Public Notice

1. HSD Website
Centennial Care 2.0

2019 Centennial Care Waiver Application

Amendment to 1115 Demonstration Waiver

- Draft Waiver Application
- Public Hearing Presentation

Request for Comments

The Human Services Department (HSD), Medical Assistance Division (MAD), invites comments from the public about changes to the Centennial Care 2.0 program that are being considered as part of an amendment that is proposed to be effective July 1, 2019. Comments will be accepted until 5:00 pm MST on Monday, April 15, 2019. Read below to learn more about the Centennial Care 2.0 waiver amendment.

HSD will hold two public hearings in different regions of the state to receive comments about the draft amendment to the waiver. Please see below for the locations and times of the hearings.

All comments will be reviewed and evaluated to inform additional modifications prior to submission of the final waiver amendment application to CMS.

Public Hearings

Las Cruces – Wednesday, April 10, 2019

Thomas Branigan Library
200 East Picacho Avenue
Las Cruces, NM 88001
5:00 p.m. – 7:30 p.m.

Santa Fe – Monday, April 15, 2019

Medicaid Advisory Committee Meeting
New Mexico Department of Health
Harold L. Runnels Building - Auditorium
1190 S. St. Francis Dr.
Santa Fe, NM 87501
1:00 p.m. – 4:00 p.m.

A phone line will be available for the Santa Fe event on April 15th for call-in participants to listen to or provide comments via telephone. Call (toll-free) 1-800-747-5150; Participant Code: 0139586.

About Centennial Care 2.0

The New Mexico Human Services Department (HSD) is proposing improvements to the Centennial Care 2.0 program and is seeking input from stakeholders throughout New Mexico for consideration before submitting a final waiver amendment to the federal Centers for Medicare and Medicaid Services (CMS).

HSD has released a draft Section 1115 Demonstration Waiver amendment application for Centennial Care 2.0. The draft amendment outlines HSD’s modifications to improve the program. The draft amendment can be reviewed by clicking here. HSD is seeking federal authority to amend the 1115 Centennial Care 2.0 Waiver (Project Number 11W-00285/6) to make the following changes:
1. Removal of Co-payments for Centennial Care Members

As currently approved, the Centennial Care 2.0 waiver would allow co-payments of $8 for non-emergency use of the hospital Emergency Department (ED) and $8 for non-preferred prescription drugs for most Centennial Care members. HSD does not intend to implement these co-payments and seeks to remove this authority from the waiver.

2. Removal of Premiums for Members of the Adult Expansion Group

The current Centennial Care 2.0 waiver requires HSD to implement monthly premiums of $10 for members of the Adult Expansion Group who have income above 100% of the Federal Poverty Level (FPL), effective July 1, 2019. HSD does not intend to implement premiums and seeks to remove the requirement to implement them from the waiver.

3. Reinstatement of Retroactive Eligibility

The current Centennial Care 2.0 waiver includes a phase-out of the three month retroactive Medicaid coverage period for non-pregnant adults covered under Centennial Care. In calendar year 2019, the retroactive period is limited to one month. In calendar year 2020, the waiver requires the HSD to eliminate retroactive coverage for this population completely.

HSD does not intend to proceed with eliminating retroactive coverage in 2020 and seeks federal approval to reinstate the full retroactive coverage period for all affected individuals as quickly as possible. HSD’s proposed effective date for reinstating retroactive coverage is July 1, 2019.

4. Community Benefit Services

Centennial Care expanded the availability of Community Benefit (CB) services to individuals who qualify for full Medicaid coverage and meet a Nursing Facility Level of Care (NFLOC) by eliminating the requirement for a waiver allocation in order to access the full suite of CB services. HSD has continued to provide access to CB for certain members who do not meet standard Medicaid financial eligibility by establishing 4,289 slots in the Centennial Care waiver. Current allocation efforts by HSD are keeping up with attrition; however, HSD anticipates that the need for additional slots will increase. HSD is proposing to increase the number of slots by 1,500 through the waiver amendment.

5. Home Visiting Pilot

The Centennial Care 2.0 home visiting pilot program focuses on pre-natal care, post-partum care, and early childhood development in state-designated counties. HSD is proposing to remove the restriction on the number of counties in which the home visiting project can be implemented, as well as the number of potential members who can be served by home visiting services. Additional counties providing home visiting services will be designated by HSD throughout the term of the waiver.

The public will have opportunities to provide feedback to HSD about the changes outlined in the draft application during two public hearings in April 2019, or by submitting written comments. After the hearings, HSD will develop its final waiver amendment application for submission to CMS in April 2019.

http://www.hsd.state.nm.us/approvals.aspx

The requested changes will impact the currently approved waiver authorities, expenditure authorities, and Special Terms and Conditions (STCs) for the period between January 1, 2019 and December 31, 2023. Please note that the STCs for Centennial Care 2.0 are currently being modified by CMS for technical corrections identified by HSD. Due to the status of the technical corrections, actual references to STC language are not reflected in this document; however, STC language will be made available upon request.

I. Program Description, Goals, and Objectives

The state’s goals for the Centennial Care 2.0 demonstration include providing the most effective and efficient health care possible for eligible New Mexicans, as well as continuing the healthcare delivery reforms of Centennial Care. Specifically, the state will further the following goals:

- Ensure that Medicaid members in the program receive the right amount of care, delivered at the right time, and in the right setting;
- Ensure that the care and services being provided are measured in terms of their quality and not solely by quantity;
• Slow the growth rate of costs or “bend the cost curve” over time without inappropriate reductions in benefits, eligibility or provider rates; and streamline and modernize the Medicaid program in the state.

