

Medicaid Advisory Committee-MAC meeting
Monday, April 15, 2019
MINUTES

Time: Start-1:05 pm End-2:07pm Location: Harold L. Runnels Building, O.A. Larrazolo Auditorium, 1190 S. St. Francis Dr., Santa Fe, NM 87501

Chair: Larry A. Martinez, Presbyterian Medical Services

Recorder: Alysia Beltran, Medical Assistance Division

Committee Members

Sylvia Barela, Santa Fe Recovery Center	Kim Jevertson, Public Member
Michael Batte, Public Member	Natalyn Begay, Ohkay Owingeh
Meggin Lorino, NM Association for Home and Hospice Care	Jim Copeland, NM Department of Health
Carol Luna-Anderson, The Life Link/Behavioral Health Planning Council	
Ramona Dillard, Pueblo of Laguna	Richard Madden, NM Chapter of the American Academy of Family Physicians
Jeff Dye, NM Hospital Association	Rodney McNease, UNM Hospital
Mary Eden, Presbyterian Healthcare Services	Carolyn Montoya, UNM College of Nursing
Michael Hely, NM Legislative Council Service	Eileen Goode, NM Primary Care Association
Ruth Hoffman, Lutheran Advocacy Ministry NM	Laurence Shandler, Pediatrician
Gary Housepian, Disability Rights	Dale Tinker, NM Pharmacists Association
Mark Freeland, Navajo Nation	

Absent Members:

Mark Freeland, Navajo Nation	Sylvia Barela, Santa Fe Recovery Center
Mike Batte, Public Member	Jason Espinoza, NM Health Care Association
Michael, Hely, NMLFC	Kim Jevertson, Public Member
Carol Luna-Anderson, The Life Link	Ramona Dillard, Pueblo of Laguna
Natalyn Begay, Ohkay Owingeh	Jim Copeland, NM Department of Health
Richard Madden, NM Chapter of the American Academy of Family Physicians	
Rodney McNease, UNM Hospital	

Staff & Visitors Attending:

Nicole Comeaux, State Medicaid Director	Jason Sanchez, HSD/MAD Deputy Director	Kari Armijo, HSD/MAD Deputy Director
Jennifer Vigil, HSD/ MAD	Megan Pfeffer, HSD/ MAD Acting Deputy Director	Renee Ennis, TriCore Reference Labs
Michael Spanier, Hyde & Associates	Bill Jordan, Voices for Children	Nancy Rodriguez, NMASBHC
Liz Lacouture, Presbyterian Health Plan	Chris Habgood, HSD/ BHSD	Sam Brandt, X-Ray Associates of NM
Michael McGrady, X-Ray Associates of NM	Jenny Felmy, LFC	Jason Smith, Glead Sciences
Coleen Foms, Glead Sciences	Colin Baillio, Health Action NM	Ann Nelson, Vertex
Nat Dean, Disability Advocacy	Mercedes Dnum, TESARO	Kendra Garcia, New Vistas
Maryilyn Bennett, New Vistas	Michael Parks, Senior Citizens Law Office	Dylan French, NM Pharm. Associations
Joie Glenn, Advocacy for Home & Hospice Care	Abuko Estrada, NM Center on Law & Poverty	William Townly, NM Center on Law & Poverty
Scott Allocco, Sellers Dorsey	Vickie Kowal, Natural MS Society	Michael Murphy, IL RC
Carolyn Griego, WSCC	Heather Ingram, Presbyterian	Ellen Pinnes, The Disability Coalition
Jim Jackson, Disability Rights NM	Tina Riger, BCBSNM	Brianna Roper-Willis, WSCC

