

The Hilltop Institute



analysis to advance the health of vulnerable populations

**The New Mexico State Human Services Department
Memorandum of Understanding:
*Report of Activities for FY 2011***

July 2011

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Introduction

The Hilltop Institute at UMBC

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized nonpartisan research organization for health policy, with particular expertise in Medicaid. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Through this work, Hilltop seeks to contribute to the broad understanding of how better to serve vulnerable populations.

Hilltop's Services to the New Mexico Human Services Department

Hilltop has performed contractual services for the New Mexico Human Services Department (HSD) since 2004. Under the guidance of Hilltop's former executive director, Charles Milligan—former Medicaid Director in New Mexico under Governor Gary Johnson—a strong relationship was forged. This strong collaboration continues today.

Hilltop continues to be a substantial resource to New Mexico in its efforts to bring affordable, high-quality health services to its citizens, while helping the state maximize its available resources. Hilltop is assisting the state in improving the system of health services for its most vulnerable populations.

As a resource to the transition team of Governor Susana Martinez, Hilltop prepared a status report to provide background information on recent Medicaid activities at HSD and to identify pending initiatives and important policy issues that were in progress and that would require decisions in the near future. This report was presented to the transition team in November 2010, two weeks after the new governor was elected. In addition, and at the same time, Hilltop prepared a separate status report, customized specifically for HSD. Hilltop presented the transition team report to the new HSD secretary just after she was designated in January 2011.

Hilltop continues to devote substantial resources to help the state achieve its two major goals for long-term services and supports to older adults and persons with disabilities: advancing community-based care as an alternative to institutional care, and containing the rate of growth in overall expenditures. In addition, Hilltop is providing technical assistance to the state to support its efforts to provide coverage to childless adults and uninsured New Mexicans. Finally, Hilltop is providing analysis, technical assistance, and is developing a financial modeling tool to assist New Mexico in implementing health reform.

Hilltop's work with HSD is supported by a memorandum of understanding. This report presents Hilltop's activities and accomplishments for fiscal year (FY) 2011 through the MOU.



Transition to a New Administration

The Hilltop Institute provided support and consultation to the new administration immediately after the November 2010 election. Hilltop supported the transition team's work and the efforts of the new administration as well as the leadership team at HSD, and demonstrated its evidence-based approach by creating transition team materials and guidance.

Transition Team Report: Hilltop prepared a report to then Governor-elect Martinez's transition team, which provided background information on recent Medicaid activities at HSD and identified pending initiatives and important policy issues that were in progress and that would require decisions in the near future. This report was presented to the transition team in November 2010, two weeks after the new governor was elected. The report was presented to the new HSD secretary in January 2011.

Cost Containment: Hilltop prepared a memo for the transition team that discussed some high-level cost containment options for Medicaid. The memo identified the seven tools that states have to address Medicaid budget challenges (Reduce Expenditures—eligibility, benefits, provider rates, utilization controls—and/or Increase Revenues--increase federal matching funds, shift expenditures to higher matching rate, increase revenue from other sources); addressed each option; and identified the initial best candidates for cost containment in New Mexico. The memo was also presented to the new HSD secretary in January 2011.



Long-Term Services and Supports

Medicaid-funded long-term services and supports (LTSS) includes payments for nursing facility care, home and community-based services (HCBS) waivers, and state plan services such as the Personal Care Option (PCO) and home health. LTSS continued to receive a great deal of attention from HSD in FY 2011 as the state continued to pursue two major goals: advancing community-based care as an alternative to institutional care and containing the rate of growth in overall expenditures.

Hilltop provided substantial assistance to HSD in achieving these goals. For example, Hilltop served as HSD's primary resource on development and operation/management of the Coordination of Long-Term Services (CoLTS) program. In FY 2011, with Hilltop's assistance, the state made progress in preparing for waiver renewals in FY 2012 and ensuring that waiver assurances are met. The PCO program continues to consume significant financial resources, and HSD enlisted Hilltop to build and refine a financial model to estimate the savings to the state of pursuing various cost containment strategies that other states have used to constrain the budget in personal care. Hilltop provided support to HSD in responding to requests from auditors with the Legislative Finance Committee (LFC) and managed the development of the state's Money Follows the Person Rebalancing Demonstration grant awarded by CMS in March 2011.

