

# Medicaid Advisory Committee (MAC)

November 23, 2015

## MINUTES

**Time: Start-1:07pm End-5:07pm Location: Garrey Carruthers State Library, Santa Fe**

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Chair: Larry A. Martinez, Presbyterian Medical Services  
Recorder: Desbah Farden, Committee Support Person

Committee Members:

Johnny Abeyta Sr., Ohkay Owingeh	Larry Lubar, NM Dental Association
Michael Batte, Retired state employee	Carol Luna-Anderson, The Life Link
Myles Copeland, Aging, and Long Term Services Dept.	Carolyn Montoya, UNM College of Nursing
Ramona Dillard, Pueblo of Laguna	David Roddy, NM Primary Care Association
Jeff Dye, NM Hospital Association	Daphne Rood-Hopkins, NM Children, Youth, and Families Department
Joie Glenn, NM Association for Home and Hospice Care	Linda Sechovec, NM Health Care Association
Michael Hely, NM Legislative Council Service	Laurence Shandler, Southwest Care Center
Ruth Hoffman, Lutheran Advocacy Ministry NM	Dale Tinker, NM Pharmacists Association
Marc Kolman, NM Department of Health, DDS	Sharon Huerta represented the 3 Medicaid Managed Care Organizations

Absent Members:

Roselyn Begay, Navajo Nation Division of Health	Steve McKernan, UNM Hospital
Mary Eden, Presbyterian Healthcare Services	Gene Varela, AARP NM
Nancy Koenigsberg, Disability Rights NM	

Staff & Visitors Attending:

Nancy Smith-Leslie, HSD/MAD Director	Brent Earnest, HSD Secretary	Sean Pearson, HSD Deputy Secretary
Mike Nelson, HSD Deputy Secretary	Wayne Lindstrom, HSD/BHSD	Angela Medrano, HSD/MAD
Jason Sanchez, HSD/MAD	Kim Carter, HSD/MAD	Debbie Vigil, Vida Encantada
Doris Husted, The Arc of NM	Elizabeth Portillo, United Health Care	Carlos Galaviz, BCBSNM
Christopher Salazar, NMMH Molina	Lauri Oster, United Healthcare	Jill Sugg, UCB, Inc.
Irene Torres, OnPointe	William Himes, Genesis Healthcare	Kelley Whitaker, OnPointe
Amanda Gallegos, Vida Encantada	Jeanene Kerestes, BCBSNM	Lucas Conley, Montgomery & Andrews
John Johnson, Presbyterian Health Plan	Mike Easterday, Aetna Medicaid	Sharon Huerta, BCBSNM
Theresa L. Muter, Enchantment Legacy Inc.	Virginia Hendrick, Enchantment Legacy Inc.	Theodora (Teddi) Sobin, Parents Reaching Out
Janet Laswell, Addus Homecare	Andrew Thompson, Celgene Corp.	Mosch Virship, Client at Abq. Brain Injury Resource Ctr.
Wendy Corry, Corry Consulting	Nat Dean, Nat Dean Disability Advocacy	Dolores Harden
Catherine Frost, Client	Amy C. Dixon, Desert States PT network	Margaret White, Health Insight New Mexico
Tina Rigler, Molina	Jim Jackson, Disability Rights NM	Scott Allocco, SJA Healthcare
Mary Kay Pera, NMASBHC	Bruce Bower	Barbara Ibanez, DDPC
Rodney McNease UNMH	Nancy Fisher, Tricare	Patricia Lopez, NMALTS
Sandy Staar, Self Directed Choices	Harelda Anderson, Totah BH Authority	Chuck Milligan, United
Dan Clavio, HSD/MAD	Ellen Pinnes	Buffie Saavedra, United Healthcare
Robyn Nardone, HSD/NMICSS	Abuko D. Estrada, NMCLP	Ceci Samson, PCPMG

