



HEALTH CARE  
AUTHORITY



## LEGISLATIVE HEALTH & HUMAN SERVICES HEALTH CARE ACCESS

JULY 2, 2024

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*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# AGENDA

- Health Care Authority Overview
- Medicaid Turquoise Care
  - Medicaid Rates Increases
  - 1115 Waiver Updates
  - Certified Community Based Health Clinics (CCBHC) Demonstration Program



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## MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*

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## VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

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## GOALS



**IMPROVE** Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**SUPPORT** Build the best team in state government by supporting employees' continuous growth and wellness.



**ADDRESS** Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**PROVIDE** Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# FAMILY STORY



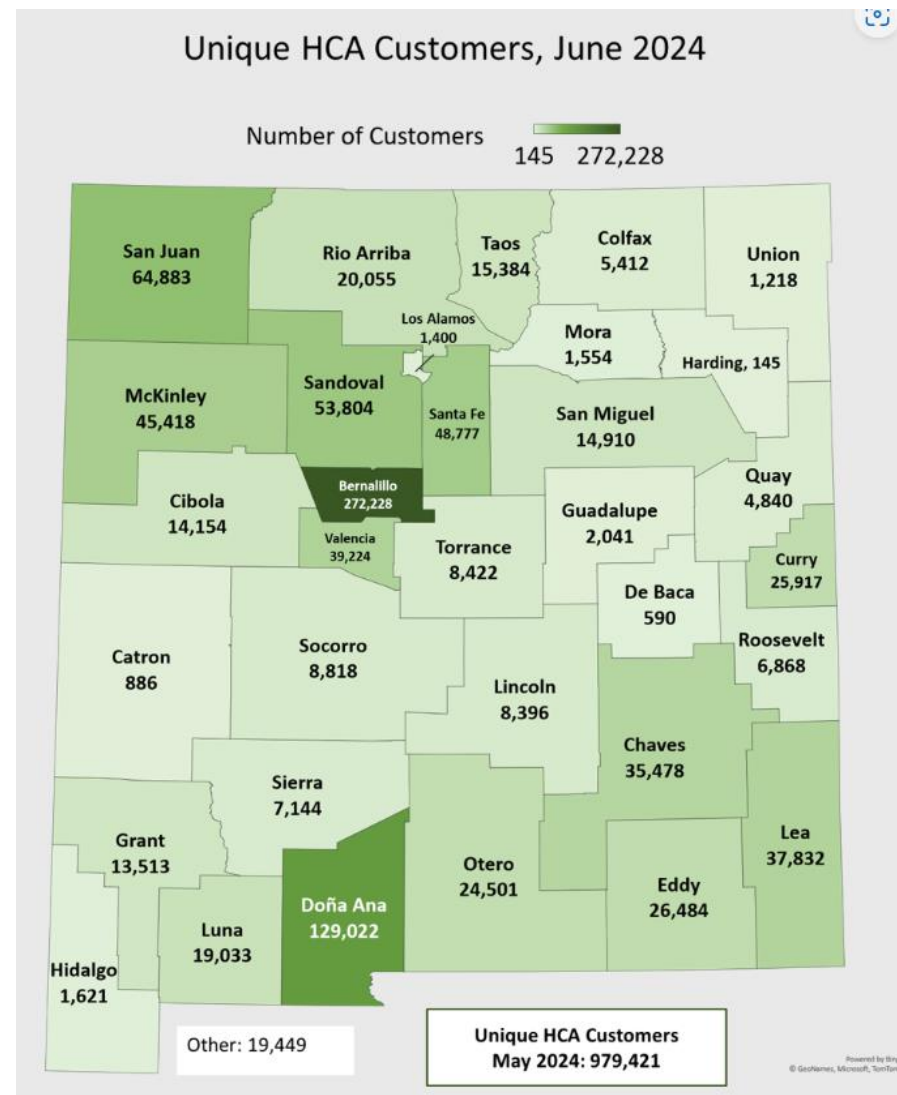
- Sonya and her son, Matthew, are both on Medicaid. Sonya copes with COPD, bipolar disorder, and has visited the emergency department for routine concerns multiple times this year. Matthew began showing signs of behavioral concerns which has exacerbated Sonya's stress surrounding parenting.
- Sonya and Matthew have 6 different providers and she struggles to manage scheduling, finding transportation, and attending their appointments.
- After her last ED visit, a peer support worker from a local CCBHC contacted her and scheduled an appointment for Sonya and Matthew within one week.



