HUMAN SERVICES DEPARTMENT

NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
MAY 16, 2022

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

HUMAN SERVICES DEPARTMENT

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

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

MEETING PROTOCOLS

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

INTRODUCTIONS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

MEETING AGENDA AND APPROVAL

LARRY MARTINEZ, MAC CHAIRMAN

MEETING AGENDA AND APPROVAL

1. Welcome
2. Meeting Protocols
3. Introductions
4. Meeting Agenda and Approval
5. January 2022 Minutes
6. Public Health Emergency (PHE)
7. Budget & Enrollment Projection Assumptions 12-month unwinding (first 4-months begin with the likely ineligible population)
8. Medicaid Dashboards
9. Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Update
10. Electronic Visit Verification (EVV) Update
11. Recovery Audit Contractor (RAC) update
12. HSD Strategic Planning
13. Provider Rate Review and Provider Billing Manual
14. 1115 Demonstration Waiver Renewal and Managed Care Organization (MCO) Procurement
15. Public Comment
16. Adjournment

JANUARY 2022 MINUTES

LARRY MARTINEZ, MAC CHAIRMAN

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HSD PUBLIC HEALTH EMERGENCY UPDATE (ELIGIBILITY)

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR
LORELEI KELLOGG, MAD DEPUTY DIRECTOR

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COVID-19 PUBLIC HEALTH EMERGENCY (PHE) STATUS

- Letter from CMS on extension: "… when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to termination"
  - **Under current PHE notice would be expected May 16, 2022**
- **When PHE declaration ends states are required to begin "unwinding"**
  - **Restart eligibility redeterminations for ALL Medicaid enrollees and transition those who are no longer eligible for Medicaid**
- https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

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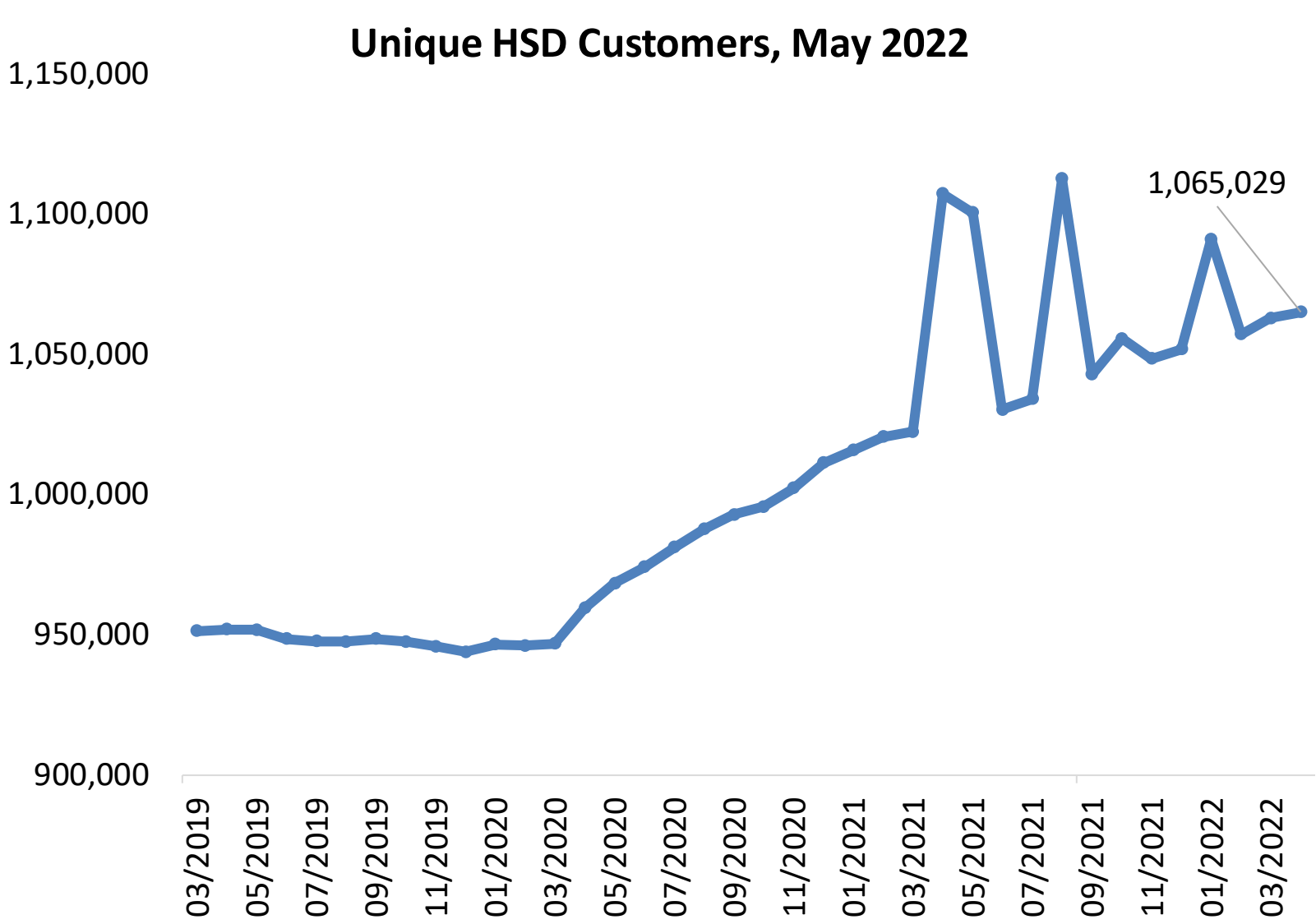
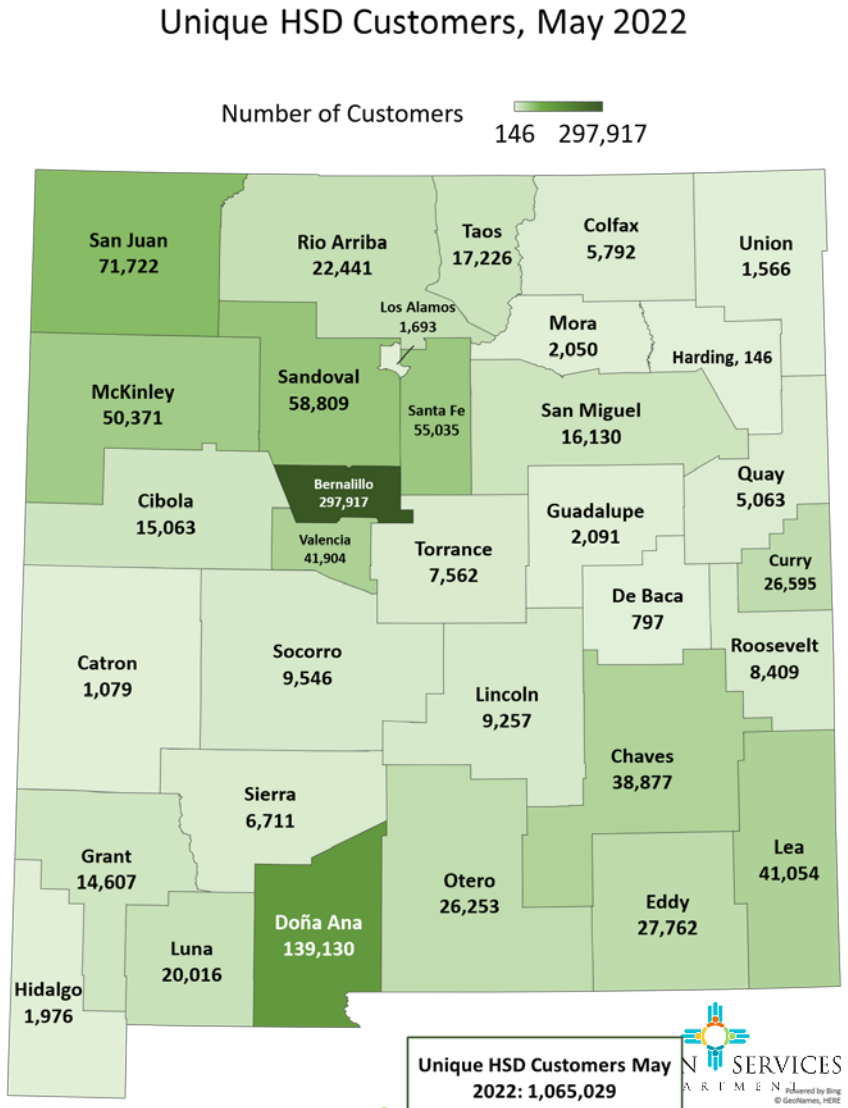
PUBLIC HEALTH EMERGENCY (PHE) UNWINDING: UNPRECEDENTED WORKLOAD FOR HSD – NEARLY 51% OF NEW MEXICANS ON HSD PROGRAMS





PUBLIC HEALTH EMERGENCY UPDATES

Current Status – Public Health Emergency Declaration scheduled to terminate July 15th, 2022.
CMS released updated guidance and planning tools on March 3, 2022.

Assumptions:

- CMS has committed to providing states a minimum of 60 days' notice before they must initiate the unwinding period
- Accordingly, States are expecting notice from CMS on or before May 16th, 2022
- States will have 14 months to complete the unwinding

Unwinding Activities:

- New Mexico anticipates unwinding renewals will commence in June 2022 with closures occurring no earlier than August 1st, 2022. Unwinding will end July of 2023.
- Communication planning has begun, and several campaigns have been finalized and implemented for our SNAP members
- Medicaid system changes scheduled for completion mid-May
- FAQ's posted on the HSD website: https://www.hsd.state.nm.us/medicaid-back-on-track/

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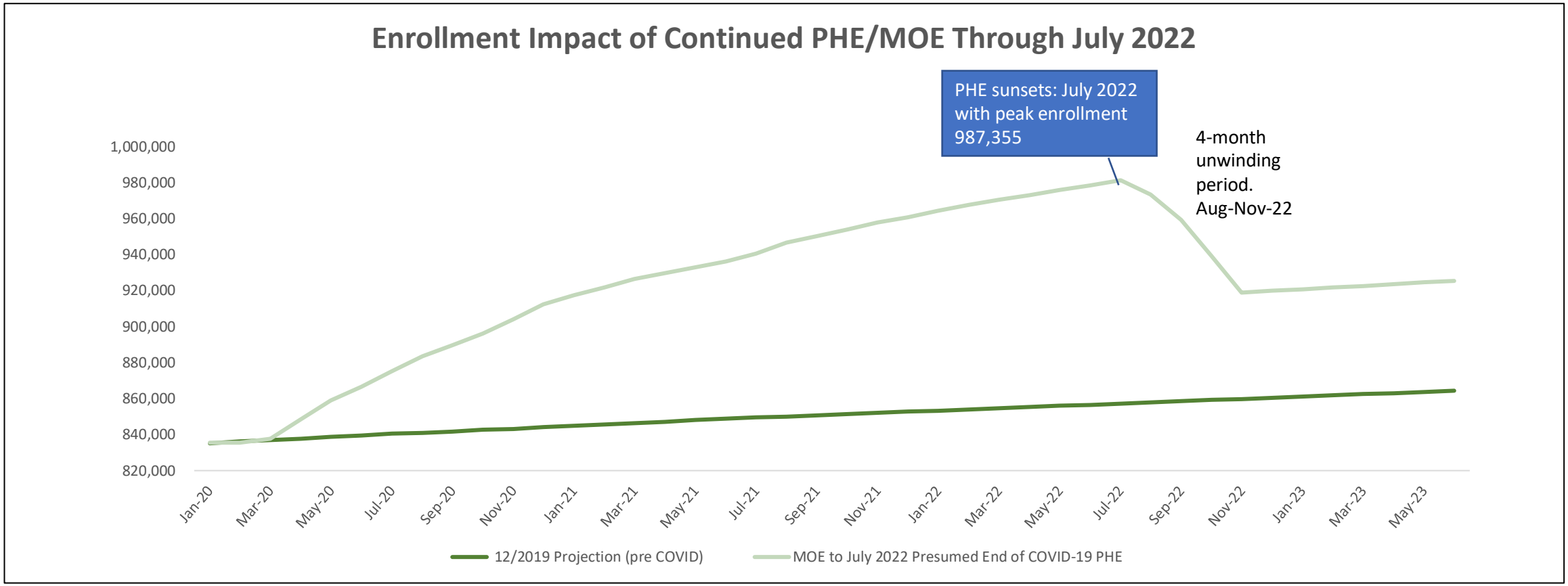
MEDICAID ENROLLMENT CHANGES

- COVID-19 pandemic, Maintenance of Effort (MOE) requirements, economic outlook, and stimulus policies influential factors in FY20 to FY23 enrollment and budget projections.



