HUMAN SERVICES DEPARTMENT

1115 DRAFT WAIVER APPLICATION AND MEDICAID MCO PROCUREMENT

# TRIBAL ICWA MEETINGS
# MAY 12 & 13, 2022

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# WELCOME AND INVOCATION

# AGENDA

1. Welcome and Invocation
2. Introductions
3. Land Acknowledgement
4. HSD Mission and Goals
5. New Mexico Medicaid Statistics
6. Overview of 1115 Waiver Renewal and MCO Procurement Activities
7. Native American Population, Children in State Custody, and Traditional Healing Services Discussion

# INTRODUCTIONS

# Land Acknowledgement

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.

Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil

HUMAN SERVICES DEPARTMENT

# MISSION

*To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.*

# GOALS

## We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

## We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

## We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

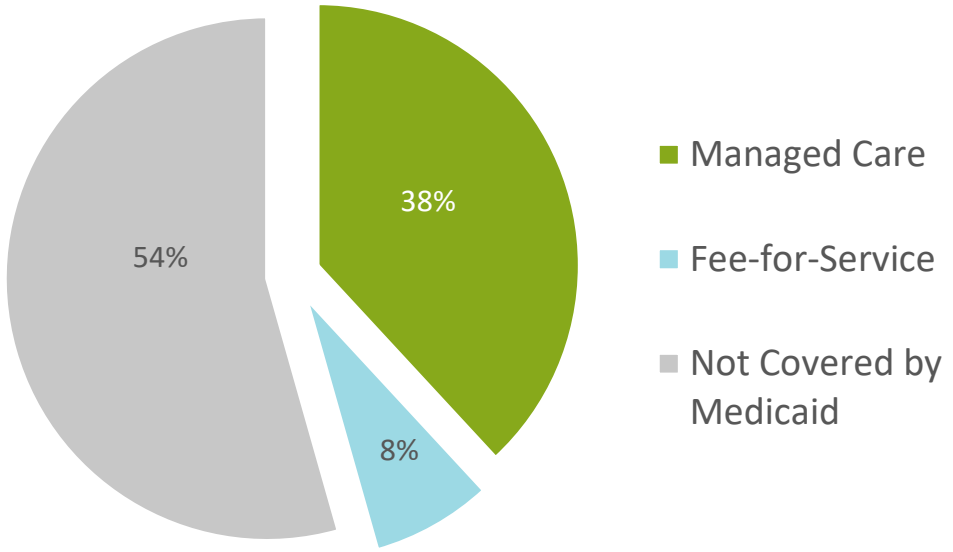
## We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

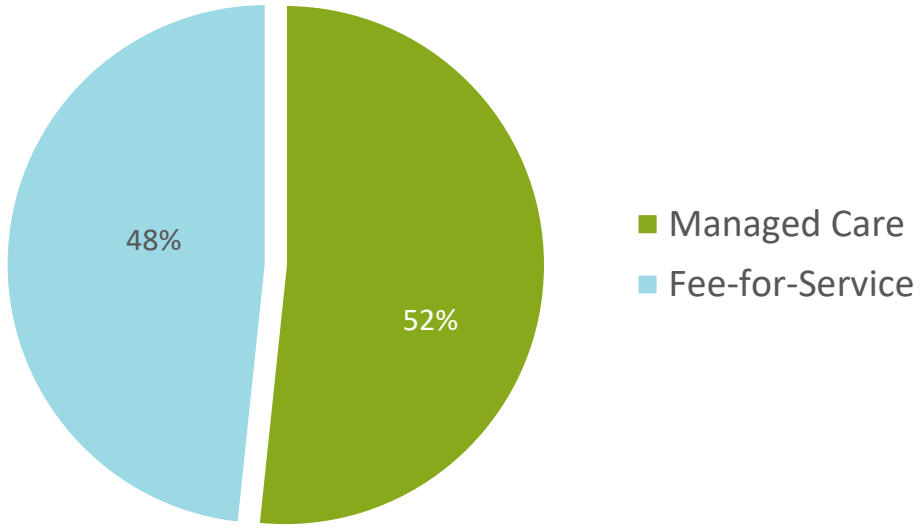
# NEW MEXICO MEDICAID STATISTICS

# NEW MEXICO MEDICAID PROGRAM POPULATION DATA AS OF JANUARY 2022

**New Mexico Population Covered by Medicaid**

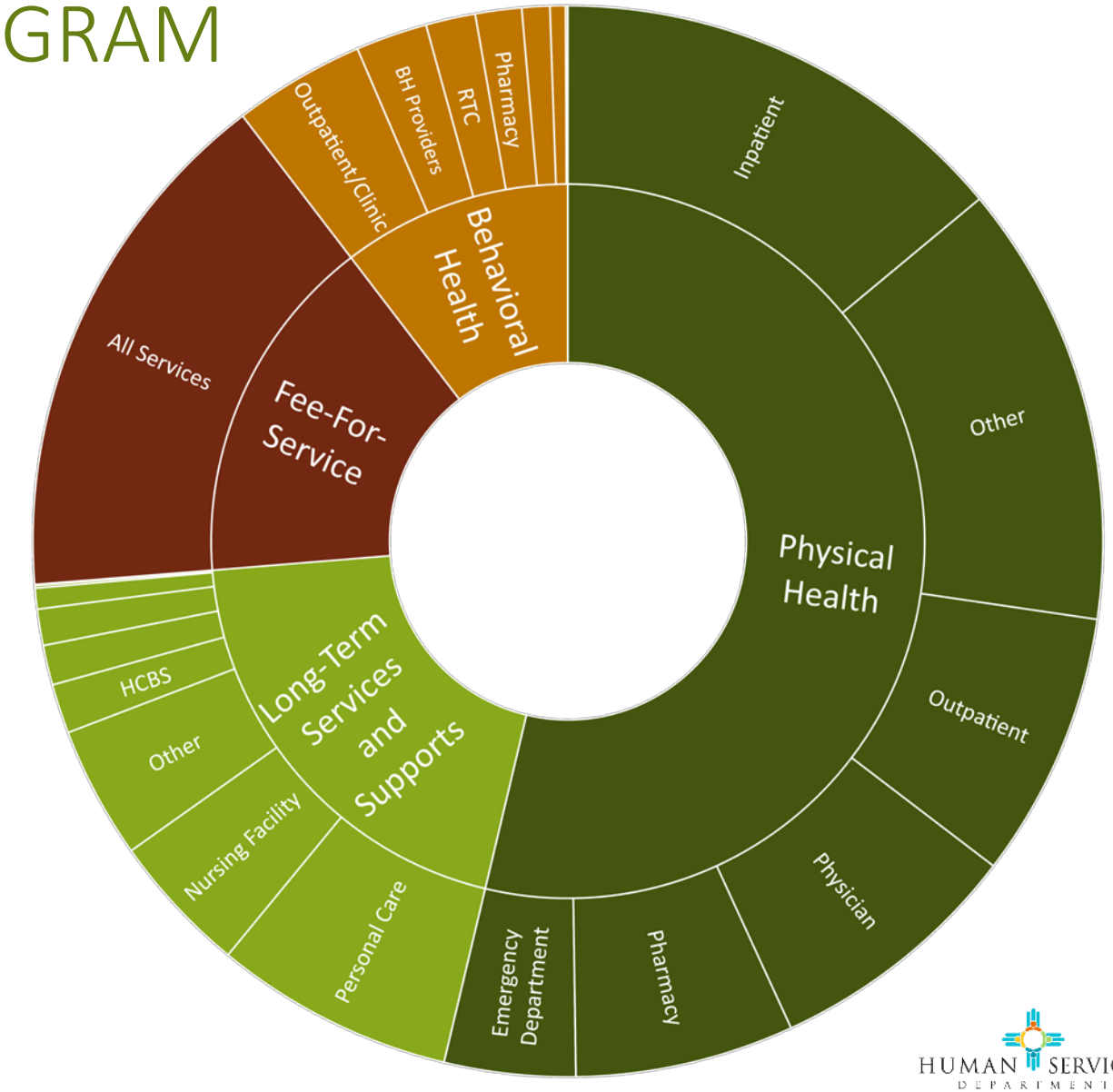



**New Mexico Native American Population Covered by Medicaid**



# NEW MEXICO MEDICAID PROGRAM EXPENDITURES

| Managed Care Medical Expenditures | |
|---|---|
| Physical Health | $2.91 Billion |
| Long-Term Services and Supports | $1.08 Billion |
| Behavioral Health | $0.56 Billion |
| **Total MCO Medical Expenditures** | **$4.56 Billion** |
| **Fee for Service Medical Expenditures** | |
| Total FFS Medical Expenditures | $0.87 Billion |
| | |
| ***Total Expenditures*** | ***$5.43 Billion*** |




*Medical data from October 2020 – September 2021*

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# OVERVIEW

## 1115 WAIVER RENEWAL AND MCO PROCUREMENT

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# 1115 DEMONSTRATIONS

## Purpose

- CMS grants waiver and/or expenditure authority under the Social Security Act (SSA) to approve **pilot or experimental initiatives** that are likely to further the objectives of the Medicaid program

## Approval Periods

- Five-year renewal request must be submitted no later than 12 months before the expiration

