



HUMAN
SERVICES
DEPARTMENT



NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
FEBRUARY 13, 2023
MEDICAL ASSISTANCE DIVISION

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.

By HSD Employee, Marisa Vigil

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

MEETING PROTOCOLS

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

Investing for tomorrow, delivering today.

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

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

Investing for tomorrow, delivering today.

MEETING AGENDA AND APPROVAL

LARRY MARTINEZ, MAC CHAIRMAN

Investing for tomorrow, delivering today.

MEETING AGENDA AND APPROVAL

1. Welcome (2/13/2023)
2. Meeting Protocols & Introductions
3. Meeting Agenda and Approval
4. November 2022 Minutes
5. Leadership Updates
6. Public Health Emergency and Unwinding Update
7. BeWell NM update
8. Budget & Enrollment Projection Assumptions
9. FY24 Budget Recommendation from LFC
10. DFA- rate increases (phase 1 & 2) as part of the rec. , differences between HSD/DFA/LFC
11. Medicaid Dashboards
12. MCO Procurement and 1115 Demonstration Waiver
13. UNM Health Policy Center
14. Primary Care Update
15. Legislative
16. MMISR Update
17. Recovery Audit Contractor (RAC) update
18. Public Comment
19. Adjournment

NOVEMBER 2022 MINUTES

LARRY MARTINEZ, MAC CHAIRMAN

Investing for tomorrow, delivering today.

LEADERSHIP UPDATES

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

*Investing for tomorrow, **delivering today.***

LEADERSHIP UPDATES



Secretary David Scrase
Has Retired!



LEADERSHIP UPDATES

Acting Cabinet Secretary

Kari Armijo



Acting Medicaid Director

Lorelei Kellogg



PUBLIC HEALTH EMERGENCY UPDATE

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

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PUBLIC HEALTH EMERGENCY EXTENSION TIMELINE

01/27/2020

• First Declaration

04/26/2020

• 1st Renewal

07/25/2020

• 2nd Renewal

10/23/2020

• 3rd Renewal

01/21/2021

• 4th Renewal

04/21/2021

• 5th Renewal

07/20/2021

• 6th Renewal

10/18/2021

• 7th Renewal

01/16/2022

• 8th Renewal

04/16/2022

• 9th Renewal

07/15/2022

• 10th Renewal

10/13/2022

• 11th Renewal

01/11/2023

• 12th Renewal

5/11/2023

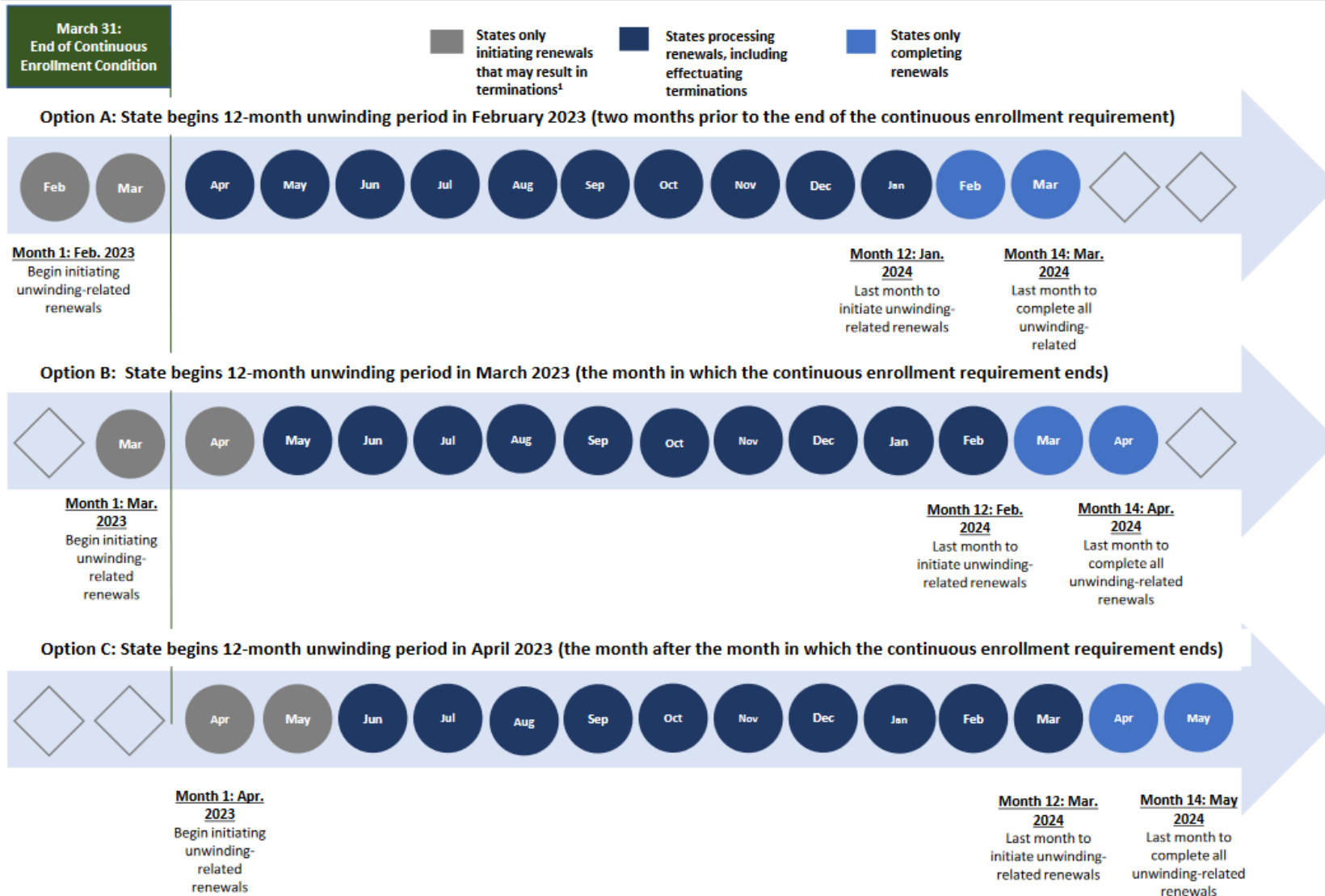
• Final Extension as announced by Biden administration

- <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”. The Biden administration announced their intent to end the COVID-19 PHE declaration effective **May 11, 2023** at the end of January.
- **CURRENT GUIDANCE 8/13/21:** states have up to 12 months from end of PHE to roll off MOE population

MEDICAID UNWINDING PLAN

	SFY 2023									SFY 2024						
Calendar Year	10/22	11/22	12/22	01/23	02/23	03/23	04/23	05/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	1/24
PHE Declaration	10/13 renewed			01/11 Expires			4/11 - Expires	5/11 – Final extension end date								
CMS Notice Commitment		11/12 Notice of termination														
6.2% Additional FMAP and Phase-Down	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	5.0%	5.0%	5.0%	2.5%	2.5%	2.5%	1.5%	1.5%	1.5%	0.0%
Unwinding						MOE ends 03/31/23										
Redetermination timing						Redetermination letters go out		Projected First Terminations 5/1/23								
Estimated ineligible Redeterminations							20K	20K	20K	20K						

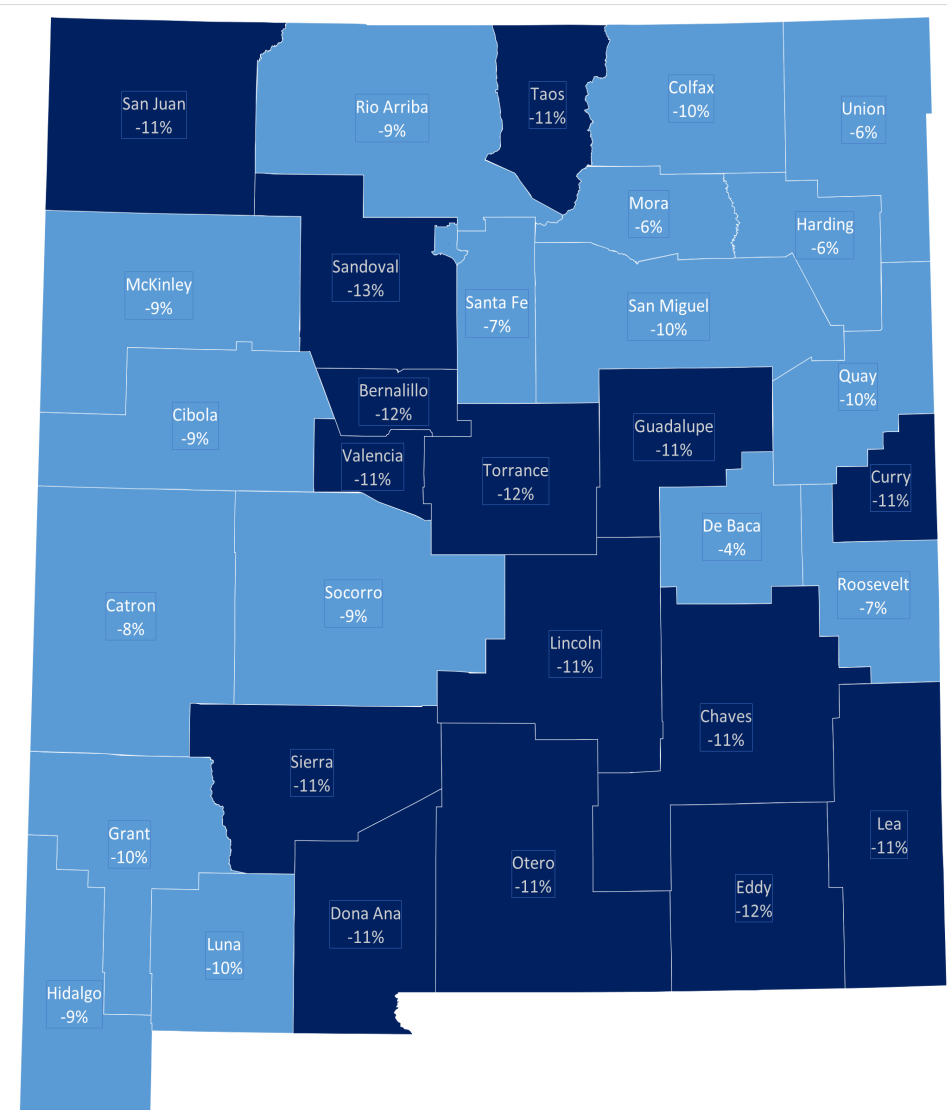
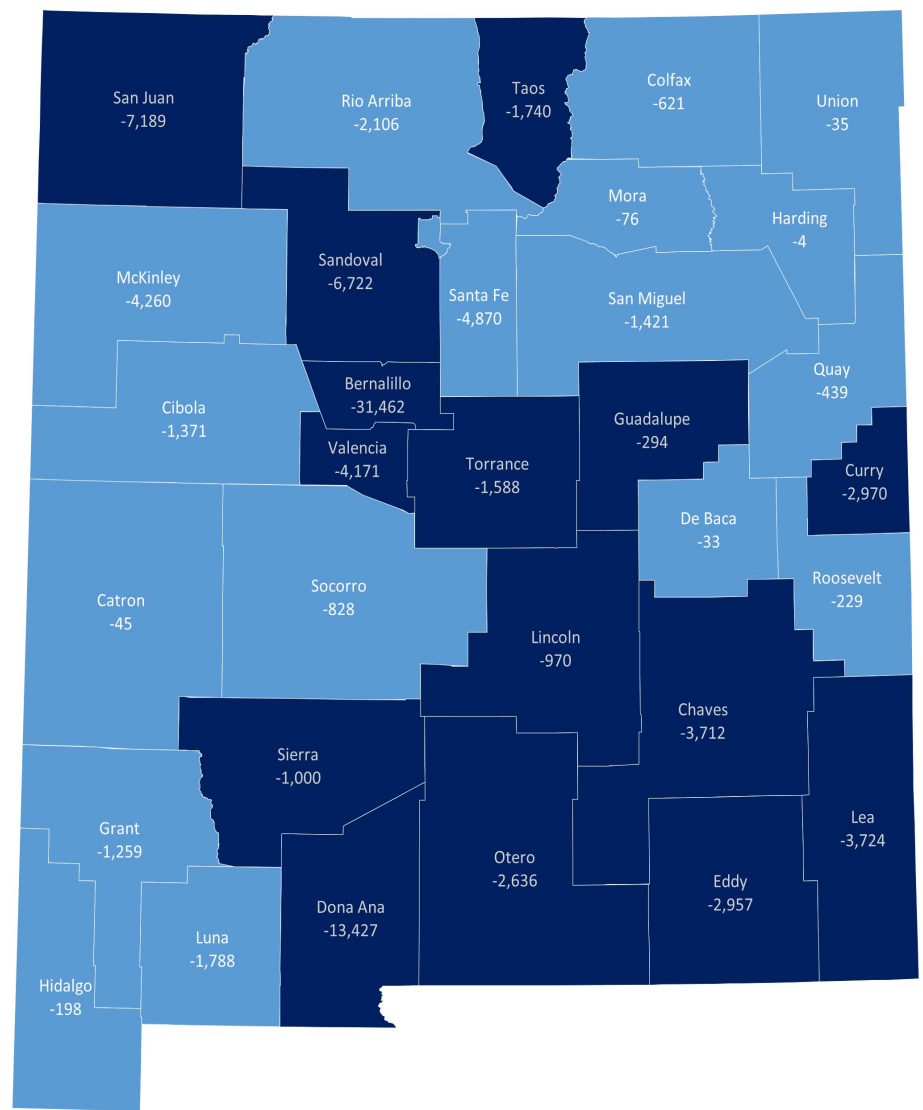
MAINTENANCE OF EFFORT UPDATES



NM has chosen Option B

Estimated New Mexicans Financially Ineligible for Medicaid after Federal Maintenance of Effort (MOE) Ends (Nov 2022 estimate)

Percent Decrease in Medicaid Enrollment by County after Federal Maintenance of Effort (MOE) ends (Nov 2022 estimate)



104,378 Total Change (87,836 ineligible; 16,542 transition), 11% Change

REPORTING ON STATES PROGRESS DURING UNWINDING

- During the MOE Unwinding Period, states are required to begin unwinding the continuous enrollment requirement of the Families First Coronavirus Response Act.
- CMS will monitor and assist states with their progress to process eligibility and enrollment actions during the state's MOE unwinding period.
- The Baseline Report is due to CMS at the end of the month prior to the month in which the State's unwinding period begins. This is due February.
- Monthly Report is due on the 8th day of each month during the state's 12-month unwinding period. First Monthly report is due March.

REPORTING ON STATES PROGRESS DURING UNWINDING

BASELINE REPORT

1) Total applications pending between March 1, 2020 and the month prior to the state's unwinding period	3) State's timeline for the renewal process
2) Total beneficiaries enrolled as of the end of the month prior to the state's unwinding period	4) Total Medicaid Fair Hearings pending more than 90 days at the end of the month prior to the state's unwinding period

MONTHLY REPORT

Applications	<ul style="list-style-type: none"> Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period; <ul style="list-style-type: none"> How many were completed and how many remain pending as of the last day of reporting period
Renewals	<ul style="list-style-type: none"> How many renewals were initiated in the prior month <ul style="list-style-type: none"> How many were due and initiated How many were due and completed How many were due but not completed How many were determined ineligible How many were transferred to the exchange How many were terminated for procedural reasons
Fair Hearings	<ul style="list-style-type: none"> Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period

CONSOLIDATED APPROPRIATIONS ACT OF 2023

DETAILS OF THE ACT

12/23/2022 - Congress passed the \$1.7 trillion "Consolidated Appropriations Act of 2023" – or [omnibus bill](#)

Decouples Medicaid continuous enrollment requirement (MOE) and 6.2% FMAP enhancement from the declared COVID-19 Public Health Emergency.

