



State of New Mexico
Human Services Department
Human Services Register



I. DEPARTMENT

NEW MEXICO HUMAN SERVICES DEPARTMENT

II. SUBJECT

- 8.308.6 MANAGED CARE PROGRAM – ELIGIBILITY
- 8.308.7 MANAGED CARE PROGRAM – ENROLLMENT AND DISENROLLMENT
- 8.308.9 MANAGED CARE PROGRAM – BENEFIT PACKAGE
- 8.308.10 MANAGED CARE PROGRAM – CARE COORDINATION
- 8.308.12 MANAGED CARE PROGRAM – COMMUNITY BENEFIT

III. PROGRAM AFFECTED

(TITLE XIX) MEDICAID

IV. ACTION

FINAL RULES

V. BACKGROUND SUMMARY

New Mexico Human Services Register Volume 41, Register 23, dated August 28, 2018, issued the proposed rules:

Chapter 308 Managed Care Program

- 8.308.6 NMAC – Eligibility
- 8.308.7 NMAC – Enrollment and Disenrollment
- 8.308.9 NMAC – Benefit Package
- 8.308.10 NMAC – Care Coordination
- 8.308.12 NMAC – Community Benefit

Section 9-8-6 NMSA 1978, authorizes the Department Secretary to promulgate rules and regulations that may be necessary to carry out the duties of the Department and its divisions.

Notice Date: August 28, 2018

Hearing Date: September 26, 2018

Adoption Date: January 1, 2019

Technical Citations: Centennial Care 2.0 1115 Waiver, Federal Register/Vol. 81. No. 230, 42 CFR 435.119(b)(2)

A public hearing was held on September 26, 2018, to receive public comments and testimony on these proposed rules. The Human Services Department (the Department) received no oral testimony, no recorded comments and four set of written comments.

Summary of Comments:

8.308.7 ENROLLMENT AND DISENROLLMENT

Section 9: Managed Care Enrollment

Subsection I Paragraph (2)

One commenter requested the removal of the requirement that a signature be included in all managed care switch requests during a member's lock-in period.

Department Response: The Department agrees with the commenter and has removed the proposed language. Additional language has been added to the rule allowing switch requests during a member's lock-in period to also be submitted orally through the New Mexico Medicaid Call Center. The rule now reads: "*The member must submit a written request to HSD or may submit an oral request by calling the New Mexico medicaid call center.*"

8.308.9 BENEFIT PACKAGE

Section 23: Centennial Home Visiting (CHV) Pilot Program Services

One commenter expressed support of the CHV Pilot Program in Bernalillo County, but strongly encouraged the Department to consider including a Tribal Community in the proposed pilot program.

Department Response: The Centennial home visiting program is a pilot that is being launched in counties that have evidence-based, early childhood home visiting programs that are recognized by the U.S. Department of Health & Human Services Maternal, Infant, and Early Childhood Home Visiting (MIECHV) project such as Nurse Family Partnership or Parents as Teachers. Currently, there are no existing evidence-based, early childhood home visiting programs being implemented in a NM Tribal Community; therefore, adding a Tribal Community would potentially occur during a future expansion of the pilot. However, the Department has been working closely with the Children, Youth and Families Department (CYFD) and the Department of Health (DOH), the two State agencies with in-depth experience in delivering the early childhood home visiting services in New Mexico to align the CHV Pilot Program benefits with the existing network of home visiting programs, statewide.

One commenter suggested the Human Services Department (HSD) reconsider the county it chose for the Centennial Home Visiting (CHV) pilot program to better target areas with the most need. The commenter also requested more clarity as to how the Department will ensure it upholds its requirement to provide a culturally and linguistically appropriate Home Visiting program.

Department Response: The Department's designated county for the CHV pilot program, Bernalillo County, is the most populous county with a very high number of pregnant women receiving Medicaid and Medicaid births in the State. The provider capacity in each area, especially to deliver a highly regarded, rigorous program like the Nurse Family Partnership (NFP) with fidelity, is one of the determining factors to assure intended impacts and to produce desirable outcomes. Although there are extensive existing home visiting activities statewide that

are funded by CYFD, most programs are promising programs and not evidence-based as recognized by the U.S. Department of Health & Human Services Maternal, Infant, and Early Childhood Home Visiting (MIECHV) project such as NFP or Parents as Teachers (PAT), which are available in specific counties. NM Stat § 32A-23B-1 (2016) Home Visiting Accountability Act provides definition for standards-based home visiting program. The Department has aligned the CHV Pilot Program with the existing programs governed by the Home Visiting Accountability Act with an adaptation to reflect more stringent evidence-based program requirements as recognized by the federal MIECHV project. The service agencies are expected to deliver the program curriculum with fidelity and with oversight from the program-founding organizations and the Centennial Care Managed Care Organizations. CYFD will provide assistance to assure adherence to program standards and the Home Visiting Accountability Act.