## Potential Opportunities

- Population Health and Health Equity Investments
- Continuous Eligibility
- Medicaid services for justice-involved individuals

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# MCO PROCUREMENT PROCESS

Procurement presents the opportunity to select MCOs that will best partner with HSD to achieve the goals and objectives for Medicaid of the Future

1. **Publication of MCO Request for Proposals (RFP):** RFP will include mandatory and technical requirements for bidders to submit proposals for evaluation and demonstrate their ability to meet contractual requirements.
2. **Proposal Evaluation:** Timely proposals are evaluated based on a HSD's specified scoring methodology and evaluation criteria.
3. **Intent to Award:** Successful MCOs are invited to enter contract negotiations followed by contract award.
4. **Readiness Reviews:** Desk and onsite readiness reviews of MCOs selected for January 2024 contract; occurs in 2023.
5. **Contract Year Begins:** January 1, 2024

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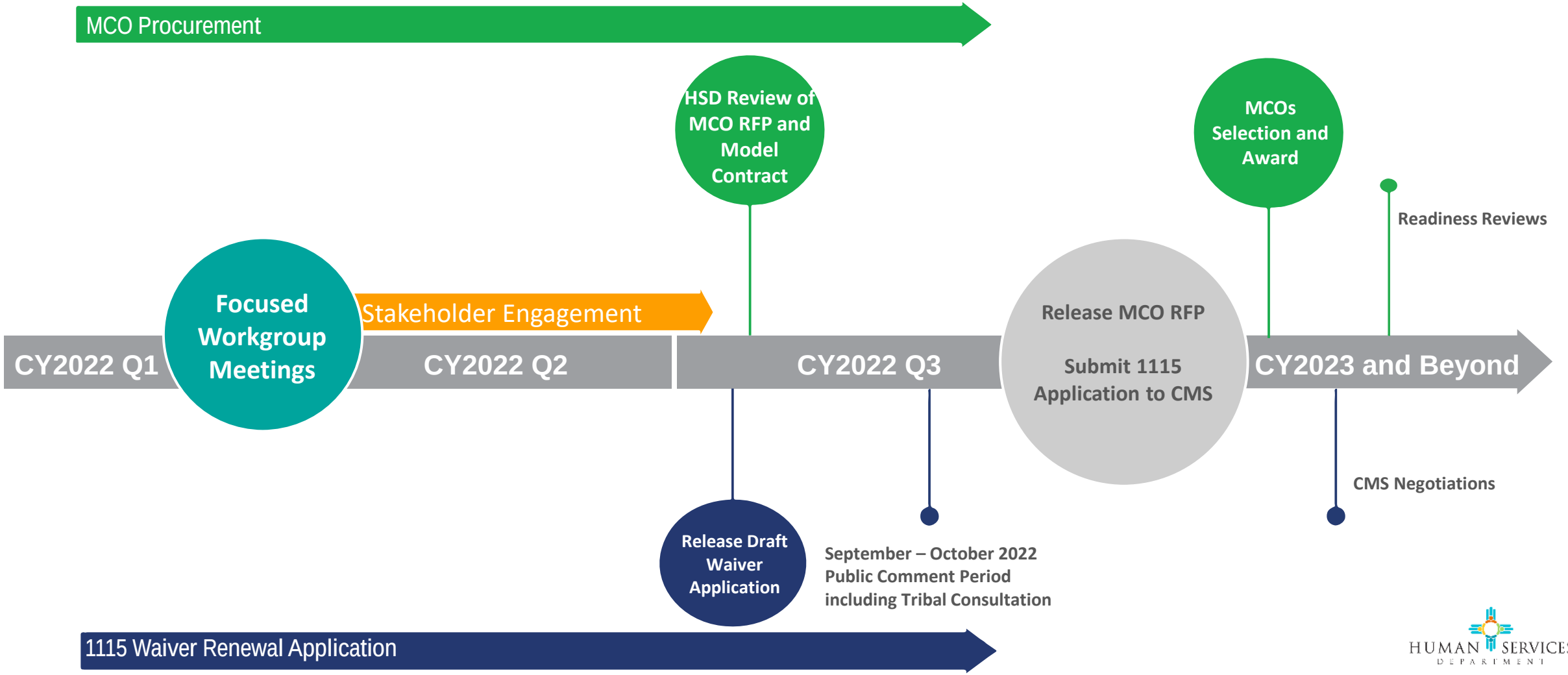
# MCO PROCUREMENT AND 1115 RENEWAL TIMELINE

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# TRIBAL ENGAGEMENT PROCESS

Initial feedback gathered through survey and today's discussion.

**Survey due by May 11, 2022.**

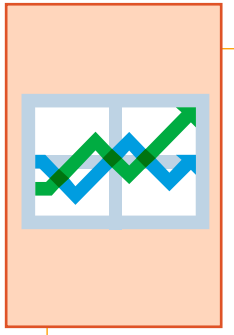
Review of stakeholder feedback. As needed, communication or meetings may be scheduled to follow-up on specific topic areas.

Draft 1115 Application Released in September 2022 for public comment.

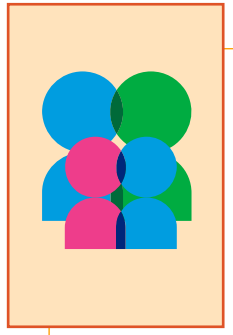
**Public Comment Period will begin in September. One Tribal Consultation will be scheduled between September and October.**

Final 1115 Application including Tribal Comments will be submitted to CMS in December 2022.

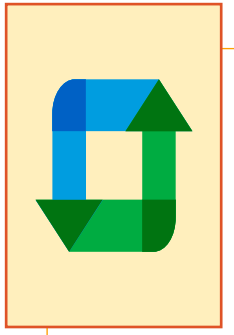
# PRIORITY AREAS AND GOALS



Improving Health of New Mexicans and Transforming Lives



Whole Person Care and Healthy Families



Enhancing the Experience for Members and Providers

Provide Value-Based Care

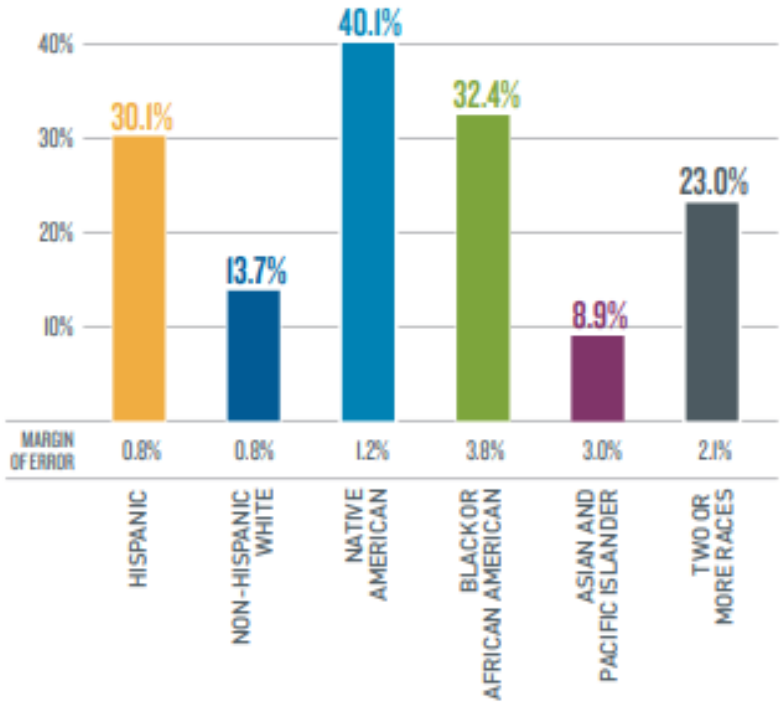
# 6 KEY POPULATIONS

- Children in State Custody (CISC)
- Justice Involved Population
- Long Term Services and Supports (LTSS) Population
- Maternal and Infant Health
- Members with Behavioral Health Conditions
- Native American

# NATIVE AMERICANS

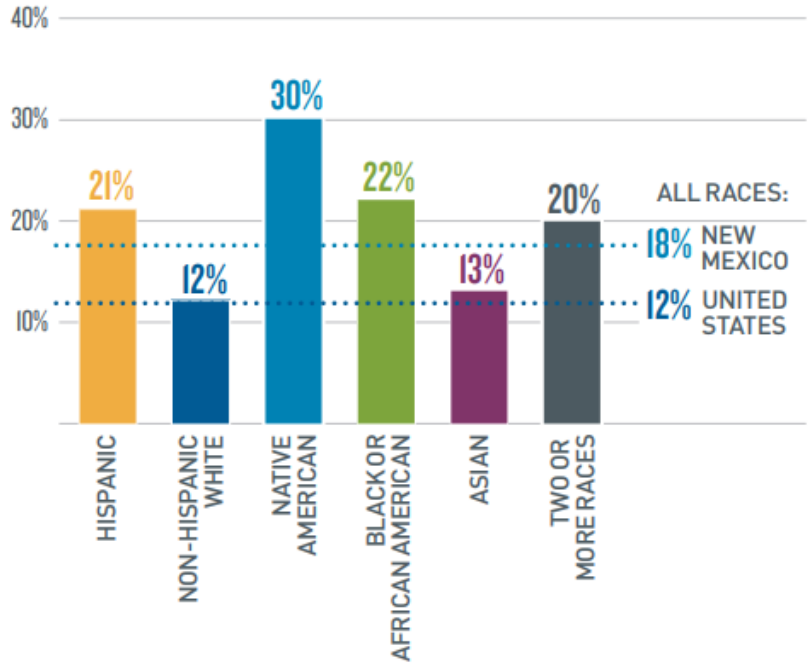
# NATIVE AMERICAN

## CHILDREN LIVING IN POVERTY IN NEW MEXICO BY RACE AND ETHNICITY 2015-2019




**SOURCE:** Population Reference Bureau analysis of data from the U.S. Census Bureau, American Community Survey, 2015-2019 **NOTE:** Higher margins of error indicate less statistical reliability due to small sample sizes.