# HEALTH CARE AUTHORITY

# THE HEALTH CARE AUTHORITY WILL SERVE 50% OF NEW MEXICANS BEGINNING JULY 1, 2024

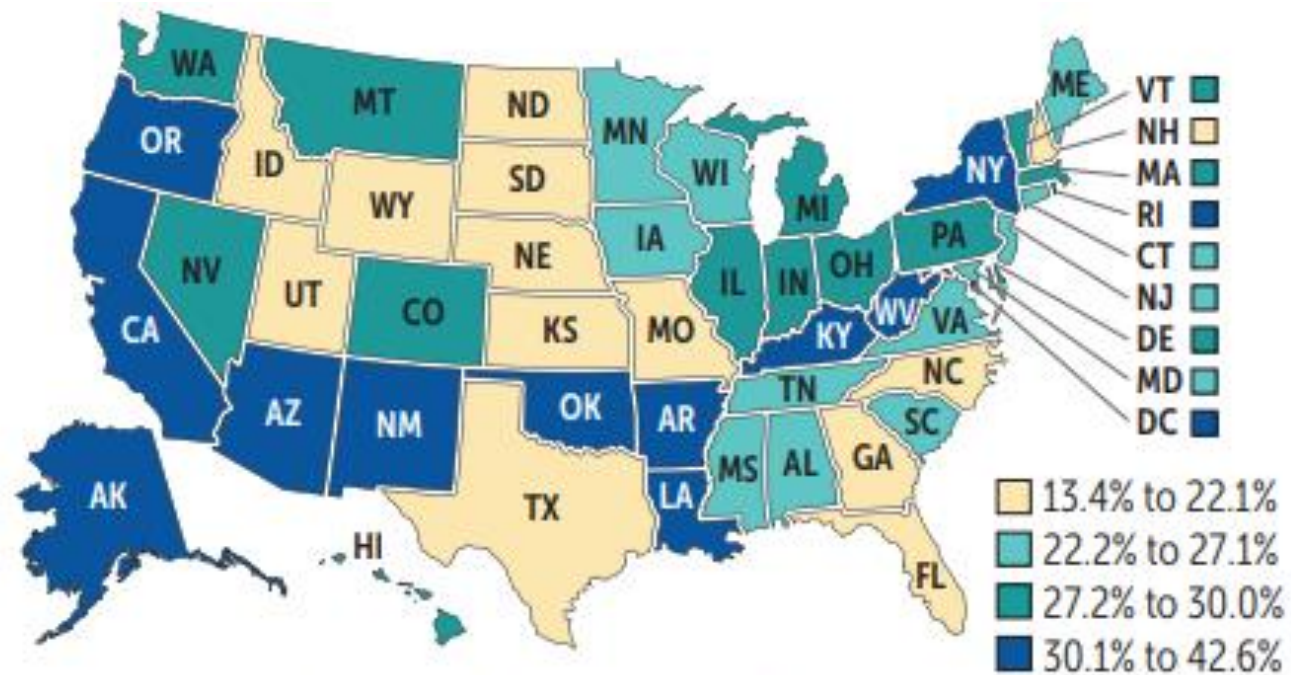
- The HCA will include:
  - All existing units from the Human Services Department
  - From Department of Health:  
Developmental Disabilities Supports Division, Division of Health Improvement
  - From General Services Department: State Health Benefits, formerly known as Employee Benefits Bureau
  - From Office of Superintendent of Insurance: Health Care Affordability Fund



# THE HCA IS POSITIONED TO LEAD THE NATION IN HEALTH CARE PURCHASING, EQUITY, AND ACCESS

- The HCA demonstrates Governor Lujan-Grisham's commitment to prioritizing the health and well-being of every New Mexican by creating a single agency for health care purchasing, policy, and regulation.
- The HCA will transform how NM purchases health care, leveraging the purchasing power of Medicaid to improve cost, quality, and outcomes.
- The HCA will leverage expertise, optimize data analytics, and drive accountability to achieve improvements in health care system.

Children & Adults Enrolled in Medicaid or CHIP, 2022 (%)



Note: Enrollment in Medicaid or CHIP represents individuals who are eligible for full Medicaid or CHIP benefits.

Source: <https://www.medicaid.gov/sites/default/files/2023-04/beneficiary-ataglance-2023.pdf>



