



HEALTH CARE
AUTHORITY



LEGISLATIVE HEALTH & HUMAN SERVICES HEALTH CARE ACCESS

JULY 31, 2024

DANA FLANNERY, MEDICAID DIRECTOR

NICK BOUKAS, BEHAVIORAL HEALTH SERVICES DIRECTOR AND ALANNA DANCIS, MEDICAL DIRECTOR FOR MEDICAL ASSISTANCE DIVISION

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

- BH Division Updates
 - Workforce
 - Substance Use Disorder
 - Medication Assisted Treatment

- MAD Updates
 - 1115 Waiver Demonstration
 - Justice Re-entry
 - National collaboratives
 - Children in State Custody (CISC)



Dana Flannery
 Director,
 Medical Assistance
 Division
Dana.Flannery@hca.nm.gov
 505-500-9237



Alanna Dancis
 Chief Medical Officer,
 Medical Assistance
 Division
alanna.dancis@hca.nm.gov
 505-538-0555



Nick Boukas
 Director, Behavioral
 Health Services
 Division
nick.boukas@hca.nm.gov
 505-538-0121





HEALTH CARE
AUTHORITY

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.

VISION

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

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.

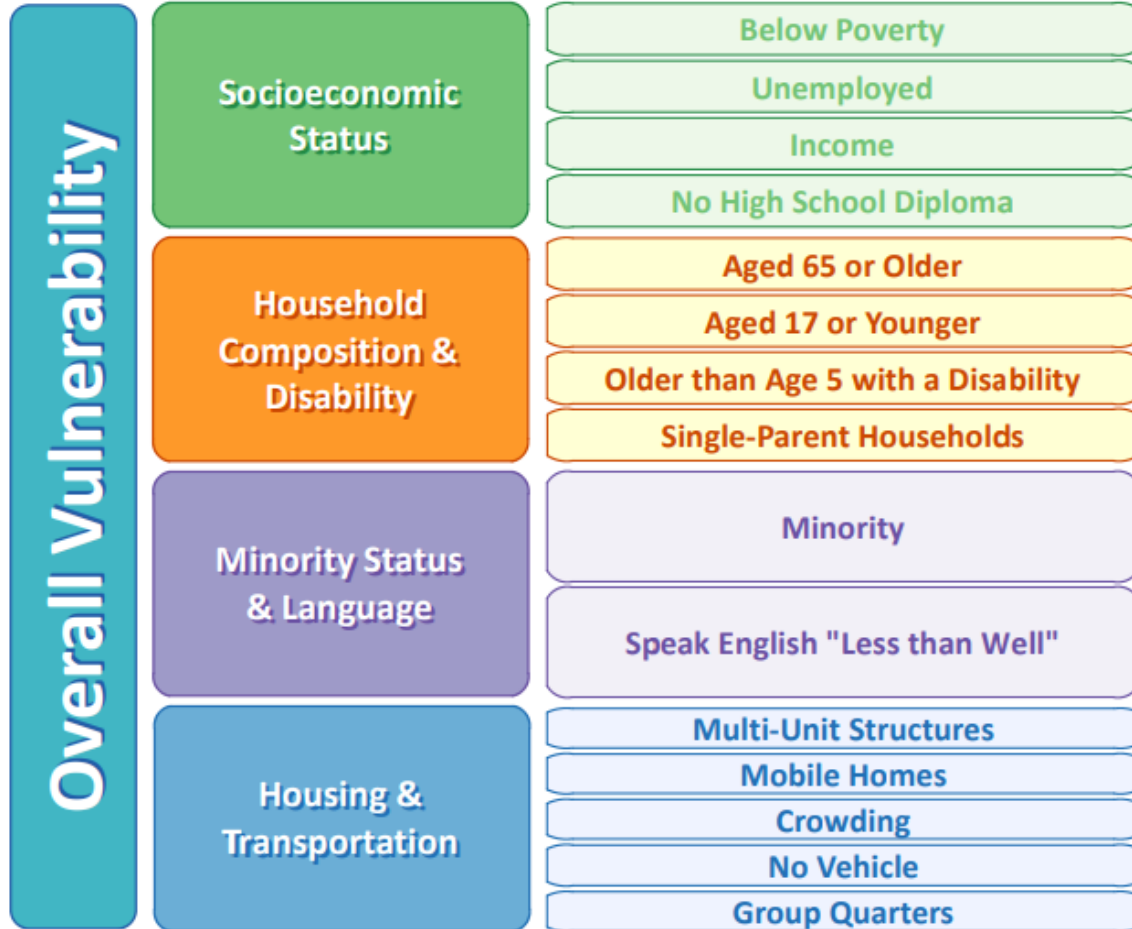


ADDRESS Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



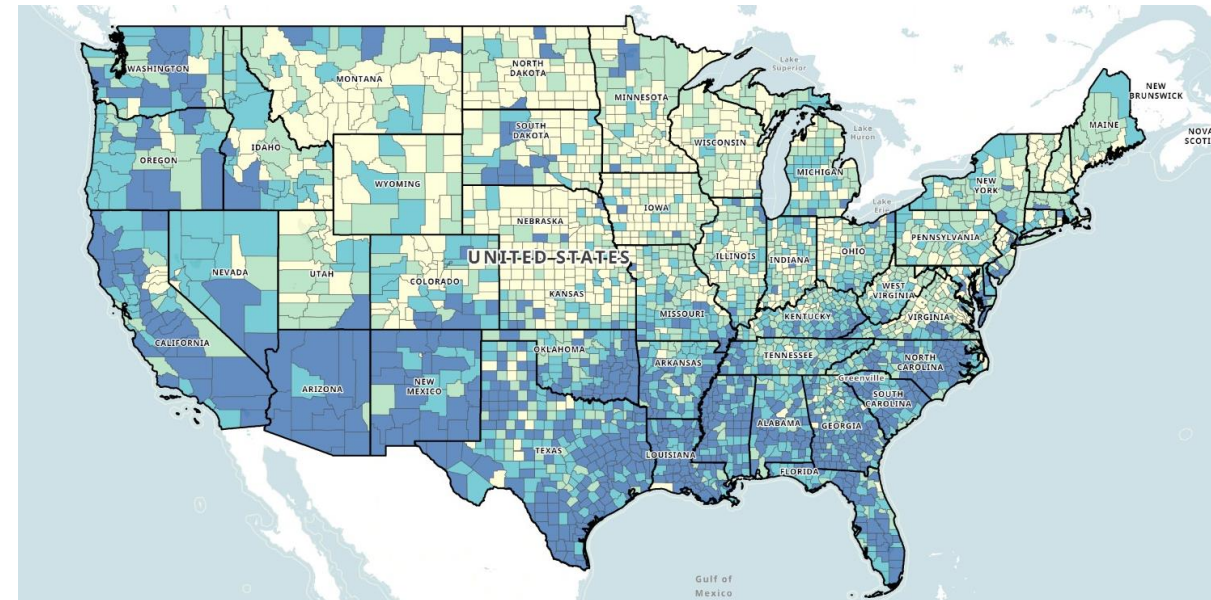
PROVIDE Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

NM HAS HIGHEST SOCIAL VULNERABILITY IN THE U.S.



SOCIAL VULNERABILITY INDEX BY COUNTY, 2020

Darker color represents higher vulnerability



Level of Vulnerability



Source: https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html



BEHAVIORAL HEALTH UPDATES

MEET THE POOLE FAMILY*

- Lindsey, age 34, lives in San Miguel County with her 3 children, twins Zach and Eric (age 8) and Dan (age 5).
- Lindsey recently completed a 4-year prison sentence.
- She receives re-entry supports, and housing and employment assistance.
- She also receives case management services as she recovers from substance use.
- Lindsey is supported by her Certified Peer Support Worker, Danielle, who works at Lindsey's treatment center.
- Together, Danielle and Lindsey are finding permanent housing for Lindsey and her children.



* Based on a real HCA client, whose name and photo are changed.



HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

BH WORKFORCE

Investing for tomorrow, delivering today.

UNDERSTANDING THE BEHAVIORAL HEALTH CONTINUUM OF CARE


- Prevention:** Harm Reduction, PAX Good Behavior Games, Yellow Ribbon suicide prevention training.
- Early Intervention:** Screening, Brief Intervention, and Referral to Treatment (SBIRT), Multisystemic Therapy (MST), Functional Family Therapy (FFT), peer support for families and youth.
- Treatment:** Intensive Outpatient Program (IOP), Adult Accredited Residential Treatment Center (AARTC), Assertive Community Treatment (ACT), crisis triage, Core Crisis Services. 
- Recovery:** Peer support, wellness centers, Linkages and Supportive Housing, 12-step (mutual support groups), Medications for Opioid Use Disorder (MOUD)




Figure 1

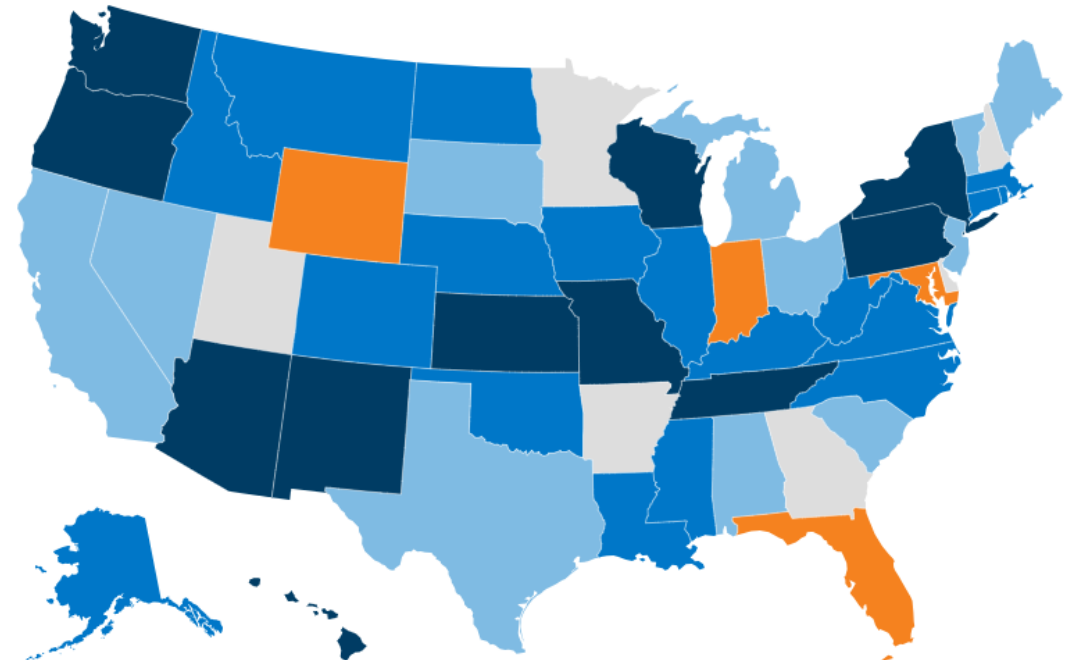
Fee-For-Service (FFS) Medicaid Coverage of Core Crisis Services, as of 7/1/2022

n=45 responding states

3 Core Crisis Services = Crisis Hotline, Mobile Crisis Units, and Crisis Stabilization

of Core Crisis Services Covered

 All Three Core Crisis (12 states including D.C.)
  Two Core Crisis (18 states)
  One Core Crisis (11 states)
  None (4 states)



