



HUMAN
SERVICES
DEPARTMENT



GREATER GALLUP ECONOMIC FORUM

CABINET SECRETARY DAVID R. SCRASE, M.D.

ABQ JOURNAL STORIES BY COLLEEN HEILD

- [Initiatives could bolster NM's physician ranks](#)
- [Proposed center offers new hope for Parkinson's patients, others](#)
- [Part 1: Feeling the pain: Waits frustrate patients seeking prompt medical care](#)
- [Part 2: A small town struggles to find doctors](#)
- [Part 3: NM faces hurdles recruiting doctors](#)

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Age	All Physicians		Primary Care		OB-GYN		General Surgeons		Psychiatrists	
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35-44	1,281	23.3%	570	24.2%	74	26.2%	55	28.4%	60	18.1%
45-54	1,204	21.9%	525	22.2%	54	19.1%	44	22.7%	66	19.9%
55-64	1,362	24.8%	569	24.1%	70	24.8%	38	19.6%	103	31.0%
65+	1,204	21.9%	481	20.4%	69	24.5%	48	24.7%	92	27.7%
Unknown	21	0.4%	8	0.3%	1	0.4%	1	0.5%	1	0.3%
TOTAL	5,498		2,360		282		194		332	
Median Age		53.8		52.7		54.8		53.8		58.0

SENATOR DANIEL A. IVEY-SOTO - (D)
SENATE RULES COMMITTEE, FEBRUARY 11, 2019

Medicaid the largest insurer in New Mexico. We should be driving the [cost, quality, and access] improvements we want to see in the market.



TALK OUTLINE

- David R. Scrase, M.D. Background (3 mins.)
- Vision for the Human Services Department and New Mexico (8 mins.)
- Vision for working with Gallup-McKinley County (8 mins.)
- Questions & Answers (10 mins.)



GOVERNOR MICHELLE LUJAN GRISHAM



Secretary David Scrase, M.D.
Human Services Department



Secretary Kathy Kunkel
Department of Health



Secretary Alice Liu McCoy
Department of Aging and
Long-Term Services



Secretary Brian Blalock
Children, Youth and Families
Department

NEW MEXICO HUMAN SERVICES DEPARTMENT CABINET SECRETARY DAVID R. SCRASE, M.D.

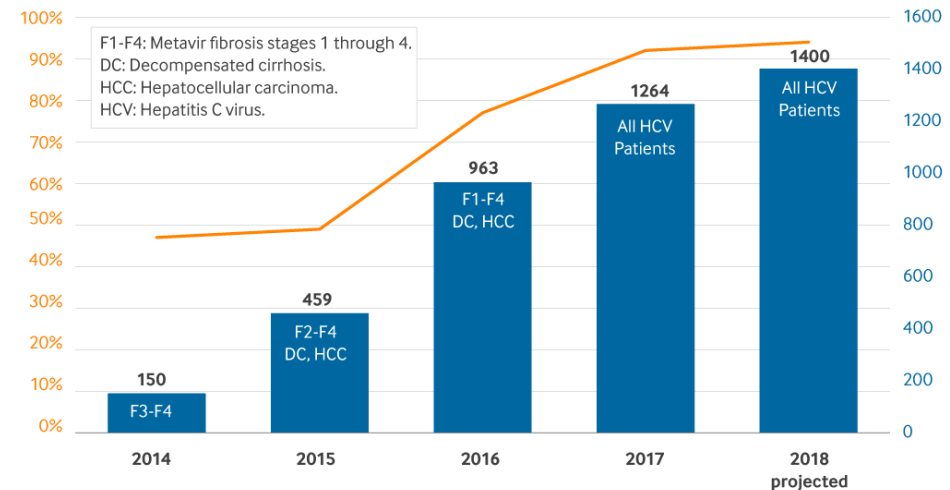
Background

- Board Certified Internist and Geriatrician
- President of \$1 billion and COO of \$3 billion healthcare companies in New Mexico
- Professor of Internal Medicine and Geriatrics at the University of New Mexico School of Medicine
- Worked closely with the New Mexico Medicaid program for the past three years, leading a successful effort to enhance the treatment of Hepatitis C for Medicaid members.
- Still seeing patients

New England Journal of Medicine Publishes New Mexico Case Study on Medicaid Treatment Coverage Improvements for Chronic Hepatitis C Virus

Treatment Authorization Increases and Rapid Boost in Members Treated

The number of New Mexico Medicaid members treated and percent approval of authorizations by the end of each year for 2014 through 2017, with projected performance for 2018. Data are from New Mexico Medicaid.



