



1115 Waiver Renewal
Public Engagement
June 2017



Today's Agenda & Goals

Centennial Care 2.0 Concepts

- Provide information about Centennial Care: overview, goals, accomplishments.
- Discuss proposed improvements and reforms by identified area of focus as presented in the concept paper.

Public Comments

- Break after each area of focus to hear your comments on the ideas presented in that section.
- Consider your feedback for the federal 1115 Waiver Renewal application.

Wrap Up

- Provide Next Steps including timeframe for additional input.
- Thank you for your time and feedback.

Why Are We Meeting Today?

Ideas

Our focus is on how to improve the current program so it is more effective and efficient with better quality outcomes, yet sustainable.

Perspective

How will the ideas we present impact you and your community?

Feedback

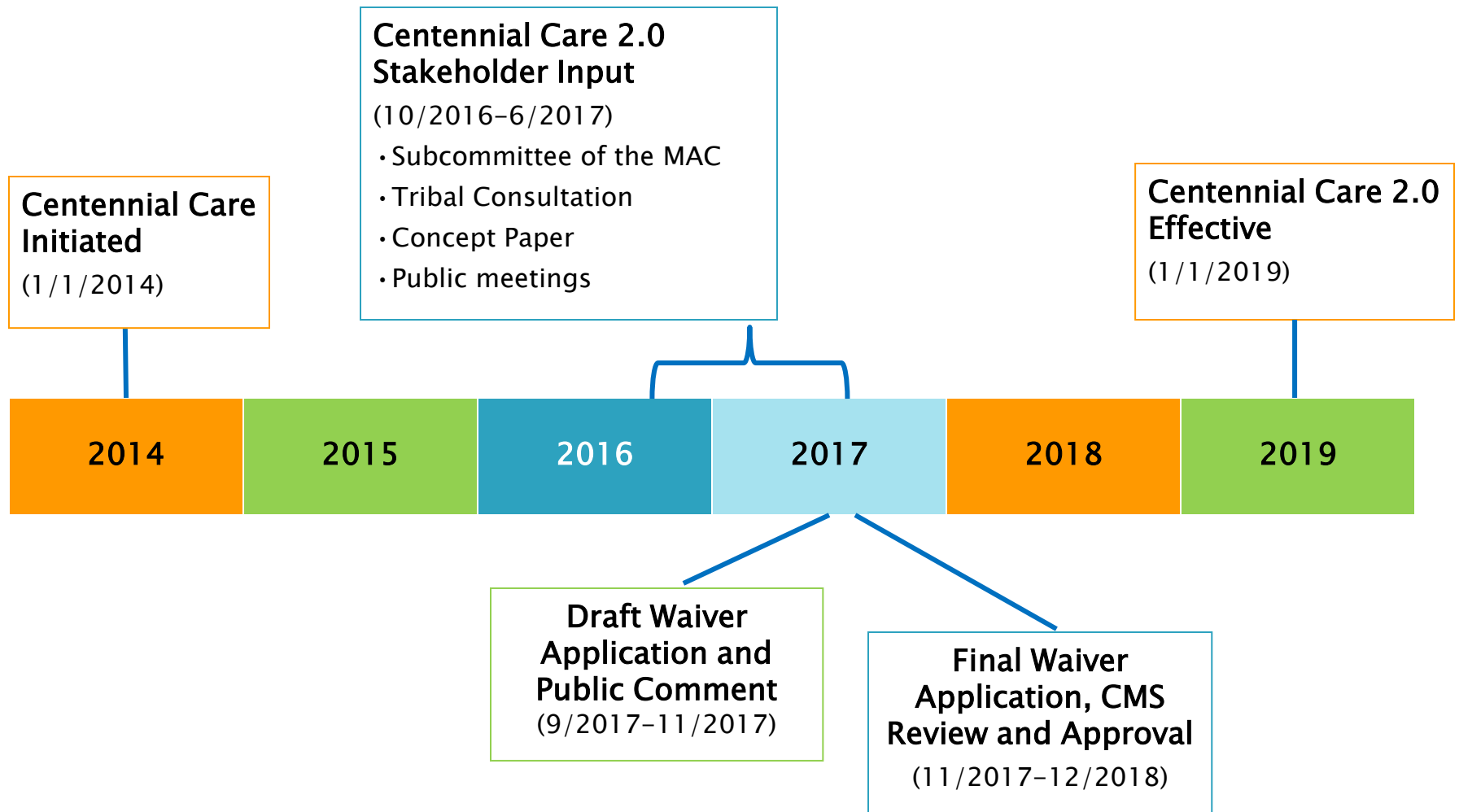
What ideas do you have?

What else should we be thinking about?

We will take comments at the end of each area of focus during the presentation.

There are note cards available, if you want to write your comments as you think of them.

