NAVIGATING THE FUTURE OF HEALTHCARE TOGETHER
JUNE 1, 2023
DEPUTY SECRETARY ALEX CASTILLO SMITH
INVESTING FOR TOMORROW, DELIVERING TODAY.
BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.

Evening drive through Corrales, NM in October 2021. By HSD Employee, Marisa Vigil
TOPICS FOR TODAY

- Housekeeping
- HSD needs you!
  - Medicaid
  - Behavioral health
  - Primary Care
- Supporting the workforce
- Public Health Emergency
- Unwinding

Alex Castillo Smith
Deputy Secretary
Alex.CastilloSmith@HSD.nm.gov
505-629-8652
THANK YOU
HED LOAN REPAYMENT PROGRAM

▪ Provides eligible applicants with up to $25,000 in student loan forgiveness.

▪ Gov. Lujan Grisham approved a record $14.6 M for the program, a $13 M increase.

▪ Recipients must commit to practicing in health professional shortage area for min. of 2 years.

▪ Apply today: https://hed.nm.gov/financial-aid/loan-repayment-programs/health-professional
MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.
NEW MEXICO HAS THE HIGHEST DEGREE OF SOCIAL VULNERABILITY IN THE U.S.

HSD SERVES 51% OF NEW MEXICANS

Unique HSD Customers, May 2023

Medicaid & CHIP Recipients as a Percentage of Population by County, June 2022

*Months with a Pandemic EBT Payment

New Mexico Residents enrolled in Medicaid & CHIP: 45.4%
EXPANDED SAFETY NET DRIVES SHARP DROP IN CHILD POVERTY

- U.S. child poverty fell by 59% from 1993 to 2019- in every state, including NM (from 31.5% in 1993 to 10% in 2020).

- Many factors contribute to decrease, including lower unemployment, increased labor force participation, and growth of minimum wages.

- Expansion of government aid significant.
  - In 1993, safety net programs cut child poverty by 9%.
  - By 2019, poverty level reduced by 44%, removing 6.5 M children from poverty.

- More than 8 M children remain in poverty, and Black and Hispanic/Latino children ~3x as likely as white children to be lower-income.

Source: https://www.childtrends.org/publications/state-level-data-for-understanding-child-poverty
HSD’S SOCIAL IMPACT: NM BENEFITS FROM MODERN AND RESPONSIVE SOCIAL SAFETY NET

HSD’s Programs have had the following social impact:

- **519,631,238 meals** provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) over the last 12 months
- **989,199 individuals** provided the ability to visit a doctor, afford medication and immunizations through Medicaid in April 2023
- **20,258 homes** heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIHEAP) in Federal Fiscal Year 2023
- **8,265 families** provided shelter and necessities through Temporary Assistance for Needy Families (TANF) in April 2023
- **$124.35** per month on average through child support to help kids be happy and healthy over the last 12 months
- **216,488 New Mexico adults** supported by Behavioral Health programs and services** from July 2021-June 2022

*Collections include current support and arrears debt to the custodial parent and/or the state.

**BH services include those covered through Medicaid and other sources (federal and general funds). The total is affected by a 3 month claim lag and therefore this measure is updated quarterly.

Last updated: 5/18/2023
Inequality
Unequal access to opportunities

Equity
Custom tools that identify and address inequality

Equality?
Evenly distributed tools and assistance

Justice
Fixing the system to offer equal access to both tools and opportunities

Investing for tomorrow, delivering today.
STRUCTURAL DETERMINANTS VS SOCIAL DETERMINANTS

- **Social Determinants**
  = circumstances in which people are born, grow, live, learn, work, and age.
  
  - Shaped by **structures** beyond control of individuals.

- **Structural Determinants** = “root causes” that shape quality of Social Determinants we experience.
  
  - Includes political and government, economic, geographic and social constructs that affect wealth, living and working conditions, education and health.
WE NEED YOU! HOW CAN YOU BECOME STRUCTURALLY INFORMED IN YOUR PRACTICE?

