



HUMAN  
SERVICES  
DEPARTMENT



NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING  
NOVEMBER 2, 2020  
MEDICAL ASSISTANCE DIVISION

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# MEETING PROTOCOLS

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# MEETING PROTOCOLS

- Join GoToMeeting
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- Chat Function for Public Comments
- Presenters and Slide Transition
- Meeting is Recorded

# INTRODUCTIONS

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# AGENDA AND APPROVAL

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# MEETING AGENDA AND APPROVAL

1. Meeting Protocols
2. Introductions
3. Agenda and Approval
4. August 2020 Minutes
5. MAD Director Update
6. Medicaid Budget Projections
7. 1115 Demonstration Waiver Amendment
8. Public Comment
9. Adjournment

# AUGUST 2020 MINUTES

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# MAD DIRECTOR UPDATE

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# CURRENT 6.2% FMAP EXTENSION TIMELINE

## January 31, 2020

- Secretary Azar first declared COVID-19 a nationwide PHE utilizing his authority under Sec. 319 of the Public Health Service Act.
- Under Sec. 319, the Secretary may extend the PHE declaration for subsequent **90-day periods** for as long as the PHE continues to exist.

## April 26, 2020

- He issued a renewal of the determination which extended the PHE through July 25.

## July 25, 2020

- Declaration effective through October 22, 2020.

## October 2, 2020

- **Sec. Azar renewed the PHE for an additional 90 days through January 21, 2021.**
- UNLESS Sec. Azar determines that the PHE has ceased to exist prior to that date.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

# RECENT COVID-19 RESPONSE EFFORTS

- COVID-19 Federal Waivers
  - 2 Approved §1135 Waivers
  - 4 Approved Appendix K Waivers
    - 1 Pending
- State Plan Amendments (SPAs)
  - 5 Approved Disaster SPAs and 1 Approved Regular SPA
  - 2 Disaster SPAs and 6 regular SPAs pending

# MEDICAID WAIVER ACTIVITIES

- Developmental Disabilities Waiver: Amendment was approved effective 10/1/2020
- Mi Via Waiver: Operating under 90-day extension until 12/29/2020
- Medically Fragile Waiver: Amendment was approved effective 7/1/2020
- Supports Waiver: 6 applicants have an approved level of care; one has an approved Coverage of Eligibility (COE) and is working on service plan and budget; DOH goal to send next 500 offers October/November
- Completed Random Moment Time Studies with Sister Agencies contract procurement and awarded contract to Fairbanks, LLC

# MEDICAID PROVIDER RATE INCREASES

- 50% Increase to Intensive Care Unit (ICU) Inpatient Hospital Stays (Diagnosis Related Group (DRG) Providers)
- 12.4% Increase to all other Inpatient Stays (DRG Providers)
- 12.4% Increase to all other Inpatient Stays (non-DRG Providers)
- 30% Increase to Nursing Facilities for COVID positive patients
- 5% Increase to Assisted Living Facilities
- 5% to PACE providers
- \$1 add on payment to pharmacies for curbside and drive thru pickup
- 11.5% Increase to non-emergency medical transportation trip fees
- Rate increase to E&M and non-E&M codes (minimum of 6.81% not to exceed 98% of Medicare)
- Increase to Air Ambulance Rates to 75% of Medicare

# OTHER ACTIVITIES

- HSD Online Scorecard:  
<https://sites.google.com/view/nmhdscorecard>
- Hepatitis C Treatment
  - Uniform Checklist/Prior Authorization (PA) Form
  - Quarterly Managed Care Organization (MCO) Hep C Treatment Reporting Template
- Campaign Efforts
  - Centennial Care Rewards Flu Shot Campaign
  - “Call, Don’t Cancel” Childhood Immunization Campaign
- Preparation for 2021 Legislature

# NEW CMS COVID-19 GUIDANCE

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# “ADDITIONAL POLICY AND REGULATORY REVISIONS IN RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY”

- On October 28, 2020, the Centers for Medicare & Medicaid Services (CMS) released its fourth COVID19 interim final rule (IFC)
- The IFC is jointly issued by CMS, the Department of Labor, and the Internal Revenue Service and addresses a range of COVID-related topics

# OVERVIEW OF THE INTERIM FINAL RULE

- 1. COVID-19 Vaccines:** Implements coverage policies for vaccines and their administration for Medicare, Medicaid, and CHIP beneficiaries.
- 2. COVID-19 Treatments:** Implements Medicare payment policies for authorized COVID-19 treatments in inpatient/outpatient settings.
- 3. Price Transparency:** Requires providers to publicly display the cash price for COVID-19 diagnostic tests.
- 4. Additional Provisions:**
  - Coverage of COVID-19 preventive services;
  - Extension of the CMS Comprehensive Joint Replacement model;
  - Revisions to Section 1332 waiver policy; and
  - Changes to rules around states receiving increases in their federal medical assistance percentage (FMAP) during the COVID-19 public health emergency (PHE).



## INTERIM FINAL 42 C.F.R. § 433.400: THE NEW “BLENDED” INTERPRETATION OF SECTION 6008(B)(3)

- Families First Coronavirus Act (FFCRA) instituted certain requirements that states must meet in order to receive the 6.2% FMAP increase including
  - (a) maintaining eligibility standards, methodologies or procedures,
  - (b) not charging premiums higher than what was in place at the beginning of 2020, and
  - (c) covering COVID testing and treatment without cost-sharing, including vaccines, specialized, equipment and therapies.

# INTERIM FINAL 42 C.F.R. § 433.400: THE NEW “BLENDED” INTERPRETATION OF SECTION 6008(B)(3)

- State concerns with interpretation:
  - prohibits states from changing the benefit packages that individuals were enrolled in as of March 18, 2020
  - creates a large backlog of redeterminations after the PHE ends
- States assert that the only option open to states is to cut provider rates which would weaken already fragile provider networks

# INTERIM FINAL 42 C.F.R. § 433.400: THE NEW “BLENDED” INTERPRETATION OF SECTION 6008(B)(3)

- States now allowed to:
  - move an enrollee to a different benefit package group if they no longer qualify for the one in which they were enrolled so long as that package meets certain criteria
  - make “programmatically changes” such as changes to the medical necessity criteria or utilization control procedures in determining coverage for benefits; elimination of optional benefits coverage; increases in cost-sharing responsibilities; and changes to the Post Eligibility Treatment of Income (PETI) methodology
- States not allowed to change the requirement for coverage of testing and treatment for COVID-19

# IFC: MEDICARE COVERAGE OF COVID-19 VACCINES

- CMS has never covered vaccines authorized under an Emergency Use Authorization (EUA) but believes appropriate to extend coverage to COVID-19 vaccines approved via an EUA given the high-risk nature of the Medicare population.
- Reimburse a COVID-19 at 95 percent of the average wholesale price.
- Establish a unique administration code for each COVID-19 vaccine that receives approval.
- If coverage of a COVID-19 vaccine results in significant costs during the 2020 and 2021 contract years, coverage of the vaccines will be provided through Medicare fee-for-service (FFS) until the capitation payments take the new significant costs into account.

## IFC: COVID-19 VACCINE COVERAGE FOR MEDICAID, CHIP, AND BHP BENEFICIARIES DURING PHE

- To continue to receive the 6.2% FMAP states required to compensate Medicaid providers with a vaccine administration fee or reimbursement for a provider visit during which a vaccine dose is administered, even if the vaccine dose is furnished by the provider at no cost
- Medicaid not required to cover COVID testing and treatment for limited benefit offerings through demonstration programs or other arrangements; HRSA's COVID-19 Claims Reimbursement program would cover vaccine and vaccine reimbursement costs for these individuals.