Source: The Authors, New Mexico Medicaid
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Study was a Collaborative Effort Between the Human Services Department, the University of New Mexico, and Medicaid Managed Care Organizations

HUMAN SERVICES DEPARTMENT INCLUDES...

Program	New Mexicans Served	Executive Recommendation General Fund	% of GF Budget	Executive Recommendation GF + Fed	% of Total Budget
Medicaid (managed + FFS)	832,316*	\$ 996,415.0	89.0%	\$ 5,928,550.2	83.3%
SNAP	454,388*	\$ -	0.0%	\$ 660,000.0	9.3%
TANF	28,317*	\$ 87.1	0.0%	\$ 139,518.8	2.0%
CSED	236,583**	\$ 7,736.8	0.7%	\$ 31,254.6	0.4%
Other Programs	58,469 ⁺	\$ 115,880.9	10.3%	\$ 362,000.6	5.1%
TOTAL	955,549	\$ 1,120,119.8	100.0%	\$ 7,121,324.2	100.0%

\$ in thousands

*November 2018 HSD Monthly Statistical Report

** 1/1/2019 CSED, includes 101,921 children

⁺includes GA, Cash Assistance, LIHEAP, Education Works, Refugee Cash Assistance, State Supplement for Residential Care

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NEW MEXICO VULNERABILITY TO A FEDERAL SHUTDOWN

HSD FY20 BUDGET REQUEST \$660,000.0 SUPPORTED BY EXECUTIVE AND LFC

- Supports approximately 225,000 households monthly
 - Program has been relatively flat over the last 24 months
- This program is affected by the Federal Government partial shutdown
- HSD issued February benefits early, based on guidance from Food Nutrition Services (FNS)
 - Benefits were required to be issued no later than January 20th to be covered by the last continuing resolution
- March benefits have been authorized and will be issued February 28



VISION FOR NEW MEXICO HUMAN SERVICES DEPARTMENT

- Lead HSD with energy, intelligence, imagination and love
- 955,549 New Mexicans served unduplicated
- Ensure that everyone in New Mexico eligible for benefits can get them
- Rebuild provided network with top priorities being:
 - Behavioral health
 - PCPs
 - Rural

