

HUMAN SERVICES DEPARTMENT



1115 DRAFT WAIVER APPLICATION AND MEDICAID MCO PROCUREMENT

STAKEHOLDER MEETINGS

INVESTING FOR TOMORROW, DELIVERING TODAY.

HUMAN SERVICES DEPARTMENT

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

AGENDA

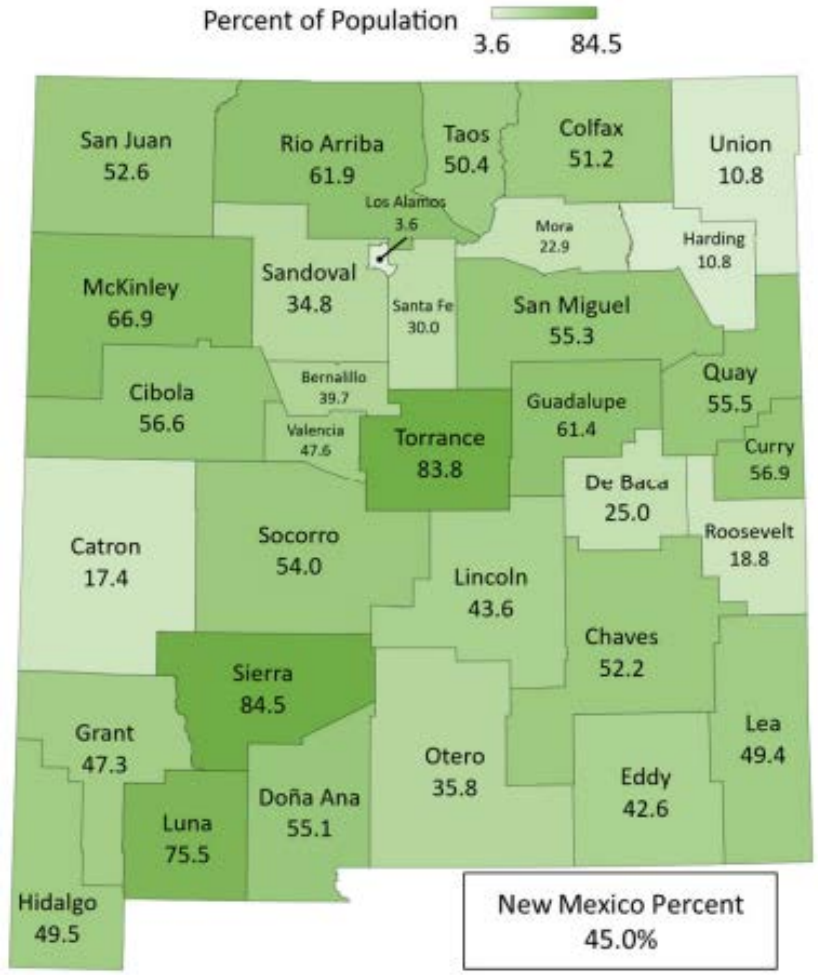
1. New Mexico Medicaid Statistics
2. Overview
   - 1115 Waiver Renewal Application and MCO Medicaid Procurement
   - Timeline
3. Priority Areas
4. Key Populations and Health Disparities
5. Stakeholder Engagement Process

NEW MEXICO MEDICAID STATISTICS

MEDICAID ENROLLMENT IN CONTEXT

- 970,371 total beneficiaries in March 2022
  - 987,355 peak anticipated by July 2022
  - 919,829 anticipated by December 2022 after MOE ends
- 83% are enrolled in managed care
- 46% (up from 40% pre-COVID) of all New Mexicans are enrolled in Medicaid
- 40% of beneficiaries are children
- 58% (up from 56% pre-COVID) of New Mexico children are enrolled in Medicaid
- 80% of all births in New Mexico are covered by Medicaid

NM Medicaid & CHIP Recipients as a Percentage of Population by County, October 2021