Recognize Structures
Develop the Language
Articulate Cultural Formulations in Structural Terms
Observe and Imagine Structural Interventions
Implement Structural Interventions
LUCERO FAMILY*

- Parents Cindy and Luke have 2 children. They speak English and Spanish. Quick learners, eager to provide for their family, and active in faith community. Enjoy spending time outdoors.

- Both have HS diplomas. Cindy worked in service industry and Luke in construction.

- Live in a rural area (75 miles from nearest HSD office).

- They own smartphones- have no other internet access.

- Luke recently released from correctional facility for a nonviolent substance-use related offense.

- Cindy unable to find consistent employment; she wants to become a dental assistant.

- Cindy and kids receive TANF, SNAP, and Medicaid benefits.

- Cindy has a diagnosis of major depression and cannot find a BH provider in her community who accepts Medicaid.

* To protect confidentiality, the case is a composite of several HSD customers.
1. Cindy and Luke Lucero have 2 children. They speak English and Spanish and both have HS diplomas.

2. Luceros active in faith community

3. Luceros live in rural area (75 miles from HSD office).

4. Luceros own smartphones have no internet access


6. Cindy unable to find job; wants to be dental assistant.

7. Cindy and kids receive TANF, SNAP, and Medicaid.

8. Cindy has diagnosis of major depression and cannot find BH provider in her community who accepts Medicaid.

Federal and state “war on drug” policies criminalized addiction and mental illness. Stigma prevents many from seeking help.

Social: Stigma returning citizens encounter make finding employment, other supports difficult.

Social: Addiction and mental illness stigma prevent many from seeking help; treatments expensive.

Social: Faith tradition provides access to network of socioeconomic and emotional supports

Economic: Rural communities have legacy of economic divestment

Economic, Policy, Environmental: Rural communities have legacy of economic divestment

Policy, Economic: Despite community need, costly training model for future healthcare workers makes advancement out of reach for many.

Policy, Economic: Historically low Medicaid reimbursement rates means many providers will not join network, reducing patient access

Political, Economic: Each benefit governed by complex web of federal/state regulations and requirements, difficult to navigate.

Social: Legacy of Spanish conquest and colonization in NM

Political, Economic, Social: US healthcare system (expensive, often inaccessible, medical model separates physical and mental health)

Social: Belief government assistance reinforces culture of poverty, especially among nonwhites, results in policy proposals to address poverty centering on work, regardless of whether jobs available or if paid wage to lift families out of poverty.

Social: Addiction and mental illness narratives about nonwhites and paternalistic policies result in safety net benefits that control behavior and compel labor.
### HSD’s FY24 budget will include funding required to raise primary care, behavioral health, and maternal/child health rates to nearly 120% of Medicare.