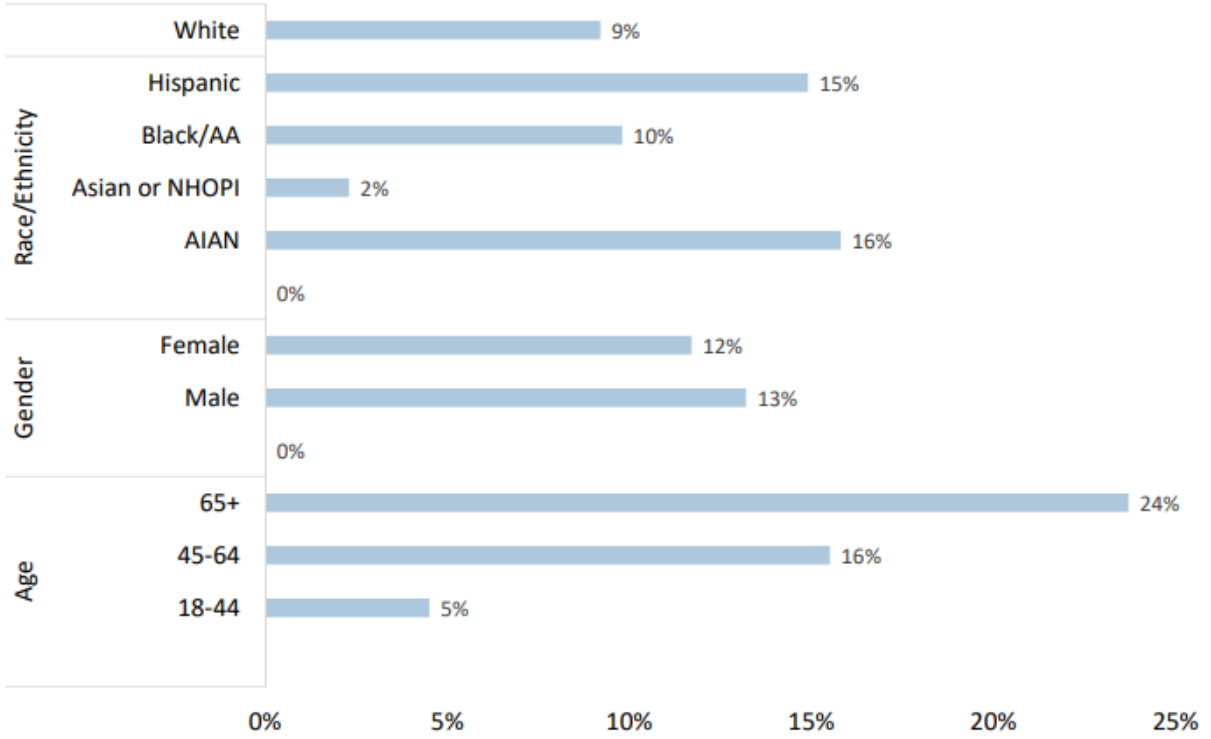
## POPULATION (ALL AGES) LIVING IN POVERTY BY RACE AND ETHNICITY 2019




**SOURCE:** U.S. Census Bureau, American Community Survey, Table S1701, 2019
**NOTE:** 2020 data unavailable due to the COVID-19 pandemic.

# HSD DATA BOOK

**New Mexico Prevalence of Diabetes among Adults by Age, Race/Ethnicity, Gender, 2020**




*Note: AIAN = American Indian and Alaska Native, Black/AA = Black/African American, NHOPI = Native Hawaiian or Other Pacific Islander*
*Source: New Mexico Behavioral Risk Factor Surveillance System (BRFSS)*

# CHILDREN IN STATE CUSTODY

# CHILD WELL-BEING

## STATE RANKINGS ON OVERALL CHILD WELL-BEING

Select a location to see how it ranks and performs on 16 key indicators.

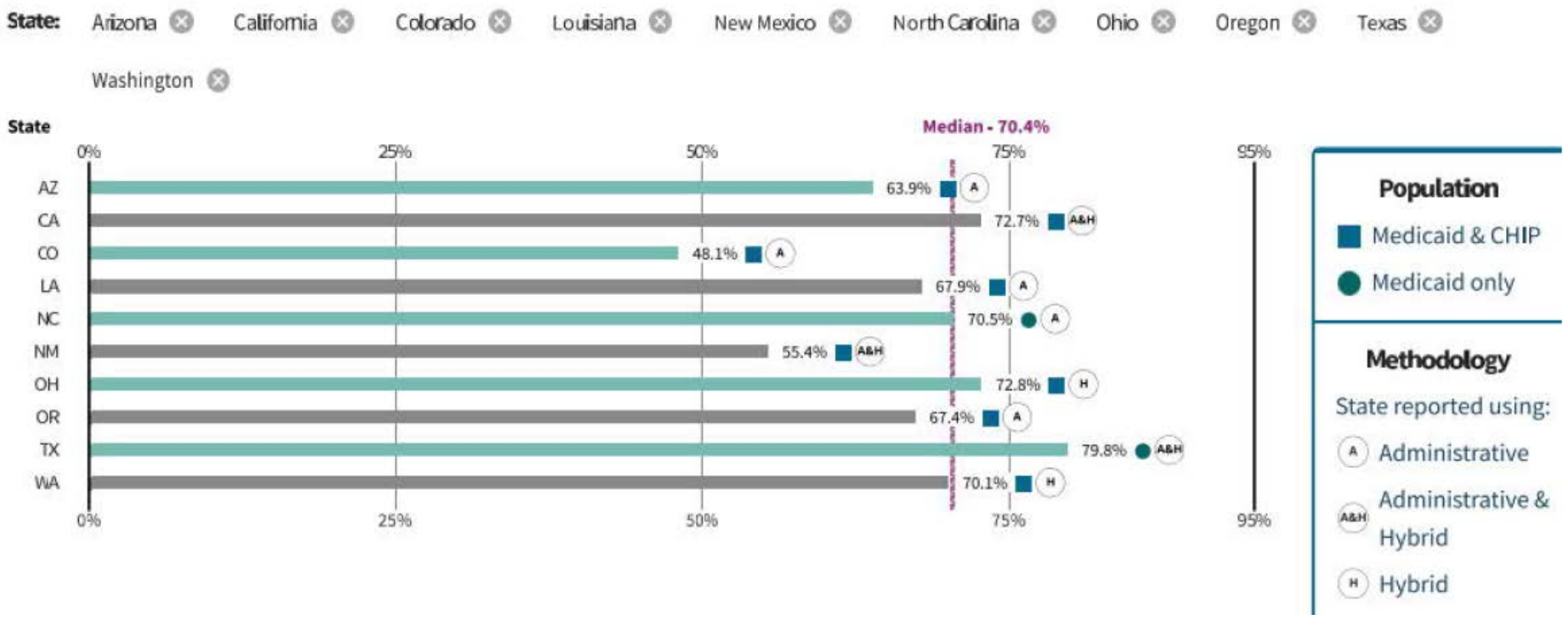
| 1st quartile | 2nd quartile | 3rd quartile | 4th quartile |
|---|---|---|---|
| 1. Massachusetts | 14. Washington | 26. Hawaii | 38. Georgia |
| 2. New Hampshire | 15. Colorado | 27. New York | 39. Arkansas |
| 3. Minnesota | 16. Idaho | 28. Michigan | 40. Arizona |
| 4. Vermont | 17. Wyoming | 29. Indiana | 41. South Carolina |
| 5. Utah | 18. Kansas | 30. Missouri | 42. Oklahoma |
| 6. New Jersey | 19. Pennsylvania | 31. Ohio | 43. Alaska |
| 7. Nebraska | 20. South Dakota | 32. Delaware | 44. West Virginia |
| 8. Connecticut | 21. Illinois | 33. California | 45. Nevada |
| 9. Iowa | 22. Montana | 34. North Carolina | 46. Texas |
| 10. Wisconsin | 23. Rhode Island | 35. Florida | 47. Alabama |
| 11. Maine | 24. Maryland | 36. Tennessee | 48. Louisiana |
| 12. North Dakota | 25. Oregon | 37. Kentucky | 49. New Mexico |
| 13. Virginia | | | 50. Mississippi |

# DISPARITIES FOR CISC

- Children in foster care are **significantly more likely to have developmental delays; asthma; obesity; speech, hearing, and vision problems; attention-deficit/hyperactivity disorder; anxiety; behavioral problems; depression; and other health and mental health issues** (Turney & Wildeman, 2016).
- Children in foster care have **significantly more hospitalizations and subspecialty office visits** than children not in foster care and higher health-care charges on average ($14,372 versus $7,082) (Bennett et al., 2020).
- Children in foster care have **higher rates of dental problems,** and one-third of children in care have not had a dental visit in the past year (Finlayson et al., 2018).
- In 2018, **only 54 percent of noninstitutionalized youth** who were enrolled in Medicaid or the Children's Health Insurance Program (CHIP) and who **experienced a major depressive episode received mental health treatment** (Medicaid and CHIP Payment and Access Commission [MACPAC], 2021).
- Many children in out-of-home care who may **qualify for early intervention and special education services do not receive them** (Casanueva et al., 2020).