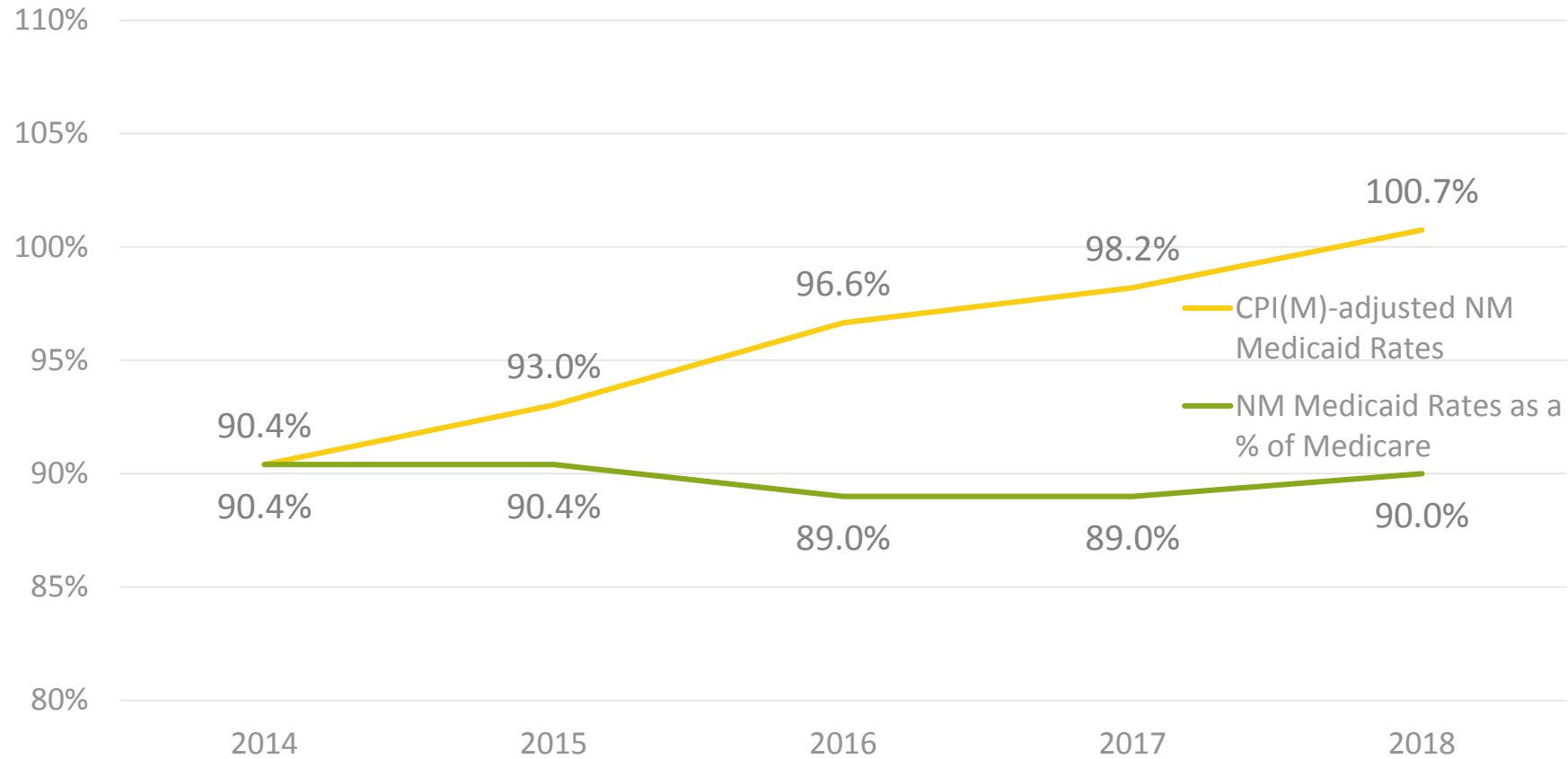


EXECUTIVE VS. LEGISLATIVE BUDGET

Medicaid Program			2.12.19
SFC/HAFC Strawman		Note	
Deficit	(23,197.6)		
Uninsured/Buy in	4,000.0	Removed to Likely Special	
FQHC Rates	(500.0)	Allocation by LFC	
Add Back	5,236.3	Medicaid From HAFC subcommittee	
Net Defecit	(14,461.3)		
SFC Need	Need	Original	Note
Enrollment*	4,800.0	4,800.0	No Funding
Assessments*	15.9	4,752.2	Nearly Fully Funded
Provider Network	6,556.8	6,556.8	No Funding
MCO Stabilization	3,088.6	3,088.6	No Funding
Uninsured/Buy in	-	4,000.0	No Funding
Balance	(0.0)	23,197.6	

MAINTAINING PROVIDER NETWORK: HISTORIC NM MEDICAID PROVIDER RATES VS. CPI (MEDICAL) INFLATED RATES

Sources: <https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>, <https://www.bls.gov/charts/consumer-price-index/consumer-price-index-by-category-line-chart.htm>



- A 1 percentage point increase in NM Medicaid provider payment rates requires \$10 million in General Fund dollars
- It would cost \$110 million in General Fund dollars to move from our current payment rate of 89% of Medicare to 100% of Medicare

