

Medicaid Advisory Committee - MAC Meeting
Monday, August 9, 2021
MINUTES

Time: Start-1:05 pm End-3:13 pm Location: GoTo Meeting

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
Tracie Collins, 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
Troy Clark, 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
Sharon Finarelli, 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
Tracie Collins, NM DOH
Meggin Lorrino, NM Association for Home & Hospice Care
Sharon Finarelli, NM Alliance of Health Councils
Vicente Vargas, NM Health Care Association

Kurt Rager, Lutheran Advocacy Ministry NM
Ellen Leitzer, Senior Citizens Law Office
Travis Renville, NDC
Buffie Ann Saavedra, AARP
Anthony Yepa, Indian Pueblos Council

Staff & Visitors Attending:

Nicole Comeaux, State Medicaid Director
Elisa Moran-Walker, HSD/MAD Deputy Director
Alexa Doig, NMSU
Annabelle Martinez, HSD/MAD
Carolyn Griego,
Christina Kupferschmidt, HSD/ MAD
Deborah Stewart, Finity
Ellen Pinnes,
Jake Nissle, AmeriHealth Caritas
Jeanette Gurule, HSD/ MAD
Jim Jackson,
Karen Wiley, NMDVR
Kim Vallejo, X-Ray NM
Mike Nelson, Tri Core

Megan Pfeffer, HSD/MAD Deputy Director
Abuko Estrada, HSD/ MAD
Alexandra macDonald, Finity
Anthony Nasr, Finity
Cathy Salazar, Parents Reaching Out
Colin Baillio, OSI
Dominic Griego, Molina Health Care
Erica Archuleta, HSD/ MAD
James Bullington,
Jeff Clark, HSD/MAD
Jordan Doll, Finity
Kathy Slatter-Huff, HSD/MAD
Maria Kniskern, HSD/ MAD
Melodee Koehler, HSD/ MAD

Linda Gonzales, HSD/MAD Deputy Director
Adrienne Smith,
Alicia Bernal, HSD/MAD
Brenda Trujillo, HSD
Charles Canada, HSD/ MAD
Cynthia Romero, HSD
Donna Lopez, HSD/ MAD
Everet Apodaca, HSD/MAD
Jamie Casey,
Jennifer Swanberg, HSD
Julie Lovato, HSD/ MAD
Kim Carter, HSD/ MAD
Matt Misleh, NMPCA
David Nater,

Nicolas Cordova, NM Poverty Law
 Quinn Lopez, WSCC
 Sarah Koob,
 Susan Mathers, HSD/ MAD
 Theresa Griego, HSD/ MAD
 Veronica LNU,
 Wanicha Burapa, MAD
 Wilma John, NMASBHC

Norman White, PHS
 Roy Jeffus,
 Scott Allocco, Sellers Dorsey
 Susie Kimble,
 Trey LaFleur, Molina Healthcare
 Vivian Ulibarri, HSD/ MAD

Paoze Her, HSD/ MAD
 Sahar Hassanin, OSI
 Shelly Begay, HSD/ OOS
 Tallie Tolen, HSD/ MAD
 Valerie Tapia, HSD/ MAD
 Wade Carlson, CYFD

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
1. Welcome	Chairperson Larry Martinez welcomed all attendees	None	Larry Martinez, MAC Chairperson	Completed
2. Meeting Protocols	Director Nicole Comeaux presented an overview of meeting protocols Everyone should be getting used to the different platforms at this point. Some friendly reminders during today's meeting: please mute microphones when you're not speaking; update your name and email address under attendees; Committee Members can ask questions throughout the presentation; the chat function will be utilized for public comments throughout the presentation; there will be also be an open comment period at the end of the presentation for others to speak and give their public comment; , presenters, please remember to indicate when to transition slides; and this meeting is being recorded and will be available for the public at a later date.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
3. Introductions	Director Nicole Comeaux led the introductions Committee members were asked to type their name and title into the chat box for the recording of attendance.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
4. Meeting Agenda Approval	Chairperson Larry Martinez provided overview of agenda The agenda for this meeting was approved by all committee members in attendance with no recommended changes.	None	HSD/MAD Director's office	Completed
5. Minute Approval	Chairperson Larry Martinez motioned to approve May 2021 meeting minutes The minutes from the May 10, 2021 meeting were approved by the committee.	None Finalized minutes will be posted on the HSD website.	HSD/MAD Director's office	Completed

