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January 28, 2023

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Subject: New Mexico Centennial Care 2.0 - Extension Request Demonstration

Dear Secretary Becerra and Administrator Brooks-LaSure:

Thank you for the opportunity to comment on New Mexico’s extension request for the “Centennial Care 2.0” section 1115 demonstration waiver (to be renamed “Turquoise Care”). First Focus on Children is a bipartisan advocacy organization that prioritizes children and families in federal budget and policy decisions. We advocate for the over 41 million children covered by Medicaid and the Children’s Health Insurance Program (CHIP) to ensure they have access to timely, affordable, and high-quality care. From well-baby and well-child visits, to vaccines, cancer treatment, dental services, speech therapy, and more, Medicaid and CHIP play a significant role in keep kids across the nation healthy, in school, and on track to becoming healthy, productive adults. We write to strongly support New Mexico’s proposals to provide continuous eligibility for children through age 5 and the expansion of the Centennial Home Visiting (CHV) program.

As of December 2022, New Mexico’s Medicaid program serves over 980,000 individuals representing over 46% of the state’s population.¹ Over 384,000 enrollees are children, including those in the Children’s Health Insurance Program (CHIP).² This means that over half of the state’s children rely on Medicaid and CHIP for their health coverage. Ensuring their coverage is stable and the care provided by it is tailored for their needs, especially during early development, is paramount.

¹ NM Human Services Dept., Medicaid Enrollment Dynamic Web App, <https://webapp.hsd.state.nm.us/MERReport/RunReport.aspx?Report=Medicaid%20Enrollment%20by%20County%20of%20Residence.rdl> (last visited January 23, 2023).

² Ibid.

Continuous Eligibility through Age 5

Continuous eligibility for children through age 5 will reduce gaps in coverage and improve continuity of care during the most critical years of child development. Healthy development in a child's early years provides a solid foundation for lifelong health, educational attainment, and economic productivity. Uninterrupted coverage from birth through the age of 5 allows children to have consistent access to well-baby and well-child visits, vaccinations, and specialty care. During these first five years, children need regular, routine checkups. The American Academy of Pediatrics suggests such visits occur at birth, three-to-five days after birth, at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months and that they continue once a year until adulthood.³ Young children need these visits to ensure any social, emotional, or developmental delays are detected early and before beginning school.⁴ If a pediatrician detects an issue at a visit, they can make referrals to a specialist for advanced care, such as speech therapy or cancer screening. Without these checks and referrals, care may be delayed until it is too late, and children may suffer unnecessary, long-term harm.

Continuous eligibility through age 5 reduces “churn” in and out of Medicaid/CHIP coverage. A child who churns from Medicaid/CHIP will experience gaps in both coverage and access to care that can be detrimental to their development; even short gaps in coverage can harm a child by reducing their access to necessary care.⁵ If a coverage gap is prolonged, families may face expensive medical bills or may push off their child's care due to high out-of-pockets costs. Maintaining Medicaid/CHIP coverage through age 5 provides children with a long-term medical “home,” where care is coordinated, efficient, and consistent.⁶ Early childhood continuous eligibility will also ensure children have access to the same provider networks and benefits.⁷ Churning from Medicaid/CHIP coverage to private coverage due to income changes forces families to search for new providers and navigate new cost-sharing rules, burdening families and complicating a child's access to necessary care.

Early childhood continuous eligibility helps address racial inequities. Children who are Black, Latino, or multi-racial are more likely to be enrolled in Medicaid/CHIP, so providing continuous eligibility through age 5 would help improve their health and increase the likelihood that these children are entering school on the same grounds as their white peers.⁸ Furthermore, families with low incomes, which disproportionately are families of color, are more likely to experience income changes throughout a year, impacting their child's eligibility for Medicaid and CHIP and increasing the

³American Academy of Pediatrics, *Recommendations for Preventive Pediatric Health Care* (March 2021), https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

⁴Centers for Disease Control and Prevention, *Developmental Monitoring and Screening* (Feb. 2021), <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>.

⁵Salam Abdus, *Part-year Coverage and Access to Care for Nonelderly Adults*, Medical Care (Aug. 2014), https://journals.lww.com/lwwmedicalcare/Abstract/2014/08000/Part_year_Coverage_and_Access_to_Care_for.6.aspx.

