NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
APRIL 27, 2020
MEDICAL ASSISTANCE DIVISION
INVESTING FOR TOMORROW, DELIVERING TODAY.
MEETING PROTOCOLS
MEETING PROTOCOLS

▪ Join GoToMeeting
▪ Mute Microphones
▪ Update Name and Address
▪ Committee Member Questions

▪ Chat Function for Public Comments
▪ Presenters and Slide Transition
▪ Meeting is Recorded
INTRODUCTIONS
AGENDA

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MEETING AGENDA

1. Meeting Protocols
2. Introductions
3. Agenda and Approval
4. January 2020 Minutes
5. MAD Director Update
6. Medicaid Budget Projections
7. Public Comment
8. Adjournment
APPROVAL OF AGENDA
JANUARY 2020 MINUTES
MAD DIRECTOR UPDATE

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HEALTH CRISIS

The COVID-19 pandemic has flooded hospitals in many countries and states.

New Mexico has been successful in “flattening the curve” but:
- inpatient hospital expenses may increase by 20-60%.
- outpatient hospital expenses have dropped substantially due to cancellation of “elective” procedures but will rebound.
- ICU bed days could double.

Very challenging to make accurate estimates in the middle of the pandemic with variable modeling results.
NEW APPLICATIONS RECEIVED – DAILY BY PROGRAM

Reporting Date - April 26th, 2020

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NEW APPLICATIONS RECEIVED – DAILY BY SOURCE

* Telephone applications reported under YESNM count

Reporting Date - April 26th, 2020
MAD DIRECTOR UPDATE OVERVIEW

▪ COVID-19 Response
  ▪ HSD
  ▪ Federal
  ▪ MAD
  ▪ BHSD
▪ COVID-19 Outreach
▪ Resources
▪ Non-COVID Updates
HSD ACTIVITIES IN RESPONSE TO COVID 19

▪ Emergency Operations Center (EOC)
▪ Emergency Services Functions (ESF) 6
  ▪ Food
  ▪ Isolation Shelters
  ▪ Non-Medical Supplies
  ▪ Behavioral Health Services

▪ ESF 8 – Department of Health
▪ Medical Advisory Team (MAT) Secretary Scrase
  ▪ Clinical Care
  ▪ Regional Care Coordination
  ▪ Medical Facilities
  ▪ Medical Workforce
  ▪ Medical Equipment
FEDERAL COVID-19 RESPONSE

▪ Phase 1 Bill – Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (H.R. 6074)
▪ Phase 2 Bill – Families First Coronavirus Response Act (H.R. 6201)
▪ Phase 3 Bill – Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R. 748)
▪ Phase 3.5 Bill – Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)
## FEDERAL COVID-19 RESPONSE: MEDICAID IMPACT

<table>
<thead>
<tr>
<th>Federal Legislation</th>
<th>Budget Impacts/Considerations</th>
</tr>
</thead>
</table>
| **Families First Coronavirus Response (FFCRA) Act**       | 1. 6.2% increased FMAP from 1/1/20 through end of emergency  
2. Maintenance of Effort – no terminations or reductions in benefits for the duration of the emergency  
3. 100% FMAP for testing and related services for uninsured |
| **Coronavirus Aid, Relief, and Economic Security (CARES) Act** | 1. $15.4M to NM FQHCs  
2. $100B for US provider payments ($170M to 1,700 NM providers paid out based on 6% of Medicare FFS payments in 2019; next tranche expected soon and based on Medicaid)  
3. Medicare accelerated payment program (halted 4/26) |
MAD COVID-19 RESPONSE: FEDERAL WAIVERS

1135 Waiver

- CMS approved 3/23/20
  - Suspending prior authorizations and extending existing authorizations
  - Suspending PASRR Level I and II screening assessments for 30 days
  - Extension of time to request fair hearing of up to 120 days
  - Enroll providers who are enrolled in another state’s Medicaid program or who are enrolled in Medicare
  - Waive screening requirements (ie. Fingerprints, site visits, etc) to quickly enroll providers
  - Cease revalidation of currently enrolled providers

