HUMAN SERVICES DEPARTMENT

CENTENNIALCARE2.0

1115 Waiver Renewal
Tribal Consultation
June 23, 2017

New Mexico Human Services Department

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.

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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.

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Centennial Care Timeline

Centennial Care 2.0 Stakeholder Input

(10/2016–6/2017)

- Subcommittee of the MAC and NATAC
- Concept Paper
- Tribal Consultation
- Public meetings

Centennial Care Initiated

(1/1/2014)

Centennial Care 2.0 Effective

(1/1/2019)

2014	2015	2016	2017	2018	2019

Draft Waiver Application and Public Comment Tribal Consultation
(9/2017–11/2017)

Final Waiver Application, CMS Review and Approval
(11/2017–12/2018)

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Pre- and Post- Centennial Care

Medicaid in 2013 Pre-Centennial Care

Molina

Lovelace

Presbyterian Health Plan

Blue Cross & Blue Shield

Salud!

State Coverage Insurance

Personal Care Services

Third Party Assessor / Molina

Self Direction

CoLTS

Behavioral Health Services

Optum Health

AmeriGroup

UnitedHealthcare

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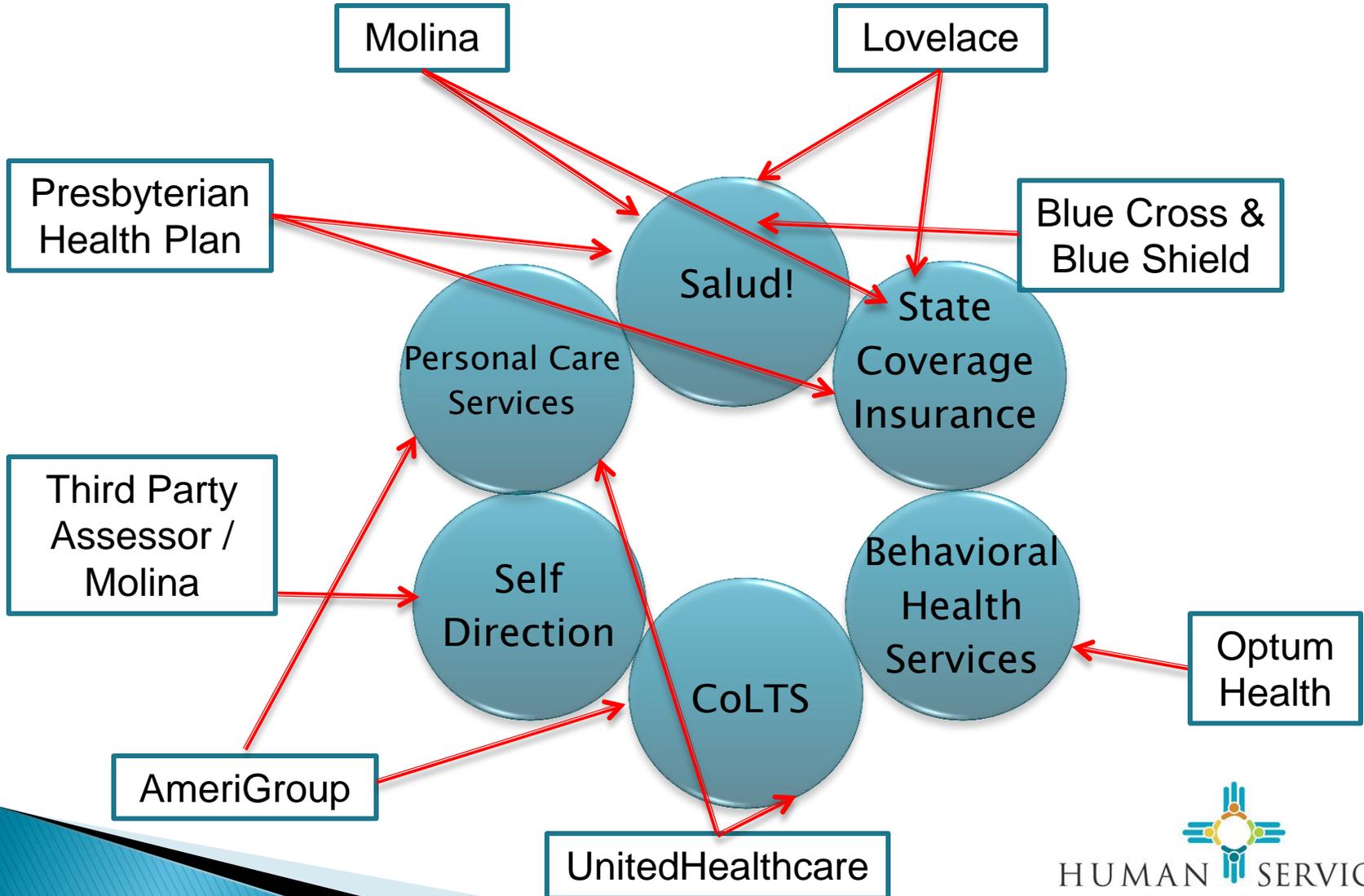
Centennial Care
Guiding Principles