Coordinated Long-Term Services (CoLTS) Program Support

In FY 2011, Hilltop continued to provide extensive support to HSD in its development and implementation of the CoLTS 1915(b)(c) Waivers.

CoLTS 1915(c) Waiver Evidence Report Response: Hilltop managed the process for responding to CMS's July 30, 2010, questions about the state's May 3, 2010, CoLTS HCBS Medicaid Waiver Evidence Report. Hilltop worked with the Interagency Quality Review Committee (IQRC), including representatives from the Aging and Long-Term Services Department (ALTSD), to develop responses to CMS's questions. Hilltop drafted the response to CMS, which was submitted October 29, 2010. CMS responded to the state's response on December 17, 2010. Hilltop prepared a matrix tracking all of these responses to guide the state in waiver renewal preparation and development of waiver performance measures.

Synchronization of 1915(b) and 1915(c) Waivers: With assistance from Hilltop, the state submitted a request to CMS to synchronize the two waivers so that both would be up for renewal on July 1, 2012, and the waiver terms would be synchronized thereafter. This request was made pursuant to Section 2601 of the Affordable Care Act. On April 7, 2011, CMS approved the first of what is anticipated to be four 90-day extensions to the 1915(c) waiver. The approval letter requested "quarterly updates ... on the results of the State's monitoring, including discover outcomes and remediation activities, in accordance with the State's Quality Improvement Strategy." Hilltop facilitated preparation of the first quarterly update as described below.



CoLTS 1915(c) Waiver Performance Measures: From September 2010 through June 2011, Hilltop scheduled, prepared agendas for, and facilitated weekly telephone meetings with staff from HSD and ALTSD to develop waiver performance measures, discovery methods, and remediation processes to bring the state into compliance with the six waiver assurances set forth in 42 CFR §441.301 and §441.302: level of care, service plans, qualified providers, health and welfare, administrative authority, and financial accountability. As background, Hilltop researched policies and processes for critical incident reporting in other states. Following extensive research and discussions, 27 performance measures were developed and agreed to by staff. For each measure, templates were produced specifying the numerator and denominator for the performance measure, data sources, responsibility for data collection and aggregation, the discovery method, and the remediation processes. Development of data sources and data collection and aggregation is now in process. In addition, remediation activities with the Third Party Assessor and managed care organizations (MCOs) are underway to ensure data availability and compliance with performance measure reporting. The state's first quarterly update to CMS is scheduled for submission in July 2011. Hilltop has and continues to provide staff support and facilitate this process.

CoLTS Legislative Finance Committee (LFC) Audit: In FY 2011, at the request of HSD, Hilltop drafted a ten-page executive summary examining the goals, structure, operation, and payment methodology for the CoLTS program. The executive summary also included an analysis of estimated cost savings to the state since the program's implementation in 2009. The state incorporated Hilltop's executive summary into an August 27, 2010, briefing document on the CoLTS program that was provided to the LFC auditors and into reports posted in March 2011 on HSD's website. In addition, Hilltop briefed HSD staff on the cost-effectiveness analysis in the CoLTS 1915(b) Waiver renewal (Appendix D of the renewal) approved by CMS in June 2010 so that staff could in turn brief the auditors and answer their questions.

CoLTS 1915(b) and 1915(c) Waiver Renewals: In FY 2011, Hilltop began work with the state on the CoLTS 1915(c) waiver renewal, which must be submitted to CMS by January 1, 2012, along with the renewal application for the 1915(b) waiver now that CMS has approved synchronization of the two waivers. For the 1915(c) waiver, Hilltop is providing consultation on the benefit package, program management and operation, performance measures, and quality monitoring. Hilltop will also carry out analyses of utilization and costs using encounter data in order to project future utilization and costs for the cost neutrality analysis in Appendix J of the renewal application. The state must assure CMS that estimated average per capita expenditures under the waiver will not exceed estimated average per capita expenditures for waiver participants had the waiver not been granted. For the 1915(b) waiver, Hilltop began working with the state to prepare the cost effectiveness analysis for Appendix D of the application, which must demonstrate that actual expenditures for retrospective years 1 and 2 did not exceed the state's expenditure projections for those years on a per member per month basis. Hilltop is also providing consultation on rebasing the capitation rates paid to the MCOs.