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	Larry Martinez convened the meeting and led the introductions. Larry introduced appointed members, staff and guests as they arrived during the meeting.	None	Larry Martinez, MAC Chairperson	Completed
II. Approval of Agenda	The agenda for this meeting was approved by all committee members in attendance, with no recommended changes.	None	Larry Martinez, MAC Chairperson	Completed
III. Approval of Minutes	The minutes from the January 28, 2018 meeting held at the State Capitol Roundhouse were approved by the committee with one correction to the absent members list.	Finalized minutes will be posted on the HSD website.	HSD/MAD Director's office	Completed
IV. Legislative Update	<p>Nicole Comeaux and Jason Sanchez presented on 2019 Legislative Session Update:</p> <p>Overall HSD is very pleased of the outcome and the budget following the session. Folks really understood what the priorities were that HSD was hoping to address for the upcoming years. HSD was able to get the resources we need to try to progress the vast majority of those priorities. The first of the priorities is the intention to increase rates across the board. Provider rate priorities include Behavioral Health (BH), Primary Care, and rural and frontier areas. Additional legislation has passed, to increase rates for Nursing Facilities and hospitals allows us to devote more of the resources.</p> <p>Medicaid Buy-In: There were some changes to the bill through out the session and unfortunately, the bill did not pass. HSD, along with the Governor's Office is still in strong support of the intention behind that bill. HSD will be pursuing and looking at, in greater depth, what the options are to expand coverage to the remaining members that are not eligible for any existing programs in the state over this next year. HSD will be meeting with the Legislature in the interim and a plan that includes the complete actuarial analysis that Munoz was not able to finish in their work before we go back to the session in January. HSD did receive money out of the junior bill, after some intense efforts. HSD will be hiring a full-time employee that will be working on the Medicaid Buy-in. HSD will be looking at all options, including 1331 and 1332 waivers to potentially expand Medicaid coverage to those populations that were highlighted in the bill. Also making sure there is affordable coverage in those including those who may already have coverage.</p>	None	Nicole Comeaux, Director, and Jason Sanchez, Deputy Director Medical Assistance Division, Human Services Department	Completed

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	<p>With the intention of trying to disrupt the market as little as possible. There was a Memorial that gave HSD the legislative authority to peruse those waivers. HSD has been working closely with the Governor's Office on all the bills that have passed. Of those that passed the Governor has signed thirty-five bills where Medical Assistance Division (MAD) is either the lead division, or a partner with BHSD and Income Support Division (ISD).</p> <p>Jason Sanchez presented on Legislative Session</p> <p>House Bill (HB) 2: HSD received an appropriation of 985.5 million which was 9.3 million below our latest projection which was based upon December data. That is an increase of 51.9 million dollars of where we are currently in Fiscal Year (FY) 19. There were a few language items that were specifically inserted right beyond out appropriations, for example; Provider Rate Adjustments including Personal Care Services (PCS), of 500 thousand dollars for Federally Qualified Health Centers (FQHC) rates, 200 thousand dollars for Graduated Medical Education (GME) that were in our specific section of our appropriation of HB2. In additional, there was a 34 million dollar appropriation which was is section five in the back of the bill, which is to increase in-patient and out-patient hospital rates.</p> <p>Senate Bill (SB) 246: Health Care Quality Surcharge Bill: The goal is to identify an amount that potential nursing homes and/or Intermediate Care Facilities for the Intellectual Disability (ICFID) would pay a surcharge towards the state government and those dollars would then be matched and utilized to increase rates.</p> <p>SB 536 and HB 548: These are junior bill appropriations and some of the dollar amounts that were there would directly affect the Medicaid Program, total of 142 thousand dollars to study the Medicaid Buy-In at 257 thousand and 150 thousand for GME programs. HB 480 was the GME programs bill associated with that and this bill also did pass.</p> <p>Projections: Enrollment seems to be flattening again slightly. PMPM are bouncing around a little bit over the last couple of months due to shifting membership and the fact that the members were allowed to shift over the last three months, between Managed Care Organizations (MCO)'s to find the MCO that meets their most needs. HSD is tracking some shifting in dollars in terms of PMPM across the MCO's. HSD does not expect to see huge swings from where we were previously projecting in terms of the enrollment and the Managed Care costs. One item HSD is seeing a projected decrease in need is the items associated with CC 2.0 that was the line item at the bottom of the projection. We are seeing a reduced need as we move forward</p>			

