

Comments on Centennial Care 2.0 Draft Waiver Renewal Application: September 2017 – November 2017  
(Comments through Nov. 6, 2017)

*Comments received from emails and public meetings are included below.  
Content from attachment and letters are not included here.*

Comments (all via HSD website unless noted otherwise)	Date Submitted	Submitter Name, location and email
Letter from NAMI NM	10/30/17	David Gonzales, ED, NAMI NM
Letter from NM American Physical Therapy Association, NM Occupational Therapy Assoc, and NM Speech-Language Hearing Assoc.	10/30/17	NMAPTA, NMOTA, NMSPHA
I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. I am a social worker who interacts with many of Albuquerque's most vulnerable. These proposed changes in Medicaid services would be devastating to the folks I works with. Kevin Arthun, Housing Specialist for those experiencing homelessness	11/6/17	Kevin Arthun Albq kevin-a@nmceh.org
I understand there are proposed changes to New Mexico Medicaid which I find disturbing. Those changes in the Centennial Care 2.0 draft waive application, such as imposing co-pays and premiums, ending retroactive coverage and transitional Medicaid and, most importantly, reducing health benefits will unduly harm New Mexicans who rely on Medicaid. I strongly oppose these changes. K Gomes	11/6/17	K Gomes Las Cruces karogo@optonline.net
This is a repeat of comments I have submitted earlier-- Charging premiums saves money in the short run only by discouraging people from seeking care. In general, the administrative cost out strips any savings and care will only be more costly in the future when illness has not been treated. Collecting co-pays becomes an administrative burden for health care providers which results in transferring the costs to the providers. Providers will not refuse care to patients who are unable to pay, although the need to pay may discourage patients from seeking care. This information comes from testimony at many hearings and deliberative meetings looking at Medicaid reform in New Mexico. Susan Loubet, New Mexico Women's Agenda	11/6/17	Susan Loubet, New Mexico Women's Agenda sloubet12@gmail.com
I'm writing to express my concern about the proposed changes to the Medicaid program here in NM. While I understand that there are financial constraints affecting the Medicare program, the proposed changes would shift the a chunk of the financial burden of providing healthcare to those least able to pay it, with the consequence that fewer people will be able to access care. This is	11/6/17	Heidi Topp Brooks, J.D., M.P.H. Albuquerque heiditoppbrooks@me.com

<p>unacceptable to me and antithetical to the purpose of the program.  Very truly yours, Heidi Topp Brooks, J.D., M.P.H.</p>		
<p>Attached are the New Mexico Behavioral Health Providers Association comments on the Centennial Care 2.0 Waiver Application. Thank you  Maggie McCowen, LISW, MBA, Executive Director  Behavioral Health Providers' Association of New Mexico</p>	11/6/17	<p>Maggie McCowen, LISW, MBA  Executive Director  Behavioral Health Providers' Association  of New Mexico  Las Cruces <a href="mailto:mrmccowen@nmbhpa.org">mrmccowen@nmbhpa.org</a></p>
<p>Please see the attached comments.  Thank you, Sandra  Cancer Action Network</p>	11/6/17	<p>Sandra Adondakis, New Mexico  Government Relations Director  American Cancer Society Cancer Action  Network, Inc.   Albuquerque  sandra.adondakis@cancer.org</p>
<p>Hello,  Please find our comments regarding Centennial Care 2.0 attached.  Thank you, Simone  National Multiple Sclerosis Society</p>	11/6/17	<p>Simone Nichols-Segers  Senior Manager, Advocacy  National Multiple Sclerosis Society  Austin, TX  Simone.Nichols-Segers@nmss.org</p>
<p>The plan to eliminate day habilitation will have a significant negative impact on many New Mexicans currently receiving services. This will hit rural NM especially hard where there are very few activities in the community in which these clients can participate. This will hit families in the family living hard, because Day Hab is a structured program which gets the consumer out of the home and into the community.  These services should be maintained.  Ken Harmon</p>	11/6/17	<p>Ken Harmon <a href="mailto:kharmonjr@yahoo.com">kharmonjr@yahoo.com</a></p>
<p>Annual caps of \$2000 for specialized therapies and related goods and services within Self Directed Community Benefits are dangerous, short sighted, and unlikely to be cost effective.  An original precept in the formation of self directed care was that given opportunity, individuals would find creative solutions to issues plaguing those with unique health care needs in NM. For example, in rural and frontier areas of the state, physical therapists who work with those with chronic needs are almost non existent. The option of using a massage therapist for ongoing care instead of a PT helps mitigate this issue. The pain relief afforded by frequent chiropractic care allows someone to eliminate the use of opioid drugs and their horrific side effects and dependency. These services are contained within the individual "allocated resource allotment," and do not change the overall total for that allocation. However, severely limiting the access to these would in no way impact the allocation per person-if the funding was not used on therapies,</p>	11/6/17	<p>Althea Mcluckie  <a href="mailto:4advocacyonlynow@gmail.com">4advocacyonlynow@gmail.com</a>  Taos</p>

<p>it would be used on direct care, and be less effective: in addition to increased direct care hours to help manage the behavioral problems that would result from chronic pain, there would then be the ADDITIONAL costs of medications and secondary medical interventions as a result of the side effects of those medications. As physical therapy simply does not exist as an option in many areas, limiting access to massage therapy would result in a lack of mobility. Secondary issues such as contractures and the need for surgery to release overly tightened muscles and ligaments would not only result in a decreased quality of life for the person, it would drive the costs of care UP.</p> <p>With regards to related goods and services, my comments are similar in nature. Limiting the line item allocation of related goods and services would not affect the overall allocation, and would therefore not reduce the cost to Medicaid. Instead, it would force someone to choose between the fax/phone/internet access that is required to submit time sheets for employees, positioning devices that compensate for severe muscle weakness and keep the airway open/prevent suffocation, or hypoallergenic supplies that reduce and prevent skin breakdown and hospitalization due to ulceration of the skin, for example. There are already very vigorous protocols in place that vet requested items: they must be specifically related to the participant's disability, must help with activities of daily living or be medically necessary, they must decrease the participant's use of other Medicaid services, and so forth. As all approved related goods and services meet these requirements already, an arbitrary monetary cap would risk a participant being forced to forgo something that is medically necessary and create complications that (at least in our case) would lead to hospitalizations when that could be prevented for a comparatively low cost annually.</p> <p>Althea Mcluckie</p>		
<p>Dear Human Services People,</p> <p>The proposed waiver for the State of New Mexico to reduce Medicaid coverage is a bad idea for the state. If implemented, it will have numerous negative effects that greatly outweigh the upfront savings to the state from cutting Medicaid expenses.</p> <p>First, the economic effects of such an action will be harmful to the state's economy, resulting in lower tax income, and increases in some expenses. With fewer people on Medicaid there will be a drop in the number of people using medical services. This will cause a loss of income to the medical profession, one of the largest sectors in the New Mexico economy. That will cause a significant loss of jobs in the medical sector, and a multiplier effect in loss of income by business the out of work people buy from. This in turn will reduce tax revenue. In addition, with more people not regularly using medical services, including receiving vaccinations, this will cause more spread of illness in the population, resulting in increased lost work time, with some loss of income and tax revenue, not offset by some increase in purchase of pharmaceuticals and use of medical services. In addition, many people no longer able to afford to see physicians when their illnesses or medical conditions are not yet serious, will wait until their conditions are serious and then visit</p>	<p>11/6/17</p>	<p>Stephen M. Sachs, Ph.D., Professor Emeritus of Political Science, IUPUI  Albuquerque  Stephen M. Sachs ssachs@earthlink.net</p>

<p>emergency rooms, which are expensive and in many cases will not be reimbursed. This will add to hospital costs and cause additional loss of medical jobs. All of this will worsen New Mexico's ability to attract new businesses and keep existing ones.</p> <p>Second, in human terms, cutting Medicaid would be harmful to the people of the state. More people will be unable to receive needed medical services, leading to increased suffering, death, loss of work and income. The resulting increase in disease will result in more spread of disease to other New Mexicans.</p> <p>Conclusion: Funding Medicaid as fully as possible is an essential investment for the state of New Mexico and its people.</p> <p>Sincerely, Stephen M. Sachs, Ph.D., Professor Emeritus of Political Science, IUPUI</p>		
<p>Please see the attached comments from the National Association of Social Workers - New Mexico Chapter on the proposed Centennial Care 2.0 1115 waiver application.</p>		
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, impose penalties for missed appointments and reduce health benefits.</p> <p>These changes will harm New Mexicans who rely on Medicaid.</p>	11/6/17	Luther & Susan Ludwig luthersusan@bellsouth.net
<p>Dear HSD Officials,</p> <p>As President Elect of NAMI-NM, I strongly urge you to withdraw the penalties, the co-pays, and monthly premiums for our citizens with serious mental illness. The very condition of SMI can make it very difficult to follow through on rigid time requirements. In addition, many of our Peers (those with SMI) are on disability and cannot afford to pay more than they are already paying. Without appropriate mental health services and medications, some of our most vulnerable citizens will be put at even greater risk. Homelessness and psychotic episodes and even suicide are real possibilities.</p> <p>We, of NAMI NM, urge you to reconsider the penalties, co-pays and monthly premiums, especially for those with Serious Mental Illness.</p> <p>Sincerely, Betty Whiton, President-Elect NAMI NM</p>	11/6/17	Betty Ann Whiton bwhiton@msn.com
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays &amp; premiums, and retroactive coverage and transitional Medicare, that would impose penalties for missed appointment and that reduce health benefits.</p> <p>These changes will harm New Mexicans who rely on Medicaid.</p> <p>Sincerely, Kathleen Podzimek</p>		Kathleen Podzimek Las Cruces <a href="mailto:kathleenpodzimek@yahoo.com">kathleenpodzimek@yahoo.com</a>
<p>Because of the affordable care act I have access to preventative health care for the first time in 15 years.</p> <p>Instead of going to the emergency room with asthma attacks 16-18 times every spring, I am able to see an allergist for injections.</p> <p>Instead of the police taking me to the psychiatric hospital, I am able to see a psychiatrist and be</p>	11/5/17	Taren Hill taren.hill@yahoo.com

<p>managed effectively on an outpatient basis.  Because of the Medicaid coverage that I get through the Affordable Care Act, I am less expensive and I have a higher quality of life.  I am able to work part time, pay taxes, and volunteer in my community.  The proposed changes will create obstacles to accessing care for people like me. It might seem like a way to save money, but it actually costs more in the long run. It is hard enough to deal with hallucinations and delusions with treatment. It is impossible without.  I believe that people choose to enter politics because they want to make the world a better place.  I ask you please to take a stand right now to make the world a better place.  Taren Hill</p>		
<p>To whom it may concern,  I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.  Sincerely, Kevin</p>	11/4/17	Kevin Foust kevin.foust@protocallservices.com
<p>DON'T DO IT!  Changes to Medicaid would be disastrous for many of our elderly, including me &amp; my husband. We would end up getting bills we cannot pay, which will cost our providers. You don't really want to make Dr.s &amp; other providers angry do you?  I hereby promise if you do this, we will send any bills we cannot pay to your office.  Sincerely, Mrs. Lee Sides</p>	11/4/17	Mrs. Lee Sides Roswell leeds1984@gmail.com
<p>Greetings, Thank you for all you do to support New Mexicans. I know that these are hard decisions to make as you look at how to best balance the budget. I do have some concerns about upcoming proposed changes. I am a person who works with people with New Mexico Medicaid benefits. I believe that these proposed cuts may be more harmful than good. So, I'm writing to you to state that I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. I believe that these changes will harm New Mexicans who rely on Medicaid.  Thank you for allowing me a moment of your time.</p>	11/4/17	Wendy Linebrink wow_wendy@yahoo.com
<p>Hello,  I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.  Thank you and have a good weekend, Robert Nelson</p>	11/3/17	Robert Nelson <a href="mailto:robert.nelson.abq@gmail.com">robert.nelson.abq@gmail.com</a>
<p>Hello,</p>	11/3/17	Meg Brauckmann

<p>I am a resident of Las Cruces and I am writing because I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p> <p>As someone who works closely with families that are experiencing poverty these revisions would only further burden the most vulnerable amongst us and do not represent good policy for future health equity.</p> <p>Meg Brauckmann The Beloved Community Project, Inclusive Community Organizer</p>		<p>The Beloved Community Project Inclusive Community Organizer Border Servant Corps '17-'18 meg.brauck@gmail.com</p>
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, impose penalties for missed appointments and reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p> <p>Sincerely, Michael Striker</p>	11/3/17	Michael Striker mstriker999@gmail.com
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p> <p>Regards- Erin Boyd</p>	11/3/17	Erin Boyd erinboyd999@gmail.com
<p>Hello,</p> <p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p> <p>Jack Turney Camp Hope Outreach Coordinator, Mesilla Valley Community of Hope</p>	11/3/17	<p>Jack Turney Camp Hope Outreach Coordinator Mesilla Valley Community of Hope Border Servant Corps Volunteer, 2017-2018 jturney999@gmail.com</p>
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p>	11/3/17	Abby Vines theghostroad@icloud.com
<p>Dear Action Committee,</p> <p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p> <p>Sincerely, Jennifer Squyres, Valencia County Resident</p>	11/3/17	<p>Jennifer Squyres <a href="mailto:jewelljenniferr@gmail.com">jewelljenniferr@gmail.com</a> Valencia County</p>
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would</p>	11/3/17	Katrina Marti, Case Manager

<p>impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Katrina Marti, Case Manager Rehoboth McKinley Christian Health Care, Behavioral Health Services</p>		<p>Rehoboth McKinley Christian Health Care, Behavioral Health Services kmarti@rmchcs.org</p>
<p>Dear Secretary Brent Earnest, I am commenting on the proposed 1115 Medicaid Waiver program. I am not in support of proposed changes to charge our state's most vulnerable population a copay to receive care. Second, I am not in support of limiting rehabilitation services to people receiving Medicaid. Rehabilitation is a key service helping people attain or retain capability for independence or self-care and is demonstrated to prevent unnecessary hospitalizations or placement into expensive long-term care. Third, I am opposed to eliminating habilitation services for adults. Habilitative services for adult persons are provided to assist the individual attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition. There are many people transitioning into adult life who will need habilitative services, for example adults receiving cochlear implants to treat hearing loss, those with psychiatric illnesses and substance abuse disorders, and adults with cerebral palsy or developmental disabilities learning independent living skills. Lastly, I am against any changes in the waiver that would alter the essential health benefits of people insured under Medicaid. Sincerely, Jane Prince-Smith, LISW</p>	<p>11/3/17</p>	<p>Jane Smith jarly@me.com</p>
<p>Greetings, I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Thank you, Katherine Meehan , Housing Case Manager and Domestic Violence Advocate</p>	<p>11/3/17</p>	<p>Katherine Meehan scaryscarab78@yahoo.com</p>
<p>To whom it may concern, My name is Dr. Thomas A. Paz and I am an optometrist in Las Cruces, New Mexico. I would like to comment on the importance of Vision Health for all New Mexicans including those adults who receive Medicaid Adult Vision Services. As a Medicaid provider, I believe all vision services, including Adult Vision Services, provided by the NM Medicaid program are vital to the health and welfare of the citizens who receive these benefits and we believe these benefits should remain unchanged. Optometrists serving Adult Medicaid populations provide comprehensive eye examination and other primary clinical services that prevent disease, reduce disability, improve quality of life, and promote the adoption of healthy lifestyles, which in turn facilitate lifelong health and reduced Medicaid expenses. Many health issues have important clinical ties to vision and eye health that can be detected by</p>	<p>11/2/17</p>	<p>Thomas Paz <a href="mailto:2tjpaz@gmail.com">2tjpaz@gmail.com</a> Las Cruces</p>

<p>an optometrist during the comprehensive eye exam.</p> <p>Here are a few important reasons to keep the Adult Vision Services in Medicaid:</p> <ul style="list-style-type: none"> <li>▪ Eye diseases are common and can go unnoticed for a long time—some have no symptoms at first. A comprehensive dilated eye exam by an optometrist or ophthalmologist is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective.</li> <li>▪ During the exam, visual acuity, depth perception, eye alignment, and eye movement are tested. The exam may even spot other conditions such as high blood pressure or diabetes, sometimes before your primary care doctor does.</li> <li>▪ Early treatment is critically important to prevent some common eye diseases &lt;<a href="https://www.cdc.gov/visionhealth/basics/ced/index.html">https://www.cdc.gov/visionhealth/basics/ced/index.html</a>&gt; from causing permanent vision loss or blindness: <ul style="list-style-type: none"> <li>o Cataracts, the leading cause of vision loss in the United States</li> <li>o Diabetic retinopathy, the leading cause of blindness in American adults</li> <li>o Glaucoma</li> <li>o Age-related macular degeneration</li> </ul> </li> <li>▪ Over 14% of the people in New Mexico have diabetes. Of these, an estimated 59,000 don't know it. Diabetic retinopathy is also one of the most preventable causes of vision loss and blindness. Early detection and treatment can prevent or delay blindness due to diabetic retinopathy in 90% of people with diabetes, but 50% or more of them don't get their eyes examined or are diagnosed too late for effective treatment.</li> <li>▪ Diabetes is expensive. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. Providing Adult Vision Services can save the Medicaid program by lowering the future costs associated with Diabetes.</li> <li>▪ Providing basic vision correction with glasses to the Adult Medicaid population is one of the most cost-effective ways to improve a person's ability to obtain and maintain employment, attain a higher level of education, and function as a productive member of society.</li> </ul> <p>I do not believe the proposed changes to the Adult Vision Services meets the Demonstration Waiver criteria outlined by CMS to included better coverage, better access, better outcomes, and better efficiency. In fact, we believe the changes to the Adult Vision Services in New Mexico fail such criteria, and would weaken the state's waiver request.</p> <p>I also strongly believe the benefit to 19 and 20-year-olds covered under the EPSDT benefit providing comprehensive health care should remain unchanged. The proposed change would be a reduction of benefits for this important age group at a critical time in their lives.</p> <p>As an optometrist providing Medicaid Adult Vision Services I can attest that the program is crucial to keep this population healthy and productive. I ask that you keep the Adult Vision Services in its current form as a benefit without a buy-in premium.</p> <p>Please call me for further information or to discuss any questions you may have my cell phone number is 575-644-3267</p> <p>Sincerely, Dr. Thomas A. Paz</p>		
To the NMHSD:	10/31/17	Adele Jacobson

<p>I am already not able to buy food due to my lack of income and have to go to a food bank three times a month. If I didn't have Medicaid coverage I would literally be dead. I receive a life preserving treatment once or twice a year for a blood disorder. I'm already barred from getting certain preventative treatment. At this point my income is below the level where you are charging copays and premiums. If I would get a part time job then my income would possibly allow me to buy food however then if your proposal passes I would be spending it on healthcare vs. buying food again. A never ending cycle. If you move forward with these costs you will see:</p> <ol style="list-style-type: none"> <li>1. More homeless individuals and families</li> <li>2. More unwanted pregnancies</li> <li>3. More deaths due to diseases that are treatable and curable.</li> <li>4. More pain and suffering.</li> <li>5. More crime</li> <li>6. More gangs</li> <li>7. More drugs being sold illegally</li> <li>8. More abuse</li> </ol> <p>Perhaps you can work on creating more jobs so people can truly afford decent healthcare rather than ripping apart the lives the those that can't.</p> <p>There must be another way. Go back to the drawing board and figure it out!</p> <p>Sincerely, Miranda Jacobson</p>		<p>vidamor33@yahoo.com</p>
<p>Dear Cabinet Secretary Brent Earnest, I am writing to you as a voting resident of Bernalillo County, and as a future healthcare provider. In regards to the HSD open comment period on the Centennial Care 2.0 Proposal, I plead with you as legislators:</p> <p>NO copay, no premium, and no missed visit fee for our poorest residents. YES for full Essential health benefits including rehabilitation, habilitation, dental, mental health services, and vision care.</p> <p>Thank you very much for the work you do.</p> <p>Sincerely, Khizer Ashraf</p>	<p>10/31/17</p>	<p>Khizer Ashraf khizer.ashraf@gmail.com</p>
<p>Medicaid should have better restrictions on individuals with child support and health care support. If a child is receiving medical support from a noncustodial parent why are most still getting Medicaid. This seems redundant and is taking away funds for someone who may need Medicaid. Also if you are a certain age and capable of working then you should be required to work to continue to get services. I see so many moms not working and getting free assistance from the state and not being held accountable for taking care of their own children. This is our tax money being used up by people who are capable of working. I have to struggle to pay for health care because I don't qualify for Medicaid then why shouldn't other capable working adults be held to the same standards.</p>	<p>10/30/17</p>	<p>(unidentified)</p>
<p>I am commenting on the proposed 1115 Medicaid Waiver program. I am NOT in support of proposed changes to charge our state's most vulnerable population a copay to receive care.</p>	<p>10/30/17</p>	<p>Mary Ann Bosworth, MA CCC SLP Albuquerque</p>

<p>Second, I am not in support of limiting rehabilitation services to people receiving Medicaid. Rehabilitation is a key service helping people attain or retain capability for independence or self-care and is demonstrated to prevent unnecessary hospitalizations or placement into expensive long-term care. Third, I am opposed to eliminating habilitation services for adults. Habilitative services for adult persons are provided to assist the individual attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition. There are many people transitioning into adult life who will need habilitative services, for example adults receiving cochlear implants to treat hearing loss, those with psychiatric illnesses and substance abuse disorders, and adults with cerebral palsy or developmental disabilities learning independent living skills. Lastly, I am against any changes in the waiver that would alter the essential health benefits of people insured under Medicaid. Thank you for your attention. Sincerely, Mary Ann Bosworth, MA CCC SLP</p>		bosworthslp@comcast.net
<p>I agree with the plan of cost sharing, especially by Medicaid expansion recipients. However, the premium structure at the lowest end of the income scale needs adjustment. I think \$10 a month for someone making just over \$12000 a year is too high. I think this should be lowered. I do agree with small income based copays and monetary incentives to use care wisely ( increased costs for brand drugs with available generics and non- emergency use of the ED. Mary Roach</p>	10/30/17	Mary Roach <a href="mailto:maryroach100@yahoo.com">maryroach100@yahoo.com</a> Albuquerque
<p>As a member of NAMI, I am very concerned about proposed cuts to mental health services and medications. Serious mental illness affects 1 in 5 families and NM has the highest, per-capita rate of mental illness in the US. To prevent people with mental illness from receiving services and necessary medications is unethical. The disastrous potential for millions of citizens with untreated serious mental is staggering. Families and communities will also suffer. It is essential that Centennial cover mental health services and medications. Sincerely, Betty Whiton, MA, LPC President Elect, NAMI NM</p>	10/27/17	Betty Whiton, MA, LPC President Elect, NAMI NM bwhiton@msn.com
<p>The Medicaid/Subsidized health care program needs to install measures that reflect much more fairness (particularly to those of us who are actually having to pay for it) and personal responsibility. As it stands now, it is yet another massive welfare program that consumes a huge chunk of other peoples' money and government budgets. It is rife with fraud and abuse. Co-pays should be no less than \$20 and EVERYONE should be required to pay nominal fees regardless of income. Another glaring problem is that new proposals still make exemptions for families with children - this is the absolute worst approach: It provides absolutely zero incentive for individuals to stop producing children they simply cannot afford. Instead, it conveys the message that they can continue to have all the babies they want while the state and other private individuals essentially assume financial stewardship of them. To aggravate matters, these irresponsible parents turn right around and use these same children for "tax breaks" and a plethora of other welfare</p>	10/25/17	Ray Diaz <a href="mailto:rdiaz3704@gmail.com">rdiaz3704@gmail.com</a> Las Cruces