Develop Comprehensive Delivery System
- Involve members in their own health
- Educate beneficiaries to be savvy consumers

Emphasize Payment Reform
- Right care, right time, right setting
- Purchase quality care

Encourage Personal Responsibility
- Promote integrated care
- Care coordination for at-risk members
- Pay providers for value and outcomes

Simplify Program Administration
- Bend the cost curve over time
- Streamline and modernize the program

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Centennial Care 1.0

Key Accomplishments
2014–2016

Built care coordination

Increased access to LTSS

Covered more people at a lower cost

More services provided at home

Administration simplified

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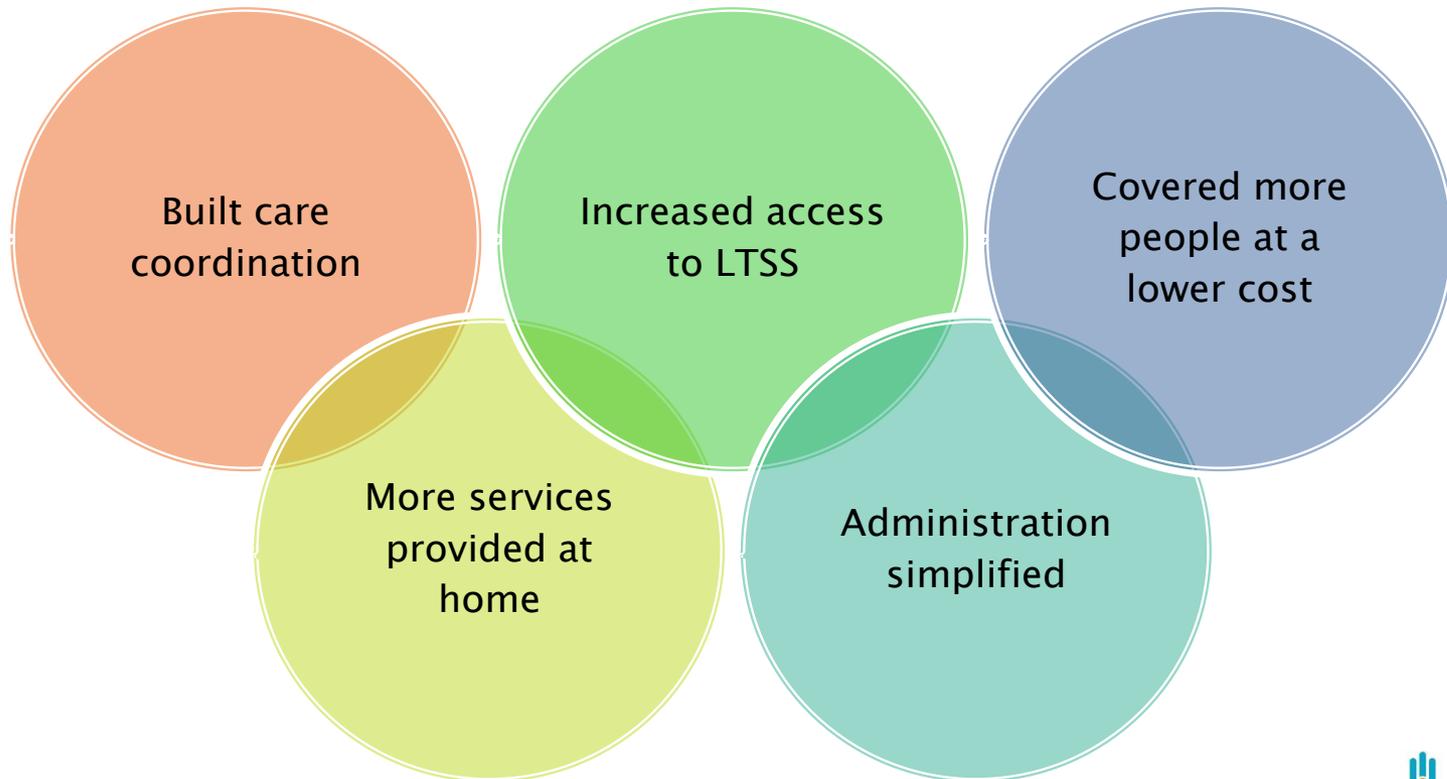
Current Landscape

