



HEALTH CARE  
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## HEALTHCARE AUTHORITY AND TELEMEDICINE

ALEX CASTILLO SMITH, DEPUTY SECRETARY

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# BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné 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.



Santa Cruz Lake, NM

Photo by HCA employee Jessica Gomez



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# MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*

# VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

# GOALS



**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**BUILD** the best team in state government by supporting employees' continuous growth and wellness.



**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# TURQUOISE CARE GOALS

## 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

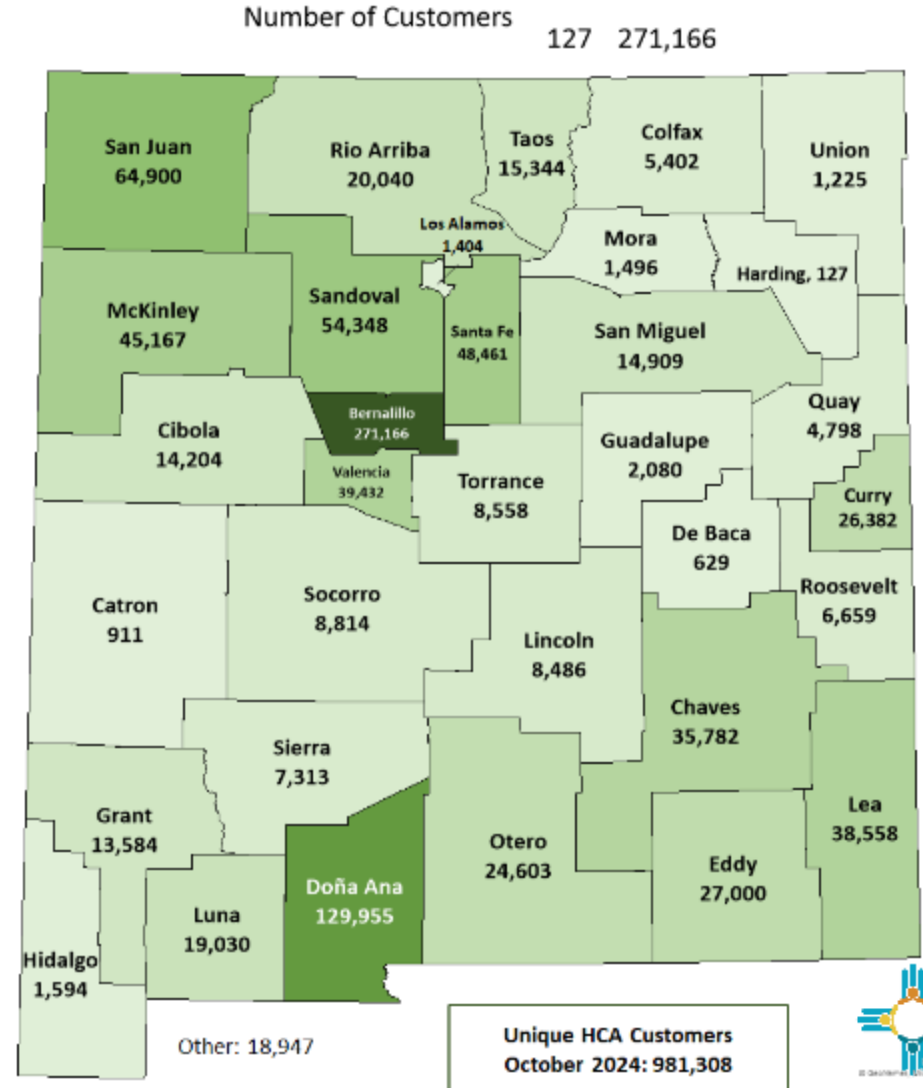
Identify groups that have been historically and intentionally disenfranchised and address health disparities through strategic program changes to enable an equitable chance at living healthy lives.