NOTE: Crisis hotline services are available to anyone free of charge across all states, but some Medicaid programs help to finance crisis hotlines by reimbursing crisis hotline services, which might include 988 or other hotlines. SOURCE: Behavioral health supplement to the annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2022

PNG

KFF



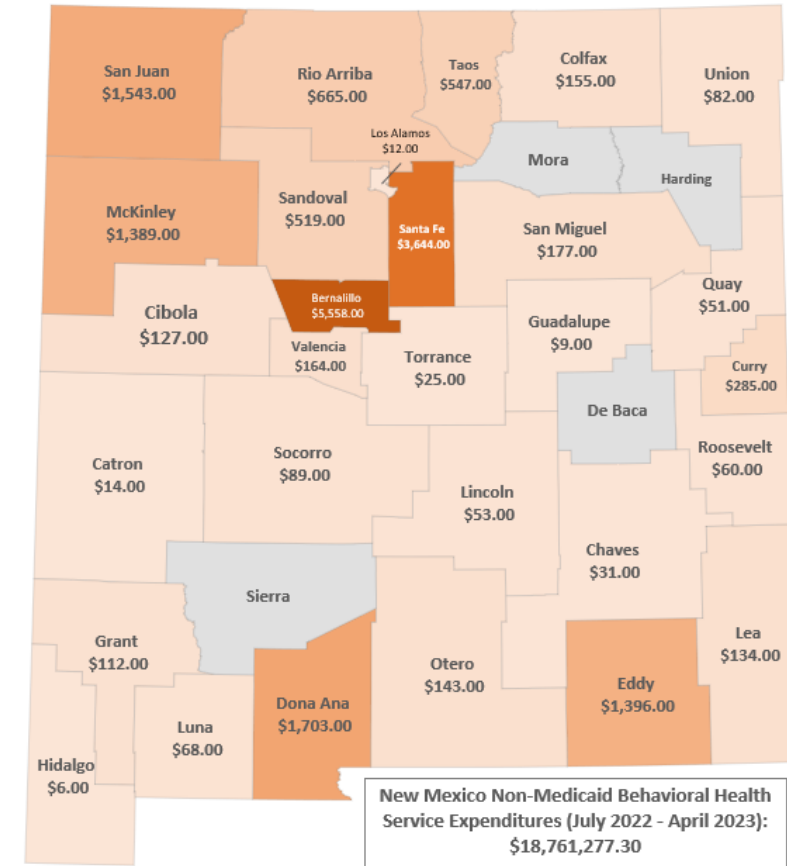
HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

LEVERAGING NON-MEDICAID FUNDING TO TRANSFORM BEHAVIORAL HEALTHCARE IN NM

- BHSD is the New Mexico Mental Health and Substance Use State Authority, developing and implementing holistic strategies for behavioral health promotion in collaboration with Medicaid, other state agencies, and community partners.
- Non-Medicaid dollars align BH services with Medicaid services, providing care to New Mexicans who are under/uninsured.
 - Federal and state funds for in and out-patient BH services.
 - Prevention initiatives, harm reduction, peer lead recovery wellness centers, traditional Native American services, training and workforce development, and innovative app-based treatment and recovery-based services.

New Mexico Non-Medicaid Behavioral Health Service Expenditures SFY23 (July 2022-April 2023)



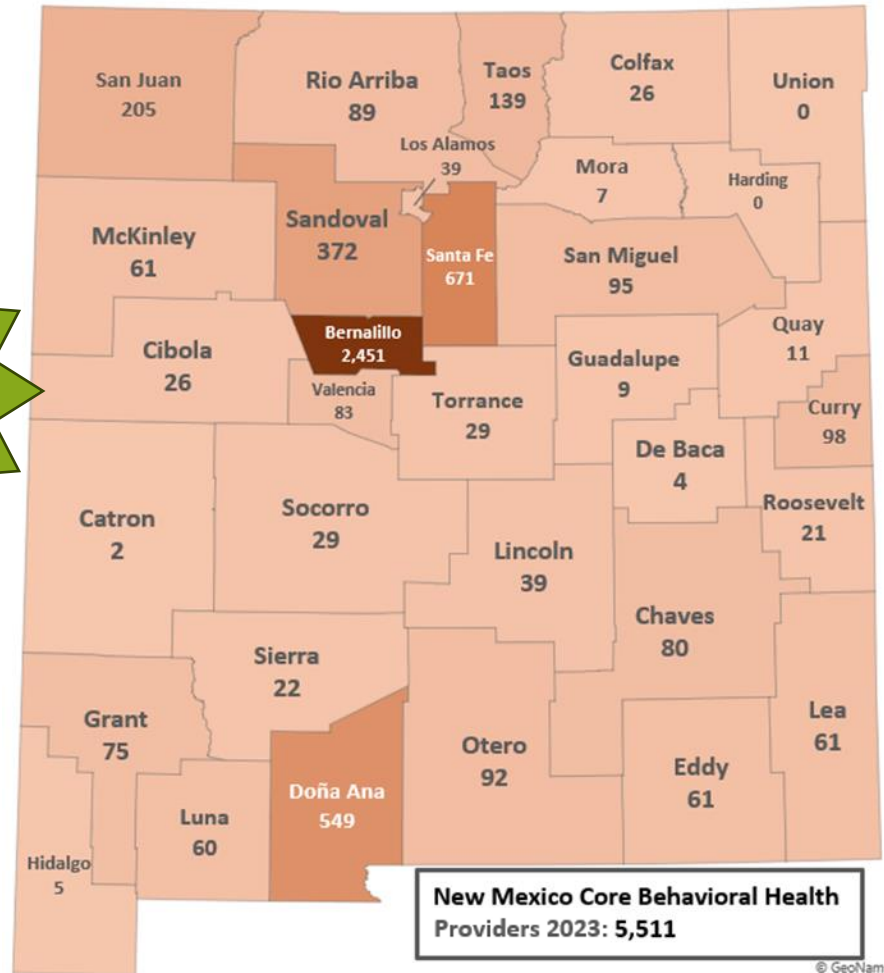
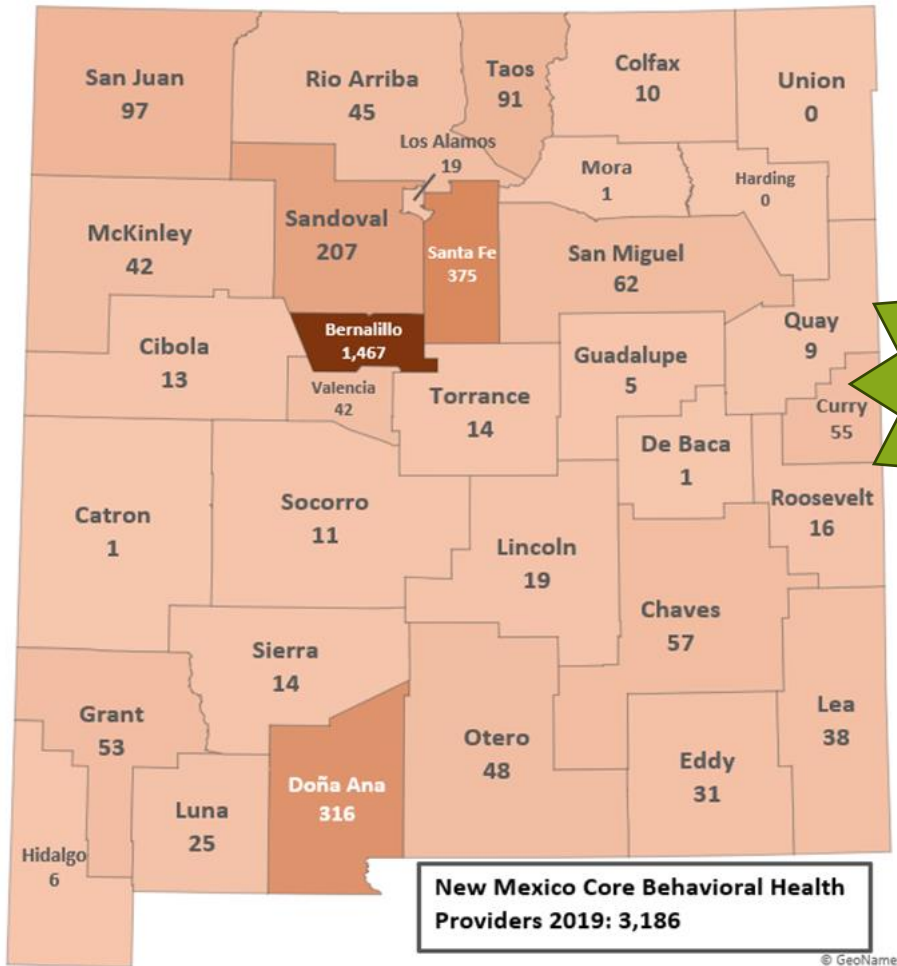
*Note: Non-Medicaid refers to individuals who may have insurance, yet the services are not covered, thus state general and federal funding sources cover these services.
Source: Falling Colors Executive Summary Report, April 2023.*