- Outstanding 1135 requests
  - Payments to facilities for services provided in alternative settings
  - Reciprocity for licensure when services are provided by providers located outside NM
  - Federal reporting and oversight requirements
MAD COVID-19 RESPONSE: FEDERAL WAIVERS

Appendix K for Med Frag, Mi Via & DD Waiver

• Approved by CMS 3/27/20
  • Exceed service limitations (i.e. additional funds to purchase electronic devices for members, exceed provider limits in a controlled community residence and suspend prior authorization requirements for waiver services, which are related to or resulting from this emergency)
  • Expand service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms.)
  • Permit payment to family caregivers
  • Modify provider enrollment requirements (i.e. suspending fingerprinting and modifying training requirements)
  • Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely
  • Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically
  • Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval
  • Modifying incident reporting requirements
  • Retainer payments for personal care services

• Resubmitted Appendix K for HCBS on 4/9 with many of the waiver requests submitted as in the above
MAD COVID-19 RESPONSE: STATE PLAN AMENDMENTS

<table>
<thead>
<tr>
<th>State Plan Amendment (SPA)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA 20-0004</td>
<td>Expands the list of qualified entities allowed to do Presumptive Eligibility</td>
</tr>
<tr>
<td>SPA 20-0005</td>
<td>Increases Federal Poverty Level (FPL) for both children and adults</td>
</tr>
<tr>
<td>SPA 20-0006</td>
<td>Advances two quarters of DSH payments</td>
</tr>
<tr>
<td>SPA 20-0007</td>
<td>Increases DRG rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4%</td>
</tr>
<tr>
<td>SPA 20-0008</td>
<td>Established Category of Eligibility (COE) for the COVID Testing Group for the uninsured population</td>
</tr>
<tr>
<td>SPA 20-0009</td>
<td>Provides targeted UPL supplemental payments</td>
</tr>
</tbody>
</table>
MAD COVID-19 RESPONSE: GUIDANCE

Medicaid Guidance

- Letter of Direction #31 - Guidance for Managed Care Organizations (MCOs)
- Supplement #1 - Fingerprinting Guidance
- Supplement #2 - Medicaid Coverage of COVID-19 Testing for All Uninsured
- Supplement #3 - Guidance for New Mexico Medicaid Providers
- More guidance forthcoming:
  - Billing for Uninsured & EMSA Population
  - Waiving in-person signatures for prescription drugs and medical equipment
  - Expedited claims payment
  - Allowing services by out-of-network providers
  - Billing for Alternative Care Sites (ACS)
MAD COVID-19 RESPONSE: PROVIDER ASSISTANCE

▪ Hospital Providers
  ▪ 4/10/2020 - Advanced $37M to NM Hospitals through Disproportionate Share and Uncompensated Care Pool (previously Safety Net Care Pool) Funding
    ▪ Awaiting CMS response to provide temporary rate increase targeted at Inpatient Services

▪ Non-Hospital Providers
  ▪ Telehealth
  ▪ Retainer payments
  ▪ Exploring directed payment, pass through payment, and rate increase options
  ▪ Non-Emergency Medical Transportation Fleet
BHSD/MAD COVID-19 RESPONSE

- Expanding service delivery modalities
- Behavioral Health Specialty Service Guide
- Assistance with ESF-6 Housing and Shelters
- Providing Certified Peer Support Works
- $2M Emergency Grant
- Harm Reduction for Alcohol Use Disordered patients
- Substance Use Disorder Treatment – Public Service Announcement Campaign
- NM Crisis and Access Line (NMCAL) app
GUIDANCE: ACCESS TO TESTING
**MAD COVID-19 RESOURCE**

New Mexico Department of Health
Coronavirus Update

New Mexico Medicaid
Coronavirus Update

New Mexico Medicaid Portal

Coronavirus Disease 2019 (COVID-19) and NM Medicaid

NM Medicaid is working with its federal, state and local partners to ensure Medicaid services continue to be delivered without interruption during the COVID-19 (coronavirus) outbreak. Medicaid-related resources listed below will be updated as announced.

