HUMAN SERVICES DEPARTMENT

NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
NOVEMBER 8, 2021

MEDICAL ASSISTANCE DIVISION

INVESTING FOR TOMORROW, DELIVERING TODAY.

MEETING PROTOCOLS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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MEETING PROTOCOLS

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

INTRODUCTIONS

NICOLE COMEAUX, 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. August 2021 Minutes
6. Budget Projections
7. Medicaid 2022 Priorities
8. Provider Rate Benchmarking
9. HCBS ARPA Spending Plan
10. 988 Planning and Implementation
11. 1115 Demonstration Waiver Amendment #2
12. Kevin S. Settlement Update
13. MMISR Update
14. Health Coverage Options for Afghan Evacuees
15. COVID-19 Vaccination Workgroup
16. 2022 MAC Meeting Schedule and Tentative Agenda
17. Public Comment
18. Adjournment

AUGUST 2021 MINUTES

LARRY MARTINEZ, MAC CHAIRMAN

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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.

BUDGET PROJECTIONS

ELISA WALKER-MORAN, MEDICAID DEPUTY DIRECTOR

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MEDICAID BUDGET AGENDA

- Public Health Emergency Update
- Enrollment
- FY 21 Lag Model
- FY 22 Trend Model
- FY 23 Trend Model (Submitted Budget Request on September 1, 2021)
- Risk Factors in the Budget

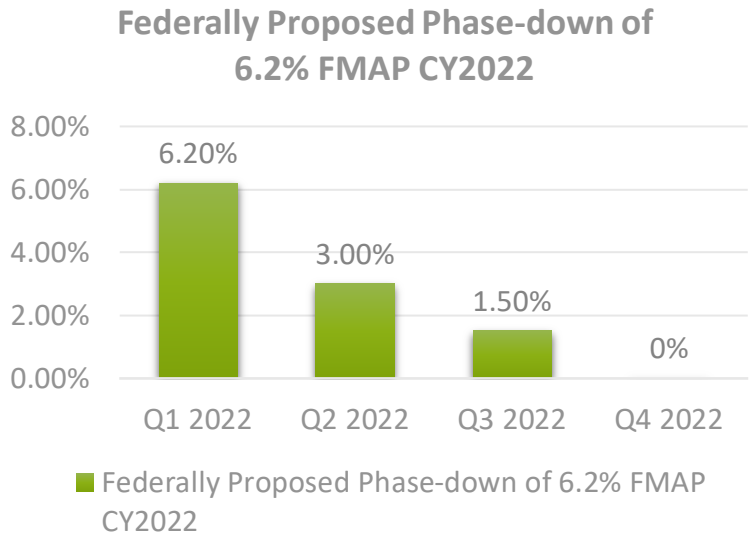
MEDICAID BUDGET PROJECTION & ASSUMPTIONS

- The Medicaid budget projection is produced quarterly by economists in the Budget Planning and Reporting Bureau at the Medical Assistance Division of the New Mexico Human Services Department.
- This is a partial projection with updated managed care cost lines, FFS and MC enrollment projections
- Assumptions in this projection:
  - Public Health Emergency (PHE) ends January 16, 2022
    - 6.2% enhanced FMAP ends March 31, 2022
    - MOE ends March 31, 2022
  - Redeterminations begin March 31, 2022, and federally required roll off of ineligible individuals occurs over 3 months

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

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

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



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

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PUBLIC HEALTH EMERGENCY UPDATE

6.2% FMAP EXTENSION TIMELINE

- https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx
- Secretary Azar first declared COVID-19 a nationwide public health emergency (PHE) on January 27, 2020, utilizing his authority under Sec. 319 of the Public Health Service Act.
- Letter from CMS on extension: "To assure you of our commitment to the ongoing response, we have determined that the PHE will likely remain in place for the entirety of 2021, and when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to termination"
- NEW GUIDANCE 8/13: states have 12 months from end of PHE to roll off MOE population

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DURATION OF FMAP INCREASES

	FFY 2019	FFY 2020	FFY 2020 6.2% increase	FFY 2021	FFY 2021 6.2% increase	FFY 2022	FFY2022 6.2% increase	FFY2023
FMAP	72.26%	72.71%	**78.91%**	73.46%	**79.66%**	73.71%	**79.91%**	**73.26%**
E-FMAP	80.58%	80.90%	**85.24%**	81.42%	**85.00%**	81.60%	**85%**	**81.28%**
CHIP E-FMAP	100%	92.40%	**96.74%**	81.42%	**85.00%**	81.60%	**85%**	**81.28%**
Expansion FFP CY	93%	90%	-	90%	-	90%	**90%**	**90%**
HCBS FMAP + 10%					**89.66%**		**89.91%**	-

- **CHIP E- FMAP**
  - 100% expired September 30, 2019.
  - Phase-out increased to states' E-FMAP by 11.5% through September 30, 2020.
  - E-FMAP reverted back on October 1, 2020.
- **Expansion FMAP -** is in effect by calendar year (CY) starting in 2014.
- **6.2% FMAP increase -** Families First Coronavirus Response Act (FFCRA) increased FMAP through the end of the quarter in which the public health emergency ends.
- COVID-19 testing and related services for uninsured are 100% FFP
- The final FFY2023 FMAP decreased from the preliminary FMAP of 73.62%

MEDICAID FMAP AND 6.2% INCREASE IMPACT

Federal Fiscal Year 2022 FMAP with 6.2% Increase

	Pre-PHE Federal and State FFP			Policy Adjusted Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal to State)	Federal Match with 6.2%	State Match w/ 6.2% *	Ratio (Federal to State)
Traditional (PH & LTSS)	73.71%	26.29%	2.80	79.91%	20.09%	3.98
Chip EFMAP	81.60%	18.40%	4.43	85.00%	15.00%	5.67
Other Adult Group (CY21)	90.00%	10.00%	9.00	90.00%	10.00%	9.00
State FY Blended FFP	78.47%	21.53%	**3.64**	81.27%	18.73%	**4.34**

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

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MEDICAID FMAP AND 6.2% INCREASE IMPACT

Federal Fiscal Year 2023 FMAP without 6.2% Increase			
	Post-PHE Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal to State)
Traditional (PH & LTSS)	73.26%	26.74%	2.74
Chip EFMAP	81.28%	18.72%	3.91
Other Adult Group (CY21)	90.00%	10.00%	9.00
State FY Blended FFP	78.11%	21.89%	**3.57**

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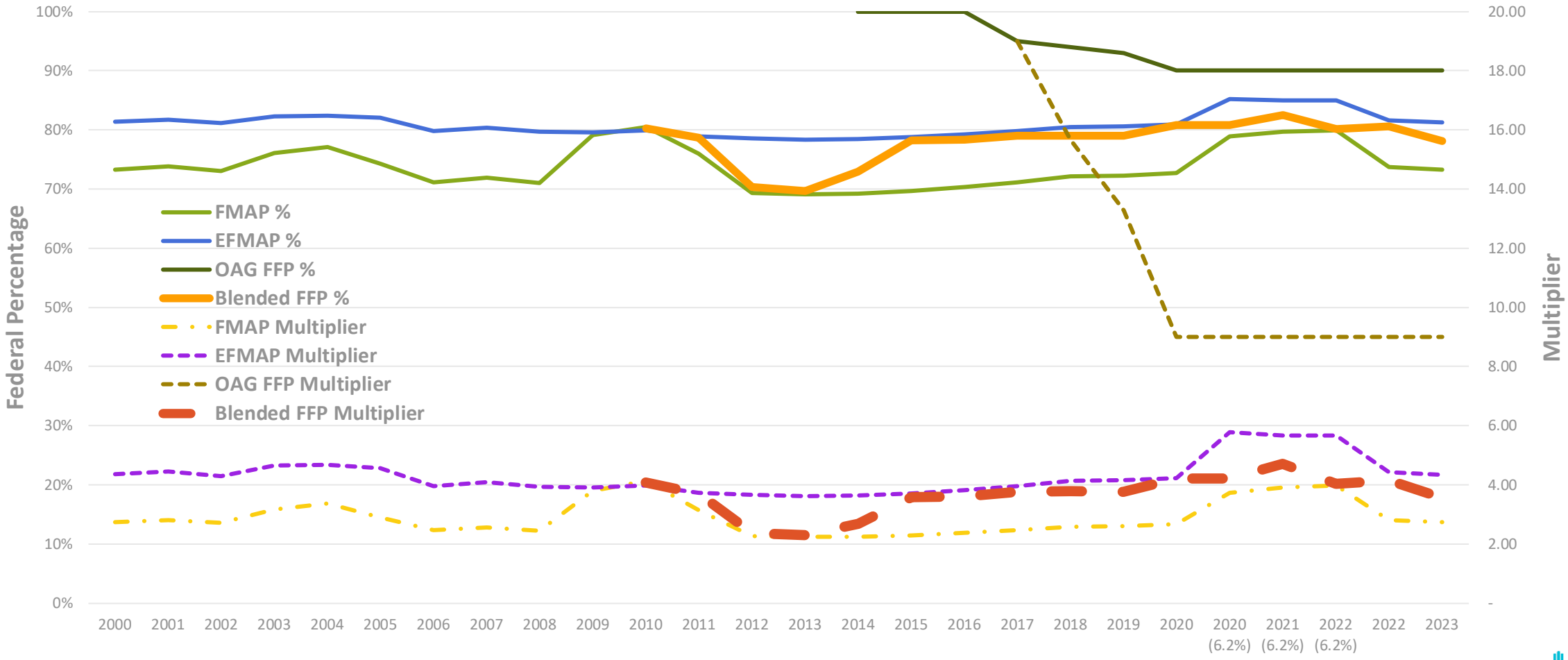
HISTORICAL NM FMAP (MEDICAID) AND EFMAP (CHIP)