<p>programs which are bankrupting not only New Mexico, but the country as a whole. These types of practices only facilitate and enable the cycle of poverty and learned helplessness that will only feed and grow the problem and continue it far into the foreseeable future.</p> <p>Lastly but perhaps most importantly - especially in states like New Mexico - no government entity can engage in an honest, productive discussion with honest, fair and responsible solutions without first formally recognizing and addressing the adverse repercussions of immigration, illegal AND legal.</p> <p>I urge you to engage this problem with fairness and accountability to the shrinking pool of us who are being forced to take on a bigger and bigger financial burden and whose quality of life and standard of living continue to rapidly decline. STOP THE REDISTRIBUTION OF PERSONAL RESPONSIBILITY.</p> <p>Ray Diaz</p>		
<p>Abandon these inhumane cuts! This will destroy the lives of children, working disabled, and the elderly who are barely hanging on now! How are underpaid women going to pay for their birth control?</p> <p>Emergency rooms will be choked with citizens needing health care. That will be the only option for so many.</p> <p>This makes no sense economically as some 50,000 health related workers will be out of a job!</p> <p>These cuts will have a Tragic impact on so many of our citizens. You must revisit this alarming proposal!</p> <p>Respectfully, Percyne Gardner, Las Vegas, NM</p> <p>PS A study needs to be done before any of these cuts.</p>	10/19/17	<p>Percyne Gardner Las Vegas percynegardner@gmail.com</p>
<p>I, Cole Burns, am opposed to the Medicaid Waiver Proposal to change Essential Healthcare Benefits.</p> <p>Thank you, Cole Burns, MOT/S</p>	10/19/17	<p>Cole Burns, MOT/S University of New Mexico <a href="mailto:justgocole@gmail.com">justgocole@gmail.com</a></p>
<p>I am a nurse practitioner working in women's health. A large majority of my patients are on Medicaid.</p> <p>I COMPLETELY SUPPORT requiring Medicaid recipients to pay nominal premiums and co-pays for office visits.</p> <p>In my opinion, patients should have a monetary investment in their health care.</p> <p>Jaymi McKay CFNP</p>	10/16/17	<p>Jaymi McKay CFNP <a href="mailto:jaymimckay@yahoo.com">jaymimckay@yahoo.com</a> Albuquerque</p>
<p>Hello. I fully support the ideas presented by HSD to begin charging premiums, copays, and financial penalties for Medicaid recipients. I cannot believe that our state spends so much of its resources in providing such a rich benefit program to recipients with currently zero financial incentive to manage this spending wisely. We are effectively giving our revenues to the "poor" and asking that they make sound financial decisions.</p>	10/16/17	<p>A concerned Taxpayer (unidentified) Albuquerque</p>

<p>Frankly, I think that we should be paring down the benefits even more by not covering everything that the recipients want. Recipients should not receive benefits that are better than our active duty or retired military. Sadly, we are giving so much of our revenues away to recipients with zero to miniscule return on investment. Where is the data that shows how our billions spent annually are improving health, creating jobs, and bettering our already last-in-place economy? It's time to rethink and reprioritize how much money should be spent on these entitlements.</p> <p>We should be providing the bare minimum not a "comprehensive benefit program" as described by Centennial Care. Meaning that generic drugs are always dispensed, period. If the recipient prefers a brand name, then the drug is not covered. If recipients wants transportation to an appointment they should be required to use public transportation, that is already funded by tax payers. Non-emergency transportation should only be available for special circumstances, and should never be available if the recipient has their own means for transportation. If a recipient wants diapers they should only be covered for a medical reason and be prescribed by a physician. It would be more fiscally responsible to cut benefits and invest our money in infrastructure where all taxpayers benefit.</p> <p>It would be more fiscally responsible to cut eligibility and pare down the vast amount of enrollees and choose to invest in our economy where all taxpayers benefit from a larger tax base.</p> <p>I really hope that my comment will be listened to and heard.</p> <p>A concerned Taxpayer</p>		
<p>I oppose Governor Martinez's and the Health and Human Services proposed cuts to the Medicaid plan that help the poor with their health care needs.</p> <p>Rebecca Shankland</p>	10/12/17	Rebecca Shankland White Rock rebecca.shankland@gmail.com
<p>Dear Sir/madam,</p> <p>I strongly oppose any cuts to Medicaid benefits in New Mexico including increased co-pays, and eliminating retroactive benefits. It is our duty to take care of the less fortunate members of society. Furthermore eliminating prevention will lead to increased costs in uncompensated care. Please do not cut Medicaid.</p> <p>Robert M. Libby</p>	10/12/17	Robert M. Libby Las Cruces robertm.libby81@gmail.com
<p>To whom it may concern, this would truly hurt alot of us disabled citizens, I'm struggling as is to get by month to month this is such a burden not to mention stressful at the thought of Medicaid cuts, I therefore am very stressed out of the whole idea. This would not be a good thing for so many people and their family's so I respectfully disagree with the Medicaid cut proposal.</p> <p>Respectfully, Sincerely Mr.Peralta</p>	10/2/17	Curtis Peralta curtisperalta505@gmail.com
<p>To whom it may concern ,</p> <p>I am a senior citizen who is on Medicaid QMB and literally living hand to mouth and don't ever make it to the end of the month with any money .</p> <p>I am totally opposed to any cuts in the Medicaid program as it would take away all of the medical help I need .</p>	9/21/17	Lynda Carol La Jara tsalagilyncobn@gmail.com

Lynda Carol		
<p>WHAT DOES RESEARCH SAY ABOUT COST-SHARING'S IMPACT ON FAMILIES?  <a href="http://www.aradvocates.org/wp-content/uploads/Co-Pay-Brief-Web.pdf">www.aradvocates.org/wp-content/uploads/Co-Pay-Brief-Web.pdf</a></p> <p>In short, cost-sharing in Medicaid reduces access to care for low-income enrollees and can worsen their health outcomes. When individuals cannot access preventive care and early treatment, it often means they use the costly emergency room or let health issues worsen before they finally receive treatment.</p> <ul style="list-style-type: none"> <li>• In one example, Medicaid-enrolled cancer patients had more emergency room visits when copayments were added and each patient's total costs were \$2,000 higher in a six-month period than they were for those without copayments.</li> <li>• Prescription drug copayments led to a 78 percent increase in emergency room use in Quebec.</li> <li>• Oregon's experiment with cost-sharing caused nearly half of adults to drop coverage, with most citing cost-sharing as a reason.</li> </ul> <p>Cost-sharing is more likely to affect children negatively, with low-income children being less likely than adults to receive effective care.</p> <ul style="list-style-type: none"> <li>• Even with no cost-sharing, families with children who have special health care needs spent \$141 more on premiums and \$432 more on out-of-pocket costs than other families did; increased cost-sharing would worsen this disparity.</li> </ul> <p>Out-of-pocket costs place a heavier burden on families living in poverty, especially those with serious health needs.</p> <ul style="list-style-type: none"> <li>• Nationally, half of households have credit card debt from medical expenses, and medical debt contributes to 62 percent of bankruptcies.</li> </ul> <p>Victoria Parrill</p>	9/7/17	<p>Victoria Parrill  Santa Fe  Victoria Parrill victoripar@gmail.com</p>
Comments above were found in the email junk mail folder		
<p>On behalf of the New Mexico Podiatric Medical Association (NMPMA), I am submitting comments regarding Table 10 where podiatry services are listed and have "limits apply" documented in the ABP column.</p> <p>NMPMA had contacted Dr. Burapa and received response that is documented below.</p> <ol style="list-style-type: none"> <li>1. Coverage of podiatry and routine foot care is limited in scope.</li> </ol> <p>NMPMA suggests that this sentence if found in any HSD documents be modified for it may be interpreted to mean that services provided by Doctors of Podiatric Medicine are being limited by HSD due to provider credentialing. NMPMA is aware of routine foot care limitations based on medical necessity and Medicare policy guidelines that are frequently followed by non-Medicare insurances but this sentence does not clearly indicate this meaning.</p> <ol style="list-style-type: none"> <li>2. NMPMA strongly suggests that the usage of podiatry services be updated with substitute verbiage of foot and ankle services in all HSD policies to avoid any inference of provider discrimination based on credentialing.</li> </ol> <p>NMPMA supports Member Engagement and Personal Responsibility Proposal #5 - Seek authority</p>	11/5/17	<p>Janet Simon, DPM  Executive Director, New Mexico Podiatric Medical Association  Albuquerque  <a href="mailto:janetpod@aol.com">janetpod@aol.com</a></p>

<p>for providers to charge nominal fees for three or more missed appointments. Respectfully submitted, Janet Simon, DPM</p>		
<p>The Jemez Pueblo Health and Human Services would like to submit the following comments regarding Centennial Care 2.0:</p> <ol style="list-style-type: none"> <li>1. First, we would like to thank you for changes already made to the initial draft based on previous comments from us and from other tribes.</li> <li>2. Second, we oppose conversion of the Parent-Caretaker category to the Alternative Benefits Package as it will translate to a loss of benefits for those previously eligible for Parent-Caretaker.</li> <li>3. While we appreciate that Native Americans would be exempt from the elimination of three-month, retroactive coverage, we still oppose this as there is some potential for impact on tribal clinics who provide care to non-natives (such as the Jemez Pueblo Health Center). I did not mention this at the Consultation, but though the state feels this is a mechanism which is not used very often, 10,000 instances in the last year is actually a large number of individuals who could have been placed in some very tough financial circumstances if it weren't for retroactive coverage availability. A portion of this will always be passed on to providers.</li> <li>4. The addition of monthly premiums for Medicaid recipients is more likely to insure member dropout than member engagement and people whose incomes are low enough to qualify for Medicaid really don't have it to spare. <ol style="list-style-type: none"> <li>a. A three month "lock-out" period for non-payment of premiums again, serves only to reduce enrollment, rather than engage members. While this may save the state money, it just means more uninsured New Mexicans.</li> </ol> </li> <li>5. Contracts for Care Coordination reimbursement really need to happen between the state and the tribes rather than the MCO's and tribes, as this further dilutes the government to government relationship by leaving up to each MCO what services will be reimbursed and to what level and by requiring tribes to contract with MCO's to receive that reimbursement.</li> <li>6. Any proposed change which relies on the Marketplace to close a gap is at high risk for allowing enrollees to fall through the cracks in our current political environment, as the future of the Marketplace is highly questionable. We should not implement changes which rely on the Marketplace to "catch" Medicaid enrollees being pushed off of coverage.</li> </ol> <p>Once again, thank you for the opportunity to provide input regarding proposed changes which have the potential to affect so many New Mexicans. Lisa C. Maves, MA, LPCC</p>	<p>11/6/17</p>	<p>Lisa C. Maves, MA, LPCC Clinical Social Work Jemez Pueblo Health Center lisa.maves@jemezpuablo.us</p>
<p><u>To:</u> Brent Earnest, Cabinet Secretary, New Mexico Human Services Department (HSD) <u>From:</u> Planned Parenthood of the Rocky Mountains, which includes Planned Parenthood of New</p>	<p>11/6/17</p>	<p>Julianna Koob <a href="mailto:juliannakoob@gmail.com">juliannakoob@gmail.com</a></p>

<p>Mexico  <u>RE:</u> Application for Renewal of Section 1115 Demonstration Waiver Centennial Care Program: Centennial Care 2.0  <u>Date:</u> November 6, 2017  Dear Mr. Earnest,  As representatives of Planned Parenthood of the Rocky Mountains, which includes Planned Parenthood of New Mexico, we are writing today to first thank you and your staff for hearing the community's concerns with providing access to LARC to Medicaid patients, particularly given the significant fluctuations and high costs involved in stocking LARC devices. The administrative fee you've included in the 1115 waiver will allow for all providers offering LARC to increase this important healthcare service.  We are also writing with concerns about plans for renewal of the state's section 115 waiver, which oversees the state's Centennial Care program. We join many of our partner organizations, advocates, patients and providers in sharing concerns around several provisions that we believe will harm New Mexicans with Medicaid for the following reasons:</p> <ol style="list-style-type: none"> <li>1. We are concerned that requiring premiums and co-pays will result in New Mexicans not getting the care they need. Additional costs to patients will result in patients dropping off the Medicaid rolls and going back to costly emergency rooms for care, a trend that is contrary to the important work that HSD Medicaid has done over the past several years to get patients to primary care providers.</li> <li>2. We are concerned with the changes to the family planning services. Although the proposal makes it clear that there will be no co-pay for family planning services within the family planning program, it does not make clear that patients will not pay a co-pay for family planning services within the Medicaid and Medicaid expansion population.</li> <li>3. We also urge you to either get rid of or raise the age cap to 67, when Medicare is available for most people. A forty-five or even fifty year age cap fails to recognize the concerning data that has recently emerged about spikes in sexually transmitted diseases in populations forty-five and older.</li> <li>4. The proposed provision to drop patients from the family planning program who have another form of insurance appears harmless on its face, but is in fact very harmful to those whose second form of insurance does not have comprehensive coverage for family planning. People with disabilities, for example, who have federal health insurance have very limited family planning benefits and would suffer from a lack of healthcare coverage for sexually transmitted diseases and a diverse coverage of contraception.</li> </ol> <p>Again, we ask that the HSD Medicaid Department not take steps backward on the important work it has accomplished over the past several years. The cost savings HSD has accomplished have been due to the increased preventative care that patients have received.  Thank you for consideration of our comments.</p>		Planned Parenthood of the Rocky Mountains, which includes Planned Parenthood of New Mexico
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<p>Sincerely, Planned Parenthood of the Rocky Mountains, which includes Planned Parenthood of New Mexico</p>		
<p>Please find Young Women United's Public Comments on the proposed changes to Centennial Care 2.0.</p> <p>Care Coordination:</p> <ul style="list-style-type: none"> <li>· We applaud HSD's considerations to strengthen requirements for care coordination of justice involved people being released from incarceration. We understand how important access to healthcare can be for people leaving detention facilities and prison. It would be helpful if HSD, in concert with MCO's, established a collaborative working group with community organizations and partners to review and identify best practices to effectively coordinate the healthcare needs of this population. Young Women United offers to support this coordination by facilitating opportunities to include the expertise of previously incarcerated people in policy and implementation discussions (we already do this alongside HSD in other healthcare areas).</li> <li>· Young Women United is excited about HSD's commitment to growing a wraparound approach for youth involved in CYFD. Through Young Women United's leadership in the "Deep End Girls Working Group", alongside CYFD and other partners we have identified the importance of gender specific strategies and interventions and recommend that the HSD pilot approach also be gender specific. Young Women United has extensive expertise we would like to share with HSD as the agency moves towards implementation.</li> </ul> <p>Member Engagement &amp; Personal Responsibility:</p> <ul style="list-style-type: none"> <li>· Young Women United agrees with concerns articulated by many of our organizational partners regarding continuing co-payments and establishing new premiums for specific populations. We take a firm stance against co-payments and premiums for those individuals and families falling at or below the 200% FPL range.</li> <li>· If the cost-sharing proposal within Centennial 2.0 is moved forward, Young Women United strongly recommends that the 1% income/premium rates be held over the course of approved 1115 waiver, while this program is evaluated for efficacy and impact.</li> <li>· If the cost-sharing proposal within Centennial 2.0 is moved forward, Young Women United recommends that the drafted monthly premium table and structured premium and co-pay cost sharing rates begin at the 201-250% FPL range ( \$10 premium for individual, \$20 premium for household and extend to the 251-300% FPL range ( \$15 premium for individual, \$30 premium household rate).</li> </ul> <p>Benefits &amp; Eligibility Opportunities:</p> <ul style="list-style-type: none"> <li>· Benefits and Eligibility Proposal #3: Young Women United strongly disagrees with HSD's</li> </ul>	<p>11/6/17</p>	<p>Micaela Lara Cadena, Research Director, Young Women United mcastena@youngwomenunited.org</p>

<p>proposal to cap family planning at age 50. We also disagree with the proposal to eliminate family planning Medicaid for those who have other health care coverage. As one example, we are deeply concerned about disabled women with reproductive health needs currently covered by Medicare who would not have all of their needs met by Medicare (i.e. LARC is explicitly not covered by Medicare). While we appreciate HSD's justifications, HSD's resources would be better spent by creating a mechanism for people who have been enrolled in family planning to opt out if they do not have a need/desire to utilize family planning services. Low rates of usage likely indicate people are not aware of their coverage and/or the full range of services provided under family planning. We encourage HSD to invest in improving notifications and consumer outreach materials for better understanding and accessibility.</p> <ul style="list-style-type: none"> <li>• Benefits and Eligibility Proposal #4: Young Women United disagrees with the elimination of the three-month retroactive eligibility period. Many women and families with low levels of health literacy and/or low rates of health care usage often seek care sporadically when an urgent or timely need arises. For these individuals, health care debt is likely to be devastating, and will increase other costs to New Mexico safety nets if the individual is also facing lost earnings, job loss, etc. Young Women United feels strongly that the current retroactive eligibility period serves to meet the health care needs of New Mexico families in real time. If someone shows up for care and submits a Medicaid application, knowing the visit will likely be covered means less people are avoiding care or delaying because they don't have a mechanism to pay. For young women and others, the inability to receive retroactive coverage may hinder their progress toward financial stability and may cause a domino effect with far-reaching implications.</li> <li>• Benefits and Eligibility Proposal #5: Young Women United recommends maintaining the current time frame for Transitional Medical Assistance. Those in a position to potentially earn more and advance their careers and/or financial situation should not be penalized with a shortened opportunity to move into health coverage. Realistically, many employers have a probationary period in which new employees are not eligible for coverage. Allowing for a year to embrace and establish themselves in their new circumstances lays a foundation for continued success.</li> <li>• Benefits and Eligibility Proposal #7: Young Women United applauds HSD's effort to support young people who have been in the foster care system</li> <li>• Benefits and Eligibility Proposal #8: Young Women United has been proud to work alongside HSD staff who have prioritized debundling LARC and making billing systems more efficient. Thank you for your continued commitment to making LARC more accessible to NM Families.</li> </ul> <p>Micaela Lara Cadena, Research Director , Young Women United</p>		
Date: November 6, 2017	11/6/17	Carol A. Bottjer, O.D., M.S.

<p>To: New Mexico Health Services Department  From: Carol A. Bottjer, O.D., M.S.</p> <p>My name is Dr. Bottjer; I am an optometrist in Albuquerque, New Mexico. I would like to comment on the importance of vision services for all New Mexicans, including those adults who receive Medicaid Adult Vision Services. I believe all vision services, including Adult Vision Services, provided by the NM Medicaid program are vital to the health and welfare of the citizens who receive these benefits. As such, I believe these benefits should remain unchanged.</p> <p>Optometrists and ophthalmologists serving Adult Medicaid populations provide comprehensive eye examinations and other primary clinical services that prevent/treat disease, reduce disability, improve quality of life, and promote the adoption of healthy lifestyles. With healthier patients, government Medicaid expenses are thus reduced.</p> <p>Here are a few important reasons to keep the Adult Vision Services in Medicaid:</p> <ol style="list-style-type: none"> <li>1. Eye diseases are common and can go unnoticed for a long time—some have no symptoms at first. A comprehensive eye examination by an optometrist or ophthalmologist is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective. <ol style="list-style-type: none"> <li>a. Example: Asymptomatic retinal detachments—I have detected many of these during the dilated fundus examination portion of NM Medicaid vision service-sponsored examinations. These patients were then referred for the appropriate treatment by a retinal specialist, the majority with in-office procedures (e.g. barrier laser). This means that the eyes with the earlier detected/treated retinal detachments still have usable vision. That is a much better outcome than a patient who, with a lack of preventative vision services, does not present until her/his eye is completely unable to see (and probably will present to an emergency or urgent care setting), at which point the retinal detachment may be so advanced that it is no longer treatable.</li> <li>b. Example: Visually significant cataracts-- I have detected many of these during NM Medicaid vision service-sponsored examinations. Research studies have determined that treatment of visually significant cataracts reduces the risk of falls in the elderly. To the Medicaid program as a whole, the cost of a periodic vision service-covered comprehensive eye examination and cataract surgery (when warranted) is much less that if an elder falls and then needs time in a residential rehabilitative facility to recover from fall-related injuries.</li> </ol> </li> <li>2. An optometrist or ophthalmologist may detect undiagnosed systemic pathology during the dilated fundus examination portion of a comprehensive eye examination before it is detected by the patient's primary care provider. <ol style="list-style-type: none"> <li>a. Example: Diabetes Type II—Based on retinal appearance and shifts in spectacle script, I have been the first provider to diagnose DM II in several</li> </ol> </li> </ol>	<p>Albq.  carol.bottjer1@gmail.com</p>
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<p>patients. Diabetes is the leading cause of blindness in this country. Over 14% of the people in New Mexico have diabetes. Of these, an estimated 59,000 don't know it. Diabetic retinopathy is also one of the most preventable causes of vision loss and blindness. Early detection and treatment can prevent or delay blindness due to diabetic retinopathy in 90% of people with diabetes, but 50% or more of them don't get their eyes examined or are diagnosed too late for effective treatment. Also, Diabetes is expensive. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. Providing Adult Vision Services can save the Medicaid program by lowering the future costs associated with Diabetes.</p> <p>3. Providing basic vision correction with glasses to the Adult Medicaid population is one of the most cost-effective ways to improve a person's ability to obtain and maintain employment, attain a higher level of education, and function as a productive member of society.</p> <p>I do not believe the proposed changes to the Adult Vision Services meets the Demonstration Waiver criteria outlined by CMS to included better coverage, better access, better outcomes, and better efficiency. In fact, I believe the changes to the Adult Vision Services in New Mexico fail such criteria, and would weaken the state's waiver request.</p> <p>I also strongly believe the benefit to 19 and 20-year-olds covered under the EPSDT benefit providing comprehensive health care should remain unchanged. The proposed change would be a reduction of benefits for this important age group at a critical time in their lives.</p> <p>As an optometrist who has provided Medicaid Adult Vision Services for several years, I can attest that the program is crucial to keep this population healthy and productive. I ask that you keep the Adult Vision Services in its current form as a benefit without a buy-in premium.</p> <p>Thank you for your consideration of my thoughts on this matter.</p>		
<p>See attached file. Tim Gardner Disability Rights New Mexico</p>	<p>11/6/17</p>	<p>Tim Gardner Disability Rights New Mexico Albq. <a href="mailto:TGardner@DRNM.org">TGardner@DRNM.org</a></p>
<p>Good Afternoon, On behalf of Blue Cross and Blue Shield of New Mexico, we are formally providing comments to the Human Services Department, Medical Assistance Division regarding Centennial Care and changes to the program being considered as part of the renewal of the Centennial Care Federal Waiver that will be effective on January 1, 2019. Attached is our comments for consideration. Should you have any follow up questions, please feel free to contact me. Best regards, Janice Torrez</p>	<p>11/6/17</p>	<p>Janice Torrez DVP External Affairs and Chief of Staff Blue Cross and Blue Shield of New Mexico Albuquerque, <a href="mailto:janice_torrez@bcbsnm.com">janice_torrez@bcbsnm.com</a></p>
<p>Please accept this letter with comments on the draft NM Human Services Department's</p>	<p>11/6/17</p>	<p>Jennifer L. Metzler</p>