Today, Centennial Care 2.0 features an integrated, comprehensive Medicaid delivery system in which a member’s Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care (including pharmacy), behavioral health services, institutional services and home and community-based services (HCBS).

The waiver amendment provides the opportunity for the state to continue advancing successful initiatives under the demonstration while continuing to implement new, targeted initiatives to address specific gaps in care and improve healthcare outcomes for Centennial Care members. Key initiatives under the Centennial Care 2.0 program include:

• Refine care coordination to better meet the needs of high-cost, high-need members, especially during transitions in their setting of care;
• Continue to expand access to long-term services and supports (LTSS) and maintain the progress achieved through rebalancing efforts to serve more members in their homes and communities;
• Improve the integration of behavioral and physical health services, with greater emphasis on other social factors that impact population health;
• Expand payment reform through value-based purchasing arrangements to achieve improved quality and better health outcomes;
• Continue the Safety Net Care Pool and time-limited Hospital Quality Improvement Initiative; and
• Further simplify administrative complexities and implement refinements in program and benefit design.

As part of the demonstration extension, the state will continue to expand access to LTSS through the Community Benefit (CB) that includes both the personal care and HCBS benefits, and by allowing eligible members who meet a NF LOC to access the CB without the need for a waiver slot. Individuals who are not otherwise Medicaid eligible and meet the criteria for the 217-like group will be able to access the CB if a slot is available. As is the case today, managed care enrollment will be required for all members who meet NF level of care or who are dually eligible.

II. Proposed Health Care Delivery System and Eligibility Requirements, Benefit Coverage, and Cost-Sharing

A. Delivery System & Eligibility Requirements

Centennial Care 2.0 provides a comprehensive benefit package to eligible populations through an integrated managed care model that includes a number of innovations. The following are descriptions of the current eligible populations and covered benefits:

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF and Related</td>
<td>Newborns, Infants, and children</td>
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<tr>
<td></td>
<td>Children’s Health Insurance Program (CHIP)</td>
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<td></td>
<td>Foster children</td>
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<td></td>
<td>Adopted children</td>
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<tr>
<td></td>
<td>Pregnant women</td>
</tr>
<tr>
<td></td>
<td>Low-income parent(s)/caretaker(s) and families</td>
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<tr>
<td></td>
<td>Breast and Cervical Cancer</td>
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<td></td>
<td>Refugees</td>
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<td></td>
<td>Transitional Medical Assistance</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI) Medicaid</td>
<td>Aged, blind and disabled Working disabled</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>SSI Dual Eligible</td>
<td>Aged, blind and disabled Working disabled</td>
</tr>
<tr>
<td>Medicaid Expansion</td>
<td>Adults between 19-64 years old up to 133% of Modified Adjusted Gross Income (MAGI)</td>
</tr>
</tbody>
</table>

The following populations are excluded from Centennial Care:

- Qualified Medicare Beneficiaries;
- Specified Low-Income Medicare Beneficiaries;
- Qualified Individuals;
- Qualified Disabled Working Individuals;
- Non-citizens only eligible for emergency medical services;
- Program of All-Inclusive Care for the Elderly;
- Individuals residing in Intermediate Care Facilities for Individuals with an Intellectual Disability;
- Medically Fragile 1915(c) waiver participants for HCBS;
- Developmentally Disabled 1915(c) waiver participants for HCBS;
- Individuals eligible for family planning services only; and
- MI Via 1915(c) waiver participants for HCBS.

### B. Benefit Coverage

Centennial Care 2.0 provides a comprehensive package of services that includes behavioral health, physical health, and long-term care services and supports (LTSS). Members meeting a Nursing Facility Level of Care (NFLOC) are able to access LTSS through Community Benefit (CB) services (i.e., home- and community-based services) without a waiver slot. The CB is available through Agency-Based Community Benefit (ABCBR) services (services provided by a provider agency) and Self-Directed Community Benefit (SDBC) services (services that a participant can control and direct).

As outlined in the draft amendment waiver application, the state has proposed some additional refinements to benefits and eligibility, including:

- Reinstatement of three-month retroactive eligibility period for most Centennial Care 2.0 members;
- Expanding the Centennial Home Visiting (CHV) program that focuses on prenatals, postpartum care, and early childhood development in collaboration with CHF and the New Mexico Department of Health; and
- Expanding the availability of Community Benefit (CB) services for certain members who do not meet standard Medicaid financial eligibility by establishing an additional 1,530 slots through the waiver amendment.

### C. Cost Sharing – Co-Payments &Premiums

The Centennial Care 2.0 waiver amendment proposal removes premium requirements (monthly payments) for individuals in the Adult Expansion Group who have income above 100% of the federal poverty level (FPL). The waiver amendment also removes all co-payments for Centennial Care members.

Additional details may be found in the proposed waiver amendment application.

### III. Budget Neutrality

#### A. Budget Neutrality Overview

The proposed waiver amendment proposals will have a minimal impact to the budget neutrality.

#### B. CHIP Allotment Neutrality

The amendment proposals will not impact allotment neutrality.

#### C. Budget Neutrality Summary
The federal share of the combined Medicaid expenditures for the populations included in this demonstration, excluding those covered under the Title XXI Allotment Neutrality, will not exceed what the federal share of Medicaid expenditures would have been without the demonstration.