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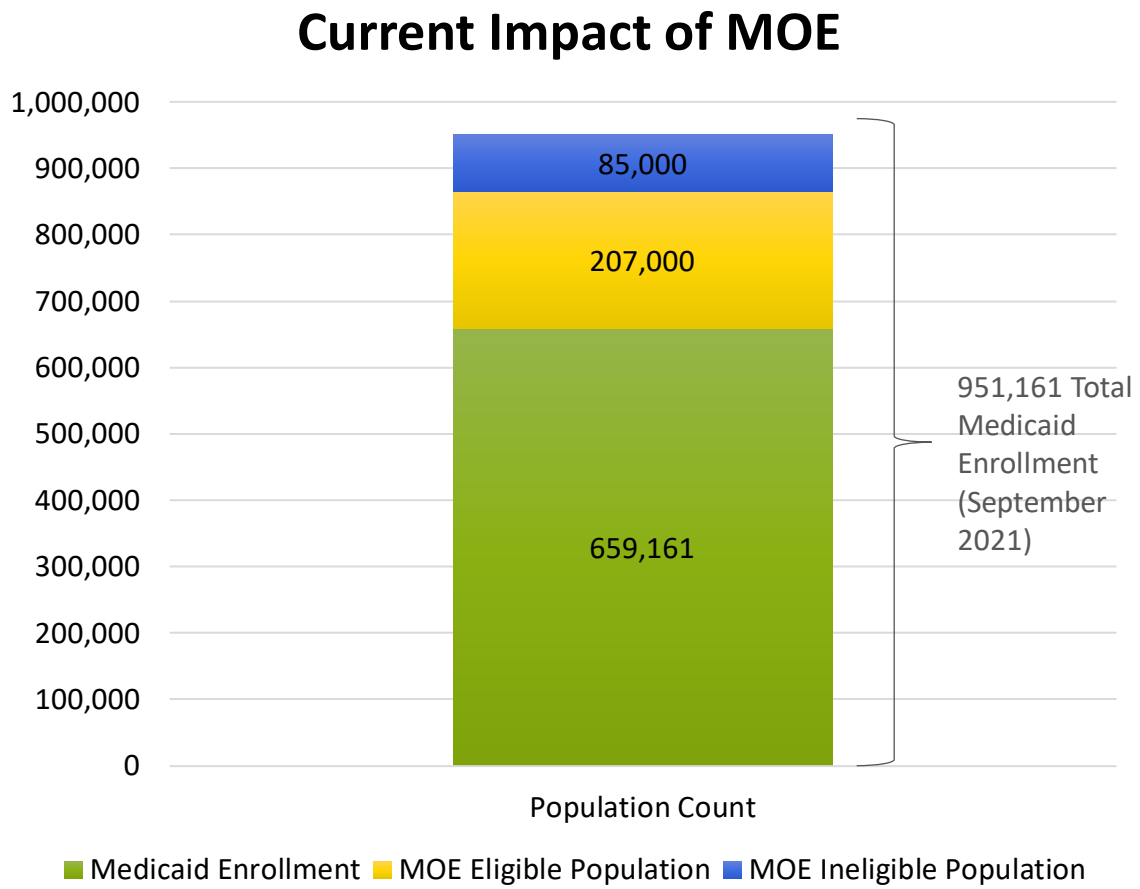
MEDICAID 6.2% INCREASED MATCH: MAINTENANCE OF EFFORT (MOE) REQUIREMENT

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



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MAINTENANCE OF EFFORT POPULATIONS

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

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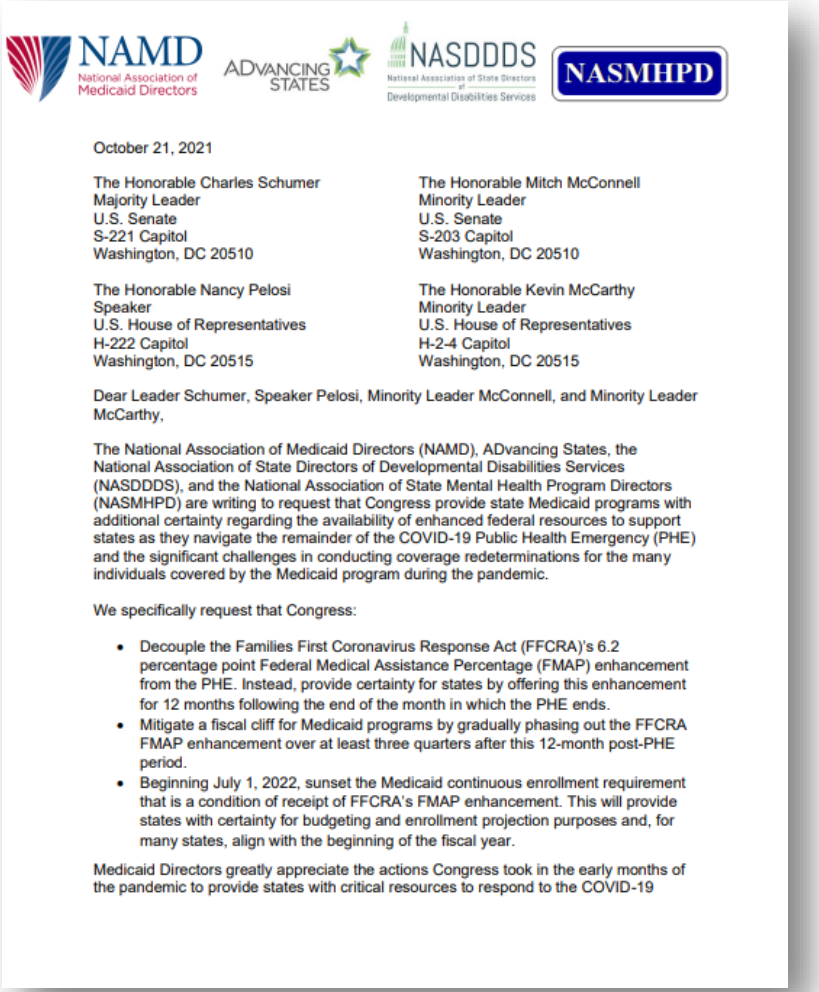
NAMD ASK LETTER

- We specifically request that Congress:
  1. Decouple 6.2% FMAP enhancement from the PHE and offer for 12 months following the end of the month in which the PHE ends.
  2. Mitigate a fiscal cliff for Medicaid programs by gradually phasing out the FFCRA FMAP enhancement over at least three quarters after this 12-month post-PHE period.
  3. July 1, 2022, sunset the Medicaid maintenance of effort requirement to provide states with certainty for budgeting and enrollment projection purposes and, for many states, align with the beginning of the fiscal year.



NAMD National Association of Medicaid Directors · ADVANCING STATES · NASDDDS National Association of State Directors of Developmental Disabilities Services · NASMHPD

October 21, 2021

The Honorable Charles Schumer
Majority Leader
U.S. Senate
S-221 Capitol
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
S-203 Capitol
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-222 Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-2-4 Capitol
Washington, DC 20515

Dear Leader Schumer, Speaker Pelosi, Minority Leader McConnell, and Minority Leader McCarthy,

The National Association of Medicaid Directors (NAMD), ADvancing States, the National Association of State Directors of Developmental Disabilities Services (NASDDDS), and the National Association of State Mental Health Program Directors (NASMHPD) are writing to request that Congress provide state Medicaid programs with additional certainty regarding the availability of enhanced federal resources to support states as they navigate the remainder of the COVID-19 Public Health Emergency (PHE) and the significant challenges in conducting coverage redeterminations for the many individuals covered by the Medicaid program during the pandemic.

We specifically request that Congress:

- Decouple the Families First Coronavirus Response Act (FFCRA)'s 6.2 percentage point Federal Medical Assistance Percentage (FMAP) enhancement from the PHE. Instead, provide certainty for states by offering this enhancement for 12 months following the end of the month in which the PHE ends.
- Mitigate a fiscal cliff for Medicaid programs by gradually phasing out the FFCRA FMAP enhancement over at least three quarters after this 12-month post-PHE period.
- Beginning July 1, 2022, sunset the Medicaid continuous enrollment requirement that is a condition of receipt of FFCRA's FMAP enhancement. This will provide states with certainty for budgeting and enrollment projection purposes and, for many states, align with the beginning of the fiscal year.

Medicaid Directors greatly appreciate the actions Congress took in the early months of the pandemic to provide states with critical resources to respond to the COVID-19

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

MEDICAID BUDGET UPDATE: EXPENDITURES

- **This projection presents a 3-month MOE roll-off**
- The estimated expenditures in FY21 are $7.3 billion
- The estimated expenditures in FY22 are $7.8 billion
- The estimated expenditures in FY23 are $7.9 billion

Budget Projection – Expenditures ($000s)	FY2021	FY2022	FY2023
Fee-For-Service	$754,167	$738,608	$755,470
DD & MF Traditional, and Mi Via Waivers	$485,093	$540,031	$557,971
Centennial Care MCO	$5,783,569	$6,135,500	$6,074,271
Medicare	$204,551	$229,683	$255,774
Other	$91,906	$115,615	$265,499
Total Projection (9/30/21)	$7,319,286	$7,759,437	$7,908,984
Prior Projection (6/30/21)	$7,286,918	$7,595,545	$7,801,705
Change from Prior	$32,367	$163,893	$107,279

*The current quarterly budget projection is updated with data through September 30, 2021.

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MEDICAID BUDGET UPDATE: REVENUES

- **This projection presents a 3-month MOE roll-off**
- The estimated state revenue surplus in FY21 is $45.4 million
- The estimated state revenue shortfall in FY22 is $54.5 million
- The projected additional state revenue need in FY23 is $280.0 million

Budget Projection – Revenues ($000s)	FY2021	FY2022	FY2023
Federal Revenues	$6,055,985	$6,305,303	$6,175,912
All State Revenues	$1,249,695	$1,438,577	$1,714,920
Operating Transfers In	$277,087	$289,304	$322,175
Other Revenues	$65,841	$79,378	$97,360
General Fund Need	$906,767	$1,069,895	$1,295,384
Appropriation	$952,168	$1,015,385	$1,015,385
Reversion			
State Revenue Surplus/(Shortfall)	$45,400	($54,510)	($280,000)
Change from Prior	($3,239)	$33,133	($34,834)