CORE BEHAVIORAL HEALTH PROVIDER GROWTH CY19 – CY23

Core Behavioral Health Providers - 2019

Core Behavioral Health Providers - 2023



73.0%
Increase in
Core BH
Providers

New Mexico Core Behavioral Health Providers 2019: 3,186

New Mexico Core Behavioral Health Providers 2023: 5,511

Powered by Bing
© GeoNames, Microsoft, TomTom

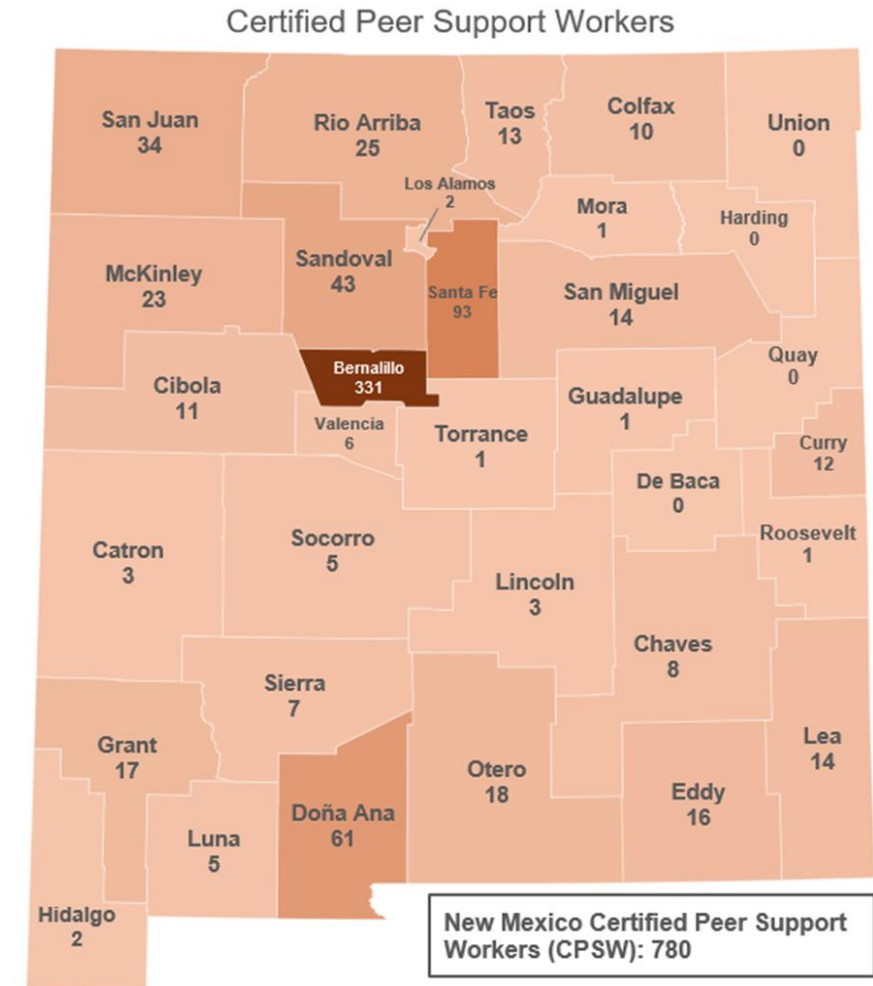
Powered by
© GeoNames, Microsoft, TomTom

Data Source(s): MMIS, Provider Base



CERTIFIED PEER SUPPORT WORKERS (CPSWs)

- CPSWs have 3+ years of recovery from mental health and/or substance use, maintaining their wellness to help others.
 - Through shared understanding, respect and mutual empowerment, CPSWs help people become and stay engaged in recovery and reduce the likelihood of relapse.
- CPSWs exemplify how non-clinical strengths can extend the reach of treatment into everyday life to those seeking a successful, sustained recovery.
- CPSWs are influential members of healthcare teams and may work in judicial and correctional settings, medical settings, MCO Care Coordination teams, shelters, Medication Assisted Treatment centers, residential treatment centers, intensive outpatient settings, and Crisis Triage Centers.
- HCA has trained 780 CPSWs since 2019.



COMMUNITY HEALTH WORKERS AS MEDICAID PROVIDERS

Research demonstrate patients who use CHWs, CHRs, and Promotoras have seen:

- Reduced urgent care visits saving between \$1,316-1,849 per patient (monthly)
- Reduction in acute care use (e.g., hospitalizations, ED visits, readmissions)
- Improved diabetes and asthma control
- Reductions in cholesterol and blood pressure

To bill Medicaid, Community Health Works, Community Health Representatives and Promotoras must:

- Enroll with New Mexico Medicaid as a provider and complete a Provider Participation Agreement,
- Verify a member's Medicaid eligibility using the New Mexico Medicaid portal,
- Complete a standing order form for each date of service, and
- Follow all claims submissions requirements detailed in Supplement #24-08.



CHW REIMBURSEMENT MODEL

- Certification
 - Medicaid reimbursement requires CHWs to be certified
 - Bring attestation from DOH that the group or individual is allowed to bill Medicaid
 - No liability insurance required
- Structure
 - Enroll in Medicaid as a hospital, clinic, FQHC, CBO, or individual
 - Credential with each MCO
 - Submit CMS1500 form with one of the 3 CPT codes
- Payment Details
 - 30-minute units, no maximum number of units per member per day
 - Maximum 5 hours of member-facing billable time per day
 - Maximum 8 hours per member per month
 - \$60/hour, all types of enrolled providers have the same rate

Billing Code	Name
98960	Education and training for patient self-management, each 30 minutes
98961	Education and training for patient self-management, 2-4 patients, each 30 minutes
98962	Education and training for patient self-management, 5-8 patients, each 30 minutes



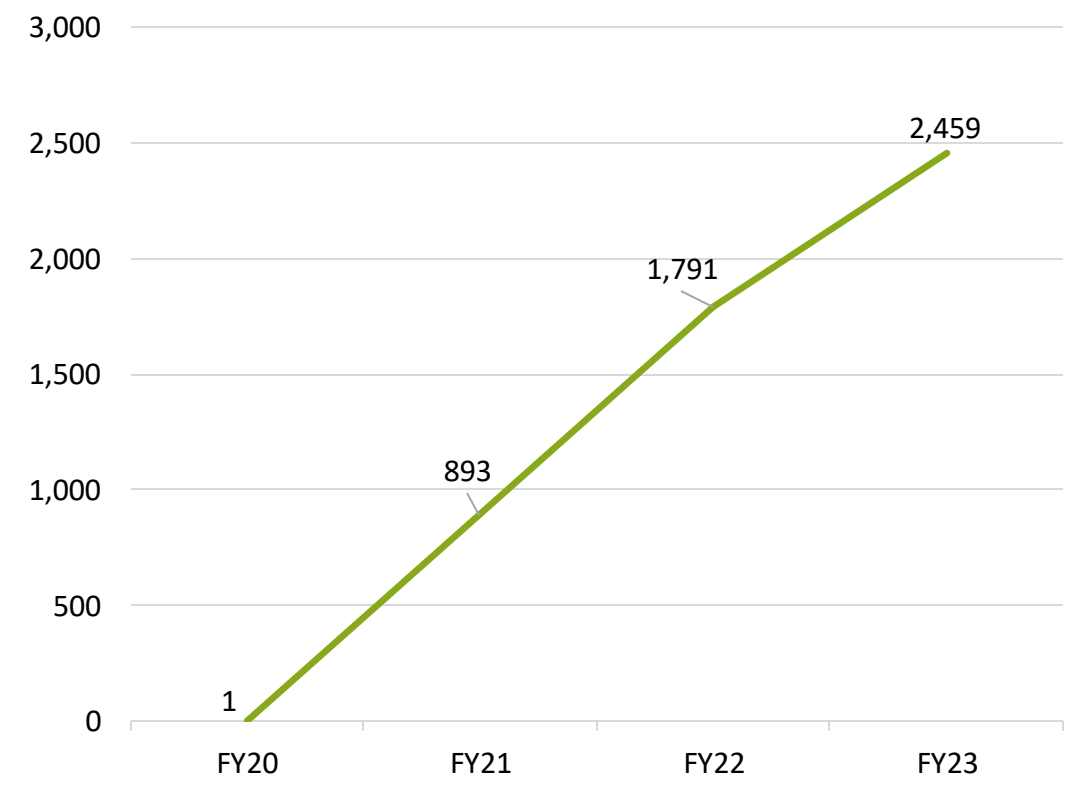
BH SUBSTANCE USE DISORDER TREATMENT

Investing for tomorrow, delivering today.

BUILDING THE BH SERVICE CONTINUUM: NEW SERVICES & REIMBURSEMENT FOCUS SINCE 2019

- Medicaid funding for Supportive Housing
- Expansion of Health Homes
- Emphasis on Screening, Brief Intervention, & Referral to Treatment (SBIRT), including new training opportunities for providers
- Adult Accredited Residential Treatment Centers (AARTCs) →
- Crisis Triage Centers (CTCs)
- 988 Crisis Line
- Mobile Crisis Response & Stabilization Services
- New community-based, evidence-based practices with enhanced reimbursement rates:
 - Dialectical Behavior Therapy
 - Eye Movement Desensitization & Reprocessing
 - Trauma-Focused Cognitive Behavioral Therapy
 - Functional Family Therapy
- High Fidelity Wraparound services for children
- Medication Assisted Treatment (MAT) / Medication for Opioid Use Disorder (MOUD) at Public Health Offices
- **Substantial Medicaid rate increases for BH services in FY20 (90% of Medicare); FY24 (120% of Medicare); and forthcoming in CY25 (150% of Medicare)**

Adult Accredited Residential Treatment Center Utilization FY20 to FY23



OPIOID USE DISORDER PREVENTION

- **Multimedia campaigns** include information about overdose and response training, and distribution of nasal naloxone to reduce risk of overdose.
 - Total reach: 742,510 New Mexicans (social engagements, ad clicks or website visits) June 30, 2023- July 1, 2024
- **Technical assistance and trainings** for first responders, communities and providers (Including tribal partners, rural and frontier communities) expands access to resource and information. June 2023-July 1, 2024:
 - 2,283 individuals trained and 28, 218 Naloxone kits distributed
 - 42 trainings and 620 Naloxone kits distributed to tribal partners

You are Taking your Chances.
THIS GAME IS FOR REAL!

Overdose odds are likely

Overdose odds are more likely

Overdose odds are very likely

An overdose is EXTREMELY likely

Fentanyl is 50x stronger than heroin and 100x stronger than morphine.

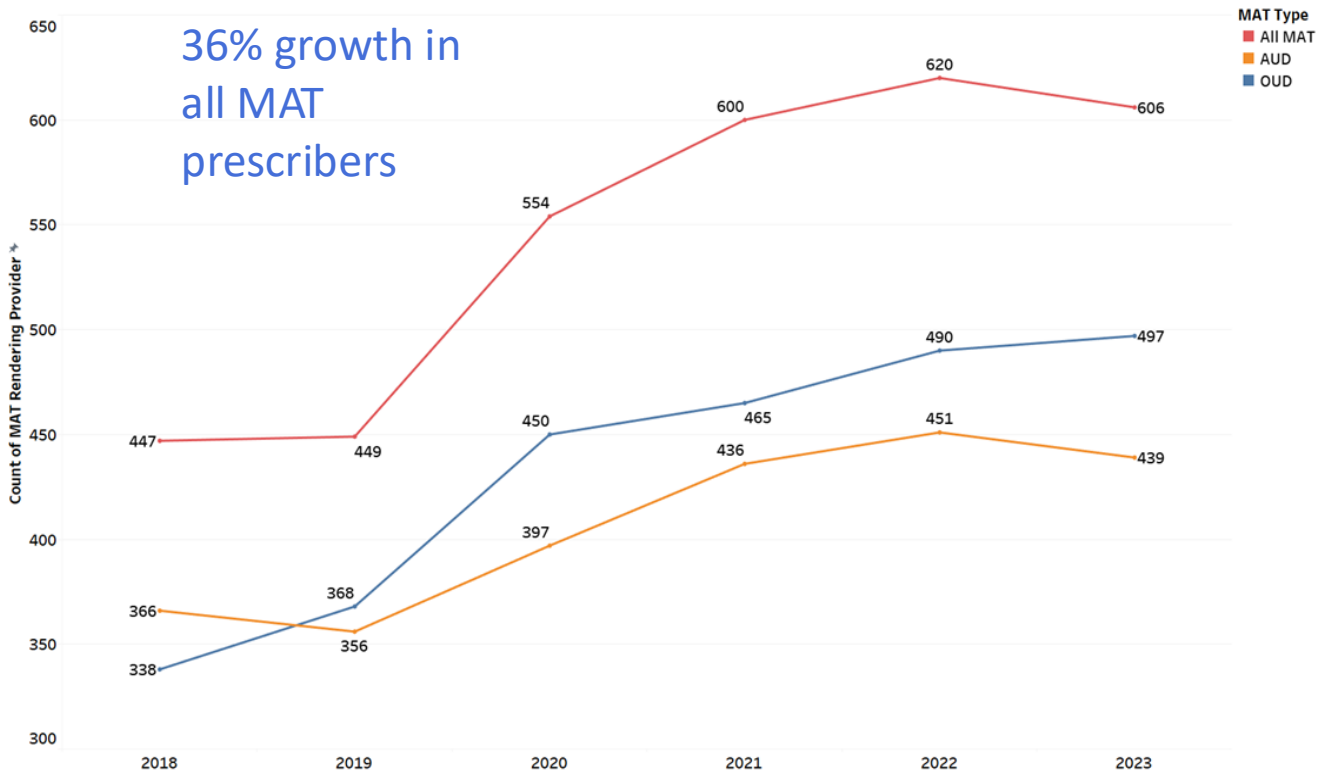
ADDOSE OF REALITY

Learn about the risks of mixing drugs & alcohol at [DoseOfReality.com](https://www.doseofreality.com)

