



**MEDICAID ADVISORY COMMITTEE – MAC Meeting  
MEETING MINUTES -  
May 6, 2024  
Minutes: Start 1:00pm End 3:19pm Location: ZOOM**

**Active Members**

Anthony Yepa, Indian Pueblos Council	Maggie McCowen, NM Behavioral Health Providers Association
Bruce Gilbert, BeWellNM	Meggin Lorrino, NM Association for Home & Hospice Care
Brwyn Downing, Senior Citizens Law Office	Nancy Rodriguez, NM Alliance for School-Based Health Care
Carol Luna-Anderson, The Life Link Training Institute	Nancy Smith-Leslie, BCBS
Carolyn Montoya, UNM College of Nursing	Patrick Allen, DOH
Cynthia Cisneros, OSI	Rick Madden, Family Physician
Dale Tinker, NM Pharmacists Association	Rodney McNease, Governmental Affairs and BH Admin, UNMH
Gary Housepian, Disability Rights NM	Ruby Ann Esquibel, NM Legislative Finance Committee
Joseph Sanchez, AARP	Sireesha Manne, NM Center on Law & Poverty
Katrina Hotrum-Lopez, ALTSD	Susan Lewis, Western Sky Community Care
Kristina Leeper, NM Medical Insurance Pool	Teresa Casados, CYFD
Kurt Rager, Lutheran Advocacy Ministry NM	Travis Renville, Naataanii Development Corporation
Larry Martinez, Presbyterian	Troy Clark, NM Hospital Association
Laurence Shandler, Pediatricians	Vicente Vargas, NM Health Care Association
Liz Lacouture, PHS	Yvette Ramirez Ammerman, NM Primary Care Association

<b>Welcome</b>	Larry Martinez, MAC Chairperson
<b>Meeting Protocols</b>	Dana Flannery, MAD Director
<b>Meeting Agenda and Approval-</b> <ul style="list-style-type: none"> <li>• Proposal to Approve Agenda: 1<sup>st</sup> motion Carol Luna-Anderson</li> <li>• Rick Madden 2<sup>nd</sup> motion</li> <li>• Agenda approved</li> <li>• March 4 2024, Minutes Proposal of notes by Larry Martinez</li> <li>• Proposal to Approve Meeting Notes: 1<sup>st</sup> motion Nancy Rodriguez after the following changes has been made- Nancy Rodriguez needs to be added not showing in attendance.</li> </ul>	Larry Martinez, MAC Chairperson

<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> motion of meeting minutes on March 4, 2024, by Carolyn Montoya</li> </ul>	
<b>Introductions</b>	Dana Flannery, MAD Director
<b>Budget Update (MOE, FMAP Phase Down, Enrollment, MCO Projections)</b>  MAINTENANCE OF EFFORT AND ADDITIONAL FMAP PHASE-DOWN- <ul style="list-style-type: none"> <li>• Expansion FMAP - is in effect by calendar year (CY) starting in 2014.</li> <li>• 6.2% FMAP increase - Families First Coronavirus Response Act (FFCRA) increased FMAP through the end of March 2023.</li> <li>• Phase-down 6.2% FMAP increase – Consolidated Appropriations Act, 2023. Section 5131 provides quarterly transitioning 6.2% for FFY2023 Q2; 5.0% for FFY2023 Q3; 2.5% for FFY2023 Q4; and 1.5% for FFY2024 Q1</li> </ul> Final FFY2025 FMAP and EFMAP- <ul style="list-style-type: none"> <li>• COVID-19 testing and related services for uninsured are 100% FF</li> </ul> ENROLLMENT PROJECTION UPDATE <ul style="list-style-type: none"> <li>• COMPLETED 12-MONTHS OF NORMAL PROCESSING ANTICIPATING 2.7% ANNUAL GROWTH AHEAD</li> </ul> MEDICAID-CHIP ENROLLMENT <ul style="list-style-type: none"> <li>• Enrollment information below is based on March 2024 Data Medicaid Budget Projection</li> <li>• March 2024 projection 895,092 (Nov. 2023 projection 895,819; April 2023 peak 1,005,072).</li> <li>• HSD eligibility website reports 882,094. (This does not account for retro-eligibility adjustments of about 12,000) Medicaid covers 43% of NM population (was 48% April 2023)</li> <li>• 40% of Medicaid/CHIP population under 21 years of age</li> <li>• Post-PHE disenrollments driven by procedural closures HSD enrollment stabilizers</li> <li>• Selected re-enrollment of procedurally closed if FPL &lt;= 100%, effective 4/1/2023 time extensions for renewals</li> <li>• Continuous eligibility of children under age 6, effective 1/1/2024</li> <li>• Workforce participation remains about the same: 57.2% Feb. 2024; remains 1.5% below Jan. 2020 (pre-PHE) Who's returned/re-enrolled after closure? Approximately 45% having retro-enrollment (1–9-month lag). What's expected? 2.7% annual growth coming 12-month period</li> </ul> NM MEDICAID ENROLLMENT PROJECTION FY23 <ul style="list-style-type: none"> <li>• Growth until unwinding</li> </ul> NM MEDICAID ENROLLMENT PROJECTION FY24 <ul style="list-style-type: none"> <li>• Negative during unwinding and very slow growth</li> </ul> NM MEDICAID ENROLLMENT PROJECTION FY25 <ul style="list-style-type: none"> <li>• Slow growth projected in future</li> </ul> Managed Care Enrollment Projection (MCO)  NM MEDICAID MANAGED CARE ENROLLMENT FY23 NM MEDICAID MANAGED CARE ENROLLMENT FY24 NM MEDICAID MANAGED CARE ENROLLMENT FY25  FY23, FY24 & FY25 BUDGET OVERVIEW	Elisa Walker-Moran, Chief Financial Officer (CFO)
<b>STATE PLAN AMENDMENT (SPA) APPROVALS</b>	LaRisa Rodges, Deputy Bureau Chief, PPSB