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6. Centennial Care Rewards Presentation	<p>There has been a lot of focus the last year and a half on work that we have been doing around the pandemic. While we've been doing this critical work, we have continued normal business activities and the efforts of staff and the team have been impressive. We would like to update you on things that have occurred on the back end and we want to provide an update on these efforts to obtain feedback.</p> <p>Finity's Chief Client Officer, Alexandra MacDonald presented on Centennial Care Rewards</p> <p>Centennial Rewards (CR) Program History Finity has administrated the Centennial Rewards Program since January 2014. The CR provides a portable statewide engagement and quality improvement solution for New Mexico Medicaid beneficiaries in Managed Care. The main goals of the program are 1) to generate cost savings by reducing overall medical expenses for program participants by getting them healthier and connecting them to care, and 2) improve compliance with HEDIS and other state performance measures, and 3) to provide an effective communication channel to engage Medicaid members in the state's top priorities, such as COVID vaccinations, flu shots, well-child immunizations, and more. Finity works closely with HSD and the Managed Care Organizations (MCO) on those priorities. The program language was included in the initial 1115 waiver which was approved by theCenters for Medicare and Medicaid Services (CMS) for federal match funding in 2014. HSD had the MCOs conduct a joint procurement to select a single vendor. Finity was selected and administers the program. Governance is headed by the state and supported by MCO champions.We meet quarterly as a workgroup. HSD included language in the MCO contracts, so Finity contracts directly with the MCOs, and the MCOs pay the fees for the program to Finity and HSD adjusts the rates accordingly.</p> <p>Centennial Rewards Solution Overview CR brings member engagement and quality improvement into one combined Health Intelligence solution that provides a highly personalized member experience to improve health and close gaps in care. Some features are Closed-Loop Multimedia engagements that are tracked and evolved with each member interaction. There are also personal life tracks on a variety of wellness and conditioned management topics such as maternal health, asthma, general preventive health, etc.We use machine learning to assign appropriate activities for each member based on gaps-in-care as well as social determinates of health (SDOH).There are wellness challenges like the popular step-up challenge to engage members in their health.There are also healthy activities that are tied to reward points. Lastly, there are integrated Portals that connect all member data we gather and the health and SDOH data across participating MCOs.</p>	None	Alexandra MacDonald, Finity Chief Client Officer	Completed

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	<p>Centennial Rewards 2021 Reward Activities This slide shows the reward activities in this year's program. These are updated annually with MCO and HSD feedback and always align with the state's top priorities.</p> <p>2021 Engagement Multimedia Campaigns These are the multimedia campaigns that we are currently running this year, again aligning with the state's top priorities and goals. Starting with the COVID Vaccine Campaign, we sent test and emails beginning in Quarter 1 to encourage unvaccinated members to get the vaccine and the reward. The campaign was relaunched in June and temporarily increased the reward. There are quarterly Childhood Immunization text and email campaigns to encourage parents to get their children in for their well-child visits on time and get immunized. The Child Dental Campaign was designed to get parents to get their children in before the start of the school year for their annual dental check-up. There is also a campaign for Adolescent Immunization and Redemption .Since members are earning rewards for completing these healthy activities, we are letting them know when points have been earned and that essential items may be redeemed online.</p> <p>COVID-19 Vaccine Results and Analysis This is the summary of the latest COVID-19 vaccine engagement efforts. Starting in Quarter 1, we targeted elderly and high-risk members then we moved on to include all members that are unvaccinated over the age of 16. For four days in June, we concentrated on engaging unvaccinated members over the age of 12 to get vaccinated. We temporarily raised the reward amount to \$100 We also created a new video, new portal callout. There were over 77,000 texts and over 88,000 emails that were sent out. We are also asking members to self-attest that they received the vaccine to give them the reward. There were over 3,000 members that did the self-attestation during the four-day period.</p> <p>Centennial Rewards Q2 Results and Successes</p> <p>Statewide Eligible Members by Quarter for 2019-Q2 2021 Medicaid eligibility rules throughout the pandemic were relaxed. There has been a sharp increase in members eligible in the CR program, which has continued into Quarter 2 (Q2), reaching an all time high of over 777,000 members eligible.</p> <p>Proven Results, Member Satisfaction Q2 2021 Since the beginning of the program, there have been satisfaction surveys conducted with these four questions: Are you satisfied with the rewards program? Has the program helped you improve your health? Was the representative helpful today? Do rewards encourage you to</p>			