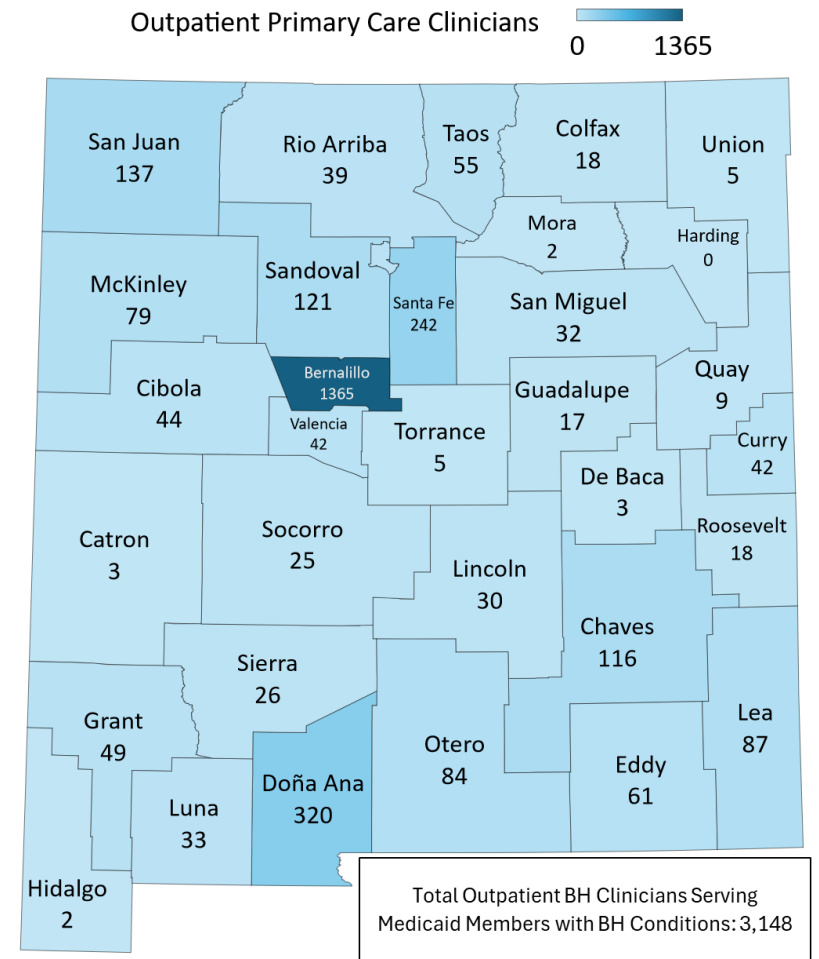


INCREASING BH OUTPATIENT AND MEDICATION ASSISTED TREATMENT CAPACITY IN NM

Change in NM Medication Assisted Treatment Prescribers, 2018-2023



Outpatient primary care clinicians serving individuals with BH conditions through NM Medicaid, 2023

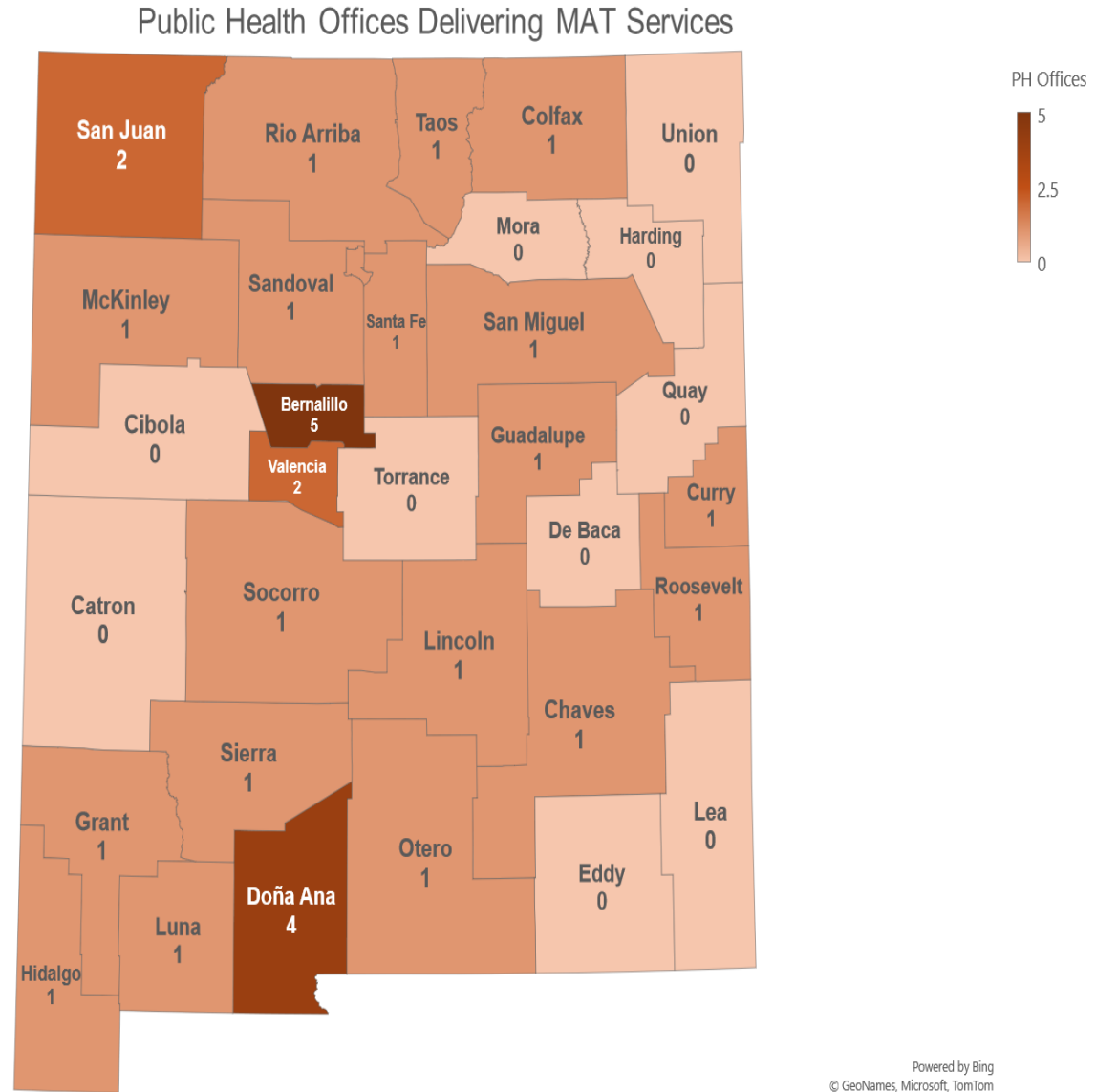


BHSD/DOH MEDICATION ASSISTED TREATMENT(MAT) - JUNE 30, 2024

BHSD used a \$1M appropriation in FY24 to partner with Department of Health (DOH) to expand to 23 additional Medication Assisted Treatment (MAT) in Public Health Offices statewide.

Originally there were 10 DOH Public Health Offices that offered Medication Assisted Treatment.

This is in addition to 22 Medicaid Opioid Treatment Providers (OTP) statewide.



Powered by Bing
© GeoNames, Microsoft, TomTom



CRISIS NOW: SOMEONE TO CALL, SOMEONE TO RESPOND, SOMEWHERE TO GO

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.

Source: <https://crisisnow.com/>



24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.



CRISIS STABILIZATION PROGRAMS

These programs offer short-term “sub-acute” care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.



ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.