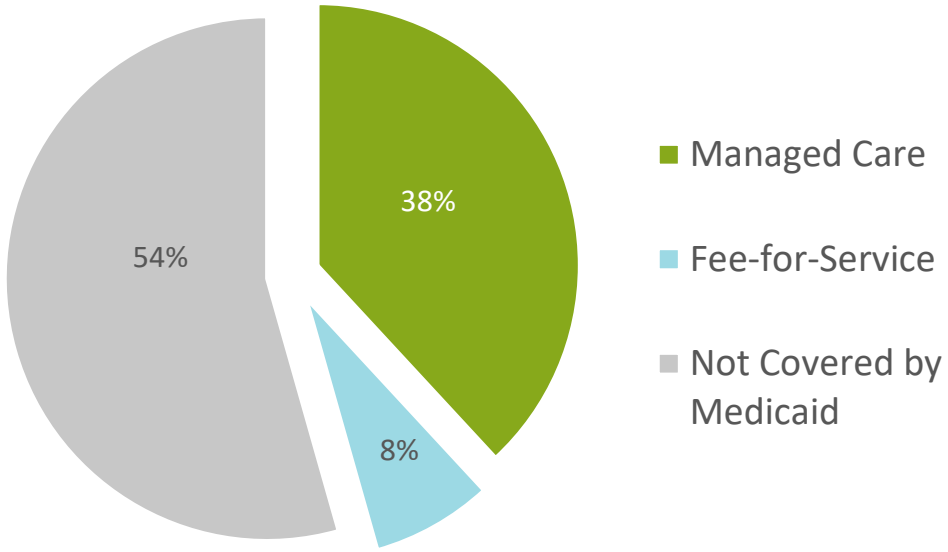


HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

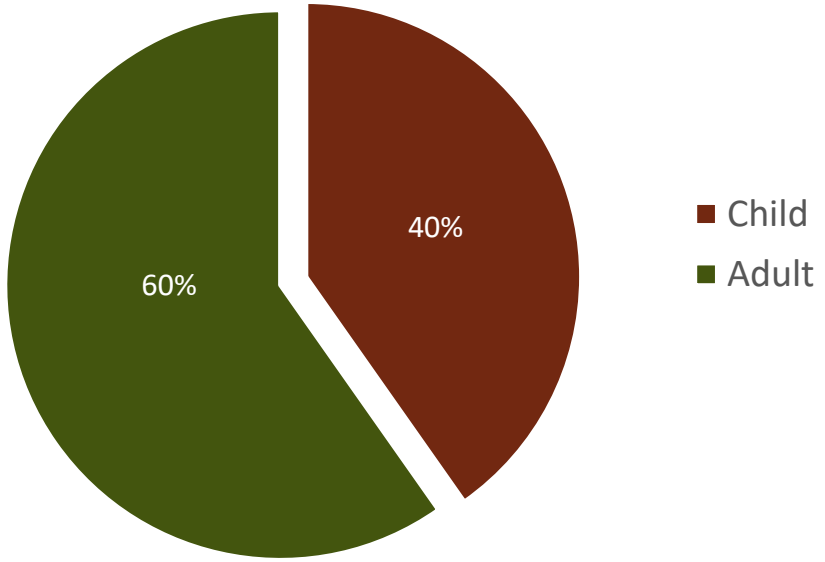
NEW MEXICO MEDICAID PROGRAM POPULATION DATA AS OF JANUARY 2022

New Mexico Population Covered by Medicaid



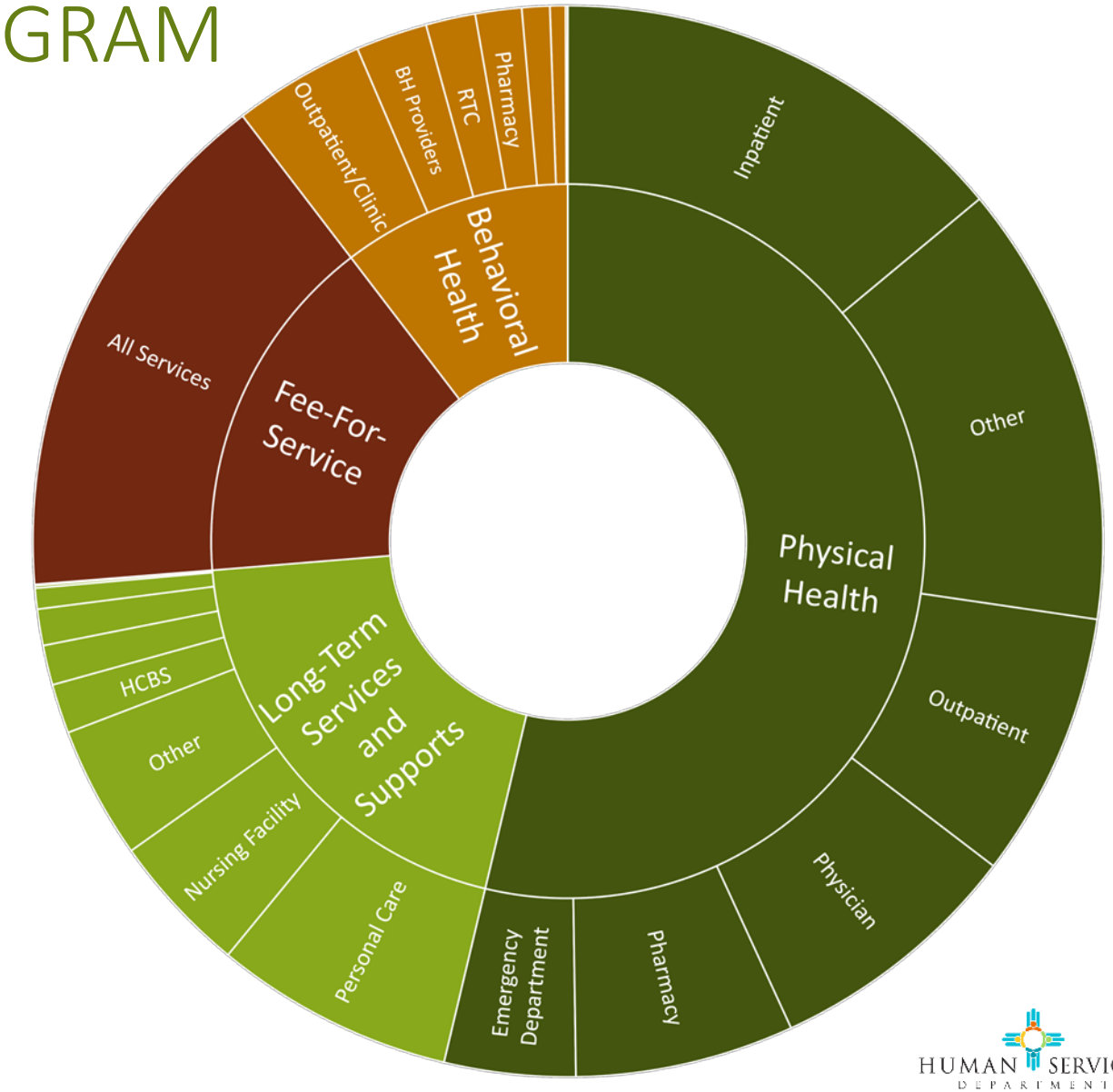
Medicaid Coverage by Age

Includes Managed Care and FFS



NEW MEXICO MEDICAID PROGRAM EXPENDITURES

Managed Care Medical Expenditures	
Physical Health	$2.91 Billion
Long-Term Services and Supports	$1.08 Billion
Behavioral Health	$0.56 Billion
Total MCO Medical Expenditures	**$4.56 Billion**
Fee for Service Medical Expenditures	
Total FFS Medical Expenditures	$0.87 Billion
Total Expenditures	***$5.43 Billion***



Medical data from October 2020 – September 2021

HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

OVERVIEW

1115 DEMONSTRATIONS

Purpose

- CMS grants waiver and/or expenditure authority under the Social Security Act (SSA) to approve **pilot or experimental initiatives** that are likely to further the objectives of the Medicaid program

Approval Periods

- Five-year renewal request must be submitted no later than 12 months before the expiration

Potential Opportunities

- Population Health and Health Equity Investments
- Continuous Eligibility
- Medicaid services for justice-involved individuals

HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

MCO PROCUREMENT PROCESS

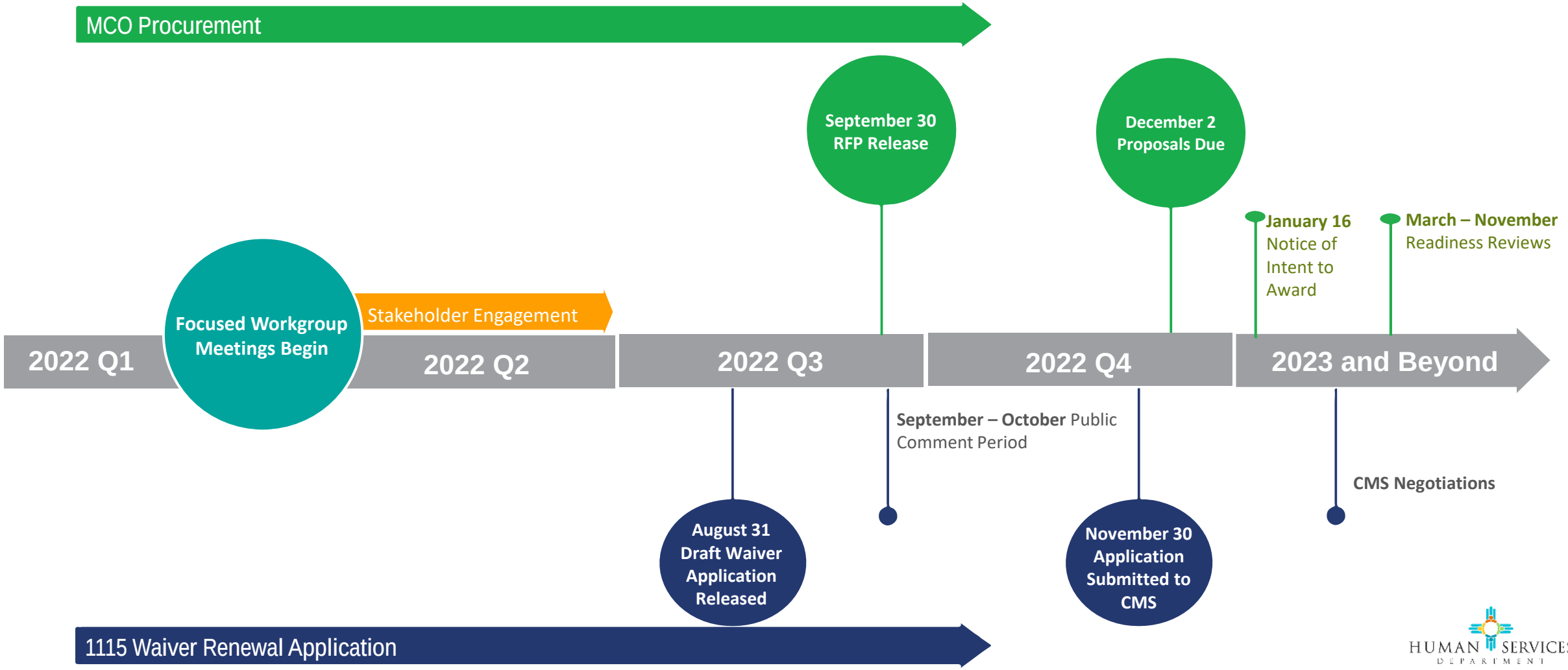
Procurement presents the opportunity to select MCOs that will best partner with HSD to achieve the goals and objectives for Medicaid of the Future

1. **Publication of MCO Request for Proposals (RFP):** RFP will include mandatory and technical requirements for bidders to submit proposals for evaluation and demonstrate their ability to meet contractual requirements.
2. **Proposal Evaluation:** Timely proposals are evaluated based on a HSD's specified scoring methodology and evaluation criteria.
3. **Intent to Award:** Successful MCOs are invited to enter contract negotiations followed by contract award.
4. **Readiness Reviews:** Desk and onsite readiness reviews of MCOs selected for January 2024 contract; occurs in 2023.
5. **Contract Year Begins:** January 1, 2024

HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

MCO PROCUREMENT AND 1115 RENEWAL TIMELINE

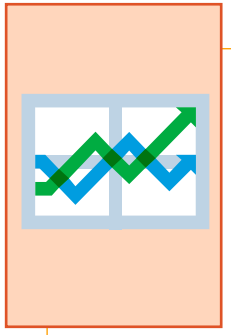


HUMAN SERVICES DEPARTMENT

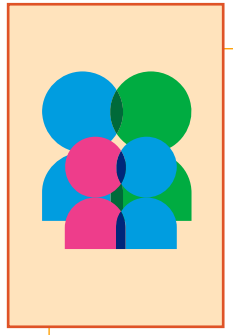
Investing for tomorrow, delivering today.

PRIORITY AREAS

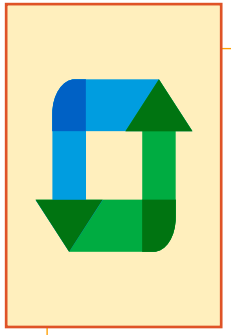
GOALS



Improving Health of New Mexicans and Transforming Lives



Whole Person Care and Healthy Families



Enhancing the Experience for Members and Providers



Provide Value-Based Care

KEY POPULATIONS

6 KEY POPULATIONS

- Children in State Custody (CISC)
- Justice Involved Population
- Long Term Services and Supports (LTSS) Population
- Maternal and Infant Health
- Members with Behavioral Health Conditions
- Native American

CHILDREN IN STATE CUSTODY

CHILD WELL-BEING

STATE RANKINGS ON OVERALL CHILD WELL-BEING

Select a location to see how it ranks and performs on 16 key indicators.