<p>Centennial Care 2.0 Medicaid waiver proposal. Respectfully, Jenny Metzler</p>		<p>Executive Director Albuquerque Health Care for the Homeless, Inc. Albuquerque, <a href="mailto:jennymetzler@abqhch.org">jennymetzler@abqhch.org</a></p>
<p>The comments of The Disability Coalition are attached. Ellen Pinnes</p>	<p>11/6/17</p>	<p>Ellen Pinnes The Disability Coalition EPinnes@msn.com</p>
<p>Good Afternoon, Please see attached public comment for Centennial Care Program: Centennial Care 2.0 Renewal Draft, last revised October 6, 2017. Please feel free to contact me with any questions or concerns. Thank you for the opportunity to provide comments on the proposal. Thank you, Sarah Coffey NM Legal Aid</p>	<p>11/6/17</p>	<p>Sarah Coffey Domestic Violence Staff Attorney New Mexico Legal Aid, Inc. Albuquerque <a href="mailto:SarahC@nmlegalaid.org">SarahC@nmlegalaid.org</a></p>
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Alexandria V. Taylor</p>	<p>11/6/17</p>	<p>Alexandria Taylor Los Lunas <a href="mailto:alexandriat@valenciashelterservices.org">alexandriat@valenciashelterservices.org</a></p>
<p>Hello, I am submitting these comments to HSD on proposed Medicaid cuts. The following people do not have access to send their stories themselves and wanted to make sure they were submitted. Thanks for your attention to these important accounts of their experiences. Thanks Adriann Barboa</p> <p>Kena Chavez Hinojos Medicaid works for my family. After being affected with hearing loss for a long time and IHS denied me services despite being diagnosed to be deaf within 5 years. I was told at first these hearing services were not necessary. Now I've been seeing a speech therapist. IHS health services does not have adequate resources and some of staff only there for short period/don't want to be there, so I always had to retake the same tests; once was given wrong medication and overdosed which reversed my thyroid issues. So I've had both hypothyroidism and hyperthyroidism. Seems like with IHS no matter the problem you have to be close to dying, or in my case have thyroid swell like a man's Adam's apple, to get care, and there is still lack of good care. Access is a problem as well; I've had to travel to receive many services and that's difficult. I Have had 4 births- 1 natural; #2 induced; #2 induced early; #3 induced 2 months early, #4 high risk pregnancy and feel I could have had better care. I am glad to have these services but they could be much better. Do not understand why people want to cut Medicaid when we need to improve on it. Do NOT cut Medicaid.</p> <p>Malina Sangre,</p>	<p>11/6/17</p>	<p>Adriann Barboa <a href="mailto:adriann@forwardtogether.org">adriann@forwardtogether.org</a></p>

<p>Healthcare for all; don't cut Medicaid. Native American exempt. IHS Healthcare. 13 years old had problems with a bloody nose that was unstoppable. Had to see many different doctor coats. At 17 years old might have problems with white blood cells, see new specialists. 20 years old, diagnosed with rare blood disease and more specialists. 26 years old high blood pressure during pregnancy. 27 years old, loss baby due to problems. 31 years old baby #3, I needed blood thinners all 9 months. Had to take shots every day that left bruises, and my sister would cry for me all the time. Now, still have uncontrollable blood issues, still root issue unknown. I have limited healthcare and zero Doctors. I've had different Doctor's diagnoses; going from specialist to specialist. Always wondering, what is really wrong with me and my health? At the same time getting the run around with IHS IHS will not help with meds or help.. Having to see different specialists and having costs which sometime you choose no healthcare and it makes problems worse and continue without help and health coverage. Especially while working. I've learned that learning your family history is important, life cycle passed down some; and being on borderline of sickness and disease. Medicaid helped me get seen by the specialists I needed; we need to make it better and have healthcare for all. Don't Cut MEDICAID.</p>		
<p>To Whom It May Concern:</p> <p>My name is Dr. Dr. Mamie Chan and I am a second generation New Mexican optometrist practicing in Albuquerque, New Mexico. I would like to comment on the importance of Vision Health for all New Mexicans including those adults who receive Medicaid Adult Vision Services. As a Medicaid provider, I believe all vision services, including Adult Vision Services, provided by the NM Medicaid program are vital to the health and welfare of the citizens who receive these benefits and we believe these benefits should remain unchanged.</p> <p>Optometrists serving Adult Medicaid populations provide comprehensive eye examination and other primary clinical services that prevent disease, reduce disability, improve quality of life, and promote the adoption of healthy lifestyles, which in turn facilitate lifelong health and reduced Medicaid expenses.</p> <p>Many health issues have important clinical ties to vision and eye health that can be detected by an optometrist during the comprehensive eye exam.</p> <p>Here are a few important reasons to keep the Adult Vision Services in Medicaid:</p> <ul style="list-style-type: none"> <li>• Eye diseases are common and can go unnoticed for a long time—some have no symptoms at first. A comprehensive dilated eye exam by an optometrist or ophthalmologist is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective.</li> <li>• During the exam, visual acuity, depth perception, eye alignment, and eye movement are tested. The exam may even spot other conditions such as high blood pressure or diabetes, sometimes before your primary care doctor does.</li> <li>• Early treatment is critically important to prevent some <u>common eye diseases</u> from causing permanent vision loss or blindness:</li> </ul>	<p>11/6/17</p>	<p>Mamie Chan Albq. abqmcc@gmail.com</p>

<ul style="list-style-type: none"> <li>o Cataracts, the leading cause of vision loss in the United States</li> <li>o Diabetic retinopathy, the leading cause of blindness in American adults</li> <li>o Glaucoma</li> <li>o Age-related macular degeneration</li> </ul> <ul style="list-style-type: none"> <li>· Over 14% of the people in New Mexico have diabetes. Of these, an estimated 59,000 don't know it. Diabetic retinopathy is also one of the most preventable causes of vision loss and blindness. Early detection and treatment can prevent or delay blindness due to diabetic retinopathy in 90% of people with diabetes, but 50% or more of them don't get their eyes examined or are diagnosed too late for effective treatment.</li> <li>· Diabetes is expensive. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. Providing Adult Vision Services can save the Medicaid program by lowering the future costs associated with Diabetes.</li> <li>· Providing basic vision correction with glasses to the Adult Medicaid population is one of the most cost-effective ways to improve a person's ability to obtain and maintain employment, attain a higher level of education, and function as a productive member of society.</li> </ul> <p>I do not believe the proposed changes to the Adult Vision Services meets the Demonstration Waiver criteria outlined by CMS to included better coverage, better access, better outcomes, and better efficiency. In fact, we believe the changes to the Adult Vision Services in New Mexico fail such criteria, and would weaken the state's waiver request.</p> <p>I also strongly believe the benefit to 19 and 20-year-olds covered under the EPSDT benefit providing comprehensive health care should remain unchanged. The proposed change would be a reduction of benefits for this important age group at a critical time in their lives.</p> <p>As an optometrist providing Medicaid Adult Vision Services I can attest that the program is crucial to keep this population healthy and productive. I ask that you keep the Adult Vision Services in its current form as a benefit without a buy-in premium. Sincerely, Dr. Mamie Chan</p>		
<p>To whom it may concern: Please see my attached individual comments on the proposed Centennial Care 2.0 waiver. Thank you for providing email as a pathway to provide public forum and dialogue Best, Mandisa Bradley</p>	11/6/17	Mandisa Bradley Mandisa Routheni mcroutheni@gmail.com
<p>Our state needs healthy citizens. Medicaid services are vital. Do not reduce coverage.</p>	11/6/17	L Jameson jamesonlr@outlook.com
<p>To whom it may concern: Please find the attached statement from more than 330 agencies and individuals, in response to the Human Services Department's call for public comment on the Centennial Care 2.0 draft application. Thank you, Mandisa Routheni Mandisa Routheni (Bradley) Institute for Policy Studies Healthcare Policy Fellow</p>	11/6/17	Mandisa Routheni (Bradley) Institute for Policy Studies Healthcare Policy Fellow NM Center on Law and Poverty Albuquerque mandisa@nmpovertylaw.org

<p>NM Center on Law and Poverty</p>		
<p>Dear Human Services Department, Please find the attached comments on the behalf of 43 organizations and individuals regarding the Medicaid Centennial Care 2.0 draft application. If you have any questions, please call me at 505-255-2840, or email <a href="mailto:Sireesha@nmpovertylaw.org">Sireesha@nmpovertylaw.org</a>. Thank you, Sireesha Sireesha Manne Supervising Attorney, Healthcare NM Center on Law and Poverty</p>	<p>11/6/17</p>	<p>Sireesha Manne Supervising Attorney, Healthcare NM Center on Law and Poverty <a href="http://www.nmpovertylaw.org">www.nmpovertylaw.org</a></p>
<p>To whom it may concern, please find VSP Vision Care's comments to the Human Services Department's proposed modifications to Centennial Care as they relate to eyecare. We appreciate the opportunity to comment. Robert Marcelis, Corporate Counsel</p>	<p>11/6/17</p>	<p>Robert Marcelis, Corporate Counsel VSP Vision Care   Office of the General Counsel   3333 Quality Drive, Rancho Cordova, CA 95670 <a href="mailto:robert.marcelis@vsp.com">robert.marcelis@vsp.com</a></p>
<p>November 6, 2017 Human Services Department ATTN: HSD Public Comments P.O. Box 2348 Santa Fe, New Mexico RE: New Mexico Centennial Care 2.0 Waiver comments related to Independent Community Pharmacies as providers. The following comments submission is on behalf of the New Mexico Pharmacy Business Council who represents Independent Community Pharmacies across the state. Independents are frontline healthcare providers. Serving those who are insured through The Centennial Care program represent a substantial number of our patients. The ability to provide access to medications, help them understand usage of their medications and support adherence provides benefit not only to them but the system as a whole. The goal of Independent Community Pharmacies is to sustainably continue to provide communities appropriate and reasonable care. Continuance of this goal is greatly impacted by our ability to keep our doors open. It is this intention that is behind our comments. The New Mexico Pharmacy Business Council is in full support of the comments provided by the New Mexico Pharmacists Association and as such are additionally speaking only to two requests. Our first request is that the Centennial Care Managed Care Organizations (MCOs) contractually require their selected Pharmacy Benefit Manger (PBM) be in continued compliance with the New Mexico Pharmacy Benefits Manager Regulation Act. Specific articulation of this requirement will assure there is no confusion as to its applicability. The Act is the legal cornerstone for the professional relationship between all pharmacy types and PBMs. This is most critical in addressing what transpires between Independent Community</p>	<p>11/6/17</p>	<p>Danny Cross R.Ph Owner Southwest Pharmacy Chairman New Mexico Pharmacy Business Council dancross99@gmail.com</p>

<p>Pharmacies and PBMs.</p> <p>Our second request is the serious consideration of expanding National Average Drug Acquisition Cost (NADAC) pricing beyond fee for service and into Centennial Care as a whole. This change could immediately reduce the volatility now experienced in Maximum Allowable Cost (MAC) pricing.</p> <p>We encourage following the recommended Centers for Medicare &amp; Medicaid Services (CMS) dispensing fee of \$10.30. A consistent reasonable dispensing fee provides the ability for financial management that is now thwarted by inconsistency in reimbursement by PBMs.</p> <p>The ongoing fluctuation in reimbursed dispensing fees and the medications themselves is operationally unsustainable. Having consistency in the dispensing fee does not wholly solve the systemic reimbursement problem but provides enough certainty to stay in business long enough to get to overarching corrective solutions.</p> <p>We are striving to be strong partners fostering a productive Centennial Care program. Attention to the issues expressed by our organization and the New Mexico Pharmacists Association will provide positive results.</p> <p>In making these requests we are also pledging to truly and actively work with HSD in its Centennial Care 2.0 endeavor.</p> <p>Please reach out to me for more information as you see helpful and appropriate.</p> <p>Thank you for the opportunity to comment.</p> <p>Sincerely, Danny Cross R.Ph</p>		
<p>To: New Mexico Human Services, Medicaid Division</p> <p>From: New Mexico Oral Health Coalition</p> <p>RE: Centennial 2.0 Waiver Application</p> <p>The New Mexico Oral Health Coalition (NMOHC) opposes the changes to adult dental services as proposed Centennial 2.0 Waiver Application. The NMOHC is comprised of a variety of health care professionals and organizations that have a common interest in promoting oral health and increasing access to oral health care services in New Mexico.</p> <p>Adult dental benefits should be an included Medicaid benefit, not an add-on option with premiums. Premiums would be a barrier to accessing care. Eliminating the current dental benefit will only increase Medicaid costs in the long term due to medical complications from untreated dental disease and increased emergency room visits. The U.S. Surgeon's General's report <i>Oral Health in America</i> cites numerous studies that identify periodontal disease as a risk factor for many life-altering diseases such as heart disease, diabetes, respiratory disease and prenatal complications. Prevention and early treatment saves lives and critical health care dollars. NMOHC urges you to retain the Medicaid dental benefit. New Mexico cannot afford to jeopardize the health of its citizens.</p> <p>Attached is the letter.</p> <p>Please feel free to contact me, if you have any questions.</p>	11/6/17	<p>Aamna Nayyar Director <a href="#">Dental Department</a>  School of Sciences, Health, Engineering and Math  Santa Fe Community College  <a href="mailto:Aamna.nayyar@sfcc.edu">Aamna.nayyar@sfcc.edu</a></p>

Sincerely, Aamna Nayyar		
<p>To Whom It May Concern:</p> <p>My name is Dr. Thomas Kunz and I am an optometrist in Las Cruces, New Mexico. I would like to comment on the importance of Vision Health for all New Mexicans including those adults who receive Medicaid Adult Vision Services.</p> <p>As a Medicaid provider, I believe all vision services, including Adult Vision Services, provided by the NM Medicaid program are vital to the health and welfare of the citizens who receive these benefits and we believe these benefits should remain unchanged.</p> <p>Optometrists serving Adult Medicaid populations provide comprehensive eye examination and other primary clinical services that prevent disease, reduce disability, improve quality of life, and promote the adoption of healthy lifestyles, which in turn facilitate lifelong health and reduced Medicaid expenses.</p> <p>Many health issues have important clinical ties to vision and eye health that can be detected by an optometrist during the comprehensive eye exam.</p> <p>Here are a few important reasons to keep the Adult Vision Services in Medicaid:</p> <ul style="list-style-type: none"> <li>• Eye diseases are common and can go unnoticed for a long time—some have no symptoms at first. A comprehensive dilated eye exam by an optometrist or ophthalmologist is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective.</li> <li>• During the exam, visual acuity, depth perception, eye alignment, and eye movement are tested. The exam may even spot other conditions such as high blood pressure or diabetes, sometimes before your primary care doctor does.</li> <li>• Early treatment is critically important to prevent some <u>common eye diseases</u> from causing permanent vision loss or blindness: <ul style="list-style-type: none"> <li>○ Cataracts, the leading cause of vision loss in the United States</li> <li>○ Diabetic retinopathy, the leading cause of blindness in American adults</li> <li>○ Glaucoma</li> <li>○ Age-related macular degeneration</li> </ul> </li> <li>• Over 14% of the people in New Mexico have diabetes. Of these, an estimated 59,000 don't know it. Diabetic retinopathy is also one of the most preventable causes of vision loss and blindness. Early detection and treatment can prevent or delay blindness due to diabetic retinopathy in 90% of people with diabetes, but 50% or more of them don't get their eyes examined or are diagnosed too late for effective treatment.</li> <li>• Diabetes is expensive. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. Providing Adult Vision Services can save the Medicaid program by lowering the future costs associated with Diabetes.</li> <li>• Providing basic vision correction with glasses to the Adult Medicaid population is one of</li> </ul>	11/6/17	Tom Kunz Las Cruces kunztj@gmail.com

<p>the most cost-effective ways to improve a person's ability to obtain and maintain employment, attain a higher level of education, and function as a productive member of society.</p> <p>I do not believe the proposed changes to the Adult Vision Services meets the Demonstration Waiver criteria outlined by CMS to included better coverage, better access, better outcomes, and better efficiency. In fact, we believe the changes to the Adult Vision Services in New Mexico fail such criteria, and would weaken the state's waiver request.</p> <p>I also strongly believe the benefit to 19 and 20-year-olds covered under the EPSDT benefit providing comprehensive health care should remain unchanged. The proposed change would be a reduction of benefits for this important age group at a critical time in their lives.</p> <p>As an optometrist providing Medicaid Adult Vision Services I can attest that the program is crucial to keep this population healthy and productive. I ask that you keep the Adult Vision Services in its current form as a benefit without a buy-in premium.</p> <p>Sincerely, Dr. Thomas Kunz, OD</p>		
<p>Thank you for considering the comments of the American Occupational Therapy Association (AOTA) on the Centennial Care 2.0 waiver proposal. Our comment letter is attached. If you have any questions about AOTA's comments, please contact Laura Hooper at <a href="mailto:lhooper@aota.org">lhooper@aota.org</a> or (301) 652-2682.</p> <p>Sincerely, Laura Hooper</p>	11/6/17	<p>Laura Broyles Hooper, Manager, Health Policy State Affairs Group American Occupational Therapy Association, Inc. <a href="mailto:lhooper@aota.org">lhooper@aota.org</a></p>
<p>Please find attached comments from NAVCP concerning Centennial Care 2.0 1115 Demonstration Waiver Renewal Application.</p> <p>Please contact me if you have any questions. Thank you for your consideration. Robert A. Holden</p>	11/6/17	Holden, Robert A. rah@stateside.com
<p>Dear Secretary Brent Earnest,</p> <p>I have significant concerns about the proposed changes to the state's Medicaid program. My main issues of concern are regarding the addition of co-pays to receive care, fees for missed appointments, changes to covered benefits and the elimination of retroactive eligibility. In regards to the addition of co-pays it seems that the department is applying the moral judgement that people need to have "more skin in the game." I think that good public health policy should not be driven by moral judgement but by good research where it exists. There is a wide body of peer-reviewed literature that finds that copays reduce utilization and may have the unintended consequence of people not seeking care or taking medicines when it is urgently necessary. If we want good health care outcomes for New Mexicans we shouldn't put obstacles in the way of the people least able to bear the costs . Anecdotaly, I can tell you that I have had patients cancel an appointment because they didn't have a five dollar co-pay. Furthermore, a person with a disability that may use services frequently might have to pay a very high percentage of their income in the first few months of the year before the proposed cap kicks in, which may result in them cutting back on other care or supplies necessary for maintaining their health. The</p>	11/6/17	Pat Bartels pbartels8@comcast.net

<p>strain on providers to collect such fees is also significant.</p> <p>There are many reasons that patients miss appointments and it is a frustration to all health care providers. The reason for missed appointments can be many – inability to get time off of work, child-care issues, lack of reliable transportation or a reliance on public transportation. Surely providers and the state can come up with other ways to get patients to appointments such as multiple-reminder systems, improved medical transportation and an increase in health literacy of New Mexicans.</p> <p>Rehabilitation and Habilitation are important services for helping people attain or retain capability for independence or self-care and is demonstrated to prevent unnecessary hospitalizations or placement into expensive long-term care. The arbitrary cap of specialty services will ensure a lack of supportive therapies that maintain or improve health, result in a lack of continuity of care and poorer health care outcomes. The cost of therapies is small in comparison to a hospital stay or long-term care. Specifically regarding rehabilitation services, hippotherapy (equine movement therapy) is never an isolated treatment and is always part of the clinical tools and strategies that a PT, OT or ST professional uses. There is extensive research in the use of hippotherapy which shows it to be an effective therapy for certain patients with neurological conditions and it's use shouldn't be capped or restricted.</p> <p>Lastly, the elimination of retroactive eligibility for services received in the three months prior applying for Medicaid may result in medical debt and unpaid provider services harming both the families and the health care professionals. Although the state may see a short term financial gain by not paying these costs, there can be long term negative effects in the loss of federal matching funds and an increase in uncompensated costs that is detrimental to the fiscal health of our community's hospitals, clinics and providers.</p> <p>Governor Martinez has repeatedly assured the public that our families would not be "penalized" or asked to "carry the burden" for the state's budget challenges and these proposals seem to be contrary to those stated values. I hope that the department will focus its efforts on innovation and creative strategies in improving Medicaid services over imposing unreasonable costs on the most vulnerable citizens and constraining access to the services that may keep them as active and valued members of their families and their communities.</p> <p>Sincerely, Patricia Bartels, PT</p>		
<p>Re "Medicaid waiver.</p> <p>As a medical microbiologist, I am very concerned about proposed changes that will limit health coverage. Once families drop out, unable to meet premium or co-pay cost, both adults and children will be at risk of infectious disease through loss of necessary vaccinations for childhood ills and routine adult vaccinations (such as for annual flu). This loss of prevention will affect not only those Medicaid/CHIP families but will also result in possible disease transmission to the larger population</p> <p>Leah M. Ingraham, Ph.D</p>	<p>11/6/17</p>	<p>Leah M. Ingraham, Ph.D  <a href="mailto:healthissues@earthlink.net">healthissues@earthlink.net</a>  Albuquerque</p>

<p>Please see attached response from NM Pediatric Society. thanks, be          NMPS comments on Medicaid waiver final.pdf          Brian Etheridge, MD, FAAP</p>	<p>11/6/17</p>	<p>Brian Etheridge, MD, FAAP  <a href="mailto:betheridge@salud.unm.edu">betheridge@salud.unm.edu</a>          Silver City</p>
<p>Good Morning,          On behalf of AMERIGROUP Community Care of New Mexico, Inc., I am submitting our comment letter in response to the State of New Mexico's Draft Application for Renewal of Section 1115 Demonstration Waiver, released by the Human Services Department, Medical Assistance Division, as an attachment to this email.          If you could please confirm receipt of this email and our response, it would be greatly appreciated.          Best Regards,          Lauren Fancy, MPH I Strategy and Program Development Director</p>	<p>11/6/17</p>	<p>Lauren Fancy, MPH I Strategy and Program Development Director          Business Development I Medicaid Business Unit I Amerigroup          I Virginia Beach, VA  <a href="mailto:lauren.fancy@amerigroup.com">lauren.fancy@amerigroup.com</a></p>
<p>Please see attached comment.          Thank you!          Bill Jordan NM Voices for Children</p>	<p>11/6/17</p>	<p>Bill Jordan <a href="mailto:BJordan@nmvoices.org">BJordan@nmvoices.org</a></p>
<p>Hello,          In working with people experiencing homelessness, I am in strong opposition to the proposed changes in the Centennial Care 2.0 draft waive application.          In Santa Fe, I have worked at Christus St. Vincent, La Familia, and Healthcare for the Homeless. I have learned, in depth, about our diverse community, many of whom are low-income, and some with serious medical issues. Health care is a basic human right that needs to be affordable for those who are in serious need.          The changes would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.          Thank you for your time and consideration in this matter.          Best, Donna Trainer</p>	<p>11/6/17</p>	<p>Donna Trainer          Coordinated Assessment Connection Specialist          New Mexico Coalition to End Homelessness  <a href="mailto:donna.nmceh@gmail.com">donna.nmceh@gmail.com</a></p>
<p>Here is a letter with our comments.          Thank You, Lowell Irby</p>	<p>11/6/17</p>	<p>Daryl Savage  <a href="mailto:dsavage@LowellsPharmacy.onmicrosoft.com">dsavage@LowellsPharmacy.onmicrosoft.com</a></p>
<p>The NM Human Services Department is proposing several changes to the Medicaid program that will harm low income New Mexicans, including:</p> <ul style="list-style-type: none"> <li>- Implementing co-pays and premiums for Medicaid recipients</li> <li>- Ending retroactive coverage that pays for medical bills incurred in the three months before a person applied for Medicaid</li> <li>- Ending Transitional Medicaid that helps parents have continuous healthcare coverage as they gain employment</li> </ul>	<p>11/6/17</p>	<p>Margareta L Martinez  <a href="mailto:luciam@taoscav.org">luciam@taoscav.org</a></p>

<ul style="list-style-type: none"> <li>· Imposing penalties for missed appointments</li> <li>· Reducing health benefits</li> </ul> <p>HSD is currently accepting public comment on these proposed changes until Monday, November 6th. You can email comments or leave a recorded message. I agree with these changes, Medicaid must be managed better. Margareta L Martinez</p>		
<p>Dear Secretary Earnest, Attached is the Comment submitted by the Southwest Women's Law Center in response to Medicaid Centennial Care 2.0 Draft Application, for your review and consideration. Pamelya P. Herndon Executive Director Southwest Women's Law Center</p>	11/5/17	<p>Pamelya P. Herndon Executive Director Southwest Women's Law Center <a href="mailto:pherndon@swwomenslaw.org">pherndon@swwomenslaw.org</a></p>
<p>On behalf of the New Mexico Dental Hygienists' Association (NMDHA), attached is the position letter of NMDHA on the current NM HSD-Medicaid Issue. Should you have any questions, please do not hesitate to contact us at your earliest convenience. Regards, Elmer E. Gonzalez, RDH, MS, MA, MBA NMDHA President 2017-2018</p>	11/5/17	<p>Elmer E. Gonzalez, RDH, MS, MA, MBA NMDHA President 2017-2018 NMDHA President <a href="mailto:nmdhadropbox@gmail.com">nmdhadropbox@gmail.com</a></p>
<p>Dear HSD Secretary, I am writing to you to say that it is a gigantic waste of money to impose premiums and co-pays on Medicaid recipients. As more than 40% of our population is covered by Medicaid and a significant portion of these people would be affected by the proposed changes, it is well known that adding co-pays and premiums adds to staff who aren't doing anything to improve the healthcare of those involved and are costing the medical institutions to pay out more to collect next to nothing for the state but a lot for the patients involved. Just the thought that patients might have to pay something will stop people from seeking care when care can prevent illnesses from deteriorating further and costing more. Asking for an individual just above the poverty line to pay a \$10 monthly premium, \$5 for an office visit, \$50 for hospital stays and \$2 per prescription would stop a lot of people who are only getting \$1000 a month or a little more. These "small" amounts mean a lot to people paying high rents and for food and transportation not covered by Food Stamps. It is very different for a poor person to pay these things than a person making thousands a month and paying insurance costs. It is prohibitive of taking care of one's health. Also making some people unable to receive full Medicaid benefits, specifically hearing aids and occupational therapy places these people in a position to suffer greatly without them. I have been a social worker working with clients receiving Medicaid and know these proposed changes will significantly damage these people. You don't need to take my word for this, but should listen to Dr. Briane Etheridge, President of NM Pediatric Society who wrote in the Journal on Nov. 1: "Co-pays and premiums for Medicaid patients have been well studied. They burden practitioners,</p>	11/5/17	<p>Joan Robins Albq. <a href="mailto:1robins@swcp.com">1robins@swcp.com</a></p>