## IFC: COVID-19 VACCINE COVERAGE FOR MEDICAID, CHIP, AND BHP BENEFICIARIES AFTER THE PHE

- States will continue to be required to cover COVID-19 vaccines, including vaccine administration, for:
  - All Medicaid-enrolled children under 21 who qualify for EPSDT;
  - Medicaid-enrolled or uninsured, or Indian children who are given the vaccine by an FQHC, rural health clinic, under the Vaccines for Children (VFC) program, if CDC determines that the COVID-19 vaccine will be included;
  - Populations covered under Alternative Benefit Plans, including Medicaid adult expansion populations;
- Continuing to cover a COVID-19 vaccine and its administration for the full state plan benefits such as parent/caretaker relatives, persons age 65 or older disabled individuals, and pregnant women will be up to states and require a State Plan Amendment

# IFC: PRICE TRANSPARENCY FOR COVID-19 DIAGNOSTIC TESTS

- CMS issues changes that will require providers of diagnostic tests for COVID-19 to make the cash price for such tests public on the internet.
- Link to IFC Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/four>
- Read a Medicaid.gov fact sheet for more information here: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-tech-factsheet-ifc-433400.pdfth-covid-19-interim-final-rule-comment-period-ifc-4>

# MEDICAID BUDGET PROJECTIONS

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# FY20, FY21 & FY22 BUDGET OVERVIEW

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# GENERAL FUND IMPACT FROM 6.2% FMAP INCREASE

## FY2020

FY20 6.2% FMAP Impact by Program (\$000s)	
Fee for Service	14,933.8
<i>DOH Waivers</i>	<i>15,301.9</i>
CC - Physical Health	49,877.5
CC - LTSS	38,090.9
CC - Behavioral Health	11,428.5
CC- Health Insurance Providers Fee	2,945.0
Medicare	3,953.6
Others	2,082.1
<b>Total Medicaid</b>	<b>138,612.8</b>

## FY2021

FY21 6.2% FMAP Impact by Program (\$000s)	
Fee for Service	20,575.3
<i>DOH Waivers</i>	<i>21,576.6</i>
CC - Physical Health	85,957.7
CC - LTSS	63,207.4
CC - Behavioral Health	19,763.6
CC- Health Insurance Providers Fee	-
Medicare	6,407.3
Others	3,497.7
<b>Total Medicaid</b>	<b>217,487.9</b>

The 6.2% FMAP increase is included from January 2020 – March 2021.

# MEDICAID BUDGET UPDATE: EXPENDITURES

- The estimated expenditures in FY20 are \$6.6 billion.
- The estimated expenditures in FY21 are \$7.3 billion.
- The estimated expenditures in FY22 are \$7.2 billion.

Budget Projection – Expenditures (\$000s)	FY2020	FY2021	FY2022
Fee-For-Service	\$743,568	\$747,111	\$734,767
DD & MF Traditional, and Mi Via Waivers	\$441,399	\$536,177	\$550,490
Centennial Care MCO	\$5,159,706	\$5,753,152	\$5,696,623
Medicare	\$195,519	\$206,817	\$231,968
Other	\$98,237	\$92,870	\$18,272
<b>Total Projection</b>	<b>\$6,638,429</b>	<b>\$7,336,127</b>	<b>\$7,232,119</b>
<b>Prior Projection</b>	<b>\$6,671,404</b>	<b>\$7,313,020</b>	<b>\$7,304,825</b>
<b>Change from Prior</b>	<b>-\$32,974</b>	<b>\$23,107</b>	<b>-\$72,706</b>

\*The current quarterly budget projection is updated with data through September 2020.

# MEDICAID BUDGET UPDATE: REVENUES

- The estimated state revenue surplus in FY20 is \$14 million after a \$52.5 million reversion
- The estimated state revenue shortfall in FY21 is \$21.5 million
- The projected state revenue shortfall in FY22 is \$161.8 million

Budget Projection – Revenues (\$000s)	FY2020	FY2021	FY2022
Federal Revenues	\$5,357,379	\$5,978,501	\$5,657,253
All State Revenues	\$1,269,202	\$1,343,483	\$1,558,216
Operating Transfers In	\$243,799	\$303,793	\$334,627
Other Revenues	\$72,272	\$66,027	\$65,437
General Fund Need	\$953,131	\$973,662	\$1,158,151
Appropriation	\$1,019,697	\$952,168	\$996,353
State Revenue			
Surplus/(Shortfall)	\$66,566	-\$21,494	-\$161,799
Change from Prior	\$5,126	\$50,196	\$6,133
Reversion	-\$52,548	-	-
Surplus/(Shortfall) after reversion	\$14,018		

# ENROLLMENT PROJECTION

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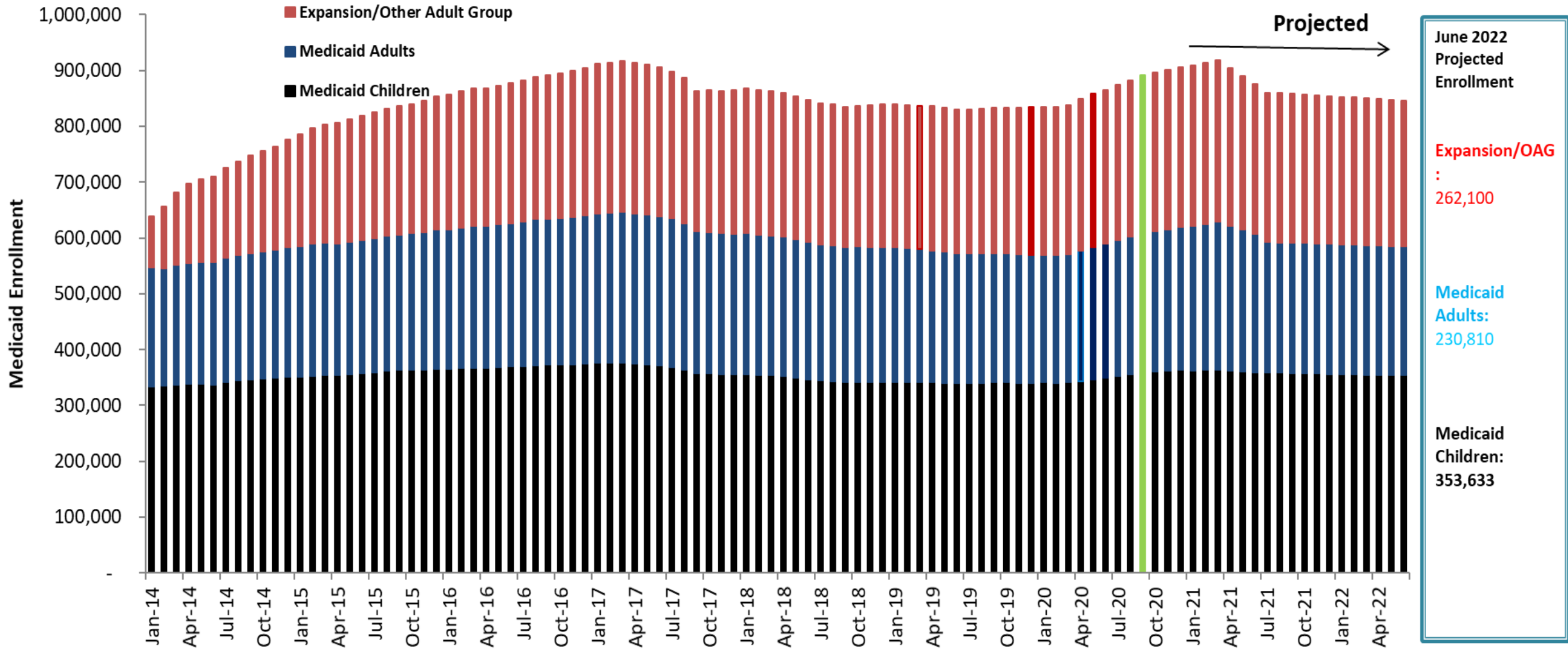
# MEDICAID ENROLLMENT IN CONTEXT

- 891,000 total beneficiaries in September 2020
- 917,000+ anticipated by March 2021
- 875,000 anticipated by June 2021 after MOE ends
- 82% are enrolled in managed care
- 43% (up from 40%) of all New Mexicans are enrolled in Medicaid
- 43% of beneficiaries are children
- 58% (up from 56%) of New Mexico children are enrolled in Medicaid
- 72% of all births in New Mexico are covered by Medicaid

# MEDICAID ENROLLMENT CHANGES

- COVID-19, MOE requirements, the current economic outlook, and stimulus policies are influential factors in the current FY20, FY21, and FY22 enrollment and budget projections.
- Growth in Medicaid/CHIP enrollment over this time-period reflects the effects of the Public Health Emergency, Schooling decisions, and increased take-up from losses in employer-based health insurance.

