
CENTENNIAL CARE



Ensuring care for New Mexicans for the next
100 years and beyond...



State-Tribal Leadership Consultation
July 30, 2012

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Operational/Implementation Timeline

- ▶ **Currently:**
 - Submit 1115 Demonstration Waiver to the U.S. Center for Medicare and Medicaid Services (CMS), develop Request for Proposals (RFP) for plans, finalize new contract to be used with plans
 - Waiver submitted on April 25, 2012
 - Will submit updates by mid-August 2012
 - Procurement on the street September 1, 2012
- ▶ **September 2012 – December 2012**
 - Procure new plans and award contracts
- ▶ **January 2013 through December 2013**
 - Full year preparation for “Go Live”
 - Transition time for recipient to Centennial Care
 - To prepare recipients
 - To prepare plans

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Native American Participation

- ▶ Improve Health Outcomes and Promote Economic Opportunities for Native American Communities
 - Native Americans will fully participate in the Managed Care service delivery structure
 - Currently 20% of Native American Medicaid recipients are enrolled in Managed Care
 - Native Americans are confronted by a fragmented health care delivery system in a Fee-for-Service system
 - Potential solution to fragmented service delivery system is the enrollment into managed care and collaboration and coordination between MCOs and I/T/Us on case management and tracking health outcomes
 - Require MCO plans to contract with onsite care managers and engage a Native American clinical person to assist in developing strategies to reduce health disparities while enhancing cultural appropriateness of care coordination.

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American Indian Health Disparities in New Mexico

The 10 indicators that follow are those with the highest (worst) rates. The seven indicators whose rates are two or more times higher than the rates of the group with the best rates are marked with an asterisk (*):

- Homicide*
- Deaths Due to Diabetes*
- Alcohol-Related Deaths*
- Motor Vehicle Deaths*
- Pneumonia and Influenza Deaths*
- Adult Obesity*
- Youth Obesity*
- Not Receiving Pneumonia Vaccination
- Late or No Prenatal Care
- Youth Suicide

2011 Racial and Ethnic
Health Disparities Report Card, 6th
Edition – NM Dept. of Health



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Native American Participation

- ▶ Improve Health Outcomes and Promote Economic Opportunities for Native American Communities
 - Encourage and promote greater involvement by and with the Native American community
 - Health plans will contract with the Tribes for on-reservation case management and transportation services, where such services are available and offered by the Tribes
 - Encourage and incentivize Tribes to develop care coordination teams and health homes that meet state requirements to provide integrated care for their members with chronic medical/behavioral health conditions; and
 - Explore the concept of “mini block grants” to Tribes who are willing to provide a full array of services to their members for a set amount of money.

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Clarification of Native American Concerns

- ▶ Centennial Care (CC) **does not** prohibit Native American Medicaid recipients from receiving services at IHS, Tribal or Urban Indian Health (I/T/U) programs.
- ▶ CC plan requires the MCOs to contract with I/T/Us, **IF** the I/T/Us desire such contracts
- ▶ IHS and Tribal programs have the **option** to become an in-network provider of the MCOs.
- ▶ The State will **require** prompt reimbursement to I/T/Us for all claims, including for the Medicaid portion of the claim after Medicare has paid.
- ▶ Your health program can make patient referrals to specialized care within the MCO provider network – thus **creating savings** on Contract Health Service (CHS) dollars.
- ▶ Financial sustainability can be created for your programs through third party billing.
- ▶ Tribal members and health programs will have access to an array of specialized health services, which often are limited or unaffordable through CHS
- ▶ HSD is seeking a waiver to **exempt** Native Americans from co-pays at non-tribal facilities, which is an extension of the right currently under federal law for services accessed at I/T/Us

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Protections for Native American Recipients

- ▶ Whenever possible, employ Native American care coordinators
- ▶ If a Native American care coordinator is not available, require care coordinators to work with community health representatives to schedule and sit in on appointments for face-to-face contact with Native American recipients
- ▶ Ability to select your Indian health provider as your Primary Care Physician (PCP) whether or not the provider is in the MCO network
- ▶ Require cultural diversity training for all care coordination staff
- ▶ Require that MCOs include at least two tribal representatives in their management structure.



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Protections for Indian Health Providers

- ▶ Require MCOs to offer contracts at OMB rates
- ▶ System test to assure MCOs can pay clean claims from Indian Health Providers
- ▶ Require MCOs to pay OMB rates to out of network Indian Health Providers who choose not to contract with MCOs



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Demonstration Projects/Mini-Grants

- ▶ “Mini” block grants
 - ▶ Tribes may be willing to be responsible for providing for all Medicaid services to their members using a set amount of money (a “block grant”)
 - ▶ This would require an agreement between the tribe and the federal government.
 - ▶ The State has raised this concept in the waiver but it is unclear whether the Federal government will agree to this.
- ▶ “Per member per month” (PMPM) payments from an MCO to an I/T/U or a tribal health care enterprise
 - ▶ MCOs would reimburse an I/T/U or a tribal provider using a PMPM to provide a certain set of services for Medicaid enrollees.

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The State has several ways for people to submit suggestions and ideas for our Centennial Care waiver submission:

▶ Website:

www.hsd.state.nm.us/medicaid.modernization

▶ E-mail Address: medicaid.comments@state.nm.us

▶ Phone: 1-855-830-5252

▶ Regular Mail: Centennial Care Comments – Human Services Department P.O. Box 2348, Santa Fe, New Mexico 87504