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	<p>make healthy choices? Satisfaction remains high across the board throughout Q2. There were over 27,000 members who completed the survey. There were also four more questions that just launched in Quarter 1 of this year. Are you satisfied with the help provided by your care coordinator? Are you satisfied with your doctor? Are you satisfied with your Medicaid benefits through Centennial Care? Are you satisfied with your health plan? In Q2 we have over 25,000 members who have responded to these new questions.</p> <p>Member Satisfaction Q2 2021 by Demographic This chart provides a breakdown of members that completed the survey by Race, Gender and Ethnicity.</p> <p>Member Participation Rate by Year 2014 – Q2 2021 Despite the impact of the pandemic, the CR program cumulative participation has continued to rise year over year. This is a result of HSD’s efforts to increase overall program engagement and public awareness around the importance of keeping preventive visits, sticking to medication, and the targeted multi-media campaigns. Because of these efforts, the cumulative participation rates reach a new high of 73.7 percent in 2021.</p> <p>Total Healthy Activities Completed 2019 – Q2 2021 This slide shows the healthy activities that are completed quarter over quarter, from pre-pandemic in 2019 to Q2 of this year. As the pandemic restrictions are starting to ease, we are noticing a rise in healthy activity completions, compared to 2020. In Q2 specifically, there is a continued trend of members completing more healthy activities than the same time period in 2020 and we are getting closer to pre-pandemic rates and continue to track those.</p> <p>Total Dollars Earned by Quarter 2019 – Q2 2021 As members are completing these healthy activities, they are earning rewards. The graph displays the reward dollars earned by quarter from 2019 until today. In Q2, you can see that over \$1M more was earned in rewards from healthy activities completed, compared to the same timeframe last year.</p> <p>CR 2.0 Quarterly Reporting</p> <p>Most Popular Items Top 10 Items in Q2 2021</p> <p>This slide shows the top items that members are ordering with their points.</p>			

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	<p>2020 Annual Report</p> <p>Cost Savings Seven-Year Summary: 2014-2020 This report is ran annually and comes out every summer. Due to COVID, participation in preventive activities throughout last year were lower compared to prior years. The 2020 cost savings, for participants in the program, came out to over \$46M in reduced total medical expenditures compared to non-participants. That got us to nearly \$250M in total savings since the beginning of the program. When it is compared to 2019, there was over \$58M in savings.</p> <p>2020 Cost Savings by Condition and Activity Here you can see the savings break down across reward activities in 2020.</p> <p>2020 Engagement Summary Portal Access This is a break down of portal access throughout 2020. Throughout 2020, there were over 515,000 visits to the CR site from just over 200,000 unique visitors, there were 22 percent of users who used computer access, 76 percent used smartphone access, and 2 percent used a tablet.</p> <p>It is not often that New Mexico gets to be first in line or is number one in the country. This rewards program is an innovation on the delivery of care and has driven positive behaviors. There was an additional reward for COVID vaccination with a big push before July.</p>			
7. BCBSNM/ NMSU Presentation	<p>Vice President for BlueCross BlueShield of NM (BCBSNM) Medicaid, Sharon Huerta and School of Nursing Director, Dr. Alexa Doig presented on BCBSNM's Workforce Expansion Pilot with New Mexico State University (NMSU) College of Health and Social Services</p> <p>BCBSNM recognized that there is a shortage in the workforce in NM, especially after the Medicaid expansion. BCBSNM developed a pilot program with NMSU. \$500,000 was gifted to NMSU. There are quite a few students that are waiting to get into the social work and nursing programs. A \$300,000 award was given to NMSU, which is to enable them to appoint a Professor of Practice for a three-year appointment for the School of Nursing. In addition, BCBSNM gave twenty \$5,000 scholarships for undergraduates for nursing students and twenty \$5,000 scholarships for undergraduates for social work.</p> <p>Goals The goal for the program is to ensure that BCBSNM can increase access to these programs. We want to ensure that post-graduation we have workforce ready individuals that are ready to move into the field.</p>	None	Sharon Huerta, Vice President, BCBS Medicaid	Completed

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	<p>We want to increase the number of individuals that graduated and for them to understand the Medicaid Managed Care program.</p> <p>Support from our healthcare organizations for nursing programs, social work programs, and other healthcare workforce programs are critical because our state funding and other sources of funding keep decreasing.</p> <p>NMSU School of Nursing NMSU School of Nursing is a nationally accredited program and has a Bachelor of Science degree in Nursing Program, which is an undergraduate four-year program. There is a graduate program in nursing, leadership, and administration. Then there are post graduate certificates, which focus on training family nurse practitioners, and psychiatric mental health nurse practitioners. We have designed the graduate programs to meet the needs of the state and especially of the community in Southern NM. We are really focused on community based primary care practitioner programs. As all nursing programs do, there is a combination of classroom instructions, skills practice, simulations, and practice in the field.</p> <p>Nursing Scholarships These scholarships were some of the largest that we were able to offer at NMSU. We asked students to sign a one-year commitment to work in NM after graduation. There were twenty students that were awarded these scholarships, Eight of them graduated in May and twelve of them will graduate in December. We want to track the scholarship recipients after graduation, to track where they are employed, what type of work they are doing, what kind of health care setting they are in, and see what the outcomes are of this program.</p> <p>Social Work Scholarships There is a similar program in the School of Social Work. There were twenty students awarded scholarships, where twelve graduated in May and eight will graduate in May of 2022. Tracking will work the same way as the nursing program. The School of Social Work has worked with BCBSNM to organize internships within the organization.</p> <p>Professor of Practice The idea of a Professor of Practice at a University is to take, in the case of nursing, the experienced clinician who can bring their field experience into the classroom and have a deep connection with the community. Our first Professor of Practice is Elizabeth Kuchler, who is a family practitioner. She has worked in the community for over 30 years. She is on the faculty and she teaches in the Family Nurse Practitioner program.</p>		Dr. Alexa Doig, Director, NMSU School of Nursing	

