



NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
MAY 10, 2021

MEDICAL ASSISTANCE DIVISION

INVESTING FOR TOMORROW, DELIVERING TODAY.

MEETING PROTOCOLS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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MEETING PROTOCOLS

- Join GoToMeeting
- Mute Microphones
- Update Name and Address
- Committee Member Questions
- Chat Function for Public Comments
- Presenters and Slide Transition
- Meeting is Recorded

INTRODUCTIONS

NICOLE COMEAUX, MEDICAID DIRECTOR

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AGENDA AND APPROVAL

LARRY MARTINEZ, MAC CHAIRMAN

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MEETING AGENDA AND APPROVAL

- Welcome
- Introductions and Roll Call
- Meeting Agenda and Minute Approval
- Proposed By-Law Change
- HSD Strategic Planning
- NM Legislative Session
- Federal Legislation
- Medicaid Budget Policy
- Medicaid Budget Projection
- End of the PHE Planning
- COVID-19 Guidance Update
- COVID-19 Vaccine Guidance
- COVID-19 Vaccine Efforts
- Additional Updates
- Medicare Savings Program
- Electronic Visit Verification
- Valle Del Sol Transition
- Tribal 638/FQHC
- Public Comment
- Adjournment

JANUARY 2021 MINUTES

LARRY MARTINEZ, MAC CHAIRMAN

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PROPOSED BY-LAW CHANGE

LARRY MARTINEZ, MAC CHAIRMAN

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PROPOSAL FOR COMMITTEE CONSIDERATION

- HSD/MAD is proposing to change the cadence of meetings as outlined in the by-laws so they will follow the regular Medicaid budget projections
 - The budget is a critical component of Medicaid operations that this Stakeholder group should hear quarterly
 - Medicaid budget meetings are held the 4th week of January, April, July, and October

- Current: Quarterly, 3rd Monday of January, April, July, October
- Proposed: Quarterly, 2nd Monday of February, May, August, November

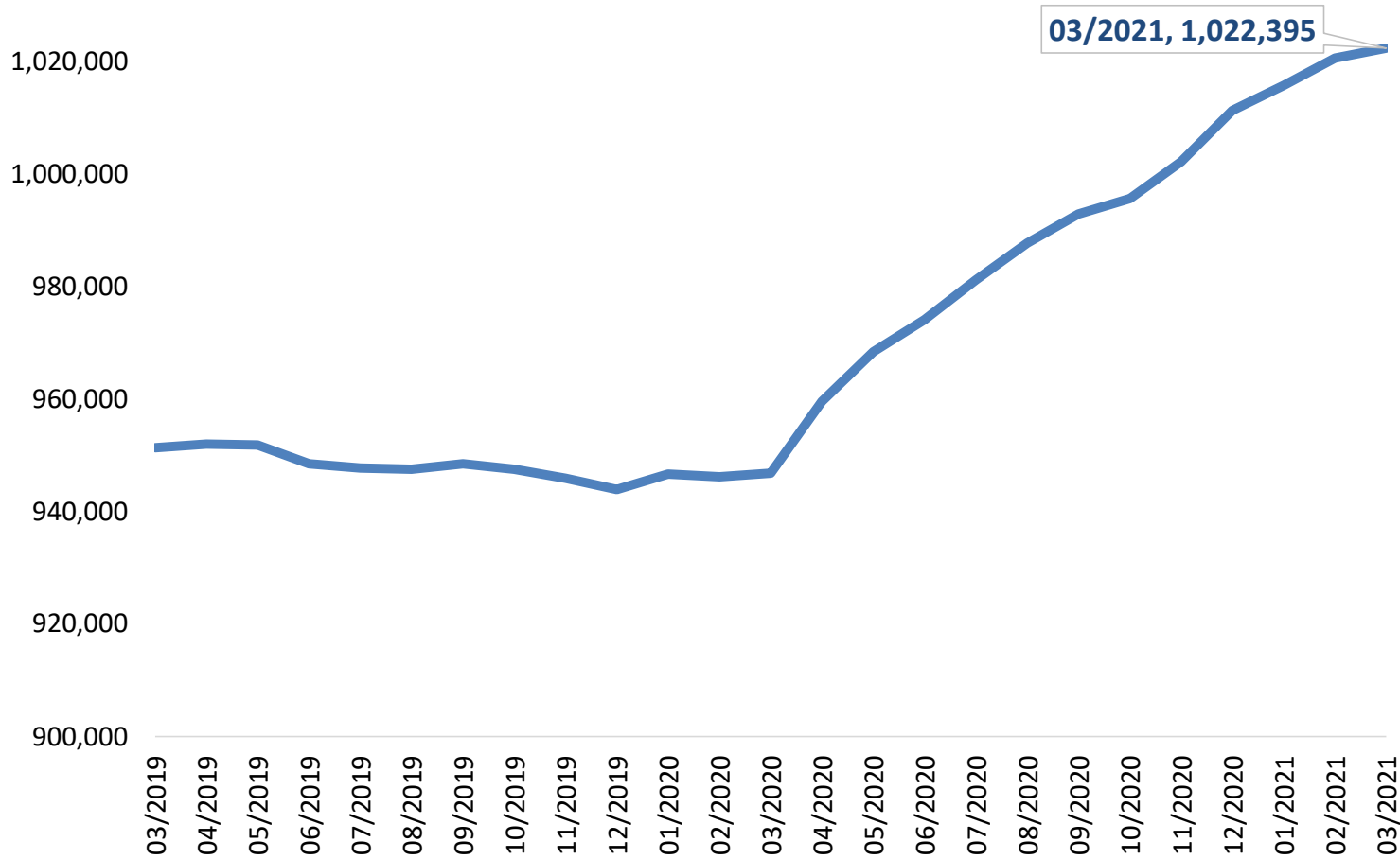
MAD DIRECTOR UPDATE

NICOLE COMEAUX, MEDICAID DIRECTOR

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HSD HAS BEEN BUSY

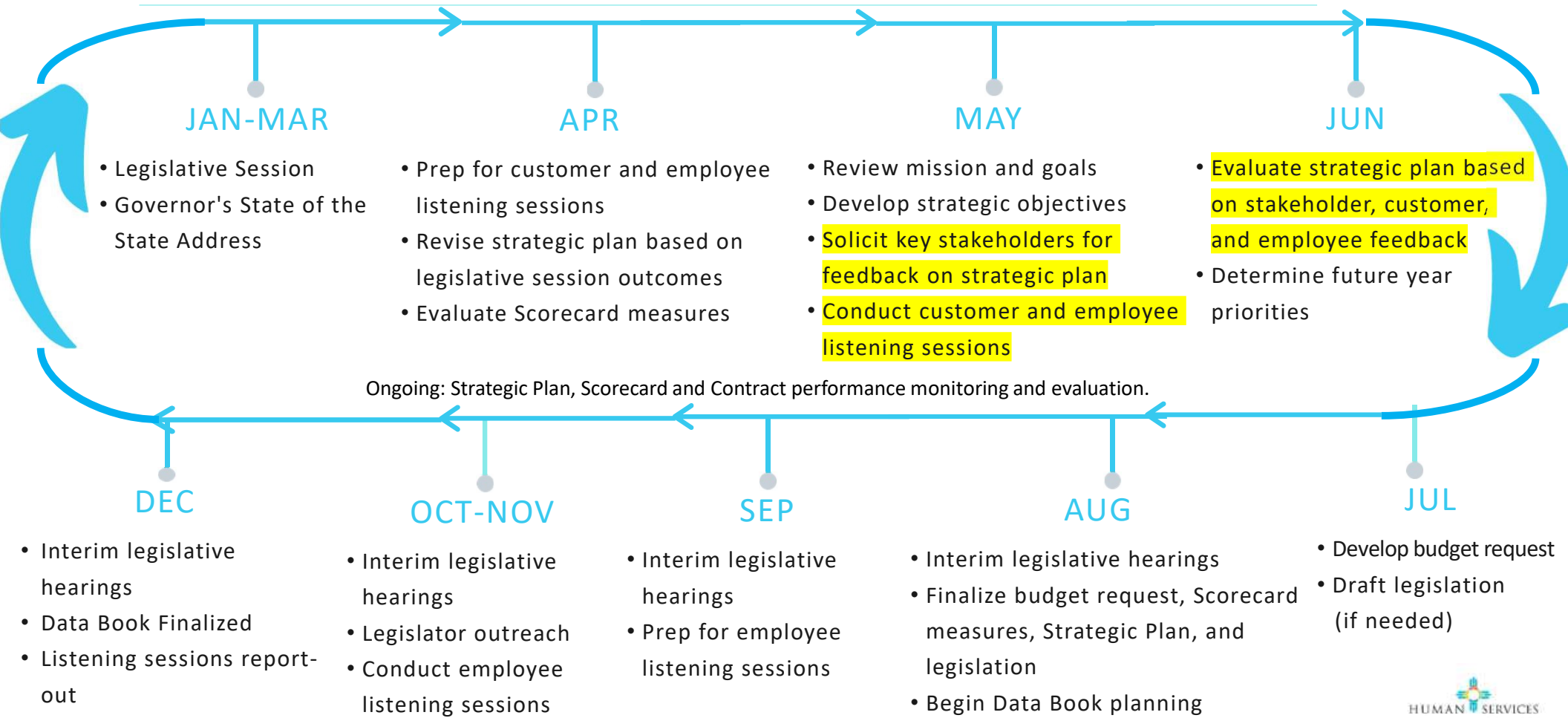
HSD Unduplicated Customers by Month as of March 2021