<p>reduce access to care and do not increase revenues." Do the right thing. Don't punish people for being poor. Joan Robins</p>		
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Nancy Breard</p>	11/5/17	Nancy Breard breardnm@gmail.com
<p>From the beginning of this process the ideas/thoughts of consumers (mental health recipients) were not included except for those who KNEW about this process or where meetings were held at locations consumers knew to attend....that was NOT the case in Las Vegas where, percentage wise, has the greatest number of consumers---discharged into unlicensed, unregulated, without any oversight....other than a cursory visit by Adult Protective Services if/when there is a 'complaint' by a resident...the very same folks who are recipients of the Medicaid program: Centennial Care....the present MCOs are only doing a 'fair' job; many, particularly United do NOT contact consumers when they are discharged from the New Mexico Behavioral Health Institute. Our agency operates a small housing program specifically for consumers discharged from NMBHI and over the years we have seen the lack of interest of all the MCOs in following their 'customers' when they are discharged. However when that occurs and their Care Coordinator does make contact and a plan is followed there has been amazing progress. So often when folks are discharged they have no idea who their MCO is....we have to search this out for them. This is one of the major complaints I hear from consumers....unfortunately they are not given an opportunity to present this to any state official. I read the proposed 'changes' to a number of consumers asking for comments and each person had many 'complaints' starting with the one that they would have liked the opportunity to address them directly to the 'state' but are NEVER given the opportunity....why, they ask, doesn't the 'state' arrange a time and place where they are WELCOME and there are consumers present so they don't have to travel...ie., the clinic, the hospital, a Drop-In Center.... Co-pays for medications, particularly for consumers who are taking a large number of meds, will make it impossible to pay for them...a choice of food or medications...similarly for Seniors...too often folks will only take half of the meds to make them last longer...which of course leads to additional 'ER visits'...charges for ER visits for 'non-emergency' visits would mean impossible choices for folks...in our community all offices close at 5 or 6pm.. the two 'off hours' places closed...now it's only the ER which in our town is AWFUL...they do not treat consumers well...(that is an issue which is being addressed in another format)... A major question which has not been answered: what happens to all the folks who were approved for the Medicaid Expansion???? This state has one of the highest percentages of individuals on Medicaid not only because of a disability but due to poverty...will all of them</p>	11/5/17	Sheila Silverman, Director MHA of NM Las Vegas <a href="mailto:shelahsilverman@gmail.com">shelahsilverman@gmail.com</a>

<p>remain on Medicaid?? Or will the state begin to eliminate this program???</p> <p>I see us going back to the day when the only dental care anyone could get was to have a tooth pulled (if you didn't have the money to get preventive care)...and the only vision care...none...sure if you could afford a pair of 'glasses' from Walmart that helped to see somethings....</p> <p>New Mexico does not value its' citizens...particularly those who are poor and/or disabled...these changes show a future of how it was in the past...poor health, large numbers of uninsured....</p> <p>Sheila Silverman, Director MHA of NM</p>		
<p>Good day,</p> <p>I am a pediatrician working at a community clinic and the vast majority of the families that I see have access to medical care due to Medicaid. Their needs are often overwhelming, and the challenges of providing comprehensive health services are many and complicated.</p> <p>I urge you to continue providing the current level of support for families receiving Medicaid. I suspect that requiring co-pays and premiums will reduce the access to needed services, and negatively impact their health.</p> <p>One example: at least a third of the children and youth that come to our clinic are overweight or obese. If this issue is not addressed early on, the cost for later health care, most of which is funded by all of us, is unbelievably high, and unsustainable. That's only the cost issue, to say nothing of the human suffering and lost potential for these children and our society.</p> <p>Health benefits must not be reduced for the most vulnerable in our society; they actually need to be made a greater priority.</p> <p>Thank you for your attention to this critical equity issue.</p> <p>Richard Renner, MD Las Cruces</p>	11/5/17	Rich Renner Las Cruces rjrenner50@gmail.com
<p>Please do not punish the most vulnerable of our people. The few dollars saved by the proposed changes will have a ripple effect of undermining many fragile people who lack resources or a safety net. The long term results will be increased crime as desperate people do anything to survive. I know. I used to prosecute some of them.</p> <p>Peter M. Ossorio, J.D. Asst. U.S. Atty (retired)</p>	11/4/17	PETER OSSORIO peterossorio@centurylink.net
<p>These cuts should not happen. It's ridiculous to even think this is acceptable. 40% of New Mexicans r covered.</p>	11/4/17	George Apodaca rucadr2@yahoo.com
<p>Please do not institute the following proposed changes to the Medicaid Program.</p> <ul style="list-style-type: none"> <li>· Implementing co-pays and premiums for Medicaid recipients</li> <li>· Ending retroactive coverage that pays for medical bills incurred in the three months before a person applied for Medicaid</li> <li>· Ending Transitional Medicaid that helps parents have continuous healthcare coverage as they gain employment</li> </ul>	11/4/17	Sharon Thomas Las Cruces SKTHOMAS_10@msn.com

<ul style="list-style-type: none"> <li>· Imposing penalties for missed appointments</li> <li>· Reducing health benefits</li> </ul> <p>I have worked on several programs throughout the rural areas of Dona Ana County and I know that many people rely on Medicaid. Most of these people cannot afford the changes being proposed, which means that they will no longer have access to health care. Why is it that the United States is the ONLY industrialized nation that does not provide health care for its citizens? Who benefits from this situation? Certainly not the average citizen. Please reconsider. Medicaid is an important lifeline in a country whose medical programs already leave too many without care.</p> <p>Sharon Thomas Former city councilor, Las Cruces New Mexico Associate Professor (retired), Michigan State University</p>		
<p>To Whom It May Concern:</p> <p>Please do not implement these changes that will adversely affect our most vulnerable populations!</p> <p>Sincerely, Jim R. Moore</p>	11/3/17	<p>Jim R. Moore Las Cruces jimndean@yahoo.com</p>
<p>On behalf of the New Mexico Dental Hygienists' Association (NMDHA), attached is the position letter of NMDHA on the current NM HSD-Medicaid Issue.</p> <p>Should you have any questions, please do not hesitate to contact us at your earliest convenience.</p> <p>Regards, Elmer E. Gonzalez, RDH, MS, MA, MBA NMDHA President 2017-2018</p>	11/5/17	<p>Elmer E. Gonzalez, RDH, MS, MA, MBA NMDHA President 2017-2018 NMDHA President nmdhadropbox@gmail.com</p>
<ul style="list-style-type: none"> <li>&gt; Medicaid Action Alert</li> <li>&gt; The NM Human Services</li> <li>&gt; Department is proposing several changes to the Medicaid program that</li> <li>&gt; will harm low income New Mexicans, including:</li> <li>&gt; Implementing co-pays</li> <li>&gt; and premiums for Medicaid recipients Ending retroactive coverage that</li> <li>&gt; pays for medical bills incurred in the three months before a person</li> <li>&gt; applied for Medicaid Ending Transitional Medicaid that helps parents</li> <li>&gt; have continuous healthcare coverage as they gain employment Imposing</li> <li>&gt; penalties for missed appointments Reducing health benefits</li> <li>&gt; HSD is currently</li> <li>&gt; accepting public comment on these proposed changes until Monday,</li> <li>&gt; November 6th. You can email comments or leave a recorded message.</li> <li>&gt; Please call 505-827-1337</li> <li>&gt; or email <a href="mailto:HSD-PublicComment@state.nm.us">HSD-PublicComment@state.nm.us</a> by 5:00pm on Monday, November</li> <li>&gt; 6th with this message:</li> <li>&gt; I oppose the proposed changes in the</li> </ul>	11/3/17	<p>Annette Strom annetterstrom@yahoo.com</p>

<p>&gt; Centennial Care 2.0 draft waive application that would impose co-pays &gt; and premiums, end retroactive coverage and transitional Medicaid, that &gt; would impose penalties for missed appointments and that reduce health &gt; benefits. These changes will harm New Mexicans who rely on Medicaid. &gt; Then, send us a quick email letting us know you recorded or emailed a &gt; message. NMCEH, Santa Fe</p>		
<p>Issues of concern:</p> <ol style="list-style-type: none"> <li>1. I feel strongly that charging monthly charge premiums for insurance coverage for people who may be above the federal poverty level, but still are poor, will cause these people to drop off or not enroll in Medicaid because they can't afford to pay. Food, rent, utilities, costs for transportation and other critical costs for living are so expensive now, and keep going up, so it is hard for the poor to also have something left for health insurance. Locking people out of coverage is punitive and cruel.</li> <li>2. Denying coverage for dental services and instead requiring the payment of these services is short sided and just not smart financially on the long term. Poor dental health is not only linked to periodontal disease, oral infections and tooth decay, but also associated with stroke, diabetes, and heart disease. Endocarditis, infection of the inner lining of the heart, is also linked to poor dental health, as is premature birth and low birth weight. Preventing dental services because people can't afford them due to poverty will lead to higher hospitalizations and physicians costs.</li> <li>3. Denying coverage for vision services and requiring payment for these services for those who cannot afford it is also short sided. When people have eye infections or worse concerns such as glaucoma that will be missed due to no vision care, future costs to the system will be much increased, and in the long run much more expensive to the system. People not getting vision services will not have up to date prescriptions for glasses, and in particular, those people with severe eye issues will be prone to tripping and falling, or having hand injuries, leading to other increased issues and costs to the system, that could be prevented otherwise.</li> </ol> <p>Regards, Stevenson Bass</p>	11/3/17	Stevie Bass redcloud@newmex.com
<p>Good afternoon; The recommendations below would move the state forward in services and supports to individuals with Autism Spectrum Disorder:</p> <ul style="list-style-type: none"> <li>• The new Centennial Care contracts should include Applied Behavior Analysis (ABA) as a behavioral health benefit for adults with Autism Spectrum Disorder.</li> <li>• The Centennial Care contracts should require that the MCO's only use residential treatment centers that use evidence based practices in their treatment of children with ASD. All the centers should have a behavioral analytic approach, and a behavior analyst</li> </ul>	11/3/17	Gay Finlayson Albuquerque GFinlayson@salud.unm.edu

<p>should develop the child's treatment plan, and the plan carried out by staff who are registered behavioral technicians.</p> <ul style="list-style-type: none"> <li>• Care coordination for individuals with serious problem behaviors should be ASD informed, proactive, and provided at an appropriate level.</li> <li>• Travel reimbursements for families visiting children or adults in residential treatment should be issued in the name of the parent visiting, and not in the child's name. Checks issued to the individual in care must be reported to the IRS as income and could impact SSI benefits. An explanation that reimbursement checks to parents will not be reported to the IRS as income is necessary, as families are concerned about filling out a W-9.</li> <li>• MCOs should accept surrogate health decision maker documents when parents are on waiting lists to obtain guardianship.</li> <li>• MCOs should be encouraged to contract with providers with ASD expertise for BMS, CCSS, PCS, and behavioral health respite. Families are currently unable to access these services because providers issue denials based on lack of expertise.</li> </ul> <p>Thanks for the opportunity to share these ideas! Gay Finlayson</p>		
<p>Hello, I am writing to say that as a citizen as well as a community services professional in Domestic/sexual violence prevention I strongly oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums; end retroactive coverage and transitional Medicaid; impose penalties for missed appointments, and reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Thank you, Lorene Gavish</p>	11/3/17	Lorene Gavish Early Childhood Community Educator Community Against Violence 945 Salazar Rd Taos
<p>I support the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes make perfect sense and it is time to start cutting back on an already bankrupt system. Gary Clute</p>	11/3/17	Gary Clute La Mesa, NM gclute@zianet.com
<p>There has not been a successful implementation of copayments in any state Medicaid program. The only thing co-payments due is restrict access to care to America's poorest individuals. It's not enforceable and an enormous burden on providers who carry the burden of collection and turning away patients in need. I've worked in area that had imposed Medicaid co-payments on prescription drugs and the result was my pharmacy parking lot full of sick children with their parents asking for a dollar to fill the prescription for these babies. It's unconscionable. Let's try what most states do when they can't budget for their neediest constituents and tax non-essential items. It does work. Another terrible idea is eliminating retroactive eligibility. People who can afford medical</p>	11/3/17	Nancy Klukas <a href="mailto:nanklukas@gmail.com">nanklukas@gmail.com</a> Albuquerque

<p>insurance and care do not generally apply for Medicaid. To deny retroactive eligibility results in medical debt for the recipients and non-collectible debt for providers. Providers unable or unwilling to accept pending Medicaid recipients will simply deny or restrict care. Once again, reducing access to medically necessary services for many. People's lives can change for the worse in a minute. An accident can leave a family without medical coverage. A catastrophic illness can result in loss of employer sponsored insurance for an entire family. Who provides the newly impoverished family with care when services are needed? No one and that result will be in lost lives.</p> <p>Fees for missed appointments even when the consumer has no control over the circumstances (such as the medical transport vehicle is late or doesn't show at all) they will be assessed penalties or a fee. Who has to try to collect that? Unenforceable. Take a look at NM's population and come up with some reasonable solutions to the budget woes. Do not attempt to make up shortsightedness and misappropriation at the State level by hindering or denying access to services for NM's most vulnerable citizens.</p> <p>Nancy Klukas</p>		
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p> <p>Micah Herold</p>	11/3/17	Micah Herold micah.herold@gmail.com
<p>I oppose the proposed changes in the Centennial Care 2.0 draft waiver application that would impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid.</p> <p>Nicole Martinez, Executive Director Mesilla Valley Community of Hope/ Abode, Inc.</p>	11/3/17	Nicole Martinez Executive Director Mesilla Valley Community of Hope/ Abode, Inc. Las Cruces
<p>Human Services Department – Thank you for the opportunity to provide public comments regarding Centennial Care.</p> <p><u>Electronic Visit Verification</u></p> <p>We encourage the state to review the use of Electronic Visit Verification (EVV) in the delivery of personal care services and encourage the adoption of an “Open Model” EVV system in which the provider agency has the ability to use any EVV system, subject to a set of uniform standards, at the point of care – the client’s home. In an Open Model, the provider agency system is required to upload EVV data to a repository, or aggregation system, maintained by the state, or in states with MLTSS, the Managed Care Organization (MCO). This aggregation system fulfills the needs of the MCO and the state, such as claims editing, and still provides one platform to review and report on an individual provider’s performance.</p>	11/3/17	Darby Anderson <i>EVP &amp; Chief Development Officer</i> Downers Grove, IL <a href="mailto:danderson@addus.com">danderson@addus.com</a>

<p>In the Open Model, provider agencies have access to the EVV data for the purposes of generating payroll, do not have to input employee schedules into multiple systems, and can improve and innovate within their systems to improve quality and consistency of care. Our agency has considerable experience with both Open and Closed Model EVV implementations. In all cases, the Closed Model resulted in higher costs and more difficulty in implementation. In addition, adoption of and compliance with the EVV system from direct care employees was significantly better in Open Model implementations. The Open Model solution is supported by the Partnership for Medicaid Home Care (PMHC), the National Association for Home Care (NAHC), and virtually all state Home Care Trade Associations. More information on the benefits of an Open Model of EVV can be found on the Partnership for Medicaid Home Care website: <a href="http://www.medicaidpartners.org/evv-mandate/">http://www.medicaidpartners.org/evv-mandate/</a></p> <p><u>Gross Receipts Tax</u> Centennial Care managed care organizations should be required to have a uniform method of reimbursement factoring New Mexico's Gross Receipts Tax (GRT). Currently each MCO has establishes its own methodology and addresses GRT in negotiations of provider contracts. As you are aware, GRT is variable on a percentage rate basis by New Mexico County. Some MCO's pay providers specific to the GRT rate in the County where the client served resides. Others have contracted at a set or "blended" rate across the state which leaves providers footing the bill for GRT given a shift in client mix in counties with a higher GRT rate. Our recommendation is for all MCOs to pay providers the GRT rate above the contracted rate for services for the specific county where the client served resides.</p> <p><u>Municipal/County Wage Ordinances</u> Santa Fe City, Santa Fe County, Albuquerque, Bernalillo County, and Las Cruces municipalities and counties have passed ordinances requiring the payment of minimum wages above the state or federal minimum wage rate. New Mexico Medicaid and Managed Care Organizations have continually failed to address these regional cost variances when setting reimbursement rates for personal care services. Our recommendation is for a regional rate variance be set under Medicaid in all counties and municipalities where minimum wages above the state minimum wage is required to be paid. MCOs would also be required to negotiate rates with providers that factor the additional minimum wage cost on those localities. Thank you again for the opportunity and please feel free to contact me should you have any questions. Darby Anderson <i>EVP &amp; Chief Development Officer</i> Addus Home Care</p>		
Letter with comments from Kenneth Corazza, Medicine Chest Pharmacy.	11/3/17	Kenneth Corazza, RPh Albq
I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would	11/3/17	Kellie Tillerson, BS   Director of Employment

<p>impose co-pays and premiums, end retroactive coverage and transitional Medicaid, that would impose penalties for missed appointments and that reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Kellie Tillerson, BS   Director of Employment Services St. Martin's HopeWorks   Hope Center</p>		<p>Services St. Martin's HopeWorks   Hope Center kstillerson@hopeworksnm.org</p>
<p>Good Morning, This email is to state that, I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums; end retroactive coverage and transitional Medicaid; impose penalties for missed appointments, and reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Thank you, <i>Sarah Tafoya</i> NNMCAC Advocate Community Against Violence</p>	<p>11/3/17</p>	<p><i>Sarah Tafoya</i> NNMCAC Advocate Community Against Violence Taos saraht@taoscav.org</p>
<p>Good Morning, This email is to state that, I oppose the proposed changes in the Centennial Care 2.0 draft waive application that would impose co-pays and premiums; end retroactive coverage and transitional Medicaid; impose penalties for missed appointments, and reduce health benefits. These changes will harm New Mexicans who rely on Medicaid. Rose Bernal, Grant Manager Community Against Violence Inc. (CAV)</p>	<p>11/3/17</p>	<p>Rose Bernal Grant Manager Community Against Violence Inc. (CAV) Taos RoseB@taoscav.org</p>
<p>Letter from the American Speech-Language Hearing Association (ASHA). Laurie Alban Havens Director, Private Health Plans and Medicaid Advocacy American Speech-Language-Hearing Association (ASHA)</p>	<p>11/3/17</p>	<p>Laurie Alban Havens Director, Private Health Plans and Medicaid Advocacy American Speech-Language-Hearing Association (ASHA) lalbanhavens@asha.org</p>
<p>Recently the Human Services Department has proposed changes to Centennial care for Physical Therapy, Occupational Therapy, and Speech Therapy. The proposal is to eliminate all therapy habilitation services for individuals covered under the Alternative Benefit Plan (ABP). The ABP covers the vast majority of adults on Medicaid who are not considered "medically frail" or whom qualify for Long Term Services. Our experience informs us that this change will lead to negative and potentially expensive outcomes for the small number of people who receive this service currently. To help clarify these changes it is important to differentiate between rehabilitative and habilitative services. Normally rehabilitative services are used after a medical incident (Stroke, broken bones, Traumatic Brain injury, etc.). Habilitative services are usually longer term and not always associated with a medical incident. In most instances Habilitative Therapy Services already require a Physician to review appropriateness and write a prescription for them. In addition, Habilitative services must already pass a secondary review by the medical HMO for appropriateness. We feel these 2 steps are more</p>	<p>11/3/17</p>	<p>Tracy Perry Las Cruces tracy3perry@icloud.com</p>

than adequate to monitor the appropriate use of these habilitative services. I would like to give a few examples of individuals that would be harmed by these changes:

- 1) A person has a neurological disorder that habilitative services can help treat and delay the effects of. Habilitative services will help keep the person independent, at a lower level of care, employed, and resulting in reduced medical costs.
- 2) A person gets a high-tech communication devices (Like Steven Hawking uses) costing \$12,000+ to Medicaid. These devices are very complex and requires hours of training to use and set up. The device would most likely go unused without habilitative services. This device could lead to increased independence and decreased program costs.
- 3) A person with physical limitations gets a new job; however, they are unable to get Occupational Therapy modifications and training needed to be successful at the job. The person is required to give up an employment unnecessarily without habilitative services.
- 4) A person gets a \$100,000 cochlear implant to increase or restore hearing paid for by Medicaid. Without intensive habilitative services the benefits of the device would most likely never be realized.
- 5) A person lives with chronic pain that habilitative Physical Therapy helps control. Without these habilitative services the person could lose their job, physical functioning, and end up on a higher level of care.

Our experience suggests these services are rarely used and when they are used they greatly benefit the recipients while reducing overall medical costs. We request these changes are not part of the new Centennial Care program.

Additional comments below:

\* Monthly premiums for some people with incomes above the federal poverty level (FPL), which this year is \$12,060 for an individual and \$24,600 for a household of four. Medicaid doesn't currently charge premiums (monthly charges for insurance coverage). The charges for one person would range from \$10 to \$25 a month in 2019 and could increase to \$20 to \$50 a month in later years. The household rate would be double the individual rate, regardless of the number of people in the household, so those charges would range from \$20 to \$50 a month in 2019, and \$40 to \$100 a month in later years.

Not paying the required premium would result in loss of Medicaid coverage after a 90-day grace period to catch up on the payments. A person who loses coverage would be "locked out" and not permitted to re-enroll in Medicaid for three months.