The MOE ends on 3/30/2023. Closures may occur as early as 4/1/2023.

Permits CMS greater enforcement tools (e.g., corrective actions, authority to stop states from terminating coverage, CMPs of \$100,000 per day of noncompliance).

STATES MUST DO THE FOLLOWING

Adhere to timeliness requirements during this transition period. (awaiting guidance)

Make good faith efforts to have up-to-date contact information for Medicaid members.

- Coverage terminations on the basis of returned mail are not permitted unless a contact attempt has been made through at least one other modality.

Be compliant with federal Medicaid eligibility requirements, update beneficiary contact information, and make concerted

Publicize a monthly report to inform CMS and stakeholders on the progression of their PHE unwinding efforts.

- Failure to do so will be subject to a FMAP matching rate penalty beginning in July 2023.

SEC. 5131: TRANSITIONING FROM MEDICAID FMAP INCREASE REQUIREMENTS

THIS SECTION DECOUPLES THE MEDICAID CONTINUOUS ENROLLMENT REQUIREMENT AND THE 6.2 PERCENTAGE POINT FMAP ENHANCEMENT FROM THE DECLARED COVID-19 PUBLIC HEALTH EMERGENCY. INSTEAD, THE FOLLOWING APPLIES:

- The continuous enrollment requirement ends on 3/30/2023. Redeterminations may begin on 4/1/2023.
- 4/1/2023 – 12/31/2023 is defined as the transition period. FMAP levels described are available to Medicaid programs so long as they adhere to certain requirements during this transition period.
- Medicaid programs must make good faith efforts to have up-to-date contact information for Medicaid members. Coverage terminations on the basis of returned mail are not permitted unless a contact attempt has been made through at least one other modality.

FMAP ENHANCEMENTS ARE PHASED OUT THROUGHOUT 2023 ON THE FOLLOWING BASIS:

Q1 2023: 6.2%

Q2 2023: 5%

Q3 2023: 2.5%

Q4 2023: 1.5%

Q1 2024: 0%

SEC. 5131: TRANSITIONING FROM MEDICAID FMAP INCREASE REQUIREMENTS - CONTINUED

REPORTING REQUIREMENTS

- From 4/1/2023 – 6/30/2024, Medicaid programs must report certain data elements to HHS on a monthly basis. This data will be made publicly available. Elements include:
 - number of redeterminations initiated,
 - total renewals,
 - number of ex parte renewals,
 - terminations,
 - number of procedural terminations,
 - number of CHIP enrollments,
 - Exchange metrics (including account transfers, number of individuals found eligible for a QHP, and number of individuals selecting a QHP), and
 - call center metrics (including volume, average wait times, and average abandonment rates).

CMS ENFORCEMENT

- Medicaid programs not in compliance with reporting requirements will have an FMAP penalty applied, not to exceed one percentage point, calculated at 0.25 times the number of fiscal quarters in which the Medicaid program was noncompliant.
- From 4/1/2023 – 6/30/2024, HHS is granted additional corrective action plan enforcement authority. If HHS deems a state to not be compliant with federal redetermination rules, HHS can request a corrective action plan be submitted. If a Medicaid program fails to submit a CAP or implement its CAP, HHS may suspend the ability to conduct procedural terminations and may impose a civil monetary penalty of \$100,000 per day of noncompliance

IT'S TIME TO RENEW NM! [RENEW.HSD.NM.GOV](https://renew.hsd.nm.gov)

- Renew NM is a statewide public awareness campaign that provides resources and information to HSD customers and community partners about the changes to SNAP & Medicaid.
- **Call to action** to HSD customers:
 - Update your contact info.
 - Watch for your Turquoise envelope.
 - Submit your renewal.

HUMAN SERVICES DEPARTMENT **It's Time to Renew NM!**


Get Ready to Renew!

Everyone enrolled in **Medicaid** and/or **SNAP** will need to renew when they are notified.

► Learn more at renew.hsd.nm.gov

3 Steps to Renew Medicaid and SNAP

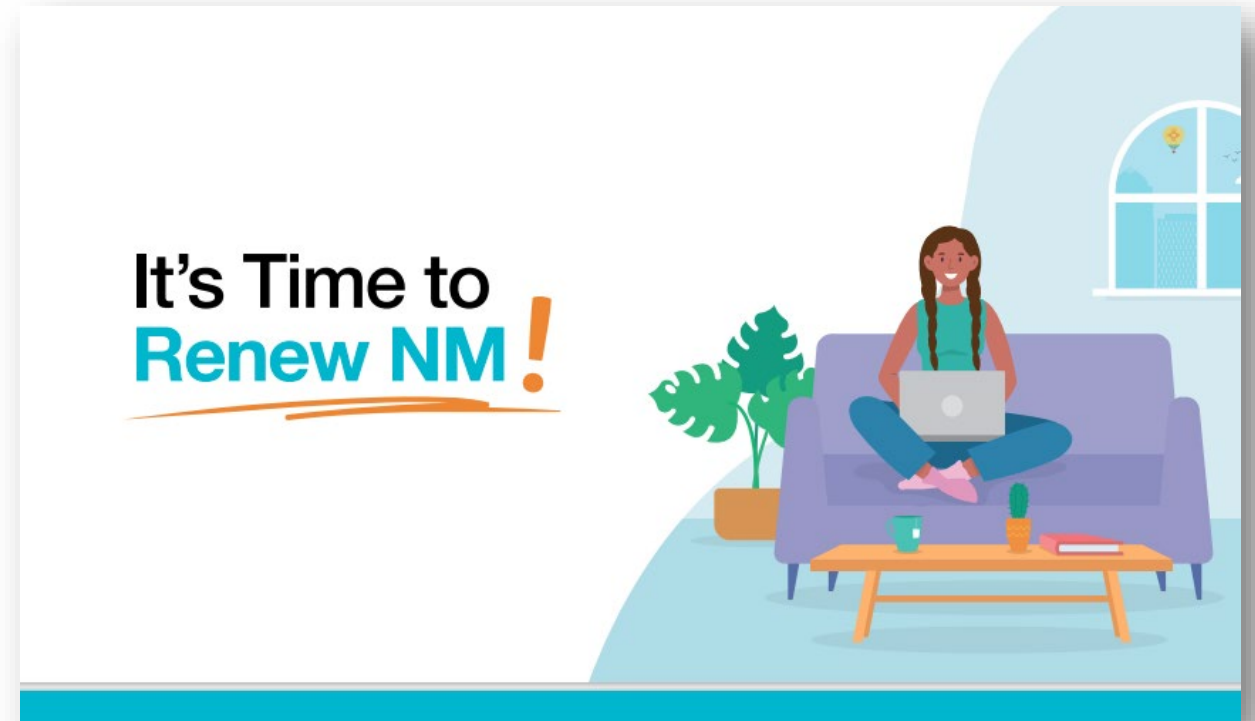
- 1 Update Your Contact Information** 📍
Go to yes.state.nm.us and update your contact information in the chat. We will need this information to send your renewal notice!
- 2 Watch for Your Turquoise Envelope** ✉️
The New Mexico Human Services Department will send your renewal notice in a turquoise envelope with instructions on how to renew.
- 3 Complete Your Renewal Application**
When notified, log in at yes.state.nm.us click **Renew My Benefits** and complete your renewal application. The fastest way to get your renewal processed is online.

 If you are no longer eligible for Medicaid, you still may have low- or no-cost health coverage options! Learn more at beWellnm.com

HUMAN SERVICES DEPARTMENT

RENEW NM CAMPAIGN


- Communications Campaign
 - Coordinated messaging and timing with MCOs and beWellnm
 - Modalities
 - Text
 - Email
 - Outbound calls
 - Direct Mailers
 - **Dedicated Website**
 - Social Media
 - Radio
 - Commercial
 - Billboards
 - RenewNM Partners



www.renew.hsd.nm.gov

COMMUNICATIONS TOOLS


- When the State receives notice to begin the Unwinding the website will be updated with:
- Downloadable RenewNM Partner Toolkit
 - Social Media clips
 - Flyers
 - Posters
 - Email language
 - Call center/representative scripts
- Detailed Unwinding Plan



Become a Renew NM Partner

If you are a provider, health care organization, community organization, business, government employee, or concerned citizen, we need your help. We have created a suite of approved Renew NM communications, call center scripts, social media posts, and much more. You can use these preapproved materials to help keep New Mexico covered.

Got Questions? Get Answers!



Most popular Q&A

- ? [When do I renew my Centennial Care Medicaid?](#)
- ? [How do I renew Centennial Care Medicaid?](#)
- ? [When do I renew my SNAP application?](#)
- ? [How do I renew my SNAP application?](#)

VIEW ALL Q&A
CHAT WITH HSD

POSTCARDS

 HUMAN SERVICES DEPARTMENT


It's Time to **Renew NM!**

Medicaid & SNAP Renewal Checklist

- ✓ **Update Your Contact Information Now!**
Update your information at yes.state.nm.us or call 1-800-283-4465.
- ✓ **Watch For Your Turquoise Envelope** ✉
The New Mexico Human Services Department will send your renewal notice in a turquoise envelope.
- ✓ **Get Ready to Renew!**
When you are notified, complete your Centennial Care and SNAP renewal at yes.state.nm.us.




 Learn all about how to renew Centennial Care Medicaid and SNAP at renew.hsd.nm.gov

 HUMAN SERVICES DEPARTMENT


Become a Renew NM SuperStar!

Earn rewards by updating your contact information now.

 Learn more at renew.hsd.nm.gov

CR_PHE_DM_22.02


SOCIAL MEDIA


 HUMAN SERVICES DEPARTMENT It's Time to **Renew NM!**

Centennial Care & SNAP Renewal Checklist

Step 1:

✓ **Update Your Contact Information Now!**
Update your information at yes.state.nm.us





 HUMAN SERVICES DEPARTMENT It's Time to **Renew NM!**

Centennial Care & SNAP Renewal Checklist

Step 2:

✓ **Watch For Your Turquoise Envelope**
The New Mexico Human Services Department **will send you** a notice when you need to renew.




 HUMAN SERVICES DEPARTMENT It's Time to **Renew NM!**

Centennial Care & SNAP Renewal Checklist

Step 3:

✓ **Renew Your Medicaid Application**
Go to yes.state.nm.us and complete your Medicaid application.



SOCIAL MEDIA



RENEWAL FORMS

- We know we need to catch the attention of our members
- Renewal forms will go out in turquoise envelopes to distinguish from other mail to date
- Improves returned mail tracking at HSD



BEWELLM UPDATES

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR
BRUCE GILBERT, CEO, BEWELLM

Investing for tomorrow, delivering today.

Medicaid Unwinding and Coverage through beWellnm

Medicaid Advisory Committee
February 13, 2023



NEW MEXICO HEALTH INSURANCE EXCHANGE

A photograph of a family consisting of a man, a woman, a young boy, and a young girl. They are all smiling and holding a large orange sign that displays the "be well nm" logo in white text. The man is in the back, the woman is in the middle, the boy is on the left, and the girl is on the right.

be well nm[®]

BeWellnm Unwinding Plan



- Partnered with HSD, OSI, and other stakeholders to minimize coverage loss and disruption during the unwinding of Medicaid CCR.
- The beWellnm strategic plan covers the following areas:
 - Outreach and Marketing campaign
 - Technical solutions
 - Consumer Engagement Center

Unwinding Outreach and Marketing Campaign



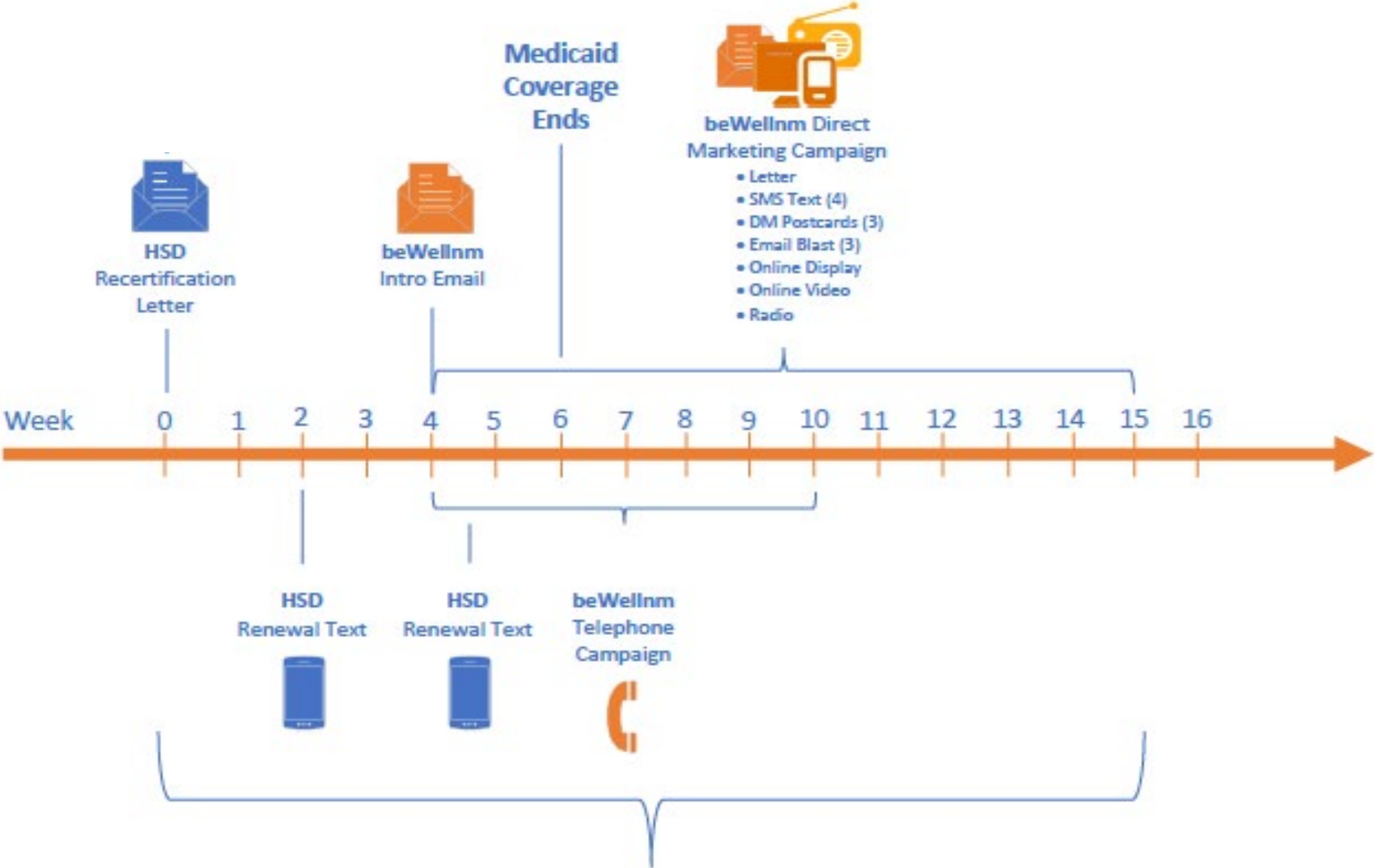
HSD Handoff to BeWellnm

- HSD will also provide contact information (full MOE file) to be used for outreach to consumers who may lose their Medicaid
- BeWellnm is taking a three-prong communications approach for global, target populations and individual/direct messaging
- BeWellnm will have multiple individual touch points providing information about how to claim or start their application on www.beWellnm.com or reconnect with HSD as necessary
- HSD will provide information to beWellnm for individuals who have been determined ineligible for Medicaid through an account transfer (AT) file.
 - The beWellnm application will be prefilled for those that were ineligible for Medicaid because they did not meet eligibility criteria
 - For those that lost Medicaid for procedural reasons, beWellnm will provide information about beWellnm and how to apply

Coverage Outreach – Touch Points

Account Transfers

- HSD provides daily
- beWellnm pre-populates application
- beWellnm sends letter through vendor
- *Procedural closures sent once per month; triggers letter.*



Outreach Process Repeated for each Group

beWellnm Outreach Plan



- Connect with every individual transitioning off Medicaid*
 - Direct Calls
 - Direct mail/Text/Outbound calls/Email
 - Fact sheets/Flyers/Social media posts
- Core populations
 - Financially ineligible
 - Targeted outreach based on anticipated closure date
 - Procedural closures
- Messages are aligned with HSD

* Successfully connecting to consumers will depend on the data received from HSD; updating contact information is a key first step!

