

HUMAN SERVICES DEPARTMENT



1115 DRAFT WAIVER APPLICATION AND MEDICAID MCO PROCUREMENT

TRIBAL LISTENING SESSION

APRIL 26, 2022

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START…

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil

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.

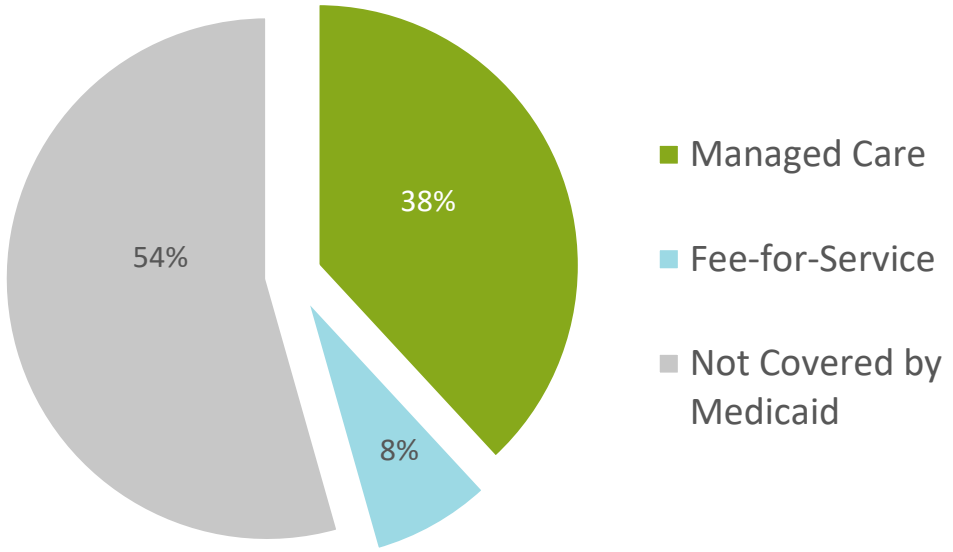
AGENDA

1. Welcome/Introductions
2. New Mexico Medicaid Statistics
3. Overview of Current Activities
   - 1115 Waiver Renewal and Medicaid MCO Procurement
   - Timeline
   - Tribal Engagement Process
4. Priority Areas
5. Discussion

