

**Medicaid Advisory Committee - MAC Meeting**  
**Monday, April 27, 2020**  
**MINUTES**

**Time: Start-1:06 pm End-4:01 pm Location: GoTo Meeting**

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**Chair:** Larry A. Martinez, Presbyterian Medical Services

**Recorder:** Alysia Beltran, Medical Assistance Division

**Committee Members**

Sylvia Barela, Santa Fe Recovery Center  
Jeff Bustamante, BeWellNM  
Ruby Ann Esquibel, LFC  
Kurt Rager, Lutheran Advocacy Ministry NM  
Gary Housepian, Disability Rights NM  
Kathy Kunkel, NM DOH  
Kristina Leeper, NMMIP  
Meggin Lorrino, NM Association for Home & Hospice Care  
Rick Madden, Family Physician  
Rodney McNease, UNMH  
Travis Renville, NDC  
Nancy Rodriguez, NM Alliance of School-Based Health Care  
Laurence Shandler, Pediatrician  
Dale Tinker, NM Pharmacists Association  
Vicente Vargas, NM Health Care Association

Brian Blalock, NM CYFD  
Jeff Dye, NM Hospital Association  
Eileen Goode, NM Primary Care Association  
Katrina Hotrum-Lopez, NM ALTSD  
Sharon Huerta, BCBSNM  
Liz Lacouture, PHS  
Ellen Leitzer, Senior Citizens Law Office  
Carol Luna-Anderson, The Life Link  
Sireesha Manne, NM Center on Law & Poverty  
Carolyn Montoya, UNM College of Nursing  
A. Terrie Rodriguez, NM Alliance of Health Councils  
Buffie Ann Saavedra, AARP  
Latha Shankar, WSCC  
Russ Toal, OSI  
Anthony Yepa, Indian Pueblos Council

**Absent Members:**

Brian Blalock, NM CYFD  
Rodney McNease, UNMH  
A. Terrie Rodriguez, NM Alliance of Health Councils  
Russ Toal, OSI  
Anthony Yepa, Indian Pueblos Council

Kathy Kunkel, NM DOH  
Travis Renville, NDC  
Buffie Ann Saavedra, AARP  
Vicente Vargas, NM Health Care Association

**Staff & Visitors Attending:**

Nicole Comeaux, State Medicaid Director  
Linda Gonzales, HSD/MAD Deputy Director  
Valerie Tapia, MAD  
Alicia Bernal, MAD  
Ann Nelson,  
Carlos Ulibarri, MAD  
Christopher Cameron, WSCC  
Dan Lanari  
Derek Lin  
Ellen Pinnes,  
Jane Wishner, BHSD  
Jennifer Vigil, MAD  
Juanita Reese, HSD  
Kellie Rose, AmeriHealth Caritas

Kari Armijo, HSD/MAD Deputy Secretary  
Elisa Moran-Walker, HSD/MAD Deputy Director  
Carmen Juarez, MAD  
Amy Corbin, C Home Care  
Annabelle Martinez, MAD  
Carolyn Griego, WSCC  
Colin Baillio, OSI  
Dauna Howerton, BHSD  
Desbah Farden, MAD  
Erica Archuleta, MAD  
Jason Smith, Gilead Sciences  
Jenny Felmley, LFC  
Julie Lovato, MAD  
Kim Carter, MAD

Megan Pfeffer, HSD/MAD Deputy Director  
Abuko Estrada, HSD/MAD  
Adrienne Smith, NM Caregivers Coalition  
Angelica Bruhnke, Versatile Med Analytics  
Bill Jordan, NM Voices  
Cathy Salazar, Parents Reaching Out  
Cynthia Romero, HSD  
Deluvina Martinez, ISD  
Devi Gajapathi, MAD  
Erin Colgan, AmeriHealth Caritas  
Jeanette Gurule, MAD  
Jim Jackson, DRNM  
Karen Wiley, NMDVR  
Kurt Rager, Habitat Abq

LaRisa Rodges, MAD  
 Lisa Levitt, Versatile  
 Matthew Onstott, Sellers Dorsey  
 Molly Graver, NM Law & Poverty  
 Pamela Blackwell,  
 Quinn Lopez, WSCC  
 Roy Jeffus,  
 Samantha Storsberg, HSD  
 Tamara Espinoza,  
 Theresa Belanger, MAD  
 Wanicha Burapa, MAD  
 Rick Hernandez