Outbound Direct Calls



- BeWellnm will conduct outbound calls to individuals who are in transition from Medicaid.
- BeWellnm outbound callers will assist consumers to set an appointment with a certified Enrollment Assister or provide information about how to reconnect to Medicaid as appropriate.



Emails, Letters, Postcards, Flyers



Direct Mail letters

Flyers

Postcards

NEED HELP REPLACING YOUR MEDICAID COVERAGE?

TIME IS RUNNING OUT TO STAY COVERED FOR AS LITTLE AS 33¢ A DAY!

LET US HELP.

beWell nm

beWell nm

NEED HELP REPLACING YOUR MEDICAID COVERAGE?

STAY COVERED FOR AS LITTLE AS 33¢ A DAY. **OPEN IMMEDIATELY**

ENROLL
BY THE 23RD OF THE MONTH TO MAKE COVERAGE BY THE FIRST OF NEXT MONTH!

YOUR FIRST MONTH'S PREMIUM IS FREE!

HEALTH INSURANCE COVERS:

- Doctor visits
- Prescriptions
- Urgent care visits
- And so much more!

WITHOUT HEALTH INSURANCE:

Medical bills	\$2,000+
Stay in the hospital	\$5,000
Prescription co-pay	\$15,000
Home replacement	\$20,100

3 WAYS TO REACH US:

1. Call us at 1-833-862-3935 to talk to a helpful enrollment counselor.
2. Go to beWellnm.com to schedule an appointment.
3. Go to beWellnm.com to find an agent/broker anywhere in New Mexico.

START PLANNING NOW TO KEEP YOUR HEALTH INSURANCE COVERAGE. WE CAN HELP.

If you recently lost your Medicaid coverage, or will lose it soon, and you can't get health insurance from your employer, beWellnm can help you find health insurance for as little as 33¢ a day. But you only have until 60 days past the date you were told that your Medicaid coverage would end.

beWellnm is the only place that offers assistance to help New Mexicans pay for health insurance. In fact, some can even get \$0 health insurance! Plus, your first month of health insurance through beWellnm could be free!

And, health insurance coverage through beWellnm is provided by names you trust, like Blue Life, Blue Cross Blue Shield of New Mexico, Helios Healthcare, Presbyterian Health Plan and Western Sky Community Care.

Health insurance covers doctor visits, prescriptions, urgent care visits and so much more to keep you and your family healthy. And, beWellnm makes finding the right health insurance plan easy and our assistance is absolutely free.

Without health insurance, unexpected health issues or medical needs could cost you thousands of dollars. Call 1-833-862-3935 to speak with a friendly and knowledgeable beWellnm enrollment counselor. Or, visit beWellnm.com to schedule an in-person or virtual appointment. But you need to act soon to avoid a lapse of your coverage. Because you just never know.

The choice!

BEST VALUE **LOW COST** **WIDE COVERAGE** **FAST ENROLLMENT**

beWell nm

KEEP YOUR HEALTH INSURANCE COVERAGE!

If you recently lost your Medicaid coverage and can't get health insurance from your employer, beWellnm can help you find health insurance for as little as 33¢ a day. But you only have until 60 days past the date you were told that your Medicaid coverage would end. Low-cost or even no-cost health insurance is just a phone call away. And beWellnm makes it easy and our help is free.

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3. Go to beWellnm.com to find an agent/broker anywhere in New Mexico.

3020 Johnson St NE Suite 105-A Albuquerque, NM 87109

Presorted First-Class Mail U.S. Postage Paid XXXXX

NEED HELP REPLACING YOUR MEDICAID COVERAGE?

WE CAN HELP YOU STAY COVERED FOR AS LITTLE AS 33¢ A DAY.

ENROLL
BY THE 23RD OF THE MONTH TO MAKE COVERAGE BY THE FIRST OF NEXT MONTH!

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3. Go to beWellnm.com to find an agent/broker anywhere in New Mexico.

Text Message Campaign

Text #1

BeWellnm can help you replace your Medicaid coverage for as low as \$10/month. And, your 1st month's premium is FREE! Visit beWellnm.com/need-help-replacing-medicaid or call [1-833-862-3935](tel:1-833-862-3935).

Text #2

Losing Medicaid? Get Lower out-of-pocket costs, lower deductibles & lower copays with New Mexico's own Turquoise Plans! Visit beWellnm.com/need-help-replacing-medicaid today!

Text #3

BeWellnm can help you replace your Medicaid coverage with low- or no-cost health insurance. Our help is FREE! Reply "health" to schedule an appointment.

Text #4

Time is running out to replace your Medicaid coverage for as little as 33¢ a day. Let us help. We make it easy. Visit beWellnm.com/need-help-replacing-medicaid or call [1-833-862-3935](tel:1-833-862-3935) today!

Website Updates



be well nm GETTING STARTED FINANCIAL HELP WE CAN HELP GET ANSWERS

NEED HELP REPLACING YOUR MEDICAID COVERAGE?
STAY COVERED FOR AS LITTLE AS 33¢ A DAY.

NEED HELP REPLACING YOUR MEDICAID COVERAGE?

Need help replacing your Medicaid coverage? We can help.

YOUR FIRST MONTH'S PREMIUM IS FREE!

SIGN UP
BY THE 23RD OF THE MONTH TO HAVE COVERAGE BY THE FIRST OF NEXT MONTH!

HEALTH INSURANCE COVERS:

- Doctor visits
- Prescriptions
- Urgent care visits
- And so much more!

WE CAN HELP YOU KEEP YOUR HEALTH INSURANCE COVERAGE.

If you recently lost your Medicaid coverage, or will lose it soon, and you can't get health insurance from your employer, beWellnm can help you find health insurance for as little as 33¢ a day. But you only have until 60 days past the date you were told that your Medicaid coverage would end.

beWellnm is the only place that offers assistance to help New Mexicans pay for health insurance. In fact, some can even get **\$0 health insurance!** Plus, your first month of health insurance through beWellnm could be free!

And, health insurance coverage through beWellnm is provided by names you trust, like Presbyterian Health Plan, Blue Cross Blue Shield of New Mexico and Western Sky Community Care.

Without health insurance, unexpected health issues or medical needs could cost you thousands of dollars. Call 1-833-862-3935 to speak with a friendly and knowledgeable beWellnm enrollment counselor. Or, [click here](#) to schedule an in-person or virtual appointment. But you need to act soon to avoid a lapse of your coverage.

3 WAYS TO REACH US:

- Call us at 1-833-862-3935 to talk to a helpful enrollment counselor.
- [Help on Demand form](#)
- [Appointment + form](#)

Landing Page

be well nm GETTING STARTED FINANCIAL HELP WE CAN HELP GET ANSWERS

NEED HELP REPLACING YOUR MEDICAID COVERAGE?
STAY COVERED FOR AS LITTLE AS \$10 A MONTH. [LEARN MORE](#)

TODAY IS MAY 6, 2022

We are currently in the Special Enrollment Period. This means you will need to [click here](#) to enroll. [WHAT ARE QUALIFYING EVENTS?](#)

[START HERE FOR 2022 COVERAGE](#)

NEW MEXICO'S OFFICIAL HEALTH INSURANCE MARKETPLACE

Health insurance covers doctor visits, prescriptions, urgent care visits and so much more to keep you and your family healthy. And, beWellnm makes finding the right health insurance plan easy and our assistance is absolutely free.

Homepage Banner

Social Media Campaign



 **beWellnm**
Sponsored

We can help you find low- no-cost health insurance. Enroll by the 23rd of this month and have coverage by the first of next month!

NEED HELP REPLACING YOUR MEDICAID COVERAGE?




FIND LOW- OR NO-COST HEALTH INSURANCE TODAY!

BEWELLM
BeWellnm makes it easy and our help is FREE!


[Learn More](#)

BEWELLM.COM

 **beWellnm**
Sponsored

Time is running out to stay covered with low- or no-cost health insurance. Contact beWellnm today for FREE assistance.

NEED HELP REPLACING YOUR MEDICAID COVERAGE?




STAY COVERED FOR AS LITTLE AS 33¢ A DAY.

BEWELLM
Your first month's premium could be FREE!


[Learn More](#)

BEWELLM.COM

 **beWellnm**
Sponsored

Are you losing your Medicaid coverage? Don't worry because you still may be able to get health insurance at low- or no-cost.

NEED HELP REPLACING YOUR MEDICAID COVERAGE?



STAY COVERED FOR AS LITTLE AS \$10 A MONTH.

BEWELLM
BeWellnm makes it easy and our help is FREE!

[Learn More](#)

BEWELLM.COM

Radio Campaign



TITLE PHE Ending (Pre-Launch)
LENGTH Radio :30

VO:

If you became eligible for Medicaid coverage during the Covid-19 Public Health Emergency, you may receive a letter informing you know that your Medicaid coverage may be ending soon. If so, beWellnm, can help you find health insurance for less than ten dollars a month. BeWellnm makes finding health insurance and signing up easy and affordable. And our services are free! If you're about to lose your Medicaid coverage, start planning now. Call us at 1-833-862-39-35 or visit beWellnm.com.

TITLE Losing Medicaid – 10 Dollars
LENGTH Radio :30

VO:

Do you need help replacing your Medicaid coverage? BeWellnm can help you get health insurance for as little as ten dollars a month. We make finding health insurance and signing up easy and affordable. And our services are free! So, if you're losing your Medicaid coverage, call us at 1-833-862-39-35 or visit beWellnm.com to get the assistance you need and to get insured. Because you just never know!

Digital Campaign



NEED HELP
REPLACING YOUR
MEDICAID
COVERAGE?

STAY COVERED FOR
AS LITTLE AS 33¢ A DAY.



get help now!

be well nm[®]

NEED HELP
REPLACING YOUR
MEDICAID
COVERAGE?



get help now!

STAY COVERED
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Additional Information . . .



- Stakeholder tool kits and additional information will be available on www.beWellnm.com

Technical Solutions



- Modifying our Account Transfer (AT) process
 - To receive information about individuals who lose Medicaid coverage for procedural reasons to enable quick communication about their insurance options.
- Health Care Affordability Fund – Medicaid Premium Transition Relief
- Provide option for first of the month effective date for customers who lost their Medicaid coverage
 - Scenario: Individual who lost Medicaid on April 30, but is applying at beWellnm on May 15, will be offered a May 1 effective date for their Marketplace coverage.
- Remove 23rd of the Month Rule
 - To allow individuals to enroll through the end of the month and still have coverage the first of the next month.
- Provide a 60-day Special Enrollment Period for applicants who were previously enrolled and no longer eligible for Medicaid.

Medicaid Premium Transition Relief



- A program under the Health Care Affordability Fund (HCAF) available to individuals and families who:
 - No longer qualify for Medicaid
 - Qualify for the federal premium tax credit through beWellnm; and
 - Have income at or below 400% FPL.
- This program covers one month of premium when the individual/family enrolls in a health plan through beWellnm; it is intended to smooth out coverage transition, ensure continuity of coverage, and effectuate coverage.

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NEW MEXICO HEALTH INSURANCE EXCHANGE

FY22, FY23 & FY24
BUDGET OVERVIEW WITH 4-MONTH MOE UNWINDING

ELISA WALKER MORAN, MEDICAID DEPUTY DIRECTOR

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MEDICAID BUDGET UPDATE: EXPENDITURES

- This projection presents a 4-month MOE unwinding of ineligible population
- The estimated expenditures in FY22 are \$8.47 billion
- The estimated expenditures in FY23 are \$8.87 billion
- The estimated expenditures in FY24 are \$9.12 billion

Budget Projection – Expenditures (\$000s)	FY2022	FY2023	FY2024
Fee-For-Service	906,469	939,400	947,973
DD & MF Traditional, and Mi Via Waivers	553,367	641,139	776,372
Centennial Care MCO	6,759,893	7,007,451	6,670,842
Medicare	234,546	254,020	274,553
Other	14,019	35,207	449,181
Total Projection (11/30/22)	8,468,294	8,877,217	9,118,922
Prior Projection (9/30/22)	8,468,919	8,754,447	8,859,972
Change from Prior	(625)	122,769	258,949

IHS payments, MM due to 1 QTR PHE extension, higher lump sum, PMPM adjustments

***The current quarterly budget projection is updated with data through Nov 30, 2022.**
**** Consolidated Appropriations Act, 2023, Section 5131 provides transition phase-down for the temporary FMAP increase of 6.2% in effect during the PHE. The quarterly transitioning recognizes 6.2% in Q/E March 2023; 5.0% in Q/E June 2023; 2.5% in Q/E Sept 2023; and 1.5% in Q/E Dec 2023.**

MEDICAID BUDGET UPDATE: REVENUES

- **This projection presents a 4-month unwinding of ineligible population**
- The estimated state revenue surplus in FY22 is \$15.9 million
- The estimated state revenue surplus in FY23 is \$56.1 million
- The projected state revenue shortfall in FY24 is \$151.3 million or \$231.4 million after the \$80 million non-recurring sweep treated as recurring.