# NEW MEXICO MEDICAID ENROLLMENT





# NM MEDICAID ENROLLMENT PROJECTION FY20

Month-Year	Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP				
	Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change Yr./Yr.	
	Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs & QI1s Estimated								
SFY 2020	Jul-19	478,259	478,273	58,214	23,571	12,348	572,406	258,300	258,309	830,715	1	(54)	-1.2%
	Aug-19	479,202	479,160	56,202	24,363	12,536	572,261	258,616	258,624	830,886	(22)	170	-1.0%
	Sep-19	479,963	479,966	55,275	25,136	12,621	572,998	259,973	259,977	832,975	(46)	2,089	-0.2%
	Oct-19	479,652	479,643	53,699	25,841	12,709	571,892	260,943	260,946	832,838	(47)	(137)	-0.4%
	Nov-19	479,032	479,046	51,768	26,550	12,783	570,147	262,332	262,335	832,482	(57)	(356)	-0.6%
	Dec-19	479,323	479,358	50,112	27,232	12,858	569,560	264,631	264,618	834,178	(87)	1,696	-0.6%
	Jan-20	479,916	480,003	48,712	27,896	12,930	569,540	266,080	266,042	835,583	(83)	1,405	-0.4%
	Feb-20	478,977	479,192	48,786	27,966	13,002	568,945	266,572	266,512	835,457	(79)	(125)	-0.3%
	Mar-20	480,438	480,561	49,307	28,064	13,073	571,005	266,426	266,348	837,353	(21)	1,896	0.1%
	Apr-20	487,639	487,796	47,155	28,839	13,144	576,934	271,519	271,419	848,353	33	11,000	1.5%
	May-20	495,160	495,146	46,186	29,306	13,214	583,853	274,552	274,443	858,296	(1,360)	9,943	3.0%
	Jun-20	500,581	500,503	45,763	29,697	13,285	589,249	276,404	276,321	865,570	(4,350)	7,274	4.2%

# NM MEDICAID ENROLLMENT PROJECTION FY21

Month-Year	Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP				
	Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change Yr./Yr.	
	Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs & QI1s Estimated								
SFY 2021	Jul-20	506,606	506,661	45,679	30,046	13,356	595,742	278,332	278,484	874,226	(2,940)	8,656	5.2%
	Aug-20	512,400	512,906	45,423	30,314	13,427	602,070	279,882	280,339	882,409	407	8,183	6.2%
	Sep-20	515,770	518,498	45,260	30,594	13,497	607,849	280,284	283,343	891,192	4,883	8,783	7.0%
	Oct-20		522,539	45,237	30,614	13,568	611,958		284,298	896,256	7,404	5,064	7.6%
	Nov-20		526,301	45,220	30,630	13,639	615,790		285,215	901,005	10,404	4,749	8.2%
	Dec-20		530,139	45,203	30,638	13,710	619,689		286,212	905,901	12,995	4,897	8.6%
	Jan-21		531,826	45,199	30,656	13,780	621,461		287,186	908,647	17,177	2,746	8.7%
	Feb-21		535,509	45,149	30,664	13,851	625,173		288,185	913,358	23,382	4,711	9.3%
	Mar-21		539,098	45,142	30,676	13,922	628,838		289,074	917,912	29,471	4,554	9.6%
	Apr-21		532,247	45,094	30,694	13,993	622,028		281,574	903,601	16,235	(14,310)	6.5%
	May-21		525,176	45,092	30,700	14,063	615,031		274,574	889,605	4,066	(13,996)	3.6%
	Jun-21		517,825	45,054	30,708	14,134	607,721		268,074	875,795	(8,522)	(13,810)	1.2%

# NM MEDICAID ENROLLMENT PROJECTION FY22

Month-Year		Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP			
		Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change Yr./Yr.
		Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs & QI1s Estimated							
SFY 2022	Jul-21		517,102	45,014	30,716	13,356	606,188		267,586	873,773		(2,022)	-0.1%
	Aug-21		516,380	44,974	30,736	13,427	605,516		267,135	872,651		(1,123)	-1.1%
	Sep-21		515,598	44,929	30,754	13,497	604,778		266,580	871,358		(1,293)	-2.2%
	Oct-21		514,898	44,903	30,773	13,568	604,141		266,092	870,233		(1,125)	-2.9%
	Nov-21		514,170	44,865	30,788	13,639	603,461		265,535	868,996		(1,237)	-3.6%
	Dec-21		513,385	44,823	30,810	13,710	602,727		264,980	867,707		(1,289)	-4.2%
	Jan-22		512,632	44,825	30,813	13,780	602,050		264,495	866,545		(1,162)	-4.6%
	Feb-22		511,871	44,803	30,827	13,851	601,352		263,945	865,297		(1,248)	-5.3%
	Mar-22		511,070	44,803	30,844	13,922	600,639		263,392	864,030		(1,266)	-5.9%
	Apr-22		510,303	44,759	30,859	13,993	599,913		262,977	862,890		(1,140)	-4.5%
	May-22		509,529	44,742	30,884	14,063	599,218		262,522	861,739		(1,151)	-3.1%
	Jun-22		508,702	44,751	30,909	14,134	598,496		262,100	860,596		(1,144)	-1.7%

# NM MEDICAID MANAGED CARE ENROLLMENT FY20

Month-Year		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO				
		(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change Yr./Yr.
SFY 2020	Jul-19	386,643	386,651	8	48,197	48,226	29	232,560	232,535	(25)	667,400	667,412	12	1,239	0.5%
	Aug-19	387,402	387,410	8	48,312	48,344	32	232,877	232,846	(31)	668,591	668,600	9	1,188	0.7%
	Sep-19	388,452	388,456	4	48,476	48,512	36	234,031	234,003	(28)	670,959	670,971	12	2,371	1.3%
	Oct-19	388,395	388,408	13	48,546	48,588	42	235,129	235,101	(28)	672,070	672,097	27	1,126	0.6%
	Nov-19	388,296	388,306	10	48,609	48,657	48	236,411	236,380	(31)	673,316	673,343	27	1,246	1.4%
	Dec-19	388,910	388,945	35	48,678	48,717	40	238,696	238,689	(7)	676,283	676,351	68	3,008	1.7%
	Jan-20	391,383	391,465	82	48,850	48,860	11	237,926	237,958	32	678,159	678,283	124	1,932	1.9%
	Feb-20	391,065	391,137	72	48,866	48,865	(1)	238,631	238,656	25	678,562	678,658	96	375	2.0%
	Mar-20	392,466	392,524	58	48,900	48,934	34	238,960	239,011	51	680,327	680,469	142	1,811	2.2%
	Apr-20	395,300	395,637	337	49,056	49,003	(53)	247,759	248,017	258	692,115	692,657	542	12,188	3.7%
	May-20	405,078	404,945	(133)	49,340	49,214	(126)	247,989	248,135	146	702,407	702,294	(113)	9,637	5.3%
	Jun-20	410,973	409,858	(1,115)	49,596	49,560	(36)	249,809	249,788	(21)	710,378	709,206	(1,172)	6,912	6.5%
<b>Total MM</b>	<b>4,714,363</b>	<b>4,713,742</b>	<b>(621)</b>	<b>585,425</b>	<b>585,480</b>	<b>55</b>	<b>2,870,778</b>	<b>2,871,119</b>	<b>341</b>	<b>8,170,566</b>	<b>8,170,341</b>	<b>(225)</b>	<b>184,588</b>	<b>2.3%</b>	