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HSD makes the following assumptions regarding budget neutrality:

- HSD proposes a per capita budget neutrality model for the populations covered under the demonstration, outlines the per capita limit by Medicaid Eligibility Group (MEG) and proposes an aggregate cap, trended annually for uncompensated care and Hospital Quality Improvement Incentive expenditures;
- State administrative costs are not subject to the budget neutrality calculations;
- The projected savings is the difference between the without and with waiver projections;
- Nothing in this demonstration application precludes HSD from applying for enhanced Medicaid funding as CMS issues new opportunities or policies; and
- The budget neutrality agreement is in terms of total computable so that HSD is adversely affected by future changes to federal medical assistance percentages.

Current Approved Without Waiver and With Waiver Projected Medicaid Expenditures (Total Computable)

IV. Hypothesis and Evaluation Parameters of the Demonstration

HSD will maintain the original hypotheses and evaluation design plan of Centennial Care 2.0 but will remove metrics associated with the implementation and administration of premiums and co-payments. The table below describes the hypotheses of Centennial Care 2.0 and how HSD will evaluate the impact.

Table 4 – Quality Goals and Evaluation

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Methodology</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1: Improve Member outcomes with refinements to care coordination</strong></td>
<td></td>
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</tr>
<tr>
<td>1.1 Enhancements to care coordination will result in decreases for avoidable emergency room visits and hospital readmissions.</td>
<td>Track and trend member utilization of avoidable emergency room visits and hospital readmissions and monitor MCO adherence to common chronic disease management, care coordination, and other social support services requirements for care coordination.</td>
<td>Claims data, HEDIS reports, MCO reporting</td>
</tr>
<tr>
<td>1.2 Birthing outcomes will improve with pregnant women participating in the home visiting pilot.</td>
<td>Track and trend low birthweight, pre-term birth, prenatal/postpartum visits and well child visits for members in pilot.</td>
<td>Claims data, HEDIS reports, MCO reporting</td>
</tr>
<tr>
<td><strong>Goal 2: Increase Behavioral Health Integration</strong></td>
<td></td>
<td></td>
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<tr>
<td>2.1 Member’s utilization of Health Homes will increase.</td>
<td>Track and trend the number of members participating in Health Homes.</td>
<td>Claims data, MCO reporting</td>
</tr>
<tr>
<td>2.2 Treatment outcomes of members participating</td>
<td>Track and trend Health Homes’ treatment outcomes of common</td>
<td>Claims data, HEDIS reports</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Methodology</td>
<td>Data Sources</td>
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<tr>
<td>In Health Homes will improve.</td>
<td>Behavioral/physical health conditions and care coordination outcomes such as avoidable emergency room visits, hospital readmissions and follow up after hospitalization for mental illness.</td>
<td>MCO reporting</td>
</tr>
<tr>
<td><em>Goal 3: Expand member access to Long Term Services and Supports</em></td>
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<tr>
<td>3.1 Allowing all Medicaid-eligible members who meet a nursing facility level of care to access the Community Benefit will maintain New Mexico's accomplishments in rebalancing efforts.</td>
<td>Track and trend members accessing community benefits.</td>
<td>Claims data</td>
</tr>
<tr>
<td>3.2 Increasing caregiver respite hours will improve member outcomes and utilization.</td>
<td>Track and trend member utilization and member outcomes.</td>
<td>Claims data HEDIS reports</td>
</tr>
<tr>
<td>3.3 Automatic Nursing Facility Level of Care (NFLOC) approvals will achieve administrative simplification for HSD, the MCOs and members.</td>
<td>Track and trend automatic NFLOC approvals.</td>
<td>MCO reporting</td>
</tr>
<tr>
<td><em>Goal 4: Increase quality of care with Value Based Payment (VBP) arrangements.</em></td>
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<tr>
<td>4.1 Healthcare outcomes will improve for members served by providers that have VBP arrangements for the full delegation of care coordination.</td>
<td>Track and trend member utilization and common chronic disease management outcomes of providers with VBP arrangements that include full delegation of care coordination.</td>
<td>Claims data HEDIS reports MCO reporting</td>
</tr>
<tr>
<td>4.2 Implementing incremental minimum VBP requirements will support bending the cost curve of Medicaid program costs through alignment with Centennial Care 2.0 program goals of improving care coordination, focus on transitions of care.</td>
<td>Track and trend program expenditure.</td>
<td>Claims data HEDIS reports MCO reporting</td>
</tr>
<tr>
<td><em>Goal 5: Promoting Member Engagement and Responsibility</em></td>
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<tr>
<td>5.1 Members participating in the Centennial Rewards program will continue to have improved healthcare.</td>
<td>Track and trend member utilization of preventive services and rewards credits.</td>
<td>Claims data HEDIS reports MCO Reward Program Contractor reporting</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Methodology</td>
<td>Data Sources</td>
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<tr>
<td>Outcomes with decreases in higher-cost services, such as inpatient stays.</td>
<td>Track and trend member utilization of IMEs.</td>
<td>Claims data</td>
</tr>
</tbody>
</table>

**Goal 6: Improve administrative effectiveness and simplicity.**

| 6.1 | Members will have increased access to inpatient services at an Institution for Mental Disease (IMD). | Track and trend member utilization. | MCO reporting |

**Goal 7: Improve Delivery System and Access to Services**

| 7.1 | Members will have increased access to CHWs and CHIs. | Track and trend member utilization. | MCO reporting |
| 7.2 | Members will have increased access to telehealth. | Track and trend member utilization. | Claims data |
| 7.3 | Members will have increased access to Patient Centers Medical Homes. | Track and trend member utilization. | MCO reporting |

## V. Waiver and Expenditure Authorities

**A. Title XIX Waiver Amendment Language/Removal/Elimination**

1. **Reasonable Promptness and Medical Assistance**
   **Section 1902(a)(8) and (10)**

   To the extent necessary to enable the state to begin benefit coverage on the first day of the month following receipt of the required premium by the premium due date for individuals in a Medicaid category of eligibility that requires premiums.