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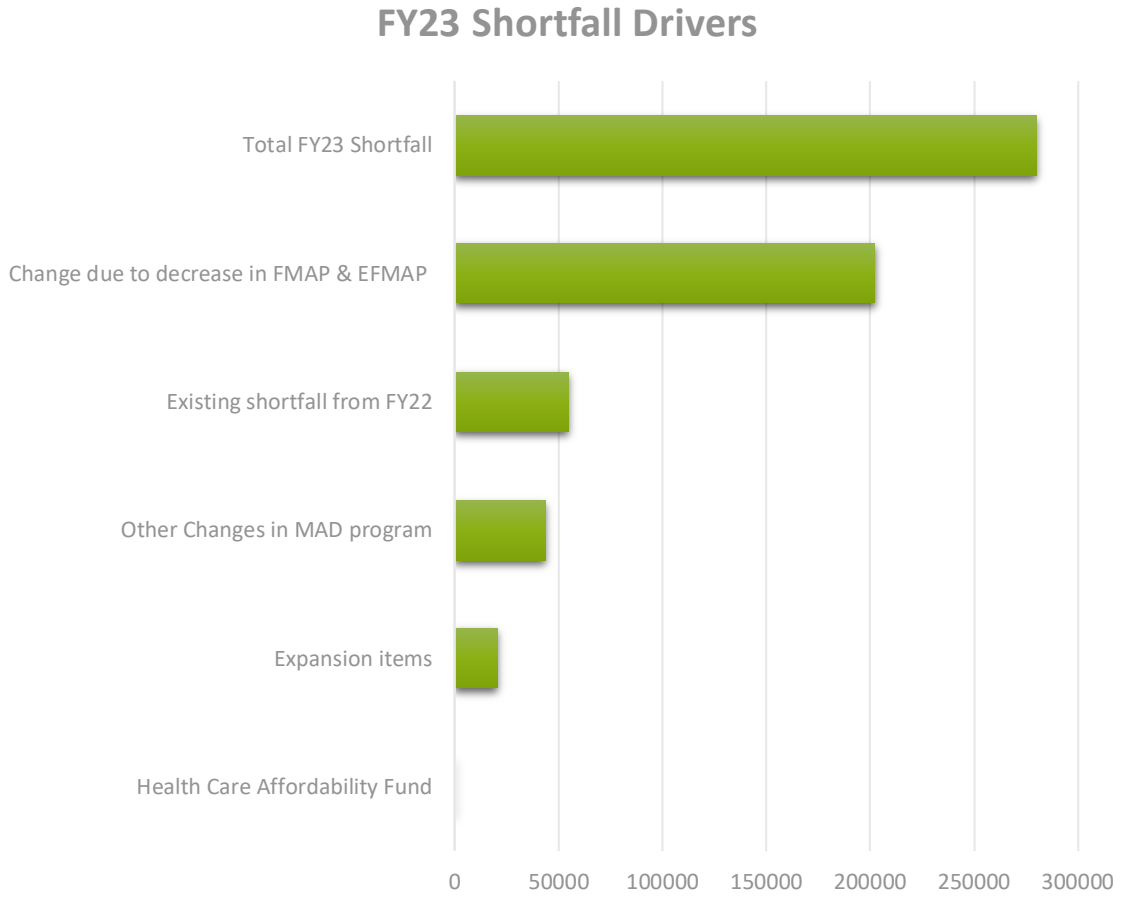
FY2023 EXPANSION REQUESTS

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

FY2023 MAD SHORTFALL DRIVERS

What is built into the FY2023 Shortfall:	General Fund ($000s)	% Total
Total FY23 Shortfall	(280,000)	100.0%
Change due to decrease in FMAP & EFMAP	(202,256)	72.2%
Existing shortfall from FY22	(54,510)	19.5%
Other Changes in MAD program	(43,658)	15.6%
Expansion items	(20,424)	7.3%
Health Care Affordability Fund	0	0%



This projection presents a 3-month MOE roll-off

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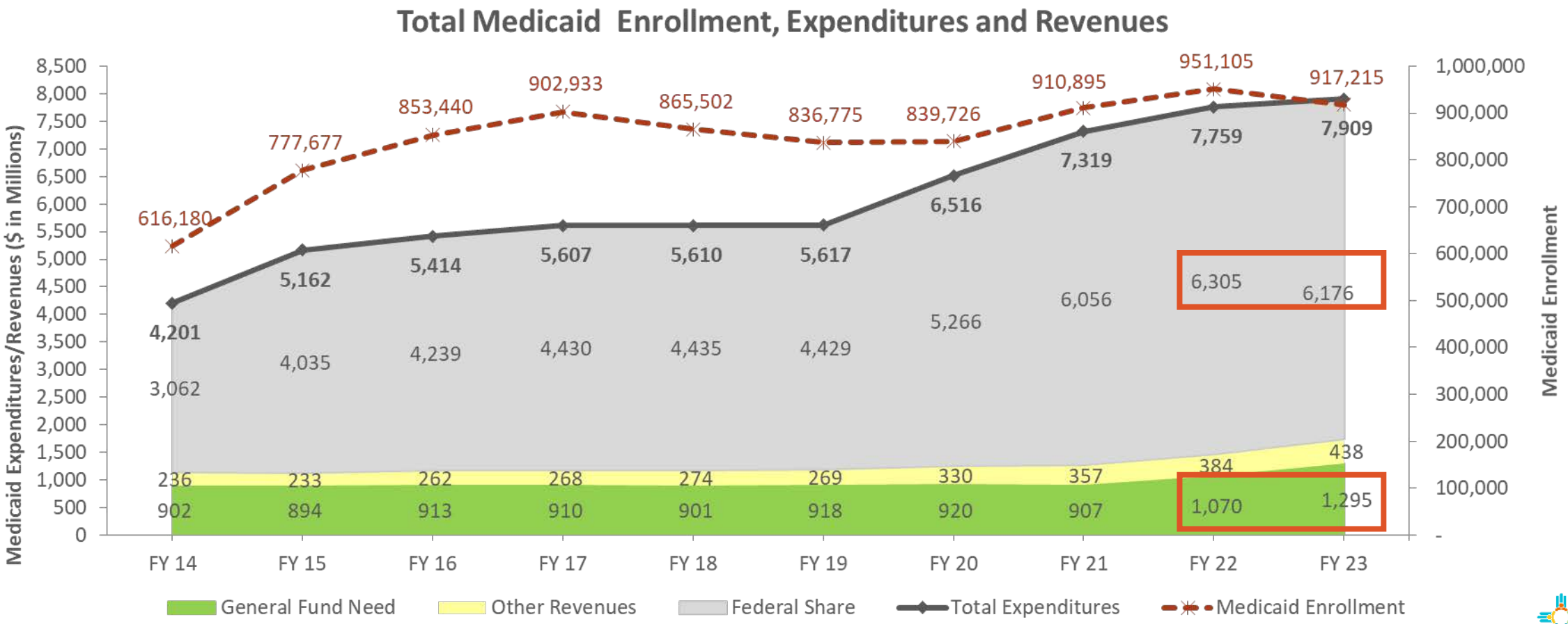
FEDERAL REVENUE SUPPORTING MEDICAID PROGRAM



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ENROLLMENT PROJECTION ASSUMPTIONS
3-MONTH MOE ROLL-OFF

MEDICAID ENROLLMENT PROJECTION IN CONTEXT

- 951,161 total beneficiaries in September 2021
- 961,100 anticipated by December 2021 (enrollment growth since Feb 2020)
- 969,390 anticipated by March 2022 (6.2% ends 3/31/2022)
- 82.8% are enrolled in managed care in FY 2022
- 44.9% (up from 40% pre-COVID) of all New Mexicans are enrolled in Medicaid in FY 2022
- 39.6% of beneficiaries are children in FY 2022
- 62% (up from 56% pre-COVID) of New Mexico children are enrolled in Medicaid
- 71% of all newborns in New Mexico are covered by Medicaid

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MEDICAID ENROLLMENT CHANGES

- Growth in Medicaid/CHIP enrollment through March 2022 reflects:
  - COVID-19 Public Health Emergency
  - MOE requirements
  - The current unemployment and employment data
  - Existing MOE eligibility redeterminations and transitional Medicaid enrollments

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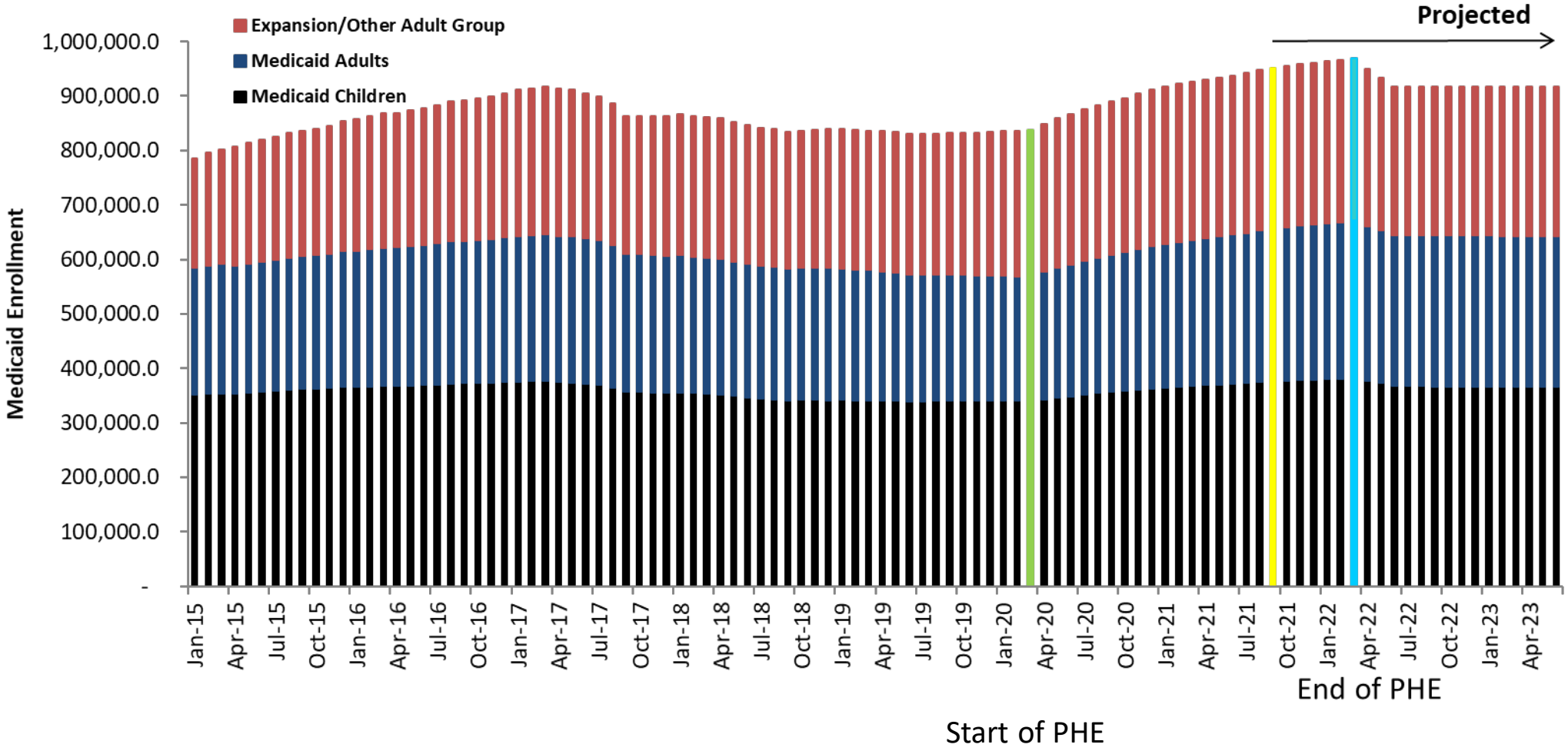
NEW MEXICO MEDICAID ENROLLMENT