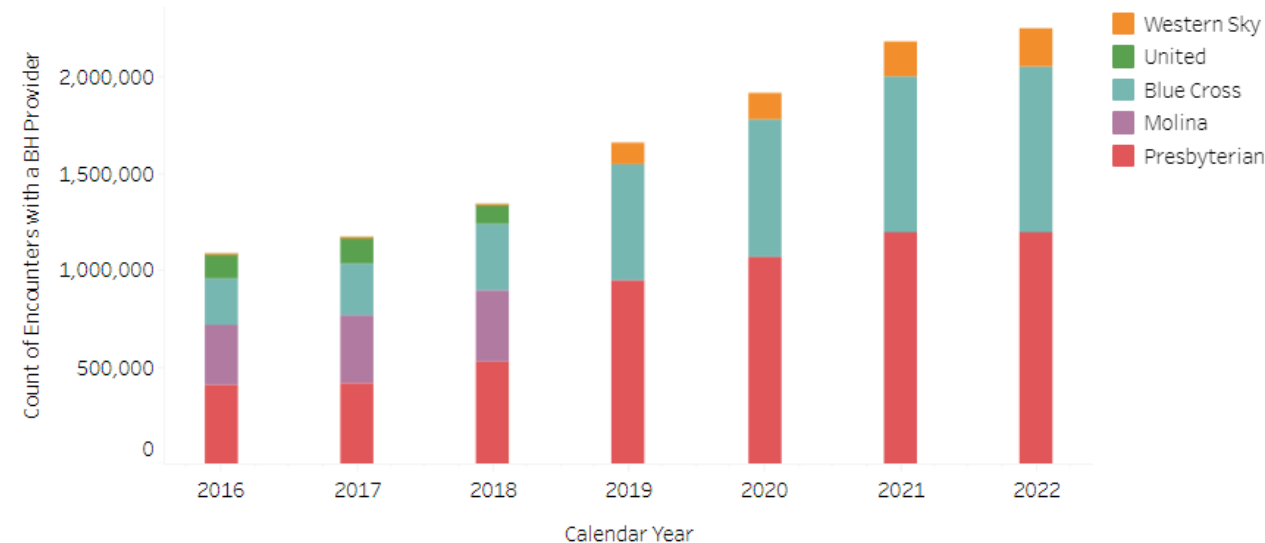
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# LEVERAGING BHSD AND MEDICAID AT THE HCA

- Medicaid is largest payer of BH services in NM and largest insurer (43%+ of New Mexicans enrolled).
- BHSD is NM's Mental Health and Substance Use Single State Authority, addressing BH needs, services, planning, monitoring and continuous quality improvement.
- HCA enables BHSD and Medicaid to be stronger together by:
  - Working towards same goals, improving provider and patient experiences;
  - Aligning federal discretionary and state funds to address gaps in Medicaid services and non-Medicaid populations;
  - Improving provider TA, coordination, and communications;
  - Working with MCOs for single credentialing;
  - Streamlining MCO monitoring and oversight;
  - Integrating physical and BH at MCO and provider levels; and,
  - Using joint purchasing power to expand service access and availability.

How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH provider?



Last updated: 9/20/2023 6:50:49 PM

Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/mco-behavioral-health>



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# TURQUOISE CARE

# MEDICAID TURQUOISE CARE JULY 1, 2024

**Vision:** Every New Mexico Medicaid member has high-quality, well-integrated, person-centered care to achieve their personally defined health and wellness goals.

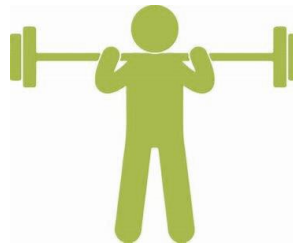
## Goal 1

Build a New Mexico health care delivery system where **every** Medicaid member has a dedicated health care team that is accessible for both preventive and emergency care that supports the whole person – ***their physical, behavioral, and social drivers of health.***



## Goal 2

**Strengthen** the New Mexico health care delivery system through the expansion and implementation of **innovative** payment reforms and value-based initiatives.



## Goal 3

Identify groups that have been historically and intentionally **disenfranchised** and address health disparities through strategic program changes to enable an **equitable** chance at living healthy lives.



# NEW TURQUOISE CARE BENEFITS



Continuous Medicaid eligibility for children up to age 6



Expanded Access to Supportive Housing



Addition of Chiropractic Services (in progress)



Additional availability for members to join Community Benefit program



Home visiting help for new mothers (in progress for four more models)



Community Health Workers added as Medicaid providers



Enhanced rates for providers with additional behavioral health training and expertise