For more information about COVID-19, visit the [cvnmhealth](https://cvnmhealth) webpage.

Submit Medicaid policy-related COVID-19 questions to [MADinfo.HSD@state.nm.us](mailto:MADinfo.HSD@state.nm.us).

<table>
<thead>
<tr>
<th>Instructional Videos</th>
<th>How to Apply for NM Human Services Department Benefits On-line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Flexibilities</td>
<td>Submitted Waivers</td>
</tr>
<tr>
<td>Special Medicaid Guidance</td>
<td>Letters of Direction/Supplements/CMS</td>
</tr>
<tr>
<td>Telehealth Codes and Resources</td>
<td>Communication and Messaging Material</td>
</tr>
</tbody>
</table>

**Instructional Videos**

- Introduction to YESNM On-line application
- Create An Account on YESNM
- Use a Computer to Upload Documents on YESNM
- Use a Smartphone to Upload Documents on YESNM

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COVID-19 KEY RESOURCES

▪ Information from Governor Lujan Grisham: https://www.newmexico.gov/
▪ DOH Webpage: https://cv.nmhealth.org/
▪ New Mexico Medicaid Guidance: https://nmmedicaid.portal.conduent.com/static/covid.htm

QUESTIONS

▪ Submit Medicaid policy-related COVID-19 questions to MADInfo.HSD@state.nm.us
OTHER MAD ACTIVITIES

▪ Health Care Quality Surcharge – $37 million in new payments to NM Nursing Facilities by April 30
▪ 1115 Demonstration Waiver Amendment – seeking new flexibilities in Medicaid effective Jan 1, 2021
▪ Supports Waiver – public hearing held March 13, 2020; go-live planned for July 1, 2020
MEDICAID BUDGET PROJECTIONS

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GUIDING MEDICAID PRINCIPLES

▪ NM has the highest population percentage covered by Medicaid, which creates a greater NM HSD responsibility to our healthcare market and to fair payments.

▪ The overwhelming majority of federal CMS dollars must be spent on providing direct services to Medicaid beneficiaries.

▪ HSD aims to optimally leverage federal funds to improve the health of New Mexicans, while maintaining strict compliance with the law.
MEDICAID BUDGET PROJECTION

The Medicaid budget projection is produced quarterly by economists in the Budget Planning and Reporting Bureau at the Medical Assistance Division of the Human Services Department.
MEDICAID BUDGET AGENDA

I. Introduction
II. Current Situation
III. Enrollment
IV. Changes from December 2019 Data Projection
V. COVID-19 Response Options Under Evaluation
SEISMIC RISKS TO THE BUDGET

▪ General Fund Revenue Declines from Oil and Gas
▪ Prolonged Health and Economic Crisis
▪ Financial Wellbeing of Providers
▪ Length of Duration of the FMAP Increase
▪ Continued Enrollment Changes
HEALTH AND ECONOMIC CRISIS

Thus far, 74,000 people in New Mexico have been approved or recertified for unemployment benefits following COVID-19 (4-20-2020, Bill McCamley, Cabinet Secretary of Workforce Solutions Department, Albuquerque Journal.

“The estimate above does not include self employed.”