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	<p>throughout learning more on how these programs are going to be operated.</p> <p>Nicole Comeaux added some additional information about the session:</p> <p>As Jason outlined, HSD did end up in a good place with the funding that was received. The question for most folks is, what money will go where, regards to the rates. The intention for HSD is to phase this in over three years and then increase rates over the three-year period. The largest of the increases would come in this first year. HSD is still in the process of evaluating how we can break up the funding into each of the categories that we intend to increase rates in. The focus remains on those that we outlined during the session and that were just mentioned; PCP, BH, and Rural and Frontier. Rural and Frontier area will be focused on FQHC's and looking at making sure HSD has a fair playing field. Some expectations HSD will be coming to you in the very near future to outline what those increase will be. HSD does intend to implement the vast majority of them in the beginning of July what rates are adjusted. There are a couple that would not go into place in July for logistical reasons. There are a couple that update on a regular time frame on which they update that HSD would stick to and update those. For example: Those that increase on a different time frame than the normal July increase on a regular basis, those would be the only ones that HSD would see happening in July. HSD meets weekly with the HSD Secretary in the actuaries to determine the best way to divvy up the funding and Secretary Scrase that our intention will be to put out a public statement as to how the funding will be divvied up.</p>			
V. Director's Update	<p>Nicole Comeaux presented the MCO Centennial Care (CC) 2.0 Update:</p> <p>On December 14, 2018 Centers for Medicaid and Medicare (CMS) approved HSD's request to extend New Mexico's Medicaid 1115 Demonstration Waiver to go into effect starting January 1, 2019 through December 23, 2023. HSD and CMS continue to have ongoing discussions regarding the Special Terms and Conditions (STC'S) to clarify the states obligations to CMS during the life of the waiver. 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 three-month retractive 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</p>	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	<p>for the home visiting pilot allowing HSD to expand the program based on member outcomes. On March 1, 2019, Notice of Public Comment was issued, and comments were accepted until 5:00 p.m. MST on Monday, April 15, 2019. A Public Hearing occurred on Wednesday, April 10, 2019 in Las Cruces and another hearing was scheduled to occur on Monday, April 15, 2019 in Santa Fe. Members that were auto-enrolled with a Managed Care Organization (MCO) in December 2018, had until March 31, 2019 to switch their enrollment to a different MCO.</p>			
<p>VI. Amendment Presentation</p>	<p>Nicole Comeaux presented on the Centennial Care 2.0 Waiver Amendment:</p> <p>HSD was 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 were accepted until 5:00 p.m. EST on Monday, April 15, 2019. HSD held two public hearings in different regions of the state: Wednesday, April 10, 2019 was held in Las Cruces at the Thomas Branigan Library. Monday, April 15, 2019 was held in Santa Fe at the New Mexico Department of Health, Harold L. Runnels Building, Auditorium. Comments were also accepted thorough email at HSD-PublicComment@state.nm.us or by mail. More information about the amendment to the waiver and public comment process may be found on the Department's website at: 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). HSD appreciated your attendance and looks forward to your comments after the presentation. Centennial Care 2.0 1115 Demonstration Waiver Amendment Application 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, HSD will accept and record all comments. HSD 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. The proposed timeline of the waiver amendment process is as follows; February: Release of Draft Application, March and April: Public & Tribal Comment Period, April: Public Hearing, May: Submit Application to CMS and effective July 1, 2019. The state's goal 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.</p>	<p>None</p>	<p>Nicole Comeaux, Director, Medical Assistance Division, Human Services Department</p>	<p>Completed</p>

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	<p>Area of Focus in the Waiver Amendment are member engagement and personal responsibility. Administrative simplification through refinements to eligibility. Benefit and service delivery modifications. Proposed Changes to Member Engagement & Personal Responsibility: Remove all co-payments from CC. Currently approved, the CC 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 CC members. HSD does not intend to implement these co-payments and seeks to remove this authority from the waiver. Remove Premiums for members of the Adult Expansion Group. The current CC 2.0 waiver requires HSD to implement monthly premiums of \$10 for members of the Adult Expansion Group who have income about 100 percent of the federal poverty level (FPL), effective July 1, 2019. HSD does not intend to implement premiums and seeks to remove the requirements to implement them from the waiver. Proposed Changes Through Refinements to Eligibility: Reinstate Retroactive Eligibility. The current CC 2.0 waiver includes a phase-out of the three-month retroactive Medicaid coverage period for non-pregnant adults covered under CC. 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 reinstate the full retroactive coverage period for all affected individuals as quickly as possible. HSD's proposed effective date for reinstating retroactive coverage in July 1, 2019. Proposed Benefit & Service Delivery Modifications: Community Benefit Service. CC expanded the availability of Community Benefit (CB) services to individuals who qualify for full Medicaid coverage and meet the 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 the standard Medicaid financial eligibility by establishing 4,289 slots in the CC 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 Benefit & Service: Home Visiting Pilot; The CC 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 service will be designated by HSD throughout the term of the waiver.</p>			
VII. Public Comment	The following are the Public Comments:			

