Improving Patient Care Medical Home Model Initiative: *Affordable Care Act and Medicaid Expansion*
Overview

• “The” Jicarilla Service Unit
• Major New Mexico Medicaid changes effective January 1, 2014
• ACA training and Business Plans
• JSU Participation as an Improving Patient Care site
• Defining the Patient Centered Medical Home model
• Aligning ACA implementation by Patient Outreach and Education – the beginning
• Maintaining Patient Centered Medical Home certification
“The” Jicarilla Service Unit
New Mexico and Jicarilla Apache Reservation
Defining the Scope of Services

- Jicarilla Service Unit is an ambulatory health care facility accredited by AAAHC
- Scope of services available to patients
  - Direct care services:
    - Ambulatory patient services
    - Urgent Care
    - Preventive and Wellness Services and chronic disease Management
    - Pediatric services including Oral and Vision care
    - Adult services including Oral and Vision care
    - Public Health Nursing Services
    - Nutrition Counseling services
    - Laboratory Services
    - Radiology and Ultrasound
    - Colposcopy & LEEP (new services)
Defining the Scope of Services

- Contract Health Services, through referral by IHS providers to non-IHS provider
  - CHS is currently approving Priority I levels
  - CHEF cases are high in volume
  - Referrals are mostly to Farmington, NM providers
  - Emergency Room services primarily at San Juan Regional Medical Center, Farmington, NM
  - Main reasons for referrals include: Emergency Room Services, Eye complications, Gastroenterology, Orthopedics
The Jicarilla Apache Nation has contracted to provide the following services:

- Behavioral Health Services
- Social Services
- Detox Center
- Community Health Representatives (CHR s)
- Fitness Center physical fitness programs (Walks/Runs/Zumba)
- Diabetes Prevention and Management programs including SDPI grant
Remote Location issues

- 100 miles away from main referral center for Inpatient Services and Emergency Room
- Additional services provided at Pagosa Springs, CO – 40 miles away across the state line
- Mode of transports include EMS ambulances or helicopter medi-flights (30 minute turnaround time)
- Collaboration with monthly meetings with referral center to address issues and ongoing communication
After Hour Services

- After hours and on weekends, the Jicarilla Apache EMS provides emergency coverage
  - Medical direction from the EMS Medical Director – after hours
  - During clinic hours, on-call physicians at Jicarilla Service Unit with consultation with San Juan Regional Medical Center ER.
- The Jicarilla EMS also provides emergency coverage through medical direction utilizing NM EMS
What's new at HSD

- New Mexico Streamlined Application
- Behavioral Health Provider Audit Results - BACKGROUND - FINAL
- Additional Level 1 Grant Application
- NM Behavioral Health Collaborative Announces Next Meeting
- New Mexico Human Services Department Announces Next Meeting of Exchange Advisory Task Force
- First Month of Crisis Hotline Successful
- Human Services Department Announces Centennial Care Agreement in Principle
- MEDIA ADVISORY Cabinet Secretaries to Speak at Behavioral Health Day at Roundhouse
- Human Services Department Announces Select of Centennial Care Managed Care Organizations
- MEDIA ADVISORY Cabinet Secretaries to Speak at Behavioral Health Day at Roundhouse
- NM Behavioral Health Collaborative Meets Thursday, January 10th in Santa Fe
- New Mexico Human Services Department Announces Next Meeting of Exchange Advisory Task Force
- Governor Susana Martinez Announces Successful Completion of First Phase of Child Support Felony Prosecution Pilot Project
- New Mexico Human Services Department Announces Next Meeting of Exchange Advisory Task Force
New Mexico Medicaid “Centennial Care”

- To be implemented January 1, 2014 but Enrollment to begin October 1, 2013
- Downsizing from 7 Managed Care Organizations (MCOs) to 4 MCOs
  - Blue Cross Blue Shield of New Mexico
  - Molina Health Care of New Mexico, Inc
  - Presbyterian Health Plan, Inc
  - United Health Care Community Plan of New Mexico
New Mexico Medicaid “Centennial Care”

- Over 50 tribally located education events scheduled for NM Tribes
- Native American patients are not mandated to enroll except for Long Term care patients
- State established Native American Technical Advisory Committee to coordinate transition.
- State is taking comments on proposed Streamlined application
  - Effective October 1, 2013
  - Single application for Medicaid, CHIP, SNAP, Cash Assistance and LIHEAP benefits
NM Medicaid Expansion Eligibility and Outreach & Enrollment

As Presented at:

2013 ALBUQUERQUE AREA TRIBAL CONSULTATION SESSION

USDA FOREST SERVICE
AUGUST 6, 2013
Who qualifies for Medicaid after 2014?