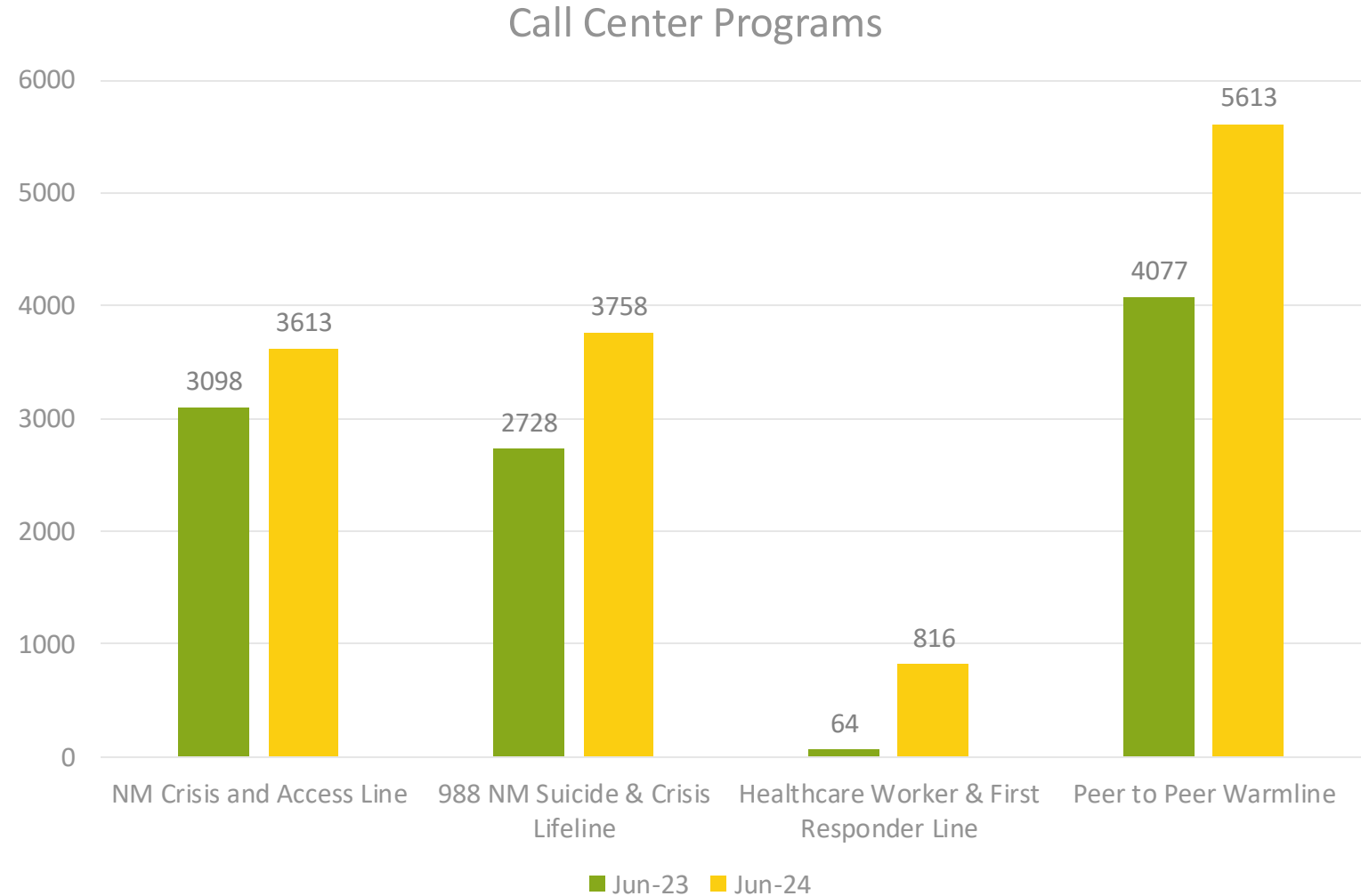
CRISIS NOW: CELEBRATING 2 YEARS OF 988

- 988 clinical staff provides crisis intervention by phone, text and chat 24/7/365.
 - **49,987** total contacts, including 6,544 text and chat messages.
 - Average call time: **23.2** minutes.
 - **91%** of calls answered in under 30 seconds
 - **92.5%** of calls are stabilized and referred to community resources
 - **4,397** veterans accessed services through 988 or the Warmline
- Primary reasons for contacting 988 include: Suicide, Substance Use, and Situational Stress/Anxiety.
- Spanish text and chat services are now available (988lifeline.org/es/chat/).
- Supports also available for NM veterans and individuals who identify as LGBTQIA+.



CRISIS NOW: JUNE 2024 VS JUNE 2023

- Call, text, or chat for compassionate, non-judgmental conversations with professional mental health crisis counselors or certified peer support specialists, get a referral for services, or request a mobile response team engagement.

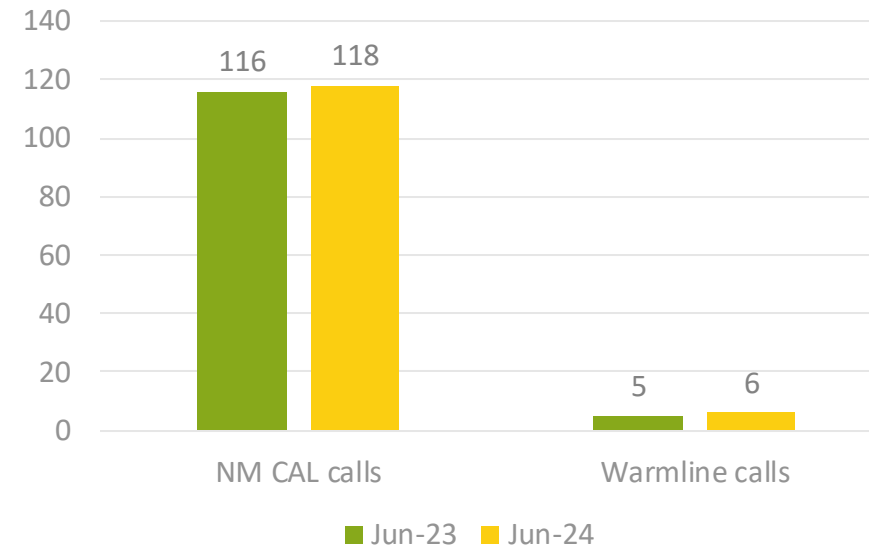


CRISIS NOW: DATA FOR SPECIAL POPULATIONS

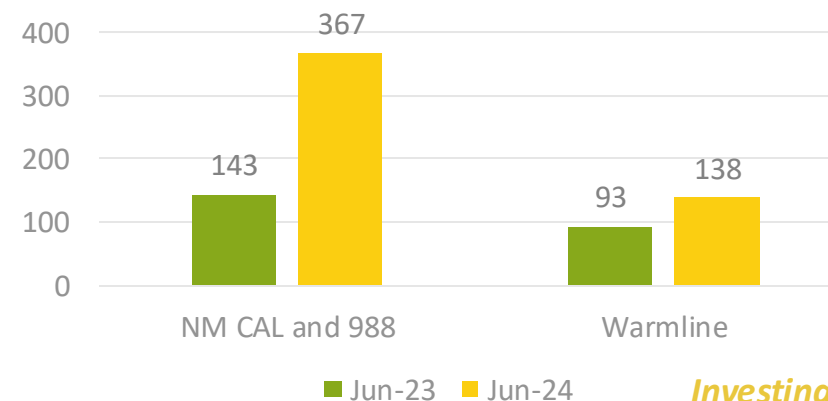
Opioids were a component of the primary reason for interaction in 3.8% of crisis line engagements, and on 0.1% of the Peer-to-Peer Warmline engagements.

The 988 Veterans Crisis Line is available to veterans, active service military, and their families.

Call Related to Opioid Use



Callers Identified as Veteran/Active Military



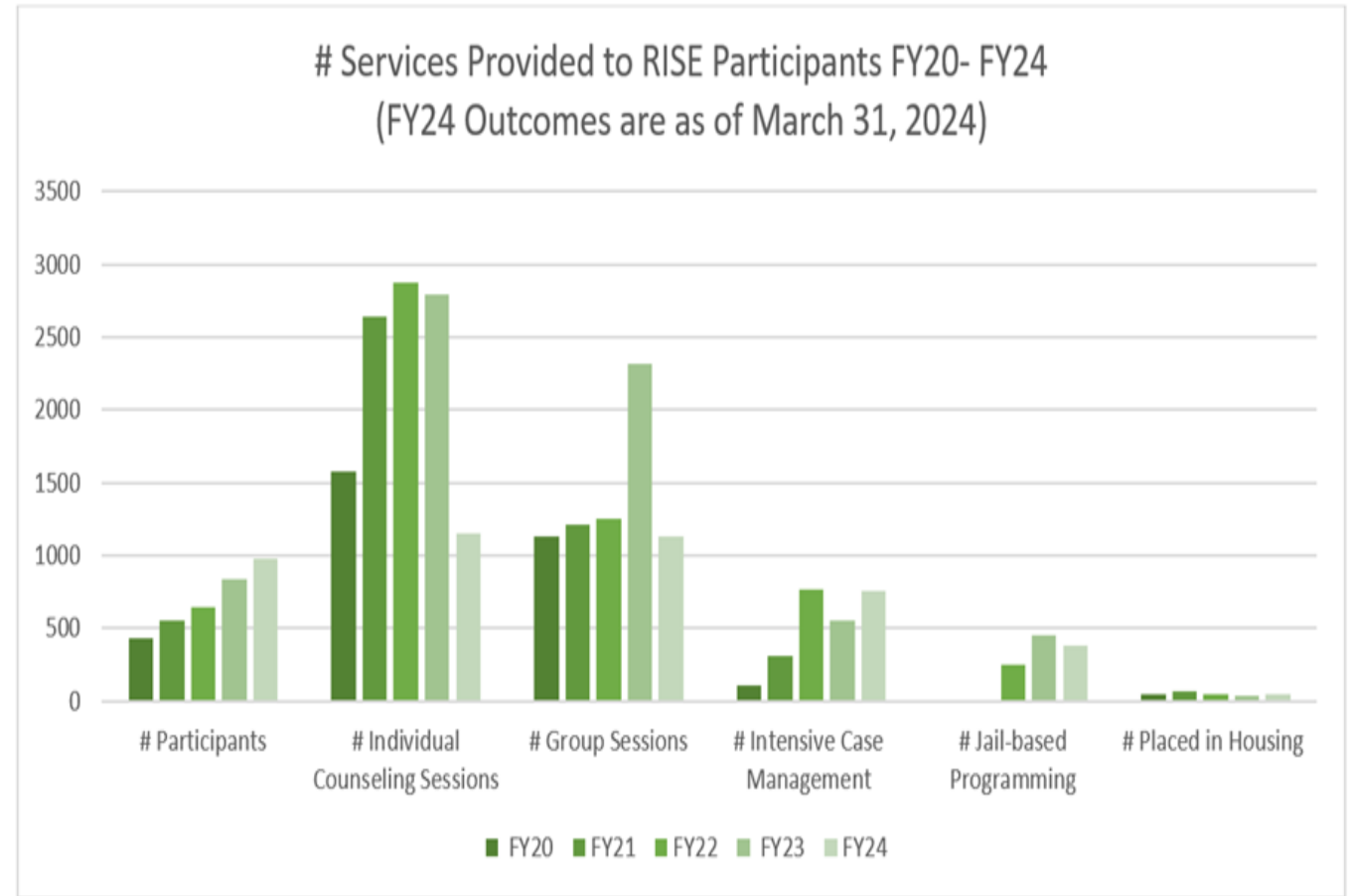
JUSTICE RELATED SERVICES

BHSD - JUSTICE INITIATIVES

BHSD provides an array of programs that support individuals who are incarcerated or have returned to the community after incarceration.

Reach, Intervene, Support, and Engage (RISE) Program

- By 2020 legislative mandate, RISE focuses on addressing behavioral health needs immediately upon incarceration and upon return to the community.
- County Detention Centers that receive funding services tailored to its local community and needs. Examples in graph:
 - Individual counseling, group session, post release services, jail-based services
- Services must be researched-based and must help to alleviate adverse experiences around mental health and/or substance misuse/or disorders.
- RISE collaborates with MCOs to assist with warm hand offs to care coordination in the community.



* Direct and indirect impacts of COVID affected outcomes for FY21 through FY22.