⁶Georgetown University Center for Children and Families, *Improving Enrollment and Retention in Medicaid and CHIP: Federal Options for a Changing Landscape* (Aug. 2009), <https://ccf.georgetown.edu/wp-content/uploads/2012/03/Federal-medicaid-policy-ny-federal-options.pdf>.

⁷Sarah Sugar, Christie Peters, Nancy De Lew, and Benjamin D. Sommers, *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic*, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (April 2021), <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

⁸Tricia Brooks and Alexa Gardner, *Snapshot of Children with Medicaid by Race and Ethnicity, 2018*, Georgetown University Center for Children and Families (July 2020), <https://ccf.georgetown.edu/wp-content/uploads/2020/07/Snapshot-Medicaid-kids-race-ethnicity-v4.pdf>.

likelihood of churn.⁹ These families may already be struggling to make ends meet and allowing their children to churn in and out of Medicaid or CHIP may cause irreversible, lifelong harm.

While New Mexico already chooses to provide 12 months of continuous eligibility for children in Medicaid and CHIP, this proposal to extend continuous eligibility through age 5 is a significant action by the state to reduce gaps in coverage and enhance continuity of care during the most critical early years of child development. We applaud the state for this action and urge CMS to approve the proposal.

Expansion of the CHV program

The expansion of New Mexico's CHV program will bring the benefits of home visiting to additional eligible families. Home visiting programs show positive results for children and their families in numerous areas, including improved maternal and newborn health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime and domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination of and referrals to other community resources and supports. The federal government saves over \$32,000 per child served through home visiting, and over an individual's lifetime, benefits exceed costs by at least 20% and up to more than 200%.^{10 11} Home visiting programs, however, currently serve less than five percent of eligible families, and the expansion of New Mexico's CHV program has the potential to improve those numbers in the state.

New Mexico's proposal includes adding four additional home visiting models to the two already covered in the state's waiver, which would help reach more families and better tailor services to particular communities in the state. Eligibility would be expanded to include families with children up to age five, regardless of whether they enrolled prenatally or not. The proposal would continue current support for home visiting providers to bill Medicaid, as this process can be challenging for programs that do not bill Medicaid regularly. And the goals of New Mexico's proposal would focus not only on maternal and child physical health, but on a variety of other factors that we know affect child well-being, including behavioral health, school readiness, connections to community resources, and early childhood development. Medicaid coverage of home visiting programs can also help promote additional efforts to expand home visiting and funding, including to programs that may not currently receive federal funding but that provide home visiting to underserved populations.

Additionally, New Mexico's proposal seeks to use the proposed programs to experiment with new models as it works through challenges with scaling up existing programs and improving access to home visiting in general. CMS should encourage the state to expand the scope of its evaluation to ensure it is identifying key lessons and outcomes from the pilot programs. In addition to the proposed

⁹Pew Trusts, How Income Volatility Interacts with American Families' Financial Security (March 2017), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2017/03/how-income-volatility-interacts-with-american-families-financial-security>.

¹⁰ "The Business Case For Home Visiting," Pew Charitable Trusts, October 2011, https://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2012/hvbusinessleadersbrieffinalpdf.pdf.

¹¹ Michalopoulos, Charles, Kristen Faucetta, Anne Warren, and Robert Mitchell. Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). OPRE Report 2017- 73. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, <https://files.eric.ed.gov/fulltext/ED579153.pdf>.

metrics, the evaluation should document uptake and access to the new models as well opportunities to improve scale, including billing capacity, MCO delays and denials, and referral barriers. CMS should encourage the state to provide disaggregated metrics where possible.

Conclusion

First Focus on Children enthusiastically supports New Mexico’s efforts to improve children’s access to stable, comprehensive coverage through Medicaid and CHIP during the most critical years of development. We also applaud the state’s dedication to improving and expanding its home visiting programs to serve the needs of more families in the state and provide pathways to improved maternal and child health.

Thank you again for the opportunity to submit these comments. If you have any questions, please contact me at 202-674-2446 or at brucel@firstfocus.org

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive style with a large initial "B" and a long, sweeping underline.

Bruce Lesley
President