Update to the NM Medicaid Advisory Committee

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New Mexico Human Services Department

Medicaid Update

- CC 2.0 Open Enrollment
- 1115 Waiver Renewal Update
  - Centennial Care 2.0: New Services
  - Centennial Care Cost Sharing
  - Other Program Changes
  - Community Benefit Changes
- Provider Rate Changes effective 1/1/19
- Pharmacy Update
- MMISR Update
- Presentation on new and expanded behavioral health services in Centennial Care 2.0

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CC 2.0 Open Enrollment

- Open Enrollment
  - October 1, 2018 – November 30, 2018

- During these 2 months, Centennial Care enrollees can choose the MCO to provide their Medicaid services

- Enrollment selections made during open enrollment will be effective on **January 1, 2019**

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CC 2.0 Open Enrollment

▸ Any individual currently enrolled with Blue Cross or Presbyterian who does <u>not</u> choose a new MCO will be re-enrolled with his/her current MCO

▸ All other Centennial Care enrollees who do not choose an MCO will be auto-assigned to a MCO

▸ MCO choices and assignments will be effective on January 1, 2019

January 2019

Sun	Mon	Tue	Wed	Thu
		1	2	3
6	7	8	9	10

▸ All Centennial Care enrollees who choose or are assigned to a MCO during open enrollment will have 3 months (starting January 1, 2019) to change their MCO

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Choosing a MCO

▶ MCO Choices can be made:
◦ On-line:

www.Yes.state.nm.us

◦ By Phone:
1-888-997-2583

◦ Mail
Return the form included in the turquoise envelope

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Centennial Care 2.0 1115 Waiver Update

- 1115 waiver negotiations with CMS continue
- Collaborating on a new Special Terms and Conditions document that will include all of the federal approvals for Centennial Care 2.0-- similar to a contract between the State and CMS
- Expect to receive final approval from CMS in December 2018
- In the interim, have letter from CMS with guidance about certain program changes so that we could move forward with rule promulgation process and stay on track to launch all of the 2.0 changes on 1/1/19

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Centennial Home Visiting Pilot

- Home-visiting pilot program that focuses on pre-natal, post-partum and early childhood development'
- Collaborating with CYFD to expand two evidence-based early childhood HV programs that are recognized by the U.S. Department of Health & Human Services Maternal, Infant, and Early Childhood HV program:
  - **Nurse Family Partnership (NFP)**
  - **Parents as Teachers (PAT)**

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HSD-designated counties 1/1/19

Bernalillo County: UNM Center for Development and Disability (UNM CDD)

- NFP – Hiring a team of 5-6 nurses to serve 25 families per nurse
- PAT – Expanding its team of non-licensed, certified home visitors with experiences working with children and families with a supervisor (for UNM, a licensed master social worker)

Curry & Roosevelt Counties: ENMRSH, Inc.

- Launching the PAT program

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Pre-Tenancy and Tenancy Services

- New supportive housing services for members with Serious Mental Illness (SMI) to assist with acquiring, retaining and maintaining stable housing;
- Plan to use existing infrastructure and network of provider agencies associated with the Linkages Supportive Housing Program to deliver services; and
- Linkages will be expected to utilize peers for service delivery.

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Expand Substance Use Disorder Continuum of Care Services

- Extend Screening, Brief Intervention, and Referral to Treatment (SBIRT) services through primary care, community health centers and urgent care facilities
- Provide SUD treatment in accredited residential treatment centers for adults who require an enhanced level of care
- Allow inpatient services in IMD for members with SUD diagnosis

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Waiver of limitation for IMD Stays

- Requested authority to waive limitations imposed on use of Institutions for Mental Disease (IMD)
- CMS has been allowing 15 days as an "in lieu of" service in the managed care program only—which is difficult to operationalize when stays exceed 15 days
- Expect CMS to grant the waiver but only for those with a substance use disorder
- Recent federal law signed to allow 30 day IMD stays for those with SUD (effective 10/1/19)

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New Co-Payments for Two Services

▸ Begins March 1, 2019
▸ Sunsetting existing co-pays for Children's Health Insurance Program (CHIP) eligible members & Working Disabled Individuals

Copayment	Most Centennial Care Members
Non-preferred prescription drugs (Psychotropic drugs and family planning drugs/supplies are exempt)	**$8/prescription** All FPLs and COEs, certain exemptions will apply
Non-emergency ER visits (hospital determines if emergent)	**$8/visit** All FPLs and COEs, certain exemptions will apply

The following populations will be exempt from copayments:
- Native American members;
- Individuals in a Fee for Service Category of Eligibility (COE)
- Individuals on the DD waiver;
- Individuals in an Institutional Care COE
- Individuals with a Household (HH) income of 0% FPL; and
- People receiving hospice care.

