



HUMAN
SERVICES
DEPARTMENT



NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
JANUARY 24, 2022
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
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- Committee Member Questions
- Chat Function for Public Comments
- Presenters and Slide Transition
- Meeting is Recorded

INTRODUCTIONS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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MEETING AGENDA AND APPROVAL

LARRY MARTINEZ, MAC CHAIRMAN

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MEETING AGENDA AND APPROVAL

1. Welcome
2. Meeting Protocols
3. Introductions
4. Meeting Agenda and Approval
5. November 2021 Minutes
6. Budget Projections
7. Legislative Priorities
8. Public Health Emergency (PHE)
9. Medicaid Dashboards
10. Comprehensive Provider Rate Review
11. Timelines for Waiver and Procurement DRAFTs
12. WSCC Innovations
13. Public Comment
14. Adjournment

NOVEMBER 2021 MINUTES

LARRY MARTINEZ, MAC CHAIRMAN

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BUDGET PROJECTIONS

ELISA WALKER-MORAN, MEDICAID DEPUTY DIRECTOR

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MEDICAID BUDGET PROJECTION & ASSUMPTIONS

- The projection is produced quarterly by economists in the Budget Planning and Reporting Bureau of the Medical Assistance Division of the New Mexico Human Services Department.
- SFY 2022 & 2023 projections incorporate new CY 2022 MCO rates.
- Assumptions in this projection:
 - 4/2022 - Public Health Emergency (PHE) ends
 - 6/30/2022 - 6.2% enhanced FMAP ends
 - 6/30/2022 - MOE ends
 - 6/30/2022 - Redeterminations begin and federally required roll-off of ineligible individuals occurs over 3 months
 - Assumes no enhanced FMAP in FY23.

MEDICAID ENROLLMENT ASSUMPTIONS

Date	Projected Members on 7/1/2022	Difference from 9/1/21 Budget 7/1 Membership	Difference from 2/1/2020 Membership (837,571)	Estimated Roll-off Start Date
9/1/2021 HSD Submitted Budget	895,994	N/A	+58,423	1/1/2022
11/20/2021 Q1 Projection	916,365	+20,371	+78,794	4/1/2022
1/14/2022 Q2 projection	979,510	+83,516	+141,939	7/1/2022

10/18/21 PHE extended

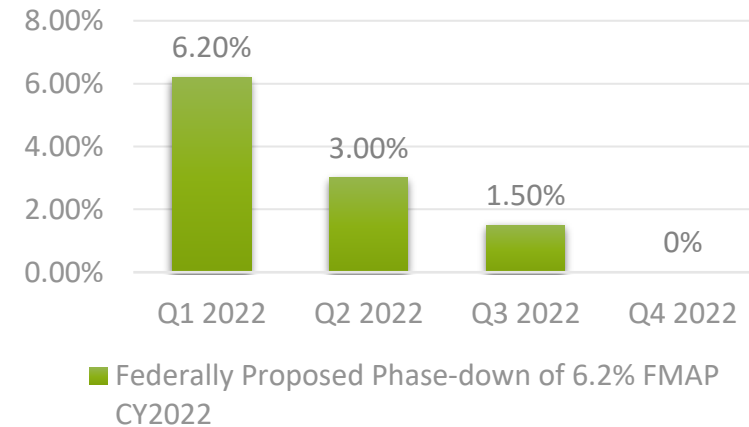
1/14/22 PHE extended

NOTE: 83,516 x \$133.72 GF per person per month x 12 months = \$134,013.1 annualized General Fund change

H.R. 5376, BUILD BACK BETTER ACT (AS OF 10/28/21)

- Requires states to keep individuals enrolled in Medicaid on or after 3/18/20 (the date of enactment of FFCRA) through 3/31/22 on the program through 9/30/22. **In effect, the continuous enrollment requirement is sunset at the end of FFY 2022.**
 - EXCEPTION:** Beginning 4/1/22, state may disenroll an individual determined ineligible if that individual has been enrolled for at least 12 consecutive months if the state complies with the following:
 - Conducts a redetermination based on the individual's current circumstances as required under federal rules
 - Assesses whether the individual is eligible for any other Medicaid coverage category
 - Transfers the individual to the Exchange, if eligible
 - Makes good-faith efforts to obtain the individual's current contact information
 - Does not disenroll on the basis of returned mail unless there have been two failed attempts to contact the individual and, after the second attempt, the individual receives 30 days' notice prior to coverage termination
 - Does not initiate eligibility redeterminations for more than 1/12 of such individuals for any month between 4/1/22 and 9/30/22.
 - The state reports monthly on these redeterminations

Federally Proposed Phase-down of 6.2% FMAP CY2022

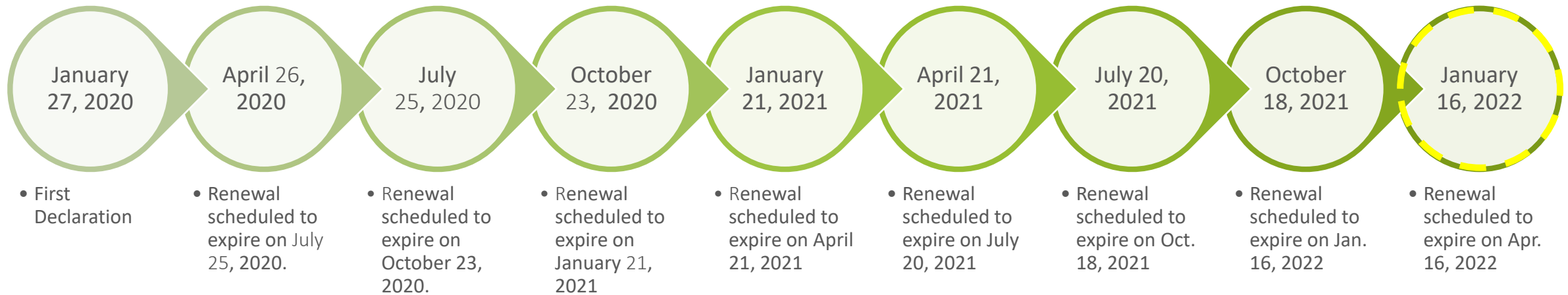


- FMAP penalty of 3.1% for any calendar quarter between 9/1/22 – 12/31/25 in which a state puts in place eligibility standards that are more restrictive than those in effect as of October 1, 2021
 - EXCEPTION:** For any state fiscal year in which the state has a deficit or projects a deficit and certifies as such to CMS, the penalty will not apply for restrictions made to nonpregnant, non-disabled adults whose income exceeds 133% FPL
- Temporarily increasing the adult expansion FMAP to 93% for CY 2023 - 2025**

PUBLIC HEALTH EMERGENCY UPDATE

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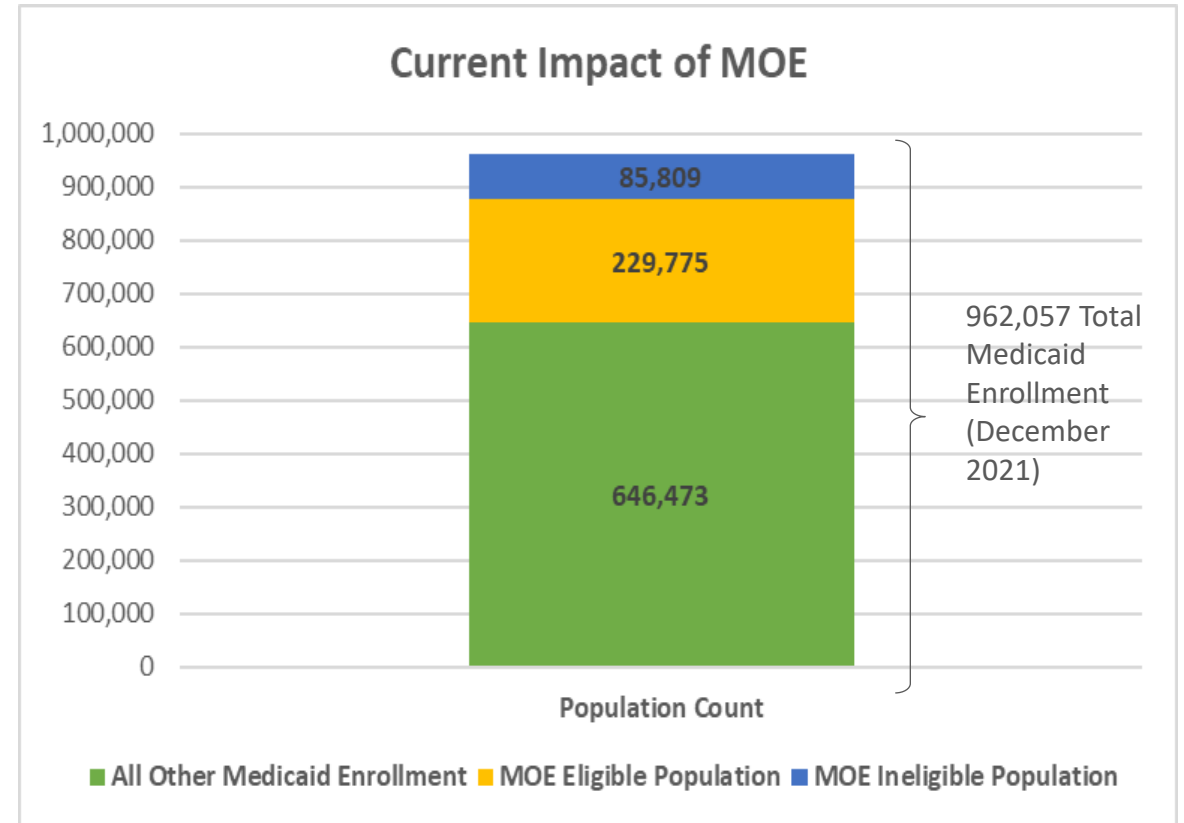
6.2% FMAP EXTENSION TIMELINE