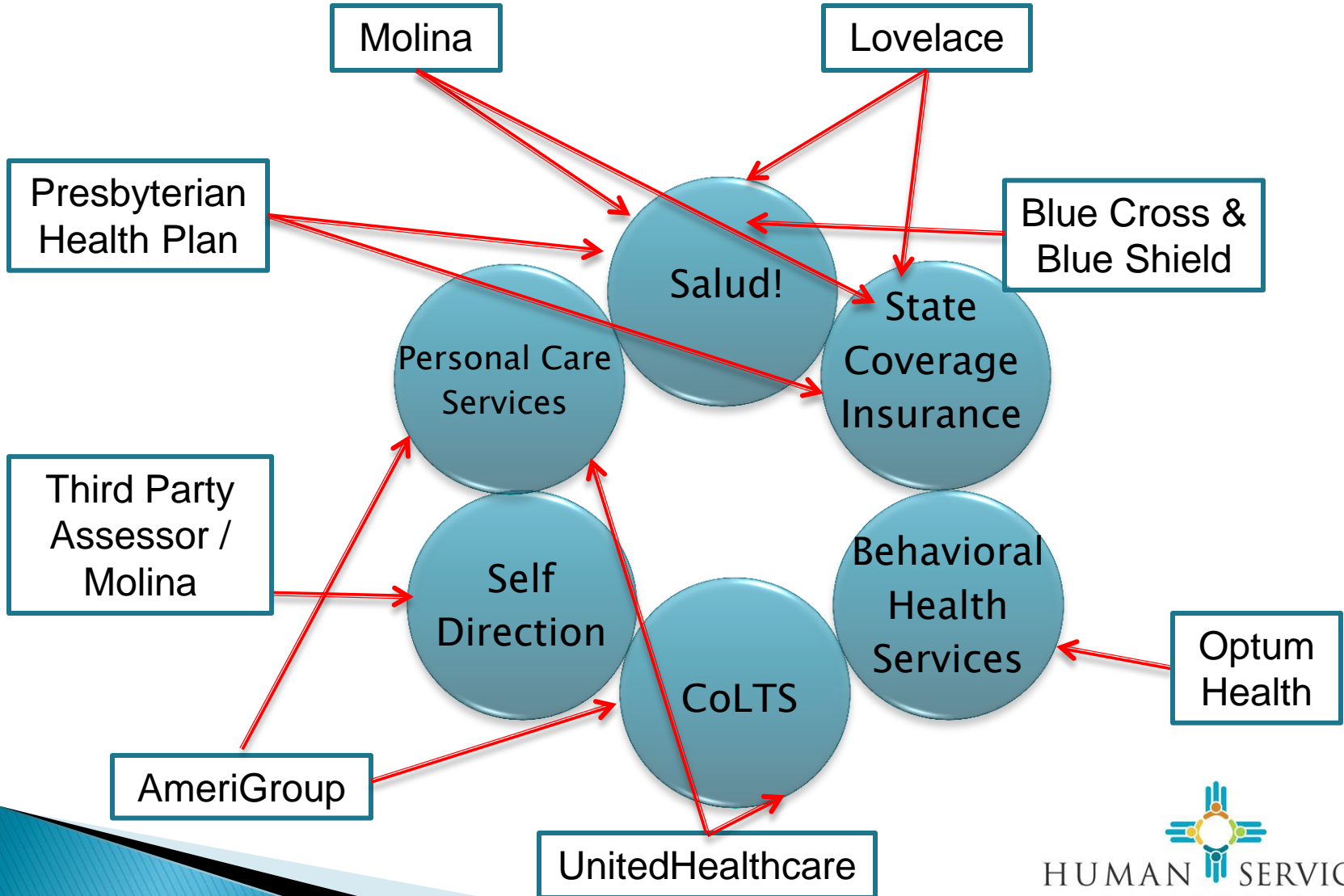
Centennial Care Timeline



Pre- and Post- Centennial Care

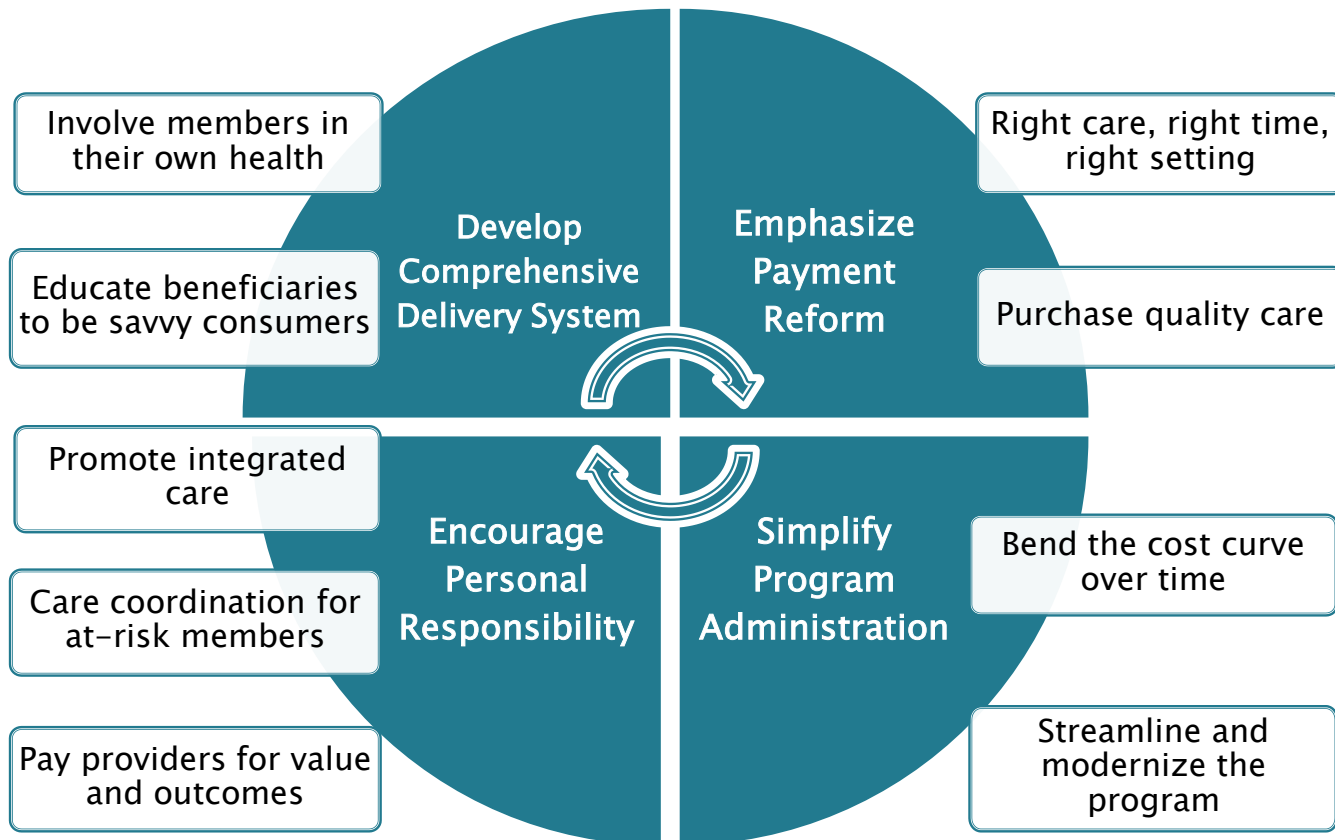
Medicaid in 2013

Pre-Centennial Care



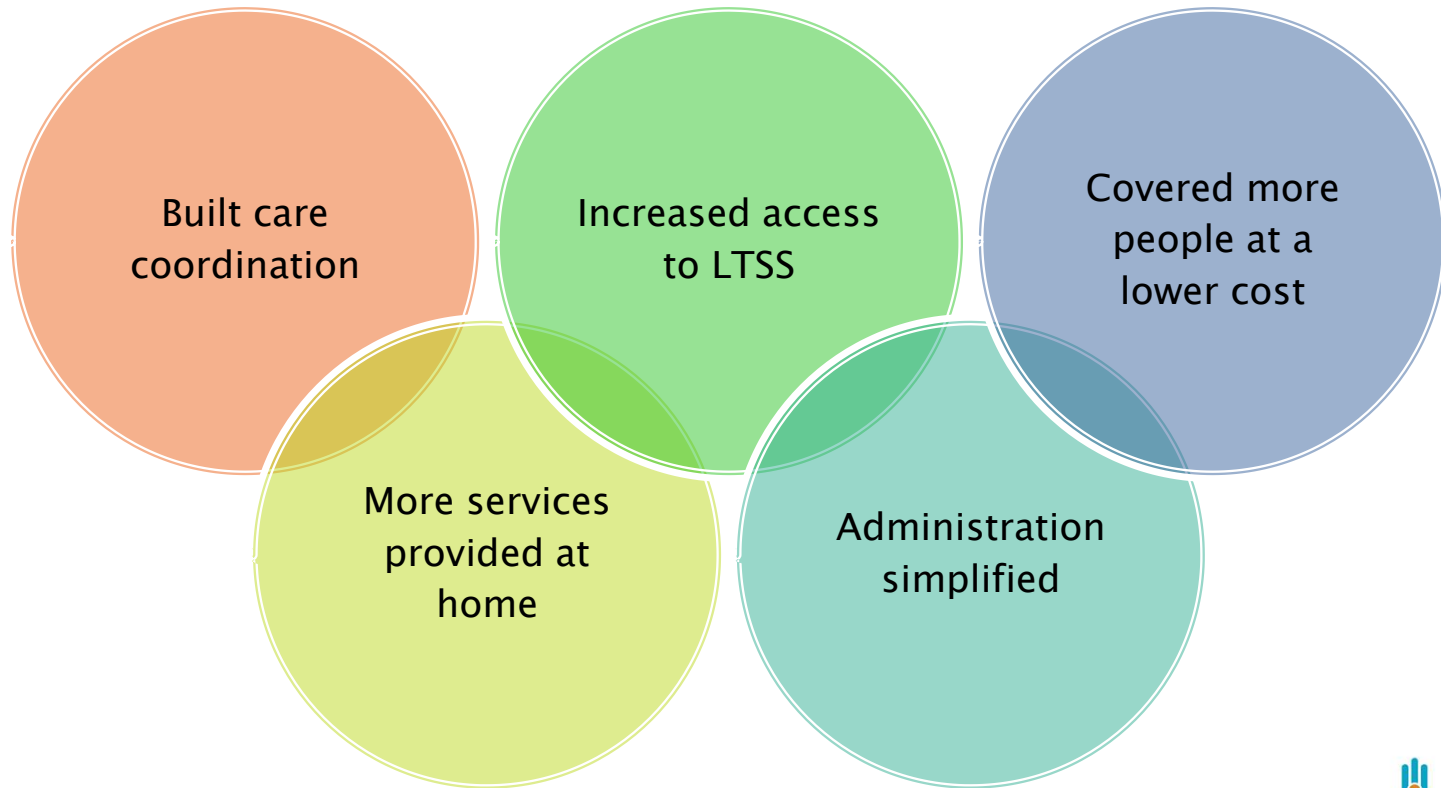
Centennial Care

Guiding Principles



Centennial Care 1.0

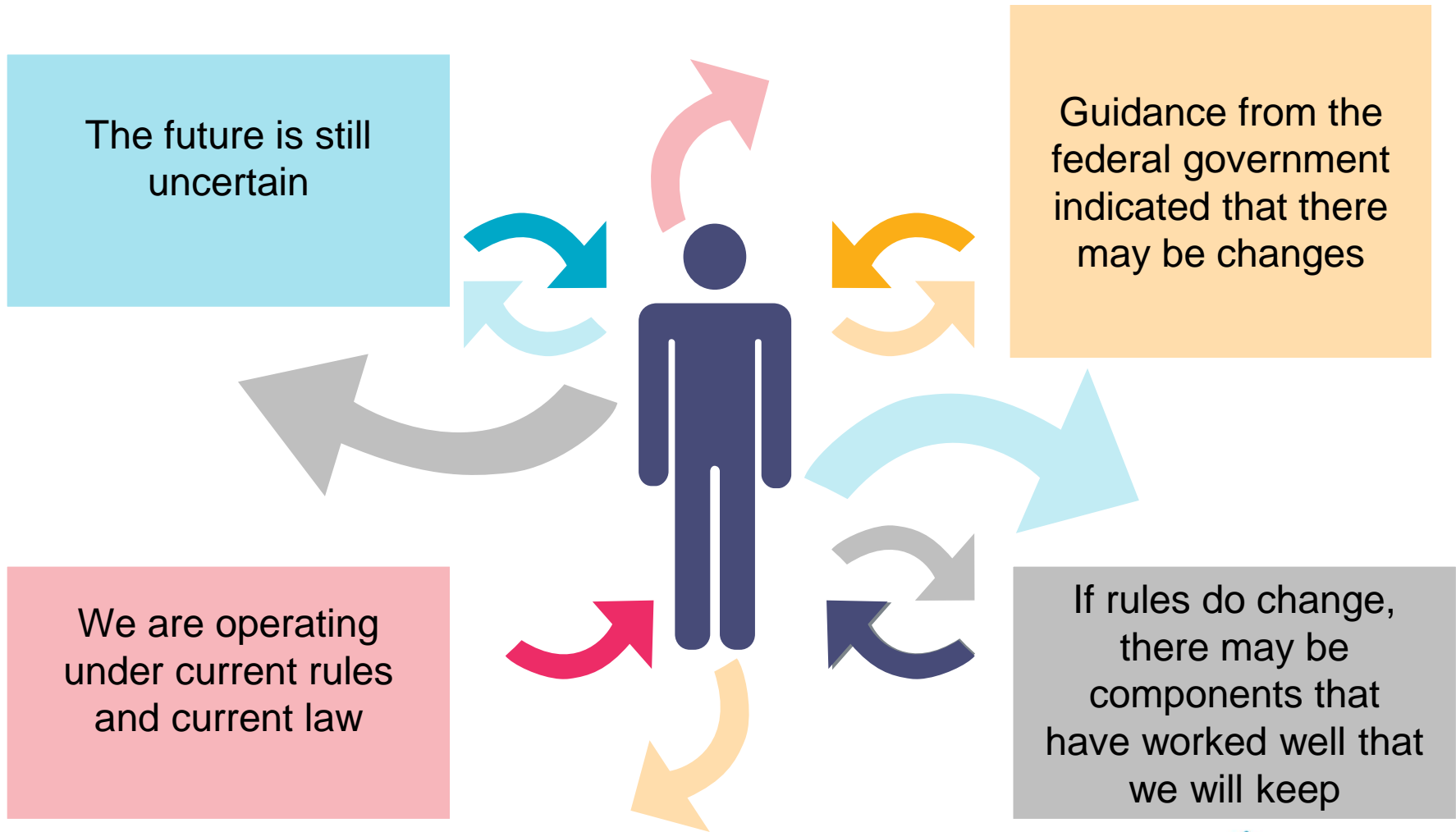
Key Accomplishments 2014–2016



Current Landscape

Federal/State Impacts to Consider

Federal Medicaid Changes