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PHE UNWINDING PLAN

Calendar Year	01/22	02/22	03/22	04/22	05/22	06/22	07/22	08/22	09/22	10/22	11/22	12/22	01/23	02/23	03/23	04/23	05/23	06/23	07/23
State Fiscal Year	*2022*						*2023*												
PHE Declaration	1/16 renewed			4/16 renewed			7/16 expires												
CMS Notice Commitment		2/16: Notice of term? No			5/16 Notice of term?														
6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	**6.2% through 9/30**	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Unwinding						1	2	3	4	5	6	7	8	9	10	11	12	13	14
Redetermination timing						6/15 Redeter-mination letters sent		**First Termin-ations effective 8/1**											
# ineligible Re-determinations								20K	20K	20K	20K								

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RECERTIFICATION PROCESS POST PHE

Administrative Renewal Attempt

1st week of June

June 12th (45 days prior)

Renewal Packet Sent

Renewal population shared with MCOs

June 12th

June 17th

Postcard reminder mailed

Text reminder #1

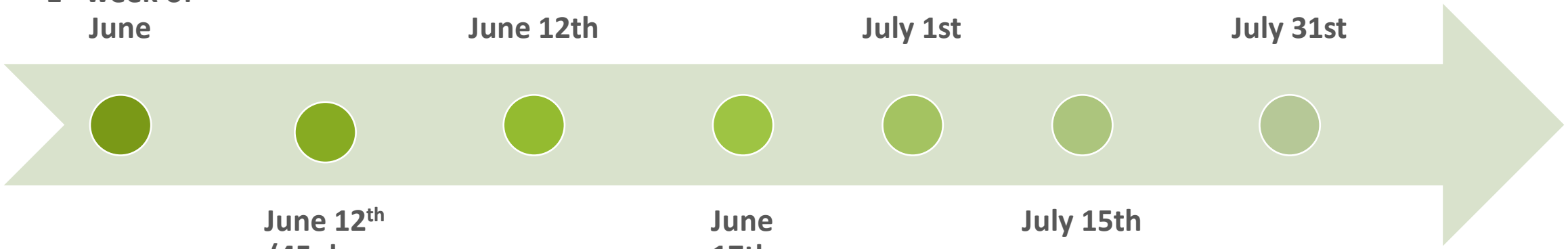
July 1st

July 15th

Text reminder #2

Case closure and transfer to Marketplace as appropriate

July 31st



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UNWINDING COMMUNICATIONS PLAN

Targeted Communication Activities		
Source	**Communication Type/Strategy**	**Date/Timeframe**
HSD	Update contact information text and social media campaign for Medicaid and SNAP customers	Begins in Mid-May; ongoing monthly text reminders
HSD	**Sit-down with media to explain the PHE unwinding and present HSD branding materials**	**Tentatively scheduled for 5/24**
HSD and MCOs	Social media messaging to notify members of PHE unwinding and required activities	End of May; **social media messaging weekly throughout unwinding**
HSD	**Turquoise envelope and Back on Track logo/messaging** for all recertification/renewal packets	Starting in mid-June; packets to be sent monthly
HSD	Monthly reminder postcards to individuals due for recertification	Starting in late June; **postcards to be sent monthly**
MCOs	Provider/broker/stakeholder communications	June
HSD	Reminder text campaign to individuals due for recertification; completion text for individuals who have completed the recertification process	Starting in July; **texts to be sent biweekly (targeted)**
MCOs	Initiation of July member notification	July 1; recurring monthly
HSD	Reminder text campaign to individuals have not completed recertification	Starting July 15; **texts to be sent biweekly (targeted)**
MCOs	Community outreach event	July 31
HSD	**Notification of denials sent to SNAP and Medicaid customers**	July 31; recurring monthly for procedural denials at the end of every month
HSD	**Kick off messaging campaign about the SNAP supplemental benefit expiring in September**	August 1; text and postcard campaign
MCOs	Outreach to procedural denial to assist with transition to BeWell NM	First week of August

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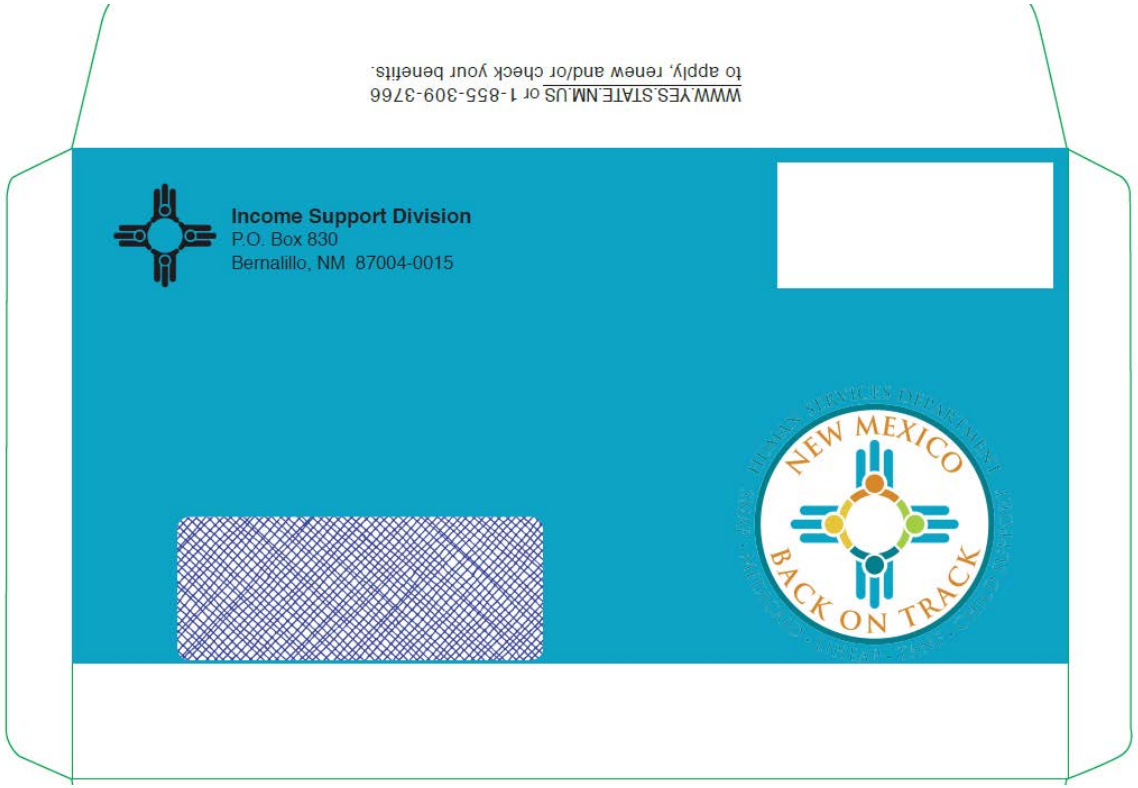
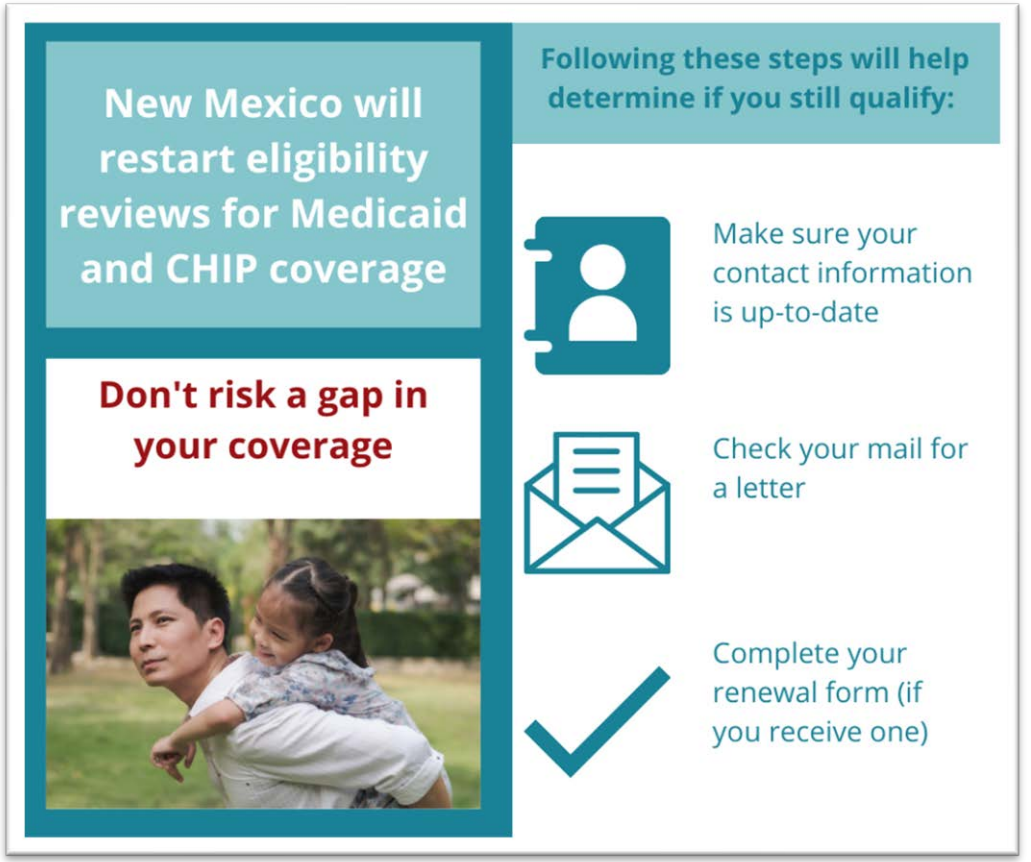
MEMBER COMMUNICATION

HOW HSD PARTNERS CAN HELP!





https://www.yes.state.nm.us/yesnm/home/login

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PHE UPDATE

- Recertifications began 1/1/2022.
- Working with Federal partners to secure waivers to extend SNAP renewals.
  - Seeking approval to extend renewals all SNAP cases through end of PHE.
  - In meantime, Federal partners approved:
    - 23,699 extensions for May
    - 24,021 extensions for June
- If PHE expires in July, supplemental SNAP ($95 per case) will expire in September, impacting 282,213 cases (554,970 individuals).

Supplemental Nutrition Assistance Program (SNAP)

What is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program. SNAP provides financial assistance to eligible New Mexicans with low income and limited resources to purchase food products. SNAP benefits are simple to use to purchase qualifying food products at participating grocery stores.

Who Can Get SNAP?

To be eligible for this benefit program, applicants must live in the state in which they apply and meet qualifying factors, including certain income guidelines. A household with an elderly (over 60) or disabled household member may have a higher income threshold for eligibility.

How does someone get SNAP?

An application is required to determine SNAP eligibility. In New Mexico, applications may be submitted:

- Online at www.yes.state.nm.us
- With a paper application (submitted in person at an HSD/ Income Support Division (ISD) office or mailed or faxed in)
- By Phone by calling 1-800-283-4465

If someone is approved for SNAP, how long does it last?

SNAP eligibility is reviewed every 6 months. This is done through an Interim Review or Renewal process. Individuals approved for SNAP will be notified that their renewal is due. An interview may be scheduled as part of the renewal process. The renewal process must be completed by the renewal due date to ensure SNAP benefits do not end for eligible individuals.

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BEWELLNM PUBLIC HEALTH EMERGENCY UPDATE (ELIGIBILITY)

MAUREEN MANRING, DIRECTOR OF COMMUNICATION & OUTREACH NMHIX

BEWELLNM IS NEW MEXICO'S HEALTH INSURANCE MARKETPLACE

- beWellnm typically offers coverage to those who don't have access to job-based health insurance or public insurance, like Medicaid or Medicare.

- beWellnm is a "marketplace" where people can go to shop for and compare health plans that meet coverage standards established by the Affordable Care Act, like pre-existing condition protections and coverage of the ten essential health benefits.

- beWellnm is the only place where New Mexicans can get financial help with premiums and out-of-pocket costs for individual market coverage.

Website: www.bewellnm.com
Call Center: 1-833-ToBeWell (833-862-3935)

PLANNING FOR THE END OF THE FEDERAL PUBLIC HEALTH EMERGENCY (PHE) DECLARATION

- HSD estimates that 85,000 current Medicaid enrollees will no longer qualify for Medicaid after the PHE declaration ends.
- beWellnm will be an important source of coverage for New Mexicans who do not have access to affordable job-based health insurance after the PHE. National estimates suggest that 1-in-3 adults and 1-in-5 kids in this group will qualify for Marketplace coverage.
- HSD, beWellnm, and OSI are working together closely to ensure a smooth transition of coverage.

Source: Urban Institute, 2021; OSI calculations

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BEWELLNM'S OUTREACH PLAN FOR PHE UNWINDING

- **Direct communication to those losing Medicaid:** Outbound calls and texts, letters, email
- **In-person:** Local events, coordination with local leaders and community groups, enrollment assistance at beWellnm and ISD offices, connecting people to free local enrollment assistance
- **Media:** Local radio**,** social media, digital ads

MEDICAID TRANSITION PREMIUM RELIEF ON BEWELLNM

- The Legislature authorized OSI to use funds from the Health Care Affordability Fund to provide premium relief to those transitioning from Medicaid who qualify for individual and family coverage on beWellnm.
- The Health Care Affordability Fund will pay the first month's premium for enrollees who meet the following criteria:
  - Must be a state resident previously enrolled in Medicaid during the PHE and have been disenrolled because they no longer qualify
  - Must have household income under 400% of the Federal Poverty Level
  - Must qualify for federal premium assistance

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MEDICAID TRANSITION PREMIUM RELIEF ON BEWELLNM

- Premium relief will make it easier for individuals and families to transition to a new form of coverage
- Covering the first month premium will guarantee additional protections
  - No chance of coverage termination due to non-payment for first month of coverage
  - Locks in 90-day grace period in case people fall behind on premiums for the rest of the year

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OTHER PHE UNWINDING EFFORTS

- All Medicaid MCOs also offer coverage on beWellnm, making the coverage transition more seamless.
- OSI is coordinating regular cross-agency efforts to plan for the PHE unwinding.
- beWellnm's Board of Directors has brought a new team on board to handle issues with the call center and enrollment platform, with a special focus on preparing for the PHE unwinding.