- <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>
- Secretary Azar first declared COVID-19 a nationwide public health emergency (PHE) on January 27, 2020, utilizing his authority under Sec. 319 of the Public Health Service Act.
- 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”
- CURRENT GUIDANCE 8/13: states have 12 months from end of PHE to roll off MOE population

MEDICAID 6.2% INCREASED MATCH: MAINTENANCE OF EFFORT (MOE) REQUIREMENT

- States must comply with the requirements below to receive the increase and if they violate terms, required to return all additional federal funds:
 1. **No new eligibility and enrollment requirements**
 2. **No cost-sharing for testing**
 3. **No increases in premiums**
 4. **No disenrollment during PHE declaration**



MAINTENANCE OF EFFORT POPULATIONS

- *Technical changes: There are two ways Medicaid eligible individuals are being kept open during the public health emergency (PHE) which began in March of 2020:*
 - **Group 1:** *Sustaining the Medicaid eligibility and benefit level of those individuals who are known to be no longer eligible for Medicaid or who would be eligible for a lesser benefit category; and*
 - **Group 2:** *Extending renewal dates in three month increments for individuals who fail to complete the renewal process.*

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	FFY2023
FMAP	72.26%	72.71%	78.91%	73.46%	79.66%	73.71%	79.91%	73.26%
E-FMAP	80.58%	80.90%	85.24%	81.42%	85.00%	81.60%	85%	81.28%
CHIP E-FMAP	100%	92.40%	96.74%	81.42%	85.00%	81.60%	85%	81.28%
Expansion FFP CY	93%	90%	-	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) starting in 2014.

- **6.2% FMAP increase** - Families First Coronavirus Response Act (FFCRA) increased FMAP through the end of the quarter in which the public health emergency ends.
- COVID-19 testing and related services for uninsured are 100% FFP
- The final FFY2023 FMAP decreased from the preliminary FMAP of 73.62%

MEDICAID FMAP AND 6.2% INCREASE IMPACT

Federal Fiscal Year FMAP Changes

	FFY22 Pre-PHE Federal and State FFP			FFY 2022 Policy Adjusted Federal and State FFP			FFY 2023 Policy Adjusted Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal to State)	Federal Match %	State Match % *	Ratio (Federal to State)	Federal Match %	State Match %	Ratio (Federal to State)
Traditional (PH & LTSS)	73.71%	26.29%	2.80	79.91%	20.09%	3.98	73.26%	26.74%	2.74
Chip EFMAP	81.60%	18.40%	4.43	85.00%	15.00%	5.67	81.28%	18.72%	3.91
Other Adult Group (CY21)	90.00%	10.00%	9.00	90.00%	10.00%	9.00	90.00%	10.00%	9.00
State FY Blended FFP	78.47%	21.53%	3.64	82.98%	17.02%	4.88	78.10%	21.90%	3.57

* 3 quarters of SFY2022 , 7/2021 - 3/2022

The content of these slides, specifically references to the end of the Public Health Emergency, 6.2% FMAP, and Maintenance of effort requirements and timelines, is subject to change as a result of evolving federal guidance, experience, new information, changes in process requirements, and the availability of resources.

FY21, FY22 & FY23
BUDGET OVERVIEW OF 3-MONTH MOE ROLL-OFF

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MEDICAID BUDGET UPDATE: EXPENDITURES

- **This projection presents a 3-month MOE roll-off**
- The estimated expenditures in FY21 are \$7.40 billion
- The estimated expenditures in FY22 are \$7.96 billion
- The estimated expenditures in FY23 are \$8.00 billion

Budget Projection – Expenditures (\$000s)	FY2021	FY2022	FY2023
Fee-For-Service	\$798,945	\$881,057	\$856,394
DD & MF Traditional, and Mi Via Waivers	\$459,537	\$510,930	\$557,583
Centennial Care MCO	\$5,830,628	\$6,308,114	\$6,233,967
Medicare	\$204,551	\$234,359	\$267,042
Other	\$111,222	\$27,513	\$87,533
Total Projection (12/31/21)	\$7,404,883	\$7,961,972	\$8,002,519
Prior Projection (9/30/21)	\$7,319,286	\$7,759,437	\$7,908,984
Change from Prior	\$85,597	\$202,535	\$95,535
*The current quarterly budget projection is updated with data through December 31, 2021. Assumes PHE & 6.2% extended to 6/30/2022.			

MEDICAID BUDGET UPDATE: REVENUES

- **This projection presents a 3-month MOE roll-off**
- The estimated state revenue shortfall in FY21 is \$11.7 million
- The estimated state revenue surplus in FY22 is \$20.2 million
- The projected state revenue shortfall in FY23 is \$298.9 million

Budget Projection – Revenues (\$000s)	FY2021	FY2022	FY2023
Federal Revenues	\$6,132,994	\$6,606,785	\$6,250,113
All State Revenues	\$1,291,130	\$1,340,032	\$1,734,561
Operating Transfers In	\$258,150	\$265,483	\$321,787
Other Revenues	\$69,088	\$79,378	\$98,508
General Fund Need	\$963,893	\$995,171	\$1,314,265
Appropriation	\$952,168	\$1,015,385	\$1,015,385
Reversion	-	-	-
State Revenue			
Surplus/(Shortfall)	(\$11,725)	\$20,214	(\$298,881)
Change from Prior	(\$57,125)	\$74,724	(\$18,881)

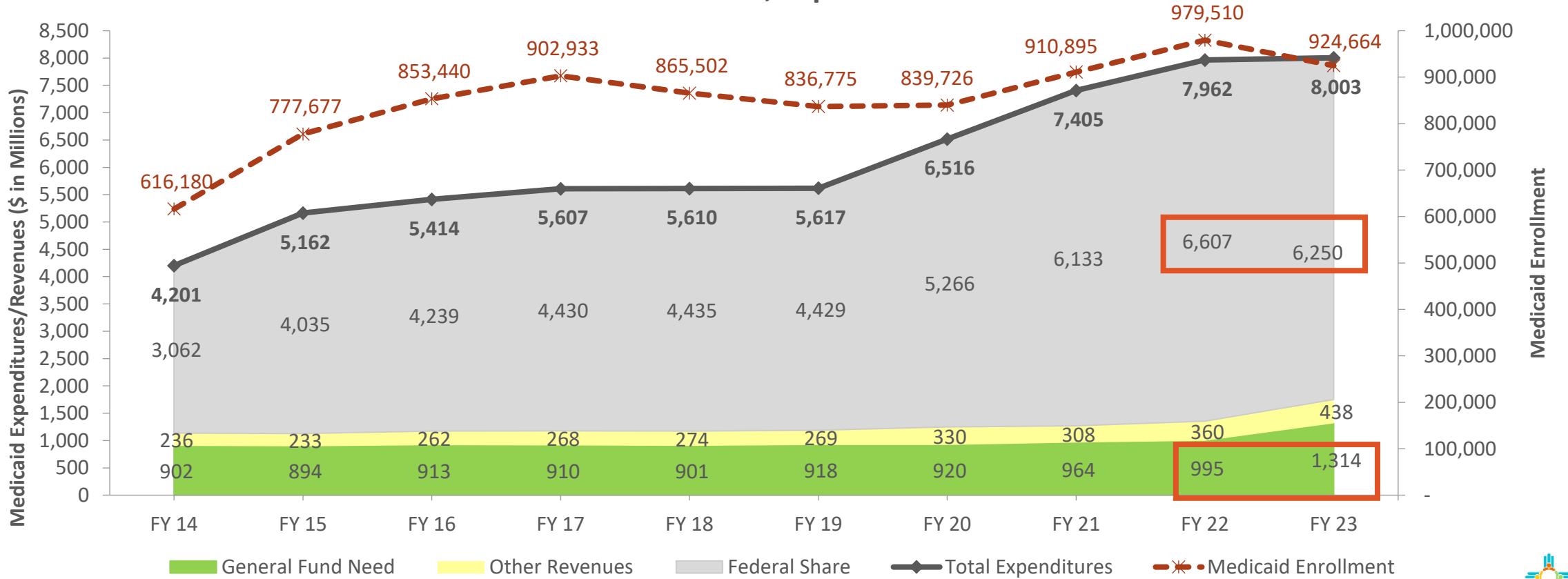
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FEDERAL REVENUE SUPPORTING MEDICAID PROGRAM