   To the extent necessary to enable the state to prohibit initial enrollment for individuals who fail to pay required premiums.

   To the extent necessary to enable the state to suspend coverage for individuals detailed in STC 60(a) who fail to pay required premiums until such time the premiums are paid in full or a hardship waiver, as detailed in STC 60(a)(1), is granted.

2. **Retroactive Eligibility**
   **Sections 1902(a)(10) and (34) 42 CFR 435.915**

   To the extent necessary to enable the state to reduce, and then eliminate in demonstration year 7, coverage for the three-month period prior to the date that an application for medical assistance (and treatment as eligible for medical assistance) is made for specified eligibility groups, as described in STC 23. This waiver does not apply with respect to individuals eligible for Institutional Care (IC) categories of eligibility, pregnant women (including during the 60-day postpartum period beginning on the last day of the pregnancy), infants under age 1, or individuals under age 19.

3. **Premiums**
   **Section 1902(a)(14) insofar as it incorporates Section 1916 and 1916A**

   To the extent necessary to enable the state to charge monthly premiums, as described in Section 60(c).

4. **Comparability**
   **Sections 1902(a)(17) and 1902(a)(10)(B)**
To the extent necessary to enable the state to charge monthly premiums, as described in the STC 60(a).

B. Expenditure Authority Requests

No language changes are required as part of the waiver amendment proposals.

Submit a comment:

HSD continues to welcome input from New Mexicans regarding the Centennial Care program. To submit a comment, please fill out the online form below. You may also email it directly to HSD: PublicComment@state.nm.us or send it by mail to:

Human Services Department
ATTN: HSD Public Comments
P.O. Box 2348
Santa Fe, NM 87504-2348

What are your ideas? Type here or upload a file using the button below.

File Upload: Upload a file

Name:
Email:
Address 1:
Address 2:
City/Town:
Zip Code:

* State: New Mexico

Submit
Public Notice

2. Public Notice (abbreviated notice) in the state's newspaper
# Ad Proof/Order Confirmation

Ad Order Number: 0001440172

## Account Number
1009565

## Ad Proof/Order Confirmation Details

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<td>03/01/2019</td>
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| **PO Number** | 63000-0000031788 |
| **Sales Rep** | cwhite |
| **Order Taker** | cwhite |
| **Payment Method** | Credit Card |
| **Payment Amount** | $0.00 |

**Place**: 0Legal Notices
**Classification**: 0Government
**Sort Text**: NEWSPAPERNOTICEAMENDMENTTO 1115DEMONSTRATIONWAIVERTHEMEDICALASSISTANCEDIVISIONMADWILLH

**WYISIWYG Content**

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*Please note this confirmation is to be considered a quote and may be subject to change.*
Newspaper Notice
Amendment to 1115 Demonstration Waiver

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), will hold public hearings and accept public comments on the Medicaid health care program known as Centennial Care 2.0, regarding changes to the program as part of the amendment to the Centennial Care federal waiver proposed to be effective July 1, 2019.

HSD is seeking federal authority to amend the 1115 Centennial Care 2.0 Waiver (Project Number 11W-00865/5) to make the following changes:

1) Removal of Co-payments for Centennial Care Members
As currently approved, the Centennial Care 2.0 waiver would allow co-payments of $8 for non-emergency use of the hospital Emergency Department (ED) and $8 for non-preferred prescription drugs for most Centennial Care members. HSD does not intend to implement these co-payments and seeks to remove this authority from the waiver.

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3) Reinstate Retroactive Eligibility
The current Centennial Care 2.0 waiver includes a phase-out of the three-month retroactive Medicaid coverage period for non-pregnant adults covered under Centennial Care. In calendar year 2018, the retroactive period is limited to one month. In calendar year 2020, the waiver requires the HSD to eliminate retroactive coverage for this population completely.

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The public hearings will take place:

Las Cruces, NM:
Wednesday, April 10, 2019, 5-7:30 p.m. at Thomas Branigan Library
(200 East Picacho Avenue, Las Cruces, NM 88001)

Santa Fe, NM:
Monday, April 15, 2019, 1:00-4 p.m. at the Medicaid Advisory Committee Meeting, to be held at the New Mexico Department of Health, Harold L. Runnels Building – Auditorium (1190 S. St. Francis Dr., Santa Fe, NM 87501)

Participate in a Public Hearing By Phone:

Monday, April 15, 2019, 1:00-4 p.m. A phone line will be available for any member of the public to join the Santa Fe public hearing to hear or provide comments via telephone. Call (toll-free) 1-800-747-3150; Participant Code: 0139836.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to HSD-PublicComment@state.nm.us. Written, electronic, and recorded comments will be given the same consideration as oral testimony made at the public hearing. All comments must be received no later than 5 p.m. Mountain Time (MT) on Monday, April 15, 2019.