# TURQUOISE CARE HEALTH PLANS – JULY 1, 2024



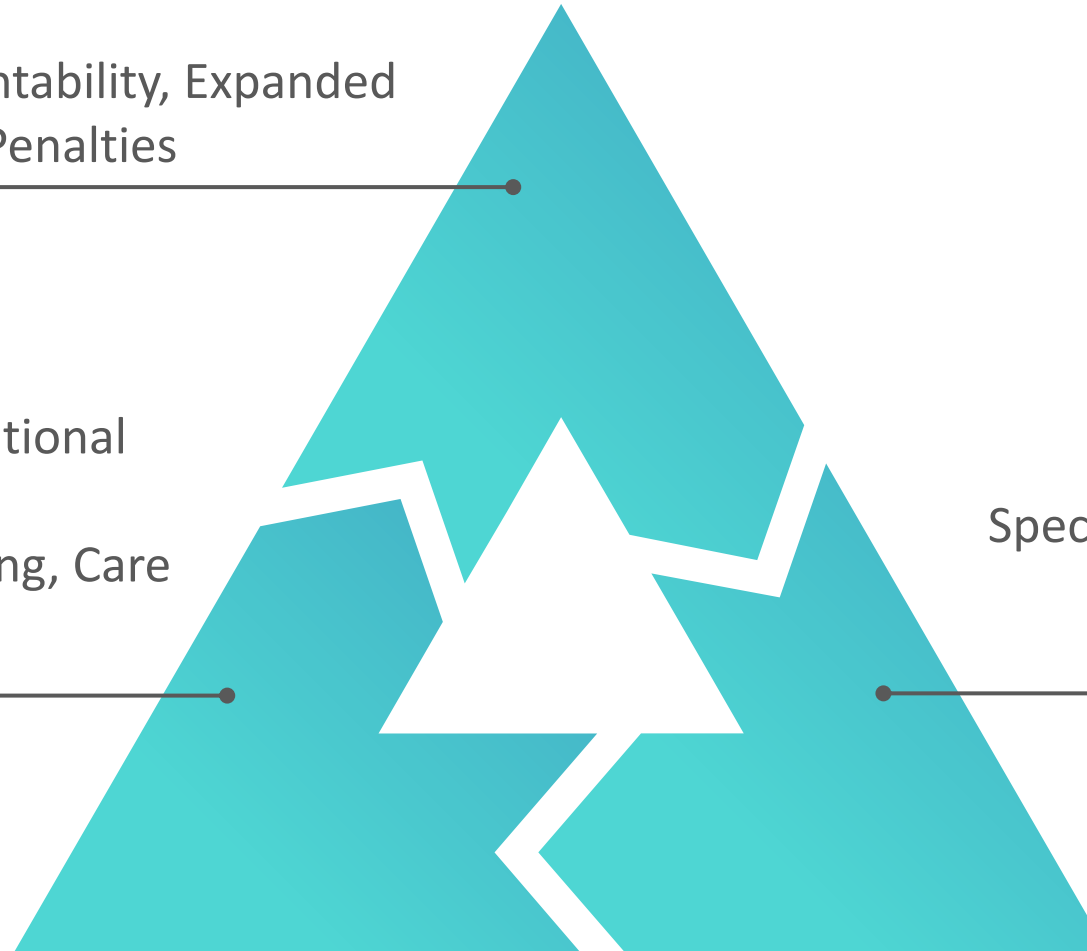
# TURQUOISE CARE MCO ACCOUNTABILITY

## Main Categories of MCO Oversight



Financial Accountability, Expanded Reporting, and Penalties

Enhanced Operational Requirements  
(e.g., MCO staffing, Care Coordination)



Specific Accountability for Underserved Populations



# MCO CONTRACT IMPROVEMENTS

Area of Accountability		
<b>Provider Reimbursement Requirements</b>	<ul style="list-style-type: none"> <li>Limited specificity on how providers should be reimbursed</li> </ul>	<ul style="list-style-type: none"> <li>Required reimbursement <b>at or above the approved Medicaid fee schedule</b></li> </ul>
<b>Performance Penalties</b>	<ul style="list-style-type: none"> <li>Failure to meet Performance Measures = 2% of annual capitation.</li> <li>Performance measures based on regional averages.</li> <li>Failure to meet Delivery System Improvement Performance Targets = penalty of <b>1.5%</b> of annual capitation.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to meet Performance Measure targets = <b>3% of annual capitation</b></li> <li>Performance Measures based on <b>national</b> averages.</li> <li>Failure to meet Delivery System Improvement Performance Targets = <b>penalty of 2% of annual capitation.</b></li> </ul>
<b>Minimum Medical Loss Ratio</b> (MLR = the portion of capitation payments that are spent on clinical services and quality improvement. Federal requirement is 85%.)	<ul style="list-style-type: none"> <li>Medical Loss Ratio of <b>88%</b></li> </ul>	<ul style="list-style-type: none"> <li>Medical Loss Ratio of <b>90%</b></li> </ul>
<b>Community Reinvestment</b>	<ul style="list-style-type: none"> <li>Minimal requirements</li> </ul>	<ul style="list-style-type: none"> <li>MCOs must contribute <b>5%</b> of after-tax underwriting margin (profit) to <b>BH-focused community reinvestments</b></li> </ul>
<b>Care Coordination</b>	<ul style="list-style-type: none"> <li>Emphasis on care coordination performed by the MCO</li> <li>Care Coordination levels primarily defined by medical complexity or functional impairment</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on <b>care coordination delivered by community-based individuals and entities</b></li> <li>Care Coordination levels defined by <b>high cost/high need, medical complexity or population vulnerability</b> (i.e., pregnant women, justice-involved, CARA)</li> <li>Additional reporting including emphasis on vulnerable populations and member outcomes</li> </ul>

# MCO CONTRACT IMPROVEMENTS

Area of Accountability		
<b>Provider Network &amp; Access to Care Requirements</b>	<ul style="list-style-type: none"> <li>• Specific only to defined providers and services</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on improving access to community-based models of care (Certified Community Behavioral Health Clinics, High-Fidelity Wraparound BH)</li> <li>• Time and distance standards</li> <li>• Appointment standards for primary care, dental care, BH, urgent primary and BH care, and maternity care</li> <li>• More specificity on provider types within appointment standards, especially pediatric specialty</li> <li>• New requirements for provider training</li> <li>• New requirements to ensure accuracy of provider directory information</li> <li>• Increased accessibility requirements: Non-emergency medical transportation, distance to 24/7 pharmacies, PCP choice</li> <li>• Secret shopper evaluations of member access</li> </ul>
<b>Children in State Custody</b>	<ul style="list-style-type: none"> <li>• Accountability spread across all MCOs</li> </ul>	<ul style="list-style-type: none"> <li>• Single MCO for Children in State Custody (Presbyterian)</li> </ul>

