NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

LegisStat
Priority: Healthcare Access | May 15, 2024
Presenters: Eric Chenier, LFC, Kari Armijo, Health Care Authority

Medicaid: Access to Healthcare and Evidence-Based Services

The state of New Mexico ranks poorly nationally on many behavioral health and physical health outcomes. A few examples include the prevalence of mental illness and substance use disorders and physical health measures related to women and children, such as maternal mortality and birth weight. With nearly 50 percent of the state enrolled, Medicaid is the greatest lever available to the state to affect these and other outcomes. Yet, in a fall 2022 LFC program evaluation that included a secret shopper survey, researchers were only able to get an appointment with a primary care or behavioral health care provider 13 percent of the time. A lack of access to providers or evidence-based services for behavioral health may be slowing progress on many outcomes. Following recommendations from the report, the Legislature invested significant amounts in the last two years to increase rates paid to providers with the goal of improving access. Better data and oversight will be the key to improving New Mexico's policy choices. This is the first in a series of planned LegisStat hearings focusing on improving access to quality healthcare services.

Key Data

2023 New Mexico Health Rankings (Lower Rank is Better)

Behavioral Health				Physical Health		
	Rank	Rate			Rank	Rate
Overall Mental Illness Prevalence, Adults and Children	36			Maternal Mortality	38	31 per 100,000 live births
Adult Substance Use Disorder	32	17%		Low Birth Weight	39	9%
Youth with Major Depressive Episode	42	19%		Neonatal Abstinence Syndrome	41	13 per 1,000 birth hospitalizations
Youth Substance Use Disorder	47	8%		Mortality Rate, Women	49	261 per 100,000 women aged 20-44

Sources: State of Mental Health in America 2023 and America's Health Rankings

- The state ranks low in key physical health and behavioral health outcomes.

- The state should examine whether evidence-based programs and services are widespread, whether the quality of the training mental health professionals receive is meeting the state's needs, and whether the state could use its workforce more effectively.

- Women's mortality is high; at the national level unintentional injury and maternal mortality are significant contributors.

Utilization

| Physical Health Practitioner Visits per 1,000 Members	Behavioral Health Practitioner Visits per 1,000 Members
2022	2022
6,741	620
2019 7,692	2019 250.7

- Without better access measures, utilization can be used to approximate whether Medicaid members are accessing the services the state is paying for.

- However, because the utilization metrics the Health Care Authority tracks are units of service, the state does not know if more or fewer clients are receiving care.

- A fall 2023 Medicaid accountability report found that utilization in a few key areas of physical and behavioral health have decreased since 2019.

## Mothers with Newborns Recieving Prenatal Care within 42 Days of Enrollment with an MCO
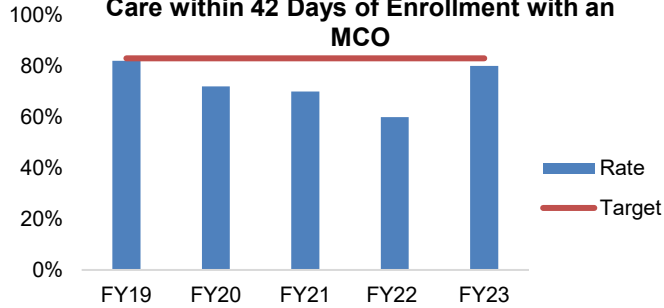
- In 2022, 80 percent of newborns mothers received prenatal care in the first trimester, slightly lower than the target of 83 percent and below the national average of approximately 84 percent.

- Because New Mexico has such a high rate of births funded by Medicaid (76 percent in 2022), the Medicaid program has an outsized impact on population birth outcomes.