In CY 2018, there were an estimated 90,000 individuals with employer-based coverage and income below 200% FPL (Kaiser Foundation)
NEW MEXICO UNEMPLOYMENT
FINANCIAL WELLBEING OF PROVIDERS

- Public Health Orders affecting Providers:
  - 3/24/2020: Limit all non-essential healthcare services
    - “Elective surgeries” closed most freestanding surgical centers
    - Major hospitals cancelled many elective procedures (UNM>700)
  - GI labs closed
  - Outpatient providers change over to telemedicine visits (Medicaid reimbursement equal to face-to-face)
  - Some hospital outpatient departments closed
  - Lab and radiology volumes down ~ 50%
REDUCTION IN TRAVEL AND PUBLIC HEALTH ORDERS IN NM

Graph showing percentage change in mean miles from baseline with various labels for different interventions and reductions.

- Limit nursing home visitation
- Reduction in food services occupancy and capacity to 50% of max; Non-tribal casino and horse racing closures; Public school closures
- No mass gatherings of 100 or more individuals
- No mass gatherings of 5 or more individuals; No non-essential in person workforce in physical space of business
- No mass gatherings of 10 or more individuals; Reduction in food services to takeout/delivery; Malls, flea markets, fairs, museums, theaters, resorts, spas, athletic & recreational facilities closures; Reduction in hotel occupancy to 50% of max
- No non-essential health care services
- Reduction in occupancy for essential business retail space to 20% of max; Reduction in hotel occupancy to 25% of max; No short-term rentals
- Mass gatherings restrictions to include religious gatherings such as churches, synagogues, mosques, and other places of worship

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投资以备未来之需，惠及当下面

长度的FMAP持续时间增加

<table>
<thead>
<tr>
<th></th>
<th>FFY 2018</th>
<th>FFY 2019</th>
<th>FFY 2020</th>
<th>FFY 2020 6.2% increase</th>
<th>FFY 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMAP</td>
<td>72.16%</td>
<td>72.26%</td>
<td>72.71%</td>
<td>78.91%</td>
<td>73.46%</td>
</tr>
<tr>
<td>E-FMAP</td>
<td>80.51%</td>
<td>80.58%</td>
<td>80.90%</td>
<td>85.24%</td>
<td>81.42%</td>
</tr>
<tr>
<td>CHIP E-FMAP</td>
<td>100%</td>
<td>100%</td>
<td>92.40%</td>
<td>96.74%</td>
<td>81.42%</td>
</tr>
</tbody>
</table>

- 扩展FMAP再次降低，从2019年1月1日的93%和2020年1月1日的90%。
- CHIP再授权
  - 100%在2019年9月30日过期。
  - 转移期将E-FMAP增加11.5%至2020年9月30日。
  - E-FMAP在2020年10月1日恢复。
- 由于家庭第一冠状病毒响应法案（FFCRA），FY 2020在1月至6月期间获得6.2% FMAP增加。这将持续到公共卫生紧急状态结束。
- COVID-19检测及相关服务对未投保者为100%FFP。
### MEDICAID FMAP AND 6.2% INCREASE

#### Federal Fiscal Year 20 FMAP with 6.2% Increase

<table>
<thead>
<tr>
<th></th>
<th>Pre Crisis Federal and State FFP</th>
<th>Policy Adjusted Federal and State FFP</th>
<th>Ratio of After: Before FMAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Federal Match %</td>
<td>State Match % (Federal: State)</td>
<td>Federal Match with 6.2%</td>
</tr>
<tr>
<td>Traditional (PH &amp; LTSS)</td>
<td>72.71%</td>
<td>27.29%</td>
<td>78.91%</td>
</tr>
<tr>
<td>Chip EFMAP</td>
<td>92.40%</td>
<td>7.60%</td>
<td>96.74%</td>
</tr>
<tr>
<td>Other Adult Group (CY20)</td>
<td>90.00%</td>
<td>10.00%</td>
<td>90.00%</td>
</tr>
<tr>
<td>State FY Blended FFP</td>
<td>78.75%</td>
<td>21.25%</td>
<td>80.60%</td>
</tr>
</tbody>
</table>
MEDICAID IMPACT OF 6.2% FMAP INCREASE FOR 2 QUARTERS