8.308.10 CARE COORDINATION

Section 9: General Requirements

The Department received two comments concerning Section 9, General Requirements. One commenter stated there is no reference to reporting requirements for members in a delegated arrangement.

Department Response: The Department's Medicaid Managed Care Services Agreement, Section 4.4.19, for the Managed Care Organizations provides direction for care coordination delegation that specifies care coordination functions and reporting responsibilities.

Another commenter expressed that care coordination delegation is likely to reduce the responsibility of the MCO to provide care coordination for their members and place more of the responsibility on the member.

Department Response: Centennial Care continues to increase the number of members participating in Patient Centered Medical Homes (PCMHs). From 2014 to 2016, the number of members grew from 180,000 to 290,000. PCMH models emphasize quality, access to care, appropriate use of health care that avoids unnecessary utilization (non-emergent emergency room visits, etc.) and leads to better outcomes and cost savings. National studies suggest that patients served by PCMHs are more satisfied than those served in traditional primary care practices and that physician practice staff are happier in PCMHs. One group health study found that only 10% of staff in PCMH pilot programs felt high levels of exhaustion compared to 30% in control practices. The same study also found better retention and satisfaction among primary care physicians compared to non-PCMH practices [1]. For a state such as New Mexico, which has a shortage of providers, this is a particularly important outcome. PCMH providers play a critical role as they engage directly with their members and have the most frequent opportunity to build trusting relationships, which has a high impact on successful integration of physical and behavioral health. As part of the expansion of the PCMH model, the MCOs are engaging PCMH providers to conduct care coordination activities for their attributed members through Value Based Purchasing (VBP) arrangements. Centennial Care 2.0 seeks to expand on this initiative by continuing to transition care coordination functions to the provider level (known as a delegated model). Per the Medicaid Managed Care Services agreement, section 4.4.19, oversight and monitoring of care coordination in delegated arrangements remain the responsibility of the MCOs.

[1] Grumbach K, Grundy P. Outcomes of implementing patient centered medical home interventions: A Review of the Evidence from Prospective Evaluation Studies in the United

8.308.12 COMMUNITY BENEFIT

Section 7

Subsection I

One commenter opposes HSD adding electronic visit verification (EVV) requirements.

Department Response: The Department must comply with the Federal 21st Century Cures Act that requires all states to implement EVV by January 2020 for certain Medicaid services and January 2023 for other services. If EVV is not implemented statewide for the federally-required services, the state will lose a portion of its Federal funding for these services. The language stands as proposed.

One commenter noted that the definition for EVV should include personal care services.

Department Response: The Department has revised the rule language to specify that EVV is for Federally required services.

Section 18: Covered Services in Self-Directed Community Benefit SDCB

Subsection G

One commenter suggests the proposal to rename homemaker services as self-directed personal care services will cause confusion. The commenter requested continuance of the current service names.

Department Response: This change was recommended by the Medicaid Advisory Committee, Centennial Care Waiver Renewal Subcommittee and is included in the 1115 Demonstration Waiver application. The language stands as proposed.

Subsections H, K, O, and N

Two commenters oppose caps on the cost of any services.

Department Response: The comment has been noted by the Department. The language stands as proposed.

Subsection N Paragraph (8)

One commenter requests that HSD correct all misuses of the “native American” and use “Native American” instead.

Department Response: The rule language follows the New Mexico Legislative Drafting Style Protocol resulting in the non-capitalization of many terms that would be capitalized in normal usage. The language stands as proposed.

Section 19: SDCB Non-Covered Services and Service Limitations

Subsection A

One commenter opposes HSD adding language that the managed care organization (MCO) may verify that a self-directed community benefit (SDCB) good or service is not covered by a third party by requesting a denial letter.

Department Response: The Department has removed this proposed language.

VI. RULES

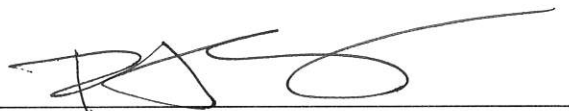
These amendments are contained in the following NMAC rules 8.308.6, 8.308.7, 8.308.9, 8.308.10 and 8.308.12. The final register and rule languages are available on the HSD websites at: <http://www.hsd.state.nm.us/LookingForInformation/registers.aspx> and <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>. If you do not have internet access, a copy of the final register and rules may be requested by contacting the Medical Assistance Division at (505) 827-1337.

VII. EFFECTIVE DATE

These rules have an effective date of January 1, 2019.

VIII. PUBLICATION

Publication of these rules approved by:

A handwritten signature in black ink, appearing to read "BRENT EARNEST", is written over a horizontal line.

BRENT EARNEST, SECRETARY
HUMAN SERVICES DEPARTMENT