Medicaid Advisory Committee (MAC)
Long Term Leveraging Medicaid Subcommittee

MEETING MINUTES
August 17, 2016 Time: 1:30p.m. – 3:30p.m. Place: Presbyterian Cooper Center, ABQ

Chair: Carol Luna-Anderson, The Life Link
Recorder: Kristin Abdill, HSD

Committee Members: Jeff Dye, NM Hospital Association
Nick Estes, Health Action NM
Debbie Feathers, ABQ Area Indian Health Services
Donna Garcia, Presbyterian Delivery System
Joie Glenn, NM Association for Home & Hospice Care
Jim Jackson, Disability Rights NM
Lauren Reichelt (proxy for Steve Kopelman, NM Association of Counties)
Chuck Milligan, United Healthcare
Rick Madden (proxy for Randy Marshall, NM Medical Society)
Steve McKerman UNM Hospital
David Roddy, NM Primary Care Association
Linda Sechovec, NM Health Care Association
Doug Smith, Presbyterian Medical Services
Dale Tinker, NM Pharmacists Association
Gene Varela, AARP NM

Absent Members: Johnny Abeyta, Ohkay Owingeh
Myles Copeland, NM Aging and Long-Term Services
Amy Dowd, NM Health Insurance Exchange
Carolyn Montoya, UNM School of Nursing

Staff & Visitors Attending: Wayne Lindstrom, HSD/BHSD
Kristin Abdill, HSD
Nancy Smith-Le Leslie, HSD/MAD
Scott Allocco, Sellers-Dorsey
Abuko Estrada, NM Center on Law & Poverty
Susan Loubet, NCU Women's Agenda
Ellen Pinnes
Barbara Webber, Health Action NM

Angela Medrano, HSD/MAD
Jason Sanchez, HSD/MAD
Jenny Felmley, Legislative Finance Committee
Joe Lubarsky, NMHCA
Selestte Sanchez, CYFD
Susan Mayes, NMAC
Lisa Rossignol, Parents Reaching Out
Ruth Williams, YDI
I. Welcome and Introductions

Carol Luna-Anderson (Chair) called the meeting to order at 1:35pm and welcomed committee members. Introductions were made.

II. Approval of Minutes

The Chair asked the committee to review the minutes. Donna Garcia motioned for the minutes to be approved. David Roddy seconded the motion. All were in favor and meeting minutes were approved.

III. Budget Update

Jason Sanchez provided the committee with an update regarding the budget. The FY15 GF deficit has increased by 1.7 million dollars, bringing the total GF deficit to 33.6 million. The FY16 GF deficit was reduced by 2.6 million dollars and is currently at a 20 million dollar GF deficit. The FY17 GF deficit increased by 9.9 million dollars to a total GF deficit of 34.3 million.

The committee inquired regarding the Governor’s mandate for all state agencies to reduce their FY17 budget by 5% and asked how this change will affect the aforementioned deficit. Jason answered that it should not have a direct effect, as the 5% mandate was related to administrative costs.

Nancy Smith Leslie pointed out that the rate reductions made earlier in the summer resulted in reduction of the FY17 deficit.

IV. Leveraging Federal Funds through Provider Fees & Intergovernmental Transfer Supplemental Payment Programs with Nursing Facilities

Jo Lubarsky, President of Eljay, LLC, and guest of the New Mexico Health Care Association, presented on Nursing Facility Provider Taxes and IGT Programs.
- There has been a large increase in the number of states that have provider taxes
- TX, NM, AK, VA, SC, ND & SD are the only states without a provider tax
- A waiver would work in NM to institute a provider tax
- When reviewing the waivers, CMS likes to see quality measures built in to reward providers and medical facilities for performance
- Providers cannot be excluded from the tax based on Medicaid volume
- Anticipate resistance from smaller, private pay practices
- To successfully enact a provider tax, providers and the legislature have to be on the same page

Nancy Smith-Leslie asked if a waiver has been approved by CMS recently. Dr. Lubarsky answered that Tennessee had a waiver approved approximately one year ago

Lauren Reichelt asked if this is something that would benefit all Medicaid providers, clinics and hospitals. The benefit is dependent upon how the waiver is developed.

V. Additional Medicaid Leveraging Options

Nick Estes informed the committee that he has no update at this time, but that he is in support of a provider tax.

Jeff Dye asked the committee to consider the following options for leveraging Medicaid funds