Experience in other states has shown that even small premiums cause many people to drop off or not to enroll in Medicaid because they can't afford to pay. Although HSD says premiums would promote personal responsibility and reduce program costs by shifting those cost to recipients,

<p>savings to the state will come primarily from people losing coverage because they can't afford the premium. Locking people out of coverage is purely punitive and serves no proper Medicaid purpose.</p> <p>* Co-pays when services are received. Earlier this year, HSD had proposed to add co-pays for many Medicaid recipients, but it dropped those plans and now intends to begin charging co-pays when the waiver renewal begins in 2019. Co-pays are problematic because they discourage people from getting the services they need.</p> <p>HSD also proposes to change the way the cap on the amount of co-pays someone has to pay is calculated. The cap would remain unchanged at no more than 5% of income, but HSD proposes to calculate the cap on an annual basis. That means that someone who uses services frequently – as many people with disabilities must do – might have to pay a very high percentage of their income in the first few months of the year before the cap on these charges kicks in.</p> <p>* Fees for missed appointments. The department proposes to let providers charge a fee when a recipient misses three or more appointments, but gives few details on how this would work – apparently, those decisions will be left to the managed care organizations. It appears that even when there's a good reason the appointment was missed (like the van not picking a person up as scheduled), it could be counted and could subject the person to a penalty. It's not clear what the consequences of not paying the fee would be.</p> <p>* Changes to covered benefits. HSD proposes to reduce or even eliminate some Medicaid benefits. Habilitation services for adults are specifically mentioned as a service to be eliminated. The department also proposes to drop EPSDT coverage for 19- and 20-year-olds, other than those considered "medically frail". And it may in the future end the limited current coverage for dental and vision services for adults and instead make this coverage available to purchase by paying an added premium.</p> <p>HSD also proposes to limit the allowable amounts for some services in the self-directed community benefit (SDCB) – related goods and services would be capped at \$2,000/year, non-medical transportation at \$1000, and specialized therapies such as acupuncture, chiropractic, hippotherapy and massage therapy at \$2,000.</p> <p>* Eliminate retroactive eligibility that covers medical bills for health care services received in the three months before a person applies for Medicaid. It's a long-standing rule of Medicaid that the program pays for services in the three months before applying for Medicaid – eliminating this will leave individuals with medical debt and providers with unpaid bills.</p> <p><u>Positive elements of the proposal:</u></p> <p>* Streamlined renewal of eligibility for "nursing facility level of care" (NFLOC) in some cases. NFLOC is the standard used to determine eligibility for home- and community-based services as well as facility care. We've argued to HSD for years that full annual reassessments of NFLOC for persons whose condition won't change or improve is personally burdensome for the individual and an unnecessary administrative burden for the state. We're pleased that the</p>		
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<p>department has finally come to see that this change in procedure makes sense.</p> <ul style="list-style-type: none"> <li>* Increased focus on social factors that affect health, such as housing, nutrition, etc. There's little detail on how this would actually work but HSD's recognition of the importance of addressing these issues is welcome.</li> <li>* Promoting use of peer support and community health workers.</li> <li>* Increasing the number of hours of respite for caregivers, from 100 hours a year to 300 hours. HSD had previously proposed this increase for people caring for kids with special needs, but now proposes to allow it for all who are receiving long-term services and supports through the Community Benefit (adults as well as children).</li> <li>* Providing a one-time allowance of up to \$2,000 for start-up goods when a person moves to the self-directed community benefit (SDCB) from the agency-based model (ABCB), to cover things like a computer and printer that are needed to self-direct successfully.</li> <li>* Improving care for justice-involved individuals by starting care coordination 30 days before the person is released from jail or prison, to ensure a smooth transition to care upon release. Many of these individuals have mental health or other chronic conditions and making sure they have prompt access to services upon release is important.</li> <li>* Streamlining income eligibility determinations by using information already available to the state rather than putting the full burden on the individual to prove their income. This also will reduce administrative burdens for the state.</li> </ul>		
<p>Some notes from a concerned citizen who believes that good healthcare is a human right as well as need:</p> <p>I believe that many of the proposed change to Centennial Care 2 penalize and target the recipients of the Centennial services. The primary stakeholders, from whom you have received feedback, are the businesses that provide services. Of course they will encourage more fees and less services. In general increased payments and premiums or copayments will encourage people to not receive care.</p> <p>The removal of eye and dental services are particularly serious for human beings who will inevitably need them.. Eyes are critical to functionality. Teeth often lead to other more serious disease such as bone and cardiovascular infection.</p> <p>As far as the ER hospital visits, education is a much better tool to help. Either proactively beforehand or working with a person after an "unnecessary" visit, showing them their options and encouraging them to receive regular health care with a primary provider will reinforce to clients that going to the ER for a cold is like using an airplane to go to the store a mile away. It is expensive, time consuming, sometimes dangerous (other germs to catch) and unnecessary.</p> <p>Part of good health care creates a healthy environment of competition between providers (keeps them honest/ more aware that they are not the only choice for clients). Another part of good health care is honoring that right of clients. Under your Centennial 2, that safety provision of choice is proposed to be removed under your plan. Your "updates" do not show care or respect</p>	11/3/17	<p>Alicia Da Silva  <a href="mailto:alicitamaria@hotmail.com">alicitamaria@hotmail.com</a></p>

<p>towards the people for whom Centennial Care was designed. This “update” would make Centennial Care an extension of the will of the medical corporations within New Mexico. We are one of the poorest States in the US. We already have great need and are already debilitated. Apart from limiting choices, much of Centennial 2 is not geared towards the clients who need medical services. When you recognized you needed or wanted changes to the system as it stands now, who was the leader that said: “We need to update this?” Yes better prenatal care is excellent. Streamlining redundant bureaucratic practices is less cumbersome and opens up clearer communication, which is vital to providing healthcare.</p> <p>Also forcing people to use one drug company for a medicine can allow that company to become sloppy, as they know that their generic drug is the only choice. I’m not saying that people should use the more expensive drugs as a rule, but if doctors and patients see that there are differences between generic and a named drug, they should be allowed to prescribe what actually works for their clients. A healthy system encourages accountability by all parties involved.</p> <p>If everyone who were to receive Centennial care had to go through some kind of education process each year as to how this care works, what is self care and proactive self care, what do they see as possible changes or needs the way the system is designed, what do they not understand about it, what support do they need and how do they find it even if they don’t have a computer at home—Engaging with people as human beings, not as statistics, could help create a much more fluid and effective program. Encouraging people who use this system to educate their neighbors (a volunteer program within Centennial care?) will create more trust and access to your services as well.</p> <p>Where I don’t see any real effort by this “upgrade” of the Centennial Care plan is inclusion of the people who receive healthcare or the communities within our state to be part of designing and tailoring Centennial work in our state. We actually are intelligent and care about peoples well being. The 21st century seems to be a time where disease is normalized and drug issues prevail. Yet so many simple tools exist that promote health care. Education, good nutrition, stress reducing protocols, preventative/proactive health awareness and care.</p> <p>How could the Centennial Plan be part of our State’s changing that story?</p> <p>Alicia Da Silva</p>		
<p>To whom it may concern,</p> <p>Below are some of the issues with cutting Medicaid. We have to take care of our people in a way that is humanitarian. With the proposals the poor will suffer more. I really hope this does not happen.</p> <p>Thank you for taking the time to consider my wishes.</p> <ul style="list-style-type: none"> <li>Charging new fees for low-income patients, including monthly premiums that must be paid to stay enrolled in Medicaid as well as co-pays at the time of service that will most heavily impact children in CHIP, the working disabled and low-income adults living just</li> </ul>	11/3/17	Cathy Swedlund cathy.swedlund@yahoo.com

<p>above the poverty line. These fees will cause thousands of people to lose coverage and/or be unable to get needed healthcare;</p> <ul style="list-style-type: none"> <li>• Eliminating retroactive coverage protection that pays for the past medical bills that a person had in the three months before applying for Medicaid, leaving families exposed to massive financial debt;</li> <li>• Ending a “transitional Medicaid” program that will result in coverage loss for the lowest income families, penalizing them for entering a new job or accepting a raise that places them just above the income cutoff for Medicaid; and</li> <li>• Reducing important healthcare benefits for very low-income adults with dependent children, eliminating coverage protections for children who are 19 and 20 years old, and giving the HSD secretary broad authority to cut benefits drastically in the future.</li> </ul> <p>Sincerely, Cathy Swedlund (packet attached)</p>		
<p>Dear Committee members,</p> <p>As an Optometry provider for this plan, I think it is important for you to be aware of a situation that I have been trying to understand for quite some time. The payment arrangement between Presbyterian and VSP and the Optometric providers is not following the state guidelines. New Mexico has set the reimbursement for a comprehensive eye exam CPT code 92004 at roughly \$130 which is in line with Medicare. But, somehow because of contract language the provider only receives \$60 for this service when billed through VSP. The other managed care entities such as March Vision pay the whole amount (\$130) to the provider.</p> <p>Why do Presbyterian and VSP get to keep more than half of the contracted amount?</p> <p>Respectfully, Daniel Dieterichs, OD</p>	11/3/17	Daniel Dieterichs, OD drdieterichs@hotmail.com
<p>Dear Secretary Brent Earnest,</p> <p>I am joining with professional colleagues and concerned families to comment on the proposed 1115 Medicaid Waiver program. This proposal would negatively affect many New Mexicans.</p> <ul style="list-style-type: none"> <li>• I am not in support of proposed changes to charge our state's most vulnerable population a copay to receive care.</li> <li>• I am not in support of limiting rehabilitation services to people receiving Medicaid. Contrary to some beliefs, rehabilitation is a key service helping people attain or retain capability for independence or self-care. It is demonstrated to prevent unnecessary hospitalizations or placement into expensive long-term care.</li> <li>• I am opposed to eliminating habilitation services for adults. These services for adult persons are provided to assist the individual realize and maintain a skill or function that was never learned or acquired and is due to a disabling condition. There are many people transitioning into adult life who will need habilitative services, for example adults with cerebral palsy or developmental disabilities learning or struggling to maintain independent living skills and individuals with psychiatric illnesses who often go unserved</li> </ul>	11/2/17	Margaret P. Horan, Speech-Language Pathologist Albuquerque maggieh@edua.com

<p>and struggle in their home communities to name a few.          Lastly, I am against changes in the waiver that would alter the essential health benefits of people insured under Medicaid.          Sincerely, Margaret P. Horan, Speech-Language Pathologist</p>		
<p>To Whom It May Concern:</p> <p>My name is Dr. Robert Ratzlaff, and I am an optometrist practicing in Taos, New Mexico. I would like to comment on the importance of Vision Health for all New Mexicans including those adults who receive Medicaid Adult Vision Services.</p> <p>As a Medicaid provider, I believe all vision services, including Adult Vision Services, provided by the NM Medicaid program are vital to the health and welfare of the citizens who receive these benefits and we believe these benefits should remain unchanged.</p> <p>Optometrists serving Adult Medicaid populations provide comprehensive eye examination and other primary clinical services that prevent disease, reduce disability, improve quality of life, and promote the adoption of healthy lifestyles, which in turn facilitate lifelong health and reduced Medicaid expenses.</p> <p>Many health issues have important clinical ties to vision and eye health that can be detected by an optometrist during the comprehensive eye exam.</p> <p>Here are a few important reasons to keep the Adult Vision Services in Medicaid:</p> <ul style="list-style-type: none"> <li>§ Eye diseases are common and can go unnoticed for a long time—some have no symptoms at first. A comprehensive dilated eye exam by an optometrist or ophthalmologist is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective.</li> <li>§ During the exam, visual acuity, depth perception, eye alignment, and eye movement are tested. The exam may even spot other conditions such as high blood pressure or diabetes, sometimes before your primary care doctor does.</li> <li>§ Early treatment is critically important to prevent some <a href="#">common eye diseases</a> from causing permanent vision loss or blindness:             <ul style="list-style-type: none"> <li>○ Cataracts, the leading cause of vision loss in the United States</li> <li>○ Diabetic retinopathy, the leading cause of blindness in American adults</li> <li>○ Glaucoma</li> <li>○ Age-related macular degeneration</li> </ul> </li> <li>§ Over 14% of the people in New Mexico have diabetes. Of these, an estimated 59,000 don't know it. Diabetic retinopathy is also one of the most preventable causes of vision loss and blindness. Early detection and treatment can prevent or delay blindness due to diabetic retinopathy in 90% of people with diabetes, but 50% or more of them don't get their eyes examined or are diagnosed too late for effective treatment.</li> <li>§ Diabetes is expensive. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. Providing Adult Vision Services can</li> </ul>	<p>11/2/17</p>	<p>Dr. Robert Ratzlaff          RealEyes          Taos          DrRatzlaff@realeystaos.com</p>

<p>save the Medicaid program by lowering the future costs associated with Diabetes.</p> <p>§ Providing basic vision correction with glasses to the Adult Medicaid population is one of the most cost-effective ways to improve a person's ability to obtain and maintain employment, attain a higher level of education, and function as a productive member of society.</p> <p>I do not believe the proposed changes to the Adult Vision Services meets the Demonstration Waiver criteria outlined by CMS to included better coverage, better access, better outcomes, and better efficiency. In fact, we believe the changes to the Adult Vision Services in New Mexico fail such criteria, and would weaken the state's waiver request.</p> <p>I also strongly believe the benefit to 19 and 20-year-olds covered under the EPSDT benefit providing comprehensive health care should remain unchanged. The proposed change would be a reduction of benefits for this important age group at a critical time in their lives.</p> <p>As an optometrist providing Medicaid Adult Vision Services I can attest that the program is crucial to keep this population healthy and productive. I ask that you keep the Adult Vision Services in its current form as a benefit without a buy-in premium.</p> <p>Sincerely, Dr. Robert Ratzlaff</p>		
<p>I know that you are going to get nothing but negative comments about the purposed Medicaid changes but I see the changes as a benefit to our state. People need to have some responsibility. Making them pay a small office visit fee and/or copay will make them think twice about going to the ER for a runny nose (I see it all the time). This could free up resources for those that are truly in need of the ER and save the state a lot of money! All our society does is enable the use and abuse of tax payer dollar and this will force people to take on some of the responsibility, be it very little, it's a start. Thank you.</p>	11/1/17	(name not given) Farmington
<p>Letter with comments on pharmacy issues and MCO contracts.</p>	11/1/17	Ashley Seyfarth, PharmD Bloomfield <a href="mailto:karedrug@hotmail.com">karedrug@hotmail.com</a>
<p>Indian Health Service (IHS) Abq: Here are our comments from the consultation:</p> <ul style="list-style-type: none"> <li>· The Albuquerque Area IHS is supportive of the State's efforts to allow Indian Managed Care Entities (IMCE), but does not anticipate that this would negate the need for a Fee For Service Program in the State of New Mexico. The Albuquerque Area IHS assumes that the language in the draft waiver request does not include a mandate for Native Americans to join any IMCE that is established.</li> <li>· The Albuquerque Area IHS supports the comment that was made during the recent tribal consultation regarding pre-authorizations for Native Americans enrolled in an MCO. Under the new 100% FMAP interpretation, these referrals will be paid 100% by CMS when the referral is made by an IHS or Tribal site, and the requirement for IHS or Tribal sites to obtain a prior authorization should not be allowed by the MCOs. This</li> </ul>	11/2/17	Sandra Winfrey, IHS Abq, <a href="mailto:Sandra.Winfrey@ihs.gov">Sandra.Winfrey@ihs.gov</a>

<p>process can be burdensome and will not increase costs for the State of New Mexico Medicaid program.</p> <ul style="list-style-type: none"> <li>• The Albuquerque Area IHS recommends that the exemption from the three month retroactive removal be written to cover anyone that is not required to have insurance coverage under the ACA. Below is the language from the ACA.. I think this would cover non-natives pregnant with a native child, etc.</li> <li>• American Indians and Alaska Natives (AI/ANs) and other people eligible for services through the Indian Health Service, tribal programs, or urban Indian programs (like the spouse or child of an eligible Indian) don't have to pay the fee for not having health coverage. This is called having an Indian health coverage exemption.</li> </ul>		
<p>Letter from Barbara Kim (member).</p>	<p>11/2/17</p>	<p>Barbara Kim  <a href="mailto:bbkim@juno.com">bbkim@juno.com</a>  Las Cruces</p>
<p>To whom it may concern:  I have read the proposal that's suggests that individuals pay co-pays and other stipulations in order to maintain their insurance coverage.  I work in the behavioral health field and know first hand how limited our members to become is and how much they need their services. For example, even if their co-pay is low as \$5.00 and they see a therapist weekly and their Psychiatrist monthly would cost them \$25 out of their already fixed and limited income. That is not to include their other physical health needs, pain management, dental, vision, etc..  In addition, penalties for not keeping all their appointments is outrageous. Speaking as a mother of an adult child with mental illness, I know that she has many bad days in a month and occasionally misses appointments due to her mental illness. Penalizing individuals for being themselves is a violation of their rights.  By imposing co-pays the state takes a risk of individuals not seeking appropriate care. Therefore spending money in other areas; such as using law enforcement to answer more behavioral health calls if a member puts off setting their medication management appointment to save a few bucks.  Delia Munoz, Concerned parent and behavioral health provider.</p>	<p>11/1/17</p>	<p>Delia Munoz  munozdelia3@gmail.com</p>
<p>My wife is covered under a brain injury waiver program, once called "MiVia". She is able to live at home and manage her own services and purchasing of necessary things through this program. I believe the program brings her needed coverage without the overhead and inflexibility that comes with the intervention of an agency, as had been the case before the waiver.  She has heard that this program will be altered or cut under the proposed changes. In particular, there will be drastic caps in benefits covering certain types of therapy, dietary supplements, and other items (under a "T1999" category in her budget) that have been helpful or essential for her continued care. Instead, she will be left with only certain types of caregiver services.  The MiVia - brain injury waiver has allowed my wife, and others suffering from brain injury, to live</p>	<p>11/1/17</p>	<p>Daniel Kim  <a href="mailto:danyhkim2@juno.com">danyhkim2@juno.com</a>  Las Cruces</p>

<p>independently, while saving the state considerable overhead costs. For those persons who can meet the requirements for self-management, it fills the gap between no affordable care and institutional care. Please reconsider the changes proposed for the brain injury waiver programs. Daniel Kim</p>		
<p>To whom it may concern: Please, do not increase co-pays and premiums for children in CHIP, the working disable and low-income adults living just above the poverty line. Do not end "transitional Medicaid" programs that would penalize our lowest income families, penalizing the for entering a new job or accepting a raise that places them above eligibility threshold for Medicaid. Do not reduce benefits for very low income adults with dependent children. Do not give the secretary broader authority to make more drastic cuts in the future. <b>If you need more tax money to cover health care for the most needy, then LEGALIZE MARIJUANA AND TAX IT.</b> <b>LEGALIZE THE GROWING OF HEMP.</b> <b>RAISE TAXES ON THE PRODUCTION OF <u>NUCLEAR POWER AND WASTE</u> THAT IS CONTAMINATING OUR STATE.</b> <b>RAISE TAXES ON THE <u>THE LARGEST SECURITY FIRM</u> IN THE COUNTRY IN ESPANOLA, NEW MEXICO.</b> <b>RAISE TAXES ON <u>ALCOHOL AND CIGARETTES</u>.</b> <b>RAISE TAXES ON THE <u>MILITARY BASES</u> IN OUR STATE. THEY SHOULD SUPPORT US, NOT US SUPPORT THEM.</b> <b>RAISE TAXES ON <u>GAS AND OIL USE AND PRODUCTION</u>.</b> Wake up! Get creative and start working for us!!! Thank you very much. Sincerely, Dorothy Moloney</p>	11/1/17	Dorothy Moloney djmoloney@earthlink.net
<p>This is an amazing plan! I am a pharmacist and I see abuse of the system happen on a daily basis. Medicaid patients will drive up in new cars and be the first to complain if it's not free or if it takes longer than 5 minutes! Young people that should be working are, instead going to the doctor or ER for the sniffles, just because they can. Then, they will have the narcotic filled and trash the antibiotic. There needs to be partial responsibility and I think the purposed plan will do just that. It's not about "being in-humane" as the ABQ Journal said, it's about partial responsibility. I watch my elderly patients who worked their entire lives pay copay's and young people who should be working, enabled by the system not to work, getting Starbucks and tattoos with no copay's on anything! I am completely and 100% for the purposed changes to the Medicaid system. You may actually see a huge amount of savings, more than anticipated, when patients effected by this stop over using the healthcare system just because its free!</p>	11/1/17	(name not given) Farmington
<p>Letter from Dr Daniel Mayes, NM optometric Association.</p>	11/1/17	Richard Montoya New Mexico Optometric Association

		Richard Montoya <newmexicooptometry@gmail.com>
<p>I feel that the proposed changes are warranted and necessary. I have worked with the Medicaid population for over 7 years and have seen first hand the abuse and over use this program encourages. The thought that "It's Free' really adds to the over use of the ER system. Nothing is free and New Mexico's middle class can no longer pick up the tab for those who pay nothing. I have seen my commercial insurance rates rise and increase and has put a burden on my family. It is only fair that everyone pay their fair share, even is this means a \$50 premium. Me and my husband pay \$500 a month and we do not misuse the system. This is not fair. Those on Medicaid will have to budget health care just like the Middle Class. Entitlements such as Medicaid are killing NM's middle class and it needs to stop before it gets any worse. Bottom line, everyone needs to pay their fair share. Nothing is ever free and those who misuse the system need accountability. Thank you.</p>	11/1/17	(name not given) Las Cruces
<p>To Whom It May Concern:</p> <p>My name is Dr. Ashley Pulis and I am an optometrist in Albuquerque, New Mexico. I would like to comment on the importance of Vision Health for all New Mexicans including those adults who receive Medicaid Adult Vision Services.</p> <p>As a Medicaid provider, I believe all vision services, including Adult Vision Services, provided by the NM Medicaid program are vital to the health and welfare of the citizens who receive these benefits and we believe these benefits should remain unchanged.</p> <p>Optometrists serving Adult Medicaid populations provide comprehensive eye examination and other primary clinical services that prevent disease, reduce disability, improve quality of life, and promote the adoption of healthy lifestyles, which in turn facilitate lifelong health and reduced Medicaid expenses.</p> <p>Many health issues have important clinical ties to vision and eye health that can be detected by an optometrist during the comprehensive eye exam.</p> <p>Here are a few important reasons to keep the Adult Vision Services in Medicaid:</p> <ul style="list-style-type: none"> <li>• Eye diseases are common and can go unnoticed for a long time—some have no symptoms at first. A comprehensive dilated eye exam by an optometrist or ophthalmologist is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective.</li> <li>• During the exam, visual acuity, depth perception, eye alignment, and eye movement are tested. The exam may even spot other conditions such as high blood pressure or diabetes, sometimes before your primary care doctor does.</li> <li>• Early treatment is critically important to prevent some <u>common eye diseases</u> from causing permanent vision loss or blindness: <ul style="list-style-type: none"> <li>• Cataracts, the leading cause of vision loss in the United States</li> </ul> </li> </ul>	10/31/17	Dr. Ashley Pulis Albuquerque ashleypulis.od@gmail.com

<ul style="list-style-type: none"> <li>· Diabetic retinopathy, the leading cause of blindness in American adults</li> <li>· Glaucoma</li> <li>· Age-related macular degeneration</li> </ul> <ul style="list-style-type: none"> <li>· Over 14% of the people in New Mexico have diabetes. Of these, an estimated 59,000 don't know it. Diabetic retinopathy is also one of the most preventable causes of vision loss and blindness. Early detection and treatment can prevent or delay blindness due to diabetic retinopathy in 90% of people with diabetes, but 50% or more of them don't get their eyes examined or are diagnosed too late for effective treatment.</li> <li>· Diabetes is expensive. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. Providing Adult Vision Services can save the Medicaid program by lowering the future costs associated with Diabetes.</li> <li>· Providing basic vision correction with glasses to the Adult Medicaid population is one of the most cost-effective ways to improve a person's ability to obtain and maintain employment, attain a higher level of education, and function as a productive member of society.</li> </ul> <p>I do not believe the proposed changes to the Adult Vision Services meets the Demonstration Waiver criteria outlined by CMS to include better coverage, better access, better outcomes, and better efficiency. In fact, we believe the changes to the Adult Vision Services in New Mexico fail such criteria, and would weaken the state's waiver request.</p> <p>I also strongly believe the benefit to 19 and 20-year-olds covered under the EPSDT benefit providing comprehensive health care should remain unchanged. The proposed change would be a reduction of benefits for this important age group at a critical time in their lives.</p> <p>As an optometrist providing Medicaid Adult Vision Services I can attest that the program is crucial to keep this population healthy and productive. I ask that you keep the Adult Vision Services in its current form as a benefit without a buy-in premium.</p> <p>Sincerely, Dr. Ashley Pulis</p>		
<p>To Whom It May Concern:</p> <p>I am writing to you about the serious impact proposed changes to Medicaid would have on my family. I am a single mother of 3 children. Two of those children are disabled, they have autism. Just one of them has 5 specialist visits a week, in the form of intensive ABA therapy. My other child has between 4-7 specialist visits per week. Adding copays to those visits would devastate my family. I would have to make impossible choices between feeding my family and keeping the lights on in our home versus therapy that has a significant, measurable, impact on their future lives. Remember, children are not children forever and one day they will be adult members of Albuquerque society. Why not give them what they need now so they can actively participate in our society? Therapy costs are just the tip of our iceberg. They also take multiple medications that they need to be able to function on a daily basis. All of this adds up and adding copays to these</p>	10/31/17	Lynda Griego, RN lyndarenee@msn.com