A HIGH RATIO OF PUBLIC TO PRIVATE INSURANCE PUTS PRESSURE ON OUR NM NETWORK

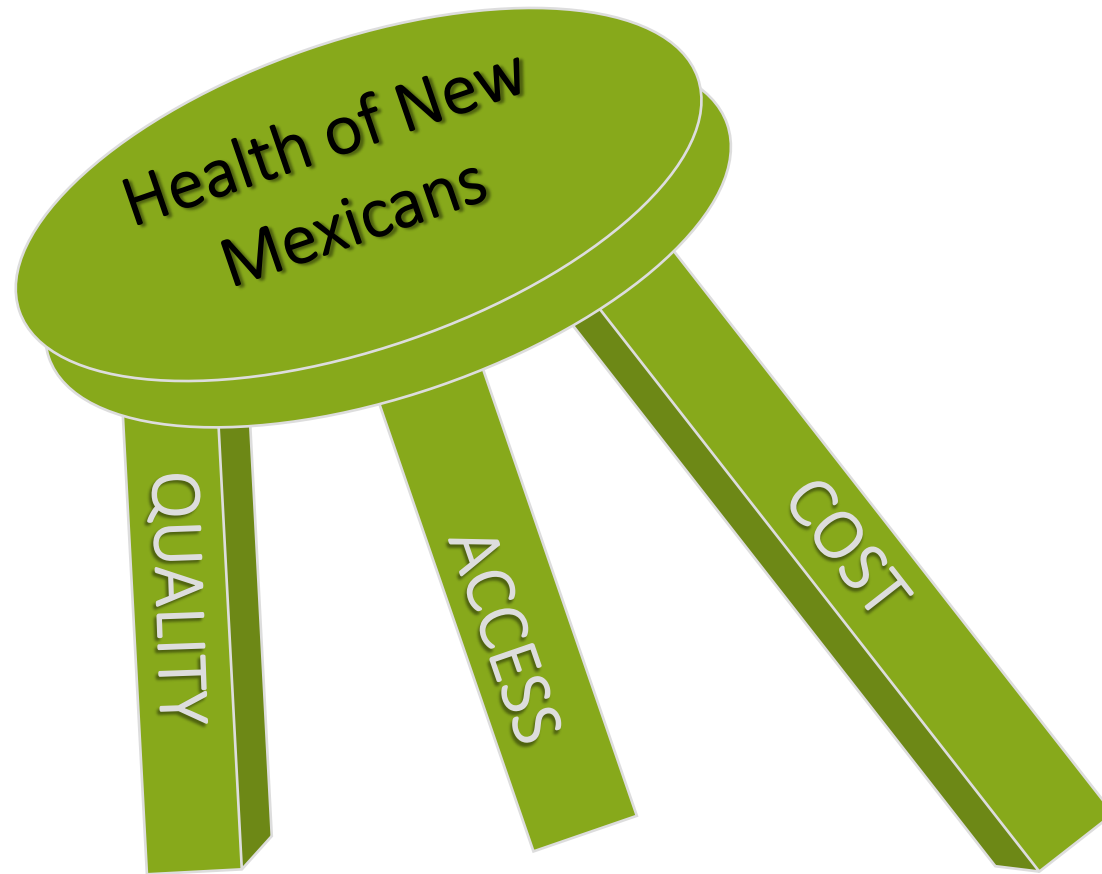
	State	Public	Commercial	Ratio of P:C
1	New Mexico	50%	41%	1.22
2	West Virginia	47%	47%	1.00
3	Arkansas	45%	48%	0.94
4	Vermont	45%	51%	0.88
5	Louisiana	43%	50%	0.86
46	South Dakota	30%	61%	0.49
47	Wyoming	29%	59%	0.49
48	Nebraska	28%	64%	0.44
49	North Dakota	26%	67%	0.39
50	Utah	22%	69%	0.32

Adapted from *Henry J Kaiser Family Foundation*. Health Insurance Coverage of the Total Population. 31 January 2019 <<https://www.kff.org>>

QUALITY, ACCESS AND COST ARE INTERDEPENDENT VARIABLES



UNINTENDED CONSEQUENCES OF TIGHT COST CONTROL?



MEDICAID TO MEDICARE FEE INDEX

THE HENRY J. KAISER FAMILY FOUNDATION | 2016 TIMEFRAME

Location	All Services	Primary Care	Obstetric Care	Other Services
United States	0.72	0.66	0.81	0.82
Alabama	0.75	0.65	0.88	0.84
Alaska	1.26	1.27	1.25	1.24
Arizona	0.8	0.73	0.92	0.84
Arkansas	0.8	0.65	0.7	1.34
California	0.52	0.41	0.6	0.76
Colorado	0.8	0.84	0.67	0.84
Connecticut	0.76	0.76	0.81	0.68
Delaware	0.96	0.99	0.84	0.97
District of Columbia	0.79	0.8	0.79	0.78
Florida	0.56	0.48	0.82	0.58
Georgia	0.77	0.65	0.85	0.99
Hawaii	0.62	0.54	0.64	0.83
Idaho	0.95	1	0.89	0.88
Illinois	0.61	0.48	0.85	0.79
Indiana	0.77	0.75	1	0.75
Iowa	0.82	0.72	0.83	1.1
Kansas	0.78	0.73	0.74	0.96
Kentucky	0.77	0.67	0.93	0.92
Louisiana	0.7	0.67	0.7	0.8
Maine	0.64	0.6	0.66	0.73
Maryland	0.88	0.92	0.86	0.81
Massachusetts	0.79	0.7	0.96	0.81
Michigan	0.65	0.57	0.91	0.55
Minnesota	0.75	0.78	0.67	0.72

