

Medicaid Advisory Committee-MAC meeting
Monday, August 22, 2016
MINUTES

Time: Start-1:05pm End-3:49pm Location: Room 2027, Garrey Carruthers State Library, Santa Fe

Chair: Larry A. Martinez, Presbyterian Medical Services
Recorder: Desbah Farden, Medical Assistance Division

Committee Members: Johnny Abeyta Sr., Ohkay Owingeh
Carol Luna-Anderson, the Life Link/Behavioral Health Planning Council
Steve McKernan, UNM Hospital
Mary Eden, Presbyterian Healthcare Services
Linda Sechovec, NM Health Care Association
Gene Varela, AARP NM

Michael Batte, Public Member
Myles Copeland, NM Aging and Long Term Services Department
Carolyn Montoya, UNM College of Nursing
Daphne Rood-Hopkins, Children, Youth, and Families Department
Michael Hely, NM Legislative Council Service
Jim Jackson, Disability Rights NM

Absent Members: Ramona Dillard, Pueblo of Laguna
Laurence Shandler, Pediatrician
Ruth Hoffman, Lutheran Advocacy Ministry
Jeff Dye, New Mexico Hospital Association
Kristin Hendricks, Pediatric Dentist

David Roddy, NM Primary Care Association
Marc Kolman, NM Department of Health
Joie Glenn, NM Association of Home and Hospice Care
Dale Tinker, NM Pharmacists Association

Staff & Visitors Attending: Nancy Smith-Leslie, HSD/MAD
Angela Medrano, HSD/MAD
Wayne Lindstrom HSD/BHSD
Heather Ingram
Josephine Baray
Edna Ortiz
Martin Rosenblatt
Karen Meador
Ruth Williams
John Cook
Scott Allocco
Tiare Tawil
Lisa Rossingnol

Mike Nelson, HSD Deputy Secretary
Kari Armijo, HSD/MAD
Doris Husted
Gray Clark
Nick Estes
Shawn Richetts
Tina Rigler
Margaret White
Christine Boerner
Theodara Sobin
Ellen Pinnes
Colin Baillio
Maria Roybal-Varela

Jason Sanchez, HSD/MAD
Russ Toal HSD/MAD
Rodney McNease
H. Diane Snyder
Patty Kehoe
Darcie Roben-Marquet
MaryKay Pera
Margy Wienbar
Sarah Coffey
Mary Spaulding-Bynon
Gil Yicdiz
Abuko D. Estrada
Beth Landon (for Jeff Dye)

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	<p>Larry Martinez announced that a colleague from past years in Medicaid had passed away. A moment of silence was held in memory of Eldon "Tex" Ritterbush, a past Chairman of the Medicaid Advisory Committee. Mr. Ritterbush passed away on August 19, 2016.</p> <p>Following the moment of silence, introductions commenced.</p>	None	Larry Martinez, MAC Chairperson	Completed
II. Approval of Agenda	The agenda was approved with no changes.	None	Larry Martinez, MAC Chairperson	Completed
III. Approval of Minutes	<p>Two sets of minutes were approved by the Medicaid Advisory Committee for the last 2 regular meetings held on:</p> <ul style="list-style-type: none"> • Friday, March 4, 2016 • Monday, May 9, 2016 	None	Desbah Farden, Quality Bureau, Medical Assistance Division, Human Services Department	Completed
IV. Cost Containment Subcommittee Reports	<p>MAC member Carol Luna-Anderson presented the update for the Long-Term Leveraging Medicaid Subcommittee. Carol reported that the first meeting was held on June 29, 2016 with an additional five subsequent meetings. The meeting scheduled for August 31, 2016 is intended to come to consensus on final recommendations and comments to be submitted to HSD.</p> <p>Carol Luna-Anderson reported that since June 2016, the subcommittee has reviewed data, listened to presentations, and had multiple conversations surrounding the following topics: delivery system reform, leveraging Medicaid, assessing provider taxes, impact of IGTs, value-based purchasing, and revenue enhancement. Carol also reported the subcommittee focused on questions such as "How can we use what we have better?", "How can we take advantage of the federal match?" and "What can we do for revenue enhancement or cost reduction?"</p> <p>MAC member Gene Varela presented an update about the work of the Benefit Package, Eligibility Verification & Recipient Cost-Sharing Cost-Containment Subcommittee. Gene summarized the activities of this subcommittee and commented that the work group struggled with a variety of options and did not want to take actions that would affect healthcare access.</p> <p>Gene Varela reported on two formal motions that resulted from committee work, including:</p> <ol style="list-style-type: none"> 1. Co-pays for prescription drugs; and 2. Premiums for certain Medicaid members. 	<p>Subcommittee recommendations will be submitted following the 8-31-16 Long-Term Leveraging Medicaid Subcommittee.</p> <p>Gene Varela encouraged MAC members to read the recommendations contained in a letter submitted by the Benefit Package, Eligibility Verification & Recipient Cost-sharing Cost-containment Medicaid Subcommittee.</p>	Nancy Smith-Leslie, Director, Medical Assistance Division, Human Services Department	Completed