# TURQUOISE CARE HEALTH PLANS



Unique HCA Customers, October 2024



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# NEW TURQUOISE CARE BENEFITS



Continuous Medicaid eligibility for children up to age 6



Expanded Access to supportive housing



Addition of chiropractic services



Additional availability for members to join Community Benefit program



Home visiting help for new mothers



Community Health Workers added as Medicaid providers



Enhanced rates for providers with additional behavioral health training and expertise



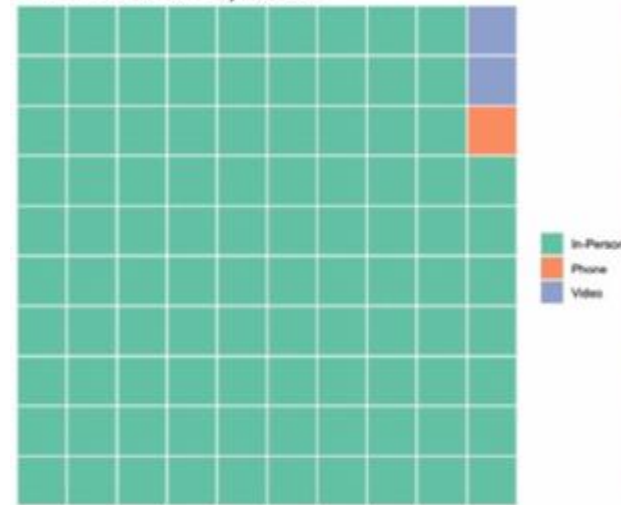
# CHANGES TO TELEMEDICINE DURING COVID-19 PANDEMIC

The COVID-19 Public Health Emergency dramatically changed **telehealth** delivery and utilization in both rural and urban settings for patients with behavioral health conditions.

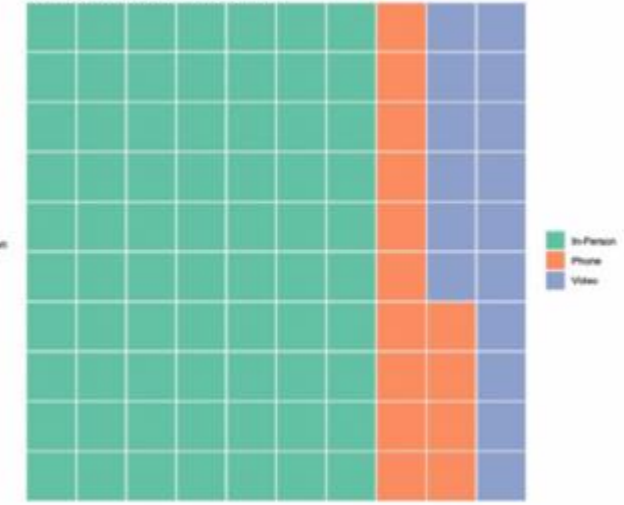
RURAL



Pre-PHE Rural Proportions



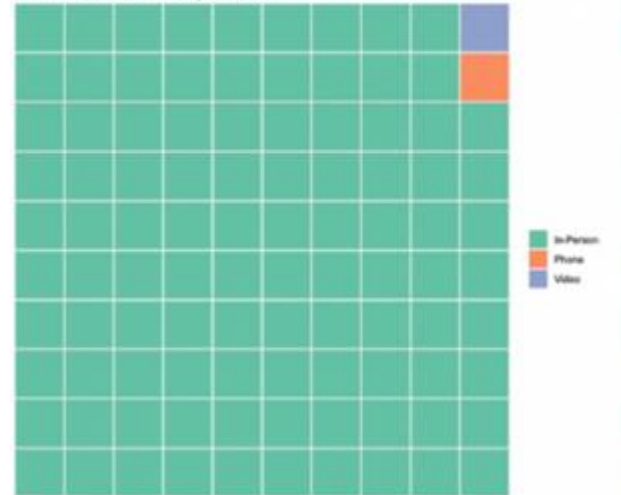
Post-PHE Rural Proportions



URBAN



Pre-PHE Urban Proportions



Post-PHE Urban Proportions



# HCA APPROACH TO TELEMEDICINE: TURQUOISE CARE CONTRACT REQUIREMENTS

## Promote Telemedicine

- MCO contract language promotes telemedicine
- Quarterly telemedicine report from MCOs
- Audiovisual, asynchronous, remote monitoring

## Provide Training

- Training for providers of appropriate services for telemedicine

## Increase Utilization

- Delivery Services Improvement Performance Target
- Increase telemedicine by 20%
- Attached to a penalty of 1.5% of capitation for failure to meet





# MEDICAID TELEMEDICINE SERVICES

## Telemedicine

- Must include audio and visual
- Be delivered on a real-time basis at the originating and distant site
- No restrictions on services that can be offered via telehealth
- If provider resides outside of New Mexico, must be licensed in New Mexico.