Federal/State Impacts to Consider

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Federal Medicaid Changes

The future is still uncertain

Guidance from the federal government indicated that there may be changes

We are operating under current rules and current law

If rules do change, there may be components that have worked well that we will keep

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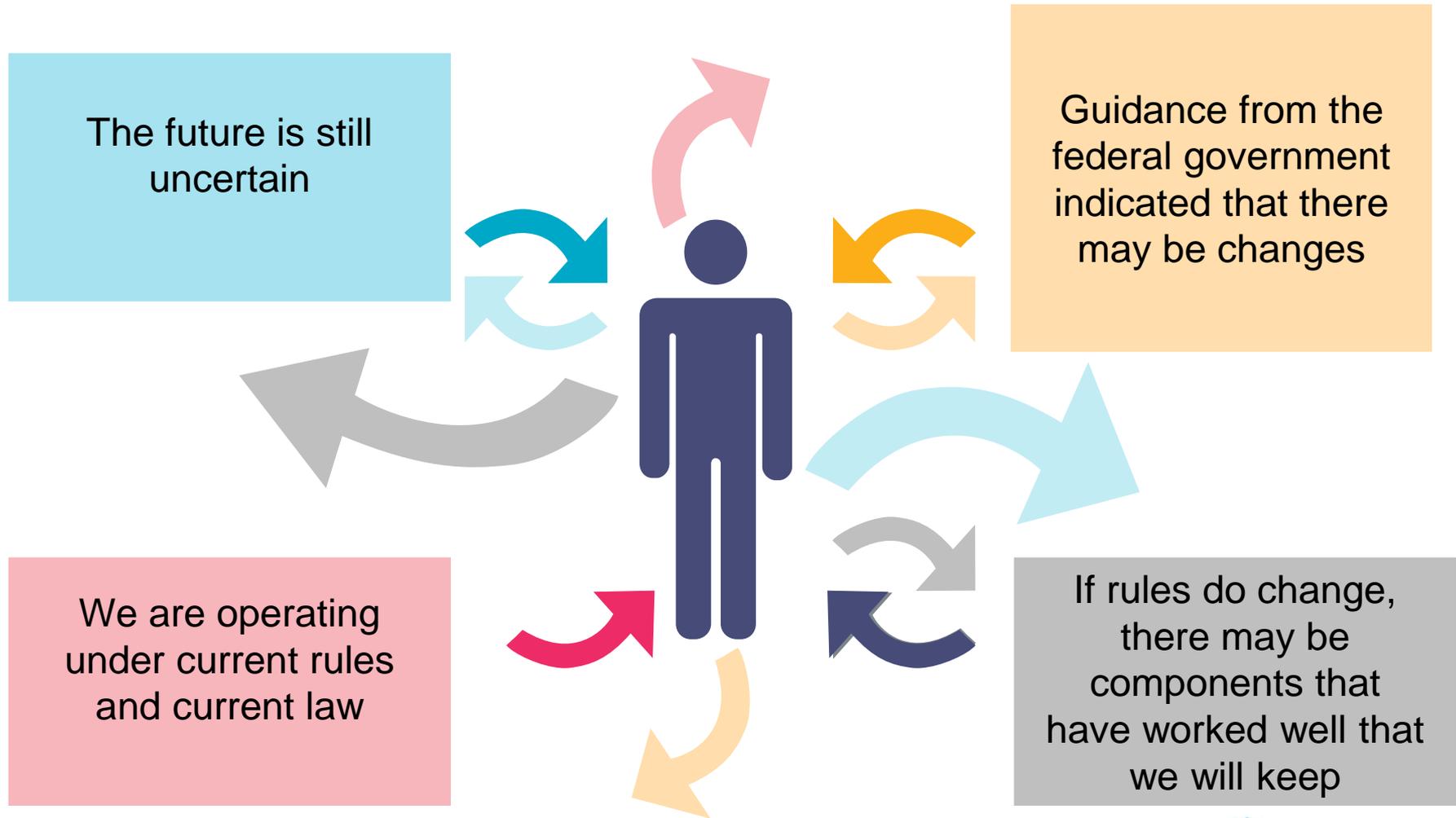
New Mexico Medicaid Spending

- 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.