- On January 1, 2014, Medicaid will be expanded to include over 150,000 more low-income adults in NM.

- Income rules will also be simplified for many people using a new standard called:
  - The Modified Adjusted Gross Income (MAGI)
## Adult Eligibility for Health Coverage

### Adults ages 19 to 64 may qualify for:

<table>
<thead>
<tr>
<th>MEDICAID</th>
<th>EXCHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>free healthcare coverage (for adults under 138% FPL)</td>
<td>health insurance plans</td>
</tr>
<tr>
<td>With financial assistance (for 139-400% FPL)</td>
<td>Without financial assistance (for over 400% FPL)</td>
</tr>
</tbody>
</table>

### If their household income is this much each month:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>MEDICAID</th>
<th>EXCHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>Less than $1,321</td>
<td>$1,322-$3,830</td>
</tr>
<tr>
<td>2 people</td>
<td>Less than $1,783</td>
<td>$1,784-$5,170</td>
</tr>
<tr>
<td>3 people</td>
<td>Less than $2,245</td>
<td>$2,246-$6,510</td>
</tr>
<tr>
<td>4 people</td>
<td>Less than $2,708</td>
<td>$2,709-$7,850</td>
</tr>
<tr>
<td>5 people</td>
<td>Less than $3,170</td>
<td>$3,171-$9,190</td>
</tr>
<tr>
<td>6 people</td>
<td>Less than $3,632</td>
<td>$3,633-$10,530</td>
</tr>
</tbody>
</table>
# Child Eligibility for Health Coverage

Children younger than 19 may qualify for:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Medicaid - free healthcare coverage (for children under 300% FPL)</th>
<th>Exchange - health insurance plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>Less than $2,872</td>
<td>$2,873 - $3,830</td>
</tr>
<tr>
<td>2 people</td>
<td>Less than $3,877</td>
<td>$3,878 - $5,170</td>
</tr>
<tr>
<td>3 people</td>
<td>Less than $4,882</td>
<td>$3,883 - $6,510</td>
</tr>
<tr>
<td>4 people</td>
<td>Less than $5,887</td>
<td>$5,888 - $7,850</td>
</tr>
<tr>
<td>5 people</td>
<td>Less than $6,892</td>
<td>$6,893 - $9,190</td>
</tr>
<tr>
<td>6 people</td>
<td>Less than $7,897</td>
<td>$7,898 - $10,530</td>
</tr>
</tbody>
</table>

If their household income is this much each month:

- More than $3,830
- More than $5,170
- More than $6,510
- More than $7,850
- More than $9,190
- More than $10,530
Medicaid Eligibility: Comparison Table

Medicaid Eligibility by Income Level

<table>
<thead>
<tr>
<th>Household Size</th>
<th>If your monthly income is less than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$1,321</td>
</tr>
<tr>
<td>2 people</td>
<td>$1,783</td>
</tr>
<tr>
<td>3 people</td>
<td>$2,245</td>
</tr>
<tr>
<td>4 people</td>
<td>$2,708</td>
</tr>
<tr>
<td>5 people</td>
<td>$3,170</td>
</tr>
<tr>
<td>6 people</td>
<td>$3,632</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid for Adults 138% FPL</th>
<th>Medicaid for Pregnant Women 235% FPL</th>
<th>Medicaid for Blind, Disabled or Elderly 250% FPL</th>
<th>Medicaid for Children 300% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,321</td>
<td>$1,771</td>
<td>$2,393</td>
<td>$2,872</td>
</tr>
<tr>
<td>$1,783</td>
<td>$2,391</td>
<td>$3,231</td>
<td>$3,877</td>
</tr>
<tr>
<td>$2,245</td>
<td>$3,010</td>
<td>$4,068</td>
<td>$4,882</td>
</tr>
<tr>
<td>$2,708</td>
<td>$3,630</td>
<td>$4,906</td>
<td>$5,887</td>
</tr>
<tr>
<td>$3,170</td>
<td>$4,250</td>
<td>$5,743</td>
<td>$6,892</td>
</tr>
<tr>
<td>$3,632</td>
<td>$4,870</td>
<td>$6,581</td>
<td>$7,897</td>
</tr>
</tbody>
</table>