The public may view the draft waiver application that outlines changes being considered on HSD’s website http://www.hsd.state.nm.us/201-comment-period-open.aspx and http://www.hsd.state.nm.us/centennial-care-2-0.aspx.

If you do not have Internet access, a copy of the Centennial Care draft waiver application may be requested by contacting MAD at 505-827-1337. If you are a person with a disability and you require the information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD in Santa Fe at 505-827-1337. HSD requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

Please note this confirmation is to be considered a quote and may be subject to change.
AFFIDAVIT OF PUBLICATION

Ad No.
0001278711

PPIB
HUMAN SVCS DEPT - MED ASSIST DIV
PO BOX 2346
SANTA FE NM 87504

I, a legal clerk of the Las Cruces Sun-News, a newspaper published daily at the county of Dona Ana, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

03/01/19

Despondent further states this newspaper is duly qualified to publish legal notice or advertisements within the meaning of Sec. Chapter 167, Laws of 1937.

[Signature]
Legal Clerk
STATE OF WISCONSIN SS.
County of Brown
Subscribed and sworn before me this 1st of March 2019.

[Signature]
NOTARY PUBLIC in and for
Brown County, Wisconsin

My Commission Expires

Ad#: 0001278711
P O: # of Affidavits: 0.00
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HSD is seeking federal authority to amend the 1115 Centennial Care 2.0 Waiver (Project Number 11W-00285/6) to make the following changes:
1) Removal of Co-payments for Centennial Care Members
   As currently approved, the Centennial Care 2.0 waiver would allow co-payments of $8 for non-emergency use of the hospital Emergency Department (ED) and $8 for non-preferred prescription drugs for most Centennial Care members. HSD does not intend to implement these co-payments and seeks to remove this authority from the waiver.
2) Removal of Premiums for Members of the Adult Expansion Group
   The current Centennial Care 2.0 waiver requires HSD to implement monthly premiums of $10 for members of the Adult Expansion Group who have income above 100% of the Federal Poverty Level (FPL), effective July 1, 2013. HSD does not intend to implement premiums and seeks to remove the requirement to implement them from the waiver.
3) Reinstatement of Retroactive Eligibility
   The current Centennial Care 2.0 waiver includes a phase-out of the three-month retroactive Medicaid coverage period for non-pregnant adults covered under Centennial Care. In calendar year 2015, the retroactive period is limited to one month. In calendar year 2020, the waiver requires the HSD to eliminate retroactive coverage for this population completely. HSD does not intend to proceed with eliminating retroactive coverage in 2020 and seeks federal approval to reinstate the full retroactive coverage period for all affected individuals as quickly as possible. HSD's proposed effective date for reinstating retroactive
coverage is July 1, 2019.

Community Benefit Services

Centennial Care expanded the availability of Community Benefit (CB) services to individuals who qualify for full Medicaid coverage and meet a Nursing Facility Level of Care (NF LOC) by eliminating the requirement for a waiver allocation in order to access the full suite of CB services. HSD has continued to provide access to CB for certain members who do not meet standard Medicaid financial eligibility by establishing 4,289 slots in the Centennial Care waiver. Current allocation efforts by HSD are keeping up with attrition; however, HSD anticipates that the need for additional slots will increase. HSD is proposing to increase the number of slots by 1,500 through the waiver amendment.

Home Visiting Pilot

The Centennial Care 2.0 home visiting pilot program focuses on pre-natal care, post-partum care, and early childhood development in state-designated counties. HSD is proposing to remove the restriction on the number of counties in which the home visiting project can be implemented, as well as the number of potential members who can be served by home visiting services. Additional counties providing home visiting services will be designated by HSD throughout the term of the waiver. The requested amendment will impact the currently approved waiver authorities, expenditure authorities, and Special Terms and Conditions (STCs) for the period between July 1, 2019 and December 31, 2023.

Please note that the STCs for Centennial Care 2.0 are being modified by CMS to make technical corrections identified by HSD. Due to the status of the technical corrections, actual references to STC language are not reflected in this document; however, STC language can be made available by request.

http://www.hsd.state.nm.us/approval.aspx

The public hearings will take place:

Las Cruces, NM:
Wednesday, April 10, 2019, 5-7:00 p.m. at Thomas Branigan Library (200 East Picacho Avenue, Las Cruces, NM 88001)
Santa Fe, NM
Monday, April 15, 2019, 1:00-4 p.m. at the Medicaid Advisory Committee Meeting to be held at the New Mexico Department of Health, Harold L. Runnels Building - Auditorium (1090 S. St. Francis Dr., Santa Fe, NM 87501). Participate in a Public Hearing Event By Phone: Monday, April 15, 2019, 1:00-4 p.m. A phone line will be available for any member of the public join the Santa Fe public hearing to hear or provide comments via telephone. Call (toll-free) 1-800-747-5150; Participant Code: 0139588. Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to HSD-PublicComment@statenm.us. Written, electronic, and recorded comments will be given the same consideration as oral testimony made at the public hearing. All comments must be received no later than 5 p.m. Mountain Time (MDT) on Monday, April 15, 2019. The public may view the draft waiver application that outlines changes being considered on HSD’s website: http://www.hsd.state.nm.us/2017-comment-period-open.aspx and http://www.hsd.state.nm.us/centennial-care-2-0.aspx.