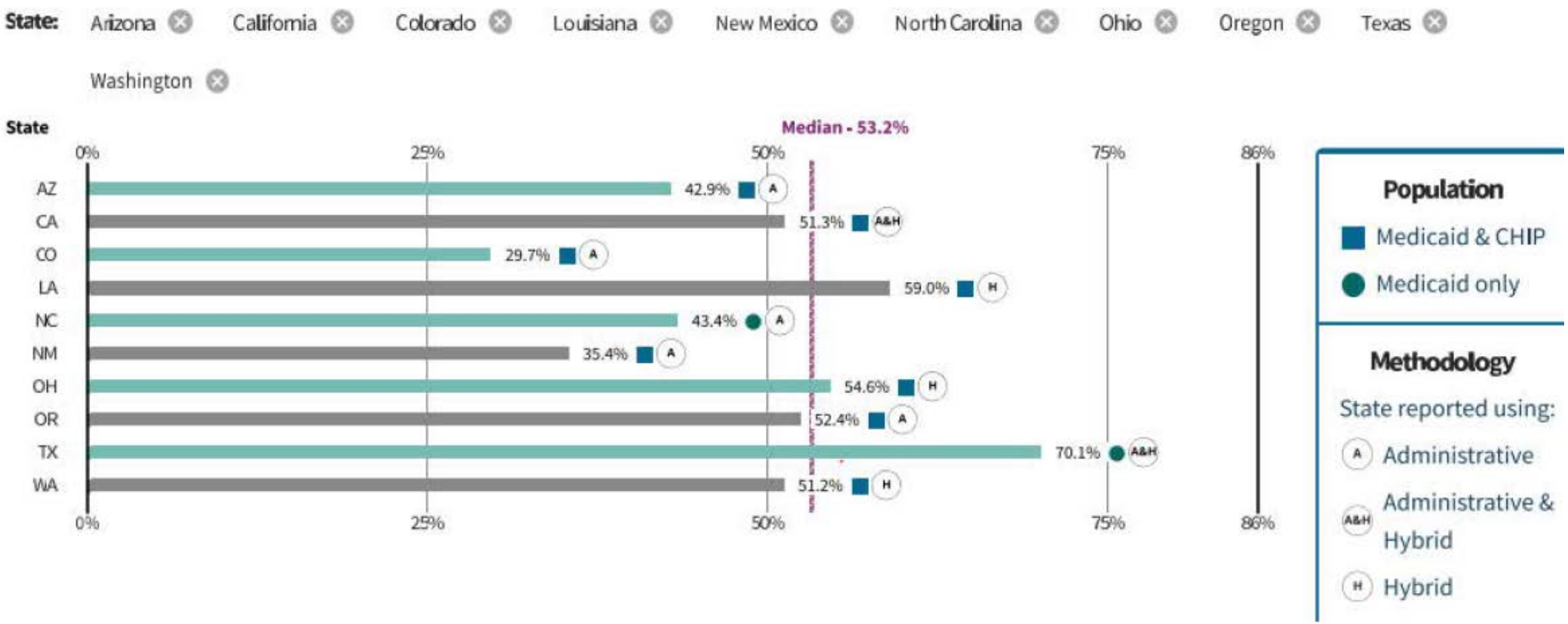
# CMS MEDICAID SCORECARD

## Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



# CMS MEDICAID SCORECARD

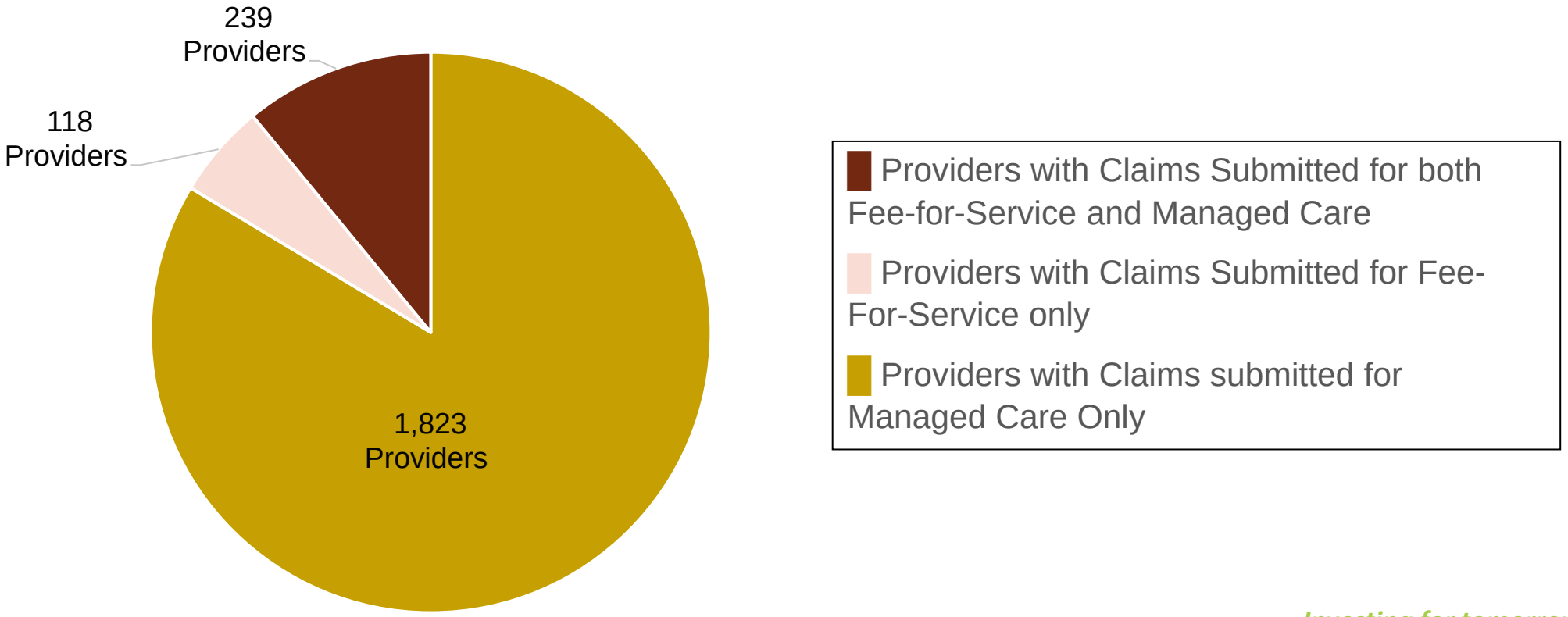
## Adolescent Well-Care Visits: Ages 12 to 21



# PROVIDER NETWORK

In 2021, there were 2,180 billing provider IDs that submitted claims for CYFD Children.

Of the 2,180, 118 providers submitted claims through Fee-For-Service only.



# NATIVE AMERICAN CHILDREN IN STATE CUSTODY (CISC)

- 263 Total Native American children in State Custody
- 64 Native American children in State Custody and enrolled in Fee for Service (FFS) Medicaid
  - 25 in Gallup and Farmington
  - 39 in Albuquerque, Grants, Rio Rancho, Roswell, and Acoma
- 199 Native American children in State Custody and enrolled in Managed Care
  - 73 in Gallup, Farmington, Bloomfield, and Shiprock
  - 126 in Albuquerque, Flora Vista, Espanola, Grants, Hobbs, Las Cruces, Las Vegas, and Los Lunas

# CHILDREN IN STATE CUSTODY

## Considerations related to Children in State Custody

- Vulnerable and high-need population with adverse childhood experiences, trauma, mental health, substance use, physical health and dental needs
- Significantly higher utilization of services as compared to general pediatric population (of particular concern, emergency room, inpatient, out-of-home, and out-of-state services)
- Multi-systemic involvement (e.g., CYFD, juvenile justice, education, the Collaborative/behavioral health system, Tribal Services) requires higher needs for care coordination
- Communication and involvement of the member, family, foster care family and caregivers
- Frequent transitions (custodial placements, levels of care, aging out) that jeopardize continuity of care
- Disproportionate racial and ethnic representation

# TRIBAL LISTENING SESSION FEEDBACK (APRIL 26, 2022) CHILDREN IN STATE CUSTODY

## Challenges

- Coordination across different departments. For example, it takes several weeks for children to get access to Medicaid when they come into custody without medical coverage
- Network restrictions when enrolling with a Managed Care Organization (MCO)
- Access to Non-Emergency Medical Transportation (NEMT) in rural parts of the state