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HSD PUBLIC HEALTH EMERGENCY UPDATE (WAIVERS)

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR
LORELEI KELLOGG, MAD DEPUTY DIRECTOR
JULIE LOVATO, MAD COMPLIANCE OFFICER

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PUBLIC HEALTH EMERGENCY FEDERAL BLANKET WAIVERS

Group 1 Waivers end May 7, 2022

Skilled Nursing Facilities/Nursing Facilities

- Waived in-person participation for resident groups
- Waived prohibition of physician task delegation
- Allowed required in-person visits to be done through telehealth
- Modified QAPI program requirements

Group 2 Waivers end on June 6, 2022

SNFs/NFs, inpatient hospice, ICF/IIDs and ESRD facilities

- Allow non-SNF facilities to be used as SNF facilities for COVID-19 positive residents
- Waive certain conditions and requirements for opening a NF for the purpose of COVID-19 treatment and isolation
- Waive on-time fire inspections
- Waived outside door and window requirements

Remain in effect until PHE ends

Hospitals & Critical Access Hospitals

- Allow use of non-patient care facility space for patient care and isolation
- Waiving off-campus and co-location requirements to establish temporary off-site locations
- Waiving bed limits and length of stay
- Waving requirement that Doctor of Medicine or Osteopathy be physically present to provide medical direction

Medicare/Medicaid 1135 Blanket Waivers List: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
April 7, 2022 Update to COVID-19 Emergency Declaration Blanket Waivers: https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf

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PUBLIC HEALTH EMERGENCY FEDERAL WAIVERS

- Sec. of Health & Human Services extended PHE Declaration on April 16, 2022.
- Anticipated End Date is July 16, 2022.
- HRSA COVID-19 Uninsured Program stopped accepting claims as of April 5, 2022.
- New Mexico COVID-19 Testing Group will stop accepting claims with dates of service after the day the PHE ends.

Authority	Effective Date	Expiration Date
§1135 Waiver	March 1, 2020	July 16, 2022 or the date the PHE ends as declared by HHS; whichever date comes first.
Appendix K Mi Via, Medically Fragile, Developmentally Disabled and Supports Waivers	January 27, 2020	Six months after the date the PHE ends as declared by HHS.
Appendix K Home and Community-Based Services 1115 Waiver	January 27, 2020	Six months after the date the PHE ends as declared by HHS.
SPA 20-0007; Coverage of COVID-19 Testing Group for Uninsured (Optional Eligibility Group Established under FFCRA)	March 18, 2020	July 16, 2022 or the date the PHE ends as declared by HHS; whichever date comes first.

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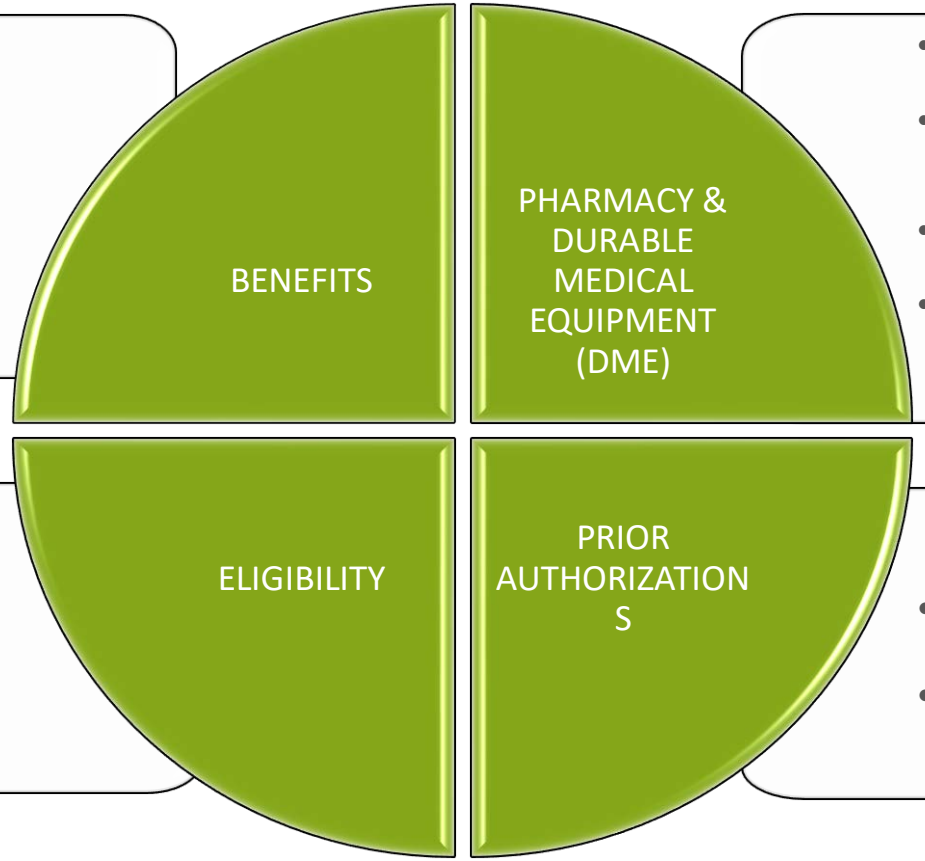
WAIVER FLEXIBILITIES FOR ALL MEDICAID MEMBERS



- Allow members up to 120 days to request a State Fair Hearing
- Expand the use of telehealth to specific services during the Public Health Emergency

- Waiving signature requirements for DME deliveries and pharmacy prescriptions
- Waiving face-to-face requirement to obtain a physician's order when DME, prosthetics, orthotics and supplies have been lost, destroyed, are irreparable or unusable
- Waiving 90-day maximum supply requirement for maintenance drugs (excludes controlled substances)
- Waiving restrictions on early medication refills for 30 and 90-day prescriptions (certain limitations apply and does not include controlled substances)

- Authority to provide for flexibility in Medicaid renewal processing timeframes

- Temporarily extend existing prior authorizations for the duration of the public health emergency;
- Suspend prior authorization requirements for COVID-19 Testing and Treatment

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WAIVER FLEXIBILITIES AND POPULATIONS IMPACTED

Population Impacted	Flexibility Implemented	Expiration Date
Medically Fragile, Mi Via, Supports, Developmentally Disabled and 1115 Home and Community-Based Waiver populations	• Temporarily allowing payment (for up to 30 consecutive days) for services to support waiver participants in an acute care hospital or short-term institutional stay when the participant's necessary supports are not available in that setting	Expires 6 months after end of Public Health Emergency
Medically Fragile, Mi Via, Supports and Developmentally Disabled Waiver populations	• Temporarily modifying the person-centered service plan development process by allowing case management to be done via remote contact methods and by accepting electronic signatures or verification of the service plan. Monthly contacts for case management can be done telephonically	Expires 6 months after end of Public Health Emergency
Medically Fragile, Mi Via, Developmentally Disabled and 1115 Home and Community-Based Waiver populations	• Temporarily include retainer payments for personal care services in waiver participant's budget to address emergency related issues	Expires 6 months after end of Public Health Emergency
Medically Fragile, Mi Via and Developmentally Disabled Waiver populations	• Temporarily permit payment for Living Supports, Customized In Home Supports, and/or Customized Community Supports rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the Individual Service Plan • Temporarily modifying the processes for level of care evaluations or re-evaluations by allowing the current assessment to fulfill the annual assessment requirement and by allowing assessments to be done telephonically or through virtual visits	Expires 6 months after end of Public Health Emergency

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WAIVER FLEXIBILITIES AND POPULATIONS IMPACTED

Population Impacted	Flexibility Implemented	Expiration Date
Developmentally Disabled Waiver Population	• Increase assistive technology budgets from $250 per year to $500 per year during the public health emergency to purchase devices for remote video conferencing and monitoring.	Expires 6 months after end of PHE
Mi Via Waiver Population	• Temporarily permit payment for home health aide services rendered by family or friend hired by agencies	Expires 6 months after end of PHE
Home and Community-Based Population in 1115 Demonstration Waiver	• Temporarily permit payment for services rendered by family caregivers or legally responsible individuals to provide respite or personal care services • Temporarily suspending Nursing Facility Level of Care redeterminations • Temporarily modifying care coordination activities to allow telephonic or virtual visits in lieu of face-to-face	Expires 6 months after end of Public Health Emergency
Managed Care Population	• Temporarily suspending provider Out-of-Network Requirements for managed care enrollees • Modify the member appeal process timeline for managed care organizations to resolve appeals in 1 day or less	Expires at the end of the Public Health Emergency

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WAIVER FLEXIBILITIES AND POPULATIONS IMPACTED

Population Impacted	Flexibility Implemented	Expiration Date
Members residing in a Nursing Facility	• Suspend Pre-Admission Screening and Annual Resident Review (PASARR) Level I & II assessments for 30 days	Expires at the end of the Public Health Emergency
Children receiving the EPSDT Benefit	• Allow legally responsible individuals to provide personal care services to a minor child under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit	Expires at the end of the Public Health Emergency
Individuals in an ICF/IID	• Increase reserve bed days (additional 30 days) for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Expires at the end of the Public Health Emergency

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WAIVER FLEXIBILITIES FOR PROVIDERS

Population Impacted	Flexibility Implemented	Expiration Date
Medicaid Providers	• Temporarily modify provider qualifications. (suspending fingerprint checks; modifying training requirements; modify supervisory requirements) • Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. (suspend requirement to investigate staffing deviation) • Waive site visits when temporarily enrolling providers • Permit providers located out of state/territory to provide care to a disaster state's Medicaid enrollee. • Temporarily cease the revalidation of providers who are located in-state or otherwise directly impacted by a disaster. • Provide payments to facilities for providing services in alternative settings, including an unlicensed facility, if the provider's licensed facility has been evacuated.	Expires at the end of the Public Health Emergency

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NEW MEXICO TELEMEDICINE REIMBURSEMENT

- **New Mexico will continue to reimburse for Telehealth Services beyond the PHE.**
- **Telehealth Services** is an interactive HIPPA compliant telecommunication system
  - Includes both interactive audio and video
  - Delivered on a real-time basis at the originating or distant sites.
  - Telehealth Services are outlined in the NMAC 8.310.2. (M) https://www.hsd.state.nm.us/wp-content/uploads/8.310.2-NMAC-General-Benef-Desc.pdf
- All normal Modifiers should be included on the claim if usually required.
- Providers will continue to receive the same reimbursement rate as face-to-face encounters/visits. (Providers should continue to use the best clinical judgement in identifying when to require in person face-to-face visits.)

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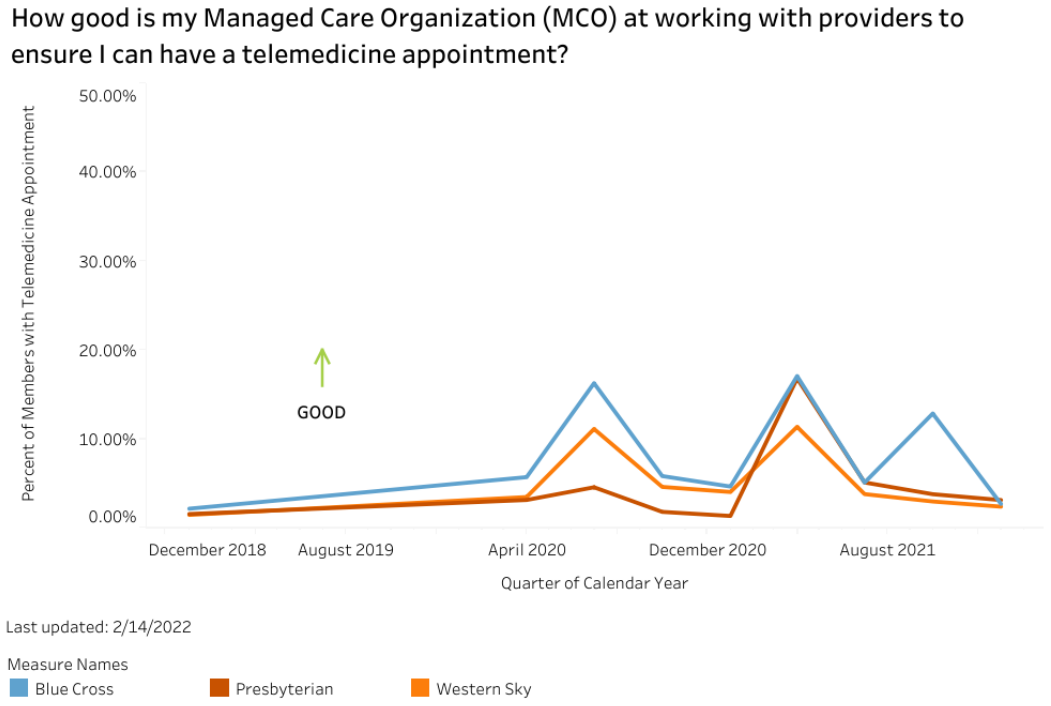
TELEMEDICINE

- Measures available on the HSD Scorecard: https://sites.google.com/view/nmhsdscorecard/goal-1/access-to-care-medicaid-and-snap

How good is my Managed Care Organization (MCO) at working with providers to ensure I can have tele.. | How many people like me are enrolled in Medicaid? | How much were monthly SNAP benefit payments for the average NM family? | Compared to pre-COVID-19, how many people like me were able to receive new benefits during the pa..



Description: This measure reflects a state goal to increase the number of unique enrolled Managed Care Organization Members with a Telemedicine visit by twenty percent (20%) in Rural, Frontier, and Urban areas for Physical Health Specialists and Behavioral Health Specialists.
Target: Increase by 20%.
Results: In the CY20, the first quarter saw relatively normal pre-COVID-19 utilization while the second quarter experienced extreme growth with the announcement of the PHE and the Medicaid expansion of telehealth. In Q2, 3 and 4 of CY21, All MCOs show a decline in telemedicine visits from quarter to quarter, compared to Q1 CY21 as face to face services begin to open up.
Initiatives: Initiatives to assure access to telehealth services include MCO's assisting and educating providers in implementing HIPAA compliant telehealth platforms and providing grants for telehealth upgrades. The MCO's are also using care coordinators to encourage members to seek telehealth visits when appropriate, their webpages that direct members to telehealth options. In CY21 all three MCO's increased the total number of unduplicated telemedicine visits from CY20.