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	<p>Expanding Nurse Practitioner (NP) Knowledge of Medicaid Managed Care Another big piece of this program is to make sure our graduates, especially our nurse practitioner students are graduating with the knowledge of Medicaid Managed Care. We have organized a seminar as part of the nurse practitioner hands-on training. Ms. Elvia Prevencio did a presentation to almost forty of the nurse practitioner students across both programs. Having someone come in and really talk about it, from the Medicaid Managed Care point of view was critical. The students learned a lot about the NM Centennial Care, but really understanding the purpose of Care Coordination and Care Management. This presentation will continue annually for the nurse practitioner students. We are also planning a Medicaid Behavioral Health presentation in the Fall semester. We are looking at developing another presentation or workshop on the Medically Fragile populations.</p> <p>NMSU School of Nursing Goals for 2021-22 We are working to develop and launch a Nurse Anesthesiology program. There is a critical need now and projecting in the future of anesthesia providers in NM. We are hoping to get this program accredited by April 2022 with a start date for students in January 2023. Our Bachelor of Science Nursing (BSN) program enrollment has grown by 35 percent over the past three years. We currently have over 400 students enrolled in the program. The nurse practitioner program has doubled over the past two years. Currently we are working on a proposal for renovating the Skills and Simulation Center.</p>			
8. Managed Care Organization (MCO) Contracts	<p>Deputy Director, Megan Pfeffer presented on the Managed Care Organization (MCO) Contracts</p> <p>MCO Procurement Our current contracts started January 1, 2019 with the MCOs and are set to expire December 31, 2022. There is an option to extend up to four one-year periods beyond that. The scope of work will start this winter for procurements. We hope to have the procurement finalized in late 2022 with readiness sometime in 2023, and the contracts going into effect January 1, 2024. With this extension, we will be adding a few more items to the MCO contracts. In particular, we will be looking at the performance measures targeting the Early Period Screening and Diagnostic Testing (EPSDT) for children. We are also working with the MCOs to submit a plan offering on BeWellNM. We would like to revise the Value-based Purchasing program to develop an incentive payment to directly pay front-line staff. Lastly, we are looking at increasing the minimum Medical Loss Ratio (MLR). All of these items will be put into a Letter of Direction soon so that the MCOs can start working on them. Currently, the MCOs are directed in the contract to not spend less than 86 percent of MLR, and we are looking to increase it to 88 percent.</p>	None	Megan Pfeffer, Deputy Director, Medical Assistance Division, Human Services Department	Completed

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9. HSD Dashboards	<p>Director, Nicole Comeaux presented on the HSD Dashboards</p> <p>We have included the dashboards that are from December 2020 and we apologize they are not the most recent set from the first quarter of this year. We are currently working on some data issues and once we get it resolved, we will send out the current set of dashboards. These dashboards are in comparison from January 1, 2020 through December 1, 2020. All of 2020 is primarily pandemic year. Some of the highlights in the dashboards reflect significant increases in managed care and over all Medicaid enrollments. The MCO enrollment increased by six percent from the previous period. That increase is primarily comprised of a six percent increase in physical health enrollment, a two percent increase in aggregate Long-Term Services and Support (LTSS) enrollment, and a seven percent increase in the other adult group. Like previous dashboards, the enrollment graph does show the dip for the most recent months at the end due to retro activity and not due to a dip in the growth in the population. Since we are currently in the Maintenance of Effort (MOE) requirements, we are not able to disenroll anyone. In aggregate, the MCO Per Capita Medical Costs increased by seven percent from the previous to current period. This is a six percent increase in pharmacy services and an eight percent increase in non-pharmacy services. Behavioral Health (BH) had the largest per member per month increase of 21 percent, which was primarily by outpatient. The BH outpatient fee increase was effective in October 2019. Additionally, LTSS had a fifteen percent increase, which was from the Person Care Service increase in July 2019 and in January of 2020. Finally, in Physical Health (PH) there was a nine percent increase. The LTSS Nursing Home Level of Care (NFLOC) Medicaid only population had a sixty-five percent increase in Home and Community Based Services. The primary driver of this increase was in Respite Services. The expenses doubled from \$4.1M to \$8.6M, and unique users increased by about fifty percent when comparing calendar year 2020 to 2019. There is a fifty-four percent decrease in brand prescription expenditures. There is not an obvious driver, but we are going to investigate this further.</p>	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
10. Budget Projection	<p>Deputy Director, CFO, Elisa Walker-Moran presented on the Budget Projections</p> <p>Medicaid Budget Projection HSD produces the quarterly budget projection that includes data through June 2021.</p> <p>Medicaid Budget Agenda We are going to talk about some Federal Coronavirus Relief, the enrollment projection, this will be the last time you will see the Fiscal Year (FY) 2020 budget projection, the FY21 Lag Model, the FY22 Trend Model, we will not show the FY23 Trend Model as we are</p>	None	Elisa Walker-Moran, Deputy Director, CFO, Medical Assistance Division, Human Services Department	Completed