June 2023 Projected Enrollment

Expansion/OAG: 275,283

Medicaid Adults: 275,628

Medicaid Children: 367,070

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TOTAL ENROLLMENT PROJECTION (FFS & MCO)

NM MEDICAID ENROLLMENT PROJECTION FY21

		Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP			
		Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)						
	Month-Year	Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs &QI1s Estimated		Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2021	Jul-20	507,647	507,619	45,731	30,034	13,356	596,740	278,472	278,471	875,211	(27)	8,839	4.8%
	Aug-20	513,940	513,920	45,502	30,286	13,427	603,135	280,354	280,355	883,490	(12)	8,279	5.8%
	Sep-20	518,944	518,941	45,361	30,557	13,497	608,356	281,485	281,493	889,849	30	6,360	6.5%
	Oct-20	523,811	523,832	45,330	30,818	13,568	613,548	282,689	282,692	896,240	118	6,391	7.3%
	Nov-20	528,684	528,747	45,413	31,056	13,639	618,855	285,376	285,363	904,218	11	7,978	8.2%
	Dec-20	533,208	533,342	45,558	31,306	13,710	623,916	288,573	288,553	912,469	122	8,251	9.2%
	Jan-21	537,237	537,482	45,480	31,670	13,780	628,412	289,492	289,444	917,856	343	5,388	9.9%
	Feb-21	540,660	541,060	45,293	31,921	13,851	632,125	290,281	290,211	922,336	437	4,480	10.4%
	Mar-21	544,148	544,741	45,159	32,166	13,922	635,988	290,898	290,801	926,789	498	4,453	10.9%
	Apr-21	547,301	548,119	44,159	32,501	13,993	638,772	291,661	291,554	930,326	17	3,537	11.4%
	May-21	549,997	551,277	44,087	32,744	14,063	642,171	292,058	291,910	934,081	0	3,756	11.8%
	Jun-21	553,069	554,368	44,045	33,017	14,134	645,564	292,497	292,308	937,872	693	3,791	12.3%

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NM MEDICAID ENROLLMENT PROJECTION FY22

	Month-Year	Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP			
		Full Benefit		Partial Benefit									
		Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs &QI1s Estimated	Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2022	Jul-21	556,651	557,963	43,998	33,312	13,356	648,629	292,805	292,998	941,627	1,663	3,755	12.7%
	Aug-21	560,239	561,996	44,056	33,571	13,427	653,050	293,628	294,079	947,129	3,181	5,502	13.4%
	Sep-21	562,026	565,125	43,996	33,812	13,497	656,430	293,680	294,731	951,161	4,155	4,033	13.9%
	Oct-21		568,039	43,984	33,831	13,568	659,422		295,403	954,825	3,892	3,664	14.3%
	Nov-21		570,809	43,661	33,846	13,639	661,955		296,073	958,028	3,109	3,203	14.7%
	Dec-21		573,435	43,340	33,868	13,710	664,353		296,740	961,093	3,478	3,065	15.0%
	Jan-22		575,918	43,021	33,871	13,780	666,590		297,404	963,994	26,704	2,902	15.4%
	Feb-22		578,257	42,705	33,885	13,851	668,698		298,065	966,763	49,058	2,769	15.7%
	Mar-22		580,452	42,391	33,902	13,922	670,667		298,723	969,390	70,345	2,627	**16.0%**
	Apr-22		568,129	44,201	33,920	13,993	660,243		289,555	949,798	51,800	(19,592)	13.7%
	May-22		555,806	48,911	33,926	14,063	652,706		280,387	933,093	36,081	(16,704)	11.7%
	Jun-22		543,483	53,586	33,934	14,134	645,137		271,219	916,356	20,362	(16,737)	9.7%

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NM MEDICAID ENROLLMENT PROJECTION FY23

		Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP			
		Full Benefit		Partial Benefit									
	Month-Year	Reported	Estimated	Family Planning Estimated	QMBs Estimated	SLIMBs &QI1s Estimated	Estimated Total Base Population (D+E+F+G)	Reported	Estimated	Estimated (H+J)	Change from Prior Projection	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2023	Jul-22		543,650	53,192	33,942	14,134	644,918		271,558	916,476	19,476	120	9.7%
	Aug-22		543,816	52,801	33,962	14,134	644,713		271,897	916,610	18,603	134	9.7%
	Sep-22		543,980	52,413	33,980	14,134	644,507		272,235	916,742	17,727	132	9.7%
	Oct-22		544,143	52,027	33,999	14,134	644,303		272,574	916,877	16,852	135	9.8%
	Nov-22		544,304	51,644	34,014	14,134	644,096		272,912	917,008	15,972	131	9.8%
	Dec-22		544,463	51,264	34,036	14,134	643,897		273,251	917,148	15,100	140	9.8%
	Jan-23		544,621	50,887	34,039	14,134	643,681		273,590	917,271	14,209	123	9.8%
	Feb-23		544,777	50,513	34,053	14,134	643,477		273,928	917,405	13,329	134	9.8%
	Mar-23		544,932	50,141	34,070	14,134	643,277		274,267	917,544	12,452	139	9.8%
	Apr-23		545,085	49,772	34,085	14,134	643,076		274,606	917,682	11,572	138	9.8%
	May-23		545,236	49,406	34,110	14,134	642,886		274,944	917,830	10,702	148	9.9%
	Jun-23		545,386	49,043	34,135	14,134	642,698		275,283	917,981	9,833	151	9.9%

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MANAGED CARE ENROLLMENT PROJECTION (MCO)

NM MEDICAID MANAGED CARE ENROLLMENT FY21

		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)												
		Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO			
	Month-Year	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2021	Jul-20	416,926	416,910	(16)	49,599	49,606	7	249,577	249,557	(20)	716,102	716,073	(29)	7,478	5.6%
	Aug-20	422,515	422,498	(17)	49,725	49,733	8	251,442	251,420	(22)	723,682	723,651	(31)	7,578	6.7%
	Sep-20	426,886	426,866	(20)	49,922	49,933	11	252,550	252,522	(28)	729,358	729,321	(37)	5,670	7.5%
	Oct-20	429,680	429,659	(21)	50,123	50,135	12	255,294	255,262	(32)	735,097	735,056	(41)	5,735	8.4%
	Nov-20	434,120	434,098	(22)	50,258	50,269	11	257,563	257,530	(33)	741,941	741,897	(44)	6,841	9.4%
	Dec-20	438,390	438,364	(26)	50,145	50,155	10	260,650	260,608	(42)	749,185	749,127	(58)	7,230	10.5%
	Jan-21	443,337	443,337	-	50,334	50,334	-	262,237	262,237	-	755,908	755,908	-	6,781	11.5%
	Feb-21	447,300	447,300	-	50,392	50,392	-	263,636	263,636	-	761,327	761,327	-	5,420	12.3%
	Mar-21	450,580	450,580	-	50,521	50,521	-	264,121	264,121	-	765,222	765,222	-	3,895	12.8%
	Apr-21	453,861	453,861	-	50,634	50,634	-	265,031	265,182	151	769,526	769,677	151	4,455	13.5%
	May-21	456,861	456,364	(497)	50,697	50,697	-	266,031	266,183	152	773,590	773,245	(345)	3,567	14.0%
	Jun-21	459,861	458,866	(995)	50,761	50,761	-	267,031	266,182	(849)	777,653	775,809	(1,844)	2,564	14.4%
	Total MM	**5,280,317**	**5,278,703**	**(1,614)**	**603,111**	**603,170**	**59**	**3,115,163**	**3,114,440**	**(723)**	**8,998,592**	**8,996,314**	**(2,278)**	**831,577**	

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NM MEDICAID MANAGED CARE ENROLLMENT FY22

		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO				
	Month-Year	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2022	Jul-21	462,361	461,367	(994)	50,938	50,938	-	267,781	267,385	(396)	781,081	779,691	(1,390)	3,882	15.0%
	Aug-21	464,861	463,869	(992)	51,002	51,002	-	268,531	268,586	55	784,394	783,457	(937)	3,767	15.5%
	Sep-21	466,861	466,372	(489)	51,066	51,066	-	269,031	269,789	758	786,958	787,227	269	3,770	16.1%
	Oct-21	468,861	468,873	12	51,130	51,130	-	269,531	270,993	1,462	789,522	790,996	1,474	3,769	16.6%
	Nov-21	470,361	471,376	1,015	51,194	51,194	-	269,781	272,196	2,415	791,336	794,766	3,430	3,770	17.2%
	Dec-21	471,861	473,878	2,017	51,258	51,258	-	270,031	273,398	3,367	793,150	798,534	5,384	3,768	17.7%
	Jan-22	461,713	476,381	14,668	51,322	51,322	-	259,761	274,600	14,840	772,795	802,303	29,508	3,769	18.3%
	Feb-22	451,565	478,882	27,317	51,386	51,386	-	249,490	275,803	26,313	752,441	806,071	53,631	3,768	18.9%
	Mar-22	441,417	481,384	39,967	51,450	51,450	-	239,219	277,004	37,785	732,086	809,838	77,752	3,767	**19.4%**
	Apr-22	441,969	471,015	29,046	51,514	51,514	-	239,518	266,169	26,651	733,001	788,698	55,697	(21,140)	16.3%
	May-22	442,521	460,646	18,125	51,579	51,579	-	239,818	255,334	15,516	733,918	767,558	33,641	(21,140)	13.2%
	Jun-22	443,074	450,276	7,202	51,643	51,643	-	240,118	244,499	4,382	734,835	746,419	11,584	(21,140)	10.1%
	Total MM	**5,487,426**	**5,624,321**	**136,895**	**615,481**	**615,481**	**-**	**3,082,611**	**3,215,758**	**133,147**	**9,185,517**	**9,455,560**	**270,042**	**459,246**	

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NM MEDICAID MANAGED CARE ENROLLMENT FY23