BUDGET & ENROLLMENT PROJECTION ASSUMPTIONS 12-MONTH UNWINDING (FIRST 4-MONTHS BEGIN WITH THE LIKELY INELIGIBLE POPULATION)

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR
ELISA WALKER-MORAN, MAD DEPUTY DIRECTOR

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COVID-19 PUBLIC HEALTH EMERGENCY (PHE) STATUS

- Letter from CMS on extension: "… when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to termination"
  - **Under current PHE notice would be expected May 16, 2022**
- **When PHE declaration ends states are required to begin "unwinding"**
  - **Restart eligibility redeterminations for ALL Medicaid enrollees and transition those who are no longer eligible for Medicaid**
- https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

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MEDICAID BUDGET UPDATE: EXPENDITURES

- **This projection presents a 12-month unwinding (first 4-months begin with the likely ineligible population)**
- The estimated expenditures in FY21 are $7.4 billion
- The estimated expenditures in FY22 are $8.2 billion
- The estimated expenditures in FY23 are $8.2 billion

Budget Projection – Expenditures ($000s)	FY2021	FY2022	FY2023
Fee-For-Service	815,670	878,425	873,810
DD & MF Traditional, and Mi Via Waivers	459,537	510,930	557,583
Centennial Care MCO	5,831,949	6,379,490	6,415,757
Medicare	204,568	232,842	264,281
Other	107,892	197,490	85,033
Total Projection (3/31/22)	7,419,617	8,199,178	8,196,463
Prior Projection (12/31/21)	7,404,883	7,961,972	8,002,519
Change from Prior	14,735	237,205	193,943

*The current quarterly budget projection is updated with data through March 31, 2022. Assumes PHE ends 7/15/2022 & 6.2% ends 9/30/2022.

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MEDICAID BUDGET UPDATE: REVENUES

- **This projection presents a 12-month unwinding (first 4-months begin with the likely ineligible population)**
- The estimated state revenue shortfall in FY21 is $13.2 million
- The estimated state revenue shortfall in FY22 is $0.27 million
- The projected state revenue shortfall in FY23 is $55.6 million

Budget Projection – Revenues ($000s)	FY2021	FY2022	FY2023
Federal Revenues	6,144,420	6,801,678	6,482,961
All State Revenues	1,292,564	1,385,634	1,691,715
Operating Transfers In	258,150	262,827	313,366
Other Revenues	69,088	79,155	96,827
General Fund Need	965,327	1,043,653	1,281,521
Appropriation	952,168	1,043,385	1,225,902
Reversion			
State Revenue Surplus/(Shortfall)	(13,159)	(268)	(55,619)
Change from Prior	(1,434)	(20,482)	(243,374)*

*The current quarterly budget projection is updated with data through March 31, 2022. Assumes PHE ends 7/15/2022 & 6.2% ends 9/30/2022.

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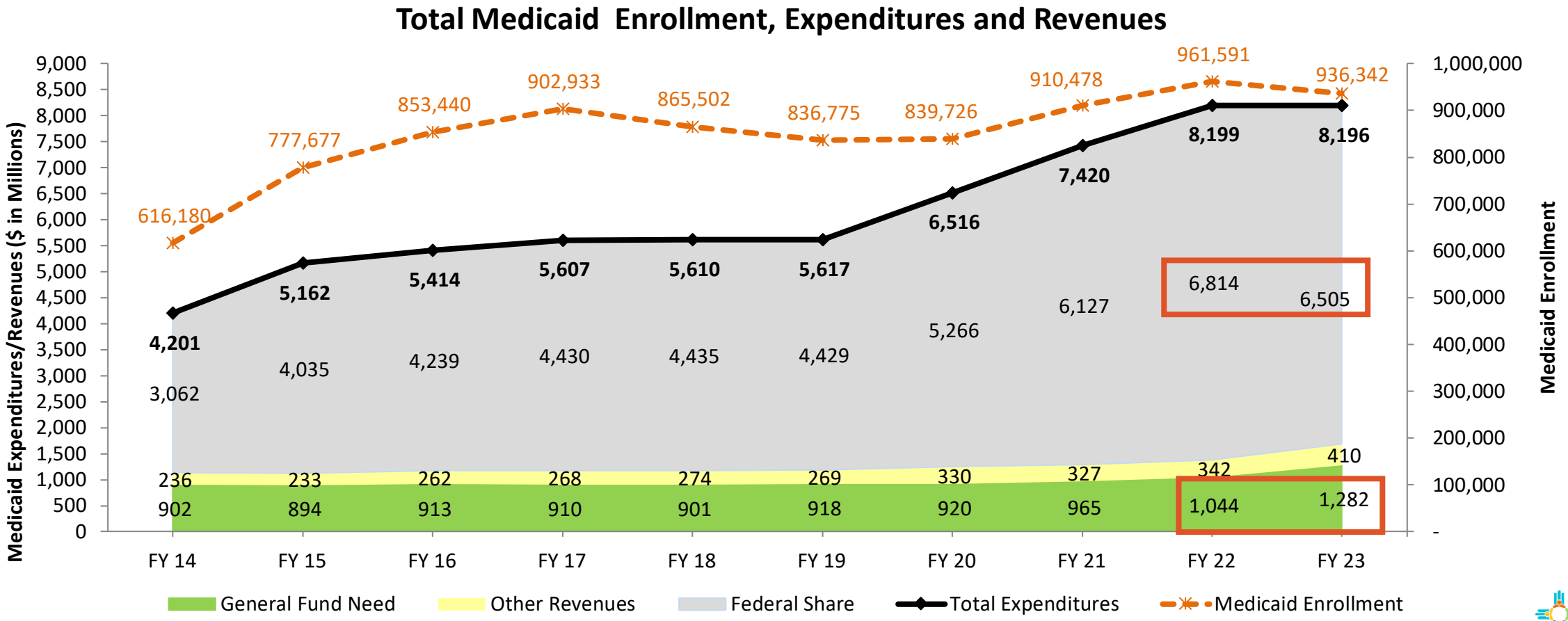
FEDERAL REVENUE SUPPORTING MEDICAID PROGRAM



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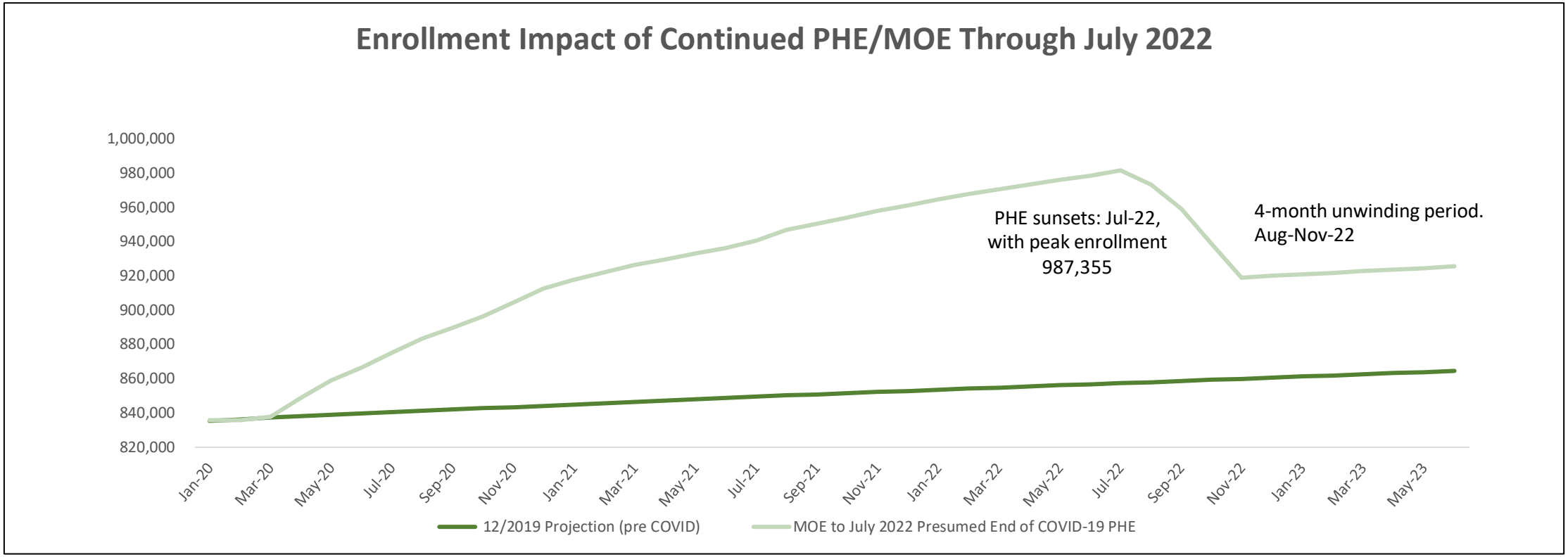
MEDICAID ENROLLMENT CHANGES

- COVID-19 pandemic, Maintenance of Effort (MOE) requirements, economic outlook, and stimulus policies influential factors in FY20 to FY23 enrollment and budget projections.
- 12-month unwinding (first 4-months begin with the likely ineligible population)



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WHAT'S DRIVING MEDICAID ENROLLMENT?

- Growth in Medicaid/CHIP enrollment through July 2022 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, and continued improvement in labor market.
- Growth in Medicaid/CHIP enrollment over SFY 2023 impacted most by 12-month unwinding (first 4-months begin with the likely ineligible population), reflecting:
  - Processing eligibility redeterminations
  - Procedural/financial closures
  - COE transitions/churn

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CURRENT MOE INCOME INELIGIBLE VS PROJECTED

	Current Data April 2022	Projected Data July 2022	Difference	Why?
Total Enrollment	973,143	987,355	+14,212	Projected growth under MOE policy
Financially Ineligible	92,425 (Deloitte)	**85,509**	-6,916	COE transitions and churn among MAGI and Family Planning
Remaining Enrollment	880,718	901,846	Completion of 4-months of MOE population redeterminations	

FY 2023 MOE ROLL-OFF: 9- VS 4-MONTH

	4-Months			9-Months			9- vs 4-month		
	PH	OAG		PH	OAG		ΔPH	ΔOAG	Total
7/1/2022	495,935	271,068		495,935	271,068		**0**	**0**	**-**
8/1/2022	485,935	261,068		491,490	266,624		**5,556**	**5,556**	**11,112**
9/1/2022	475,935	251,068		487,046	262,179		**11,111**	**11,111**	**22,222**
10/1/2022	465,935	241,068		482,602	257,735		**16,667**	**16,667**	**33,334**
11/1/2022	455,935	231,068		478,157	253,290		**22,222**	**22,222**	**44,444**
12/1/2022	456,600	231,453		473,713	248,846		**17,113**	**17,393**	**34,506**
1/1/2023	457,266	231,839		469,268	244,401		**12,003**	**12,562**	**24,565**
2/1/2023	457,933	232,225		464,824	239,957		**6,891**	**7,732**	**14,623**
3/1/2023	458,600	232,612		460,379	235,513		**1,779**	**2,900**	**4,679**
TOTAL MM							**93,342**	**96,143**	**189,485**

MCO GF COST OF 9- VS 4-MONTH INCOME INELIGIBLE ROLL-OFF

Month	MCO PH MM	PH GF Cost ($000s)	MCO OAG MM	OAG GF Cost ($000s)	GF PMPM
8/1/2022	35,556	$3,803	35,556	$2,124	$83.35
9/1/2022	31,111	$3,328	31,111	$1,859	$83.35
10/1/2022	26,667	$3,796	26,667	$1,593	$101.06
11/1/2022	22,222	$3,164	22,222	$1,328	$101.06
12/1/2022	17,778	$2,531	17,778	$1,062	$101.06
1/1/2023	13,333	$1,898	13,333	$797	$101.06
2/1/2023	8,889	$1,265	8,889	$531	$101.06
3/1/2023	4,444	$632	4,444	$266	$101.06
		Avg Cost/Mo		**Avg Cost/Mo**	**Avg GF PMPM**
		$2,269.0		$1,062.0	$96.63
		Additional PH + OAG Average General Fund Cost per Month ($000s):			
		$3,331.0			
This projection presents a 12-month unwinding					

With 6.2% FMAP
FMAP = 79.91%
OAG FFP = 90%

w/o 6.2% FMAP
FMAP = 73.26%
OAG FFP = 90%

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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)			Estimated (H +J)	Change from Prior Projection	Month over Month Change	% Change to Pre-PHE (Feb 20).
		Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs &QI1s Estimated		Reported	Estimated				
SFY 2023	Jul-22		587,971	47,089	35,905	14,134	685,099		302,256	987,355	28,605	9,086	18.2%
	Aug-22		578,288	51,075	35,640	14,134	679,137		294,147	973,284	35,315	(14,072)	16.5%
	Sep-22		568,606	55,044	35,370	14,134	673,154		286,037	959,191	42,025	(14,093)	14.8%
	Oct-22		558,150	54,818	35,626	14,134	662,728		276,323	939,051	21,070	(20,141)	12.4%
	Nov-22		547,692	54,593	35,887	14,134	652,306		266,607	918,913	113	(20,137)	10.0%
	Dec-22		547,896	54,369	36,153	14,134	652,552		267,277	919,829	206	916	10.1%
	Jan-23		548,098	54,146	36,425	14,134	652,803		267,947	920,750	298	921	10.2%
	Feb-23		548,299	53,924	36,702	14,134	653,059		268,616	921,675	390	926	10.3%
	Mar-23		548,499	53,703	36,984	14,134	653,320		269,286	922,606	483	931	10.4%
	Apr-23		548,697	53,483	37,272	14,134	653,586		269,956	923,542	577	935	10.5%
	May-23		548,894	53,264	37,565	14,134	653,857		270,626	924,483	671	941	10.7%
	Jun-23		549,089	53,045	37,864	14,134	654,132		271,296	925,428	764	945	10.8%

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NM MEDICAID MANAGED CARE ENROLLMENT FY23