New Mexico Medicaid Spending

- ▶ Total Medicaid spending is increasing, primarily due to enrollment growth.
- ▶ The FY18 general fund (GF) need for Medicaid is **\$ 947.5 million**, an increase of **\$32.9 million** from FY17. The Legislature has appropriated **\$915.6 million**, resulting in a deficit of **\$31.9 million** in FY 18.

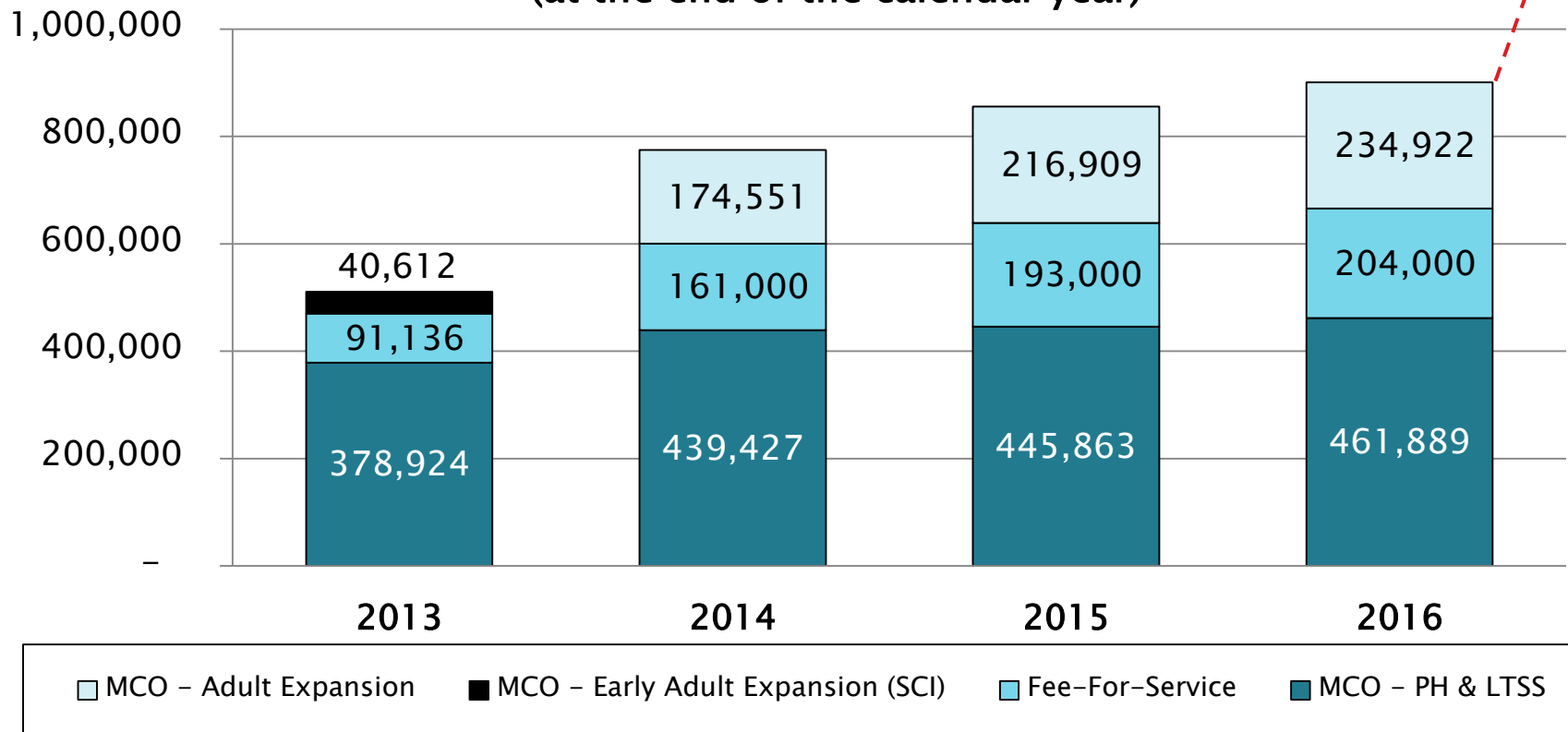
(\$ in millions)	FY14 Actual	FY15 Projection	FY16 Projection*	FY17 Projection*	FY18 Projection*
Total Budget	\$4,200.6	\$5,162.3	\$5,412.4	\$5,570.4	\$5,859.7
General Fund Need	\$901.9	\$894.1	\$912.9	\$914.6	\$947.5

*Projection data as of January 2017. The projections include all push forward amounts between SFYs. FY16 general fund includes \$18 million supplemental appropriation and general fund transfers from other divisions. These figures exclude Medicaid administration.