Budget Projection – Revenues (\$000s)	FY2022	FY2023	FY2024
Federal Revenues	7,094,635	7,327,152	7,152,859
All State Revenues	1,339,679	1,487,671	1,902,023
Operating Transfers In	174,109	247,917	350,082
Other Revenues	114,136	100,237	100,469
General Fund Need	1,051,435	1,139,517	1,451,472
Appropriation	1,043,385	1,185,902	1,265,902
GF to support HIPS	23,979	31,755	34,313
State Revenue Surplus/(Shortfall)	15,929	78,141	(151,308)
Change from Prior	165	56,070	2,939
Revised Surplus/(Shortfall)			(231,308)

Add. FMAP:
FY23: 5% Q4
FY24: 2.5% Q1,
1.5% Q2

Health Insurance Premium Surtax

FMAP phase down in FY23 and FY24

FY24: Restore \$80M non-recurring sweep from FY23 Appropriation

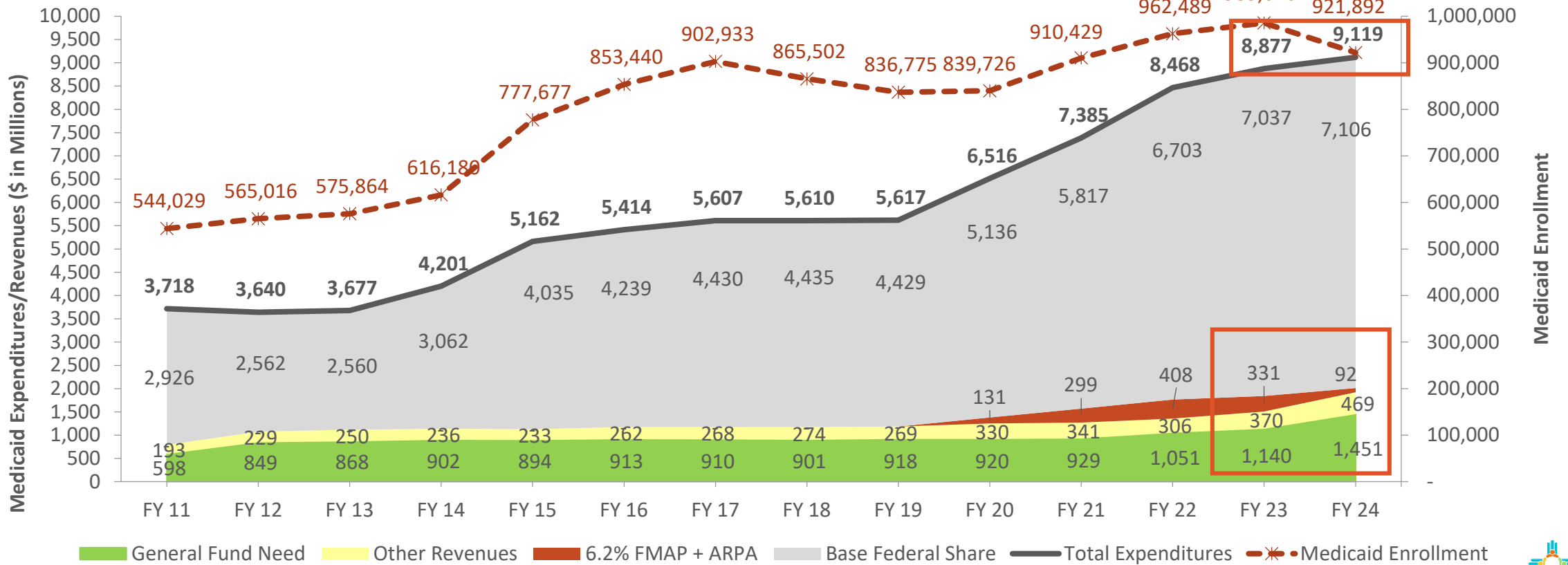
*The current quarterly budget projection is updated with data through Nov 30, 2022. Consolidated Appropriations Act, 2023, Section 5131 provides transition phase-down for the temporary FMAP increase of 6.2% in effect during PHE. The quarterly transition recognizes 6.2% in Q/E March 2023; 5.0% in Q/E June 2023; 2.5% in Q/E Sept 2023; and 1.5% in Q/E Dec 2023.

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.



FEDERAL REVENUE SUPPORTING MEDICAID PROGRAM

Total Medicaid Enrollment, Expenditures and Revenues



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.

ENROLLMENT PROJECTION UPDATE: 4-MONTH MOE REDETERMINATIONS (MAY 2023)

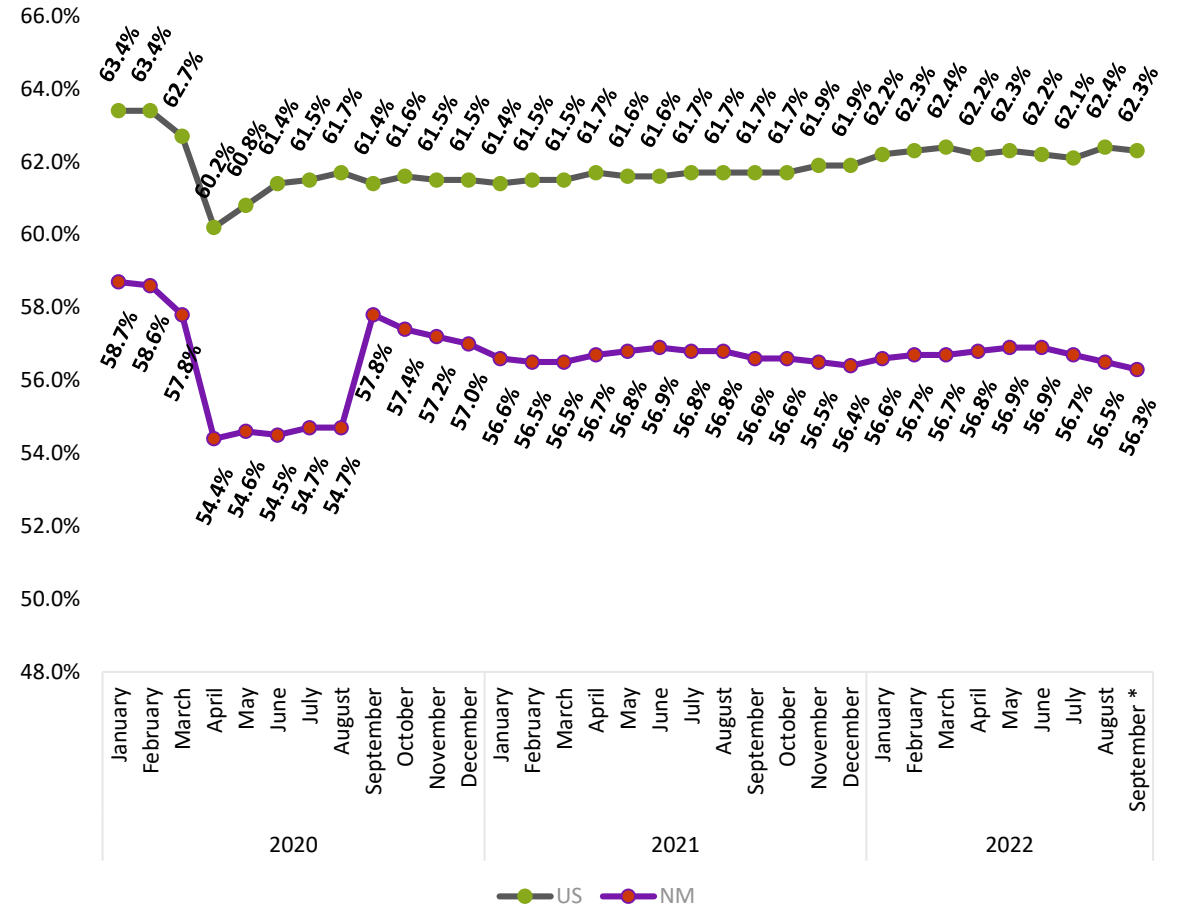
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MEDICAID-CHIP ENROLLMENT DRIVERS

- Growth in enrollment through November 2022 reflects:
 - 47% of general NM population (2.1 million)
 - 152,994 increase in membership since Feb. 2020
 - Flat workforce participation (56-57%) and employer-based coverage (about 40%)
 - Persisting uninsured rate (about 11%)
 - ↑ newborns and children (about 33K since Feb. 2020), ↑ elderly, ↑ DD allocations, ↑ CB slots, ↑ mothers.

- Prospective growth and adjustments reflect:
 - Processing eligibility redeterminations
 - Procedural/financial closure activity
 - Category of Eligibility transitions/churn

Labor Force Participation Rates in New Mexico and US
January 2020 - November 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.

ENROLLMENT CHANGE RELATIVE TO FEB. 2020

	Projected Medicaid/ CHIP Members	Difference from Feb. 2020	Percentage Difference from Feb. 2020
Feb 2020 Enrollment	835,440		
11/2022 Enrollment	988,434	152,994	18.3%
4/2023 Peak Enrollment	996,940	161,500	19.3%
8/2023 Enrollment (after roll-off)	906,579	71,139	8.5%

- **Projected Roll-off of financially ineligible occurs from May 2023 to August 2023.**
- **Enrollment numbers are point in time from the public Medicaid Eligibility Report (MER).**

ENROLLMENT CHANGES AND MOE INCOME-INELIGIBLES

Enrollment Changes since 02/2020	
11/2022	
Total Medicaid/CHIP	152,994
MCO	139,874
Fee-for-Service	13,120
Native American FFS/MCO	19,953

Income Ineligible MOE Population	
10/14/2022	
Reported (Deloitte) (A+B)	104,378
A. Roll Off Projection	87,836
B. COE Transition Projection	16,542
COE movements	COE transitions among MAGI and Family Planning resulting from redeterminations

MANAGED CARE ENROLLMENT PROJECTION (MCO)

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NM MEDICAID MANAGED CARE ENROLLMENT FY22

	Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO					
Month-Year	(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 Yr/Yr	% Change to Pre-PHE (Feb 20).
Jul-21	460,472	460,393	(79)	50,894	50,923	29	263,997	263,767	(230)	775,363	775,083	(280)	3,861	8.3%	14.3%
Aug-21	463,952	463,849	(103)	51,128	51,155	27	264,857	264,600	(257)	779,937	779,604	(333)	4,521	7.8%	14.9%
Sep-21	466,828	466,712	(116)	51,240	51,263	23	265,316	265,023	(293)	783,384	782,998	(386)	3,394	7.4%	15.4%
Oct-21	469,833	469,683	(150)	51,300	51,320	20	265,879	265,553	(326)	787,012	786,556	(456)	3,558	7.0%	16.0%
Nov-21	472,599	472,427	(172)	51,398	51,420	22	266,136	265,778	(358)	790,133	789,625	(508)	3,069	6.5%	16.4%
Dec-21	474,971	474,767	(204)	51,488	51,511	23	266,529	266,128	(401)	792,988	792,406	(582)	2,781	5.8%	16.8%
Jan-22	478,018	477,809	(209)	51,472	51,500	28	267,292	266,829	(463)	796,782	796,138	(644)	3,732	5.7%	17.4%
Feb-22	480,615	480,365	(250)	51,378	51,398	20	267,777	267,228	(549)	799,770	798,991	(779)	2,853	5.5%	17.8%
Mar-22	482,196	481,873	(323)	51,488	51,494	6	268,087	267,464	(623)	801,771	800,831	(940)	1,840	5.2%	18.1%
Apr-22	485,058	484,861	(197)	51,677	51,688	11	268,362	267,710	(652)	805,097	804,259	(838)	3,428	5.1%	18.6%
May-22	487,293	487,216	(77)	51,780	51,809	29	268,722	267,961	(761)	807,795	806,986	(809)	2,727	5.1%	19.0%
Jun-22	488,806	488,768	(38)	51,790	51,889	99	269,180	268,218	(962)	809,776	808,875	(901)	1,889	4.9%	19.3%

NM MEDICAID MANAGED CARE ENROLLMENT FY23

	Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO					
Month-Year	(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 Yr/Yr	% Change to Pre-PHE (Feb 20).
Jul-22	490,633	490,806	173	51,714	51,964	250	270,104	269,593	(511)	812,451	812,363	(88)	3,488	4.8%	19.8%
Aug-22	491,283	492,552	1,269	51,931	52,093	162	270,851	269,718	(1,133)	814,065	814,363	298	2,000	4.5%	20.1%
Sep-22	492,533	493,475	942	52,084	52,263	179	271,601	268,969	(2,632)	816,218	814,707	(1,511)	344	4.0%	20.1%
Oct-22	493,559	494,912	1,353	52,193	52,456	263	271,884	269,061	(2,823)	817,636	816,429	(1,207)	1,722	3.8%	20.4%
Nov-22	494,587	496,099	1,512	52,301	52,625	324	272,167	269,365	(2,802)	819,056	818,089	(967)	1,660	3.6%	20.6%
Dec-22	495,618	495,665	47	52,410	52,844	434	272,451	270,865	(1,586)	820,479	819,374	(1,105)	1,285	3.4%	20.8%
Jan-23	496,650	496,698	47	52,519	52,954	435	272,734	271,147	(1,587)	821,904	820,799	(1,105)	1,425	3.1%	21.0%
Feb-23	486,116	497,732	11,617	52,629	53,064	436	261,309	271,430	10,120	800,054	822,226	22,173	1,428	2.9%	21.2%
Mar-23	475,581	498,769	23,189	52,738	53,175	437	249,884	271,712	21,828	778,204	823,657	45,453	1,430	2.9%	21.4%
Apr-23	465,046	499,808	34,762	52,848	53,286	437	238,459	271,995	33,536	756,354	825,090	68,736	1,433	2.6%	21.7%
May-23	454,511	489,274	34,762	52,958	53,397	438	227,034	260,570	33,536	734,504	803,241	68,737	(21,849)	-0.5%	18.4%
Jun-23	455,553	478,739	23,186	53,069	53,508	439	227,555	249,145	21,591	736,176	781,392	45,216	(21,849)	-3.4%	15.2%
Total MM	5,791,670	5,924,530	132,860	629,395	633,629	4,234	3,106,035	3,213,571	107,537	9,527,100	9,771,730	244,630	249,378	2.6%	20.1%

NM MEDICAID MANAGED CARE ENROLLMENT FY24

	Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO					
Month-Year	(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 Yr/Yr	% Change to Pre-PHE (Feb 20).
Jul-23	456,597	468,204	11,607	53,179	53,619	440	228,076	237,720	9,644	737,852	759,544	21,692	(21,848)	-6.5%	12.0%
Aug-23	457,643	457,669	26	53,290	53,731	441	228,599	226,295	(2,304)	739,532	737,696	(1,836)	(21,848)	-9.4%	8.8%
Sep-23	458,692	458,623	(69)	53,401	53,843	442	229,123	226,767	(2,356)	741,216	739,233	(1,983)	1,537	-9.3%	9.0%
Oct-23	459,743	459,578	(165)	53,512	53,955	443	229,648	227,239	(2,409)	742,903	740,773	(2,130)	1,540	-9.3%	9.2%
Nov-23	460,797	460,536	(261)	53,624	54,068	444	230,174	227,713	(2,461)	744,595	742,316	(2,278)	1,543	-9.3%	9.5%
Dec-23	461,853	461,495	(357)	53,736	54,180	445	230,702	228,187	(2,515)	746,290	743,863	(2,427)	1,546	-9.2%	9.7%
Jan-24	462,911	462,457	(454)	53,848	54,293	446	231,230	228,662	(2,568)	747,989	745,412	(2,577)	1,550	-9.2%	9.9%
Feb-24	463,972	463,420	(552)	53,960	54,406	447	231,760	229,139	(2,621)	749,692	746,965	(2,726)	1,553	-9.2%	10.1%
Mar-24	465,035	464,386	(650)	54,072	54,520	448	232,291	229,616	(2,675)	751,399	748,522	(2,877)	1,556	-9.1%	10.4%
Apr-24	466,101	465,353	(748)	54,185	54,633	448	232,824	230,095	(2,729)	753,109	750,081	(3,028)	1,559	-9.1%	10.6%
May-24	467,169	466,323	(846)	54,298	54,747	449	233,357	230,574	(2,783)	754,824	751,644	(3,180)	1,563	-6.4%	10.8%
Jun-24	468,240	467,294	(946)	54,411	54,861	450	233,892	231,054	(2,838)	756,542	753,210	(3,333)	1,566	-3.6%	11.1%
Total MM	5,548,753	5,555,339	6,586	645,515	650,858	5,343	2,771,676	2,753,062	(18,614)	8,965,944	8,959,258	(6,685)	(812,471)	-8.3%	10.1%