	Month-Year	Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO				
		(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2023	Jul-22	480,828	495,935	15,107	52,255	52,167	(88)	257,483	271,068	13,585	790,565	819,170	28,605	3,242	20.8%
	Aug-22	467,494	485,935	18,441	52,318	52,274	(44)	244,149	261,068	16,919	763,962	799,277	35,315	(19,893)	17.9%
	Sep-22	454,161	475,935	21,774	52,384	52,383	(1)	230,816	251,068	20,252	737,361	779,386	42,025	(19,891)	14.9%
	Oct-22	454,823	465,935	11,112	52,449	52,492	43	231,153	241,068	9,916	738,425	759,495	21,070	(19,891)	12.0%
	Nov-22	455,487	455,935	448	52,515	52,601	87	231,490	231,068	(422)	739,491	739,604	113	(19,891)	9.1%
	Dec-22	456,151	456,600	449	52,580	52,711	131	231,827	231,453	(374)	740,558	740,764	205	1,160	9.2%
	Jan-23	456,816	457,266	450	52,646	52,821	175	232,165	231,839	(326)	741,627	741,925	298	1,161	9.4%
	Feb-23	457,482	457,933	450	52,712	52,931	219	232,504	232,225	(279)	742,698	743,089	391	1,163	9.6%
	Mar-23	458,149	458,600	451	52,778	53,041	263	232,843	232,612	(231)	743,770	744,254	484	1,165	9.7%
	Apr-23	458,818	459,269	452	52,844	53,151	308	233,183	233,000	(182)	744,844	745,421	577	1,167	9.9%
	May-23	459,487	459,939	452	52,910	53,262	352	233,523	233,388	(134)	745,919	746,590	671	1,169	10.1%
	Jun-23	460,157	460,610	453	52,978	53,375	397	233,863	233,777	(86)	746,998	747,762	764	1,173	10.3%
	Total MM	**5,519,853**	**5,589,890**	**70,038**	**631,367**	**633,209**	**1,842**	**2,824,998**	**2,883,637**	**58,639**	**8,976,218**	**9,106,736**	**130,518**	**(446,291)**	

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MEDICAID DASHBOARDS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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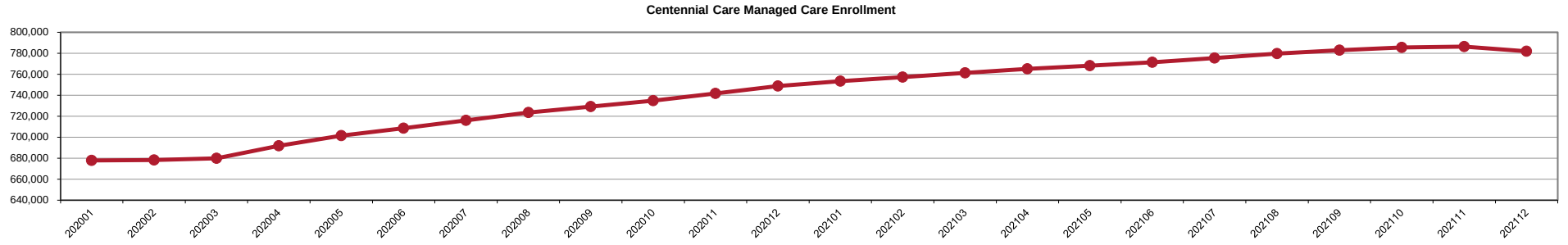
DASHBOARD TIME PERIODS

- Current 12 months – CY 2021
  - January 1, 2021 through December 31, 2021.
- Previous 12 months – CY 2020
  - January 1, 2020 through December 31, 2020.
- The dashboards include data with run-out through December 2021.

State of New Mexico - All MCOs
All Centennial Care Populations
Centennial Care Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021
Previous Period: January 1, 2020 to December 31, 2020
Current Period: January 1, 2021 to December 31, 2021

1. Total Centennial Care Monthly Enrollment



2. Total Centennial Care Dollars and Member Months by Program

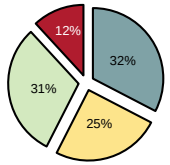
Aggregate Member Months by Program

Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	4,951,524	5,499,810	11%
Long Term Services and Supports	594,667	607,276	2%
Other Adult Group	2,985,365	3,161,130	6%
Total Member Months	**8,531,556**	**9,268,216**	**9%**

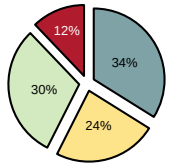
	Aggregate Medical Costs by Program			*Per Capita Medical Costs by Program (PMPM)*		
Programs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	$ 1,434,777,507	$ 1,571,814,413	10%	$ 289.76	$ 285.79	-1%
Long Term Services and Supports	$ 1,095,266,359	$ 1,094,028,960	0%	$ 1,841.81	$ 1,801.53	-2%
Other Adult Group Physical Health	$ 1,348,124,515	$ 1,410,866,405	5%	$ 451.58	$ 446.32	-1%
Behavioral Health - All Members	$ 521,507,158	$ 563,435,021	8%	$ 61.13	$ 60.79	-1%
Total Medical Costs	**$ 4,399,675,539**	**$ 4,640,144,799**	**5%**	**$ 515.69**	**$ 500.65**	**-3%**
Aggregate Non-Medical Costs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	**% Change**
Admin, care coordination, Centennial Rewards	$ 396,186,135	$ 392,070,670	-1%	$ 46.44	$ 42.30	-9%
NMMIP Assessment	$ 84,876,830	$ 91,936,671	8%	$ 9.95	$ 9.92	0%
Premium Tax - Net of NIMMP Offset	$ 167,871,406	$ 162,116,939	-3%	$ 19.68	$ 17.49	-11%
Total Non-Medical Costs	**$ 648,934,371**	**$ 646,124,280**	**0%**	**$ 76.06**	**$ 69.71**	**-8%**
Estimated Total Centennial Care Costs	**$ 5,048,609,910**	**$ 5,286,269,080**	**5%**	**$ 591.76**	**$ 570.37**	**-4%**

Centennial Care Medical Expenditures

Previous (Q1CY2020 - Q4CY2020)



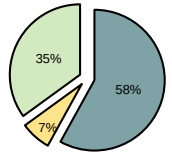
Current (Q1CY2021 - Q4CY2021)



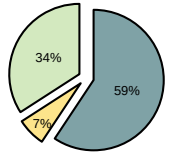
*See above for legend.

Centennial Care Member Months

Previous (Q1CY2020 - Q4CY2020)



Current (Q1CY2021 - Q4CY2021)



*See above for legend.

3. Total Program Medical/Pharmacy Dollars

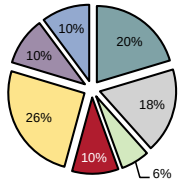
	Aggregate Costs by Service Categories			*Per Capita Medical Costs by Service Categories (PMPM)*		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 3,951,228,377	$ 4,147,779,476	5%	$ 463.13	$ 447.53	-3%
Pharmacy	$ 448,447,162	$ 492,365,323	10%	$ 52.56	$ 53.12	1%
Total	**$ 4,399,675,539**	**$ 4,640,144,799**	**5%**	**$ 515.69**	**$ 500.65**	**-3%**

	Aggregate Costs by Service Categories			*Per Capita Medical Costs by Service Categories (PMPM)*		
Service Categories	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	$ 896,260,205	$ 797,571,058	-11%	$ 105.05	$ 86.05	-18%
Acute Outp/Phy	$ 792,460,243	$ 942,814,527	19%	$ 92.89	$ 101.73	10%
Nursing Facility	$ 265,891,746	$ 231,270,342	-13%	$ 31.17	$ 24.95	-20%
Community Benefit/PCO	$ 432,238,301	$ 487,605,238	13%	$ 50.66	$ 52.61	4%
Other Services	$ 1,117,034,507	$ 1,200,842,074	8%	$ 130.93	$ 129.57	-1%
Behavioral Health	$ 447,343,375	$ 487,676,237	9%	$ 52.43	$ 52.62	0%
Pharmacy (All)	$ 448,447,162	$ 492,365,323	10%	$ 52.56	$ 53.12	1%
Total Costs	**$ 4,399,675,539**	**$ 4,640,144,799**	**5%**	**$ 515.69**	**$ 500.65**	**-3%**

** Per capita not normalized for case mix changes between periods.*

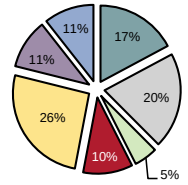
Previous (12 mon) service distribution

Service Categories % of Total



Current (12 mon) service distribution

Service Categories % of Total



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 includes, but is not limited to, the following services: emergent transportation, 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.

HUMAN SERVICES DEPARTMENT

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State of New Mexico - All MCOs

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

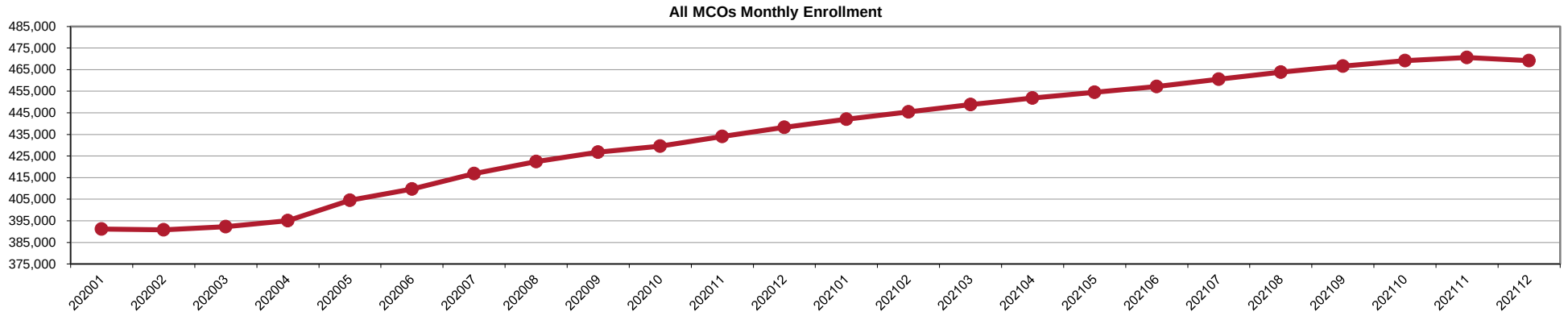
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021

Previous Period: January 1, 2020 to December 31, 2020

Current Period: January 1, 2021 to December 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

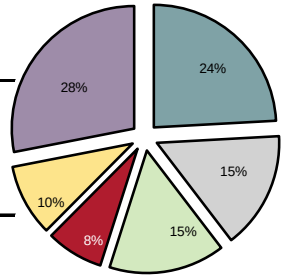
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 1,302,199,450	$ 1,422,770,683	9%
Pharmacy	$ 132,578,057	$ 149,043,730	12%
Total	**$ 1,434,777,507**	**$ 1,571,814,413**	**10%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 427,757,791	$ 379,304,531	-11%
Outpatient (OP)	$ 188,510,762	$ 243,192,737	29%
Physician (PH)	$ 196,378,673	$ 240,816,898	23%
Emergency Department (ED)	$ 86,913,418	$ 118,379,369	36%
Pharmacy (RX)	$ 132,578,057	$ 149,043,730	12%
Other (OTH)	$ 402,638,807	$ 441,077,148	10%
Total Population Costs	**$ 1,434,777,507**	**$ 1,571,814,413**	**10%**
Per Capita Cost (PMPM)	**$ 289.76**	**$ 285.79**	**-1%**
Total Member Months	**4,951,524**	**5,499,810**	**11%**

Service Categories % of Cost



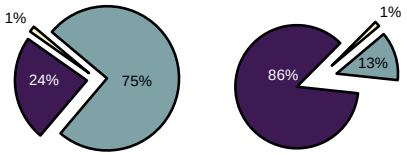
3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

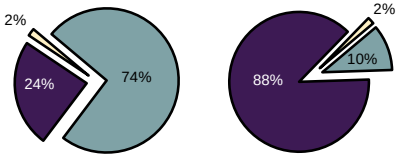
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	$ 98,363,722	$ 111,889,861	14%
Generic	$ 31,942,694	$ 35,145,518	10%
Other Rx	$ 2,271,641	$ 2,008,351	-12%
Total	**$ 132,578,057**	**$ 149,043,730**	**12%**

% of Rx Spend **% of Scripts**

Current



Previous



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

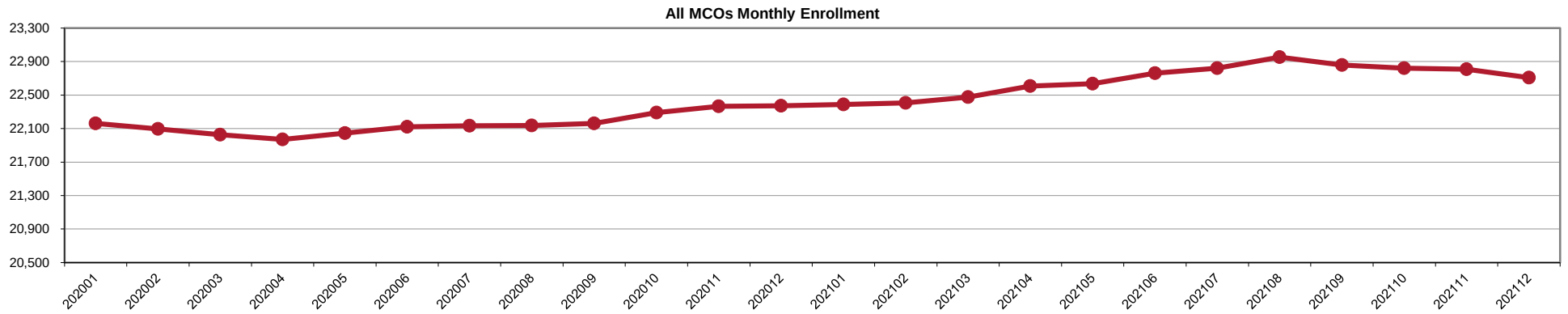
4. Notes

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
LTSS - Healthy Dual Population
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021
Previous Period: January 1, 2020 to December 31, 2020
Current Period: January 1, 2021 to December 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