Personal Care Options (PCO) Program Policy Options

In FY 2011, Hilltop continued working with HSD to develop options for addressing the cost of the PCO program. As a first step, Hilltop examined Medicaid state plans in other states' Medicaid programs to find examples of states that limit their personal care programs. Hilltop found that of the 17 states that limit their personal care programs, 11 have those limits explicitly codified in regulation. Hilltop provided HSD with information on regulation language and links to the regulations. As a follow-up, Hilltop provided more in-depth information on states with conditional limits in regulation.

New Mexico issued new regulations for the PCO program effective December 30, 2010 (NMAC 8.315.4). The regulations require the use of a new PCO Service Guide (MAD 055) to specify services needed by the client and assign personal care hours according to need in order to better manage service utilization.

In FY 2011, HSD also considered options for a cap on the number of hours of personal care services any participant could receive in a given week as a cost containment measure. Hilltop analyzed personal care utilization and costs using FY 2009 encounter data and estimated potential cost savings if the state were to implement several different strategies for capping personal care hours.

- Using data on PCO utilization by CoLTS members from AMERIGROUP, Hilltop analyzed the number of AMERIGROUP members who used PCO services and displayed the number of users by number of service hours used each week.
- Hilltop extrapolated utilization estimates to include Evercare members (at the time of this analysis, encounter data were not yet available from Evercare).
- Hilltop estimated state and federal cost savings that would be generated if the state were to cap the number of weekly PCO hours above a specified amount.
- Hilltop conducted an analysis of Native American CoLTS members.
- Hilltop estimated state and federal cost savings if the state were to require a minimum level of need before individuals would be eligible for PCO services (e.g., a member must require at least 10 PCO hours per week).
- Once Evercare encounter data became available, Hilltop reran all of the analyses above to include actual (not extrapolated) Evercare data.

Some of Hilltop's analysis appears in the PCO Services Fact Sheet prepared by HSD on March 1, 2011. At this time, the state has decided not to establish a cap on personal care hours, but to monitor utilization under the new PCO Service Guide.



Affordable Care Act (ACA)

The ACA affords states many new opportunities to consolidate and expand LTSS programs and further rebalancing goals. Hilltop is providing consultation to HSD on how New Mexico can take full advantage of new opportunities—and especially leverage multiple opportunities—within the ACA to improve health services to older adults and persons with disabilities in a manner that is efficient and effective and maximizes the state’s resources while being mindful of budget considerations. One example is synchronization of the CoLTS 1915(b) and 1915(c) waivers described above. Three other examples follow.

Money Follows the Person (MFP) Demonstration: The ACA included an extension of the MFP demonstration program for an additional five years (to 2016). The demonstration offers states substantial resources and additional program flexibilities to remove barriers and improve access to community supports and independent living arrangements. New Mexico applied for—and in late September 2010 was awarded—a planning grant to produce an operational protocol for an MFP demonstration program. Hilltop managed the state’s interagency process to develop the operational protocol, which involved convening a work group composed of representatives from HSD, including the Medical Assistance Division and the Behavioral Health Services Division, the Elderly and Disability Services Division of ALTSD, and the Department of Health. Hilltop coordinated (and remotely attended) weekly planning meetings with the work group; developed meeting agendas; distilled and synthesized the issues addressed; and managed the writing of the protocol. The proposal was submitted to CMS on January 7, 2011. The target populations are: adults aged 65 years and over, adults under age 65 with physical disabilities, and adults with mental illness or a qualifying brain injury. All must be assessed to need a nursing facility level of care. In March 2011, CMS approved the state’s application—pending revisions to the operational protocol. With Hilltop’s assistance, the state revised the operational protocol and submitted it on March 28, 2011. It was approved by CMS and Hilltop is now assisting with program implementation.