## Opportunities

- Strengthen transition plans between CYFD, HSD, and Tribal communities
- Continue to build upon Care Coordination to address the many needs of children who return to their community and provide education where needed
- Streamlining and simplifying the process to remove barriers to accessing care

# MANAGED CARE VERSUS FEE-FOR-SERVICE

| Managed Care | Fee-For-Service |
| --- | --- |
| Network adequacy and timely access standards | Any willing provider |
| Care Coordination based on Members level of need | No Care Coordination for Beneficiaries |
| Flexibility for MCOs to offer additional services | State plan only services |
| Member Incentive Program | No Member Incentive Program |
| MCO expectations for quality outcomes | No comprehensive quality program |

# PROPOSAL FOR MEDICAID OF THE FUTURE

- **Dedicated MCO to Serve the CISC Population**
- A single MCO for the duration of state custody allows for specialization and singular focus of resources and oversight for this important and vulnerable population
- Benefits
  - Allows NM to develop CISC-specific standards and monitoring designed to meet the unique needs of CISC population
  - Key personnel with expertise with serving CISC
  - Specialized training for staff, stakeholders, and providers
  - Focus on addressing the health equity and cultural needs of CISC
  - More intensive care coordination expectations to improve communication and coordination necessary in response to complex care needs and multi-system/interested party involvement
  - Development of a provider network that represents the needs of the CISC population that is able to offer community-based, trauma-informed, and specialty services, and designed to reduce the needs for out-of-home and out-of-state placements
  - CISC-specific quality metrics and performance measures

# CHILDREN IN STATE CUSTODY DISCUSSION QUESTIONS

1. Do you believe the proposal will address the challenges faced by Native American children in state custody?
2. Are there barriers and challenges that Native American children in state custody would face being served by one dedicated MCO?
3. What expertise/resources would you want MCOs to have/demonstrate for ensuring coordination of care and managing services for the Native American Children in State Custody?

# TRADITIONAL HEALING SERVICES

# TRADITIONAL HEALING SERVICES

## Considerations related to Medicaid coverage or Traditional Healing Services

- HSD is interested in evaluating options for covering Traditional Healing Services under the Medicaid program and understanding the positive or negative impacts for Traditional Healers and individuals receiving these services. Such coverage is part of the *Kevin S* Settlement.
- Historically MCOs have offered Traditional Healing Services as a Value-Added Service. This means that the MCO provides and pays for the services even though they are not paid for by the State. Traditional Healing Services are also available to Members in the self-directed community benefit program.
- Potential to expand self-directed community benefit budget concept to broader Native American populations enrolled in managed care.

*Identify a culturally appropriate term for traditional healing services. Opportunity to identify service as a specialized therapy.

# TRIBAL LISTENING SESSION FEEDBACK APRIL 26, 2022 TRADITIONAL HEALING SERVICES

## Challenges

- Traditional healing is a private service, and in order to respect the healers, their names should be kept private.
- Values of the service do not want to be disclosed and assigning a fixed value to the service can be disrespectful.
- MCOs' existing value-added services program covering Traditional Healers is a set budget. Once funding is disseminated, all other requests for coverage are denied.

## Opportunities

- Reimbursing Traditional Healers through Medicaid could assist with the expansion of new services
- Preferred Terminology for Traditional Healing Services
- Coverage through Medicaid (as a covered service or through discretionary funding) would allow access to all members

# PROPOSAL FOR MEDICAID OF THE FUTURE

- Cover service through Medicaid's Managed Care Delivery System
  - Native American Healers would be a covered benefit
  - Service would be subject to an annual dollar limit/budget
  - Service may also be offered as a MCO Value Added Service
- Benefits
  - Protects privacy of healer
  - Native American healing therapies would encompass a wide variety of culturally-appropriate therapies that support members in their communities, addressing their physical and emotional health.

# TRADITIONAL HEALING DISCUSSION QUESTIONS

1. What is the preferred terminology for traditional healing services?
2. Do you believe the proposal for an annual budget will address the challenges faced by Native Americans trying to access traditional healing services?
3. Are there concerns with receiving this service through the Managed Care Delivery System?
4. If the service was subject to an annual dollar limit/budget, what would be an appropriate amount for the year?

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# QUESTIONS AND COMMENTS?

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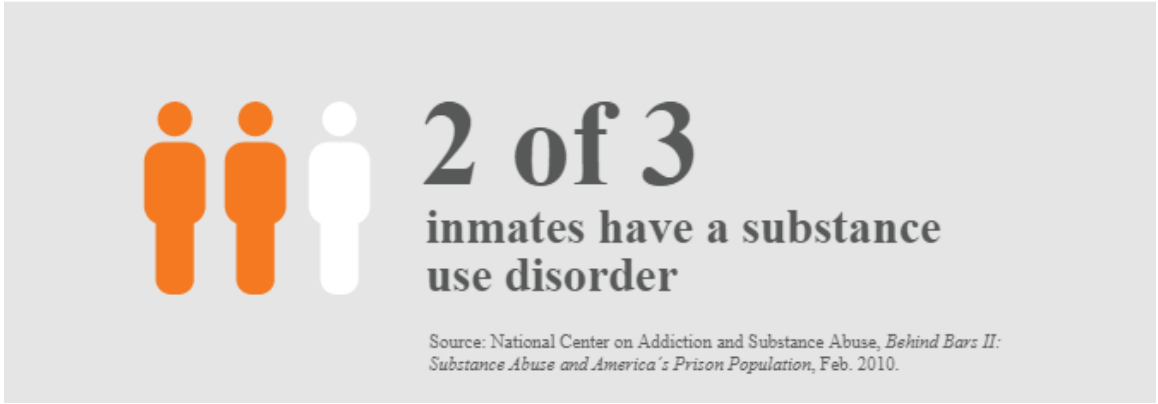
# APPENDIX