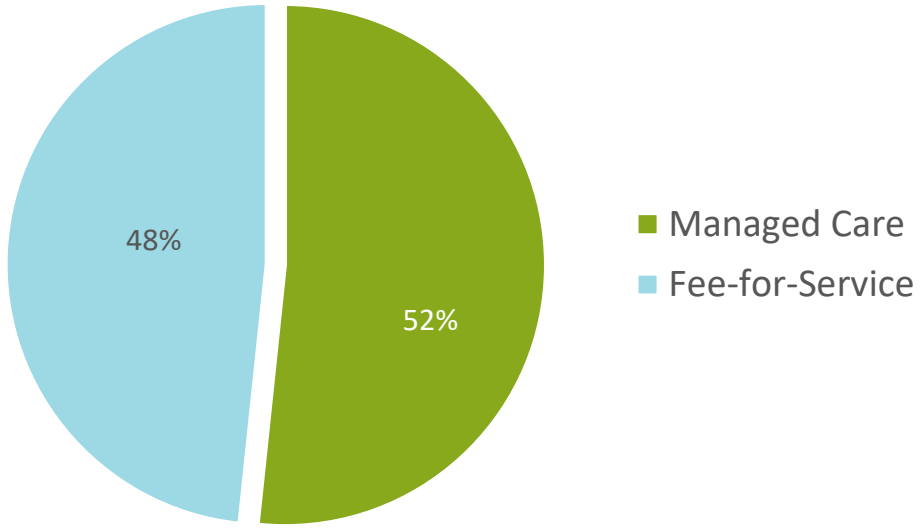
NEW MEXICO MEDICAID STATISTICS

NEW MEXICO MEDICAID PROGRAM POPULATION DATA AS OF JANUARY 2022

New Mexico Population Covered by Medicaid

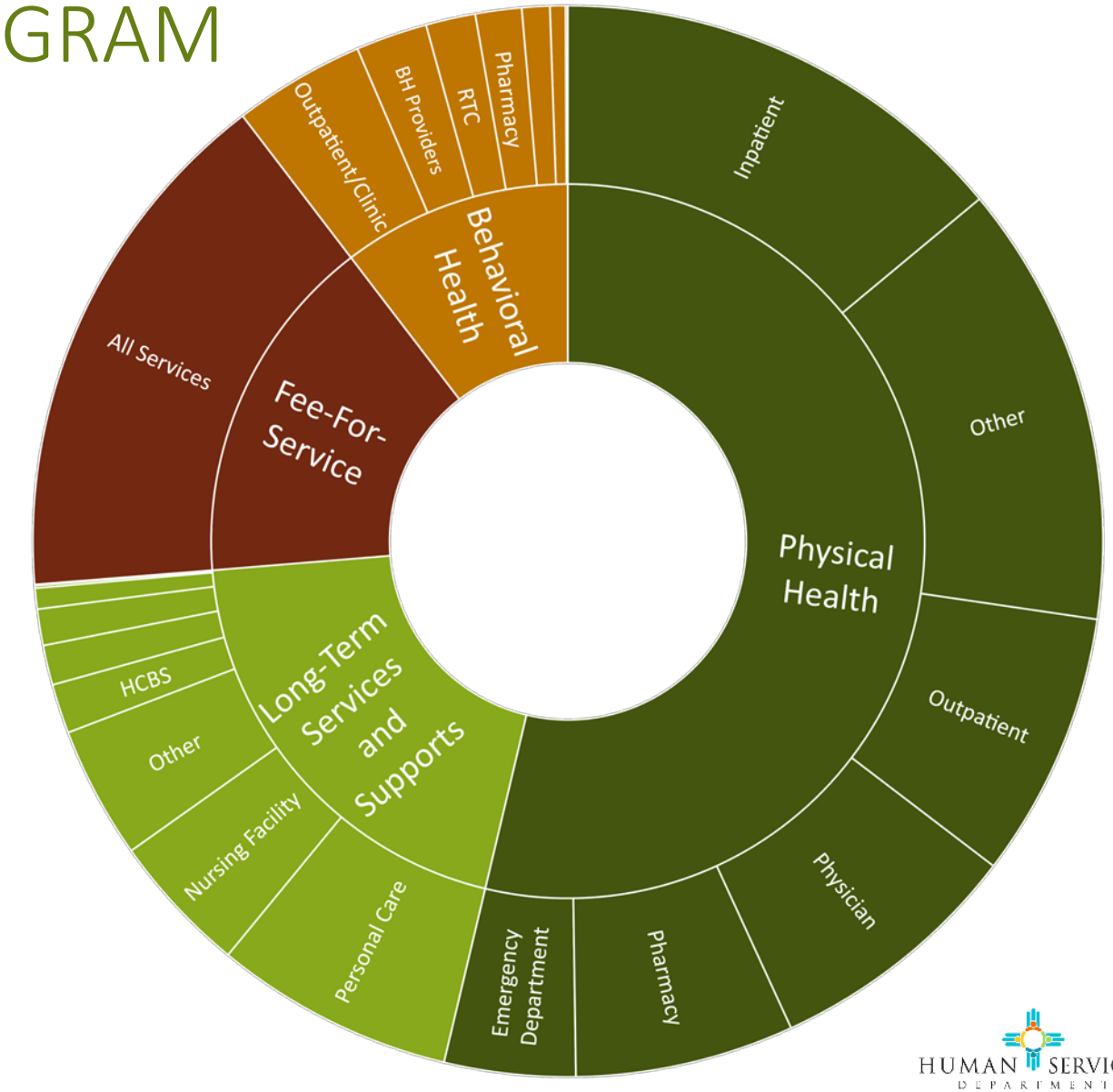


New Mexico Native American Population Covered by Medicaid



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

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MANAGED CARE VERSUS FEE-FOR-SERVICE

Managed Care	Fee-For-Service
Network adequacy and timely access standards	Any willing provider
Care Coordination based on Members level of need	No Care Coordination for Beneficiaries
Flexibility for MCOs to offer additional services	State plan only services
Member Incentive Program	No Member Incentive Program
MCO expectations for quality outcomes	No comprehensive quality program