TOTAL ENROLLMENT PROJECTION

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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 ¹	Estimated ²	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change Yr/Yr
		Reported ¹	Estimated ²	Family Planning Estimated ¹	QMBs Estimated ¹	SLIMBs & QI1s Estimated ¹							
A	B	C	D	E	F	G	H	I	J	K	L	M	N
SFY 2022	Jul-21	557,544	557,544	43,730	33,310	13,420	648,004	293,060	293,060	941,064	-34	4,588	7.5%
	Aug-21	561,616	561,616	43,769	33,574	13,461	652,420	294,212	294,212	946,632	-60	5,568	7.1%
	Sep-21	564,896	564,896	43,726	33,799	13,488	655,909	294,756	294,756	950,665	-88	4,033	6.8%
	Oct-21	568,074	568,074	43,695	34,052	13,540	659,361	295,417	295,417	954,778	-101	4,113	6.5%
	Nov-21	571,048	571,048	43,804	34,355	13,586	662,793	295,926	295,926	958,719	-142	3,941	6.0%
	Dec-21	573,541	573,541	43,838	34,575	13,624	665,578	296,352	296,352	961,930	-166	3,211	5.4%
	Jan-22	576,615	576,615	43,882	34,899	13,480	668,876	297,213	297,213	966,089	-174	4,159	5.3%
	Feb-22	578,929	578,929	43,864	35,122	13,523	671,438	297,771	297,771	969,209	-232	3,120	5.1%
	Mar-22	580,264	580,264	43,968	35,299	14,566	674,097	297,108	297,108	971,205	-89	1,996	4.9%
	Apr-22	583,162	583,162	42,097	35,866	14,496	675,621	297,762	297,762	973,383	-131	2,178	4.7%
	May-22	585,835	585,835	42,344	36,042	14,494	678,715	298,108	298,108	976,823	207	3,440	4.7%
	Jun-22	587,529	587,529	42,583	36,293	14,518	680,923	298,448	298,448	979,371	2,479	2,548	4.6%

NM MEDICAID ENROLLMENT PROJECTION FY23

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 ¹	Estimated ²	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change Yr/Yr
		Reported ¹	Estimated ²	Family Planning Estimated ¹	QMBs Estimated ¹	SLIMBs & QI1s Estimated ¹							
A	B	C	D	E	F	G	H	I	J	K	L	M	N
SFY 2023	Jul-22	589,637	590,308	42,681	36,530	14,561	684,080	299,027	299,027	983,107	1,375	3,736	4.5%
	Aug-22	590,653	592,286	42,777	36,706	14,664	686,433	299,370	299,370	985,803	1,356	2,696	4.1%
	Sep-22	591,656	593,303	42,779	36,932	14,767	687,781	299,149	299,149	986,930	-403	1,127	3.8%
	Oct-22	592,661	593,301	42,781	37,236	14,799	688,117	298,765	298,765	986,882	-3,646	-47	3.4%
	Nov-22	593,667	595,355	42,783	37,569	14,825	690,532	297,902	297,902	988,434	5,496	1,551	3.1%
	Dec-22		595,409	42,785	37,805	14,851	690,850		299,561	990,411	28,593	1,977	3.0%
	Jan-23		596,460	42,787	38,042	14,877	692,166		299,873	992,039	51,439	1,628	2.7%
	Feb-23		597,511	42,789	38,281	14,903	693,485		300,185	993,670	74,237	1,631	2.5%
	Mar-23		598,564	42,791	38,522	14,929	694,806		300,498	995,304	74,088	1,634	2.5%
	Apr-23		599,617	42,793	38,764	14,956	696,129		300,811	996,940	73,802	1,636	2.4%
	May-23		588,588	45,274	39,007	14,534	687,404		288,176	975,579	50,536	-21,361	-0.1%
	Jun-23		575,275	47,938	39,252	14,574	677,039		275,540	952,579	25,586	-23,000	-2.7%

NM MEDICAID ENROLLMENT PROJECTION FY24

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 ¹	Estimated ²	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change Yr/Yr
		Reported ¹	Estimated ²	Family Planning Estimated ¹	QMBs Estimated ¹	SLIMBs & QI1s Estimated ¹							
A	B	C	D	E	F	G	H	I	J	K	L	M	N
SFY 2024	Jul-23		562,300	50,334	39,399	14,641	666,675		262,905	929,579		-23,000	-5.4%
	Aug-23		546,185	55,368	39,546	15,211	656,310		250,269	906,579		-23,000	-8.0%
	Sep-23		552,813	55,922	39,694	15,434	663,862		250,791	914,653		8,073	-7.3%
	Oct-23		554,244	55,978	39,842	14,770	664,834		251,313	916,147		1,495	-7.2%
	Nov-23		555,059	56,035	39,991	15,330	666,414		251,837	918,251		2,104	-7.1%
	Dec-23		555,761	56,092	40,140	15,123	667,116		252,362	919,477		1,226	-7.2%
	Jan-24		557,507	56,148	40,290	14,775	668,720		252,887	921,607		2,130	-7.1%
	Feb-24		559,324	56,206	40,340	14,625	670,495		253,414	923,909		2,301	-7.0%
	Mar-24		559,953	56,262	40,391	15,235	671,840		253,942	925,783		1,874	-7.0%
	Apr-24		560,762	56,318	40,441	15,349	672,870		254,471	927,342		1,559	-7.0%
	May-24		562,018	56,375	40,492	14,956	673,841		255,001	928,843		1,501	-4.8%
	Jun-24		563,292	56,432	40,542	14,738	675,005		255,533	930,537		1,694	-2.3%


DIFFERENCE BETWEEN THE EXECUTIVE AND LFC RECOMENDATIONS

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EXEC & LFC RECS.: MEDICAID PROGRAM (P-524 & P-766)

Description	FY24 Exec Rec	FY24 LFC Rec	Difference	New Mexicans Affected	What New Mexicans experience with LFC Rec.
Tobacco Settlement funding	\$22,194.6	\$0.0	(\$22,194.6)	984,355 Medicaid customers (12/2022)	New Mexicans contribute increased state general funds to maintain existing benefits OR Medicaid customers may experience cuts in benefits (e.g. breast and cervical cancer treatment).
Medicaid innovations (1115 waiver)	\$10,662.0	\$6,200.0	(\$4,462.0)		Medicaid program unable to: <ul style="list-style-type: none"> ▪ Build an accessible healthcare delivery system where every customer has a care team for preventive and emergency care that supports the whole person (physical, behavioral, and social drivers of health). ▪ Shift payments from volume to patient outcomes. ▪ Address health disparities to enable an equitable chance at living healthy lives.
Replace 6.2%/5% public health emergency (PHE) funding	\$238,691.4	\$167,020.5	(\$3,044.9)		New Mexicans contribute increased state general funds to support existing benefits OR Medicaid customers may experience cuts in benefits.
Chiropractic Pilot	\$388.7	\$0.0	(\$388.7)	Up to 374,699 Medicaid customers (individuals must have a diagnosis of neck pain, back pain, musculoskeletal pain, or headaches).	<ul style="list-style-type: none"> ▪ New Mexicans will lose out on treatment that improves health outcomes and reduces the need for high-risk treatments. ▪ Decreased access to primary care for Medicaid patients with neck pain, back pain, musculoskeletal pain, and headaches. ▪ Lack of a cost-effective service that will likely reduce per-member costs over time for patients with neck pain, back pain, musculoskeletal pain, and headaches.

EXEC & LFC RECS.: MEDICAID PROGRAM (P-524 & P-766) ⁶⁶

Description	FY24 Exec Rec	FY24 LFC Rec	Difference	New Mexicans Affected	What New Mexicans experience with LFC Rec.
<p>Provider rate increases <i>FY24 Exec Rec.</i></p> <ul style="list-style-type: none"> Raise primary care, maternal/child health (MCH), and behavioral health (BH) rates to 110% of Medicare All other rates raised to 100% of Medicare <p><i>FY24 LFC Rec.</i></p> <ul style="list-style-type: none"> Raise primary care, MCH, and BH rates to 120% of Medicare Raise other rates to 100% (excludes non-medical professional, below top 20 codes, Medicare crossover claims, & MCO overhead). ECECD fund for provider rate increase for MCH 	\$67,831.9	\$64,009.4	(\$3,822.5)	<ul style="list-style-type: none"> 984,355 Medicaid customers (12/2022) *123,000 healthcare and social assistance workers in NM 	<ul style="list-style-type: none"> Incomplete healthcare workforce recruitment and retention strategy. Noncompliance with Federal regulations as a result of not adequately funding non-medical costs. Rural providers and hospitals lose out as urban providers and hospitals disproportionately benefit from rates based on volume.
<p>Provider rate increase <i>FY24 Exec Rec.</i></p> <ul style="list-style-type: none"> 15% rate increase for all facilities, inpatient & outpatient hospitals, nursing & hospice facilities, residential treatment centers <p><i>FY24 LFC Rec.</i></p> <ul style="list-style-type: none"> Excludes non-medical professional and includes targeted rate increases for hospitals and nursing homes 	\$11,600.0	\$19,595.2	\$7,995.20		

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RATE RECOMMENDATION PHASE 1 – PROFESSIONAL SERVICES

Service Area	Service Subgroup	CY2019 Total MC Expenditures	100% of Medicare Rates (110% for Targeted Services)		100% of Medicare Rates (120% for Targeted Services)	
			Total Estimated Impact of Rate Increases	Estimated % Impact of Rate Increases	Total Estimated Impact of Rate Increases	Estimated % Impact of Rate Increases
Home & Community Based Services	1115 Waiver Community Benefit	\$ 430,703,514	\$ 35,969,973	8%	\$ 35,969,973	8%
	State Plan Case Management	\$ 12,988,872	\$ 156,768	1%	\$ 156,768	1%
	All Home & Community Based Services	\$ 443,692,386	\$ 36,126,741	8%	\$ 36,126,741	8%
Physician & Other Practitioners	Evaluation & Management	\$ 187,668,701	\$ 65,260,886	35%	\$ 88,254,485	47%
	Surgery	\$ 18,113,356	\$ 2,458,297	14%	\$ 4,089,415	23%
	Radiology/Laboratory/Pathology	\$ 24,857,097	\$ 4,341,903	17%	\$ 6,996,358	28%
	Medicine	\$ 26,162,965	\$ 8,858,799	34%	\$ 11,863,217	45%
	Anesthesia	\$ 7,862,495	\$ 2,182,649	28%	\$ 3,095,844	39%
	All Physician & Other Practitioners	\$ 264,664,613	\$ 83,102,535	31%	\$ 114,299,319	43%
HCPCS Level II	Other HCPCS	\$ 30,210,086	\$ 6,547,833	22%	\$ 6,547,833	22%
	Non-Emergency Medical Transportation	\$ 44,833,119	\$ 8,058,976	18%	\$ 8,058,976	18%
	Physician Administered Drugs	\$ 25,985,467	\$ 825	0%	\$ 825	0%
	Emergency Medical Transportation	\$ 36,637,127	\$ 15,411,342	42%	\$ 15,411,342	42%
	Durable Medical Equipment	\$ 16,537,401	\$ 868,895	5%	\$ 868,895	5%
	All HCPCS Level II	\$ 154,203,201	\$ 30,887,872	20%	\$ 30,887,872	20%
Maternal & Child Health	Maternity-Related	\$ 29,895,501	\$ 6,721,854	22%	\$ 9,171,793	31%
	Child Health and EPSDT	\$ 32,500,972	\$ 10,200,990	31%	\$ 13,376,507	41%
	Newborn-Related Care	\$ 12,722,237	\$ 2,030,538	16%	\$ 3,329,377	26%
	Family Planning	\$ 10,545,158	\$ 3,601,667	34%	\$ 3,927,440	37%
	All Maternal & Child Health	\$ 85,663,868	\$ 22,555,050	26%	\$ 29,805,117	35%
Behavioral Health	Other Behavioral Health	\$ 117,941,505	\$ 19,653,557	17%	\$ 29,691,743	25%
	Opioid Treatment Program	\$ 25,293,012	\$ 16,468	0%	\$ 16,468	0%
	Applied Behavioral Analysis	\$ 19,529,167	\$ 2,234,984	11%	\$ 2,234,984	11%
	All Behavioral Health	\$ 162,763,684	\$ 21,905,009	13%	\$ 31,943,195	20%
Dental	Diagnostic/Preventive/Other	\$ 71,047,347	\$ 11,053,847	16%	\$ 11,053,847	16%
	Orthodontics	\$ 11,202,940	\$ 554,061	5%	\$ 554,061	5%
	All Dental	\$ 82,250,287	\$ 11,607,907	14%	\$ 11,607,907	14%
All Professional Services	All Service Subgroups	\$ 1,193,238,039	\$ 206,185,114	17%	\$ 254,670,151	21%
Services Not in Top 20 Codes	All Service Subgroups	\$ 250,223,539	\$ 43,237,281	17%	\$ 53,404,655	21%
Medicare Crossover Claims	All Service Subgroups	\$ 15,713,678	\$ 10,406,349	66%	\$ 10,406,349	66%
Total Medical Expenses	All Service Subgroups	\$ 1,459,175,256	\$ 259,828,744	18%	\$ 318,481,155	22%
Non-Medical Expenses			\$ 46,686,876		\$ 57,225,732	
Total Computable Cost			\$ 306,515,620		\$ 375,706,888	
FFP	Non-Targeted		77.71%		77.71%	
Total State General Fund	Targeted		\$ 68,322,332		\$ 83,745,065	



