# NM Medicaid MCOs
# NM tribal experience

Presentation to CHR Association and Tribal Leaders
Sept 10, 2015

# Who is covered for health care in NM?

**In 2013 38% of NM residents under 65 had employer sponsored insurance (Kaiser family foundation, 2013b)**

**20% enrolled in Childrens Health Insurance Program (CHIPs)**

**18% enrolled in Medicare**

**In 7/14 15.2% of NM residents remained uninsured (Alb Journal 2014)**

**In 8/14 76% of eligible population were enrolled in Medicaid and CHIPs**

# NM Natives in Medicaid

As of 8-12-2015 MCOs have added new members

BCBS – 6,859 Molina- 8,261

United HC – 6,070 Presbyterian – 9,858

MCO total – 31,048 (25% of Total Native Mcaid)

Fee for Service (Not with MCO) 88,522 (75% of total Native Mcaid enrolled)

Native Am Medicaid total – 119,570

Native Medicaid pop was approx 15% of NM Medicaid pop in July 2015

# Medicaid costs, Medicare and HIX

In 2013 Medicaid spending was $3.295 billion

State spent $1.1 billion

8-2014- 731,000 or 76% of medicaid pop

2014- 410,000 enrolled in Medicare (65 n older)

4-2014 32,00 enrolled in Health Insurance Exchange

# Profits of insurance companies from ACA

Between 2013 and 2014:

United Hcare rose from approx $20 mil to $38 mil (90% increase)

Presbyterian rose from approx $20 mil to $76 mil (300% increase)

Potter Wendell report, 2015 states newly enrolled ACA enrollees did NOT overuse medical services

ACA restricts medical loss ratio for insurance companies to 85%  (96% for medicare)

# Roles of CHRs

Advocacy for members

Translate insurance coverage for members

Attempt to get basic understanding of enrollment, navigation of system, benefits, reward points, value added services

Assure Health Risk Assessments are done for members to gauge level 1, 2 or 3

Interpret diagnosis and medical conditions

Call MCO Health care manager on where, who, why for members to obtain services

Then send MCO a bill

Laguna contract has been completed with United HC for CHR billing to begin assisting MCOs to meet their contract SOW

# MCO data by Native MCO services per State contract with each MCO

- Need data on numbers of health risk assessment done by MCOs, documented presentations by MCO care managers/ liaisons, MCO navigation presentation to members to present to NATAC
- HSD to present to NATAC a MCO report review (required under MCO contracts with HSD) which includes:

  11 sections-

  1) analysis (agreements with ITUs, NATAC, questions on care, compliance on RFP

  2) care outside ITU

  3) High behavioral health utilization (top 5 most highly used BH services usind CPT/HCPCS and amounts)

  4) Inpatient statistics (gen inpt, surgery, maternity, Neo-natal intensive)

  5) High ER use for Non-emergent conditions (level 1 to 7, top 10 non-emergent uses, time of use and trends)

  6) Facility Readmissions (follow-ups and readmissions rates for natives within 7 and 30 days after IPC, RTC, TFC discharge)

# MCO report review tool (continued)

- 7) Dental utilization (CDT codes of top 5 dental services <20 yrs, >21 yrs, $ amounts, concerns)
- 8) Pharmacy under utilization (members who did not retrieve Rx, concerns/tends regarding therapeutic class or care coordination levels)
- 9) Pharmacy over utilization (over use of opioid and treatment Rx, Prescribers, concerns/trends regarding therapuetic class and care coordination levels)
- 10) Value added services and number of requests approved and denied.
- 11) Care Coordination (Captures asessment and timeliness requirements under Mcaid after Jan 2014. Assessments in Health Risk Assessments (HRAs), Comprehensive Needs assessments (CNA) and Care Plans. Concerns reported on Levels 1,2 and 3 assigned based on CNA and CCP

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# Next steps

- Tribal Leaders to appoint NATAC members to address MCO services/ Contract concerns/issues regarding members. Meets quarterly – In MCO contracts sec 4.12.1
- Meet with MCOs and tribal MCO members to discuss SOW
- Tribal leaders to sit down with CHRs/Health staff to 'assists MCOs with HRAs, CNAs (face to face), CCPs to assign level 1, 2, 3's.' and ASSIGN members to Care Mgrs.
- Use template to enter into agreements with MCOs for 'uniform' reimbursements for CHRs or tribal health staff in partnering with MCOs.
- CHR Association to provide TA on working with MCOs. Negotiations, agreements, contracts, training,
- Other recommendations