

INDEX OF
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION
July 1, 2011

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SFC CLERK RECORDED 08/18/2011

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

July 1, 2011

A meeting of the Santa Fe County Health Policy and Planning Commission was called to order at 9:05 a.m. by Judith Williams, Chair on the above-cited date at the Santa Fe County Health & Human Services Department, 2052 Galisteo Street, Suite B, Santa Fe, New Mexico.

Roll call indicated the presence of a quorum for conducting official business as follows:

MEMBERS PRESENT:

Judith Williams, Chair
James Bond
George Gamble
Antoinette Montañó
Kathleen Rowe
Anna Vigil

MEMBER(S) ABSENT:

Deborah Armstrong, Vice Chair, excused

STAFF PRESENT:

Marie Garcia, Health and Human Services Department

OTHERS PRESENT:

Robin Hunn, Project Access
Jo Ann G. Valdez, Stenographer

APPROVAL OF AGENDA

The following items were added to the agenda under Matters from the Commission:

- 4) An update on the Healthcare Advisory Board
- 5) UNM Students
- 6) Prevention Program Strategy

Commissioner Bond moved to approve the Agenda as amended. Commissioner Montano seconded the motion, which passed unanimously by voice vote.

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 18TH Day Of August, 2011 at 02:23:49 PM
And Was Duly Recorded as Instrument # 1642967
Of The Records Of Santa Fe County
Deputy *Marcella Gilgar* Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, N.M.



SEAL CLERK RECORDED 08/18/2011

APPROVAL OF MINUTES

Draft Minutes for June 3, 2011

Chair Williams noted that she had some revisions to the Minutes.
(These are available for review if anyone is interested).

Commissioner Bond moved to approve the Minutes of the June 3, 2011 meeting as amended. Commissioner Gamble seconded the motion, which passed unanimously by voice vote.

MATTERS FROM PUBLIC CONCERN

There were none.

MATTERS FROM THE COMMISSION

A. Medicaid Redesign Status

Chair Williams and Commissioner Rowe attended a Legislative Health and Human Services Council meeting on June 14th where a presentation was made on the Medicaid Redesign contract that was awarded to Alicia Smith and Associates.

Chair Williams reviewed a PowerPoint Presentation on the status of the Medicaid Redesign. [A copy is hereby incorporated to these Minutes as Exhibit "A".]

Chair Williams noted that Alicia Smith and Associates is a small consulting firm that is based out of Washington, D.C. They have worked on Medicaid reform in other states, including Florida and Tennessee. The contract is for \$1.7 million for 12 months, with a 6-month no-cost extension possible, and is 100% federally funded through SCHIP bonus funds to New Mexico.

Chair Williams said that it does not appear that the Affordable Care Act has been considered. She said they want a global Medicaid Waiver:

- Section 1115 of the Social Security Act (Title 11) allows DHHS to waive provisions – in order to operate demonstration programs – or in order to provide Federal Financial Participation (FFP) for otherwise ineligible costs.
- Section 1915 (Title XIX of the SSA, creating Medicaid) waivers allow states to:
 - 1) Provide Home and Community-Based Services
 - 2) Serve only certain areas of the state
 - 3) Provide services to only certain population groups
 - 4) Change rules governing financial eligibility

Commissioner Gamble said he did not quite understand the full ramifications of this.

In response, Chair Williams said she would go over this.

Chair Williams explained what is in the contract, as follows:

- Alicia Smith and Associates will gather information
- Prepare waiver request
- Shepherd through the DHHS review process
- Re-procure providers (smaller number of MCOs)
- Write contracts with managed care plans
- Help evaluate proposals
- Listening meetings around the state
- August – meeting to unveil design (Chair Williams said they are not planning meetings in the northern part of the states.)

What does this mean?

- The Medicaid redesign envisions a single waiver
- We don't know what that would look like
- It would cover all the special populations in one system – disabled, elderly at risk for institutional care, behavioral health, AIDS, others.
- These populations would be joined with all other Medicaid groups in a managed care organization
- Behavioral health carve-in or carve-out seems to be the only uncertainty

Commissioner Gamble asked if there has been any evaluation of any managed care organization in the state.