Total Medicaid Enrollment, Expenditures and Revenues

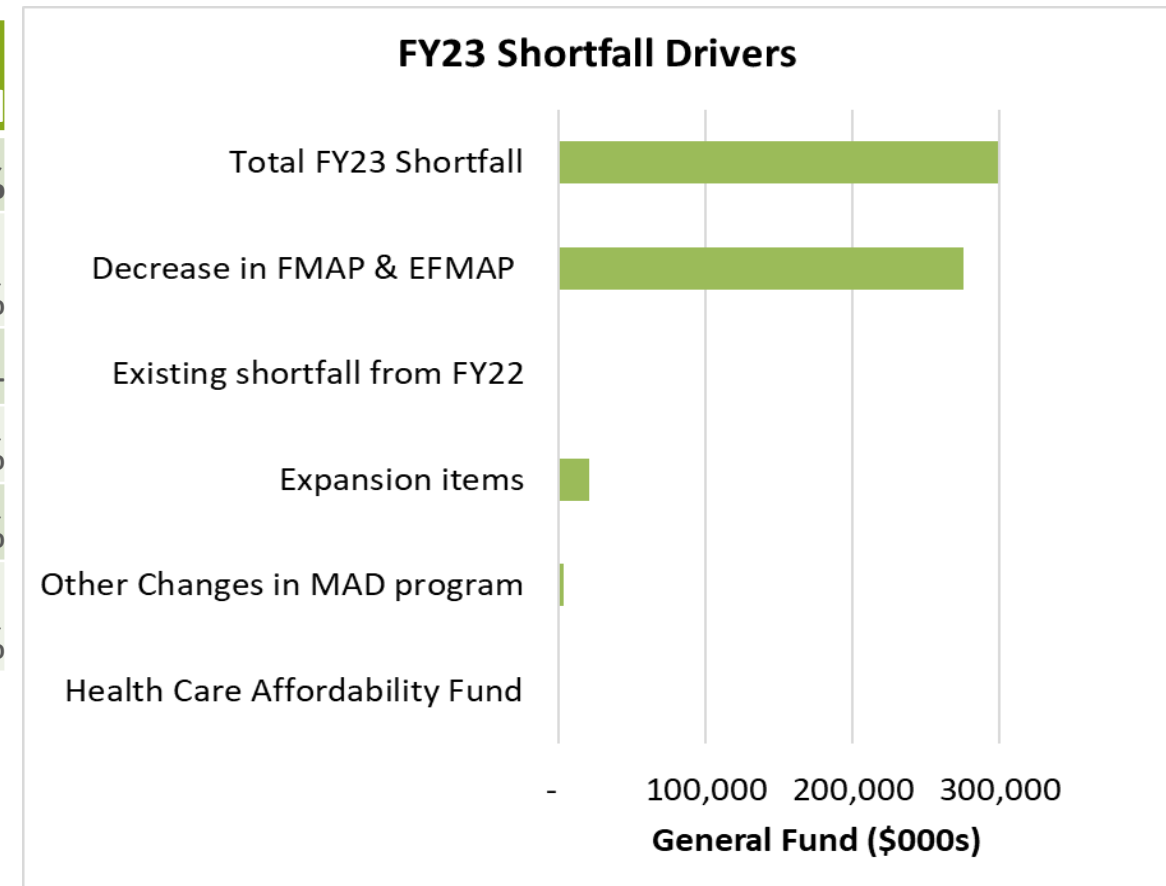


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FY2023 MAD SHORTFALL DRIVERS

What is built into the FY2023 Shortfall?	General Fund (\$000s)	% Total
Total FY23 Shortfall	(298,881)	100.0%
Change due to decrease in FMAP & EFMAP	(275,431)	92.2%
Existing shortfall from FY22	-	-
Expansion items	(20,414)	6.8%
Other Changes in MAD program	(3,036)	1.0%
Health Care Affordability Fund	0	0%

*The current quarterly budget projection is updated with data through December 31, 2021. Assumes PHE & 6.2% extended to 6/30/2022.



FY2023 EXPANSION REQUESTS

Line Item	FY2023 Expansion Adjustments:	FFP	FY23 Expenditure (\$000s)	General Fund (\$000s)
Line #32	Extending post-partum from 3 months to 12 months.	73.64%	\$54,719	\$14,572
Line #19	CYFD - High Fidelity Wraparound (Kevin S.)	78.09%	\$10,000	\$2,191
	Other Kevin S. Requirements		TBD	TBD
Line #2	GME Expansion Program	79.69%	\$1,000	\$205
Line #17	Maternal Child Health code changes	74.45%	\$11,869	\$3,456
	Total Program Expansion Changes	75.07%	\$77,588	\$20,424
Admin	Primary Care Council Expansion	50%	\$1,000	\$500

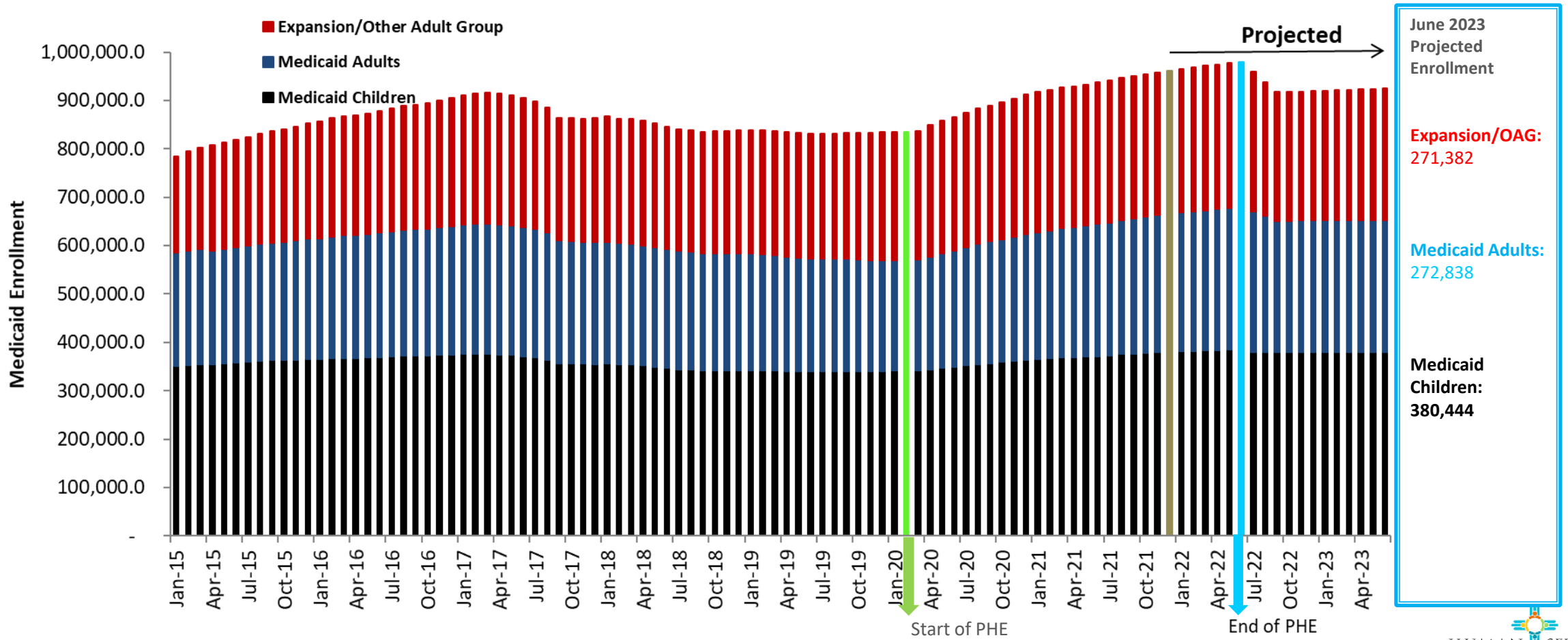
ENROLLMENT PROJECTION ASSUMPTIONS 3-MONTH MOE ROLL-OFF

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IMPACTS ON MEDICAID ENROLLMENT

- Growth in Medicaid/CHIP enrollment through June 2022 reflects:
 - COVID-19 Public Health Emergency
 - MOE requirements
 - Expanding labor market activity
 - Existing MOE eligibility redeterminations

NEW MEXICO MEDICAID ENROLLMENT

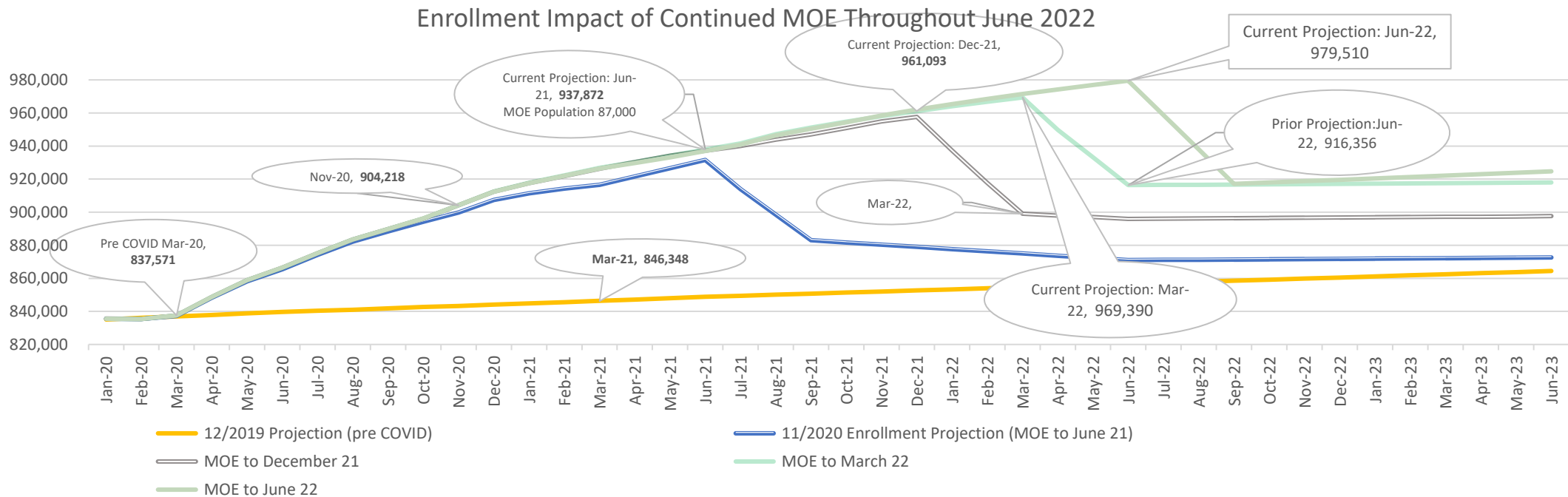


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MEDICAID ENROLLMENT CHANGES

- COVID-19 pandemic, Maintenance of Effort (MOE) requirements, economic outlook, and stimulus policies influential factors in FY20 to FY22 enrollment and budget projections.
- Growth in Medicaid/CHIP enrollment over this time reflects effects of Public Health Emergency, impacting workforce participation of lower-income parents (full-time vs. part-time status) and incentives for job search activity associated with stimulus/relief policies.



