

**Medicaid Advisory Committee (MAC)  
Long Term Leveraging Medicaid Subcommittee**

**MEETING MINUTES**

**July 13, 2016 Time: 1:30p.m. – 3:45p.m. Place: Behavioral Health Services Division, Santa Fe**

---

Chair: Carol Luna-Anderson, The Life Link  
Recorder: Robyn Nardone, HSD/NMICSS

Committee Members: Johnny Abeyta, Ohkay Owingeh  
Jeff Dye, NM Hospital Association  
Nick Estes, Health Action NM  
Debbie Feathers, ABQ Area Indian Health Services  
Donna Garcia, Presbyterian Delivery System  
Joie Glenn, NM Association for Home & Hospice Care  
Jim Jackson, Disability Rights NM  
Steve Kopelman, NM Association of Counties  
Chuck Milligan, United Healthcare  
Rick Madden (proxy for Randy Marshall, NM Medical Society)  
Steve McKernan UNM Hospital  
Carolyn Montoya, UNM School of Nursing  
Linda Sechovec, NM Health Care Association  
Doug Smith, Presbyterian Medical Services  
Dale Tinker, NM Pharmacists Association  
Gene Varela, AARP NM

Presenters: Charles Sallee, Legislative Finance Committee

Absent Members: Amy Dowd, NM Health Insurance Exchange  
Myles Copeland, NM Aging and Long-Term Services  
David Roddy, NM Primary Care Association

Staff & Visitors Attending: Kristin Abdill, HSD/OOS  
Karen Meador, HSD/BHSD  
Robyn Nardone, HSD/NMICSS  
Nancy Smith-Leslie, HSD/MAD  
Nancy Fisher, Tricare  
Ruth Hoffman, Lutheran Advocacy Ministry NM  
Ellen Pinnes  
Barbara Webber, HANM  
Bruce Wetherbee, The Candle Publishing

Wayne Lindstrom, HSD/BHSD  
Angela Medrano, HSD/MAD  
Jason Sanchez, HSD/MAD  
Jenny Felnley, Legislative Finance Committee  
Abuko Estrada, NM Center on Law & Poverty  
Susan Loubet, NCU Women's Agenda  
Debra Rather, IHS ABQ  
Ruth Williams, YDI