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HSD Annual Strategic Planning Cycle

April 2021



LEGISLATIVE SESSION OUTCOMES

ABUKO ESTRADA, COVERAGE INNOVATION OFFICER

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2021 LEGISLATIVE SESSION - HIGHLIGHTS

- **HB 67 – Primary Care Council Act**

- Establishes Primary Care Council to develop shared description of primary care workforce, analyze primary expenditures, and make policy recommendations to improve primary delivery and reduce health care cost.

- **SB 71 – Patient Debt Collection Protection Act**

- requires HSD to provide guidance on accessing available sources of funding for care that prioritizes 1) federal funding; 2) state funding; and 3) other sources.
- Health care facilities and third-party providers receiving indigent care funds must annually report to HSD how funds are used; Reports must also be made publicly available through the facility or provider website.

- **SB 317 – No Behavioral Health Cost Sharing/Health Care Affordability Fund**

- Prohibits cost-sharing (co-pays and deductibles) for behavioral health services, including prescriptions, in the individual, small, and large group markets as well as public employees and retirees.
- Merged with provisions of HB 122 to include Health Care Affordability Fund, which will make investments in:
 - Improving affordability through the NM Health Insurance Exchange (beWellnm)
 - Reducing premiums for small businesses in fully-insured group market;
 - Expanding access to coverage for individuals who cannot access coverage through beWellnm

- **Other:**

- **HM 2 – Public Health Task Force** – Requests the Department of Health to convene public health task force to recommend strategies for improving public health infrastructure in New Mexico.
- **HM 27 – Parity Pay Task Force** – Requests the Legislative Finance Committee to convene a parity pay task force to study compensation for personal care service providers and childcare providers.

FEDERAL LEGISLATION

NICOLE COMEAUX, MEDICAID DIRECTOR

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AMERICAN RESCUE PLAN ACT (ARPA): MEDICAID IMPACTS

Section	Summary	Effective Dates	Guidance
9811	Mandatory coverage of COVID-19 testing and treatment; 100% FMAP for vaccine administration	Mandatory coverage: March 11, 2021 100% FMAP for vaccine administration: April 1, 2021 through end of quarter following one year post-PHE	Not yet available
9812	One year postpartum coverage option at full benefits. Available in Medicaid and CHIP programs. If applied in Medicaid, must also apply in CHIP.	April 1, 2022 – March 31, 2027	Not yet available
9813	Community-based mobile crisis services coverage option. 85% FMAP available for first 3 years of this option, which must supplement, not supplant, any existing spending on such services.	April 1, 2022 – March 31, 2027 85% FMAP available April 1, 2022 – March 31, 2025	Not yet available
9815	100% FMAP for services received through Urban Indian health organizations and Native Hawaiian health care systems.	April 1, 2021 – March 31, 2023	Not yet available
9816	Lifts current 100% Average Manufacturer Price cap on drug rebates.	January 1, 2024	Not yet available
9817	10 percentage point FMAP enhancement for HCBS improvement activities. FMAP must supplement, not supplant, existing spending.	April 1, 2021 – March 31, 2022	Not yet available
9818	Funding for state strike teams to assist nursing homes with COVID-19 outbreaks. \$250 million in grant funds.	Funds available through one year post-PHE.	Not yet available
9819	Adjusts DSH allotments to account for 6.2 percentage point FMAP enhancement during the PHE.	Retroactive to start of the PHE, ends in the quarter in which the PHE ends.	Not yet available

MEDICAID BUDGET PROJECTIONS

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MEDICAID BUDGET POLICY

NICOLE COMEAUX, MEDICAID DIRECTOR

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MEDICAID 6.2% INCREASED MATCH: MAINTENANCE OF EFFORT REQUIREMENT

- States must attest compliance with the statutory requirements below to receive this increase and if they violate these terms, they will be required to return all additional federal funds:
 - **No new eligibility and enrollment requirements** that are more restrictive than were in place prior to the Public Health Emergency (PHE)
 - No cost-sharing for testing
 - No increases in premiums
 - **No disenrollment** during PHE declaration

IMPACT OF THE MAINTENANCE OF EFFORT REQUIREMENT ON MEDICAID ENROLLMENT

PRE-PANDEMIC



Grow 0.1%
per month



Disenroll
0.84% per
month

PANDEMIC



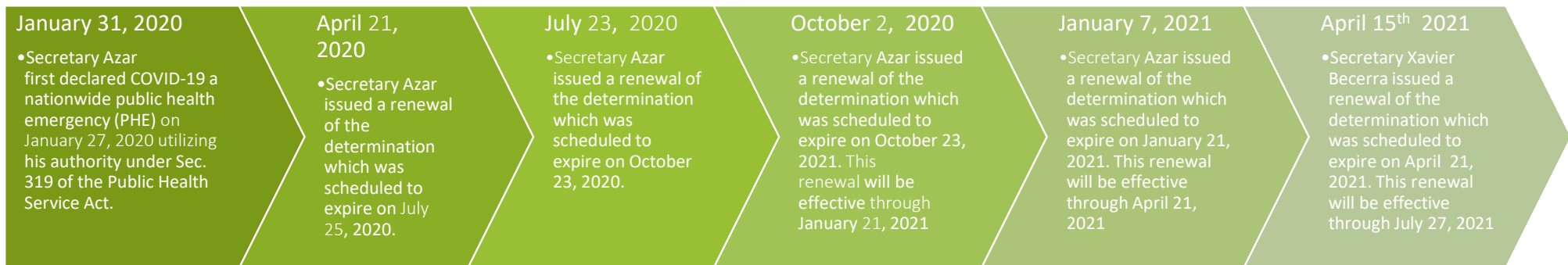
Grow 1.5%
per month



Disenroll 0%
per month

Approximately 112,000 remain on due to the MOE requirement.