		Estimated Member Months in Centennial Care Managed Care Organizations (CC MCO)													
		Physical Health			Long Term Services and Supports			Medicaid Expansion			Total CC MCO				
	Month-Year	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	(Prior)	(Current)	Change from Prior	Month over Month Change	% Change to Pre-PHE (Feb 20).
SFY 2023	Jul-22	443,628	450,839	7,211	51,708	51,708	-	240,418	244,805	4,387	735,753	747,352	11,598	933	10.2%
	Aug-22	444,182	451,403	7,220	51,772	51,772	-	240,718	245,111	4,393	736,673	748,286	11,613	934	10.3%
	Sep-22	444,738	451,967	7,229	51,837	51,837	-	241,019	245,417	4,398	737,594	749,221	11,627	935	10.5%
	Oct-22	445,294	452,532	7,238	51,902	51,902	-	241,320	245,724	4,404	738,516	750,158	11,642	937	10.6%
	Nov-22	445,850	453,097	7,247	51,967	51,967	-	241,622	246,031	4,409	739,439	751,095	11,656	938	10.7%
	Dec-22	446,408	453,664	7,256	52,032	52,032	-	241,924	246,339	4,415	740,363	752,034	11,671	939	10.9%
	Jan-23	446,966	454,231	7,265	52,097	52,097	-	242,227	246,647	4,420	741,289	752,974	11,685	940	11.0%
	Feb-23	447,524	454,799	7,274	52,162	52,162	-	242,529	246,955	4,426	742,215	753,916	11,700	941	11.2%
	Mar-23	448,084	455,367	7,284	52,227	52,227	-	242,832	247,264	4,431	743,143	754,858	11,715	942	11.3%
	Apr-23	448,644	455,936	7,293	52,292	52,292	-	243,136	247,573	4,437	744,072	755,802	11,729	944	11.4%
	May-23	449,205	456,506	7,302	52,358	52,358	-	243,440	247,882	4,442	745,002	756,746	11,744	945	11.6%
	Jun-23	449,766	457,077	7,311	52,423	52,423	-	243,744	248,192	4,448	745,934	757,692	11,759	946	11.7%
	Total MM	**5,360,288**	**5,447,418**	**87,131**	**624,777**	**624,777**	**-**	**2,904,930**	**2,957,939**	**53,008**	**8,889,995**	**9,030,134**	**140,139**	**(425,426)**	

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RISK FACTORS IN THE BUDGET

RISK FACTORS IN THE BUDGET: FY21 AND FY22

- Built into FY21 and FY22 budget:
  - Preliminary expectations of outcomes from MOE eligibility redeterminations and transitional Medicaid Enrollments
  - Workforce Participation, and incentives for job search activity associated with stimulus/relief policies
  - High fidelity wrap around
  - Affordability fund appropriation to address tax beginning in 1/2022
  - Extending post-partum Medicaid from 60 days to 12 months begins 4/2022
  - Extending MOE roll-off for 3 months after end of PHE (March 2022)
  - Build Back Better Plan
- Not built in:
  - The role of potential cost containment in mitigating FY22 projected shortfall
  - Extending MOE roll-off for 12 months after end of PHE
  - Refugee resettlement population
  - Ventilator Wing in Nursing Facilities coverage
  - Annual cost of administering COVID-19 vaccinations
  - PHE is extended – MOE population impacts

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MEDICAID 2022 PRIORITIES

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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MCO PROCUREMENT

- The current Managed Care Organization (MCO) Contracts have been extended from 12/31/2022 to 12/31/2023
- MAD intends to finalize the procurement late in 2022 with readiness beginning in 2023 and the new contracts going into effect 1/1/2024.

CENTENNIAL CARE 1115 DEMONSTRATION WAIVER RENEWAL

- 1115 Demonstration Waivers are approved in five-year increments.
- Current 1115 Demonstration Waiver (Centennial Care 2.0) is approved through December 31, 2023.
- MAD will begin work on its extension application in January 2022.
- Stakeholder engagements will occur throughout 2022.
- MAD will submit its extension application to CMS by December 2022.

MEDICAID STRATEGIC PLANNING

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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GOAL 1: IMPROVE THE VALUE AND RANGE OF SERVICES WE PROVIDE TO ENSURE THAT EVERY QUALIFIED NEW MEXICAN RECEIVES TIMELY AND ACCURATE BENEFITS.

- Ensure that as the largest payer in the state, Medicaid is providing appropriate payment for services.
- Promote primary care expansion in NM, particularly in underserved and rural areas.
- Increase insurance options for the currently uninsured.
- Support NM Department of Health in development of Developmental Disabilities (DD) waiver revisions (including supports waiver).
- Employ all Federal flexibility related to Public Health Emergency (PHE) to remove barriers to access for Medicaid members and lessen burden on providers.
- Design and maintain a high value Managed Care Medicaid Program that effectively delivers timely and accurate benefits.
- Implement American Rescue Plan Enhanced Federal Medical Assistance Percentages (FMAP) Home and Community Based Services (HCBS) Spending Plan.

GOAL 2: CREATE EFFECTIVE, TRANSPARENT COMMUNICATION TO ENHANCE THE PUBLIC TRUST.

- Establish regular communication channels with stakeholders.
- Inform public of Public Health Emergency (PHE) Medicaid programmatic changes.
- Utilize Performance Measures to improve Managed Care Organizations (MCOs) performance on physical health and behavioral health outcomes.

GOAL 3: SUCCESSFULLY IMPLEMENT TECHNOLOGY TO GIVE CUSTOMERS AND STAFF THE BEST AND MOST CONVENIENT ACCESS TO SERVICES AND INFORMATION.

- Provide requirements to systems teams on Public Health Emergency programmatic and policy changes.
- Integrate with state-based Health Insurance Exchange to ensure streamlined experience for Medicaid members.
- Meet federal interoperability requirements.

GOAL 4: PROMOTE AN ENVIRONMENT OF MUTUAL RESPECT, TRUST AND OPEN COMMUNICATION FOR STAFF TO GROW AND REACH THEIR PROFESSIONAL GOALS.

- Complete Business Transformation Council (BTC) process redesign effort and Organizational Change Management effort.

PROVIDER RATE BENCHMARKING

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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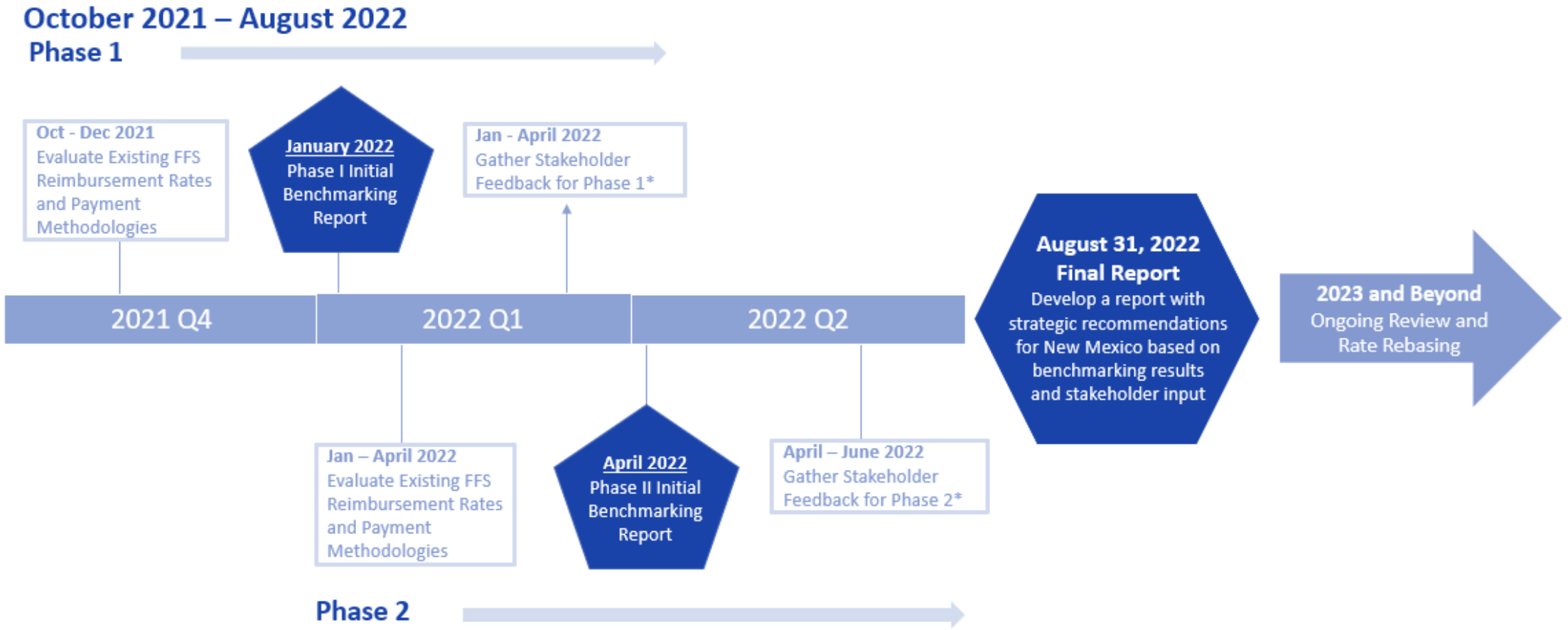
OVERVIEW OF WORK PLAN



We anticipate conducting the MCO outreach only once for this purpose, combining Phase 1 and 2 items.

PROPOSED SERVICE AREAS BY PHASE

Phase 1 – Non Institutional

- HCBS Waivers
- Physician, including Maternity
- Other Professional Services
- FQHC
- RHC
- EPSDT Services
- Behavioral Health (BH) Services

Phase 2 - Institutional

- Inpatient Hospital
- Outpatient Hospital
- Ambulatory Surgical Centers
- Nursing Facilities
- ESRD Clinics
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs)

Initial Benchmarking Report

Includes:

- *Summarization of MCO encounter payments and State Fee Schedules for top codes*
- *Medicare and other State Comparisons (where applicable)*

PRELIMINARY EVALUATION CRITERIA

Proposed Categories for Current HSD Reimbursement Methodologies:

- **A** — Consistent with best practices
- **B** — Uses elements of best practices, with minor variations
- **C** — Includes elements of best practices but fee schedules are out-of-date
- **D** — Partially includes elements of best practices but missing significant components
- **E** — Inconsistent with best practices and methodologies used by Medicare and/or other states