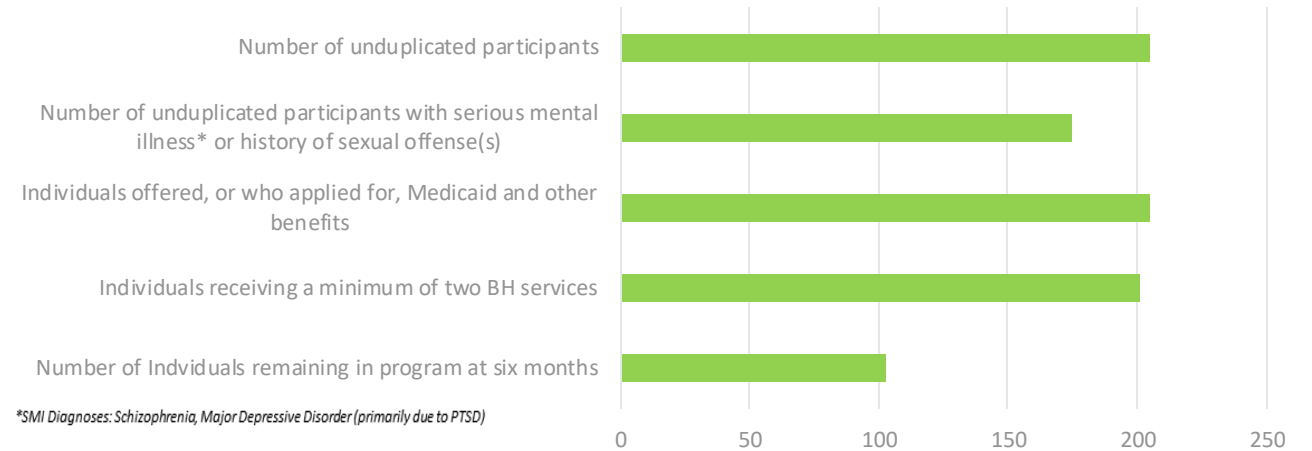
BHSD JUSTICE INITIATIVES

The 2023 New Mexico State Legislature passed a special appropriation (2.5M) to, *“To establish a comprehensive reentry support pilot program to provide individuals reentering the community from incarceration with pre-release Medicaid capacity, connection to services and housing support, including a pilot alternative parole revocation process, in coordination with the corrections department.”*

BHSD and NM Corrections Department (NMCD) initiated the **RESET** program, so named to describe an action whereby eligible residents leaving NMCD can “reset” their life course.

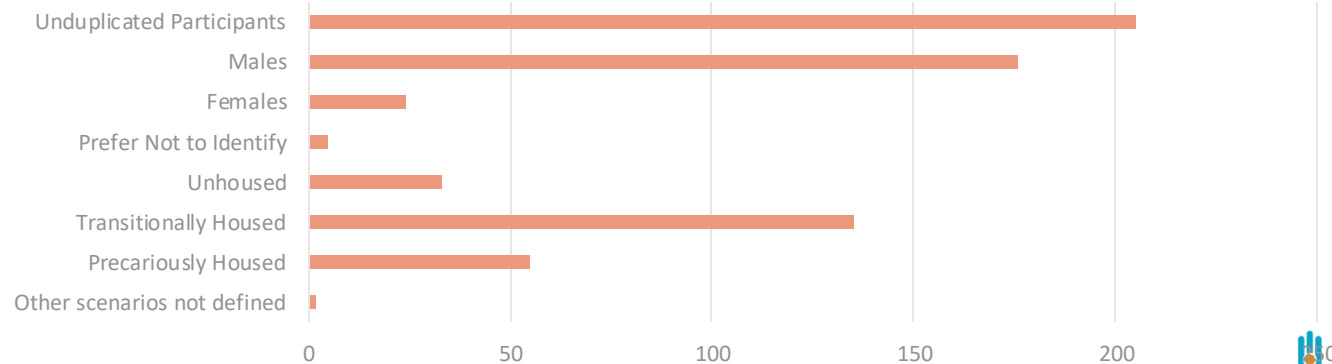
RESET focuses on providing housing-related services and behavioral health services with consideration for individuals with serious mental illness (SMI) and/or history of sexual offense(s) and included those eligible for geriatric parole. Efforts concentrated in Bernalillo, Dona Ana and Sierra Counties.

RESET- FY24
As of April 30,2024



*SMI Diagnoses: Schizophrenia, Major Depressive Disorder (primarily due to PTSD)

RESET - FY24
As of April 30, 2024



1115 WAIVER UPDATES

1115 WAIVER UPDATES

2024 Approved Services

1115 Waiver approved July 25, 2024 | [press release](#)

- 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
- Justice-involved up to 90-day 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)

Ongoing CMS Negotiations (as of July 2024)

- Traditional Healing



1115 WAIVER UPDATES: NEW PROGRAMS

PROGRAM	TURQUOISE CARE
Justice Re-entry Services	<p>Subject to state budget availability, at minimum, benefit includes:</p> <ul style="list-style-type: none"> • case management, • MAT at least 30 days prior to release, • 30-day supply of medications in hand on day of release. <p>Option to provide additional services such as labs, radiology, etc.</p> <ul style="list-style-type: none"> • Services up to 90 days prior to release. <p>Any federal Medicaid funds that replace current state funds must be reinvested back into services and supports for justice-involved individuals.</p> <p>Tribal jails are not included.</p>
Nutrition Supports for Pregnant/Post-partum Members	<p>Subject to state budget availability, option to provide food to family members in addition to pregnant/postpartum members. Not subject to a specific conditions, but HCA will decide on the initial conditions and risk factors in the post approval Implementation Plan, due within 90 days.</p> <p>HCA must maintain provider reimbursement rates and move towards the goal of 80% of Medicare for primary care, behavioral health and obstetrics. (Applied to all states.) NM exceeds this standard.</p>
HCBS home-delivered meals	<p>Up to 2 meals/day for members in the Community Benefit program.</p>
Housing/ Medical Respite	<p>Up to 6 months of room and board at 1 pilot site.</p>



EXPANDING JUSTICE INVOLVED RE-ENTRY SERVICES

CURRENT: JUST Health Program

- Suspend benefits 30 days after incarceration but maintain eligibility to avoid need for new application.
- Coverage for short-term inpatient hospital stays (FFS only, correctional facility must have a GSA)
- Inmates may apply for or recertify Medicaid while incarcerated; PEDs at facilities assist.
- Medicaid benefits reinstated at release.
- Transition of Care assessments and plans for inmates prior to release.
- Care coordination, behavioral health screening, and Medication Assisted Treatment available.
- Transportation from incarceration to pharmacy, then home.

COMING: Justice Re-entry Program

- Reinstates Medicaid coverage 30-90 days prior to release from carceral setting (subject to state funding availability)
- Enhanced Care Management and Care Coordination services to plan for inmates prior to release to establish appointments, referrals, pharmacy access, and transportation.
- Behavioral health screening and Medication Assisted Treatment including rehabilitative and preventative services
- 30-day supply of medications (including MAT)
- Coordinates wraparound services (i.e., transportation, food, housing) prior to release
- Improved access to services after release



- 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.⁴
- Incarcerated individuals have four times the rate of active tuberculosis compared to the general population, nine to 10 times the rate of hepatitis C, and eight to nine times the rate of HIV infection.⁵
- Correctional facilities in Los Angeles County, New York City, and Cook County, Illinois, have become the three largest mental health care providers in the country.⁶

Source: *The Commonwealth Fund, State Strategies for Establishing Connections to Health Care for Justice-Involved Populations: The Central Role of Medicaid*, www.commonwealthfund.org/sites/default/files/2019-01/Guyer_state_strategies_justice_involved_Medicaid_ib_v2.pdf



HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

WAIVER IMPLEMENTATION TIMELINE

HCA receives
1115 waiver
approval



HCA and CMS
develop an
implementation
plan



Develop rates,
claiming
protocols,
provider types,
policy, and
contract
language



Educate and
provide
technical
assistance to
members,
providers, and
MCOs for go-
live



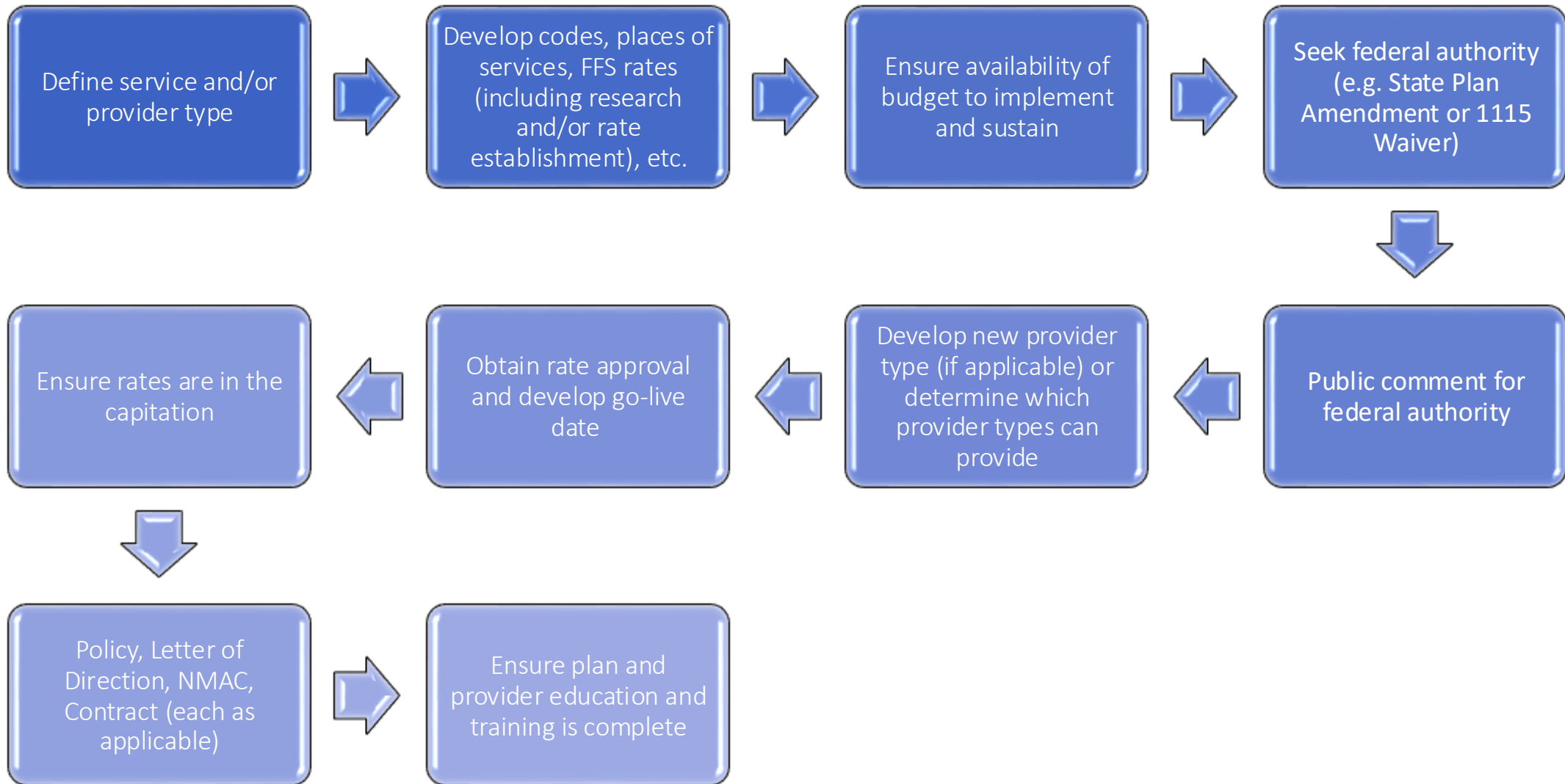
Implement
Waiver (e.g.,
Justice reach-in
or food as
medicine)



Ongoing
monitoring and
reporting each
quarter to CMS



ADDING NEW MEDICAID SERVICES AND/OR PROVIDERS



TURQUOISE CARE FOR
CHILDREN IN STATE CUSTODY (CISC)

CISC CARE COORDINATION FROM PHP

Care Coordination refers to activities that organize a member's care activities and share information among care teams in order to achieve safer and more effective health care delivery.