## Telephone

- Able to continue to reimburse for all telephonic visits covered during the Public Health Emergency
- After December 31 2024, we will follow the codes that are permitted by Medicare, primarily behavioral health codes.



# PROJECT ECHO

- Internationally recognized program in providing specialty consultation virtually through a hub and spoke model.
- Rural providers can join virtually and present cases. Over time these providers may become experts themselves and start their own Project Echos.
- MCOs supports this model through administrative funding and reimbursement for provider-to-provider collaboration.
- Providers from every county in New Mexico have utilized Project Echo to present a case.

## All Teach, All Learn



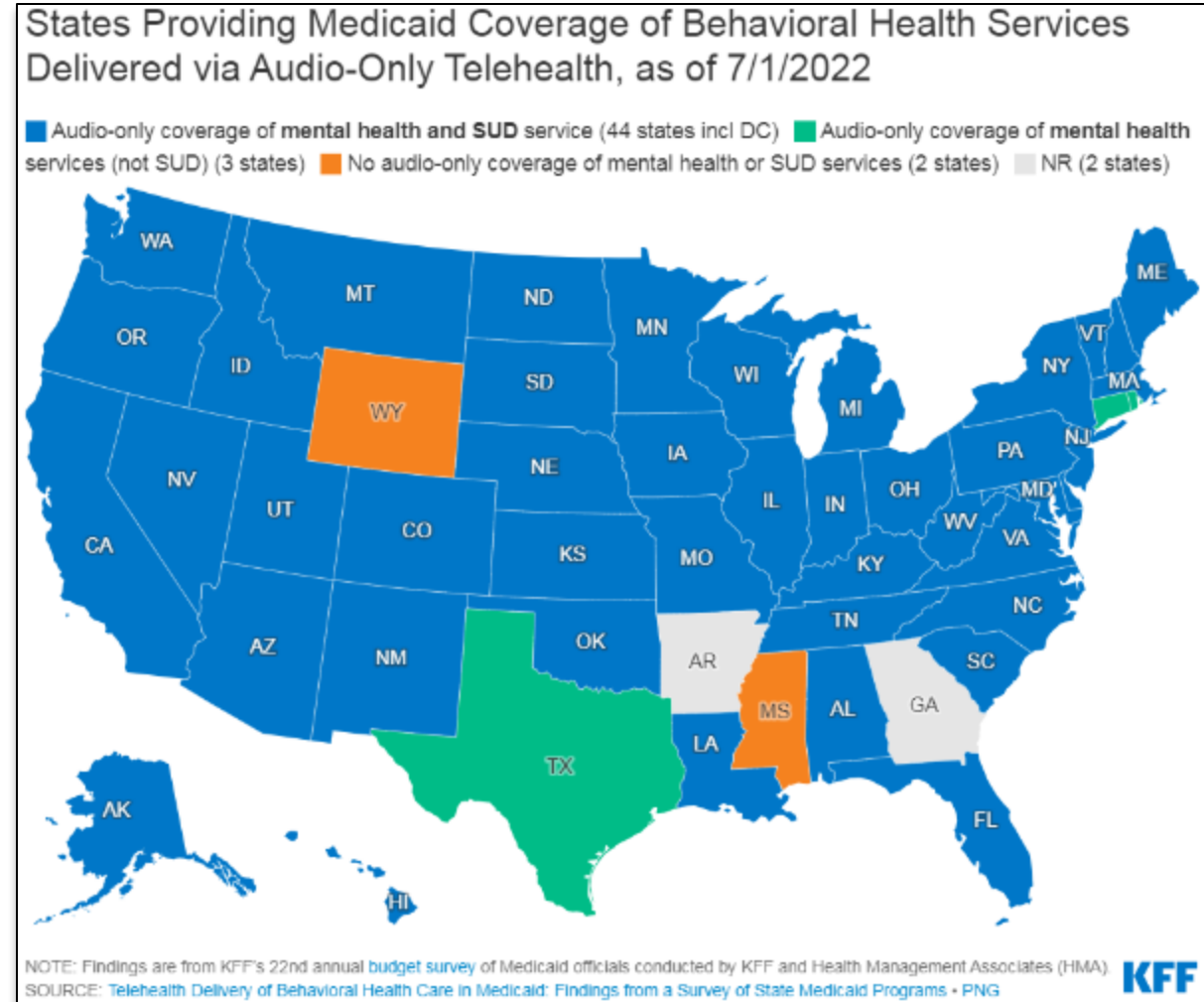
# PROJECT ECHO AND MEDICAID: A UNIQUE RELATIONSHIP

- Direction to MCOs to identify members who would benefit from Project Echo, particularly within the perinatal population.
- Long-term care facilities required to participate in a Quality Improvement Echo to access certain value-based payments.
- 50+ studies on the efficacy Project Echo of improvement patient health outcomes in rural settings.
- 65 Project Echo programs available for New Mexicans including:
  - Community Health and Peer Support Worker Opioid Training
  - Gender Affirming Care
  - General Pediatrics
  - Hepatitis C Provider Training
  - Improving Perinatal Health
  - Long Term Care
  - Substance Use Disorders in Pregnancy



# NM MEDICAID MCOs PROMOTING TELEHEALTH

- Providing access to high-speed internet for the rural communities in New Mexico.
- Bring in new providers that are focused solely on telehealth in New Mexico and offer virtually primary care, specialty care, Mental health therapy, medication management, doula services and dentistry.
- Mental health wellness app with 24/7 mobile support including coaching, content and crisis support. Along with funding to expand and support programs that support pregnant and postpartum mothers with BH and substance issues.
- Scholarships to supports statewide medical professionals.
- Grants to independently-owned physician practices throughout the state, including in rural areas, to recruit and retain physicians.



<https://www.kff.org/mental-health/issue-brief/telehealth-delivery-of-behavioral-health-care-in-medicaid-findings-from-a-survey-of-state-medicaid-programs/>