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Key Driver of Costs

January 2017 : 903,681

Medicaid Enrollment by Type
(at the end of the calendar year)
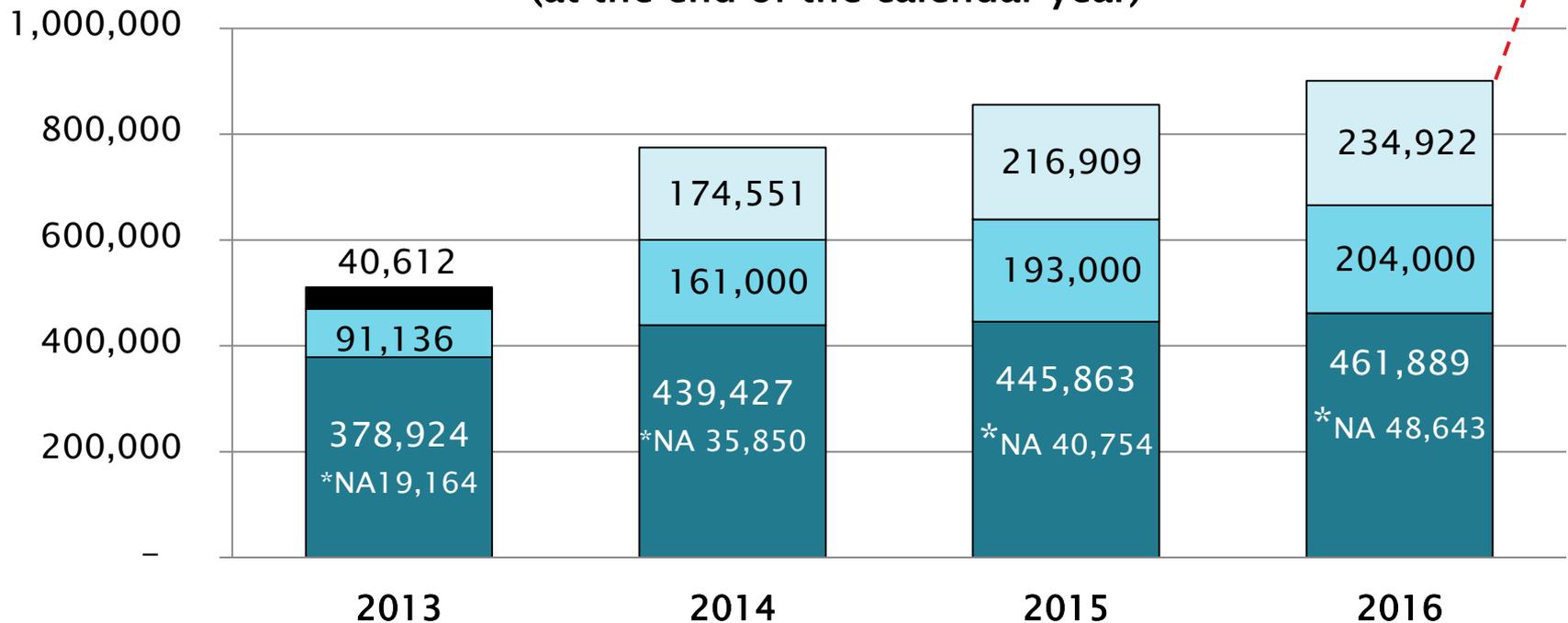
Year	MCO – Adult Expansion	MCO – Early Adult Expansion (SCI)	Fee-For-Service	MCO – PH & LTSS
2013		40,612	91,136	378,924 *NA19,164
2014	174,551		161,000	439,427 *NA 35,850
2015	216,909		193,000	445,863 *NA 40,754
2016	234,922		204,000	461,889 *NA 48,643

Legend:
- ☐ MCO – Adult Expansion
- ■ MCO – Early Adult Expansion (SCI)
- ☐ Fee-For-Service
- ■ MCO – PH & LTSS

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Native American Centennial Care Enrollment