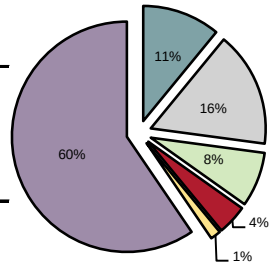
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 51,590,228	$ 46,798,306	-9%
Pharmacy	$ 404,040	$ 693,459	72%
Total	**$ 51,994,269**	**$ 47,491,764**	**-9%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 9,820,853	$ 5,202,616	-47%
Outpatient (OP)	$ 8,326,753	$ 7,677,277	-8%
Physician (PH)	$ 4,171,366	$ 3,650,874	-12%
Emergency Department (ED)	$ 2,164,642	$ 1,998,736	-8%
Pharmacy (RX)	$ 404,040	$ 693,459	72%
Other (OTH)	$ 27,106,614	$ 28,268,803	4%
Total Population Costs	**$ 51,994,269**	**$ 47,491,764**	**-9%**
Per Capita Cost (PMPM)	**$ 195.56**	**$ 174.46**	**-11%**
Total Member Months	**265,869**	**272,229**	**2%**

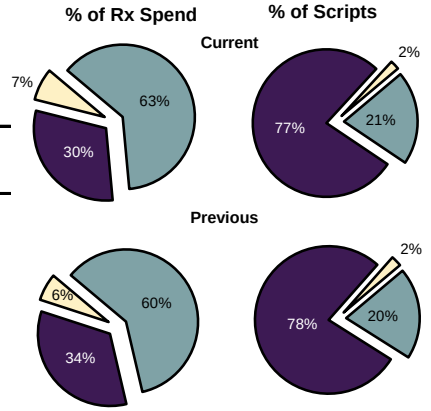
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 243,346	$ 432,887	78%
Generic	$ 135,994	$ 210,599	55%
Other Rx	$ 24,700	$ 49,972	102%
Total	**$ 404,040**	**$ 693,459**	**72%**



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

4. Notes

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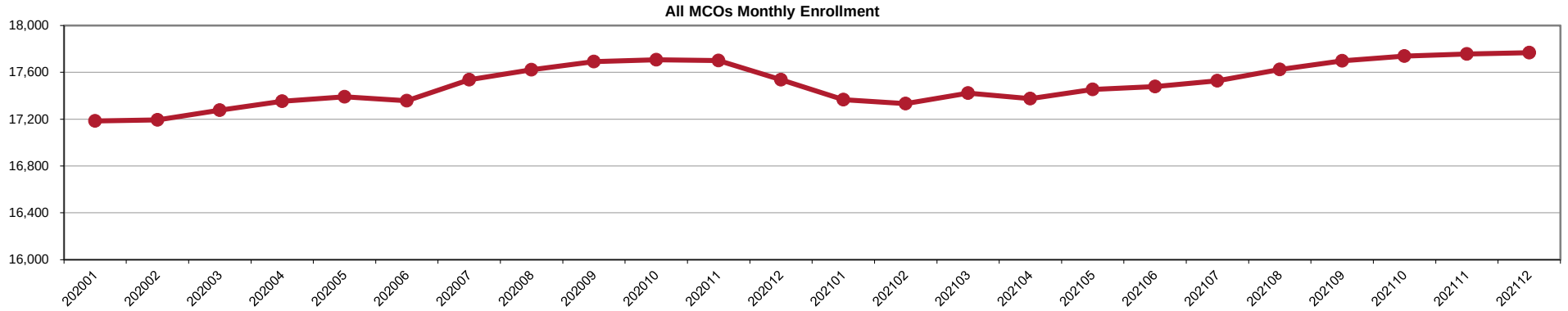
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

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: December 31, 2021
Previous Period: January 1, 2020 to December 31, 2020
Current Period: January 1, 2021 to December 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

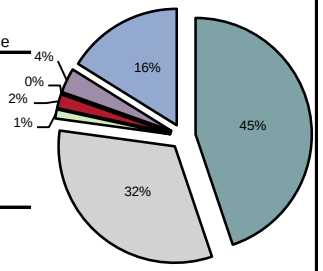
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 639,368,440	$ 628,025,439	-2%
Pharmacy	$ 200,026	$ 172,183	-14%
Total	**$ 639,568,466**	**$ 628,197,622**	**-2%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	$ 243,885,767	$ 281,536,673	15%
Nursing Facility (NF)	$ 236,155,711	$ 203,209,234	-14%
Inpatient (IP)	$ 15,485,318	$ 7,962,137	-49%
Outpatient (OP)	$ 12,615,968	$ 12,368,434	-2%
Pharmacy (RX)	$ 200,026	$ 172,183	-14%
HCBS	$ 19,710,006	$ 21,476,457	9%
Other (OTH)	$ 111,515,671	$ 101,472,503	-9%
Total Population Costs	**$ 639,568,466**	**$ 628,197,622**	**-2%**
Per Capita Cost (PMPM)	**$ 3,052.18**	**$ 2,983.84**	**-2%**
Total Member Months	**209,545**	**210,533**	**0%**

Service Categories % of Cost

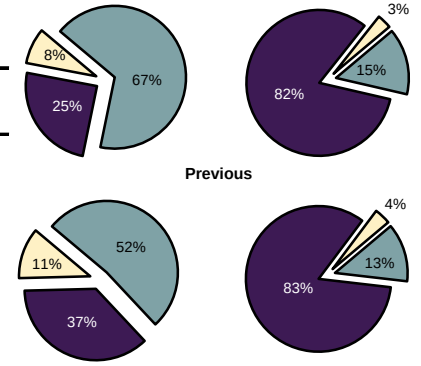


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 103,804	$ 115,571	11%
Generic	$ 73,174	$ 42,607	-42%
Other Rx	$ 23,048	$ 14,005	-39%
Total	**$ 200,026**	**$ 172,183**	**-14%**

% of Rx Spend **% of Scripts**



** "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)

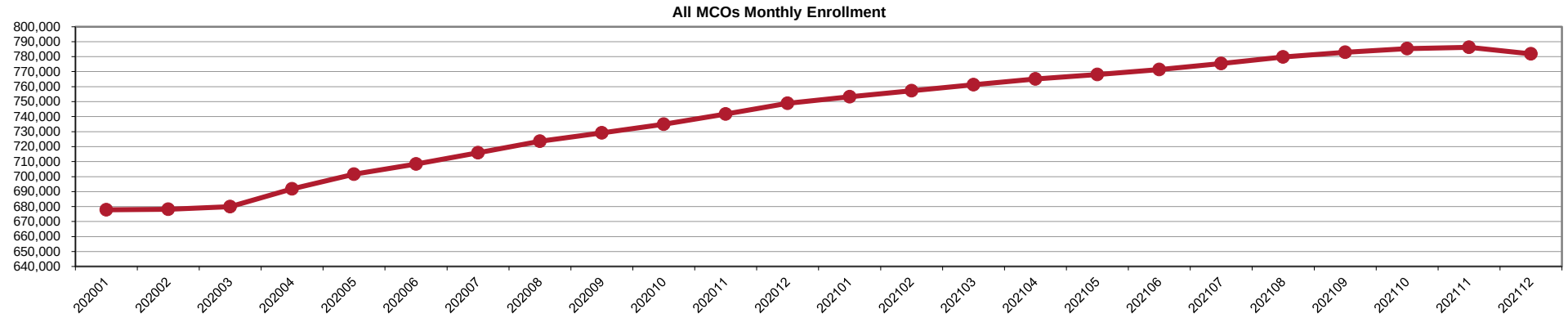
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021

Previous Period: January 1, 2020 to December 31, 2020

Current Period: January 1, 2021 to December 31, 2021

1. Total Population Monthly Enrollment



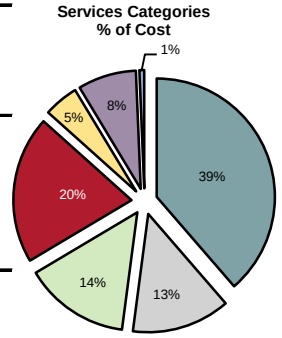
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 447,343,375	$ 487,676,237	9%
Pharmacy	$ 74,163,782	$ 75,758,784	2%
Total	**$ 521,507,158**	**$ 563,435,021**	**8%**

Aggregate Costs by Service Categories

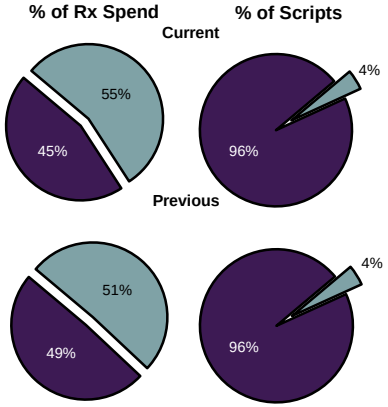
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	$ 190,330,264	$ 217,671,458	14%
Pharmacy (RX)	$ 74,163,782	$ 75,758,784	2%
Res. Treatment Ctr. (RTC)	$ 83,186,809	$ 81,061,663	-3%
Behavioral Health Prov (BHP)	$ 99,518,518	$ 113,558,567	14%
Core Service Agencies (CSA)	$ 21,593,901	$ 26,664,141	23%
Inpatient (IP)	$ 48,399,210	$ 45,001,627	-7%
Other (OTH)	$ 4,314,674	$ 3,718,780	-14%
Total Population Costs	**$ 521,507,158**	**$ 563,435,021**	**8%**
Per Capita Cost (PMPM)	**$ 61.13**	**$ 60.79**	**-1%**
Total Member Months	**8,531,556**	**9,268,216**	**9%**



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 37,731,425	$ 41,453,141	10%
Generic	$ 36,432,358	$ 34,305,643	-6%
Total	**$ 74,163,782**	**$ 75,758,784**	**2%**



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.

HOME AND COMMUNITY-BASED SERVICES (HCBS) AMERICAN RESCUE PLAN ACT (ARPA) UPDATE

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR
JASON CORNWELL, DOH DDSD DIRECTOR

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UPDATE ON PRIORITIZATION

- 31 proposals in original spend plan
  - 36 proposals in recent quarterly submission
- Top Priorities
  - Elimination of Developmental Disabilities Waiver (DDW) and Mi Via Waiver Waitlist
  - Temporary Economic Recovery Payments to HCBS Providers
- Will reassess remaining priorities 7/2022 budget permitting

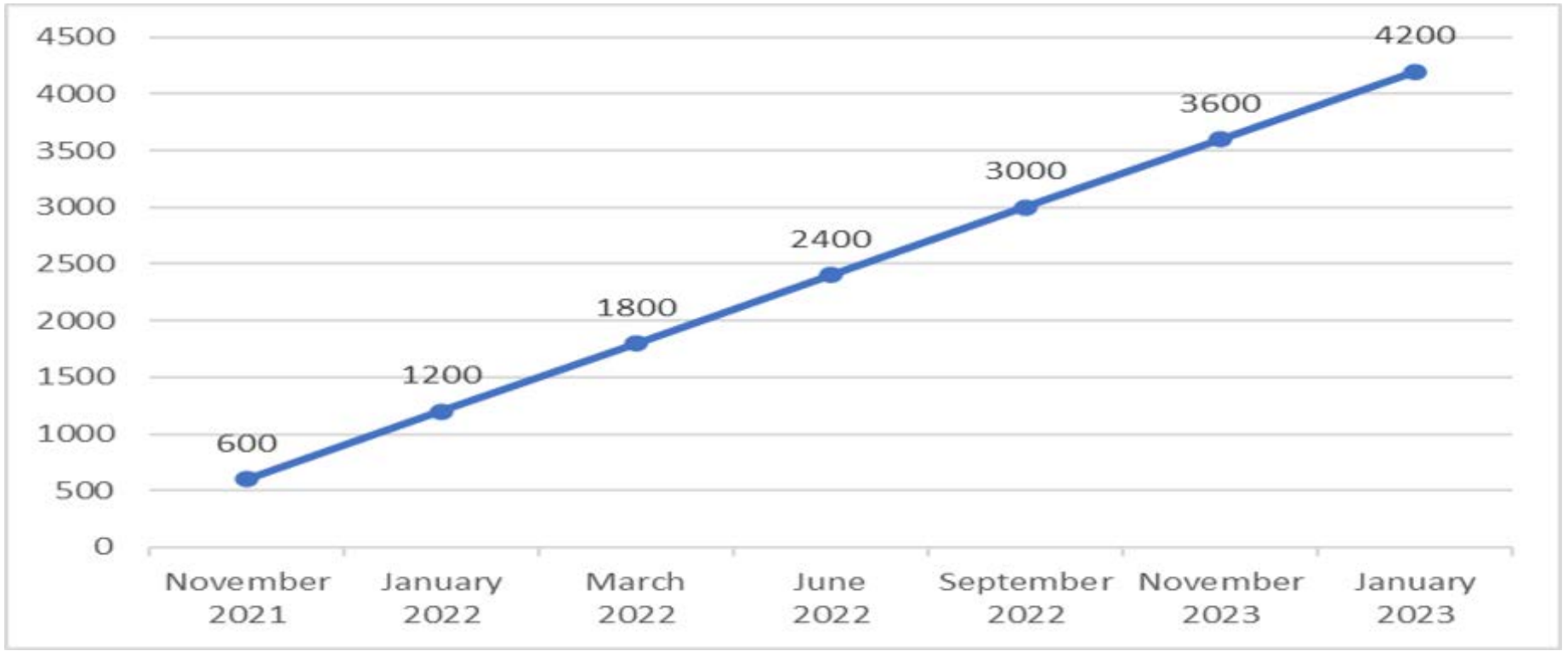
ELIMINATION OF THE DDW AND MI VIA WAITLIST