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	<p>The official letter that detailed the subcommittee's recommendations and voting summary was not available at the meeting; however, Mr. Varela encouraged the MAC to review the letter.</p> <p>Following the summary provided by Gene Varela on the Benefit Package, Eligibility Verification & Recipient Cost-Sharing Cost-Containment Subcommittee, a discussion was led by member Jim Jackson. He indicated that there was disagreement among subcommittee members about the final motion related to copayments for prescriptions after it was written in the final recommendations and submitted to HSD. Although a draft of the recommendations was circulated through email to the subcommittee members for review, Mr. Jackson stated that the recommendation in the letter was not reflective of the motion that was voted on by the subcommittee members. He said that he was not present at the meeting when the vote was taken, but had been told by other subcommittee members that they did not believe they had voted for copayments for all prescription drugs, and rather, only for brand name drugs when generics were available. As written in the letter, the recommendation would apply copays to all drugs and that would have a tremendous impact on persons with disabilities and chronic conditions if imposed.</p> <p>Mr. Jackson then proposed the following to the Medicaid Advisory Committee: I propose that the MAC adopt the position to not endorse this level of prescription drug co-pays as proposed in the subcommittee recommendation letter.</p> <p>The committee discussed the motion. MAC members agreed that there was sufficient confusion around the recommendation as written. A motion was made by the MAC Chair to not adopt the subcommittee recommendation for copayments. MAC members voted and the motion was carried.</p>			
V. Medicaid Budget Projections	<p>Jason Sanchez presented the Medicaid Budget Projections, including brief updates for FY15, FY16, and FY17. For FY15 Jason reported that the general fund need had increased and that amount would be pushed forward into FY16. For FY16 Jason Sanchez reported on significant changes that had an impact on expenditures such as enrollment increases and a change in long term setting of care that affected rates. He reported on significant items that affected revenues in FY16 and FY17 such as a decrease in drug rebates, an increase for a one time settlement, an adjustment made for county supported appropriation, and an increase in UNM IGT. Jason Sanchez reported the bottom line GF deficit for FY17 was \$34.3 million, which was \$9.9 million more than was reported at the last meeting. The committee did not</p>		Jason Sanchez, Deputy Director, Medical Assistance Division, Human Services Department	Completed

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	present questions or comments following the budget presentation.			
VI. Updated Medicaid Data	<p>Nancy Smith-Leslie provided a slide presentation and reminded the committee of the General Appropriation Act that directed the Department to implement provider rate reductions and pursue other cost containment initiatives. Nancy presented a summary of recommendations made by the MAC Cost-Containment subcommittee that considered reductions in provider payments. She reviewed the established savings goal, public comment process and tribal consultation held, and announced that the final provider rate supplement was released on June 29, 2016. Nancy summarized the rate reductions and also provided information for other professional fee schedule changes. She further explained that reductions to the professional fee schedule would occur in two phases to lessen the impact on providers—the first on 7/1/16 and 8/1/16 and the second on 1/1/17. Nancy announced that an agreement was made during subcommittee discussions to implement a 5% increase to certain EPSDT codes to incentivize well child visits, which was implemented on 7/1/16. Nancy reported the total FY17 savings attributed to the provider rate reductions is estimated at \$105-\$122 million dollars.</p> <p>Nancy Smith-Leslie further explained that the HSD website provides a submission process for public comment related to cost containment initiatives, which was created in March.</p>		Nancy Smith-Leslie, Director, Medical Assistance Division, Human Services Department	Completed
VII. Medicaid Management Information Systems Replacement (MMIS-R)	<p>Russ Toal provided an update about the Division's replacement of the existing Cobol driven, Medicaid enrollment system that has been in place since 1992. Russ explained that the current system does not meet federal certification standards and its current contract with its vendor will be ending. He explained the modular approach to procure multiple vendors to replace the system. The new approach is also an Enterprise solution and will assist other stakeholders and state agencies by leveraging new technologies. Russ referred to a one-page "NM MMISR HHS 2020 Enterprise Framework" chart and explained the plan to purchase multiple modules with multiple vendors to perform aspects of quality assurance, financial services, data services, and population management.</p> <p>Russ reported that CMS is supportive of the project's framework and approach. He also reported the project began with an assessment (MITA self-assessment) that CMS regarded as a national model. Russ further reported on the RFP process for each module and announced several requests for proposals would be released in the Fall of 2016. He announced an upcoming meeting (9/30/16) to solicit additional public input. Several committee members commended HSD for undertaking this enormous challenge.</p>	Russ Toal explained the next steps in the process are obtaining stakeholder input, review and evaluations of RFP's being drafted, and testing systems. Russ Toal stated the expectation for going live is the end of 2018.	Russell Toal, Medicaid Enterprise Business Manager, Medical Assistance Division, Human Services Department	Completed

