Medicaid JUST Health Program

Presentation to the Legislative Health & Human Services Committee

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JUST Health Program Background
(Justice-Involved Utilization of State-Transitioned Health Care)

▸ Medicaid State Plan Amendment for presumptive eligibility – January 2014

▸ Short-Term Medicaid for Incarcerated Individuals (STMII) – implemented with NM Corrections Department in August 2014

▸ State law passed in early 2015; effective 7/1/15

▸ Goal to ensure Medicaid-eligible justice-involved individuals have timely access to health care services when released from prison or jail

  ◦ Cannot terminate individuals from Medicaid due to incarceration

  ◦ Must allow individuals to apply for Medicaid while incarcerated

  ◦ Individuals who qualify for Medicaid retain eligibility upon release for continuity of treatment

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JUST Health Implementation

- Started as a manual process at HSD; was automated in June 2016

- Pilot sites selected for rollout of automated process
  - NM Corrections Department
  - Metropolitan Detention Center (MDC)
  - Five additional counties/agencies added in September 2016
  - Ongoing phased approach to implementation based on the resources in each county/agency

- Application Processing Unit established in HSD dedicated to applications from justice-involved individuals

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JUST Health Implementation

- Governmental agreements with each participating facility

- Participating facilities are required to share daily inmate booking and release information with HSD through a secured interface

- HSD shares Medicaid eligibility information with the prison/jail daily

- Benefits are systematically suspended for individuals after 30 days of incarceration

- Benefits are automatically reactivated when the inmate is released from prison/jail upon receipt of release data from the facility

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IT Changes

▸ Implementation has required changes to multiple IT systems:

  ◦ ASPEN – Medicaid eligibility system

  ◦ MMIS – Medicaid enrollment and claims information system

  ◦ Medicaid provider portal – eligibility lookup for providers

  ◦ HSD system interfaces – allows the systems to "talk" to each other

  ◦ Prison/jail IT systems – not originally designed to interface with HSD IT systems

▸ Extensive testing done with each rollout

▸ Added to system maintenance and operations for faster county rollouts going forward

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Regulatory Changes & Training

- HSD suspends benefits 30 days after incarceration without terminating eligibility

- Inmate may apply for or recertify Medicaid while incarcerated

- Inmate is not eligible for Medicaid-covered services and is disenrolled from their managed care organization (MCO)

  - Exception for short-term inpatient hospital stays – paid under fee-for-service Medicaid (not through a MCO)

- HSD provides technical assistance and training to facilities so they can facilitate Presumptive Eligibility (PE) and help with the application process

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JUST Health Facilities

▸ Currently participating counties/agencies:

NM Corrections Dept. All facilities, ~7,200 daily population	**San Juan County** ~563 daily population
Bernalillo County MDC ~1,489 daily population	**Sandoval County** ~389 daily population
NM Children, Youth & Families Dept. Juvenile Justice facilities, ~144 daily population	**Santa Fe County** Adult and juvenile facilities, ~530 daily population
Doña Ana County Adult and juvenile facilities, ~780 daily population	**NM Department of Health –** **Forensics Unit** ~58 daily population
Rio Arriba County ~140 daily population	

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JUST Health Numbers

▶ August 2014 through September 2018

- ◦ 1,541 Presumptive Eligibility determinations

- ◦ 9,949 ongoing applications filed

- ◦ 9,231 ongoing applications approved

- ◦ 22,297 suspensions

- ◦ 15,527 reinstatements

- ◦ $5.6 million inpatient hospital claims paid

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JUST Health Next Phase

▸ Centennial Care 2.0 – starts January 1, 2019

◦ Initiates care coordination for inmates prior to release to establish appointments, referrals, pharmacy access, and continuity of care

◦ Allows for MCO delegation of care coordination to the county or facility

◦ Strengthens MCO contract requirements regarding after-hour transitions to address spontaneous or unplanned discharge from custody/detention

◦ Requires the MCOs to have a dedicated staff position to serve as a liaison to participating facilities – single point-of-contact; facilitate care coordination

◦ Evaluation criteria will track and trend health outcomes for justice-involved members who are actively participating in care coordination

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JUST Health Next Phase

▸ House Bill 19 (2018 Legislative Session)

  ◦ Requires HSD and the facilities to link inmates in Centennial Care with care coordination prior to release (when allowed by federal waiver)

  ◦ Requires HSD/BHSD to provide a BH screening tool to county facilities

  ◦ Requires the exchange of information to facilitate eligibility, suspension and reactivation of benefits

▸ JUST Health Workgroup – includes HSD, MCOs, NMCD, CYFD, and counties

  ◦ Monthly meetings

  ◦ Mapping a process to facilitate care coordination starting January 1

  ◦ Addressing program-specific issues (access to pharmacy, information exchange/lag time, strategies for transition during unplanned release)

▸ Inventory of BH screening tools in use by counties

▸ Pursuing an interface with APRISS for real-time booking/release data at most facilities

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Questions?

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