PHP
13,171

BCBSNM
10,231

MHNM
10,864

UHC
10,660
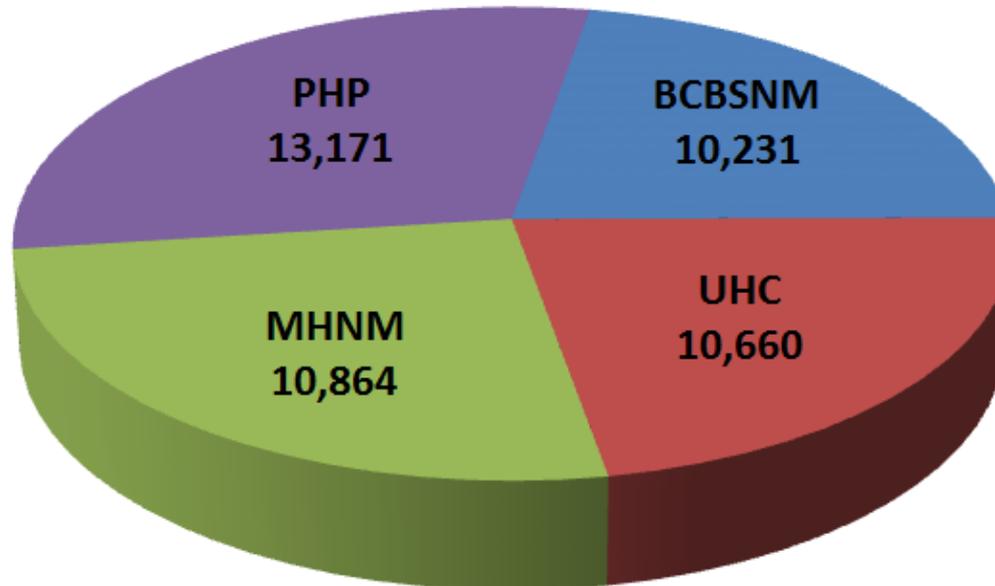
Native American's in Fee for Service = 90,318 (67%)
Native American's in Managed Care = 44,926 (33%)
Total Native American's in Medicaid = 135,244

Source: Medicaid Eligibility Reports, June 1, 2017

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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

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Proposed Improvements and Reforms

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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

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Care Coordination

Goals	Accomplishments
Better care coordination for members	950 care coordinators hired to help Members
Promote patient-centered, integrated care	300,000 Members served by Patient-Centered Medical Homes
Ensure right care, in the right setting	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

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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 ie. Tribal 638 Organizations

➢ Support approaches that increase use of community providers to conduct care coordination functions, such as Community Health Workers, Tribal organizations and Community Health Representatives (CHRs), school-based health centers and other community agencies

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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

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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

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Group Discussion

Please share your comments on Care Coordination

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Behavioral Health Integration

Goals	Accomplishments
Promote integration of physical and behavioral health services	Launched Health Home Model for Members with complex behavioral health needs
Expand access to care	Increased number of FQHCs providing behavioral health services
Enhance Member engagement	Expanded access to methadone for substance use disorders
Emphasize the use of technology	Increased tele-psychiatry services
	Implemented Treat First model
	Added new behavioral health services

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Behavioral Health Integration 2.0

Opportunities

Opportunity #1: Expanding Health Homes (CareLink NM)

➢ Expand Health Homes to additional providers in the state including Tribal 638 providers to provide intensive care coordination services through CareLink NM health homes for adults with Serious Mental Illness (SMI) or children with Severe Emotional Disturbance (SED)

➢ 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

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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

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Group Discussion

Please share your comments on Behavioral Health Integration

Long-Term Services and Supports

Goals	Accomplishments
Continue to serve more members in home and community settings	Increased access to home-and community-based services
Ensure community benefit services are provided as authorized	1st in nation for spending 65% of LTSS dollars in the community
Promote Member independence and satisfaction	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

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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

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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, chiropractic, or Native American healing	$2,000

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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: Partnership with nursing facilities and Project ECHO for consultation services to nursing home staff to better manage members with complex behavioral health needs

Opportunity #6: HSD will work with Tribal providers to develop their capacity to enroll as Long Term Services and Supports providers for Agency Based Community Benefits

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Group Discussion

**Please share your comments on
Long-Term Services and Supports**

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Payment Reform

Goals	Accomplishments
Pay for value and quality Reward care that keeps members healthy or reduces disease Manage costs to ensure sustainability of program	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

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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

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Payment Reform 2.0

Opportunities

Opportunity #2: Use Value Based Purchasing (VBP) to drive program goals, such as: Increase care coordination at provider level, including the use of CHRs for care coordination; improve transitions of care; increase physical and behavioral health integration; and improve member engagement

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Group Discussion

Please share your comments on Payment Reform

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Member Engagement & Personal Responsibility

| Goals	Accomplishments
Engage and empower members to participate in their care Enhance Members' ability to make informed decisions about their care Reward healthy choices	70% of Members participated in rewards program Among Members using rewards program, improved quality measures, health outcomes and lower costs MCOs required to have disease management programs, Native American member advisory boards, Ombudsman programs and Native American liaisons