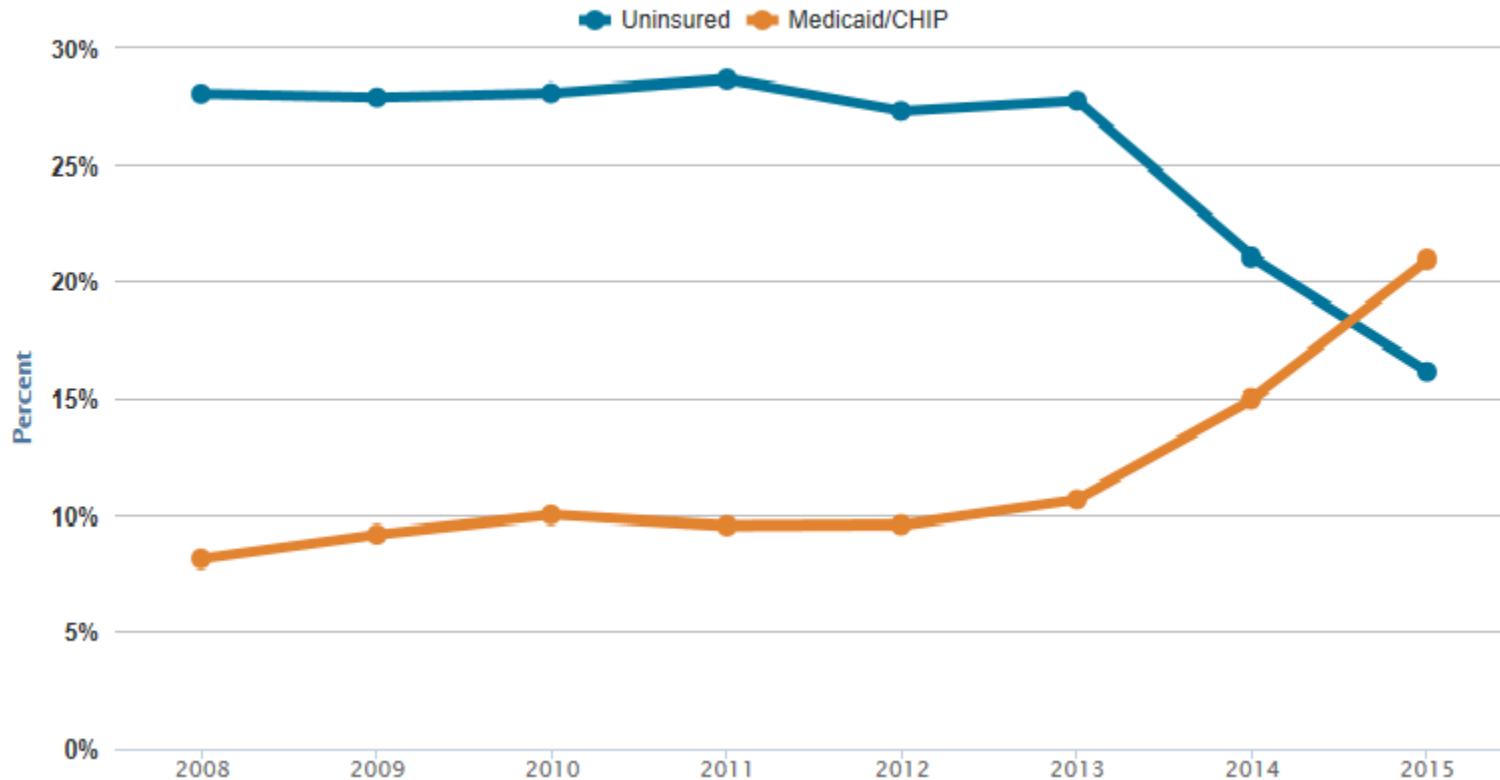
Key Driver of Costs

January 2017 : 903,681

Medicaid Enrollment by Type
(at the end of the calendar year)



New Mexico Uninsured and Medicaid–Insured (19–64 population)



Source: SHADAC State Health Compare, University of Minnesota

Managing Cost Growth

- ▶ Healthcare cost inflation grew an average of 2.6% in 2015 and growth averaged more than 3% in 2016
- ▶ Other national studies estimate medical cost inflation (price and utilization) at 6.5%

Centennial Care Stats

- Per capita medical services cost in Centennial Care growing only 1.3%, driven primarily by pharmacy costs
- Managing cost through care coordination and other efforts
- Increases in preventive services and decreases in inpatient hospital costs
- Per person costs are lower in Centennial Care



Proposed Improvements and Reforms



Vision for the future of Centennial Care

Centennial Care 2.0 builds on successes achieved during the past four years. Improvements and reforms will ensure sustainability of the program while preserving comprehensive services.

Areas of focus

- Care coordination
- Behavioral health integration
- Long-Term Services and Supports (LTSS)
- Payment reform
- Member engagement and personal responsibility
- Administrative simplification through refinements to benefits and eligibility

Care Coordination

Goals

Better care coordination for members

Promote patient-centered, integrated care

Ensure right care, in the right setting

Accomplishments

950 care coordinators and Community Health Workers hired to help Members

300,000 Members served by Patient-Centered Medical Homes

Coordinated Medicare/Medicaid plans for LTSS members

Lowered inpatient costs

Reduction of non-emergent ER use

Focused on Super Utilizers

Health Homes serving Members with complex behavioral health needs

Care Coordination 2.0

Identified Opportunities

Opportunity #1: Increase care coordination at the provider level

- Transition care coordination functions from the health plans to providers
- Support approaches that increase use of community providers to conduct care coordination functions, such as Community Health Workers, Tribal organizations, school-based health centers and other community agencies

Care Coordination 2.0

Identified Opportunities

Opportunity #2: Improve transitions of care

- More help for Members during challenging care transitions:
 - Discharged from inpatient or nursing home stays, released from jails/prisons, returning home from foster care placement
- Potential changes include:
 - In-home assessments for Members who recently transitioned from a hospital or facility
 - Allow care coordination services to begin before release for Members leaving prison, jail, or juvenile detention facilities
 - Piloting wraparound services (intensive care coordination) for youth involved with the Children Youth and Families Department

Care Coordination 2.0

Opportunities

Opportunity #3: Expand programs working with high needs populations

- Collaborate with successful community programs such as: First Responders, wellness centers, personal care agencies and Project ECHO
- More use of Certified Peer Support Workers and Certified Family Support Workers, including youth peer support specialists
- Promote use of Community Health Representatives with Tribal organizations
- Pilot a home visiting program that focuses on pre-natal care, post-partum care and early childhood services; and
- Leverage federal funding for supportive housing services

Group Discussion

Please share your comments on Care Coordination

1. What should we consider as we move more of the care coordination functions to the providers and community resources (i.e., CHWs and Peer Support Specialists) to ensure continuity of care?
2. What support do you or your family need that you are currently not getting when moving from one setting of care (hospital, group home, detention) back home?
3. What other ways can we help to improve coordination of your physical health and behavioral health services?

