

Medicaid Redesign: Centennial Care

*Legislative Health & Human Services Committee
November 6, 2013*

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Centennial Care

- Combines almost all parts of Medicaid into a single program through section 1115 waiver
 - Approved by federal agency (CMS) July 2013
 - With “Special Terms & Conditions” (STCs) – 98 pages
- Existing programs (e.g., Salud, CoLTS) will end
- Almost every part of the Medicaid program – and almost every Medicaid enrollee – will be affected
- Includes both positive changes and negative ones – and a lot of unknowns

A lot of change all at once

- Entire Medicaid program will switch to Centennial Care on January 1, 2014 – same start date as for Medicaid expansion and Health Insurance Exchange coverage
 - ***How will a smooth transition be ensured when virtually the entire Medicaid program is being transitioned at once, and at the same time as other major changes?***
 - *Change to Centennial Care will affect hundreds of thousands of Medicaid enrollees*
 - *Compare CoLTS – <40,000 enrollees; phased in over a year and still wasn't smooth*

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Key elements: Managed care organizations

- Fewer MCOs; each one responsible for all services to all populations: physical health/behavioral health/long-term services
 - Exception: DD waiver services NOT in Centennial Care; waiver enrollees will be enrolled in Centennial Care for physical health and non-waiver behavioral health services
 - Medically Fragile waiver to move into Centennial Care in 2015?
- ***Will all MCOs have experience/ability to administer all services?***
- ***Many people will have to switch MCOs/service providers; disruption likely; issues re continuity of care/services***
- ***Will "carving in" behavioral health actually integrate health care services?***

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Selecting and enrolling in an MCO

- Current enrollees have to select MCO this fall
 - Enrollment period October 15 to late November or early December
- If no MCO selected, person will be auto-assigned
 - To current MCO if one of four in Centennial Care; if not, to new MCO
 - Lovelace and Amerigroup not selected for Centennial Care – significant number of enrollees must enroll in new MCO
 - ***Picking new MCO can be complicated, especially for people with multiple health needs and providers***
 - ***HSD is not offering assistance to individuals regarding plan selection***
- HSD education events around the state August to November
 - ***These are not enrollment events***
 - ***Have been reports that meetings not helpful – state staff unable to answer questions and MCO representatives restricted in what information they can provide***

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Key elements: Care coordination

- All participants to be screened to determine level of service need and need for care coordination
- Assessment for individuals needing care coordination – identify needed services (including non-medical), coordinate services
- Goal: provide services the individual needs, reduce need for more expensive care
 - ***Not clear exactly how/whether this will work or how it will improve on current system.***
 - ***Will the system be effective in identifying people who need care coordination?***
 - ***Will there be meaningful coordination that ensures people get the services they need?***
 - ***How is it different from service coordination in CoLTS? How will problems with CoLTS service coordination be addressed?***

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Key elements: "Personal responsibility"

- Co-pays in limited circumstances
 - 1) Non-emergency use of ER
 - Under federal law, co-pay authorized only if certain conditions met
 - State's request for co-pays above federal maximum was not approved
 - **People go to ER for lack of alternatives.**
 - **Will people be deterred from seeking needed care?**
 - **Will co-pays be charged only when permitted?**
 - 2) Brand-name medication when generic available (\$3)
 - Exception for psychotropic medications
 - Process for exception for other meds when needed
 - **What will exception process for non-BH medications be? Will it be easy to use and expeditious, so people aren't denied necessary medications?**
- Rewards for positive actions – credits on benefit card

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Key elements: Pay for performance (providers)

- Emphasize quality and outcomes instead of quantity of service provided
- Promote practice change through incentives
 - Comparative peer-to-peer information to promote best practices
 - New payment approaches
 - **Information so far has been limited and general. More detail on how this will be achieved would be useful.**

Long-term services and behavioral health

Significant changes:
Will be covered in Jim Jackson's presentation

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12-month continuous eligibility for adults

Adult enrollees as well as children will remain enrolled in Medicaid for a full year

- Reduces “churn” in and out of the program, promoting continuity of coverage and care
- Reduces administrative burden (and cost) for both enrollee and HSD

No elimination of retroactive eligibility

- Under federal law, Medicaid covers health care expenses incurred in the three months prior to enrollment, if the person would have been eligible for Medicaid in those months
- HSD proposed to eliminate retroactive eligibility
 - This change would have imposed financial burdens on both individuals and the providers who furnished services to them
- CMS denied the request; retroactive eligibility will continue

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Some groups will lose Medicaid eligibility

- Income eligibility for Family Planning, Breast/Cervical Cancer reduced to 138% FPL - Individuals above that income level will lose Medicaid eligibility, move to Exchange
 - ***How many people will have gaps in coverage or become uninsured?***
 - ***What will be the impacts of loss of Medicaid eligibility?***
 - ***Family Planning: Increase in unintended pregnancies, Medicaid costs, abortions?***
 - ***Breast/Cervical Cancer: Will Exchange coverage, including out-of-pocket costs, be affordable for this high-needs, low-income population?***
 - ***Short-term: Delay implementation to provide transition period?***
 - ***Long-term:***
 - ***Basic Health Program to make coverage affordable for people 138-200% FPL?***
 - ***Continue current income eligibility for these groups?***

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Native Americans

- Currently, CoLTS enrollment mandatory but Salud enrollment optional
- HSD wanted mandatory enrollment for all Native Americans; tribes opposed
- CMS disapproved mandatory enrollment for all
 - Current system will continue (opt-in except for individuals eligible for CoLTS)

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The devil is in the details – and details have been shrouded in secrecy

- Details of Centennial Care implementation are still emerging; much is still unknown
- Process of developing the program has not been transparent
- Implementation workgroups internal to HSD; limited opportunities for stakeholder input/participation

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