Margy Weinbar, Health Insight  
 Kristin Abdill, HSD/OOS  
 Sun Vega, Consultant  
 Karen S. Wiley, NMDVR  
 Susan Wilger, CHS  
 Zoe Migel, Bright Futures: Autism & Early Intervention  
 Nancy Rodriguez, NM Alliance for School Based Health Care  
 Michelle Briscoe, City of Abq., Bernalillo County., Area Agency on Aging  
 Corina Gutierrez, Commission for the Deaf and Hard of Hearing  
 Tiare Tawil, Heritage Home Healthcare & Hospice  
 Jill Kennon, Centennial Care Participant, Self-Directed

Tina Gardner, Disability Rights NM  
 Marina Estrada, PHP Ombudsman  
 Cris Valladares, Celgene  
 Curt Schatz, UHC  
 Lucia Lopez, IAD

Jenny Felmley, NMLFC  
 Karen Wells, NMAHC  
 Martin Rosenblatt, Innovage NM PACE  
 Julie Lovato, HSD/OOS  
 Kris Hendricks, Pediatric Dentist  
 Penelope Foran, Member Community Self Directed Waiver  
 Sarah Coffey, Southwest Women's Law Center  
 Rebecca Shuman, AAAPD  
 Rene Lopez, United Health Care  
 Shawn Ricketts, Heritage Home Healthcare & Hospice

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	The room was completely full at 1:00pm and all persons present introduced themselves. A sign language interpreter was present to accommodate hearing impaired attendees. Two sign in sheets were provided to distinguish between record for attendance and request to give Centennial Care comments. The Chairperson announced that 15 persons had signed up for CC Forum at the beginning of the meeting. HSD Secretary Brent Earnest was also present during the Forum.	An announcement was made that any comments not provided in person, could be sent in various formats to committee support person, Desbah Farden.	Larry Martinez, MAC Chair	Completed
II. Approval of Agenda	Before the agenda was approved, it was determined that two agenda items were listed for Centennial Care Forum. The reason was to separate committee comments from public comments.	None	Larry Martinez, MAC Chair	Completed
III. Approval of Minutes	The minutes from the last meeting held August 24, 2015 were approved with no changes.	None	Desbah Farden, Committee Support Person	Completed
IV. Medicaid Budget Projections	Jason Sanchez, Deputy Director, provided the budget projections report and explained the trend model used and the FY16 deficit that resulted in a supplemental request submitted to DFA and LFC. Jason Sanchez reminded the committee that there will be a more detailed report provided at the annual budget meeting held during legislative session. A \$45.2 million shortfall for FY16 was reported. Jason Sanchez also explained some of the reasons for the need such as projected increased enrollment, small overall FMAP decrease, Medicare (Part D) rate increase, and cost containment included.  The committee members expressed a need for Centennial Care expenditure breakdown and more cost containment information.	Projections for FY15, FY16, and FY17 will be presented at the annual MAC budget meeting held every January.	Nancy Smith-Leslie, Director, Medical Assistance Division, Human Services Department	Completed