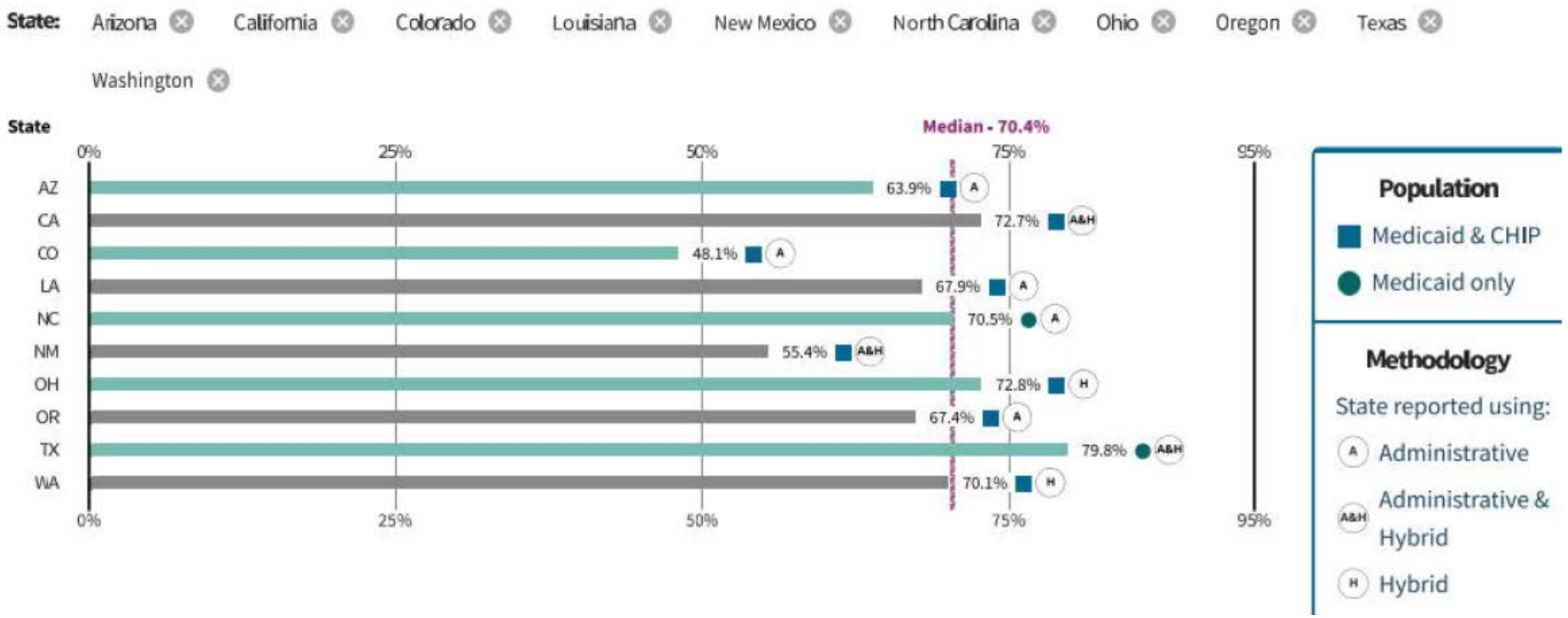
1st quartile	2nd quartile	3rd quartile	4th quartile
1. Massachusetts	14. Washington	26. Hawaii	38. Georgia
2. New Hampshire	15. Colorado	27. New York	39. Arkansas
3. Minnesota	16. Idaho	28. Michigan	40. Arizona
4. Vermont	17. Wyoming	29. Indiana	41. South Carolina
5. Utah	18. Kansas	30. Missouri	42. Oklahoma
6. New Jersey	19. Pennsylvania	31. Ohio	43. Alaska
7. Nebraska	20. South Dakota	32. Delaware	44. West Virginia
8. Connecticut	21. Illinois	33. California	45. Nevada
9. Iowa	22. Montana	34. North Carolina	46. Texas
10. Wisconsin	23. Rhode Island	35. Florida	47. Alabama
11. Maine	24. Maryland	36. Tennessee	48. Louisiana
12. North Dakota	25. Oregon	37. Kentucky	49. New Mexico
13. Virginia			50. Mississippi

DISPARITIES FOR CISC

- Children in foster care are **significantly more likely to have developmental delays; asthma; obesity; speech, hearing, and vision problems; attention-deficit/hyperactivity disorder; anxiety; behavioral problems; depression; and other health and mental health issues** (Turney & Wildeman, 2016).
- Children in foster care have **significantly more hospitalizations and subspecialty office visits** than children not in foster care and higher health-care charges on average ($14,372 versus $7,082) (Bennett et al., 2020).
- Children in foster care have **higher rates of dental problems,** and one-third of children in care have not had a dental visit in the past year (Finlayson et al., 2018).
- In 2018, **only 54 percent of noninstitutionalized youth** who were enrolled in Medicaid or the Children's Health Insurance Program (CHIP) and who **experienced a major depressive episode received mental health treatment** (Medicaid and CHIP Payment and Access Commission [MACPAC], 2021).
- Many children in out-of-home care who may **qualify for early intervention and special education services do not receive them** (Casanueva et al., 2020).