Chair Williams said she did not know; Alicia Smith and Associates is a subcontractor for Mercer and are monitoring the managed care organization corrective action plan. She mentioned that Florida had a pilot program and there are some problems with it and there are some warning signs.

Chair Williams reported on the features that were discussed on June 14th. They are as follows:

- Managed care “second generation”
- Health care home
- “Medical savings” accounts
- Co-pays for care (sliding scale) for HIGH COST items
- Personal responsibility for health behaviors
- Financial incentives to reward behavior
- Pay for provider performance – outcomes
- Admin efficiency through single waiver; simplified eligibility determination

Chair Williams noted the Governor has signed a letter supporting block grants as an option; however, the Human Services Department said they do not want a block grant. The letter to Congress from 29 Republican Governors asks to repeal the Patient Protection Affordable Care Act (PPACA) and contains 7 principles: The states know best; the states can use block grants, capped allotments or other; Medicaid would focus on patient-centered, quality, value-based, cost containment; states must be able to simplify eligibility and enforce cost-sharing; Territories to be

integrated into the health care system; flexibility in LTC eligibility, services, financing, reverse dual-eligible policies.

Chair Williams compared the statements made at the June 14th meeting versus other statements that have been made:

Statements

- HSD said the current Medicaid Program under ACA will cost too much
- Don't want a block grant
- Florida is a great success

Facts

- Federal match will be 100% for new populations in 2014-2017, 90% after
- Letter signed by the Governor supports block grant as an option
- Other states suggest different

The impacts of Medicaid Redesign in NM:

- We don't know this until the plan is revealed.
- It appears that some groups will be excluded and services limited
- May affect Indigent Care fund needs
-

The Impact of ACA Repeal in NM*

- 2012-2021 – current law spending: 50% enrollment cut in 2021
- 2021-current law spending: \$36.7 billion cut
- 2021 Change in enrollment 170,000 (25%)

The Impact of Medicaid Block Grant*

- Reduction in Federal spending, 2012-2021: \$8.6 billion, 23%
- Reduction in Federal payments to hospitals in 2021: \$660 million, 31%
- NM additional expenditures to maintain Medicaid enrollment in 2021: \$2.1 billion, 103% increase

Kaiser Commission on Medicaid and the Uninsured, based on House proposal

Questions to ask

- What are the savings of Managed Care Organizations?
- What is the evident that these reforms work in States like Florida?
- Is there evidence that the Medicaid population can pay co-pays for high-cost services?
- What is the accountability structure for managed care organizations and providers?
- What criteria do Managed Care Organizations and providers have to show that they are putting in place quality outcome measures to contain medical costs?
- What long term strategies will be in the redesign process to build the health infrastructure and workforce in rural and tribal areas so persons on Medicaid have access to care?

- What is the impact on New Mexico Counties?
- Will there be a public discussion after the redesign plan is revealed in August?
- Evidence that coverage and service will be available when needed.
- What limits will be placed on eligibility and coverage?
- Who will pay for those left out of Medicaid?

Chair Williams requested that Marie Garcia ask Steve Shepherd what the County could do in terms of the Medicaid Redesign campaign; find out what is going on, and possibly lobby for a public session to reveal the plan.

Ms. Hunn said the County could go through the New Mexico Association of Counties.

Commissioner Rowe noted that the meeting/hearing in Santa Fe will be held on August 2nd. She mentioned that someone at the June 14th meeting brought up the fact that they are leaving out the northern portion of the state.

Chair Williams said that the consulting firm (Alicia Smith and Associates) is supposed to go back to the Legislative Health and Human Services Council at the middle of August, possibly on August 17th.

B. Healthcare Reform Act (Standing Item)

Chair Williams said there is nothing new to report.

C. Future Agenda Items for August & September 2011

- 1) Invite Kathy Etre to the next meeting to report on the Community Needs Assessment
- 2) DWI Program presentation

ADDITIONAL AGENDA ITEMS ADDED:

1) An update on the Healthcare Advisory Board

Chair Williams reported that the Healthcare Advisory Board met on Tuesday. She noted that there was an article in the newspaper about the fact that the reduction in Sole Community Provider funding for the hospital could result in layoffs. The Healthcare Advisory Board wanted to talk to Alex Valdez, the CEO for CHRISTUS/St. Vincent Regional Medical Center (CSV) about this. However, Mr. Valdez did not attend the meeting.