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Centennial Rewards

Table 1: Reduced Costs Across Conditions
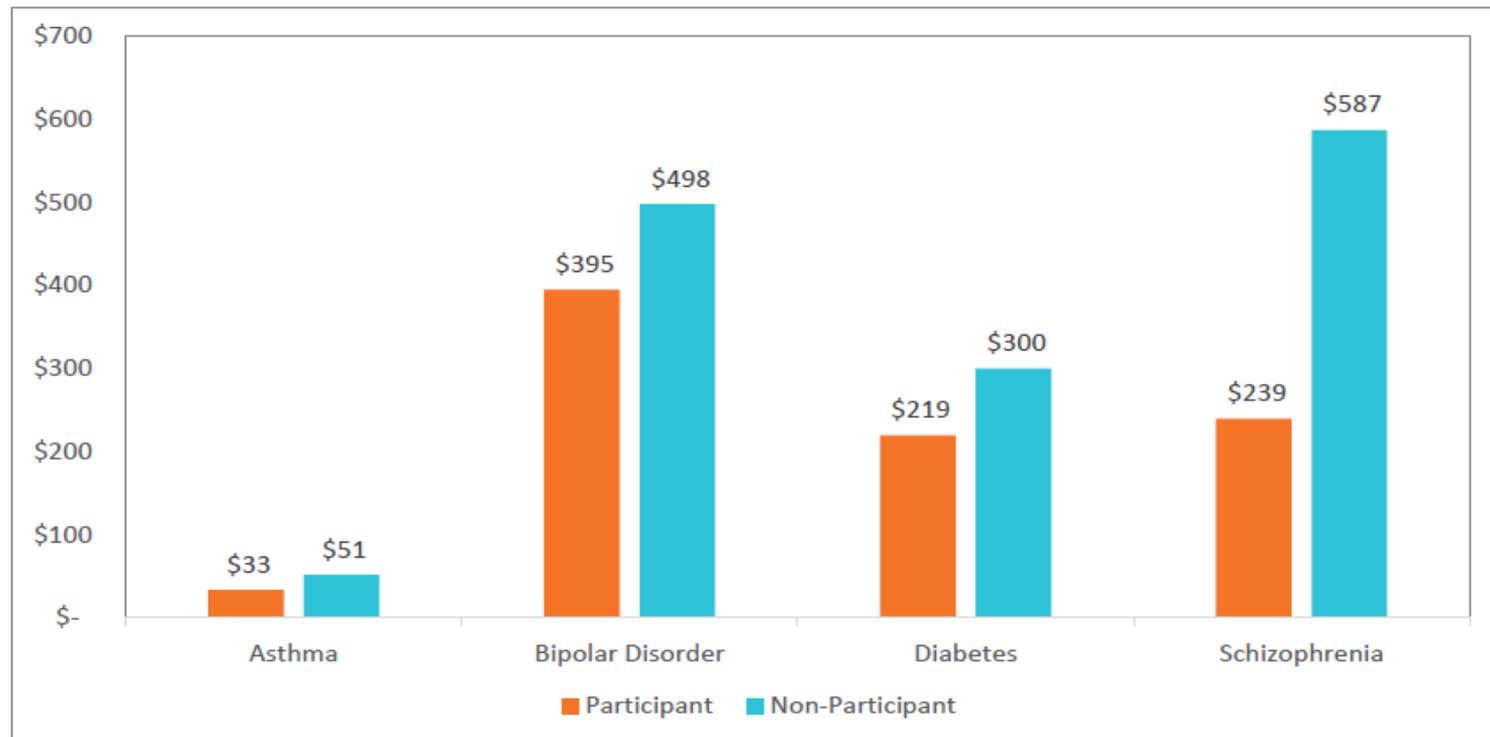
Centennial Rewards