Behavioral Health Integration

Goals

Promote integration of physical and behavioral health services

Expand access to care

Enhance Member engagement

Emphasize the use of technology

Accomplishments

Launched Health Home Model for Members with complex behavioral health needs

Increased number of FQHCs providing behavioral health services

Expanded access to methadone for substance use disorders

Increased tele-psychiatry services

Implemented Treat First model

Added new behavioral health services

Behavioral Health Integration 2.0

Opportunities

Opportunity #1: Expanding Health Homes (CareLink NM)

- Expand Health Homes to additional providers in the state
- Currently, two Health Home sites provide comprehensive care coordination for members with complex behavioral health needs
- All of the care coordination is provided through a mental health provider who works closely with members' physical health providers

Behavioral Health Integration 2.0

Opportunities

Opportunity #2: Support workforce development

- Support training for both primary care and psychiatric resident physicians working in community-based practices in rural and underserved parts of New Mexico
- Focus on areas of the state where it is most difficult to attract and keep healthcare providers

Group Discussion

Please share your comments on Behavioral Health Integration

1. What should we consider as we move toward expanding health homes?
2. What are the best ways to help you and your provider address your physical and behavioral health needs together?

Long-Term Services and Supports

Goals

Continue to serve more members in home and community settings

Ensure community benefit services are provided as authorized

Promote Member independence and satisfaction

Accomplishments

Increased access to home-and community-based services

1st in nation for spending 65% of LTSS dollars in the community

Implemented electronic visit verification system

Increased utilization of self-directed model

Implemented Independent Consumer Support System

Allowed more flexibility in use of personal care hours

Long-Term Services and Supports 2.0

Opportunities

Opportunity #1: Allow for one-time start-up goods for transitions when a member transitions from agency based to self directed

- Up to \$2,000 may be added to the eligible member's annual budget to buy needed items (such as a computer and printer)

Opportunity #2: Additional caregiver respite

- Increase the current limit from 100 to 300 hours. This increase will provide eligible members with up to 30 days of respite per year

Long-Term Services and Supports 2.0

Opportunities

Opportunity #3: To continue to provide access to Community Benefit services for all eligible members meeting a NF LOC and establish some limits on costs for certain services

Self-Directed CB Service	Annual Limit
Related goods and services separate from one-time funding for start-up goods	\$2,000
Non-medical transportation	\$1,000
Specialized therapies such as acupuncture or chiropractic	\$2,000

Long-Term Services and Supports 2.0

Opportunities

Opportunity #4: Implement an automatic NF LOC approval for members whose condition is not expected to change

- MCOs would still be required to complete an annual plan of care

Opportunity #5: Include nursing facilities in Value Based Purchasing (VBP) arrangements and use Project ECHO (Extension for Community Health Outcomes) to provide expert help for nursing home staff.

- Partnership with nursing facilities and Project ECHO for consultation services

Group Discussion

Please share your comments on Long-Term Services and Supports

1. How do we best communicate information to Members about the new start-up goods allowance and the increase in available respite hours?
2. Do you have any other suggestions about ways the State can ensure sustainability of the program while allowing expanded access to Community Benefits?
3. Are there any other long-term services and supports that would be more cost effective and better assist you?

Payment Reform

Goals

Pay for value and quality

Reward care that keeps members healthy or reduces disease

Manage costs to ensure sustainability of program

Accomplishments

Providers partnering with payers to achieve improved healthcare outcomes

16% of provider payments in value-based arrangements in 2017

Reduced Uncompensated Care by 41% for NM hospitals

Implemented hospital quality initiatives as part of the Safety Net Care Pool

Payment Reform 2.0

Opportunities

Opportunity #1: Pay for better quality and value by increasing percentage of payments that are risk-based

- Expand requirements for MCOs to shift provider payments from fee per service to paying for quality and improved outcomes.
 - Improve provider readiness
 - Identify models for behavioral health, LTSS providers and smaller volume providers
 - Reduce administrative burden and improve data sharing

Payment Reform 2.0

Opportunities

Opportunity #2: Use Value Based Purchasing (VBP) to drive program goals, such as:

- Increasing care coordination at provider level, improving transitions of care, increasing physical and behavioral health integration and improving member engagement.

Group Discussion

Please share your comments on Payment Reform

1. How do we engage smaller providers and/or rural providers in these arrangements?
2. How do we engage members to get the services that improve healthcare outcomes?
3. How do you determine if you are receiving quality care from a provider?

Member Engagement & Personal Responsibility

Goals

Engage and empower members to participate in their care

Enhance Members' ability to make informed decisions about their care

Reward healthy choices

Accomplishments

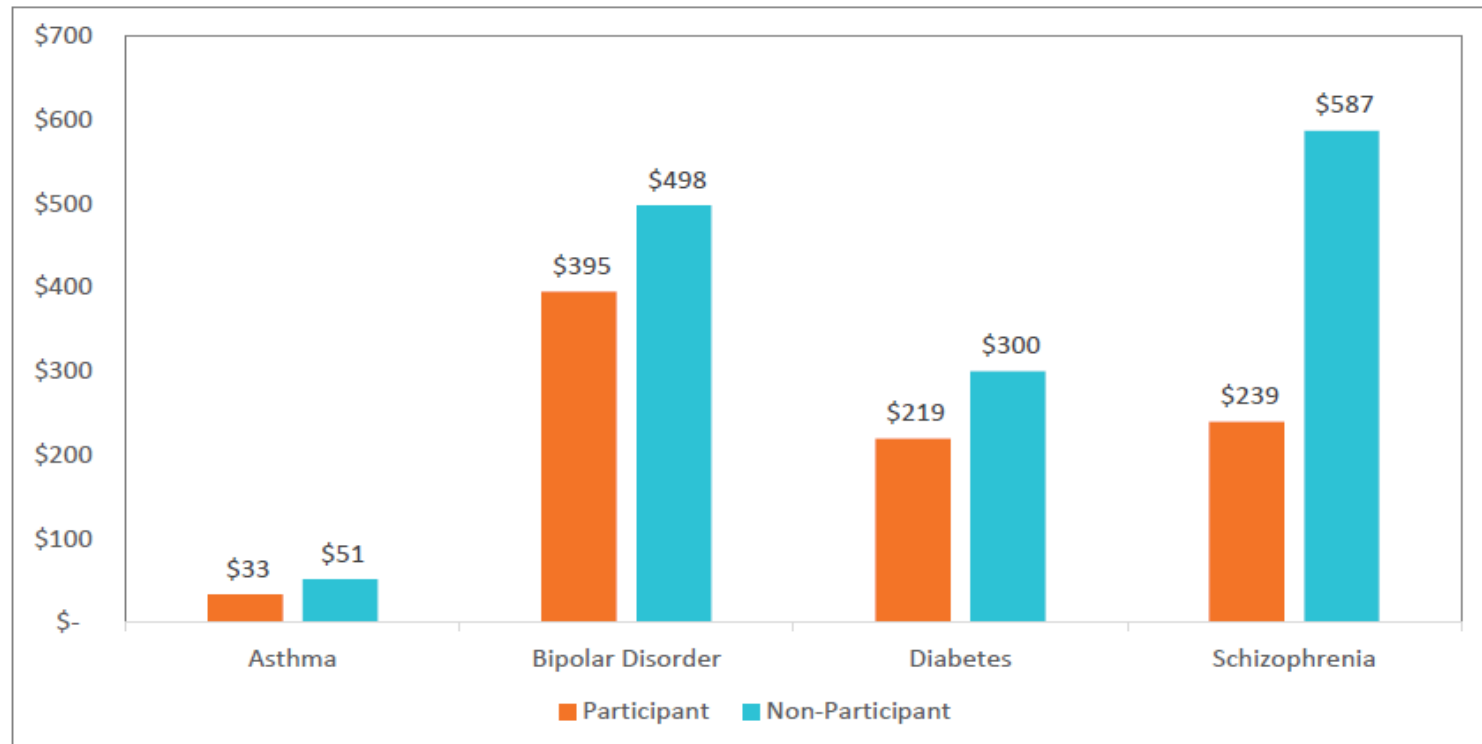
70% of Members participated in rewards program