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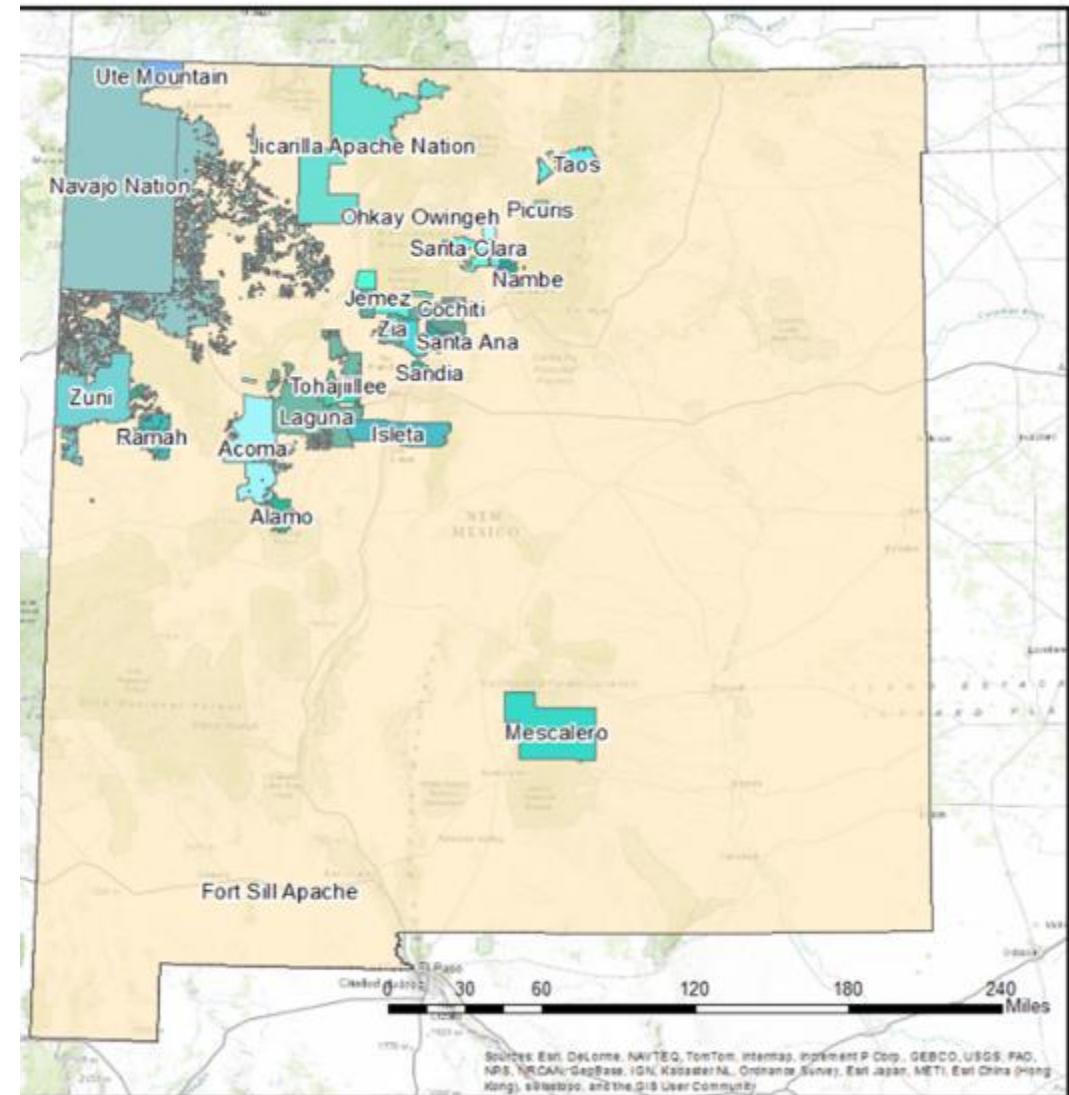
# TRIBAL COMMUNITIES' HEALTH CARE PRIORITIES

The Native American Technical Advisory Committee (NATAC) began in September 2012. NATAC is comprised of appointees by Tribal leaders, Indian Health Service (IHS) and HCA representatives working on issues of common concern and policy making with the HCA.