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	<p>currently working on it as part of the legislative budget request. Lastly, we will discuss the risk factors that are built into the budget.</p> <p>Federal Coronavirus Relief</p> <p>Medicaid 6.2% Increased Match: Maintenance of Effort Requirement The Public Health Emergency (PHE) was extended one more time and we do expect to receive the 6.2 percent through the end of December 2021. Currently there are about 140 thousand individuals enrolled due to the MOE requirement.</p> <p>6.2% Federal Medical Assistance Percentage (FMAP) Extension Timeline On July 20, 2020 the PHE was renewed through October 2021. Since this date falls in the last quarter of this calendar year, we will receive the 6.2 percent for the entire quarter. It is possible that the PHE may be extended again, but as of now it is only extended to October.</p> <p>Duration of FMAP Increases This chart presents the change in the FMAP from Federal Fiscal Year (FFY) 2019 through FFY 2022. The 6.2 percent FMAP is built into the projection through December 2021. It is built in for six months of this current state FY 2022. We have included the Home and Community Based Service (HCBS) ten percent FMAP enhancement that we anticipate receiving from April 1, 2021 through March 31, 2022. We do have three-years to use this funding, but the ten percent we only receive in this first year. In order to receive this 10 percent, state must implement or expand one or more activities to enhance HCBS. This will not offset our General Fund (GF) need. The spending plan is posted on our website.</p> <p>Medicaid FMAP and 6.2% Increase Impact With the current FMAP in the state, the blended FMAP with the 6.2 percent is 80.58 percent, which means the state must come up with 19.42 percent, and since the blended rate for the SFY is based on the federal FMAP percentages, the state receives a \$4.15 in federal dollars for each \$1.00 that the state invests in FY22. This \$4.15 does include the 6.2 percent FMAP enhancement. Without the 6.2 percent we would receive \$3.64.</p> <p>American Rescue Plan Act (ARPA) Potential Medicaid Impacts We wanted to run through a couple of things regarding the ARPA and the potential Medicaid impacts. There are several provisions in the statute. The ones listed are those applicable to Medicaid. There is a</p>			

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	<p>100 percent federal match for the COVID-19 vaccine administration. We are preparing for work around the grant related to the mobile crisis services that will help in initial activities as we prepare to draw down a 85 percent match rate for community-based mobile crisis services, beginning April 2022 until March 2025. Another one that was mentioned was the extension of the post-partum coverage from 60 days to 12 months. We are proposing this expansion to the legislature and to add it into the FY23 budget request. Only one quarter of this will be relevant to the FY22 budget. There are a number of other smaller items listed in this table, but these are the ones we wanted to make you aware that are underway.</p> <p>FY20, FY21 & FY22 Budget Overview</p> <p>Medicaid Budget update: Expenditures The FY20 expenditure projection this quarter was revised down by \$3.8M from the previous projection for a total expenditure exceeding \$6.5B. FY21 the projection for this quarter was revised up by \$6.5M from the previous projection for a total expenditure of almost \$7.3B. The FY22 projection for this quarter was revised up by \$55.2M from the previous projection for a total expenditure of almost \$7.6B. Most of this increase is due to the extension of the MOE population roll-off for six months.</p> <p>Medicaid Budget Update: Revenues The FY20 revenue was revised up by \$600,000 from the previous projection for a total projected surplus of \$46.9M. This surplus is from the 6.2 percent FMAP we received during the PHE. The FY21 revenue was revised down by \$1.2M from the previous projection for a total surplus of \$48.6M. The FY 22 revenue was revised down by \$12.6M from the previous projection for a total projected shortfall of \$87.6M. Most of this change is from extending the MOE population roll-off for six months.</p> <p>Enrollment Projection Assumptions</p> <p>Medicaid Enrollment Projection in Context By June of 2020 we served almost 937,000 beneficiaries. We project that the enrollment will increase to over 957,000 members by December 2021 and then it will decline to 899,000 by March 2022 and further decline by June 2022, as we roll-off the MOE populations. They will be rolled-off because they will become income ineligible clients. 82 percent of our beneficiaries are enrolled in managed care. There are about 45 percent of all New Mexicans are enrolled in the program while 58 percent of all New Mexican children are also enrolled. We also cover 71 percent of New Mexico births.</p>			