<p><u>23-005 Former Foster Care Children</u> Approved 3/22/2024-SME Roy Burt</p> <ul style="list-style-type: none"> <li>• Effective January 1, 2023</li> <li>• Comply with changes made to Section 1002(a) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.</li> </ul> <p><u>23-0009 Nonprescription Drugs (OTC)</u> Approved 4/22/2024 SME-Janet Reese</p> <ul style="list-style-type: none"> <li>• Effective July 1, 2023</li> <li>• New Mexico updated its state plan to comply with regulatory changes.</li> </ul> <p><u>23-0012 HB2</u> Approved 3/5/2024- SME Kresta Opperman</p> <ul style="list-style-type: none"> <li>• Effective July 1, 2023</li> <li>• SPA proposed to increase Medicaid Provider Payments for multiple services.</li> </ul> <p><u>23-0013 Tribal 638 Nursing Facilities</u> Approved 3/13/24 SME Tallie Tollen</p> <ul style="list-style-type: none"> <li>• Effective August 18, 2023</li> <li>• To update the State Plan as Tribal Nursing Facilities to receive a Tribal 638 authority designation.</li> </ul> <p><b>Pending New Benefits and Status</b></p> <p><u>Chiropractic Services</u> was submitted to CMS with proposal of effective date 1/1/2024 implementing Chiropractic services provided by a qualified New Mexico licensed chiropractor, limited to those within their scope of practice as authorized by state law.</p> <p><u>Doula and Lactation Consultants</u> is being finalized and prepared for public comment with proposed effective date of 7/1/2024, adding doula services as a new reimbursable preventative service for individuals navigating pregnancy-related care and adding coverage for lactation consultant services</p> <p><u>Biomarker Coverage</u> is pending CMS approval from 1115 Waiver to add home-delivered meals pilots for two populations in our 1115 demonstration waiver renewal application:</p> <ul style="list-style-type: none"> <li>• Meals for Pregnant Members with Gestational Diabetes</li> <li>• Meals for Community Benefit (CB) Members</li> </ul> <p><u>Medical Respite</u> is pending CMS approval from 1115 Waiver to add a medical respite pilot in Albuquerque, New Mexico in partnership with Albuquerque Healthcare for the Homeless. Services include medical care on site, personal care services, 24-hour staffing at the facility and care coordination</p>	<p>Kresta Opperman, Deputy Bureau Chief, BRB</p>
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**1115 WAIVER UPDATES**

Dana Flannery, Medicaid Director  
Julie Lovato, Compliance Officer

Approved Services

- Continuous eligibility for children up to age 6
- Home Visiting Models
- Expansion of pre-tenancy and tenancy services
- Expansion of CB slots
- Legally responsible individuals as caregivers

Ongoing CMS

- Justice-involved pre-release
- Medical respite for homeless individuals
- Home delivered meals for pregnancy members

1902 Eligibility Waiver

- In April 2024, NM received approval from CMS to extend eligibility for seniors receiving long-term care and individuals with disabilities. This includes members receiving services through the Community Benefit, Nursing Facilities, Intermediate Care Facilities, the DD Waiver and Mi Via.
- Eligible Medicaid members include individuals whose Medicaid renewals were due after April 1, 2023, and have not yet been processed by HSD. They must currently have a Level of Care on file with the Medicaid program.
- Medicaid coverage for these members will automatically be extended for 12 months from their last renewal due date. HSD will notify them by mail about the extension of their coverage. This coverage extension does not include Medicaid members whose coverage ended because they did not return renewal packets or those who failed to provide required documentation.