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VIII. MCO Presentations	<p>The Medicaid managed care organizations presented summaries of “Centennial Care Innovations”:</p> <p>Molina-Tina Rigler and Dr. Marquez from Molina Healthcare presented about innovations of the implementation of the EDIE system that was described as software that connects emergency department electronic records, provides real-time notification of member information, with the purpose to promote appropriate utilization of the emergency department. The Molina representatives also reported on outreach done at hospitals to educate physicians about this implementation. Tina Rigler provided a summary of the work done with the Jail involved care coordination project that began in June 2016. Tina described this pilot project as focusing on 32 Molina members at the Metropolitan Detention Center. She provided data on the engagement outcomes experienced thus far and commented that it is challenging to engage this population once they have been released; therefore, Molina is including community health workers and peer support specialists to engage these members. Molina representatives also reported on the partnership with the Duke City Toolbox, a project for which MHC was recognized for innovative ways to improve coordination of care. Tina Rigler also reported on Molina’s use of the Recovery Oriented System of Care (ROSC), as well as a partnership with Kitchen Angels to provide post-discharge meals to support members who may be experiencing food insecurities and to help to reduce hospital re-admissions. A document handout was provided to support this summary.</p> <p>Presbyterian-Mari Spaulding and Dr. Clark from Presbyterian Health Plan explained Presbyterian’s approach to population management and development of a health continuum that includes an ED diversion program, a staffing model to promote the most cost efficient and effective use of personnel; effective management of the “rising risk population”; implementation of a specialized program for members with behavioral health conditions, and utilization of a “clinical call center” to engage members for “health assessments”, make immediate appointments for comprehensive needs assessments when speaking with members, and a triage process done by the nurse advice line to ensure members receive care in the most appropriate setting. The “clinical call center” may also address prior authorization, pharmacy instructions and hospital re-admissions. Mari Spaulding described each initiative in detail and addressed the questions presented by the committee members to clarify information.</p> <p>Blue Cross Blue Shield- John Cook provided a status update on the implementation of Electronic Visit Verification (EVV) that BCBS has taken the lead on for statewide implementation. John reported the EVV project had been in pilot form for the past two years and explained the three options for participation: First option is the use the</p>		The Medicaid Managed Care organizations	Completed

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	<p>member's phone to report the visits; Second option is to use the caregiver's phone to report the visits; Third option is the use of a tablet made available by providers to report the visits. He reported that recent statistics indicate this project is going well. A question from the audience was presented to consider whether an EVV tablet could possibly reside with the member as opposed to residing with the caregiver. John Cook proceeded with presenting information on other Medicaid innovations such as BCBS's paramedicine program. He explained that an agreement was entered into between the ambulance companies and BCBS so that paramedics could visit members' homes to address frequent ED visits and recent hospital discharges based on referrals. John Cook also reported that BCBS has seen a 64% decrease in emergency visits for members participating in the program, and that plans are in place to expand to more counties. He further reported on additional innovations by BCBS such as an oncology care model and development of incentives for certain provider groups that achieve quality measures.</p> <p>United-Josephine Barney, Native American Team Leader, introduced herself as part of United's marketing team. She presented an innovation that was focused on Native American communities. She presented a video that described a care coordination program for the Navajo Nation. It featured a visit to a family where Navajo language is the primary language spoken. The video also featured a resource center in Shiprock, New Mexico that United established in December 2015. Josephine explained that the resource center provides assistance such as care coordinators onsite, a cyber café, access to social service resources, and assistance with health literacy such as education about Medicaid eligibility. Josephine also presented information on Tribal Letters of Agreements that were developed to reimburse tribal partners for translation, HRA completion, and mileage reimbursement for transport.</p> <p>Following the presentation, MAC member Johnny Abeyta Sr., expressed recognition for the efforts of Buffie Saavedra and her team. The contract with United has been successful in 30-40 HRA completions since the agreement began. Mr. Abeyta also asked the State to clarify specific changes made to care coordination processes that were effective July 1, 2016.</p>			
IX. Public Comment	<p><u>Two persons from the public provided public comments</u></p> <p>Nick Estes, Health Action New Mexico: Mr. Estes stated that he participated in the Long Term Leveraging Medicaid MAC subcommittee and commented that long term solutions are needed and fast upon</p>			

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	<p>us. He commented that it is possible under federal law to leverage funding from Medicaid program to help the state budget without cutting the Medicaid program or payments to providers.</p> <p>Abuko Estrada, New Mexico Center on Law and Poverty: Mr. Estrada commented he feels the same as Nick Estes, and encourages the state to raise revenue and resist cuts or policies that would hurt low income families. Mr. Estrada also commented he was disappointed that the topic of the access monitoring plan that is required by CMS was not on the agenda and urged the department to provide an update. Additionally, Mr. Estrada asked the department to look into certain issues associated with Medicaid for incarcerated individuals.</p>			
X. Adjournment	The meeting adjourned at 3:49pm	None	MAC Chairperson	Completed

Respectfully submitted:

Desbah Farden
 Medicaid Advisory Committee Support Person

October 7, 2016

 Recorder

 Date