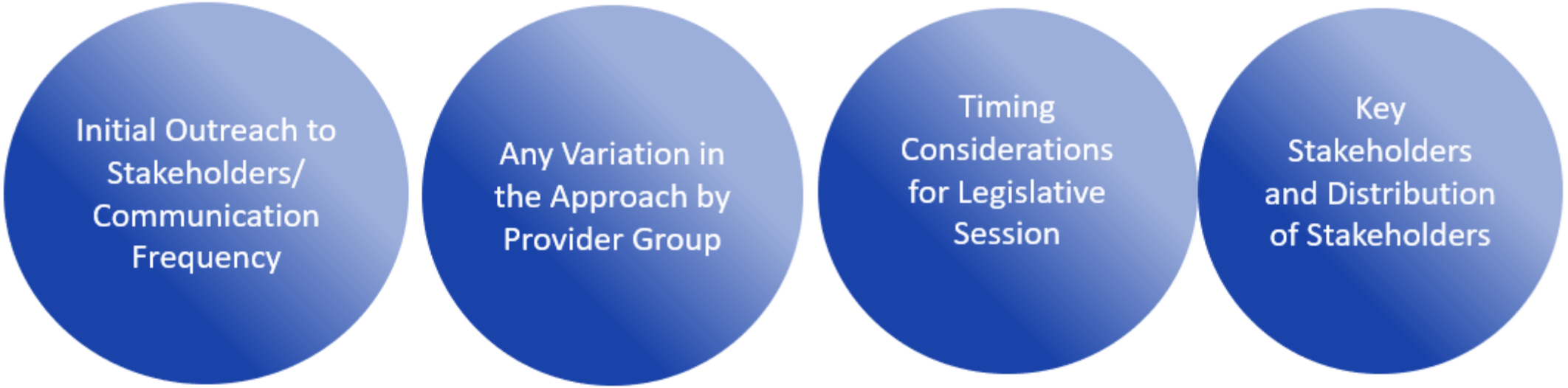
**Additional flag for any methodology that includes a performance-based payment component.*

Examples of Evaluation Criteria

- Meets HSD's overall goals
- Compliant with state and federal regulations
- Equitable across provider types
- Promotes efficiency and access to services
- Promotes quality of services and positive outcomes
- Minimizes the administrative burden
- Easily understood by providers and beneficiaries
- Reflects innovation in financing health care services.
- Aligns with methodologies used by other payers (where applicable)
- Transparent to stakeholders
- Capable of systematic rate updates
- Limits potential for fraud and abuse

STAKEHOLDER OUTREACH APPROACH

- Mercer will develop a proposed outreach approach based on HSD's vision for stakeholder involvement.



NEXT STEPS

Initial Data Needed From HSD

- Fee Schedules in Excel Format
- Key Stakeholder Groups

Project Management

- Mercer/HSD Monthly Meetings
- HSD Project Point of Contact
- Scheduling Coordination

HCBS ARPA SPENDING PLAN

THE AMERICAN RESCUE PLAN ACT, THE COVID-19 RELIEF PACKAGE THAT BECAME LAW ON MARCH 11, 2021, CONTAINS A NUMBER OF PROVISIONS DESIGNED TO INCREASE COVERAGE, EXPAND BENEFITS, AND ADJUST FEDERAL FINANCING FOR STATE MEDICAID PROGRAMS.

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SECTION 9817

- **States can receive a 10 percentage point increase in federal matching funds for Medicaid home and community-based services (HCBS) from April 1, 2021 through March 30, 2022.**
- May 13, 2021 - the Centers for Medicare and Medicaid Services (CMS) released guidance on implementing Section 9817 of ARPGuidance: https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf

DEFINITION OF HCBS

- (B) HOME AND COMMUNITY-BASED SERVICES.—The term “home and community-based services” means any of the following:
  - (i) Home health care services authorized under paragraph (7) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)).
  - (ii) Personal care services authorized under paragraph (24) of such section.
  - (iii) PACE services authorized under paragraph (26) of such section.
  - (iv) Home and community-based services authorized under subsections (b), (c), (i), (j), and (k) of section 1915 of such Act (42 U.S.C. 1396n), such services authorized under a waiver under section 1115 of such Act (42 U.S.C. 1315), and such services through coverage authorized under section 1937 of such Act (42 U.S.C. 1396u–7).
  - (v) Case management services authorized under section 1905(a)(19) of the Social Security Act (42 U.S.C. 1396d(a)(19)) and section 1915(g) of such Act (42 U.S.C. 1396n(g)).
  - (vi) Rehabilitative services, including those related to behavioral health, described in section 1905(a)(13) of such Act (42 U.S.C. 1396d(a)(13)).
  - (vii) Such other services specified by the Secretary of Health and Human Services.

REQUIREMENTS TO DRAW FUNDS

- The new funds must supplement, not supplant, the level of state HCBS spending as of April 1, 2021, and states must implement or expand one or more activities to enhance HCBS.
- This means that in order to receive the 10 percentage point increase in federal funding, a state must:
  - Preserve the amount, duration, and scope of covered HCBS;
  - Maintain, and not reduce, HCBS provider payments rates; and
  - Not impose stricter eligibility standards for HCBS programs or services.
- As a condition of accepting the enhanced federal funds, to reinvest the freed up state funds to implement, or supplement implementation of, activities to **"enhance, expand, or strengthen" Medicaid HCBS**
- While the enhanced FMAP is only available for one year, states have until March 2024 to reinvest the state savings in new or enhanced HCBS activities.

EXAMPLES OF ACTIVITIES

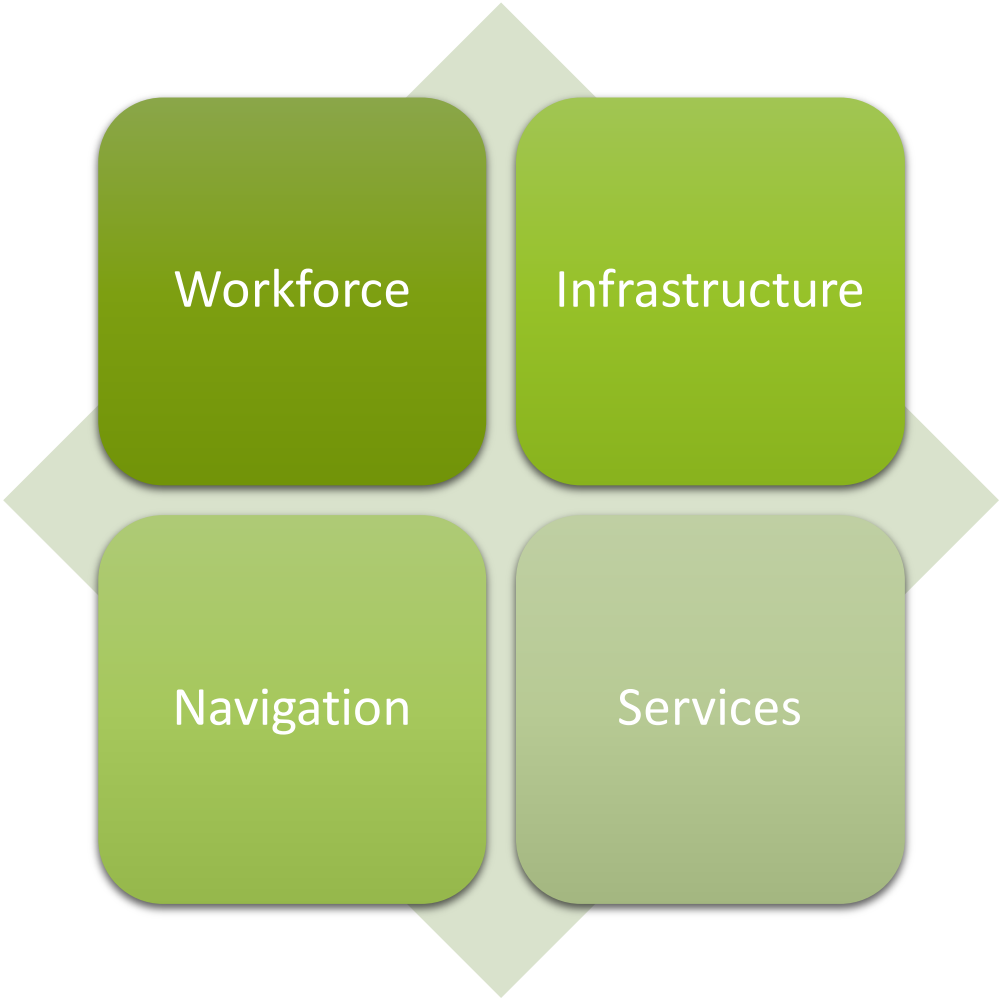
COVID-Related HCBS Needs

- Expand covered services
- Facilitate COVID vaccine access
- Provide PPE and routine COVID-19 testing
- Offer COVID education and outreach
- Raise worker compensation
- Engage in worker recruitment
- Cover family caregiver supports
- Support provider COVID response

HCBS Capacity Building & LTSS Rebalancing Reform

- Streamline eligibility and enrollment processes
- Reduce or eliminate HCBS waiting lists
- Build no wrong door systems
- Expand covered services
- Improve service planning
- Engage in worker recruitment and retention
- Cover family caregiver supports
- Provider worker training
- Increase provider capacity
- Strengthen institutional diversion/transition programs
- Technology investments

NEW MEXICO HCBS US AREAS



NEXT STEPS

- 7/12/21 Submitted Initial Spend Plan
- Public Comment on Proposal will open 6/12/21 for 30 day; feedback incorporated into quarterly submission
- 9/27/21 Received Request for Additional Information (RAI) from CMS
- 10/15/21 Responded to RAI - awaiting CMS response
- Working in coordination with CMS on Quarterly Report
- 11/5/21 Partial Approval Issued
- 1/16/22 Next Quarterly Submission Due

988 PLANNING AND IMPLEMENTATION

DR. NEAL BOWEN, BEHAVIORAL HEALTH SERVICES DIRECTOR

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988 PLANNING AND IMPLEMENTATION

- Planning for coordination of 911 and 988 system
  - Go live July 16, 2022
  - Technological upgrades and solutions
- Listening to communities about experience with BH crisis - to improve system response
  - Including first responders

Crisis NOW Response Model

1. Call Centers with call, text, and chat capability and 'air traffic controller' functions
    1. NMCAL
    2. Agora
2. Mobile Crisis Services
    1. BH response activated by 988 call centers
    2. Multiple models to meet local community needs
3. Crisis Receiving Facilities
    1. Crisis Triage Centers
    2. Emergency Departments with BH specific services
    3. Behavioral Health Urgent Care
    4. Frontier and Rural specific models

1115 DEMONSTRATION WAIVER AMENDMENT #2

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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1115 DEMONSTRATION WAIVER AMENDMENT #2

The New Mexico Human Services Department, (HSD) Medical Assistance Division (MAD) continues to work with CMS to obtain approval of the 1115 Centennial Care 2.0 Waiver Amendment #2 submitted March 1, 2021. The amendment proposes the following changes:

- Institution for Mental Disease (IMD)Waiver
- High Fidelity Wraparound (HFW) Services
- Expansion to Primary Care Graduate Medical Education (GME)
- COVID-19 Vaccine Coverage

KEVIN S. SETTLEMENT UPDATE

BRYCE PITTENGER, CEO BEHAVIORAL HEALTH COLLABORATIVE
KIM CARTER, MEDICAID CENTENNIAL CARE CONTRACTS BUREAU CHIEF

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KEVIN S. SETTLEMENT COMMITMENTS

State's commitments outlined across 4 Appendices defining broad focus areas:

Appendix A
Creating a Trauma Informed System of Care

Appendix C
Indian Child Welfare Act

Appendix B
Developing more appropriate placement options, reducing congregate care, increasing kinship care and guardianships

Appendix D
Expanding Access to Behavioral Health Services and Building the Workforce

APPENDIX A: TRAUMA-RESPONSIVE SYSTEM OF CARE

PROGRESS TO DATE

- Created **Child and Adolescent Needs and Strengths** ("CANS") and Crisis Assessment Tool ("CAT").
- Updated criteria to ensure children suffering from serious emotional disorders (SED) will have access to intensive home-based services.
- New **Individualized Planning Process** (IPP) for child and family team meetings to prioritize child's voice and choice, connect families to natural supports, and respect child's family and unique cultural heritage.
- Built framework for training and coaching to include **CYFD Trauma Responsive certificates training**, designated HSD staff, and Providers.
- Created coaching plan for integration of **CYFD and HSD training and coaching**, building on unique expertise.
- Interdepartmental workgroup developed Practice Model and **Quality Assurance, Improvement, and Evaluation Plan**.