6.2% FMAP EXTENSION TIMELINE



<https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVID-15April2021.aspx>

Letter from CMS on extension: “To assure you of our commitment to the ongoing response, we have determined that the PHE will likely remain in place for the entirety of 2021, and when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days’ notice prior to termination”

ASSUMPTIONS

- Public Health Emergency declaration continues through December 31, 2021
- 6.2% FMAP increase ends December 31, 2021
- Medicaid MOE population transition will happen over three months beginning 1/1/2022

MEDICAID BUDGET PROJECTION

ELISA WALKER-MORAN, MEDICAID DEPUTY DIRECTOR & CFO

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DURATION OF FMAP INCREASES

	FFY 2019	FFY 2020	FFY 2020 6.2% increase	FFY 2021	FFY 2021 6.2% increase	FFY 2022	FFY2022 6.2% increase (Oct 21 to Dec 21)
FMAP	72.26%	72.71%	78.91%	73.46%	79.66%	73.71%	79.91%
E-FMAP	80.58%	80.90%	85.24%	81.42%	85.00%	81.60%	85%
CHIP E-FMAP	100%	92.40%	96.74%	81.42%	85.00%	81.60%	85%
Expansion FFP CY	93%	90%	-	90%	-	90%	90%
HCBS FMAP + 10%					89.66%		89.91%

▪ CHIP E- FMAP

- 100% expired September 30, 2019.
- Phase-out increased to states' E-FMAP by 11.5% through September 30, 2020.
- E-FMAP reverted back on October 1, 2020.

▪ Expansion FMAP - is in effect by calendar year (CY).

▪ 6.2% FMAP increase - Families First Coronavirus Response Act (FFCRA) increased FMAP for the months of January 2020 through September 2021 Officially. Projection was build with assumption this continues through December 2021.

- This will last until the end of the quarter in which the public health emergency ends.

▪ COVID-19 testing and related services for uninsured are 100% FFP

FFY21 MEDICAID FMAP AND 6.2% INCREASE IMPACT

Federal Fiscal Year 2021 FMAP with 6.2% Increase

	Pre-PHE Federal and State FFP			Policy Adjusted Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal: State)	Federal Match with 6.2%	State Match w/ 6.2%	Ratio (Federal: State)
Traditional (PH & LTSS)	73.46%	26.54%	2.77	79.66%	20.34%	3.92
Chip EFMAP	81.42%	18.58%	4.38	85.00%	15.00%	5.67
Other Adult Group (CY21)	90.00%	10.00%	9.00	90.00%	10.00%	9.00
State FY21 Blended FFP	78.52%	21.48%	3.65	82.51%	17.49%	4.72

FFY22 MEDICAID FMAP AND 6.2% INCREASE IMPACT

Federal Fiscal Year 2022 FMAP with 6.2% Increase

	Pre-PHE Federal and State FFP			Policy Adjusted Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal: State)	Federal Match with 6.2%	State Match w/ 6.2% *	Ratio (Federal: State)
Traditional (PH & LTSS)	73.71%	26.29%	2.80	79.91%	20.09%	3.98
Chip EFMAP	81.60%	18.40%	4.43	85.00%	15.00%	5.67
Other Adult Group (CY21)	90.00%	10.00%	9.00	90.00%	10.00%	9.00
State FY22 Blended FFP	78.47%	21.53%	3.64	80.58%	19.42%	4.15

*only 2 quarters of SFY2022 *Investing for tomorrow, delivering today.*

FY20, FY21 & FY22 BUDGET OVERVIEW

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MEDICAID BUDGET UPDATE: EXPENDITURES

- The estimated expenditures in FY20 are \$6.5 billion
- The estimated expenditures in FY21 are \$7.3 billion
- The estimated expenditures in FY22 are \$7.5 billion

Budget Projection – Expenditures (\$000s)	FY2020	FY2021	FY2022
Fee-For-Service	734,364	731,135	734,006
DD & MF Traditional, and Mi Via Waivers	442,587	493,049	543,383
Centennial Care MCO	5,107,602	5,790,976	6,010,720
Medicare	195,519	203,827	227,508
Other	39,806	61,433	24,752
Total Projection (4/30/21)	6,519,877	7,280,421	7,540,370
Prior Projection (1/13/21)	6,624,836	7,315,403	7,346,693
Change from Prior	(104,959)	(34,981)	193,677
*The current quarterly budget projection is updated with data through March 31, 2021.			

MEDICAID BUDGET UPDATE: REVENUES

- The estimated state revenue surplus in FY20 is \$46.3 million
- The estimated state revenue surplus in FY21 is \$49.8 million
- The projected state revenue shortfall in FY22 is \$75 million

Budget Projection - Revenues	FY2020	FY2021	FY2022
Federal Revenues	5,269,333	6,021,278	6,075,929
All State Revenues	1,237,261	1,245,483	1,448,384
Operating Transfers In	244,162	277,289	291,612
Other Revenues	72,272	65,841	65,438
General Fund Need	920,826	902,354	1,091,333
Appropriation	1,019,697	952,168	996,353
Reversion	(52,549)		
State Revenue	46,322	49,813	(75,037)
Surplus/(Shortfall)			
Change from Prior	26,879	3,991	74,690

FY2022 6.2% IMPACT ASSUMPTIONS

<i>Additional Total computable costs in FY22 (primarily MOE costs)</i>	<i>\$(193,677)</i>
General Fund Impacts:	
Previous General Fund Shortfall (compared to final H2 Appropriation)	\$(149,727)
Additional 6.2% FMAP revenue in FY22 (1 st 2 quarters)	\$148,696
Additional General Fund costs in FY22 (primarily MOE costs in 1 st 2 qtrs + other changes detailed in projection)	\$(52,037)
HB2 Revenue Adjustments (tobacco and county supported)	\$(24,031)
New Shortfall	\$(75,037)

Formula: Previous Shortfall – Additional 6.2% Revenue + Additional GF costs + Revenue Adjustment

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ENROLLMENT PROJECTION ASSUMPTIONS

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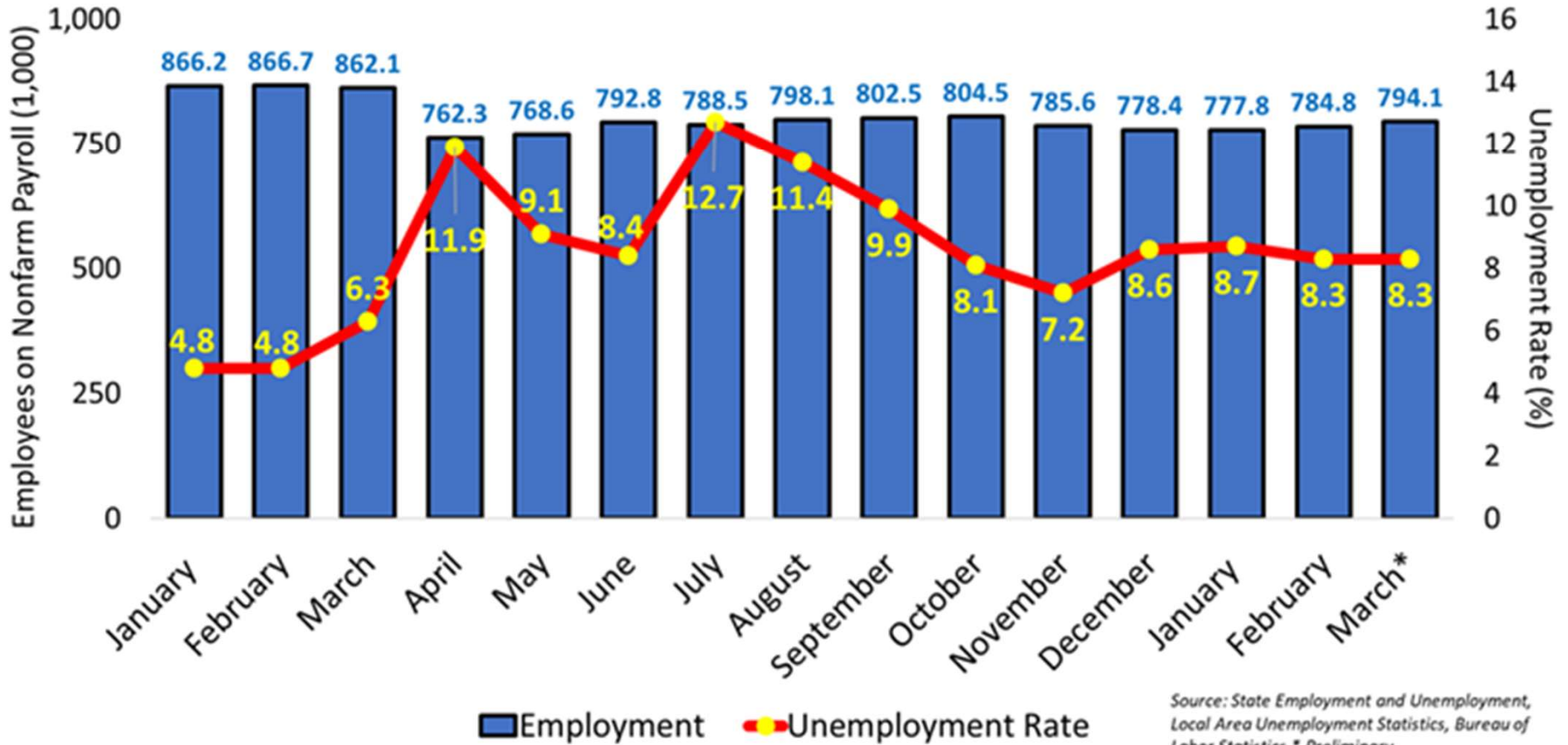
MEDICAID ENROLLMENT PROJECTION IN CONTEXT