# NM MEDICAID MANAGED CARE ENROLLMENT FY21

Month-Year		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO				
		(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.
SFY 2021	Jul-20	418,203	417,088	(1,115)	50,029	49,993	(36)	253,090	253,069	(21)	721,321	720,150	(1,172)	10,944	7.9%
	Aug-20	423,053	421,938	(1,115)	50,112	50,076	(36)	254,349	255,328	979	727,514	727,342	(172)	7,192	8.8%
	Sep-20	426,053	426,938	885	50,196	50,159	(36)	255,126	257,105	1,979	731,374	734,202	2,828	6,860	9.4%
	Oct-20	427,803	432,688	4,885	50,279	50,243	(36)	255,796	257,775	1,979	733,878	740,706	6,828	6,504	10.2%
	Nov-20	428,803	437,188	8,385	50,363	50,327	(37)	256,332	259,311	2,979	735,498	746,826	11,328	6,120	10.9%
	Dec-20	429,553	440,938	11,385	50,447	50,411	(37)	256,734	260,713	3,979	736,733	752,062	15,328	5,236	11.2%
	Jan-21	428,658	443,438	14,780	50,510	50,474	(37)	256,199	261,963	5,764	735,367	755,875	20,508	3,813	11.4%
	Feb-21	427,765	445,188	17,423	50,573	50,537	(37)	255,665	262,963	7,298	734,003	758,688	24,685	2,813	11.8%
	Mar-21	426,873	446,688	19,815	50,637	50,600	(37)	255,133	263,713	8,580	732,643	761,001	28,358	2,313	11.8%
	Apr-21	425,984	438,688	12,704	50,700	50,663	(37)	254,601	256,213	1,612	731,285	745,564	14,279	(15,437)	7.6%
	May-21	425,097	432,688	7,591	50,763	50,726	(37)	254,071	249,213	(4,858)	729,930	732,627	2,697	(12,937)	4.3%
	Jun-21	424,211	428,688	4,477	50,827	50,790	(37)	253,541	242,713	(10,828)	728,579	722,191	(6,388)	(10,437)	1.8%
<b>Total MM</b>	<b>5,112,052</b>	<b>5,212,156</b>	<b>100,104</b>	<b>605,437</b>	<b>604,998</b>	<b>(439)</b>	<b>3,060,635</b>	<b>3,080,079</b>	<b>19,444</b>	<b>8,778,124</b>	<b>8,897,233</b>	<b>119,109</b>	<b>726,892</b>	<b>8.9%</b>	

# NM MEDICAID MANAGED CARE ENROLLMENT FY22

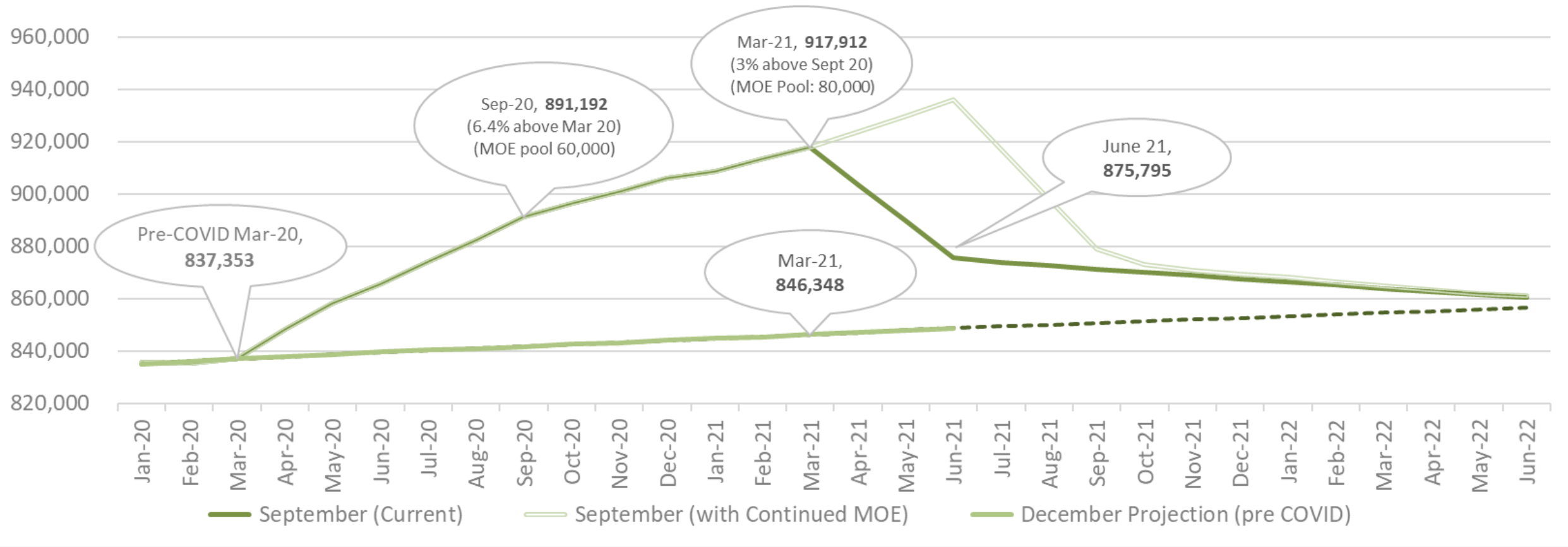
Month-Year		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports				Medicaid Expansion			Total CC MCO			
		(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change Yr./Yr.
SFY 2022	Jul-21	423,327	427,795	4,468	50,890	50,853	(37)	253,013	242,207	(10,806)	727,231	720,856	(6,375)	(1,335)	0.1%
	Aug-21	422,445	426,904	4,458	50,954	50,917	(37)	252,486	241,703	(10,783)	725,885	719,523	(6,362)	(1,332)	-1.1%
	Sep-21	421,565	426,014	4,449	51,018	50,981	(37)	251,960	241,199	(10,761)	724,543	718,194	(6,349)	(1,329)	-2.2%
	Oct-21	420,687	425,127	4,440	51,081	51,044	(37)	251,435	240,697	(10,738)	723,203	716,868	(6,336)	(1,326)	-3.2%
	Nov-21	419,811	424,241	4,431	51,145	51,108	(37)	250,911	240,195	(10,716)	721,867	715,544	(6,322)	(1,323)	-4.2%
	Dec-21	418,936	423,357	4,421	51,209	51,172	(37)	250,388	239,695	(10,694)	720,533	714,224	(6,309)	(1,320)	-5.0%
	Jan-22	418,063	422,475	4,412	51,273	51,236	(37)	249,867	239,195	(10,671)	719,203	712,907	(6,296)	(1,317)	-5.7%
	Feb-22	417,192	421,595	4,403	51,337	51,300	(37)	249,346	238,697	(10,649)	717,876	711,592	(6,283)	(1,314)	-6.2%
	Mar-22	416,323	420,717	4,394	51,401	51,364	(37)	248,827	238,200	(10,627)	716,551	710,281	(6,270)	(1,311)	-6.7%
	Apr-22	415,456	419,840	4,385	51,466	51,428	(37)	248,308	237,704	(10,605)	715,230	708,972	(6,257)	(1,309)	-4.9%
	May-22	414,590	418,966	4,375	51,530	51,493	(37)	247,791	237,208	(10,583)	713,911	707,667	(6,245)	(1,306)	-3.4%
	Jun-22	413,726	418,093	4,366	51,594	51,557	(37)	247,275	236,714	(10,561)	712,596	706,364	(6,232)	(1,303)	-2.2%
	<b>Total MM</b>	<b>4,939,871</b>	<b>5,075,124</b>	<b>53,002</b>	<b>605,044</b>	<b>614,453</b>	<b>(446)</b>	<b>3,060,518</b>	<b>2,873,415</b>	<b>(128,193)</b>	<b>8,605,433</b>	<b>8,562,992</b>	<b>(75,637)</b>	<b>(334,241)</b>	<b>-3.8%</b>