<p>sorts of things will bury my family financially. Please don't mistake me for a lazy parent either. I work hard to give my children what they need but because of their disabilities and therapy demands I'm only able to work part time. As a Registered Nurse here in NM I see patients on a regular basis for whom Medicaid is a lifeline. Please don't give us additional barriers for the care that should be a HUMAN RIGHT.</p> <p>Sincerely, Lynda Griego, RN</p>		
<p>I am writing to express my opposition to the proposed changes to Medicaid entitled "Centennial Care 2.0" This plan includes too many changes that will hurt the health and well-being of far too many of the most vulnerable New Mexicans.</p> <p>First, the plan will have a negative impact on low-income participants. Unfortunately, by charging excessive patient fees, in the form of co-pays and monthly premiums, to 3 highly disadvantaged groups (CHIP children, low-income adults just above the FPL, and the working disabled), thousands of deserving people are likely to lose their Medicaid coverage or otherwise unable be to afford necessary health care.</p> <p>Second, it is just wrong to eliminate retroactive coverage protection that pays for the prior medical bills (in the 3 months prior to applying for Medicaid), because there are too many cases where the disadvantaged simply do not know that medical insurance is available.</p> <p>Third, ending the transitional Medicaid program will result in loss of healthcare coverage for the lowest income families and will also penalize them for taking a new job (or raise) that puts them just above the eligibility threshold for Medicaid.</p> <p>Finally, reducing benefits for very low-income adults with dependent children will cause untold hardship for New Mexican children. And it is shortsighted to give the Secretary of HSD overly broad authority to drastically slash benefits in the future without further scrutiny and evaluation. In short, I urge the HSD to cease consideration of the proposed changes to Medicaid known as "Centennial Care 2.0".</p> <p>However, I have one further suggestion: Any future proposals to change Medicaid should first be subjected to a comprehensive GAO-style assessment of costs and consequences.</p> <p>I make this suggestion because is impossible to legislate wisely and prudently without a detailed and reliable evidence base, including probable outcomes. Such an assessment will allow both legislators and the public to fully understand the economic, social and healthcare costs and consequences of any proposed changes to the NM Medicaid program.</p> <p>Thank you for listening to my concerns.</p> <p>Sincerely yours, John Ely, M.P.H., Ph.D. Epidemiologist</p>	<p>10/31/17</p>	<p>John Ely, M.P.H., Ph.D. Epidemiologist Alamogordo, NM <a href="mailto:john10ely@gmail.com">john10ely@gmail.com</a></p>
<p>The waiver proposal as presented last evening at the Hispanic Cultural Center is inimical to the health of New Mexico in many ways. It also seems designed to trip-up eligible recipients via</p>	<p>10/31/17</p>	<p>Jay Johnson Albuquerque</p>

<p>monthly charges and co-pays which one would REASONABLY expect would lower participation and "Lock Out" (your words) many of the eligible families because for whatever reason, they could not come up with what seems to many to be insignificant amounts cash to maintain their eligibility and cost-sharing. I know that throughout the hearing process, you have become informed of the dangers to our most vulnerable posed by this part of the proposal. I strongly suspect that you cynically designed the monthly premium schedule to provide a bureaucratic trap door that many eligible recipients would fall through and thus be denied their needed coverage. I know, and you know that people living with very limited resources will often choose to use their last few dollars on immediate needs (food, gas, utility, rent, rather than a "premium" that they might imagine they will pay later. That is the reality of poverty! There is no surplus! I oppose the imposition of several of the measures proposed not only because they will not work to benefit New Mexico or our New Mexico children, but also because they are clearly mean-spirited, cruel, punitive, and hostile to the population needing Medicaid services. Specifically:</p> <ul style="list-style-type: none"> <li>Co-pays</li> <li>Monthly Premiums</li> <li>Abolishing the 3-month retroactive qualification process</li> <li>Fines for missed appointments</li> <li>Restricting or refusing to cover proven treatment modalities</li> </ul> <p>In conclusion, I would hope (and pray) that the emphatic and thoughtful input generated in the hearings would touch the heart of the five responsible public servants at the hearing and the others in our state who are tasked with formulating policy. I further hope that the whispers of think tanks and in-state and out-of-state political donors with their self-serving agendas will not completely cancel out the concerns of the PEOPLE OF NEW MEXICO.</p> <p>Jay Johnson</p>		<p>jayjohn@yahoo.com</p>
<p>I believe that your plan to begin charging increased premiums and co-pays to people with an income as low as 101% of the poverty level is a mistake. The federal poverty level is far lower than what is actually required to live on, especially if you are in a community with high rental housing costs (Albuquerque, Santa Fe, and Los Alamos) or rely primarily on seasonal work to generate that "annual" income. This proposal could easily force low-income families to choose between food and health care, which is precisely what Medicaid is supposed to prevent. I believe that you should consider other options to raise money. One option, of course, is a small tax increase. Another would be to investigate the possibility of working towards a state-level Medicare for all plan that eliminates for-profit insurance and puts all of us into one pool where we can subsidize each other.</p> <p>Rebecca Sherry</p>	<p>10/30/17</p>	<p>Rebecca Sherry  <a href="mailto:rebeccas42@yahoo.com">rebeccas42@yahoo.com</a>  ALBUQUERQUE</p>
<p>Hello,  My name is Daryl Smith and I reside at 1359 San Lorenzo Ave., NW in Albuquerque, New Mexico. In having reviewed your draft application to renew Centennial Care 2.0, I would like to</p>	<p>10/30/17</p>	<p>Daryl T. Smith  1359 San Lorenzo Ave., NW  Albuquerque</p>

<p>express the following comments:</p> <p>I am a public health professional and have spent more than the past 2 decades living and working with low income populations both along the New Mexico-Mexico border region, and in Bernalillo County. Currently I am the program manager for a large community-based program called Pathways to a Healthy Bernalillo County, administered out of the UNM Health Sciences Center. I have had the privilege of working with Community Health Workers (Pathways Navigators) over the past nine years and have learned so much from them about the incredible hardships that many of the individuals and families that they work with endure on a daily basis. These navigators are out there on the front lines and many have shared their concerns with me about how their clients are the ones that would be most adversely impacted by the proposed changes being made in your renewal application.</p> <p>HSD's proposal includes harmful and costly cuts to Medicaid, which would seriously diminish the gains that we have made here in New Mexico with the passage of the Affordable Care Act. Many individuals that have finally received health care coverage for the first time in their adult lives would be at serious risk of losing this coverage, thus creating financial difficulties, increasing medical debt for the people that can least afford it, driving up long term costs for the state's healthcare system, and resulting in the loss of significant federal matching funds for Medicaid that help sustain jobs and our economy in New Mexico.</p> <p>The proposed changes would charge new fees for low-income patients, including monthly premiums that would be required to stay enrolled in Medicaid, AND co-pays at the time of service. This alone will result in many families losing their ability to access healthcare and will most heavily impact children in CHIP, the working disabled, and low-income adults living just above the poverty line - in other words, some of the most vulnerable populations living in New Mexico. The proposed changes would also end the "transitional Medicaid" program that will result in coverage loss for the lowest income families, penalizing them for entering a new job or accepting a raise that places them just above the income cutoff for Medicaid; it would end retroactive coverage that protects patients from debt by paying for the past medical bills that a person incurred over the three months prior to applying for Medicaid, and three months before applying for Medicaid, and it would provide the Secretary of HSD much more authority to cut even more benefits in the future.</p> <p>The proposed changes, if implemented, would take New Mexico a giant step backwards after all of the gains that it has made. Somehow when budgets get tight, the burden always seems to fall on the individuals and families that already struggle to feed their families and make ends meet. These proposed changes are heartless and cruel and low-income New Mexicans can ill afford to be forced to decide between feeding their families or accessing health care. That is exactly what will happen to so many families if these changes go through.</p> <p>Rather than scaling back, the plan should work on further improving access to health care. There are dozens of evidence-based public health practices that go far upstream and prevent</p>		<p>optimisticgrouch@yahoo.com</p>
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<p>adverse occurrences from happening, including, but not limited to: home visitation programs, care coordination (including Pathways), increasing health literacy, utilizing Community Health Workers to help people navigate our extremely complex systems, working with returning citizens coming out of incarceration, and the list goes on.</p> <p>I remember a couple years ago when HSD participated in the yearlong Systems Innovation Model (SIM) planning that was spearheaded by the NM Department of Health, your sister agency. There was a great deal of input from experts from around the state and I would bet that none of the recommendations that resulted from those discussions were anywhere close to what is being proposed in this renewal application. It might be beneficial if HSD went back to review the reports that came out of that planning process, solicited more feedback from community stakeholders, and re-visited and changed these destructive changes that are being proposed in this draft. New Mexico ranks near the bottom of so many categories and this is a perfect example of why. It is HSD's obligation as a state agency, funded by public tax dollars, to look out in the best interests of the residents of New Mexico. These proposed changes clearly contradict HSD's mission statement, which is: "To <b>reduce the impact of poverty on people living in New Mexico</b> by providing support services that help families break the cycle of dependency on public assistance. You can and should, do much better.</p> <p>Thank you for providing the opportunity for public comment. Sincerely, Daryl T. Smith (attachment)</p>		
<p>Secretary Brent Earnest –</p> <p>I am commenting on the proposed 1115 Medicaid Waiver program. I am not in support of proposed changes to charge our state's most vulnerable population a copay to receive care. Second, I am not in support of limiting rehabilitation services to people receiving Medicaid. Rehabilitation is a key service helping people attain or retain capability for independence or self-care and is demonstrated to prevent unnecessary hospitalizations or placement into expensive long-term care. Third, I am opposed to eliminating habilitation services for adults. Habilitative services for adult persons are provided to assist the individual attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition. There are many people transitioning into adult life who will need habilitative services, for example adults receiving cochlear implants to treat hearing loss, those with psychiatric illnesses and substance abuse disorders, and adults with cerebral palsy or developmental disabilities learning independent living skills. Lastly, I am against any changes in the waiver that would alter the essential health benefits of people insured under Medicaid.</p> <p>Cathy Binger, PhD, CCC-SLP Associate Professor of Speech-Language Pathology, University of New Mexico</p>	10/30/17	Cathy Binger, PhD, CCC-SLP Associate Professor of Speech-Language Pathology University of New Mexico cbinger@unm.edu
<p>Letter with comments on Waiver Renewal.</p> <p>Good afternoon. I have submitted the comments from our board of directors.</p>	10/30/17	Alicia Shields, MSN,RN Chief Nursing Officer Fort Defiance Indian Hospital Board, Inc

<p>Please let me know if you have any questions. Thank you! Alicia Shields, MSN, RN, Chief Nursing Officer Fort Defiance Indian Hospital Board, Inc</p>		<p>Fort Defiance, AZ Alicia.Shields@fdihb.org</p>
<p>Letter with comments on Waiver Renewal.</p>	<p>10/30/17</p>	<p>John Victor Castillo Albuquerque</p>
<p>Letter with comments on Waiver Renewal.</p>	<p>10/30/17</p>	<p>Kenneth L Corazza <a href="mailto:medicinejeffe@gmail.com">medicinejeffe@gmail.com</a> Albuquerque</p>
<p>Letter with comments on Waiver Renewal: The National Alliance on Mental Illness New Mexico disagrees with any Medicaid proposal that reduces access to care for our very vulnerable constituents. People with a mental health condition are often under-employed or unemployed. They simply cannot afford increased costs for services. There are already too many New Mexican's that aren't getting the help they need when it comes to behavioral health. Medicaid proposals should be increasing access to services and that is done by lowering barriers to care, and that includes reducing the costs to patients of receiving that care. David A Gonzales, Executive Director National Alliance on Mental Illness (NAMI) New Mexico</p>	<p>10/30/17</p>	<p>David A Gonzales, Executive Director National Alliance on Mental Illness (NAMI) New Mexico, Albuquerque naminm@aol.com</p>
<p>To whom it may concern: The proposed Medicaid plan is not good for those most vulnerable in our state. The proposed cuts to Medicaid will ultimately result in greater harm and increased cost. As the poorest state in the union, how can you in good conscience endorse a plan the will actually create financial hardships for families, drive up long term costs for the state's already fragile health care system, and lose significant federal matching funds for Medicaid that help sustain jobs and our economy in New Mexico? In addition to the plan that proposes patient fees to families already experiencing poverty, to end retroactive coverage, to end a transitional Medicaid program, reduces health benefits for parents living in deep poverty, it also proposes to end dental benefits for adults. Dental benefits for adults not only improves overall health (numerous studies indicate the association of poor dental health with diabetes, cardiovascular disease, preterm births, and increased mortality from aspirational pneumonia among elders), but can also increase the ability to obtain and sustain employment. I ask that you reject the proposed Centennial Care 2.0 plan, and provide one that focuses on improving access to care! Mary M. Altenberg, MS, CHES, Executive Director Community Dental Services, Inc.</p>	<p>10/30/17</p>	<p>Mary M. Altenberg, MS, CHES Executive Director Community Dental Services, Inc. Albuquerque, MAaltenberg@cdsabq.org</p>
<p>Letter from AARP NM on waiver renewal.</p>	<p>10/27/17</p>	<p>Gene Varela, State Director, AARP NM,</p>

		Santa Fe, <a href="mailto:evarela@arp.org">evarela@arp.org</a>
<p>Human Services Department     ATTN: Public Comments  PO Box 2348   Santa Fe, NM 87504-2348  Dear Ladies and Gentlemen:  I would like to protest the proposed cuts to Medicaid and Medicare and CHIP recipients in Centennial Care 2.0. We were very disappointed that a recent meeting in Las Vegas discussing these changes was virtually an after-thought and was cut short. This seems like an intentional way to avoid negative comments from the most affected areas in the state. If another meeting could be scheduled and action postponed until adequate time is allowed to inform those most affected about these changes, it would be both fair and welcome.  With or without further feedback, I would like you to know I live in one of the two poorest counties in the state in arguably the poorest state in the Union. I find it outrageous that the state's administration is trying to pay for tax cuts for the rich or following the less than compassionate conservative principles of the administration by adding to the costs for the needy. It demonstrates a contempt for poor people by presuming that they should be able to pay more or should be penalized because they are poor and powerless. Because the number of needy individuals and families are so many and the number of wealthy are so few, the logic seems to be that raising the costs for the many who are poor, young and elderly is justified so that the rich and powerful few do not have to pay for what they do not receive nor need.  Obviously, the Republican Congress and White House have messed with the Affordable Care Act so much that insurance companies are reacting with larger and larger premiums, but we do not have to exacerbate the problems put upon the poor by the federal government and insurance companies. We can eliminate the proposals to charge more for Medicaid, co-pays at the time of service, and other programs which lock out many "on the edge" working poor, disabled, handicapped, and children. We should allow access for essential healthcare services for these needy individuals and families. And we do not need to impose new fees for those who can barely pay to begin with.  Of particular importance are all those proposals that affect children because New Mexico has such shameful rankings in terms of child poverty and hunger. The CHIP program is in trouble in terms of the federal government reauthorization, but New Mexico could take the lead and not penalize children's parents with fees and increases in payments and demands on them such as the suspension of "transitional Medicaid" and demands for payment of co-pays at time of service. Please consider building upon some of the good parts of the Centennial 2.0 proposal that lead to helping participants become better informed about health care and providing help for children of those in detention centers. If only these changes were not accompanied by increased premiums and fees from those least likely to be able to pay.  Sincerely, Ruth Elizabeth Orem</p>	10/26/17	Ruth Elizabeth Orem Las Vegas <a href="mailto:relizabethorem@gmail.com">relizabethorem@gmail.com</a>

Comments from October 30 public meeting in Albuquerque		
<p>Letter submitted            Good afternoon, please find comments for submission on behalf of Consumer Direct Care Network.            Thank you.            Kelly Jepson   Policy Analyst            Consumer Direct Care Network   Government Relations</p>	10/25/17	<p>Kelly Jepson            KellyJ@consumerdirectcare.com</p>
<p>My son lives with a diagnosis of schizophrenia and it is imperative that he has medical coverage to pay for his medications and possible hospitalizations. He lives on a fixed income and could NEVER afford to pay for his care on his own.            My son is on Medicare Part A,B, that means that he will not be eligible for the Expansion. This is devastating for individuals like my son and others who have a serious mental illness. Please don't do this to the most vulnerable. It is already so difficult for them and their families.            Mary Lou Shaw</p>	10/25/17	<p>Mary Lou Shaw  <a href="mailto:lujjshaw3@gmail.com">lujjshaw3@gmail.com</a>            Santa Fe</p>
<p>Dear Secretary Brent Earnest,            I am commenting on the proposed 1115 Medicaid Waiver program. I am not in support of proposed changes to charge our state's most vulnerable population a copay to receive care. Second, I am not in support of limiting rehabilitation services to people receiving Medicaid. Rehabilitation is a key service helping people attain or retain capability for independence or self-care and is demonstrated to prevent unnecessary hospitalizations or placement into expensive long-term care. Third, I am opposed to eliminating habilitation services for adults. Habilitative services for adult persons are provided to assist the individual attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition. There are many people transitioning into adult life who will need habilitative services, for example adults receiving cochlear implants to treat hearing loss, those with psychiatric illnesses and substance abuse disorders, and adults with cerebral palsy or developmental disabilities learning independent living skills. Lastly, I am against any changes in the waiver that would alter the essential health benefits of people insured under Medicaid.            Sincerely, Gail A. Stockman MS, OTR/L</p>	10/25/17	<p>Gail A. Stockman MS, OTR/L  <a href="mailto:gstockman@comcast.net">gstockman@comcast.net</a></p>
<p>Dear Mr. Earnest:            I am commenting on the proposed 1115 Medicaid Waiver program. I am not in support of proposed changes to charge our state's most vulnerable population a copay to receive care. Second, I am not in support of limiting rehabilitation services to people receiving Medicaid. Rehabilitation is a key service helping people attain or retain capability for independence or self-care and is demonstrated to prevent unnecessary hospitalizations or placement into expensive long-term care. Third, I am opposed to eliminating habilitation services for adults. Habilitative services for adult persons are provided to assist the individual attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition. There are many people transitioning into adult life who will need habilitative services, for example adults</p>	10/24/17	<p>Dr, Michael Kaplan            Speech Pathologist            stachemannm@aol.com</p>

<p>receiving cochlear implants to treat hearing loss, those with psychiatric illnesses and substance abuse disorders, and adults with cerebral palsy or developmental disabilities learning independent living skills. Lastly, I am against any changes in the waiver that would alter the essential health benefits of people insured under Medicaid.</p> <p>Dr. Michael Kaplan, Speech-Language Pathologist</p>		
<p>Dear NM Legislators,</p> <p>I am voicing my concern over the proposed changes to the NM Medicare program via the Century Care 2.0 act. In particular euphemistic "Value-based purchasing (VBP)" arrangements will jeopardized the poor, those who need healthcare the most. Not ensuring healthcare for all, regardless of income, ultimately detriments all of us. It increases visits to emergency centers, increasing overall costs in care, medicine and insurance.</p> <p>Medicaid was the vision of our better leaders, going as far back as Teddy Roosevelt, and championed by Franklin Roosevelt, Harry Truman, John F Kennedy and ultimately put into law by Lyndon B Johnson, calling for the creation of a national health insurance fund, open to all Americans, regardless of social status. Forcing participants to co-pay or pay a premium to participate is not only unethical, but goes against our very principles as a people the vision of a great America.</p> <p>Melora Palmer Albuquerque, 87108</p>	10/24/17	<p>Melora Palmer Albuquerque melora_palmer@hotmail.com</p>
<p>I want to commend the people who are actually addressing the problem with Medicaid! I was born in Albuquerque and 58 years later, I cannot believe that there are people who pay nothing for health insurance, child care, groceries, etc. We have created a society of enablers. We enable people not to work, not to pay bills, not to help with their child's education nor pay for any visit to a health facility. I believe that if every person had to pay some copay for any service such as health care visit, child care-\$5 or \$10 we would have millions of dollars coming in because these people have been paying zero dollars. If everyone who goes to see a doctor has to pay a \$5 or \$10 copay per visit, there would be millions of dollars into the health care system and maybe people would not abuse the system if they had to pay and maybe people would take better care of themselves and their children.</p> <p>I disagree with the proposal if a person misses over 3 appts. they would have to pay a \$5 fee. They should have to pay when they miss the first appt. My daughter missed an appt. in Kansas and did not call. They billed her for \$50. I explained to her that she needed to call them as someone else could have got the appt. and the doctor was counting on the appt. I paid the \$50. We have allowed people to get away with so much, no responsibility, no consequences, no personal damage. This change in Medicaid could change New Mexico and hopefully if other states do this, it could change the world. We need to change things now because those of us paying taxes cannot continue to support the people who have to do nothing for themselves or their family and totally live off the system. It is like a parasite that lives off another living being or thing. It needs to stop now. Thank you, Donna Fletcher</p>	10/23/17	<p>Donna Fletcher downcare@comcast.net</p>

I am writing in support of the proposed alterations to the Medicaid program. If left unchanged, Medicaid spending will continue to increase and will swamp the state budget. It's not unreasonable for recipients to have to pay a nominal amount for their healthcare. There is not enough wealth in New Mexico to provide totally free health care to everyone who meets the qualifications. James Boyd	10/23/17	James Boyd <a href="mailto:jaboyn@pga.com">jaboyn@pga.com</a>
Medicaid fix. I would like to make a suggestion to Medicaid fix for New Mexico. Are partnerships with Goodwill Industries a possibility? I have an extended family member who is middle aged but goes to numerous doctors for ailments but is in the Medicaid system. It seems to me she can work, perhaps part-time, to get herself reintegrate in the workforce & help herself.	10/22/17	Melissa Stroud <a href="mailto:randallkenkel@gmail.com">randallkenkel@gmail.com</a>
As a very grateful Medicaid recipient I would like to state that my family and I have become healthier and at peace knowing we have healthcare. I believe co-pays and premiums would be difficult for us, but we will do it if needed. Please do not think all Medicaid recipients are irresponsible or ungrateful. Thank you, Kerry Radecki	10/22/17	kerryradecki <a href="mailto:kerryradecki@yahoo.com">kerryradecki@yahoo.com</a>
Letter with Waiver Renewal comments from NM/So. Colo. Community Health Reps.	10/20/17	Jean Pino Rio Rancho <a href="mailto:jpino@fspinc.org">jpino@fspinc.org</a>
Letter with Waiver Renewal comments from Canoncito Band of Navajos Health Center.	10/20/17	Maria Clark, COO CBNHC To'Hajiilee
Letter with Waiver Renewal comments from NM Association of Counties.	10/20/17	<a href="mailto:awebb@nmcounties.org">awebb@nmcounties.org</a> Santa Fe
Letter with Waiver Renewal comments from NM Hospital Association. Secretary Earnest and Medicaid Director Smith-Leslie, Attached please find the New Mexico Hospital Association's comments on your updated draft Section 1115 Waiver application, aka Centennial Care 2.0 Our CEO Jeff Dye looks forward to discussing NMHA's comments with you in more depth. Regards, Beth Landon Director of Policy, New Mexico Hospital Association	10/20/17	Beth Landon Director of Policy New Mexico Hospital Association <a href="mailto:blandon@nmhsc.com">blandon@nmhsc.com</a>
Dear HSD Representative: I am writing to submit comments regarding the proposed changes to the Centennial Care Medicaid program. I am writing as a concerned citizen who is not a Medicaid recipient. Although I do not benefit from Medicaid personally, I am a strong supporter of the program and am opposed to the changes your Department has proposed. I am especially concerned about the proposal that Medicaid recipients be required to pay copays. Although a copay may not seem like a burden to some, Medicaid recipients often struggle to make ends meet and do not have the resources to pay such fees.	10/19/17	Shelley Walden Albuquerque <a href="mailto:shelleywalden@gmail.com">shelleywalden@gmail.com</a>