Table 2: Prescription Drug Refill Rates
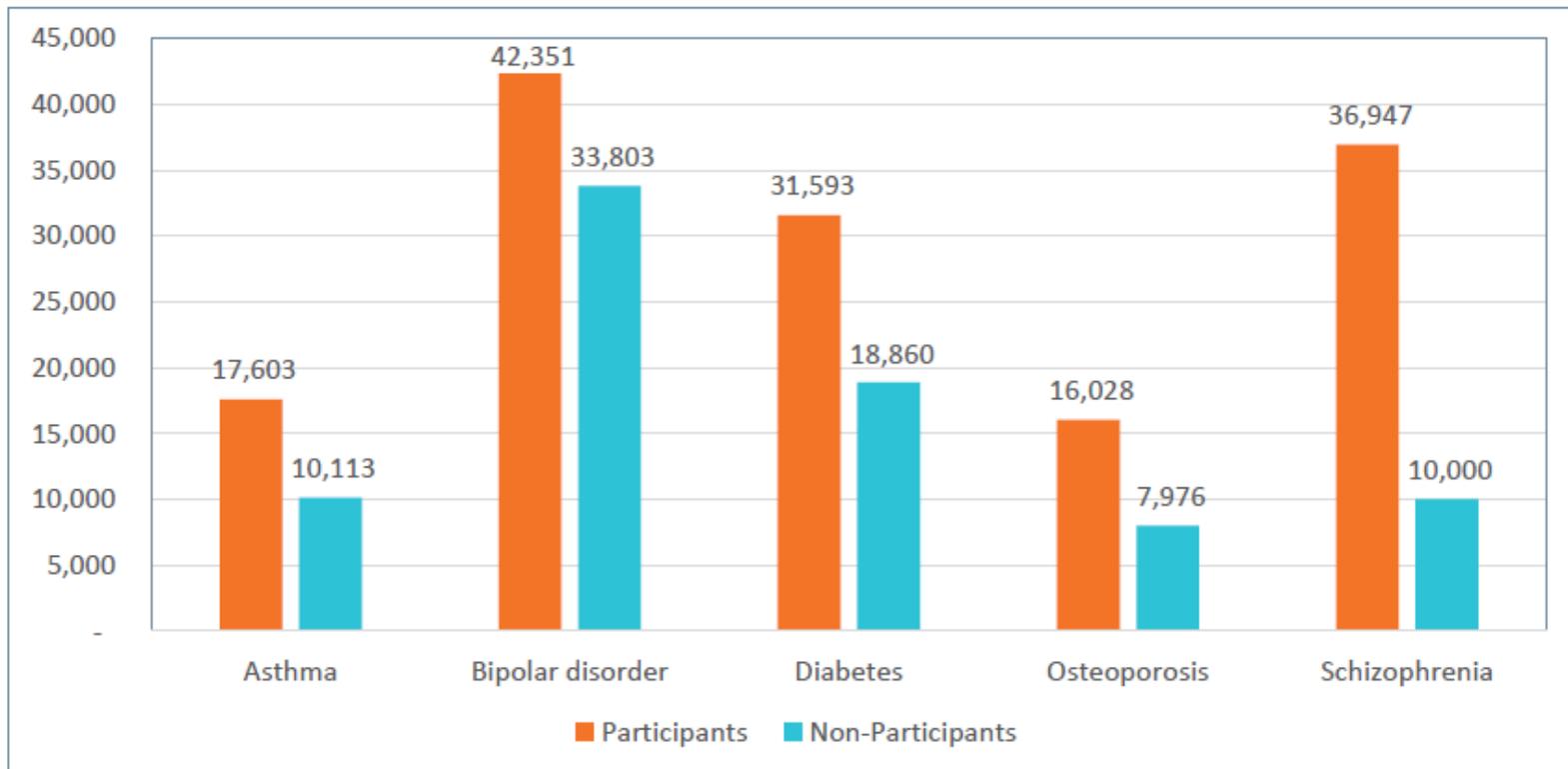
Member Engagement and Personal Responsibility 2.0

Opportunities

Opportunity #1: Advance the Centennial Rewards Program

➢ Lower age to participate to 15 years old so that teens can earn rewards and bonuses

➢ Add mobile application technology

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

➢ Nominal fee for missed appointments

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Member Engagement and Personal Responsibility 2.0

Opportunities

Opportunity #3: HSD is interested in receiving proposals from a Tribal entity partnering with a MCO to deliver Centennial Care services to Native American members, ie., Native American Managed Care Organization

➢ HSD is releasing an RFP 09/01/2017 to reprocure Centennial Care MCOs to provide the next iteration of Centennial Care beginning on January 1, 2019

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Group Discussion

Please share your comments on Member Engagement and Personal Responsibility

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Administrative Simplification

Goals	Accomplishments
Consolidate waiver programs to improve efficiency

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

Prepare for expanded enrollment | 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

Established the Native American Technical Advisory Committee (NATAC) |

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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

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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

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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

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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

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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 recertification of eligibility but only to check trusted data sources more regularly to verify income

➢ HSD has received numerous concerns associated with this proposed change and is no longer considering it for inclusion in the waiver renewal going forward