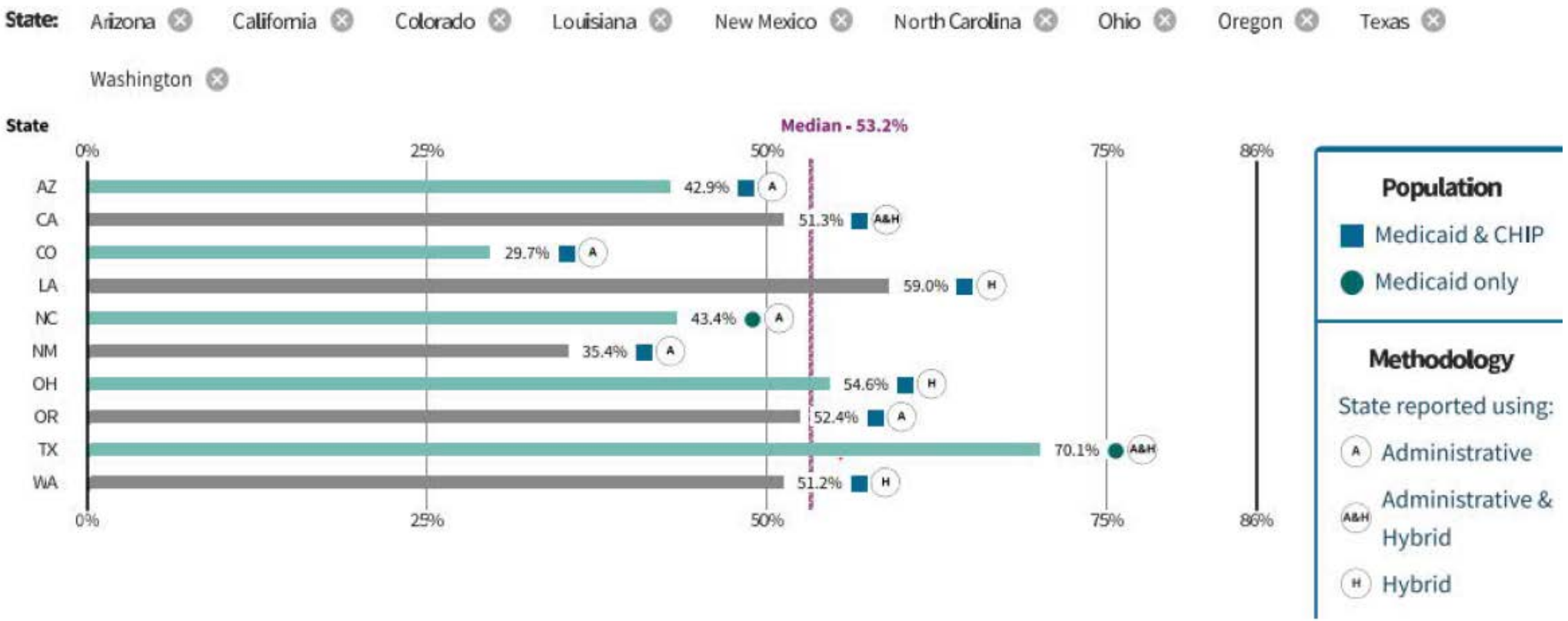
CMS MEDICAID SCORECARD

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



CMS MEDICAID SCORECARD

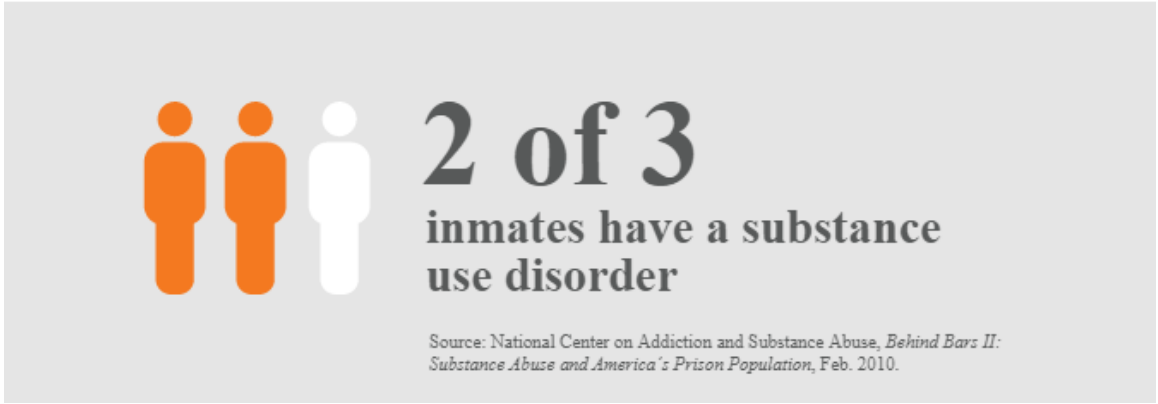
Adolescent Well-Care Visits: Ages 12 to 21



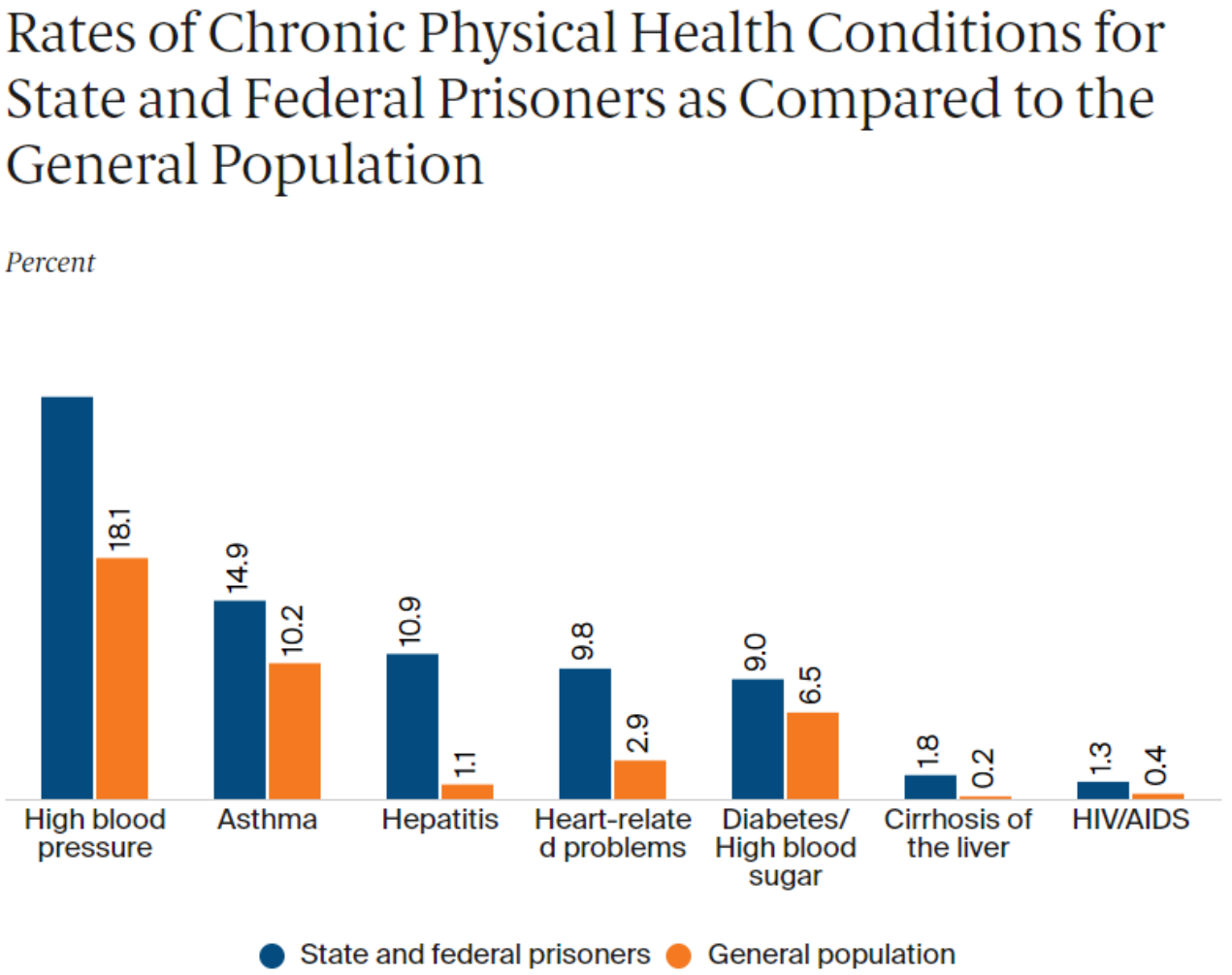
JUSTICE INVOLVED POPULATION

SIGNIFICANT MEDICAL AND BEHAVIORAL HEALTH NEEDS AMONG INDIVIDUALS WITH A HISTORY OF INCARCERATION

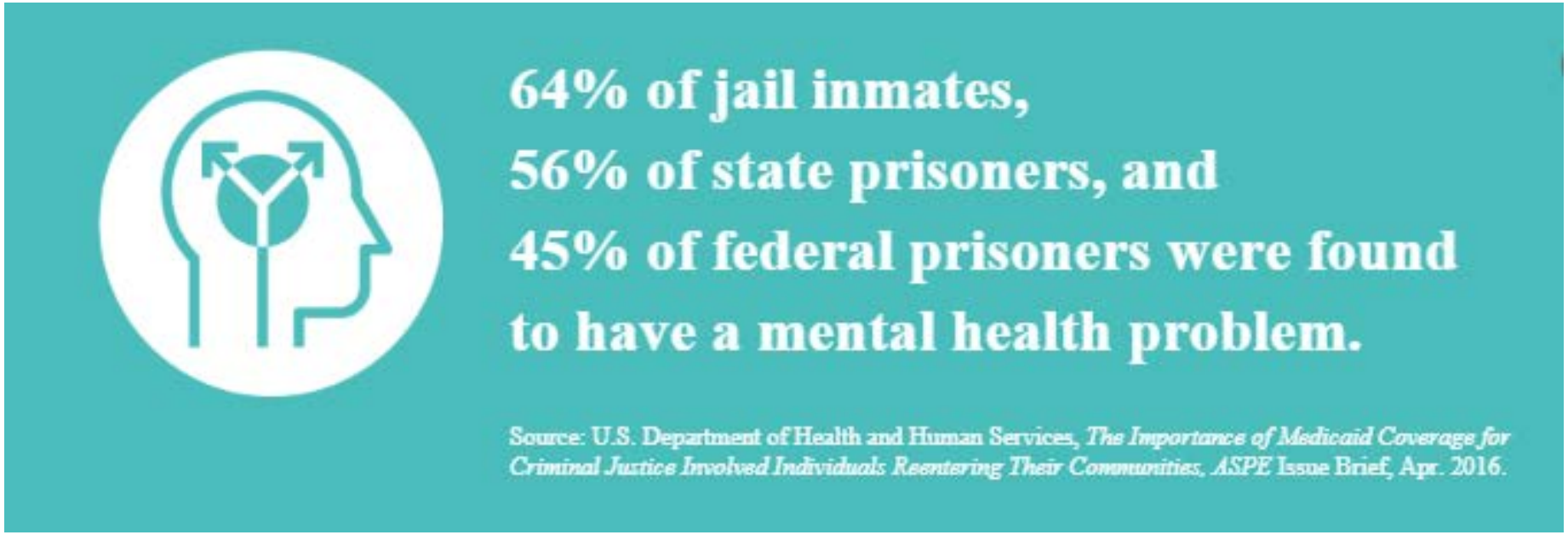
- An estimated **80 percent** of individuals released from prison in the United States each year have a **substance use disorder, or chronic medical or psychiatric condition**.
- Incarcerated individuals have **four times the rate of active tuberculosis** compared to the general population.
- Incarcerated individuals **have nine to ten times the rate of Hepatitis C** and **eight to nine times the rate of HIV infection.**