MEDICAID RATE INCREASES



# \$2.5B IN MEDICAID INCREASES SINCE 2019

## 2019 & 2020

- Increased reimbursement rates for Evaluation & Management (E&M) and outpatient BH codes to 90% of Medicare; **increased rates for FQHCs and hospitals**
- Reversed 2016 reductions to dental reimbursement
- Increased dispensing fees paid to community pharmacies
- Increased rates for Personal Care Services and Assisted Living Facilities
- Added new transitional care and chronic care management coverage
- Added topical fluoride varnish benefits for children
- Added supportive housing services to Centennial Care
- Added transportation to pharmacy for justice-involved members upon release

## 2022

- Payment for pasteurized human donor milk for high-risk infants
- Increased reimbursement rates for select Public Duty Nursing and Home Health services.
- Continuous eligibility for pregnant women for one year postpartum

## January 1, 2023

- Coverage for prenatal genetic screening for cystic fibrosis, spinal muscular atrophy, and cell-free DNA for trisomy
- Expanded access to orthodontia services
- Added coverage of silver diamine fluoride
- Added mobile crisis response services
- Implemented enhanced BH services and five new evidence-based practices for BH
- Added payment rate for ventilator wing at Rehabilitation Center of ABQ

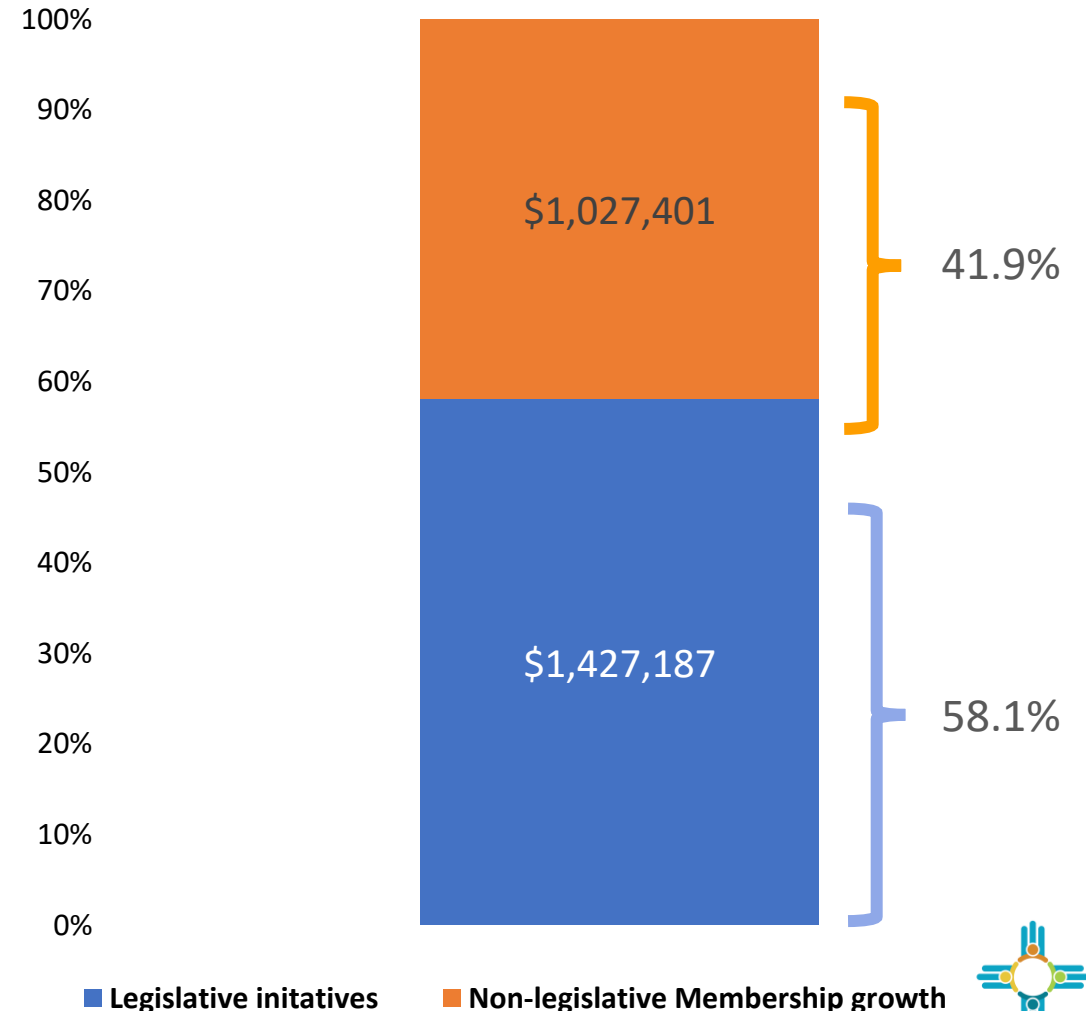
## July 1, 2023

- Increased reimbursement rates for maternal and child health, primary care, and BH from 90% to a minimum of 120% of Medicare**
- Raised reimbursement rates to a minimum of 100% of Medicare for acute hospital services and other specified professional services
- Added coverage for services provided by Community Health Workers
- Raised reimbursement for DD Waiver services

