



NEW MEXICO MEDICAID PROGRAM – CENTENNIAL CARE 1.0

Centennial Care completed its fifth year in 2018 and effectuated a modernized healthcare delivery system in New Mexico focusing on improved access to care, integrated care, care coordination, and quality of services using four guiding principles:

- To create a comprehensive service delivery system that provides the full array of benefits and services;
- To encourage personal responsibility, so members become more active participants in their health and more efficient users of the health care system;
- To advance Payment Reform strategies that reward improved outcomes rather than the quantity of services delivered; and
- To simplify the administration of the program for providers and members.

Medicaid Enrollment (as of December 2018):

• Total in Medicaid	824,922
• Total in Centennial Care	651,613
• Total in Adult Expansion	250,210
• Total in Long-Term Care	33,235
• Total in Agency Directed Community Benefit	29,406
• Total Accessing Community Benefit in 2014	24,022
• Total Accessing Community Benefit in 2015	27,878
• Total Accessing Community Benefit in 2016	29,855
• Total Accessing Community Benefit in 2017	29,743
• Total Accessing Community Benefit in 2018	30,133

Centennial Care Accomplishments:

- Approximately 900 care coordinators serving Medicaid members with higher needs.
- Standardized Health Risk Assessment (HRA) across all MCOs.
- Increase of 59% of the number of members served by Community Health Workers (CHWs) from 28,452 in 2015 to 58,665 members as of September 2018.
- Increase in the number of members being served by Patient-Centered Medical Homes—from 200,000 members at the end of 2014 to 332,450 members at the end of September 2018.
- Launching of Health Homes on April 1, 2016 in two counties (San Juan and Curry) to provide integrated care for Medicaid recipients with chronic conditions, targeting a vulnerable population with behavioral health needs. Expansion of Health Homes in May 2018 in 11 sites and in 8 additional counties. This pilot program is serving over 2,000 members.
- Successfully implemented the Federally mandated Electronic Visit Verification (EVV) system to ensure members are receiving authorized Personal Care Services (PCS) on the day and time approved.
- Launched Super-Utilizer Project to identify members in each MCO for targeted care coordination with the highest Emergency Department (ED) utilization. As of August 2018, ED visits for all active members in the project decreased 47.5% from an average of 2.8 visits per member per month to 1.47 visits.

- Implemented the Emergency Department Information Exchange (EDIE) software across all MCOs. 25 facilities throughout the state utilize EDIE for instant notification of when a member is in the ED to allow for earlier and more efficient care coordinator involvement.
- The MCOs implemented a variety of initiatives for the reduction of ED visits and readmission rates for members including but not limited to:
 - Utilization of paramedicine services for high needs members.
 - Projects involving justice involved members.
- MCO performance on HEDIS measures met or exceeded the Calendar Year 2018 national benchmarks for:
 - Child Immunization Status for; Hepatitis B, Hepatitis A, Rotavirus, Influenza, Combo 5, Combo 7, Combo 8, Combo 9, Combo 10;
 - Follow-Up Care for Children Prescribed ADHD Medication for; Initiation Phase and Continuation and Maintenance Phase;
 - Follow-Up After Hospitalization for Mental Illness for; 7-day ages 65 and over;
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents for; ages 1-5 years;
 - Use of Opioids at High Dosage;
 - Use of Opioids from Multiple Providers for; Multiple Prescribers and Multiple Pharmacies;
 - Annual Dental Visit;
 - Well-Child Visits in the first 15 Months of Life for; 2 visits and 5 visits;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD - Alcohol abuse or dependence for 18+ Years;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD - Alcohol abuse or dependence for all for the total average;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD - Opioid abuse or dependence for 18+ Years;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD - Opioid abuse or dependence for the total average;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD for total of 18+ years;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD for the total of the total average;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation of AOD - Opioid abuse or dependence for 18+ Years;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation of AOD - Other drug abuse or dependence for 13-17 Years;
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation of AOD - Total for 13-17 Years.

Centennial Care Improvements and Successes:

- Continued efforts to improve access to specialty providers includes, increased access to both physical and behavioral health care through an expanded utilization of telemedicine in rural and frontier settings. These efforts include partnerships with the UNM Center for Telehealth and utilization of MDLIVE for virtual visits.
- NM continues to reintegrate members from nursing facilities into the community, with 87.3% of members in the long-term care program being served in the community. The American Association of Retired Persons' (AARP) historical reporting contained in *The State Scorecard on LTSS for Older Adults, People with Physical Disabilities*

and Family Caregivers demonstrated that between the years 2014 and 2017, New Mexico ranked in the top five of states spending more of their Long Term Services and Support (LTSS) dollars on Community Benefit services rather than institutional care.