Jennifer Lauper, BMS  
 Margaret Bost, MAD  
 Melanie Buenviaje, MAD  
 Nat Dean, Disability Advocacy  
 Paoze Her, MAD  
 Reina Martinez, Bern Co.  
 Scott Allocco, Sellers Dorsey  
 Susie Kimble, BHPC  
 Tammy Soveranez, HSD  
 Vivian Ulibarri, MAD  
 David Ley,  
 Sharilyn Roanhorse, MAD

Lindsay Provan, HSD  
 Marilyn Bennett, New Vistas  
 Mike Nelson, Tri Core  
 Neal Bowen, BHSD  
 Pei Huang, MAD  
 Renee Ennis, Tri Core  
 Shane Shariff, MAD  
 Tallie Tolen, MAD  
 Tara McKinley,  
 Wade Carlson, CYFD  
 Jennifer Crosbie, Senior Link

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
1. Meeting Protocols	<p><b>Director Nicole Comeaux presented an overview of meeting protocol:</b></p> <p>These are some helpful hints to help make this meeting a success.</p> <ul style="list-style-type: none"> <li>• Please join the meeting through the GoToMeeting link provided in the meeting invitation as this will allow you to see the PowerPoint presentation projected. The GoToMeeting provides the options of joining the meeting using your computer audio or phone. Feel free to proceed with your preference.</li> <li>• As a friendly reminder, please mute the microphone on your computer and phone when you are not speaking. When you're ready to speak, please unmute yourself. This will ensure the group is able to hear everyone clearly and it will eliminate background noise.</li> <li>• Please update your name and email address under "Attendees" in the GoToMeeting. This will assist us in capturing all attendees and will help us transcribe minutes as well capture those who speak. Again, the invitation includes step by step instructions on how to do this in the GoToMeeting.</li> <li>• If committee members have questions during the presentation, we will pause at the end of each presentation section to provide you with the opportunity to ask your questions.</li> <li>• We will utilize the chat function in the GoToMeeting to address public comments at the end of the meeting. As a reminder, the public comment portion of this meeting allows interested parties an opportunity to ask questions or provide a comment based on the items presented. To submit a comment, please specify public comment in the chat function, include your name, affiliation, email address, and comment.</li> </ul>	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	<ul style="list-style-type: none"> <li>• Presenters, in an effort to smoothly move through the presentation today, please announce “Next Slide Please” when you are ready to move to the next slide.</li> <li>• Lastly, as a reminder, this meeting is being recorded in an effort to transcribe meeting minutes.</li> </ul>			
2. Introductions	Larry Martinez convened the meeting and led the introductions. Larry introduced committee members, staff and guests as they arrived during the meeting.	None	Larry Martinez, MAC Chairperson	Completed
3. 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
4. Approval of Minutes	The minutes from the January 27, 2020 meeting held at the Bataan Memorial Building have been approved by the committee.	Finalized minutes will be posted on the HSD website.	HSD/MAD Director’s office	Completed
5. MAD Director Update	<p><b>Director, Nicole Comeaux presented on MAD updates:</b></p> <p><b>Health Crisis:</b> 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 percent. 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. Announced that Elisa Walker-Moran is the new MAD Deputy Director of Finance.</p> <p><b>New Applications Received-Daily by Program:</b> The Income Support Division (ISD) have done an incredible job processing not only Medicaid applications timely, but other program applications such as: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to needy Families (TANF), Low Income Home Energy Assistance Program (LIHEAP). They did so all while moving themselves to a brand-new model of operations, which is almost entirely remotely. We started to see the impacts of the crisis emerge in early April. April has really shown to be the biggest impact for us. YesNM is our online application forum and the number of applications received has increased. Other application modalities have decreased due to front line workers emphasizing the use of online resources. There have been increases in curbside assistance; wanted to make others aware that curbside assistance is an available resource. As of April 15, 2020, we have seen significant growth in enrollment numbers. In the very first weeks in April, there were 10 thousand additional enrollments on top of those enrollments that we had projected last year.</p>	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	<p><b>Deputy Secretary, Kari Armijo presented on HSD Activities in Response to COVID 19:</b> HSD is working closely with the National Guard and Emergency Operations Center (EOC). HSD has several staff dedicated full time across the department managing the Emergency Services Function (ESF6), which is under HSD's domain. The staff running ESF6 is very focused on providing food and is conducting daily shipments of food and water to tribal populations, Navajo Nations. They are very focused on sheltering individuals who may not need immediate medical care but are either COVID positive or have been exposed to COVID individuals. This includes homeless individuals, emergency response workers, and other individuals who need shelter during this time. This has been the primary focus for ESF6, and that work is occurring everyday and all day. They are also working on securing non-medical supplies and Behavioral Health Services (BH), ensuring coordination of care, and clients get the services they need. They are working very closely with the Department of Health (DOH) on ESF8 emergency services, which are under DOH's domain. ESF8 is around the medical shelter component. There is a lot of crossover between the work DOH is doing and the work that HSD is doing. Secretary Scrase has been dedicated to the Governor's Office and the Medical Advisory Team (MAT) and his leadership has been focused on the clinical care aspects of COVID 19. The Clinical Care Model that they are implementing with hospitals, securing and maintaining and watching the inventory of medical facilities and monitoring beds every day. They are trying to allocate the medical work force to ensure that the resources are properly replaced on the medical side. Also making sure that medical equipment and Personal Protective Equipment (PPE) are being shipped out and allocated accordingly to the areas with out-breaks, as well as focusing on the testing around the state. There is a lot of work with the anti-body testing. We are waiting for the medical recommendation for that and when it gets ruled out, the anti-body testing will be covered to all Medicaid clients as well as uninsured clients.</p> <p><b>Katrina Hotrum-Lopez also added on Activities in Response to COVID 19:</b> Aging &amp; Long-Term Services Department (ALTSD) have been doing a lot of work feeding adults with disabilities and seniors who do not have food and don't really have access to food or a way to get it. To date, we have delivered 34 thousand boxes and are really incorporating ourselves in the ESF6. Assisting ESF6 on a much larger scale and trying to figure out how to feed everyone in our community, while utilizing different sources of money to make sure people are fed. ALTSD also conducted a fundraiser on cloth masks. We raised almost \$9 thousand to do that for the purposes of the DOH and ALTSD aging network so that we'd stop using medical PPE. HSD and Children Youth &amp; Families Department (CYFD) is assisting ALTSD in obtaining thousands of masks with the efforts of the Department of Corrections and others that can get those to us so that we don't have to use up all</p>			