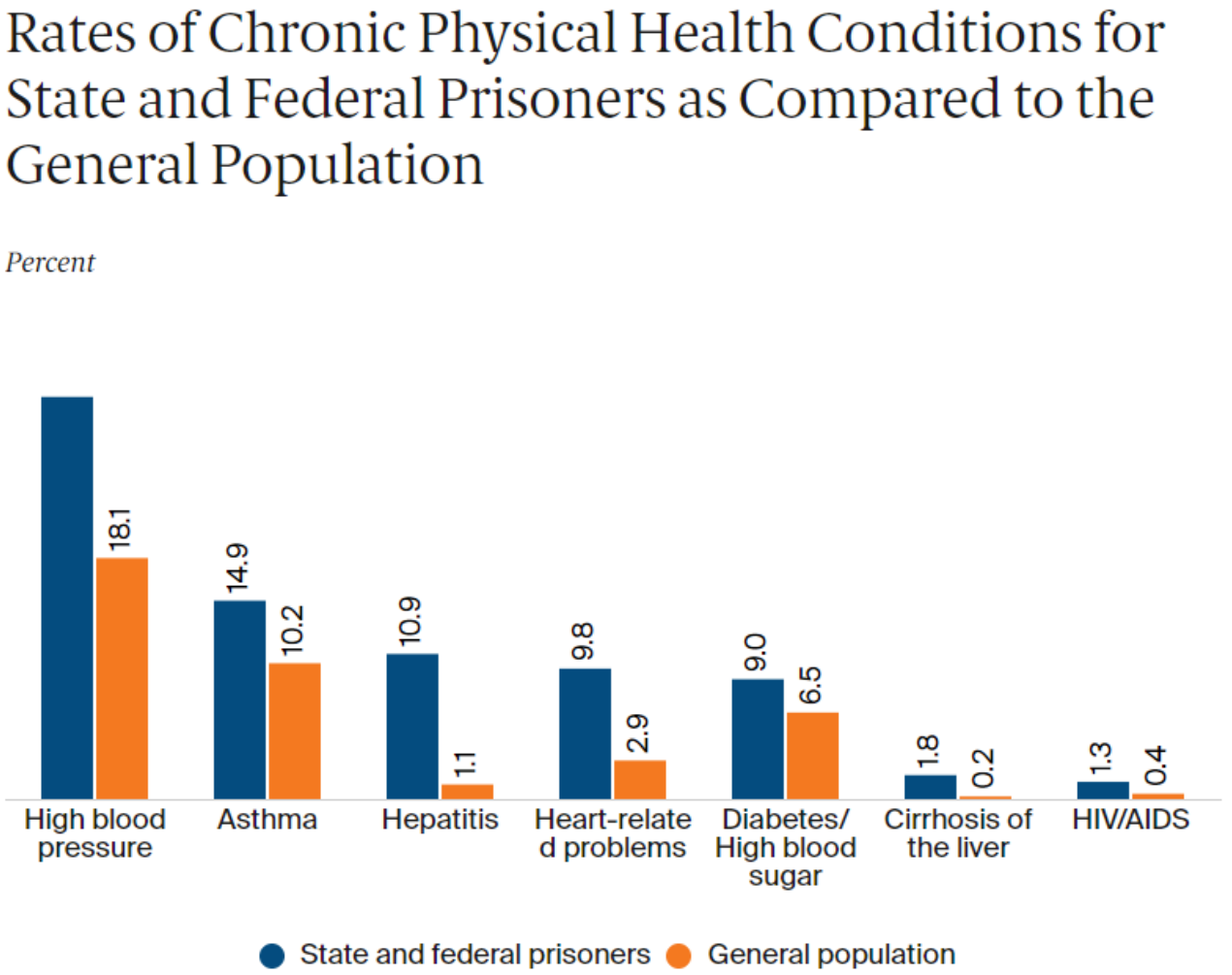
# JUSTICE INVOLVED POPULATION

# SIGNIFICANT MEDICAL AND BEHAVIORAL HEALTH NEEDS AMONG INDIVIDUALS WITH A HISTORY OF INCARCERATION

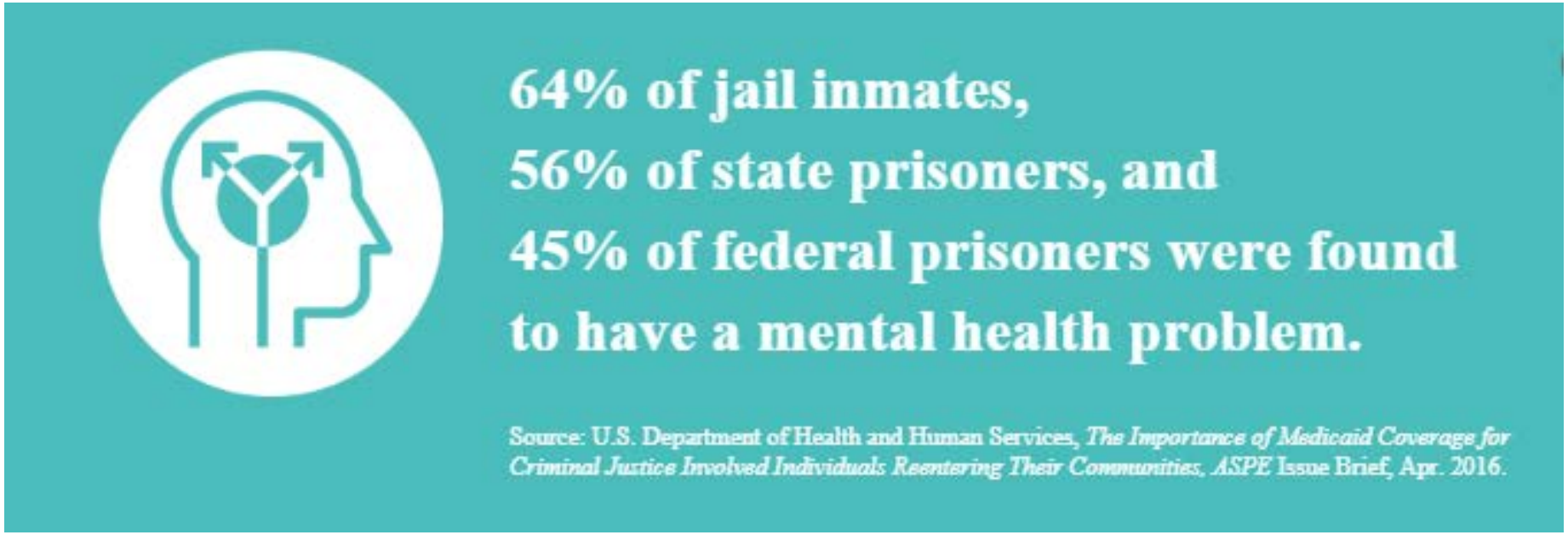
- An estimated **80 percent** of individuals released from prison in the United States each year have a **substance use disorder, or chronic medical or psychiatric condition**.
- Incarcerated individuals have **four times the rate of active tuberculosis** compared to the general population.
- Incarcerated individuals **have nine to ten times the rate of Hepatitis C** and **eight to nine times the rate of HIV infection.**



# PHYSICAL HEALTH CONDITIONS



# MENTAL HEALTH PROBLEMS

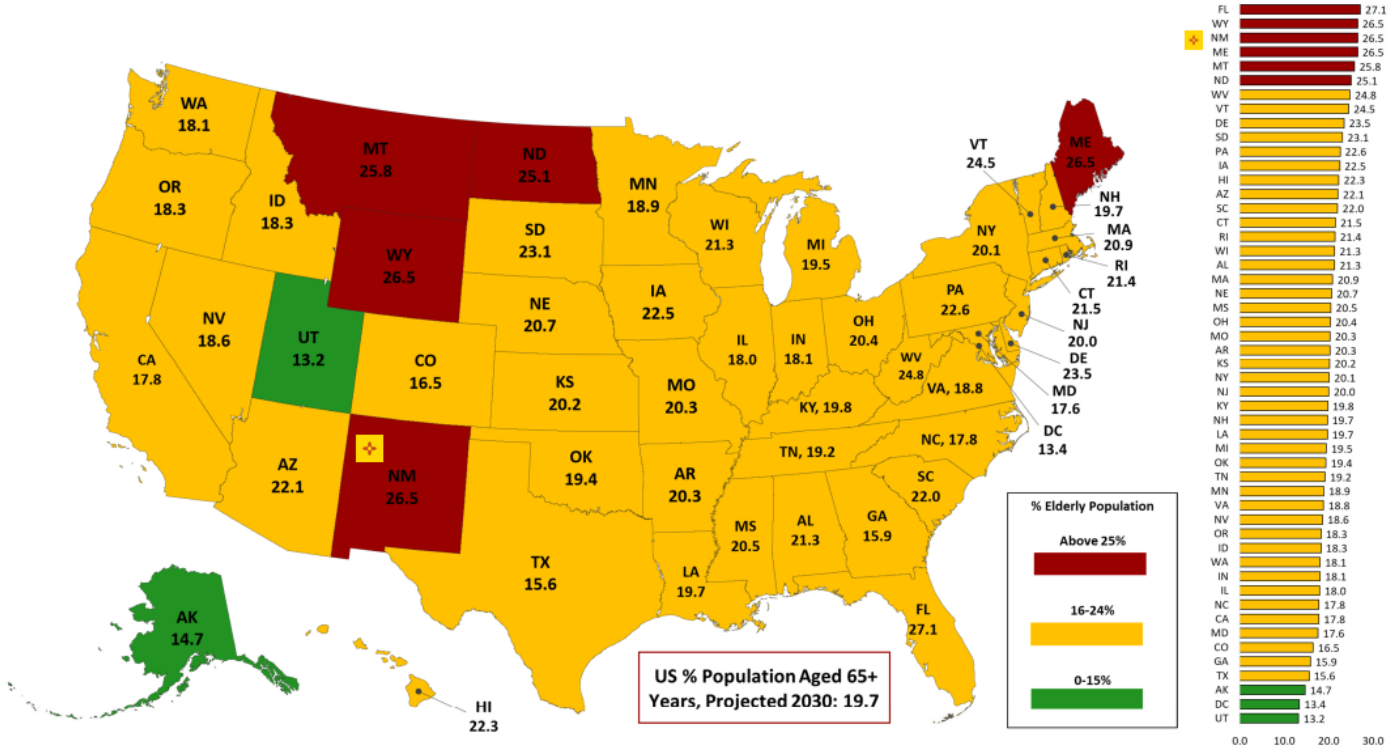


# LONG TERM SERVICES AND SUPPORTS (LTSS) POPULATION

# NM ELDERLY (65+ YEARS) POPULATION



## U.S. Projected Percent Elderly (65+ Years) Resident Population by State, 2030




*Source: Iowa Data Center's projections: https://www.iowadatacenter.org/browse/projections.html*