<table>
<thead>
<tr>
<th>6.2% FMAP Impact by Program ($000s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for Service</td>
<td>13,949.2</td>
</tr>
<tr>
<td>Waivers</td>
<td>13,455.3</td>
</tr>
<tr>
<td>CC - Physical Health</td>
<td>49,301.1</td>
</tr>
<tr>
<td>CC - LTSS</td>
<td>37,967.9</td>
</tr>
<tr>
<td>CC - Behavioral Health</td>
<td>11,317.9</td>
</tr>
<tr>
<td>CC - Health Insurance Providers Fee</td>
<td>2,945.0</td>
</tr>
<tr>
<td>Medicare</td>
<td>3,943.4</td>
</tr>
<tr>
<td>Others</td>
<td>2,197.0</td>
</tr>
<tr>
<td><strong>Total Medicaid</strong></td>
<td><strong>135,076.7</strong></td>
</tr>
<tr>
<td>Department of Health</td>
<td>13,989.7</td>
</tr>
</tbody>
</table>
The current quarterly budget projection is updated with data through March 2020.

<table>
<thead>
<tr>
<th>Budget Projection – Expenditures ($000s)</th>
<th>FY2019</th>
<th>FY2020</th>
<th>FY2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-For-Service</td>
<td>716,943</td>
<td>769,396</td>
<td>769,461</td>
</tr>
<tr>
<td>DD &amp; MF Traditional, and Mi Via</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waivers</td>
<td>408,571</td>
<td>443,615</td>
<td>535,684</td>
</tr>
<tr>
<td>Centennial Care MCO</td>
<td>4,276,725</td>
<td>5,117,158</td>
<td>5,543,446</td>
</tr>
<tr>
<td>Medicare</td>
<td>188,286</td>
<td>200,909</td>
<td>214,694</td>
</tr>
<tr>
<td>Other</td>
<td>18,578</td>
<td>114,449</td>
<td>78,965</td>
</tr>
<tr>
<td>Total Projection</td>
<td>5,609,103</td>
<td>6,645,577</td>
<td>7,142,250</td>
</tr>
<tr>
<td>Prior Projection</td>
<td>5,615,474</td>
<td>6,456,291</td>
<td>6,890,805</td>
</tr>
<tr>
<td>Change from Prior</td>
<td>(6,371)</td>
<td>189,285</td>
<td>251,446</td>
</tr>
</tbody>
</table>
MEDICAID BUDGET UPDATE

- The estimated state revenue surplus in FY19 is $10,086
- The estimated state revenue surplus in FY20 is $62,700
- The projected state revenue shortfall in FY21 is $54,259

<table>
<thead>
<tr>
<th>Budget Projection - Revenues ($000s)</th>
<th>FY2019</th>
<th>FY2020</th>
<th>FY2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Revenues</td>
<td>4,428,751</td>
<td>5,357,155</td>
<td>5,621,873</td>
</tr>
<tr>
<td>All State Revenues</td>
<td>1,175,180</td>
<td>1,283,716</td>
<td>1,511,765</td>
</tr>
<tr>
<td>Operating Transfers In</td>
<td>197,512</td>
<td>254,415</td>
<td>314,585</td>
</tr>
<tr>
<td>Other Revenues</td>
<td>54,129</td>
<td>72,305</td>
<td>66,377</td>
</tr>
<tr>
<td>General Fund Need</td>
<td>923,539</td>
<td>956,997</td>
<td>1,130,803</td>
</tr>
<tr>
<td>Appropriation</td>
<td>933,625</td>
<td>1,019,697</td>
<td>1,076,544</td>
</tr>
<tr>
<td>State Revenue Surplus/(Shortfall)</td>
<td>10,086</td>
<td>62,700</td>
<td>(54,259)</td>
</tr>
<tr>
<td>Change from Prior</td>
<td>1,169</td>
<td>87,251</td>
<td>17,673</td>
</tr>
</tbody>
</table>
FY2020 MEDICAID BUDGET PROJECTION
ENROLLMENT PROJECTION
MEDICAID ENROLLMENT IN CONTEXT