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	<p>the PPE. We are now in the long-term care and service business, so we helped develop the COVID-only facility in Albuquerque. We are looking at potentially others as the wave starts to move around the state. We have also been working with Gallup in managing the surge there. It is estimated that, 63 percent of the population in Grants are positive with COVID. So being able to have a space for them and doing public health orders is needed.</p> <p><b>Director, Nicole Comeaux presented on Federal COVID-19 Response:</b></p> <p><b>Phase 1 Bill:</b> Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (H.R. 6074): Some were not familiar with it, and it was the first one to come out and it did put out a significant bucket of money. The package was larger coming out of the next phase of the bill which is Phase 2 Bill.</p> <p><b>Phase 2 Bill:</b> Families First Coronavirus Response Act (H.R. 6201)</p> <p><b>Phase 3 Bill:</b> Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R. 748)</p> <p><b>Phase 3.5 Bill:</b> Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)</p> <p><b>Federal COVID-19 Response Medicaid Impact:</b> There are a number of provisions that impact HSD, other agencies, small businesses, etc., but the greatest impact are the ones summarized. One is Families First Coronavirus Response (FFCRA) Act; Medicaid received a 6.2 percent increased Federal Medical Assistance Percentage (FMAP) from January 1, 2020 through the end of the emergency. They gave us this increase which came the first two quarters of the (calendar) year and helped us respond to this crisis. Maintenance of Effort- no termination or reductions in benefits for the duration of the emergency. Medicaid is 100 percent FMAP for testing and related services for the uninsured. Most recent legislation provided a pot of money designated to have providers directly reimbursed for the uninsured. We are still proceeding in adopting and covering this service in NM but are hopeful that these other funds are available prior to us getting this into effect. Coronavirus Aid, Relief and Economic Security (CARES) Act; There was a \$15.4 million allotment to NM Federally Qualified Health Centers (FQHCs). \$100 billion was allotted for US provider payments. Up to this point Health &amp; Human Services (HHS) has not been willing to provide the provider level information. It's been difficult without this information to know where to focus our efforts. We're trying to determine where these payments went so, we can determine where our funding should go. Next funding that should come in will focus on Medicaid and Medicare that have a higher proportion of Medicaid. National Association of Medicaid Directors (NAMD) have worked closely with Center for Medicaid and Medicare Services (CMS) to outline what's critical.</p>			