If you do not have internet access, a copy of the Centennial Care draft waiver application may be requested by contacting MAD at 505-827-1337. If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD in Santa Fe at 505-827-1337. HSD requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations. Copies of all comments will be made available by the MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

Published: Mar. 1, 2019
Ad No.: 1278711
Public Notice

3. Proposal posting (abbreviated notice) via the State’s electronic mail lists
The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), will hold public hearings and accept public comments on the Medicaid health care program known as Centennial Care 2.0 regarding changes to the program as part of the amendment to the Centennial Care federal waiver proposed to be effective July 1, 2019. HSD is seeking federal authority to amend the 1115 Centennial Care 2.0 Waiver (Project Number 11W-00285/6) to make the following changes:

1) Removal of Co-payments for Centennial Care Members
2) Removal of Premiums for Members of the Adult Expansion Group
3) Reinstatement of Retroactive Eligibility
4) Community Benefit Services
5) Home Visiting Pilot

The public hearings will be held to receive comments about the draft amendment waiver in different regions of the state as follows:

**Las Cruces – Wednesday, April 10, 2019**
Thomas Branigan Library
200 East Picacho Avenue
Las Cruces, NM 88001
5:00 p.m. – 7:00 p.m.

**Santa Fe – Monday, April 15, 2019**
Medicaid Advisory Committee Meeting
New Mexico Department of Health
Harold L. Runnels Building - Auditorium
1190 S. St. Francis Dr.
Santa Fe, NM 87501
1:00 p.m. – 4:00 p.m.

**Participate in a Public Hearing Event by Phone:**
Monday, April 15, 2019, 1:00 p.m. – 4 p.m. A phone line will be available for any member of the public join the Santa Fe public hearing to hear or provide comments via telephone. Call (toll-free) 1-800-747-5150; Participant Code: 0139586.

The public may view the draft waiver application that outlines changes being considered on HSD’s website: [http://www.hsd.state.nm.us/centennial-care-2-0.aspx](http://www.hsd.state.nm.us/centennial-care-2-0.aspx).

If you do not have Internet access, a copy of the Centennial Care draft waiver application may be requested by contacting MAD at 505-827-1337. If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD in Santa Fe at 505-827-1337.
February 28, 2019

RE: Tribal Notification to Request Advice and Comments Letter 19-05: Draft Section 1115 Demonstration Waiver Amendment Application

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico’s Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department’s (HSD’s) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting written comments until **5:00 p.m. Mountain Time (MT) on Tuesday, April 30, 2019.** regarding the Medicaid health care program known as Centennial Care 2.0 and changes to the program that are being considered as part of the amendment to the Centennial Care federal waiver that will be effective on July 1, 2019.

1) Removal of Co-payments for Centennial Care Members

As currently approved, the Centennial Care 2.0 waiver would allow co-payments of $8 for non-emergency use of the hospital Emergency Department (ED) and $8 for non-preferred prescription drugs for most Centennial Care members. HSD does not intend to implement these co-payments and seeks to remove this authority from the waiver.

**Tribal Impact:** HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.

2) Removal of Premiums for Members of the Adult Expansion Group

The current Centennial Care 2.0 waiver requires HSD to implement monthly premiums of $10 for members of the Adult Expansion Group who have income above 100% of the Federal Poverty Level (FPL), effective July 1, 2019. HSD does not intend to implement premiums and seeks to remove the requirement to implement them from the waiver.

**Tribal Impact:** HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.
3) Reinstatement of Retroactive Eligibility

The current Centennial Care 2.0 waiver includes a phase-out of the three-month retroactive Medicaid coverage period for non-pregnant adults covered under Centennial Care. In calendar year 2019, the retroactive period is limited to one month. In calendar year 2020, the waiver requires the HSD to eliminate retroactive coverage for this population completely.

Tribal Impact: *HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.*

4) Community Benefit Services

Centennial Care expanded the availability of Community Benefit (CB) services to individuals who qualify for full Medicaid coverage and meet a Nursing Facility Level of Care (NF LOC) by eliminating the requirement for a waiver allocation in order to access the full suite of CB services. HSD has continued to provide access to CB for certain members who do not meet standard Medicaid financial eligibility by establishing 4,289 slots in the Centennial Care waiver. Current allocation efforts by HSD are keeping up with attrition; however, HSD anticipates that the need for additional slots will increase. HSD is proposing to increase the number of slots by 1,500 through the waiver amendment.

Tribal Impact: *HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.*

5) Home Visiting Pilot

The Centennial Care 2.0 home visiting pilot program focuses on pre-natal care, post-partum care, and early childhood development in state-designated counties. HSD is proposing to remove the restriction on the number of counties in which the home visiting project can be implemented, as well as the number of potential members who can be served by home visiting services. Additional counties providing home visiting services will be designated by HSD throughout the term of the waiver.

Tribal Impact: *HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.*

**Tribal Advice and Comments**

Tribes and tribal healthcare providers may view the draft waiver application on the HSD webpage at: [http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx](http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx) *Notification Letter 19-05.*

A written copy of these documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1337.
**Important Dates**
A public hearing on Monday, April 15, 2019 is scheduled at the Medicaid Advisory Committee Meeting, be held at the Harold L. Runnels Building - Auditorium, 1190 S. St. Francis Dr., Santa Fe, NM 87501, 1:00 p.m. to 4:00 p.m. MT.

**Written advice and comments must be received no later than 5:00pm Mountain Time (MT) on Monday, April 15, 2019.** Please send your advice, comments or questions to the MAD Native American Liaison, Theresa Belanger, at (505) 827-3122 or by email to Theresa.Belanger@state.nm.us.