Location	All Services	Primary Care	Obstetric Care	Other Services
Mississippi	0.89	0.9	0.89	0.88
Missouri	0.6	0.55	0.57	0.79
Montana	1.09	1.06	1.17	1.05
Nebraska	0.92	0.71	1.05	1.33
Nevada	0.95	0.95	0.97	0.92
New Hampshire	0.58	0.56	0.59	0.6
New Jersey	0.42	0.42	0.35	0.52
New Mexico	0.89	0.78	0.98	1.05
New York	0.56	0.44	0.73	0.68
North Carolina	0.78	0.79	0.67	0.91
North Dakota	0.98	1	0.99	0.92
Ohio	0.63	0.59	0.65	0.74
Oklahoma	0.86	0.87	0.85	0.84
Oregon	0.81	0.71	1.12	0.68
Pennsylvania	0.69	0.51	1.06	0.68
Rhode Island	0.38	0.33	0.41	0.51
South Carolina	0.79	0.7	1.3	0.87
South Dakota	0.84	0.71	0.89	1.11
Tennessee	N/A	N/A	N/A	N/A
Texas	0.65	0.58	0.66	0.85
Utah	0.86	0.86	0.9	0.8
Vermont	0.8	0.81	0.79	0.78
Virginia	0.92	0.84	1.03	0.97
Washington	0.71	0.65	0.93	0.58
West Virginia	0.81	0.74	1.04	0.71
Wisconsin	0.62	0.48	0.63	1
Wyoming	0.98	0.93	1.05	1.04

PROVIDER NETWORK ENHANCEMENT STRATEGIES

- Convene a Provider Advisory Group to develop priorities and strategies for network expansion
- Create a Medicaid provider network analysis for the State of NM using existing DOH, UNM, and other data
 - Identify and prioritize gaps in network
 - Make selective and strategic investment to broaden access
 - Behavioral Health
 - Primary Care
 - Rural healthcare (30% of Medicaid)
 - Others as identified by network analysis
- Expand and invest in telehealth models (Project ECHO, UNM Access, other ACCESS programs)
- Develop and implement alternate payment methodologies to support workforce development
- Execute strategic provider rate increases and new payment methodologies
- Expand value based purchasing to improve outcomes

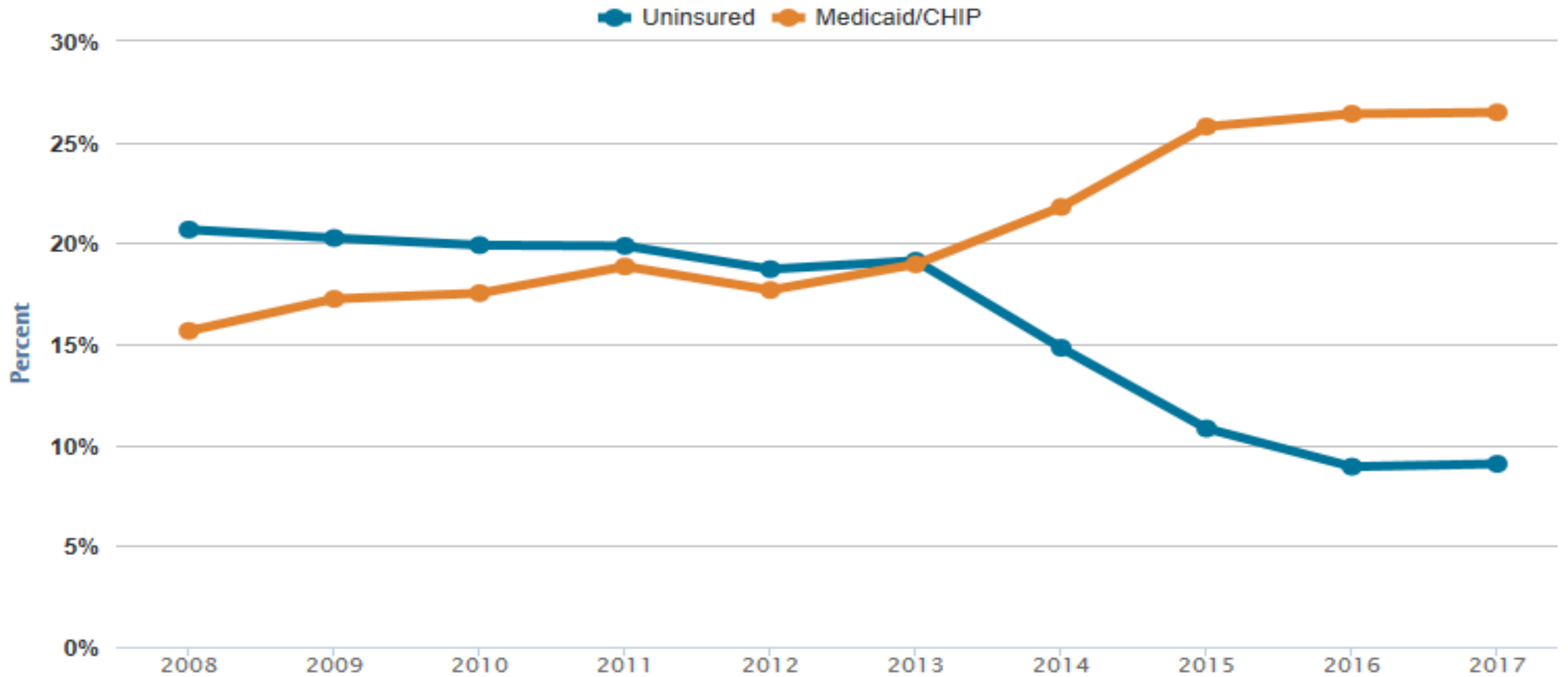
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NEW MEXICO UNINSURED AND MEDICAID/CHIP INSURED: 2008-2017