* Note that the eligibility levels for children and pregnant women will change as of January 1, 2014 when the state sets new uniform incomes rules according to the ‘modified adjusted gross income” or MAGI standard.

Outreach & Enrollment Programs

- Legal Requirements: Both the state and federal law require states to do outreach & enrollment assistance for both Medicaid and the Exchange/Marketplace:
  - Medicaid Enrollment & Outreach
  - Simplified Enrollment Process
  - Exchange Outreach & Enrollment
  - Native American Service Center *(still pending)*
## Outreach & Enrollment Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description &amp; Activities</th>
<th>Qualified Individuals/Organizations</th>
</tr>
</thead>
</table>
| Navigators (Exchange)                        | • Provide in person enrollment assistance.  
• Provide accurate & impartial information about Exchange health plans.  
• Public education activities to raise awareness about the Exchange.  
• Trained in & able to provide referrals for Medicaid.  
• Provide culturally & linguistically appropriate information.  
• Paid through grant award system funded by Exchange generated assessment revenue.                                                                                       | • Must demonstrate existing relationships or ability to establish relationships with consumers.  
• Examples: Community or consumer based non-profits, Urban Indian organizations.  
• Meet conflict of interest standards.                                                                                                                                |
| In-Person Assisters (Exchange)               | • Same duties as Navigators.  
• Must be trained in Medicaid & other public programs.  
• Provides information to consumers about Medicaid & other programs.  
• Created to deal with the surge in applications the 1st year of Exchange operation.  
• Funded by Section 1311 Exchange Establishment funds via contracts, direct hiring, or grants.                                                                       | • Same as Navigators.                                                                                                                                                                                                              |
| Certified Application Counselors (CACs) (Exchange & Medicaid) | • Provide application & renewal assistance.  
• Certified through Medicaid agency.  
• Trained in eligibility & benefits rules for the Exchange & Medicaid.  
• Paid by employing organization.                                                                                                                                                                                                 | • Staff & volunteers in Exchange and Medicaid designated organizations.  
• Ex: Existing staff at I/T/Us, such as benefits coordinators or case managers.  
• Exchange CACs are mandatory.  
• Medicaid CACs are optional (unknown if NM will use Medicaid CACs).                                                                                                                                                             |
| Consumer Assistance Program (Exchange & Medicaid) | • Help consumers enroll in coverage, file complaints and appeals against health plans, educate consumers about their rights, and tracks consumer complaints.  
• Funded through grants.                                                                                                                                                                                                             | • Wide variety of organizations & entities might qualify.  
• Current grantees include SWLC and NMLA.  
• CAPs may use funds to assist with Medicaid enrollment & problem resolution.                                                                                                      |
## Funding for Assistance Programs

<table>
<thead>
<tr>
<th>Type of Worker</th>
<th>Who’s In Charge?</th>
<th>How Funded?</th>
<th>Program Status in NM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navigator</td>
<td>Exchange</td>
<td>Cannot be paid with federal funds</td>
<td>Probably not until 2015</td>
</tr>
<tr>
<td>Assister</td>
<td>Exchange</td>
<td>Paid exclusively with federal funds</td>
<td>$6.5 million funding request; RFI out by July</td>
</tr>
<tr>
<td>Certified Application Counselor</td>
<td>Employer (i.e. hospital, clinic)</td>
<td>No government funds; paid by employer</td>
<td>Training launches in 2013</td>
</tr>
<tr>
<td>Consumer Assistance Program</td>
<td>Office of Superintendent of Insurance</td>
<td>Paid exclusively with federal funds</td>
<td>$600,000+ already received; operational now</td>
</tr>
</tbody>
</table>
No Wrong Door Policy