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	<p>Medicaid Enrollment Changes The current enrollment projection continues to take into consideration the PHE, the MOE requirements, and the current economic outlook.</p> <p>Total Enrollment Projection (FFS & MCO) The next three slides present the detailed enrollment projection including full benefit and partial benefit beneficiaries.</p> <p>NM Medicaid Enrollment Projection FY20 I want to draw your attention to the far right two columns, the far right is the growth since the PHE. The impact of the PHE on our enrollment began in March 2020. The last column represents the percent growth in enrollment compared to February 2020, which is before the PHE.</p> <p>NM Medicaid Enrollment Projection FY21 In the final month of FY21, June 2021, the growth is now at 12.2 percent from before the PHE.</p> <p>NM Medicaid Enrollment Projection FY22 In FY22, in December 2021 before the 6.2 percent expires, and we begin the MOE roll-off, the enrollment will have growth of 14.6 percent. For this enrollment projection, the roll-off assumption was three-months and we have included an add-factor in this budget for the additional cost of the six-month roll-off.</p> <p>Managed Care Enrollment Projection (MCO) The next three slides are similar, but these are for Managed Care only. Most of our costs are in managed care, therefore, we track both enrollments very closely, but managed care is our cost driver.</p> <p>NM Medicaid Managed Care Enrollment FY20 The managed care enrollment follows a similar pattern to the overall enrollment. February 2020 is before the PHE began. The far-right column we have included a growth factor for growth in the enrollment since the PHE.</p> <p>NM Medicaid Managed Care Enrollment FY21 By June 2021, which is this data projection, the growth has reached about 14.7 percent.</p> <p>NM Medicaid Managed Care Enrollment FY22 By the time the PHE ends in December 2021, we will reach a high growth of 16.9 percent before we begin the MOE roll-off.</p> <p>NM Medicaid Enrollment</p>			

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	<p>This graph represents the total enrollment projection. As you can see at the start of the PHE, which is the green bar, we were flat, and then the PHE began, and the enrollment started to grow until the MOE expiration.</p> <p>FY2022 Projection There are not many changes in comparison of the budget. So, we are only going to go over the FY22 budget projection.</p> <p>Medicaid Budget Projection FY22 Expenditures (Managed Care) The Centennial Care (CC) – Physical Health program was revised down by \$15.7M from the previous projection. This reflects a decrease of \$5M from member month changes, with most of it, about \$10M from changes from the per member per month (PMPM). This includes recent rate changes and revision to the Centennial Home Visit (CHV), that were added to providers, the nursing facility HCQS, NF MBI directed payments and revision to the New Mexico Health Home Program. CC-LTSS program was revised up by \$9.1M from the previous projection, reflecting the PMPM changes, which caused rate changes. The Medicaid expansion was revised down by about \$5.5M with those changes coming from PMPM. The COVID-19 Related Expenditures is a change of \$52.9M. \$8M of that change, (\$8M GF), is due to the MOE roll-off for another three-months. The other expense that is built into this line is \$2.4M extending the post-partum coverage for a full 12-months. This 12-months starts April 1, 2022. The impact is not large in FY22 as it is not a full quarter, and the FY23 impact will increase to a full year. The Health Care Affordability Fund (HB 317), was built in with a \$15.4M. This tax starts on January 1, 2022. This is a half a year impact for FY22, and in FY23 the impact will be a full year.</p> <p>Medicaid Budget Projection FY22 Revenues (Surplus/Shortfall) In addition to the changes in the expenditures that were just discussed, these are the revenue changes. The revenue estimate for the tobacco line was revised down another \$2M. In total the shortfall is now \$87.6M with a change of \$12.6M.</p> <p>Risk Factors in the Budget There are several risk factors built into the current budget projection.</p> <p>Risk Factors in the Budget We have built into the FY21 and FY22 budget: the preliminary expectation from the MOE eligibility redeterminations and transitional Medicaid Enrollments, workforce participation, the high fidelity wrap around was already built-in last quarter, and this has not changed, and as well as the annual cost of administering COVID-19 vaccines. The following are new this quarter: Affordability fund to address the tax, extending the post-partum Medicaid from 60-days to 12-months, which begins in</p>			