PHYSICAL HEALTH CONDITIONS



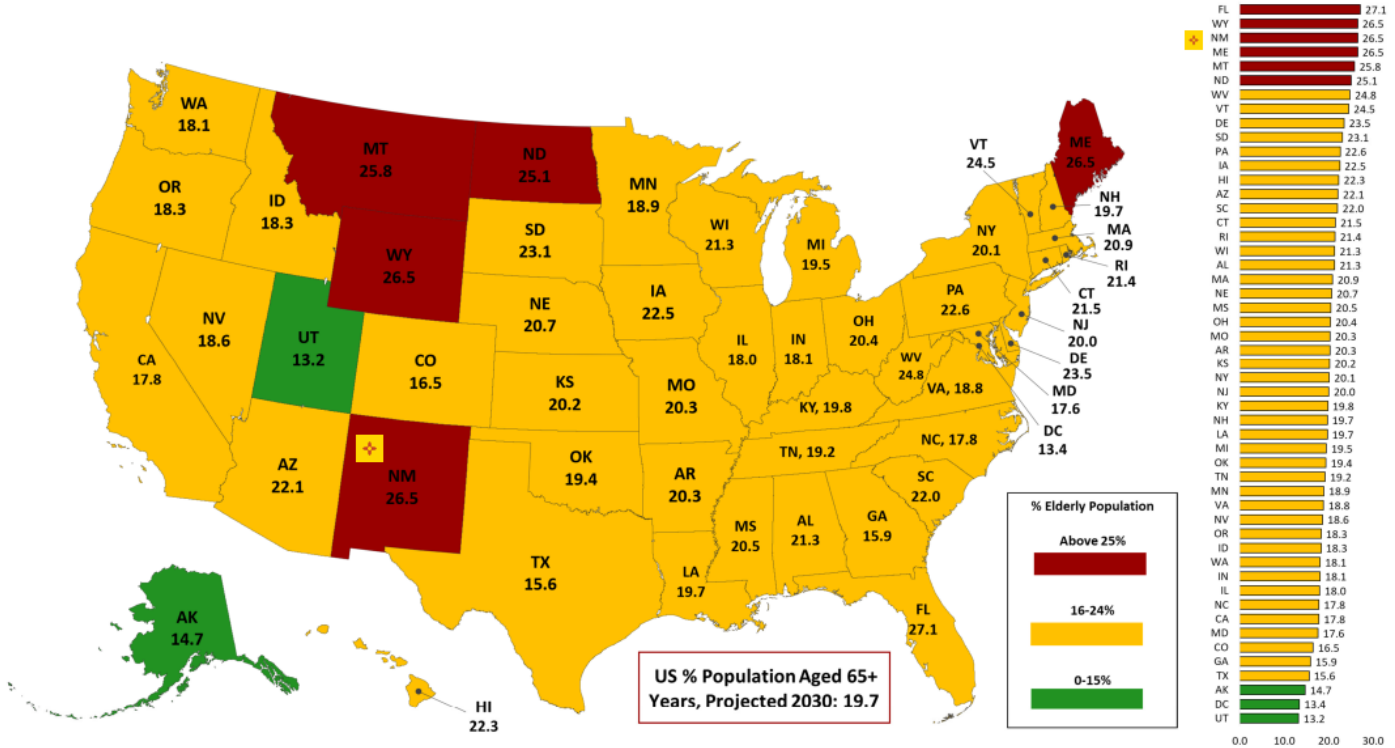
MENTAL HEALTH PROBLEMS



LONG TERM SERVICES AND SUPPORTS (LTSS) POPULATION

NM ELDERLY (65+ YEARS) POPULATION

U.S. Projected Percent Elderly (65+ Years) Resident Population by State, 2030



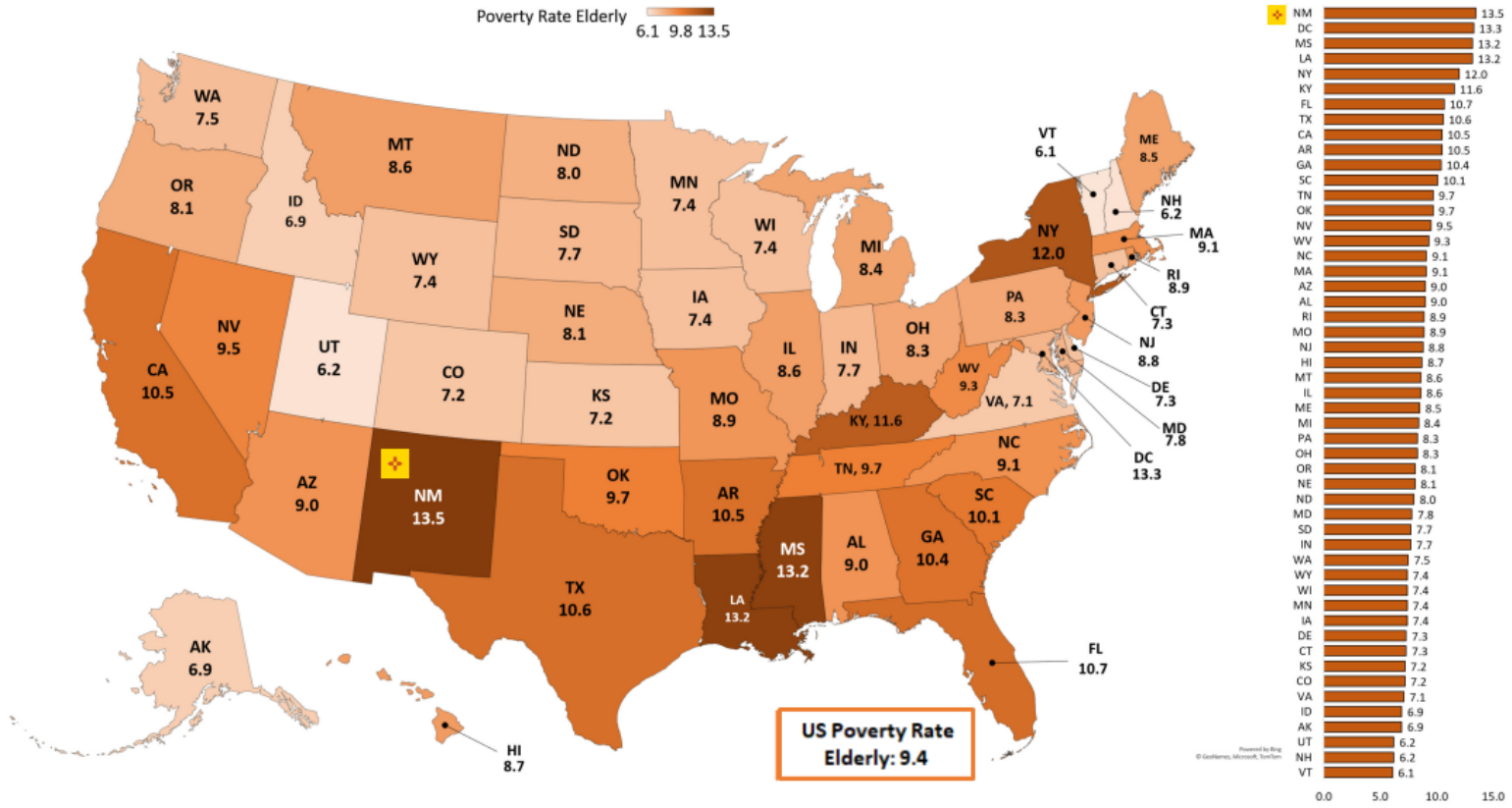
Source: Iowa Data Center's projections: https://www.iowadatacenter.org/browse/projections.html

HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

NM POVERTY RATE ELDERLY (65+)

U.S. Poverty Rate Elderly (65+ Years) by State as of 2019



Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, data.census.gov

HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

CMS MEDICAID SCORECARD

Controlling High Blood Pressure: Ages 18 to 85

State: Arizona California Colorado Louisiana New Mexico North Carolina Ohio Oregon Texas Washington