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	<p><b>MAD COVID-19 RESPONSE: Federal Waivers:</b> CMS approved the following on the 1135 Waiver on March 23, 2020: Suspending prior authorizations and extending existing authorizations; suspending PASRR Level I and II screening assessments for 30 days; an 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 program; waive screening requirements (i.e., Fingerprints, site visit, etc.) to quickly enroll providers; and cease revalidation of currently enrolled providers. Outstanding 1135 requests currently include: Payments to facilities for services provided in alternative settings; reciprocity for licensure when services are provided by providers located outside of NM; and Federal reporting and oversight requirements to be lifted.</p> <p><b>Appendix K for Medically Fragile, Mi Via &amp; DD Waiver:</b> Appendix K was approved by CMS on March 27, 2020. CMS approved us: Exceeding 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.); expanding service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms.); permitting payment to family caregivers; modifying provider enrollment requirements (i.e. suspending fingerprinting and modifying training requirements); reducing provider qualification requirements by 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 fulfill the annual requirement or completing new assessments telephonically; modifying the person-centered care plan development process to allow for telephonic participation; modifying incident reporting requirements; and retainer payments for personal care services.</p> <p><b>State Plan Amendments (SPA):</b> There has been a series of disaster SPA's that were submitted. SPA 20-0004: Expands the list of qualified entities allowed to do Presumptive Eligibility. SPA 20-0005: Increases Federal Poverty Level (FPL) for both children and adults. SPA 20-0006: Advances two quarters of Disproportionate Share Hospital (DSH) payments. SPA 20-0007: Increases Diagnostic Related Group (DRG) rates for Intensive Care Unit (ICU) inpatient hospital stays by 50 percent and all other inpatient hospital stays by 50 percent and all other inpatient hospital stays by 12.4 percent. SPA 20-0008: Established Category of Eligibility (COE) for the COVID Testing Group for the uninsured population. SPA 20-0009: Provides targeted Upper Payment Lever (UPL) supplemental payments.</p>			

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	<p><b>Medicaid Guidance:</b> Letter of Direction (LOD) #31 included all of the COVID related guidance to the Managed Care Organizations (MCO). On the provider side there were some separate guidance. Supplement #1 - Fingerprinting Guidance: Fingerprinting facilities were all closed, so that became a barrier to hiring. We have suspended the requirement for fingerprinting, but not for submitting background checks. Applications will still have to be submitted and will be in a temporary status. Once the emergency has ended and the fingerprinting facilities have opened back up, the individuals will have 30 days from the end of the declaration of the New Mexico public health order. Supplement #2 - Medicaid Coverage of COVID-19 Testing for all Uninsured: This supplement is going to be updated. We have given the guidance out of the Congressional Act and out of CMS. Supplement #3 - Guidance for New Mexico Medicaid Providers: Details all the information related to the waivers at large. Additional guidance that is forthcoming is Billing for Uninsured and Emergency Medical Services for Undocumented Aliens (EMSA) Population, waiving the in-person signatures for prescription drugs and medical equipment, expedited claims payments, allowing services by out-of-network providers, and billing for Alternative Care Sites (ACS).</p> <p><b>Provider Assistance:</b> Hospital Providers: On April 10, 2020 we advanced \$37 million to NM Hospitals through Disproportionate Share and Uncompensated Care Pool (previously Safety Net Care Pool) Funding. As of right now we are waiting for CMS response to provide temporary rate increase targeted at Inpatient Services and Intensive Care Units (ICU). Non-Hospital Providers: We hope the telehealth provisions have helped. HSD is reimbursing the same rates as in inpatient visit. We are requesting retainer payments for some of the personal care service providers. Thus far, CMS has not allowed for retainer payments for other provider groups. The NAMD submitted a letter to try to encourage it and if it becomes available, we will keep you updated. We know a lot of these providers can't use telehealth to maintain revenue, and we do not want to lose these providers across the state. So, we are exploring directed payment, pass through payment and rate increase options. We are working with the two largest brokers for non-emergency transport in the state and all three of the MCO's are contracted with those two. We are working with them on a proposal to have a special fleet. They would be eligible for an increased rate to incentiveize those drivers. This would also provide additional funding so that they could purchase PPE for those drivers, and additional cleaning of the vehicles.</p> <p><b>BHSD/MAD COVID-19 Response:</b> Expanding service delivery modalities refers to the LOD that was issued jointly with MAD that allows telephonic health care. Almost every type of BH service is now using telephonic health. BHSD has been working with the EOC and assisting</p>			

