



MDC MEDICAID ENROLLMENT PROGRAM

Early Experiences Operationalizing SB 42 (27-2-12.22 NMSA 1978) in the State's Largest County Jail.

Bernalillo County
Metropolitan Detention Center
October 27, 2016

[1]

MDC At A Glance

- Largest NM Jail:
 - ADP 1450
 - 25,000-28,000 bookings/yr, average of 67 bookings per/day
- Staff of 650+ (security, operations & vendors)
- Budget: \$75 – 80 million/yr
- Contracted In-House Medical/Mental Health Provider = Correct Care Solutions (CCS)
 - \$11 - \$12 million/yr

[2]

Program Highlights

- Passive → Active Medicaid Enrollment
- Transition from dis-enroll → suspension
- HSD/MDC file share (daily exchange of in-custody population)
- Pursuing Medicaid Administrative Claiming (MAC)
- Maintain 9 – 12 certified PEDs

[3]

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Early Success

- Regularly assessing entire population
- Generally a better understanding of the enrollment status of our population
- Over 1100 applications submitted since Aug 2015
- Approx 80% in-custody with health insurance (up from 60% a year ago)
- Linkages to care coordination while in custody

[4]

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Challenges

- Resource intensive
- Missing 40% - 50% of bookings
- Data collection & reporting burden
- File exchange validation
- Suspension/Reinstatement “hiccups”
- Reinstatement lag-time
- The suspension window is shorter (from 60 – 30 days)
 - 8.200.410.15 NMAC
 - 60+% of insured inmates are currently in suspension
- Client confusion

[5]

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Program Area in Development

MDC/Molina Care Coordination Pilot

In-reach by Care Coordinators to Molina clients to assess and initiate Care Planning.



Program Highlights:

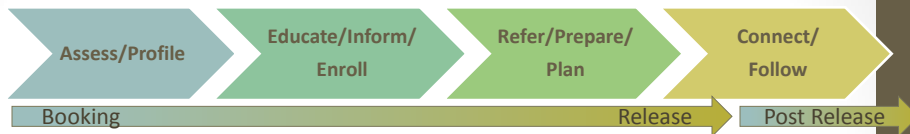
- In 2nd quarter of pilot implementation
- 106+ client referrals. 36% completing Comprehensive Needs Assessment with Molina while in custody
- Of 42 released, 50% linked to Molina in community. 50% did not reengage
- Other MCOs after 9-12 months?

[6]

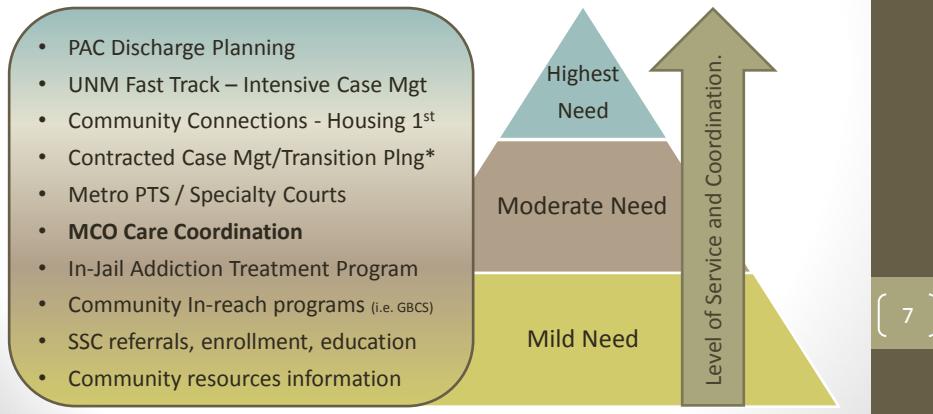
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WHERE MDC IS HEADED

MDC's Delivery of Case Management and Transition Planning Services



Targeting Services to Inmate Need with a Coordinated/Shared Approach



Opportunities

- Secure resources to reach higher percentage of bookings with enrollment services
- **Improve data exchange with HSD**
 - Validate matching of in-custody population with Medicaid database
 - Formalize manual reinstatement of benefit for moderate – high need clients at the time of transition to community.
- Explore areas to share costs & resources between County, MCOs and HSD
- **Consider changes to state plan to allow for Continuity of Care by MCOs at the point of release from state/county detention facilities (State of Ohio example)**



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