## January 1, 2024

- Added four new home visiting models
- Continuous eligibility for children ages 0-6
- Expansion of supportive housing to serve more people
- Expansion of Community Benefit slots
- Increase to the Environmental Modification benefit and transition services
- Legally-Responsible Individuals as caregivers
- Chiropractic coverage benefit (awaiting federal approval)

**NM Medicaid Spending Increase Factors (Legislative & Non-Legislative), Costs in Thousands, 2019 to 2023**



# FY25 RATE INCREASES & EXPANSIONS

Increase/Expansion Item	Effective Date
Doulas and Lactation Counselor services	July 2024
Raise professional dispensing fee community pharmacies	July 2024
DD Waiver rate increase	July 2024
Rate increase for FQHCs	October 2024
Increase reimbursement rates for primary care, behavioral health and maternal child health to 150% of Medicare	January 2025
Maintain existing reimbursement rates at or above 100% of Medicare rates	January 2025
Uniform percentage increase for Phase III providers (codes without a Medicare equivalent)	January 2025
Rate parity for non-physician providers to be reimbursed the same as a physician (includes both physical and behavioral health)	January 2025
\$1M GF to provider rate differentials for rural preceptors	January 2025
Over \$11M GF for additional directed payments to 20 smallest hospitals	January 2025
New Medicaid 1115 waiver services: Justice-involved pre-release services; medical respite for homeless individuals; home-delivered meals for pregnant members and Community Benefit members; supportive housing provider expansion	TBD based on negotiations with federal regulators



# WHAT NEW MEXICANS ACROSS THE LIFESPAN CAN EXPECT FROM RATE INCREASES



By increasing primary care provider rates, Medicaid expects to retain and **expand the number of PCPs** within the delivery system, opening up provider options to members especially in rural areas and for those who use FQHCs.



New Mexico's maternal mortality rate for women over age 35 is **double** the national average. Prioritizing maternal and child health with provider rate increases and adding doulas and lactation counselors as Medicaid providers will save lives.



With a rate increase for behavioral health providers, New Mexicans can expect **improved access to behavioral health services** for substance use disorders and mental health treatment. This includes retaining, expanding and attracting more providers to the state.



The 20 smallest hospitals in NM will receive more than **\$11M** to ensure their viability and continue to serve citizens, with a long-term investment through the HDAA program that will allow them to reinvest in services in their communities, such as behavioral health and cancer care.



Individuals with disabilities will experience improved access to care and providers will experience greater stability through a **\$20M GF** reimbursement increase.



# 1115 WAIVER UPDATES

# 1115 WAIVER UPDATES

## 2024 Approved Services

- Continuous eligibility for children up to age 6
- Medicaid-reimbursed Home Visiting for pregnant/post-partum
- Supportive Housing Expansion (enrollment increase)
- Expanded availability of Community Benefit slots (long term care)
- Legally responsible individuals as caregivers
- Environmental Modification Benefit Limit increase
- Transition Services Benefit Limit increase

## Ongoing CMS Negotiations (as of June 2024)

- Justice-involved pre-release reach in services
- Medical respite for homeless individuals
- Home delivered meals for pregnant members
- Home delivered meals for Community Benefit (long term care) members
- Additional expansion items for Supportive Housing (provider expansion)



# CCBHC DEMONSTRATION PROGRAM

# WHAT IS A CCBHC?

- **Certified Community Behavioral Health Clinics (CCBHCs)** provide a comprehensive range of outpatient mental health, substance use disorder, and primary care screening services, serving all ages, regardless of diagnosis, insurance, place of residence, or ability to pay.