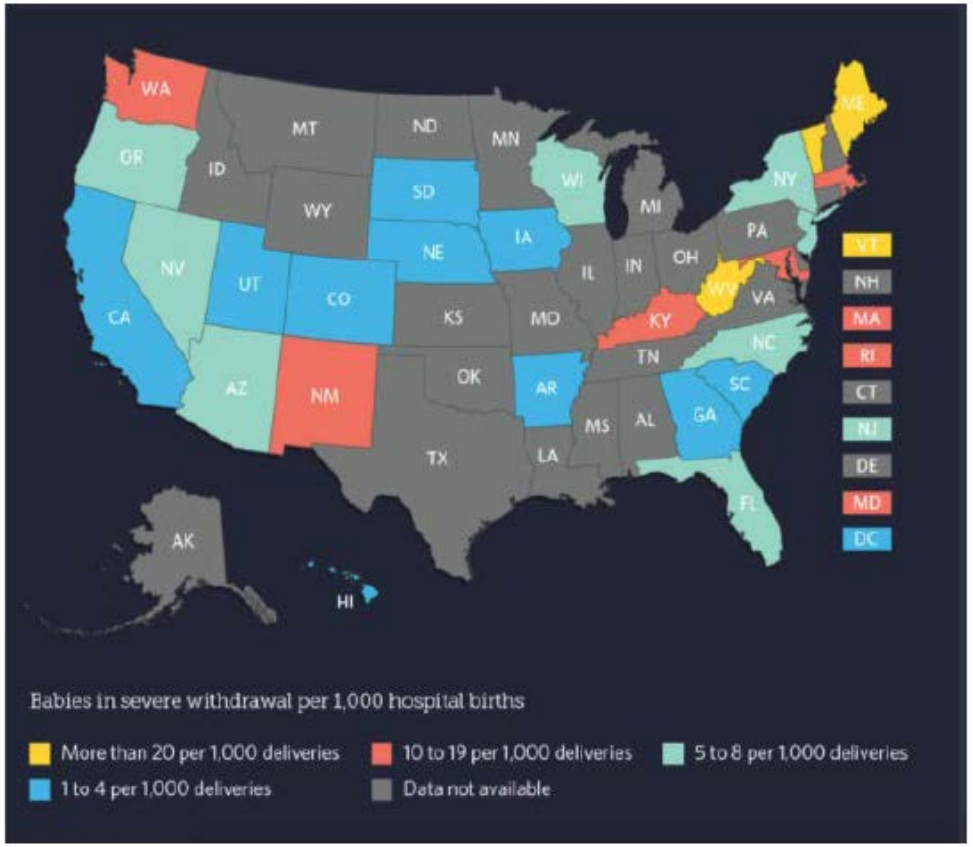


MATERNAL AND INFANT HEALTH

MATERNAL AND INFANT HEALTH STATISTICS

- 80% of all births in the state.
- The New Mexico Maternal Mortality Review Committee in collaboration with our Department of Health have presented data which shows that New Mexico has a **maternal mortality rate of 21.5 per 100,000 compared to the national average of 17.4 deaths per 100,000 live births**.
- 60% of pregnancy related deaths since 2018 occurred 43-365 days post-partum.
- And **75% of the deaths were determined to be preventable**.
  - The most common causes: mental health conditions, cardiac conditions, embolism & hemorrhage.
- In New Mexico pregnancy associated deaths were **4.6X greater for Medicaid covered women** than those with private insurance.

Figure 3 Source: The Pew Charitable Trusts, 2018.



HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

DELIVERY OF OBSTETRIC SERVICES

Maternal Health Disparities: March of Dimes

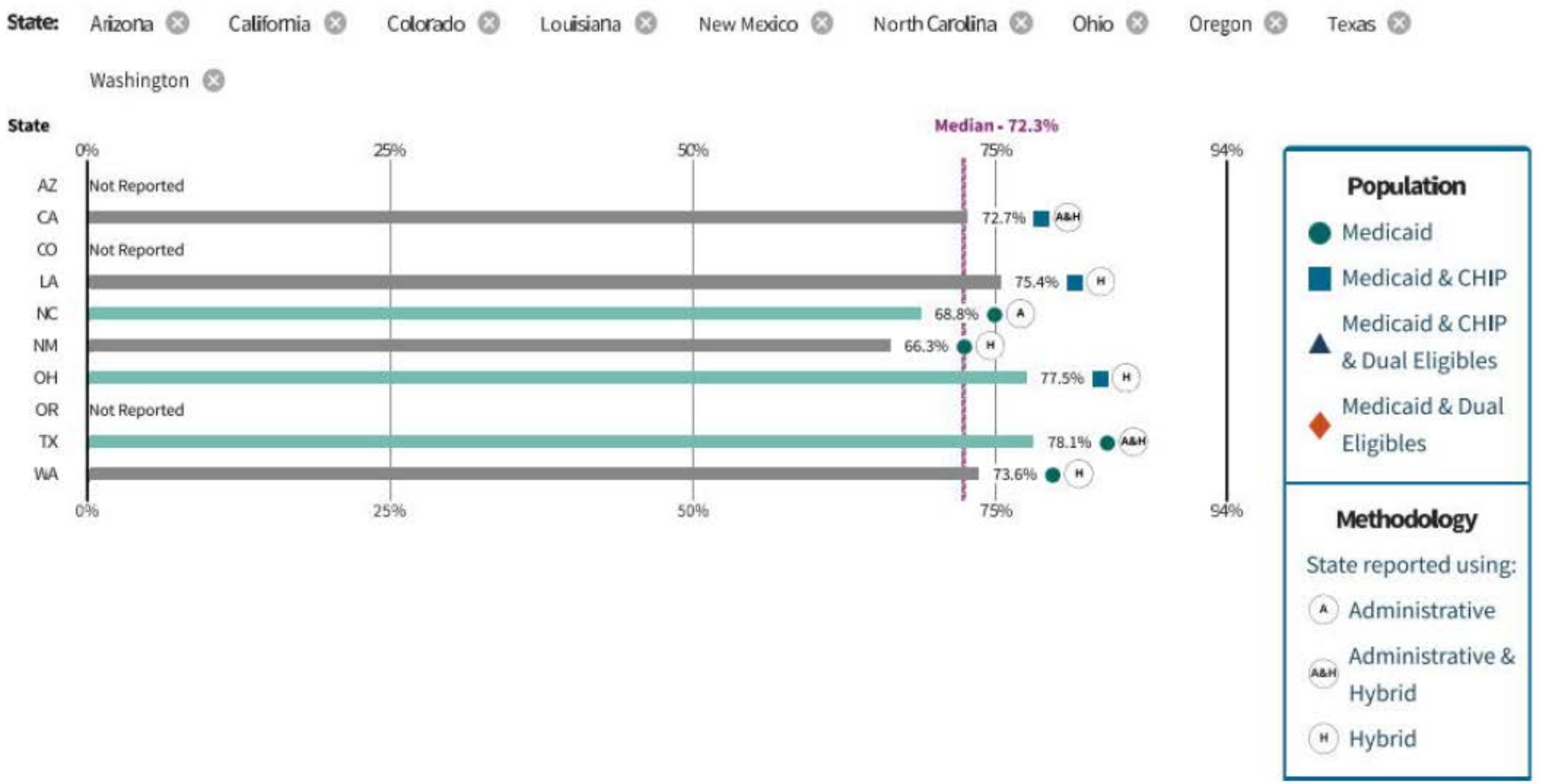
Maternity Care Deserts in New Mexico

- https://www.marchofdimes.org/materials/2020-Maternity-Care-Report.pdf
- Counties in NM designated as Maternity Care Deserts (March of Dimes)
  - A county was classified as a maternity care desert if there were no hospitals providing obstetric care, no birth centers, no OB/GYN and no certified nurse midwives

1. Hidalgo
2. Sierra
3. Catron
4. Torrance
5. De Baca
6. Colfax
7. Guadalupe
8. Quay
9. San Miguel
10. Harding
11. Union
12. Mora
13. Roosevelt