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	<p>with ESF6 housing and shelters as well as providing certified peer support workers for all of those in these shelters. BHSD has issued a Behavioral Health Specialty Service Guide which is for the continuity of care facilities, intensive out-patient, residential, homeless shelters, or anyone that has in-house clients. This guidance also explains how to access PPE and basic protocol to keeping safe. BHSD applied for a \$2 million emergency grant that was awarded. There has been a huge decrease for methadone clinics. There could be two reasons why: one is a lot of the clients have employer-based insurance and have been dropped off. A lot of the clients are not aware that these services are still available to them under these circumstances. The NM Crisis and Access Line (NMCAL) is now available through an app. A new line has also been set up under the NMCAL specifically for health care providers and first responders who are experiencing mental health issues of their own, tied to the work they are doing on the front line of this crisis. BHSD is looking to help the psychiatric hospitals in the state deal with COVID in their population.</p> <p><b>MAD/Office of Superintendent of Insurance (OSI)/beWellNM/ New Mexico Medical Insurance Pool (NMMIP) COVID-19 Outreach:</b> The flyers provide coverage options that individuals can apply for at low or no cost during this time. They give easy to understand materials about what coverage options are available, who can qualify for Medicaid based on income, through beWellNM, and how to go through an application. Throughout the collaboration with all of the groups, we were able to send the flyers out to various community groups across the state, all the MCO's, various health care providers, business associations, etc., as well as working on sending them out to various state agencies to leverage their networks.</p> <p><b>COVID-19 Key Resources:</b> Below is a list of key resources that have helpful information during this pandemic.  Information from Governor Lujan Grisham: <a href="https://www.new-mexico.gov/">https://www.new-mexico.gov/</a>  DOH Webpage: <a href="https://cv.nmhealth.org/">https://cv.nmhealth.org/</a>  New Mexico Medicaid Guidance: <a href="https://nmmedicaid.portal.com/duent.com/static/covid.htm">https://nmmedicaid.portal.com/duent.com/static/covid.htm</a>  CMS Guidance: <a href="https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page">https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page</a>  For any questions regarding Medicaid policy-related COVID-19, they may be submitted to <a href="mailto:MADInfo.HSD@state.nm.us">MADInfo.HSD@state.nm.us</a></p> <p><b>Other MAD Activities:</b> There is still a lot going on, but these are the most critical things. The Health Care Quality Surcharge: The legislation that was passed in 2019 resulted in a \$37 million in new payments to NM Nursing Facilities by April 30<sup>th</sup>. 1115 Demonstration Waiver Amendment is seeking new flexibilities in Medicaid effective January</p>			