<table>
<thead>
<tr>
<th>DISCUSSION ITEM</th>
<th>OUTCOME</th>
<th>FOLLOW-UP ACTION</th>
<th>RESPONSIBLE PERSON/DEPARTMENT</th>
<th>EXPECTED OR REQUIRED COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Welcome and Introductions</td>
<td>Carol Luna-Anderson (Chair) called the meeting to order at 1:35pm and welcomed committee members. Introductions were made.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Approval of Minutes</td>
<td>The Chair asked the committee to review the minutes. Donna Garcia motioned for the minutes to be approved. David Roddy seconded the motion. All were in favor and meeting minutes were approved.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Budget Update</td>
<td>Jason Sanchez provided the committee with an update regarding the budget. The FY15 GF deficit has increased by 1.7 million dollars, bringing the total GF deficit to 33.6 million. The FY16 GF deficit was reduced by 2.6 million dollars and is currently at a 20 million dollar GF deficit. The FY17 GF deficit increased by 9.9 million dollars to a total GF deficit of 34.3 million. The committee inquired regarding the Governor’s mandate for all state agencies to reduce their FY17 budget by 5% and asked how this change will affect the aforementioned deficit. Jason answered that it should not have a direct effect, as the 5% mandate was related to administrative costs. Nancy Smith Leslie pointed out that the rate reductions made earlier in the summer resulted in reduction of the FY17 deficit.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Leveraging Federal Funds through Provider Fees &amp; Intergovernmental Transfer Supplemental Payment Programs with Nursing Facilities</td>
<td>Jo Lubarsky, President of Eljay, LLC, and guest of the New Mexico Health Care Association, presented on Nursing Facility Provider Taxes and IGT Programs. - There has been a large increase in the number of states that have provider taxes - TX, NM, AK, VA, SC, ND &amp; SD are the only states without a provider tax - A waiver would work in NM to institute a provider tax - When reviewing the waivers, CMS likes to see quality measures built in to reward providers and medical facilities for performance - Providers cannot be excluded from the tax based on Medicaid volume - Anticipate resistance from smaller, private pay practices - To successfully enact a provider tax, providers and the legislature have to be on the same page Nancy Smith-Leslie asked if a waiver has been approved by CMS recently. Dr. Lubarsky answered that Tennessee had a waiver approved approximately one year ago Lauren Reichelt asked if this is something that would benefit all Medicaid providers, clinics and hospitals. The benefit is dependent upon how the waiver is developed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Additional Medicaid Leveraging Options</td>
<td>Nick Estes informed the committee that he has no update at this time, but that he is in support of a provider tax. Jeff Dye asked the committee to consider the following options for leveraging Medicaid funds</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DRAFT - NOT YET APPROVED BY COMMITTEE
<table>
<thead>
<tr>
<th>DISCUSSION ITEM</th>
<th>OUTCOME</th>
<th>FOLLOW-UP ACTION</th>
<th>RESPONSIBLE PERSON/DEPARTMENT</th>
<th>EXPECTED OR REQUIRED COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI. LFC Report on Leveraging Federal Funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| - CYFD Home Visiting Program | - Increased FMAP for services received through an IHS/Tribal facility  
- Inter-governmental transfers  
Lauren Reichelt asked that if and when a definition of “public hospital” is decided upon, that the definition be shared with the counties | | | |
| Selestte Sanchez of CYFD presented to the committee regarding CYFD’s Home Visiting Program | - NOT the same as Family Infant Toddler (FIT) program  
- FIT requires a diagnosis prior to services being rendered  
- CYFD’s home visiting is a prevention and promotion based program  
- 250K of Federal grant money has been set aside for work-force development in this program  
- An average of $3,000 annually is spent on each family in the program | | | |
| Jeff Dye asked how this impacts the subcommittee’s goal | - Ms. Sanchez answered that a study would have to be conducted to see if the program is feasible for the purposes of leveraging Medicaid funds. Oregon has accomplished this to a certain degree, but it takes time to implement and would change the current program.  
Lauren Reichelt asked if home visiting providers could be certified as community health workers and then be paid through Medicaid.  
- Nancy Smith-Leslie answered that currently Medicaid does not directly reimburse community health workers and that most are either contracted or employed by the MCOs.  
Jim Jackson asked the committee to consider whether there is enough need and demand for this to be an entitlement program.  
Wayne Lindstrom asked the committee to consider whether the program is serving those with the most need, or mostly those who are pro-active and perceptive about the benefits of home visiting.  
Joie Glenn state that there are alternate workforces that could be tapped if this program were enacted on a larger scale.  
Nancy Smith-Leslie stated that she anticipated challenges around budget, operations and workforce to implement a statewide Medicaid benefit for home visiting.  
Nick Estes stated that early childhood intervention has a pattern of positive outcomes and that a home visiting program could definitely have an impact. | | | |
| VII. Public Comment | Susan Loubet asked if school readiness could qualify as a Medicaid program. | | | |

DRAFT - NOT YET APPROVED BY COMMITTEE
<table>
<thead>
<tr>
<th>DISCUSSION ITEM</th>
<th>OUTCOME</th>
<th>FOLLOW-UP ACTION</th>
<th>RESPONSIBLE PERSON/DEPARTMENT</th>
<th>EXPECTED OR REQUIRED COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen Pinnes</td>
<td>Ellen Pinnes asked what happened to the conversations regarding value based design and delivery system reform. She would like to see changes toward making the program work smarter rather than just cutting costs and moving money around.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuko Estrada</td>
<td>Abuko Estrada stated that he agreed with Ellen’s statement about value based purchasing and that he is also in support of a provider tax.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lisa Rossignol</td>
<td>Lisa Rossignol stated that she agrees with both Ellen and Abuko and that she would like to see the state end the practice of “robbing Peter to pay Paul”. She stated that her concern is that transitioning programs to Medicaid may affect commitment to existing programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIII. Agenda for Final Meeting and Adjournment</td>
<td>Angela Medrano informed the committee that the New Mexico Insurance Pool would be presenting at the next meeting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carol Luna-Anderson</td>
<td>Carol Luna-Anderson asked that all committee members come to the next meeting with recommendations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Jackson</td>
<td>Jim Jackson recommended that additional time be added to the next meeting to allow for adequate discussion and final recommendations. The committee agreed to extend the length of the next meeting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rick Madden</td>
<td>Rick Madden asked what impact HSD expected the upcoming special session to have on the committee’s charge. Nancy Smith-Leslie answered that that is unknown and that the committee should move forward with the current charge.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting adjourned at 3:45 PM</td>
<td>Meeting adjourned at 3:45 PM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respectfully submitted: Kristin Abdill 8/31/2016

Recorder Date

DRAFT - NOT YET APPROVED BY COMMITTEE