

**Medicaid Advisory Committee (MAC)  
Cost-Sharing, Benefits Package, and Eligibility Verification Subcommittee**

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**May 12, 2016 Time: 1:30 – 4:00 p.m. Place: CNM Workforce Training Center, ABQ**

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Chair: Gene Varela  
Recorder: Shawna Crist-Ruiz, HSD/MAD

Committee Members: Carol Luna-Anderson, Life link & BH Planning Council  
Jeff Dye, NM Hospital Association  
Eugene Sun, MD, BCBS NM  
Ginna Hendricks, Santa Fe Dentistry for Kids (proxy for Kris Hendricks)  
Steve McKernan, UNM Hospital  
Ruth Hoffman, Lutheran Advocacy Ministry NM  
Mark Kolman, NM Department of Health  
Debbie Feathers IHS  
Jim Jackson, Disability Rights NM  
Chloe Tischler (proxy for Marc Kolman), NM Department of Health  
Joie Glenn, NM Association for Home & Hospice Care  
Anita Schwing (proxy for Amy Dowd)  
Nancy Smith-Leslie, HSD/MAD  
Darcie Robran-Marquez, Molina Health Care  
Rodney McNease, UNMH  
Larry Martinez, Presbyterian Medical Services

Absent Members: Erik Lujan, All Pueblo Council of Governors  
David Scrase, MD, HSD

Staff & Visitors Attending: Kari Armijo, HSD/MAD  
Angela Medrano, HSD/MAD  
Tallie Tolen, HSD/MAD  
Kristin Abdill, HSD/OOS  
Wayne Lindstrom, HSD/BHSD  
Jenny Felmley, LFC  
Robyn Nardone, HSD NMICSS  
Kim Carter, HSD/MAD  
Abuko Estrada, NM Center on Law and Poverty  
Doris Husted  
Ellen Pinnes  
Jerri McNab, Heritage HHC

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Welcome and Introductions	Gene Varela called the meeting to order promptly at 1:30 and welcomed subcommittee members. Introductions were made.	None		Complete
II. Review and approve minutes from last meeting	The subcommittee members approved 5 -5 -16 minutes. No objections were made.	None		Complete
III. Discuss Cost-Sharing Ideas	<p>Nancy Smith-Leslie reminded the subcommittee that with HB2, the Department has been directed to implement cost-sharing measures.</p> <p>Larry Martinez added that if families are asked to contribute with premiums, many will be unable to comply. He stated that 20 dollars may seem reasonable to the members around the table, but to Medicaid recipients, that amount is considerable.</p> <p>Debbie Feathers stated that she would not support any co-pays or premiums for the Native American community. Debbie also stated she would say no to all cuts until she sees 100% of FMAP.</p> <p>Kari Armijo stated that Native Americans are exempt from copays and premiums if they have received prior Medicaid services.</p> <p>Regarding premium structure, Kari Armijo stated the premium amount would depend upon income level. When asked if the premium amount could result in nothing, Kari responded yes!</p> <p>Jim Jackson stated that premiums pose as an economic challenge to families because if recipients cannot pay their premium, they are effectively without coverage. Jim added he was against co-pays.</p> <p>Rodney asked if there were examples from other states showing what type of impact this has had on recipients.</p> <p>Kari stated that Iowa had implemented a premium; however, data bearing any results was not yet available.</p> <p>Larry Martinez suggested that Medicaid incent healthy behaviors with lower premiums if we should go in that direction.</p> <p>Ruth Hoffman stated that the FPL's were based old data dating back 50 years; FPL's do not reflect rising inflation and the exponential increase in cost of living. Ruth added she could support neither a premium nor copay as an extra burden to the Medicaid population.</p> <p>Rodney McNease distributed an article titled, <i>The Economic Impact of Intensive Care Management for High-Cost Medically Complex Patients: An Evaluation of New Mexico's Care One Program</i>. He explained how the New Mexico's Care one Program was able to manage the top 1% of utilizers more effectively to show a significant reduction in over-usage of the system.</p> <p>The Care One Program model whose aim is to curb the top % of utilizers was compared with similar programs such as: Echo; HUGS; and Care Coordination taking place within the MCO's Centennial Care program.</p>			

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	<p>Jim Jackson stated that Care Coordination was supposed to have generated savings but he felt was spotty at best. Jim claimed that there could be better outcomes with a more effective program.</p> <p>Joie Glen stated that the Care Coordination Policy Manual has been revised to change the ineffective components. Joie added that many lessons have been learned through the process thus far.</p> <p>Nancy Smith-Leslie confirmed that Medicaid will change policies when things are not working effectively and that Care Coordination was still a work in progress.</p> <p>After acknowledging the interesting, academic discussion that was taking place, Jeff Dye asked Jim Jackson if there was any type of co-pay Jim could accept.</p> <p>Jim Jackson responded that he would be open to the idea of progressively higher co-pay for recipients utilizing the Emergency Room on a regular basis.</p> <p>Jim added that these utilizers would need to be referred to the services that they truly need and are not currently receiving.</p> <p>Jeff Dye stated that copays should apply to care coordination to target specific needs. Jeff asked how Medicaid, with limited resources, could afford to pay for every service to every recipient.</p> <p>The subcommittee showed wide support for effective care coordination to manage the high utilizers.</p> <p>Angela Medrano reminded the subcommittee members that HSD was looking to receive recommendations that will provide real savings.</p> <p>Kari Armijo added that a narrowing down of set of options to look at would be helpful. Kari suggested we look more closely at progressive payments suggested by Jim Jackson.</p> <p>The discussion turned toward real-time data needed when a recipient utilized the ER.</p> <p>Darcie Robran-Marquez directed members of the committee to consider the EDIE Program for real time notification. Darcie stated that EDIE was implemented in Washington state and yielded a 30% reduction in ER utilization.</p> <p>Darcie reviewed the handout outlining Molina's ideas to support cost-containment for Medicaid.</p> <p>Wayne, Carol and Rodney all agreed it would be best to remove the \$40 dispensing fee on Naloxone Kits.</p> <p>Eugene Sun suggested there is action taken not to support the bad actions of drug companies that buy the rights to certain drugs and raise the prices to beyond affordable.</p> <p>Jeff Dye stated that the AMA's National group is trying to fight big pharma; there needs to be a strategy to curb these costs.</p> <p>Jim Jackson stated that it is more economical to keep people at home in lieu of a nursing facility.</p>			

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	<p>Jim also stated that there was a reduction in benefits to LTS, that even though more are accessing care, benefits are already being cut; the level of services in Centennial Care has actually gone down.</p> <p>Ginna Hendricks reviewed recommendations to Medicaid from the dentistry perspective detailing how significant cost savings could occur if certain costly hospital procedures were incentivized with adequate reimbursement to dentists to be performed in dental offices.</p> <p>Kari Armijo asked Ginna Hendricks for examples of other states that may have changed Medicaid Policy to cover this in-house procedure.</p> <p>Ginna Hendricks stated she would look into what other states might have done.</p>			
VI. Closing remarks and Adjourn	Gene Varela thanked the subcommittee members for their time stating it was good to hear all the consideration. The meeting was then adjourned at 3:45.			

Respectfully submitted:

Shawna Crist-Ruiz  
 Recorder

5/13/16  
 Date