- Elimination of waitlist began in November 2021
- No significant increases in expenditures to date; expect increases by May 2022
  - Considerations: Eligibility Determination, Budget, and Provider Establishment
- Case Management Service Utilization
- Service Utilization Projection:
  - DDW – 164 applicants x $96,000 = approximately $15,744,000
  - Mi Via – 126 applicants x $66,000 = approximately $8,316,000

FY22 Allocation Groups	6/20/2022	3/17/2022	1/17/2022	11/22/2021	Attrition	Expedited
DDW Letters of Interest Sent	TBD	709	685	520	95	59
Number of Allocation Slots Filled	TBD	295	364	290	53	45
Applicants selected Traditional DDW		174 (59%)	214 (59%)	164 (57%)	32 (60%)	41 (91%)
Applicants selected Mi Via		121 (41%)	150 (41%)	126 (43%)	21 (40%)	4 (9%)
In Process	**0**	**291**	**330**	**174**	**8**	**32**
Services Started	**0**	**4**	**34**	**116**	**45**	**13**

TIMELINE TO ELIMINATE THE 13-YEAR WAITLIST

- SFY22 allocations: 2,400 (57%)
- SFY23 allocations: 1,800 (43%)



HUMAN SERVICES DEPARTMENT

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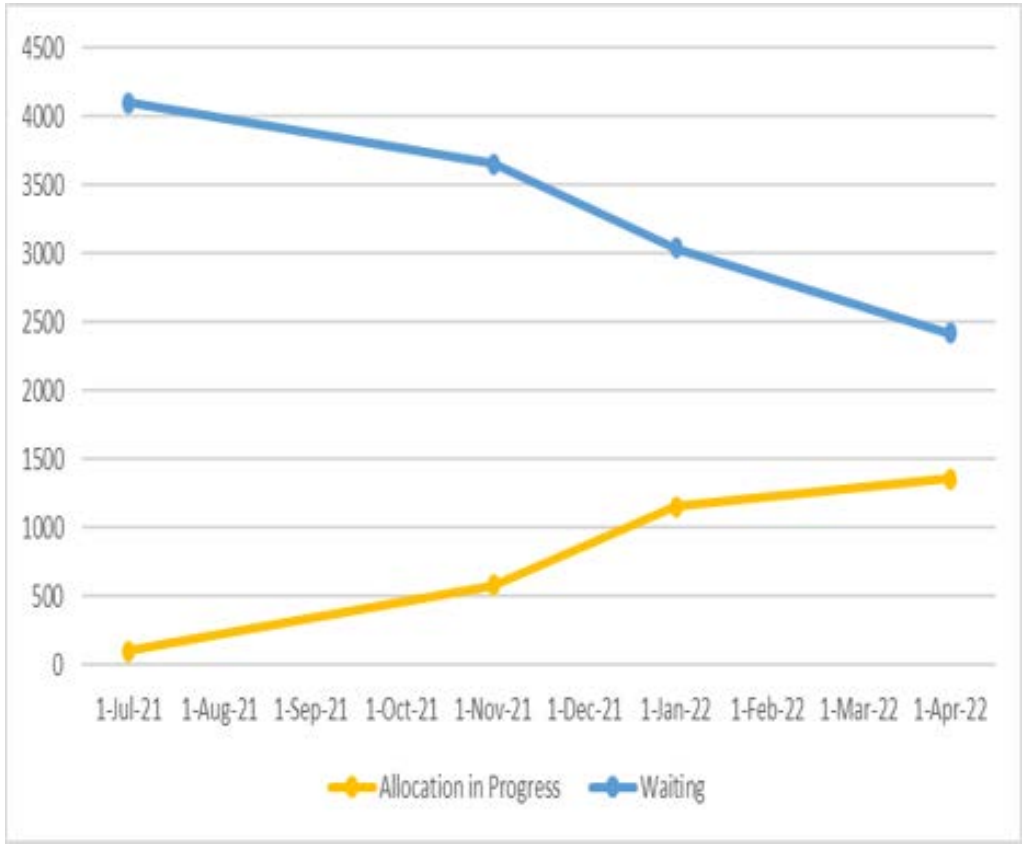
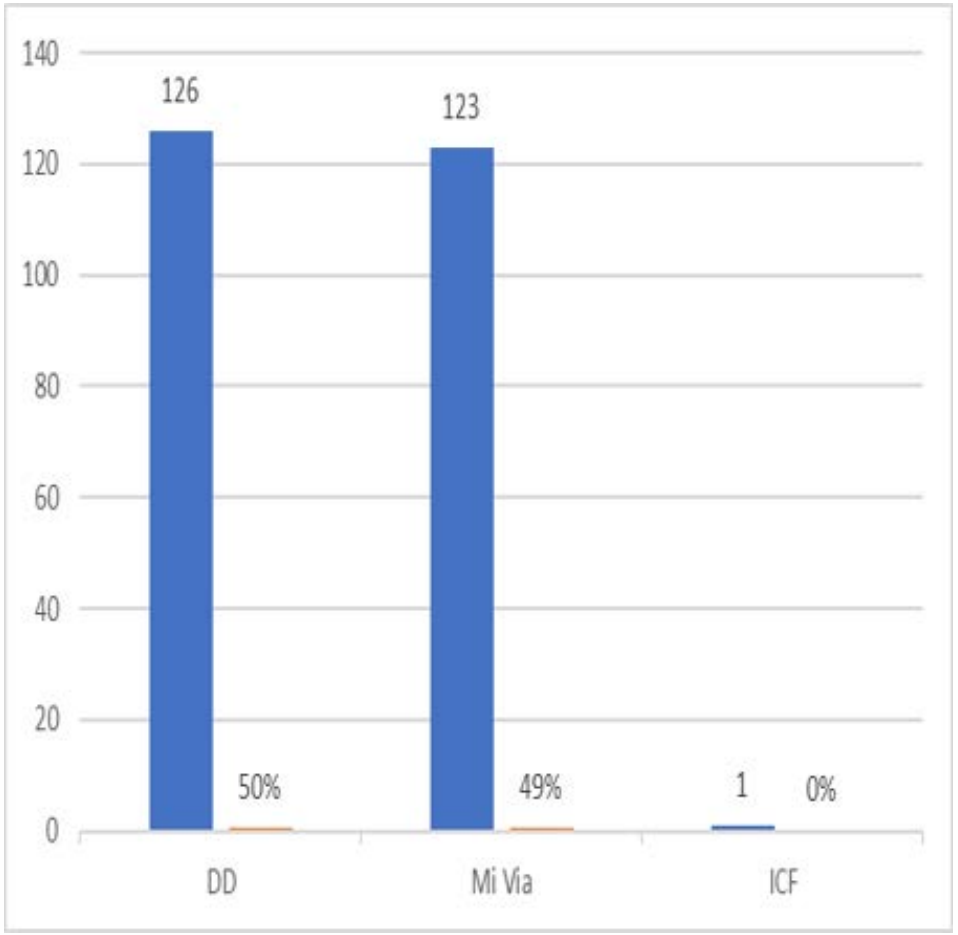
SUPER ALLOCATION PLAN UPDATE

Waitlist reduced 41% in 10 months

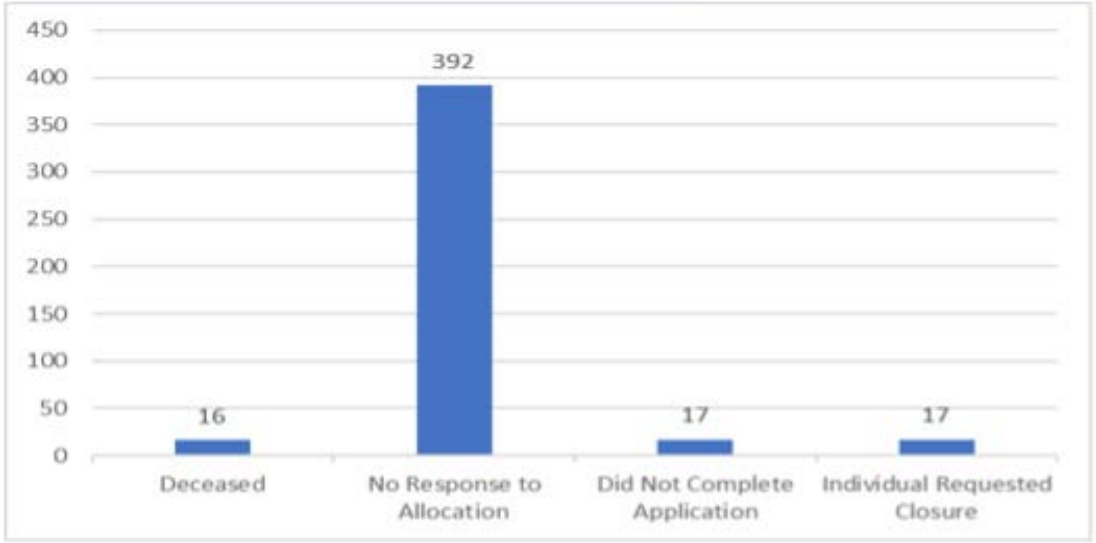
Region	Oldest	Current
Metro	7/29/2008	12/31/2013
Northeast	5/30/2008	12/31/2013
Northwest	10/15/2008	12/31/2013
Southeast	2/18/2009	12/31/2013
Southwest	7/30/2008	12/31/2013



HOW MANY PEOPLE ARE IN SERVICES? 250



FY22 Allocation Groups	Totals	Acceptance Percentage	Closure Percentage
Number of Allocation Slots Filled	1047	51%	49%
DDW Letters of Interest Sent	2068		



ARPA SECTION 9817 CMS 64 CLAIMING THROUGH MARCH 28, 2022

	ARP SECTION 9817		ARP SECTION 9817 REINVEST FMAP + 10%		
Description	Total Computable	FFP from ARPA Section 9817 (10% ARPA Fund)	Total Computable	FFP Gain on Reinvestment Paid by March 28, 2022	State Share Charged to the 10% ARPA Fund
FFS	$ 31,905,211	$ 3,159,848	$ -	$ -	$ -
HCBW	$ 462,324,592	$ 46,232,459	$ 57,689,976	$ 5,768,998	$ 5,865,175
MCO*	$ 848,518,949	$ 79,577,932	$ 78,827,087	$ 7,563,006	$ 7,628,196
Total	**$ 1,342,748,752**	**$ 128,970,239**	**$ 136,517,062**	**$ 13,332,004**	**$ 13,493,371**

* Home and community-based services (HCBS) received 10% additional federal financial participation (FFP) for original payments made from 4/1/2021 to 3/31/2022 with FFP capped at 95%. Thus, HCBS incurred by the Medicaid expansion, i.e., the Other Adult Group (OAG), only got additional 5% FFP increase.

TEMPORARY COVID-19 ECONOMIC RECOVERY PAYMENTS TO HOME AND COMMUNITY-BASED SERVICE PROVIDERS

NON REVERSION LANGUAGE FOR 10% ARPA FUNDS

"Any unexpended balances attributable to the federal matching increase from section 9817 of the American Rescue Plan Act of 2021 accrued by the medical assistance program of the human services department remaining at the end of fiscal year 2021 and fiscal year 2022 from appropriations made from the general fund shall not revert and may be expended in fiscal year 2022 through fiscal year 2025 to support reinvestment in the expansion, enhancement or strengthening of home and community-based services as required in section 9817 of the American Rescue Plan Act of 2021, including eliminating the wait list for the 1915(c) developmental disabilities medicaid waivers and implementing the temporary home and community-based services provider economic recovery payments."

- One-time recovery payments for all HCBS providers phased-out over a period of 3 years:
  - Year 1 – 15% increase: May 1, 2021 - June 30, 2022
  - Year 2 – 10% increase: July 1, 2022 – June 30, 2023
  - Year 3 – 5% increase: July 1, 2023 – June 30, 2024

ELECTRONIC VISIT VERIFICATION (EVV) UPDATE

LINDA GONZALES, MAD DEPUTY DIRECTOR

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COMMUNITY BENEFIT EVV SERVICES

- Agency-Based Community Benefit (ABCB) Personal Care Services (PCS) implemented in November 2016 (26,335 members in 2021)
- Self-Directed Community Benefit PCS and Respite implemented 2022 (2,491 members in 2021)
- ABCB Respite to be implemented 1/1/23.

RECOVERY AUDIT CONTRACTOR UPDATE

JULIE LOVATO, MAD COMPLIANCE OFFICER

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RECOVERY AUDIT CONTRACTOR UPDATE

- New Mexico Recovery Audit Contractor (RAC) is Health Management Systems, Inc.
- All RAC Activities were suspended on February 28, 2022.
- Redesign of RAC program will include:
  - Provider Outreach and Education Program;
  - Alignment with the Medicare RAC program rules;
  - Peer-to-Peer Consultation process; and
  - A more transparent process with clearly identified communication channels.