## One or More Annual Well-Care Visits Ages 3-21
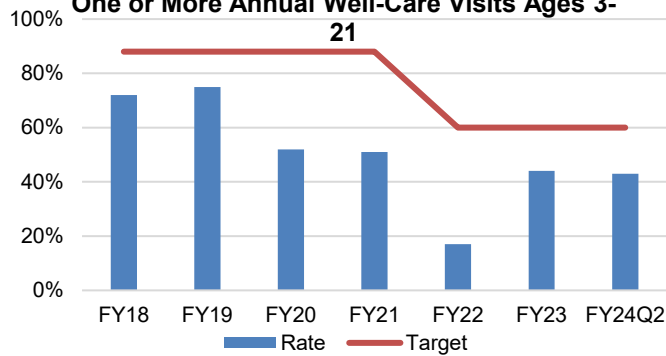
- Over the past couple years, less than half of children enrolled in Medicaid received annual well-child checkups as recommended by the American Academy of Pediatrics, but prenatal care appears to have improved.

- HSD cited several tactics the Managed Care Organizations are engaged in to address this measure with targeted interventions. However, without better data it is impossible to know whether the interventions are directed at the right populations or whether they are working.

Emergency Department Use for Routine Care

Source: HCA and NIH
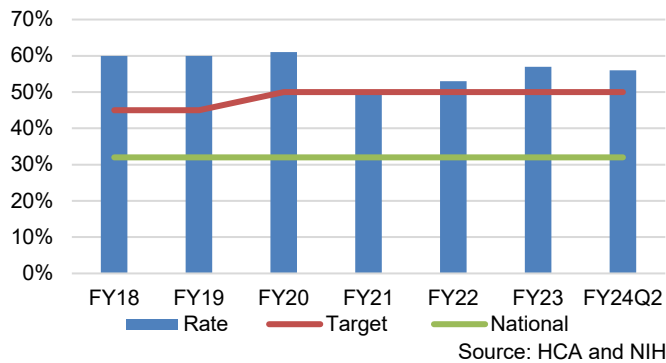
- Reducing emergency department (ED) is important to reduce costs and improve quality.

- Routine care use of the ED may be a sign of a lack of access to primary care.

- New Mexico's rate is significantly higher than the rate cited by the National Institutes of Health.

Recieve Community-Based Services 7 Days After Psychiatric Hospitalization

Source: HCA
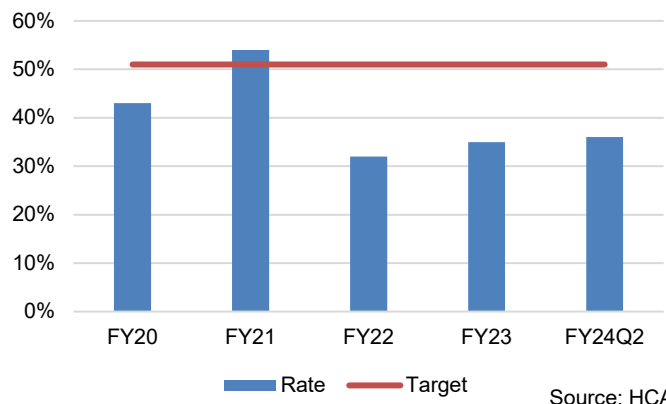
- Due to New Mexico's high rates of behavioral health prevalence, the state needs improved follow-up care after an emergency department visit for behavioral health reasons, especially for children.

- Follow-up care after psychiatric hospitalization can improve patient outcomes, reduce the risk of rehospitalization, and lower the overall cost of outpatient care. It can also be critical for suicide prevention during the high-risk period after discharge.

Performance Challenge: Despite Investment, Access to Evidence-Based Services Remains a Challenge

Progress

The state's middling ranking nationally for access to physical and behavioral health services is disconnected from its poor showing on many of the outcomes discussed above. For example, New Mexico in 2023 ranked 11th among the states for the number of behavioral health providers per 100 thousand population. While New Mexico's rankings on some behavioral health issues have improved, the state is still in the bottom third of states for the prevalence of most behavioral health concerns. The disconnect may be related to a lack of access to evidence-based behavioral health services.

However, the lack of data makes it hard to determine cause. For example, data on the number of visits per 1,000 people on Medicaid does not quantify how many of these visits were by unique patients. A small group of super users could be driving visit counts. There is no way to track whether high acuity diagnosis are driving utilization, what kinds of services people are receiving, and whether the services are evidence-based.