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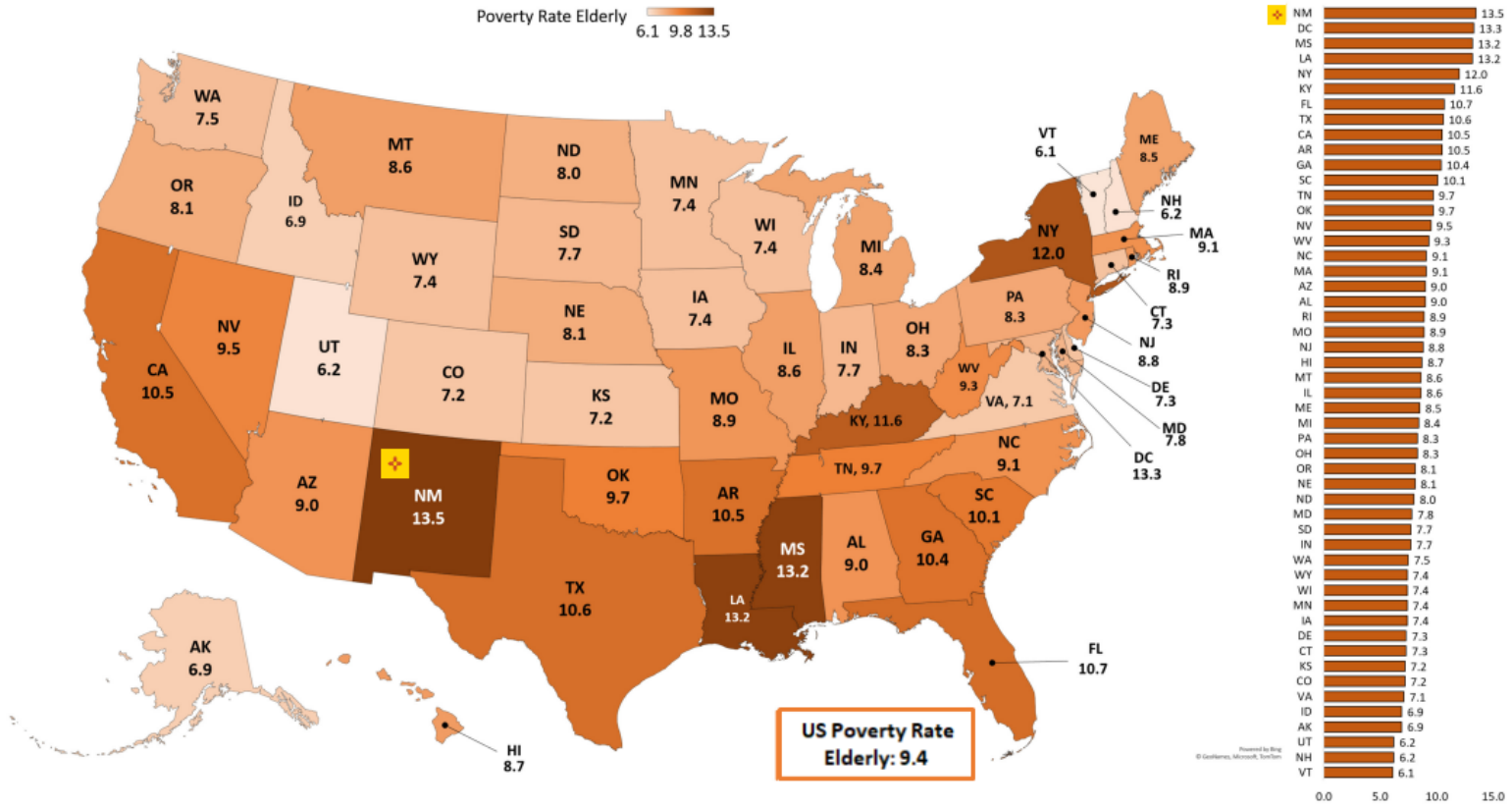
# NM POVERTY RATE ELDERLY (65+)



## U.S. Poverty Rate Elderly (65+ Years) by State as of 2019







*Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, data.census.gov*



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# CMS MEDICAID SCORECARD

## Controlling High Blood Pressure: Ages 18 to 85

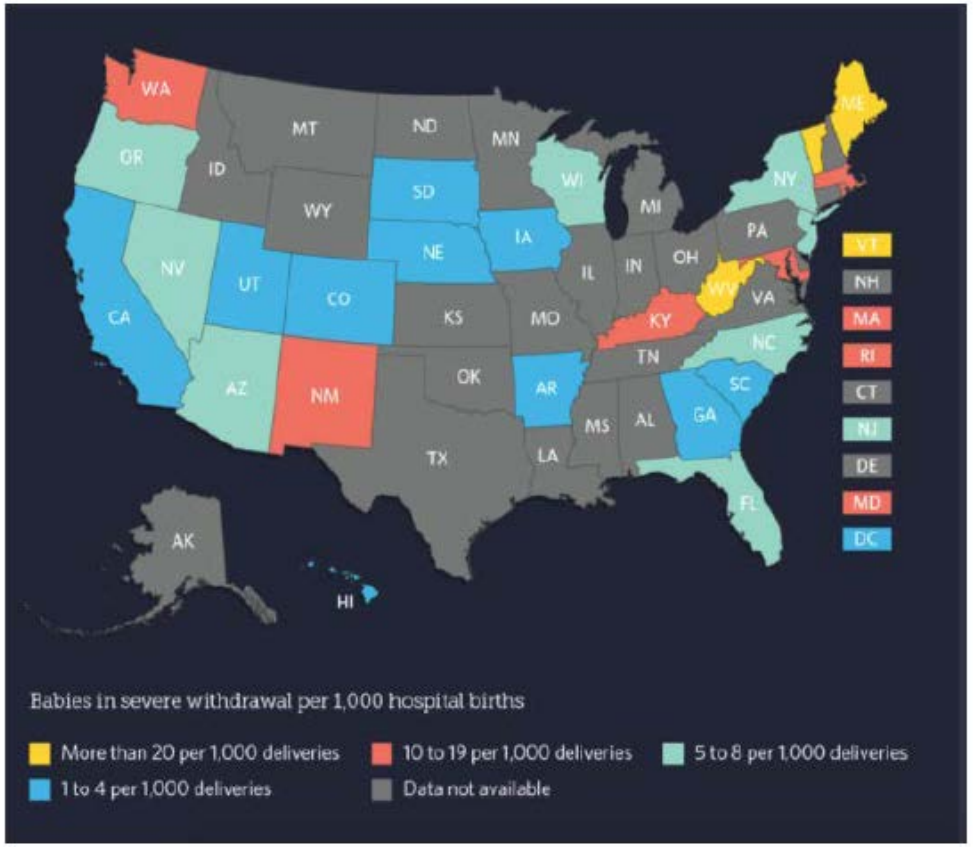
State: Arizona California Colorado Louisiana New Mexico North Carolina Ohio Oregon Texas Washington

# MATERNAL AND INFANT HEALTH

# MATERNAL AND INFANT HEALTH STATISTICS

- 80% of all births in the state.
- The New Mexico Maternal Mortality Review Committee in collaboration with our Department of Health have presented data which shows that New Mexico has a **maternal mortality rate of 21.5 per 100,000 compared to the national average of 17.4 deaths per 100,000 live births**.
- 60% of pregnancy related deaths since 2018 occurred 43-365 days post-partum.
- And **75% of the deaths were determined to be preventable**.
  - The most common causes: mental health conditions, cardiac conditions, embolism & hemorrhage.
- In New Mexico pregnancy associated deaths were **4.6X greater for Medicaid covered women** than those with private insurance.

*Figure 3 Source: The Pew Charitable Trusts, 2018.*

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# DELIVERY OF OBSTETRIC SERVICES

## Maternal Health Disparities: March of Dimes

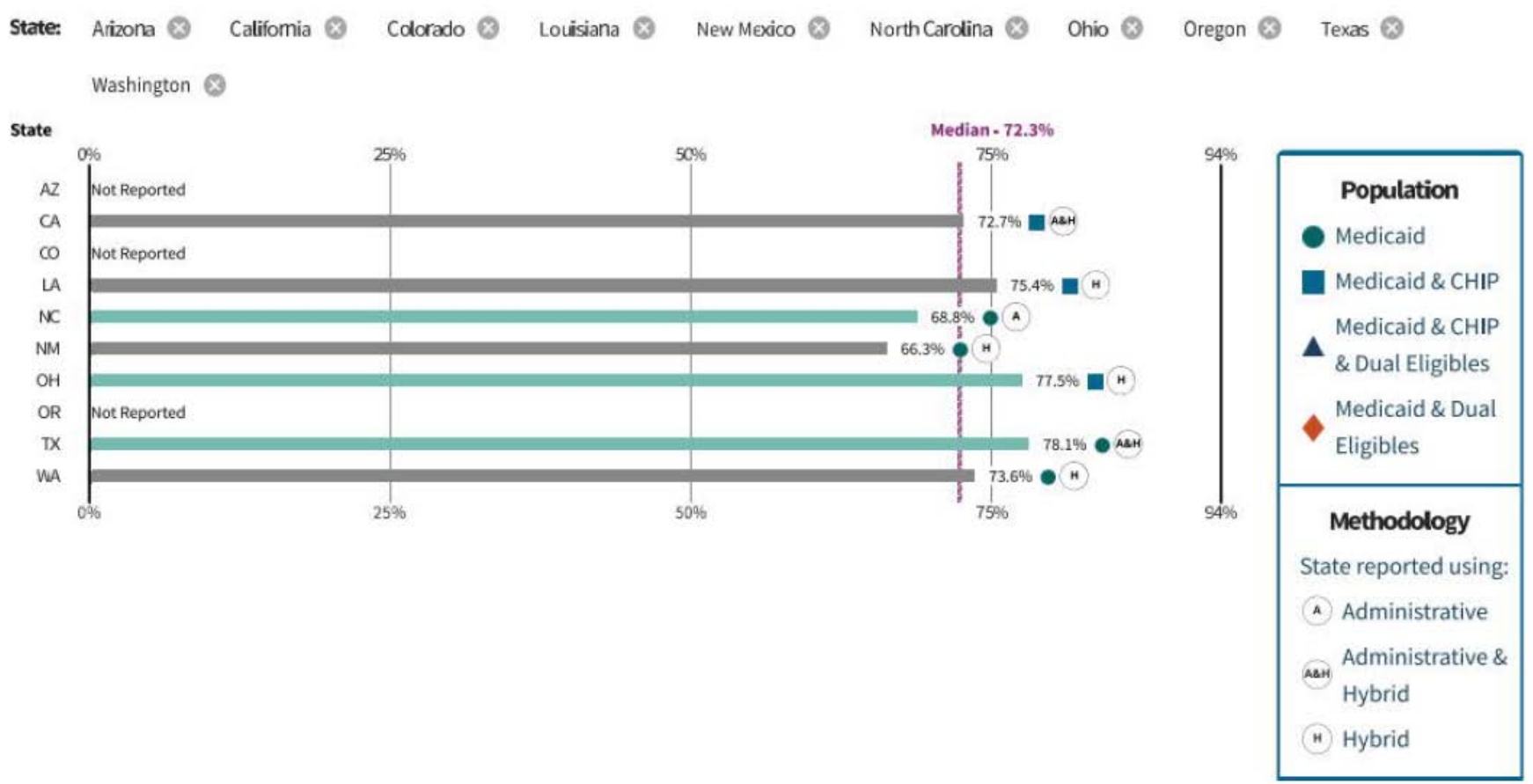
### Maternity Care Deserts in New Mexico