# NM MEDICAID NATIVE AMERICAN ENROLLMENT

	Total FFS + MCO		FFS				MCO				
	Total	Mo/Mo Change	Full benefit	Mo/Mo Change	Partial benefit	Mo/Mo Change	PHP	WSCC	BCBS	Total MCO	Mo/Mo Change
Jan-20	127,083	539	59,987	-456	9,660	45	36,330	3,431	17,630	57,391	832
Feb-20	127,283	200	59,375	-612	9,754	94	36,865	3,443	17,752	58,060	669
Mar-20	127,536	253	58,854	-521	9,845	91	37,370	3,477	17,899	58,746	686
Apr-20	128,777	1,241	59,508	654	9,696	-149	37,995	3,513	18,214	59,722	976
May-20	130,193	1,416	60,229	721	9,530	-166	38,481	3,552	18,567	60,600	878
Jun-20	131,365	1,172	60,591	362	9,451	-79	38,937	3,604	18,861	61,402	802
Jul-20	132,810	1,445	61,127	536	9,459	8	39,394	3,674	19,148	62,216	814
Aug-20	134,076	1,266	61,492	365	9,443	-16	39,925	3,729	19,503	63,157	941
Sep-20	134,997	921	61,707	215	9,395	-48	40,329	3,798	19,816	63,943	786
Oct-20	136,107	1,110	62,188	481	9,402	7	40,686	3,832	19,992	64,509	566
Nov-20	137,095	988	62,636	448	9,409	7	41,022	3,863	20,157	65,042	533
Dec-20	138,013	918	63,092	457	9,416	6	41,310	3,890	20,298	65,498	456
Jan-21	138,558	544	63,293	201	9,425	9	41,519	3,910	20,401	65,830	332
Feb-21	139,238	680	63,732	438	9,428	3	41,674	3,925	20,477	66,075	245
Mar-21	139,879	641	64,159	427	9,436	8	41,801	3,937	20,539	66,277	201
Apr-21	137,720	-2,159	63,343	-815	9,440	4	40,953	3,857	20,123	64,933	-1,344
May-21	135,764	-1,957	62,502	-842	9,448	8	40,242	3,790	19,773	63,806	-1,127
Jun-21	133,980	-1,783	61,627	-875	9,452	4	39,669	3,736	19,492	62,897	-909
Jul-21	133,603	-377	61,541	-86	9,367	-85	39,596	3,729	19,456	62,781	-116
Aug-21	133,497	-106	61,455	-86	9,372	5	39,523	3,722	19,420	62,665	-116
Sep-21	133,292	-205	61,362	-93	9,377	5	39,450	3,715	19,384	62,549	-116
Oct-21	133,102	-190	61,279	-83	9,384	7	39,377	3,708	19,348	62,433	-116
Nov-21	132,904	-199	61,192	-87	9,389	5	39,304	3,701	19,312	62,318	-115
Dec-21	132,701	-203	61,099	-93	9,394	5	39,232	3,695	19,277	62,203	-115
Jan-22	132,507	-194	61,009	-90	9,402	8	39,159	3,688	19,241	62,088	-115
Feb-22	132,307	-200	60,918	-91	9,409	7	39,087	3,681	19,206	61,974	-114
Mar-22	132,110	-198	60,823	-95	9,418	9	39,015	3,674	19,170	61,860	-114
Apr-22	131,904	-206	60,732	-91	9,422	4	38,943	3,667	19,135	61,746	-114
May-22	131,710	-194	60,640	-92	9,431	8	38,871	3,661	19,100	61,632	-114
Jun-22	131,512	-198	60,541	-98	9,442	11	38,800	3,654	19,065	61,519	-113
<b>Feb 2020 to Sept 2020 Change</b>	<b>7,714</b>		<b>2,332</b>		<b>-359</b>		<b>3,464</b>	<b>355</b>	<b>2,064</b>	<b>5,883</b>	
<b>% change</b>	<b>6.0%</b>		<b>4.0%</b>		<b>-3.6%</b>		<b>9.3%</b>	<b>10.2%</b>	<b>11.5%</b>	<b>10.0%</b>	

# EVOLUTION OF ENROLLMENT PROJECTION

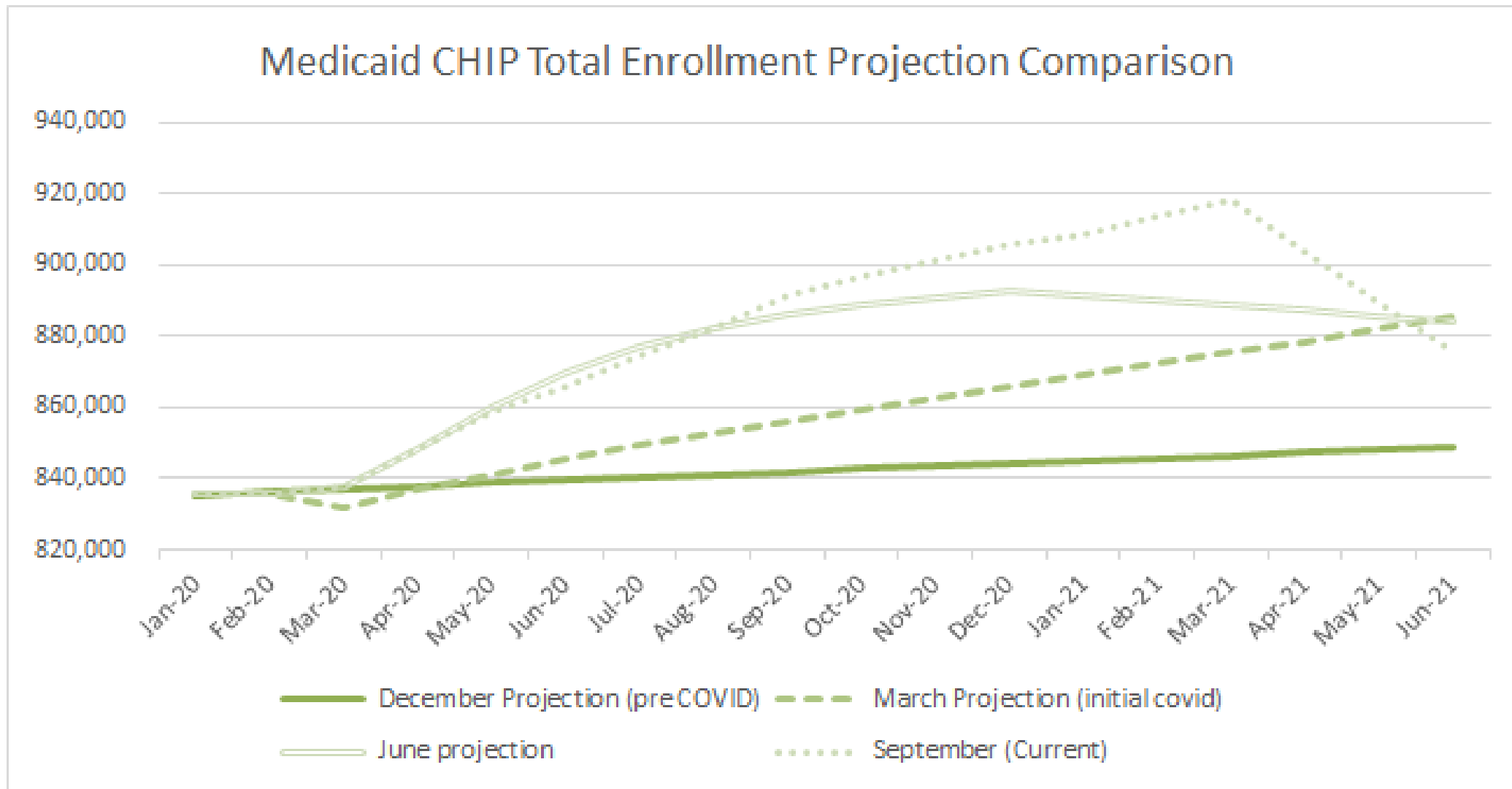
Pre and Post COVID Enrollment Projections



\*December projection includes continued trend line through FY22. This projection was through FY21 at the time.