Recap

Significant expansions passed by the Legislature for hospital subsidies, hospital rate adjustments, grants to hospitals for service expansions, and other hospital grants suggest that, in the future, more New Mexicans will have access to services they did not have in the past. However, because significant structural barriers remain, improving access will take more than increasing funding and requires the state to address healthcare workforce shortages, geographic constraints, adequate health insurance coverage, and other barriers and ensure health care services are high quality and evidence-based.

The authority received administrative expansions for FY25 that will become increasingly crucial due to the demand for enhanced actionable data and the urgency to expedite the development of the long-delayed Medicaid management information system replacement project. This delay and the lack of good data is affecting most of the authority's programs, several other departments, and consequently, the quality of care. Since 2015, the state spent nearly $200 million on the information technology project and has appropriations to continue spending significantly in the next few years.

Suggested Questions

Overall access
1. Does the authority have a strategic plan to expand access to evidence-based behavioral health services?
2. What is the authority's plan to improve oversight of managed care organizations?
3. Does Medicaid or the Behavioral Health Collaborative measure the number or percent of clients served through evidence-based practices, prevention services, or high-fidelity wraparound services?

Data Collection
4. What is the authority doing to improve data collection?
   a. When will the department begin sharing this data with LFC staff?
   b. In the past, claims data was shared with LFC and staff were able to answer many questions related to what kinds of services Medicaid recipients were receiving, utilization, and whether the services billed for were evidence-based. Does the department plan on providing this data again?

Rural Access and Delivery Grants
5. During the 2023 and 2024 sessions, the Legislature appropriated a total of $126 million for startup costs to expand physical and behavioral services in rural or underserved areas that could then bill Medicaid.
   a. What is the authority doing to ensure these services are evidence-based?

b. What are the authority's criteria for awarding the grants?
c. What is the timeline for awarding the grants from the funds appropriated in the 2024 session?
d. How is the department deciding how much to award to each entity?
e. How does the department determine success with the grants?
f. What are the performance metrics the department is using to determine success?
g. What is the department doing to ensure the grants do not duplicate services that are already available?

6. What is the plan for using the $20 million appropriated to the Human Services and Children, Youth and Families Departments to develop evidence-based services that could then be eligible for Medicaid or federal Title IV-E Families First Prevention Services Act (for standing up prevention services) reimbursement?
a. What is the timeline of the plan?
b. What are the goals and how is the state going to measure success?
c. Does the plan include using $20 million for providers' startup costs?

Health Care Delivery and Access Act

7. During the 2024 session, the state enacted the Health Care Delivery and Access Act expected to generate about $1.3 billion in new revenue for the hospitals. Forty percent of the revenue will be linked to performance.
a. What is the department doing to ensure this funding does not result in a continued status quo over the next five years?
b. What are the performance indicators the department plans to track?
c. What will determine how the performance-based funding will be distributed?
   i. For example, if a hospital fails to meet three out of seven metrics, will the department withhold the funding?
   ii. How will the department ensure the performance metrics hospitals report are quality?
d. Is the department going to do anything to ensure that hospitals use the funding to expand access to services?
e. Is the department going to track whether the funding is staying within the state or going to out of state corporations?
f. How will the department ensure that the funding goes to the hospitals most in need of financial help?

Network Adequacy

8. Each Medicaid managed care organization (MCO) oversees its own network of providers. It is important to ensure each MCO has an adequate network to ensure access to care, quality of care, continuity of care, access to emergency services, and choice and flexibility.
a. What is the authority doing to ensure MCOs are monitoring the performance of their networks?
b. Does the authority ensure MCO's are monitoring the quality of care their networks are providing to patients?
c. How does the authority ensure that MCOs are ensuring that evidence-based services are being provided within their networks?
d. Does the authority do anything to ensure MCOs conduct regular assessments to ensure ongoing compliance with network adequacy standards.