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RISK FACTORS IN THE BUDGET

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RISK FACTORS IN THE BUDGET: FY21 AND FY22

- Built into FY21 and FY22 budget:
 - Workforce Participation trends
 - High fidelity wrap around
 - Affordability fund appropriation to address tax beginning in 1/2022
 - Extending post-partum Medicaid from 60 days to 12 months begins 4/2022
 - Extended MOE requirements from PHE
- Not built in:
 - Refugee resettlements
 - Ventilator Wing in Nursing Facilities coverage

RISK FACTORS IN THE BUDGET: FY23

- Built into FY23 budget:
 - PHE ends June 2022, 3-month roll-off begins July 2022.
 - Outcome of MOE eligibility redeterminations
 - High fidelity wrap around
 - Affordability fund appropriation to address tax beginning in 1/2022
 - Extending post-partum Medicaid from 60 days to 12 months begins 4/2022
- Not built in:
 - The role of potential cost containment
 - Annual cost of administering COVID-19 vaccinations
 - Refugee resettlement population
 - Ventilator Wing in Nursing Facilities coverage
 - Kevin S. settlement

LEGISLATIVE PRIORITIES

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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HSD FY23 EXECUTIVE RECOMMENDATION SUMMARY

- FY22 HSD Operating Budget \$8.285 B, with 13.9% from GF.
- FY23 HSD exec recommendation \$8,640.9 B, 15.1% supported by GF request.
- FY23 GF rec. \$1.305.4 B, increase of \$150 M from FY22 – 11.5% increase.
- **87.3% growth attributable to recurring Medicaid GF**
 - **Recommending \$128.6 M Medicaid GF increase, representing 12.7% GF growth from FY22**
 - **Recommending \$128.6 M in Non-Recurring funding for Medicaid**

Agency Briefing Sheet	
AGENCY	BU
Human Services Department	63000

(in the thousands)

	FY20 ACTUALS	FY21 ACTUALS	FY22 OPBUD	Exec Rec	% Difference FY22-23
General Fund	\$1,143,766.4	\$1,082,718.6	\$1,155,365.0	\$1,305,444.3	13%
Total Funds	\$7,354,493.8	\$7,832,612.2	\$7,129,915.7	\$7,335,463.2	3%
GRAND TOTAL	\$8,498,260.2	\$8,915,330.8	\$8,285,280.7	\$8,640,907.5	4%
200-Personal Services & Employee Benefits	\$114,790.1	\$110,327.6	\$116,198.2	\$127,397.7	10%
300 - Contracts	\$195,960.3	\$256,757.7	\$232,458.5	\$271,131.4	17%
400 - Other	\$7,167,408.0	\$8,549,014.3	\$7,936,624.0	\$8,242,378.4	4%
500 - Other Financing Uses	\$0.0	\$0.0	\$0.0	\$0.0	
GRAND TOTAL	\$7,478,158.4	\$8,916,099.6	\$8,285,280.7	\$8,640,907.5	4%



KEY DIFFERENCES: EXECUTIVE & LEGISLATIVE RECS.

HSD Division	Executive Rec. (\$000)	LFC Rec. (\$000)	Difference (\$000)	Notes
Program Support (P522)	\$21,280.5	\$21,192.2	(\$88.3)	Exec Rec. includes \$770.0 ASPEN Enhancements as a Special.
Child Support (P523)	\$8,232.6	\$8,232.6	\$-	Both Recommendations Fully Support request.
Medical Assistance Admin. (P524)	\$18,728.1	\$17,546.3	(\$1,181.8)	Higher Vacancy Rate recommended by LFC. Exec. Rec. \$18,728.1; LFC Rec. \$17,546.3; Difference. (\$1,181.8)
Medicaid and Medicaid BH Program (P524 & P766)	\$1,162,729.7	\$1,274,449.0	\$116,901.1	Exec. Rec. \$128,616.5 in GF as Special to Medicaid Program. Combined difference = (\$11,715.4).
Income Support Admin (P525)	\$57,487.9	\$54,501.6	(\$3,373.3)	Exec. Rec. fully funds frontline staff support. Exec. Rec. \$2,797.7; LFC Rec. \$0.0; LFC Difference: (\$2,797.7).
Behavioral Health Services (P767)	\$53,454.0	\$52,777.2	(\$676.8)	Exec. Rec. fully funds request for 988 Behavioral Health Crisis System of Care at \$4,172.5. Exec. Rec. \$4,172.5; LFC Rec. \$1,500.0; LFC Difference: (\$2,672.5).
TOTAL	\$1,305,444.3	\$1,417,025.2	\$111,580.9	

EXEC. & LEG. EXPANSION RECCOMENDATION COMPARISON

HSD Expansion Requests	Exec. Rec.	LFC Rec.	Difference	Benefits to New Mexicans
Trauma Responsive and Evidence Based BH Care	\$741.2	\$850.0	\$108.8	Enhance Substance Use Disorder treatment and other evidence-based treatments; expand training with HED (500 practitioners trained in first year).
988 and Crisis Implementation	\$4,172.5	\$1,500.0	(\$2,672.5)	Promote use of 988 (nationwide mental health crisis and suicide prevention number), redirecting 35% of calls from 911 in first year.
Project Amiga	\$1,055.9	\$1,055.9	\$-	25% reduction in agency errors, generating \$2,216.1 GF savings.
Transition Bonus Program	\$1,821.7	\$1,821.7	\$-	Reduces cliff effect for 392 newly employed TANF families by providing 18-month bonus while they lose TANF due to increased earnings.
Provider rate Increases for Non Medicaid Services	\$625.0	\$1,250.0	\$625.0	Raising rates from 70% of Medicaid to 85% remedies discrepancy between payments for services ineligible for Medicaid and/or other forms of insurance.
Food and Hunger Initiative	\$81.0	\$-	\$(81.0)	Fund critical FTE need in Office of Sec. to support interagency Food, Hunger & Farm initiative, which is designed to measurably reduce hunger in NM.
Child Support Revenue Replacement	\$1,734.5	\$1,734.5	\$-	Replacing \$1.7M in TANF recoveries with GF will result in as much as \$6.96M in additional payments to families through child support.
Hiring and Onboarding for the 21st Century	\$-	\$165.0	\$165.0	Convert mostly manual personnel actions to fully electronic, hiring staff more quickly who, in turn, deliver services to HSD customers.
Behavioral Health Collaborative	\$-	\$270.4	\$270.4	Expand network (currently 317 providers) and access (currently 31,473 clients) and ensure fiscal responsibility (\$62,826,961 FY21 state/ federal expenditures).
TOTAL	\$10,231.8	\$8,647.5	\$1,584.3	

HSD FY23 SUPPLEMENTALS & SPECIALS

Supplemental and/or Special	Executive Rec	LFC Rec	Difference	New Mexicans Adversely Impacted if Exec. Rec. Not Fully Funded
FNS Settlement	\$8,953.9	\$5,556.6	(\$3,397.3)	560,364 (total SNAP customers)
Health Care Affordability Fund	\$13,979.0	\$13,979.0	\$-	-
FY 22 Medicaid Supplemental	\$54,510.0	\$15,000.0	(\$39,510.0)	911,591 (total Medicaid customers)
MMISR FY23 Request	\$8,400.0	\$8,400.0	\$-	-
CSER FY23 Request	\$4,875.2	\$4,875.2	\$-	-
988 FY22 Supplemental	\$-	\$2,325.0	\$2,325.0	-
Total	\$90,718.1	\$50,135.8	\$40,582.3	

LFC REC. IN 2 HSD P-CODES WILL RESULT IN LOSS OF \$7,971,400 MATCHING FEDERAL FUNDS

Income Support (P-525)	HSD FY23 Request	Exec. Rec.	LFC Rec.	Difference (Exec. – LFC)	FF Loss
FY22 OpBud	49,236.5	49,236.5	49,236.5	-	-
Vacancy rate adjustment offset by IT enhancements, HSD request 148 FTE	2,797.7	2,797.7	-	(2,797.7)	(5,430.8)
ASPEN contract maintenance, EBT vendor change	1,034.0	1,034.0	802.4	(231.6)	(449.6)
Call center contract	618.9	618.9	500.0	(118.9)	(230.8)
Employment verification, misc. contracts	382.2	382.2	382.2	-	-
Travel, postage, telecom	333.7	333.7	269.6	(64.1)	(124.4)
Hardware, software renewals	513.3	513.3	433.3	(80.0)	(155.3)
Expansion: TANF Transition Bonus Cash Assistance Prog	1,821.7	1,821.7	1,821.7	-	-
Expansion: SNAP IT system error analysis contract	1,055.9	1,055.9	1,055.9	-	-
Expansion: Food & Hunger Initiative, LFC nonrecurring DFA moved to DFA (FTE remaining w/agency)	5,081.0	81.0	-	(81.0)	(157.2)
Total FY23	62,874.9	57,874.9	54,501.6	(3,373.3)	(6,548.2)
% Change from OpBud	27.7%	17.5%	10.7%		

Program Support (P-522)	HSD FY23 Request	Exec. Rec.	LFC Rec.	Difference (HSD Request- LFC)	FF Loss
FY22 OpBud	17,822.2	17,822.2	17,822.2	-	-
Expansion: OHR vac adj, fill 3 FTE	138.3	-	70.0		-
ITD vacancy rate adjustment, fill 4 FTE	581.2	545.5	300.0		-
IT maintenance & operations, security software	3,814.9	2,912.8	3,000.0		-
Total FY23	22,356.6	21,280.5	21,192.2	1,164.4	(1,423.2)
% Change from OpBud	25.4%	19.4%	18.9%		

MEDICAID BILLS WATCHLIST

- HB17 Expands Rural Health Care Practitioner Income Tax Credit
- HB33 Increases Cigarette and Tobacco Products Taxes
- HB38 Expand Rural Health Care Practitioner Tax Credit
- HB63 Health Committee as Permanent Committee
- HB95 Easy Enrollment Act