Care coordination is an administrative function and **not** a reimbursable Medicaid service. Only care coordinators can do Health Risk Assessments, Comprehensive Needs Assessments, Comprehensive Care Plans, and [Touchpoints](#).

CARE COORDINATION INCLUDES:

- Enhanced Medication Monitoring
- Value Added Services
- Population Health
- Quality Management

ADDITIONAL REQUIREMENTS:

- Establish a dedicated Care Coordination team, led by a registered nurse with knowledge and experience providing Care Coordination for individuals with similar, complex needs as CISC members (e.g., individuals with behavioral health conditions, multi-system involvement, trauma);
- Submit to HCA an annual CISC Care Coordination Staffing Plan as part of the written Care Coordination program.



ADMINISTRATIVE CONTRACTOR REQUIREMENTS

- CISC Key Personnel
 - A full-time CISC Program Director responsible for the implementation and general administration of the program requirements for the CISC population.
 - The CISC Program Director shall serve as the primary contact to HCA for the CISC program and other child-serving agencies and stakeholders to further develop, implement, and improve the program.
 - An Associate Medical Director, dedicated at least half-time

- A Member, Caregiver, and Stakeholder Engagement Coordinator, dedicated fulltime to this Agreement, responsible for facilitating and coordinating a robust engagement strategy for CISC, their Caregivers, member-serving systems, and other stakeholders to inform and support the design, implementation, and ongoing improvement of the CISC program.

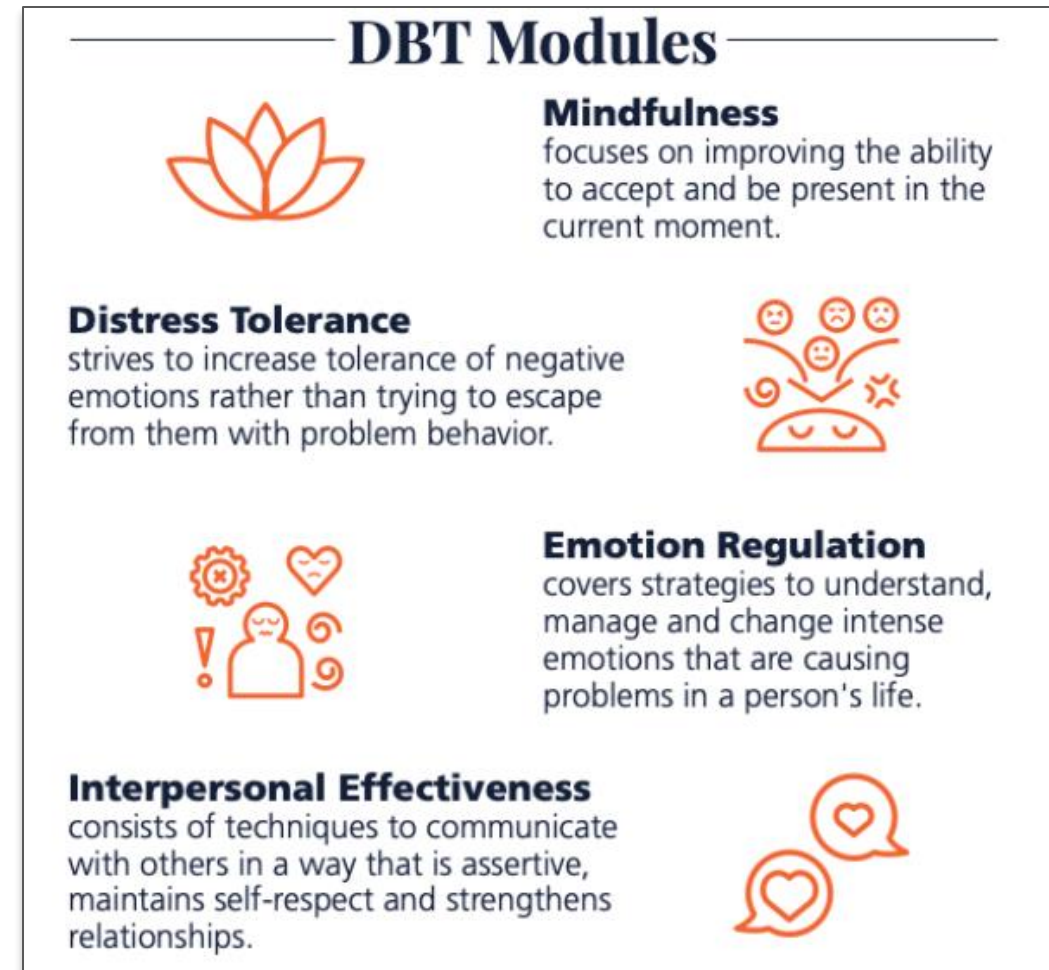
- A full-time CISC Transition Coordinator with at least two (2) years of experience coordinating care and benefits necessary to meet the transition needs of populations with complex care needs, such as the CISC population



CHILDREN IN STATE CUSTODY

MOBILE CRISIS & EVIDENCE BASED PRACTICES (EBP)

- HCA and CYFD developed enhanced Medicaid reimbursement rates effective July 1, 2023:
 - Dialectical Behavior Therapy →
 - Multi-Systemic Therapy
 - Trauma-informed Cognitive Behavioral Therapy
 - Functional Family Training
 - Eye Movement Desensitization and Reprocessing therapy
- These EBPs proven to help kids and adults manage symptoms like stress, anxiety, and other conditions.
- Providers interested in receiving these rates can visit: centerofinnovationnm.org/nm-ebp/
- HCA and CYFD also developing Community Mobile Crisis services to provide rapid response, individual assessment, and evaluation and treatment of mental health crisis to children experiencing a mental health crisis.



30-DAY WELLNESS VISITS

30-Day Wellness Visits

- Every child in state custody will have a well child visit (WCV) within 30 days of entering state custody. HCA sent Letter of Direction (LOD) #96-1 to MCOs to implement coordinated efforts to ensure these visits take place. [www.hca.nm.gov/wp-content/uploads/Final-LOD-96-1-Comprehensive-Well-Child-Checkups-for-Children-in-State-Custody-Within-30-Days-RR-96-1.pdf]
- MCOs will offer communication, education, and training to providers to ensure that WCVs occur within 30 days of entering state custody.
- HCA implemented claims processing changes to ensure reimbursement of more frequent well child visits.
- Additional MCO efforts to help members get to these appointments (Non-Emergency Medical Transportation (NEMT), help to identify available provider resources like the child's PCP, School Based Health Centers (SBHCs), Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and/or tribal providers.



PHP IMPROVEMENTS FOR CISC

Appointment Prioritization

- Enhanced rates for CISC Well Child Visit (WCV) within 30 days
 - Strategic initiative designed to improve access to care for CISC members,
 - Motivates health care providers to prioritize these appointments, thereby reducing wait times and ensuring children receive necessary care within critical timeframes,
 - Aligns financial rewards with desired outcomes, encouraging providers to allocate resources effectively and schedule WCV promptly,
 - Enhanced rates foster a competitive environment that drives continuous improvement in service delivery.



EXAMPLES OF CURRENT PHP INITIATIVES

Value Based Care

PHP has instituted enhanced rates for CISC Well Child Visits (WCV) within 30 days. This provides an incentive for health care providers to prioritize these appointments, thereby reducing wait times and ensuring children receive necessary care within critical timeframes. In addition, this payment model also:

- Aligns financial rewards with desired outcomes, encouraging providers to allocate resources effectively and schedule WCV promptly, and
- Fosters a competitive environment that drives continuous improvement in service delivery.

In Home Visits

PHP has also enhanced rates for in-home visits to reduce barriers to access in underserved areas by making it financially viable for providers to offer in-home visits, ensuring all children, regardless of location, can receive the care they need. This also:

- Promotes timely access to essential pediatric care,
- Contributes to better health outcomes and patient satisfaction.

Colocation of PHP Care Coordination In County CYFD Offices

PHP's care coordinators and community health workers have office space at CYFD field offices statewide to manage, coordinate, and schedule Well Child visits, and to assist CYFD in understanding the role of the MCO and the services that are available to families and children

Other efforts:

- Dona Ana County Engagement Pilot
- Electronic Medicaid ID Cards
- Scheduling Improvements
- Transportation/Childcare Assistance



HCA AND CYFD COLLABORATIVE WORKGROUPS

- Biweekly meetings to discuss strategies, interventions, and targeted initiatives to identify and reduce barriers, and ensure access to Care Coordination for CISC
- Development of a contact list to facilitate direct communications between Care Coordinators and Permanency Planning Workers
- HCA conducts quarterly Care Coordination 101 training with CYFD staff on the benefits offered for CISC through Care Coordination
- Development and distribution of a roles and responsibility one-page document
- Implementation of a CISC Care Coordination Member satisfaction survey
- Partnered in biweekly meeting with Treatment Foster Care Agencies to discuss new processes, develop streamlines approaches and review barriers to develop strategies to overcome issues.



NATIONAL COLLABORATIVES

Investing for tomorrow, delivering today.

NM SELECTED FOR NATIONAL LEARNING COLLABORATIVES



NATIONAL ACADEMY
FOR STATE HEALTH POLICY

NASHP Justice Re-entry Learning Collaborative

- 1 of 7 states selected to participate
- Supports states with strategies to improve outcomes for people navigating transitions from incarceration to the community
- 18 months of technical assistance

NASHP Behavioral Health Workforce Policy Academy

- 1 of 5 states selected to participate
- Focus on optimizing team-based, evidence-based interventions in the adult-serving systems



HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

THE POOLE FAMILY TODAY*

- The re-entry supports Lindsey received helped her find a part-time job and begin SNAP and Medicaid coverage for her and her children.
- Lindsey and her family moved into housing with rent restrictions.
 - Family received \$1,000 grant for move-in assistance, covering deposit and first month's rent.
- Lindsey remains sober with the support of her healthcare team and medication.
- Danielle, Lindsey's CPSW, suggested Lindsey use her life experience to become a Peer herself, using her certification to find a full-time job for more steady income.
 - Lindsey signed up for CPSW training and is hopeful more opportunities will open so she can help others with similar life experiences.

