



## **New Mexico Youth Providers Alliance**

July 16, 2012

### **New Mexico Youth Provider Alliance Centennial Care and BH RFP Public Comments 2012**

The New Mexico Youth Provider Alliance (NMYPA) is the largest organization of behavioral health agencies in the State. The NMYPA is a non-profit advocacy organization, comprised of 37 member agencies across New Mexico, serving over sixty thousand children and families a year. Our organization advocates on behalf of our members, and thousands of New Mexican children and families. Our member agencies serve many of the most vulnerable children and families in the State, including families dealing with mental health, substance abuse, and the effects of physical abuse and neglect.

Our member agencies collectively employ five thousand (5000) New Mexicans each year, in providing critical behavioral health and social services to our clients. The combined budgets of our member agencies represent two hundred million dollars/annually (\$200M), a significant and important piece of the New Mexican economy the vast majority of which is spent or re-invested in our local communities.

The NMYPA has been a vocal advocate since its founding, and has been an especially critical component of the Behavioral Health system over the past five years. In the State's dealings with Value Options and Optumhealth, the NMYPA's input has had significant influence. In the State's endeavors to transform our behavioral health system, the NMYPA is a crucial player, as our members are the agencies providing the bulk of the behavioral health services in our state. The NMYPA's members and leaders serve on the New Mexico Behavioral Health Planning Council, the Optumhealth Provider Council, and almost every other governing or advisory body related to behavioral health in New Mexico.

The members of the NMYPA, and the children, families and adults we serve, have weathered multiple significant transitions and changes to our system of care. Across these multiple transitions, we have garnered significant information about the problems and pitfalls that can occur during such transitions. We offer this information and recommendations with the intent of ensuring that services to our clients remain stable, reliable and reimbursed, in order to prevent the chances of disruption that might significantly impact the lives of these individuals.

As the State of New Mexico moves forward with intent to again redesign the New Mexico Medicaid system, submitting an 1115 waiver to CMS, the members and Board of Directors of the NMYPA respectfully submit the following recommendations:

- **Elimination of retroactive eligibility**

The NMYPA strongly opposes this component of the Waiver application. It is viewed as having a significant negative impact consumers in ease of accessing needed services and on providers in terms of receiving reimbursement for services legitimately provided to Medicaid-eligible clients in need;

- **Administrative consistency across MCOs**

The NMYPA requests that the MCO's contracted by the State should have consistency in administrative processes, to reduce administrative burden on service providers. This consistency should require uniformity in contracting processes, authorization forms and processes, appeals and grievance processes and credentialing processes.

- **MCO subcontracting with local provider networks**

The NMYPA requests that the State be required to issue clarification and specific definition of 1115 waiver application language for "qualified core service provider networks." This concept is not clear, and poses significant potential for dramatic change and disruption of services of services if implemented differently between MCO's, or if implemented by the State without clear definitions and expectations.

- **Payment options such as capitation, case rates, PMPM**

The NMYPA requests that the State be required to make public specific information on the forms of payment to providers that are being considered by the State or MCOs, and to participate in such discussions before final determinations are made.

- **Tribal Choice**

The NMYPA strongly supports that Native Americans should continue to be offered choice in their participation in managed Medicaid.

- **Value Added Service**

For the duration of the BH Collaborative process, and the previous Medicaid waiver issued to the State, significant services within the behavioral health system of care have been supported through contractually-required "Value-Added Services," funded by the contracted Statewide Entity. As the State moves forward in Centennial Care, there is no information regarding this funding stream, and the services it supports. The NMYPA requests that the State be required to provide definitive clarification on the status of Value Added Services prior to implementation of Centennial Care, with a transparent, adequate planning process to address the changes to these services and the clients who receive them.

- **Appeals Process**

The NMYPA requests that the State be required to standardize the behavioral health appeals process in the contracted MCO's. Throughout the past decade, NMYPA members have experienced tremendous administrative burden and reimbursement obstacles as they attempt to navigate an arbitrary and ineffective appeals and grievance process around negative authorization decisions. As administrative burden has increased since 2005, and there has been an increase in the management of authorization of intensive behavioral services, the appeals and grievance process has become increasingly critical. Requested changes to this process would include specific, contractually-determined appeals and grievances processes that are uniform across MCO's and that cannot be changed without a clear due process. Additional changes would include specific roles and protections of the rights of providers in the appeals process, as well as the rights of members; clear separation of the authorizing entity/individual from the appeals entity/individual; and enforcement and monitoring of timely appeals resolution.

- **External Monitors**

The State should be required by CMS to have an external contractor monitoring the readiness review process and the implementation period. We have substantial evidence of weaknesses in the readiness review process, and in contract compliance/implementation monitoring. Both managed care and State are understandably invested in seeing this process as ready and working, and thus may be naturally resistant to recognizing/acknowledging problems. With both Value Options and Optum, the State had to bring in external monitors (Parker Dennison and Alicia Smith) on multiple occasions, to verify providers' reports of payment problems. We request that the State be required to have such external monitoring in place in advance, to prevent extended periods of payment problems and to monitor the administrative reconciliation process during implementation.

The contracted external monitors should also be tasked with monitoring the appeals and grievance process for a period of not less than six months from the beginning of Centennial Care.

- **Data Transparency**

From 1999 to 2005, the State was required to post "Early Warning System" data publicly, regarding the health of the BH system under managed care. This data included quarterly reports on BH utilization, authorizations, denials and critical incidents. This data was a way in which the community and external groups could assess and monitor the health of the BH system, based on objective data, across the managed care organizations. Such data is currently reported to the BH Collaborative, but has not been made publicly available. Frequent and repeated requests for data by providers, consumer advocates and even legislators transparency have been unsuccessful. As part of the transition to Centennial Care, the State should renew publication of data and information about the functioning of the BH system.

- **Hold Harmless Period**

The State should again require a "hold-harmless" period on the BH system, as they did in the Value Options (2005) transition. Such a requirement would restrict MCO's from making precipitous changes to codes, processes, rates, etc. during the transition/implementation period. During previous transitions, this hold-harmless period was successful in mitigating very serious and damaging changes to the fragile BH system.

Respectfully submitted, on the behalf of the NMYPA ,

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Nancy Jo Archer  
Co-Chair

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Margaret McCowen  
Co-Chair

*The Mission of the New Mexico Youth Providers Alliance (NMYPA) is:  
to enhance safety, well-being, and stable home life for at-risk children through a viable alliance  
of youth and family- based service providers.*

*The purpose is to provide:*

- 1) At-risk New Mexico Children access to a comprehensive range of services which are  
efficiently and effectively delivered; and,*
- 2) A voice for at-risk children by working toward planned system changes in Legislation,  
Policy, Practice, and Funding.*

**New Mexico Youth Providers Alliance  
Member Agencies**

NM Solutions  
UNMH  
Desert Hills  
Hogares  
Childhaven  
Families and Youth Inc.  
Team Builders  
Youth Shelters and Family Services  
All Faiths Receiving Home  
Mesilla Valley Hospital

YDI  
A New Day  
PMS  
Carlsbad Mental Health Center  
High Desert Family Services  
Las Cumbres  
Peak Behavioral Health Services  
Red Mountain  
Santa Fe Mountain Center  
Southern New Mexico Human Dev.

La Familia-Namaste  
Service Organization for Youth  
Guidance Center of Lea County, Inc.  
Easter Seals El Mirador, CASA de  
Corazon Division  
Easter Seals  
DHHS/HIS New Sunrise Regional  
Treatment Center  
Streetwise, Inc.  
Bernalillo Academy  
Ride to Pride Partnership, Inc.