- https://www.marchofdimes.org/materials/2020-Maternity-Care-Report.pdf
- Counties in NM designated as Maternity Care Deserts (March of Dimes)
  - A county was classified as a maternity care desert if there were no hospitals providing obstetric care, no birth centers, no OB/GYN and no certified nurse midwives

1. Hidalgo
2. Sierra
3. Catron
4. Torrance
5. De Baca
6. Colfax
7. Guadalupe
8. Quay
9. San Miguel
10. Harding
11. Union
12. Mora
13. Roosevelt

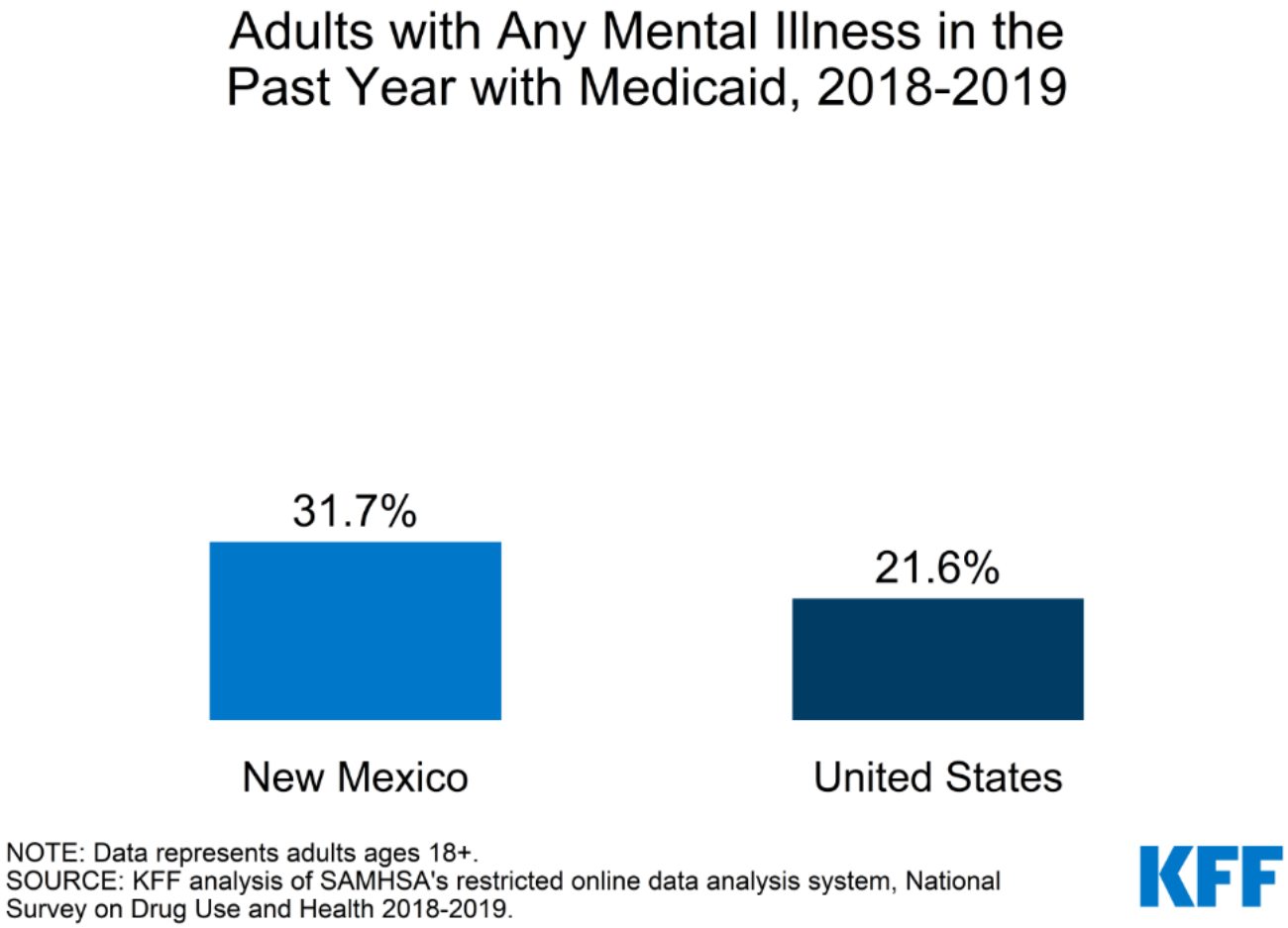
# CMS MEDICAID SCORECARD

## Prenatal and Postpartum Care: Postpartum Care



# MEMBERS WITH BEHAVIORAL HEALTH CONDITIONS

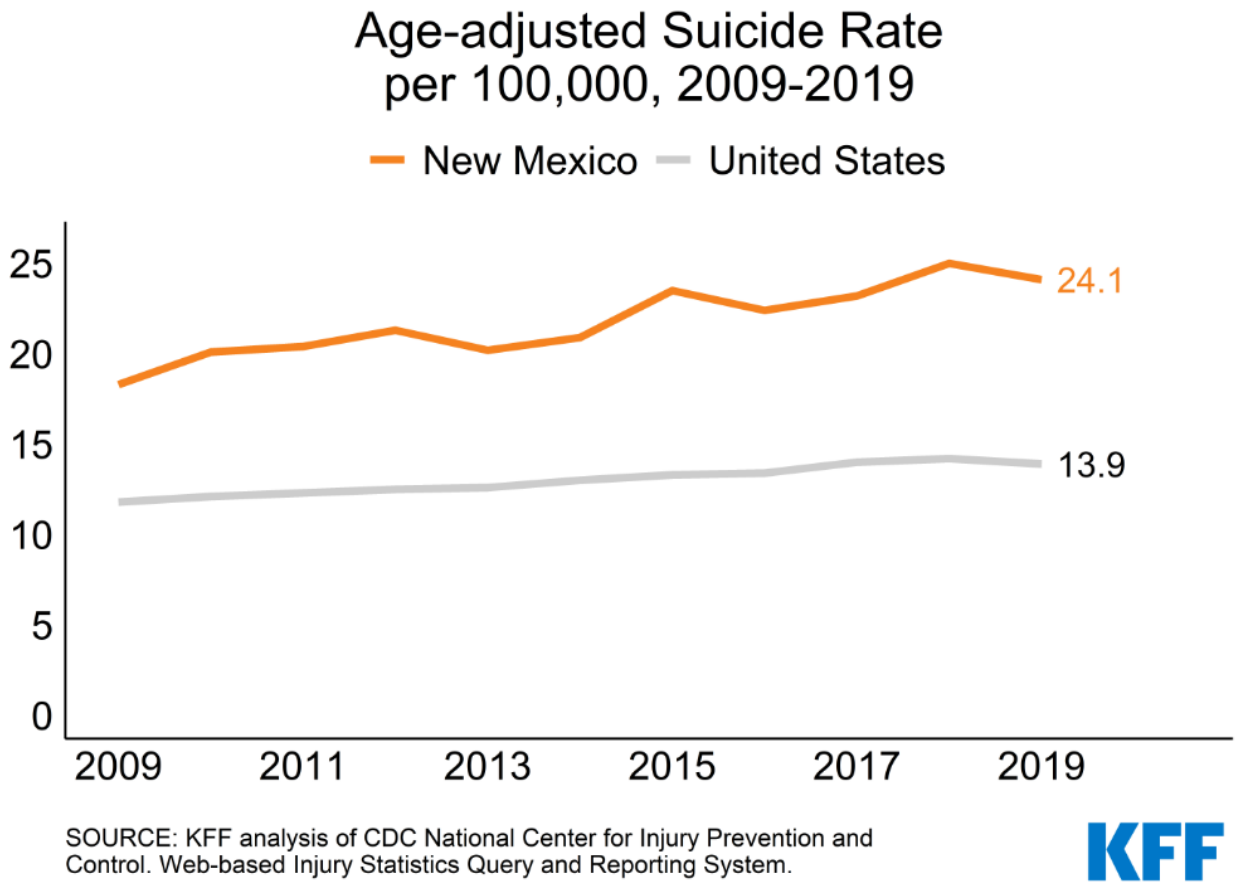
# BEHAVIORAL HEALTH IN NM MEDICAID




NOTE: Data represents adults ages 18+.
SOURCE: KFF analysis of SAMHSA's restricted online data analysis system, National Survey on Drug Use and Health 2018-2019.

KFF

# BH DISPARITIES



# BH MEDICAID CARE

## Follow–Up After Hospitalization for Mental Illness: Ages 6 to 17