### All other rates raised nearly to 100% of Medicare.

### These rate increases:
- Increase access to high-quality care.
- Attract and retain providers.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service Subgroup</th>
<th>CY2019 Total MC Expenditures</th>
<th>Total Estimated Impact of Rate Increases</th>
<th>Estimated % Impact of Rate Increases</th>
<th>100% of Medicare Rates (10% for Targeted Services)</th>
<th>100% of Medicare Rates (120% for Targeted Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home &amp; Community Based Services</td>
<td>1115 Waiver Community Benefit</td>
<td>$430,703,514</td>
<td>$35,969,973</td>
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<td>$35,969,973</td>
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<td>State Plan Case Management</td>
<td>$12,684,829</td>
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<td>$1,128,968</td>
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<td>All Home &amp; Community Based Services</td>
<td>$443,292,386</td>
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<td>$36,126,741</td>
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<td>Physician &amp; Other Practitioners</td>
<td>Evaluation &amp; Management</td>
<td>$167,968,701</td>
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<td></td>
<td>Surgery</td>
<td>$18,713,308</td>
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<td>$2,458,297</td>
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<td>Radiology/Laboratory/Pathology</td>
<td>$24,867,997</td>
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<td>$4,341,903</td>
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<td>Medicine</td>
<td>$26,162,965</td>
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<td>$8,858,799</td>
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<td>Anesthesia</td>
<td>$23,638,245</td>
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<td>$2,182,549</td>
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<td></td>
<td>All Physician &amp; Other Practitioners</td>
<td>$264,664,613</td>
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<td>$33,182,535</td>
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<td>HCPCS Level II</td>
<td>Other HCPCS</td>
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<td>$6,547,833</td>
<td>22%</td>
<td>$6,547,833</td>
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<td>Non-Emergency Medical Transportation</td>
<td>$44,813,119</td>
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<td>$8,058,976</td>
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<td>Physician Administered Drugs</td>
<td>$25,985,467</td>
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<td>Emergency Medical Transportation</td>
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<td>Durable Medical Equipment</td>
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<td>Other HCPCS Level II</td>
<td>$154,203,301</td>
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<td>Maternal &amp; Child Health</td>
<td>Maternity Related</td>
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<td>$6,271,854</td>
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<td>Child Health and EPSDT</td>
<td>$32,500,972</td>
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<td>$10,280,889</td>
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<td>Newborn/Related Care</td>
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<td>$2,030,538</td>
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<td>Family Planning</td>
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<td>$3,601,667</td>
<td>23%</td>
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<td>All Maternal &amp; Child Health</td>
<td>$85,663,866</td>
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<td>$22,555,050</td>
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<td>Behavioral Health</td>
<td>Other Behavioral Health</td>
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<td>$19,653,557</td>
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<td>Opioid Treatment Program</td>
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<td>Applied Behavioral Analysis</td>
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<td>$2,234,984</td>
<td>11%</td>
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<td>All Behavioral Health</td>
<td>$162,763,684</td>
<td>$21,905,009</td>
<td>13%</td>
<td>$21,905,009</td>
<td>13%</td>
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<td>Dental</td>
<td>Diagnostic/Preventive/Other</td>
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<td>$11,053,847</td>
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<td>Orthodontics</td>
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<td>$544,061</td>
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<td>All Dental</td>
<td>$82,296,287</td>
<td>$11,607,907</td>
<td>14%</td>
<td>$11,607,907</td>
<td>14%</td>
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<td>All Professional Services</td>
<td>All Service Subgroups</td>
<td>$1,193,238,039</td>
<td>$206,185,114</td>
<td>17%</td>
<td>$206,185,114</td>
<td>21%</td>
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<td>Services Not in Top 20 Codes</td>
<td>All Service Subgroups</td>
<td>$250,253,539</td>
<td>$43,237,281</td>
<td>17%</td>
<td>$43,237,281</td>
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<tr>
<td>Medicare Crossover Claims</td>
<td>All Service Subgroups</td>
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<td>$10,406,349</td>
<td>66%</td>
<td>$10,406,349</td>
<td>66%</td>
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<td>Total Medical Expenses</td>
<td>All Service Subgroups</td>
<td>$1,459,175,256</td>
<td>$259,828,744</td>
<td>18%</td>
<td>$259,828,744</td>
<td>21%</td>
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<tr>
<td>Non-Medical Expenses</td>
<td></td>
<td>$46,866,876</td>
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<td></td>
<td>$46,866,876</td>
<td>16%</td>
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<tr>
<td>Total Computable Cost</td>
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<td>$306,515,620</td>
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<td>$306,515,620</td>
<td>16%</td>
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<td>FFP</td>
<td>Non-Targeted</td>
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<td>$37,706,889</td>
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<tr>
<td>Total State General Fund</td>
<td>Targeted</td>
<td></td>
<td></td>
<td></td>
<td>$83,745,065</td>
<td>27%</td>
</tr>
</tbody>
</table>
WE NEED YOU! APPLY FOR THE RURAL HEALTHCARE DELIVERY FUND

- $80M appropriated to HSD for FYs24-26
- Fund provides start-up grant funding for new or expanded services in rural NM counties.
- HSD will request Letters of Interest via SurveyMonkey from providers beginning June 9.
- HSD will release RFA in September.
- HSD will notify funding recipients in December 2023, with funds released early 2024.
Vision: Every New Mexico Medicaid member has high-quality, well-integrated, person-centered care to achieve their personally defined health and wellness goals.

