

Ruth Williams
 Ric Morgan
 Bryce Camacho
 Randy Uttlay
 Carolyn Griego
 Dan Weaics
 Kyra Ochoa

Kelly Brauns
 Sharon Huerta
 Brandon Shaffer
 Sam Grossman
 Ian Peterson
 Liz Laconture

Guy Matson
 Carol Bickelman
 Kim Sturek
 Tina Rigner
 Jacob Patterson
 John Johnson

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	All persons present at the beginning of the meeting introduced themselves and the organizations they were representing.	None	Larry Martinez, MAC Chair	Complete
II. Approval of Agenda	The agenda was approved without changes. Larry Martinez noted items IV. Cost Containment Subcommittee Reports and V. Medicaid Budget Projections are switched on the current agenda from agenda that was emailed to committee members.	None	Larry Martinez, MAC Chair	Complete
III. Approval of Minutes	The minutes from March 4, 2016 were approved with two changes. Jim Jackson requests the comments from Lauren Reichelt and Ellen Pinnes were not adequately represented and should be reviewed again. Larry Martinez stated the recording of last meeting would be consulted and additional comments added.	Listen to Recorder	Maria Roybal-Varela, Committee Support Person	
IV. Cost Containment Subcommittee Reports	<p>Joie Glenn, Chair of the Provider Payments Subcommittee, gave an overview of the subcommittee's process. Ms. Glenn thanked colleagues, content experts and HSD for timely processing of requests for data. The Subcommittee's recommendations were presented to HSD Secretary on April 8, 2016 with the subcommittee's final cuts of \$18.5 million to \$20 million. Ms. Glenn explained the charge given by HSD to the subcommittee, including the language in the Appropriations Act. House Bill 2 language related to cost containment was deliberated among the subcommittee members. Johnny Abeyta stated Governor Earl Salazar would like to have a face to face meeting with HSD. Secretary Earnest said he is open to a conversation with IHS. Joie Glenn and Secretary Earnest thanked the subcommittee members.</p> <p>Larry Martinez provided an update about the work of the Benefit Package, Eligibility Verification and Recipient Cost Sharing Subcommittee. Mr. Martinez stated that the Subcommittee is not under the same time constraints as the Provider Payments Subcommittee. The committee</p>	None	Joie Glenn, Chair Larry Martinez, Chair	Complete

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	<p>is currently working on fact finding and is aware that reducing expenditures in one area may increase expenditures in other areas. The committee is aware of challenges presented by cost sharing with the Medicaid population and is committed to preserving services. There is major concern in the discussion about copayments, deductibles and premiums. Centennial Care managed care organizations provided presentations to the subcommittee on each plan's highest cost members and their utilization. Kari Armijo and Angela Medrano provided information on potential copayments and premiums. The committee elected to hold open meetings and accept public comment. The next meeting will be Thursday May 12, 2016 with an opportunity for public comment.</p>			
<p>V. Medicaid Budget Projections</p>	<p>Jason Sanchez presented on the Medicaid Budget Projections.</p> <p>Mr. Sanchez started with Fiscal Year (FY)15 pointing out the shift in the projection due to members transitioning from Physical Health to Long Term Care Services resulted in an overall increase in expenditures. The result was an increase in the deficit and the push forward of general fund expenses totaling \$31.9 million into FY16.</p> <p>In FY 16 there is an increase in expenditures in clinic services because there was a change in how we reflect expenditures for School Based services. There is also an increase in DD, MiVia and Medically Fragile programs because DOH projected all of their expenses associated with the Waldrop lawsuit, which is now built into the projection. Providers are taking advantage of Health Information Technologies and that is reflected in the increase in the HIT line item. There is a new line of expenditures that reflects expenses that will be pushed from FY16 into FY17. This amount totals \$23.3 million of general fund expenses being pushed from FY16 into FY17.</p> <p>In FY17, the Centennial Care Physical Health line reflects a decrease of \$24.8 million dollars due to member months and cost containment initiatives associated with Centennial Rewards and targeting care coordination. Line 34 reflects a decrease as a result of the Federal Government waiving the Health Insurance Provider Fee for all states for payments due in FY17. The resulting general fund deficit for FY17 is \$24.5 million.</p> <p>Secretary Earnest stated he is satisfied with the progress being made with cost containment; however, there is still work to be done.</p>	<p>None</p>	<p>Jason Sanchez, Deputy Director, Medical Assistance Division, Human Services Department</p>	<p>Complete</p>

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VI. Updated Medicaid Data	Nancy Smith-Leslie gave an update on Medicaid Data. The data included overall managed care expenditures including costs by program area.	None	Nancy Smith-Leslie, Director Medical Assistance Division, Human Services Department	Complete
VII. Public Comment	Various Public Comments Topics: Thanks to Secretary Earnest for not making any cuts to the Behavioral Health Program Legalization of Cannabis Care Coordination SB42 Provider Rate Reductions	None	HSD Leadership	Complete
VIII. Adjournment	The meeting adjourned at 3:15pm	None	MAC Chairperson	Complete

Respectfully submitted:

Maria Roybal-Varela
Medicaid Advisory Committee Support Person

Recorder

May 16, 2016

Date