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	1, 2021. Supports Waiver held a public hearing on March 13, 2020 and is planned to go-live on July 1, 2020.			
6. Medicaid Budget Projections	<p><b>Deputy Director, Elisa Walker-Moran presented on the Medicaid Budget Projection:</b></p> <p><b>Guiding Medicaid Principles:</b> 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.</p> <p><b>Medicaid Budget Projection:</b> 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.</p> <p><b>Seismic Risks to the Budget:</b> There is some significant risk to this budget. There are some challenges with declining revenue from oil price and production as well as the prolonged Health Care and Economic Crisis. We are concerned with the financial wellbeing of the providers and we are trying to adjust that in our current budget projection. We are also concerned with the length of duration of the FMAP increase. We are monitoring enrollment as it changes from day-to-day.</p> <p><b>Health and Economic Crisis:</b> “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 calendar year (CY) 2018, there were an estimated 90,000 individuals with employer-based coverage and income below 200 percent FPL (Kaiser Foundation).</p> <p><b>Financial Wellbeing of Providers:</b> The Public Health Order affected all non-essential healthcare services, “elective surgeries”, closed most free-standing surgical centers. Major hospitals cancelled many elective procedures. Gastroenterology (GI) Labs closed. Outpatient providers changed over to telemedicine visits (Medicaid reimbursement equal to face-to-face). Some hospitals outpatient departments closed, and lab and radiology volumes went down by 50 percent. There are other services that we are seeing a decline such as dental, and other services.</p>	None	Elisa Walker-Moran, Deputy Director, Medical Assistance Division, Human Services Department	Completed

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	<p><b>Reduction in Travel and Public Health Orders in NM:</b> There has been almost a 50 percent decline in travel due to the restriction.</p> <p><b>Length of Duration of FMAP Increases:</b> The FMAP stepped down in January 1, 2019 to 93 percent and on January 1, 2020 to 90 percent for the expansion population and other adult group. The Enhanced FMAP (E-FMAP) which is mostly for the Children’s Health Insurance Program (CHIP) population, was at 100 percent last year and expired in September 30, 2019. We will then phase-out the increase to states’ E-FMAP by 11.5 percent through September 30, 2020, which E-FMAP will revert back on October 1, 2020. As a result of the Families First Coronavirus Response Act (FFCRA), Federal Fiscal Year (FFY) 20 receives a 6.2% FMAP increase for the months of January to June 2020. This will last until the end of the quarter in which the public health emergency ends. COVID-19 testing and related services for the uninsured are 100 percent Federal Financial Participations (FFP).</p> <p><b>Medicaid FMAP and 6.2% Increase:</b> The traditional Physical Health (PH) and Long-Term Services &amp; Supports (LTSS) population our Federal Match was 72.71 percent with a 6.2 percent enhancement which brings it to 78.91 percent, an increase of about 40 percent. We were receiving \$2.66 for every dollar and now we are at \$3.74. The State Fiscal Year (FY) Blended FFP is the blended rate for the entire budget. We were at 78.75 percent blend, but now with the additional two quarters of FFP, we are now at 80.60 percent, which is almost a 20 percent increase. Our matching dollars went from \$3.71 to \$4.15. This reduces the General Fund (GF) need and reduces the burden on the GF.</p> <p><b>Medicaid Impact of 6.2% FMAP Increase for 2 Quarters:</b> For the two quarters estimated that we will receive a total of \$135 million in federal funds from the 6.2 percent.</p> <p><b>Medicaid Budget Update:</b> An overall view of where we are in our budget right now, with one more quarter of data and the new enrollment we are projecting. For FY20 our total projection is over \$6.6 billion, and for FY21 the projection is over \$7.1 billion. The GF need for FY20 is at almost \$957 million, with a change of \$87 million from last FY. For FY21, the GF need is a little over \$1.1 billion, with a projected shortfall of \$54 million.</p> <p><b>FY2020 Medicaid Budget Projection:</b> The majority of our budget is in Managed Care (MCO), and within the MCO most of it is PH, followed by Expansion-PH, then LTSS, BH and then Expansion-BH.</p> <p><b>Medicaid Enrollment in Context:</b> In March of 2020 there were over 830,000 total beneficiaries (clients, recipients). We are projecting by June 2020, there will be nearly 885,000 individuals enrolled. Much of</p>			