# EVOLUTION OF ENROLLMENT PROJECTION



# FY2020 PROJECTION

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# MEDICAID BUDGET PROJECTION

## FY20 EXPENDITURES

Description	FY20 Total (\$000s)	% Change from FY19	Previous Projection	Change from Previous
Inpatient Hospital	86,183	21.02%	88,238	(2,055)
DSH/GME/IME	185,298	15.48%	199,741	(14,443)
Physician Services	35,581	-3.31%	36,605	(1,025)
<b>Fee-For-Service Subtotal</b>	<b>743,568</b>	<b>2.80%</b>	<b>763,345</b>	<b>(19,778)</b>

# MEDICAID BUDGET PROJECTION

## FY20 EXPENDITURES

Description	FY20 Total (\$000s)	% Change from FY19	Previous Projection	Change from Previous
DD and MF and Mi Via Waiver	441,399	8.04%	446,558	(5,159)
<b>Waiver Subtotal</b>	<b>441,399</b>	<b>8.04%</b>	<b>446,558</b>	<b>(5,159)</b>

# MEDICAID BUDGET PROJECTION

## FY20 EXPENDITURES

Description	FY20 Total (\$000s)	% Change from FY19	Previous Projection	Change from Previous
CC - Physical Health	1,756,56	19.13%	1,758,381	(1,817)
CC – LTSS	1,246,62	18.10%	1,245,347	1,276
CC - Behavioral Health	391,314	14.94%	392,674	(1,360)
<b>Centennial Care MCO Subtotal</b>	<b>5,159,706</b>	<b>20.60%</b>	<b>5,162,003</b>	<b>(2,297)</b>

# MEDICAID BUDGET PROJECTION

## FY20 EXPENDITURES

Description	FY20 Total (\$000s)	% Change from FY19	Previous Projection	Change from Previous
Health Information Technology	2,259	-84.31%	8,000	(5,741)
<b>Grand Total</b>	<b>6,638,429</b>	<b>18.19%</b>	<b>6,671,404</b>	<b>(32,974)</b>

# MEDICAID BUDGET PROJECTION

## FY20 REVENUES

Description	FY20 Total (\$000s)	Change from Previous
Department of Health Additional Need /(Surplus)	(9,391)	(584)
Department of Health Reversion	(7,000)	(7,000)
UNM IGT	56,821	(7,973)
UNM IGT Adjustment	(663)	7,973
Health Care and Disability Health Care Facility Funds	31,384	(282)
Physician UPL UNM	1,137	(372)
Safety Net Care Pool (SNCP)	30,445	1,160
SB 42 Inpatient Services-Counties	3	(149)
Drug Rebates	38,541	(1,465)
Fraud	563	(309)
Income Diversion Trust	528	42
Buy-In Recovery	2	(213)
Cost Settlement	186	(314)
Estate Recovery	25	(2)
miscellaneous Revenue	843	843
<b>General Fund Need</b>	<b>953,131</b>	<b>(5,126)</b>
<b>State Revenue Surplus / (Shortfall)</b>	<b>66,566</b>	<b>5,126</b>
<b>Reversion</b>	<b>(52,549)</b>	<b>(52,549)</b>
<b>Surplus after Reversion</b>	<b>14,018</b>	<b>(47,423)</b>

# FY2021 PROJECTION

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# MEDICAID BUDGET PROJECTION

## FY21 EXPENDITURES

Description	FY21 Total (\$000s)	% Change from FY20	Previous Projection	Change from Previous
DSH/GME/IME	197,378	-1.18%	205,645	(8,267)
Physician Services	37,650	2.85%	39,371	(1,722)
IHS Hospital	118,156	5.08%	120,522	(2,366)
Clinic Services	48,184	-3.29%	49,976	(1,792)
BH FFS	37,365	4.49%	36,081	1,284
<b>Fee-For-Service Subtotal</b>	<b>747,111</b>	<b>-2.13%</b>	<b>760,298</b>	<b>(13,187)</b>

# MEDICAID BUDGET PROJECTION

## FY21 EXPENDITURES

Description	FY21 Total (\$000s)	% Change from FY20	Previous Projection	Change from Previous
DD & MF Traditional, and Mi Via Waivers	510,273	14.27%	502,454	7,819
Supports waiver	25,904	-	25,904	-
<b>Waivers Subtotal</b>	<b>536,17</b>	<b>20.07%</b>	<b>528,358</b>	<b>7,819</b>

# MEDICAID BUDGET PROJECTION

## FY21 EXPENDITURES

Description	FY21 Total (\$000s)	% Change from FY20	Previous Projection	Change from Previous
CC - Physical Health	2,008,682	14.35%	1,975,783	32,899
CC - LTSS	1,375,906	10.37%	1,384,089	(8,183)
CC - Behavioral Health	451,117	15.28%	447,090	4,027
CC Medicaid Expansion-Physical Health	1,717,142	14.40%	1,708,637	8,505
CC Medicaid Expansion-Behavioral Health	200,305	18.41%	199,086	1,219
<b>Centennial Care MCO Subtotal</b>	<b>5,753,152</b>	<b>11.50%</b>	<b>5,714,685</b>	<b>38,468</b>

# MEDICAID BUDGET PROJECTION

## FY21 EXPENDITURES

Description	FY21 Total (\$000s)	% Change from FY20	Previous Projection	Change from Previous
Medicare Part B	169,166	8.36%	167,18	1,978
Medicare Part D	35,993	-4.84%	41,284	(5,291)
<b>Medicare Subtotal</b>	<b>206,817</b>	<b>5.78%</b>	<b>210,148</b>	<b>(3,331)</b>

# MEDICAID BUDGET PROJECTION

## FY21 EXPENDITURES

Description	FY21 Total (\$000s)	% Change from FY20	Previous Projection	Change from Previous
Health Information Technology	3,950	-50.63%	8,000	(4,050)
SB246 Health Care Quality Surcharge	10,328	5.39%	12,372	(2,044)
COVID-19 Related Expenditures	38,900	96.66%	39,468	(568)
<b>Grand Total</b>	<b>7,336,127</b>	<b>10.00%</b>	<b>7,313,020</b>	<b>23,107</b>

# MEDICAID BUDGET PROJECTION

## FY21 REVENUES

Description	FY21 Revenues (\$000s)	Change from Previous
Department of Health	125,458	(7,885)
Department of Health Additional Need/Surplus	(7,146)	4,937
Department of Health Supports Waiver	6,200	(800)
Tobacco Settlement Revenue	17,000	17,000
UNM IGT	68,573	(7,739)
Health Care & Disability Health Care Facility Funds	34,443	(1,022)
Physician UPL UNM	1,160	(350)
General Fund Need	973,662	(67,278)
<b>State Revenue Surplus / (Shortfall)</b>	<b>(21,494)</b>	<b>50,196</b>

# FY2022 PROJECTION

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# MEDICAID BUDGET PROJECTION