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Premiums for adults with income above 100% FPL : July 2019

- ▸ $10 Monthly Premium for Other Adult (Expansion) and Transitional Medical Assistance (TMA) adults in Centennial Care

- ▸ Monthly premiums in subsequent years can be up to $20 at state's option

- ▸ Member Rewards program will have option to apply earned credits toward premium payments

- ▸ If premium is not received by the monthly due date, there will be a grace period before services are suspended

- ▸ If premium payment is not received by the end of the grace period, disenrollment and a lock out period of three months will occur

- ▸ Native American members are exempt from premiums

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Other Program Changes

- Phase out 3 month retroactive (retro) eligibility for most Centennial Care members

- 2019: allow one month of retro coverage

- 2020: eliminate retro coverage

- Some Centennial Care members can continue to receive retro coverage when requested:
  - Individuals eligible for Institutional Care (IC) categories of eligibility
  - Pregnant women
  - Children under age 19
  - Native Americans in Fee For Service Medicaid

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Other Program Changes

- **Family Planning Services**– will be designed specifically for men and women through the age of 50 who do not have other health insurance coverage, but also include individuals under age 65 who have only Medicare coverage
- **Continuous Nursing Facility Level of Care for Members who are expected to always meet NF LOC**
  ◦ Must meet State criteria
    · MCO Medical Director Review
    · Attestation from Physician

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Community Benefit Changes

The Community Benefit provides home and community-based services so members who meet a nursing facility level of care (NF LOC) can stay in their homes and communities instead of moving to a nursing home.

- Increase annual limit for Community Benefit Respite for people with long term care needs from 100 to 300 hours

- Nutritional Counseling added to Agency-Based Community Benefit (ABCB)

- New benefit for new self-directed members: start-up funds, up to $2,000, for items that may include a computer, printer or fax machine

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Community Benefit Changes

- Annual limits on certain SDCB services for new members entering SDCB on or after 1/1/19 (existing SDCB members are grandfathered)
  - Related Goods $2,000
  - Specialized Therapies $2,000
  - Non-Medical Transportation $1,000

- SDCB Non-Medical Transportation Billing
  - Currently, providers can bill for transportation by time, trip, mileage, or carrier pass (bus pass or taxi)
  - Billing for time and trip will no longer be allowed for new or renewed SDCB plans after 1/1/19
  - Only mileage and bus/taxi pass will be allowed

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Provider Rate Increases

▸ Phase 2 of BH rate increases effective 1/1/19:
- Increase for group homes
- Addition of group therapy rates where there have been only individual rates
- Restructuring of methadone treatment center rates
- Partial hospitalization rates
- Cognitive Enhancement Therapy
- Opioid Treatment Program counseling
- Interdisciplinary Teaming
- Peer Support Group
- Crisis Triage Centers

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Other Rate Changes: January 1

- Restoration of 2016 rate reduction for Community Benefit personal care services (1%)
- Increase in rates for administration of Long-Acting Reversible Contraceptives (LARC)
- New rates for Home Visiting services
- New rate for UNM/Project ACCESS – tele-neurology program

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Pharmacy Update

- Letter of direction to the MCOs issued in April 2018 to implement changes to community-based pharmacy reimbursement
- To ensure that the pharmacy payment structure more realistically reflects the buying power, buying volume and price negotiating potential of the CB pharmacies:
  - MCOs must ensure the Maximum Allowed Cost (MAC) for ingredient cost for generic drugs is no lower than the current NADAC listed for the drug
  - When NADAC price not available, the MAC must be no lower than the published Wholesaler's Average Cost (WAC) plus 6%

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Pharmacy Update

MCO contractual changes:

▸ Effective January 1, 2019:

◦ requiring the MCOs to report the amount paid to the pharmacies, not amount paid to the Pharmacy Benefit Managers (PMBs), on its encounter submissions

◦ requiring the MCOs to implement pass through pricing methodology with the PBMs by January 1, 2020, and will no longer allow spread pricing methodology

One of the three 2.0 MCOs is already compliant with above requirement; a second will be compliant on 1/1/19 and the third by 1/1/20

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Update: Replacement of MMIS

- Medicaid Management Information System (MMIS)
  - Over 10 million transactions per year
  - Responsible for approx. $6 billion in Medicaid payments
  - Performs all non-eligibility functions for Medicaid
- MMIS Replacement
  - Multi-year project to replace the current MMIS
  - Modular approach per CMS requirements
  - Multiple procurements and vendors
  - Projected completion by December 2021

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Update: MMISR

- IV&V– CSG was contracted in August 2016
- System Integrator Module–
  - Turning Point Global Solutions contracted in March 2018
- Data Services Module–
  - IBM contracted in October 2018
- Quality Assurance Module–
  - In procurement process
- Benefit Management Services Module–
  - Finalizing RFP for release in November 2018
- Financial Services Module
  - RFP submitted to CMS for review
- Unified Customer Portal and Consolidated HSD Customer Service Center– finalizing for release

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