**MATERNAL HEALTH STRATEGY**

Alanna Dancis, DNP

Maternal Health Strategy In New Mexico and Medicaid

The impact of Maternal Mortality Review Committee (MMRC) on MAD Policy

Key Findings:

- 79% of pregnancy related deaths occur postpartum
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Interventions proposed:

- 12-month postpartum coverage
- Defined postpartum period as 12-month in Turquoise Care contract
- Included postpartum coverage in doula benefit
- Performance Metric Turquoise Care: Timeliness of postpartum care

Key Findings:

- Substance use disorder contributed to 40% of pregnancy-related deaths.
- Mental health conditions contributed to 36% of deaths.

Interventions:

- Strategic planning meetings to commence in May 2024 between MAD, DOH, and BHSD
- Performance Metric Turquoise Care: Pharmacotherapy for Opioid Use Disorder
- Comprehensive Addiction Recovery Act (CARA) Letter of Direction to MCOs
- Expansion of Centennial Care Home Visiting programs to include postpartum enrollment in January 2024

Recommendations and Response:

- MMRC recommended expanding Medicaid Eligibility to provide full pregnancy benefit coverage for one year postpartum. This was completed April 2022.
- Increase access to perinatal mental healthcare and support by expanding treatment

<p>options, including telehealth models, and integrating wrap-around services, such as home visiting, particularly in rural communities. HSD responded by having strategic planning sessions, conducting home visit expansion and strengthening network adequacy requirements in Turquoise Care Contracts.</p> <ul style="list-style-type: none"> <li>• Increase resources for care coordination, continuity of care, and access to care between prenatal/postpartum provider, substance use treatment, and mental health treatment. In turn all pregnant people will automatically be placed in care coordination level 1. All care coordination for pregnant people will be delegated to community-based organizations in Turquoise Care.</li> </ul>	
<p><b>Health Care Authority (HCA)/Turquoise Care Transition</b></p> <p>Health Care Authority Timeline</p> <ul style="list-style-type: none"> <li>• May 2023 Governor signs Senate Bill 16 into Law creating the Health Care Authority</li> <li>• July-September 2023 Develops SFY Budget Request for the HCA</li> <li>• November 2023 HSD Summits Transition Plan to the LFC and LHHS</li> <li>• December 2023 Present Transition Plan &amp; HCA Budget Request to Senate Finance Committee and House Appropriations Committees</li> <li>• January-February 2024 Legislative Session &amp; Continued FY25 Budget Hearings</li> <li>• March-April 2024 HCA Communications to Customers and External Stakeholder Begins</li> <li>• June 2024-HCS Operational Changes for all Divisions are completed</li> <li>• July 2024 Human Services Department officially becomes the Health Care Authority</li> </ul> <p>Human Service Department to the Health Care Authority (HCA)  HCA will officially launch on July 1, 2024. Through the Health Care Authority (HCA), New Mexico is building a foundation for inclusive, affordable access to health care and whole health services with the goal of creating a healthier New Mexico.  The HCA will include:</p> <ul style="list-style-type: none"> <li>• From HSD: Income Support Division, Behavioral Health Division, Child Support Services Division, Medical Assistance Division</li> <li>• From DOH: Developmental Disabilities Supports Division (DDSD), Division of Health Improvement (DHI)</li> <li>• From GSD: Employee Benefits Bureau (EBB)</li> <li>• From OSI: Health Care Affordability Fund (HCAF)</li> </ul> <p>What changes?  HSD, DDSD, EBB, AND HCAF will all become the Health Care Authority (HCA). As one united organization, we will be #bettertogether. Email addresses, administrative rules, contracts, building signs, envelopes, letterhead, notices, and other identifying materials will refer to the HCA. Look out for our new name on public-facing and outreach materials!</p> <p>What’s staying the same?  Any services you receive from HSD, DDSD, DHI, EBB, or HCAF will continue without interruption on July 1 (including Medicaid, SNAP, TANF, LIHEAP, and Child Support). We have a new name, but service delivery will remain the same. Our name may say Authority, but you are still in charge of your care. The authority in our name is about leveraging the strength of the combined organization to improve health care and social services across New Mexico.</p> <p>Better together, HCA will serve 50% of New Mexicans which include:</p> <ul style="list-style-type: none"> <li>• 978,000+ existing HSD customers</li> <li>• 57,000+ New Mexicans enrolled in a state employee or local public body health plans.</li> </ul>	<p>Dana Flannery, Medicaid Director</p>