OVERVIEW OF CURRENT ACTIVITIES

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

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MCO PROCUREMENT PROCESS

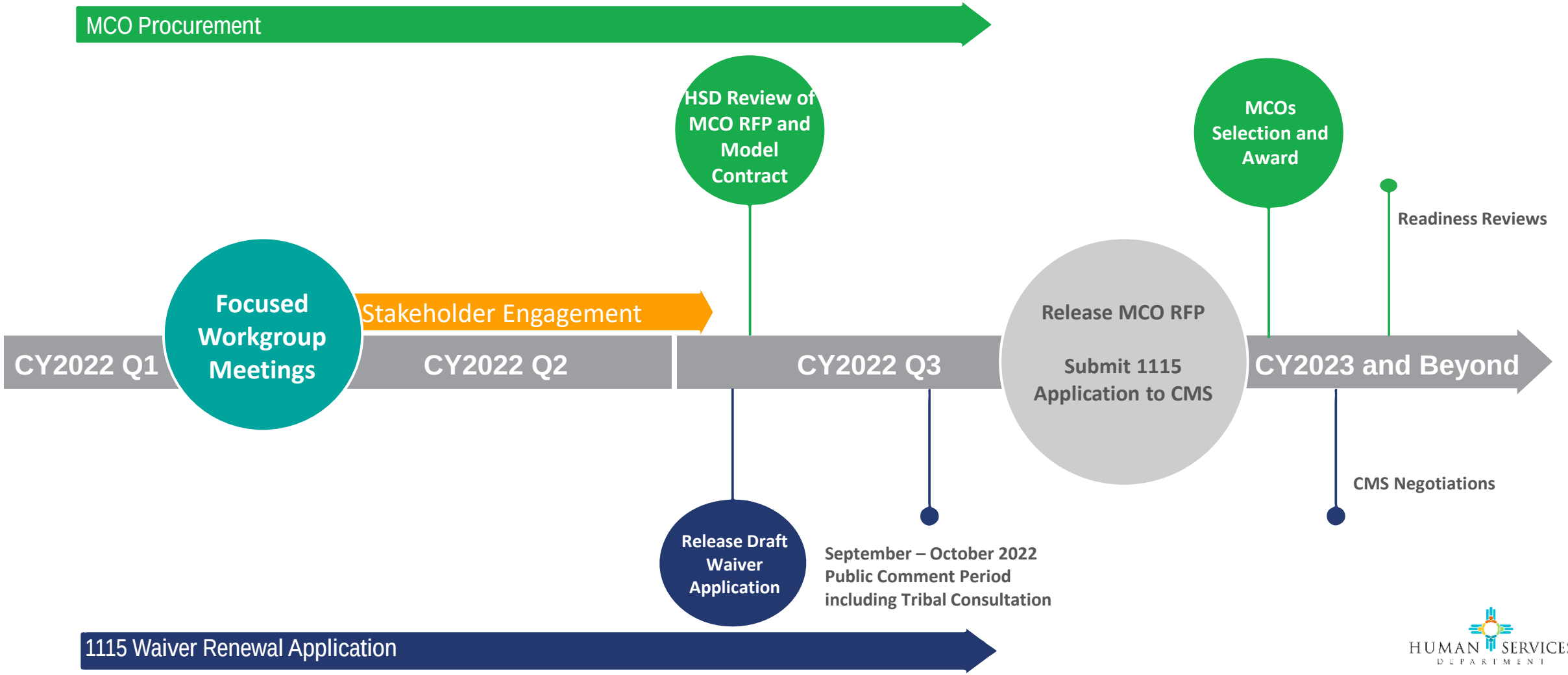
Procurement presents the opportunity to select MCOs that will best partner with HSD to achieve the goals and objectives for Medicaid of the Future

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

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MCO PROCUREMENT AND 1115 RENEWAL TIMELINE



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TRIBAL 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.

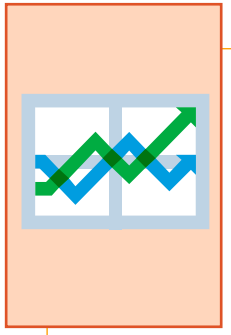
Draft 1115 Application Released in September 2022 for public comment.

Public Comment Period will begin in September. One Tribal Consultation will be scheduled between September and October.

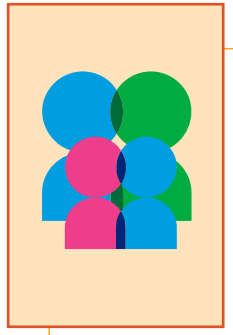
Final 1115 Application including Tribal Comments will be submitted to CMS in December 2022.