Comments and responses will be compiled and made available upon request.

Sincerely,

[Signature]

Nicole Comeaux, J.D., M.P.H
Director

cc:
Public Hearings

1. Public Hearing Materials
   a. Las Cruces, April 10, 2019
   b. Santa Fe, April 15, 2019
Centennial Care 2.0
1115 Demonstration Waiver Amendment Application
Public Hearings
April 2019
Las Cruces and Santa Fe
Opportunity to Provide Comments

• The Department is accepting comments from the public about the Medicaid program known as Centennial Care 2.0 and changes to the program being considered as part of the amendment to the Centennial Care federal 1115 waiver proposed to be effective on July 1, 2019.

• Comments will be accepted until 5:00 pm MST on Monday, April 15, 2019.

• Two public hearings in different regions of the state:

  Las Cruces – Wednesday, April 10, 2019
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  Las Cruces, NM 88001
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  Santa Fe, NM 87501
  Participants can also join the Santa Fe hearing by phone at 1–800–747–5150; access code: 0139586#
Opportunity to Provide Comments

• Comments are also being accepted through email at HSD-PublicComment@state.nm.us or by mail at:
  Human Services Department
  ATTN: HSD Public Comments
  PO Box 2348
  Santa Fe, NM 87504–2348

• More information about the amendment to the waiver and public comment process may be found on the Department's website at:
  http://www.hsd.state.nm.us/centennial-care-2-0.aspx

• The Public Hearing process is a process to obtain public feedback about the waiver amendment before the Department submits a final waiver proposal to the federal Centers for Medicare & Medicaid Services (CMS).
Opportunity to Provide Comments

• We appreciate your attendance today and look forward to your comments after the presentation.

• Today’s presentation is a summary of the proposed changes to amend the 1115 demonstration waiver, which are also outlined in the draft amendment application that was released on February 28, 2019, and which is available to review on the HSD website.

• As part of the formal hearing process, we will accept and record all of your comments.

• Our responses to the comments received will be documented in a section of the final waiver amendment application that is submitted to CMS in late April 2019.
Proposed Timeline of the Waiver Amendment Process

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The state’s goals for amending the demonstration for New Mexico’s Medicaid managed care program, known as Centennial Care 2.0, include providing the most effective, efficient health care possible for covered New Mexicans and to continue the healthcare delivery reforms that were initiated during the previous demonstration period.

**Areas of Focus in the Waiver Amendment:**

- Member engagement and personal responsibility
- Administrative simplification through refinements to eligibility
- Benefit and service delivery modifications
Proposed Changes to Member Engagement & Personal Responsibility

Proposed Waiver Amendment Areas:

#1: Remove all co-payments from Centennial Care
   As currently approved, the Centennial Care 2.0 waiver would allow co-payments of $8 for non-emergency use of the hospital Emergency Department (ED) and $8 for non-preferred prescription drugs for most Centennial Care members. HSD does not intend to implement these co-payments and seeks to remove this authority from the waiver.

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   The current Centennial Care 2.0 waiver requires HSD to implement monthly premiums of $10 for members of the Adult Expansion Group who have income above 100% of the federal poverty level (FPL), effective July 1, 2019. HSD does not intend to implement premiums and seeks to remove the requirement to implement them from the waiver.
Proposed Changes Through Refinements to Eligibility

Proposed Waiver Amendment Area:

#3: Reinstall Retroactive Eligibility
The current Centennial Care 2.0 waiver includes a phase-out of the three-month retroactive Medicaid coverage period for non-pregnant adults covered under Centennial Care. In calendar year 2019, the retroactive period is limited to one month. In calendar year 2020, the waiver requires HSD to eliminate retroactive coverage for this population entirely.

HSD does not intend to proceed with eliminating retroactive coverage in 2020 and seeks federal approval to reinstall the full retroactive coverage period for all affected individuals as quickly as possible. HSD’s proposed effective date for reinstating retroactive coverage is July 1, 2019.
Proposed Benefit & Service Delivery Modifications

Proposed Waiver Amendment Area:

#4: Community Benefit Services

Centennial Care expanded the availability of Community Benefit (CB) services to individuals who qualify for full Medicaid coverage and meet a Nursing Facility Level of Care (NF LOC) by eliminating the requirement for a waiver allocation in order to access the full suite of CB services. HSD has continued to provide access to CB for certain members who do not meet the standard Medicaid financial eligibility by establishing 4,289 slots in the Centennial Care waiver. Current allocation efforts by HSD are keeping up with attrition; however, HSD anticipates that the need for additional slots will increase.

HSD is proposing to increase the number of slots by 1,500 through the waiver amendment.
Proposed Benefit & Service Delivery Modifications

Proposed Waiver Amendment Area:

#5: Home Visiting Pilot
The Centennial Care 2.0 Home Visiting Pilot program focuses on prenatal care, postpartum care, and early childhood development in state–designated counties. HSD is proposing to remove the restriction on the number of counties in which the Home Visiting Pilot can be implemented, as well as the number of potential members who can be served by home visiting services.

Additional counties providing home visiting services will be designated by HSD throughout the term of the waiver.
Thank you for attending and your participation in the public hearing process.