- 123,000 New Mexicans enrolled in public school or retiree health plans.
- All New Mexicans who receive care at a licensed health facility or from a Medicaid Home and Community-Based Waiver provider.

Turquoise Care Links:

Turquoise Care Overview | New Mexico Human Services Department (state.nm.us) Turquoise Care Overview and Frequently Asked Questions (FAQs)

Turquoise Care Contracts

TC\_2024EventSchedule\_20240322\_09\_forWeb.pdf (state.nm.us)

Managed Care Policy Manual (updates anticipated)

Turquoise Care Email Box: TCInfo@hsd.nm.gov

Summary of MCOs' Value-Added Services: MCO Value Added Services

Health Care Authority Link:

<https://www.hsd.state.nm.us/>

Frequently asked questions about the Health Care Authority: HCA FAQs

### **Turquoise Care Update**

Upcoming Changes:

- Medicaid Managed Care name change from Centennial Care 2.0 to Turquoise Care
- Starting July 1, 2024, Western Sky Community Care will no longer be a Medicaid Managed Care Organization (MCO)

Starting July 1, 2024, there will be four MCOs:

- BlueCross BlueShield of New Mexico
- Molina Healthcare of New Mexico
- Presbyterian Health Plan
- United Healthcare Community Plan of New Mexico

Open Enrollment to choose an MCO will begin on April 1, 2024, through May 31, 2024

Turquoise Care Goals:

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

Turquoise Care & Children in State Custody:

- Presbyterian Healthcare selected as the MCO to serve and meet the complex needs of most Children in State Custody
- Presbyterian Healthcare will provide services designed to improve the health outcomes and experience of children and their families/caregivers.
- Native American Children in State Custody have their choice of any MCO or Fee For Service

**Medicaid Management Information System Replacement (MMISR) Update**

Lorrina Rivera, MMISR Business Manager

MMISR Project Overview:

- Multi-year effort to replace HSD’s Medicaid Management Information System (MMIS)
- Federal requirement to have a "certified" MMIS
- New federal requirements for modular (rather than monolithic) systems
- 8 functional modules plus integrations with other NM agencies

System Integrator is the integration discovery work with existing modules is actively underway.  
 Benefit Management System (Provider Enrollment) has anticipated Go-Live Sept 2024.  
 Data Services has Designing of Data Marts underway.  
 Financial Services has anticipated Go-Live July 2025.  
 Quality Assurance has anticipated Go-Live July 2025  
 Unified Portal Go live date of March 2024 has been halted HSD is meeting with vendor to re-plan  
 Care and Case Management Currently gathering requirements with sister agencies  
 Consolidated Customer Service Center in the Maintenance and Operations Phase

**Federal Policy Updates**

CMS has issued two final rules with major impact on Medicaid Policy and Operations:

- Ensuring Access to Medicaid Services Final Rule
- Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule

Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) changes and new requirements.

Current Policy:

Policy Change:

MAC membership must include Medicaid beneficiaries.  
 MAC committee advises on medical services.  
 Appoint MAC Committee members on a Rotating basis.

Establishes the Medicaid Beneficiary Advisory Council (BAC)  
 Expands scope to allow input from committee on policy development and program administration.  
 Requires process for recruitment and appointment of membership. Mandates MAC & BAC membership composition

Additional MAC & BAC Requirements:

- MAC and BAC meetings must be held separately and must be conducted once per quarter with the option to attend virtually or in-person.
- BAC meetings must be held prior to MAC meetings.
- MAC and BAC processes and practices must be made available on the Medicaid Agency Website.
- At least two MAC meetings must be open to the public and have dedicated time for public comment. Notice of meetings dates, times and locations must be sent 30 calendar days in advance.
- Public BAC meetings are at the discretion of the BAC.
- The State Medicaid Agency will provide administrative and financial support to the MAC and BAC.
- The State Medicaid Agency will assist in the development of and submission of an annual MAC report.