Community First Choice Option: Section 2401 of the ACA authorizes a new state plan option for providing community-based attendant services to Medicaid participants. States adopting this optional state plan benefit will receive a 6 percent increase in the Federal Medical Assistance Percentage (FMAP) indefinitely. Hilltop examined the legislation and proposed rules for Community First Choice issued by CMS on February 25, 2011, and prepared a memorandum on issues the state should consider in examining the potential benefits of this new option for New Mexico.

State Design Contract Proposal: In response to a January 2011 solicitation from the Center for Medicare and Medicaid Innovation at CMS for proposals for *State Demonstrations to Integrate Care for Dual Eligible Individuals*, Hilltop assisted the state in preparing a proposal aimed at strengthening the design of the CoLTS program. The state proposed to incentivize the further development of Medicare Advantage Special Needs Plans (SNPs); conduct focus groups with



CoLTS participants to better understand enrollment choices and how to more effectively market the program; and build the capacity to use Medicare data in analyzing service utilization and program costs. CMS funded 15 states; New Mexico's proposal was not successful.



Medicaid Program Development and Policy Analysis

In FY 2011, Hilltop assisted HSD with its Aligning Forces for Quality (AF4Q) initiative, completed its evaluation of small business participation in the SCI program, and continued to provide technical assistance to the state in its efforts to provide coverage to childless adults and uninsured New Mexicans.

Aligning Forces for Quality (AF4Q)

In FY 2011, Hilltop assisted HSD with its AF4Q initiative. AF4Q is a national initiative funded by the Robert Wood Johnson Foundation (RWJF) that supports and sustains the development of a variety of strategies and tools to improve health care quality. AF4Q builds on the lessons learned from the most critical undertakings in quality improvement, including the promotion of performance guidelines and measures, prevention of medical errors and miscommunication, and reduction of racial and ethnic disparities. By aligning key stakeholders in targeted communities to further address these and other key issues, AF4Q aims to turn promising practices into real results that will deliver lasting change. One of the focus areas of the initiative is Increasing Public Reporting.¹ RWJF is funding 14 metropolitan areas across the country. The Albuquerque Metropolitan Area/Bernalillo County is one of the fourteen.

The AF4Q initiative in Albuquerque is led by the Albuquerque Coalition for Healthcare Quality (AC4HQ) in partnership with the New Mexico Medical Review Association (NMMRA), the state's health quality improvement organization. AC4HQ is a multi-stakeholder coalition consisting of hospitals, health plans, primary care physicians, nurses, consumers, and employers working together to drive health care quality. The coalition is working across organizations and Albuquerque's multicultural community to improve health care systems and outcomes for residents. To achieve its goals, AC4HQ aims to increase awareness of health care quality; increase the use and understanding of publicly available quality information; and support the roles of consumers and providers in achieving high-quality, patient-centered care.² HSD is a member of the coalition and is responsible for providing information on Medicaid.

HSD requested that Hilltop provide consultation on the performance measures that the Salud! MCOs would use for the project. Hilltop consulted with HSD on the development of the measures to be used by all the health plans, including Medicaid. In addition, Hilltop worked with HSD to finalize data requirements for the Salud! MCO data submissions and reviewed the first submission of MCO data to help ensure that the data met the criteria in the project's technical specifications. Hilltop also consulted with HSD and offered suggestions on how to capture data on a larger number of participants by either relaxing some of the criteria outlined in the technical specifications or including additional measures.

¹ This description was retrieved from <http://www.rwjf.org/qualityequality/af4q/focusareas/index.jsp>.

² This description was retrieved from <http://www.rwjf.org/qualityequality/af4q/communities/albuquerque.jsp>.