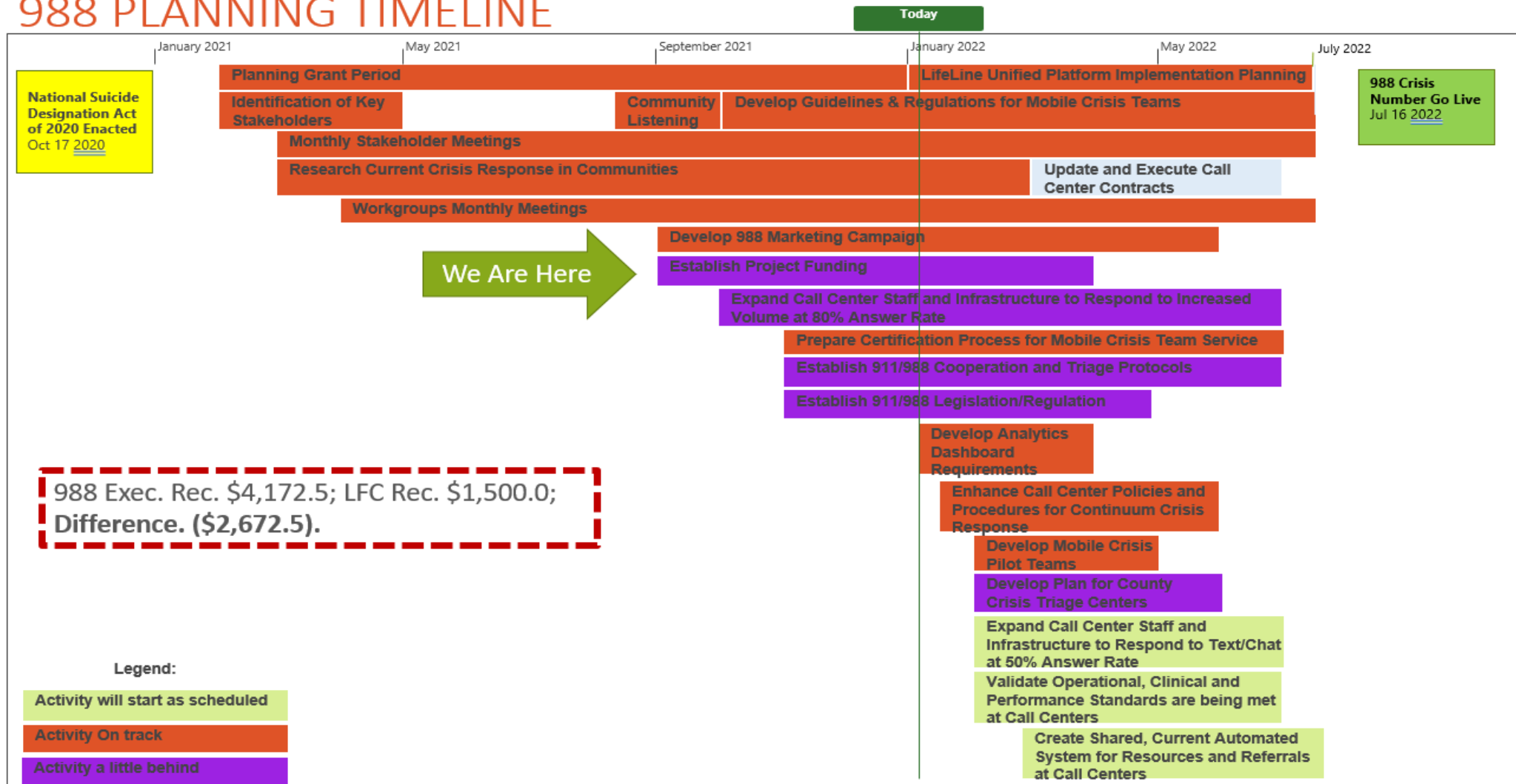
- SB1694 Increases Cigarette and Tobacco Products Taxes; Partial Social Security Exemption
- SB40 Repeal Delayed Repeal of Health Care Quality Surcharge (HCQS) Tax
- SB Rural Hospital Services Fund

MEDICAID LEGISLATIVE PRIORITIES AND ACTIVITIES CONTINUED

- Review and analyze introduced legislation;
- Monitor introduced legislation;
- Attend Committee Hearings;
- Daily HSD Leadership meetings;
- Daily Medicaid Leadership meetings;
- Weekly Medicaid/MCO meetings;
- Session Close-out

BEHAVIORAL HEALTH SERVICES DIVISION (BHSD)

988 PLANNING TIMELINE



OFFICE OF SUPERINTENDENT OF INSURANCE (OSI) & BEWELLM LEGISLATIVE PRIORITIES

Health Care Affordability Fund

Lowering health insurance costs for families and small businesses

- Governor's budget includes \$65m
 - \$35m for Marketplace enrollees
 - Premium & out-of-pocket reductions
 - Includes funds for PHE unwinding transition from Medicaid to Marketplace
 - \$30m for small businesses
 - Proposed ~10% reduction across the market
- Remainder of revenue would stay in Fund to build up reserve for future initiatives

Easy Enrollment Program

Creating an option to connect to coverage via the state income tax form

- HB 95 (Rep Liz Thomson) would allow New Mexicans to check a box on the state income tax form to:
 - Indicate if they are uninsured
 - Give TRD consent to share information relevant to assessing eligibility for Medicaid/Marketplace coverage
 - Consent for Medicaid/Marketplace to enroll uninsured members of the household in health coverage



MCO LEGISLATIVE PRIORITIES

- Blue Cross Blue Shield of New Mexico
 - Brenna Gaytan

- Presbyterian Health Plan
 - Liz Lacouture

- Western Sky Community Care
 - Quinn Lopez

PUBLIC HEALTH EMERGENCY (PHE)

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

Investing for tomorrow, delivering today.

CURRENT CENTERS FOR MEDICAID & MEDICARE SERVICES (CMS) GUIDANCE FOR UNWINDING

- Medicaid is working with our partners at the Income Support Division to finalize our strategic approach to the unwinding of the MOE population.
- Focus on targeted distribution of case load across the federally allowed 12 month unwinding period.

Most current guidance requires/allows the following:

CMS extended the timeframe for states to complete pending eligibility and enrollment decisions to 12 months.

States must complete an additional redetermination for individuals determined ineligible for Medicaid during the PHE (Member coverage cannot be terminated without completing this process prior to taking adverse action)

TIMEFRAME FOR COMPLETION OF UNWINDING

- Unwinding activities cannot be initiated until the end of the PHE as declared by HHS.
 - Current PHE officially ends 4/16/2022. The declaration can only last a maximum of 90 days.
 - CMS has committed to providing states a minimum of 60 days notice for the end of the PHE in order to allow states to implement system and process changes.
- States are provided 12 months from the end of the PHE to complete all phase-out activities
 - End date of the phase-out activity is not tied to a calendar year or fiscal year but rather to the 12-month period after the end of the HHS declaration
- Communication to members will occur on a cadence throughout the phase out period
 - In order to avoid procedural closures for existing Medicaid members, consistent and regular communications are planned

Member Communication Timelines			
HSD Communications			
90 days prior to recertification due date	45 days prior to recertification due date	30 Days prior to recertification date	15 days prior to recertification date
Attempt Administrative Renewal	Send Paper application	Text reminder campaign	Text reminder to unsubmitted clients

Member Communication Timelines		
MCO communications		
45 days prior to recertification due date	30 days prior to recertification due date	Post recertification due date
HSD provides MOE report to MCO's	MCOs conduct outreach	Communications with SBE for transition as applicable

MEDICAID DASHBOARDS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

Investing for tomorrow, delivering today.

DASHBOARD TIME PERIODS

- Current 12 months – October 1, 2020 through September 30, 2021.
- Previous 12 months – October 1, 2019 through September 30, 2020.
- The dashboards include data with run-out through September 2021.

State of New Mexico - All MCOs

Total Population (TANF, Aged, Blind, Disabled, CYFD, Pregnant Women)

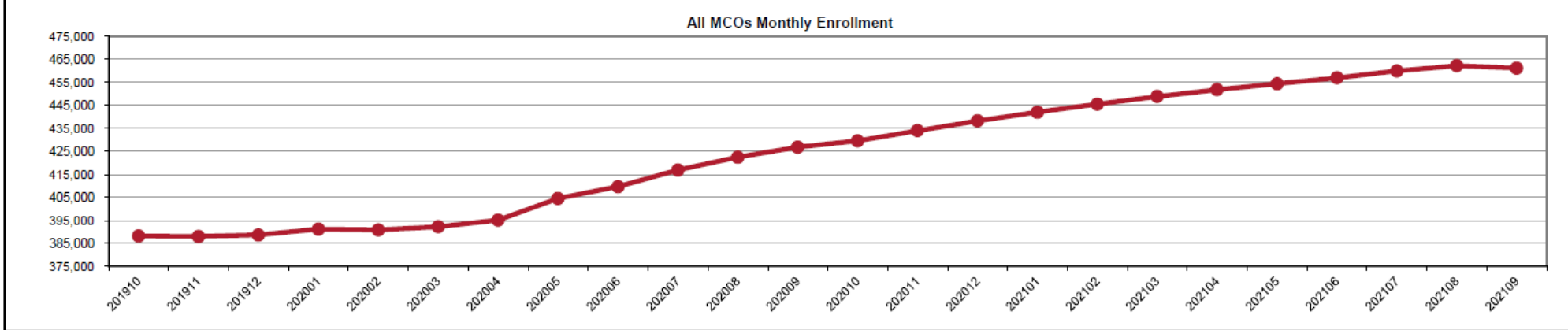
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: September 30, 2021