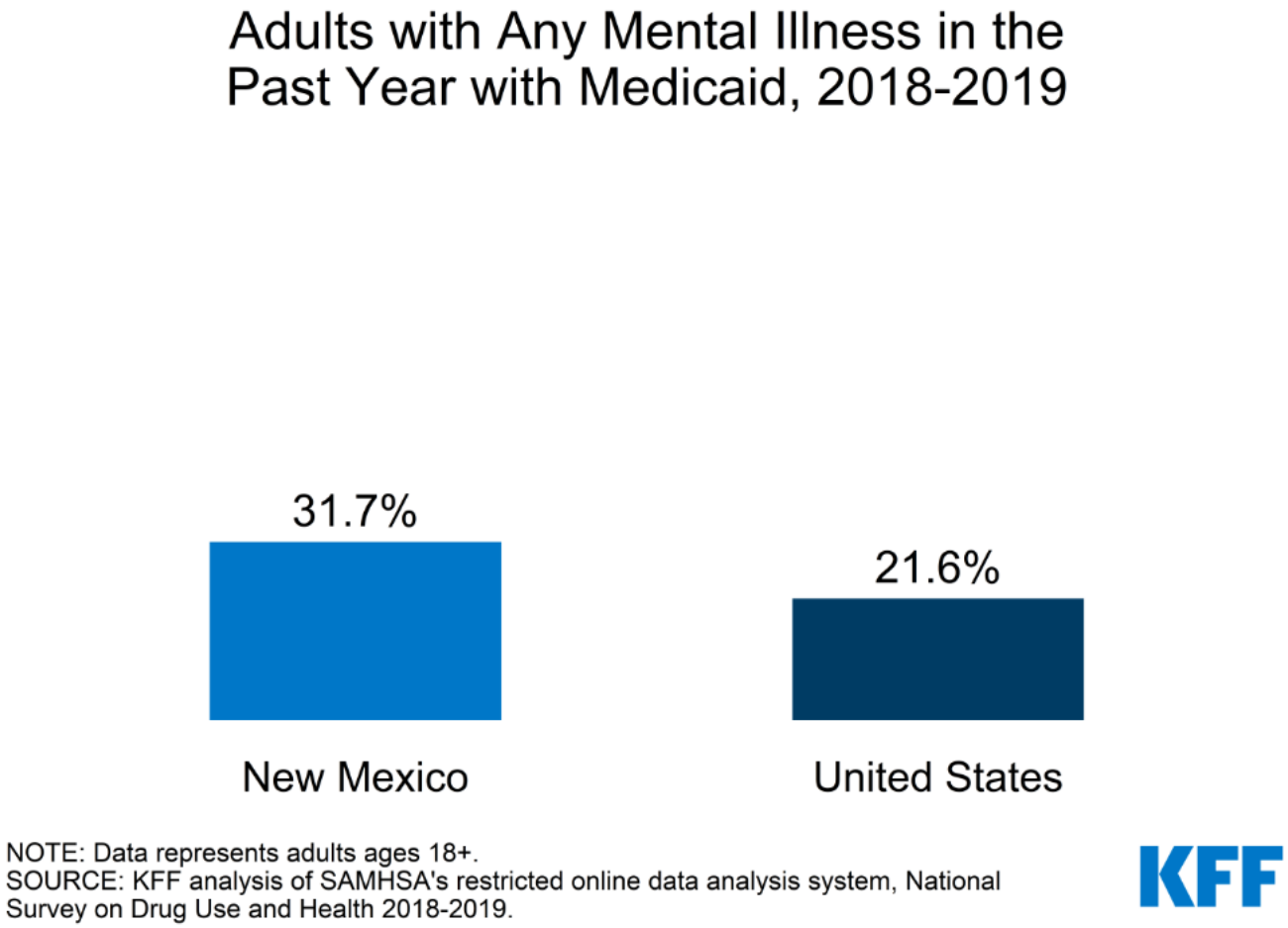
CMS MEDICAID SCORECARD

Prenatal and Postpartum Care: Postpartum Care

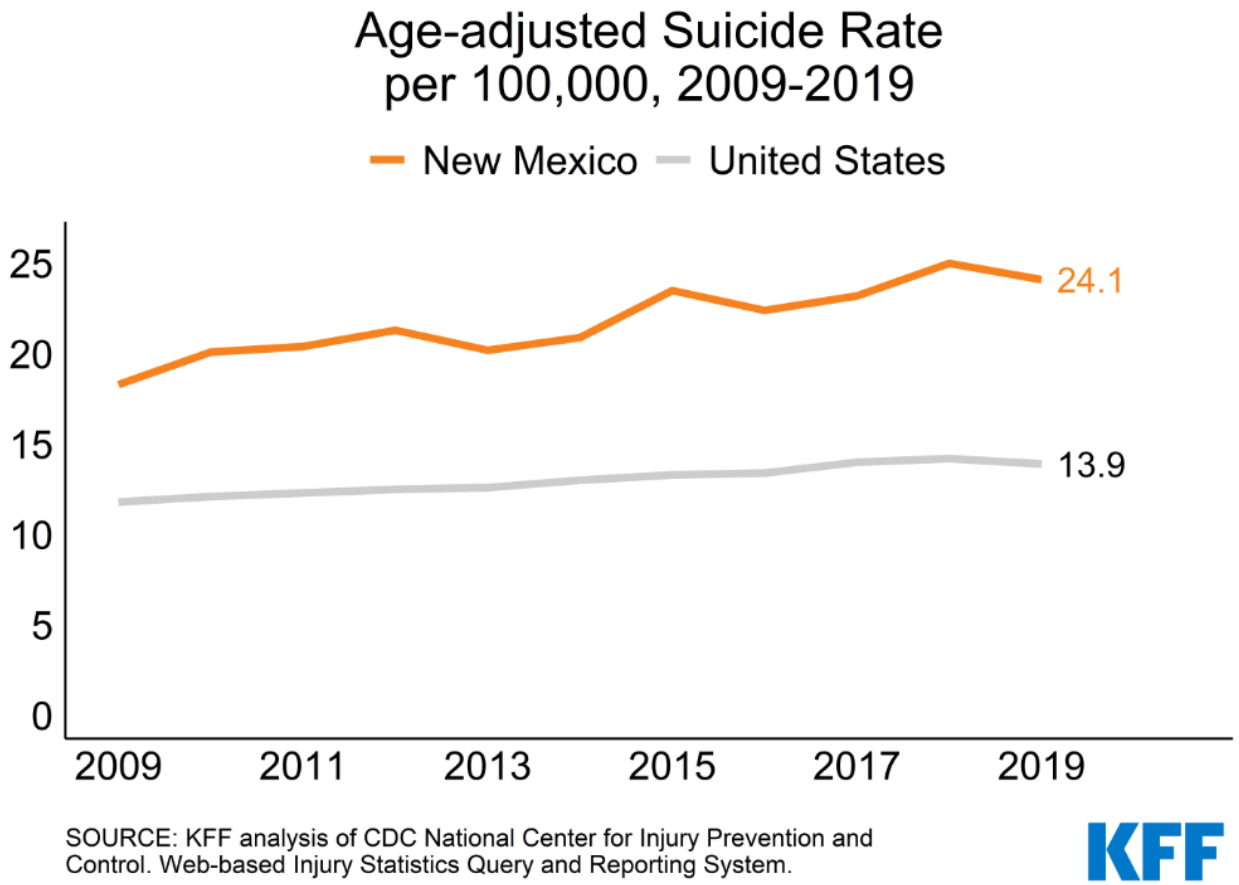


MEMBERS WITH BEHAVIORAL HEALTH CONDITIONS

BEHAVIORAL HEALTH IN NM MEDICAID

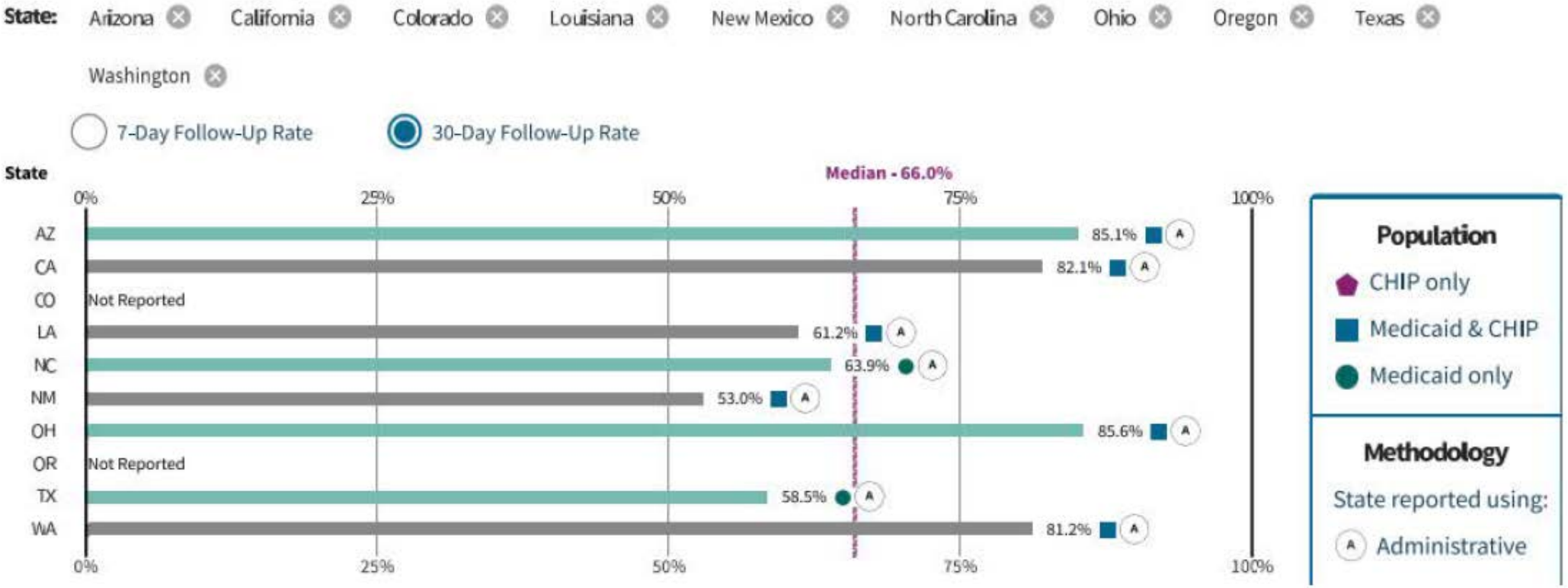


BH DISPARITIES



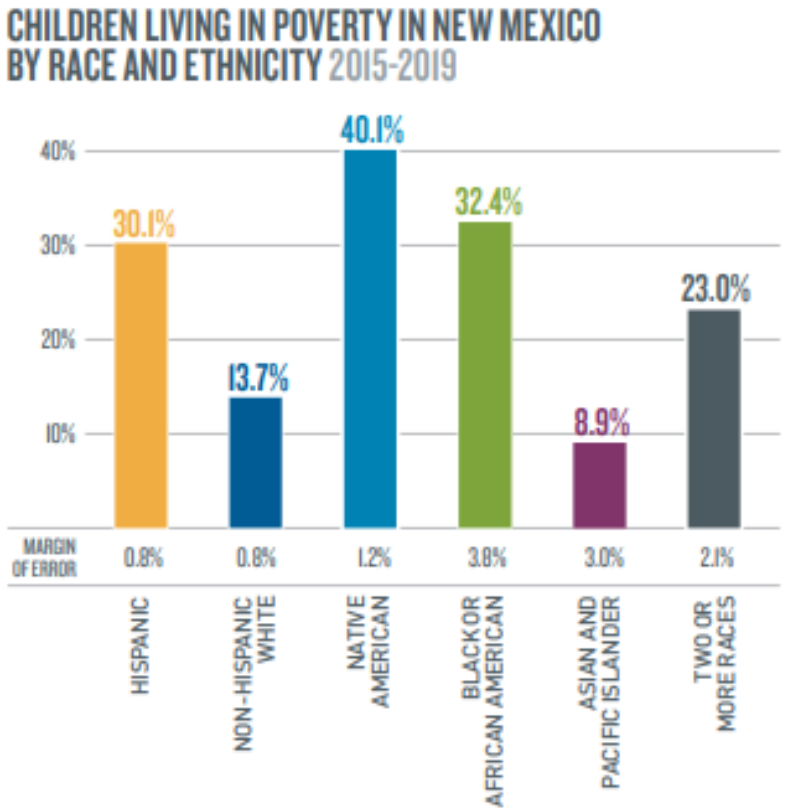
BH MEDICAID CARE

Follow–Up After Hospitalization for Mental Illness: Ages 6 to 17

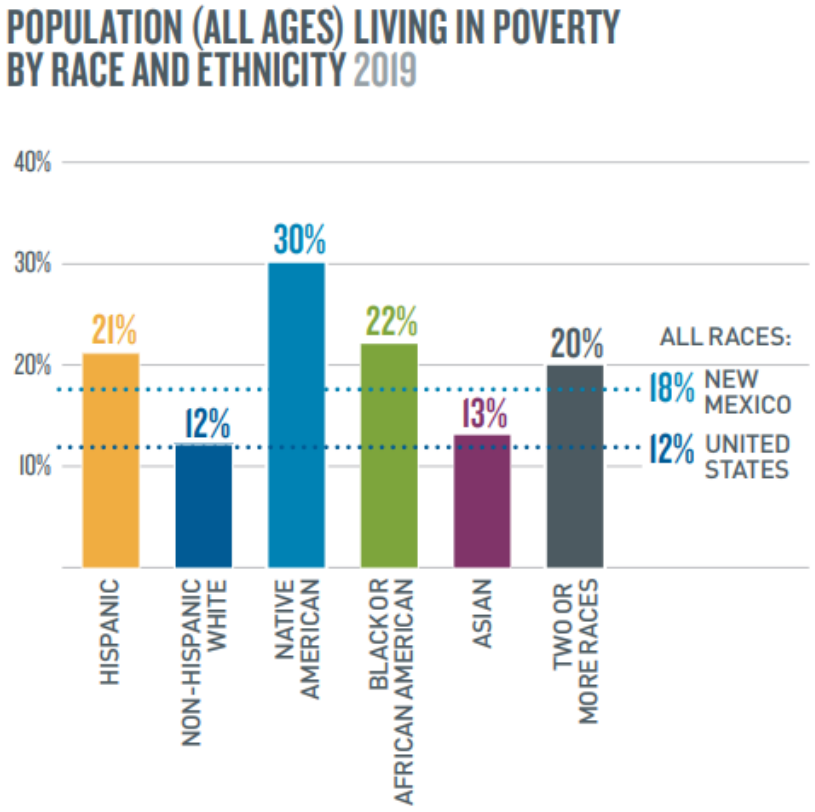


NATIVE AMERICAN

NATIVE AMERICAN



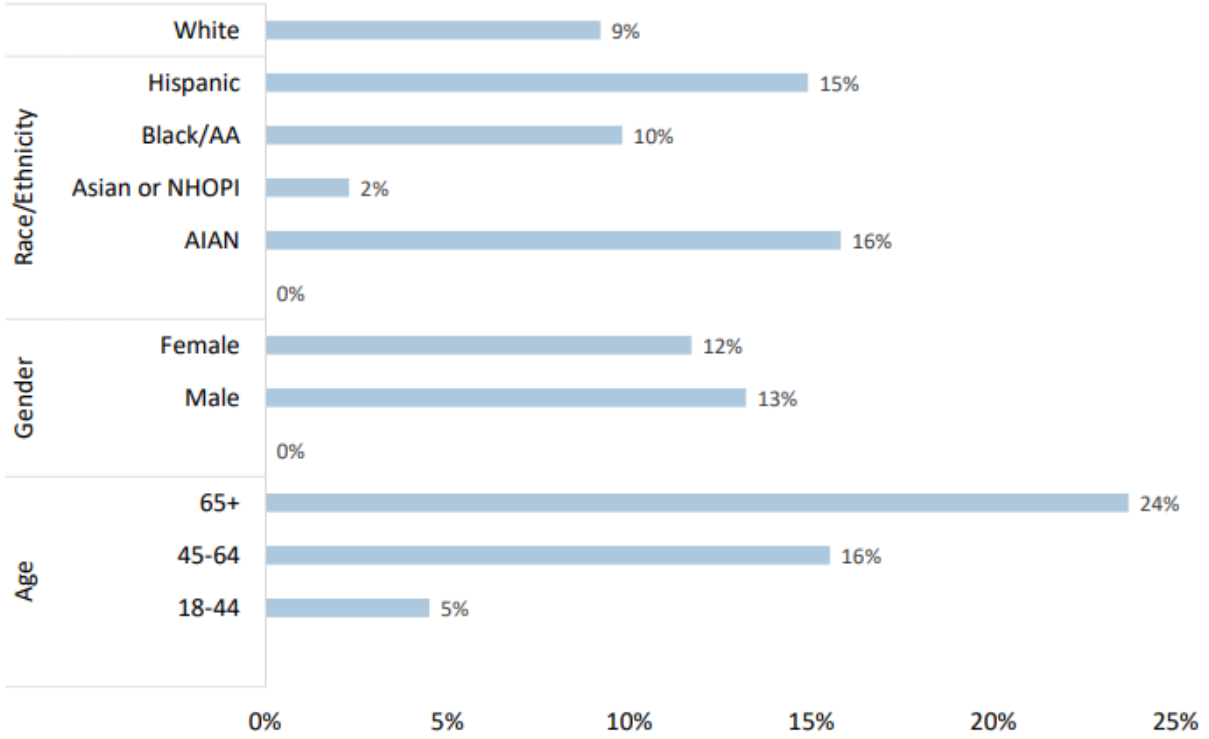
SOURCE: Population Reference Bureau analysis of data from the U.S. Census Bureau, American Community Survey, 2015-2019 **NOTE:** Higher margins of error indicate less statistical reliability due to small sample sizes.



SOURCE: U.S. Census Bureau, American Community Survey, Table S1701, 2019
NOTE: 2020 data unavailable due to the COVID-19 pandemic.

HSD DATA BOOK

New Mexico Prevalence of Diabetes among Adults by Age, Race/Ethnicity, Gender, 2020



Note: AIAN = American Indian and Alaska Native, Black/AA = Black/African American, NHOPI = Native Hawaiian or Other Pacific Islander
Source: New Mexico Behavioral Risk Factor Surveillance System (BRFSS)

STAKEHOLDER ENGAGEMENT PROCESS

STAKEHOLDER ENGAGEMENT PROCESS

Initial feedback gathered through survey and today's discussion.

Survey due by May 11, 2022.

Review of stakeholder feedback. As needed, communication or meetings may be scheduled to follow-up on specific topic areas.

Draft 1115 Application Released in September 2022 for public comment.

Public Comment Period will begin in September and continue through October 2022.

Final 1115 Application including Public Comments will be submitted to CMS in November 2022.