- 13 Tribes represented at NATAC

## NATAC Goals:

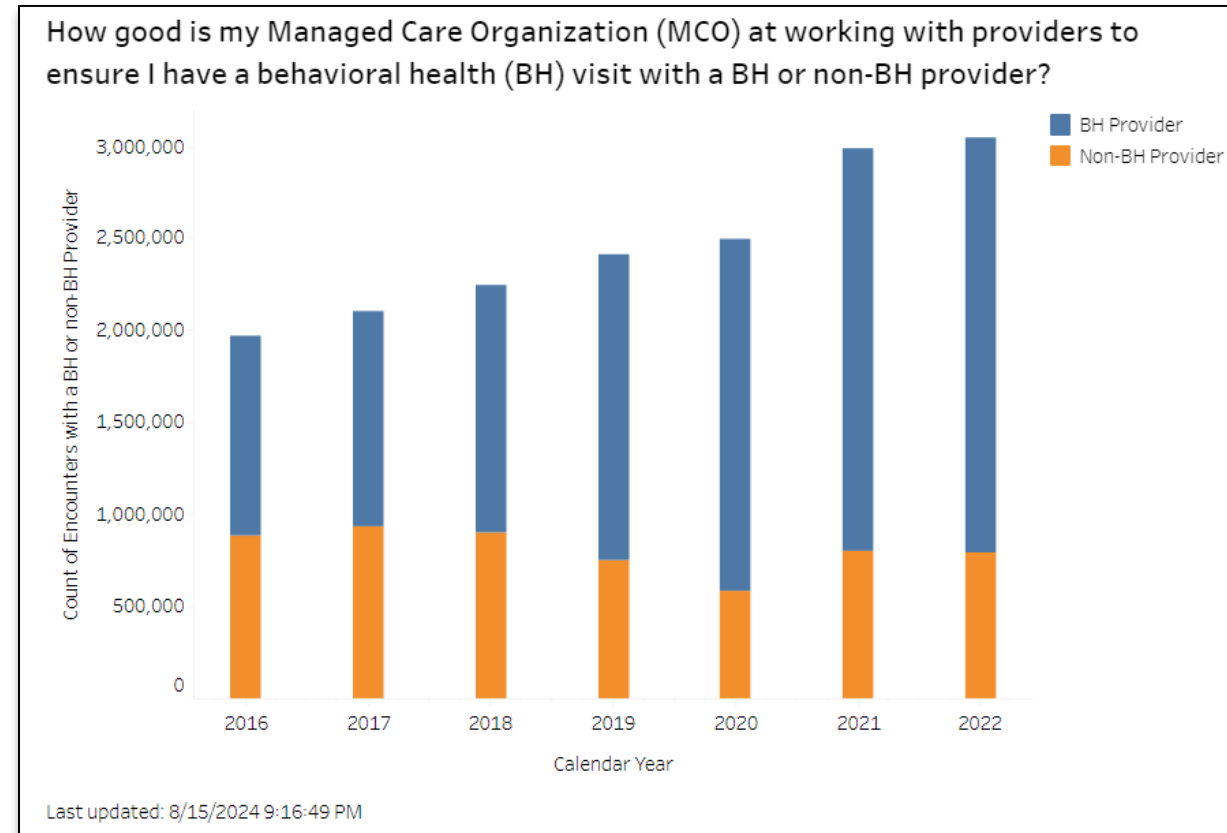
- Goal 1:** Increase BH services for Native Americans including community-based services for adults and children.
- Goal 2:** Increase Medicaid reimbursable provider types (e.g. case managers, community health representatives, care coordinators) and services for IHS and Tribal Clinics.
- Goal 3:** Increase the number of long-term care options.
- Goal 4:** Increase Native American enrollment in Medicaid.



# REBUILDING BEHAVIORAL HEALTH IN NEW MEXICO

- **988: 24/7/365 phone, text, chat crisis intervention staffed by clinicians.** 33,059 total connections in SFY24.
- **Raising BH Medicaid reimbursement rates** up to 150% of Medicare rates.
- **6 Certified Community Behavioral Health Clinics (CCBHCs)** slated to launch January 2025.
- **Supports for pregnant members with Substance Use Disorder**, delegated care coordination and recovery services.