Previous Period: October 1, 2019 to September 30, 2020

Current Period: October 1, 2020 to September 30, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

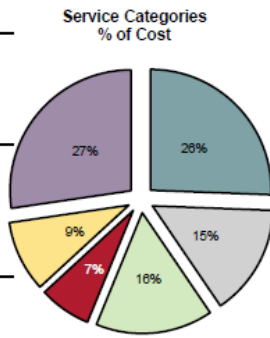
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,282,680,334	\$ 1,366,995,789	7%
Pharmacy	\$ 132,963,716	\$ 143,904,945	8%
Total	\$ 1,415,644,050	\$ 1,510,900,734	7%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 427,649,499	\$ 386,730,956	-10%
Outpatient (OP)	\$ 192,338,517	\$ 225,163,381	17%
Physician (PH)	\$ 195,259,551	\$ 237,138,902	21%
Emergency Department (ED)	\$ 87,621,735	\$ 105,189,891	20%
Pharmacy (RX)	\$ 132,963,716	\$ 143,904,945	8%
Other (OTH)	\$ 379,811,031	\$ 412,772,659	9%
Total Population Costs	\$ 1,415,644,050	\$ 1,510,900,734	7%

Per Capita Cost (PMPM) \$ 294.02 \$ 280.58 -5%

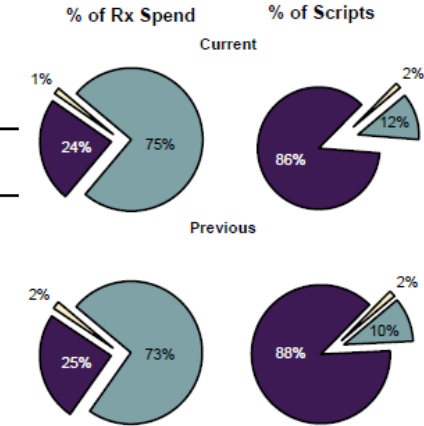
Total Member Months 4,814,844 5,384,933 12%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 97,897,981	\$ 107,927,111	10%
Generic	\$ 32,752,825	\$ 33,893,714	3%
Other Rx	\$ 2,312,910	\$ 2,084,120	-10%
Total	\$ 132,963,716	\$ 143,904,945	8%



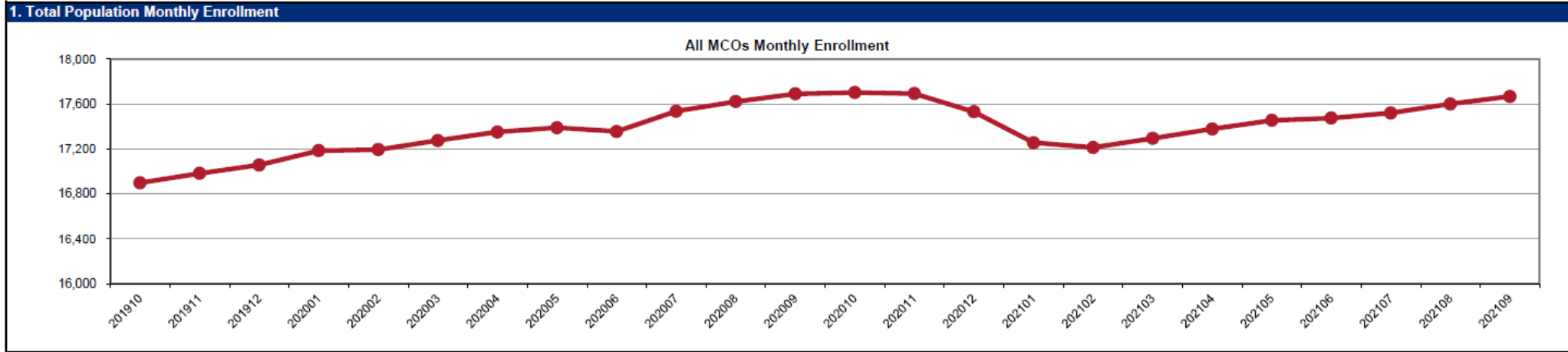
* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

State of New Mexico - All MCOs
LTSS - Nursing Facility Level of Care Dual Population
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: September 30, 2021
 Previous Period: October 1, 2019 to September 30, 2020
 Current Period: October 1, 2020 to September 30, 2021



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 611,196,146	\$ 625,340,731	2%
Pharmacy	\$ 200,896	\$ 298,469	49%
Total	\$ 611,397,042	\$ 625,639,200	2%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 233,056,662	\$ 280,039,622	20%
Nursing Facility (NF)	\$ 235,114,237	\$ 201,145,626	-14%
Inpatient (IP)	\$ 15,486,902	\$ 8,180,587	-47%
Outpatient (OP)	\$ 13,260,834	\$ 11,899,239	-10%
Pharmacy (RX)	\$ 200,896	\$ 298,469	49%
HCBS	\$ 19,156,252	\$ 21,077,979	10%
Other (OTH)	\$ 95,121,260	\$ 102,997,678	8%
Total Population Costs	\$ 611,397,042	\$ 625,639,200	2%

Per Capita Cost (PMPM)

	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PMPM)	\$ 2,945.94	\$ 2,982.32	1%

Total Member Months

	Previous (12 mon)	Current (12 mon)	% Change
Total Member Months	207,539	209,783	1%

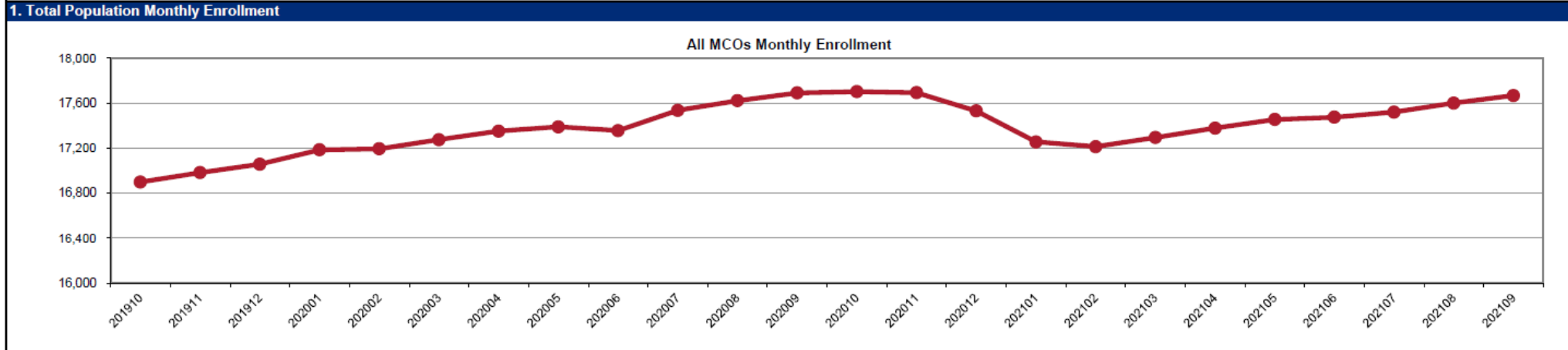
3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 104,706	\$ 195,269	86%
Generic	\$ 74,658	\$ 77,987	4%
Other Rx	\$ 21,532	\$ 25,213	17%
Total	\$ 200,896	\$ 298,469	49%

* "Other Rx" represents supplies such as diabetic test strips.

- ### 4. Notes
1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
 2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
 3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
 4. Amounts are reported based on dates of service within the previous and current periods.
 5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.





2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 611,196,146	\$ 625,340,731	2%
Pharmacy	\$ 200,896	\$ 298,469	49%
Total	\$ 611,397,042	\$ 625,639,200	2%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 233,056,662	\$ 280,039,622	20%
Nursing Facility (NF)	\$ 235,114,237	\$ 201,145,626	-14%
Inpatient (IP)	\$ 15,486,902	\$ 8,180,587	-47%
Outpatient (OP)	\$ 13,260,834	\$ 11,899,239	-10%
Pharmacy (RX)	\$ 200,896	\$ 298,469	49%
HCBS	\$ 19,156,252	\$ 21,077,979	10%
Other (OTH)	\$ 95,121,260	\$ 102,997,678	8%
Total Population Costs	\$ 611,397,042	\$ 625,639,200	2%

Per Capita Cost (PMPM) \$ 2,945.94 \$ 2,982.32 1%

Total Member Months 207,539 209,783 1%

3. Retail Pharmacy Usage (Definitions in Glossary)

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Total Generic / Brand Rx	\$ 104,706	\$ 195,269	86%
Brand	\$ 74,658	\$ 77,987	4%
Generic	\$ 21,532	\$ 25,213	17%
Total	\$ 200,896	\$ 298,469	49%

% of Rx Spend

% of Scripts

Current

% of Rx Spend

% of Scripts

Previous

* "Other Rx" represents supplies such as diabetic test strips.

- ### 4. Notes
1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
 2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
 3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
 4. Amounts are reported based on dates of service within the previous and current periods.
 5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.