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	<p>April, and extending the MOE roll-off for 6-months. What is not built into the current budget projection: the Kevin S intensive case management (ICM) services for Children Youth and Families Department (CYFD) treatment for foster care, the potential cost containment, and we have not built in the Maternal Child Health Related Changes. We still project a significant shortfall and are hopeful that the shortfall will be resolved. In the meantime, we are being conservative about any sort of changes or growth to the program beyond what we are already experiencing. We have added into the budget items that are required by litigation, costs for responding to PHE, and responding to legislation for the affordability fund. The most significant cost that will be built into the FY23 budget, the post-partum and on the FY22 budget the MOE roll-off. These two items are very important things to do for this population, and we are proposing to the legislature that we move forward with taking advantage with taking this opportunity in ARPA around post-partum and take full advantage with the amount of time we've been allotted by the feds to roll those off MOE. There are a few other things we are looking to address. As previously mentioned, the intensive case management is not yet built in but is also part of the settlement agreement. The cost containment, hopefully we won't have to continue to engage. The maternal child health has a lot of opportunity to evaluate. We cover 58 percent of kids in New Mexico and 72 percent of births. We are evaluating benefits under these categories to ensure adequacy of coverage. There were some significant issues with rates or codes that we weren't covering or adequately reimbursing. We intend to address these with the legislature and the Governor's office as we head into finalizing the FY23 budget. There are a number of screening for pregnant women that are not appropriately covered under the program, as well as some newborn screenings.</p> <p>Postpartum Medicaid Extension Unlike the provision of ARPA, where they are giving us federal dollars to proceed with initiatives. With no new dollars, states have to go through a waiver process to allow for this extension. This will allow us to go through the normal State Plan Amendment (SPA) process. This will allow us to have less burden in implementing, however, we don't get any additional money from the feds. What the result is for us as a program is additional member months of women who would have only had 60-days of coverage but would end up with 12-months instead. There are about 27,000 women would who are in the pregnancy related categories annually and about 22 thousand would fall into an existing category, so for those it wouldn't increase the cost to the state; however, there are about five thousand that would fall off after 60-days that wouldn't qualify for other Categories of Eligibility (COEs), which will result in increased costs. We would also need to change the pregnancy related Medicaid to full Medicaid. It is necessary to go to the</p>			

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	legislature to ask for an additional \$14.4M to go to our program administration.			
11. Supports Waiver	<p>Deputy Director, Megan Pfeffer presented on the Supports Waiver</p> <p>Supports Waiver Enrollment, Overview This is a high-level overview of what we've done with the supports waiver. We had submitted it to CMS early in 2020 and received approval for the July 1, 2020 effective date for a five-year waiver cycle. There is still the \$10,000 annual individual budget and they have two service delivery modules for Participant- Directed and Agency-Based. The case management is typically through a Community Supports Coordinator.</p> <p>Services This is a list of services that have been approved with the Supports Waiver. Customized Community Supports – Individual and Group, Employment Supports, Personal Care, Assistive Technology, Behavior Support Consultation, Environmental and Vehicle Modifications, Non-medical Transportation, and Respite.</p> <p>Supports Waiver Enrollment FY21 In August of 2020, Department of Health (DOH) sent out one thousand offer letters. By the end of 2020 we had under 100 that had engaged in services. In January, DOH sent out 500 letters and again in February another 500 letters. There is a large percentage of members not responding. There is a smaller percentage of them refusing, and at the end of July, we had 112 in service, and 272 that had accepted. The budget is \$10,000 over the year, they have time to spend that money and it doesn't need to be the moment that they accepted. DOH is monitoring the reasons for refusal and one reason is some individuals are waiting for allocation for the comprehensive Developmental Disability (DD) waiver or the Mi Via waiver. That tells both DOH and HSD that we need to provide some focused training and education to individuals that they are not being removed from the process to get to the ultimate waiver, but rather utilizing services for the interim. A good portion of the refusals were members who had already been receiving services through the Self-Directed Community Benefit, on the 1115 side.</p> <p>Supports Waiver Engagement Efforts In August 2020, there were 620 letters sent to people enrolled in an MCO and an additional 660 letters in November sent. We put an overview of the supports waiver services and the budget. There was a comparison table of the Community Benefits and the Support waiver</p>	None	Megan Pfeffer, Deputy Director, Medical Assistance Division, Human Services Department	Completed