- **Justice Re-entry program:** received federal approval to reach into jails/prisons up to 90 days prior to release with Medicaid-covered MAT services, 30-days medications, and care coordination.
- **Added 5 new Behavioral Health Practices** for enhanced rates, encouraging more providers to expand their services.

*Positive trend in increasing Medicaid members' access to behavioral health visits continues.*



Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/mco-behavioral-health>



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# HCA Rural Health Care Delivery Fund State Fiscal Year 2024 | Outcomes

The Rural Health Care Delivery Fund (RHCDF) provides funding to cover operating losses, including startup costs for rural health care providers or facilities delivering new and expanded health care services to New Mexicans.

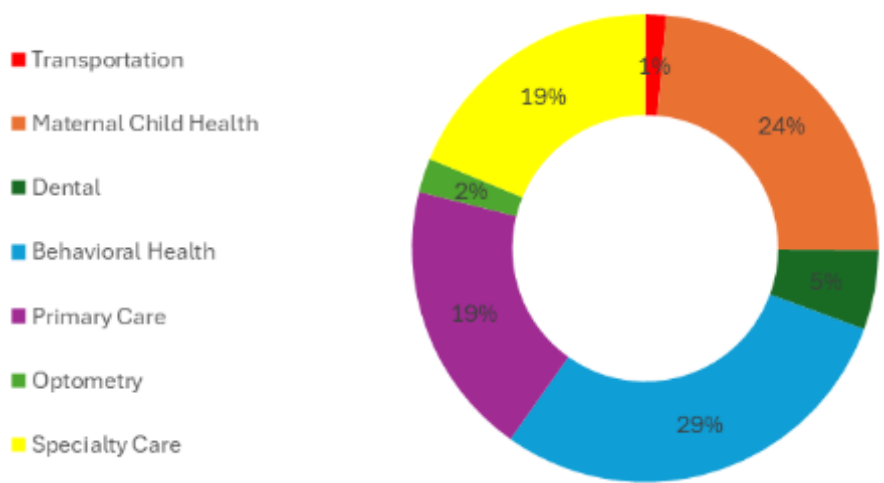
**Total FY24 Appropriation: \$80 M GF**  
**Number of Funding Recipients: 52**  
**Funding period: SFY24 – SFY26**