<p>According to Abuko Estrada, a lawyer for the New Mexico Center on Law and Poverty, these fees will not save the state money, as, "the administrative costs are simply too high to justify charging copays." These administrative costs are likely to decrease the number of providers willing to accept Medicaid.[1] As Estrada said, "For low-income New Mexicans, these changes are going to be devastating. States that have implemented copays and premiums in the past have seen significant reductions in health care coverage, or individuals losing access to much-needed health care." [2]</p> <p>I second these and all of the other concerns expressed by the New Mexico Center on Law and Poverty about your proposed changes. These include:</p> <ul style="list-style-type: none"> <li>• "Eliminating retroactive coverage protection that pays for Medicaid applicants' past medical bills, from three months prior to applying for Medicaid, putting New Mexico's families in severe medical debt and leaving healthcare providers with uncompensated care costs;</li> <li>• Ending a transitional Medicaid program that will result in coverage loss for families that have been living in deep poverty, creating financial hardships and interrupting health coverage when they enter new jobs or accept raises that place them just above the eligibility threshold for Medicaid; and</li> <li>• Reducing important health benefits for very low-income adults with dependent children, eliminating Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) protections for children who are 19 and 20 year olds, and opening the door for the HSD secretary to make drastic cuts to more benefits in the future." [3]</li> </ul> <p>I believe that healthcare is a basic right and should be made available to all, especially those who cannot afford it. The proposed changes jeopardize this right and have the potential to harm many impoverished New Mexicans.</p> <p>I therefore request that you abandon your proposed changes to the Centennial Care program.</p> <p>Sincerely, Shelley Walden</p>		
<p>To whom it may concern, I am opposed to the Medicaid waiver proposals to change essential health care services. Gaylene</p>	10/19/17	Gaylene Tool OTS, COTA/L Occupational Therapy Graduate Program, UNM <a href="mailto:gmtool@salud.unm.edu">gmtool@salud.unm.edu</a>
<p>Comments from October 18 public meeting in Las Vegas</p>		
<p>Letter with Waiver Renewal comments from NM Pharmacists Association.</p>	10/18/17	Dale Tinker <a href="mailto:dtinker@nmpharmacy.org">dtinker@nmpharmacy.org</a> Albuquerque
<p>I don't like the idea of eliminating dental/vision coverage. I feel marginalized enough as it, without the Governor wanting to further dismiss poverty-stricken people. Also, this notion of "personal responsibility" sounds awfully familiar, i.e. Congress said the same thing and those bills did not</p>	10/18/17	(unknown) Albuquerque

survive. Don't understand why Martinez can't support her statement of the state "not being able to afford a growing Medicaid bill". She chose to expand it. To ask people on Medicaid to fork over a co-pay is ludicrous. Does she know why people are on Medicaid in the first place?		
Letter with Waiver Renewal comments from UNM Hospitals.	10/18/17	Rodney McNease <a href="mailto:rmcnease@salud.unm.edu">rmcnease@salud.unm.edu</a> Albuquerque
Hello my name is Marie. I am glad I have the opportunity to comment on the proposed medical cuts taking place. These medical cuts will be devastating to families already in need. I have two disabled brothers that depend on medical coverage to live and my parents struggle to pay for necessary monthly prescriptions. My family has come together to help but because of the medical cost we are all affected. I work in a community healthcare facility and see many families who depend on centennial care. Cutting back on medical care will only disable the community of their healthcare and they will not be able to afford treatment in getting better. I know change is going to come but there are thousands across the nation who benefit from these programs. This issue is very important to me and I hope my opinion is heard. Thank you for your time.	10/18/17	Maria Aranda <a href="mailto:maria_aranda@fcch.com">maria_aranda@fcch.com</a>
I believe everyone regardless of income should pay either a small monthly premium &/or copay for the medical services they receive. I advocate for an elderly man who receives approx. \$9,000 per year in SSI. He is in good health but goes to the doctors for minor complaints because it doesn't cost him anything. Even a small fee would make him think twice about running to the doctor for every little ache or pain. I am also against the upper 3 tiers of service (240%, 250%, 300%). Our state simply cannot afford such generous benefits. We need to reserve our funds for those that truly need it.	10/17/17	JACK/LYNNE SCOTT <a href="mailto:jakalyn@msn.com">jakalyn@msn.com</a>
Comments from October 16 public meeting in Santa Fe		
Good Morning- My name is Monica Briones and I am the Assistant Medical Director of First Choice Community Healthcare (FCCH) which is a Federally Qualified Health Center. I practice as a Family Medicine Physician at the FCCH Clinic in Edgewood, New Mexico. I am writing because I am greatly concerned about the proposed changes to Medicaid as they will greatly affect many of my patients and those that FCCH serves. In the rural setting in which I practice, the proposed cuts would significantly affect our patient population that is already burdened by extreme poverty, health issues, and lack of access to care. My patients sometimes do not come to a much-needed doctor's appointment due to lack of transportation, lack of gas money, or other financial issues that create an obstacle to their appropriate health care. My concern is that adding additional financial or systemic burdens to an already fragile portion of our population will be even more detrimental to their poor health outcomes and further perpetuate the cycle of poverty, malnutrition, and overall decreased quality of life for these many New Mexicans. I ask that you reject the proposed Medicaid cuts for these reasons.	10/16/17	Monica E. Briones, M.D. Assistant Medical Director First Choice Community Healthcare Edgewood Center Edgewood, NM <a href="mailto:monica_briones@fcch.com">monica_briones@fcch.com</a>

<p>Sincerely,  Monica E. Briones, M.D., Assistant Medical Director  First Choice Community Healthcare, Edgewood Center, Edgewood, NM</p>		
<p>Please DON'T! We're all in this boat together and it's our moral obligation to help each other. Please don't cut the Medicaid program. If I can help feed violent criminals in prison, I can sure afford to help feed those who really need Medicaid help.  Thank you for your time and consideration,  cmeyer  Los Lunas, NM</p>	<p>10/16/17</p>	<p>Cindy Meyer  Los Lunas  cindy_meyer@fcch.com</p>
<p>Hello -  My name is Dr. Emily Cohen. I am a family physician practicing at First Choice Community Healthcare in the South Valley of Albuquerque. I am writing to express my opposition to the proposed Medicaid cuts that would require patients to pay premiums, increase copays, and lose essential services. I care for Medicaid patients every day and I see the frequent complications and difficulties present in their lives. I fear that placing this restrictions on their access will result in patients losing Medicaid coverage for failure to pay, missing doctor's appointments for inability to pay, and on the whole this will create an environment that is toxic for those living on the lowest incomes. Studies have shown that the kind of environmental stresses our population experiences harm individuals' and communities' health. Why would we add to that toxic burden?  Please, let Medicaid remain the safety net that it is. At a time when other public benefits are being cut dramatically, our population deserves at the very least to have access to medical care without restrictions.  I firmly believe (and the available scientific evidence supports my belief) that increasing out of pocket expenses for families on Medicaid will result in poorer health for our population.  Thank you for your consideration and please feel free to contact me with any questions.  Best, Dr. Emily Cohen, Board-Certified Family Physician  First Choice Community Healthcare, Albuquerque, NM</p>	<p>10/16/17</p>	<p>Dr. Emily Cohen, Board-Certified Family Physician  First Choice Community Healthcare,  Albuquerque, NM  emily_cohen@fcch.com</p>
<p>To Whom It May Concern:  Attached are public comments regarding Centennial Care 2.0 on behalf of the team working on the Integrated Primary Care and Community Support (I-PaCS) initiative, a collaborative between the Medicaid Assistance Division, the University of New Mexico, and Southwest Center for Health Innovation.  Sincerely, Arthur Kaufman, MD, Distinguished Professor  Vice Chancellor for Community Health  University of New Mexico Health Sciences Center  (letter attached to email)</p>	<p>10/16/17</p>	<p>Arthur Kaufman, MD, Distinguished Professor  Vice Chancellor for Community Health  University of New Mexico Health Sciences Center, Albuquerque  AKaufman@salud.unm.edu</p>
<p>Regarding the state's proposal to make changes to Medicaid payments for its customers, I would like to comment.</p>	<p>10/16/17</p>	<p>Laura Wall  Licensed Speech-Language Pathologist</p>

<p>I am a New Mexico health care provider. I work with numerous families whose children benefit from Medicaid enrollment. Health insurance for my clients is not a matter of “personal responsibility.” Children suffering from medical conditions, such as cerebral palsy, Down syndrome &amp; other genetic syndromes, congenital heart conditions, autism, or any other of a host of possible medical issues that can affect young children, did not demonstrate any lapse in personal responsibility. Our state, poor as it is, needs to support these children and their families by continuing to provide healthcare access and insurance through Medicaid.</p> <p>We should not be charging co-pays to these families. Studies show that healthcare outcomes are best when families access preventative services such as vaccinations and well-child check ups. Complicating these with even minimal co-pays is cruel and will likely result in less frequent access of preventative services, followed by a predictable rise in costly emergency room visits.</p> <p>Healthcare also impacts educational attainment as a healthy populace is better able to become a well-educated citizenry. We must keep our children healthy during their crucial developmental years so they are best able to learn and perform well in school. Later this will pay dividends as they become tax-paying workers in our economy.</p> <p>Please do not change Medicaid for the worse. Keep our families healthy, and promote a good future in NM, by supporting continued full funding of Medicaid.</p> <p>Thank you, Laura Wall, Licensed Speech-Language Pathologist Albuquerque, New Mexico</p>		<p>Albuquerque, New Mexico adobewall@comcast.net</p>
<p>Dear Human Services Department Leadership:</p> <p>Thank you for the opportunity to comment and provide feedback on New Mexico’s Centennial Care 2.0 Draft Plan. Attached are comments provided to you by the New Mexico Primary Care Training Consortium.</p> <p>(letter attached to email)</p>	<p>10/16/17</p>	<p>Lori Ann Loera, MJ – Health Law Network Operations Program Manager New Mexico Primary Care Training Consortium Silver City <a href="mailto:lloera@swchi.org">lloera@swchi.org</a></p>
<p>New Mexico HSD Medicaid Review Committee:</p> <p>I will address the merits of the proposed changes to New Mexico's Medicaid program momentarily, but let me say from the outset that, from a national level, every citizen and permanent resident should be granted comprehensive medical insurance, not necessarily free for everyone, but at costs appropriate to one's income level.</p> <p>The above mention aside, and given the US does not have a comprehensive national health care plan that covers everyone, the changes New Mexico is considering implementing for Medicaid are, by and large, reasonable. I myself am on Medicaid momentarily (hopefully), and have felt uncomfortable not having any sort of out of pocket expenses to contribute to the system - as small as they may be even given my very small income..</p> <p>New Premiums:</p> <p>While many countries have free health care for their citizens, I do not think it unreasonable for citizens to at least be responsible for some portion of medical services rendered - depending on income level, of course. The \$10-\$20/month suggested is quite reasonable for the \$12,100-</p>	<p>10/15/17</p>	<p>Rhett Zyla rzyla@rocketmail.com</p>

<p>\$18,100. The \$20-\$40 premium for a family of three just above the poverty line is also very reasonable. However, I think for individuals making over \$36,200 a year, the \$25 suggested premium can be increased closer to \$50. I do have issue with native Americans being exempt regardless of income; I think a certain level of responsibility is warranted for all citizens - irrespective of background.</p> <p>Copays: In addition to reasonable premiums as mentioned above, so too are reasonable copays. The numbers you have indicated seem reasonable for the low-end of the poverty level, but perhaps should be indexed with income and family size as you suggest for premiums. I am a huge supporter of preventive services (such visits reduce long term chronic illnesses and costs associated with problems that develop to later term prognosis due to lack of earlier preventive care). That said, a copay for a preventive visit is still not unreasonable, but I would not object to keeping such visits free of charge in the interest of encouraging illness prevention. As with New Premiums mentioned above, I do not believe Native Americans should be excluded from copays. Anything that can be done to foster self-responsibility - irrespective of background - is a positive step for the individual, and for society.</p> <p>Dental, Vision: I am weary of your intention to do away with dental and vision benefits. Perhaps you can charge a separate - but reasonable - premium for these services. I myself unfortunately have had to use dental benefits while on Medicaid, beyond basic services. Do not make this a service out of financial reach for our citizens.</p> <p>Retroactive Benefits: If removing this feature does not preclude individuals from still obtaining Medicaid coverage retroactively as you suggest through "presumptive eligibility on site", then this option may not be unreasonable. It would seem, however, that such a safety net is pragmatic to keep in place. My concern would be for those individuals who chose not to sign up for health care benefits only until something significant appears. In other words, everyone should pay into the system, healthy or ill. The healthy individuals obviously support the health care system; to make use of the system "for free" only when one is ill is counterproductive, exploitative, and opportunistic.</p> <p>Missed Visits: I fully support a charge for missed visits without notification; however, such a charge should be assessed for any visits missed - not just until the third offense has been committed. I think the \$5 assessment is a little too forgiving: increase to \$10.</p> <p>Added Benefits: As with dental coverage, I believe vision coverage, irrespective of income level, is pertinent. Perhaps a small separate premium, but vision is no less critical than other categories of coverage. Loss of vision reduces or eliminates one's ability to work (and therefore a loss of tax revenue to the state and federal government), and other governmental services may be required to assist the</p>		
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<p>individual with sight problems if left unchecked. The latter also adds to the costs in the private and public health care sector. Best to avoid chronic, long-term issues than can be avoided with regular checkups.</p> <p>Regarding the purported figure that 72% of births in New Mexico are covered by Medicaid... This is a stickier subject to address. Ultimately the safe and healthy delivery of a baby is paramount. However, what Medicaid has likely exacerbated is reckless and irresponsible procreation by those who are too young themselves to have children, without the financial means to raise children, and lack of foresight in ballooning an unsustainable population in which global resources are clearly limited. I'm not sure exactly what the solution is to counter this unfortunate side effect, but perhaps a limit on the number of children/pregnancies covered by Medicaid can be set to discourage such behavior. To my knowledge there is no state policy (and surely no federal policy) anywhere in the US addressing this issue. I think this an important enough issue to mention even with the exceedingly unlikely scenario that such a concern will pragmatically be addressed at the governmental level.</p> <p>Thank you for the opportunity to comment and consideration of the aforementioned remarks. Rhett Zyla</p>		
<p>I could not read all of the Journal article. I became too angry. People on Medicaid get a free pass on skipped appointments and no surcharges for name brand drugs vs. generics, eh? All of it is as bad as I suspected. People make their "job" out of going to free health appointments, and they can't even show up for that. Meantime paying folks wait socialized-medicine time frames for appointments, and God forbid they need to reschedule: "The next available spot is this many months out." I need to go to the hearings to make sure every non-profit group does not flood the meetings with an unbalanced voice to make politics and vote-getting usurp reasonable policy, once again.</p>	10/15/17	<p>Dave Mitchell Bosque Farms davematastillero@gmail.com</p>
<p>RE Public Comment on Centennial 2.0 as presented in the Sunday Journal: I fully support having low income people have more skin in the game, except the emergency room charge of \$8 for non-emergencies needs to be significantly increased. I had need of an emergency room but waited too long because of the myriad non-emergencies clogging the intake. With co-insurance my visit was \$1000 out of pocket ...with health insurance. There needs to be incentives to stay healthy, eat better and look into preventative care. If unfortunately, the only means is to start charging something for services, and relieve the potential of more tax and insurance increases on those not below one of the many poverty lines, then it has to start happening. The current system is totally financially unsustainable. Health insurance is not insurance anymore. If it were then premiums regardless of income would be set based upon a health exam like my next life insurance policy. Including a driving record review. David Mitchell Bosque Farms</p>	10/15/17	<p>David Mitchell Bosque Farms <a href="mailto:davematastillero@gmail.com">davematastillero@gmail.com</a></p>
<p>I would like to suggest that co-pays are a horrible idea. The co-pays are so small that it will NOT be possible for a physician or clinic to bill for the amount of the co-pay. In general the co-pay will</p>	10/15/17	<p>Joel Saland, MD Pediatrician, Albuquerque</p>

<p>be uncollectable! In some cases even a small co-pay will prevent a patient from seeking medical care when he/she needs it but in most cases the patient will be seen by a doctor who WILL NOT BE REIMBURSED. If co-pays are required, the STATE WILL BE BETTING THAT DOCTORS WHO ARE BY NATURE "KIND HEARTED" WILL NOT TURN AWAY PATIENTS BUT WILL SEE THEM WITHOUT A CO-PAY. In fact not seeing a non-paying patient is illegal under Federal guidelines. Having copays will probably save the State money but at the expense of doctors and clinics who will not collect the copay and just have a lower reimbursement.</p> <p>Some Medicaid patients already have co-pays and in general these have not been collected. The patients usually have forgotten to take their checkbook or wallet but really need the care. Of course this does not happen in grocery stores or Walmart but those people will not give services without money whereas doctors do.</p> <p>Please do not impose co-pays.</p> <p>Joel Saland, MD Pediatrician, Albuquerque</p>		jsaland2@gmail.com
<p>I can understand the new changes for adults, but little children should be able to receive care under the same guidelines that are in use now. Do we want parents deciding that their child does not need to see a doctor when the child is running a high fever? Please don't change the income requirements that allow children to receive health insurance, even when their parents do not qualify for themselves.</p> <p>My grandchild broke her elbow and my daughter would not have been able to afford the medical bill even though she has worked full time for the State of New Mexico for over ten years and pays medical insurance for herself. Having our little ones insured is beneficial for our state. Able bodied adults who choose not to work and are on Medicaid should pay something for their care.</p>	10/14/17	R. Reed cabintre@yahoo.com
<p>Dear HSD,</p> <p>I hope this email finds you in good health and with a positive outlook.</p> <p>I am emailing to say that I strongly oppose the plan to cut Medicaid (Centennial Care 2.0). It looks like more than 800,000 citizens of our state will be harmed by the planned cuts. The cuts will risk federal matching funding, too.</p> <p>I think that we need to support the most vulnerable people in our communities, and Medicaid/Centennial Care 2.0 is a wonderful way to do just that. Our beloved elders in particular need the support which Medicaid can provide.</p> <p>Therefore, I respectfully and firmly urge you NOT to enact the cuts to Medicaid.</p> <p>Thank you for your time and work. May you find restful moments in each day.</p> <p>Gregory Corning</p>	10/14/17	Gregory Corning Pojoaque cogreg@gmail.com
<p>To whom it may concern;</p> <p>I am writing this in response to the "Proposed Cuts to Medicaid" that have been proposed for NM. As a full time working parent I am personally impacted by this.</p> <p>As you know New Mexico is among one of the lowest income states in our country.</p> <p>My husband and I do the best week can working full time (myself in healthcare and my husband</p>	10/13/17	Alisha Cordova alishancordova@gmail.com

<p>as a mechanic) and we have 3 small children. I am paid bi-weekly and my husband is paid PRN due to work flow.</p> <p>My employer does offer healthcare coverage but it is very expensive, coverage of services is limited and not to mention it is a big expense to pay for all 5 of us to be covered. Not to mention the cost of the coverage is a big amount out of my paycheck for just myself. If I had myself, my spouse and our children on the health plan that my employer offers it would cost me \$204.38 per pay period (every 2 weeks) which is a huge deduction as I only make \$800 every pay check. Not to mention the cost of living expenses, bills (daycare, electric, gas, trash, water, fuel for vehicles, vehicle insurance, home insurance, mortgage, etc..)</p> <p>With the cuts to Medicaid we are naturally concerned because this will impact our family tremendously. If there are high co-pays how will we be able to take our children to the doctor when they need it. It will be an issue of can we afford it vs. do they need the care? This will put children and families in danger. It should not be that way.</p> <p>Minimum wage in NM is also not that great which affects us both, luckily our children qualified for Medicaid due to our income. My husband and I are able to receive Medicaid right now (with limited coverage), but if my paycheck is ever slightly higher than the average \$800 that I bring home then I am kicked off of it for "making too much". Which is easier said than proven. How can someone be told that they are "making too much" when their bills are not taken into account in the ratio and they cannot afford the health coverage on their own. Our only choice is Medicaid, once that is gone we will either go uninsured and pay the penalty at the end of the year come tax time or scavenge to pay for health coverage. Honestly, going uninsured is more affordable. Why can't something be done to make us have universal healthcare?!?</p> <p>It is scary to think that the future for not only us but for our children will be harsh living due to all these changes that have been discussed. Children and adults who need vaccinations to stay healthy, medications to manage their health conditions, treatment to stay alive... Have any of these things been taken into account?</p> <p>My husband and I have looked at all of our options and if these cuts are approved we will have no choice but to move to a different state so that we can provide for ourselves and our children. Thank you for your time but know that our family, as born and raised New Mexicans- are in complete disapproval (not to mention disgust) of these Medicaid cuts.</p> <p>Sincerely, Alisha</p>		
<p>10/12/2017 To whom it may concern,</p> <p>I attended the Public Hearing today in Las Cruces, NM – Thursday, October 12, 2017 for Centennial Care 2.0. I have a few concerns after reflecting on the presentation given. A comment that resonated with me was “passing the cost on to low income families is not the answer.” My daughter is a recipient of CHIP Medicaid; a monthly premium would cause a strain on my family's already tight financial budget. I also recognize that personal responsibility is important, I think paying a \$5 copayment for my daughter rare sick visit would be much more reasonable. I do</p>	<p>10/13/17</p>	<p>Kaily Guerra  <a href="mailto:kguerra101@gmail.com">kguerra101@gmail.com</a>  Las Cruces</p>

<p>recognize that I am very blessed that my child is very healthy, therefore I lean more towards copayments if a charge to recipients must be implemented. I also think that charging both a monthly premium and copayment is not reasonable; it will greatly affect the ability of New Mexicans to access necessary health care. I do think that a charge for non-emergency use of the ER would be acceptable. I do not agree with coverage starting the following month. If I am unable to get a P.E. Determination at the time of service I will be responsible for that expense. Also if I do not have the \$40-\$50 premium by the first of the following month what am I to do? I feel as a consumer that cuts should be made to programs like Centennial rewards, or not adding new programs like Home Visiting. I have benefited from the Centennial Rewards program by receiving a car seat for my youngest child using my available points for attending my prenatal visits. It is a very nice program, but if costs can be offset by ending this program I feel it would be preferable to charging premiums and copayments to already stressed and strained families.</p> <p>Thank you for your time in reading my comments, Sincerely, Kaily Guerra</p>		
<p>As a nurse I am absolutely blown away that anyone, including government officials would think that it is ok to institute these changes that may in the end cause some of our most poverty stricken people to lose their only means for obtaining healthcare. These people already have a very difficult time living within the means of a very poor support system and for those who really need it this is a disgrace. For I have seen many families who abuse this system and do not really need the support, or receive support for many children in the family and yet live a better life than me and my family even though I work. Because I work I am not able to go to the hearings. however I know first hand how this is going to affect many. My daughter is disabled with a young child and she gets minimal assistance from the state and her disability. She only goes to the doctor and only takes her son to the doctor when necessary and for well child checks. Our system is broken and it blows me away that our government officials who are making a substantial amount of money and living very comfortably think they can make calls to decrease services and monies for people who live in poverty every day not sure how they are going to make it to the next month. This includes our elderly who many have worked very hard their entire lives, maybe in jobs which didn't provide benefits, and now have to make the decision whether to eat or pay for their medications they must take. These decisions are not being made by those who have lived this life, but by those who have no idea what it is to live in poverty and try to pay all the bills on a low subsidized income and yet provide for children and still pay co pays for their doctor visits and their prescriptions, as well as pay for housing and utilities and everything else that one needs on a daily basis. I appreciate your attention to this matter.</p> <p>Anna Gurule PO Box 242 Bosque, NM 87006</p>	10/13/17	Anna Gurule Bosque, NM GuruleA@beleneagles.org
<p>Comments from October 12 public meeting in Las Cruces</p>		
<p>To whom it may concern: I am a nurse in a low income community and every day my patient's tell me how difficult</p>	10/12/17	Jon Helm, RN Nurse Flow Manager First Choice Community Healthcare –