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	<p>this growth is expected in this quarter and then with growth expected after that. Almost 82 percent of individuals are enrolled in managed care. That covers roughly 40 percent of all New Mexicans. About 43 percent of the beneficiaries are children, about 54-59 percent of New Mexico children are enrolled in Medicaid and about 70 percent of all births in New Mexico are covered by Medicaid.</p> <p><b>Medicaid Enrollment Changes:</b> Physical health is projected to grow by 4 percent annually (0.5 percent in prior projection). LTSS population is projected to grow by 2 percent annually (1.5 percent in prior projection). Medicaid expansion population is projected to grow by 5 percent annually (2 percent 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.</p> <p><b>COVID-19 Response Under Evaluation:</b> There are several policy changes within Appendix K for Mi Via, Med Frag, and the DD Waiver, as well as Disaster SPA and Managed Care that were taken in consideration and reflected in the budget projection. Appendix K for Home and Community Based Services (HCBS) in retainer payments for Personal Care Services (PCS) and in Appendix K for Mia Via, Med Frag, &amp; DD Waiver the increase assistive technology budget from \$250 to \$500, support waiver participants (personal care) in an acute care hospital or short term institutional stay (DD Waiver, Med Frag, and Mi Via Waiver) were not reflected in the budget projection.</p> <p><b>NON-COVID-19 Policy Changes:</b> These policy changes are not related to COVID, but MAD was working on this year. 1115 Waiver is extending post-partum eligibility, adding Serious Mental Illness (SMI) as qualifying diagnosis for treatment in Institution for Mental Diseases (IMD). We are expanding the supportive housing and home visiting. As well as adding services and care coordination for justice involved. We are expanding Graduate Medical Education (GME) providers and training. There are additional waiver participants (5000 totals over three years).</p> <p><b>COVID-19 Monthly Cost Estimates: Paying Premiums:</b> This is an estimated monthly cost if NM Medicaid cover premiums for individuals up to 200 percent on the exchange. If we cover these premiums it would be at the normal match rate, if CMS approves this, it would be \$2.1 million in GF a month. If CMS also approves this at the normal match rate and also gives us the 6.2 percent on top of that, which is</p>			

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	still being evaluated. It would cost us about \$1.7 million a month to cover premiums for this population.			
7. Public Comment	<p><b>The public had the following public comments:</b></p> <p><b>Nat Dean from Disability Advocacy:</b> Commented on EBT cardholders. One issue for EBT cards is that Smith's finally opened online ordering for EBT card holders, but this is the only grocery store where you can use EBT. It requires pick-up and they don't allow delivery. Jane and other congressional people are trying to lift. Amazon Prime offers a discount on annual delivery for those with disabilities, but we still have a gap where food items can't be delivered. For non-EBT card purchases, still need a debit or credit card purchase. I know we want to look at enrolling people on Medicaid with Brain injuries. Be aware of the impact of domestic violence on people who are living at home with their abusers or abuser may not be living there but load on courts to help those get through hearing process. Thanks, MAD, for this meeting running so well.</p> <p><b>Adrienne Smith from NM Caregivers Collation:</b> NM Caregivers is offering \$100 in childcare grants to anyone who works as a caregiver in NM. Our organization is also partnering up with National Domestic Workers Alliance and Next Step to provide a COVID-19 pandemic training for frontline health care workers.</p> <p><b>Nancy Rodriguez from School Based Health Centers (SBHC):</b> Premium of exchange would be helpful with expecting mothers. Generally, for those young families where the child is on Medicaid and family is not and can lead to unexpected pregnancies for the young family. SBHCs and nurses are looking at school re-entry planning. I want to encourage HSD and Medicaid to be participating across state agencies to focus on this as well. SBHCs are really concerned on the BH side that a lot of people that got help confidentially at their SBHC or at any Health Center are not getting BH services now because they are with their parents and they are not able to do even telephonic BH care.</p> <p><b>Sharon Huerta from BlueCross BlueShield (BCBS) of New Mexico:</b> Publicly acknowledged HSD and other departments who have done an excellent job despite everything that has been going on. Express my thanks and working collaboratively with the MCOs.</p> <p><b>Larry Martinez, MAC Chairman:</b> Thanks HSD for pulling this task together. About 80 people joined. Logistically this is not easy and the amount of information you provided to us was a tremendous amount of information. Greatly appreciate the work. Amazing we are still able to do this with the current circumstance.</p>	None		Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
8. Adjournment	The meeting adjourned at 4:01 pm.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted:

Alysia Beltran

May 7, 2020

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Recorder

\_\_\_\_\_  
Date