## FY2022 EXPENDITURES

Description	FY22 Total (\$000s)	% Change from FY21	Previous Projection	Change from Previous
DSH/GME/IME	200,596	1.63%	210,408	(9,812)
Hospital Access Payments	12,012	-61.50%	-	12,012
IHS Hospital	120,103	1.65%	121,606	(1,504)
BH FFS	37,701	0.90%	36,406	1,295
<b>Fee-For-Service Subtotal</b>	<b>734,767</b>	<b>-1.65%</b>	<b>733,328</b>	<b>1,439</b>



# MEDICAID BUDGET PROJECTION FY2022 EXPENDITURES

Description	FY22 Total (\$000s)	% Change from FY21	Previous Projection	Change from Previous
DD & MF Traditional, and Mi Via Waivers	523,377	5.48%	519,353	4,024
Supports Waiver	27,113	4.67%	27,113	-
<b>Waivers Subtotal</b>	<b>550,490</b>	<b>5.44%</b>	<b>546,466</b>	<b>4,024</b>

# MEDICAID BUDGET PROJECTION FY2022 EXPENDITURES

Description	FY22 Total (\$000s)	% Change from FY21	Previous Projection	Change from Previous
CC - Physical Health	2,040,036	1.52%	2,028,396	11,641
CC – LTSS	1,390,401	1.04%	1,398,682	(8,281)
CC Medicaid Expansion- P.H.	1,625,681	-5.37%	1,695,262	(69,580)
CC Medicaid Expansion-B.H.	190,596	-4.87%	198,967	(8,371)
<b>CC MCO Subtotal</b>	<b>5,696,623</b>	<b>-0.95%</b>	<b>5,770,693</b>	<b>(74,070)</b>

# MEDICAID BUDGET PROJECTION FY2022 EXPENDITURES

Description	FY22 Total (\$000s)	% Change from FY21	Previous Projection	Change from Previous
Medicare Part B	181,580	7.34%	179,890	1,689
Health Information Technology	2,000	-75.00%	8,000	(6,000)
<b>Grand Total</b>	<b>7,232,119</b>	<b>-1.28%</b>	<b>7,304,825</b>	<b>(72,706)</b>

# MEDICAID BUDGET PROJECTION

## FY2022 REVENUES

Description	FY22 Revenues (\$000s)	Change from Previous
Department of Health (Line 15)	121,000	-
Department of Health Transfer from Prior Year Fund Balance	16,711	16,711
Department of Health Additional Need /(Surplus)	1,806	(15,644)
UNM IGT	76,227	(414)
FY2021 Appropriation	1,076,462	
FY2021 3% reduction from 2020 Special Session	(32,294)	
Tobacco Swap (reflected in operating transfers)	(17,000)	
FY21 Adjusted Operating Budget	1,027,168	
FY2022 3% reduction from FY2021	(30,815)	
FY2022 Appropriation Projection	996,353	
General Fund Need	1,158,151	(6,133)
<b>State Revenue Surplus / (Shortfall)</b>	<b>(161,799)</b>	<b>6,133</b>

\*Tobacco Swap is a net zero general fund impact

# 1115 DEMONSTRATION WAIVER AMENDMENT 2

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# EXPANSION OF SMI/SED RESIDENTIAL TREATMENT

- Institutions for Mental Disease (IMDs) allow for inpatient recovery for individuals with Severe Mental Illness/Serious Emotional Disorder (SMI/SED) and Substance Use Disorder (SUD) comorbidity in a supported environment - individuals are allowed services for a maximum of 15 days
- Individuals with no co-existing SUD between the ages of 21 and 64 are currently restricted from these residential services for treatment of SMI/SED
- 1115 Waiver amendment is intended to increase service availability for this population by allowing admission without SUD comorbidity as well as extending allowable covered days
- Anticipated outcomes include an increase in community reintegration as well as a decrease in re-admission for this population



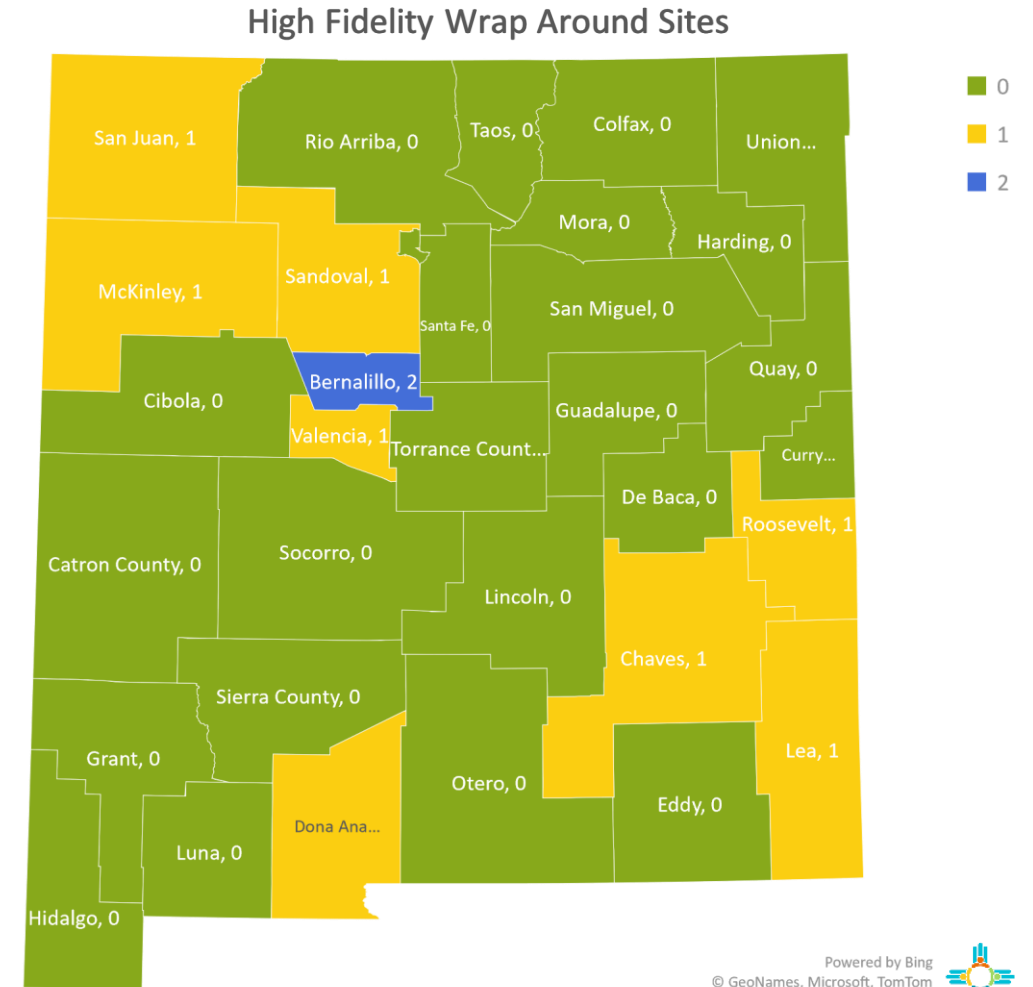
Percentage of the adult population, age 18 and over, living with SMI in the past year<sup>1</sup>



**Nearly one in four** adults with SMI lived below the **poverty line** in the past year<sup>4</sup>

# HIGH FIDELITY WRAP AROUND

- High Fidelity Wraparound services, intensive case management, and intensive home-based services which include mobile crisis response services and evidence-based, well-supported, or promising trauma-responsive therapies will be available to every child in state custody for whom they are medically necessary
- High-Fidelity Wraparound services are currently provided by 8 Providers operating in 9 counties: Bernalillo, Valencia, Sandoval, San Juan, McKinley, Las Cruces, Lea, Roosevelt, Chaves. The sites in Bernalillo, San Juan, Sandoval, Valencia and Chaves Counties are fully operational and the McKinley and Dona Ana County sites are currently under development but able to provide services.
- The four core elements necessary to grow and sustain Wraparound are: *Value Based Infrastructure & Workforce Training; Structured Referral Process; Fidelity Monitoring, Data & Evaluation; and Sustainable Funding.*