Individuals seeking health care coverage, either at via the Exchange/Marketplace or through Medicaid, should be provided information and application resources about program that they qualify for if they approach either Medicaid or the Exchange seeking coverage.
The material presented here today was provided by the New Mexico Center on Law & Poverty:


A copy of the brochure with additional information can be downloaded from the NMCL&P website at: www.nmpovertylaw.org.
Aligning the Service Unit with ACA

The Affordable Care Act will ensure that more Native Americans receive the health care they need.
Implementing the Affordable Care Act at JSU

- Albuquerque Area staff provided a Business Plan template – *Assignments to Staff*
  1. Assess Local Environment for Health Insurance Marketplace
  2. Assess Patient Workload and Revenue Impact
  3. Assess Current Staffing; workload levels, facility space, strategies to handle changes in workload
  4. Referrals and Prior Authorizations
  5. Eligibility Process for Medicaid Expansion and Health Insurance Exchanges
  6. Assess Data Reporting Requirements
  7. Marketing
  8. Work with Area Office to Determine How to Locally Implement Contracts or Relationships with QHPs
Implementing the Affordable Care Act at JSU

• Business Plan template
  1. Assess Local Environment for Health Insurance Marketplace
     1. Assign SMEs
     2. Assess Premium payment possibilities
     3. Assess potential competition
     4. Assess customer service levels
Implementing the Affordable Care Act at JSU

Business Plan template

2. Assess Patient Workload and Revenue Impact
   2. Determine baseline for:
      2. current 3rd party active users
      3. Current claims; track monthly
      4. Billed to collected
      5. Daily visit count, track average daily visit count monthly
      6. Denial management workload and track monthly
Implementing the Affordable Care Act at JSU

**Business Plan template**

3. Assess Current Staffing; workload levels, facility space, strategies to handle changes in workload

   - Determine baseline for:
     - Productivity for Patient Registration
     - Patient Benefits Coordinators
     - Coders
     - Billers
     - Denial Managers
     - Providers/Ancillary staff
     - Referral processor assistance for increased referrals (CHS)
     - Share best practices
     - Electronic process implementation
     - Inventory current services and compare against Essential Health Benefits
Implementing the Affordable Care Act at JSU

- Business Plan template

  4. Referrals and Prior Authorizations
     1. Assess Prior Authorization/Referral Process
     2. Assess discharge and care coordination process
     3. Assess possible changes to CHS priorities and budget
Implementing the Affordable Care Act at JSU

- Business Plan template
  5. Eligibility Process for Medicaid Expansion and Health Insurance Exchanges
  5. Daily review of future appointment rosters for 3P status
  6. Prepare for electronic application process
  7. Ensure patients know that documents bring to appointments
  8. Assess RPMS Benefits coordinator note follow-up process
Planning for the Affordable Care Act Implementation

- Business Plan template
  6. Assess Data Reporting Requirements
  
  6. To be determined
Implementing the Affordable Care Act at JSU

- **Business Plan template**
  
  7. **Marketing**
  
  7. **Internal Improvements:**
   
   7. Educate staff on ADA
   8. Provide updates on HQ/Area/SU priorities
   9. Ensure I H S is “provider of choice” – Customer service and patient reception
   10. Ensuring staffing levels meet increase need
   11. Incorporate Patient Care improvement initiatives
Implementing the Affordable Care Act at JSU

**Business Plan template**

7. **Marketing**
   - **External Improvements:**
     - Consumer Education on ACA
     - Marketing I H S
     - Communications Means – Websites, social media
   - Consultation with Tribe and Community Members
     - Consult with tribal leadership on business plan
     - Determine approach in involving consumers
Marketing and Implementing SWOTs