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RATE RECOMMENDATION PHASE 2: TOP 5 FACILITIES

Service Area	Service Subgroup	CY2019 Total MC Expenditures	Scenario 1		Scenario 2		Scenario 3	
			Total Estimated Expenditures with Increase	Total Estimated Impact of Rate Increases	Total Estimated Expenditures with Increase	Total Estimated Impact of Rate Increases	Total Estimated Expenditures with Increase	Total Estimated Impact of Rate Increases
Inpatient Hospital	Critical Access Hospitals	\$ 14,410,219	\$ 15,130,730	\$ 720,511	\$ 16,571,752	\$ 2,161,533	\$ 18,012,774	\$ 3,602,555
	Psychiatric Hospitals	\$ 36,472,932	\$ 40,484,954	\$ 4,012,022	\$ 44,132,247	\$ 7,659,316	\$ 47,779,540	\$ 11,306,609
	Rehabilitation Hospitals	\$ 24,811,997	\$ 24,811,997	\$ -	\$ 26,548,837	\$ 1,736,840	\$ 29,030,037	\$ 4,218,039
	Inpatient Hospital Total	\$ 75,695,148	\$ 80,427,681	\$ 4,732,533	\$ 87,252,836	\$ 11,557,688	\$ 94,822,351	\$ 19,127,203
Outpatient Hospital	Critical Access Hospitals	\$ 47,300,015	\$ 53,449,017	\$ 6,149,002	\$ 58,179,019	\$ 10,879,004	\$ 62,909,020	\$ 15,609,005
	Outpatient Hospital Total	\$ 47,300,015	\$ 53,449,017	\$ 6,149,002	\$ 58,179,019	\$ 10,879,004	\$ 62,909,020	\$ 15,609,005
Nursing Facility/Hospice	Hospice	\$ 22,505,923	\$ 23,631,219	\$ 1,125,296	\$ 25,881,811	\$ 3,375,888	\$ 28,132,403	\$ 5,626,481
	Nursing Facility/Hospice Total	\$ 22,505,923	\$ 23,631,219	\$ 1,125,296	\$ 25,881,811	\$ 3,375,888	\$ 28,132,403	\$ 5,626,481
Residential Treatment Centers	ARTC Psychiatric	\$ 25,619,292	\$ 26,900,256	\$ 1,280,965	\$ 29,462,185	\$ 3,842,894	\$ 32,024,114	\$ 6,404,823
	RTC - Youth	\$ 4,347,985	\$ 4,565,384	\$ 217,399	\$ 5,000,183	\$ 652,198	\$ 5,434,981	\$ 1,086,996
	Group Home	\$ 631,156	\$ 662,714	\$ 31,558	\$ 725,829	\$ 94,673	\$ 788,945	\$ 157,789
	ARTC Chemical Dependency	\$ 87,130	\$ 91,487	\$ 4,357	\$ 100,200	\$ 13,070	\$ 108,913	\$ 21,783
	RTC - Other	\$ 17,247,202	\$ 18,109,562	\$ 862,360	\$ 19,834,282	\$ 2,587,080	\$ 21,559,003	\$ 4,311,801
	Residential Treatment Centers Total	\$ 47,932,765	\$ 50,329,403	\$ 2,396,638	\$ 55,122,679	\$ 7,189,915	\$ 59,915,956	\$ 11,983,191
All Facility Services Included	All Service Subgroups	\$ 193,433,850	\$ 207,837,320	\$ 14,403,470	\$ 226,436,345	\$ 33,002,495	\$ 245,779,730	\$ 52,345,880
Excluded Services	Excluded Services	\$ 66,976,858	\$ 71,964,088	\$ 4,987,230	\$ 78,404,037	\$ 11,427,180	\$ 85,101,723	\$ 18,124,866
	Excluded Services Total	\$ 66,976,858	\$ 71,964,088	\$ 4,987,230	\$ 78,404,037	\$ 11,427,180	\$ 85,101,723	\$ 18,124,866
Total Medical Expenditures		\$ 260,410,708	\$ 279,801,408	\$ 19,390,700	\$ 304,840,383	\$ 44,429,675	\$ 330,881,453	\$ 70,470,746
Non-Medical Expenditures		\$ 46,791,445	\$ 50,275,629	\$ 3,484,184	\$ 54,774,714	\$ 7,983,269	\$ 59,453,859	\$ 12,662,413
Total Computable Cost		\$ 307,202,153	\$ 330,077,037	\$ 22,874,884	\$ 359,615,097	\$ 52,412,944	\$ 390,335,312	\$ 83,133,159
FFP		77.87%	77.87%	77.87%	77.87%	77.87%	77.87%	77.87%
Total State General Fund		\$ 67,983,836	\$ 73,046,048	\$ 5,062,212	\$ 79,582,821	\$ 11,598,984	\$ 86,381,205	\$ 18,397,368

MEDICAID DASHBOARDS

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

Investing for tomorrow, delivering today.

DASHBOARD TIME PERIODS

- Current 12 months – October 1, 2021 through September 30, 2022.
- Previous 12 months – October 1, 2020 through September 30, 2021.
- The dashboards include data with run-out through September 2022.

1. Total Centennial Care Monthly Enrollment



2. Total Centennial Care Dollars and Member Months by Program

Aggregate Member Months by Program			
Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	5,392,207	5,784,111	7%
Long Term Services and Supports	606,264	618,244	2%
Other Adult Group	3,141,421	3,209,804	2%
Total Member Months	9,139,912	9,612,159	5%

Aggregate Medical Costs by Program			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,534,622,330	\$ 1,714,672,387	12%
Long Term Services and Supports	\$ 1,096,647,864	\$ 1,279,860,196	17%
Other Adult Group Physical Health	\$ 1,419,546,721	\$ 1,450,031,608	2%
Behavioral Health - All Members	\$ 563,880,028	\$ 592,634,180	5%
Total Medical Costs	\$ 4,614,696,943	\$ 5,037,198,351	9%

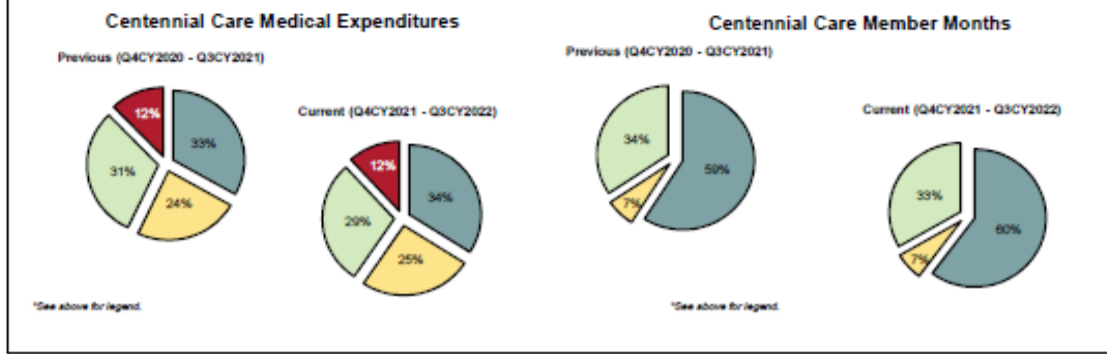
Aggregate Non-Medical Costs			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 393,401,457	\$ 427,973,073	9%
NMMP Assessment	\$ 94,894,971	\$ 86,450,733	-9%
Premium Tax - Net of NMMP Offset	\$ 169,697,369	\$ 325,353,082	92%
Total Non-Medical Costs	\$ 657,993,818	\$ 839,776,888	28%

Per Capita Medical Costs by Program (PMPM)			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 284.60	\$ 296.45	4%
Long Term Services and Supports	\$ 1,806.80	\$ 2,070.15	14%
Other Adult Group Physical Health	\$ 451.88	\$ 451.75	0%
Behavioral Health - All Members	\$ 61.69	\$ 61.65	0%
Total	\$ 504.90	\$ 524.04	4%

Per Capita Medical Costs by Service Categories (PMPM)			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 832,565,670	\$ 691,119,434	-17%
Acute Outp/Phy	\$ 896,087,996	\$ 1,088,425,361	21%
Nursing Facility	\$ 242,920,841	\$ 235,292,163	-3%
Community Benefit/PCO	\$ 469,584,115	\$ 535,780,354	14%
Other Services	\$ 1,203,493,807	\$ 1,461,889,205	21%
Behavioral Health	\$ 488,030,275	\$ 515,442,409	6%
Pharmacy (All)	\$ 482,014,239	\$ 509,449,426	6%
Total Costs	\$ 4,614,696,943	\$ 5,037,198,351	9%

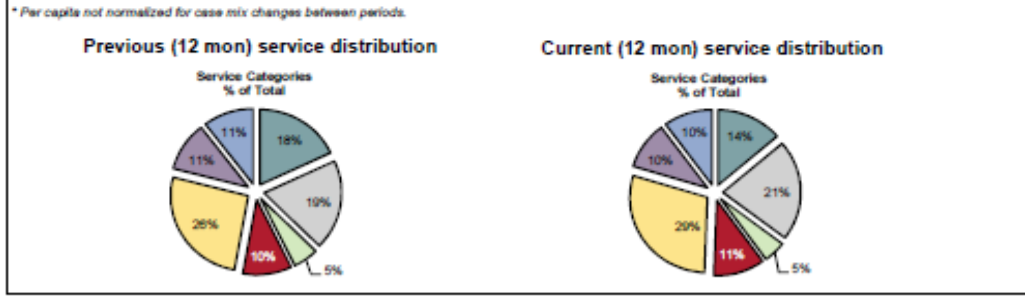
Per Capita Medical Costs by Service Categories (PMPM)			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 91.09	\$ 71.90	-21%
Acute Outp/Phy	\$ 98.04	\$ 113.23	15%
Nursing Facility	\$ 26.56	\$ 24.48	-8%
Community Benefit/PCO	\$ 51.38	\$ 55.74	8%
Other Services	\$ 131.67	\$ 152.07	15%
Behavioral Health	\$ 53.40	\$ 53.62	0%
Pharmacy (All)	\$ 52.74	\$ 53.00	0%
Total	\$ 504.90	\$ 524.04	4%

Estimated Total Centennial Care Costs			
Category	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 4,614,696,943	\$ 5,037,198,351	9%
Non-Medical	\$ 657,993,818	\$ 839,776,888	28%
Total	\$ 5,272,690,761	\$ 5,876,975,239	11%



3. Total Program Medical/Pharmacy Dollars

Aggregate Costs by Service Categories			
Category	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 4,132,862,704	\$ 4,527,748,025	10%
Pharmacy	\$ 482,014,239	\$ 509,449,426	6%
Total	\$ 4,614,696,943	\$ 5,037,198,351	9%

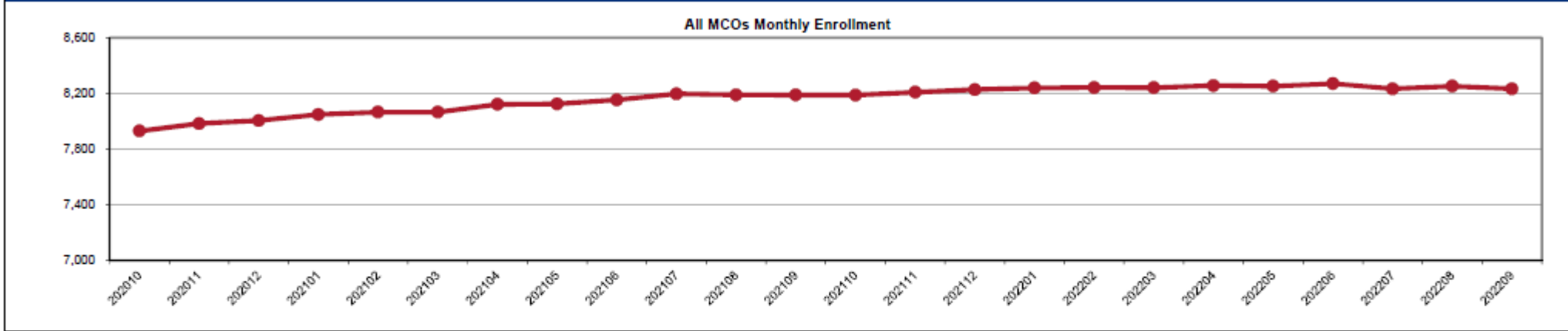


4. Notes
- Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
 - Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
 - Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
 - Amounts are reported based on dates of service within the previous and current periods.
 - 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 Medicaid Only Population
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: September 30, 2022
 Previous Period: October 1, 2020 to September 30, 2021
 Current Period: October 1, 2021 to September 30, 2022

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 301,587,919	\$ 363,038,622	20%
Pharmacy	\$ 29,907,152	\$ 29,556,731	-1%
Total	\$ 331,495,071	\$ 392,595,353	18%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 108,383,940	\$ 120,103,872	11%
Nursing Facility (NF)	\$ 29,354,022	\$ 27,963,108	-5%
Inpatient (IP)	\$ 46,954,047	\$ 42,089,381	-10%
Outpatient (OP)	\$ 33,100,819	\$ 37,123,952	12%
Pharmacy (RX)	\$ 29,907,152	\$ 29,556,731	-1%
HCBS	\$ 11,966,370	\$ 18,497,918	55%
Other (OTH)	\$ 71,828,720	\$ 117,260,392	63%
Total Population Costs	\$ 331,495,071	\$ 392,595,353	18%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 3,414.76	\$ 3,971.79	16%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	97,077	98,846	2%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 24,059,008	\$ 23,756,581	-1%
Generic	\$ 5,337,700	\$ 5,401,185	1%
Other Rx	\$ 510,445	\$ 398,965	-22%
Total	\$ 29,907,152	\$ 29,556,731	-1%

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, dental, and directed payments.
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)

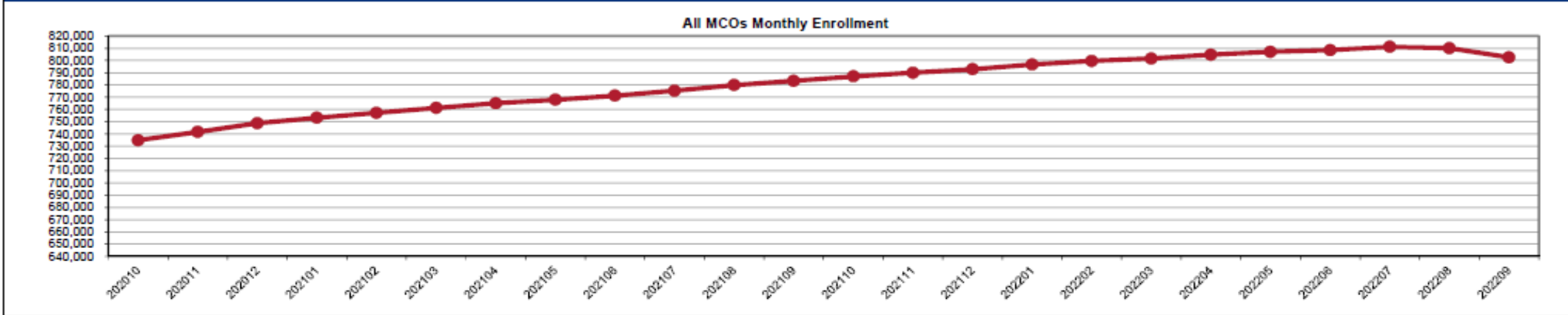
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: September 30, 2022

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

Current Period: October 1, 2021 to September 30, 2022

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

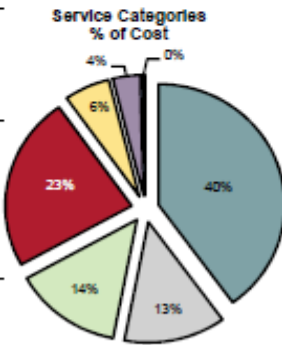
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 488,030,275	\$ 515,442,409	6%
Pharmacy	\$ 75,849,753	\$ 77,191,751	2%
Total	\$ 563,880,028	\$ 592,634,160	5%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 206,736,358	\$ 237,138,641	15%
Pharmacy (RX)	\$ 75,849,753	\$ 77,191,751	2%
Res. Treatment Ctr. (RTC)	\$ 86,739,335	\$ 82,302,668	-5%
Behavioral Health Prov (BHP)	\$ 117,043,312	\$ 138,073,391	18%
Core Service Agencies (CSA)	\$ 25,335,695	\$ 34,739,322	37%
Inpatient (IP)	\$ 48,277,456	\$ 20,741,435	-57%
Other (OTH)	\$ 3,898,119	\$ 2,446,951	-37%
Total Population Costs	\$ 563,880,028	\$ 592,634,160	5%

Per Capita Cost (PMPM) \$ 61.69 \$ 61.65 0%

Total Member Months 9,139,912 9,612,159 5%

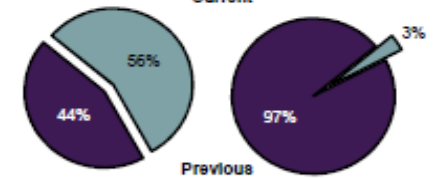


3. Retail Pharmacy Usage (Definitions in Glossary)

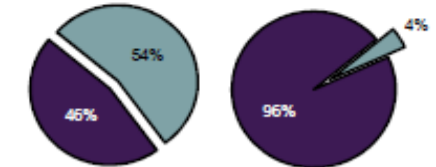
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 40,856,081	\$ 43,110,711	6%
Generic	\$ 34,993,692	\$ 34,081,040	-3%
Total	\$ 75,849,753	\$ 77,191,751	2%

% of Rx Spend Current % of Scripts Current



Previous



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.