Adjustments to the MAC

- Schedule a special MAC session in June 2024 to:

<ul style="list-style-type: none"> <li>• Obtain MAC input on Medicaid Forward project assesses bylaws.</li> <li>• Develop plan for ensuring MAC compliance with the new managed care rules.</li> <li>• Potential subcommittee to work on establishing BAC and addressing bylaws.</li> </ul> <p>Establish A BAC</p> <ul style="list-style-type: none"> <li>• Brainstorm ideas for the establishment of a BAC to cross all sectors of MAD, such as:</li> <li>• Physical health</li> <li>• Behavioral health</li> <li>• Long Term Services &amp; Supports Children</li> <li>• Foster families</li> <li>• Native Americans</li> </ul> <p>Review timeline for establishment of BAC Submit a State Plan Amendment to CMS</p>	
<p><b>MEDICAID UNWINDING</b></p> <p>Medicaid Unwinding-Federal Waiver Approved</p> <p>Increase Ex Parte Renewal Rates</p> <ul style="list-style-type: none"> <li>• Renew Individuals based on SNAP eligibility</li> <li>• Renew Medicaid eligibility for individuals with no income and no data returned during auto-renewal</li> <li>• Renew Medicaid eligibility for beneficiaries with Income at or below 100% of FPL</li> <li>• Complete renewals for beneficiaries with no asset verification data returned</li> </ul> <p>Supporting Beneficiaries with Renewal Forms to Reduce Procedural Closures</p> <ul style="list-style-type: none"> <li>• Allow MCOs to assist beneficiaries with completing and submitting renewal forms</li> <li>• Allow individuals to designate a personal representative to telephonically sign apps and renewal forms</li> <li>• Waive the recording of the telephone signature from the applicant or beneficiary</li> </ul> <p>Supporting Beneficiaries to Reduce Disenrollment for Procedural Reasons</p> <ul style="list-style-type: none"> <li>• Update beneficiary contact information obtained by the MCOs</li> <li>• Use the U.S. Postal service National Address database to update beneficiary contact information</li> <li>• Temporarily waive renewals for non-MAGI beneficiaries in full benefit plans</li> </ul> <p>Facilitating Reinstatements of Eligible Individuals Disenrolled for Procedural Reasons</p> <ul style="list-style-type: none"> <li>• Reinstate eligibility for beneficiaries procedurally closed who are redetermined eligible within 90 days</li> <li>• Extend timeframe to take final administrative action on Fair Hearing requests</li> <li>• Reinstate eligibility for non-Magi, full benefit individuals who have an active level of care (pending CMS approval)</li> <li>• Reinstate eligibility for children ages 0-6 who were procedurally closed (pending CMS approval)</li> </ul> <p>New Mexico will have a 14-month unwinding period starting March 2023-May 2024.</p> <p>Medicaid Unwinding Progress</p> <ul style="list-style-type: none"> <li>• 329,772 Beneficiaries renewed through automated processes</li> <li>• 149,537 Beneficiaries renewed after returning renewal packet</li> <li>• 41,353 Individuals below 100% FPL were reinstated</li> </ul>	<p>Julie Lovato, Compliance Officer</p>



<ul style="list-style-type: none"> <li>• 17,737 Individuals were transferred to BeWell NM</li> <li>• 2,401 Renewals pending with HSD</li> <li>• 169,807 Individuals closed for procedural reasons*</li> </ul> <p>HSD estimates that approximately 50% of individuals procedurally closed have since reapplied and are enrolled in Medicaid.</p>	
<p><b>Dashboard</b></p> <p>Dashboard Time Periods:</p> <ul style="list-style-type: none"> <li>• Current 12 months – January 1, 2023, through December 31, 2023.</li> <li>• Previous 12 months – January 1, 2022, through December 31, 2022.</li> <li>• The dashboards include data with run-out through December 2023.</li> </ul> <p>Special MAC Session</p> <p>As mentioned earlier, we will do a special MAC to discuss MAC and BAC requirements, potential subcommittees, and by law updates Input for Medicaid Forward. Scheduled date will be in June 2024.</p>	Elisa Walker-Moran, CFO
<p><b>Public Comment</b></p>	
<p><b>Adjournment</b></p> <p>Motion to Adjourn Nancy Rodriguez 2<sup>nd</sup> motion- Larry Chandler 3:19pm</p>	

Respectfully Submitted: Erica Cerno

Date: 7/28/24