



**HUMAN SERVICES**  
D E P A R T M E N T

**Presentation to the  
Legislative Health and Human Services Committee  
Brent Earnest, Secretary  
Nancy Smith-Leslie, MAD Director  
September 21, 2015**

# Centennial Care Update



# Centennial Care

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**Centennial Care is changing the delivery system in New Mexico with its focus on integrated care, including robust care coordination, and moving toward paying providers for achieving improved quality and better health outcomes for members.**

## **Medicaid Enrollment Greater than Originally Projected: (enrollment as of Aug. 2015)**

- ▶ Total in Medicaid-- 822,428
- ▶ Total in Adult Expansion--226,783
- ▶ Total in Centennial Care--642,047
- ▶ Total in Long Term Care--46,359
- ▶ Total Accessing Community Benefit in 2014--22,331
- ▶ Total Accessing Community Benefit through May 2015--19,657

## **Increasing Coordination of Services in Centennial Care**

- ▶ Total Members in Patient-Centered Medical Homes--200,840
- ▶ Total Members in Higher Levels of Care Coordination--70,000
- ▶ Total Members with Completed Health Risk Assessments--423,842
- ▶ Health Homes targeting Behavioral Health population launching 1/1/16



## Supporting Provider Capacity

- ▶ Continuation of the PCP Increase—1,982 providers receiving increased payments
- ▶ Maximizing Scopes of Practice for Certain Providers
- ▶ MCOs expanding use of telehealth office visits and launching virtual physician visits, including with behavioral health providers
- ▶ Increasing Use of Community Health Workers:
  - CHWs work with high ED utilizers to redirect them to PCPs, educate about healthy behavior, disease management and community resources;
  - More than 100 directly employed by or contracted with MCOs;
  - FQHCs actively engaging CHWs, including PMS, HMS and First Choice;
  - MCOs partnering with UNM to expand role of CHWs—care coordination, health education, health literacy, translation and community supports linkages;
  - 2015 Delivery System Improvement Target requires MCOs to increase utilization of CHWs



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## Implementing Payment Reform Projects

HSD approved 10 payment reform projects in early 2015; all projects launched in July 2015, including:

- ▶ Accountable Care Like Models—performance-based model with partial payment paid as bonus for achieving quality outcomes;
- ▶ Bundled Payments for Episodes of Care—bariatric surgery, diabetes and maternity;
- ▶ Patient-Centered Medical Home Shared Savings—built upon PCMH model by adding shared savings targets that reward achievement of utilization and quality targets.



# Centennial Care

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## Early Measures of Success

- ▶ MCOs reported an average of 39 ER visits per 1,000 member months in 2013 compared to an average of 35 ER visits in 2014
- ▶ 2 of the Centennial Care MCOs met the Delivery System Improvement Target of reducing non-emergent ER visits by 10% in 2014. Targets were developed by HSD based on estimated ER use and enrollment distribution by MCO.
  - One MCO with a target of 479 visits per 1,000 members achieved 438 visits per 1,000 and another MCO with a target of 500 visits per 1,000 members achieved 407 visits per 1,000.
  - Centennial Rewards program reporting a 29% reduction in total hospital events for individuals with diabetes
- ▶ All MCOs met the Delivery System Target of increasing telehealth office visits with specialists by 15% in 2014. Targets were developed based on the MCO's baseline number of telehealth visits in 2013.
  - One MCO's baseline was 22 visits in 2013, increasing to 1,200 in 2014
  - Another MCO increased visits from 10 in 2013 to 1,900 in 2014
  - All MCOs significantly increased the use of telehealth visits in 2014
- ▶ Sent 1,832 allocation packets to individuals waiting for waiver slots into Centennial Care; 460 individuals completed eligibility and were issued slots
- ▶ 40,000 members actively participating in Centennial Care member rewards program that offers rewards for engaging in healthy behaviors; adding reward for management of hypertension in 2016 as data suggests high prevalence and cost for this condition in the population

# Children's Health Insurance Program (CHIP)

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- ▶ New Mexico operates CHIP as an expansion of children's eligibility rather than a stand-alone program.
- ▶ Under the Medicare Access and CHIP Reauthorization Act (H.R. 2) passed in March 2015, Congress extended funding for the CHIP through FFY2017.
- ▶ Beginning in FFY16, the Affordable Care Act increases the Children's Health Insurance Program (CHIP) enhanced Federal Medical Assistance Percentage (EFMAP) by 23 percentage points, with a maximum of 100%. The increase in the CHIP EFMAP rate will continue through September 30, 2019. (Section 2105 (b) of the Social Security Act).
- ▶ For the state of New Mexico, this results in an EFMAP of 100% as long as the State meets all maintenance-of-effort provisions also detailed in the Affordable Care Act.

# CHIP Enrollment Numbers

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## **Pre-ACA CHIP Enrollment Numbers**

In December 31, 2013 before the Affordable Care Act was implemented New Mexico had 6,641 children enrolled in in CHIP:

- ▶ Children ages 0-5 years old – 665
- ▶ Children ages 6-19 years old – 5,976

## **Current ACA CHIP Enrollment numbers**

As of August 31, 2015 New Mexico has 15,676 children enrolled in CHIP

- ▶ Children ages 0-5 years old (240%-300% FPL) – 1,649
- ▶ Children ages 6-19 years old (190%-240% FPL) – 14,027

# All Payer Claims Database (APCD)



## State Innovation Model (SIM) Initiative

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- ▶ NM received ~\$2 million from CMS
  - HSD and DOH co-lead agencies
- ▶ Goal of SIM is to test innovative health delivery and payment models that support the “Triple Aim”:
  - Reduce health care costs
  - Enhance quality of care
  - Improve population health
- ▶ Grant ends on January 31, 2016
  - CMS has not committed to future funding

# APCD Planning

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- ▶ As part of the SIM project, HSD is leading planning efforts for an APCD.
- ▶ An APCD is a comprehensive database of medical claims that provides data transparency and allows for analysis of the cost, price, quality and utilization of health care.
  - ▶ Can fill critical information gaps for state agencies, legislators, payers, providers, regulators and consumers to support health care, payment reform, consumer care and state agency reforms.
  - ▶ Can improve our understanding of the cost, quality and utilization of health care; help us evaluate the cost of care, utilization patterns, population health needs, and the impact of reform efforts; and help us identify gaps in access.

# APCD Planning

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- ▶ HSD is procuring a consultant to assist with the planning effort, which will include:
  - Identifying and engaging stakeholders to be involved throughout the planning process
  - Developing the state's APCD vision
  - Recommending approaches to APCD governance
  - Defining APCD infrastructure needs
  - Outlining APCD funding considerations
  - Delineating APCD data collection solutions for alignment and integration across health information systems
  - Specifying next steps for APCD implementation
  - Assisting with the development of an APCD concept paper and implementation plan
- ▶ Procurement is almost complete; HSD expects to make an announcement about the consultant in October with work to begin immediately.

# APCD Stakeholders

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- ▶ HSD plans to engage stakeholders from multiple sectors to inform the state's APCD design:
  - State agencies
  - Policy makers
  - Payers and insurers – both public and private
  - Health care providers and provider associations
  - Tribal representatives
  - Health care consumers
  - Employers and employer coalitions
  - Health Information Exchanges (HIEs)
  - The Health Insurance Exchange (HIX)
  - Self-insured groups
  - Universities
  - Local and tribal governments