Evaluating Small Business Participation in the State Coverage Insurance (SCI) Program

In 2008, Hilltop, in partnership with HSD's *Insure New Mexico!* Bureau, received a philanthropic grant to evaluate the SCI program. The grant was 1 of 15 nationwide that was awarded through the RWJF State Health Access Reform Evaluation (SHARE) Initiative. The grant enabled HSD to hire staff with external funds, thereby expanding staff capacity without burdening the state general fund. The project identified factors that influenced employer participation in SCI through surveys and analysis of administrative data, such as eligibility data. HSD administered the grant funds, provided program information and enrollment data necessary for the study, and served as a liaison to New Mexico's small businesses and other stakeholders. Hilltop performed the research and led all evaluation and result-reporting activities.

In 2009 and 2010, Hilltop concluded its research, analyzed the data, and disseminated the findings in various forums, legislative hearings, conference presentations, stakeholder meetings, articles, and reports. Hilltop made several presentations around the country at various state and national conferences, such as the AcademyHealth Annual Research Meeting and the National Association of Public Policy Analysis; included study results in testimony before the New Mexico Legislative Health and Human Services Committee; wrote and disseminated a Hilltop issue brief titled *Small Business Participation in the New Mexico State Coverage Insurance Program: Evaluation Results*; wrote and disseminated a second issue brief titled *Participation in the New Mexico State Coverage Insurance (SCI) Program: Lessons from Enrollees*; and wrote and submitted a manuscript for an article for *Health Services Research (HSR)*, a nationally renowned peer-reviewed health services research journal. These and all subsequent publications of the project were co-authored by Hilltop and HSD.

In FY 2011, Hilltop concluded its formal work on the project, although Hilltop continues to work with HSD to improve the SCI program based on the findings developed in that research. The Hilltop issue brief cited above was published in January 2010. Hilltop completed most of the final reporting activities required by RWJF. These activities included creating a final results report, a final narrative report, a final bibliography, and a final financial report. In FY 2011, Hilltop continued to disseminate research findings nationally.

- The manuscript submitted to *HSR* was accepted for publication and published. Hilltop worked with journal editors to revise and resubmit the article. This entailed further analysis and re-writing. The article, titled *Small Group Employer Participation in New Mexico's State Coverage Insurance Program: Lessons for Federal Reform*, was published online in December 2010 and published in hard copy in February 2011.
- Hilltop worked with SHARE staff to develop a second issue brief, this time published by SHARE, discussing the study findings that identified the characteristics of non-sponsored enrollees in SCI. In addition, the brief shared lessons learned from the study about



encouraging employer sponsorship of enrollees in SCI and similar public/private partnerships. This brief was published in November 2010.

- In June 2011, Hilltop gave a presentation before a national audience at the 2011 AcademyHealth Annual Research Meeting, titled *Evaluating Small Group Employer Participation in New Mexico's SCI Program*, to disseminate the findings of the study in a session titled Addressing Cost and Affordability in Public Programs: Implications for the Affordable Care Act.

This project has benefitted New Mexico in that it has increased knowledge about SCI and what issues are salient for small business participation. In addition, New Mexico's experience with its SCI program is providing lessons to other states interested in implementing public/private partnerships or premium assistance programs requiring employer cooperation. Moreover, Hilltop's research showed that SCI is one of few current examples of public/private initiatives to provide insurance coverage to small businesses and their employees from which lessons can be gleaned about what to expect in a post-reform environment.

State Coverage Insurance (SCI) Program Technical Assistance

In FY 2011, Hilltop continued to provide extensive technical assistance to the state in its efforts to provide coverage to adults without a minor or dependent child at home through its SCI program.

SCI Evaluation: In 2010, Hilltop assisted *Insure New Mexico!* staff in developing a plan to evaluate the SCI program, a requirement for all Section 1115 Waiver programs. This entailed: convening telemeetings with HSD staff to discuss pertinent issues; developing a structure for the plan, including the evaluation design, study methodology, and content to be included; ascertaining what performance measures would be used to determine success; and developing a data plan. The evaluation plan was submitted to CMS in May 2010.