(SOURCE: SHADAC, FROM AMERICAN COMMUNITY SURVEY (ACS, US CENSUS))



COUNTING THE UNINSURED POPULATION IN NEW MEXICO, 2017

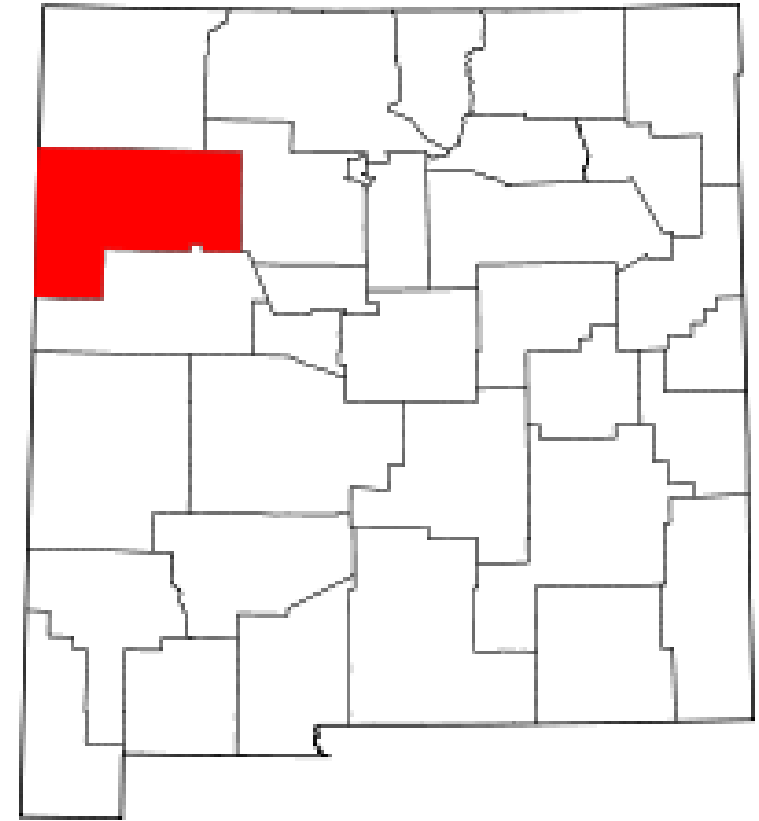
SOURCE: KAISER FAMILY FOUNDATION, FROM AMERICAN COMMUNITY SURVEY (ACS, US CENSUS)

- Total uninsured population (all ages, all incomes): 186,100 (9.1%)
- 19-to-64 (all incomes): 158,900
 - 19-to-64 years old and under 200% FPL (\$24,290 in 2019\$): 77,100
 - 19-to-64 years old and under 138% FPL (\$16,760 in 2019\$): 48,024
 - 19-to-64 years old and under 100% FPL (\$12,145 in 2019\$): 34,800
- 0-to-18 (all incomes): 23,100
- 65+ (all incomes): 4,100