- Over 830,000 total beneficiaries (clients, recipients) in March 2020
- Nearly 885,000 by June 2021
- Almost 82% are enrolled in managed care
- Covers roughly 40% of all New Mexicans
- About 43% of beneficiaries are children
- About 54% - 59% of New Mexico children are enrolled in Medicaid
- About 72% of all births in New Mexico are covered by Medicaid
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NEW MEXICO MEDICAID ENROLLMENT
NEW MEXICO MANAGED CARE ENROLLMENT

MCO Enrollment

- Physical Health
- LTSS
- OAG
MEDICAID ENROLLMENT CHANGES

- Physical health is projected to grow by 4% annually (.5% in prior projection)
- LTSS population is projected to grow by 2% annually (1.5% in prior projection)
- Medicaid expansion population is projected to grow by 5% annually (2% in prior projection)
- COVID-19, the worsening economic outlook and stimulus policy are influential factors in the current SFY 2020 and SFY 2021 enrollment and budget projections. The Medicaid/CHIP enrollment is estimated at 831,913 individuals in March 2020 and is projected to reach 845,619 by June 2020. Growth in Medicaid/CHIP enrollment over this time-period reflects the early effects of the Health Emergency and increased take-up from anticipated losses in employer-based health insurance.
COVID-19 RESPONSE UNDER EVALUATION
## MAD COVID-19 RELATED POLICY CHANGES

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Policy Change</th>
<th>Reflected in the Budget Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix K for HCBS</td>
<td>Retainer Payments for PCS services</td>
<td>NO</td>
</tr>
<tr>
<td>Appendix K for Mi Via, Med Frag &amp; DD Waiver</td>
<td>Increase assistive technology budget from $250.00 to $500.00</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Support waiver participants (personal care) in an acute care hospital or short term institutional stay (DD waiver, Med Frag waiver, and Mi Via Waiver)</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Increase rates for supported living, intensive medical living, family living (DD waiver)</td>
<td>YES</td>
</tr>
<tr>
<td>Disaster SPA</td>
<td>Delayed reconciliation of SBHC cost reports for FFY18</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Payment for ICF/IID beyond the 65 reserve bed days</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>EMSA – to cover COVID-19 testing and treatment related services as “emergency services”</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>COVID-19 testing uninsured group for uninsured beginning 3/18</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Cover premiums for current NMHIX members and uninsured adults 200% &amp; children up to 400% on NMHIX</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>UC Pool payment advance</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Advance payment of DSH for first 2 quarters of 2020</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>DRG ICU 50% rate increase</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>DRG inpatient stays 12.4% rate increase</td>
<td>YES</td>
</tr>
<tr>
<td>Managed Care</td>
<td>Increase non-emergency ground transportation rates</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Advance payments to non-providers based on 2019 utilization</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Other Providers Rate Increases</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>FY20 Enrollment increases due to COVID-19</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>FY21 Enrollment increases due to COVID-19</td>
<td>YES</td>
</tr>
<tr>
<td><strong>TOTAL COSTS</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## NON-COVID-19 POLICY CHANGES

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Policy Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1115 Waiver</td>
<td>Extending post-partum eligibility</td>
</tr>
<tr>
<td></td>
<td>Adding SMI as qualifying diagnosis for treatment in IMD</td>
</tr>
<tr>
<td></td>
<td>Expand supportive housing</td>
</tr>
<tr>
<td></td>
<td>Expand home visiting</td>
</tr>
<tr>
<td></td>
<td>Add services and care coordination for justice involved</td>
</tr>
<tr>
<td></td>
<td>Expand GME providers/training</td>
</tr>
<tr>
<td>Supports Waiver</td>
<td>Additional waiver participants (5000 total for 3 years. 2,000 in year 1, 2,000 in year 2, 1,000 in year 3)</td>
</tr>
<tr>
<td></td>
<td>New Services</td>
</tr>
</tbody>
</table>
COVID-19 MONTHLY COST ESTIMATES: PAYING PREMIUMS