## The CCBHC model is a proven outpatient model that:

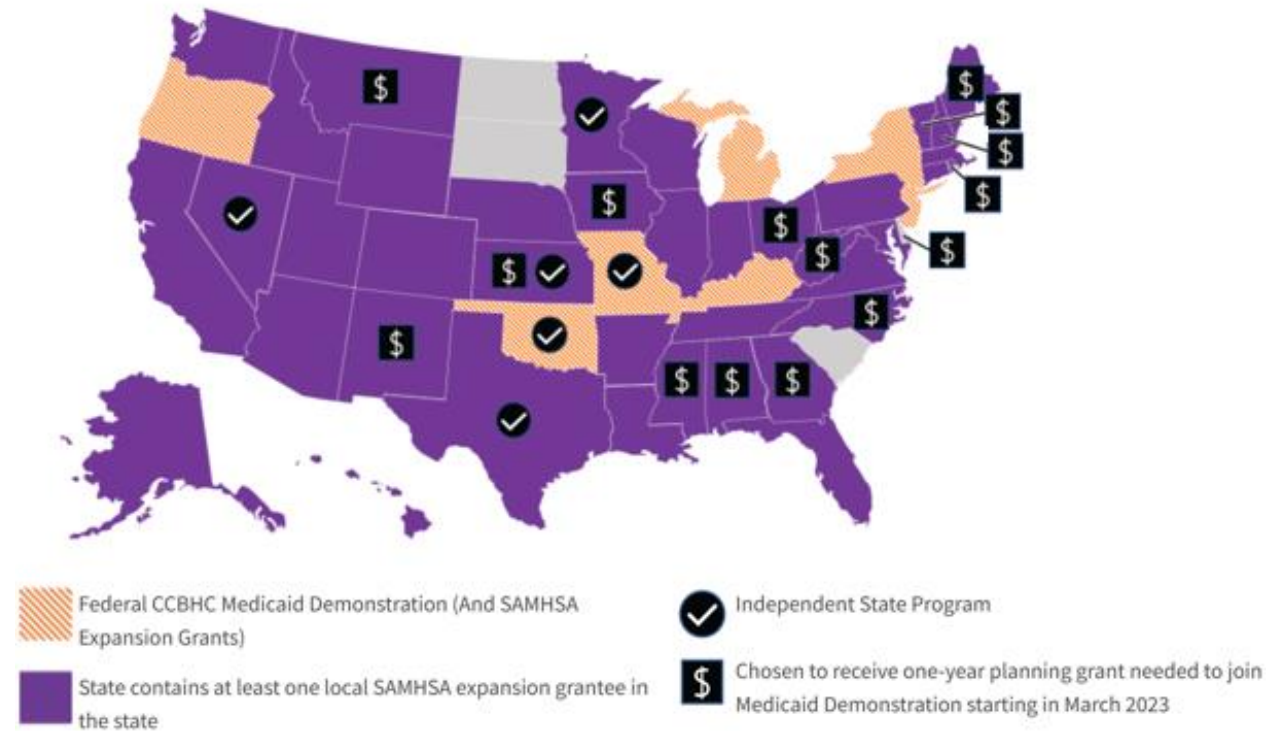
- Ensures access to integrated services including 24/7 crisis response and medication-assisted treatment.
- Meets stringent criteria regarding timeliness of access, quality reporting, staffing, and coordination with social services, judicial, and education systems.
- Receives funding through a Prospective Payment System (PPS) to support the real costs of expanding services to fully meet the need for care.



# PATHWAYS TO BECOMING A CCBHC

[Protecting Access to Medicare Act of 2014](#) and the [Bipartisan Safer Communities Act of 2022](#) created a CCBHC **Demonstration program** and **CCBHC Planning Grants** for states to plan to participate in the Demonstration.

- 1 Section 223 Medicaid Demonstration CCBHC
- 2 SAMHSA Expansion Grantee
- 3 Independent state program authorized under a Medicaid State Plan or 1115 waiver



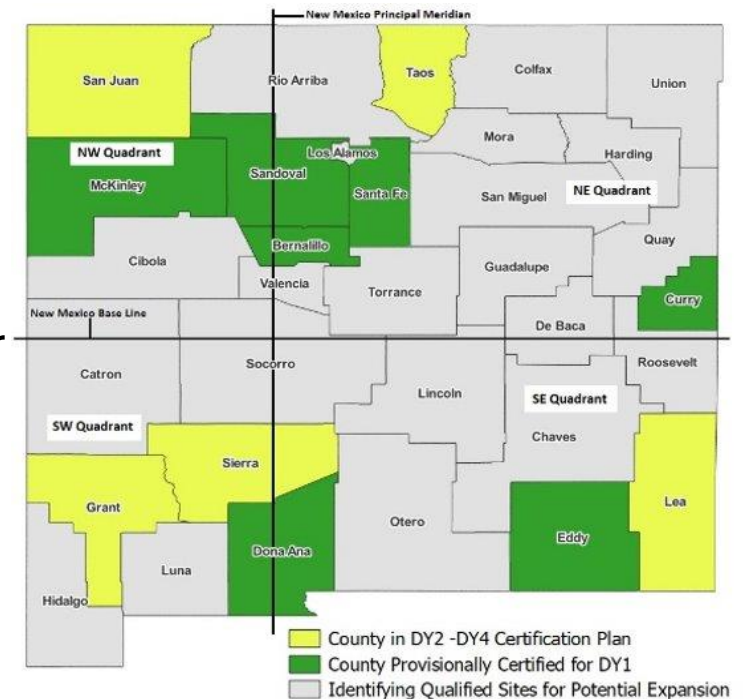


# CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

**CCBHCs** provide a comprehensive range of outpatient mental health, substance use disorder, and primary care screening services, serving all ages, regardless of diagnosis, insurance, place of residence, or ability to pay.