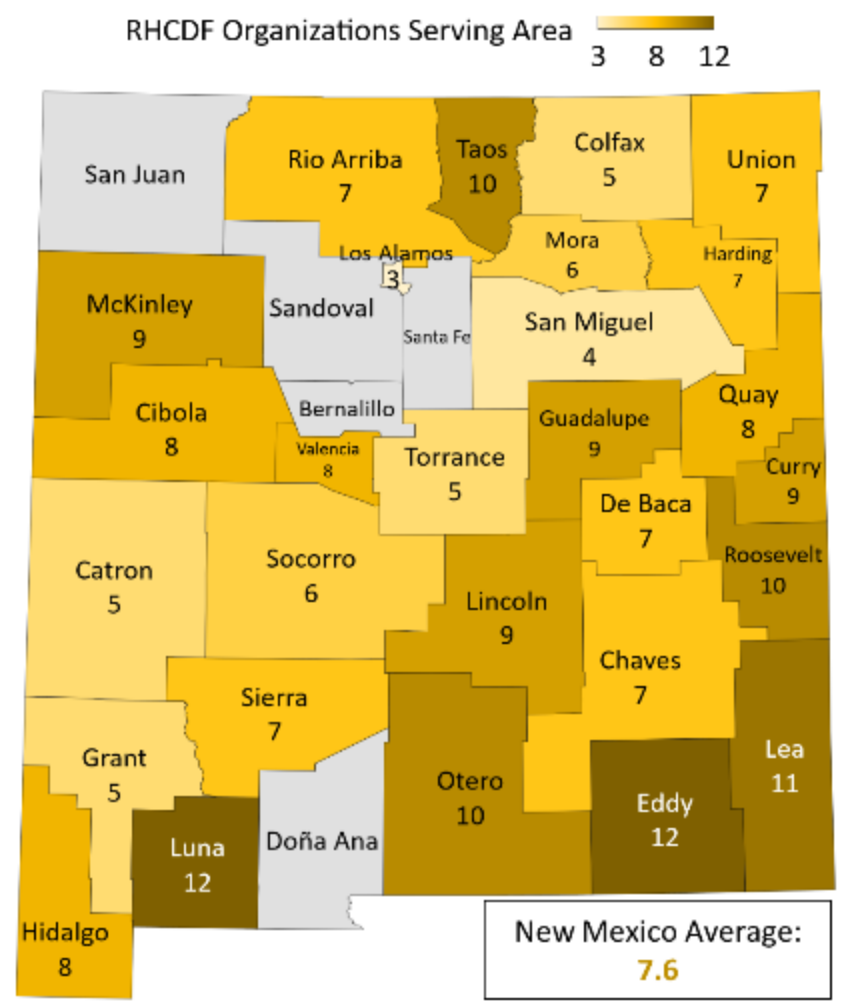
## Annual & Projected Spending

SFY	\$ Amount	% of Funding Spent
2024 (Actual)	\$16,209,488	20%
2025 (Projected)	\$37,377,651	47%
2026 (Projected)	\$24,123,209	30%
Admin Costs (Actual+Projected)	\$ 2,289,652	3%
<b>Total</b>	<b>\$80,000,000</b>	<b>100%</b>

## Percent FY24 spend by service type



## How Many RHCDF Organizations are Serving Rural Counties?





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## QUESTIONS & COMMENTS

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