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	<p>services included. There was MCO Care Coordinator contact information as well as HSD and DOH staff contact information. We will continue to do these targeted mailings when the offers go out from DOH. The intention is to give an opportunity for the individuals to understand the benefits that they are potentially receiving in comparison to the Supports Waiver services. We are going to continue to work with the MCOs and there will be a deliverable sent out in August with a list of individuals that have not yet responded to the Support Waiver offer. Care Coordinators will be engaged to preform outreach and provide information on the Supports Waiver, including differences on the community benefits. We will continue to do mailings and education to participants. DOH and HSD have also been collaborating on some of the American Rescue Plan Act (ARPA) Home and Community Based Services (HCBS) Spending Plan proposals. Some of the ideas we're proposing focus on workforce that will include contracting with an entity to provide a state-wide needs assessment and home and community-based service provider capacity study. We would like to create infrastructure for the Employer of Record (EOR), and also some education and outreach campaigning. Also updating their critical incident management systems.</p> <p>Supports Waiver vs. Community Benefits This is the comparison grid between the Supports Waiver, the community benefits, and also Care Coordination activities aligned.</p> <p>Resources/Contacts This slide lists the HSD Program Manager and the DOH Program Manager and their contact information.</p>			
12. PHE Timeline	<p>Director, Nicole Comeaux presented on the Public Health Emergency (PHE) Timeline</p> <p>Medicaid Pandemic Wind-Down: Bigger Challenge for the State then Pandemic Itself</p> <p>The team worked extremely hard at the beginning. As you all saw, there were waiver submissions, changes in rates, several engagements with federal partners to adjust rates and subsequently the MCOs, including engagement with providers, partners, and members. Also, there was the challenge of the PHE itself. What we are talking about here are the actual workforce requirements to now roll all of these members off the Medicaid program. The Federal government has signaled that they believe the PHE declaration would come to end at the end of this calendar year, December 31, 2021. Obviously, things have begun to change as COVID-19 rates increase across the country, so we are not sure if that date will still hold, but this is the guidance</p>	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	<p>that we have as of now, and we're planning accordingly. The number of individuals that we have extended coverage for is at about 130,000. We believe that about 50,000 to 60,000 of those are no longer eligible for Medicaid. We have been in collaboration with the Income Support Division to try to figure out the order we want to try to roll members off. We are still working on this approach, reaching out to get federal guidance and what their expectations are. We will be doing a staggered approach to avoid a cliff effect. Pre-termination activities will begin prior to the December 31, 2021. Automated renewal activities on MOEs will be re-initiated in October.</p> <p>Medicaid Pandemic Wind-Down</p> <p>This gives you a sense of what's ahead. We've been working through waiver terminations, including other waiver activities. We have to undo a lot of the work that we did based on the PHE and a lot of system work will need to be undone as well. Some of these activities include: in State Plan Amendments, Supplements, and Letter of Direction (LOD)s, which will all have to be reversed when the PHE declaration comes to an end. Additionally, the system work on the Category of Eligibility (COE) for the uninsured population will have to be undone as that category will no longer exist. Communication planning has been occurring internally as well as with BeWellNM (NM's Health Insurance Exchange), and our MCO partners. We will be working with other state agencies to work on communication to help ensure that they understand what's happening. For example, collaboration with CYFD to ensure children are being addressed appropriately. In September, communication will be finalized and in October, notifications will go out to members. System implementation begins now and through the end of the year. In January, the roll-off will begin to happen and the system will start triggering those terminations and account transfers. Financial reporting is an on-going effort.</p>			
13. PHE Planning Activities and Communication Strategies	<p>Director, Nicole Comeaux presented on the Public Health Emergency (PHE) Planning Activities and Communication Strategies</p> <p>PHE Communication Strategies</p> <p>The three teams that were mentioned have been meeting to work on strategies. We are worried that members will get bombarded with information, so we are trying to streamline those efforts. In October, HSD will begin the communication. The MCOs will receive a list of members and they can start reaching out. The MCOs will be talking to members in late October, and BeWellNM will have open enrollment starting November 15, 2021 where they can utilize the same list to start making contact with these members as well. As we get through open enrollment into January, when they start seeing their coverage terminate, we will be working with BeWellNM to ensure that the</p>	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	<p>account transfers are successful. Also, coordination with the MCOs who also have plans on the exchange, and making sure members understand what options are available to them through ARPA. Heavy messaging will begin to make sure member information is updated and correct.</p> <p>PHE Communication Pathways Teams have agreed on shared messaging. There is a list on the right of this slide of all the communication we intend to use. We are trying hard to streamline this to avoid over saturation.</p> <p>Medicaid Pandemic Wind-Down This is a visual representation of when each of the stakeholders plan to engage with these members.</p>			
14. EMSA Name Change	<p>Coverage Innovation Officer, Abuko Estrada presented on the EMSA Name Change</p> <p>EMSA Name Change As Nicole mentioned, we are changing the name of the Emergency Medical Services for Aliens (EMSA) program. Medicaid provides emergency services to non-citizens who would qualify for full Medicaid, but don't based on their immigration status. Aligning with the legislation that was presented at the 2021 session, along with action at the federal level, we are going to amend the New Mexico Administrative Code (NMAC) to change the name EMSA to Emergency Medical Services for Non-Citizens (EMSNC). We are also going through the administrative code, as well as our IT systems and paper applications, to remove all references to the term "alien" and replace it with non-citizen. We expect all of these changes to be effective January 1, 2022.</p>	None	Abuko Estrada, Coverage Innovation Office, Medical Assistance Division, Human Services Department	Completed
15. HCBS ARPA Updates	<p>Director, Nicole Comeaux presented on the Home and Community Based (HCBS) American Rescue Plan Act (ARPA) updates</p> <p>HCBS ARPA Updates We wanted to talk to you about what our proposed spending plan is for those additional dollars to enhance, expand or grow our HCBS coming out of ARPA. We submitted our proposal to CMS on July 12, 2021. On July 17, 2021 the proposal was posted for public comment until August 18, 2021. All feedback from the public comment will be incorporated into the quarterly submission.</p>	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
16. Public Comment	<p>The public had the following public comments:</p> <p>There were no public comments.</p>	None		Completed

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17. Adjournment	The meeting adjourned at 3:13 pm.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted:

Alysia Beltran

Recorder

August 16, 2021

Date