- 922,700 total beneficiaries in March 2021
- 953,100 anticipated by December 2021
- 896,300 anticipated by March 2022
- 82% are enrolled in managed care
- 44% (up from 40% pre-COVID) of all New Mexicans are enrolled in Medicaid
- 43% of beneficiaries are children
- 58% (up from 56% pre-COVID) of New Mexico children are enrolled in Medicaid
- 71% of all births in New Mexico are covered by Medicaid

MEDICAID ENROLLMENT CHANGES

- Growth in Medicaid/CHIP enrollment over this time-period reflects:
 - COVID-19 Public Health Emergency
 - MOE requirements
 - The current economic outlook
 - Incentives for job search activity associated with stimulus/relief policies.
 - Preliminary expectations from MOE eligibility redeterminations and transitional Medicaid enrollments

New Mexico Nonfarm Payroll Employment and Unemployment Rate Seasonally Adjusted January 2020 - March 2021*



Source: State Employment and Unemployment, Local Area Unemployment Statistics, Bureau of Labor Statistics,* Preliminary



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LABOR MARKET TRENDS IN PUBLIC HEALTH EMERGENCY

- September to March: Unemployment rate drops from 9.9% to 8.3% (BLS, April data)
- FY21 & FY22 Statistical analysis of Medicaid/CHIP eligibility shows that the recovery of 1,000 NM civilian jobs corresponds with a drop of approximately 300 Medicaid/CHIP eligible.

TOTAL ENROLLMENT PROJECTION (FFS & MCO)

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NM MEDICAID ENROLLMENT PROJECTION FY20

Month-Year	Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP			
	Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change to Pre-PHE (Feb 20)
	Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs & QI1s Estimated							
Jul-19	478,253	478,273	58,214	23,571	12,348	572,406	258,258	258,309	830,715	-	(54)	
Aug-19	479,197	479,159	56,202	24,363	12,536	572,260	258,558	258,624	830,884	-	169	
Sep-19	479,958	479,928	55,275	25,136	12,621	572,960	259,922	259,977	832,937	-	2,053	
Oct-19	479,647	479,614	53,699	25,841	12,709	571,863	260,890	260,946	832,809	2	(128)	
Nov-19	479,030	479,047	51,768	26,550	12,783	570,148	262,279	262,335	832,483	4	(326)	
Dec-19	479,349	479,358	50,112	27,232	12,858	569,560	264,562	264,621	834,181	9	1,698	
Jan-20	480,005	479,983	48,712	27,893	12,930	569,518	265,979	266,050	835,568	6	1,387	
Feb-20	479,122	479,162	48,786	27,962	13,002	568,912	266,471	266,522	835,434	9	(134)	
Mar-20	480,744	480,525	49,307	28,055	13,073	570,960	266,310	266,355	837,315	17	1,881	0.2%
Apr-20	488,047	487,738	47,155	28,825	13,144	576,862	271,388	271,431	848,293	11	10,978	1.5%
May-20	495,689	495,049	46,186	29,293	13,214	583,742	274,374	274,456	858,199	(2)	9,906	2.7%
Jun-20	501,279	500,400	45,763	29,685	13,285	589,133	276,253	276,332	865,465	15	7,267	3.6%

SFY 2020

NM MEDICAID ENROLLMENT PROJECTION FY21

Month-Year	Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP			
	Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change to Pre-PHE (Feb 20).
	Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs & QI1s Estimated							
Jul-20	507,554	506,494	45,729	30,035	13,356	595,614	278,435	278,445	874,059	(64)	8,594	4.6%
Aug-20	513,790	512,565	45,478	30,291	13,427	601,761	280,367	280,355	882,116	(36)	8,057	5.6%
Sep-20	518,729	517,398	45,319	30,564	13,497	606,779	281,519	281,494	888,273	(69)	6,157	6.3%
Oct-20	523,520	521,933	45,240	30,818	13,568	611,560	282,762	282,692	894,252	5	5,979	7.0%
Nov-20	528,304	525,117	45,471	31,049	13,639	615,276	285,468	285,381	900,657	908	6,406	7.8%
Dec-20	532,757	529,522	45,531	31,302	13,710	620,064	288,667	288,571	908,636	1,207	7,978	8.8%
Jan-21	536,595	533,304	45,280	31,667	13,780	624,031	289,383	289,475	913,506	2,125	4,871	9.3%
Feb-21	539,688	536,642	45,094	31,904	13,851	627,491	289,941	290,250	917,742	3,549	4,235	9.9%
Mar-21	542,018	540,441	45,053	32,138	13,922	631,553	289,976	291,137	922,690	6,138	4,948	10.4%
Apr-21		544,214	45,026	32,156	13,993	635,388		292,110	927,498	5,967	4,808	11.0%
May-21		547,614	44,994	32,162	14,063	638,832		293,180	932,013	5,479	4,515	11.6%
Jun-21		551,370	44,984	32,170	14,134	642,657		294,250	936,907	5,403	4,895	12.1%

SFY 2021

NM MEDICAID ENROLLMENT PROJECTION FY22

Month-Year	Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP				
	Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change to Pre-PHE (Feb 20).	
	Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs & Q1s Estimated								
SFY 2022	Jul-21		555,098	44,963	32,178	13,356	645,594		295,053	940,647	26,615	3,740	12.6%
	Aug-21		557,633	44,956	32,198	13,427	648,213		295,855	944,068	45,563	3,421	13.0%
	Sep-21		559,673	44,928	32,216	13,497	650,314		296,390	946,704	63,704	2,636	13.3%
	Oct-21		561,703	44,890	32,235	13,568	652,395		296,925	949,320	67,655	2,616	13.6%
	Nov-21		563,257	44,849	32,250	13,639	653,994		297,193	951,187	70,841	1,867	13.9%
	Dec-21		564,830	44,843	32,272	13,710	655,654		297,460	953,114	74,122	1,927	14.1%
	Jan-22		555,722	44,823	32,275	13,780	646,599		287,531	934,130	56,508	(18,985)	11.8%
	Feb-22		546,641	44,830	32,289	13,851	637,610		277,601	915,211	38,922	(18,919)	9.5%
	Mar-22		537,565	44,799	32,306	13,922	628,591		267,672	896,263	21,290	(18,949)	7.3%
	Apr-22		538,166	44,805	32,321	13,993	629,284		267,996	897,280	23,635	1,017	7.4%
	May-22		538,766	44,798	32,346	14,063	629,973		268,320	898,293	25,957	1,013	7.5%
	Jun-22		539,374	44,754	32,371	14,134	630,632		268,645	899,277	28,274	984	7.6%