<p>navigating Medicaid can be. They discuss with me that they have had 3 doctors in 4 years as plans are constantly changing. In the low income clinic in which I work there are also patients with too much pride to apply for Medicaid. They do not want to take from others. Health care is not an economic issue, it is not a pride issue, it is a human issue. It is an issue of compassion. Please make every effort to protect every element of Medicaid for New Mexico families.</p> <p>Thank you, Jon Jon Helm, RN Nurse Flow Manager First Choice Community Healthcare – Alameda Albuquerque, NM</p>		<p>Alameda Albuquerque, NM jon_helm@fcch.com</p>
<p>I am a New Mexico resident. I am not on Medicaid, nor is anyone in my family. However, many in my community live either in or very close to poverty. These include families with small children, the elderly, and students who are trying hard to uplift their lives and those of their families through education. Some progress is being made, but it is very very hard.</p> <p>Please do not make matters so much worse by threatening to remove or reduce the federal support this state needs to serve people who have lived here all of their lives and by removing healthcare benefits that keep many alive. These are not lazy people - they are simply the working poor, the elderly, the children, not to mention the people who simply dared to get sick. With all of the wealth a small percentage in this country enjoy, please don't threaten the very people this Administration campaigned for with the promise that "everyone will have the best healthcare ever..." Does that include removing pre-natal care from pregnant women? Who is the genius who suggested that???</p> <p>This has nothing to do with the ridiculous title "Obamacare." Forget that retaliation against the past does not serve the country NOW and does not uplift the public image of our current President in any way. This has everything to do with the threat this newest version of TRUMPCARE promises. Let him make a POSITIVE difference by actually supporting the people of this state. Don't make this another example of the big disconnect with REAL PEOPLE who are in the majority here. Let our President truly create a good picture of himself because he might actually make life better for many, and at the very least, not worse!</p> <p>Thank you. Bonnie Schranz Las Cruces, NM</p>	<p>10/12/17</p>	<p>Bonnie Schranz Las Cruces, NM bonnie.schranz@gmail.com</p>
<p>As someone who believes in shared responsibility, I do not think that the proposed premiums are not out of line. I agree with the Medicaid expansion, I agree with the rules of the ACA. I also agree that all people have a responsibility to participate in their healthcare</p>	<p>10/12/17</p>	<p>Cathy Salazar <a href="mailto:cms2869@gmail.com">cms2869@gmail.com</a></p>
<p>I am writing to you to tell you, if Medicaid is cut for my husband &amp; I, we will be getting bills that we cannot pay.</p> <p>We are trying to survive on Social Security as our only income, &amp; this would devastate us.</p> <p>PLEASE DON'T CUT OUR MEDICAID!</p> <p>Sincerely, Mr. &amp; Mrs. Frank Sides Roswell, NM</p>	<p>10/12/17</p>	<p>Mr. &amp; Mrs. Frank Sides Roswell, NM Lee Sides leesds1984@gmail.com</p>
<p>To whom it may concern:</p>	<p>10/12/17</p>	<p>Chelsie Montano MAIII/ Super User/ Mentor</p>

<p>The proposed cuts to Medicaid is a huge deviset on millions of individuals, myself included. I have had my family on Medicaid since 2000. I currently have a good job that does offer benefits however I do not make enough to be able to afford coverage for my family. I make an average of \$1600 a month but if I were to have to pay through my employer for full family coverage that would take \$600 a month out of pocket which does not leave a lot of room for rent, utilities and food. not to mention if an EMERGANCY happens! what would happen if my car broke down? what would happen if I had to pay extra medical cost not covered by my employer insurance for myself or my family due to a severe illness or injury. These changes proposed will only create more issues for families you will have more families not trying to work because their health concerns and coverage are more important than anything else, you will see an increase in homelessness on families that now have to work with less money in their home because they have to pay more coverage. relook at cases where people are working and are trying to improve their lives and help them get over the hump of getting out of low income and into a comfortable living situation, instead of dropping them the second they make a little over the poverty line. I myself am on the edge already I have been stripped down to Family planning which does nothing for me as I have had a hysterectomy, maybe look into age range, current medical needs. I am currently paying \$100 through my employer to only have myself covered that doesn't even include vision and dental is only covered if I go to my works locations. \$100 would be really helpful for other things like FOOD. so not only did I get dropped from medical coverage at that same time my food stamps dropped and I do not get enough to cover the month I get enough that last a week. so basically I'm not doing any better than I was before having a decent job. Relook at cases that families keep getting larger, but don't make an effort to find or keep a job. Get more help to young parents to get into school programs to better their lives. Resources and people who truly help them use those resources. this needs to be revisited instead of just making cuts make life changes for people.</p> <p>Chelsie Montano MAIII/ Super User/ Mentor Edgewood, NM 87015</p>		<p>Edgewood, chelsie_montano@fcch.com</p>
<p>Hi there, I'm Nathan Bertelsen and I just wanted to say a few things Medicaid recipients are a very vulnerable community, the changes being considered harm a lot people that are already in a precarious position. retroactive coverage is important in facing the realities of uncertainty in how these situations unfold. excess fees become undue burdens. much of the actions considered have a net negative outcome, this seems a very poor approach. Think of the most vulnerable that depend on Medicaid and do the right thing. thank you for your consideration</p>	<p>10/12/17</p>	<p>nathan bertelsen sleepyknightbob@gmail.com</p>
<p>I'd like to make a public comment about the proposed Medicaid Changes. Medicaid enables people who are indigent, elderly and disabled to receive regular and preventive medical care. This is so important and cost effective. As a society we need to have a safety net for people that are living at or below poverty that includes health care. Excessive copays or premiums as well</p>	<p>10/11/17</p>	<p>LeeAnn Meadows Las Cruces NM lehona@hotmail.com</p>

<p>as ending the retroactive coverage program will cause problems with access. Many people living at or near poverty often move frequently and their mail doesn't always follow them. They might miss and important forms that causes them to lose benefits and while they can reapply, they will still need services while the paperwork is going through</p> <p>The transitional Medicaid is helpful in situations with people beginning new jobs with a waiting period for insurance. Some people with chronic illness like diabetes that is so common on the border, might not be able to get a job if it means they are without medical services for 3 months. I'm asking you to consider the consequences of the proposed changes which may cause people to become more ill and create an even greater burden on society when emergency care is needed on conditions that could have been managed.</p> <p>Most people are an accident or illness away from bankruptcy. I know I receive benefit through Medicare from chronic illnesses that prevent me from working. Before I was unable to work, I was a physical therapist and worked with many children with disabilities that received Medicare. It breaks my heart to think that we are not caring for the most fragile and giving them the best opportunities for their futures.</p> <p>Warm Regards, LeeAnn Meadows Las Cruces NM</p>		
<p>Medicaid is an important part of the social safety net. Many poor people are unable to afford care without it. We do not mandate that companies provide health insurance, so it falls on the State to assist their citizens when they suffer a health issue.</p> <p>In many cases, they are unable to work due to the health issue, so it is catch 22. They need to work so they have health care, but they are unable to work because of a health issue. We need to make sure that this program is maintained and strengthened.</p> <p>Our providers also depend on this program. The poor and indigent will still come to the hospital and the law requires the provider to care for them. This is extremely expensive and providing Medicaid coverage to be able to see a provider in a less-expensive care setting.</p> <p>The Governor has already destroyed the Medicaid Mental health system. This forces these unfortunate people into the criminal justice system that is more expensive and provides no treatment. We need to get mental health re-established and get these people the help they need. If we are to set ourselves above the animals on this planet, we need to prove that being human is superior by taking care of those less fortunate than we are. Virtually all religions call for taking care of the sick. If we feel we need to implement other religious restrictions, then we need to implement and maintain this one as well.</p> <p>Sincerely, Berton Stevens Las Cruces, NM 88012</p>	10/11/17	Berton Stevens Las Cruces, NM blslcnm@comcast.net
<p>Good Morning,</p> <p>I am an enrollment counselor for a small rural clinic in Ft Sumner NM, The majority of our community are low income families who would be greatly affected by these new changes, we are very lucky to have a school based health clinic and adding a copay for children would definitely affect the health and well-being of our children in our small community please reconsider these</p>	10/11/17	Liz S lizstant@plateautel.net

<p>new changes, for low income families our clinic is a vital part of the community as our nearest hospital is 45 miles away and many of the community do not have transportation or the money to travel and pay premiums and copays. Many of our community live pay check to pay check please don't make it where they have to decide between paying the electric bill or seeing a doctor. Thank you</p>		
<p>Thank you. Are you able to confirm whether or not the state is seeking a waiver of non-emergency medical transportation? The draft waiver application says they are proposing eliminating the benefit but there is no waiver request on the "Waiver List" on page 36</p>	10/4/17	Michael Massiwer <a href="mailto:mmassiwer@mjsimonandcompany.com">mmassiwer@mjsimonandcompany.com</a>
<p>When is the comment deadline for the Draft application for renewal of section 1115 demonstration waiver for Centennial Care 2.0. Is it 10/18 or 10/30?</p>	10/4/17	Michael Massiwer <a href="mailto:mmassiwer@mjsimonandcompany.com">mmassiwer@mjsimonandcompany.com</a>
<p>I am a family physician working with a community health center in Albuquerque. I have worked in community health centers in 4 different states and I have always been impressed by the way New Mexico takes care of their own, much better than Colorado or Washington state. The proposed cuts to Medicaid however will devastate my patient population and their families. The gains that we have made the last few years under the ACA, will be wiped out immediately by adding co pays and premiums. For people living on a nominal fixed income or living with hourly wages that change at the whim of their employers, monthly premiums are untenable. I can give countless examples of patients that would not seek any care or seek it only in an emergency if they had a 2\$ co pay, as that may be there food money for the day. We all know that there are abusers of the system and those who get benefits that should not, but the vast majority are truly needy and depend on the good of the state to help them get the care that we need. On behalf of the people of New Mexico, please do not cut Medicaid or any of its benefits. Thank you, Jennifer Pentecost, M.D., Family Physician</p>	9/27/17	Jennifer Pentecost, MD <a href="mailto:jennifer_pentecost@fcch.com">jennifer_pentecost@fcch.com</a>
<p>Letter submitted by AIPC (Tribal group)</p>	9/26/17	E. Paul Torres, Chairman, All Indian Council of Governors
<p>I oppose cuts to Transitional Medicaid that leave anyone on Medicaid attempting to accept a job or raise, vulnerable to having no medical coverage between the time they begin a job or get a raise &amp; actually are either covered by the new workplace Group Insurance or the raise is equivalent to the avg. cost of working adult Medicaid Co-pays for 3-6 month- wean them, don't cut them off. This is a dangerous practice &amp; a CLEAR dis- incentive to take the job or raise &amp; thus incur loss of Medicaid... we wean horses, don't we? I oppose any kind of co-pay or deductibles for 100% Medical/Mental Disability entitled New Mexicans, Dual Medicaid/Medicare-eligible New Mexicans or for New Mexican Children on Medicaid. They are especially vulnerable more so than simple poverty alone, can inflict. They can't usually</p>	9/25/17	Linda Finkelstein, <a href="mailto:linda_finkelstein@fcch.com">linda_finkelstein@fcch.com</a>

<p>up their income- they are locked in poverty with no escape by actions they can take. They are too young or too old to work or too ill/injured to work. They are stuck.  They will be penalized with receiving NO CARE when they may need it, based upon an extremely limited, low income over which they have no control.  They are our most vulnerable of the vulnerable.  They are much worse-off then a working adult or student adult whose family size or low income creates an eligibility for Medicaid ...they can exercise some control over their finances by accepting more work hours or controlling the births they produce... &amp; so impact positively, their income.  They can make choices to allow them to save some small amount/mo. for a <u>low</u> co-pay.  This select group on Medicaid, should be incentivized to judiciously access services, raise fewer children, work more than part-time &amp; so hang-on to a \$5.00 bill for a LOW co-pay if they need it. In this way, they can afford to pick-up a \$5.00 co-pay, but this is just not true for the totally disabled or children- they <u>can't</u> control their financial situations.</p>		
<p>To Whom It May Concern,  As a parent who had a child receiving Medicaid and an employee in a community healthcare clinic, I am writing to oppose any cuts to Medicaid. In a climate where there is the threat of repealing the Affordable Care Act, our state must not contribute to any cuts to Medicaid. Any cuts to Medicaid will have drastic financial and health implications for members of our community. Increased fees may prevent individuals and families from seeking healthcare due to the inability to cover the costs.  I encourage you to support the health of our state by denying any cuts to Medicaid.  Sincerely, Jessica Jespersen Chavez</p>	9/25/17	Jessica Jespersen Chavez, <a href="mailto:jessic2@hotmail.com">jessic2@hotmail.com</a>
<p>Please help us not to have any changes in Medicaid  Thank You, Ammie Mendoza , MA</p>	9/21/17	Ammie Mendoza, Albq, <a href="mailto:ammie_mendoza@fcch.com">ammie_mendoza@fcch.com</a>
<p>Hello-  I am unable to attend any of the public hearings regarding HSD's Centennial Care 2.0 waiver proposal, but as a primary care provider in Albuquerque's South Valley I am horrified at the proposed changes and the impact they would have on my patients. As physicians we practice evidence-based medicine, and the overwhelming evidence shows that changes such as reducing Medicaid benefits, adding premiums and/or co-pays, ending transitional assistance and eliminating retroactive coverage will have extremely adverse effects on the health and well-being of thousands of New Mexican families. I strongly urge all our state's leaders and policymakers to reconsider the proposed changes and to prioritize policies that promote health.  Jesse Barnes, MD  Albuquerque, NM</p>	9/19/17	Jesse Barnes, MD Albuquerque, NM <a href="mailto:jbarnes1980@gmail.com">jbarnes1980@gmail.com</a>
<p>To whom it may concern.  I am writing in response to the HSD proposed changes to New Mexico Centennial Care program</p>	9/19/17	Stephen Ratcliff, MA, LPCC President

<p>titled Centennial Care 2.0. I strongly oppose these changes because I see them as further limiting services to many of the most at risk citizens of New Mexico. Stephen Ratcliff, MA, LPCC President, Families First Therapy, LLC</p>		<p>Families First Therapy, LLC Albuquerque, NM <a href="http://www.familiesfirsttherapy.org">www.familiesfirsttherapy.org</a></p>
<p>Good morning, I am unable to attend any of the public hearings scheduled regarding proposed changes to Medicaid coverage in New Mexico but I wanted to share my thoughts. I am currently a community health worker for a non-profit community health agency in Albuquerque and work directly with a lot of patients who will be affected by the proposed changes. Prior to my current position I worked for Income Support Division / HSD for 7 years processing Medicaid, SNAP and TANF cases. I feel my background allows me a unique perspective on the proposed changes. The one proposed change that made me pause is the proposal to do away with the transitional full-coverage Medicaid that families usually receive when income rises above a certain limit. With healthcare costs rising and the high number of families in poverty, this proposed change will actually discourage parents from seeking better paying jobs or working at all, especially those parents who are chronically ill or in the midst of treatment. The reason I know this is because dozens of families over the years expressed this sentiment to me when I would process their Medicaid/SNAP/TANF re-certifications. Any gain in income would be wiped-out by extra medical costs without the transitional full-coverage Medicaid. Granted, children could be covered under other Medicaid categories with higher income levels, but the parents would be at a disadvantage. Without the full coverage transitional Medicaid, parents would most likely be put on a Family Planning Medicaid which wouldn't cover maintenance medications or being seen for illnesses or chronic diseases. Many families would prefer lower income with full Medicaid coverage to slightly higher income with reduced coverage and being forced to decide between paying for the gas bill and expensive medications. If the budget simply doesn't allow for keeping the transitional Medicaid in its current form (12 months of full-coverage transitional Medicaid), perhaps a compromise could be found to keep the transitional Medicaid open for 6 months. This would at least give recipients time to come up with a plan and to budget accordingly for when the full coverage ends. Regarding the other proposed changes in general, we see high levels of poverty, inadequate education and poor nutrition and health throughout New Mexico, especially in rural areas. We need to improve patient access to care and affordability of care, not chop patients off at the knees, so to speak, when they are trying to make strides forward. Thank you, John Schmidt, Community Health Worker First Choice Community Healthcare</p>	<p>9/19/17</p>	<p>John Schmidt Community Health Worker First Choice Community Healthcare Albuquerque, NM <a href="mailto:john_schmidt@fcch.com">john_schmidt@fcch.com</a></p>

<p>Hello HSD, Thank you for giving the public the opportunity to comment on your proposed changes to Medicaid in NM.</p> <p>Our son Marceliano receives numerous medical health services through the Mi Via Waiver and Presbyterian Centennial Health Insurance to maintain his health and quality of life with quadriplegic Cerebral Palsy and related issues. We have read through the proposed changes to Medicaid and want to share our concerns. It is our understanding that Medicaid was created to address the special needs of people like our son, who have ongoing, intensive healthcare needs. Modifying the program in ways which diminish the efficacy of meeting the needs of these especially vulnerable populations directly diminishes the health and lives of the people Medicaid was created to support.</p> <p>1. Please reconsider the proposed addition of copays for 'routine' and emergency medical services. The financial impact of requiring co-pays for the numerous services received by our son would ultimately require the elimination of some of his services. Please understand that we are talking about a minimum of three copays a week for sustaining therapies (PT, SLP for communication and OT). These therapies reduce the incidence of Marcel's medical visits by maintaining range of motion, strengthening, etc (PT), increasing safety and connection in community (SLP) and working toward increased independence (OT). They are not luxury services, but rather support his well being, quality of life and reduce his need for other medical intervention. Even with a \$10 copay, that means an extra \$120/month!! In addition, doctor's visits, specialists and scheduled surgeries (he had 2 surgeries this summer, for example) would amount to way more than what we can afford. So we would be forced to reduce his preventative and maintenance healthcare, which would result WITHOUT A DOUBT in increased emergency interventions. This reduces his well being and quality of life, in addition to putting additional strain on ERs and increasing the severity and expense of medical interventions that WILL be needed.</p> <p>2. We already privately cover a number of medically necessary items excluded by the current Medicaid program. Excuse me for talking personal hygiene, but this example illustrates our situation well. Marceliano is incontinent, and briefs are very expensive. Because Medicaid will not cover two different kinds of briefs monthly, we cover the night briefs ourselves. Why? Because our son is 17, with a 17-year old bladder capacity. Daytime briefs, which he uses while sitting up in his wheelchair, are changed every for 2-3 hours, and have one particular capacity and catchment design. At night, when he is lying down for 7-8 hours without changing, the brief must have a MUCH greater capacity and different design to meet that need. So we buy them ourselves to maintain his skin integrity, dignity, and to avoid the need to wash the bedding every day. This is just one example of 'covered' Medicaid benefits which are crucial to us, but are already only covering part of our son's need.</p> <p>3. Please do not reduce the age-out age for EPSDT! As a 17 year old senior in High school,</p>	<p>9/14/17</p>	<p>Stephanie Varoz, The Varoz Family, peace2u@comcast.net</p>
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<p>Marceliano is preparing to 'transition' into a completely new life situation, without the support of school. Removing EPSDT services from 19 and 20 year olds who are trying to figure out how to live a quality life in our community pulls the rug out from them at a very vulnerable time! Trying to maintain health, secure supports like health aides and gain access to programs for work, school and daytime activity is so complex for people with special needs! Reducing services at this time threatens to make even more difficult an already very complex and challenging situation. While Marceliano's typical peers will be graduating and going on to work or school or programs of their choice, Marceliano has to choose from a very narrow menu of possibilities. He also has much less room for mistakes, changes and adjustments. Very few 18 year olds make perfect choices which require no changes or adjustments—his typical peers will have much more freedom to adjust to 'adulthood' than will Marceliano. This is because his special needs place rigorous requirements on his time and require a lot of efforts to maintain his body and well being. Removing EPSDT supports from him during this period would make it even harder for our son to succeed! Please consider our concerns, and the concerns of other who rely on Medicaid for their health and well being. For some of us, this truly is life or death. We all deserve dignity and respect, and we believe that NM can do better than cutting services to the people who rely on them so heavily for a quality life.</p> <p>Thank you, The Varoz Family</p>		
<p>Leaders,</p> <p>Perhaps the most important thing that has happened to support the needs of limited income families and individuals in the past ten years in New Mexico was Medicaid expansion. It has made a huge difference to their physical and financial well-being. To now modify the access and affordability provisions of the expansion, is not to just stop but reverse the trends toward stabilizing families, improving their health, their family cohesiveness and functioning, and their abilities to be productive workers and learners. It is this kind of decision making that keeps New Mexico attached to the high end of every negative measure and the low end of every positive one.</p> <p>We have no problem socializing costs when we want to build a new transmission line or to support economic development models that repeatedly fail to produce the results they promise. Why then the outrage or "impossible to do" narrative about socializing costs for people who suffer grievously when we refuse to invest in needs so basic as medical care.</p> <p>The proposed "structural reforms" are a euphemism for a crushing, cost shifting scheme from the state to our most vulnerable populations, and must be retracted.</p> <p>Best, Ona Porter President and CEO, Prosperity Works</p>	<p>9/13/17</p>	<p>Ona Porter President and CEO, Prosperity Works ona@prosperityworks.net</p>
<p>Hello,</p> <p>I just want to say, I am not voting for government elected officials that support this highly discriminatory rationing &amp; burdening the poorest amongst us to "save" taxes from those of us</p>	<p>9/11/17</p>	<p>Linda Finkelstein, Health Care Manager, Edgewood, New Mexico linda_finkelstein@fcch.com</p>

<p>that are much better off.          You are dis-incentivizing seeking employment without Transitional coverage since companies can withhold coverage for 3 months before they allow an employee full benefit eligibility or use. Not a smart decision in my view.          Our ER's &amp; hospitals will again, begin to handle the poor, with increased costs to taxpayers as they deal with delayed care complications that are much more expensive to manage.          Your plan is not sound nor is it sustainable.          Very short-sighted decisions on your part.          Linda Finkelstein, Health Care Manager, Edgewood, New Mexico</p>		
<p>Sirs          I can't believe I am reading that you are going ahead with these cuts to Medicaid. After our meeting with your people who came to Silver City it appeared they understood what catastrophic effects these changes would have on our most vulnerable citizens as well as the rest of the community. They even said that some of these proposals had already been taken off the table. As a retired Human Services Department employee I have witnessed the improvement of outcomes since the addition of these programs. The "conservative" agenda to push expenses back onto local communities to give the appearance of cost cutting will actually cost lives. None of these cuts will reduce ANY costs. They simply shift the burden to smaller entities, again ignoring the very reason for the State and Feds establishing this program in the first place, because the larger entity spreads the costs over a larger population creating a less expensive insurance system.          Eliminating the retroactive coverage will not only hurt people who will be caught with the highest of the bills that tend to occur at the onset of illness or just after an accident, but will require the local hospitals and County indigent funds to absorb much of those costs. I have not forgotten and do you even know why this coverage was added in the first place. Knowing that those initial expenses would be covered has allowed Doctors and Hospitals to more aggressively treat issues and actually reduce the long term expenses, thus the retro-coverage has reduced total cost. Ending the Transitional Medicaid period takes the insurance away from the very people who have done the work to turn their lives away from public assistance. This is short term insurance coverage that can mean the difference between making it out of poverty and falling back into complete State support.          Then, of course, the meanest of these proposals it to charge poor people who are already struggling to balance feeding their children with school costs, housing costs, transportation and other costs of trying to work, additional fees to be able to get medical care for those children. <i>The statistics are clear!</i> Postponing treatment creates higher costs and worse outcomes.          You may be able to point to "saved dollars" on your budget ledger but the long term costs will certainly increase and the citizens will not be fooled as those costs are shifted to our local communities. It took years of budget wrangling in the Legislatures to determine the funding for</p>	<p>9/10/17</p>	<p>Linda Pafford, Silver City, NM          ruinrat@gmail.com</p>

<p>these programs and they were only established because they were in the best interest of the entire population.</p> <p>These mean spirited cuts can be seen as nothing but Political pandering to some entities that do not live in the real world of our communities. To make these recommendations to the Governor is simply irresponsible and I would hope you would also present the real-life effects that she doesn't want to hear.</p> <p><i>Linda Pafford, Silver City, NM</i></p>		
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