Chair Williams noted that Kathy Etre from CSV presented some information on community health to the Healthcare Advisory Board. Ms. Etre reported that CSV funded \$500,000 worth of community services; however, this amount will go back to \$400,000 next year.

[Copies of the presentation were distributed. A copy is hereby incorporated to these Minutes as Exhibit "B".]

Chair Williams said this could be a potential starting point for a needs assessment. She mentioned that Kathy Etre conducted a Behavioral Health Needs Assessment and this would also

be helpful information for the HPPC to have. She asked Ms. Garcia to make copies for the Commission.

Chair Williams suggested that Ms. Etre be invited to the August HPPC meeting to talk about the Needs Assessment and how the HPPC could collaborate. The HPPC would like to know what Ms. Etre's sources were for the Needs Assessment.

Chair Williams said a suggestion was also made at the prior HPPC meeting to invite Ardis Thomas, the Jail Health Director of the Adult Detention Center to a meeting; possibly she could be invited to the September meeting.

Chair Williams noted that the Healthcare Advisory Board is still concerned about the lack of transparency at CSV.

2) UNM Students

Commissioner Gamble reported that he contacted the Director of the Department of Community Medicine at UNM. He said they have a sub-department of Public Health and he informed the Director that the HPPC may be interested in having UNM students do part of their practicum here in Santa Fe County; the director was interested. Commissioners Rowe and Gamble will meet with her to discuss this further.

Commissioner Gamble asked if this has been done before and if there were issues that they should be concerned about.

In response, Chair Williams said it would depend on what the UNM students do for Santa Fe County. They would also have to consider office space, and possibly there is office space available here; and possibly the HPPC could collaborate with CSV on a needs assessment.

3) Prevention Program Strategy

Commissioner Gamble said some of the points he has been thinking about, in terms of prevention, is tobacco use, which is a big issue. He said there is support within the Affordable Care Act for prevention activities.

Chair Williams said social marketing campaigns tend to be very expensive. She noted that the State of Florida had a \$70 million campaign on tobacco and teenagers; however, smoking went back up once the campaign stopped.

Commissioner Gamble said the State currently receives funding from the Masters Settlement Agreement and approximately 25% of it is used in tobacco prevention.

Chair Williams asked what they do with the remainder of it. Commissioner Gamble said he did not know. There was agreement that this question should be asked.

Referring to tobacco prevention funding, Commissioner Montaño asked what the accountability piece is - related to this. She asked who is going to make sure that the process is

fully implemented. She shared a story of a client that had several people coordinating his services, but the services were never delivered.

Chair Williams said it sounds like there are quality management issues and coordination of care issues.

Chair Williams asked how the HPPC could start prevention activities.

Commissioner Gamble thinks the HPPC should be discussing enhancing/expanding tobacco prevention activities within the County; and is exploring what is currently happening in the County with various groups; and what else can be done. He said one of the issues is to prevent kids from starting to use tobacco; but he does not know what is happening at the school-level. He mentioned that the Governor recently turned down a proposal to increase the tobacco tax. He offered to follow up on the tobacco prevention funding.

Ms. Garcia said the County DWI Program works with the schools. She will check to see if they can make a presentation to the HPPC.

ACTION ITEMS

There were no action items.

ANNOUNCEMENTS

The next HPPC Regular Meeting is scheduled for August 5, 2011 at 9:00 a.m. at the Health and Human Services Conference Room.

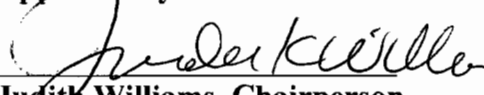
Chair Williams noted that she would not be present at the August 5, 2011 meeting.

Commissioner Rowe said she would not be present at the September 2, 2011 meeting.

ADJOURNMENT

Having completed the agenda and with no further business to come before the Commission, Commissioner Rowe moved to adjourn the meeting, seconded by Commissioner Montano, the meeting adjourned at 10:55 a.m.

Approved by:


Judith Williams, Chairperson

Respectively submitted by:

Jo Ann G. Valdez, Stenographer