Goal 1
Build a New Mexico health care delivery system where every Medicaid member has a dedicated health care team that is accessible for both preventive and emergency care that supports the whole person – their physical, behavioral, and social drivers of health.

Goal 2
Strengthen the New Mexico health care delivery system through the expansion and implementation of innovative payment reforms and value-based initiatives.

Goal 3
Identify groups that have been historically and intentionally disenfranchised and address health disparities through strategic program changes to enable an equitable chance at living healthy lives.
NEW MEDICAID TURQUOISE CARE BENEFITS

- Continuous enrollment for children 0-6
- Medicaid services for high-need justice involved members 30 days prior to release
- Home-delivered meals pilot program
- Medical respite for members experiencing homelessness
- Closed-loop referral service
NEW MEXICO PRIMARY CARE COUNCIL

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

目 ONS

Develop and drive investments in health equity to improve the health of New Mexicans.

Health Equity

Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

Health Technology

Goals

Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Payment Strategies

Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

Workforce Sustainability
Over a 5-year period, starting in 2019, accredited primary care residencies expected to grow, from 8 to 16 (100% increase).

Number of primary care residents in training will increase from 142 to 264 (86% increase) during this 5-year period.

Number of graduates each year will grow from 48 to 82, a 71% increase.

Residencies continue to be developed in counties with (and near to) high numbers of Medicaid customers.

HSD wants to see an expansion of FQHC-led residencies. Please step up and support; funding is available!
NM’s 988 Crisis Now Continuum of Care

A behavioral health response for a behavioral health crisis
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCs)

- HSD received a CCBHC federal planning grant.
- CCBHCs ensure access to coordinated comprehensive behavioral health.
- CCBHCs must provide care coordination across behavioral health, physical health, and social services.

CCBHC Scope Of Services

- Must be delivered directly by a CCBHC
- Delivered by a CCBHC or a Designated Collaborating Organization (DCO)

CCBHC Scope of Services Focus

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening, Assessment, Diagnosis</td>
<td>NM</td>
</tr>
<tr>
<td>Patient-centered Treatment Planning</td>
<td>NM</td>
</tr>
<tr>
<td>Outpatient Mental Health/ Substance Use Disorder (MH/SUD)</td>
<td>NM</td>
</tr>
<tr>
<td>Crisis Services 24-Hour Mobile Crisis Services (Crisis Stabilization)</td>
<td>NM</td>
</tr>
<tr>
<td>Psychiatric Rehab</td>
<td>NM</td>
</tr>
<tr>
<td>Targeted Case Management</td>
<td>NM</td>
</tr>
<tr>
<td>Primary Health Screening &amp; Monitoring</td>
<td>NM</td>
</tr>
<tr>
<td>Armed Forces and Veteran's Services</td>
<td>NM</td>
</tr>
<tr>
<td>Peer Support</td>
<td>NM</td>
</tr>
</tbody>
</table>

Investing for tomorrow, delivering today.
It’s Time to **Renew NM**!

- **Renew NM** provides resources and information to HSD customers and community partners about how and when to renew Medicaid & SNAP benefits.

- **3 important steps to remember:**
  - Update your contact info.
  - Look for your Turquoise envelope.
  - Submit your renewal.

[RENEW.HSD.NM.GOV](https://renew.hsd.nm.gov)
QUESTIONS

INVESTING FOR TOMORROW, DELIVERING TODAY.