State of New Mexico - All MCOs

Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

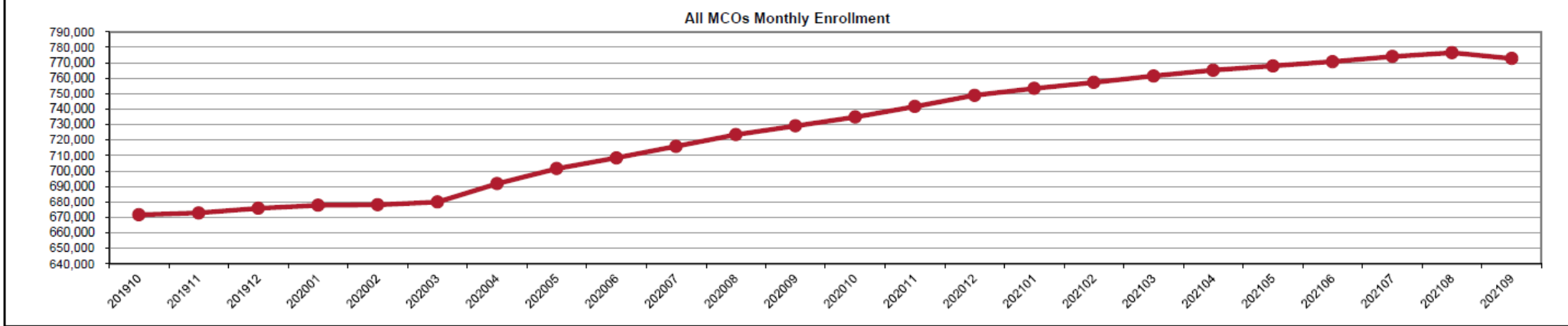
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: September 30, 2021

Previous Period: October 1, 2019 to September 30, 2020

Current Period: October 1, 2020 to September 30, 2021

1. Total Population Monthly Enrollment



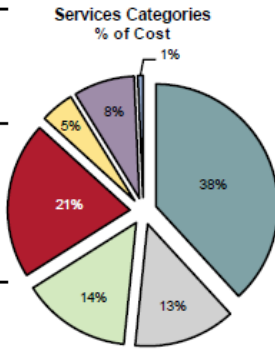
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 430,026,422	\$ 488,421,779	14%
Pharmacy	\$ 70,228,251	\$ 75,957,944	8%
Total	\$ 500,254,673	\$ 564,379,722	13%

Aggregate Costs by Service Categories

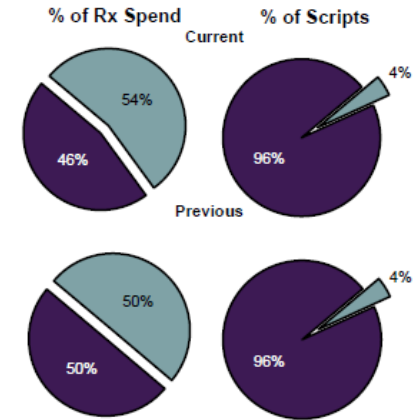
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 188,095,057	\$ 215,367,893	14%
Pharmacy (RX)	\$ 70,228,251	\$ 75,957,944	8%
Res. Treatment Ctr. (RTC)	\$ 81,584,659	\$ 81,291,677	0%
Behavioral Health Prov (BHP)	\$ 86,614,267	\$ 117,019,939	35%
Core Service Agencies (CSA)	\$ 20,352,059	\$ 25,220,100	24%
Inpatient (IP)	\$ 48,643,989	\$ 45,630,897	-6%
Other (OTH)	\$ 4,736,391	\$ 3,891,273	-18%
Total Population Costs	\$ 500,254,673	\$ 564,379,722	13%



Per Capita Cost (PMPM)	\$ 60.08	\$ 61.85	3%
Total Member Months	8,327,104	9,125,283	10%

3. Retail Pharmacy Usage (Definitions in Glossary)

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Total Generic / Brand Rx	\$ 35,159,700	\$ 40,910,361	16%
Brand	\$ 35,068,551	\$ 35,047,583	0%
Generic	\$ 70,228,251	\$ 75,957,944	8%



4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: Psychosocial Rehab and Skills Training & Development (Behavioral Management Services).
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

COMPREHENSIVE PROVIDER RATE REVIEW

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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GOALS

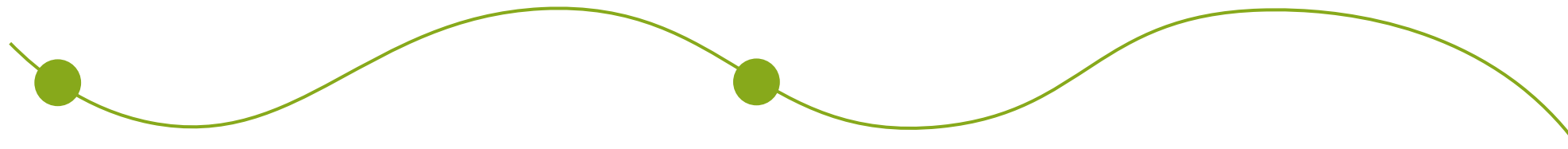
- Ensure access to high-quality care for Medicaid members through appropriate reimbursement of health care services
- Attract and retain healthcare providers to New Mexico
- Establish a methodology, process, and schedule for conducting routine rate reviews as part of normal future operations and fiscal planning

METHOD

- Review fee-for-service (FFS) claims and managed care encounter data
- Compare New Mexico Medicaid FFS rates to Medicare rates, and/or other state Medicaid programs as appropriate
- Report provider rate benchmarking results, in phases
- Gather stakeholder feedback, in phases
- Based on benchmarking results and stakeholder feedback, develop strategies to achieve the stated Goals

PHASES

The provider rate review includes key milestones performed in phases by provider type.



Phase 1 – Professional Services

- Physician Services
- Behavioral Health
- Federally Qualified Health Centers/Rural Health Centers
- Dental
- Home and Community Based Services

Phase 2 – Institutional

- Inpatient Hospital
- Outpatient Hospital
- Ambulatory Surgical Centers
- Nursing Facilities and Hospice
- Other Facilities, including Intermediate Care Facilities for Individuals with Intellectual Disability

TIMELINE AND KEY MILESTONES

Phase 1



Evaluate Existing FFS Reimbursement Rates and Payment Methodologies

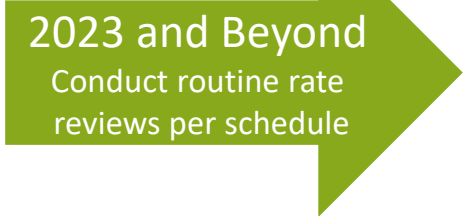
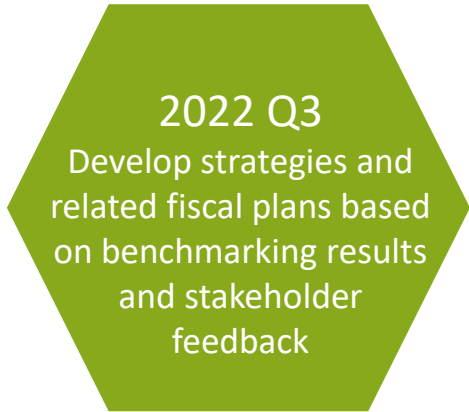


Gather Stakeholder Feedback for Phase 1

2021 Q4

2022 Q1

2022 Q2



Evaluate Existing FFS Reimbursement Rates and Payment Methodologies



Gather Stakeholder Feedback for Phase 2

Phase 2



STAKEHOLDER ENGAGEMENT OPPORTUNITIES

Timeframe	Phase 1 Activities <i>(There will be similar activities for Phase 2)</i>
February	Share Phase 1 Benchmarking Report with stakeholders
February	General Stakeholder Survey of Interested Parties to request: 1) input on the efficacy of provider rates and reimbursement methodologies, and 2) to help identify areas for improvement
February through April	Separate Key Stakeholder Meetings focused on specific service areas

- Invitations for the key stakeholder meetings will be sent to the appropriate provider associations. If you are a provider, please reach out to your association representatives with questions or comments.
- To receive updates from HSD in the future regarding surveys, reports and this rate review, please email us at HSD-ProviderRates@state.nm.us to be placed on the Interested Parties list.

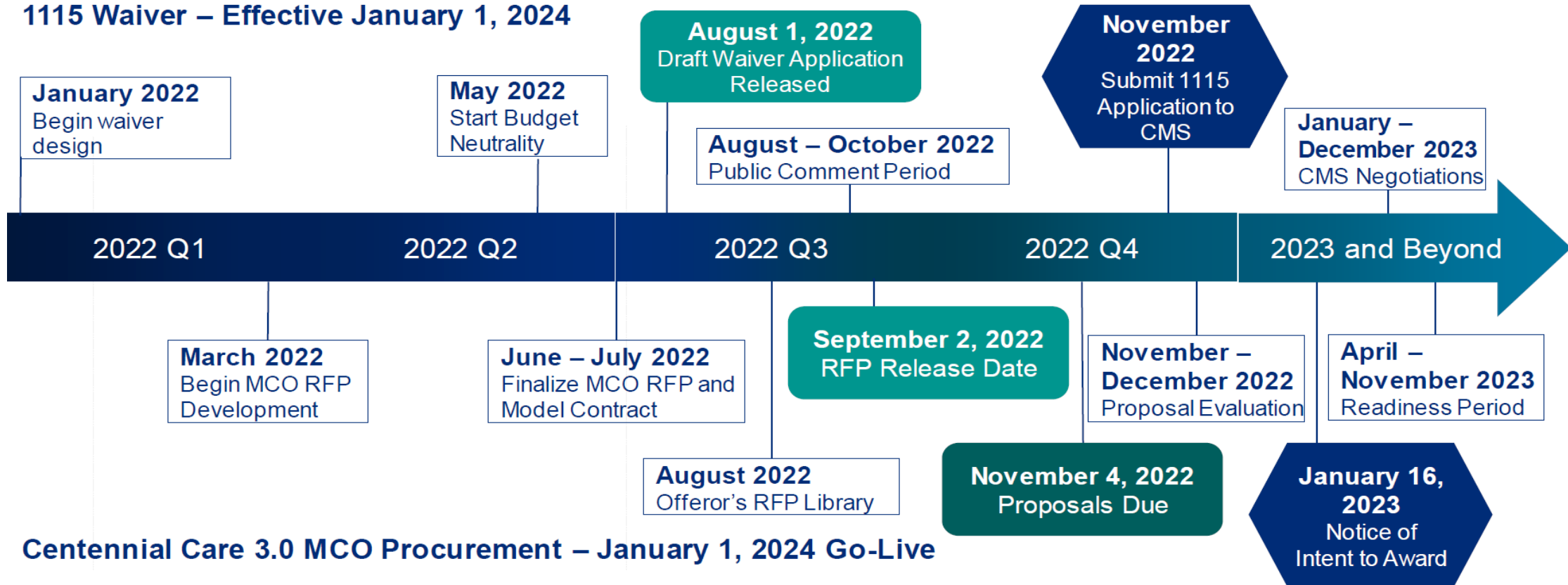
TIMELINES FOR WAIVER AND PROCUREMENT DRAFTS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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PROPOSED TIMELINE: 1115 WAIVER RENEWAL AND MCO PROCUREMENT

1115 Waiver – Effective January 1, 2024



Centennial Care 3.0 MCO Procurement – January 1, 2024 Go-Live

WSCC INNOVATIONS

AMIR WODAJO, MS, CCM
WESTERN SKY COMMUNITY CARE DIRECTOR OF MEDICAL MANAGEMENT

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Start Smart for Your Baby

Amir Wodajo MS, CCM

Director of Care Coordination

Start Smart for Your Baby[®] (SSFB)



Key Objectives

Goal: Extend the gestational period and reduce the risk of pregnancy complications, premature delivery, low birth weight, and infant disease.