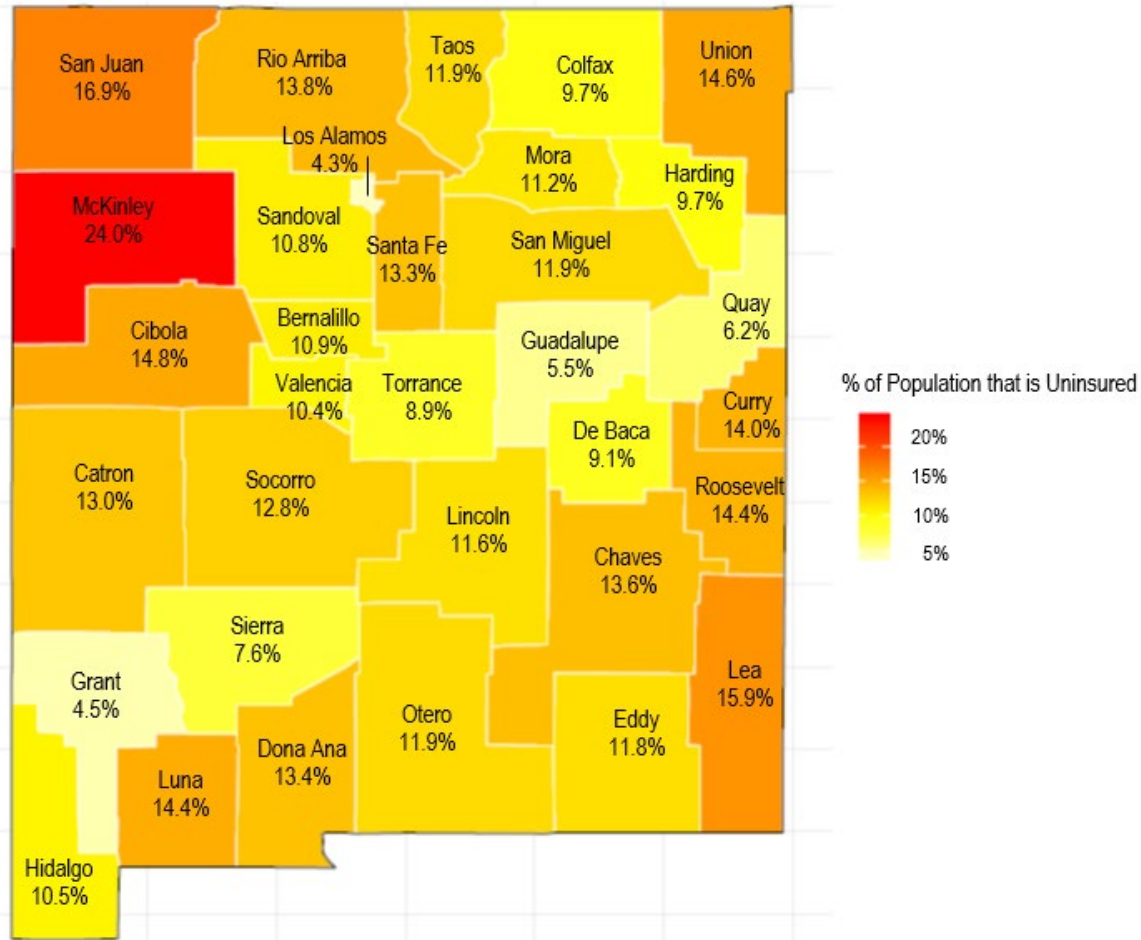
VISION FOR WORKING WITH GALLUP-MCKINLEY COUNTY

- **Gallup and McKinley County HSD Offices:**
 - **Income Support Division (ISD)**
3006 E. Hwy 66 | Gallup, NM 87301
 - **Child Support Enforcement Division (CSED)**
2918 E Hwy 66, Gallup, NM 87301
- 17,344 uninsured in McKinley
- Behavioral health investment zone



MCKINLEY COUNTY HIGHEST RATE UNINSURED IN NEW MEXICO

Data from American Community Survey (2013-2017; 5 Year Estimates)



County	Uninsured	Percentage
McKinley	17,344	24%
San Juan	21,394	16.90%
Lea	10,633	15.90%
Cibola	3,727	14.80%
Union	524	14.60%

SIGNIFICANT NEED FOR BEHAVIORAL HEALTH INVESTMENT IN NEW MEXICO

- Statewide shortages of behavioral health providers
- Investment in provider network expansion \$30 million (executive budget request)

