:

- Public comment: Member tried to enroll in Rewards but the system would not let her finish the process.
- Public comment: School based health care can help with rewards.
- Public comment: Suggested informing members about the Rewards program during the assessment.
- Public comment: Low-income individuals will lose income by having to pay premiums. Someone on social security income is fixed so that should be considered.

- Dr. Etheridge: Is not aware of any data that supports the need for premiums. Believes it will lead to gaps in care, costly to administer and that providers will end up subsidizing the state.
- Representative from New Mexico Center on Law and Poverty: Expressed disappointment in the premium proposal. Believes it to be more expensive to administer than the return cost savings. Commented that the state should instead seek revenue solutions.
- Ellen Pinnes: Premiums cause loss of coverage and copays cause a decrease in care. Thinks the state should do an analysis of whether this will cost more. Believes this is an ideological effort not a cost savings.
- FQHC Provider: Worried that people will end up at their health center when they lose coverage for not paying premiums and it would create a burden on the FQHCs resulting in loss of services.

Ms. Armijo presented on the topic of **Administrative Simplification**:

- Reviewed administrative simplification goals and accomplishments.
- Discussed areas of 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.

Mr. Nason led the group discussion. Comments from the public on administrative simplification:

- Jim Jackson, Executive Director Disability Rights New Mexico: Expressed concern that there is an incentive to the MCOs to meet the Nursing Facility Level of Care (NFLOC) for more payment.
- Ellen Pinnes: Thinks the real time is not applicable to retroactive eligibility and that presumptive eligibility does not happen everywhere. Believes transitional Medicaid is still needed for some even if it is a small group.
- Provider: It is harder for providers other than hospitals to not have the retroactive eligibility.
- Public comment: thinks care coordination should be for all Centennial Care members and a once a year primary care visit should be required.
- Public comment: Who can determine presumptive eligibility and in particular in the jail setting?
 - Ms. Armijo responded that it is available in prisons and jails and that New Mexico was the first state implement the program. HSD can offer trainings to assist.
- Hidalgo Medical Services: is the only dental provider in the area and provided services to over 5,000 patients in the past year.
- New Mexico Center on Law and Poverty: Asked why fee for service (FFS) is exempt from the proposal to eliminate retroactive coverage.
 - Ms. Armijo explained that the administrative burden of the managed care reconciliation process is substantial; this reconciliation process does not occur on the FFS side.
 - HSD staff reminded the attendees that public comments will be accepted until July 15, 2017.

The meeting adjourned at 6:30 pm.