NEXT STEPS

- Roll-out training and certification process to **ensure every child in state custody receives screenings**.
- Develop protocols for **referral pathways for all services** indicated by Decision Support Models.
- **Transition to new Individualized Planning Process** practice model process beginning 12/21.
- Roll out **Cross Departmental Trauma-Responsive Training and Coaching** continues with expansion planned to reach MCOs, providers, and resource parents.
- Implementation of **contracts to mandate trauma training** for contract providers and implementation of standard summative assessment format for evaluation of participant learning.
- Roll-out **Quality Assurance, Improvement, and Evaluation Plan will track outcomes**.

APPENDIX C: INDIAN CHILD WELFARE ACT (ICWA)

PROGRESS TO DATE

- Collaborated with NM tribes and pueblos, community partners and Administrative Office of the Courts to draft **State ICWA law** that mirrored and expanded on federal version.
- **Office of Tribal Affairs** and position of **Director of Tribal Affairs** established.
- **ICWA out-of-preferred placement reviews** conducted every 30 days.
- In partnership with the NM nations, tribes and pueblos, developed proposed **Cultural Assessment Questionnaire (CAQ)** that will be administered to every tribal family to identify family cultural needs and traditional interventions within first 30 days following custody hearing.
- **Tribal participation in Relative Connections** workgroup and implementation of Kinship Navigator Programs (with special focus on Native communities).
- Collaborating with National Indian Child Welfare Association **to develop system-wide ICWA training program.**

In FY20, there was 13% increase in placement of Native American children in custody with relatives.

NEXT STEPS

- Contract to conduct outreach to ICWA representatives, Native American resource families, tribal ICWA caseworkers and tribal leadership to elicit feedback **on recruiting and supporting families in Tribal communities.**
- Work with tribes to provide **financial support & technical assistance** through PS Federal Reporting Bureau (Title IV-E Unit) & Office of Tribal Affairs.
- Develop procedural plan for expanding access **to culturally relevant services, treatments, interventions and supports** through ICWA active efforts.
- Develop **NMAC policy on cultural interventions** as a component of ICWA active efforts.
- **Staff training on ICWA placement**, NM Practice Model, and identification of potential relatives & kinship placements.
- Improve collection, reporting, and monitoring of data relating to Native American children broadly and ICWA- eligible children specifically.

APPENDIX D: EXPANDING ACCESS TO BEHAVIORAL HEALTH SERVICES

PROGRESS TO DATE

- Increased Medicaid reimbursement rates for multiple Medicaid-funded behavioral health services.
- New regulations governing medication protocols to ensure Children in State Custody are not overmedicated, while ensuring timely access to medically necessary medication and treatment.
- Building High-Fidelity Wraparound capacity:
  - Supported the workforce development of High-Fidelity Wraparound, youth and family peer, and other services through federal grants in scattered sites.
  - Submitted Medicaid waiver amendment.
  - Rate development with Medicaid actuary.
  - Developed Interagency Steering Committee.
  - Developed Provider application and implementation manual.
  - Statewide community outreach and awareness trainings.

NEXT STEPS

- Develop BHS Workforce Review and Strategy to:
  - Support and expand provider capacity.
  - Ensure services community-based and provided with reasonable promptness.
  - Ensure services accessible throughout the State, especially in rural areas.
- Implement new reimbursement methodology, billing rate information, and guidance for providers.
- Monitor and audit MCO care coordination assessments, touchpoints, documentation and engagement compliance specific to Children in State Custody (CISC).
- HSD ride-along visits to monitor MCO care coordination engagement with CISC and authorized representative.
- External Quality Review Organization review of CISC files annually for care coordination and care transition compliance.
- Satisfaction survey for CISC and caregivers.

LETTER OF DIRECTION 69
MCO REQUIREMENTS FOR CHILDREN IN STATE CUSTODY

- This LOD encompasses 4 of the Kevin S. settlement commitments:
  - D.5.1: HSD will monitor implementation of a term in all contracts with its designees to require that care coordination include identification of physical, behavioral health, and long-term care needs, and providing services to address said needs, in compliance with Section 4.4 of Centennial Care 2.0 Managed Care Organization contracts with HSD.
  - D.6.1: HSD will reinstate language in its Medicaid contracts to prevent children from being rejected or removed from behavioral health services providers. HSD will work with providers to identify and remove other administrative barriers to providing services.
  - D.7.1: HSD will revise its Notice of Action and grievance protocols to require a Notice of Action be provided to the child's caregiver, legal representative, and legal custodian whenever a service recommended by an Individualized Planning Meeting Team is reduced, modified, delayed, or denied, or if the service or is not approved within 10 Days.
  - D.9.1: HSD or its designees will require training through its contracts for those providing care coordination for children in state custody who receive Medicaid, consistent with the requirements in place under Section 3.3.5 and 4.4 of the Centennial Care 2.0 MCO contracts with HSD. HSD will require this training in any and all future contracts with its designees.
- https://www.hsd.state.nm.us/wp-content/uploads/LOD-69-MCO-Requirements-for-Children-in-State-Custody-CISCs.pdf

MMISR UPDATE

LINDA GONZALES, MEDICAID DEPUTY DIRECTOR

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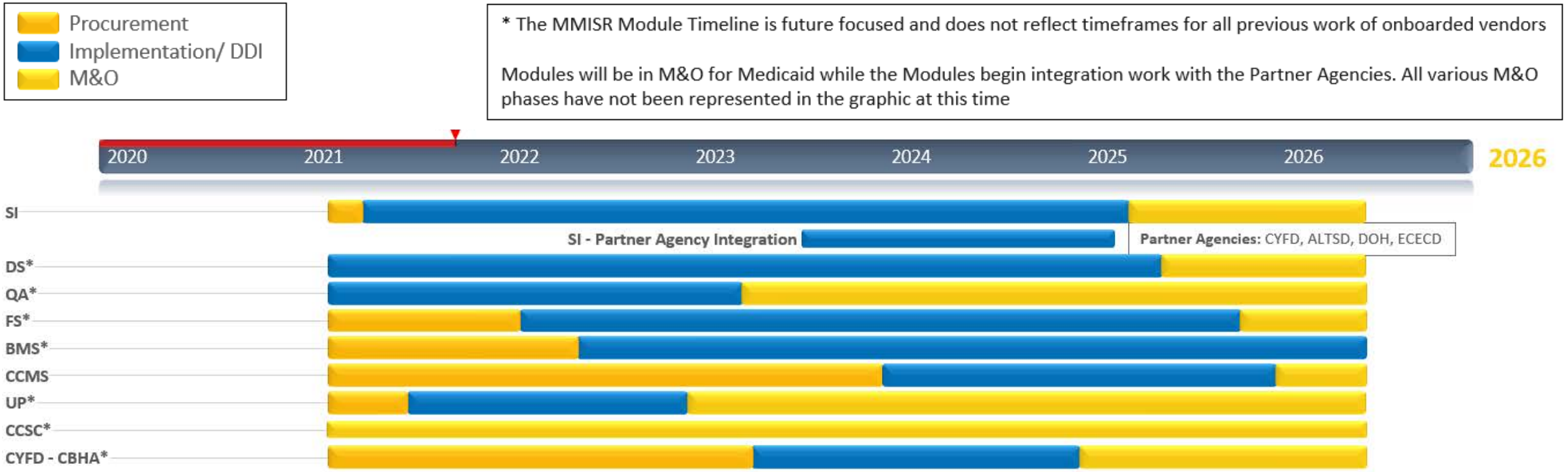
MEDICAID MANAGEMENT INFORMATION SYSTEMS REPLACEMENT (MMISR) TIMELINE