We will now receive and record your feedback related to the information presented.
An electronic version of this presentation can be downloaded at:
http://www.hsd.state.nm.us/centennial-care-2-0.aspx

Or may be requested via e-mail at:
CCInfo@state.nm.us
Public Hearings

2. MAC Meeting – Santa Fe, April 15, 2019
Medicaid Advisory Committee Meeting  
Monday, April 15, 2019
AGENDA

Time: 1:00 PM – 4:00 PM  Location: Harold L. Runnels Building, O.A. Larrazolo Auditorium, 1190 S. St. Francis Dr., Santa Fe, NM 87501

MAC Chair: Larry A. Martinez, Presbyterian Medical Services
Committee Support: Alysia Beltran, Medical Assistance Division
Committee Members: Sylvia Barela, Santa Fe Recovery Center  
Michael Batte, Public Member  
Meggin Lorino, NM Association for Home and Hospice Care  
Ramona Dillard, Pueblo of Laguna  
Jeff Dye, NM Hospital Association  
Mary Eden, Presbyterian Healthcare Services  
Michael Hely, NM Legislative Council Service  
Mark Freeland, Navajo Nation  
Ruth Hoffman, Lutheran Advocacy Ministry NM  
Gary Housepian, Disability Rights  
Carol Luna-Anderson, The Life Link/Behavioral Health Planning Council

HSD Representatives: Nicole Comeaux, JD, MPH, Director, HSD/MAD  
Kari Armijo, Deputy Director, HSD/MAD  
Jason Sanchez, Deputy Director, HSD/MAD  
Linda Gonzales, Deputy Director, HSD/MAD

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<th>DISCUSSION ITEM</th>
<th>DISCUSSION LEADER</th>
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<tbody>
<tr>
<td>I. Introductions</td>
<td>Larry Martinez, MAD Chairperson</td>
<td>Introduction of all committee members, staff and guests.</td>
<td>1:00</td>
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<td>II. Approval of Agenda</td>
<td>Larry Martinez, MAC Chairperson</td>
<td>Approval of agenda</td>
<td>1:05</td>
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<tr>
<td>III. Approval of Minutes</td>
<td>Larry Martinez, MAC Chairperson</td>
<td>Committee approval of minutes from previous meeting held January 28, 2018</td>
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| IV. Legislative Update | Nicole Comeaux, JD, MPH, Director Human Services Department Medical Assistance Division  
Jason Sanchez, Deputy Director | 2019 Legislative Session Update | 1:15 |
| V. Director’s Update | Nicole Comeaux, JD, MPH, Director Human Services Department Medical Assistance Division  
Jason Sanchez, Deputy Director | MCO Centennial Care 2.0 Update | 1:45 |
| VI. Amendment Presentation | Nicole Comeaux, JD, MPH, Director Human Services Department Medical Assistance Division  
Jason Sanchez, Deputy Director | Centennial Care 2.0 Waiver Amendment Presentation | 2:15 |
| VII. Public Comment | | Public comments on CC 2.0 Waiver Amendment | 3:00 |
| VIII. Adjournment | Larry Martinez, MAC Chairperson | | 4:00 |
Centennial Care 2.0 Updates

• On December 14, 2018, CMS approved HSD’s request to extend New Mexico’s Medicaid 1115 Demonstration Waiver
  • Approval effective January 1, 2019 through December 23, 2023

• HSD and CMS continue to have ongoing discussions regarding the Special Terms and Conditions (STCs) to clarify the state’s obligations to CMS during the life of the waiver
Centennial Care 2.0 Updates - Continued

• On March 1, 2019, HSD sent CMS an amendment to New Mexico’s 1115 Demonstration Waiver requesting the following changes:

  • Removal of $8 co-payments for non-preferred prescription medications and non-emergency use of Emergency Departments
  
  • Removal of premium requirements
  
  • Reinstate the 3 month retroactive eligibility/coverage
  
  • Increase the number of allocations for members who do not meet standard Medicaid financial eligibility, but do meet clinical criteria for long term care services in the community
  
  • Expand the number of counties for the home visiting pilot, allowing HSD to expand the program based on member outcomes
Centennial Care 2.0 Updates - Continued

• On March 1, 2019, Notice of Public Comment was issued and comments will be accepted until 5:00 p.m. MST on Monday, April 15, 2019

• Public Hearing occurred on Wednesday, April 10, 2019 in Las Cruces and another hearing is scheduled to occur Monday, April 15, 2019 in Santa Fe at the following location:
  Thomas Branigan Library
  200 East Picacho Avenue
  Las Cruces, NM 88001
  5:00 p.m. – 7:00 p.m.
Centennial Care 2.0 Updates - Continued

• If members were auto-enrolled with a Managed Care Organization (MCO) in December 2018, they had until March 31, 2019 to switch their enrollment to a different MCO.
Centennial Care 2.0
1115 Demonstration Waiver Amendment Application
Public Hearings
April 2019
Las Cruces and Santa Fe
Opportunity to Provide Comments

- The Department is accepting comments from the public about the Medicaid program known as Centennial Care 2.0 and changes to the program being considered as part of the amendment to the Centennial Care federal 1115 waiver proposed to be effective on July 1, 2019.

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  PO Box 2348
  Santa Fe, NM 87504–2348

• More information about the amendment to the waiver and public comment process may be found on the Department's website at:

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• The Public Hearing process is a process to obtain public feedback about the waiver amendment before the Department submits a final waiver proposal to the federal Centers for Medicare & Medicaid Services (CMS).
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- We appreciate your attendance today and look forward to your comments after the presentation.

- Today’s presentation is a summary of the proposed changes to amend the 1115 demonstration waiver, which are also outlined in the draft amendment application that was released on February 28, 2019, and which is available to review on the HSD website.

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