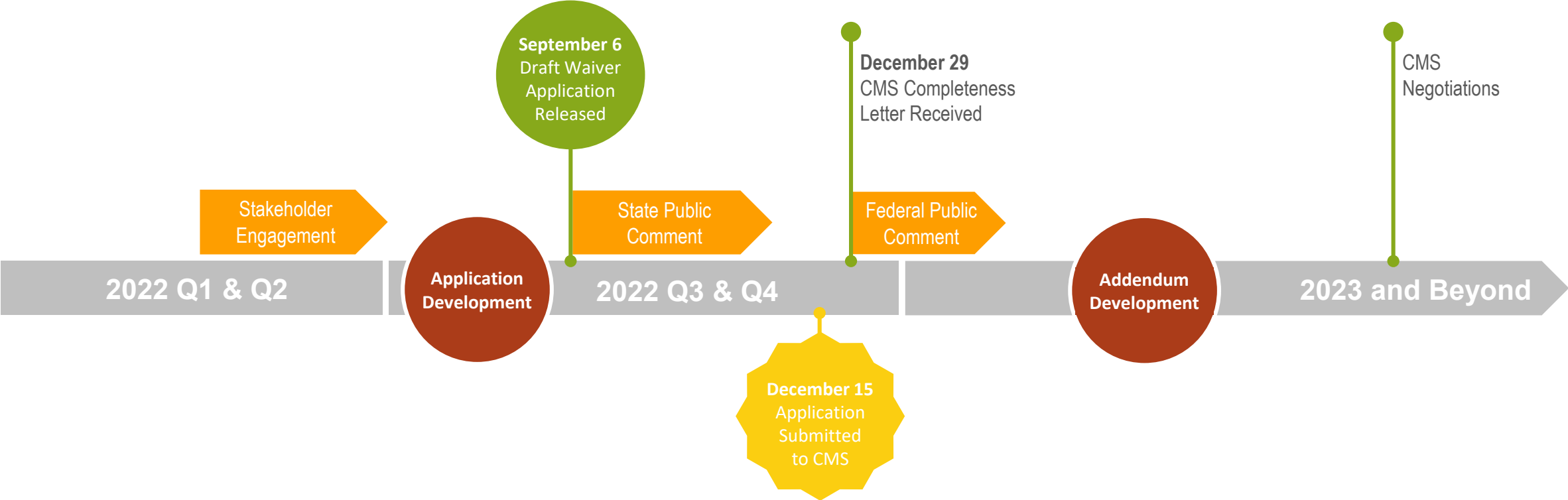


MCO PROCUREMENT AND 1115 DEMONSTRATION WAIVER RENEWAL

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

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TURQUOISE CARE 1115 WAIVER RENEWAL TIMELINE



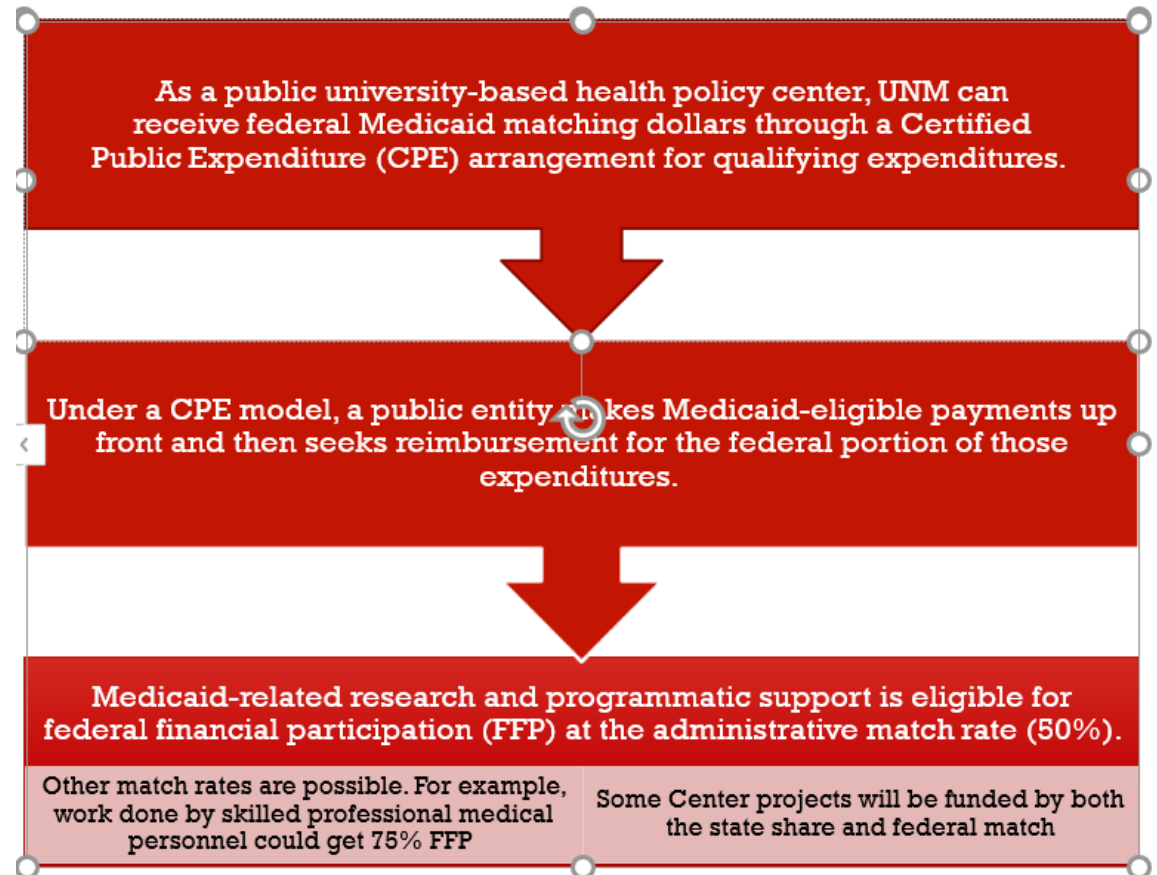
NEW MEXICO CENTER FOR HEALTH POLICY

ALANNA DANCIS, MEDICAID MEDICAL DIRECTOR

Investing for tomorrow, delivering today.

NEW MEXICO CENTER FOR HEALTH POLICY (CHP)

- A university-based Medicaid policy center
- Benefits
 - Low cost and local source for policy research.
 - Developing the next generation of Medicaid and health policy staff for the State.
 - Collaboration with peers in other states through State-University Partnership Learning Network (SUPLN)
 - Build clinical and research capacity



TURQUOISE CARE AND NMCHP SHARED GOALS

Turquoise Care (1115 Waiver) Goals	
Goal Number	Goal Description
1	Build a New Mexico health care delivery system where every Medicaid member has a dedicated health care team that is accessible for both preventive and emergency care that supports the whole person - their physical, behavioral, and social drivers of health.
2	Strengthen the New Mexico health care delivery system through the expansion and implementation of innovative payment reforms and value-based initiatives.
3	Identify groups that have been historically and intentionally disenfranchised and address health disparities through strategic program changes to enable an equitable chance at living healthy lives.

Mapping NMCHP Projects to Turquoise Care Goals		
Phase	Project	Corresponding Waiver Goal
I	Statewide survey	3
	Pharmacy	2
	Structural determinants of health	1 and 3
	Home visiting	1
II	Maternal Health	1, 2, and 3
	Workforce Development	1 and 2
	Nursing Facility Quality and Transparency	2
	Multi-System Data Warehouse for Behavioral Health	3

PRIMARY CARE COUNCIL

ALANNA DANCIS, MEDICAID MEDICAL DIRECTOR

Investing for tomorrow, delivering today.

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

Health Equity



Develop and drive investments in health equity to improve the health of New Mexicans.

Health Technology



Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

GOALS



Payment Strategies

Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.



Workforce Sustainability

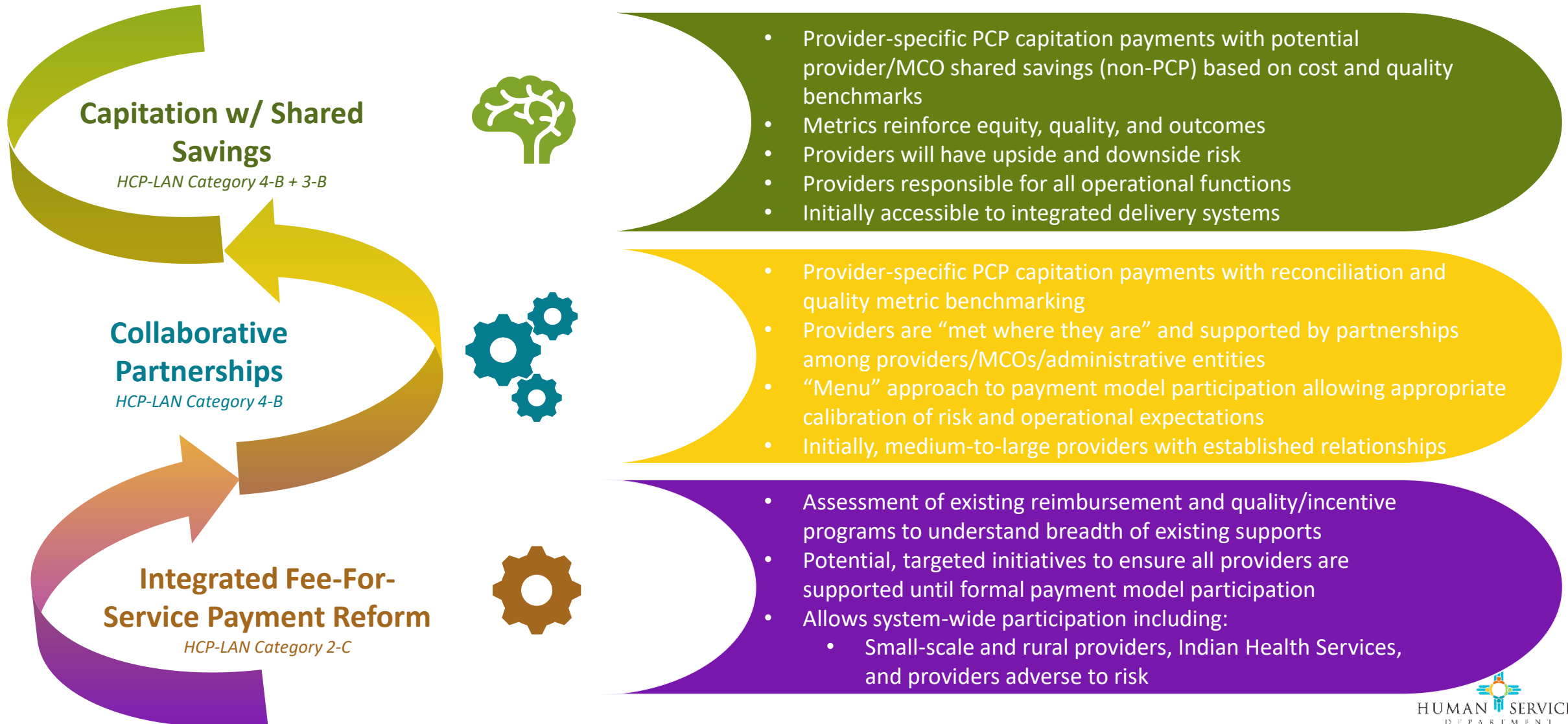
Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

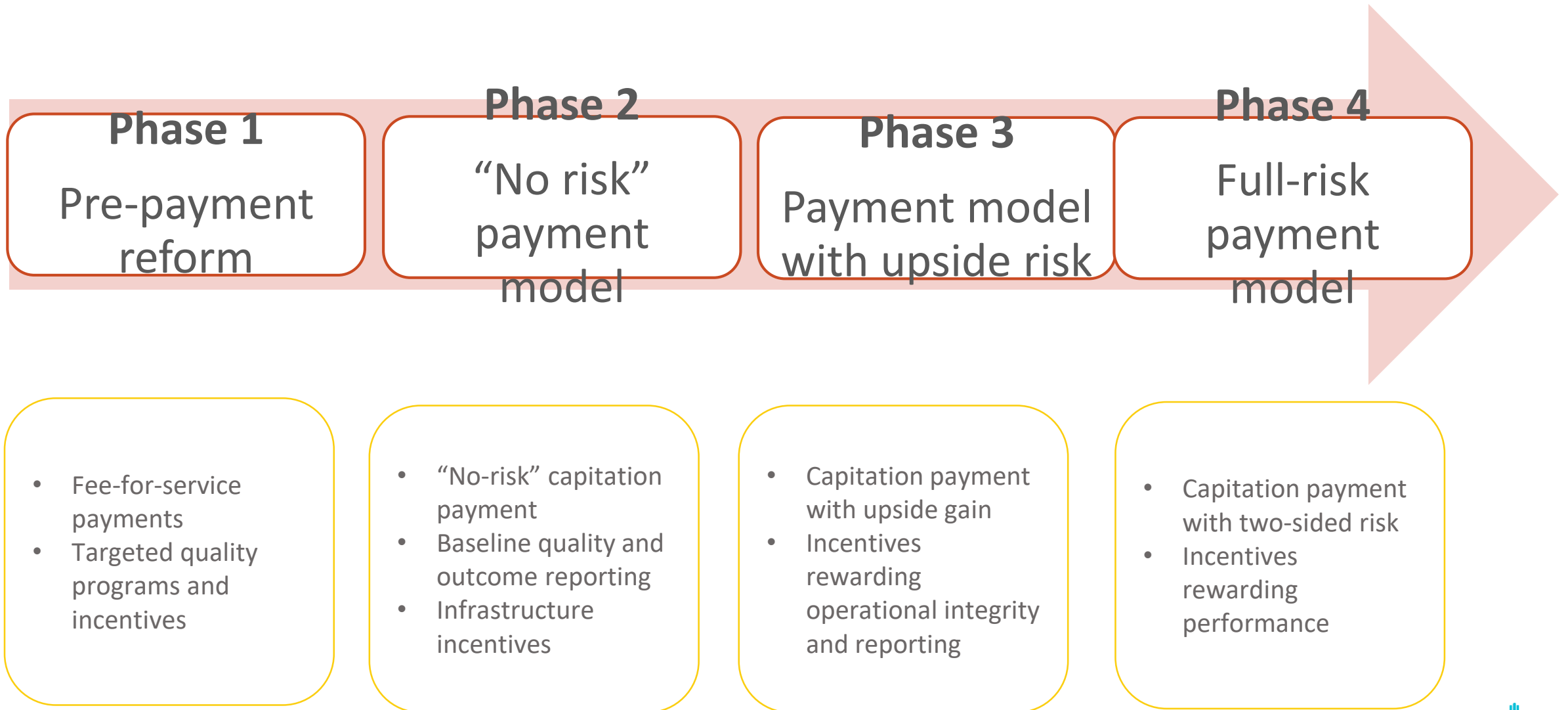
DEFINITION OF HIGH-QUALITY PRIMARY CARE

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable healthcare by inter-professional teams and community partners who are accountable for addressing the majority of individuals' health and well-being across settings and through sustained relationships with patients, families, and communities.

Adapted from the National Academies' of Science, Engineering, and Medicine definition of Primary Care.