MANAGED CARE ENROLLMENT PROJECTION (MCO)

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NM MEDICAID MANAGED CARE ENROLLMENT FY20

Month-Year		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO				
		(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2020	Jul-19	386,643	386,551	(92)	48,197	48,255	58	232,559	232,528	(31)	667,399	667,334	(65)	1,161	
	Aug-19	387,379	387,305	(74)	48,316	48,376	60	232,823	232,787	(36)	668,518	668,468	(50)	1,134	
	Sep-19	388,404	388,337	(67)	48,499	48,547	48	233,950	233,868	(82)	670,853	670,752	(101)	2,284	
	Oct-19	388,334	388,280	(54)	48,584	48,622	38	235,045	234,957	(88)	671,963	671,859	(104)	1,107	
	Nov-19	388,210	388,170	(40)	48,666	48,692	26	236,270	236,220	(50)	673,146	673,082	(64)	1,223	
	Dec-19	388,831	388,802	(29)	48,738	48,757	19	238,567	238,532	(35)	676,136	676,091	(45)	3,009	
	Jan-20	391,343	391,308	(35)	48,880	48,903	23	237,819	237,778	(41)	678,042	677,989	(53)	1,898	
	Feb-20	390,988	390,963	(25)	48,893	48,904	11	238,476	238,459	(17)	678,356	678,326	(30)	337	
	Mar-20	392,344	392,329	(15)	48,979	48,982	3	238,793	238,794	1	680,117	680,105	(12)	1,779	0.3%
	Apr-20	395,249	395,236	(13)	49,055	49,059	4	247,701	247,721	20	692,006	692,016	10	11,911	2.0%
	May-20	404,669	404,668	(1)	49,289	49,278	(11)	247,823	247,862	39	701,780	701,808	28	9,792	3.5%
	Jun-20	409,844	409,861	17	49,393	49,369	(24)	249,515	249,576	61	708,753	708,806	53	6,998	4.5%
Total MM		4,712,238	4,711,810	(428)	585,490	585,744	254	2,869,341	2,869,082	(259)	8,167,069	8,166,636	(433)	180,883	

NM MEDICAID MANAGED CARE ENROLLMENT FY21

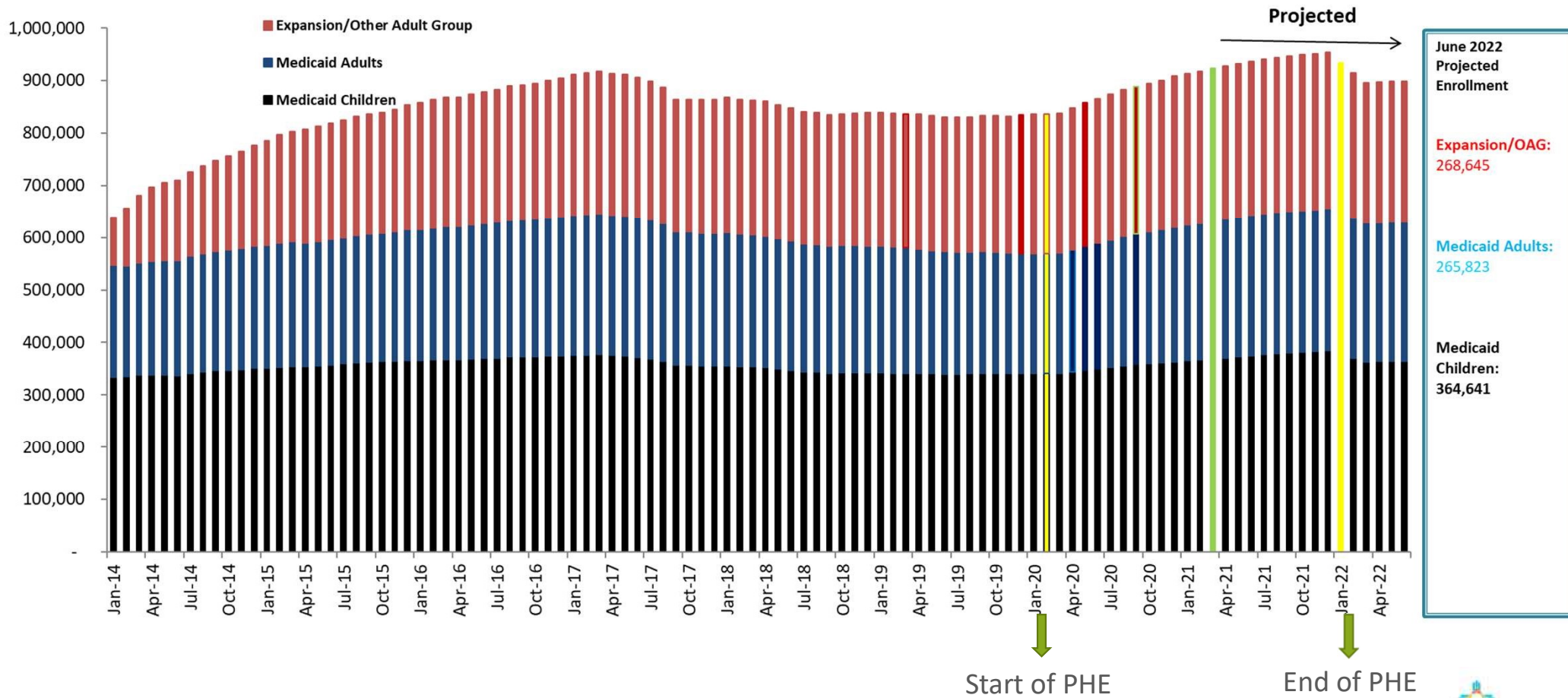
Month-Year	Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
	Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO				% Change to Pre-PHE (Feb 20).
	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	
Jul-20	415,309	415,339	30	49,597	49,558	(39)	251,576	251,652	76	716,483	716,549	66	7,743	5.6%
Aug-20	420,920	420,853	(67)	49,655	49,855	200	253,491	253,584	93	724,065	724,292	227	7,743	6.8%
Sep-20	425,435	425,410	(25)	49,965	50,132	167	254,481	254,563	82	729,880	730,105	225	5,813	7.6%
Oct-20	429,771	430,163	392	50,211	50,233	22	255,309	256,001	692	735,290	736,397	1,106	6,292	8.6%
Nov-20	434,649	434,453	(196)	50,493	50,496	3	257,194	256,981	(213)	742,336	741,930	(406)	5,534	9.4%
Dec-20	440,083	438,540	(1,543)	50,495	50,421	(74)	259,180	259,024	(157)	749,758	747,984	(1,774)	6,054	10.3%
Jan-21	442,583	443,337	755	50,558	50,334	(224)	260,430	262,237	1,806	753,571	755,908	2,337	7,923	11.4%
Feb-21	444,333	447,300	2,967	50,621	50,392	(229)	261,430	263,636	2,205	756,384	761,327	4,943	5,420	12.2%
Mar-21	445,833	450,580	4,747	50,684	50,521	(163)	262,180	264,121	1,941	758,697	765,222	6,525	3,895	12.8%
Apr-21	449,333	453,861	4,529	50,748	50,634	(114)	263,580	265,031	1,451	763,661	769,526	5,866	4,304	13.4%
May-21	452,833	456,861	4,029	50,811	50,697	(114)	264,980	266,031	1,051	768,624	773,590	4,966	4,063	14.0%
Jun-21	456,333	459,861	3,529	50,875	50,761	(114)	266,380	267,031	651	773,588	777,653	4,065	4,063	14.6%
Total MM	5,257,411	5,276,55	19,146	604,713	604,034	(679)	3,110,213	3,119,892	9,679	8,972,337	9,000,484	28,146	833,848	