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	<p>William Townly from NM Center on Law & Poverty: Supports all amendments set forth. Copayments and premiums: we stand and support the provisions that would be considered detrimental to low income families. As well as anything that would cause the loss of thousands of New Mexicans. Retroactive eligibility: it protects families as a vital safety net as well as insures that providers are compensated for services provided. Home Visiting: we are in support of expansion of this pilot. we would love to see that is it done in areas of high need in the state of NM. Many counties that are not currently selected have demonstrated need of early childhood intervention now being set forth. This is an opponent for a pilot to really study the infrastructure and staffing needs in those areas to ensure those families are receiving services that are known to provide an outcome for the health and education. Every home is provided a comfortable home visiting service is something this state should look to do. This program is overseeing through the oversight of home visiting providers as well as stake holders and early childhood.</p> <p>Dale Tinker from NM Pharmacist Association: Thank you for implementing these changes. A firm believer that copays are designed to be a ... of very good care, so getting rid of those is a really good move. Charging a ten dollar premium or so for folks that are almost poverty level, doesn't make any sense in terms of administration. The changes are very positive.</p> <p>Vickie Kowal from National MS Society: Submitted letter via email 4/15 in support of all March 1st, 2019 amendments and we thank you for those. Waiver slot expansion: people with MS are diagnosed in-between ages 20-50 and women are diagnosed more often than men. 60% of MS clients leave the work force within 10 years and that is due to disability and disease progression. MS impacts in cognition and the physical aspects. Nursing homes are not appropriate for people between the ages 20-50. Because of the long wait list, we have families living in these homes to get on Medicaid quicker, which allows them to get the waiver at home. Some individuals with MS are living at home without any home care support without any personal care. Their caregivers are children of the individual, or the parents, which puts everyone at risk. It's also impacts the employment of the spouse and their ability to work while caring for this individual. Opening more slots allows more access to life changing and lifesaving services. Cost share and premiums: Copays really add up. So, if you are living with MS you are not only getting prescriptions, you are going to PT, OT, multiple doctor visits. Any payment of any kind per month for the low moderate-income individuals makes it so these individuals don't go to their appointments.</p>			

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	<p>Colin Baillio from Health Action NM: Applaud HSD and GOV office for not only these waiver amendments but also to rescind the harmful provisions including the premiums, co-pays and changes to retroactive coverage and using it as an opportunity to improve upon the waiver with the changes to the home visiting as well as the community benefits. It is great to look at the evidence in all these programs and the changes that were proposed and adopted and moved towards the ones that were supported by the evidence. Appreciate, HSD was fighting for the Medicaid budget and advocating for the beneficiaries for the program. Question: Folks that did incur medical costs in results of the MCO changes, that have been put into effect retroactive coverage since January 1, if they would be held harmless if the amendment gets accepted.</p> <p>Bill Jordan from Voices for Children: Stand in support of all amendment changes. The dept really has the health and the best interest of kids and families in mind. Feels very different. The legislative session shows it is very different and the proposed changes also show a new direction. Very excited and very grateful for that.</p> <p>Carolyn Montoya from College of Nursing: Commend the dept in terms of what they are doing in child health. Home visiting: Was an article in 2016 called Home Visiting and use of Infant Health Care.</p> <p>Nancy Rodriguez from NM Alliance for School Based Health Care: Supports and shows gratitude of all the amendments. 65 % of SBHC are run by federally qualified health centers and are often in the position to absorb the cost of health care for confidential visits in the BH and reproductive health. If these centers would have been in the position to absorb the cost of these copays for these visits, it could have killed the SBHC in the state. Very excited for these amendments. Excited for the new expansion.</p> <p>Ruth Hoffman from Lutheran Advocacy Ministry NM (LAM-NM): While the waiver was being developed there were sub-committees of the MAC committee on different topics. Cost share: The committee voted not to have any cost sharing in the waiver and that advice of by the sub-committee was ignored. Thank you for reversing that decision.</p> <p>Jim Jackson from Disability Rights NM: Supports all five amendments for the CC Waiver. Thanks Gov. for signing bills into law that will increase access into Medicaid and other insurance coverage for members with disabilities example HB 323 HB436. Wants to encourage the department to review and address the</p>			

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	<p>steady decline in the average utilization of personal care services and some other long-term benefits under CC. Encourage the dept on an on-going basis post it, publicize the data about utilization with the long-term services. Encourage the dept to solicited advice from the committee.</p> <p>Jeff Dye from NM Hospital Association: Written comments submitted. Copays and retroactive eligibility: These put an administrative burden and a cost on hospitals that are sometimes standing in a situation that are having to not have the copays paid and having to eat that cost. As well as being able to provide the retroactive care.</p> <p>Nat Dean from Disability Advocate: Supports all amendments. Care Coordination at the NFLOC level care in the home. There seems to be difficulty for participants outside of MCOs that the interaction with the CC and the subscribers. Not enough training on the MCO side and lack of follow ups. Echo Jim Jacksons comment about MAC members.</p> <p>Eileen Goode from NM Primary Care Association: Echo comments that have been made. Supports the amendments.</p> <p>Michael Spanier from Hyde & Associates: Support the elimination of premiums.</p>			
VIII. Adjournment	Before the meeting adjourned Larry Martinez asked if anyone in attendance had any questions. There were no questions presented by the audience. The meeting adjourned at 2:07 pm. Date for the next regular meeting was not announced.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted:

Alysia Beltran

May 20, 2019

Recorder

Date