Among Members using rewards program, improved quality metrics and lower costs

MCOs required to have disease management programs, member advisory boards and Ombudsman program

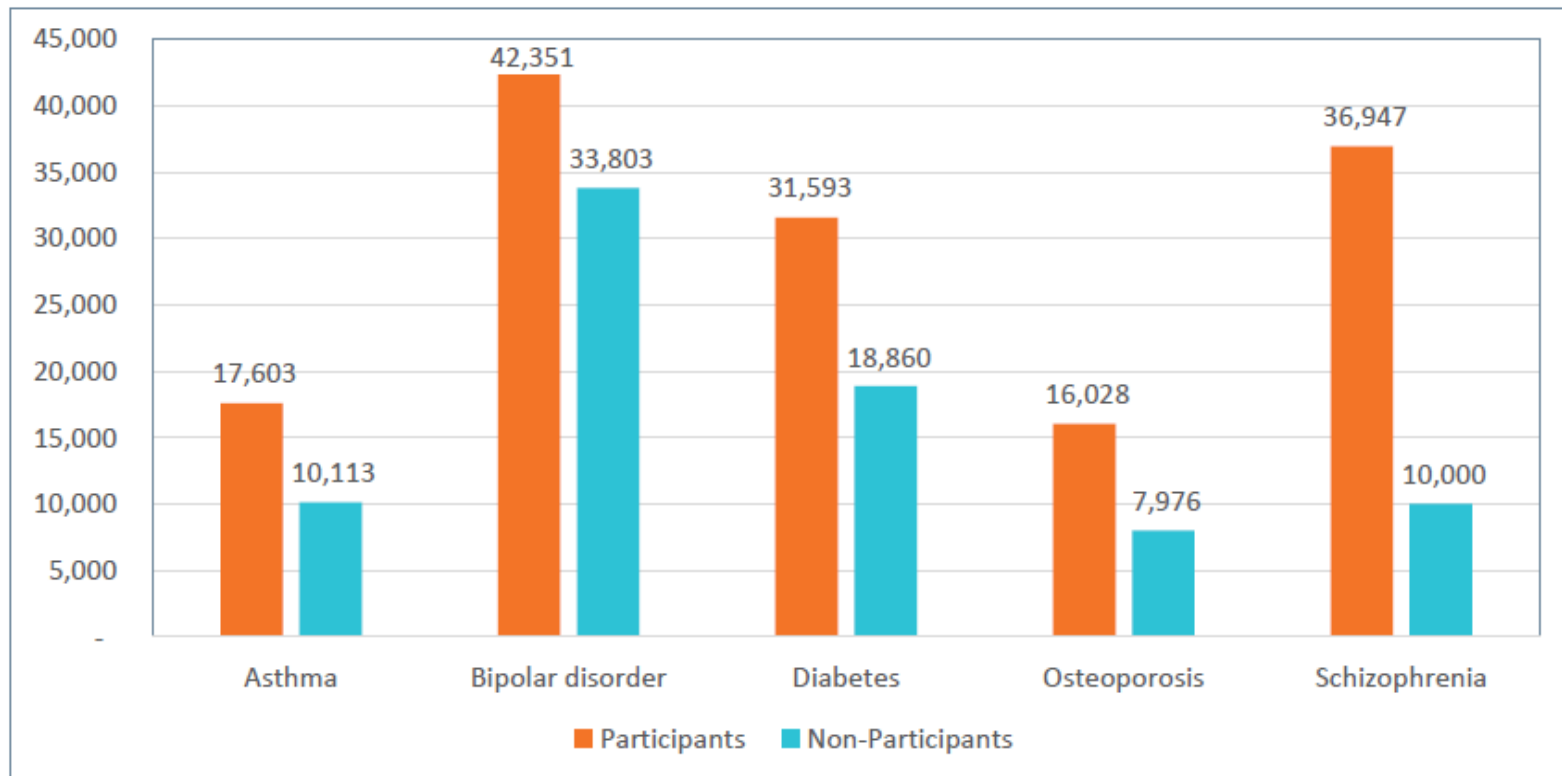
Centennial Rewards

Table 1: Reduced Costs Across Conditions



Centennial Rewards

Table 2: Prescription Drug Refill Rates



Member Engagement and Personal Responsibility 2.0

Opportunities

Opportunity #1: Advance the Centennial Rewards Program

- Lower age to participate to 15 years old so that teens can earn rewards and bonuses
- Allow rewards to pay for potential premiums/co-payments
- Add mobile application technology

Opportunity #2: Allow providers to charge small fees for three or more missed appointments

- Nominal fee for missed appointments

Member Engagement and Personal Responsibility 2.0

Opportunities

Opportunity #3: Premiums for populations with income that exceeds 100% FPL

- Compared to other states, New Mexico has generous eligibility thresholds for both children and adults, with the CHIP program extending to 300% FPL for children age 0–5 and to 240% FPL for children age 6–18 as well as for the adult expansion population which extends up to 138% FPL
- HSD proposes policies to encourage greater personal and financial responsibility for individuals in higher-income Medicaid categories, including the Adult Expansion, CHIP and WDI.
- This includes assessing premiums for populations with income above 100% FPL

Member Engagement and Personal Responsibility

- ▶ Proposed premium amounts

FPL Range	Annual Income (Household of 1)	Approximate Monthly Premium
101–150% FPL	\$11,881–\$16,404	\$20
151–200% FPL	\$16,405–\$23,760	\$30
201% FPL and up	\$23,761–\$29,700	\$40

Group Discussion

Please share your comments on Member Engagement and Personal Responsibility

1. What is the best way to communicate and encourage participation in the Healthy Rewards Program?
2. The State is considering some premiums and fees that may be waived due to hardship. What are some reasons/criteria the State should consider for a waiver of premiums or fees?