SFY 2021

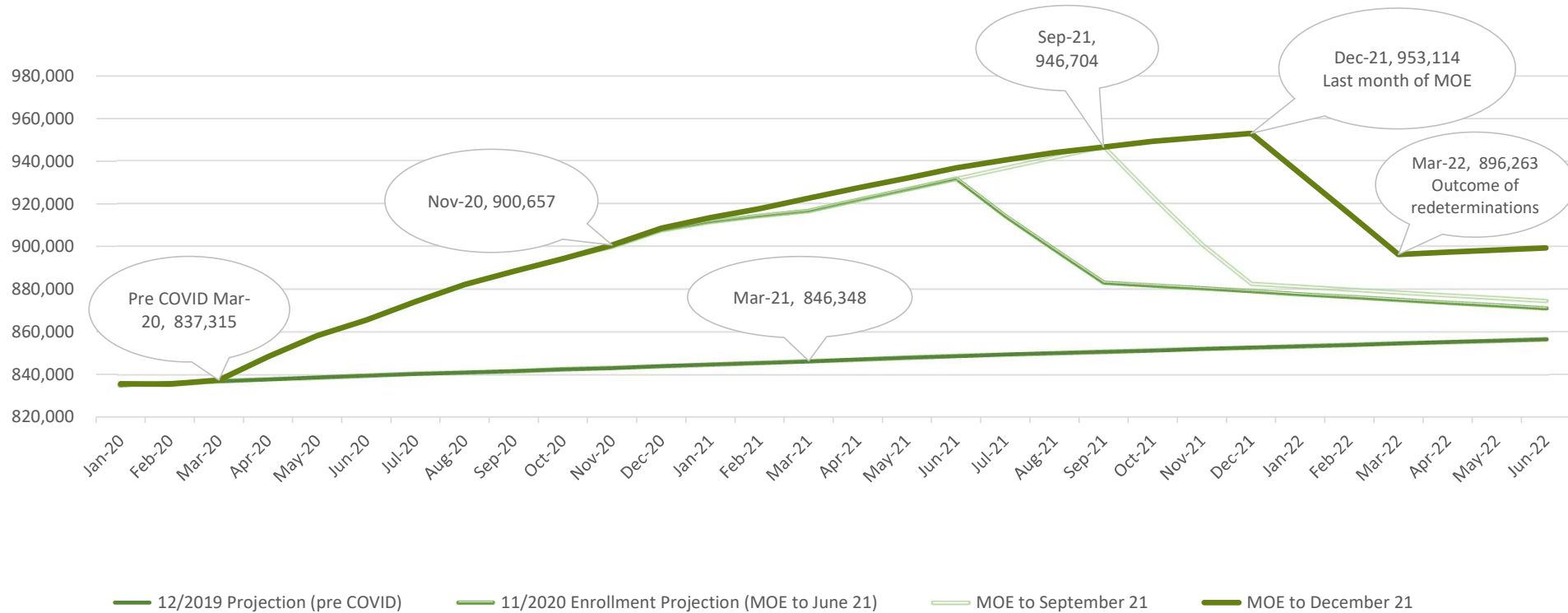
NM MEDICAID MANAGED CARE ENROLLMENT FY22

Month-Year		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports				Medicaid Expansion			Total CC MCO			
		(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2022	Jul-21	445,333	462,361	17,029	50,938	50,938	-	261,880	267,781	5,901	758,151	781,081	22,930	3,428	15.1%
	Aug-21	434,333	464,861	30,529	51,002	51,002	-	257,380	268,531	11,151	742,715	784,394	41,680	3,314	15.6%
	Sep-21	423,333	466,861	43,529	51,066	51,066	-	252,880	269,031	16,151	727,279	786,958	59,680	2,564	16.0%
	Oct-21	422,451	468,861	46,411	51,130	51,130	-	252,353	269,531	17,178	725,934	789,522	63,588	2,564	16.4%
	Nov-21	421,571	470,361	48,791	51,194	51,194	-	251,828	269,781	17,954	724,592	791,336	66,744	1,814	16.7%
	Dec-21	420,692	471,861	51,169	51,258	51,258	-	251,303	270,031	18,728	723,253	793,150	69,897	1,814	16.9%
	Jan-22	419,816	462,717	42,902	51,322	51,322	-	250,780	260,751	9,972	721,917	774,790	52,873	(18,360)	14.2%
	Feb-22	418,941	453,574	34,632	51,386	51,386	-	250,257	251,471	1,214	720,584	756,431	35,847	(18,360)	11.5%
	Mar-22	418,068	444,430	26,361	51,450	51,450	-	249,736	242,191	(7,544)	719,254	738,071	18,817	(18,360)	8.8%
	Apr-22	417,197	444,985	27,788	51,514	51,514	-	249,215	242,494	(6,721)	717,927	738,994	21,066	923	8.9%
	May-22	416,328	445,542	29,213	51,579	51,579	-	248,696	242,797	(5,899)	716,603	739,917	23,314	924	9.1%
	Jun-22	415,461	446,098	30,638	51,643	51,643	-	248,178	243,101	(5,078)	715,282	740,842	25,560	925	9.2%
	Total MM	5,073,524	5,502,514	428,990	615,481	615,481	-	3,024,487	3,097,493	73,006	8,713,491	9,215,487	501,995	215,003	

NM MEDICAID ENROLLMENT



ENROLLMENT IMPACT OF MOE THROUGH CY2021



RISK FACTORS IN THE BUDGET

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RISK FACTORS IN THE BUDGET

- Built into FY21 and FY22 budget:
 - Preliminary expectations of outcomes from MOE eligibility redeterminations and transitional Medicaid Enrollments
 - Workforce Participation, and incentives for job search activity associated with stimulus/relief policies
 - High fidelity wrap around
 - Annual cost of administering COVID-19 vaccinations
- Not built in:
 - Extending post-partum Medicaid from 60 days to 12 months begins 4/2022
 - Kevin S intensive behavioral health services for CYFD treatment foster care
 - The role of potential cost containment in mitigating FY22 projected shortfall
 - Affordability fund appropriation to address tax beginning in 1/2022

END OF PHE ACTIVITIES

LORELEI KELLOGG, MEDICAID DEPUTY DIRECTOR

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MEDICAID MAINTENANCE OF EFFORT DURING PHE

- There are two ways the state Medicaid agency is retaining eligibility for members in compliance with the Maintenance of Effort requirements mandated during the Public Health Emergency (PHE) which began in March of 2020:
 - Sustaining Medicaid eligibility and benefit level for those individuals who are known to be no longer eligible for Medicaid or who would be eligible for a lesser benefit category;
 - Extending renewal dates in three month increments for individuals who fail to complete the renewal process.
- Medicaid enrollment can only be terminated for the following four reasons:
 - Client requested closure
 - Client ceases to be a state resident
 - Client passed away
 - Client was approved due to agency error

END OF PHE ACTIVITIES

- In preparation for the end of the PHE, the state Medicaid agency is taking the following steps:
- Evaluation of a risk-based approach to End of PHE activities:
 - A hybrid model considers specific populations and timeframes for a staggered approach to returning to pre-pandemic caseload maintenance.
- Evaluation of timeframe for completion of End of PHE activities:
 - Current projections allow for a 90-day timeframe for completion of all roll-off activities.
- Development of a communication plan that allows for timely notification of Medicaid participants, ensuring we have the most current information available in order to ascertain post PHE program eligibility.