Psychiatrists Compared to Benchmark, 2017

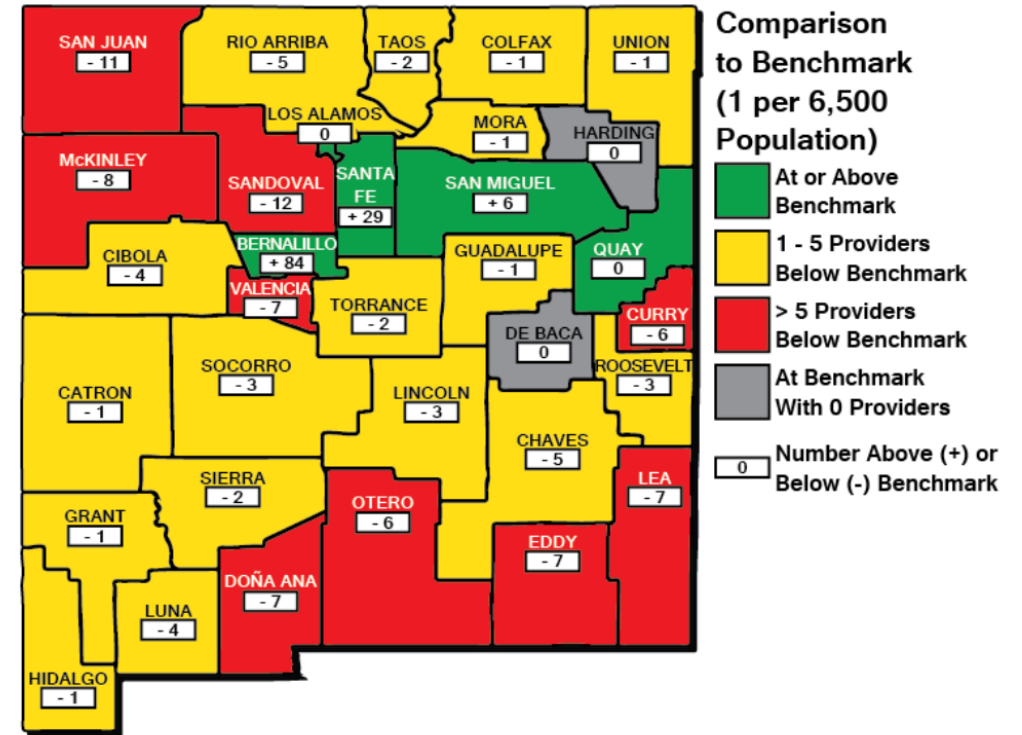


Figure 2.9. Psychiatrist workforce relative to the national benchmark of one psychiatrist per 6,500 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero.

**NEW MEXICO COUNTY-LEVEL UNINSURED:
ALL AGES AND FEDERAL POVERTY LEVELS.
SOURCE: AMERICAN COMMUNITY SURVEY -5-
YEAR AVERAGE, 2013-2017**

Counties	AVG No. of Uninsured All Ages, All FPL, 2013-2017	Avg. % of Uninsured All Ages, All FPL, 2013-2017
McKinley County, New Mexico	17,344	24.00%
San Juan County, New Mexico	21,394	16.90%
Lea County, New Mexico	10,633	15.90%
Cibola County, New Mexico	3,727	14.80%
Union County, New Mexico	524	14.60%
Luna County, New Mexico	3,460	14.40%
Roosevelt County, New Mexico	2,560	14.40%
Curry County, New Mexico	6,645	14.00%
Rio Arriba County, New Mexico	5,400	13.80%
Chaves County, New Mexico	8,666	13.60%
Doña Ana County, New Mexico	27,812	13.40%
Santa Fe County, New Mexico	19,238	13.30%
Catron County, New Mexico	460	13.00%
Socorro County, New Mexico	2,120	12.80%
Otero County, New Mexico	7,125	11.90%
San Miguel County, New Mexico	3,177	11.90%
Taos County, New Mexico	3,867	11.90%
Eddy County, New Mexico	6,568	11.80%
Lincoln County, New Mexico	2,237	11.60%
Mora County, New Mexico	515	11.20%
Bernalillo County, New Mexico	72,170	10.90%
Sandoval County, New Mexico	14,844	10.80%
Hidalgo County, New Mexico	455	10.50%
Valencia County, New Mexico	7,698	10.40%
Colfax County, New Mexico	1,157	9.70%
Harding County, New Mexico	53	9.70%
De Baca County, New Mexico	181	9.10%
Torrance County, New Mexico	1,320	8.90%
Sierra County, New Mexico	834	7.60%
Quay County, New Mexico	521	6.20%
Guadalupe County, New Mexico	208	5.50%
Grant County, New Mexico	1,260	4.50%
Los Alamos County, New Mexico	772	4.30%
Sum, % of Uninsured	254,945	12.50%
Sum of Population	2,036,656	

BEHAVIORAL HEALTH INVESTMENT ZONE (BHIZ)

- Developed and funded a behavioral investment zone in McKinley County which led to:
 - The renovation of the Gallup Detox Center and the reestablishment of therapeutic services
 - Converted old hospital into a Residential Treatment Center for substance use disorder
 - Rebooth McKinley Christian Health Care Services Behavioral Health Collaborative that includes temporary housing, vocational training, and employment
 - The growth of treatment and recovery services is contributing to a healthier and safer community



QUESTIONS



CABINET SECRETARY DAVID R. SCRASE, M.D.