## The 2024 CCBHC Medicaid Demonstration:

- NM was competitively selected for a 4-year federal Medicaid Demonstration Program
  - Authorizes Medicaid coverage and payment and provides enhanced federal funding
- 6 HSD/CYFD provisionally certified CCBHCs are eligible to enter the Demonstration program on 1/1/25:
  - University of New Mexico Health System in Bernalillo and Sandoval Counties
  - All Faiths Children's Advocacy Center in Bernalillo County
  - Carlsbad Life House in Eddy County
  - Families & Youth Innovations Plus in Doña Ana County
  - Santa Fe Recovery Center in Santa Fe and McKinley Counties
  - Mental Health Resources in Curry County



# CCBHC IMPLEMENTATION TIMELINE

Implementation Date 1/1/25



- Demonstration Application
- Provisional CCBHC certification
- Draft PPS rates
- Draft SPA
- CMS Notice of Demonstration Program Award
- Submit SPA for public comment
- Advanced Learning Collaborative
- Finalize PPS Rates
- Provider Supplement and MCO Letter of Direction
- Full CCBHC certification

Implement 223 data collection, storage and reporting systems

Provider and stakeholder outreach

Billing and Policy Manual, NMAC, CCBHC Program manual development



# RESOURCES

Visit [CCBHC – New Mexico Recovery Project \(nmrecovery.org\)](https://nmrecovery.org)



Log In

Contacts

AARTC

CCSS

IOP

Sup. Cert.

OPRE

CCBHC

Training

Resources

## New Mexico Certified Community Behavioral Health Clinic (CCBHC)

Welcome to New Mexico's CCBHC web page. This page contains information on the Human Services Department's (HSD's) approach to introduce CCBHCs to New Mexico's Medicaid System of Care.

### What is a CCBHC?

CCBHCs are specially designated clinics that provide a comprehensive range of outpatient mental health, substance use disorder, and primary care screening services, serving youth and adults of all ages. CCBHCs:

- Provide access to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response

### CCBHC Services

CCBHCs must provide the following nine required services either directly or through a formal relationship with a designated collaborating organization:

- ✓ Crisis Services
- ✓ Treatment Planning
- ✓ Screening, Assessment, Diagnosis & Risk Assessment
- ✓ Outpatient Mental Health & Substance Use Services
- ✓ Targeted Case Management

- ❖ Program Overview
- ❖ NM Certification Criteria
- ❖ CCBHC Code List
- ❖ Provisional Certification Process
- ❖ FAQs (coming soon)



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# FAMILY STORY – WHERE ARE THEY TODAY



- Both Sonya and Matthew receive most of their care through a CCBHC, including primary care screenings, and have a single care coordinator.
- The CCBHC coordinates with their specialty providers, provides services in-home, or coordinates transportation.
- Sonya is receiving counseling, family support, and medication intervention. She hasn't visited the ED this year.
- They both have a crisis and safety plan and know how to receive 24/7/365 crisis care.
- Matthew is receiving counseling, EMDR, and family support. His CCBHC provides in-home visits and works with his school and teachers to create a sensory-friendly and safe environment.





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THANK YOU & QUESTIONS

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# APPENDIX

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# MEDICAID UNWINDING UPDATE

- Completed April 2024
  - Timely with Medicaid applications and renewals
- Total of **302,474** individual Medicaid closures 3/23-4/24.
  - 134,199 of closures have re-enrolled in the Medicaid program (44.4%)
  - Highest re-enrollment rates among adults and Home & Community-Based Waiver programs
- Flexibilities implemented to make renewals easier for members:
  - Renew eligibility for beneficiaries with incomes at or below 100% of FPL.
  - Renew individuals based on SNAP eligibility.
  - Reinstate members procedurally closed who are redetermined eligible within 90 days.
  - Reinstate most New Mexicans enrolled in a DD waiver program (pending CMS approval).
  - Reinstate eligibility for children ages 0-6 who were procedurally closed (pending CMS approval).
- HCA expects 2.7% annual enrollment growth over the next 12-month period, trending slightly below pre-pandemic growth.

Eligibility Category	Total Closures	Total Re-enrollments	Difference	% Re-enrolled
Children	91,578	42,972	48,606	46.9%
Adults	160,781	76,898	83,883	47.8%
Pregnancy	2,351	463	1,888	19.7%
Family Planning	23,972	3,067	20,905	12.8%
Medicare Savings Plans	18,540	8,474	10,066	45.71%
Home & Community Based Waivers	1,684	1156	528	68.7%
Institutional Care	1374	418	956	30.4%
Other	2,194	751	1,443	34.2%
<b>TOTALS</b>	<b>302,474</b>	<b>134,199</b>	<b>168,275</b>	<b>44.4%</b>

*Note: Preliminary data as of March 31, 2024 and does not include outcomes of renewals after that date.*