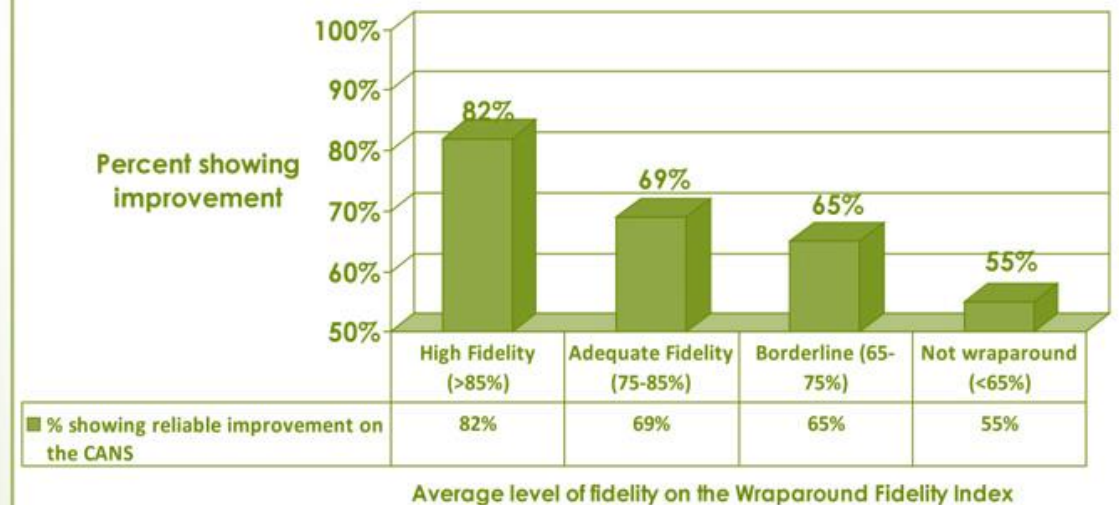


# HIGH FIDELITY WRAP AROUND

- Below are outcomes related to permanency and quality of life.
- Of those children/youth who completed Wraparound
  - 76% discharged to a family setting, as opposed to 46% of those who did not complete it.
  - 70% children/youth who completed Wraparound stated their quality of life had improved greatly as opposed to 4% of those who did not complete it.
- Clearly Wraparound has a positive effect on New Mexico's families and communities.

Outcome:	Among those Completing Wrap	Among those NOT Completing Wrap
Discharged to a community family setting	76%	46%
Stated "life had improved greatly"	70%	4%
<ul style="list-style-type: none"> <li>56% increase in community supports</li> <li>58% decrease in CYFD involvement</li> <li>60% increase in nurturing parenting</li> <li>77% improvement in overall child health</li> <li>65% increase in positive behavior</li> <li>62% increase in improvement in safety</li> <li>73% increase in school or work function</li> </ul>		
Met or exceed goals	72%	16%

## Higher fidelity is associated with better child and youth outcomes



Effland, McIntyre, & Walton, 2010



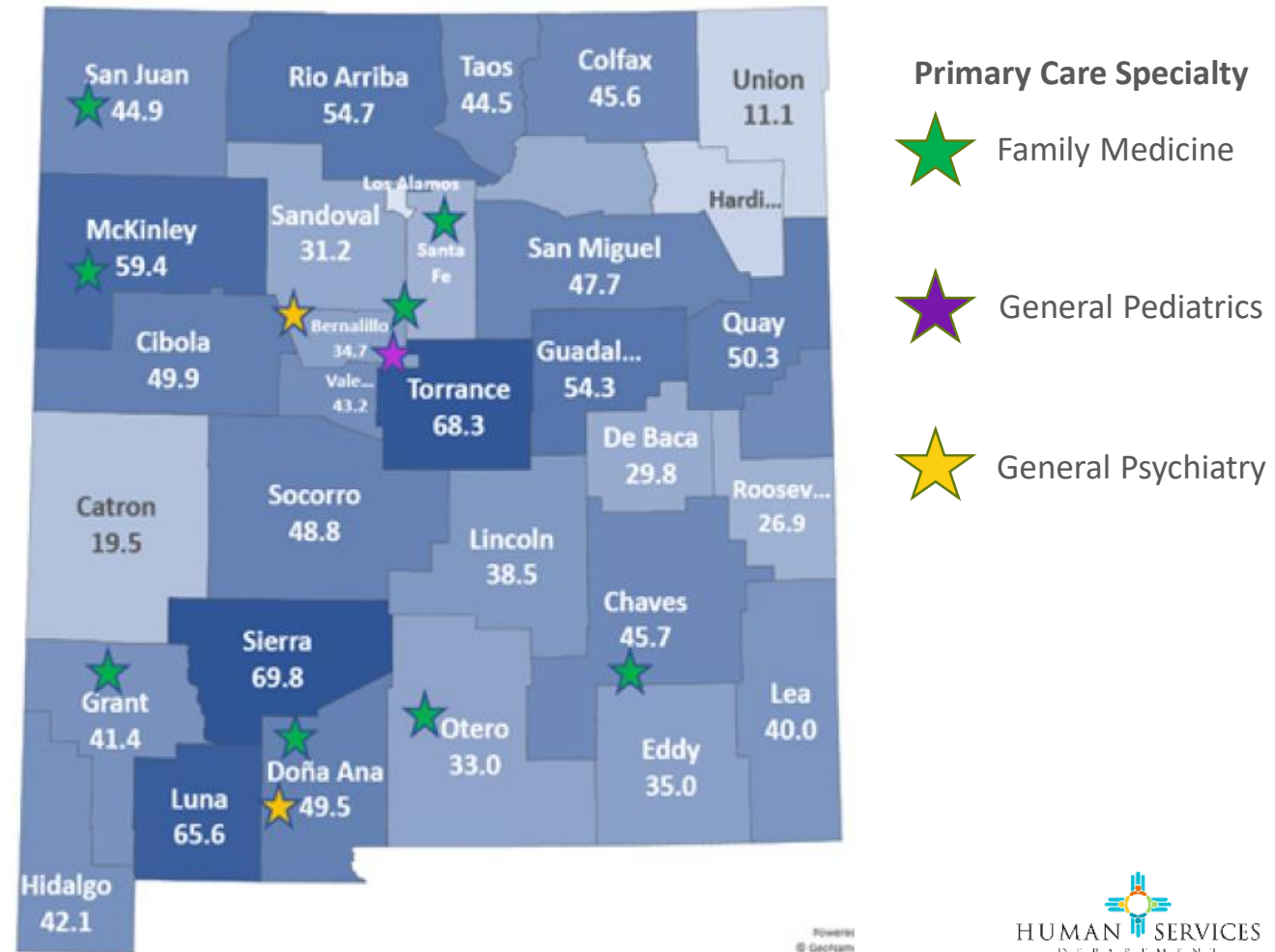
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# PRIMARY CARE HEALTHCARE WORKFORCE

- Establish a Primary Care Graduate Medical Education (GME) funding mechanism to develop new and expanded GME programs focusing on the specialties of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine.
  - Investment in primary care physician workforce yields significant economic returns.
    - Each physician supports \$3,166,901 in output, an average of 17.07 jobs, ~\$1.4 million in total wages and benefits, and \$126,000 in state and local tax revenues.
    - Increase in one primary care physician per 10,000 individuals results in: 1) 11% decrease in ED visits; 2) 6% decrease in hospital inpatient admissions; and, 3) 7% decrease in surgery utilization.
- Establish an alternative payment methodology to support workforce development.

New and Expanding Primary Care GME Programs, December 2019; Medicaid Enrollment as a Percentage of Population by County, October 2019



# PUBLIC COMMENT

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HUMAN  
SERVICES  
DEPARTMENT



# ADJOURNMENT

*INVESTING FOR TOMORROW, DELIVERING TODAY.*