- Identifying **Strength, Weaknesses, Opportunities and Threats**
- **Documenting a PR Marketing Plan/Campaign**
  - JSU with support of the I H S Dental Support Center invited a Consultant to walk through the SWOT process for Dental
  - Outcomes included:
    - More Visibility in the Community by community group visits, Media campaigns as radio announcements, radio ads with tidbits of dental prevention information, Send post cards on first birthdays as reminders with JSU logos, Community day participation as local runs, health fairs.....
    - Getting away from the “masked provider” syndrome....
Marketing and Implementing SWOTs

- Identifying Strength, Weaknesses, Opportunities and Threats
- To expand the SWOT to both the Medical Clinic and the Optometry Clinic
- Implement booklets and handouts to share with JAN tribal programs and patients on “why” JSU should be the Patient Centered Medical Home!
Implementing the Affordable Care Act at JSU

Business Plan template

1. Work with Area Office to Determine How to Locally Implement Contracts or Relationships with QHPs
   - Determine POC for coordination
   - Determine which QHPs need to be contracted with
   - Determine changes in RPMS that need to allow for 3P billing for QHPs
Patient Outreach and Education

- JSU staff participated in many Educational conferences held within the Albuquerque Area. Including CHS, Business Office, AO and CEO
- Area CEOs participated in CEO meetings in which ACA was presented and AAO Tribal Consultation Meetings
- JSU Sponsored an ACA conference at Dulce, NM on August 8, 2013....
  - Who Should attend? Community Members, Directors of Health Related programs, EMS staff, BH Staff, Insurance Support Staff, Departmental Supervisors, Health Care Providers
Jicarilla Service Unit in Partnership with the NM Center on Law & Poverty

Medicaid Expansion/Health Insurance Exchange Seminar
Thursday, August 8, 2013, 9:00 am – 12:00 PM
Wild Horse Casino Event Center

Conference Agenda
Thursday, August 08, 2013
9:00 am to 9:15 am

Welcome/Invocation -
Ty Vicenti, President
Jicarilla Apache Nation

9:15 am to 9:30 am

The Affordable Care Act – Health Care law passed on March 23, 2013 - Brief overview of history – Sandra Lahi, CEO, JSU

9:30 am to 10:15 am

Medicaid Expansion – Overview & Key Issues
Who is Eligible and How it will impact Native American Communities? – Sovereign Hager, Staff Attorney NMCLP

10:15 am to 11:00 am

Health Insurance Exchange – Overview & Key Issues
What is the Exchange and Special Provisions for Native Americans? – Sovereign Hager, Staff Attorney NMCLP

11:00 am to 11:45 am

Enrollment – Maximizing Enrollment
Requirements for Outreach and Enrollment Assistance
Key Issues for Native American Communities- Sovereign Hager, Staff Attorney NMCLP

11:45 am to 12:00 pm

Closing Remarks/Next Steps
Improving Patient Care

- Add picture
JSU Participation as an IPC site

- Began October 1, 2010
- Successes included:
  - Improved patient access with Same Day appointments
  - Improved Urgent Care usage
  - Developed Partnership with JAN Community programs
  - Implemented provider empanelment for six teams
  - Improved Access and Continuity
  - Staff involved with PDSAs improving
  - Patient Self Management Support training in place
  - Optimize the use of the Clinical Information Systems
Aligning efforts with Patient Centered Medical Home model

**IPC AIM Statement**

- The Jicarilla Service Unit would like to be your Medical Home – a place to get well physically, mentally and spiritually.
- As your Medical Home, we will provide caring, professional, competent, confidential and culturally-sensitive service.
Aligning efforts with Patient Centered Medical Home model

- We want to work with you in making decisions about your health and your treatment plan.
- You will have a Health Care Team who knows you and your health history.
- Seeing the same provider and team each time you come in will help you get the care you need and want.
Aligning efforts with Patient Centered Medical Home model

- Remember, the foundation for a Medical Home is the relationship between you, your family and you Health Care Team.
Maintaining Patient Centered Medical Home certification
Maintaining Patient Centered Medical Home certification

- Jicarilla Service Unit is implementing an after hours Nursing Triage line in support of EMS after hours services.
- Continue to market services at JSU with focus on quality clinical services, access and customer service
- Staff to participate more in Community healthy initiatives and events
- Implement local radio “health care related” topics
- Develop digital videos to display on the
Questions