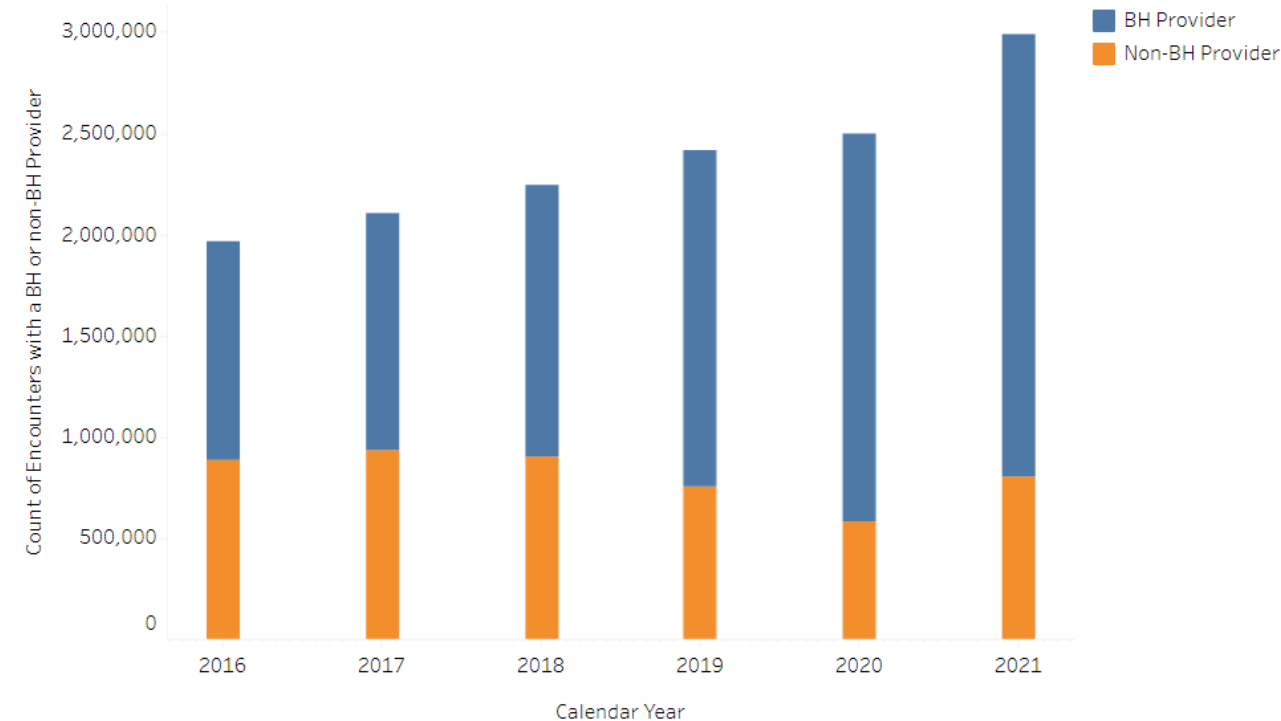


** Story based on a real HSD client, name and photo have been changed.*

MONITORING MCO BEHAVIORAL HEALTH PERFORMANCE

- HCA monitors MCO behavioral health performance through Behavioral Health Delivery System Improvement Performance Target (BH DSIPT).
 - 2023 BH DSIPT is number of unique Medicaid members who had a BH visit with either a BH provider or a non BH provider.
 - 2023 target was 25%.
- MCOs report quarterly to HCA the number of customers receiving outpatient behavioral health services, analyzing trends in utilization.
- HCA may recoup the performance penalty amount if the MCO does not meet the BH DSIPT.
 - There have been no BH DSIPT penalties assessed at this time as MCOs are currently meeting targets.

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



Last updated: 4/17/2022

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



ON THE HORIZON

▪ **Managed Care**

- Post-TC implementation monitoring
- First quarter of new deliverables
- Managed Care Rules (CMS)
- Quality Driven Auto-Assignment Algorithm

▪ **Mental Health Parity**

▪ **Medicaid Forward**

▪ **Waiver Implementation (in partnership with CMS)**

- Justice
- Food and Nutrition
- Housing
- Medical Respite

▪ **Value Based Care**

- HDAA – Health Care Delivery and Access Act
- HCQS – Health Care Quality Surcharge
- PCPR – Primary Care Payment Reform
- ASPP – Ambulatory Services Payment Program

▪ **Fiscal**

HB2 rate adjustments and PMPM adjustments

▪ **System Improvement**

- Closed Loop Referral System
- Single Credentialing

▪ **Children's Ages 0-19 Reinstatements**

▪ **Audits**

- PERM, MECQ, Single-state, unwinding, HCBS settings rules, etc.

▪ **CMS Onsite Visits (LTSS and Readiness)**

FIND MAD RESOURCES

Investing for tomorrow, delivering today.

FIND MAD RESOURCES

HEALTH CARE AUTHORITY

Home About Us Turquoise Care Communications and Public Information Contact Us COVID-19 Response GME Expansion

BeWell NM Scorecard theWire-Employment Equity and Inclusion Community Primary Care Council

Data Book Looking for Assistance Looking for Information New Providers SUN Bucks

LOOKING FOR INFORMATION

LOOKING FOR INFORMATION OVERVIEW

Emergency Contact Information

Information for Recipients

General Information

Medicaid Explained

2020 Census

Home and Community Based Services (CB)

Home and Community Based Services (HCBS) American Rescue Plan Act (ARPA)

Social Impact Home Page

Primary Care Council

Disaster food benefits available for victims of New Mexico Wildfires

Medicaid Explained

ABOUT MEDICAID

Medicaid was created in 1965 as a joint federal and state program that provides health insurance for low-income Americans. Nearly 49 million Americans are enrolled in Medicaid. Each state can run their Medicaid program according to the needs of that state, and in accordance with federal and state statutes.

Monthly Statistical Reports about enrollment is posted on the [Monthly Statistical Report web page](#).

Medicaid covers pregnant women, children, families, people with disabilities, people who are elderly and need long term care, people who are in mental health crisis, and more. It pays for more than half the births in New Mexico.

Medicaid is paid for with federal dollars and state dollars at a ratio of approximately 70% federal, 30% state. Some programs within Medicaid, like the Long Term Care program, have different reimbursement ratios.

ONE-PAGE EXPLAINERS

We are building a library of simple "explainer" documents to help answer questions about various components of the Medicaid program, and will continue to update this page as we make more.

HEALTH CARE AUTHORITY

TURQUOISE CARE

New Mexico Medicaid Coverage for Children in State Custody

Foster children/adolescents in the custody of the Children, Youth, and Families Department (CYFD) have health care coverage through the New Mexico Medicaid Turquoise Care program. Most foster children ages 0-18 will receive their services through the New Mexico Medicaid Turquoise Care program.

HEALTH CARE AUTHORITY

TURQUOISE CARE

New Mexico Medicaid Home Visiting Program

The New Mexico Home Visiting program is designed to support parents of children from prenatal through age five. It is a frontline strategy to create a cohesive, equitable, and responsive system that supports families, strengthens communities, and enhances child health, development, and education. Medicaid Home Visiting was added to the state's Medicaid program in 2017. The program is a voluntary program that provides a **Waiver** and, since its enrollment, and to improve the health and well-being of children and their families.

HEALTH CARE AUTHORITY

TURQUOISE CARE

New Mexico Medicaid Primary Care Payment Reform

Performance measures to drive improved member health outcomes

Primary care is the foundation of thriving health care systems. Effective primary care is accessible, comprehensive (addressing preventative and acute concerns), whole-person, continuous, and based on trusted relationships between clinicians and patients. Studies show that every \$1 spent on primary care leads to \$13 in savings¹. However primary care providers are some of the lowest paid clinicians.

The Primary Care Payment Reform project is a **multi-year, 3-tiered quality framework** focused on understanding and improving access to care, patient experience of care, and reporting standards for primary care practices in order to **drive better member health outcomes**.

HEALTH EQUITY | WORKFORCE SUSTAINABILITY | HEALTH TECHNOLOGY

Benefits to Providers & Practices Sustainable workforce and improve workplace wellness Payment for care of patients Increased flexibility and administrative efficiency Increased flexibility and increased time with patients Sustainable financial models Improved IT resources	Benefits for Patients & Families Increased health equity Increased access Better health care quality Whole-person, team-based care Integrated behavioral health, dental, and vision services Connection to social services and community resources
---	--

HEALTH CARE AUTHORITY

Provider Requirements

To be reimbursed for primary care services, providers must:

- Be enrolled with the Health Care Authority (HCA)
- Meet all Medicaid **Policy and Billing** requirements
- Meet the ECECD requirements

HEALTH CARE AUTHORITY

Managed Care

- Support providers
- Provide training
- Promote the Health Care Authority's mission
- Educate enrolled providers,
- Contact every provider to educate them about the managed care process

HEALTH CARE AUTHORITY

Tier 1 of 3 Performance Measures Began July 1, 2024

HCA determined the performance measures by listening to and incorporating extensive stakeholder input from the Primary Care Council, primary care providers, and others. The payment reform model measures access to care and patient experience of care, starting with a pay-for-reporting model for the first 18 months to allow providers time to improve processes and train staff, then transitioning to a pay-for-performance model.

Encounter Acceptance Rate Measure	Encounter Completion Rate Measure	Third Next Available Appointment	Screening, Brief Intervention, and Referral to Treatment
-----------------------------------	-----------------------------------	----------------------------------	--

HEALTH CARE AUTHORITY

Rev. 7/10/24

Blue Cross & Blue Shield of New Mexico | www.bcbnmx.com | www.bcbnmx.com/walcomar/ | United Health Care | www.uhc.com

HEALTH CARE AUTHORITY

today.

FIND US ON SOCIAL MEDIA



[LinkedIn](#)

 **New Mexico Health Care Authority**
1,923 followers
21h • 

Exciting news for New Mexico!

The NM Health Care Authority has received federal approval to launch ...more

New Mexico Medicaid Receives Federal Approval for Innovative Health Programs

- 01 Nutrition & Food as Medicine:**
Nutritious meals for pregnant women and home-delivered meals for older adults and adults with disabilities.
- 02 Housing as Health Care:**
Short-term housing with support for individuals recovering from a hospital stay.
- 03 Health Care for Individuals Leaving Incarceration:**
Health care services for individuals up to 90 days prior to their release from detention, prison, or jail.




[Facebook](#)

 **New Mexico Human Services Department**
a day ago • 

New Mexico saves thousands of children from losing Medicaid coverage!

The New Mexico Medicare Authority is reinstating Medicaid coverage for 21,000 children, ensuring they continue to have access to vital health services. This means more vaccinations, check-ups, child wellness visits, and behavioral health services for our children. The change will take effect at the end of July 2024 to restore coverage until May 1, 2023. Members can check their account enrollment status by... See more

 See original ·  Rate this translation

¡Nuevo México salva a 21,000 niños de perder la cobertura de Medicaid!

"Mantener a los niños cubiertos fue una de nuestras mayores prioridades cuando terminó la Emergencia de Salud Pública".
Kari Armijo, Secretaria de Gabinete de la Autoridad de Atención Médica de Nuevo México





HEALTH CARE AUTHORITY



HEALTH CARE
AUTHORITY



THANK YOU & QUESTIONS

INVESTING FOR TOMORROW, DELIVERING TODAY.