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V. Director's Report	<p>Nancy Smith-Leslie announced that an agreement had been reached with CMS, and beginning Jan. 1, 2019 the Medically Fragile population would be transitioned into Centennial Care. Nancy explained there was a delay until the waiver is renewed.</p> <p>Nancy Smith-Leslie provided a Centennial Care report document that was distributed to the committee. Nancy Smith-Leslie reported on Medicaid enrollment by managed care organization and Native American enrollment by managed care organization. Nancy Smith-Leslie also reported on the health risk assessment, explaining it is a tool to determine a member's level of care. Nancy also provided the completion rate of health risk assessments by managed care organization. A brief discussion was held as members had questions on specific numbers of health risk assessments done by Tribal 638 entities and collaborating with IHS assisting with care coordination activities.</p> <p>Nancy Smith-Leslie reported on enrolling more individuals the originally projected, increasing coordination of services, supporting providers with increased rates for certain providers and telehealth expansions, implementing payment reform projects, engaging members in their care, and HEDIS data from 2014.</p> <p>Committee members continued to provide questions on the Health Risk Assessment and expressed interest in improvement.</p>	None	Nancy Smith-Leslie, Director, Medical Assistance Division, Human Services Department	Completed
VI. MMIS Replacement	<p>Russell Toal provided a handout and explained a new approach was used to focus on services instead of technology. Russ explained a chart that described a service oriented modular approach.</p> <p>Russ Toal reported on the request for proposal process to select a vendor that could be a 2-3 year process to implementation.</p> <p>Russ mentioned that the federal oversight was in support of the framework and initial funding request.</p>	None	Russell Toal, Deputy Director, Medical Assistance Division, Human Services Department	Completed
VII. Managed Care Organizations Ombudsman program	<p>Representatives from the Centennial Care health plans were invited to present information on Ombudsman roles within Centennial Care. As a result of a 2015 contract amendment, a position for each MCO was created to serve as a member advocate after care coordination assessment. Sharon Huerta of BCBS explained that the Ombudsman role is separate from the role of care coordinator. The ombudsman role is intended to augment and assist with fostering the relationship with the Centennial Care members.</p>	None	Centennial Care managed care organizations	Completed

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	<p>The Ombudsman from each MCO provided a brief vignette to explain how one represented a member in a case discussion to understand rights and responsibilities, how a member needed dental intervention and Ombudsman helped find a dentist, and how one Ombudsman helped a member track a grievance.</p> <p>The committee members presented questions on how is it different from care coordinator role, what the average caseload, and why only one for each program.</p>			
VIII. Centennial Care Committee Forum	<p>It was decided that there should be a separate comment period for members.</p> <p>Before the forum comments were made by the public, the committee comments are summarized:</p> <p>Health risk assessment process is still being worked out, encourage more data to compare present situation to experience before implementation, not seeing sufficient data on outcomes, problems with ASPEN system continue and portal information does not match up, administrative simplicity not experienced, pharmacy issues cannot be discussed due to contract restrictions, and it has not been an easy period for providers due to inadequate reimbursement to cover cost of care. The members also expressed an appreciation for the opportunity to make comments.</p>	None	Nancy Smith-Leslie, Director, Medical Assistance Division, Human Services Department	
IX. Centennial Care Public Forum	<p>A sign in sheet was provided so that persons could be called in an orderly manner.</p> <p>The various public comments are summarized:</p> <p>Praise for the ECHO program, thankful for EV services/therapy for autistic child, inconsistencies dealing with four different managed care organizations, nursing facilities are not able to be compensated for providing BH services, many issues with claims processing and losing revenue due to incorrect reimbursement, providers are having problems with medical care credits, there is a need to address what is paid to home health aides, school based health centers can be a partner for many initiatives such as obtain health risk assessments for high risk patients, respite care hours are not enough for medically fragile partic-</p>	None	Nancy Smith-Leslie, Director, Medical Assistance Division, Human Services Department	

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	<p>ipants, long term care facilities are beginning to deny admissions of high risk residents due to no funding for specialty care, there is a need for specialized services for a growing population of persons with extreme health conditions, significant decrease of Medicaid compensation for hospital dental surgical procedures is a major access to care issue, praise for ABA services added however provider network insufficient to perform individualized services plans, in long term care facilities there are difficulties getting through centralized eligibility for Medicaid pending process, a request was made to reset staffing standards for nursing facilities, suggestion to increase alcohol taxes to raise money for healthcare and health promotion, there is a lack of transparency in system and consumers and advocates need more open and inclusive processes, and community benefit is not comprehensive.</p>			
X. Public Comment	The Centennial Care Forum took the place of the Public Comments section for this MAC meeting.	None	HSD Leadership	Completed
XI. Adjournment	The meeting adjourned at 5:07pm.	None	MAC Chairperson	Completed

Respectfully submitted:

Desbah Farden  
Medicaid Advisory Committee Support Person

March 3, 2016

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Recorder

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Date