In FY 2011, Hilltop advised HSD staff on responding to CMS questions and making any required revisions to the plan. CMS formally approved the evaluation plan in September 2010. After the plan was approved, Hilltop worked with HSD to develop a process for ongoing submission of the evaluation data to Hilltop, and HSD began submitting these data to Hilltop in January 2011. Since that time, Hilltop has been analyzing the evaluation data, creating reporting templates, and alerting HSD to issues and methodological concerns about the data provided by the MCOs. Hilltop drafted the evaluation sections of the quarterly SCI waiver reports to CMS in February and May 2011. Hilltop will continue to receive and analyze the ongoing evaluation data and will continue to draft the evaluation sections of ongoing quarterly reports to CMS.

University of New Mexico Financing of SCI: In FY 2011, the University of New Mexico Health Sciences Center (UNM) approached HSD with a proposal that would entail UNM providing the



financing to continue the SCI program in the face of state budget challenges. UNM was concerned that without this funding, HSD might cap SCI enrollment (or terminate the program), which would result in more uninsured adults seeking uncompensated care at UNM. Recognizing that it is more cost-effective to provide the necessary matching funds to HSD than to provide fully uncompensated care to uninsured adults with low incomes, UNM offered to provide significant Medicaid matching funds through an inter-governmental transfer. This proposal has been the subject of significant scrutiny by CMS, which insists that the financial integrity of the matching arrangement is appropriate. Hilltop has provided advice to HSD on complex federal Medicaid matching rules; participated in calls with CMS leaders; reviewed and commented on materials produced by HSD to support its receipt of funds from UNM; and otherwise assisted the state.

Health Care Reform

Health Care Reform Implementation and Policy Consulting: At the request of HSD, Hilltop entered into a subcontract with Health Management Associates (HMA), which employs Tom Dehner, the former Medicaid Director from Massachusetts. HSD wanted to secure the services of Mr. Dehner to advise the state on the implementation and policy issues attendant to federal health care reform based on his experience in Massachusetts. Working in collaboration with Hilltop's then-Executive Director Charles Milligan, Mr. Dehner produced materials and led several planning retreats in late June 2010, just before the beginning of FY 2011. Mr. Dehner's final deliverables, which were reviewed by Hilltop, were presented in FY 2011. Hilltop is actively involved in helping state Medicaid and health agencies in implementing health care reform, and has the background to advise HSD on the Medicaid expansion; the development of an Exchange; the relationship between Medicaid and the Exchange; benefit design and coverage reform; payment reform (including bundled payments and Accountable Care Organizations [ACOs]); workforce development to expand capacity in the delivery system; and outreach and education (to consumers, providers, insurers, and employers).

Health Care Reform Financial Modeling: In FY 2011, Hilltop entered into a new contract with HSD to develop a dynamic financial modeling tool to simulate the effects that health care reform will have on the state budget, individuals, the insurance market, employers, the economy, and other stakeholders. The modeling tool will focus on estimating new costs, savings, and revenues that are related to health care reform. This tool will help the state to make an informed decision on how to implement a state exchange and/or participate in a regional exchange. Hilltop has engaged in several conference calls with HSD to develop this project and obtain the data necessary for analysis. Throughout the summer of 2011, Hilltop will be creating this model and developing an accompanying written report. It is expected that Hilltop will present the model to stakeholders in New Mexico in September 2011 and will subsequently submit the final report. .



Financial Analysis

Hospital Revenues and Expenses

In 2010, at the request of HSD, Hilltop conducted a brief analysis to determine the aggregate revenues and expenses of New Mexico's hospitals, as well as net profits or losses for the years 2006, 2007, and 2008. HSD also requested that Hilltop compare these net profits or losses to four surrounding states—Arizona, Colorado, Oklahoma, and Texas—and the national average. Using data from the 2010 American Hospital Association Hospital Statistics publication, Hilltop analyzed state-level revenue and expenses to determine net profits or losses and make the comparisons. The analysis showed that New Mexico's hospitals had a higher profit margin than both the average of the four surrounding states and the national average.

In FY 2011, Hilltop was asked to update this research once new (and more current) data became available for the period of 2007 to 2009. Hilltop performed the analysis, which once again showed that New Mexico's hospitals were more profitable than both the average of the four surrounding states and the national average.





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