- SSFB incorporates the concepts of care management, care coordination, disease management, and health education to improve the health of pregnant birthing parents and their newborns.

Key Program Drivers

- Pregnancy Risk Stratification

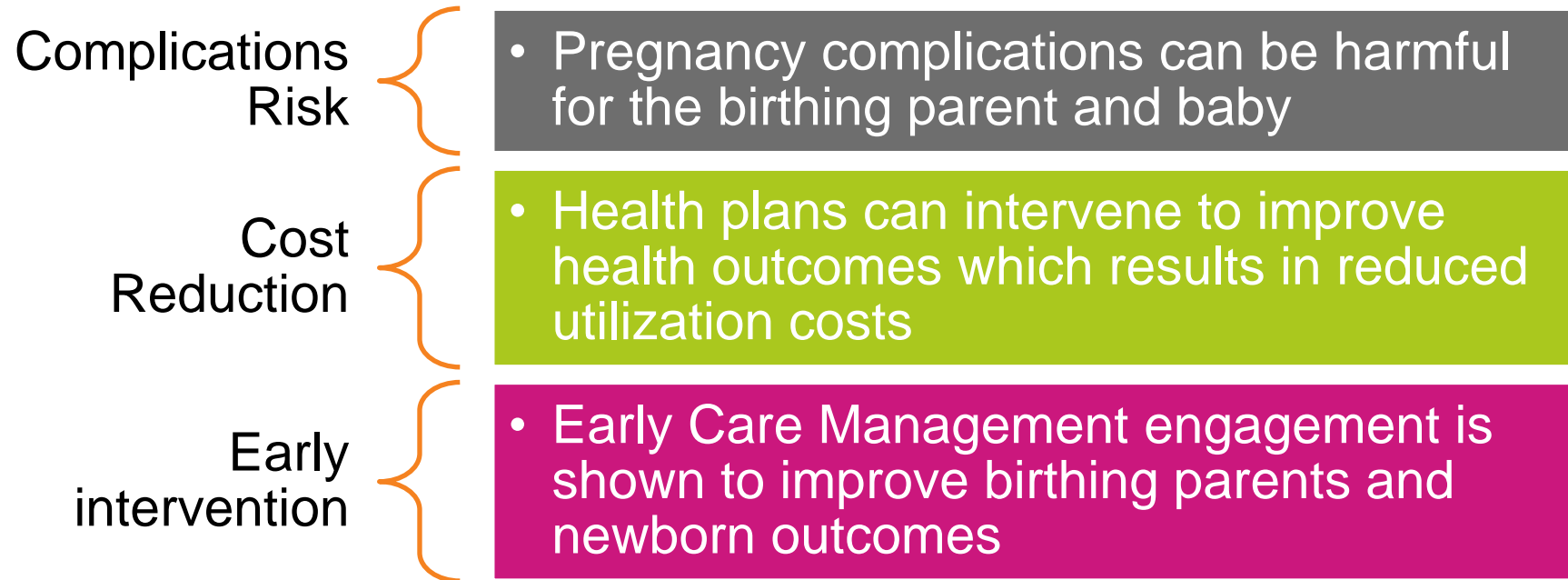
Key Outcomes

- Preterm Delivery Rate
- C-Section Rate
- Low Birth Weight Rate
- Neonatal Admission Rate

Background & Impact



Start Smart for Your Baby (SSFB) is a 13+ year old, evidence-based, effective program to improve birth outcomes.¹ By engaging pregnant members in care management, care coordination, and disease management these interventions in turn lead to healthier pregnant members and newborns.



¹Effects of a pregnancy management program on birth outcomes in managed Medicaid. Mary V. Mason, Amy Poole-Yaeger, Brad Lucas, Cathie R. Krueger, Tamim Ahmed, Ian Duncan. Managed Care. 2011 Apr; 20(4): 39–46.

Pregnancy Management: Local Incidence



Medicaid programs cover a higher proportion of preterm births than private insurance plans.

54.1% OF BIRTHS IN NM ARE FINANCED BY MEDICAID

Preterm birth is the leading cause of US infant morbidity and mortality.

10.1% OF ALL BIRTHS IN NM ARE PRETERM

Low birth weight can cause serious short- and long-term health problems.

9.3% OF ALL BIRTHS IN NM ARE LOW BIRTH WEIGHT







Notification of Pregnancy (NOP)

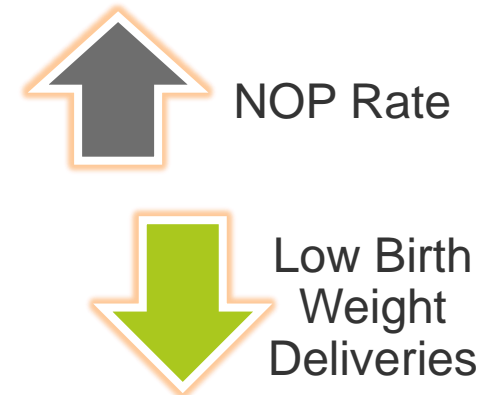
- Assessment that notifies health plan of Member's pregnancy
- Enrolls Member into SSFB program
- Can be submitted by the Member, Provider, or WSCC staff

What Does an NOP Provide?

- Due Date
- Updated contact information
- SDoH Risk Factors
- Behavioral Health information
- Physical Health information

NOP Importance

-  Enrollment into SSFB program
-  Identifies risk for a poor birth outcome
-  Gives preliminary risk score for Member
-  Collects due date, updated contact info, and social needs not otherwise captured by claims
-  Triggers pregnancy packet mailing
-  Prerequisite for incentives and resources

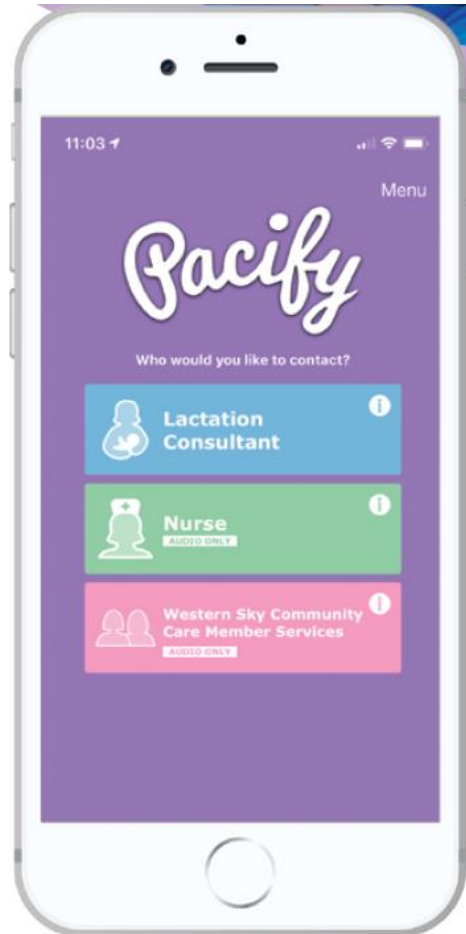


Member Incentives & Resources

- ✓ \$50 Visa Gift Card
- ✓ Digital Thermometer
- ✓ Virtual Baby Showers & Baby Shower in a Box
- ✓ Free Car Seats and Portable Cribs
- ✓ Holistic Care Grant \$250 Visa Gift Card
- ✓ Traditional Health Benefit \$250 Gift Card
- ✓ Wellness Materials including Safe Sleep
- ✓ Puff Free Pregnancy
- ✓ Mom's Meals
- ✓ GED Preparation
- ✓ Breast Pumps
- ✓ Centennial Home Visiting Programs
- ✓ Centennial Rewards

Digital Thermometer





Pacify Lactation Consultants

- Available 24/7 via video

Western Sky Community Care 24 Hour Nurse Line

- Available 24/7 via phone

Western Sky Community Care Member Services

- Available 8 am – 5 pm via phone

Call to get advice about

- Breastfeeding – Pumping – Formula – First Foods – Fever – Rash – Earaches – Crying – Safe Sleep – Assistance scheduling appointments for mom and/or baby – And much more!

Contact Information



For any questions or member referrals, please contact us.
We would love to hear from you!

Amir Wodajo, MS, CCM

Director, Care Coordination

Email: Amir.A.Wodajo@westernskycommunitycare.com

Direct Number: (505) 886-6213



PUBLIC COMMENTS

LARRY MARTINEZ, MAC CHAIRMAN

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HUMAN
SERVICES
DEPARTMENT



ADJOURNMENT

INVESTING FOR TOMORROW, DELIVERING TODAY.