<table>
<thead>
<tr>
<th>Populations</th>
<th>Pool</th>
<th>Take-up</th>
<th>Enroll</th>
<th>PMPM</th>
<th>Monthly Cost</th>
<th>GF</th>
<th>GF change</th>
<th>Net GF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 100-150% FPL</td>
<td>5,337</td>
<td>100%</td>
<td>5,337</td>
<td>$50</td>
<td>$266,850</td>
<td>$72,823</td>
<td>-$16,571</td>
<td>$56,252</td>
</tr>
<tr>
<td>Adults 150-200% FPL</td>
<td>10,293</td>
<td>100%</td>
<td>10,293</td>
<td>$97</td>
<td>$998,421</td>
<td>$272,469</td>
<td>-$62,002</td>
<td>$210,467</td>
</tr>
<tr>
<td>** Under 18 &lt; 400% FPL</td>
<td>4,000</td>
<td>100%</td>
<td>4,000</td>
<td>$286</td>
<td>$1,142,000</td>
<td>$311,652</td>
<td>-$70,918</td>
<td>$240,734</td>
</tr>
<tr>
<td>Subtotal HIX</td>
<td>19,630</td>
<td>100%</td>
<td>19,630</td>
<td></td>
<td>$2,407,271</td>
<td>$656,944</td>
<td>-$149,492</td>
<td>$507,453</td>
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<tr>
<td>Family Planning - Policy Adults 138-200% FPL</td>
<td>30,000</td>
<td>100%</td>
<td>30,000</td>
<td>$97</td>
<td>$2,910,000</td>
<td>$794,139</td>
<td>-$180,711</td>
<td>$613,428</td>
</tr>
<tr>
<td>*** Uninsured (pre-recession) Adults 138-200% FPL</td>
<td>15,000</td>
<td>25%</td>
<td>3,750</td>
<td>$74</td>
<td>$275,625</td>
<td>$75,218</td>
<td>-$17,116</td>
<td>$58,102</td>
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<tr>
<td>*** Additional Uninsured Adults 138-200% FPL</td>
<td>28,210</td>
<td>50%</td>
<td>14,105</td>
<td>$74</td>
<td>$1,036,718</td>
<td>$282,920</td>
<td>-$64,380</td>
<td>$218,540</td>
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<tr>
<td>Uninsured Under 19 &lt; 400% FPL</td>
<td>17,000</td>
<td>25%</td>
<td>4,250</td>
<td>$286</td>
<td>$1,213,375</td>
<td>$331,130</td>
<td>-$75,351</td>
<td>$255,779</td>
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<tr>
<td>Subtotal Uninsured</td>
<td>90,210</td>
<td>50%</td>
<td>52,105</td>
<td></td>
<td>$5,435,718</td>
<td>$1,483,407</td>
<td>-$337,558</td>
<td>$1,145,849</td>
</tr>
</tbody>
</table>

| HIX + Uninsured                                  | 109,840| 71,735  | $7,842,989 | $2,140,352 | -$487,050 | $1,653,302 |

* Assumed FMAP of 72.71% and 6.21% change, the regular FMAP and the COVID-19 adjustment. Data provided by NM HIX for population pools and monthly ACA cap. 138-150% FPL is not available.

** Under 18 are assumed to be covered by a Gold plan, and average monthly cap of $286 (the average cost for 200-400% FPL).

*** PMPM of $74 was applied (Average of $50 and $97).
PUBLIC COMMENT
ADJOURNMENT

INVESTING FOR TOMORROW, DELIVERING TODAY.