COVID-19 WAIVERS & GUIDANCE

MELODEE KOEHLER, OPERATIONS MANAGER

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COVID-19 RESPONSE EFFORTS

- COVID-19 Federal Waivers
 - 2 Approved §1135 Waivers
 - 5 Approved Appendix K Waivers
- State Plan Amendments (SPAs)
 - 11 Approved Disaster SPAs
 - 11 Approved Regular SPAs
 - 6 Pending
- See Appendix A for the full list of federal authorities sought
- See Conduent provider portal for Letters of Direction and other guidance
 - <https://nmmedicaid.portal.conduent.com/static/covid.htm>

COVID-19 SUPPLEMENTS AND LETTERS OF DIRECTION

- 16 Special COVID-19 Provider Supplements have been issued during the PHE
 - [Special COVID-19 Supplement #16](#) COVID-19 Vaccine Coverage, Billing, and Reimbursement
- 21 Special COVID-19 Letters of Direction have been issued during the PHE
- [HSD Administrative Order](#): Allows eligible NM Medicaid providers up to one calendar year from the date of service to submit claims for COVID testing and vaccines claims for dates of service 3/11/2020 through the end of the PHE
- <https://www.hsd.state.nm.us/lookingforinformation/centennial-care-letters-of-direction/>
- https://www.hsd.state.nm.us/providers/registers_and_supplements/

SPECIAL COVID-19 LETTERS OF DIRECTION (LOD) ISSUED SINCE 1/1/2021

- Special COVID-19 LOD 8-2 Testing and Treatment Codes
- Special COVID-19 LOD 9-1 Prior Authorization and Cost-Sharing
- Special COVID-19 LOD 16-1 Non-DRG Hospital Payment Rates for dates of service 4/1/2020-6/30/2020
- Special COVID-19 LOD 19-1 Waive Timely Filing COVID testing and vaccines
- Special COVID-19 LOD 20 Surveillance Testing
- Special COVID-19 LOD 21 Provider Rate Increases & Claims Adjustments for E&M and non-E&M codes for dates of service 4/1/2020-6/30/2020

COVID-19 VACCINE GUIDANCE

NICOLE COMEAUX, MEDICAID DIRECTOR

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REIMBURSEMENT / INCENTIVES

- Special COVID-19 Supplement
 - <https://www.hsd.state.nm.us/wp-content/uploads/SPECIAL-COVID-19-SUPPLEMENT-16-COVID-19-VACCINE-COVERAGE-BILLING-AND-REIMBURSEMENT.pdf>

- Sync Provider Reimbursement and Member Incentives
 - Providers are reimbursed \$40 per dose
 - Members are rewarded 200 Points (\$20 value) for full immunization

COVID-19 VACCINATION EFFORTS

JEFF CLARK, MD

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MEDICAID MCO ENROLLEES VACCINATION: COLLABORATION/COOPERATION

- Sync the efforts of:
 - HSD/MAD
 - Medicaid MCOs
 - DOH
 - ALTSD
 - NMPCA (FQHCs/RHCs)
 - Tribal 638s
 - Local Communities
 - Primary Care Clinics
 - Schools

LOCAL COORDINATION/COOPERATION

- DOH Vaccine Event Calendar
 - MCOs to inform/encourage their Members
 - Identify gaps and coordinate to expand events
- Map Member locations / Vaccine Events by zip code
 - MCOs / DOH to create “heat map” overlaying Member and vaccination locations
 - Include PCPs that are administering vaccinations

HOME BOUND MEMBERS

- MCOs identifying Home Bound Members
 - Leveraging care coordination
- DOH and MCOs syncing efforts with local EMS for vaccination of home bound members
- Challenges
 - Resource intensive
 - Last minute vaccination refusals

PRIMARY CARE PROVIDERS

- Sec Collins / Sec Hotrum-Lopez / Sec Scrase PCP News Release
 - “At this point in our COVID-19 vaccine distribution, no group is more important than primary health care providers,” said DOH Cabinet Secretary Dr. Tracie Collins. “Primary care providers have longstanding relationships with their patients and are ideally placed to hold open, trusting conversations and encourage vaccinations. To support that work, DOH encourages providers to enroll as COVID-19 vaccine providers – and DOH will get you the doses you need to reach your patients.”
 - <https://www.hsd.state.nm.us/2021/04/29/new-mexico-seeks-nominations-for-primary-care-council-need-the-right-team-to-improve-access-to-primary-care-in-new-mexico/>
- Each MCO to provide their network PCPs with a list of their Members’ vaccination status

ADDITIONAL UPDATES

MEGAN PFEFFER, MEDICAID DEPUTY DIRECTOR

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2021 QUALITY STRATEGY

- As required by the Code of Federal Regulations, the State must draft and implement a written Quality Strategy for assessing and improving the quality of health care and services furnished to Medicaid Beneficiaries.
- The Quality Strategy must be reviewed and updated as needed, but no less than once every 3 years and must be posted for public comment prior to sending to the Centers for Medicare and Medicaid Services (CMS) for review and feedback.
- HSD is revising the Quality Strategy to integrate recent CMS feedback and to better align quality metrics with the program enhancements.
- The 2021 Quality Strategy is available for public comment.
- The draft version of the 2021 Quality Strategy is located on the HSD website.
- <https://www.hsd.state.nm.us/wp-content/uploads/2021-Quality-Strategy-Draft.pdf>

NEW MEXICO ADMINISTRATIVE CODE AMENDMENTS

- The NM Public Education Department (PED) has adopted two amendments to the New Mexico Administrative Code (NMAC)
 - 6.12.13 Student Dental Examination Requirements for Enrollment, effective April 20, 2021; and
 - 6.12.14 COVID-19 School Reentry Requirements, effective March 24, 2021

- Link to 6.12.13 NMAC published rule: <http://164.64.110.134/nmac/nmregister/xxxii/6.12.13.pdf>
- Link to 6.12.14 NMAC published rule: http://164.64.110.134/nmac/nmregister/xxxii/6.12.14emerg_amend_xxxii7.pdf

MEDICARE SAVINGS PROGRAM

LORELEI KELLOGG, MEDICAID DEPUTY DIRECTOR

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MEDICARE SAVINGS PROGRAM CHANGES

- Rule promulgation and change to remove the Asset requirement for Medicare Savings Program financial eligibility
 - Public comment period for the rule change was from 8/25/20 – 9/25/20
- Removal of asset requirement effective Jan 1, 2021 for all Medicare Savings Programs
- System changes were implemented in the eligibility system, ASPEN, on January 31, 2021 and the new methodology was applied retroactively to all applications submitted in the month of January

ELECTRONIC VISIT VERIFICATION (EVV) UPDATE
&
FISCAL MANAGEMENT VENDOR TRANSITION

NICOLE COMEAUX, MEDICAID DIRECTOR & LINDA GONZALES, MEDICAID DEPUTY DIRECTOR

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TIMELINE / ISSUES THE STATE HAS FACED

- Federal Mandate- Implement by 1/1/2021 or face monetary penalties
- Contracting/Timing
- Impact of Open HSD IT projects
- COVID-19 Pandemic
 - Priority of the State to continue services for our waiver participants and continued support and payment to providers

PHASE 1 AND PHASE 2 COMPONENTS

PHASE 1

- January 1 - March 31, 2021
- Collection of required six (6) data elements via Interactive Voice Recognition (IVR)/telephony
1-800-222-2943
- Call IVR/telephone from landline or mobile/cell phone
- EOR can continue to view time captured in FocosOnline and make corrections as necessary

PHASE 2

- Fall 2021
- Full EVV functionality
- Call IVR from landline only or use mobile/cell phone Authenticare app
- For Mi Via, Supports Waiver (Participant-directed) and SDCB, the EOR and employees begin using Palco's system for all budget management, both EVV and non-EVV services

EVV IMPLEMENTATIONS

Managed Care		FFS	
Agency Based	Self-Direction	Agency Based	Self-Direction
Agency Based Community Benefit	Self-Directed Community Benefit	Developmentally Disabled Waiver	Mi Via Self Directed Waiver
EPSDT PCS implemented January 2020		Supports Agency Based Waiver	Supports Participant Directed Waiver
2016	1/1/21	1/1/21	1/1/21

WHERE TO FIND MORE INFORMATION

- Additional information such as enrollment packets, user guides, FAQs, training presentations, and training recordings can be found on the *Palco* website as shown below at <https://palcofirst.com/new-mexico>
- Conduent-
<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#Self-DirectionForms>
- The Consolidated Customer Service Center (CCSC) is available to provide information about all Medicaid programs, including EVV. Beginning January 4th, 2021, for Electronic Visit Verification questions related to IVR logins or technical issues please call:

1-800-283-4465 option 5

VALLE DEL SOL TRANSITION

NEAL BOWEN, MD, BEHAVIORAL HEALTH SERVICES DIVISION DIRECTOR

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VALLE DEL SOL

- Arizona owned agency
 - providing services in 9 locations in Northern NM since 2013
- Gave notice they would leave the state on 3/30/21 – with the departure effective 7/31/21
- 70 staff – including 64 direct service providers
- 1,100 patients, about 70% adult

TRANSITION

- Excellent cooperation from Valle del Sol in the process
- Working group of MCOs, CYFD, and HSD collaborating
- Meeting held with Taos County community
- Community meetings scheduled May 25, 27 and June 2, 3
- 14 Agencies offered to take over all or parts of the service area
- Objective scoring of ability to provide sustainable continuation of services used to reduce to best choice for service providers
- On track for transition by end of July

TRIBAL 638/FQHC UPDATE

SHELLY BEGAY, NATIVE AMERICAN LIAISON

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FOUR WALLS REQUIREMENT UNDER 42 C.F.R. §440.90 FOR INDIAN HEALTH SERVICE AND TRIBAL FACILITIES

- Extension of Grace Period through 10/31/21
- NM SPA 20-0022 – FQHC Designation
 - Approved by CMS on 5/2/21
 - Effective 1/31/21
- Frequently Asked Questions (FAQ)
- If Tribal facilities are interested in designating as a FQHC, please email HSD's Tribal Liaisons:
 - Shelly Begay (Shelly.Begay@state.nm.us)
 - Theresa Belanger (Theresa.Belanger@state.nm.us)

PUBLIC COMMENT

LARRY MARTINEZ, MAC CHAIRMAN

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HUMAN
SERVICES
DEPARTMENT



ADJOURNMENT

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APPENDIX A

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FEDERAL AUTHORITIES FOR CY2020 AND CY2021

CY 2020 Pre-Prints

- University of New Mexico Medical Group (UNMMG) Uniform Percent Increase
- Nursing Facility Value-Based Purchasing (NF VBP) Payment Arrangement
- Community Tribal Hospital
- For Profit and Government Owned Uniform Percent Increase
- University of New Mexico Hospital (UNMH) ACR 2020 Uniform Percentage Increase
- Not-For-Profit (NFP) Hospital Uniform Percent Increase
- Health Care Quality Surcharge (HCQS - SB246)
- Hospital Access Program - (Safety Net Care Pool Hospitals)
- Min Fee Schedule SNCP
- Trauma Hospital

FEDERAL AUTHORITIES FOR CY2020 AND CY2021

CY 2021 Pre-Prints

- University of New Mexico Medical Group (UNMMG) Uniform Percent Increase
- Nursing Facility Value-Based Purchasing (NF VBP) Payment Arrangement
- Community Tribal Hospital
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- Health Care Quality Surcharge (HCQS - SB246)
- Hospital Access Program - (Safety Net Care Pool Hospitals)
- Trauma Hospital

FEDERAL AUTHORITIES FOR CY2020 AND CY2021

State Plan Amendments (SPAs): CY 2020 SPAs

- 20-0002 – LARC Reimbursement
- 20-0003 – Vision Screening Reimbursement
- 20-0004 – NM Disaster Relief #1: PE Qualified Entities
- 20-0005 – NM Disaster Relief #2: DRG & DSH
- 20-0007 – NM Disaster Relief #3: COVID Testing Group
- 20-0008 – NM Disaster Relief #5: UPL Payments
- 20-0009 – NM Disaster Relief #4: : NF Rate Increase
- 20-0010 - NM Disaster Relief #6: Inpatient Hospital Rate Increase (excludes DRG)
- 20-0011 – Family Infant Toddler (FIT) Rate Increase
- 20-0012 - Pharmaceutical Service Reimbursement Parity
- 20-0013 – NM Disaster Relief #8: Non-hospital providers
- 20-0014 – NM Disaster Relief #9: Pharmacy Curbside (rescinded Effective 10/1/2020)
- 20-0015 – Targeted Access Payments

FEDERAL AUTHORITIES FOR CY2020 AND CY2021

CY2020 SPAs (continued)

- 20-0016 – Elimination of MSP Resource Standard
- 20-0017 – DRG Payments
- 20-0018 – NF Payments
- 20-0019 – GME
- 20-0020 – Air Ambulance
- 20-0021 – NM Disaster Relief #7: FIT Rate Increase
- 20-0022 – FHQC Designation
- 20-0024 – NM Disaster Relief #10: Targeted Access Payments
- 20-0025 – NM Disaster Relief #11: Vaccine Coverage

CY2021 SPAs

- 21-0005 – SUD Health Homes

Proposed CY2021 SPAs

- 21-0001 – I.H.S. & Tribal Pharmacy Payment
- 21-0002 – Pharmacy Curbside Recission
- 21-0003 – COVID-19 Vaccine
- 21-0004 – Medication Assisted Treatment
- 21-0006 – Targeted Access Payments

FEDERAL AUTHORITIES FOR CY 2020 AND CY 2021

CY 2020

- 1915 C Waiver
- Mi Via Waiver Renewal
- Developmental Disabilities Waiver Amendment
- Medically Fragile Waiver Amendment
- CMS Approval for Supports Waiver

CY 2021

- 1115 Demonstration Amendment #2 to include the following proposed changes:
 - SMI/SED Demonstration
 - Establishing High Fidelity Wraparound
 - Establishing a Primary Care Graduate Medical Education (GME)
 - Expand coverage of the Coronavirus (COVID-19) vaccines to limited benefit plan coverage
- 1115 Demonstration COVID-19 Public Health Emergency
- Expand coverage of the Coronavirus (COVID-19) vaccines to limited benefit plan coverage

FEDERAL AUTHORITIES FOR CY2020 AND CY2021

1135 Waiver for the following:

- Suspending prior authorizations and extending existing authorizations;
- Suspending PASRR Level I and II screening assessments for 30 days;
- Extension of time to request fair hearing of up to 120 days;
- Enroll providers who are enrolled in another state's Medicaid program or who are enrolled in Medicare;
- Waive screening requirements (i.e. Fingerprints, site visits, etc.) to quickly enroll providers;
- Cease revalidation of currently enrolled providers;
- Payments to facilities for services provided in alternative settings;
- Temporarily allow non-emergency ambulance suppliers;
- Temporarily suspend payment sanctions; and
- Temporarily allow legally responsible individuals to provide PCS services to children under the EPSDT benefit.

FEDERAL AUTHORITIES FOR CY2020 AND CY2021

Appendix Ks

- **1915c Waivers (Medically Fragile, Mi Via, Developmental Disability, and Supports Waiver)**
 - Exceed service limitations (i.e. additional funds to purchase electronic devices for members, exceed provider limits in a controlled community residence and suspend prior authorization requirements for waiver services, which are related to or resulting from this emergency)
 - Expand service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms.)
 - Permit payment to family caregivers
 - Modify provider enrollment requirements (i.e. suspending fingerprinting and modifying training requirements)
 - Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely
 - Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically
 - Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval
 - Modifying incident reporting requirements

FEDERAL AUTHORITIES FOR CY2020 AND CY2021

1115 Demonstration Waiver for Home Community Benefit Services (HCBS) (Approved through Appendix K)

- Expand service settings (i.e. telephonic visits in lieu of face-face and provider trainings also done through telehealth mechanisms.)
- Permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.
- Modifying provider qualifications to allow provider enrollment or re- enrollment with modified risk screening elements.
- Modification to the process for level of care evaluations or re-evaluations
- Modifying person-centered service plan development process to allow for telephonic participation and electronic approval
- Modifying incident reporting requirements
- Allow for payment for services
- Retainer payments for personal care services

CY 2021

- 1915 C Waiver
- Medically Fragile Waiver Renewal
- Developmental Disabilities Waiver Renewal