---

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Welcome and Introductions	Carol Luna-Anderson (Chair) called the meeting to order at 1:34pm and welcomed committee members. Introductions were made.			
II. Provider Perspective on Value Based Purchasing	<p>Doug Smith provided a slide presentation and discussed Presbyterian Medical Services perspective on Value Based Purchasing (VBP). PMS identified VBP as a goal for 2015 and working to align with managed care organization (MCO) partners. PMS patient centered medical homes (PCMH) build on an integrated model and that over fifty percent of patients receive behavioral health with medical care. PMS is looking at patients globally and beginning to identify social determinates. PMS created a single electronic health record (EHR) for care coordinators and developing electronic technology to support providers.</p> <p>Mr. Smith discussed the current Centennial Care VBP arrangements outlined in the slide presentation. The four goals include global capitation covering all medical services in the plan; outpatient sub-capitation; shared savings and reviewing framework for contract with current discussion around shared savings total cost of care (TCC).</p> <p>Mr. Smith indicated PMS is starting to get data which will be used to create change.</p> <p>Rick Madden asked how in-depth is PMS' assessment of members and their needs? Mr. Smith gave examples of looking at how community groups who often know the member can assist with housing and food. Karen Meador shared with the committee that BHSD is partnering with PMS on housing and explained that housing is a part of overall health. Charles Sallee asked Mr. Smith to give feedback of VBP and whether there is a benefit to universal arrangements versus targeting the top 10 percent of chronic conditions and other outliers. Mr. Smith indicated there is a huge benefit to looking at specific conditions but providers need to be focused on both.</p> <p>Nancy Smith-Leslie thanked PMS for their work and efforts to advance payment reform in Centennial Care.</p> <p>Steve McKernan provided a slide overview of UNM VBP and discussed five areas of focus which include member attribution; data; medical management; benefit design and resource development. Mr. McKernan stressed the importance of member attribution and working with the MCOs to reconcile attribution. He pointed to clinical and claims data as key elements to effectively manage patients. Mr. McKernan suggested that medical management should be at the provider level.</p> <p>Jim Jackson asked Mr. McKernan to elaborate about why medical home models have challenges and people end up using the emergency department (ED). Mr. McKernan provided examples of individuals using the ED to access specialty care and consolidate health care visits for multiple problems in one day. Since medical homes focus on primary care and not specialty care, some members with limited</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>time or access choose the ED instead of starting with his/her PCP. Doug Smith commented that primary care medical homes will evolve as better data becomes available around ED use. As an example, providers may offer different hours and days in an area to accommodate member needs. Mr. McKernan explained patients often do not have a long term relationship with a primary care physician. Debbie Feathers added that people are unsure about how to select a provider.</p> <p>Jeff Dye asked what the MCOs capture in total cost of care and pointed to costs associated with administrative processing and system costs. Doug Smith responded that PMS looks at claim costs and identifies with the MCO what is included in the total cost of care.</p>			
<p>III. LFC Overview of Leveraging Medicaid</p>	<p>Charles Sallee presented the LFC perspective on leveraging federal Medicaid funds. The LFC identified three target areas to maximize drawing down of federal Medicaid funding. They include improving Medicaid billing for services funded solely by state and local funds; expanding eligible services for certain programs and reallocating resources related to programs with diminished roles due to the Affordable Care Act (ACA).</p> <p>Jim Jackson asked if the legislative leadership supports shifting of dollars to from one state program to the Medicaid agency, which will further increase the Medicaid budget. Mr. Sallee responded that some of the options are difficult and may require legislation.</p> <p>Nick Estes asked if the examples provided in the slides are about maximizing federal dollars. Mr. Sallee recognized the importance of being purposeful with funding. A slide example included the Department of Corrections' continuing efforts to ensure eligible inmates are enrolled prior to release. This not only ensures ACA compliance but can facilitate continuity of care for inmates re-entering the community.</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
<p>IV. Discussion of Medicaid Leveraging Options</p>	<p>Carol Luna-Anderson asked the committee to review and approve meeting minutes before moving to the next topic on the agenda. Nick Estes motioned to approve the minutes and Steve Kopelman second. Meeting minutes were approved by all.</p> <p>Doug Smith cautioned the committee to use balance and carefully consider expanded packages and benefits. Charles Sallee asked the committee to remember infrastructure and provider recruitment needs. Carolyn Montoya expressed concerns that there is a nursing workforce issue and that providers are not always willing to participate in mandatory training requirements for nurses. Ms. Montoya suggested looking at the state of Georgia's tax incentive efforts to increase the nursing workforce.</p> <p>Joie Glenn commented that programs are often fragmented and there is a need to review the workforce needs and create a coordinated and collaborative system.</p> <p>The Chair asked the committee to look at the options presented in the LFC report and choose topics to move forward for further discussion. Jim Jackson suggested that the committee focus on the LFC recommendations for the Corrections Department and for a Medicaid home visiting program. Steve Kopelman would like to see revenue options included in the committee's work. Chuck Milligan asked the committee to look at the NM Medical Insurance Pool (NMMIP) and believes federal dollars are not being maximized. Jeff Dye commented that the committee should look at local hospitals as public hospitals. Mr. Dye offered to present information at the next meeting.</p>			
<p>V. Public Comment</p>	<p>The Chair opened the meeting for public comment. Barbara Webber expressed concerns regarding the MAC Benefit Package subcommittee recommendation for prescription drug cost sharing. Ms. Webber commented that oral health benefits are important and should not be reduced.</p> <p>Susan Loubet is concerned with the potential for medicalization of home visiting programs for children.</p> <p>Ellen Pinnes asked the committee to read the letter submitted by Debbie Armstrong about the NMMIP. Ms. Pinnes suggested the committee focus on the long term horizon.</p>			
<p>VI. Closing Remarks Adjournment</p>	<p>The Committee Chair reviewed next meeting topics. Nick Estes will present on provider fees and Jeff Dye will present on revenue enhancements. The topic of NMMIP will be added to the following meeting agenda. The committee discussed changing</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	future meeting dates. Kristin Abdill agreed to send revised meeting dates with locations once rooms and locations are confirmed. The next meeting will be held Wednesday July 20 in Albuquerque. The Chair thanked the presenters and the committee.			

Respectfully submitted:

Robyn Nardone

7/18/16

\_\_\_\_\_  
Recorder

\_\_\_\_\_  
Date

---