NM Medicaid Vital Statistics

- Total Medicaid enrollment – 720,000
- Total expansion enrollment – 172,000
- Total enrollment in managed care – 575,000
- Four managed care organizations
- 190 staff persons at the Medical Assistance Division
Centennial Care is NM Medicaid’s “next generation” of Medicaid managed care.

Integrates physical health, behavioral health and long term services

The Centennial Care managed care organizations (MCOs) are responsible for access to all services.
New Mexico Medicaid
Centennial Care

- Centennial Care’s central goals are:
  - Improve health outcomes
  - Slow the rate of growth of the cost of care
  - Pay for quality not quantity

- Care coordination is at the heart of Centennial Care
  - MCOs are responsible for care coordination
Driving Quality Through the Contract

- Contract Requirement: The Health Risk Assessment
  - MCOs must conduct an HRA for ALL members
  - HRA is the first step to care coordination.

- Contract Requirement: Care Coordination
  - Centerpiece of Centennial Care
    - Required for members with co-morbid health conditions, high ER utilization, functional disabilities, cognitive disabilities, substance use or mental health conditions, or poly-pharmaceutical use.
Driving Quality Through the Contract

- Three levels of care coordination
  - Level One – not in need of active care coordination (claims monitoring)
  - Level Two – member needs care coordination
  - Level Three – member needs higher level of care coordination

- Care coordinator ratios:
  - Level One – 1/750 recipients
  - Level Two – 1/75 recipients
  - Level Three – 1/50 recipients
  - Nursing Home – 1/125 recipients
Driving Quality Through the Contract

- Care coordinators are required to have a bachelor’s degree in social work, nursing or other health care–related field plus 2–years relevant experience, or;
- 2–years relevant experience
Driving Quality Through the Contract

- Care coordination is hard to do!
  - Hard to bring up!
  - After 10 months, HRAs completed for 50% of recipients
  - Recipients are hard to reach, hard to find, don’t respond to outreach, don’t want to interact

- Unintended consequences
  - Depleted the labor market of social workers and licensed therapists
  - Shortage of workers in behavioral health agencies

- Challenging to develop capitation rates
Driving Quality Through the Contract

- Contract Requirement: The Delivery System Improvement Fund
  - MCOs withhold 1.5% of capitation payments
  - Withheld funds placed in a separate account

- Delivery system improvement measures set for each contract year

- Withheld funds released to MCO based on achievement of measures

- Total points earned are divided by 100 and that percent is the amount of the withhold the MCO keeps, with the remainder returned to the State.
Driving Quality Through the Contract

Delivery system improvement fund goals for 2014

- Increase adoption of EHRs and the exchange of electronic health information
- Increase utilization of telehealth by 15%, with at least 5% of the increase for behavioral health visits
- Decrease non-emergent ER visits by 10%
- At least 5% of MCO members in patient-centered medical homes.
Driving Quality Through the Contract

- We won’t know the results for 2014 until February 2015.
- Goals for 2015 will be:
  ◦ Increase the use of community health workers
  ◦ Decrease overall utilization of the emergency room
  ◦ Further increase the percent of members in patient-centered medical homes
  ◦ Further increase the utilization of telehealth services.
Driving Quality Through the Contract

- Contract Requirement: Participate in Payment Reform Projects
  - Bundled payment model for pneumonia and congestive heart failure
  - Bundled payment for childhood asthma

- Other participation requirements
  - Project ECHO
  - Electronic visit verification for personal care services
  - Connecting criminal justice-involved recipients to health care
  - Member incentive programs
Another Challenge: What Did We Get?

Did We Get the Quality We Wanted? How Do We Know?

- Measure potentially preventable events
  - Reduction in 30-day readmits?
  - Reduction in ER visits?

- Measure changes in health status
  - Did diabetes worsen in the population?
  - Decrease in member falls?

- Measure the kinds of services accessed
  - Outpatient primary care vs. inpatient hospital care
  - Trend towards less intensive services or no change?
Future Plans for Centennial Care

- Drive care coordination more to the point of service rather than only MCO–centric care coordination
- Build on payment and delivery reforms to drive quality
- Focus more care coordination on healthy populations to maintain and improve health
Links

- Centennial Care Contracts:
  - http://www.hsd.state.nm.us/LookingForInformation/medical-assistance-division.aspx

- Project ECHO
  - http://echo.unm.edu/