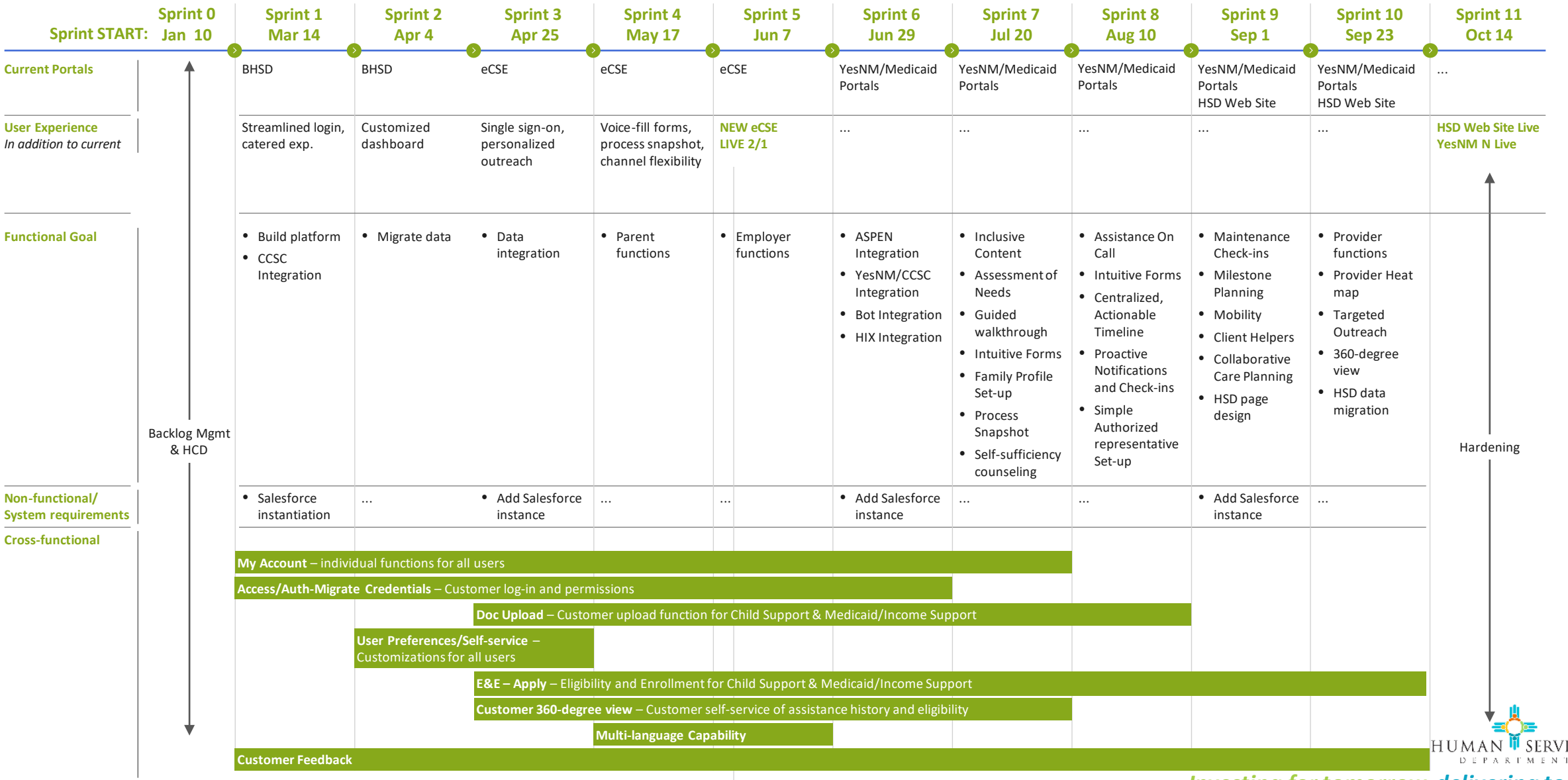


SI= System Integrator
DS= Data Services
QA= Quality Assurance
FS= Financial Services
BMS= Benefit Management Services

C/CMS= Case and Care Management Services
UP= Unified Portal
CCSC= Consolidated Customer Service Center
CYFD- CBHA= Children's Behavioral Health/Child Welfare

Data as of 10/7/21

UNIFIED PORTAL ROADMAP – JANUARY 10 LAUNCH



HUMAN SERVICES DEPARTMENT

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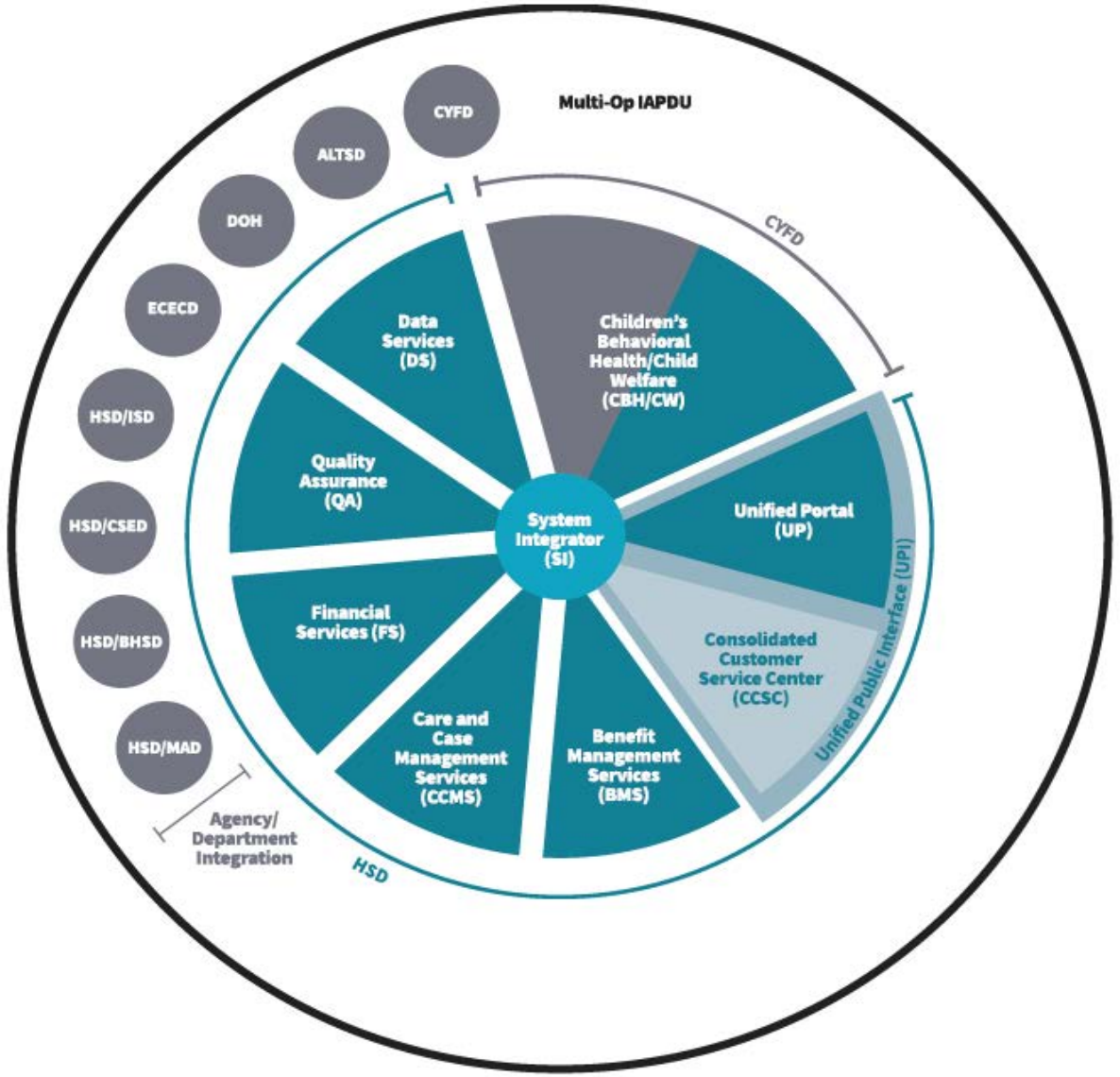
MMISR MODULE STRUCTURE



HEALTH COVERAGE OPTIONS FOR AFGHAN EVACUEES

ROY BURT, MEDICAID ELIGIBILITY BUREAU CHIEF

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HEALTH COVERAGE OPTIONS FOR AFGHAN EVACUEES

- Almost all Afghan evacuees who are staying on Department of Defense bases or in a designated medical hotel will be enrolled in health coverage provided by the Office of Refugee Resettlement (ORR) during their stay. Newborns born in the United States will be eligible for Medicaid as U.S. citizens and if otherwise eligible.
- Per the Centers for Medicare and Medicaid Services (CMS) FAQS issued on November 01, 2022, Afghan evacuees are entering the U.S. under two main immigration categories:
  - 1) Afghans with a Special Immigrant Visa (SIV) and
  - 2) Parolees.
- Afghans who enter the U.S. under either of these two categories are considered “qualified non-citizens” and are eligible for Medicaid without a five-year waiting period, if they meet other eligibility requirements (e.g., income).
- Afghans who are ineligible for Medicaid may be eligible for Refugee Medical Assistance and may also be eligible for marketplace coverage through BeWellNM the state exchange.
- State residence-In order to qualify New Mexico applicants must be a resident of the state in which they are applying and attest to an intent to reside.

HEALTH COVERAGE OPTIONS FOR AFGHAN EVACUEES

- The ORR is responsible for facilitating enrollment for benefits via its New Mexico affiliate Lutheran Family Services (LFS). LFS is responsible for coordination and submission of applications for benefits on behalf of these Afghan individuals.

  Please contact Lutheran Family Services for more information as appropriate. LIRS, Lutheran Social Services, Lutheran Family Services Rocky Mountains, Albuquerque

  Las Cruces 575-265-0836
  Albuquerque: 505-933-7032

  or

  https://www.cabq.gov/office-of-equity-inclusion/immigrant-refugee-affairs

COVID-19 VACCINATION WORKGROUP

DR. JEFF CLARK, MEDICAID COMMUNITY CARE OFFICER
CHARLES CANADA, MEDICAID DEPUTY BUREAU CHIEF CENTENNIAL CARE CONTRACTS BUREAU

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COVID-19 ONE TEAM VACCINATION WORKGROUP

Purpose

- Multidisciplinary team formed in April 2021 to collaborate, synchronize and exchange ideas on increasing the COVID-19 vaccination rate in New Mexico. Keys to success include:
  - Relationships
  - Communication
- Participants include representatives from 18 organizations including HSD, DOH, PED, Centennial Care MCOs, and Professional Societies including NM Nurse Practitioner Council, NM Pediatric Society, NM Medical Society, NM Dental Association and the NM Pharmacists Association.
- Meet several times a month to analyze vaccination data, discuss new developments in COVID-19 vaccinations, identify and resolve barriers, and disseminate information from One Team to the individual members of each organization
- Other states are beginning to launch this collaborative approach.

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

COVID-19 ONE TEAM VACCINATION WORKGROUP

Current Focus

- Making COVID-19 part of everyday clinical practice
- Increase Primary Care Providers administering vaccinations
- Improve vaccination data reporting through a subgroup of data specialists from the Centennial Care MCOs, DOH and HSD
- Promote and track COVID-19 booster shots
- Childhood and adolescent COVID-19 vaccinations
- Promote vaccination events
- Develop strategies to overcome vaccine hesitancy

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

2022 MAC MEETING SCHEDULE AND TENTATIVE AGENDA TOPICS

NICOLE COMEAUX, JD, MPH, MEDICAID DIRECTOR

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2022 MAC MEETING SCHEDULE

- Future MAC Meetings are scheduled on the second Mondays of the month, quarterly:
  - February 14, 2022
  - May 9, 2022
  - August 8, 2022
  - November 14, 2022

2022 TENTATIVE MAC MEETING AGENDA TOPICS

- Tentative Topics
  - Medicaid Budget
  - Legislative session and state and federal legislative changes
  - COVID-19 Public Health Emergency Developments
  - MMISR Updates/developments
  - MCO Contracting and Procurement Updates
  - Provider Rates
- Committee Topics

HUMAN SERVICES DEPARTMENT

ADJOURNMENT

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