PRIORITY AREAS

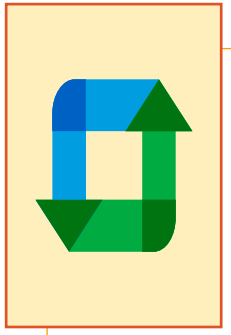
GOALS



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

Native American

- According to APM Research, as of April 2022, over 1,700 Native Americans in New Mexico have died from COVID-19
- New Mexico has the 3rd highest Native American population in the country (12% of the population is Native American)

Children in State Custody (CiSC)

- In 2019, 66.5% of CiSC had an average length of stay in state custody for over one year.
- Nearly 100% of children in state custody are dependent on Medicaid and CHIP

Members with Behavioral Health Conditions

- New Mexico has the second-highest rate of suicide in the nation and is the leading cause of death for 15-17 year olds.
- New Mexico was below the median for Follow-Up After Hospitalization and Emergency Visits for Mental Illness across all age stratifications (2020).

Maternal and Infant Health

- 13 Counties classified as Maternity Care Deserts
- New Mexico was below the median for postpartum care (2020).
- 58 Maternal deaths from 2015-2017, with 74% preventable
- Infant mortality rate for deliveries under Medicaid is 7.4 deaths per 1,000 live births compared to 4.3 deaths for deliveries under private insurance.

Justice-Involved

- Rates for Chronic Physical Health Conditions for State and Federal Prisoners as Compared to the General Population are higher.
- 2 of 3 inmates have a substance use disorder

WORKGROUP STRUCTURE

Workgroups are working towards a common goal: Identifying HSD's important issues that would be addressed through the 1115 Renewal Application, MCO Procurement, and the Model Contract.

Workgroup Focus Areas

- Maternal and Child Health
- Primary Care and Value Based Purchasing
- Native Americans
- Health Equity and Population Health
- Care Coordination and Long-Term Care
- Children in State Custody
- Behavioral Health
- Pharmacy

DISCUSSION

CHILDREN IN STATE CUSTODY

Considerations related to Children in State Custody

- Vulnerable and high-need population with adverse childhood experiences, trauma, mental health, substance use, physical health and dental needs
- Significantly higher utilization of services as compared to general pediatric population (of particular concern, emergency room, inpatient, out-of-home, and out-of-state services)
- Multi-systemic involvement (e.g., CYFD, juvenile justice, education, the Collaborative/behavioral health system, Tribal Services) requires higher needs for care coordination
- Communication and involvement of the member, family, foster care family and caregivers
- Frequent transitions (custodial placements, levels of care, aging out) that jeopardize continuity of care
- Disproportionate racial and ethnic representation

CHILDREN IN STATE CUSTODY DISCUSSION QUESTIONS

1. What are the barriers and challenges that Native American children in state custody face in receiving the quality and type of health care they need?
2. What expertise/resources would you want MCOs to have/demonstrate for ensuring coordination of care and managing services for the Native American Children in State Custody?
3. What are other opportunities for New Mexico's Medicaid system to address these barriers and challenges?

TRADITIONAL HEALING SERVICES

Considerations related to Medicaid coverage or Traditional Healing Services

- HSD is interested in evaluating options for covering Traditional Healing Services under the Medicaid program and understanding the positive or negative impacts for Traditional Healers and individuals receiving these services. Such coverage is part of the *Kevin S* Settlement.
- Historically MCOs have offered Traditional Healing Services as a Value-Added Service. This means that the MCO provides and pays for the services even though they are not paid for by the State. Traditional Healing Services are also available to Members in the self-directed community benefit program.
- Arizona requested federal authority to recognize traditional healing as a Medicaid covered service. This request is still pending with CMS.
- Potential to expand self-directed community benefit budget concept to broader Native American populations enrolled in managed care.

TRADITIONAL HEALING DISCUSSION QUESTIONS

1. Is there an interest to cover traditional healing services under the Medicaid program?
2. What are the positive or negative impacts for covering traditional healing services under the Medicaid program?
3. If pursued, what operational considerations for members and providers need to be at the forefront?

TRIBAL SERVICES AND MANAGED CARE COVERAGE DISCUSSION QUESTIONS

What feedback has been received from members who have transitioned from fee-for-service to managed care?

What other flexibility or approaches should the state consider to be culturally competent in working with Native American Members?

Are there recommendations for the future Medicaid program related to the areas outlined below?

- Relationships with the Managed Care Organizations
- Managed Care Enrollment
- Care Coordination
- Benefit Package, including Value-Added Services
- Communication
- Cultural Competence
- Ease of Access



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QUESTIONS AND COMMENTS?

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