- Continued expansion of Hepatitis C treatment to the seven stages for which there is medical evidence indicating the benefit of treatment.
- Continued development of provider capacity:
 - Maximizing Scopes of Practice for Certain Providers. In order to increase the use of non-independently licensed master's level behavioral health practitioners, HSD instituted a supervisory certificate for which providers attest to the practice board and HSD approved supervisory protocols. This allows agencies providing services to Medicaid beneficiaries to expand their access to care through utilization of an expanded number of practitioners.
 - HSD authorized the use of independently licensed psychiatric certified nurse practitioners, certified nurse clinicians, and prescribing psychologists where previously only psychiatrists could render services for some of our specialty psychiatric services.
 - HSD authorized the use of non-licensed behavioral health interns and certified peer support and family peer support workers, under supervision, to render services within a select group of provider agencies.
- MCOs reported member satisfaction through the Calendar Year 2018 Consumer Assessment of Healthcare Providers and Systems (CAHPS). The target populations included; adults, children and children with chronic conditions, who were enrolled in Centennial Care in 2018. Results of the survey were compared to the Calendar Year 2018 National benchmark as stated in the National Committee for Quality Assurance (NCQA) Quality Compass.
 - Rating of Health Care for the adult population reports an average satisfaction rate among the MCOs of 72%, which is below the national benchmark of 75%.
 - Rating of How Well Doctors Communicate for the adult population reports an average satisfaction rate of 94% which is above the national benchmark of 92%
 - Rating of Personal Doctor for the adult population reports an average satisfaction rate of 81% which met the national benchmark.
 - Rating of Health Care for children (general population) reports an average satisfaction rate 85%, which is below the national benchmark of 87%.
 - Rating of Health Plan for the children (general population) reports an average satisfaction rate of 87% which is above the national benchmark of 86%.
 - Rating of Personal Doctor for children (general population) reports an average satisfaction rate of 90% which is above the national benchmark of 89%.
 - Rating of Healthcare for children (chronic conditions) reports an average satisfaction rate of 94%%, which met the national benchmark.
 - Coordination of Care average for children (chronic conditions) reports an average satisfaction rate of 83%, which is above the national benchmark of 77%.
- The Centennial Care Member Rewards Program continues to incentivize members for healthy behaviors. Since implementation, 714,199 distinct members enrolled in Managed Care have earned at least one incentive or reward for engaging in healthy behaviors.



- HSD implemented payment reforms that reward providers for performance on quality and outcomes that improve members’ health. In 2018, 29% of all provider payments were included in value-based purchasing arrangements.
- Reduced uncompensated care by 41% for New Mexico hospitals.
- Implemented hospital quality initiative as part of the Safety Net Care Pool.

Native American Collaboration

The “State-Tribal Collaboration Act” (SB 196) moved into state statute an effective government-to-government communication and collaboration between state and Tribal governments. SB 196 provides the framework for the state and Tribes to work together to develop successful programs and services to benefit New Mexico's Native American citizens. Part of SB 196 requires training in cultural competency for state employees who have regular contact with Tribes and Tribal entities. HSD is also required to submit an annual report to the Governor’s office through the Indian Affairs Department (IAD) on the agency’s implementation of the Act and listing the programs and services HSD provides to the Native American population in New Mexico.

The Native American Technical Advisory Committee (NATAC) was established in September 2012 as a subcommittee of the Medicaid Advisory Committee to give the Tribes, Pueblos, and Nations an opportunity to meet with the New Mexico Medicaid Director on a quarterly basis. The focus of these meetings is to continue discussion regarding Medicaid, including Centennial Care 2.0, the 1115 Waiver Renewal negotiations with the Centers for Medicare and Medicaid Services (CMS), and to continue discussions regarding implementation of the CMS guidance regarding services “received through an IHS facility”.

- HSD continues to work with IHS/Tribal 638 facilities to develop the process for 100% Federal Medical Assistance Percentages (FMAP) for services received through an IHS/Tribal 638 facility and furnished to Medicaid eligible Native Americans. Efforts include signed Care Coordination Agreements (CCA) between:
 - UNMH and Albuquerque Area Indian Health Service (AAIHS)
 - Presbyterian Health Services and AAIHS
 - UNMH and Navajo Area Indian Health Service

Expansion of CCA discussions continue to include Tribal 638 facilities (i.e. Isleta and Jemez Pueblo).

Native American Medicaid Enrollment (as of September 2018):

Total Number of Native Americans on Medicaid	127,580
Total Number of Native Americans in Centennial Care	54,989
Total Number of Native Americans in Fee For Service	72,591
Total Number of Native Americans in Nursing Facilities	670
Total Number of Native Americans accessing Community Benefits	3,848