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Group Discussion

Please share your comments on Administrative Simplification

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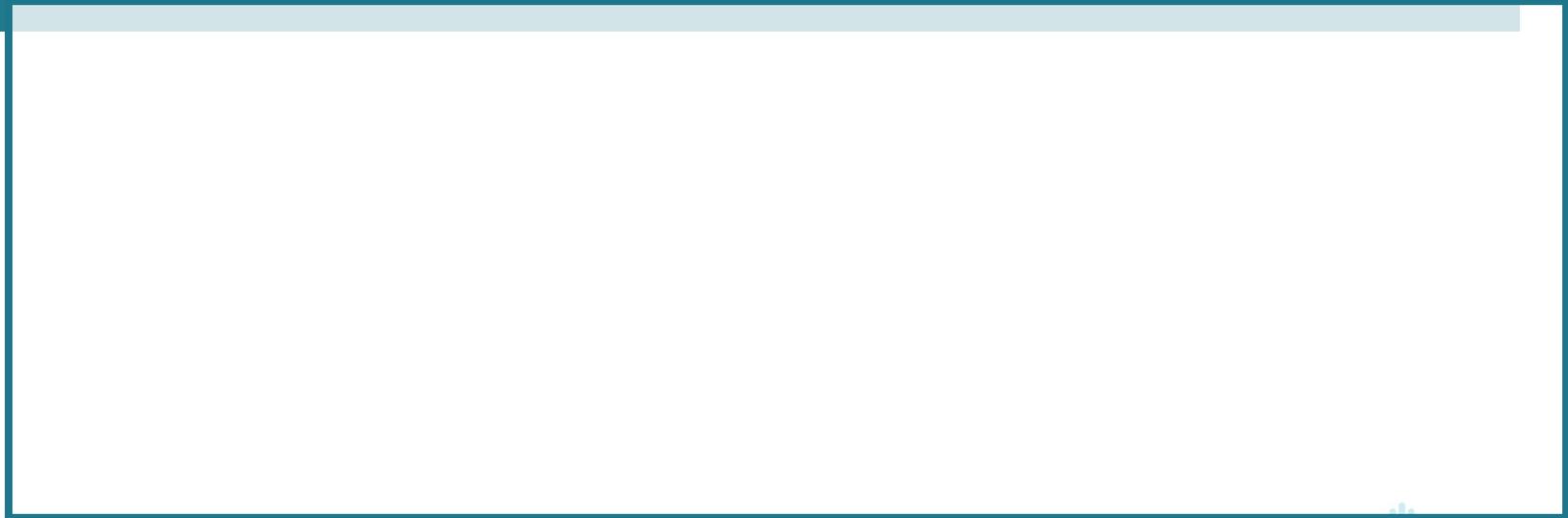
Public Comment

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

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Next Steps

Collect Feedback

Consider Comments

Draft Waiver
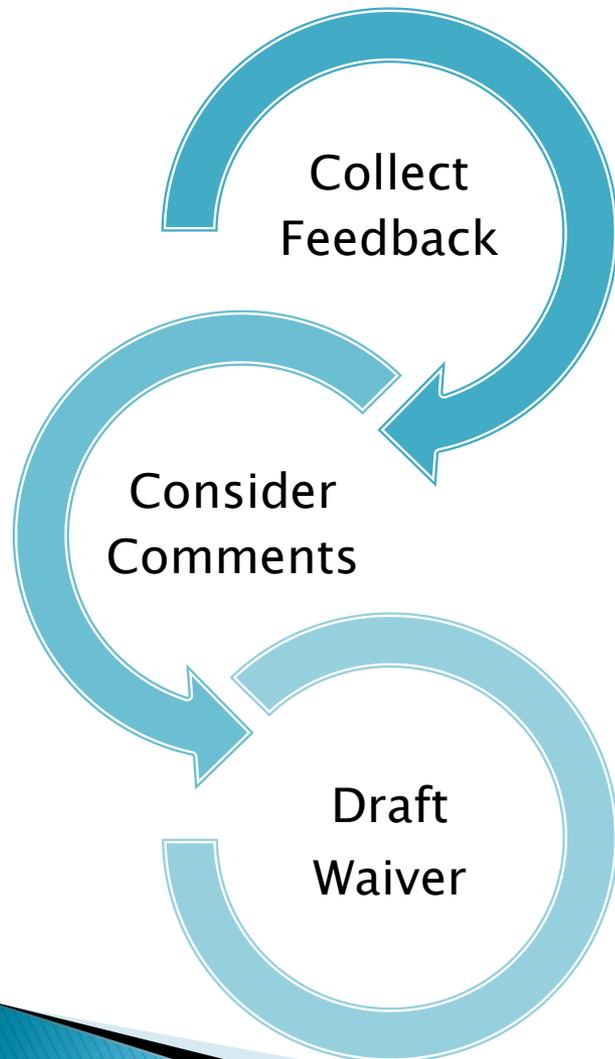
We are recording your comments today and will take additional written comments through our website at: http://www.hsd.state.nm.us/centennial-care-2-0.aspx

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

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THANK YOU

Your time and input are valuable

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