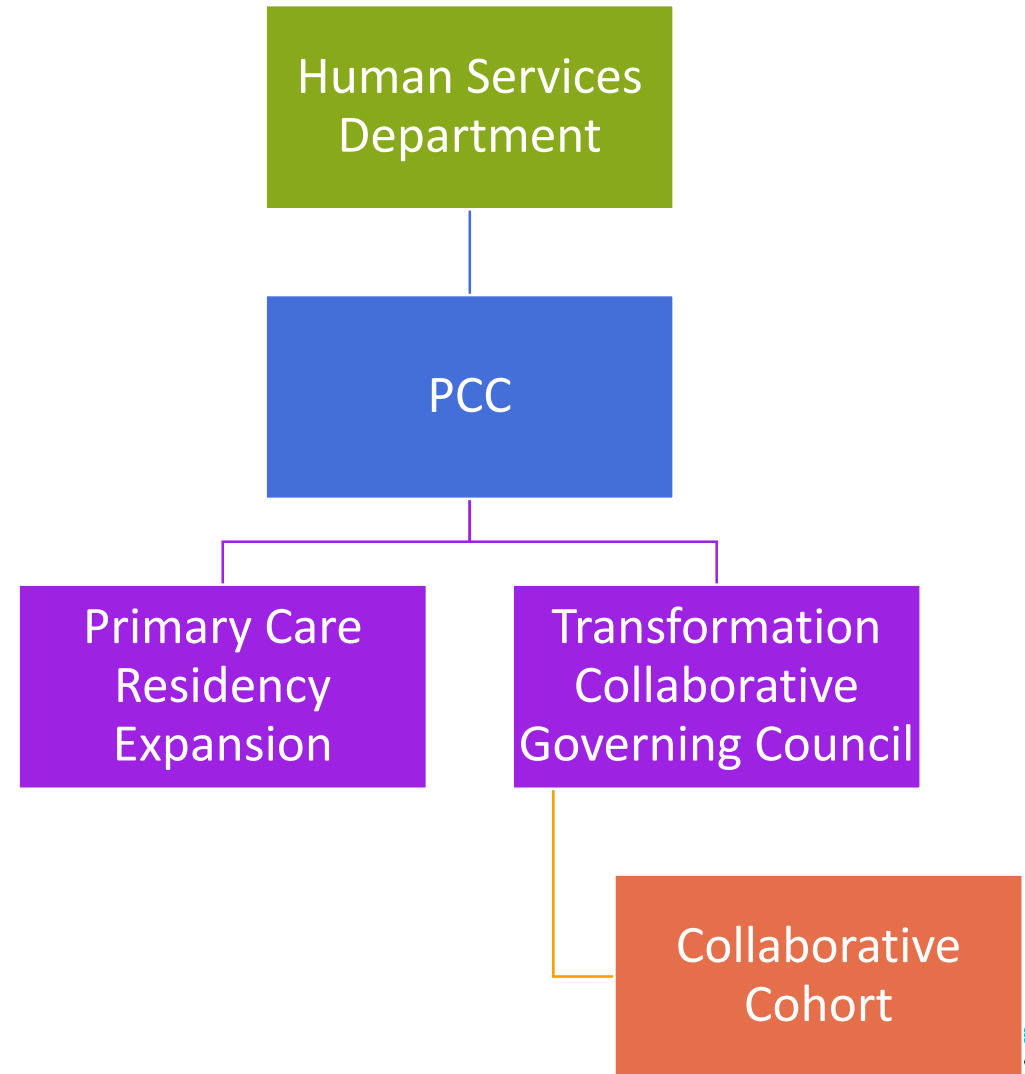
MEDICAID PRIMARY CARE PAYMENT REFORM FRAMEWORK





PRIMARY CARE COUNCIL

- To help meet PCC duties outlined in House Bill 67, HSD is strengthening PCC capacity by:
 - Integrating Primary Care Residency Expansion partners with the PCC.
 - Launching Primary Care Payment Reform Transformation Collaborative Governing Council & Cohort.



HOW DID WE GET HERE?

Payment reform is a complex process and it's critical to proceed thoughtfully, intentionally work to mitigate unintended consequences, and center the model on input from primary care stakeholders.

The proposed model for payment reform has been built to support providers and reflects what we've heard from...



This process will take time! We are working to develop a model that is specific to New Mexico's unique needs and to implement payment reform at a pace that works for providers.

LEGISLATIVE UPDATE

LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

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LEGISLATIVE SESSION & NEXT MAC

- **January 3, 2023 - January 13** - Legislation may be prefiled
 - **January 17** - Opening day (noon)
 - **February 16** - Deadline for introduction
 - **March 18** - Session ends (noon)
 - **April 7** - Legislation not acted upon by governor is pocket vetoed
 - **June 16** - Effective date of legislation not a general appropriation bill or a bill carrying an emergency clause or other specified date
- January in-person MAC will update with location in advance
 - Will update Committee on MAD legislative liaison via email

2023 LEGISLATIVE SESSION

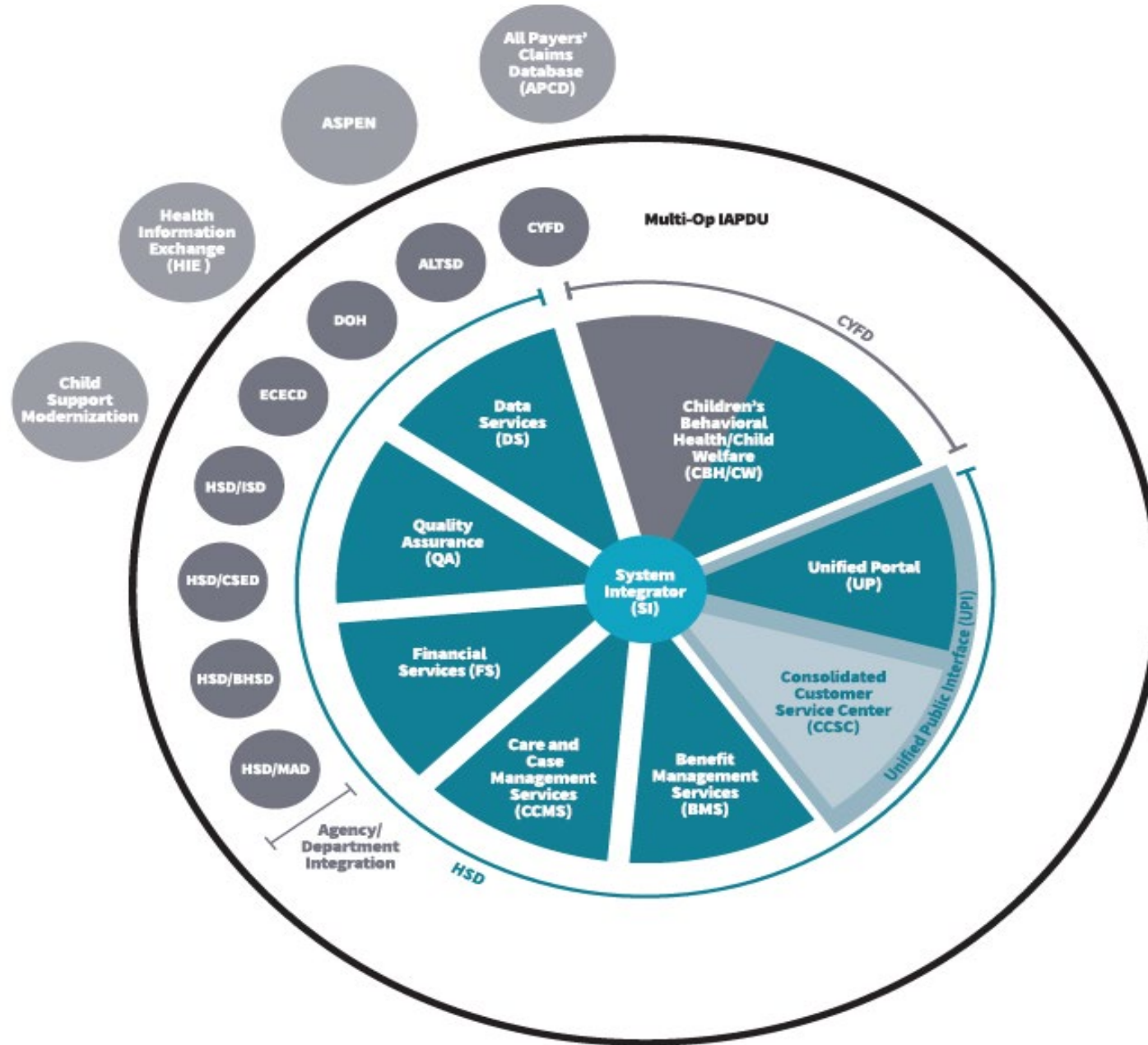
- SB7 - RURAL HEALTH CARE DELIVERY FUND
- SB36 - ARPA GRT EXEMPTION
- SB98 - MINIMUM WAGE INCREASES AND PUBLIC CONTRACTS
- SB147 - MISCELLANEOUS TAX CHANGES AND TAX CREDITS
- SB203 - DD PROVIDER REPORTING AND REIMBURSEMENT
- SB225 - AMBULANCE MILEAGE REIMBURSEMENT FOR MEDICAID PATIENTS
- HB220 - MEDICAID HOME MODIFICATION GROSS RECEIPTS

MEDICAID MANAGEMENT INFORMATION SYSTEM REPLACEMENT (MMISR) UPDATES

LINDA GONZALES, DEPUTY DIRECTOR

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MODULE COMPONENTS

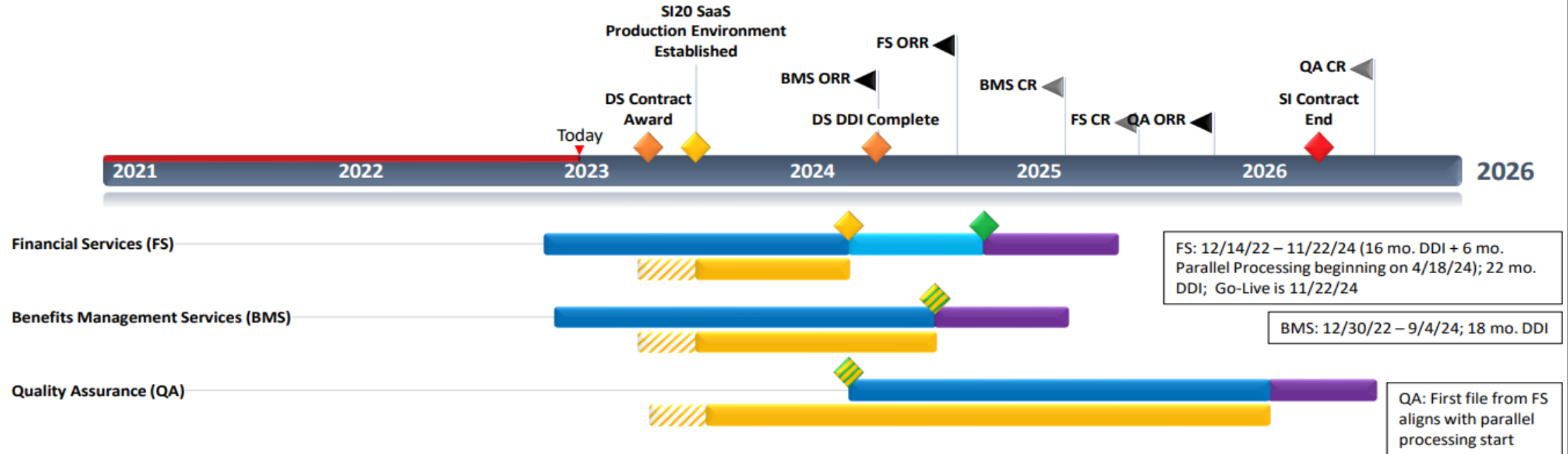


MMISR MODULES

Module	Module Description	Status
MODULES IN PRODUCTION		
Consolidated Customer Service Center (CCSC)	Enterprise contact center supporting various programs and divisions	Contract executed; services are in production. Module certified by CMS.
Quality Assurance (QA)	Recoveries, Audits, Quality Reporting, and Fraud & Abuse Detection Services	Contract executed; some services already implemented
Unified Portal (UP)	One-stop user friendly online portal for customers, providers, and employees	Contract executed; Behavioral Health customer facing web portal in production. Additional portals in progress
WORK IN PROGRESS		
System Integrator (SI)	Responsible for Technical Infrastructure, Module Integration and Master Data Management	Contract executed and work is in progress
Unified Portal (UP)	One-stop user friendly online portal for customers, providers, and employees	Contract executed and work is in progress
Financial Services (FS)	Claims Processing, Financial Transactions, Pharmacy Benefit Management, Drug Rebate, and Self-Directed Home and Community Based Services	Contract executed and kick off completed
Benefit Management Services (BMS)	Provider management including enrollment and credentialing of Medicaid and other providers	Contract executed and kick off completed
Children's Behavioral Health Module (CBH)	CBH will focus on assessing Medicaid eligible children behavioral health needs and monitoring service delivery	In active procurement
ANTICIPATED		
Data Services (DS)	Implementing the Enterprise Data Warehouse with Business Intelligence and Flexible Analytics	In active procurement
Care and Case Management Services (CCMS)	Care and Case Management solution supporting multiple HHS agencies	In active procurement

MMISR TIMELINE

Outcomes Based Certification: High-Level Timeline



The Timeline is future focused and does not reflect timeframes for all previous work of onboarded vendors. FS and BMS draft schedules are currently under review and this timeline reflects dates provided by onboarding modules, but dates won't be updated in the EPS until final schedules are approved by CCB. Modules may be in M&O for Medicaid while the Modules begin integration work with the Partner Agencies. The following modules are either in procurement or need a contract amendment execute. We can add to timeline when schedules received from vendors:

- **Unified Portal (UP)** – HSD needs to make decision on remaining external components and determine plan for Internal Portal
- **Data Services (DS)** – HSD continues to review vendor responses received from DS RFQ released on 12/1/22. Date on timeline for Contract Award and DDI Complete are anticipated dates
- **Care/Case Management Services (C/CMS)** – In active procurement
- **Children, Youth and Family Department (CYFD); MMIS Modules** – In active procurement. Anticipated contract award date is July 2023. Anticipated DDI duration is 24 months
- **Consolidated Customer Service Center (CCSC)** – In development

- Module DDI Phase
- ▨ SI Preliminary Module Schedule Alignment
- SI Module Discovery & Integration Phase
- Parallel Processing
- Module Certification
- ◆ SI Integration Milestone Complete
- ◆ Module Go-Live
- ◆ SI Contract Ends; re-procurement required
- ◆ DS Contract Award / DDI complete
- ◀ ORR Event
- ◀ CR Event

As of 2/7/23



RECOVERY AUDIT CONTRACTOR UPDATE

JULIE LOVATO, COMPLIANCE OFFICER

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RECOVERY AUDIT CONTRACTOR PROGRAM

- New Mexico Recovery Audit Contractor (RAC) is Health Management Systems, Inc.
- RAC Activities which were suspended on February 28, 2022 resumed on January 1, 2023.
- Outreach and Education Program launched on December 16, 2022.
- HSD Website: <https://www.hsd.state.nm.us/recovery-audit-contractor-rac/>
- HMS Provider Outreach and Education Materials: <https://resources.hms.com/state/New-Mexico/rac>

PUBLIC COMMENTS

LARRY MARTINEZ, MAC CHAIRMAN

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