Administrative Simplification

Goals

Consolidate waiver programs to improve efficiency

Reduce number of MCOs and cover full spectrum of benefits under single MCO

Prepare for expanded enrollment

Accomplishments

Consolidated nine separate federal waivers into one 1115 waiver

Single MCO provides an integrated care model for all of its members

Covered more individuals through expansion

Administration Simplification through Refinements to Benefits and Eligibility 2.0

Opportunities

Opportunity #1: Cover most adults under one comprehensive benefit plan

- Today, HSD administers 2 different benefit packages for most adults in Medicaid—Parent/Caretaker category and Expansion Adult category
- HSD proposes to consolidate the 2 different plans under a single, comprehensive benefit package that more closely aligns with private insurance coverage
- Individuals who are determined “medically frail” may receive the standard Medicaid benefit package, which is a process that exists today

Administration Simplification through Refinements to Benefits and Eligibility 2.0

Opportunities

Opportunity #2: Develop buy-in premiums for dental and vision services for adults

- If HSD needs to eliminate optional dental and/or vision services for adults to contain costs, then it proposes to offer dental and vision riders that members may purchase from the MCOs as is standard practice with most private insurance coverage

Administration Simplification through Refinements to Benefits and Eligibility 2.0

Opportunities

Opportunity #3: Eliminate the three month retroactive eligibility period for most Centennial Care members

- In CY16 only 1% of the Medicaid population requested retro coverage (10,000 individuals)
- Populations covered in FFS would be exempt from this change
- Hospital and Safety Net Clinics are able to immediately enroll individuals at point of service through Presumptive Eligibility Program and receive payment for services

Administration Simplification through Refinements to Benefits and Eligibility 2.0

Opportunities

Opportunity #4: Eliminate the Transitional Medicaid Coverage that provides an additional year of coverage to Parents/Caregivers with increased earnings that put them over the eligibility guidelines

- Since the ACA, this program has become less needed as evidenced by declining enrollment; most individuals with increased earnings move to the Adult Group.
- In 2013: 26,000 individuals in this category
Today: fewer than 2,000 individuals
- Individuals with income above the Adult Group guidelines can receive subsidies to purchase coverage through the Exchange

Administration Simplification through Refinements to Benefits and Eligibility 2.0

Opportunities

Opportunity #5: More frequent checks of income through trusted data sources

- This was not intended to result in more frequent recertifications of eligibility but only to check trusted data sources more regularly to verify income
- HSD has listened to numerous concerns associated with this proposed change and is no longer considering it for inclusion in the renewal going forward

Group Discussion

Please share your comments on Administrative Simplification

1. For adults who are currently receiving Medicaid through the adult expansion, are you generally satisfied with the benefits?
2. Due to budgetary constraints, the State may need to eliminate dental/vision for adults but make it available for a small fee. Would you be willing to purchase these services for a small fee?
3. If you are opposed to this idea, what other suggestions do you have for benefit modifications to ensure long-term sustainability of the program

Public Comment

Share your comments

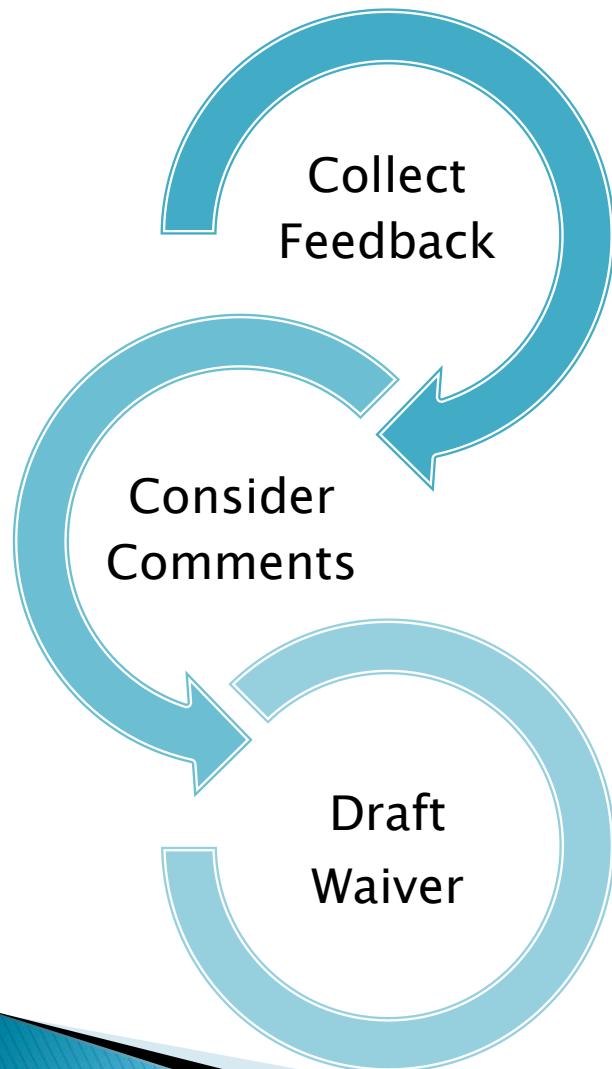
If you are unable to make your comment today, please submit your note cards or send via email HSD-PublicComment@state.nm.us or on the website <http://www.hsd.state.nm.us/centennial-care-2-0.aspx> .

Limited time for Comments

1115 Waiver Renewal Application will be drafted this summer.

Share your comments by Saturday, July 15, 2017

Next Steps



We are recording your comments today and will take additional written comments through our website at:

<http://www.hsd.state.nm.us/centennial-care-2-0.aspx>

Additional opportunities will be available to help shape Centennial Care after the Waiver Application is submitted and posted.

THANK YOU

Your time and input are valuable