HSD STRATEGIC PLANNING

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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HSD Annual Strategic Planning Cycle

May 2022

JAN-MAR

- Legislative Session
- Review enacted legislation and revise Strategic Plan, if needed
- Begin HSD staff visits
- Begin 1115 Waiver Design and MCO RFP Development

APR

- Solicit stakeholder feedback on mission, goals, & strategic priorities
- Conduct HSD staff satisfaction survey

MAY

- Revise mission and goals, if needed
- Propose Pitches for the People
- Conduct stakeholder, customer and staff listening sessions

JUN

- Interim leg. hearings begins
- Evaluate strategic priorities based on stakeholder feedback
- Determine strategic priorities
- Finalize Accountability Gov. Act (AGA) measures

JUL

- Draft HSD and IT strategic plans and BHC & HSD budget requests
- Draft legislation, if any
- Finalize MCO RFP and contract
- Submit AGA measures to DFA & LFC
- Submit Capital Outlay requests

AUG

- Submit HSD & BHC budget requests, HSD & IT Strategic Plans, C2 Business Case(s), legislation
- Identify any nonrecurring requests (e.g. Specials, Deficiencies, and Supplementals)
- Release draft Medicaid Waiver and begin public Comment Period

SEP

- Create budget request factsheets
- Submit any nonrecurring requests
- Conduct staff listening sessions
- Release MCO Contract RFP
- Begin Data Book development

OCT

- Medicaid Waiver Public Comment Period closes
- BHC quarterly update on strategic plan

NOV

- Submit Waiver to CMS
- MCO Contract Proposals due; begin evaluation
- BHC monthly: department priorities for legislative session

DEC

- Finalize Data Book
- Present budget request to Legislative Finance Committee
- Pre-file legislation, as needed

Ongoing: Staff and manager meetings, Strategic Plan and HSD Online Scorecard performance monitoring and evaluation, AGA reporting.

LEGISLATIVE CONTACT

Will your proposed legislation have a Medicaid budget impact?

If you are proposing legislation for the upcoming CY23 legislative session, please coordinate with Everet Apodaca in our Communications and Education Bureau as it may impact our September budget submission!

Subject line: CY23 LEGISLATIVE IMPACT – Neonatology (insert your org or subject)

Everet.Apodaca@state.nm.us

PROVIDER RATE REVIEW AND PROVIDER BILLING MANUAL

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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PROVIDER RATE REVIEW

The State of New Mexico Human Services Department, Medical Assistance Division (HSD) is undertaking a comprehensive review of its provider reimbursement levels and methodologies in support of the following goals:

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

Phase one report posted on HSD web site and available for review:

https://www.hsd.state.nm.us/public-information-and-communications/centennial-care/reports/

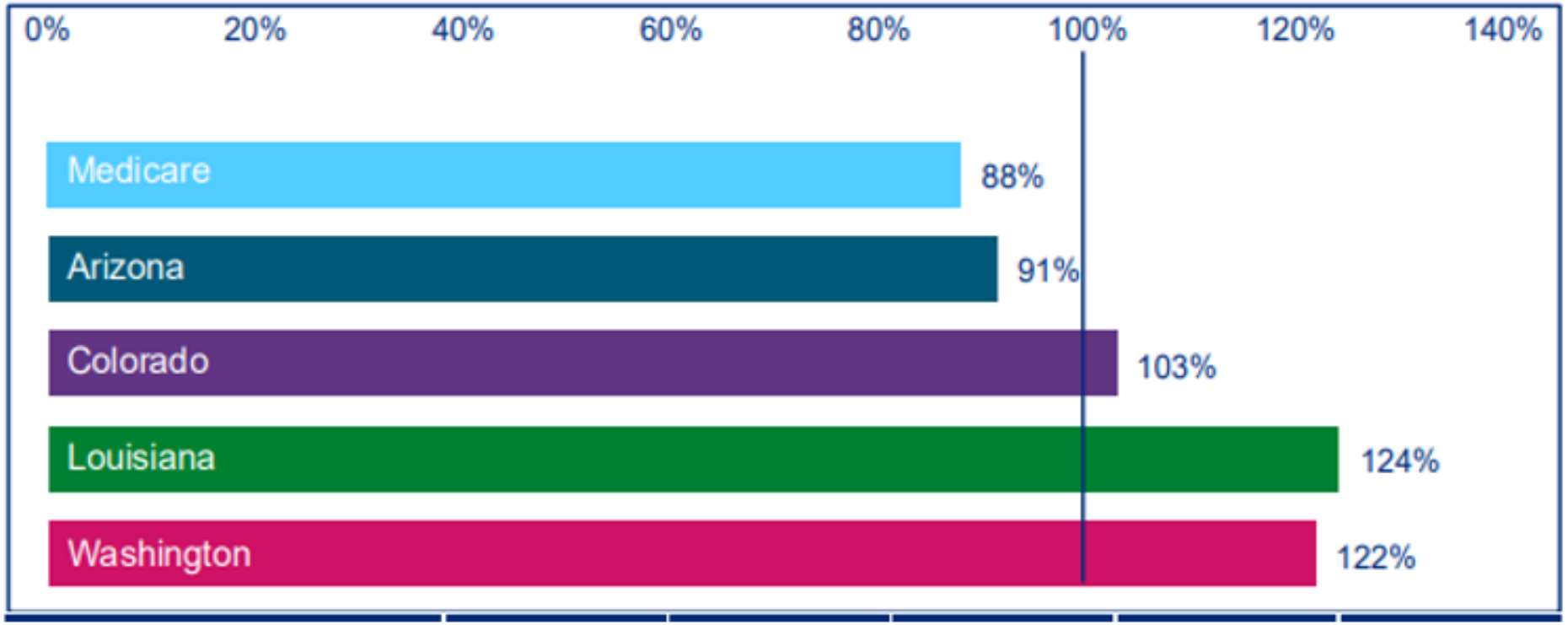
BENCHMARKING PROVIDER RATE REVIEW PHASE 1

New Mexico has been working on completing a comprehensive review of its providers Reimbursement levels. Specifically, our Fee for Service (FFS) rates relative to Medicare, MCO and comparable states CO, AZ, LA, WA.

- Phase 1 includes most professional service types in addition to:
  - Behavioral Health Services
  - Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)
  - Home and community Based Services (HCBS)
  - Primary care services
  - Maternal and Child health services rendered by practitioners

BENCHMARKING PROVIDER RATE REVIEW PHASE 1 CONT.

Figure 7: Overall CY2021 New Mexico Medicaid FFS Relativity to Each Benchmark



"NM FFS is lower" for the values below 100%

BENCHMARKING PROVIDER RATE REVIEW PHASE 1 CONT.

- Townhall meeting will take place on May 25th and report will be reviewed with providers
- Feedback will be solicited from providers/attendees and results will be evaluated to inform additional engagement
- Smaller focused workgroups will be scheduled for identified services

BENCHMARKING PROVIDER RATE REVIEW PHASE 2

- Work on Phase 2 has begun and includes facility Services:
  - Inpatient/Outpatient Hospital
  - Nursing Facility/Hospice
  - Residential Treatment Centers (ARTC)
  - ICF/IID
- Date of completion of Phase 2 is anticipated for quarter 2 of 2022.
- We will follow the process of Phase 1 report release and Townhall engagements once complete.

PROVIDER BILLING MANUAL PROJECT

Objective:

- Create and implement a Provider Billing Manual where providers can easily find information on billing and service requirements for the specific services rendered.

- Completion of implementation is anticipated for December 2022

Currently working to:

- Identify a full list of services and subset of services
- Develop templates for the service billing manual
- Develop content and landing pages for an online platform
- Align any existing billing manuals to the new online templates
- Gather provider feedback
- Implement online manual

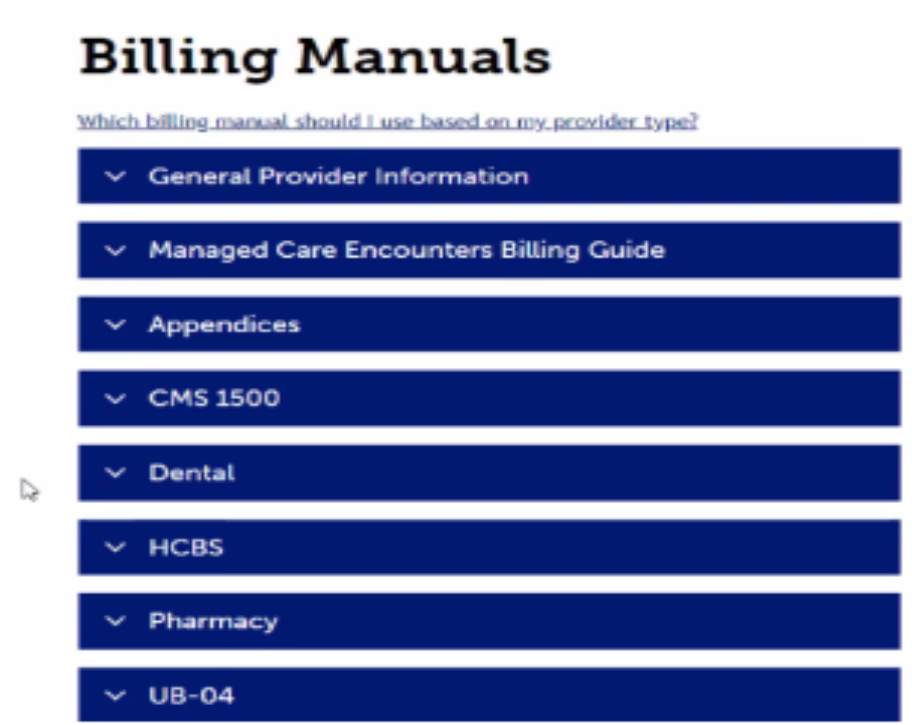
PROVIDER BILLING MANUAL PROJECT CONT.

Website Example

Example of Chapters Linked in the Medical Policy Manual

- Chapter 100 - Manual Overview
- Chapter 200 - Behavioral Health Practice Tools
- Chapter 300 - Medical Policy for Covered Services
- Chapter 400 - Medical Policy for Maternal and Child Health
- Chapter 500 - Care Coordination Requirements
- Chapter 600 - Provider Qualifications and Provider Requirements
- Chapter 700 - School Based Claiming Program/Direct Services Claiming

Website Example

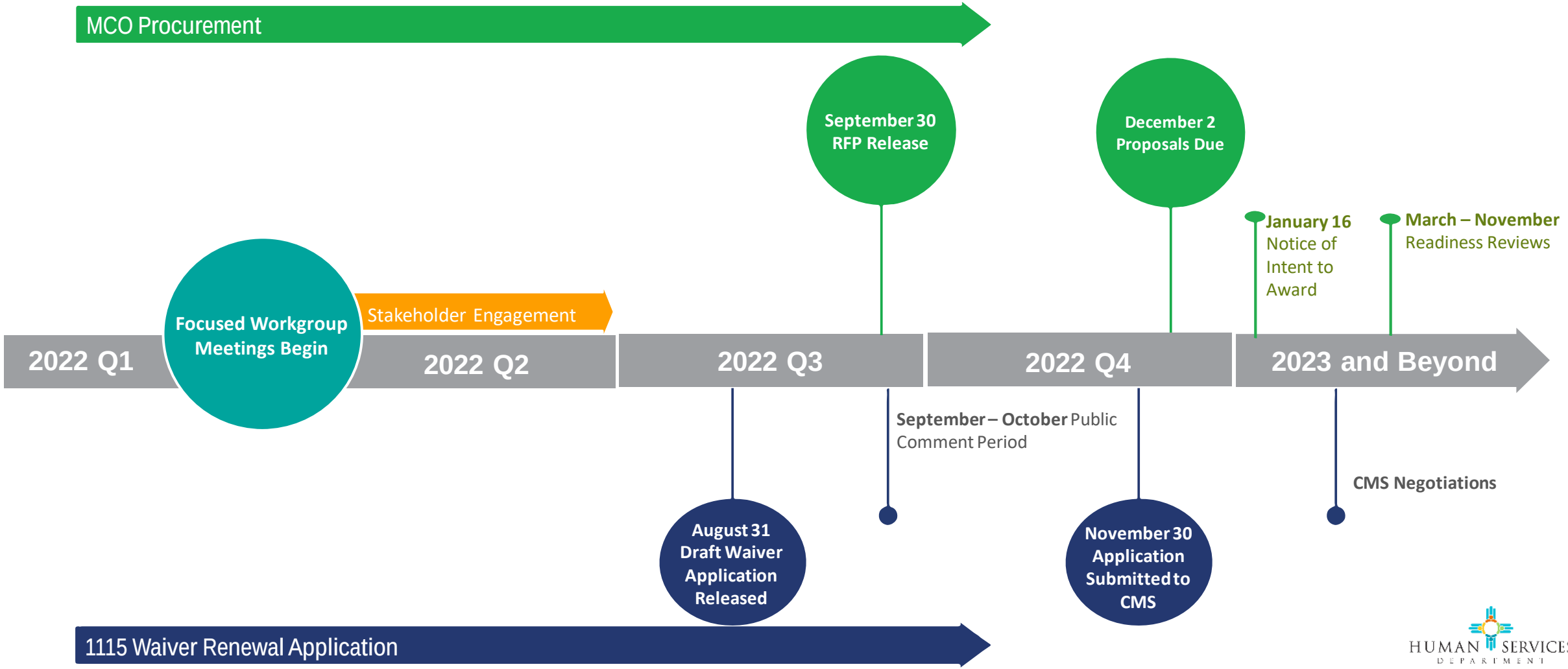


1115 DEMONSTRATION WAIVER RENEWAL AND MANAGED CARE ORGANIZATION (MCO) PROCUREMENT

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

Investing for tomorrow, delivering today.

1115 RENEWAL AND MCO PROCUREMENT TIMELINE



HUMAN SERVICES DEPARTMENT

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STAKEHOLDER ENGAGEMENTS

Date	Meeting
4/26/2022	Tribal Listening Session
5/4/2022	Sister Agency and Partner Session
5/5/2022	Large Stakeholder Session
5/11/2022	Legislator Session
5/11/2022	Legislative Finance Committee (LFC), Department of Finance Administration (DFA), and Governor's Office Listening Session
5/12/2022	Tribal Meeting with Navajo Nation
5/13/2022	Tribal Meeting with Zuni and Laguna Pueblo
9/1/2022 – 10/31/2022	Public Comment Period, including Tribal Consultation and Public Hearings

PUBLIC COMMENTS

LARRY MARTINEZ, MAC CHAIRMAN

HUMAN SERVICES DEPARTMENT

ADJOURNMENT

INVESTING FOR TOMORROW, DELIVERING TODAY.